



Tuesday, 11 February 2014

HEALTH SCRUTINY BOARD

A meeting of **Health Scrutiny Board** will be held on

Thursday, 20 February 2014

commencing at **2.00 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,
Torquay, TQ1 3DR

Members of the Board

Councillor Davies (Chairwoman)

Councillor Bent
Councillor Doggett
Councillor Hernandez
Councillor Hytche

Councillor McPhail
Councillor Stockman
Councillor Thomas (J)

Working for a healthy, prosperous and happy Bay

For information relating to this meeting or to request a copy in another format or language please contact:

Kate Spencer, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207014

Email: scrutiny@torbay.gov.uk

HEALTH SCRUTINY BOARD AGENDA

1. Apologies

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

2. Minutes

To confirm as a correct record the Minutes of the meeting of this Committee held on 26 June 2013.

(Pages 1 - 2)

3. Declarations of interests

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

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

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

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

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

4. Urgent items

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

5. Services at the Emergency Department at Torbay Hospital

To consider:

(Pages 3 -
21)

- an update report on services commissioned at the Emergency Department by the South Devon and Torbay Clinical Commissioning Group;
- a briefing note of the pressures faced in the Emergency Department prepared by South Devon Healthcare NHS Foundation Trust; and
- the current position in relation to ambulance handover times at Torbay Hospital prepared by South Western Ambulance Service NHS Foundation Trust.



Minutes of the Health Scrutiny Board

26 June 2013

-: Present :-

Councillors Davies, Doggett, Hytche, Stockman and Thomas (J)

(Also in attendance: Councillor Lewis)

1. Election of Chairman

Councillor Davies was elected Chairman of the Board for the 2013/2014 Municipal Year.

Councillor Davies in the Chair

2. Apologies

It was reported that, in accordance with the wishes of the Non-Coalition Group, the membership of the Board had been amended to include Councillor Stockman in place of Councillor Ellery.

3. Appointment of Vice-chairman

Consideration of this item was deferred until the next meeting of the Board.

4. Minutes

Subject to Minute 30 being amended to read:

That Devon Partnership Trust be requested [rather than invited] to attend a future meeting of the Health Scrutiny Board.

the minutes of the meeting of the Health Scrutiny Board held on 8 May 2013 were agreed as a correct record and signed by the Chairman.

5. Declarations of interests

Councillor Doggett declared a non-pecuniary interest as a lay member of the Medicines Management Committee of the Clinical Commissioning Group.

6. Adult Social Care - Local Account

The Board considered the Adult Social Care Local Account for 2012/2013 which provided a variety of qualitative and quantitative information framed around the key outcomes that the NHS and the Council agreed at the start of the year.

The purpose of the Local Account was to review the performance and achievements of the past 12 months and to set the context for the new financial year, helping to shape the debate and requirements of the next Annual Strategic Agreement between the Council and the Torbay and Southern Devon Health and Care NHS Trust (the Trust).

In considering the draft Local Account, the Board raised a number of specific comments (for example, in relation to qualifying the percentages quoted throughout the document).

The Board noted that throughout the year, it had focussed on how organisations were working together to reduce the demand for acute services especially in light of the growing ageing population in Torbay. It was recognised that the Local Account also highlighted how the Trust was taking account of these issues.

The Board welcomed the openness and transparency with which the Trust operated especially when public confidence in the health and care sector is low. It welcomed the initiatives which had been put in place to ensure that standards within Torbay continue to improve especially given the increasing pressures through increasing numbers of clients and reducing public sector finances.

The Health Scrutiny Board had previously considered the Quality Accounts from the local NHS Trusts with whom it worked. This had enabled councillors to see how the priorities and work of each Trust are very much inter-dependent and, given the reducing availability of resources in the public sector, the Board would seek to ensure that all Trusts continue to work together to improve the health and care outcomes for the whole of the Torbay community.

Resolved: that a commentary from the Health Scrutiny Board, based on the comments highlighted during the debate, be prepared for inclusion in the published version of the Local Account.

7. Work Programme

The Board considered a report which set out the framework for its Work Programme for the coming year. It was noted that, this year, the membership of the Health Scrutiny Board almost mirrored that of its parent committee (the Overview and Scrutiny Board). It was also noted that there was a need for the Health Scrutiny Board and the Health and Wellbeing Board to work closely together without duplicating their work.

Resolved: that, subject to the advice of the Interim Chief Operating Officer, the Monitoring Officer and the Group Leaders, the work of the Health Scrutiny Board be absorbed into the work of the Overview and Scrutiny Board.

Chairman

Title: **Update on services at the Emergency Department, Torbay Hospital**

Public Agenda Item: **Yes**

Wards Affected: **All**

To: **Health Scrutiny Board** On: **20 February 2014**

Contact: **Simon Tapley, Director of Commissioning, South Devon and Torbay Clinical Commissioning Group**
01803 210500/210421
Simon.tapley@nhs.net

1. Purpose and Summary

- 1.1 The purpose of this paper is to update the Health Scrutiny Board on developments in the Emergency Department service at Torbay Hospital, run by South Devon Healthcare NHS Foundation Trust.
- 1.2 It gives details of a change in the internal configuration of staffing within the Emergency Department, so that five more specialist nurses are now funded, instead of a GP and/or general nurse. .
- 1.3 It sets out the reasoning for this decision and how it was arrived at.

2. Background

- 2.1 The service run by Devon Doctors opened in April 2009, with the expectation that patients could register with the GP service, and that patients could walk in for treatment or care. However, numbers fell far below the expected levels, and in 2011 Devon Doctors and the then commissioner, Torbay Care Trust, varied the contract, by mutual agreement, to provide a “primary care” service within the Emergency Department.
- 2.2 Under mutually agreed clinical guidelines, patients arriving at the Emergency Department were triaged in the normal way to establish the priority of their needs. With a GP available as part of the Emergency Department service, those patients who were assessed as having the kind of minor illnesses that might normally be seen in general practice were directed to the GP service, although it should be said that many would not have been aware that they were seeing anyone other than an Emergency Department doctor. The GP service operated from 8am to 8pm.

3. Reason for the changes

- 3.1 Commissioners continued to have concerns about the cost-effectiveness of the GP service within the Emergency Department, given the low levels of activity. In September 2013 the then-shadow Clinical Commissioning Group (CCG) and NHS Torbay decided the funding could be put to better use. Consequently, Devon Doctors was given 12 months' notice on the contract.
- 3.2 The Urgent and Emergency Care Network groups the CCG, South Devon Healthcare NHS Foundation Trust, South Western Ambulance Services NHS Foundation Trust, Torbay and Southern Devon Health and Care NHS Trust, Devon Doctors and – more latterly – a lay member to represent the public. In May 2013 this Network considered a paper describing the service, activity levels, costs and patient experience.
- 3.3 The satisfaction level and experience of those patients who were seen and treated was good. However, the Network concluded that the cost per patient was broadly equivalent to the national payment-by-results tariff, and that it would be better value for money to have South Devon Healthcare providing the service “at cost”.
- 3.4 For the period mid-May to mid-August 2013, a review showed that some 19% of the GP shifts within the Emergency Department went unfilled. In addition, some other shifts were covered by a nurse rather than a GP.

4. The changes made

- 4.1 In August 2013, the Urgent and Emergency Care Network approved a proposal from South Devon Healthcare to recruit five additional specialist nurses to the Emergency Department, to manage the c7,000 patients who would have been seen by the GP (or nurse). It was agreed these additional nurses would include two with specialist paediatric skills. This reflected the fact that children under 5 were among the most common attendees.
- 4.2 To allow time for this recruitment to take place, the contract with Devon Doctors was extended to 30 November 2013. The importance of providing the service was prioritised as 1) at weekends 2) from 2pm-8pm, and 3) from 8am-2pm.
- 4.3 The service stopped at the end of November 2013. Leaflets were made available to anyone with queries about the change.

5. Attendances

- 5.1 Patients seldom repeated their visits to the GP service; 89% used the service only once in a 12 month period. On average, two patients an hour were seen.
- 5.2 In 2011-12 the total number of patients attending was 8,792. Of these, the most common categories of users were children under the age of five (17%) and Torbay Hospital employees (8%). The service was mostly used by under 18s

and overall, more females attended than males. In 2012-13 the number of patients attending the service was 8,819.

6. Performance in the Emergency Department

- 6.1 The winter period has, as usual, been busy for the Emergency Department. Attendances and the number of admissions have been much in line with the similar period in 2012/13. However, there has been a marked increase in the complexity of the conditions of those patients attending, requiring more patients to be admitted to the hospital for a longer period. This “length of stay” has an inevitable impact on the flow of patients through the system, in turn having an effect on Accident and Emergency, and resulting in poorer performance against the national target of waits not exceeding four hours. Patients requiring admission with these increasingly complex and multiple conditions would not be those seen or treated by a GP.

EMERGENCY PERFORMANCE

CURRENT PRESSURES

Since New Year's Eve the Trust has continued to struggle with patient flow and reconciling capacity with demand. As a Trust with a long history of exceptional performance we are not complacent in continuing to examine issues within the system that have been very difficult to manage. Our review of every 4 hour A&E breach patient has highlighted availability of beds as the primary cause for patients experiencing unacceptable delays. Clearly the availability of beds and challenges in delivering improved flow are multifactorial.

- Admission numbers are well within the normal range.
- However the Acuity of patients is extremely high:
 - ICU have been running frequently with peaks of 9 patients (maximum capacity) plus theatre recovery is utilised as our escalation area for 2-3 patients at peak demand – acute/higher dependency wards, Allerton, Midgley have supported step down from ICU requiring additional support to those areas. The Trust has approved the increase in High Care capacity by authorising the creation of a high care area in our elective Orthopaedic ward. This will take pressure from ICU once opened in 3 months.
 - Respiratory and cardiac areas also continue to experience high priority and long stay patients.
 - Paediatrics has seen extreme swings in demand and significant growth 25% increase in admissions. This is after investing in additional senior medical staff. The implication being this reflects increased acuity in our paediatric attenders.
 - These factors have resulted in a period of low discharges – the last 10 days: average of 73 per day which is significantly lower than expected 80 to 85 per day. The cumulative effect of which equates to over 2 wards of additional inpatients.
- High clinical acuity has been further evidenced during our enhanced weekend working – whereby a senior consultant with the support of their full multi-disciplinary team are unable to have a significant impact on discharges due to high dependency and on-going clinical needs of the patients.
- Whilst having escalation staff (2 trained and 2 untrained 24/7) booked until the end of March – we are clinically advised by the physicians and senior nursing team, that it would be less than satisfactory to open additional escalation beds at this time. The impact of opening these beds would, in the view of the team, potentially reduce flow. The main priority is to our patients and our staff in the provision of our service. We will continue to review the option of additional beds with the senior medical and nursing team and clearly with a view to infection control management/decant purposes this is an alternative option.
- Therefore due to this on-going acute clinical pressure our decision has been to continue to intensify nursing and medical support to the areas experiencing the biggest demand.

Infection: Care of the Elderly Ward has been closed since the middle of January and only fully re-opened this weekend.

Newton Abbot medical ward has been closed for the last week

Stroke rehab delays – several patients each day have been waiting for Teign Ward.

Ongoing pressures around social services/packages of care.

Additional Actions beyond those reported previously;

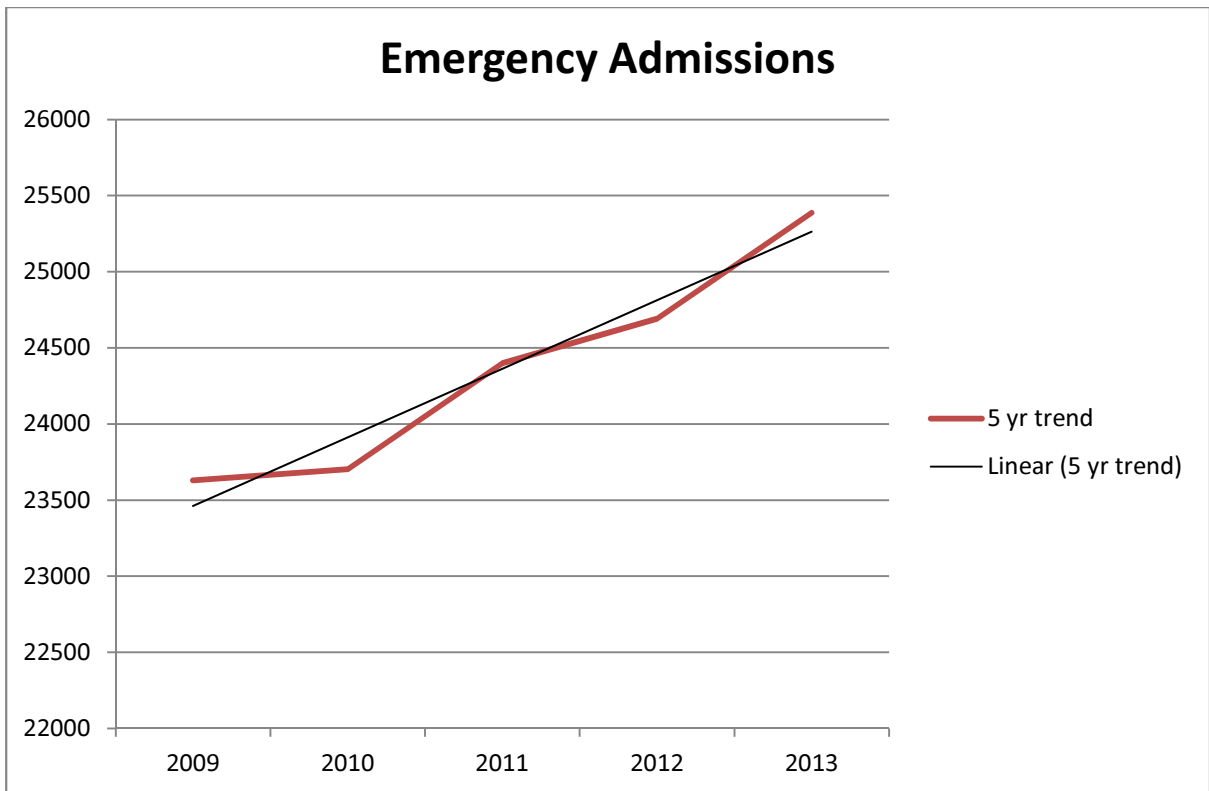
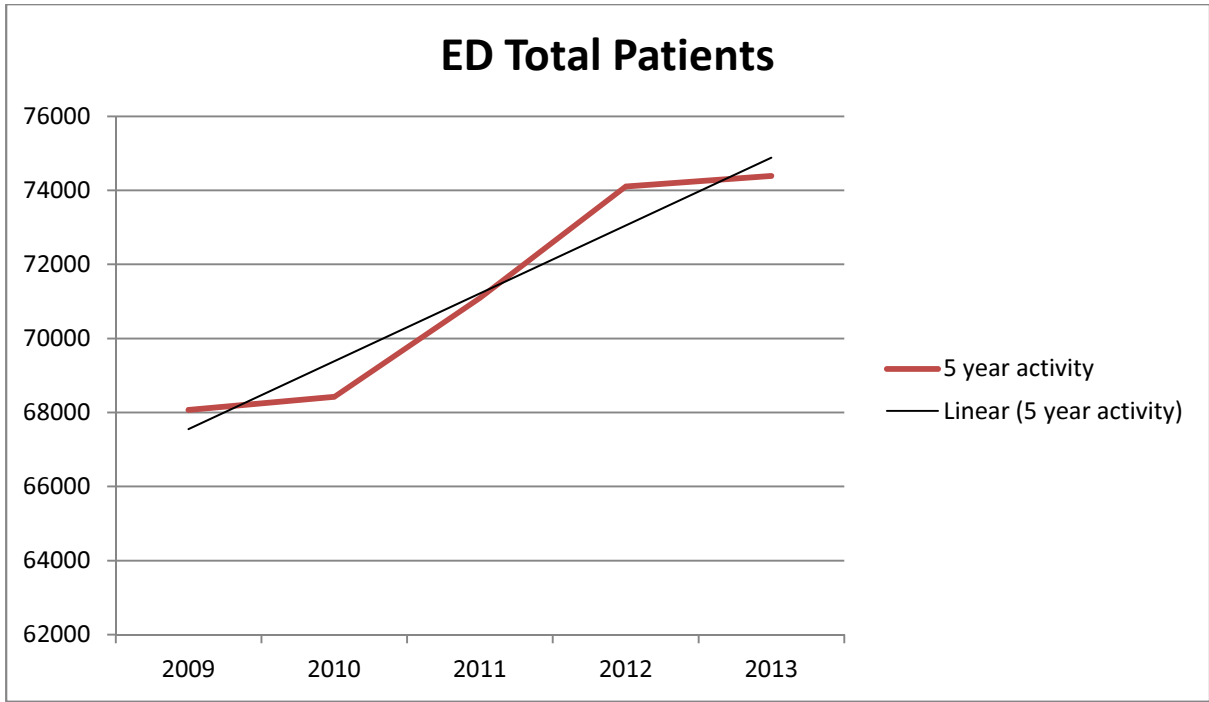
We have recognised extreme pressure points during the evening and over night hours and we are reinforcing those vulnerable hours with clinical capacity and flow co-ordination with increased management input.

National and Regional Pressures Specific to the Emergency Department

- Consultant and senior doctor recruitment.
- Senior Nurse and Emergency Nurse Practitioner training and recruitment.
- Growth in demand/clinical acuity with the aging population/co-morbidities/end of life care
- Pressures on SWAST – ambulance demand continues to rise.
- Discharge arrangements/social care/domiciliary care.
- Increase and acuity in paediatric presentations.

Cathy Gardner

4 February 2014



All Hospitals Attended

<<< Please select Hospital

South Western Ambulance Service 
NHS Foundation Trust



W020 - Hospital & Ward Late Handover Trend Analysis

Conveyed from Cornwall & Isles of Scilly, Devon, Dorset & Somerset

Monday 16 December 13 to Sunday 19 January 14

Report Number: W020

Please note: figures contained in this report are indicative only and as such, should only be referred to as a trend guide over the past 5 week rolling period.

W020 - Hospital & Ward Late Handover Trend Analysis

Definitions - Handover and Turnaround at Acute Trusts

Arrival Time

The time that the vehicle that has conveyed the patient to the hospital stops at the nearest point to the hospital department/unit and applies its handbrake. This time will be entered into the Mobile Data Terminal (MDT) in the vehicle.

Handover Time

The time that both clinical and physical care of a patient is handed over from staff to hospital staff. This time is not just the time that a verbal handover is conducted; it also includes the time taken to transfer the patient to a hospital chair, bed or trolley. The Ambulance Arrivals System (AAS) or the MDT may be used to input this time for each patient transfer, whichever is input first will be used for reporting purposes.

Clear Time

The time that staff book "clear" using the MDT in the vehicle, and are then available to be allocated to another incident.

Trajectories

The trajectories which are shown on each graph have been agreed with each Acute Trust. The trajectory is based on achieving the target of handing over every patient to A&E wards within 15 minutes by the end of March 2010.

Dorset Handover Times

As of the middle of July 2009, the collection of Handover Data in Dorset was improved. This effected the majority of handovers to West Dorset General, Poole and Royal Bournemouth Acute Trusts. An improved version of the Mobile Data Terminals used in Dorset ambulances means that Handover data will now be obtained from the Ambulance Crews via their MDT where the Ambulance Arrivals System was not used. This will result in an increase in the number of Handovers recorded in those hospitals as the system was phased in over the first half of July.

Accident & Emergency (ED/A&E), Medical and Surgical Admissions (MAU), OTHER

For the purposes of this report we will treat ward names of A&E and GENERAL as A&E. Historically Ambulance Crews have not been able to specify which ward they will convey their patient to on their MDT. Research has shown that more than 90% of wards with the name of General are in fact conveyed to A&E. The next version of the AAS will ensure that crews have to enter the correct handover ward, at this point we will only select wards with the name of A&E when reporting against the 15 minute handover trajectory.

Standardised Late Handover Reason

The late handover reasons provided through the MDT differ slightly from those provided through the AAS. To enable clearer analysis the reasons given through the MDT system have been standardised to fall in line with the SHA approved reasons in the AAS.

Reconciliation

Any challenges from an Acute Trust to the handover times given here should be forwarded to the SWAST clinical hub via: logisticscell@swast.nhs.uk

Macros

This workbook requires macros to be enabled to switch on interactivity in some elements of the graphs. In order to enable macros in Excel 2003 go to Tools (at the top of the page)> Options> Security> Macro Security> Medium >OK. Or Press F1, search for "enabling macros", and follow instructions.

Exclusion Criteria

Calls with a call-stopped reason of "Test Call", "Duplicate Call", "Call Entered in Error", "For Information Only", "Hoax" and "Done by Another Service" Any handovers greater than 6 hours in duration are excluded because investigation has shown that the very infrequent occurrences of this event are not cause by late handovers in Hospitals.

From 01st of April 2010 handovers involving Helicopters and Sea Ambulances are excluded from all late handover reporting as the logistics of their handover process are significantly different from other vehicles.

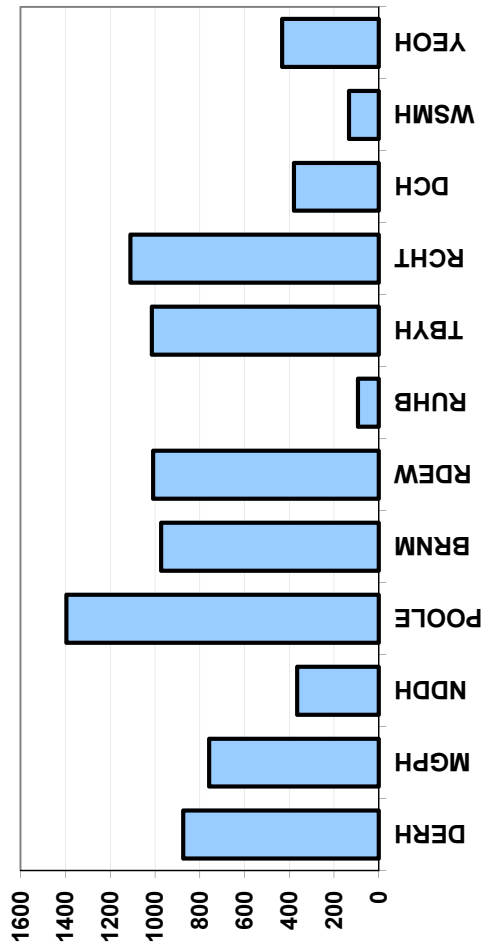
Areas covered

As of 01 February 2013 this report covers the following areas within the Trust: Cornwall & Isles of Scilly, Devon, Dorset & Somerset.

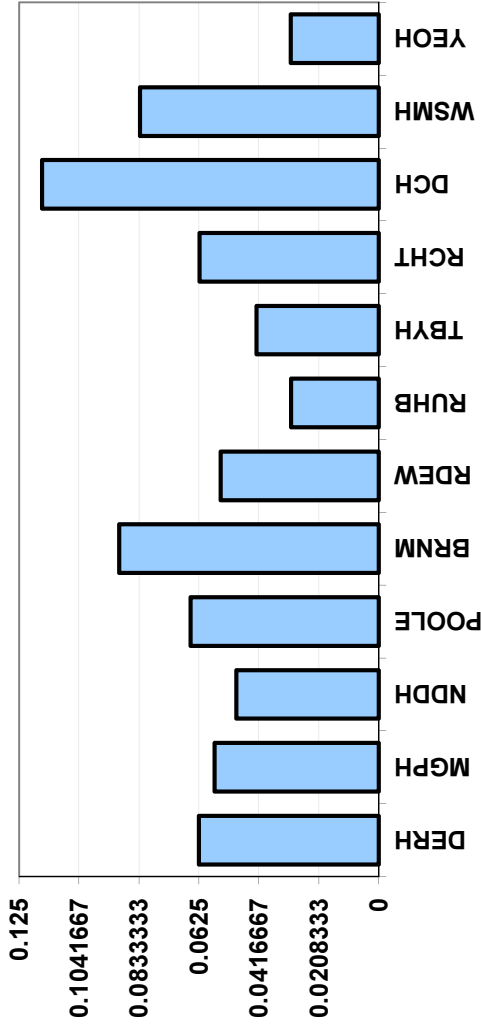
Handovers over 15 minutes

Click here to change between 30 and 15 minute breaches (requires Macros to be enabled)

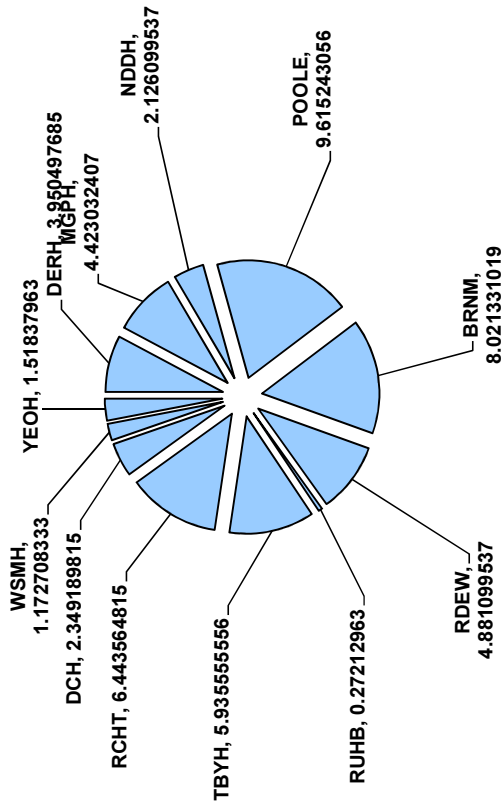
Count of Handovers Over 15 Minutes - 16 Dec 13 - 19 Jan 14



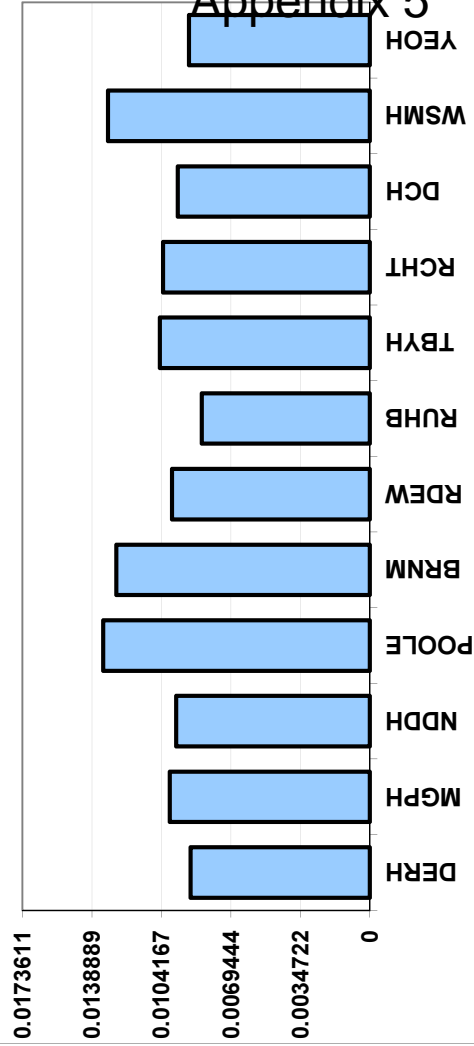
Worst Recorded Handover Time - 16 Dec 13 - 19 Jan 14



Total Hours Lost Over 15 Minutes - 16 Dec 13 - 19 Jan 14



Average Handover Time - 16 Dec 13 - 19 Jan 14

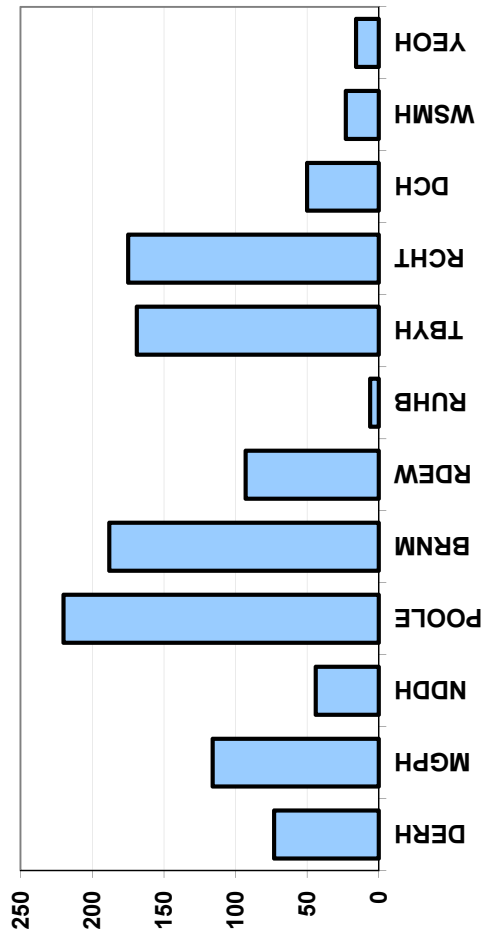




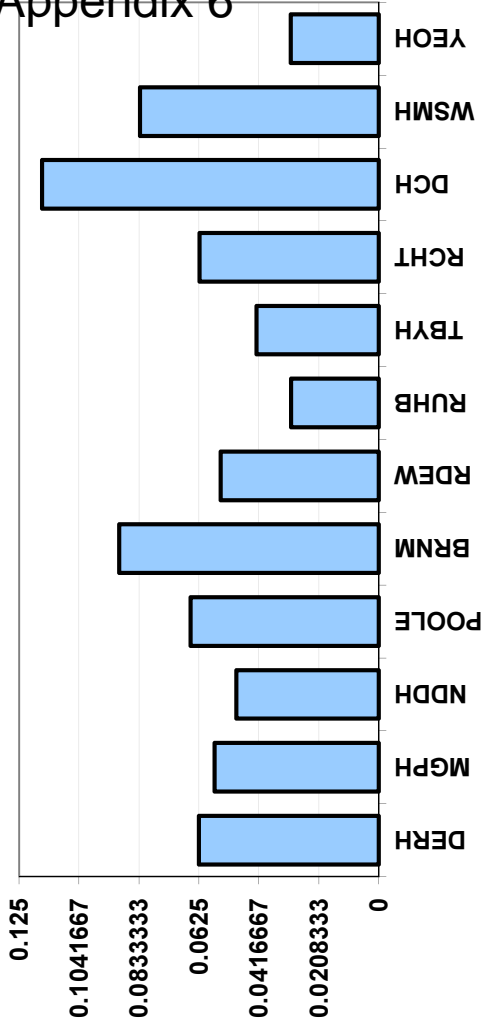
Handovers over 30 minutes

Click here to change between 30 and 15 minute breaches (requires Macros to be enabled)

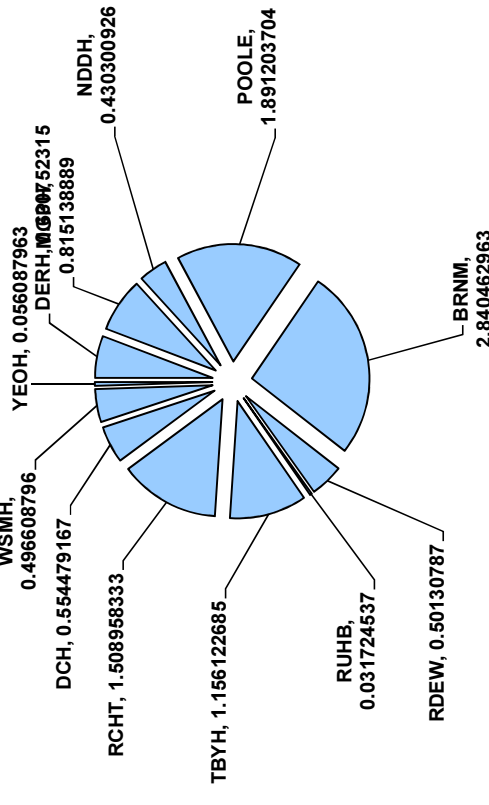
Count of Handovers Over 30 Minutes - 16 Dec 13 - 19 Jan 14



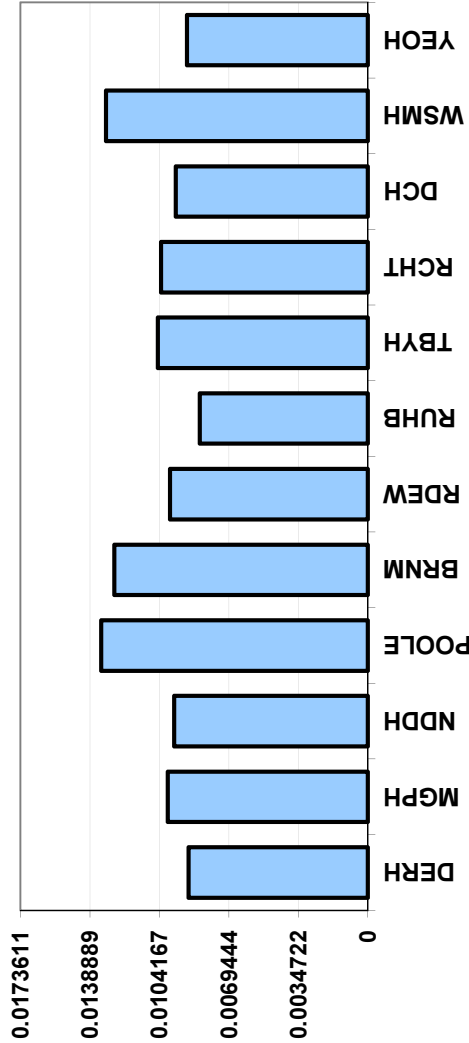
Worst Recorded Handover Time - 16 Dec 13 - 19 Jan 14



Total Hours Lost Over 30 Minutes - 16 Dec 13 - 19 Jan 14

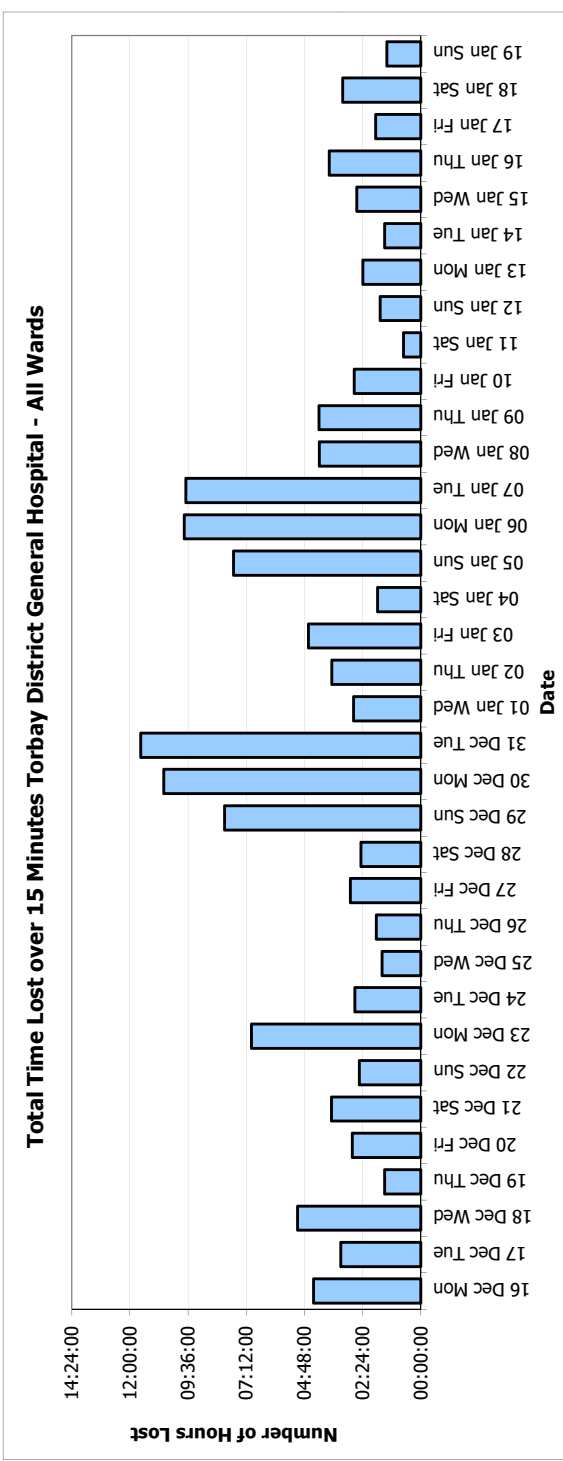
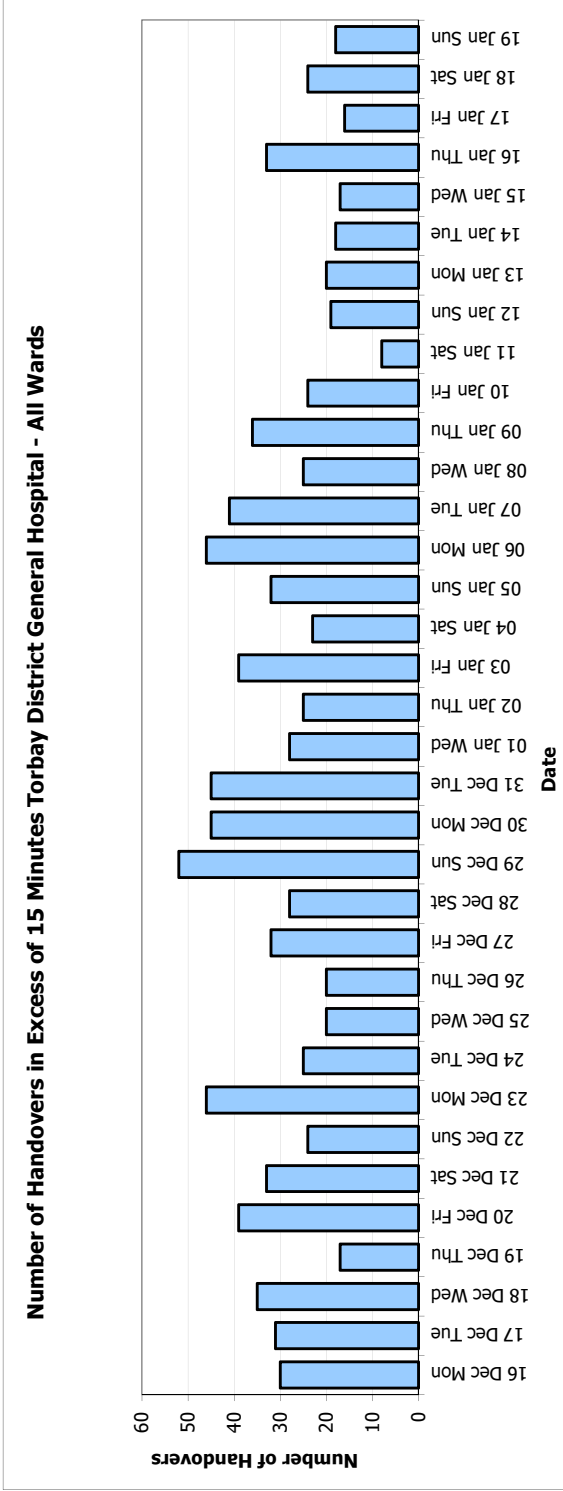


Average Handover Time - 16 Dec 13 - 19 Jan 14



- [Torbay District General Hospital](#)
- [All Wards](#)
- [15 Minutes](#)

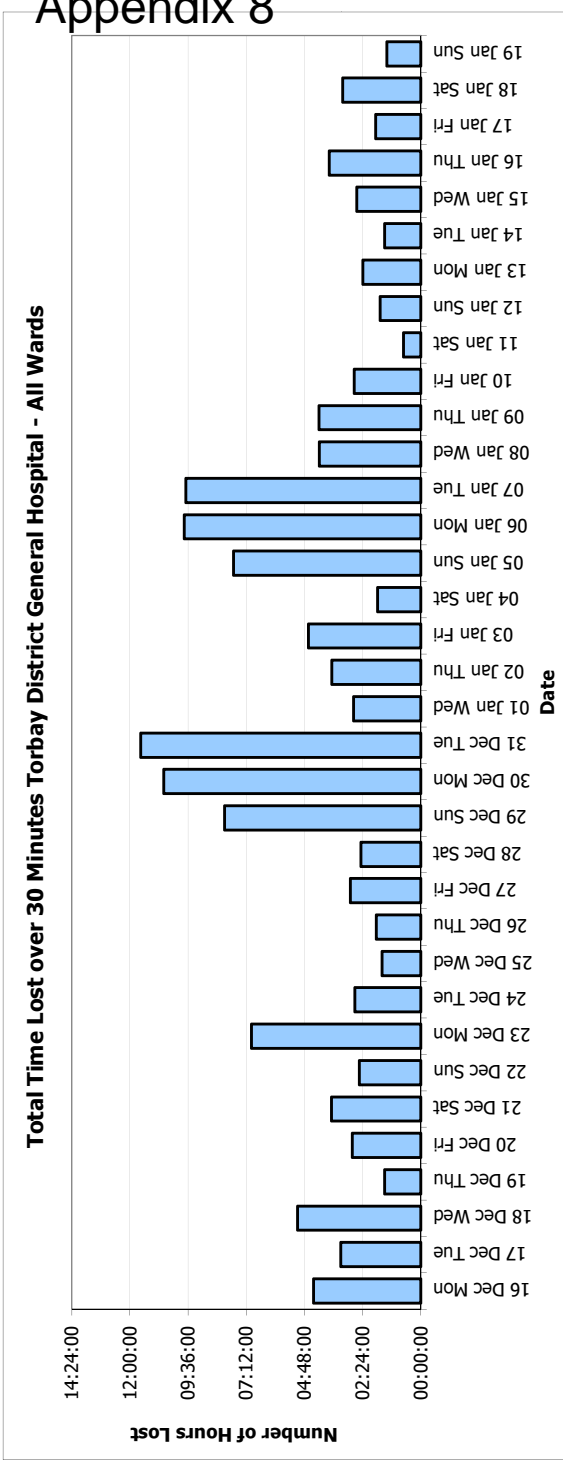
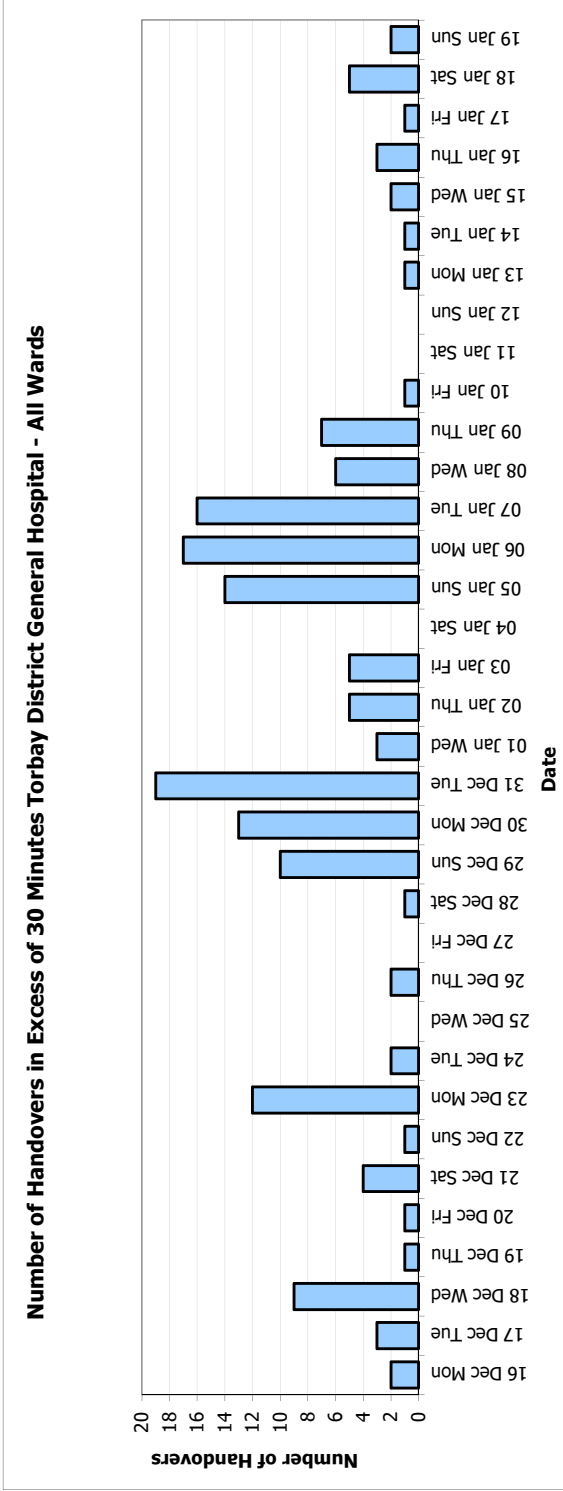
Individual Ward Analysis Page - Torbay District General Hospital - All Wards



	16 Dec Mon	17 Dec Tue	18 Dec Wed	19 Dec Thu	20 Dec Fri	21 Dec Sat	22 Dec Sun	23 Dec Mon	24 Dec Tue	25 Dec Wed	26 Dec Thu	27 Dec Fri	28 Dec Sat	29 Dec Sun	30 Dec Mon	31 Dec Tue	01 Jan Wed	02 Jan Thu	03 Jan Fri	04 Jan Sat	05 Jan Sun	06 Jan Mon	07 Jan Tue	08 Jan Wed	09 Jan Thu	10 Jan Fri	11 Jan Sat	12 Jan Sun	13 Jan Mon	14 Jan Tue	15 Jan Wed	16 Jan Thu	17 Jan Fri	18 Jan Sat	19 Jan Sun	Total	
Torbay District General Hospital - All Wards	80	77	81	73	83	84	73	101	75	81	68	70	70	93	90	87	94	82	75	73	76	81	72	56	79	75	66	79	77	72	51	75	70	75	66	66	2680
All Handovers	30	31	35	17	39	33	24	46	25	20	20	32	28	52	45	45	28	25	39	23	32	46	41	25	36	36	8	19	20	18	17	33	16	24	18	18	1014
Percentage of breaches over 15 minutes	38%	40%	43%	23%	47%	39%	33%	46%	33%	25%	29%	46%	40%	56%	50%	52%	30%	30%	52%	32%	42%	57%	57%	45%	46%	46%	12%	24%	26%	25%	33%	44%	23%	32%	27%	38%	
Hours lost over 15 Mins	4:25:05	3:18:20	5:04:53	1:28:18	2:49:28	3:40:47	2:32:15	6:59:22	2:43:04	1:35:54	1:49:47	2:54:13	2:28:03	8:06:03	10:35:56	11:33:21	2:46:13	3:40:25	4:38:31	1:46:53	7:43:48	9:45:18	9:41:22	4:11:16	4:12:00	2:44:34	0:43:06	1:40:55	2:23:49	1:29:13	2:38:10	3:46:57	1:52:00	3:13:14	1:23:39	142:27:12	
Handovers over 30 Mins	2	3	9	1	1	4	1	12	2	0	2	0	1	10	13	19	3	5	5	0	14	17	16	6	7	0	0	1	1	2	3	1	5	2	2	169	
Percentage of breaches over 30 minutes	3%	4%	11%	1%	1%	5%	1%	12%	3%	0%	3%	0%	1%	11%	14%	22%	3%	6%	7%	0%	18%	21%	22%	11%	9%	1%	0%	1%	1%	4%	4%	1%	7%	3%	6%		
Hours lost over 30 Mins	0:36:09	0:34:29	0:53:35	0:04:25	0:14:34	0:17:18	0:00:34	1:49:21	0:31:32	0:00:00	0:23:47	0:00:00	0:31:10	1:28:03	3:19:07	4:23:50	0:06:28	0:30:59	0:21:41	0:00:00	2:28:22	3:06:25	2:44:41	0:44:57	0:32:01	0:05:00	0:00:00	0:00:00	0:14:42	0:03:36	0:54:56	0:07:47	0:17:26	0:14:12	27:44:49		

- [Torbay District General Hospital](#)
- [All Wards](#)
- [30 Minutes](#)

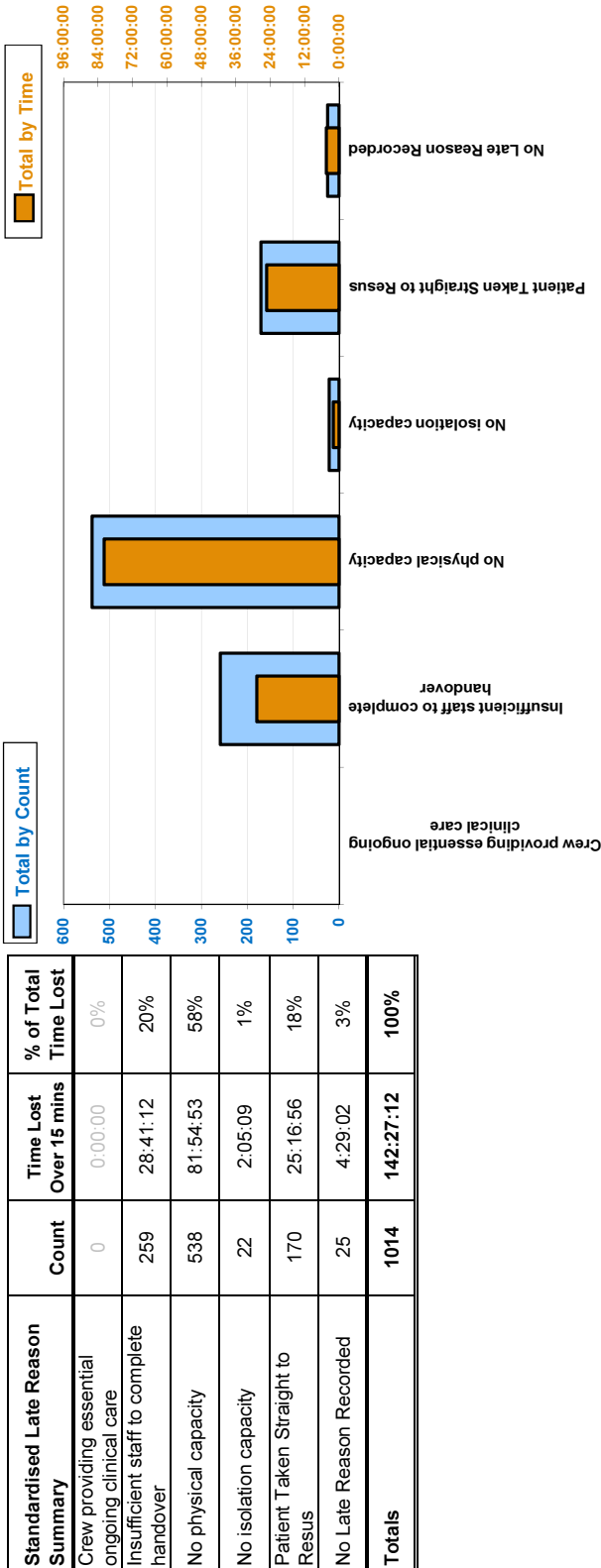
Individual Ward Analysis Page - Torbay District General Hospital - All Wards



	16 Dec Mon	17 Dec Tue	18 Dec Wed	19 Dec Thu	20 Dec Fri	21 Dec Sat	22 Dec Sun	23 Dec Mon	24 Dec Tue	25 Dec Wed	26 Dec Thu	27 Dec Fri	28 Dec Sat	29 Dec Sun	30 Dec Mon	31 Dec Tue	01 Jan Wed	02 Jan Thu	03 Jan Fri	04 Jan Sat	05 Jan Sun	06 Jan Mon	07 Jan Tue	08 Jan Wed	09 Jan Thu	10 Jan Fri	11 Jan Sat	12 Jan Sun	13 Jan Mon	14 Jan Tue	15 Jan Wed	16 Jan Thu	17 Jan Fri	18 Jan Sat	19 Jan Sun	Total	
Torbay District General Hospital - All Wards	80	77	81	73	83	84	73	101	75	81	68	70	70	93	90	87	94	82	75	73	76	81	72	56	79	75	66	79	77	72	51	75	70	75	66	66	2680
All Handovers	30	31	35	17	39	33	24	46	25	20	20	32	28	52	45	45	28	25	39	23	32	46	41	25	36	36	8	19	20	18	17	33	16	24	18	18	1014
Percentage of breaches over 15 mins	38%	40%	43%	23%	47%	39%	33%	46%	33%	25%	29%	46%	40%	56%	50%	52%	30%	30%	52%	32%	42%	57%	57%	45%	46%	46%	12%	24%	26%	25%	33%	44%	23%	32%	27%	27%	38%
Hours lost over 15 Mins	4:25:05	3:18:20	5:04:53	1:28:18	2:49:28	3:40:47	2:32:15	6:59:22	2:43:04	1:35:54	1:49:47	2:54:13	2:28:03	8:06:03	10:35:56	11:33:21	2:46:13	3:40:25	4:38:31	1:46:53	7:43:48	9:45:18	9:41:22	4:11:16	4:12:00	4:44:34	0:43:06	1:40:55	2:23:49	1:29:13	2:38:10	3:46:57	1:52:00	3:13:14	1:23:39	142:27:12	
Percentage of breaches over 30 minutes	3%	4%	11%	1%	1%	5%	1%	12%	3%	0%	3%	0%	1%	11%	14%	22%	3%	6%	7%	0%	18%	21%	22%	11%	9%	1%	0%	0%	1%	1%	4%	1%	7%	3%	2	169	
Hours lost over 30 Mins	0:36:09	0:34:29	0:53:35	0:04:25	0:14:34	0:17:18	0:00:34	1:49:21	0:31:32	0:00:00	0:23:47	0:00:00	0:31:10	1:28:03	3:19:07	4:23:50	0:06:28	0:30:59	0:21:41	0:00:00	2:28:22	3:06:25	2:44:41	0:44:57	0:32:01	0:05:00	0:00:00	0:00:00	0:14:42	0:03:36	0:54:56	0:07:47	0:17:26	0:14:12	27:44:49	6%	

- Torbay District General Hospital
- All Wards
- Over 15 minutes
- Mon 16 Dec 13 > to > Sun 19 Jan 14

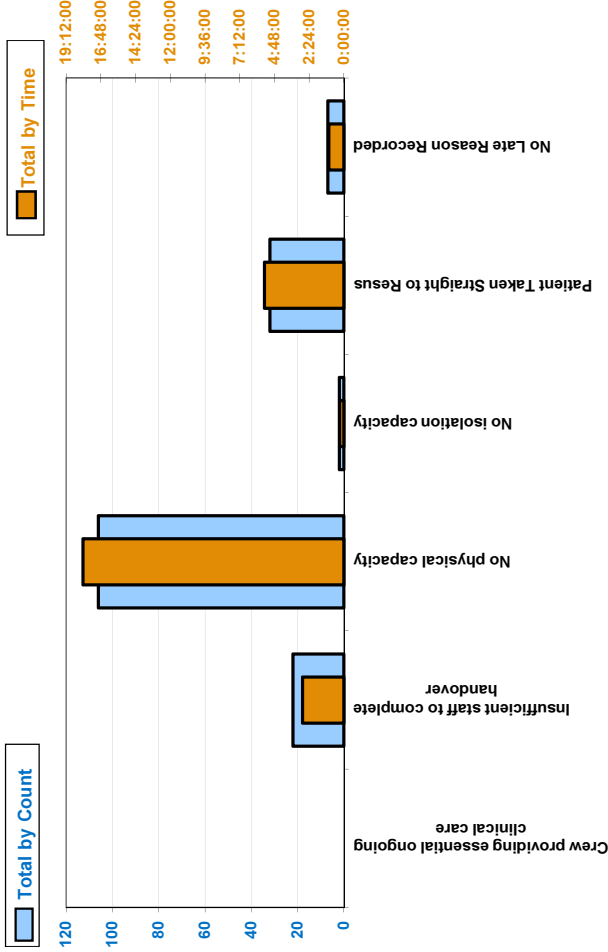
Analysis by Count of handovers taking longer than 15 Minutes at Torbay District General Hospital, All Wards from Mon 16 Dec 13 to Sun 19 Jan 14



- Torbay District General Hospital
- All Wards
- Over 30 minutes
- Mon 16 Dec 13 > to > Sun 19 Jan 14

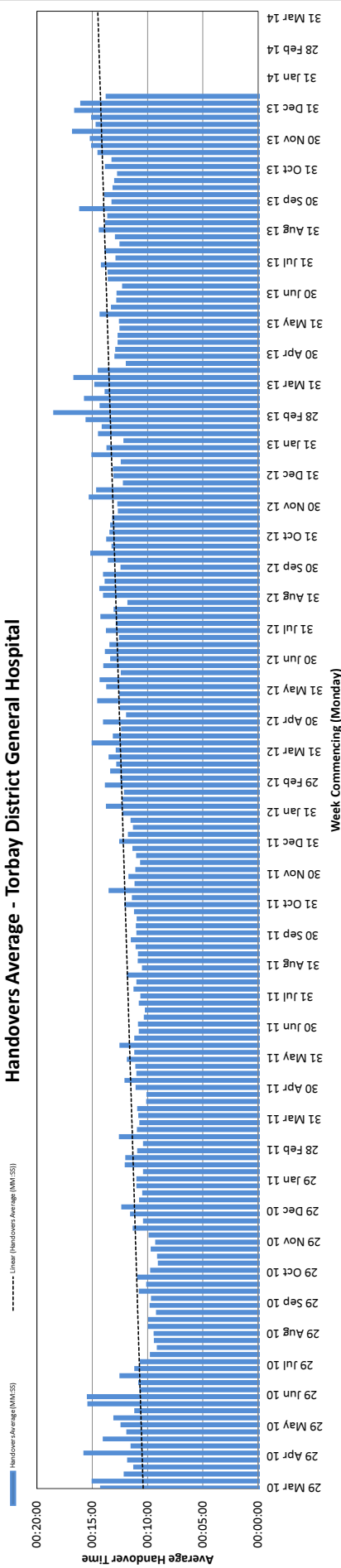
Analysis by Count of handovers taking longer than 30 Minutes at Torbay District General Hospital, All Wards from Mon 16 Dec 13 to Sun 19 Jan 14

Standardised Late Reason Summary	Count	Time Lost Over 30 mins	% of Total Time Lost
Crew providing essential ongoing clinical care	0	0:00:00	0%
Insufficient staff to complete handover	22	2:51:33	10%
No physical capacity	106	18:02:18	65%
No isolation capacity	2	0:18:31	1%
Patient Taken Straight to Resus	32	5:29:25	20%
No Late Reason Recorded	7	1:03:02	4%
Totals	169	27:44:49	100%



Torbay District General Hospital

Handovers Average - Torbay District General Hospital

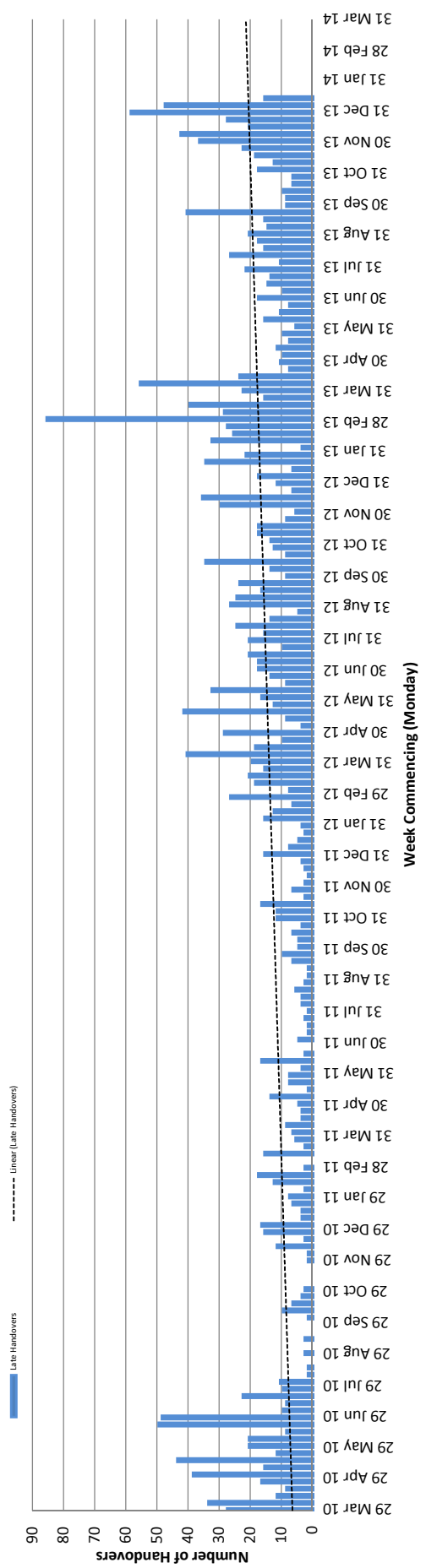


Weeks	23 Sep	30 Sep	07 Oct	14 Oct	21 Oct	28 Oct	04 Nov	11 Nov	18 Nov	25 Nov	02 Dec	09 Dec	16 Dec	23 Dec	30 Dec	06 Jan	13 Jan	20 Jan	27 Jan	03 Feb	10 Feb	17 Feb	24 Feb	03 Mar	10 Mar	17 Mar	
Torbay District General Hospital - Latter 26 Weeks	16:00	13:04	13:45	12:59	12:51	12:35	13:40	13:05	14:20	14:55	15:02	16:38	14:31	14:55	16:28	15:55	13:36										
Handovers Average (MM:SS)																											
Torbay District General Hospital - First 26 Weeks	13:42	14:38	16:32	14:20	11:47	12:49	12:45	12:31	12:32	12:22	12:24	14:09	13:08	12:40	12:37	12:08	13:25	13:27	14:02	12:43	13:43	12:22	12:46	14:13	13:41	13:27	
Handovers Average (MM:SS)																											
Torbay District General Hospital - Latter 26 Weeks	13:51	12:16	13:25	14:59	13:04	13:33	13:16	13:12	13:01	12:31	12:33	15:08	14:28	12:02	12:55	12:57	12:15	14:53	13:32	12:00	14:18	13:57	15:26	18:21	14:10	15:34	
Handovers Average (MM:SS)																											
Torbay District General Hospital - First 26 Weeks	13:21	12:42	14:53	12:58	12:13	13:51	11:45	12:18	14:22	12:23	13:33	14:09	12:15	13:50	13:11	13:41	13:15	12:25	13:34	12:41	14:04	12:54	11:39	13:50	14:11	13:42	
Handovers Average (MM:SS)																											
Torbay District General Hospital - Latter 26 Weeks	11:19	10:50	10:53	10:48	11:03	11:55	11:14	13:20	11:00	11:33	10:56	10:30	10:51	11:11	12:23	11:35	11:08	11:21	12:05	13:35	12:05	11:57	13:41	12:18	13:11	12:39	
Handovers Average (MM:SS)																											
Torbay District General Hospital - First 26 Weeks	10:34	10:40	10:46	09:57	09:55	10:54	11:54	10:49	10:56	11:42	11:02	12:21	11:02	10:37	10:41	10:10	10:04	10:37	10:28	11:06	10:49	11:42	10:20	10:42	10:41	10:54	
Handovers Average (MM:SS)																											
Torbay District General Hospital - Latter 26 Weeks	09:38	09:31	10:36	09:57	10:47	09:35	08:53	08:58	09:32	09:08	09:43	11:10	10:13	11:25	12:12	10:36	10:18	10:50	10:50	10:14	11:53	11:50	10:45	10:14	12:24	10:47	
Handovers Average (MM:SS)																											
Torbay District General Hospital - First 26 Weeks	14:07	14:52	11:58	11:07	11:40	15:37	11:21	13:52	11:44	12:16	12:54	11:01	15:15	15:18	10:34	10:39	12:22	11:01	10:31	09:36	08:58	09:14	09:16	09:48	09:46	09:03	
Handovers Average (MM:SS)																											

Torbay District General Hospital

30 Minutes

Handovers greater than 30 Minutes for Torbay District General Hospital



2013-2014

Weeks	Handovers greater than 30 Minutes	Week Commencing (Monday)	Weeks	Handovers greater than 30 Minutes	Week Commencing (Monday)
Torbay District General Hospital - Latter 26	23	Sep 23	Torbay District General Hospital - First 26	25	Mar 25
Handovers greater than 30 Minutes	40	Sep 8	Handovers greater than 30 Minutes	15	Mar 15
		Sep 01			Mar 01
		Sep 08			Mar 08
		Sep 15			Mar 15
		Sep 22			Mar 22
		Sep 29			Mar 29
		Oct 06			Apr 06
		Oct 13			Apr 13
		Oct 20			Apr 20
		Oct 27			Apr 27
		Nov 03			May 03
		Nov 10			May 10
		Nov 17			May 17
		Nov 24			May 24
		Dec 01			Jun 01
		Dec 08			Jun 08
		Dec 15			Jun 15
		Dec 22			Jun 22
		Dec 29			Jun 29
		Jan 05			Jul 05
		Jan 12			Jul 12
		Jan 19			Jul 19
		Jan 26			Jul 26
		Feb 02			Aug 02
		Feb 09			Aug 09
		Feb 16			Aug 16
		Feb 23			Aug 23
		Feb 27			Aug 27
		Mar 06			Mar 06
		Mar 13			Mar 13
		Mar 20			Mar 20
		Mar 27			Mar 27
		Apr 03			Apr 03
		Apr 10			Apr 10
		Apr 17			Apr 17
		Apr 24			Apr 24
		May 01			May 01
		May 08			May 08
		May 15			May 15
		May 22			May 22
		May 29			May 29
		Jun 05			Jun 05
		Jun 12			Jun 12
		Jun 19			Jun 19
		Jun 26			Jun 26
		Jul 03			Jul 03
		Jul 10			Jul 10
		Jul 17			Jul 17
		Jul 24			Jul 24
		Jul 31			Jul 31
		Aug 07			Aug 07
		Aug 14			Aug 14
		Aug 21			Aug 21
		Aug 28			Aug 28
		Sep 04			Sep 04
		Sep 11			Sep 11
		Sep 18			Sep 18
		Sep 25			Sep 25
		Oct 02			Oct 02
		Oct 09			Oct 09
		Oct 16			Oct 16
		Oct 23			Oct 23
		Oct 30			Oct 30
		Nov 06			Nov 06
		Nov 13			Nov 13
		Nov 20			Nov 20
		Nov 27			Nov 27
		Dec 04			Dec 04
		Dec 11			Dec 11
		Dec 18			Dec 18
		Dec 25			Dec 25
		Jan 01			Jan 01
		Jan 08			Jan 08
		Jan 15			Jan 15
		Jan 22			Jan 22
		Jan 29			Jan 29
		Feb 05			Feb 05
		Feb 12			Feb 12
		Feb 19			Feb 19
		Feb 26			Feb 26
		Mar 05			Mar 05
		Mar 12			Mar 12
		Mar 19			Mar 19
		Mar 26			Mar 26
		Apr 02			Apr 02
		Apr 09			Apr 09
		Apr 16			Apr 16
		Apr 23			Apr 23
		Apr 30			Apr 30
		May 07			May 07
		May 14			May 14
		May 21			May 21
		May 28			May 28
		Jun 04			Jun 04
		Jun 11			Jun 11
		Jun 18			Jun 18
		Jun 25			Jun 25
		Jul 02			Jul 02
		Jul 09			Jul 09
		Jul 16			Jul 16
		Jul 23			Jul 23
		Jul 30			Jul 30
		Aug 06			Aug 06
		Aug 13			Aug 13
		Aug 20			Aug 20
		Aug 27			Aug 27
		Sep 03			Sep 03
		Sep 10			Sep 10
		Sep 17			Sep 17
		Sep 24			Sep 24
		Oct 01			Oct 01
		Oct 08			Oct 08
		Oct 15			Oct 15
		Oct 22			Oct 22
		Oct 29			Oct 29
		Nov 05			Nov 05
		Nov 12			Nov 12
		Nov 19			Nov 19
		Nov 26			Nov 26
		Dec 03			Dec 03
		Dec 10			Dec 10
		Dec 17			Dec 17
		Dec 24			Dec 24
		Dec 31			Dec 31
		Jan 07			Jan 07
		Jan 14			Jan 14
		Jan 21			Jan 21
		Jan 28			Jan 28
		Feb 04			Feb 04
		Feb 11			Feb 11
		Feb 18			Feb 18
		Feb 25			Feb 25
		Mar 04			Mar 04
		Mar 11			Mar 11
		Mar 18			Mar 18
		Mar 25			Mar 25
		Apr 01			Apr 01
		Apr 08			Apr 08
		Apr 15			Apr 15
		Apr 22			Apr 22
		Apr 29			Apr 29
		May 06			May 06
		May 13			May 13
		May 20			May 20
		May 27			May 27
		Jun 03			Jun 03
		Jun 10			Jun 10
		Jun 17			Jun 17
		Jun 24			Jun 24
		Jul 01			Jul 01
		Jul 08			Jul 08
		Jul 15			Jul 15
		Jul 22			Jul 22
		Jul 29			Jul 29
		Aug 05			Aug 05
		Aug 12			Aug 12
		Aug 19			Aug 19
		Aug 26			Aug 26
		Sep 02			Sep 02
		Sep 09			Sep 09
		Sep 16			Sep 16
		Sep 23			Sep 23
		Sep 30			Sep 30
		Oct 07			Oct 07
		Oct 14			Oct 14
		Oct 21			Oct 21
		Oct 28			Oct 28
		Nov 04			Nov 04
		Nov 11			Nov 11
		Nov 18			Nov 18
		Nov 25			Nov 25
		Dec 02			Dec 02
		Dec 09			Dec 09
		Dec 16			Dec 16
		Dec 23			Dec 23
		Dec 30			Dec 30
		Jan 06			Jan 06
		Jan 13			Jan 13
		Jan 20			Jan 20
		Jan 27			Jan 27
		Feb 03			Feb 03
		Feb 10			Feb 10
		Feb 17			Feb 17
		Feb 24			Feb 24
		Mar 02			Mar 02
		Mar 09			Mar 09
		Mar 16			Mar 16
		Mar 23			Mar 23
		Mar 30			Mar 30
		Apr 06			Apr 06
		Apr 13			Apr 13
		Apr 20			Apr 20
		Apr 27			Apr 27
		May 04			May 04
		May 11			May 11
		May 18			May 18
		May 25			May 25
		Jun 01			Jun 01
		Jun 08			Jun 08
		Jun 15			Jun 15
		Jun 22			Jun 22
		Jun 29			Jun 29
		Jul 06			Jul 06
		Jul 13			Jul 13
		Jul 20			Jul 20
		Jul 27			Jul 27
		Aug 03			Aug 03
		Aug 10			Aug 10
		Aug 17			Aug 17
		Aug 24			Aug 24
		Aug 31			Aug 31
		Sep 07			Sep 07
		Sep 14			Sep 14
		Sep 21			Sep 21
		Sep 28			Sep 28
		Oct 05			Oct 05
		Oct 12			Oct 12
		Oct 19			Oct 19
		Oct 26			Oct 26
		Nov 02			Nov 02
		Nov 09			Nov 09
		Nov 16			Nov 16
		Nov 23			Nov 23