OVERVIEW AND SCRUTINY BOARD

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

Wednesday, 27 April 2016

commencing at **5.30 pm**

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

Members of the Board

Councillor Lewis (Chairman)

Councillor Barnby	Councillor Stockman
Councillor Bent	Councillor Stocks
Councillor Bye	Councillor Tolchard
Councillor Darling (S)	Councillor Tyerman

Co-opted Members of the Board

Penny Burnside, Diocese of Exeter

A prosperous and healthy Torbay

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 207063
Email: scrutiny@torbay.gov.uk

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OVERVIEW AND SCRUTINY BOARD
AGENDA

1. **Apologies**
To receive apologies for absence, including notifications of any changes to the membership of the Committee.

2. **Minutes** (Pages 4 - 6)
To confirm as a correct record the minutes of the meeting of the Board held on 13 April 2016.

3. **Declarations of Interest**
    a) To receive declarations of non pecuniary interests in respect of items on this agenda

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

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

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

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

4. **Urgent Items**
To consider any other items that the Chairman decides are urgent.

5. **South Western Ambulance Service - Quality Account 2015/2016** (Pages 7 - 54)
To review the Quality Account for South Western Ambulance Service NHS Foundation Trust and provide a commentary for inclusion in the final version of the document.

6. **St Kilda, Brixham - Care and Services Provision** (Pages 55 - 75)
To consider the report on the proposed re-provision of services at St Kilda, Brixham.

7. **Children's Services Five Year Plan - Progress Report**
To receive an update on the progress made against the Children's Services Five Year Plan towards a revised Financial Plan.

8.   Creation of Library strategy

To receive an update from the Executive Lead on the progress towards a library strategy for Torbay including the options which are currently being considered to ensure a sustainable future for the library service.

9.   Connections Office Rationalisation

To consider making recommendations to the Council in relation to the rationalisation of the Connections Offices.

10.   Community Infrastructure Levy

To consider making a response to the consultation on the Community Infrastructure Levy.

11.   Overview and Scrutiny Annual Report   (Pages 76 - 80)

To agree the Annual Report of the Overview and Scrutiny Board.

TORBAY
COUNCIL

Minutes of the Overview and Scrutiny Board

13 April 2016

-: Present :-

Councillor Lewis (Chairman)

Councillors Bent, Cunningham, Darling (S), Robson, Stockman (Vice-Chair), Stocks, Tolchard and Tyerman

(Also in attendance: Councillors Haddock and Morey)

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69. Apologies

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Board had been amended to include Councillors Cunningham and Robson in place of Councillors Bye and Barnby.

Apologies for absence were also received from the Mayor and Deputy Mayor who were represented by Councillor Haddock.

70. Minutes

The minutes of the meeting of the Board held on 30 March 2016 were confirmed as a correct record and signed by the Chairman.

71. Consultation, Communication and Engagement Strategy

Councillor Bent provided feedback from the task-and-finish group which had met to review the draft Consultation, Communication and Engagement Strategy.

Resolved: that a response be submitted to the Mayor's consultation on his draft Consultation, Communication and Engagement Strategy based on the following points:

1. There is currently a lack of capacity within Corporate Services to effectively deliver the proposed strategy and this has potentially serious implications for the reputation of the Council and puts the authority at the risk of legal challenge.

2. The Council should look to work with partner organisations to establish a protocol for joint communications and, where appropriate, consultation.

3. In order to better inform and engage with its residents, the Council should invest in its website and assess the costs of including additional

communication material with items that are currently posted to households such as Council Tax bills.

4. The Strategy should include an aim or objective of seeking to engage with and empower the public and stakeholders in order to bring about positive change for the good of the community.

5. The Strategy should make clear that any consultation undertaken by the Council should be agreed by the Corporate Support team in order that the risk of potential legal challenge can be mitigated.

6. The Strategy should address how the Council, and Councillors in particular, can manage the public's expectations in terms of consultation and engagement.

7. Consideration should be given to have a limited number of key performance indicators to measure how engaged the public believe they are in the Council's business.

8. There should be a Customer Service Training Programme for all public facing officers.

9. The feasibility of having an online e-Viewpoint Panel through a dedicated website and via social media should be explored.

10. The Strategy should include an action plan so that its effectiveness can be monitored.

72.   Parking Strategy 2016-2021

Councillor Stockman provided feedback from the task-and-finish group which had met to consider the Review of Parking which had been undertaken on the recommendation of the Overview and Scrutiny Board.

> **Resolved:**   that the following views be reported to the Mayor for his consideration in the preparation of his initial proposals for the emerging Parking Strategy:
>
> > The Overview and Scrutiny Board has considered the review of parking undertaken by the Executive Head of Business Services together with his recommendations. The Board welcomes the majority of the recommendations and would wish to see them incorporated into the emerging Parking Strategy. The Board accepts the views set out in the report from Councillor Stockman.
> >
> > The Board's task-and-finish group will continue to meet to discuss issues in relation to parking tariff and parking permit options, facilities for motorcycles, the potential increase in on-street parking meters, the proposals in relation to the Esplanade in Paignton, Controlled Parking Zones and park and ride facilities. The task-and-finish group will also consider the wider issues in relation to parking in residential areas and the impact on the safe movement of traffic.

The Board will provide further feedback to the Mayor during his consultation on his Parking Strategy.

Chairman

South Western Ambulance Service NHS
NHS Foundation Trust

14 April 2016

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Dear Colleague

South Western Ambulance Service NHS Foundation Trust
Quality Review and Quality Account 2015/16

Further to our letter of 10 March 2016, please find enclosed a copy of our draft Quality Review and Account for the 2015/16 financial year. As you are aware, the report covers the Trust's activities over the last year and highlights quality priorities for the forthcoming year.

We would welcome your views on how you believe that the Quality Review and Account reflects your experience of the Trust during the last financial year. Your comments will then be included verbatim in the final document and be considered by the Board of Directors, to enable the Board to assure itself that the Statement of Quality within the report is consistent with comments we receive.

We would like to explain that, in order to avoid delays in sending the document to you, there are some omissions as we have yet to finalise year end data. We are more than happy to make the final figures available at a later date if you would like us to do so.

Your feedback on the draft document is required by **Thursday 12 May 2016** at the latest. We recognise that this is a very tight timescale; however, it reflects the fact that the final report needs to be considered by the Trust's Auditors and Board of Directors, prior to being submitted to Monitor by 27 May 2016.

As previously stated, we will include your comments verbatim. It is therefore important, to avoid the report appearing inconsistent, that you focus your statement on commentary about the Trust rather than focussing upon specific incidents. In addition, we would be grateful if you could avoid including questions in your final statement, as these may appear confusing if they have in fact been addressed in the final version of the document.

Please send your comments to martyn.callow@swast.nhs.uk. Martyn will also be able to provide hard copies of the report to anyone who needs it, and answer any additional questions you may have.

Yours sincerely

Jenny Winslade
Executive Director of Nursing and Governance

responsive
committed
effective

Chairman: Heather Strawbridge
Chief Executive: Ken Wenman

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Quality Review and Quality Account 2015/16

Content

Part 1: A Statement of Quality from the Chief Executive

Part 2: Priorities for Improvement and Statements of Assurance from the Board of Directors

A Review of Quality Improvements made within SWASFT in 2015/16

2015/16 Quality Priorities
- Sign Up to Safety
- Paediatric Big Six
- Frequent Callers

Quality Priorities for Improvement 2016/17
- Cardiac Arrest
- Accessible Information
- Human Factors

Statutory Statements of Assurance from the Board

Key Performance Indicators
- Category A and A19
- Ambulance Clinical Quality Indicators
- Staff Survey
- National Reporting & Learning System
- Duty of Candour
- Care Quality Commission

Part 3: Quality Overview 2015/16
- Right Care
- Electronic Patient Clinical Record
- Patient Safety
- Central Alert System
- Ambulance Clinical Quality Indicators
- Clinical Quality Improvements
- Research Activity
- Patient Experience

Assurance Statements – Verbatim

Statement of Directors' Responsibilities in Respect of the Quality Report

Glossary of Terms and Acronyms

Part 1: A Statement on Quality from the Chief Executive

To be completed.

Part 2: Priorities for Improvement and Statements of Assurance from the Board of Directors

A Review of Quality Improvement Priorities made within the South Western Ambulance Service NHS Foundation Trust in 2015/16

Providing quality services to its patients remained the top priority for the Trust during 2015/16, with this priority being evidenced through its vision, values and strategic goals.

The Trust's vision statement is 'To be an organisation that is committed to delivering high quality services to patients and continues to develop ways of working to ensure patients receive the right care, in the right place at the right time.' This reflects the vision for emergency and urgent care set out by Sir Bruce Keogh: "for those people with urgent but non-life threatening needs we (the NHS) must provide highly responsive, effective and personalised services outside of hospital."

This vision is communicated and promoted through the following:

> *From Prevention to Intervention:* this phrase summarises the Trust's ambition to support a safer, more efficient and sustainable urgent and emergency care system for the future. It recognises the integral part ambulance services can play in working alongside health partners to prevent disease and identify effective ways of influencing people's behaviours and lifestyles and in playing an increasingly significant role in urgent and emergency care provision.

> *Right Care, Right Place, Right Time:* captures one of the Trust's key initiatives that focuses on ensuring patients receive the best possible care, in the most appropriate place and at the right time. This is alongside a drive to safely reduce the number of inappropriate A&E attendances at acute hospitals and deliver a wide range of developments to improve the appropriateness of the care delivered to patients.

> *1 Number, 1 Referral, 1 Outcome:* captures the value added by the Trust as a provider of NHS 111 services that are integrated with GP Out-of-Hours and 999 services.

> *Local Service, Regional Resilience:* recognises the dual role of the ambulance service in delivering a local service providing individual and personalised care to patients balanced with system wide coverage and capacity for resilience.

The values agreed by the Board of Directors demonstrate the emphasis that the Trust places on the individuality of patients and staff, and the commitment the Trust has to delivering high quality services.

Values

- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Working together for patients.

The Trust's long term strategic goals and corporate objectives reflect its quality priorities. These include national priorities for ambulance trusts and local commitments agreed with the Clinical Commissioning Groups (responsible for commissioning services) and our Council of Governors. The corporate objectives are aligned to the strategic goals set out below and show the recurrence of quality throughout the strategic approach.

Strategic Goals

Safe, Clinically Appropriate Responses: Delivering high quality and compassionate care to patients in the most clinically appropriate, safe and effective way.

Right People, Right Skills, Right Values: Supporting and enabling greater local responsibility and accountability for decision making; building a workforce of competent, capable staff who are flexible and responsive to change and innovation.

24/7 Emergency and Urgent Care: Influencing local health and social care systems in managing demand pressures and developing new care models, leading emergency and urgent care systems and providing high quality services 24 hours a day, seven days a week.

Creating Organisational Strength: Continuing to ensure the Trust is sustainable, maintaining and enhancing financial stability. In this way the Trust will be capable of continuous development and transformational change by strengthening resilience, capacity and capability.

Performance and progress against these are all reported within the Trust's Integrated Corporate Performance Report, which is presented to the Board of Directors at each publicly held meeting and is available on our website.

Corporate Objectives 2016/17

- **Supporting staff:** This objective focuses on embedding a robust culture of supporting staff and changes the shape of training and support;
- **Delivering performance:** This objective focuses on the Trust's contractual and national obligations in relation to key performance indicators and how the Trust intends to deliver these in the year ahead;
- **Clinical quality:** This objective continues the focus of the Trust on delivering the basics to a high standard ensuring that a high quality safe and effective service is delivered to patients. It includes the Trust's approach to quality improvement, proposed CQUIN initiatives and the Trust's 'sign up to safety' priorities;
- **No compromise**: This objective addresses the change in financial risk appetite within the Trust in relation to securing new business and approaching new opportunities

Quality Strategy
To be included

2015/16 Quality Priorities

In 2015 the Trust published a Quality Account which illustrated its continuous quality improvement journey and set out its priorities for the year ahead. These priorities (listed under the three categories of patient safety, clinical effectiveness and patient experience) are restated below as they appeared at that time, along with an overview of the Trust's performance:

Patient Safety
Priority 1 – Sign Up to Safety
Sign up to Safety is a national campaign, launched by NHS England, designed to strengthen patient safety in the NHS and make it the 'safest healthcare system in the world'.[1] By Signing up to Safety, we will align our patient safety improvement plans to the NHS-wide purpose, thereby strengthening our own activities. The campaign provides a robust structure on which we can pin our safety improvements, and this should help to make them clearer and more accessible to our service users.

Aims
To develop and implement a clear and measurable programme of safety improvement across all of the Trust's services (A&E, Out of Hours, NHS111 and Patient Transport Services), which is underpinned by a published set of principles supporting the five Sign up to Safety pledges, which are:

1. **Put Safety First**
   Commit to reducing avoidable harm in the NHS by half and make public our goals and plans developed locally.
2. **Continually Learn**
   Make our own organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are.
3. **Honesty**
   Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
4. **Collaborate**
   Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
5. **Support**
   Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

Initiatives
- Develop a clear set of aims or principles to support the five Sign up to Safety pledges.
- Engage and consult with patients, staff, governors, and other stakeholders, to seek their feedback on what they see as priorities for patient safety.
- Develop and implement a short/medium/long term programme of safety improvement using the feedback provided.
- Support the work of the three Patient Safety Collaboratives covering our operational area, including encouraging managers to undertake the Institute of Healthcare Improvement (IHI) Accelerated Patient Safety Programme.

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[1] www.england.nhs.uk/signuptosafety

4

Board Sponsor:
Jenny Winslade, Executive Director of Nursing and Governance

Implementation Lead:
Vanessa Williams, Head of Patient Safety and Risk

How will we know if we have achieved this priority?
- We will have a clear set of aims or principles supporting the five Sign up to Safety pledges signed off by our Chief Executive Officer and published on the Trust website.
- Through engagement with staff and governors, we will have received:
  - Responses from a minimum 3% of staff (n129/4285), and at least 50% of governors (n13/26), to a new engagement survey on safety, to be used to develop the programme of safety improvement.
- We will have a measurable short/medium/long term programme of safety improvement based around feedback provided from stakeholders and signed off by the Trust Quality and Governance Committee.
- We will have improved the completion of actions (within agreed target deadlines) developed through learning from serious/moderate harm incidents from the baseline (at April 2015) to 70%. This will be reported to and monitored by the Directors' Group.
- We will be able to demonstrate active involvement in the three Patient Safety Collaboratives covering our operational area, by ensuring a minimum of 3 Trust managers attend the Patient Safety Collaborative IHI training programme in 2015/16, and that at least one representative attends each meeting of the three Patient Safety Collaboratives
- Implementation of the new programme will have commenced by quarter four of 2015/16. This will include development of a full plan for 2016/17.
- Progress towards the Sign up to Safety campaign during 2015/16 will be reported by exception to the Quality and Governance Committee, including a deep dive into the first year's work at year end.

Did we achieve this priority?
We partially achieved this priority:
- We developed a clear set of principles supporting the five Sign up to Safety pledges and these will be published on our website.
- We have commenced a programme of engagement with staff asking them what one thing would help to improvement the safety of their patients. Our aim is get a minimum 3% response from staff (n129)
- We will also be engaging with our governors to ask them for their views on safety improvement. Our aim to receive a response from a minimum of 50% of governors (n13)
- We have improved the completion of actions developed through learning from serious/moderate harm incidents from the baseline **91%** (at April 2015) to **91.5%** at the end of March 2016.
- We have been actively involved in the three Patient Safety Collaboratives covering our operational area, by putting 3 Trust managers through the Patient Safety Collaborative IHI training programme in October 2015, and attending meetings of the three Patient Safety Collaboratives, working with them on new initiatives including introduction of the National Early Warning Score to help improve the safety of patients involved in handover delays at emergency departments

5

- Due to delays in the engagement process, we expect to have a draft safety improvement programme developed by the end of Quarter 1 2016/17. Implementation was intended to have started in Quarter 4 of 2015/16.

Clinical Effectiveness
Priority 2 – Paediatric Big Six
A recent study reported an increase of 28% in the admission rate for children under 15 years of age between 1999 and 2010 in England. In addition, a Kings Fund Review of the South of England in 2012 reported a 9% growth in general paediatric admissions over the previous four years. National data shows that the "big six" conditions accounted for 50% (2008/09) of all emergency and urgent care admissions.

There is significant potential to better manage these conditions if there is the right distribution of services and a co-ordinated, systematic approach to the management, monitoring and recording of a patient's care, known as the care pathway. The South West Strategic Clinical Network has identified scope to both reduce avoidable admissions and improve treatment and outcomes in the South West in relation to children, young people and their families, according with the Trust's Right Care[2] initiative.

Aims
To promote the evidence-based assessment and management of unwell children and young people for the six most common conditions when accessing 999 ambulance services. The six conditions are:
- Fever
- Croup
- Abdominal pain
- Diarrhoea (with or without vomiting)
- Asthma
- Head injury

Initiatives
- Development of an overarching Trust document covering the Guideline for Paediatric Big Six.
- Integration of the overarching document into the Electronic Patient Clinical Record.
- Partnership working with Acute Trusts to identify ways in which direct admissions or advice can be achieved.

Board Sponsor
Executive Medical Director

Implementation Lead
Clinical Development Officer (East)

How will we know if we have achieved this priority?
- Trust clinicians will be supported by the latest evidenced best guidance with support from the region's providers, to reduce variation in the assessment and management of the six conditions and ensure patients are safe and have access to equitable care pathways.
- The Big 6 Guideline will be published and uploaded to the intranet and electronic patient record.

6

- 75% of frontline clinicians (Specialist Paramedics, Operational Officers and Paramedics) will receive Big 6 training (excluding staff on secondment, maternity and long term sick leave).

Did we achieve this priority?
Yes, we achieved this priority.

A recent audit of 300 records relating to paediatric care has shown that there has been a reduction in conveyance of cases that presented as lower-risk when compared against the guidelines; all "Red Flag" cases were recognised as such and appropriately treated and conveyed. The audit also identified areas where the Trust will continue to work in collaboration with acute trusts in relation to advice lines and alternative pathways.

The Big 6 guideline has been published in print format and sent to all clinicians in the Trust. It has been uploaded to the electronic patient clinical record (ePCR) server, and is also available on the Trust's intranet and internet sites.

88.37% of frontline clinicians (Specialist Paramedics, Operational Officers and Paramedics) have attended education events which contained Big 6 guidance (excluding staff on secondment, maternity and long term sick leave). The Trust has also recently targeted those who have not been able to attend the events, by ensuring the yearly one-to-one Learning and Development Review day contains the Big 6 guidance, which has accounted for another 0.98% of relevant staff. In addition, those who have not yet attended either of these opportunities have been sent an electronic package explaining the guideline and its origins, applications and extra links for personal learning. This has been acknowledged as received by a further 4.49% of relevant staff, giving a combined total of 93.84%. Recognition and management of paediatric illnesses will continue to be a subject for education events for the next financial year.

Patient Experience
Priority 3 – Frequent Callers
Frequent callers are a small group of patients who access emergency healthcare on an abnormally high number of occasions. These patients, who often have specific social or healthcare needs, also have a significant impact on the ability of the NHS and emergency services to deliver a safe service to the wider community due to the level of resource required to deal with their requirements.

Improved partnership working is required to ensure that frequent callers are treated in an equitable manner and that care plans are developed and delivered, which meet their individual needs in line with the Trust's Right Care2 initiative. This work will enable the Trust to manage demand from this small group by ensuring that resources are not used inappropriately and that their needs do not impact on the ability of the service to meet the requirements of other users.

Aim
To improve the management of Frequent Callers who present to the ambulance service and a range of health and social care providers.

Initiatives
- Establish links with Frequent Caller Leads in external organisations including Acute Trusts, Mental Health Trusts and NHS111 providers.

- Review the top five Frequent Callers from private addresses, aged 18 years and over, for each CCG area. Establish the percentage which already has an individual action plan in place.
- Work with partner organisations to develop individual action plans for any patients identified above where they are not already in place.

Board Sponsor
Director of Operations

Implementation Lead
Frequent Caller Lead

How will we know if we achieve this priority?
- We will have produced a list of the key contacts within relevant external organisations.
- We will increase the percentage of frequent callers, identified during each quarter, who have an action plan in place at the end of the following quarter, compared to the quarter in which they were identified.

Did we achieve this priority?
Yes, we achieved this priority.

During the year all A&E departments across the area were contacted, with their High Service User (HSU) Leads being identified and the Trust attending Frequent User meetings to discuss mutual HSU issues. Links were also made with all NHS111 services and Mental Health providers across the region. All key contacts details have been collated for ongoing reference and networking purposes.

The Frequent Caller Team has proactively been contacting the wider Primary and Secondary Health Care teams, Social Care and Mental Health teams, to actively engage in the development of care plans where the patient is a 999 HSU. The Trust is also represented at multiagency meetings to progress initiatives in this area.

The Top 5 most prolific Frequent Callers for each of the thirteen commissioning areas were identified on a quarterly basis throughout 2015/16, with this study covering 132 patients. The need for a care plan for all of these 132 patients was analysed. Where care plans were not found to be in place, relevant teams were contacted and the need for a Care Plan was discussed. It should be noted, however, that individual Care Plans are not always required to manage the patient's 999 demand, for example if 999 demand has ceased following the initial steps of the Frequent Caller process being undertaken.

By proactively managing 999 HSUs the percentage treated via telephone triage and consultation, rather than by ambulance crews attending has increased considerably from a range of 0-40%, to a range of 13-92% over 2015/16.

The Frequent Caller Team will continue to work proactively with the wider health and social care community to obtain individual care plans where required.

Quality Priorities for Improvement 2016/17

The Trust is accountable to its patients and service users and the Quality Account provides an ideal mechanism for addressing this. As a Foundation Trust, SWASFT has a Council of Governors which is invaluable in representing the views of Governors, the Trust membership and the wider public, gained through engagement activities. The Trust liaised with its Council of Governors to obtain their opinion and input on the suggested priorities within this report and to encourage them to think about how they can engage with the Trust Membership and the wider public about these priorities.

In developing the priorities for the forthcoming year, the Trust has taken into account feedback provided by stakeholders, including commissioners, on previous Quality Accounts.

When setting the priorities for 2016/17 consideration has been given to Quality Account priorities from previous years, the learning from these and the benefits in focusing further on these areas. In previous years the Trust has focussed upon ROSC (the return of spontaneous circulation) as every month the Trust responds to around 200 partients who have suffered a cardiac arrest; and this year this focus continues with a quality priority that focusses upon improving outcomes from cardiac arrest.

During 2015/16 the Implementation Leads for the agreed priorities were responsible for monitoring progress at the appropriate working groups, whilst the progress of the Trust's quality development programme was monitored through the Quality Committee. These governance arrangements will be continued during the forthcoming year.

A review of the progress against these priorities will be included in next year's Quality Report and Account.

Clinical Effectiveness – Cardiac Arrest
Why a Priority?
A cardiac arrest is considered the ultimate medical emergency, where outcomes are based largely on the correct treatment being delivered as quickly as possible, with clinicians delivering interventions that contribute to each part of the chain of survival. The ambulance service plays a crucial part in delivering these early interventions, influencing all of the links within the chain of survival.

Evidence based resuscitation guidance is provided by the UK Resuscitation Council, which details the interventions which are likely to increase the chance of survival in a respiratory or cardiac arrest. It is well evidenced that adherence to the principles within the resuscitation guidelines increases the chance of a patient regaining a pulse (known as ROSC, Return of Spontaneous Circulation) and therefore survival to discharge (leaving hospital alive).

Ambulance services are measured on the rate of ROSC and survival to discharge for all resuscitated cardiac arrest patients. The same clinical indicators are also reported for a sub-set known as the Utstein group, which includes only patients who should have the best chance of a positive outcome. Use of the Utstein group enables international comparison of performance between health systems. It should be noted that a range of factors outside of the ambulance services control affect survival to discharge, such as the quality of the care received within hospital.

There is potential to improve outcomes from cardiac arrest if a more co-ordinated, systematic approach to the management is adopted.

Aim

The aim of this Clinical Effectiveness Indicator is to improve adherence to the Resuscitation Council guidelines and therefore the quality of resuscitation by Trust clinicians. In addition we will promote the benefits of partnership working with local acute trusts, in order to improve outcomes in cardiac arrest.

Initiatives

- Use recognised quality improvement techniques such as Plan-Do-Study-Act (PDSA) cycles, process maps, and feedback using annotated statistical process control (SPC) charts to understand the gaps in care, the barriers to improvement and how to address these.
- Develop and implement resuscitation checklists to support clinicians when managing cardiac arrest.
- Deliver a Resuscitation Council 2015 training update and practical ALS scenario to 90% of available Trust frontline clinical staff, in order to improve the quality of treatment provided. To embed sustainable improvement we will promote partnership working with acute trusts and Strategic Clinical Networks in order to reduce variation in patient outcomes. We may use operational modelling techniques to explore the potential implications of cardiac arrest centres in the South West.

Board Sponsor

Executive Medical Director

Implementation Lead

James Wenman, Clinical Development Manager

How will we know if we have achieved this priority?

- Trust clinicians will be supported by resuscitation checklists based on the updated resuscitation council guidance which will support adherence to evidence based guidance and team working in cardiac arrest.
- 90% of available frontline clinicians (Specialist Paramedics, Operational Officers, Paramedics, Advanced Technicians, Ambulance Practitioners and Emergency Care Assistants) will receive a cardiac arrest update and practical ALS assessment as part of their annual development day.[1]
- The Trust will establish links with our stakeholders so that outcomes from cardiac arrest and the benefits of partnership working can be explored.

Patient Engagement – Accessible Information
Why a Priority?

When people require transport to hospital or need urgent or emergency care, it is essential that they are able to communicate clearly with the staff who attend them so that the care provided is appropriate and safe. When care is provided in an emergency setting ambulance trusts are not always in a position to establish whether there are any individual communication needs which should be taken into account. There are existing mechanisms in place in the clinical hubs, such as: warnings on addresses for patients who have had laryngectomies and tracheostomies and may have difficulty communicating;

Easy Read letters for frequent callers and contact with their learning disability or other teams to aid communication; communication is covered in the Pathways course; and hub staff are advised that if there are communication difficulties the call should be early exited and a response sent.

A new Accessible Information Standard has been introduced which is designed for trusts to establish those communication needs at the first point of contact. In order to support implementation of the Standard and increase the chances of that information being available to emergency ambulance crews when they need it, it is important that patients know how to provide the information **before** they require our help. Encouraging patients to explain any individual communication needs when they call or when we attend them, will also support them when they need access to patient transport and out of hours care.

Understanding better how our patients wish us to communicate with them will enable us to improve their access to and the quality of their experience of the services we provide.

Aims

- Improve the level of contact by those with communication difficulties in advance of their treatment so that we able to provide them with a better and more accessible service, noting that we do not as yet have the capability to record this information for future contact
- Increase engagement with groups supporting those with sensory loss to better understand their communication needs and help to develop bespoke communication tools
- Increase access to the use of 999 text messaging services

Initiatives

Develop an education campaign to advise patients about the need to tell us (when they call or we attend them) if they have particular communication needs. This will include:

- Adding a footnote to the following patient facing correspondence: complaint acknowledgements; proactive apology letters; Duty of Candour calls and letters; and patient survey forms
- Develop a video, advising patients what they need to tell us about their communication needs and when, for publication on the Trust website and dissemination to patient support groups
- Develop posters for display at treatment centres *and ??*
- Consider adaptation to ePCR to allow the recording of patient communication requirements
- Review and develop a plan for improvement of the Trust's website to maximise the use of plain English and accessibility, asking Trust members to review the updated content
- Develop a programme of engagement with groups supporting patients with sensory loss to allow them to explain their particular communication needs, leading to future development of an Accessible Information Standard action plan.

Board Sponsor
Executive Director of Nursing and Governance

Implementation Lead
Nicole Casey, Head of Governance

How will we know we have achieved this priority?
- Reports on notification of communication needs measured as a result of patient facing correspondence and the video and poster campaign, from a baseline set on 1 April 2016. This will be reported to us by staff in the hub or on scene.
- Comment on the amended Trust website by a survey of Trust members
- Development of an Accessible Information Standard action plan

Patient Experience – Human Factors

Why a priority?
A thematic review of patient safety incidents identified human factors as a common theme amongst serious incidents. Human factors can influence how people behave and perform. In the context of the Trust, human factors are environmental, organisational and job factors, and individual characteristics which influence behaviour.

Aim
The patient safety indicator will focus on undertaking a review of human factors influencing errors made during the telephone triage process to identify solutions to improve patient safety.

Initiatives
- Undertake research to agree the defined list of human factors from the models available which will be utilised to undertake the review.
- Conduct a review of patient safety incidents to identify where telephone triage errors were identified as a concern.
- Using the agreed human factors model, analyse the identified incidents to identify the human factors associated with the telephone triage errors.
- Undertake a deep dive of the key human factors identified as part of the analysis and develop proposals for solutions to be considered by the Executive Director of Nursing and Governance to reduce the likelihood of error in telephone triaging.

Board Sponsor
Jenny Winslade, Executive Director of Nursing and Governance

Implementation Lead
Vanessa Williams, Head of Patient Safety and Risk

How will we know if we have achieved this priority?
- We will have an agreed human factors model to utilise in the organisation for patient safety research and future analysis of incidents, complaints, etc.
- We will have identified key human factors influencing telephone triage errors.
- We will have developed proposed solutions to address errors minimising the likelihood of recurrence of incidents relating to telephone triage.

Statements of Assurance from the Board

Statutory Statement

This content is common to all healthcare providers which make Quality Accounts comparable between organisations and provides assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

1. During 2015/16 the South Western Ambulance Service NHS Foundation Trust provided and/or sub-contracted three relevant health services:
    - Emergency (999) Ambulance Service;
    - Urgent Care Service (NHS 111; GP Out-of-Hours and Tiverton Urgent Care Centre);
    - Non-Emergency Patient Transport Service.

1.1 The South Western Ambulance Service NHS Foundation Trust has reviewed all the data available to them on the quality of care in three of these relevant health services.

1.2 The income generated by the relevant health services reviewed in 2015/16 represents xxxxxx per cent of the total income generated from the provision of relevant health services by the South Western Ambulance Service NHS Foundation Trust for 2015/16.

2. During 2015/16, zero national clinical audits and zero national confidential enquiries covered relevant health services that South Western Ambulance Service NHS Foundation Trust provides.

2.1 During 2015/16 South Western Ambulance Service NHS Foundation Trust participated in 100 per cent national clinical audits and 100 per cent national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust was eligible to participate in during 2015/16 are as follows:
    - None

2.3 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust participated in during 2015/16 are as follows:
    - None

2.4 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust participated in, and for which data collection was completed during 2015/16, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

2.5 The reports of no national clinical audits were reviewed by the provider in 2015/16 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

13

- Undertake a programme of Quality Improvement activity across the organisation to facilitate the delivery of high quality care.

2.6 The reports of 5 local clinical audits were reviewed by the provider in 2015/16 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
- xxxxxxxx

3. The number of patients receiving relevant health services provided or sub-contracted by South Western Ambulance Service NHS Foundation Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 2,000.

4. A proportion of South Western Ambulance Service NHS Foundation Trust income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between South Western Ambulance Service NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2015/16 and for the following 12 month period are available electronically at www.swast.nhs.uk.

4.1 The monetary total available for the Commissioning for Quality and Innovation payments, for all service lines, for 2015/16 was £xxxxx and for 2014/15 was £2,927,940.

5. South Western Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered without compliance conditions'.

5.1 South Western Ambulance Service NHS Foundation Trust has the following conditions on registration:
- None.

5.2 The Care Quality Commission has not taken enforcement action against South Western Ambulance Service NHS Foundation Trust during 2015/16.

5.3 South Western Ambulance Service NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

6. South Western Ambulance Service NHS Foundation Trust did/did not submit records during 2015/16 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

7. South Western Ambulance Service NHS Foundation Trust Information Governance Assessment Report overall score for 2015/16 was 71% and green.

8. South Western Ambulance Service NHS Foundation Trust was/was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

14

9. South Western Ambulance Service NHS Foundation Trust will be taking the following action to improve data quality:

- Continue to maintain and develop the existing data quality processes embedded within the Trust.
- Hold regular meetings of the Information Assurance Group to continue to provide a focus on this area.
- Ensure completion and return of the monthly Data Quality Service Line Reports and in particular strengthen reporting by its NHS111 services.
- Continue to provide Data Quality Assurance Reports to the Board of Directors.
- Where external assurance of data quality is required, commission an independent review from Audit Southwest, the Trust's internal audit provider.

15

Key Performance Indicators

This section includes the mandatory indicators which the Trust is required to include in this report. Further performance information is shown in Part 3 of this report.

Category A Performance

Category A Performance	Target	2015/16	2014/15	National Average 2015/16*	Highest Trust 2015/16*	Lowest Trust 2015/16*
Red 1	75%	73.72%	75.24%	73.50%	79.10%	67.84%
Red 2	75%	63.60%	71.42%	69.12%	75.95%	62.66%

Category A Performance	Target	2015/16	2014/15	National Average 2015/16*	Highest Trust 2015/16*	Lowest Trust 2015/16*
19 Minute	95%	89.44%	93.62%	93.37%	97.34%	88.81%

*Highest/Lowest Trust reporting has been noted for each indicator independently, current information from YTD 2015/16 reported at the end of January 2016.

Category A performance by Clinical Commissioning Group can be found at Appendix 1.

For clarification, Category A incidents are those involving patients with a presenting condition which may be immediately life threatening and who should receive an emergency response within 8 minutes irrespective of location, in 75% of cases. Red 1 calls are those requiring the most time critical response and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction. Red 2 calls are those which are serious but less immediately time critical and cover conditions such as stroke and fits. In addition, Category A patients should receive an ambulance response at the scene within 19 minutes in 95% of cases. A19 performance is based on the combination of both Red 1 and Red 2 categories of call.

The Trust is assessed against the delivery of the Red 1, Red 2 and A19 performance targets quarterly by Monitor. The Trust met the Red 1 performance target in Quarters 1, 2 and 3 of 2015/16, but the other two targets were breached. In Quarter 4 all three performance targets were breached. Details of the breaches have been reported within the Annual Governance Statement, which forms part of the Annual Report and includes assurance of the action taken to improve the position.

The South Western Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:
- The Trust has robust data quality processes in place to ensure the reporting of performance information is both accurate and timely.
- Information is collated in accordance with the guidance for the Ambulance Quality Indicators.
- This information is reported to the Board of Directors monthly in the Integrated Corporate Performance Report.

The South Western Ambulance Service NHS Foundation Trust is taking the following actions to improve Red performance percentages, and so the quality of its services, by:

- The development and implementation of a 'Measures to Improve Performance' plan during Quarter 2 of 2015/16, which was updated during Quarter 3 and 4 of 2015/16. This is a comprehensive plan developed by the Operations directorate, in conjunction with all directorates across the Trust, to identify the key actions and developments required to improve Red performance.

The Trust is currently a pilot organisation for the Ambulance Response Review which is looking at the way in which ambulances are monitored in terms of response times. Details of this review can be found at page 21.

Ambulance Clinical Quality Indicators (ACQIs)
ACQIs are designed to reflect best practice in the delivery of care for specific conditions and to stimulate continuous improvement in care. They were initially introduced in 2010/11, and since this time ambulance trusts have been working nationally to agree and improve the comparability of the datasets reported.

Whilst there are currently no national performance targets for ACQIs, local thresholds have been agreed with the Trust's commissioners and these are shown in the table below. In addition the data from the indicators is used to reduce any variation in performance across Trusts (where clinically appropriate) and drive continuous improvement in patient outcomes over time.

Further ACQI information is contained in Part 3 of this report and details of all ACQIs are contained in the Trust's monthly Integrated Corporate Performance Report presented to the Trust Board of Directors and available on the Trust's website.

	Commissioner Target	Year to date 2015/16 (April to xxx 15)	2014/15	National Average (Apr to xxx 15)	Highest Trust Performance (April to xx 15)	Lowest Trust Performance (April to xxx 15)
Outcome from Acute ST Elevation Myocardial Infarction (STEMI) - % of patients suffering a STEMI and who receive an appropriate care bundle.	85.0%	xx	xx	xx	xx	xx
Outcome from Stroke for Ambulance Patients - % of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.	95.0%	xx	xx	xx	xx	xx

*Highest/Lowest Trust reporting has been noted for each indicator independently.

Data for these indicators is not currently available for information after xxxxxx 2015. The longer timeframe for the production of this clinical data is due to the manual nature of the collection process and the delays experienced in collecting some of the data from third party sources.

The South Western Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:

- xxxxxxxxxx

17

Staff Survey

One of the key findings in the 2015 national staff survey relates to staff recommending the Trust as a place to work or receive treatment. Staff were asked to rate their answer on a five point scale from "1" strongly disagree to "5" strongly agree. Staff responses were then converted into scores. The table below shows the Trust's performance compared to last year, together with the performance of other Ambulance Trusts.

Staff Survey Indicator	Performance 2015	Performance 2014	National Ambulance Average 2015	Highest Ambulance Trust 2015	Lowest Ambulance Trust 2015
Staff recommendation of the Trust as a place to work or receive treatment.	3.45	3.28	3.33	3.52	n/a
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	24%	25%	30%	15%	n/a
Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	76%	70%	71%	76%	n/a

The 2015 survey demonstrated significant improvement in the three indicators above, with the Trust consistently performing better than the National Ambulance Average. For the final indicator regarding equal opportunities to career progression, the Trust was the leading Ambulance Trust, further demonstrating the positive impact the new My Career Conversation process has had on staff perception of how appraisals and staff development are managed.

South Western Ambulance Service NHS Foundation Trust is taking the following actions to improve staff engagement, and so the quality of its services, by:
- Reviewing the results of the 2015 staff survey with each of the locality managers to develop suitable targeted action plans for their individual areas aimed at improving response rates and performance across the Trust.
- Ensuring that staff have the opportunity to give feedback on this point through ongoing implementation of the Friends and Family Test for staff throughout 2016/17.
- Holding roadshows at Emergency Departments and major ambulance stations during May and October 2016 – with members of Human Resources, Learning & Development, Executive Directors and operational colleagues in attendance.

National Reporting and Learning System

All Trusts are required to provide confidential and anonymised reports of patient safety incidents to the National Reporting and Learning System (NRLS). This information is analysed to identify common risks to patients and opportunities to improve patient safety. These incidents are identified through the Trust's incident reporting processes, and of the 9,889 incidents reported during the 2015/16 year, xxxx have been identified as relating to patient safety.

The National Patient Safety Agency recognised that organisations that report more incidents usually have a better and more effective safety culture, stating 'you can't learn if you don't know what the problems are'.

Indicator	2015/16		2014/15		National Average	Highest Trust*	Lowest Trust*
	1 Oct to 31 Mar	01 Apr to 30 Sep	01 Oct to 31 Mar	01 Apr to 30 Sep	1 April to 30 Sept 2015		
Total Incidents Reported to NRLS	xx	Xx	1,252***	234***	xx	xx	xx
Number of Incidents Reported as Severe Harm	xx	Xx	27	5	xx	xx	xx
Number of Incidents Reported as Death	xx	Xx	2	1	xx	xx	xx

*Highest/Lowest Trust reporting has been noted for each indicator independently.
**This information is sourced from the Trust's incident reporting system based on the criteria used in NRLS reports. All other information in this table is published by the NRLS based on the data they received and collated from the Trust during their reporting periods. Information is published in arrears, and therefore the most recent information available from the NRLS relates to the period 1 April to xxxxx.

South Western Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:
- The Trust has a good culture for reporting adverse incidents.
- Information is provided to the NRLS electronically through the upload of data taken from the Trust's adverse incident reporting system.
- The Trust has taken the following actions to improve this number, and so the quality of its services, by:
  - Continuing to encourage the reporting of adverse incidents by all members of staff so learning can occur at all levels of the Trust.
  - Reviewing the mechanisms for learning from adverse incidents to ensure this is done quickly and effectively, and disseminated to staff so they have continued confidence in the reporting system.
  - Reviewing the mapping of coding of patient safety incidents with the NRLS to ensure reporting is consistent with national requirements.

Duty of Candour
On 1 April 2013, the contractual Duty of Candour was introduced for all NHS Trusts to report to patients or their next of kin where it is identified that moderate or serious harm has resulted from care provided by the Trust. This duty became regulatory on 27 November 2014 and was included within the Health and Social Care Act 2008 (Regulated Activities) as Regulation 20.

The Trust has developed a process for the management of these incidents which has been agreed with commissioners.

The Trust supports an open culture and has introduced a 'Proactive Apology Process' which involves apologising to patients when the level of service that has been provided to them is below the standard that the Trust would expect. This process, which applies to incidents rated as being negligible or low, complements the Trust's approach to the Duty of Candour.

19

Care Quality Commission (CQC)
The Trust maintains its registration with the CQC with no conditions.

The Trust is proactive in ensuring compliance with CQC regulations through the maintenance of a centralised evidence system; an annual review of processes; and an annual assessment of compliance across all service lines by way of an internal audit review. A "green" rated internal audit outcome was achieved for 2014/15 with the Trust robustly evidencing compliance against all three of the outcomes reviewed. The annual review for 2015/16 focussed upon staff understanding of the Trust's approach to quality and, at the time of drafting this text, the outcome of the review is awaited.

In March 2016, the CQC carried out an inspection of the NHS111 services provided by the Trust. The outcome of this inspection, which was triggered by adverse media coverage, is awaited. However, initial feedback included:
- Call centre staff were praised, in particular the way in which they treated patients with compassion and reduced anxiety levels. It is anticipated that the "Caring" domain will be rated as good.
- Safeguarding was highlighted as a particular strength.
- The strong resilience provided through the integration of the two clinical hubs was praised.

There were also some areas for development including staff engagement and staffing levels which are being addressed by the Trust.

The Trust will be undergoing its first comprehensive CQC inspection of all service lines in June 2016 and preparation is underway to ensure that it maintains its unconditional registration. A key element of this work has been assessing the Trust and its services against the CQC five domains of safe, effective, caring, responsive and well-led. An initial assessment is set out below.

Self-assessment against ratings to be inserted.

Part 3: Quality Overview 2015/16

Additional Quality Achievements and Performance of Trust against selected metrics
This section provides an overview of other performance metrics for the Trust.

The indicators and information contained within this section of the report have been selected to describe the Trust's continuous quality improvement journey. They build on the indicators reported in the previous Quality Reports and where possible historical and national benchmarked information has been provided to help contextualise the Trust's performance.

Right Care
Over the past decade, the Trust has been improving the pathways and care options available to our clinicians. Ambulance services are now a key provider of urgent as well as emergency care, and our workforce, pathways and clinical support have adapted to this challenge. Many of the patients that call 999 for an ambulance can be managed safely effectively over the phone, without sending an emergency ambulance. Where we do need to send an ambulance, over half of our patients can be managed by ambulance clinicians in their own home. In 2010, we developed the Right Care, Right Place, Right Time initiative, a five year commissioner funded agreement that committed to us reducing unnecessary admissions to Emergency Departments (EDs) by 10%.

20

Thanks to the enthusiasm of our clinicians, the programme exceeded expectations, with the proportion of 999 calls managed without ED attendance increasing from 50.84% in 2010/11 to 57.45% in 2013/14. SWASFT has consistently achieved the highest non-conveyance rate of any UK ambulance Trust. We also have the highest rate of admission for patients we do convey to EDs, demonstrating appropriate clinical decision-making.

The Right Care[2] programme was launched in 2014/15 to build on this initial success to ensure that even more patients are able to be safely managed within the community. During 2015-16 the initiative has assisted in reducing the impact of ambulance activity increases on the EDs at acute hospitals across the South West. Whilst overall ambulance incident volumes increased by 5.06% in the same period, the number of incidents resulting in a conveyance to an ED only increased by 1.87% compared to 2014/15. If the proportion of patients conveyed to an ED had remained at the same level as 2014-15, a further 12,313 more patients would have been taken to EDs in 2015-16.

Our clinicians are at the heart of the Right Care[2] programme, and have the greatest level of clinical autonomy of any UK ambulance service. We continued to promote a dedicated feedback system amongst staff and EDs to seek information on blocks to providing the right care. Over 2,850 items of feedback were received during 2015-16, with the Trust working closely with CCGs and providers to resolve the issues. Time and time again, the feedback has proved vital in improving access to existing pathways and creating further opportunities.

Ambulance Response Review
Dispatch on Disposition
In February 2015 the Trust was delighted to have been chosen in partnership with London Ambulance Service, to pilot a new way for ambulance services to respond to 999 calls.

The Dispatch on Disposition (DoD) pilot allowed call-handlers a small amount of extra time to triage the patient over the telephone before an ambulance resource was dispatched to respond. This additional triage time did not apply to those incidents which were identified as immediately life-threatening (i.e. Red 1 incidents) where an ambulance resource would continue to be dispatched immediately.

The limited extra assessment time was to ensure that call handlers were able to better deploy resources where they were most needed. This time also provided an opportunity to identify the most clinically appropriate response to meet the needs of the patient. In some cases this may not be an ambulance response, and patients may be better served by an immediate referral to another service (e.g. local GP, pharmacy or walk-in centre).

The Trust worked with NHS England, the Association of Ambulance Chief Executives (AACE), the College of Paramedics and London Ambulance Service during the pilot period with strict oversight and monitoring of the results and impacts of these service changes, including patient safety. The DoD pilot was also subject to rigorous and independent external evaluation, the findings of which will be published in due course.

During the pilot period (10 February 2015 to 18 April 2016) the Trust was required to monitor against metrics for Red 1, Red 2 and A19 performance. In agreement with NHS England changes were made to the clock start to allow additional telephone triage time before an ambulance resource was dispatched, in all calls except Red1 which remained at the time of call-connect. This additional time was incrementally adjusted up to five minutes

during the pilot; however this has been reduced to four minutes in anticipation of the Clinical Coding trial.

The DoD pilot this was expected to improve Red 1 and Red 2 performance, resource allocation and Hear & Treat rates. This expected positive effect for Red 1 and Red 2 has been difficult to demonstrate due to an unexpected increase in demand on the service. However, the vehicle allocation and Hear & Treat have shown improvement under the DoD pilot.

The pilot was effective in demonstrating its intended aims and a further four Trusts were recruited into the pilot to further demonstrate the benefits, with the remaining Ambulance Trusts acting as controls. The Trust has been instrumental in driving the agenda and the need to review the time-driven targets which do not directly reflect patient outcomes.

The success of the pilot has led to Phase2 to further enhance the aims of Ambulance Response Programme (ARP), with a Clinical Code Trial being developed from October 2015 to respond to patient needs with the correct resources first time, and reduce the time to treatment for the most serious conditions.

The Trust and Yorkshire Ambulance Service were selected to participate in this trial, providing a once in a decade opportunity to influence ambulance performance measures. Implementation began in January 2016 with a go live date of April 2016. The Trial will report to the Secretary of State for Health in Autumn 2016.

Electronic Patient Clinical Record
One of the Trust's quality priorities for 2014/15 was the electronic Patient Clinical Record (ePCR) and development work continued throughout 2015/16 with the Trust continuing to roll out the (ePCR) product to the counties of Devon, Cornwall, Somerset and Dorset, with ten acute trusts now live and over 60% of Trust staff trained and successfully utilising the system.

Rather than purchase an off the shelf product, the ePCR has been designed by Trust staff with a bespoke configuration to support and document a structured patient assessment and to enhance clinical decision making to ensure that the patient receives the Right Care. This has added a level of complexity to the project, but has enabled the Trust to work with the developers to create a comprehensive system which focuses on the development of effective assessment and care planning to enhance the patient experience and ensure that the patient is directed to the right service for definitive care.

The system uses a combination of assessment tools, structured data fields and free text options, to arrive at a final disposition and treatment plan. This is then viewed within Clinical Work Stations in the Acute Trust or via email functionality within community service providers.

The Trust has been successful in linking the products development in to system wide projects. The West of England Academic Health Science Network (WEAHSN) has seen the benefit the ePCR can bring to the wider health economy and has been working with the Trust to create automated calculation of the national Early Warning Score (NEWS). The introduction of NEWS, a structured triage tool used across health and social care, as a means of quickly identifying the severity of illness and tracking any serious deterioration, has been particularly successful and demonstrates how the ePCR can be used across health boundaries to support the wider health economy in delivering high quality care.

22

The Trust is now engaged and leading further national developments to create opportunities for systems integration. This will enable electronic systems across health and social care to communicate and for clinicians across organisations to share essential need to know information.

During 2016-17 the Trust will finalise the ePCR roll out within the North Division and work to enhance its capabilities and further support high quality care.

Urgent Care Service
The Urgent Care Services, both GP Out of Hours and NHS 111, are monitored through the assessment against national quality requirements. These quality requirements cover a number of different areas (including the auditing of calls and patient experiences). This information is reported in the Integrated Corporate Performance Report, presented to the Board of Directors at each meeting, and available on the Trust's website.

In addition to the NHS111 and GP Out of Hours, the Trust operates a number of smaller urgent care service contracts, including a Single Point of Access (SPoA) to healthcare professionals in Dorset, dental call handling and triage, Out of Hours services to prisons in Dorset and GP practice telephone cover. Within all of these contracts, the Trust continues to achieve well against the contractual performance requirements.

GP Out of Hours Service
During the first quarter of 2015/16 the Trust delivered GP Out of Hours Services across Dorset, Somerset and Gloucester. From 1 July 2015, the Somerset Out of Hours service moved to a new provider as identified through the procurement exercise undertaken by the Clinical Commissioning Group.

Appendix 2 of this report shows the achievement of the national quality requirements. These requirements are set by the Department of Health and are applicable to every Out of Hours service in England.

As can be seen, the two services have performed differently during 2015/16, reflecting that the Dorset contract is a well-established service with a history of good performance whereas the Gloucestershire contract is new, commencing on 1 April 2015. Overall Dorset continued to deliver well against performance and quality requirements whereas in Gloucestershire, the overall performance has been more volatile with overall delivery at a level below that seen in Dorset.

The Trust continues to focus on actions which contribute to deliver an improving position against the contractual performance requirements, some of these including a full review of the shift patterns and staffing structure; enabling remote access to allow GPs to undertake telephone triage at peak periods from home; and enhancing existing standard operating procedures to improve patient flow between emergency departments, minor injury units and the Out of Hours led primary care centres (co-located with these other departments).

NHS111
As with the Out of Hours service, the Trust commenced the year delivering NHS111 services to Devon, Dorset, Cornwall and Somerset. However, on 1 July 2015 the Somerset service transitioned to a new provider.

23

Following the decision of the Trust to service notice on the Devon and Cornwall NHS111 contracts with effect from 31 March 2016, agreement was reached that additional investments would be provided by the Clinical Commissioning Groups to ensure an improving position of service delivery for the remainder of 2015/16. As a result of this an extended period of recruitment commenced in July for all contracts, the outcome of which was a steady increase in clinical staff numbers and call answering, with a reciprocal improvement in the performance and quality of the service provided.

In December 2015, Devon Clinical Commissioning Group commenced a procurement exercise to secure the next provider for its NHS111 and GP Out of Hours services. Whilst the Trust developed an initial partnership to explore the options to bid for these services, in February a decision was made to not progress this and therefore it awaits instruction from the Clinical Commissioning Group as to who the successful bidder is. Once this award has been made the Trust will work with this new provider to ensure a smooth transition for staff and patients.

Appendix 3 sets outs activity for each of the NHS111 contracts during 2015/16, together with performance against national quality requirements. As with Out of Hours services, national quality targets are set out by the Department of Health for NHS111 services and are applicable to every service in England.

Tiverton Urgent Care Centre
The Trust took over the management of the Urgent Care Centre in Tiverton in July 2014. The primary measure within the operating contract is the 4 hour waiting time standard, which is the same target for Acute Trust Emergency Departments. As can be seen from the table below, performance is excellent and patient report receiving an excellent service.

Indicator	Target	2015/16	8 July 2014 – 31 March 2015
Percentage of cases completed within 4 hours	95%	99.77%	99.43%

Ambulance Clinical Quality Indicators

The following tables show Trust performance for further ACQIs.

Indicator	Year to date 2015/16 (Apr to Oct)	2014/15	National Average (Apr to Oct 2015)	Highest Trust Performance (Apr to Oct 15)*	Lowest Trust Performance (Apr to Oct15)*
Return of spontaneous circulation (ROSC) at time of arrival at hospital (Overall)	X	X	X	X	X
Percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of call	X	X	X	X	X

*Highest/Lowest Trust reporting has been noted for each indicator independently.

Indicator	Year to date 2015/16 (Apr 15 to Feb 2016)	2014/15	National Average (Apr 15 to Feb 16)	Highest Trust Performance (Apr 15 to Feb 16)	Lowest Trust Performance (Apr 15 to Feb 16)
Calls closed with telephone advice	X	X	X	X	X
Incidents managed without the need for transport to A&E	X	X	X	X	X

*Highest/Lowest Trust reporting has been noted for each indicator independently.

Research Activity

Disseminating work at External Conferences

During 2015/16 the Research and Audit team showcased their work to a national audience through attendance at several key conferences. Posters were displayed at the National College of Paramedics Conference, and our Lead Research Paramedic delivered an update of her work which was sponsored by the college. At the 999 EMS Research Forum the team won prizes for 'Best Poster', and also the top award of highest quality research, which attracts a prize to speak at an international conference, this year in New Zealand. Additionally, the team presented at the South West Emergency Academic Conference in March.

Research Showcase

The Research and Audit Team also hosted the Trust's annual Research Showcase in Exeter in March 2016.

The aim of the event was to showcase some of the research currently being undertaken both within and outside of the Trust, and to promote engagement with staff and students, highlighting some of the ways in which they can become involved in, and develop, a research career. The event brought together a multi-disciplinary group including a wide range of staff grades, students from University partners, and representatives from the research community and Higher Education Institutions (HEIs).

The speakers presented on a range of projects, including both recently completed and ongoing studies, including:

- **AIRWAYS-2** – This ongoing study, which the Trust is sponsoring, is the largest trial of airway management in the world, and is comparing intubation with a supraglottic airway device for managing the airway in patients experiencing an out of hospital cardiac arrest.
- The **Peninsula Public Involvement Group** described their experiences as a user led advisory group participating in research, and the value of involving patients and service users.
- **PARAMEDIC-2** – a key study in out of hospital cardiac arrest, examining whether adrenaline has a beneficial effect in this patient group.

The event was shared with a global audience through social media. Over 300 'tweets' during the event resulted in over 349,200 twitter impressions.

Patient Safety

Incident Reporting

As reported in Part 2 of this report, the Trust has a central reporting system for adverse incidents, including near misses, as well as Moderate Harm Incidents (MIs) and Serious Incidents (SIs).

All three core service lines for the Trust: A&E; Patient Transport Service (PTS) and Urgent Care Service (UCS), are covered in the patient safety measures reported within this section, including the table below which sets out the categories and numbers of patient safety incidents managed by the Trust.

Other Patient Safety Measures	2015/16	2014/15
Adverse Incidents	xxxxx	1,450
Moderate Harm Incidents	40	48
Serious Incidents	41	56

Working groups within the Trust receive reports on incidents relating to their remit. During the year the Trust established a Quality Development Forum which replaced the Experiential Learning Forum. The role of the Quality Development Forum is to drive the Quality Strategy within the Trust and to lead on service and quality improvement as the sub group to the Quality Committee. The group's key duties include:

- Proactively highlighting areas of concern or poor practice and undertaking focused reviews, informed by other forums such as the Quality Committee and Clinical Effectiveness Group, to develop and influence Trust-wide quality improvements;
- Approving updates to the Trust's Quality Strategy, and supporting its implementation;
- Making recommendations for action to improve quality, ensuring those actions are implemented and disseminated throughout the organisation;
- Referring and receiving recommendations for change to policy to appropriate Director;
- Referring and receiving recommendations for change to the Trust annual training programme, via the Clinical Effectiveness Group;
- Analysing and acting upon feedback from the external environment such as national groups.

The first theme reviewed by the Quality Development Forum during the year was 'Emotional Resilience'. The outcome of this review included the recommendation to develop an accredited Emotional Resilience course for staff. Future themes for review have been identified as Clinical Care and Human Factors, with the latter being a quality priority for 2016/17.

Serious Incidents
A fundamental part of the Trust's risk management system is appropriately managing SIs to ensure lessons are learned. SIs are identified through a systematic review of both adverse incidents and patient feedback. All incidents that are believed to potentially meet the nationally set criteria for a SI are passed to the clinically qualified Patient Safety Manager for preliminary review, before being circulated to the dedicated Serious and Moderate Harm decision making group.

It is important to note that the proportion of SIs as a percentage of patient contact activity remains very low. In addition, the Trust has seen a decrease in SIs reported in 2015/16. Analysis of the 2015/16 SIs has identified that there is an equal split between those identified for the East and West divisions for the A&E service line, however the North division has seen double that seen for other divisions. In addition, the majority of SIs which related to the Trust's A&E Clinical Hubs took place within the East division.

SI investigations are considered within Serious Incident Review Meetings which are designed to identify organisational learning. These meetings are chaired by a Clinical Director or Deputy Director. All staff involved in the incident are invited to attend as this provides the best opportunity for the Trust to identify learning. Learning can either be at a local, Trust wide or at times national level, for example referring learning to NHS Pathways to help them improve the national Pathways system. A Serious Incident Action Plan is maintained to monitor progress against actions identified.

Learning from SIs is shared via the Trust's publication 'Reflect' which is widely publicised within the Trust's newsletter and available to all staff on the intranet. The Trust produces a bi-monthly Patient Safety and Experience Report presented to the Board of Directors which summarises themes and learning arising from SIs. One example of a trend identified during the year is the impact of Human Factors on patient safety incidents. This has led to Human Factors being been identified as one of the Trust's Quality Priorities for 2016/17 and will be the subject of a review overseen by the Trust's Quality Development Forum. Other areas of learning have included actions associated with demand, delays in the provision of back up resources, telephone triage, confirmation bias, incomplete patient clinical records, communications and moving and handling of patients.

27

Central Alert System

The Central Alert System (CAS) is an electronic web-based system developed by the Department of Health, the National Patient Safety Agency (NPSA), NHS Estates and the Medicines and Healthcare products Regulatory Agency (MHRA). This aims to improve the systems in NHS Trusts for assuring that safety alerts have been received and implemented. During 2015/16 the Trust acknowledged almost 100% of CAS notifications within 48 hours except one. The number of notifications received is set out in the table below.

Other Patient Safety Measures	2015/16	2014/15
Central Alert System (CAS) Received	119	157

Patient Experience

Patient experience and patient engagement provide the best source of information to understand whether the services delivered by the Trust meet the expectations of the patient, including assessing whether a quality service is provided.

The following table shows some of the Trust's existing methods and quantitative information on service user experience.

Patient Experience Measures	2015/16	2014/15
Complaints, Concerns and Comments[2]	1,517	1,268
Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc	1005	857
Health Service Ombudsman complaints upheld	2 in part	2
Compliments	2,225	2,055

Learning from Incidents and Complaints

A review of root causes identified following investigations into serious and moderate harm incidents and moderate complaints completed during 2015/16 has identified the most common causes being:

- **clinical care** eg misinterpretation of clinical signs; poor record completion; and a lack of capacity assessment;
- **access and waiting** eg delayed call backs and limited resources due to high levels of demand;
- **communication** eg failure to probe on questioning and poor communication with control following RTCs
- **infrastructure** such as IT process errors or a Hub system error.

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[2] When noting the number of comments, concerns and complaints received it is important to consider that the Trust proactively invites feedback from patients and their representatives.

The area of Clinical Care is the most commonly identified root cause; however, it is important to recognise that this category also includes the care afforded by telephone triage. These incidents are often difficult to definitively categorise and may also appear in the communication category under a failure to probe or similar. A high number of complaints are multifaceted in nature which in turn leads to multiple root causes being identified.

Examples of learning from each of the identified root cause themes are set out below:

Clinical Care
There have been no overriding themes identified by the Patient Experience and Patient Safety teams. Clinical Care has been identified as a topic to be reviewed by the Quality Development Forum in 2016/17. In terms of concerns relating to clinical care issues during face to face assessments, learning points included:

- Confirmation bias when a clinician allows other factors to cloud their assessment and diagnosis of a patient – for instance if a patient is nervous about travelling to hospital they may tailor their answers to convince you they are feeling better than they are. Confirmation bias can lead to clinicians making inadequate treatment plans for their patients. An article regarding confirmation bias will be included within a future edition of the Trust's Reflect publication.

- Incomplete Patient Clinical Records (PCR), for example recording of less than two complete sets of observations and the lack of a systematic assessment using the 'Medical model'. This has led to poor decision making with regards to non-conveyance and safety netting. The individuals concerned have received further training from the Trust's Learning and Development Team or GP Lead.

- The Trust has also noted an ongoing theme in relation to spinal care. This was highlighted previously as a trend and the Medical Directorate revisited the guideline. Whilst initially the reporting figures reduced, it has become evident that cases have still been occurring. There appears to be a discrepancy in understanding and application of the spinal guidelines which is resulting in staff not treating patients with potential spinal injuries appropriately. In order to address this immediately an article reinforcing the guidelines is to be placed in the Trust's weekly bulletin and a special edition of Reflect will be produced.

In previous years, sepsis has been a quality priority for the Trust. 2015/16 saw a small but increasing number of sepsis cases. This is high profile nationally and learning continues to be embedded. The main themes and learning in terms of actions taken include:
- Sepsis remaining under discussion at the Trust's Quality Development Forum.
- The Trust has contributed to the JRCALC guidance regarding Sepsis management;
- 'Sepsis Assessment and Management (SAM)' leaflets have been produced and put onto vehicles – these leaflets are written for the lay person to understand, so members of public know what to look out for;
- The e-PCR is to be modified to alert the crew if they are about to leave a patient at home who has signs of symptoms;
- As reported previously, Paediatric 'Big6' guidelines were issued in August 2015, covering the six main causes of paediatric illness and symptoms to look out for; and

- The development and implementation of a training programme for staff working within our 111 services took place in 2015/16 which incorporated sepsis red flags, meningitis, septicaemia in children and the unwell child.

Human Factors

Human factors can influence how people behave and perform. Human factors are environmental, organisational and job factors, and individual characteristics which influence behaviour.

In this reporting period, learning in respect of behaviours has resulted in remedial training on clinical guidelines and supervised shifts; as well as reflective practice.

The human factors that influence those behaviours will be part of a bigger piece of work which will be undertaken by the Patient Safety team and overseen by the Trust's Quality Development Forum.

The Trust has met with an expert in Human Factors investigations methodology and will be liaising with the Academic Health Science Network regarding moving this area of work forward.

Telephone triage inherently is subject to issues of Human Factors and potential error given the nature of the system. As has been stated previously, one of the Trust's Quality Priorities for 2016/17 is to undertake a review of patient safety incidents where telephone triage errors were identified as a concern and analyse these using an agreed human factors model with a view to developing proposals for improvement.

Access and Waiting

Of the remedial actions relating to access and waiting, a small number of actions relate to dispatching errors. There was no identified relationship between each of the cases and individual learning actions for the staff involved were put into place.

During 2015/16 demand and resourcing continued to be an issue. The Trust continues to face two acute challenges; demand for services which is growing by more than 6% per year; and challenges in resourcing to meet that demand. The Trust aims to deliver the very best service it can to its patients within these constraints, despite that a number of complaints and incidents have identified demand and the availability of resources as a root cause. In order to address this issue, the Trust has developed a Quality Improvement Plan and holds twice weekly performance briefings attended by representatives from all key functions. It has been agreed that the Trust and Commissioners will work collaboratively to understand where they can best concentrate resources in order to provide the greatest improvement and to focus on the external factors which impact demand.

Learning points within the Clinical Hubs and 111 Call Centres have resulted in a review of the Standing Operating Procedure in respect of "Resource Movements Across Localities" in order to ensure that resources are best utilised across the Trust, and the repeat caller processes have been highlighted to staff within the UCS service line in order to ensure that this process is better understood in the management of patients.

Communication

The area of communication skills has been identified as a theme by the Trust's Quality Development Forum in relation to complaints and adverse incidents and this has subsequently been linked to emotional resilience of staff. It is anticipated that the Trust's new Peer Support Network will assist in this area and in addition the Trust is considering the development of an accredited Emotional Resilience course.

Individual action that has taken place as a result of complaints regarding the attitude of staff includes attendance at a Customer Care course.

Compliments

The Trust receives telephone calls, letters and emails of thanks from many patients every week. Wherever possible this gratitude is passed directly onto the members of staff who attended the patient or service user.

2,225 compliments were received during 2015/16; an increase of 8% on 2014/15.

The Trust continues to use 'wordles' – a visual representation of the key words included in the compliments received. These are shared on the Trust's intranet so that all staff can see the type of positive feedback that the Trust receives about the work that they do. The picture below is a year-end summary of the compliments received for 2015/16, the larger the word/phrase the more frequently it was used.

Wordle to be included.

Patient Engagement

During 2015/16 the Trust continued to develop its patient engagement activities, ensuring that its services are responsive to individual needs; are focused on patients and the local community; and supporting its ongoing commitment to improving the quality of care provided.

The Patient Engagement Team source patient stories for use at the start of each meeting of the Board of Directors and of the Council of Governors. Previously these stories were written testimonies read out by a member of the forum; however, this year the Trust enhanced this project and has begun to invite patients into the Board meeting to share their stories in person. This activity has been a positive experience not only for the meeting members, but for the patients involved too.

Patient Opinion

Patients and their relatives and carers can post details of their experience on the "Patient Opinion" website, with these posts being available to anybody visiting the site. The Trust responds to every comment about its service. Where the feedback is negative or indicates service failure, the individual who provided the comments is invited to contact the Trust directly with further details so that the concerns can be addressed by the Patient Experience Team. Where the post is positive and the incident in question can be identified, the posting is passed directly to the member(s) of staff involved. If there is insufficient detail the Patient Engagement Team will respond requesting additional information in order to be able to convey the positive feedback.

During the year 141 stories relating to the Trust have been posted on Patient Opinion. This is a decrease of 48% compared to last year. The decrease is likely to be due to the cessation of advertising of the site; as the Trust chose not to renew its subscription to the Patient Opinion site due to funding requirements.

Patient Experience Surveys

The Trust audits a random sample of 1% of patient contacts every month for its NHS111 contracts and separately for the GP Out of Hours contracts, with care being taken to ensure that the survey is not sent to anyone whom it would not be appropriate to contact, for example a sensitive case that may related to a safeguarding concern.

A paper questionnaire is sent out to respondents, which also contains a link to the online survey. The survey includes a series of questions under the following headings:
- Friends and Family Test
- Getting through
- After the call
- Satisfaction
- Use of 111/Out of Hours telephone service and satisfaction with the NHS
- Caller/patient information

The Trust provides a monthly report to its Commissioners on the number of calls taken; and the forms returned within that period, with a detailed report being submitted every six months.

During the year 1,329 people responded to the survey in respect of their NHS111 experience; equating to a response rate of 23%. These responses highlighted that further consideration needs to be given to communication about the service to manage patient expectations, whilst the issue of clinician availability was also raised.

Some of the comments provided by survey respondents have raised issues about triage; the perception that questioning is too long and unhelpful, with respondents indicating that the questioning has 'fuelled' feelings of anxiety. A small number of survey respondents have stated that the attitude from the call taker was less than favourable.

Many positive comments relate to patients feeling grateful for the service; with respondents citing how the staff they spoke to or were attended by were helpful and caring.

491 responses were received from the GP Out of Hours surveys during the year, equating to a response rate of 25%. Feedback suggests that patients are satisfied with the service received, with them being likely to recommend the service and to use it again. Respondents cited high levels of satisfaction with the service, confirming that they were given good information regarding their care options and treatment.

Learning Disability

During 2015/16 the Patient Engagement Team has continued to work with the patient reference group, called SWAG (South Western Ambulance Group), which was established in September 2014.

The Trust has successfully completed the first annual work plan for SWAG and has now developed a new plan for the coming year. The Group is preparing to welcome and interview the Trust's Chief Executive early in 2016/17. They have compiled a detailed list of questions and are very much looking forward to this opportunity.

During the first year of SWAG the group;
- looked at the Trust filming and photography equipment and spoke extensively about consent; including consent to be filmed/photographed and for images to be used by the service and consent regarding treatment and travel;
- reviewed easy read materials and supported the creation of a new leaflet designed to provide patients with details to contact the Trust with a complaint or a compliment;
- considered reasons to contact the Trust for medical help and the consequences of misusing the service.

The Trust is currently establishing relationships with groups that support patients with LD in Gloucester and South Devon. It is hoped this engagement will provide the Trust with more in depth feedback from this patient group with a view to improving services for them.

Friends and Family Test for Patients
The FFT is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The Trust offers the FFT to patients who receive 'See and Treat' care across the 999 and Urgent Care service lines; this means care delivered to patients when they are seen by a Trust clinician and the patient is not conveyed to any receiving facility. The FFT is also offered to patients that access the Patient Transport Service (PTS).

Response rates to the FFT are poor. A review of response rates across all ambulance services identifies that this is an issue across the country. However, it is difficult to directly compare data as each Trust is using a different response method and so it can't be used as a reliable bench mark.

Despite the low response rate, the Trust continues to receive largely positive feedback to the FFT. However, this in itself provides a challenge for service development based on these responses as the only consistent theme offered in the feedback is that of praise and gratitude.

The FFT results for 2015/16 are set out below –

Recommend?	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Would	86%	88%	89%	92%	84%	94%	89%	86%	94%	88%	86%	91%
Would not	5%	7%	5%	8%	11%	4%	8%	5%	6%	7%	11%	9%

Public and Patient Involvement
During 2015/16 the Trust attended 197 patient and public involvement events such as county shows, community fetes, school and college visits and public health awareness days. These event were staffed predominantly by volunteers drawn from clinicians, managers, administrators, governors and community first responders.

These events provide a fantastic opportunity to engage with existing patients and potential service users. They also provide an opportunity to deliver proactive health checks. A total of 1,200 members of the public had their blood pressure checked during 2015/16 and a further 52 people received a free NHS Health Check, covering blood pressure, body mass index, blood glucose and cholesterol levels. The results were provided immediately and where necessary recommendations about further medical care, such as attending their own GP, were made.

We have continued to improve our links with our Road Safety Partnerships across the area and worked with Gloucestershire Constabulary to deliver an educational day warning youngsters of the dangers and consequences of antisocial behaviour such as knife crime. Other achievements include;

- Providing public health messages to the public by working with our CCG partners and other health and care organisations;
- Establishing links with our local armed forces and supplying NHS health checks to serving Royal Marines;
- Joining forces with Avon & Somerset Constabulary's Festive Drink Drive Campaign;
- Continued partnership working with colleagues from the police, street pastors and town centre managers – operating the mobile treatment centre in densely populated locations;
- Working with our Heathwatch partners and inviting them to Trust HQ to meet us and view our systems of work.
- Raising the profile of the Trust's Bristol Bike Unit by ensuring that they have a presence at high profile events across the Trust area.

Assurance Statements – Verbatim

Clinical Commissioning Groups (CCGs)

Healthwatch

Local Health Overview and Scrutiny Committees

Statement of Directors' Responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance;

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

  - board minutes and papers for the period May 2015 to 19 May 2016
  - papers relating to Quality reported to the Board over the period May 2015 to 19 May 2016
  - feedback from the commissioners dated xxxxxxx
  - feedback from governors dated xxxxxxxxxxxx
  - feedback from Local Healthwatch organisations dated
  - feedback from Overview and Scrutiny Committees dated xxxxxx
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated xxxxxxx
  - the latest national patient survey dated 8 July 2014
  - the latest national staff survey dated 22 March 2016
  - the Head of Internal Audit's annual opinion over the trust's control environment dated xxxxxxxx

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;

- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/ annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

36

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

By order of the board

Chairman

Date

Chief Executive

Date

Category A Performance by Clinical Commissioning Group.

Clinical Commissioning Group	Red 1 Performance			Red 2 Performance			A19 Performance		
	No of Incidents*	2015/16	2014/15*	No of Incidents*	2015/16	2014/15*	No of Incidents*	2015/16	2014/15*
Kernow	1,848	71.97%	74.83%	32,831	57.63%	69.20%	34,537	82.50%	90.74%
South Devon & Torbay	1,018	78.88%	83.23%	18,176	68.36%	75.99%	19,182	93.32%	96.21%
NEW Devon	2,940	80.00%	79.49%	49,332	68.38%	75.61%	51,988	90.47%	93.69%
Somerset	1,650	74.67%	72.98%	27,728	60.97%	70.92%	29,284	86.15%	92.82%
Dorset	2,856	82.42%	84.07%	46,687	65.59%	73.70%	49,111	91.23%	95.77%
North Somerset	741	67.21%	70.34%	12,951	60.30%	68.56%	13,677	87.62%	93.25%
Bath & NE Somerset	570	72.11%	74.75%	9,559	65.01%	72.22%	10,123	90.08%	93.73%
Bristol	1,919	72.95%	76.63%	30,942	66.72%	74.29%	32,575	94.64%	97.11%
South Gloucestershire	711	62.87%	65.35%	13,810	55.18%	63.64%	14,495	91.58%	94.58%
Gloucestershire	2,045	64.40%	67.07%	34,067	62.47%	66.44%	36,109	88.79%	91.53%
Wiltshire	1,288	61.26%	65.86%	24,679	55.54%	62.28%	25,952	84.89%	88.71%
Swindon	807	78.81%	81.88%	12,614	75.40%	79.03%	13,420	95.74%	96.99%
Trust	**18,423**	**73.72%**	**75.24%**	**314,056**	**63.60%**	**71.42%**	**331,156**	**89.44%**	**93.62%**

GP Out of Hours Quality Requirements

Quality Requirement	Target	Dorset	Somerset (Apr 15 – Jun 15)	Gloucester
QR1 - Providers must report regularly to NHS Commissioners on their compliance with the Quality Requirements	Compliance	Compliant	Compliant	Compliant
QR2 - Percentage of Out-of-Hours consultation details sent to the practice where the patient is registered by 08:00 the next working day	95.00%	97.46%	97.13%	99.94%
QR3 - Providers must have systems in place to support and encourage the regular exchange of information between all those who may be providing care to patients with predefined needs	Compliance	Compliant	Compliant	Compliant
QR4 - Providers must regularly audit a random sample of patient contacts (audit should provide sufficient data to review the clinical performance of each individual working within the service)	Compliance	Compliant	Compliant	Compliant
QR5 - Providers must regularly audit a random sample of patients' experiences of the service	Compliance	Compliant	Compliant	Compliant
QR6 - Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure	Compliance	Compliant	Compliant	Compliant
QR7 - Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service	Compliance	Compliant	Compliant	Compliant
QR10a - All immediately life threatening conditions (walk in patients) to be passed to the ambulance service within 3 minutes of face to face presentation	95.00%	n/a	n/a	n/a
QR10b - Definitive Clinical Assessment for Urgent adult cases presenting at treatment location to start within 20 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in-centres	95.00%	n/a	n/a	72.19%

Quality Requirement	Target	Dorset	Somerset (Apr 15 – Jun 15)	Gloucester
QR10b - Definitive Clinical Assessment for Urgent Child cases presenting at treatment location to start within 20 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in-centres	95.00%	n/a	n/a	38.98%
QR10b - Definitive Clinical Assessment for Less Urgent cases presenting at treatment location to start within 60 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk- in-centres	95.00%	n/a	n/a	94.94%
QR10d - At the end of an assessment, the patient must be clear of the outcome	Compliance	Compliant	Compliant	Compliant
QR11 - Providers must ensure that patients are treated by the clinician best equipped to meet their needs in the most appropriate location	Compliance	Compliant	Compliant	Compliant
QR12 – Emergency Consultations (presenting at base) started within 1 hour	95.00%	0 cases	0 cases	75.86%
QR12 - Urgent Consultations (presenting at base) started within 2 hours	95.00%	90.50%	94.22%	93.26%
QR12 - Less Urgent Consultations (presenting at base) started within 6 hours	95.00%	97.41%	97.44%	98.40%
QR12 - Emergency Consultations (home visits) started within 1 hour	95.00%	0 cases	0 cases	68.09%
QR12 - Urgent Consultations (home visits) started within 2 hours	95.00%	93.16%	91.31%	86.36%
QR12 - Less Urgent Consultations (home visits) started within 6 hours	95.00%	96.31%	96.92%	91.24%
QR13 - Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight	Compliance	Compliant	Compliant	Compliant

NHS111 Quality Requirements

Quality Requirement	Target	Dorset	Devon	Somerset (Apr 15 – Jun 15)	Cornwall and IoS
Activity (Total calls offered)	n/a	247,305	392,376	40,401	162,987
QR1 - Providers must report regularly to NHS Commissioners on their compliance with the Quality Requirements	Compliance	Compliant	Compliant	Compliant	Compliant
QR2 - Providers must send details of all consultations (including appropriate clinical information) to the practice where the patient is registered by 0800 the next working day.	95.00%	84.52%	88.50%	88.42%	85.96%
QR3 - Providers must have systems in place to support and encourage the regular exchange of information between all those who may be providing care to patients with predefined needs	Compliance	Compliant	Compliant	Compliant	Compliant
QR4 - Providers must regularly audit a random sample of patient contacts (audit should provide sufficient data to review the clinical performance of each individual working within the service)	Compliance	Compliant	Compliant	Compliant	Compliant
QR5 - Providers must regularly audit a random sample of patients' experiences of the service	1.00%	0.53%	0.83%	0.96%	1.03%
QR6 - Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure	Compliance	Compliant	Compliant	Compliant	Compliant
QR7 - Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service	Compliance	Partially Compliant	Non-Compliant	Non-Compliant	Non-Compliant
QR8a - No more than 5% of calls abandoned before being answered	5.00%	3.48%	8.64%	12.47%	8.81%
QR8b - Calls to be answered within 60 seconds of the end of the introductory message	95.00%	84.94%	68.19%	62.74%	68.63%
QR9a - All immediately life threatening conditions to be passed to the ambulance service within 3 minutes	95.00%	94.38%	95.63%	95.24%	89.62%
QR9b - Patient callbacks must be achieved within 10 minutes	95.00%	19.54%	49.70%	20.06%	25.22%

Quality Requirement	Target	Dorset	Devon	Somerset (Apr 15 – Jun 15)	Cornwall and IoS
Activity (Total calls offered)	n/a	247,305	392,376	40,401	162,987
QR13 - Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight	100.00%	100.00%	100.00%	100.00%	100.00%
QR14 - Providers must demonstrate the online completion of the annual assessment of the Information Governance Toolkit at level 2 or above and that this is audited on an annual basis by Internal Auditors using the national framework	Compliance	Compliant	Compliant	Compliant	Compliant
QR15 - Providers must demonstrate that they are complying with the Department of Health Information Governance SUI Guidance on reporting of Information Governance incidents appropriately.	Compliance	Compliant	Compliant	Compliant	Compliant

Glossary of Terms and Acronyms

Term	Description
111	National phone number for people to access non-emergency healthcare and advice
A19 Performance	A19 performance is based on the combination of both Red 1 and Red 2 categories of call. (Please see definitions of Red 1 and Red 2 below.)
A&E	Accident and Emergency
ACQIs	Ambulance Clinical Quality Indicators – a set of nationally agreed measures for ambulance trusts which reflect best practice and stimulate continuous quality improvement.
AI - Adverse Incident	Any event or circumstance that could have or did lead to unintended or unexpected harm, loss or damage to any individual or the Trust. Adverse incidents may or may not be clinical and may involve actual or potential injury, mis-diagnosis or treatment, equipment failure, damage, loss, fire, theft, violence, abuse, accidents, ill health, near misses and hazards.
ATP Testing	Adenosine triphosphate testing – process whereby a swab is used to pick up contamination on a surface which can then be measured to assess its cleanliness.
Audit Commission	The Audit Commission has the role of protecting the public purse which it does by auditing a range of public bodies in England. Information gleaned from audits are used to provide evidence based analysis to help services learn from one another. The Audit Commission closed on 31 March 2015
Board of Directors	Executive body responsible for the operational management and conduct of the organisation
Category A Incidents	Incidents with patients with a presenting condition which may be immediately life threatening and who should receive an emergency response within 8 minutes irrespective of location, in 75% of cases. In addition Category A patients should receive an ambulance response at the scene within 19 minutes in 95% of cases.
Clinical Audit	A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary.
CCGs	Clinical commissioning groups – GP-led commissioners of local healthcare services
Clinical Guidelines	Trust documents which introduce guidance which is either not considered within the scope of the JRCALC guidelines, or where further clarification is required.
Clinical Hub	SWASFT term for control room where phone calls to the Trust are handled.

CoG	Council of Governors – elected body that acts as guardians of NHS Foundation Trust, holding the board of directors to account and representing views of staff, public and other stakeholders
CQC	Care Quality Commission - the independent regulator of health and adult social care.
CQUIN	Commissioning for Quality and Innovation payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.
CTB	Call to balloon – when a heart attack is suffered, the time taken from the initial emergency call to the balloon being inflated during primary angioplasty (see below.)
Definitive Clinical Assessment	An assessment carried out by an appropriately trained and experienced clinician on the telephone or face-to-face. It is the assessment which will result either in reassurance and advice, or in a face-to-face consultation (either in a centre or in the patient's own home).
DH	Department of Health – the government department that provides strategic leadership to the NHS and social care organisations in the UK
ECG	Electrocardiogram - a diagnostic tool that is routinely used to assess the electrical and muscular functions of the heart.
ECS	Electronic Care System – allows the Trust to electronically capture, exchange and report on patient information.
Executive Directors	Senior members of staff – including the Chief Executive and Finance Director – who sit on the Board of directors, have decision-making powers and a defined set of responsibilities.
FAQ	Frequently asked questions
FAST test	Face, Arm, Speech, Time – brief but effective test to determine whether or not someone has suffered a stroke.
FFT	Friends and Family Test – NHS single question survey which asks patients whether they would recommend the service received to their friends and family.
NHS FT	National Health Service Foundation Trust – A not-for-profit, public benefit corporation which is part of the NHS and created to devolve decision-making from central government to local organisations and communities.
Governance	'Rules' that govern the internal conduct of an organisation by defining the roles and responsibilities of key offices/groups and the relationships between them, as well as the process for due decision making and the internal accountability arrangements
GP	General Practitioner
Health Service Ombudsman	Full title is the Parliamentary and Health Service Ombudsman established by Parliament to investigate complaints that individuals have been treated unfairly or have received poor service from government departments, the NHS and other public organisations in England.

Healthwatch	Organisations comprised of individuals and community groups working together to improve health and social care services. They represent the views of the public, people who use service and carers on the Health and Wellbeing boards set up by local authorities.
HOSCs	Health Overview and Scrutiny Committees – local authority committees with powers to scrutinise local health services to ensure improvements are made and inequalities reduced.
Hospital Episode Statistics	A data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.
ICPR	Integrated Corporate Performance Report – a document which reports the Trust's progress against its business plans; highlights where performance targets have not been met; describes the corrective action and timescales to address any performance issues.
IG	Information Governance is a framework which brings together all the legal rules, guidance and best practice that apply to the handling of information. It demonstrates that an organisation can be trusted to maintain the confidentiality and security of personal information and is consistent in the way in which it handles personal and corporate information.
IV	Intravenous - substance administered to the body via a vein.
JRCALC Guidelines	National clinical practice guidelines for NHS paramedics developed by the Joint Royal Colleges Ambulance Liaison Committee.
KPIs	Key performance indicators – a set of quantifiable measures used to demonstrate or compare performance in terms of meeting strategic and operational objectives.
Local Clinical Audit	A quality improvement project involving healthcare professionals evaluating aspects of care they have selected as being important to the organisation and service users.
MI	Myocardial infarction – heart attack
MINAP	Myocardial Infarction National Audit Project – established in 1999 to examine the quality of heart attacks pre-hospital and in hospitals in England and Wales. As part of this, ambulance services report regularly on the number of MI patients they have attended, the treatment provided (thrombolysis and/or PPCI) and the time it took for patients to receive the treatment.
Moderate Harm Incident	A patient safety incident that resulted in a moderate increase in treatment and that caused moderate, but not permanent, harm to one or more patients. A moderate increase in treatment is defined as a return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancellation of treatment, or transfer to another area such as intensive care as a result of the incident.
Monitor	Independent regulator of NHS Foundation Trusts.

National Clinical Audit	A clinical audit involving healthcare professionals across England and Wales in the systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care. The priorities for national clinical audits are set centrally by the Department of Health and all NHS Trusts are expected to participate in the national audit programme.
NEDs	Non-Executive Directors – members of the Board of Directors, but not part of the executive management team
NICE	National Institute for Health and Clinical Excellence – independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NPSA	National Patient Safety Agency – An arm's length body of the Department of Health that leads and contributes to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.
NRLS	National patient safety incident database.
OoH	Out of Hours – a service which enables patients to access a GP out of normal practice hours.
PALS	Patient Advice and Liaison Service – a confidential advice, support and information service in respect of health related matters.
Patient Opinion	An independent website where people can post their experiences of using a health care service.
Payment by Results	The payment system in England under which Commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.
PPI	Patient and Public Involvement – the process of engaging with the needs and expectations of patients and the wider public in order to inform service development and delivery.
Primary Angioplasty	Definitive treatment for a heart attack which involves the insertion of a small tube through a vein into the blocked blood vessel in the heart where a balloon at the tip of the tube is inflated to open the blood vessel.
Priorities for Improvement	There is a national requirement for NHS Trusts to select three to five priorities for quality improvement each year. These priorities must reflect the three key areas of patient safety, patient experience and patient outcomes.
PTS	Patient Transport Service – the non-emergency conveyance of patients to and from healthcare provision.
Quality Strategy	Trust document sets out how the Trust will deliver high quality, cost effective effective emergency and urgent health care services to people in the South West.

Red 1 and Red 2 Calls	Those calls requiring the most time critical response and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction. Red 2 calls are those serious but less immediately time critical and cover conditions such as stroke and fits.
Right Care	Trust initiative to work with local health communities to ensure that patients receive the right care, in the right place at the right time, resulting in patients being treated without the need to attend an Emergency Department.
RoSC	Return of spontaneous circulation – desirable clinical outcome of a patient in cardiac arrest
Secondary Uses Service	A national NHS database of activity in Trusts, used for performance monitoring, reconciliation and payments.
Sepsis	A life threatening condition that arises when the body's response to an infection injures its own tissues and organs.
SI – Serious Incident	An incident requiring investigation that has resulted in one or more of the following: • Unexpected or avoidable death; • Serious harm; • Prevents an organisation's ability to continue to deliver health care services; • Allegations of abuse; • Adverse media coverage or public concern; • Never events (serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.)
SPoA	Single point of access – a contact point which health and social care professionals can use to arrange the right care for urgent and non-urgent patient needs
STEMI	ST elevation myocardial infarction – particular type of heart attack determined by an electrocardiogram (ECG) test
SWASFT	South Western Ambulance Service NHS Foundation Trust
Thrombolysis	Drug that can dissolve blood clots, used for patients who have suffered a heart attack or stroke
Triage	Process for assessing and sorting patients based on their need for or likely benefit from immediate medical treatment to ensure a fair, appropriate allocation of resources

Supporting Information and Impact Assessment

Service / Policy:	Re-provision of services currently provided at St Kilda's care home.
Executive Lead:	Cllr Julien Parrott
Director / Assistant Director:	Caroline Taylor

Version:	1	**Date**:	06 April 2016	**Author:**	John Bryant

Section 1: Background Information	
1.	**What is the proposal / issue?** 1. that the previously proposed new build St Kilda on the Brixham Community Hospital site does not proceed and instead the Torbay and South Devon NHS Foundation Trust (TSDFT) accepts a revised proposal accepting the notice to terminate the contract from the incumbent provider and; 2. that the team undertakes more formal engagement with current service users and with stakeholders in Brixham (League of Friends, Brixham Does Care and the Town Council) with respect to these proposals; 3. that TSDFT work's in partnership with SCCT to find/confirm alternative services for its clients and employment for SCCT staff within the local NHS - the TSDFT and SCCT will develop a detailed operational plan and agree the sequence of changes required; and these include: • Finding alternative local accommodation for the residents of St Kilda • Developing intermediate care beds to the Community Hospital • Creating a base for day care with voluntary sector engagement on the community hospital site and co-producing future facilities with the users and community • Meals service to be maintained from the Community Hospital kitchens • Using the local independent sector to provide respite and step-down bed services
2.	**What is the current situation?** St Kilda's 24-bedded care home is currently delivering residential care and day care services for the population of Brixham and surrounding area. The beds are a mix of intermediate care, 'step-down', respite and residential care (currently four permanent residents). Services are highly valued, but the building is unfit for purpose in the longer-term and a project to replace it has been ongoing for a number of years, involving numerous stakeholders. The Trust is now proposing to close St Kilda's and re-provide services from Brixham Community Hospital, rather than developing a new build.

3.	**What options have been considered?**
	
	• Previous plans for a purpose-built new development were drawn up before the creation of our integrated care organisation and before a significant reduction in funding for adult social care. They do not reflect our current aspirations to deliver more care at home and in local communities rather than in hospital beds. The development was paused in August last year to give us time to work up alternative plans.
	
	• We are now planning to re-provide the services currently provided by St Kilda's by:
	
	    • re-providing 10 intermediate care beds currently provided by St Kilda's within the existing inpatient area at Brixham hospital
	
	    • commissioning 'step-down', respite and residential beds within the local community in other local, private care homes with capacity
	
	    • investing to provide a vibrant day caring and assessment centre at the heart of the existing building and Brixham hub
	
	    • working with other organisations, including *Brixham Does Care* to ensure
	    the day centre offers socialisation opportunities for older people experiencing isolation, as well as support for people with dementia through tailored activities such as a dementia café
	
	    • relocating the daily meal provision - currently, about 30 to 40 meals per day are made in the kitchen at St Kilda's and distributed within the community by volunteers. This service could continue to be provided in partnership with the voluntary sector from the kitchen at Brixham Hospital
	
	    • working with the CGG to develop options for co-locating GP services with the Brixham hub

4.	**How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?**
	
	Ambitions: Prosperous and Healthy Torbay
	Utilises the local independent sector and also secures employment for skilled and committed care staff
	
	Principles:
	• <u>Use reducing resources to best effect</u>
	    Ensures a good use of public money and increases value for money for these services
	• <u>Reduce demand through prevention and innovation</u>
	    Service developments such as day care as well as increasingly nursing led intermediate care will increase independence for people enabling them to lead more fulfilling and active lives

		• <u>Integrated and joined up approach</u> This change demonstrates a joined up approach across voluntary, public and independent sector provision Targeted actions: • <u>Working towards a more prosperous Torbay</u> The change produces a value for money solution with the use of all sectors of the health and care system • <u>Promoting healthy lifestyles across Torbay</u> The services from St Kilda provide good outcomes. Developing the environment in which they are delivered will support the work of staff to improve the outcomes for people • <u>Protecting and supporting vulnerable adults</u> Facilities will be fit for future and able to care well for people with increasingly complex needs
5.		**Who will be affected by this proposal and who do you need to consult with?** Key stakeholders are included within the attached report. They include: • Staff of the present service • Residents and families of the present service • Voluntary organisations likely to support the future service delivery • Members of councils The Equality Impact Assessment that was presented with the Board report to TSDFT accompanies this paper
6.		**How will you propose to consult?** The nature of these proposals being a change rather than cessation of service is such that there will be a combination of: Stakeholders being met with on a personal basis to discuss the proposals - Health and care professionals for those such as residents - Officers in respect of organisations and members Where service is continuing, such as meals, information will be provided and opportunities made available for feedback

Torbay and South Devon NHS
NHS Foundation Trust

Report to:	Trust Board
Date:	6th April 2016
Report From:	Chief Operating Officer
Report Title:	Decision paper: Delivery model for community health and social care services for the Brixham community incorporating the re-provision of services currently provided at St Kilda's care home.

1. Summary

The Board has been previously briefed on the rationale for 'pausing' the legacy Care Trust proposal to re-provide services provided at St Kilda's care home, through a substantial investment in the redevelopment on the Brixham Community Hospital site. The decision to pause this proposal was based on the requirement to assess future needs and consider how a new model of care might be delivered to more appropriately meet these needs, driven by changes to the original assumptions as summarised on page 4 of this paper.

This paper sets out recommendations on how a proposed new model of care for the Brixham community will re-provide the services that local people currently access from St Kilda's care home. The paper will therefore begin by setting out why a new model of care is needed to serve the future needs of local people and describe what this may look like.

In consideration of the new model of care this paper will also explore the set of factors that underpin a recommendation that the services currently provided by St Kilda's care home can be equally well accommodated via an alternative option, rather than through the previously planned new build St Kilda proposal. If the Board decides that the new care model requires a different solution to that previously proposed and no longer requires a new build St Kilda, a decision is also needed in relation to the current contract for services from St Kilda's.

From previous and current assessment it is confirmed and evidenced that the current building is no longer fit for purpose and that the contract for services is not sustainable going forward. As a consequence the Trust would like to work in partnership with Sandwell Community Caring Trust (SCCT) who provides the services at St Kilda's on behalf of the trust, to find suitable alternative services for our current clients and secure alternative employment for SCCT staff within the local NHS. SCCT and the Trust will work together to develop a detailed operational plan to transition services to the new care model and agree the sequence of changes required. We are requesting Board approval to engage with affected clients and local stakeholders to hear their voice in the re-provision proposal for the services currently provided at St Kilda's care home.

The Trust is commissioned by Torbay Council to deliver the services which it sub-contracts to SCCT/St Kilda's. The nature of this proposal makes it a "Key Decision" for Torbay Council under the existing formal partnership agreement. Following Trust Board consideration and decision the Trust is required to present a formal recommendation on the model of care, configuration of services and therefore future of the contract with SCCT for the provision of services from St Kilda's to the Director of Adult Social Care Services (DASS) of Torbay Council for a final decision.

2. Background

2.1 Context - A New Model of Care

The inception of the Integrated Care Organisation in October 2015 provided the platform to deliver a new innovative model of care to deliver high quality services to local people that are designed to more appropriately meet the current and future needs of the local population and are financially sustainable.

The new model of care is based on supporting people to improve their health and wellbeing and 'live their life to the full' through the resources they have or can access in their local community. The model is centered on health promotion, 'recovery' and re-ablement to maximum independence after a period of dependence on health and social care services. People with more complex needs will be supported to become 'experts by experience' through increased investment into local community-based services, reducing the need for hospital-based care and avoiding where possible the deterioration and crisis which often results in long periods of inpatient or professional care.

This new model will be delivered by health and social care staff working as a joined up team in each locality (in this case the locality of Brixham and Paignton), working in partnership with the local voluntary sector, housing, mental health services and others to meet the needs of local populations in a more integrated and effective way, and with an ethos of empowerment, responsibility, choice and independence. The new care model is very different from the way services have been provided in the past and importantly means that additional investment will be made into community based services – statutory, 3rd sector and independent - to help support people where they choose to live. People tell us that the 'best bed is their own bed' and so the plan is to invest in a range of people and services to provide enhanced community support and care delivered as locally as possible. The aim will be to only admit someone to a hospital bed if needed and as a last resort.

2.2 St Kilda's Care Home

St Kilda's Care Home is currently delivering residential, care and day services for the population of Brixham and surrounding area from 24 beds:
- 10 intermediate care beds;
- 10 step down , consisting of 7 step down beds and 3 respite beds; and
- 4 residential care beds.

A recent analysis of people occupying the intermediate care beds at St Kilda shows a spilt of 39% from Paignton, 34% Torquay and 27% Brixham.

The facility is owned and maintained by Torbay Council. Service delivery has been subcontracted by the Trust to Sandwell Community Caring Trust (SCCT) since 2008 and based on the availability of 29 beds, paid for on a block contract with an annual value of £896,000 for bed-based care, £117,000 for Day Care, and £47,000 for community meals. The service contract is in place until 2018, but has within it a break clause that can be activated to give nine month's notice.

The current building is in very poor condition and has significant maintenance issues, such that it is unfit for purpose beyond 2016.

St Kilda's has four permanent residents. There is considerable interest from other stakeholders including residents, Brixham Town Council and the Brixham Hospital League of Friends to ensure that the needs of the local elderly population are met through local social

and health care services located in Brixham. The community and staff at St Kilda would also appreciate a clear message about the future of St Kilda given colleagues have been managing the services for some years against a background of some uncertainty.

2.3   Brixham Community Hospital

Brixham Community Hospital, owned and run by the Trust, provides 20 inpatient beds (only 10 are currently in operation due to limitations of local GPs to provide medical cover beyond that number) and a range of outpatient and community health services. It also has a minor injuries unit.

St Luke's GP practice is located in the centre of Brixham, accommodation is poor, and the GPs have been looking for some time for a viable solution to relocate their premises to the Brixham Community Hospital site. St Luke's has recently merged with Greenswood Road GP practice, which is situated close to Brixham Community Hospital and has similar, if not more pressing, accommodation concerns that are driving the search for more suitable and better quality premises. Both practices together serve a population of 11,000. The total population of Brixham Town is c18,000. The two practices will be key partners in the development of any health-care arrangements at the Brixham Community Hospital site.

The Brixham Health and Social Care team are housed on the Brixham Community Hospital site - their co-location is fundamental to the delivery of 'joined up' care. The team are accommodated in a Portakabin on site, which the Trust purchased two years ago. Following an assessment it has been established that while this temporary accommodation would be suitable in the medium term, this is not an appropriate long-term solution.

3   Evolution of the St Kilda's development and previous plans

2012:
Previously Torbay and Southern Devon Health and Care Trust (TSDHCT) had been seeking to replace the aged St Kilda's care home and were working on the development of a solution for a number of years. The proposal in 2012 was to provide a new build, 36 social care bedded St Kilda's as a like for like, stand-alone development on land on the Brixham Community Hospital site. The new development was envisaged to be afforded in entirety from the existing adult social care revenue budget with the business case predicated on the funding model being a block contract.

2013:
In late 2013 it became apparent that two key changes impacted on the development and the proposed model. The demand for the care in St Kilda's had reduced; particularly the need for residential care. Taken together with the 20% reduction in social care funding, and a direction that all contracts will change from a block to spot purchase over time, this had a significant impact on income assumptions. At this stage, it was also identified that a like for like replacement of St Kilda's did not fit with the future integrated model of care aspired to by the community and commissioners i.e. reduced bed based care and increased investment in community services to care for people at home. These changes adversely impacted on both the service and business model rendering a stand-alone new build unviable.

2014:
In early 2014 a new option was developed and endorsed by the TSDHCT Board. The solution described a c£7m stand-alone, new build, integrated care facility to include inpatient beds from St Kilda's and from Brixham Community Hospital, on land on the Brixham

Community Hospital site. This envisaged the development being part of an integrated "hub" that included Brixham Community Hospital. The new development planned to re-locate 18 community acute beds from the Brixham Community Hospital inpatient unit into the new build, alongside 18 social care beds (36 single rooms) together with a day unit. A new staffing model was developed that saw the social care beds cared for by social care staff and enhanced numbers of professions allied to medicine, with nursing oversight from the staff caring for the 18 acute community beds. The unit was envisaged with dual registration as a social and health facility. The integrated development released some internal space within the existing Hospital that was earmarked for possible occupancy by the local St Luke's GP surgery and an onsite pharmacy. Plans were submitted and permission granted in February 2014 for this development and the outline business case approved by the TSDHCT Board in July 2014.

2015:
Detailed planning was undertaken up to Full Business Case (FBC) stage, which was ready for submission in June 2015. A number of external factors became apparent at this point which affected the viability and affordability of the scheme and the ability to approve the FBC and the final development. These elements were:

- a further reduction in the demand for bed based social and community acute care;
- a change signalled in the commissioning intentions of the CCG around community hospital care;
- further adult social care savings requirements;
- more detail and enhancement of the community integrated care model being developed to be delivered by the new Integrated Care Organisation (ICO);
- insufficient available capital or space to re-locate the newly merged GP services into the existing inpatient area as planned;
- financial challenge and reduced healthcare financial envelope; and
- the capital cost of the development had increased to c£8m.

At a multi stakeholder meeting held in August 2015 it was agreed to take and communicate a six month "pause" to the progression of the St Kilda's scheme to enable the impact of these changes to be considered alongside the affordability and fit of the proposed care model. This decision was disseminated via a joint communication to key community stakeholders including the staff and residents of St Kilda's, Brixham League of Friends, Brixham Town Council and MPs. We appreciate community stakeholder's patience during this period; we believe it was the right decision to pause and make a considered decision because of the significant long-term implications.

Following further work on the needs analysis, progression of the detail of the ICO integrated care model, clarification of commissioner intentions, review of affordability and full analysis of the business model, the multi stakeholder group i.e. senior representatives of the CCG, TSDFT and Torbay Council determined in November 2015 that an alternative option should be developed in the short-term specifically for the services provided within St Kilda's and with reference to future hospital inpatient bed requirements. This decision was made on the grounds that:

- the original proposal was no longer consistent with the whole system integrated model for the delivery of "hub" and "spoke" care across the ICO footprint and within the Paignton and Brixham locality as envisaged by the CCG;
- the original proposal did not fit with the community integrated model, care closer to home and commissioned number of community beds (i.e. it had too many hospital beds);
- the day services model although vital, did not fit with future aspirations of vibrant day services including socialisation fully integrated with the voluntary sector; and

- income streams were significantly reduced from the previous assumptions which rendered the revenue and significant capital cost unaffordable.

Since November 2015 work has been undertaken on developing a model of health and social care to provide an effective re-provision of services delivered at St Kilda's, that is consistent with the need and integrated locality model of care being developed by the CCG and ICO, is affordable and most importantly can be supported by our stakeholders in Brixham.

From our needs analysis work, it is clear that the current model of intermediate care is increasingly challenged in meeting the complex needs of the increasingly aged population and that there is a requirement for a different form of care to that currently delivered in some areas where the challenges are particularly great, including in Brixham. We believe elderly people with this increasing complexity requiring intermediate care would have their needs more safely met by having rapid access to nursing assessment when needed. This would require intermediate care capacity to have the presence of some nursing oversight to be able to meet the progressively complex needs of this cohort of patients.

The revised locality needs assessment determines that the current level of medically supervised hospital beds in Brixham is sufficient to meet current and future demand, as is borne out by the fact that 10 beds have been closed at Brixham Community Hospital over the last six months with minimal impact.

4   Change in the model of care

4.1   Social care

The new model identifies the need to provide services in the client's home or as close to home as possible and at the heart of the community. It is proposed that the step-down and respite care beds and residential beds currently in St Kilda's are re-provided within the local community in other private care homes with capacity. This model supports the care market and utilises private sector assets in delivering these services locally via purchasing contracts as part of the way forward. This is a move away from a centralised model to a person centred model with people cared for within their community.

4.2   Care requiring nursing oversight

Small bed numbers and the need for nursing oversight necessitates consideration of the co-location of acute community and intermediate care beds where possible and where needed, and is the model approved and stakeholder endorsed in the St Kilda's business case. As the demand for acute community beds has reduced, capacity has become available to accommodate the ten intermediate care beds from St Kilda's requiring nursing oversight adjacent to the community hospital beds within the existing inpatient area at Brixham Community Hospital, eliminating the need for a new build to house beds. Investment will be required to provide a suitable single room setting for intermediate care and active assessment and rehabilitation.

4.3   Day Services Model

The day centre at St Kilda's currently provides a regular service to 11 members of the population of Brixham five days per week with the capacity to increase to 20 places. It is an extremely well regarded service for the local population that is seen as vital for the community and an essential service provision. The aspiration is that the day centre will form a critical component of a health and well-being hub centred on the Brixham Community

Hospital site that also provides a base for socialisation opportunities for older people experiencing isolation thus reducing their need for other care services, and which can also support people with more complex needs including essential personal care. Client and carer day support for people with dementia will be provided through tailored activities such as a dementia café. This will help prevent the increasing demand for services driven by isolation and loneliness of older people. While the local voluntary sector, primarily Brixham Does Care, provides a stirling service in this regard, they too have identified an unmet need which such a base could provide a solution to, and have indicated an interest in being involved as a partner to deliver this service. This facility will also provide a location to undertake needs assessments in a more 'normal' environment to evaluate activities of daily living, etc. In summary, the future service model described for day caring is intended to be delivered through partnership with the local voluntary sector, supported by skilled not qualified staff as needed for the complexity of need and with clinical oversight from the nursing leadership within the bed based services in Brixham Community Hospital.

Space can be created within the existing buildings on the Brixham site which, with the investment of c£200,000, could be re-configured as a vibrant day caring and assessment centre at the heart of the Brixham hub. This extended service would be challenging to deliver in St Kilda due to the constraints of the facility. The existing partnership with the voluntary sector is vital to the successful delivery of this service model and both Torbay Council and the ICO would support these services being delivered primarily by the third sector on the healthcare owned site. We would wish to build upon these arrangements and anticipate voluntary sector involvement as Brixham has a strong voluntary sector. This sector has already expressed an interest in being involved in the development of the service model, supporting a co-design with the wider community and in being a potential delivery partner. Upon formal agreement of the model, the plan will be developed and the re-configuration costs and delivery model determined.

This proposal was discussed recently at an engagement event run by Brixham Hospital League of Friends; provisionally this proposal may have good community support, but of course requires further development and discussions with the community.

4.4 Community Meals

About 30 to 40 meals per day are made in the kitchen at St Kilda's and distributed by volunteers. This number, and potentially more if the need presents, could continue to be provided in partnership from the kitchen at Brixham Community Hospital and delivered by volunteers perhaps co-ordinated by Brixham Does Care. This would mean the service would benefit from the oversight of Trust trained catering staff and the security of Trust policies procedures and standards to supplement the excellent work from existing volunteers. The meals are funded through an existing chargeable rate to the clients receiving them, so there is no financial impact on the Trust.

5 Model for Brixham and Future of St Kilda's

In summary the proposal is that 10 enhanced intermediate care beds be provided within Brixham Community Hospital and co-located beside the 10 acute community beds on the Brixham Community Hospital site, with long-stay residential and step-down/respite capacity purchased in the independent sector. This will meet the aspirations, objectives and elements of the previously agreed St Kilda's business case, and bring the service model in line with current need and to provide a practical solution that can be more quickly delivered given the current risks of the St Kilda's building. This proposal includes the creation of a health and well-being centre on the Brixham Community Hospital site, providing a flexible and

integrated response to the needs of older people for community hospital, enhanced intermediate care and day support. This can be achieved by re-configuring existing vacant and other new space within the existing building, which is available as a result of reduced demand, in an affordable and quickly delivered model. The move of the local health and social care team to a fully integrated office accommodation between Brixham and Paignton in turn frees up space for an amenities hub, voluntary sector base and central café.

The land earmarked for the previous development could be prioritised for a GP centre if funding was avaiable through NHS England thereby delivering the full integration aspirations. If this could not be delivered by the partners (CCG, GPs and Trust) the land could be identified for the development of supported or social housing for people who would benefit from proximity to the health and wellbeing hub in line with the Council's Health and Wellbeing plan and Housing Strategy. Likewise, the vacated St Kilda's site could be considered by the Council as a potential site to meet local housing need.

This new model delivers the investment objectives detailed in the original St Kilda's business case, arguably better than the previous model in terms of integrated care. Looking back at the new build business case for St Kilda, the proposed way forward is a solution that meets those original investment objectives in that it:

- replaces the social care provision and health intermediate care delivered in the current St Kilda complex;
- is compatible with the new model of care and its approach to integrated care.
- both delivers savings from the Adult Social Care and NHS revenue budgets (from integration) as well as increases investment in the community to support care at home (from shift in bed based care);
- improves the patient experience and environment and delivers joined up care; and
- creates a vibrant health and social care hub for Brixham at the heart of the local community.

6   Affordability and availability of funding

The Trust had planned to secure a loan of £6m capital to fund the St Kilda new build proposal. The new proposal and model of care will still require capital for the reconfiguration of space in the existing hospital for intermediate and day services. Following Board and stakeholder agreement this will be confirmed in a final business case for approval but costs are likley to be in the region of c£600,000 to £800,000 for the day, social and health services elements which is clearly considerably less than the previous new build scheme.

It is anticipated that, if agreed, termination of the St Kilda revenue contract and the recommissioning of services in the independent sector would deliver an annual net saving in the region of £218,000. However it should be noted that recently Torbay Council agreed a fee increase for the independent sector price per case placements. Potentially this could reduce the net saving however SCCT are holders of a block contract with the ICO in which there is a pricing mechanism independent of the main care homes market and upon which TSDFT decides. The wider care home market fees are met from the agreed Adult Social Care budget, whilst the Council have undertaken to meet any backdated payments that may result from the current Judicial Review. In meeting the pricing and capacity pressures in the market - for example in relation to the new accommodation for the residents in recently opened, up-to-date facilities - this may return the position to a similiar net saving. However it is clear this figure will require a defintive adjustment in due course.

The Brixham League of Friends offered significant funds to support the previous scheme and will be an important stakeholder in taking forward the proposed new projects and developments at the Brixham hospital site if these proposals are agreed by the Board as the preferred way forward.

Developments and funding related to public amenities i.e. café and shop, will be considered for provision by local groups or businesses if possible, enhancing the community hub. Similarly the retail pharmacy will be through a private sector arrangement but will only be a viable proposition if GP services are also on site. Aspirations on co-located and extended GP services will be subject to similar funding and potential business model discussions between the GPs, CCG and the Trust similar to those currently taking place in other areas.

7   Engagement

As outlined, the proposed like-for-like replacement of St Kilda's is no longer a sustainable or desirable option in the context of our aspirations for our new model of care. Given the long period of development for the abortive new build scheme and the long standing community involvement in developing the project, it is important we appropriately engage with all the stakeholders with respect to the new proposals.

The current service users, particularly the four permanent residents of St Kilda's, will be engaged in the development of these plans as they directly affect them, with the alternatives for their future care, fully and sensitively discussed with them and their families.

While the re-provision of the services provided from St Kilda's does not require formal public consultation, it is paramout we engage with and secure support from our key partners representing the views of the local population of Brixham.   Although different from the original plan, it is anticipated that this alternative model can be supported by these stakeholders and the Trust will engage with them to explain the model and to provide assurance.

7.1   Engagement process

If the Board approves the recommendations put forward in this paper, an engagement process will begin. As part of this process Torbay Council Overview and Scrunity function will take a role in the programme to ensure our approach is valid and appropriate in terms of engaging with key stakeholders. It is envisaged that this will take four weeks and consist of the following meetings with stakeholders to explain our proposals, the rationale for change and hear views and general feedback that can be recorded and considered. The following sessions are suggested:

Engagement with	Led by
Brixham Torbay Councilliors	Torbay Council with ICO support
Brixham Town Council	Torbay Council with ICO support
CCG	Torbay Council with ICO support
Brixham Does Care	Torbay Council and ICO
League of Friends	ICO
Sandwell Community Caring Trust	ICO
SCCT divides into the following sub group, SCCT will be present at all sessions	
Long Stay residents	Brixham Zone & St Kilda matron/staff
Day Services	ICO and SCCT rep
Meals services	ICO and SCCT rep

As this change is classed as a "Key Decision" under the terms of the Trust's Partnership Agreement with Torbay Council, the DASS will take the final decision with respect to the St Kilda/SCCT contract and the proposals in this paper, with the support of the Torbay Council Mayor, having been reviewed by the Council's Senior Leadership group. A final report will be produced following the consultation to inform the decision making process. It is anticipated that the report will go before the Council and a decision made in May 2016.

8 Sandwell Community Caring Trust

Clearly SCCT are key partners in implementing a change to the current arrangements. It is recognised that SCCT and their staff at St Kilda's have delivered a flexible and high quality service despite the limitations of the facilities, and the Trust values and appreciates the quality of care provided to our clients who are placed in this service. The services at St Kilda are also highly regarded in Torbay and Brixham specifically. We should also acknowledge that SCCT worked with us in a partnership throughout the extended planning to deliver the St Kilda rebuild and we are appreciative of all that they have contributed to our community.

On 22nd March a meeting took place with the Trust's Chief Operating Officer and the CEO of SCCT to discuss the new model of care and our conclusion that the original new build proposal no longer fits with future intentions and that it is in everyone's interests to pursue the new care model. A way forward and a partnership approach to the management of change was agreed with a view to bringing the current SCCT contract for St Kilda to a mutually acceptable early conclusion, if the proposal to re-provide in line with the new model of care is approved.

The key elements of this partnership approach are as follows:
- to take a consensual and partnership approach through which St Kilda will close;
- residents/service users will be found replacement services and SCCT staff skills and experience will be retained in new roles in the local health and social care system;
- priority will be given to engaging with existing long-stay residents and their families to discuss and agree alternative suitable and appropriate care placements;
- we agreed to meet with SCCT staff at St Kilda before this matter is in the public arena. This has been a considerable period of uncertainty for staff and we need to provide clarity about the future and assurances about what this decision means for these staff. This staff meeting is scheduled for 1st April 2016 in the afternoon;
- the NHS will facilitate a process to ensure SCCT staff at St Kilda secure employment in the Trust and local health and social care system, and that a clear mechanism to achieve this will be identified to deliver this requirement promptly. Our objective is to secure staff skills and employment in the local health system - detailed arrangements to be confirmed, but this would include consideration to conditions, pay protection, length of service etc; and
- we will work together to expedite this work and deliver the desired outcomes for both organisations including agreeing a phased programme, with a mutually agreed and yet to be confirmed closure date between 2- 9 months (The contractual notice period being 9 months).

9 Next Steps

It is now over six month's since the pause in the St Kilda new build scheme was announced. If the recommendations in this report are approved it is important that the decision and its consequences are communicated and set in context. At the time of writing, the CCG-led public consultation on the wider locality new model of care for South Devon and Torbay is

pending - it is anticipated this will commence in May 2016. This delivery model for the Brixham community is in line with the wider community plans.

As the provider commissioned to deliver the service at St Kilda's, the Trust is required to formally agree and subsequently convey a proposal for consideration by the DASS as this is considered a Key Decision under the terms of our Partnership Agreement with Torbay Council. SCCT are making a financial loss on the current contract and are clear that they were not intended to be a part of the future service provision in the previous St Kilda's business case. Throughout, SCCT's main concern has been two-fold: that staff working at St Kilda find valued and secure employment elsewhere in the health and social care system locally and that the people receiving services at St Kilda are provided with appropriate alternatives. SCCT have now formally given notice on their contract for St Kilda's.

10   Conclusion

The model presented for health and social care in Brixham represents the most pragmatic and cost effective option that meets the objectives of the original scheme, reflects the current assessment of need, fits with the CCG locality model and is affordable within the financial envelope available.

It achieves the objective of mitigating the risk around the condition of St Kilda's care home whilst maintaining day services, some intermediate care provision in Brixham and creating an integrated health and well-being hub centred on the Brixham Community Hospital site.

It offers additional opportunities for other schemes to enhance the integrated offering including a possible new build GP centre and co-located services as well as possible opportunities for local housing with nominated rights for the Brixham population. This is also an opportunity for the voluntary sector to be involved in planning the future and using the facilities on the hospital site.

Finally it includes an agreed way forward for people in receipt of services at St Kilda and for the valued SCCT staff.

11   Recommendations

The Trust Board is asked to agree the following recommendations:
- that the previously proposed new build St Kilda on the Brixham Community Hospital site does not proceed and instead the Board accepts the revised proposal as presented as the preferred solution;
- that the team undertakes more formal engagement with current service users and with stakeholders in Brixham (League of Friends, Brixham Does Care and the Town Council) with respect to these proposals;
- that the ICO work's in partnership with SCCT to find alternative services for its clients and employment for SCCT staff within the local NHS - the ICO and SCCT will develop a detailed operational plan and agree the sequence of changes required; and
- the output of the engagement will be detailed into a report and a recommendation made to the Director of Adult Social Care at Torbay Council at the earliest opportunity for a final decision (likely early May 2016).

Torbay and South Devon **NHS**

NHS Foundation Trust

Equality Impacts St Kilda Board report April 2016

Identify the potential positive and negative impacts on specific groups

This Equality Impact Assessments uses the Torbay Council format as the decision with respect to this matter will be made by the Director of Adult Social Care at Torbay Council.

The Board paper recommends that the Trust does not proceed with a stand-alone new-build replacement for St Kilda's, but instead re-provides these services within the existing footprint of Brixham Community Hospital and the local care sector as part of a broader reconfiguration within the Brixham and Paignton communities.

This new model of care is part of our overall strategy to provide more services in people's local communities, in partnership with GPs, other public sector organisations, voluntary agencies and the private sector. By better supporting people to live well at home and in their communities, we will need fewer hospital beds. If the Trust Board accepts that the new care model requires a different solution to that previously proposed and no longer requires a new build St Kilda, a decision is also needed in relation to the current contract for services from St Kilda's.

The nature of this proposal makes it a "Key Decision" for Torbay Council under the existing formal Partnership Agreement. Following Trust Board consideration and decision the Trust is required to present a formal recommendation to the Director of Adult Social Care Services of Torbay Council for a final decision on the proposed model of care, configuration of services and therefore future of the contract with SCCT for the provision of services from St Kilda's.

The proposal is not to proceed with the planned St Kilda new build to re-configure the provision of services from St Kilda's in Brixham with the services being re-provided locally across the statutory, independent and voluntary sectors. The services being provided at St Kilda's cover long-stay placements for four residents, Intermediate Care, Short-Breaks capacity, Day Services and Community Meals.

Group	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people		There will be some changes to the way services are provided to predominantly older people. However this does not mean a reduction in service but a change. Whilst this change will have an impact we will ensure that older people are fully supported so that they are able to continue to receive the services they need. Further detail included in the section below relating to People with caring Responsibilities would also apply to older people	There are no services provided at St Kilda specifically for younger people
People with caring Responsibilities		St Kilda's enjoys an excellent reputation with carers and the cared for and thus the loss of these services (Long Stay placements, Intermediate Care and Short Breaks) will be a concern, but will be mitigated by the proposals below: **Social Care** The new model identifies the need to provide services in the client's home or as close to home as possible and at the heart of the community. It is proposed that the step-down and respite care beds and residential beds currently in St Kilda's are re-provided within the local community in other private care homes with capacity. This model supports the care market and utilises private sector assets in delivering these services locally via purchasing contracts as part of the way forward. This is a move away from a centralised model to a person centred model with people cared for within their community. **Care requiring nursing oversight**	

Small bed numbers and the need for nursing oversight necessitates consideration of the co-location of acute community and intermediate care beds where possible and where needed, and is the model approved and stakeholder endorsed in the St Kilda's business case. As the demand for acute community beds has reduced, capacity has become available to accommodate the ten intermediate care beds from St Kilda's requiring nursing oversight adjacent to the community hospital beds within the existing inpatient area at Brixham Community Hospital, eliminating the need for a new build to house beds. Investment will be required to provide a suitable single room setting for intermediate care and active assessment and rehabilitation.

Day Services Model

The day centre at St Kilda's currently provides a regular service to 11 members of the population of Brixham five days per week with the capacity to increase to 20 places. It is an extremely well regarded service for the local population that is seen as vital for the community and an essential service provision. The aspiration is that the day centre will form a critical component of a health and well-being hub centred on the Brixham Community Hospital site that also provides a base for socialisation opportunities for older people experiencing isolation thus reducing their need for other care services, and which can also support people with more complex needs including essential personal care. Client and carer day support for people with dementia will be provided through tailored activities such as a dementia café. This will help prevent the increasing

demand for services driven by isolation and loneliness of older people. While the local voluntary sector, primarily Brixham Does Care, provides a stirling service in this regard, they too have identified an unmet need which such a base could provide a solution to, and have indicated an interest in being involved as a partner to deliver this service. This facility will also provide a location to undertake needs assessments in a more 'normal' environment to evaluate activities of daily living, etc. In summary, the future service model described for day caring is intended to be delivered through partnership with the local voluntary sector, supported by skilled not qualified staff as needed for the complexity of need and with clinical oversight from the nursing leadership within the bed based services in Brixham Community Hospital.

Space can be created within the existing buildings on the Brixham site which, with the investment of c£200,000, could be re-configured as a vibrant day caring and assessment centre at the heart of the Brixham hub. This extended service would be challenging to deliver in St Kilda due to the constraints of the facility. The existing partnership with the voluntary sector is vital to the successful delivery of this service model and both Torbay Council and the ICO would support these services being delivered primarily by the third sector on the healthcare owned site. We would wish to build upon these arrangements and anticipate voluntary sector involvement as Brixham has a strong voluntary sector. This sector has already expressed an interest in being involved in the development of the service model, supporting a co-design with the wider community and in being a potential delivery

| | | partner. Upon formal agreement of the model, the plan will be developed and the re-configuration costs and delivery model determined.

This proposal was discussed recently at an engagement event run by Brixham Hospital League of Friends; provisionally this proposal may have good community support, but of course requires further development and discussions with the community.

Community Meals

About 30 to 40 meals per day are made in the kitchen at St Kilda's and distributed by volunteers. This number, and potentially more if the need presents, could continue to be provided in partnership from the kitchen at Brixham Community Hospital and delivered by volunteers perhaps co-ordinated by Brixham Does Care. This would mean the service would benefit from the oversight of Trust trained catering staff and the security of Trust policies procedures and standards to supplement the excellent work from existing volunteers. The meals are funded through an existing chargeable rate to the clients receiving them, so there is no financial impact on the Trust. | |
| People with a disability | Services would be delivered in an improved estate. | | The St Kilda services, despite having quality staff, operate in a building with limitations. With any replacement facility the environment for disabilities would be at least the same and most probably improved. |

Women or men			We would only organise services from a provider that complies with all relevant legislations and standards, and is non-discriminatory.
People who are black or from a minority ethnic background (BME)*)*			We would only organise services from a provider that complies with all relevant legislations and standards, and is non-discriminatory.
Religion or belief (including lack of belief)			We would only organise services from a provider that complies with all relevant legislations and standards, and is non-discriminatory.
People who are lesbian, gay or bisexual			We would only organise services from a provider that complies with all relevant legislations and standards, and is non-discriminatory.
People who are transgendered			We would only organise services from a provider that complies with all relevant legislations and standards, and is non-discriminatory.
People who are			We would only organise services

in a marriage or civil partnership			from a provider that complies with all relevant legislations and standards, and is non-discriminatory.
Women who are pregnant / on maternity leave			Not applicable for service users for this cohort of services and its age range
Socio-economic impacts (Including impact on child poverty issues and deprivation)	If the site was made available for housing and key workers it would further improve the Brixham economy and help with the supply of essential staff/workers to key care and education services Affordable homes would support local families to stay local and work and live in Brixham and the surrounds		

	One potential option is also for land at Brixham Hospital to be used in this manner.		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			Not applicable
Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	None identified by this proposal		

DRAFT Annual Report 2015/2016

Foreword

I have been in the post of Overview and Scrutiny Co-ordinator since May 2015. I have found the role both exciting and challenging. I would like to acknowledge the hard work and dedication of my predecessor Cllr John Thomas over many years. I would also like to thank the Vice-chairman of the Board, three Scrutiny Leads and the Board for their hard work over the past twelve months.

Thanks must also go to the staff at the Town Hall and in particular Kate Spencer. They have supported us, given us sound advice and kept us on the right track.

It has been a challenging time for overview and scrutiny over the past six months, we have adopted many of the recommendation of the Cade report and are now operating in a completely different way from the past. We are focussed on both overview and scrutiny, having set up a number of panels to look at the major issues affecting the Bay.

I am sure the next twelve months will be as challenging as past twelve months! We will need to help the Mayor and his Executive find further savings in the budget and there are some important issues that will come forward for the Overview and Scrutiny Board to discuss and provide recommendations.

I would like to think that overview and scrutiny has made a difference; I hope it will continue to do so.

Councillor Chris Lewis
Overview and Scrutiny Co-ordinator

Introduction

Overview and scrutiny…

- is one of the ways the Council improves services and the quality of people's lives in Torbay

- acts as the Council's "watchdog" and challenges decisions taken by the Mayor and looks at decisions in more detail

- reviews existing policies and issues of concern

- is a constructive and independent way of looking at an issue, highlighting areas that work well and suggesting where improvements can be made

This report gives details of the work which has been undertaken by the Overview and Scrutiny Board over the course of 2015/2016.

The Principles of Overview and Scrutiny in Torbay

Following its work with the Centre for Public Scrutiny (CfPS) in 2014/2015, the Council adopted a set of principles for overview and scrutiny in February 2015 (often referred to as the Cade report) as follows:

- The Council as a whole, and therefore overview and scrutiny, need to focus on the issues that really matter. There are no longer any easy decisions to make. The luxury of looking at the more marginal issues has long passed. It is important that there is an "all Council" approach to tackling the challenges now being faced.

- "Holding to account" must continue as a vital role of overview and scrutiny. But "policy development" is of equal importance. And national experience has shown that this is where the contribution of the non-executive members can be most effective.

- The Forward Plan should be seen as a key tool for managing the decision making process throughout the Authority. There needs to be more informal discussions about what is coming forward for decision in the coming months.

- Overview and scrutiny should be seen as an important element in delivering good, sound decisions. The relationship between overview and scrutiny and the executive should not be adversarial, but rather of seeking to complement one another.

- There should be the ability for all councillors to have the opportunity to help shape policy decisions at an early stage.

A new Council

A new Council was elected at the Local Elections in May 2015 and the previously adopted principles of overview and scrutiny were used to inform the induction programme. Councillor Lewis was appointed as the Overview and Scrutiny Co-ordinator supported by Councillors Barnby, Bent and Stocks as Overview and Scrutiny Lead Members.

The membership of the Overview and Scrutiny Board comprised Councillors Barnby, Bye, Bent, Darling, Lewis, Stockman, Stocks, Tolchard and Tyerman.

The Health Scrutiny Board was not appointed this year with the work of that Board being undertaken by the Overview and Scrutiny Board.

Monitoring and pre-decision scrutiny

In the first half of the year, the Overview and Scrutiny Board undertook a range of monitoring on issues such as the revenue budget, the capital plan, the Children's Services Five Year Plan and the Torbay Retail and Tourism Business Improvement District proposal.

The Board reviewed the draft Corporate Plan and Housing Strategy and gave its recommendations to the Mayor and the Council.

The Mayor and members of the Executive were asked to attend meetings of the Board to answer questions and respond to the Board's debates.

Call-ins

The call-in process is one of the mechanisms which can be used to hold the Mayor to account.

The purpose of call-in is to examine the decisions reached by the Mayor (or other decision maker) and the reasoning behind those decisions. The process enables further public debate to be held on the subject. The Overview and Scrutiny Board can then consider whether the decision was appropriate and make recommendations accordingly.

Over the course of the year, the Overview and Scrutiny Board have received four call-ins:

- Establishment of the Policy Development Groups
- Trial Closure of the Torquay and Brixham Connections Offices
- Proposed covenant on Churston Golf Course
- Proposed Helicopter Landing Facility

Priorities and Resources

Between November 2015 and January 2016, the Priorities and Resources Review Panel reviewed the Mayor's proposals for service change, income generation and savings. The Board questioned the Mayor and his Executive Leads on the rationale for and implications of the proposals. The report from this review is available on the Council's website at http://www.torbay.gov.uk/osb_priorities_and_resources_2016-17.pdf

Health Scrutiny

Health scrutiny is a fundamental way by which local councillors are able to voice the views of their constituents, and hold NHS bodies and health service providers to account. The primary aim of health scrutiny is to help to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.

The Overview and Scrutiny Board has received reports from NHS Trusts operating in its area on changes in service and has provided feedback on both the consultation undertaken and the proposed changes. It has provided commentary on the Local Account for social care and the Quality Account of the NHS Trusts.

As identified in last year's Annual Report, the relationship between the health scrutiny function, the Health and Wellbeing Board and Healthwatch Torbay still needs to be developed to ensure the roles and responsibilities of each function are fully understood by both the public and all partners.

Corporate Peer Challenge

In November 2015, Torbay Council welcomed a Local Government Association review team to undertake a Corporate Peer Challenge to specifically challenge the financial viability of the Council and the effectiveness of its leadership and governance arrangements. Recommendations were made around the need for more effective working practices in relation to governance and the Council was advised to revisit the report on the Principles of Overview and Scrutiny in Torbay.

Building on the Induction Programme and taking account of the recommendations from the Corporate Peer Challenge, all non-Executive members of the Council met to discuss how they would wish overview and scrutiny to operate and what they would wish to see included on the Work Programme for the remainder of the year and into 2016/2017.

Moving Forward

The Overview and Scrutiny Board has agreed that the Overview and Scrutiny Co-ordinator, Vice-chairman of the Board and the Overview and Scrutiny Lead Members will meet informally on a regular basis with the Mayor, Executives Leads, Executive Director, Directors and Assistant Directors to discuss forthcoming issues. Feedback will be provided to all non-Executive members at a monthly briefing which will enable informal discussions.

Task-and-Finish Groups will be established to review specific issues with formal reports and recommendations being agreed by the Overview and Scrutiny Board.

The emerging Work Programme of the Board takes account of those Principles agreed in February 2015:

- Focusing on the issues which matter:
  - A more commercially focused Tourism Strategy
  - An Economic Development Strategy which meets the needs of Torbay and increases the Council Tax and National Non Domestic Rates bases
  - Delivery of the Children's Services Five Year Plan

- Policy Development is of equal importance
  - Parking Strategy
  - Future operating model for sports and leisure services

- The Forward Plan is the key tool for managing the decision making process
  The Forward Plan will be reviewed monthly to identify issues for review. To date, the following have been added to the Work Programme:
  - Self Build Affordable Housing
  - Torbay Youth Trust Business Plan

- The relationship between overview and scrutiny and the executive should seek to complement one another
  The Mayor has started to refer forthcoming issues to the Board for its consideration and it is hoped that this will continue, especially as the Liaison Meetings become established.
  - Proposed amendment to the lease of the GeoPlay Park, Paignton
  - Proposed Investment at Torbay Business Park

- All Councillors should have the opportunity to help shape policy decisions at an early stage
  - Future operating model for the library service

Future Work Programme

As outlined above, the Overview and Scrutiny Board has been taking on board the views of all non-Executive members in developing an emerging Work Programme for 2016/2017.

As the Corporate Peer Challenge articulated, "the financial challenges facing the Council are clear and pressing now and this will continue into the medium term. They will require prioritised attention and pace to address and then drive to deliver the changes needed."

The Work Programme will continue to be built keeping in mind the Principles of Overview and Scrutiny and the recommendations from the Corporate Peer Challenge. The Board will aim to be involved in forthcoming issues from an early stage and hopes that the Mayor and Executive will abide by these Principles as well.

The formal Work Programme will be agreed by the Overview and Scrutiny Board at its meeting in May 2016 although it will continue to have the flexibility to react to issues as they arise, including holding the Mayor and Executive to account for their decisions and performance.

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