

Torbay and South Devon NHS Foundation Trust

Council of Governors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital.

18 April 2018 15:00 - 18 April 2018 17:00

AGENDA

#	Description	Owner	Time
1	<p>Chairman's welcome and apologies: B Bryant, C Davidson, A Hopkins, G Hotine, R Ibbotson, S Russell, A Wagner.</p> <p>For information</p>	Chair	
2	<p>Declaration of interests</p> <p>To receive</p>	Chair	
3	<p>Minutes of the last meeting held on 13 December 2017 (enc)</p> <p>To approve</p> <p> 03 - 2017.12.13 DRAFT CoG minutes.pdf</p>	Chair	5 mins
4	<p>Chairman's report (verbal)</p> <p>To receive</p>	Chair	10 mins
5	<p>Chief Executive's report (enc)</p> <p>To receive</p> <p> 05 - Report of the Chief Executive.pdf</p>	Interim Chief Executive	15 mins
6	<p>Video conferencing - New Way of Care (presentation)</p> <p>To receive</p>	D Woodall	20 mins
7	<p>Non-Executive Director reports (enc)</p> <p>To receive</p> <p> 07a - 2018 03 27_FPI_Cttee_Report_to_Board.pdf</p> <p> 07b - QAC 28 03 18 Committee update.pdf</p>	NEDs	15 mins
8	<p>A year in the life of the Trust – Q3 (video)</p> <p>To receive</p>	Chair	5 mins
9	<p>Lead Governor's report including constituency reports (enc)</p> <p>To receive</p> <p> 09 - 2018.04.18_Lead_Governors_Report.pdf</p>	W Marshfield	10 mins

#	Description	Owner	Time
9.1	<p>New Governors' induction</p> <p> 09.1a - GovernWell_representing_the_interests_of_... 43</p> <p> 09.1b - Governor Induction Programme.pdf 47</p>		
10	<p>Quality and Compliance Committee report (enc)</p> <p>To receive</p> <p> 10 - 2018.04.18_QCC_Report.pdf 49</p>	W Marshfield	5 mins
11	<p>Membership Group report (verbal)</p> <p>To receive</p>	L Hookings	5 mins
12	<p>Rotation of committees / group membership (to follow)</p> <p>To elect</p>	Interim CoSec	5 mins
13	<p>Company Secretary's report (to follow)</p> <p>To receive</p>	Interim CoSec	5 mins
14	<p>Non-Executive Director Presentation (verbal)</p> <p>To receive</p>	S Taylor	15 mins
15	<p>Urgent motions or questions</p> <p>To receive and action</p>	Chair	
16	<p>Motions or questions on notice</p> <p>To receive and action</p>	Chair	
17	<p>Details of next meeting: 18 July 2018, 3pm – 5pm, Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital</p>	For information	
	<p>PLEASE LEAVE THE MEETING AT THIS POINT IF YOU ARE NOT A GOVERNOR OR BOARD MEMBER</p>		

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MINUTES OF THE COUNCIL OF GOVERNORS MEETING**HELD AT 3PM IN THE ANNA DART LECTURE THEATRE,****HORIZON CENTRE, TORBAY HOSPITAL****13 DECEMBER 2017****Governors**

* Nicole Amil	* Richard Ibbotson (Chair)	Stuart Barker
* Derek Blackford	Lesley Archer	* Peter Coates
* Craig Davidson	* Bob Bryant	* Cathy French
* Diane Gater	* Carol Day	* David Hickman
* Lynne Hookings	Annie Hall	* Barbara Inger
Mary Lewis	* April Hopkins	* Wendy Marshfield
Catherine Micklethwaite	* Paul Lilley	Andy Proctor
* Anna Pryor	David Parsons	Simon Slade
* John Smith	* Sylvia Russell	Simon Wright
	* Sue Whitehead	

Directors

* Mairead McAlinden	Chief Executive
* Paul Cooper	Director of Finance
Lesley Darke	Director of Estates and Commercial Development
Liz Davenport	Chief Operating Officer and Deputy Chief Executive
Rob Dyer	Medical Director
Judy Falcão	Director of Workforce and Organisational Development
* Jane Viner	Chief Nurse
* Ann Wagner	Director of Strategy & Improvement
* Jacqui Lyttle	Non-Executive Director
* Jacqui Marshall	Non-Executive Director
* Vikki Matthews	Non-Executive Director
* Paul Richards	Non-Executive Director
* Robin Sutton	Non-Executive Director
* Sally Taylor	Non-Executive Director
* Jon Welch	Non-Executive Director

(* denotes member present)

In Attendance:	Richard Scott	Company/Corporate Secretary
	Monica Trist	Corporate Governance Manager and Note taker
	Steve Carr	Patient Safety Lead
	Hayley Warrilow	Quality and Experience Lead

1. Welcome and Apologies**Action**

Apologies were received from: Lesley Archer, Stuart Barker, Lesley Darke, Liz Davenport, Rob Dyer, Judy Falcão, Annie Hall, Mary Lewis, Catherine Micklethwaite, David Parsons, Andy Proctor, Simon Slade, Simon Wright.

Chairman welcomed all attendees to the meeting, extending a special mention to Paul Richards and Vikki Matthews, the two new NEDs who had started with the Trust recently.

2. **Declaration of Interests**

There were no declarations of interests.

3. **Minutes of the Meeting held on 22 September 2017**

Chairman asked members to review these for accuracy and the minutes were approved as an accurate record of the meeting.

All actions arising had been completed.

4. **Healthwatch**

Ms P Harris CEO of Healthwatch Torbay attended the meeting and provided the following presentation:-



To date we have reached

Over 100,000 people on social media
and have had over 11,000 visits on our website
www.healthwatchtorbay.org.uk



Over 100 Torbay Health and Social Care services have been reviewed

Staff and Volunteers

Our fantastic Healthwatch volunteers help us with everything from admin, events to media & marketing





Our Enter and View Volunteers



Social Care



Care Homes



Brixham Hospital



Torbay Hospital



Using public feedback



Our reports have tackled issues including
domiciliary care to learning disabilities services



Complaints to HWT

Service users ask for help to make official complaints to

- Patient Advice and Liaison Service (PALS)
- Support Empower Advocate Promote (SEAP)
- Health Trusts
- Torbay Safeguarding
- the Local Authority
- South Devon and Torbay Clinical Commissioning Group (CCG)
- NHS England and the Care Quality Commission (CQC).

Signposting to external organisations such as:

- Adult social Care team
- Mental Health team
- Housing
- Help with benefits

Our Current Work

Local work includes:

- A&E Delivery Board
- Paignton Health & Wellbeing Centre
- Care Home Framework
- Care Home Charter
- Bravo Café
- Digital Inclusion
- Children & Young People
- Champion Recruitment
- Developing Collaborative leadership - for health & care professionals, patients and citizens
- Evaluation of Carers Services
- Continuing work with domiciliary care

Regional/National work includes

- We have been selected by HW England to test the Quality Matters Complaints tool on behalf of the Local Government and Social Care Ombudsman.
- Working with HW England, we have been asked to contribute to the social care green paper.
- Sustainability and Transformation Plan (STP)
- Quality Surveillance Group (QSG)

Our Challenges ahead

- Sustainability in a rapidly changing health and social care landscape
- Funding - reduction
- Develop and grow an organisation that has been recognised as outstanding but does not have local financial support
- Prioritisation of workload
- Integration of health and social care patient feedback and complaints
- Support for volunteers
- Keeping informed and up to date with some many changes happening around us and ensuring our local community voices continue to be heard

Thank You



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Governors' questions were then invited on the content.

Chairman commented that there were many common areas for Healthwatch and governors where they could work together: LG advised that she would shortly be meeting with Healthwatch CEO to see how they could take this work forward.

Chairman thanked Healthwatch CEO for attending and for her informative presentation.

5. Chairman's Report

Chairman commented that no responses had been made to the Trust office with regard to the NED Chair reports provided for the first time at the September meeting.

He advised on some events which had taken place or which were due to take place shortly, including:-

- Torbay Hospital Radio – 40th anniversary - many thanks to the volunteers providing this service.
- Healthwatch AGM – attended by Chairman, COO and LG - a well-attended event providing valuable insight into the work of Healthwatch.
- Meeting of CEO and Chair with Torbay Council Chief Executive and elected Mayor, to enable better understanding of the Council's future commissioning intentions.
- Range of visits across various Trust locations (of which there are approximately 85 in total) to meet with staff, patients and service users. Chairman invited any interested governors to accompany him on any such future visits – please contact Foundation Trust office for details of any planned visits, although sometimes these may be arranged at short notice.
- Joint staff engagement sessions with CEO supported by staff governors – these are well-attended and well-received by staff – Chairman extended an invitation for any other interested governors to attend too.
- Staff Heroes presentation – to be held at 0830 on 19 December in Bayview Restaurant. Anthony McKeever (NHSI SW Director of Winter Pressures), who would be visiting the Trust that day would be attending – all governors had been invited too and would be most welcome.

- Chairman intends to visit acute hospital wards and also community hospitals on Christmas morning and he extended an invitation for any governors to accompany him.

Chairman informed governors of some recent changes to the Trust Board. Following the resignation of David Allen after several years' service to the Trust, V. Matthews and P. Richards had now been recruited to the Trust Board. C Ronaldson from the Torbay Pharmaceuticals Board had been appointed interim chair of Torbay Pharmaceuticals to succeed D Allen. Chairman would arrange for C Ronaldson to attend a future meeting to present to the Trust Board and Governors.

Ch

6. Complaints process

S Carr (SC) and Hayley Warrilow (HW) attended the meeting and provided the presentation at Appendix 1 on the Trust's complaint process.

Questions were invited from governors. SW asked about the process for dealing with social care complaints and HW confirmed these were dealt with in the same way as healthcare complaints. LH thanked SC and HW for their informative presentation, which had originally been asked for by Membership Group, but the Group had felt it would be helpful for all governors to be provided with information on the Trust's complaint process. LH asked about learning from trends (for example, staff attitude) and complaints and SC confirmed that a great deal of shared learning takes place to ensure that processes and attitudes improve. SR asked about trends from complaints made to the Trust or to GPs. SC said there were similar numbers of complaints but these were dealt with separately by each organisation.

Members discussed the information provided on the volume of complaints received and resolved, benchmarking with other Trusts and the commercial approach to dealing with complaints. Members also discussed the timescale for dealing with complaints and the fact that some deadlines are extended beyond the initial six-week period owing to the time required for investigations. DoF advised that the team also deal with a large number of compliments and comments, not just complaints, some of which are very complex.

7. Chief Executive's Report

CE advised that one of the key current issues was winter planning. Reporting on performance, CE advised that unfortunately ED performance had deteriorated in-month and full details were expected shortly.

CE spoke about the "7 big things" initiative to prepare for winter and advised on progress to date: the ambulatory care unit was now fully open and the financial position was generally good. – good practice was being demonstrated in many areas of the Trust. CE advised the Trust's Medical Director, Dr Rob Dyer, had now been appointed as STP Medical Director, a role he would be undertaking for two days per week. Governors were advised that the Strategic Estates Partnership had been commended in the HSJ.

Questions were invited from governors. BI queried the low take-up from staff for flu vaccinations as reported at December Board: CE advised that this was despite an intensive campaign to encourage take up by the Executive team. CN commented that there had been a good level of uptake by non-clinical and medical staff, and that numbers for clinical staff exceeded the previous year's. On behalf of the governors SR thanked CE and the Executive team for the progress made by the Trust, and the information in her report.

CD asked about the allocation of £1m funding for the voluntary sector and its use: members were advised that this would be managed and monitored through the Voluntary Sector Partnership Board chaired by the COO, and the monies were to be used in line with the Trust's objectives. Some of the funds were due to address issues of social isolation and transport. CD asked if this was new funding, and CE confirmed monies would be brought together from

various sources and also some Care Model funding.

8. Non-Executive Director reports

Governors noted the contents of the following NED reports to Trust Board:-

- David Allen - Quality Assurance committee, 10 November 2017
- Robin Sutton - Finance Performance & Investment committee, 28 November 2017
- Robin Sutton - Finance Performance & Investment committee, 24 October 2017
- Robin Sutton - Finance performance & Investment committee, 27 September 2017

Governors were asked if there were any questions on these reports – no questions were received.

9. Lead Governor's (LG) report including constituency reports

LG thanked the following governors for their service on the CoG, as their terms of office were ending in the next few months: Cathy French (former Lead Governor); Sue Whitehead (elected governor, Teignbridge); Diane Gator (staff governor).

LG congratulated the new NEDs (P Richards and V Matthews) on their appointment for a three-year period. Governors were advised of Governor elections due to take place shortly: B Inger and L Archer would be standing for re-election and for the first time, an open day would be held for prospective candidates, this would be on 9 January 2018.

Members were advised that the Board to CoG meeting due to be held on 21 March 2018 would now be a development session between NEDs and governors, in accordance with the Governors development strategy. LG asked that governors contact her or Deputy Lead Governor with any ideas or topics for this session.

LG asked that members note the following documents included with her report: - constituency reports – many thanks to all governors who had contributed; process for NED appraisals; process and timetable for Chairman's appraisal. LG invited any governor who was interested to join the Governor Involvement Strategy focus Group.

LG advised governors of the ongoing work to promote the governors including development of the website page and distribution of various publicity material. BBr asked why first names only had been shown on the poster which had recently been distributed and LG advised this was an interim measure only: it had been very difficult to accommodate all required information into one poster. CS confirmed the poster would need updating in February 2018 following the departure of several governors and new governors being elected from 1 March 2018. Governors were asked to contact Deputy Lead Governor with any ideas for potential development of the governors' portal by 31 January, as she had a meeting scheduled with the HIS Director to discuss how this could be taken forward and she provided the following presentation on the proposal:-

All

All



POSSIBLE WAYS OF HAVING A GOVERNORS 'ASK'

- Gary Hotine is the Director of 'South Devon Health Informatics Service' and is the Chair of the 'Information Management and Technology Group' (IM&T) at Torquay Hospital;
- It is not possible for to use the same 'setup' as the Staff 'Ask';
- There are many kinds of external forum software available, such as 'Simple Machines', 'Discourse', even 'Facebook';
- But, what do you want from a 'Governors' ASK' forum?

LG thanked governors who had attended the meeting with the Senior Independent Director on 4 December 2017, a report on which would be made at today's private CoG.

The council of Governors accepted the process for the NEDs performance review process and for the chairman's appraisal process.

Governors noted the contents of the LG's report.

10. Quality and Compliance Committee (Q&CC) report

LG as Chair of Q&CC presented the minutes of the meeting held on 22 November 2017, drawing governors' attention to the revised format for the governor observer reports and the revised KLOEs which reflect current CQC outcomes.

Members noted the contents of the Q&CC report and agreed to support the current work of the Quality and Compliance Committee.

Governors who are not currently observers of committees/groups were asked to contact the Lead Governor or Deputy Lead Governor to indicate interest.

11. Membership Group report

LH presented her report on the work of the Membership Group, which had met on 1 December 2017, although the meeting had not been quorate – therefore the minutes were included for approval by the governors. LH reported on the progress being made to promote membership of the Trust. Members discussed various opportunities for engagement with both members and the public.

Also included with the Membership Group report were the results of the recent public membership survey. Individual reports for each constituency were being created and would be circulated to governors for information when available. Although the number of responses was disappointing and this was the first time the survey had been run on an on-line basis only, the majority of the responses were measured, structured and thought provoking.

The CoG approved the recommendations of the Membership Group report and the decisions taken at the 1 December Membership group meeting.

12. Secretary's report

Members noted the contents of the Company Secretary report and that the following document - *"Policy for Resolving the Differences between the CoG and the Board of Directors"* was not yet available and would be discussed at a future meeting.

13. Non-Executive Director Presentation

Mrs Marshall provided a brief presentation and spoke to the CoG about her role as NED,

Jacqui Marshall

Personal View

- Reflections on my first year
- My Background
- My Role:
 - Chair of LNC (Local Negotiating Committee)
 - Member of Trust Board of Directors
 - Member of Audit and Assurance Committee
 - Member of Finance, Performance and Investment and Committee
 - Member of Executive Nominations and Remuneration Committee
 - Observer - Workforce and Organisational Development Group
 - Non-Executive Director to Non-Executive Director meetings
 - Observer - Council of Governors/Board-to-Council



How are we doing?

In year

- Savings challenges
 - Much clearer reporting
 - Steady confident progress
 - Risks identified early and mitigated
- Improved Partnership approach
 - Better NED to NED relationships with Clinical Commissioning Group (CCG) and early adoption of RSA (Risk Share Agreement)
 - More proactive roles within Devon STP (Sustainability and transformation partnerships)
- Better Winter Planning
 - A strong campaign this year for Flu Jab
 - Focus on proactive plans
- More Board Development
 - Safeguarding / Handwashing
 - Patient stories
 - Better challenge and information.

Looking Forward



Internal View

- What are the big system improvements we need?
- Have we got the right data to manage our day to day NHS targets?
- Have we got a strong succession plan for our key roles?
- How can we improve integrated care further?
- Do we all understand our top 3 risks?



Looking Forward



Development Sessions

- NED development sessions with governors - biannually

External View

- Horizon scanning – How can Trust benefit from Devon STP
- How do we get involved in social issues:
 - Dementia Research?
 - Mental Health



Chairman thanked Mrs Marshall for her presentation.

14. Urgent motions or questions

None received.

15. Motions or questions on notice

None received.

16. Details of 2018 meetings

As per the governor strategy document, please note that the Board-to-CoG meeting on 21 March has been removed and replaced with a development session with the non-executive directors. One further development session will be arranged for later in the year.

Future meetings:

2018

7 February	9am	Public Board
28 February	1pm	Self-assessment
7 March	9am	Public Board
21 March	1pm	Development Session
11 April	9am	Public Board
18 April	3pm	Council of Governors
2 May	9am	Public Board
23 May	1pm	Public Board
4 July	9am	Public Board
18 July	3pm	Council of Governors
1 August	9am	Public Board
15 August	3pm	Board to Council of Governors
21 September	<i>tbc</i>	CoG / AMM event
3 October	9am	Public Board
24 October	3pm	Board to Council of Governors
7 November	9am	Public Board
5 December	9am	Public Board
12 December	3pm	Council of Governors

Highlighted meetings/sessions means governors are expected to attend

Report to	Trust Board
Date	11 April 2018
Lead Director	Interim Chief Executive
Report Title	Chief Executive's Business Update

1 Trust Key Issues and Developments Update

Key Trust issues and developments to draw to the attention of the Board since the last Board of Directors meeting held in March are as follows:

Safe Care, Best Experience

£13m to improve ED and urgent care

The Department of Health has this week announced that South Devon and Torbay is to benefit from funding of up to £13m, to improve urgent and emergency services for local people. We had submitted a bid for transformation funding to be able to make much-needed improvements to the physical environment in Torbay Hospital's Emergency Department (ED) and to our overall emergency and urgent care pathways to support our new model of care. The development of two 'urgent treatment centres' in Torquay and Newton Abbot will enable us to provide better urgent care services across the whole of South Devon, not just in Torbay, as well as taking pressure away from our ED, further improving patient experience. These centres will offer a greater range of services than our current Minor Injury Units (MIU), with enhanced diagnostics facilities and co-located GPs, so staff will be able to assess and treat a wider range of conditions. The urgent treatment centres will be located on the Torbay Hospital site and at Newton Abbot Community Hospital. The centre for Torquay will be a new-build, and Newton Abbot Hospital will be enabled to support enhanced urgent care services.

Comment: We are very grateful for the support of our MPs in this bid, in particular Torbay MP, Kevin Foster. Whilst a modern, fit-for-purpose Emergency Department at Torbay Hospital is still some way off, we can now look forward to being able to provide more privacy and dignity for our patients and a greatly enhanced working environment for our staff. The next step is to develop a full business case with proposed timescale, so that a detailed programme and funding arrangements can be agreed.

Safely caring for our population this winter

This has proven to be an exceptional winter, with two severe weather snow events in March – the first (at the beginning of the month) following an unprecedented Met Office red alert for snow for our area. These events added to the usual winter challenges of high levels of flu and norovirus, and staff shortages through recruitment challenges and sickness. We have had to declare OPEL 4, the highest level of escalation, on numerous occasions, and in order to safeguard emergency and urgent services, we have had to re-schedule many non-urgent appointments and surgery. We are still working our way through the backlog that this situation has created and anticipate a negative impact on our performance targets during quarter four.

Public

More important than any performance targets, is the real human impact: each postponed appointment relates to an individual, who may have made special arrangements to attend the hospital, and who will have faced inconvenience and anxiety when their appointment or surgery had to be postponed. In our public communications, we have unreservedly apologised for any distress caused, and thanked people for their patience and understanding as we responded to the extraordinary circumstances.

Our staff responded magnificently, with many of them working extra hours or shifts, walking for hours through snow and ice to get to work, 'camping out' at their workplace, or covering duties outside their normal role. We have also had tremendous support from almost 100 volunteer 4x4 drivers, who helped get our staff to and from work – including making visits to vulnerable people needing our support in the community.

Comment: The Chairman and Executive team are planning to host a series of celebratory events to thank staff and volunteers for their continued commitment, compassion and flexibility over what has felt like a very long winter. We realise that people have been working under intense pressure for many weeks, and many of our staff are very tired. Whilst we cannot give them a financial reward, their efforts have not gone un-noticed, and the planned events (one in each of our five locality areas and one in Torbay Hospital) will give the leadership team an opportunity to say a personal thank you.

Blood cell salvage

The Trust has routinely used intra-operative cell salvage for a number of years. This process uses specialist technology to recycle a patient's blood for reinfusion back into his or her own body during a procedure. It is well used in hospitals across the country, but the appointment of a blood conservation coordinator at Torbay Hospital three years ago has enabled our Trust to focus on improving the way that the cell salvage service operates. This culture change has involved standardising training and ensuring the involvement of all staff in the process, so that Torbay Hospital is now the first hospital in the South West to provide cell salvage for all necessary procedures, 24 hours a day, seven days a week. There are remarkable benefits for patients as a result, including reduced risk of infections and complications, shorter hospital stays and preservation of vital blood supply. Around 360,000ml of blood has been recycled and returned to more than 1,000 patients in the last three years. The reduction in the amount of donor blood needed has also generated major cost savings for the organisation, with £300,000 saved between 2013-2016. This success story featured on BBC spotlight on Monday 13 March. Theatre teams and the patient blood management group were able to facilitate the BBC filming of cell salvage in action during a caesarean section.

New contract for sexual health services

A new contract awarded by Devon County Council and Torbay Council will improve access to advice and support around sexual health, relationships and contraception, and ensure closer integration and consistency of services across the two areas. Northern Devon Healthcare NHS Trust has successfully bid to deliver sexual and reproductive health services across Devon and Torbay. Through a subcontracting arrangement, we at Torbay and South Devon NHS Foundation Trust will continue to deliver services in the South Devon and Torbay area, ensuring continuity of care and continuity of staff delivering these services. The contract, which is worth around £6m per year, and could potentially run for up to seven years, will launch on 1 July 2018. Further information can be found at: <http://thecentresexualhealth.org>

Health and Wellbeing Centres: Update

We are continuing to engage with our partners and wider public about the development of local services. New partnership meetings set up in Teignmouth and Dartmouth will give renewed direction to create Health and Wellbeing Centres for those communities. We are planning partner and public engagement sessions in Dartmouth in the coming weeks, and will let local people

know once a date is set. The GPs in Ashburton have decided not to relocate to the Health and Wellbeing Centre in Ashburton, but have confirmed their ongoing commitment to partnership working. Ashburton and Buckfastleigh communities are involved in considering options for using their local health and wellbeing centre to best serve local people. Healthwatch have received over 200 responses to their survey about people's experience of the existing Health and Wellbeing Centre for Paignton and are reporting a high level of user satisfaction.

Incident at Torbay Hospital

On the evening of Thursday 22 March, the police informed the Trust that a threat had been made concerning the hospital. As a precaution, police attended the hospital and for a time access was limited. However, hospital services continued to operate as normal and staff and visitors were able to move around within the hospital without restriction. Later the same evening the incident was stood down. I would like to thank staff and visitors who may have been present during this incident for their co-operation.

Well Led

CQC well-led inspection

CQC inspectors have now completed their visit to review our performance against the 'well-led' domain. They gave some very brief informal feedback at the end of the visit, and acknowledged that it came at a very challenging time: the Trust was at OPEL 4 escalation after the unprecedented severe weather event in early March. Inspectors asked the Trust to thank all staff who had taken part in engagement events and interviews. They said everyone had been very welcoming and willing to engage in honest and open conversations. They were able to see real progress in the culture around integration since their last full visit two years ago, and remarked on the significant service changes the Trust is continuing to embed. This visit followed the planned visit in February to some core services (including maternity, end of life and outpatients). In their formal report, which is expected to be published in mid-May, inspectors will offer recommendations for further improvement as a result of their visits, and that is what the Trust leadership team most values.

Partnership wins prestigious award for care model

Torbay and South Devon NHS Foundation Trust and Torbay Council and partners, were announced as the winner in the Health and Social Care category in the 2018 national Local Government Chronicle (LGC) Awards on March 2. These awards are the most prestigious for the local government sector, and seek to recognise local government's greatest innovators, whose achievements are often under-reported. They aim to shine a spotlight on the achievements of those councils and their partners whose pioneering best practice can inspire other to improve services.

In October 2015, the coming together of acute and community health and adult social care services in Torbay and South Devon resulted in the creation of an Integrated Care Organisation (ICO). The new organisation has developed an ambitious new model of care founded on the principles of integration and personalisation. This integrated care is improving people's experiences of health and social care, giving people more say in decisions about their care, supporting people to manage their own health and wellbeing, aiming to reduce health inequalities and develop services to meet the needs of an older than average population often with complex needs.

A key aim is for people, with the right support, to be able to live as independently as possible in their own homes and communities. To do this millions of pounds has been invested into community services so that more people can receive care at home or in their community rather than having to be admitted into hospital or return home sooner if they medically needed a hospital

stay. Making changes in how care is delivered has reduced the need for hospital beds, enabling savings to be made and helping to sustain the provision of high quality care in to the future.

Delivering Today: 2017/18 Month 11 service delivery and financial performance headlines

Key headlines for financial, operational, local performance, quality and safety and workforce standards/metrics for Month 11 from the integrated performance report to draw to the Board's attention are as follows:

Service delivery headlines

- **ED 4 hour wait standard:** 4 hour ED standard: In February the Trust achieved 81.1% of patients discharged or admitted within 4 hours of arrival at accident and emergency departments. This is a fall on last month 83.8% and is below the agreed Month 11 Operational Plan trajectory of 92.6% and below the 95% national standard. Performance has continued to decline in March; the A&E Performance Predictor (which is circulated daily) for the 14th March shows 73.6% of patients being discharged from ED and MIU within 4 hours.
- **RTT trajectory:** RTT performance has marginally declined in February with the proportion of people waiting less than 18 weeks decreasing from 82.5% in January to 82.4% in February.
- **Patients waiting over 52 week** At the end of February 33 people were reported as waiting over 52 weeks against the target of 16. The trajectory to achieve no patient waiting over 52 weeks at the end of March will not be met. Operational pressures have continued to limit the number of elective inpatient admissions. In February a higher number of elective inpatient operations were stood down, this appears likely to continue whilst the urgent care pressures remain in the system and will be exacerbated by the impact of the recent adverse weather conditions on elective activity.
- **62 day cancer standard:** 81.1% (validated 15 February 2018) against the 85% national target, this is a deterioration on last month (85.7%) and below the national target.
- **Diagnostics:** The diagnostics standard is not met with 3.08% over 6 weeks within the agreed tolerance of 4%. The greatest number of long waiting patients over 6 weeks are for routine MRI.
- **Dementia screening:** The Dementia find standard has improved over the last month although is not met in February, with 70.8% reported (previous month 52.1%). A pilot of having several hours of dedicated HCA support each day to key wards has seen this rapid improvement in reported performance. At the time of writing this report performance has reached 100%

Comment: We had to postpone numerous clinics and operation lists during the severe weather, and these are now being re-scheduled. Given the risks to patients relating to long waiting times, reducing treatment times, particularly for people on cancer pathways, continues to be an operational priority.

Financial Headlines

- **Overall financial position:** The financial position against NHS I Control Total for the 11 months to 28th February 2018 is a surplus of £1.69m against a planned surplus of £2.83m. In the month of February a surplus of £1.39m has been achieved, which is £0.73m behind plan.(After the income reduction of Q3 and 2 months of Q4 ED STF, 100% of MARS costs incurred and a £0.2m hit on provisions)
- **Pay expenditure:** Total pay costs are overspent against budget to Month 11 by £0.18m (including the MARS costs of £0.7m).

- **Cumulative savings delivery:** The Trust has delivered £37.7m against our year to date savings profiled target of £37m (including income generation target); resulting in a £0.7m over-delivery.
- **System savings plan forecast outturn:** To achieve plan, the Trust needs to deliver £40.74m cost reduction target, and a further income generation target of £1.33m (Total £42.1m). At the end of Month 11, the Trust has identified savings potential of £41.5m resulting in a £0.6m current-year shortfall.

Comment: It is important to recognise that this scale of forecast delivery represents a significant improvement on the achievements of previous years. At this stage the Trust continues to forecast delivery of the control total which will mean it receives sustainability and transformation funding, although this remains subject to the delivery of the recovery plan and mitigation of any further cost pressures.

The delivery of plans to address remaining financial risk is ongoing and being monitored through the relevant Board Committees with risks escalated for Board discussion and decision.

Planning for 2018/19

The national NHS planning guidance released by NHS I on the 2nd February 2018 requires organisations to submit a refreshed narrative plan and financial, workforce and activity templates for 2018/19.

The first draft of our plan was submitted by the 8th March deadline and at that stage advised the Trust was not in a position to accept the £8.3m surplus control total issued by NHS Improvement. Feedback on the draft submission is awaited.

Teams are working to finalise the next submission in conjunction with partners across the local South Devon and Torbay system and in line with agreed Devon STP approach. The FPIC has been briefed on the emerging position.

Directors will update the Board in private session on the latest position so the Board can consider whether it is in a position to confirm acceptance of the 2018/19 control total in the April 30th final submission.

Valuing our Workforce, Paid and Unpaid

National staff survey results

The staff survey results for the NHS staff survey, published in March, show that staff feel able to make a difference to the people they care for.

The Trust was inline or above average in 25 out of the 32 areas of the annual staff survey which runs across the whole of the NHS. This included staff feeling that their roles make a difference to patients and service users. Over 2,000 members of the workforce at TSDFT responded to the survey.

The Trust has seen a deterioration in results from the previous year, which is believed to be a reflection of a very challenging year, in which resources have been stretched and staff have been introducing new ways of working. These are improving services for people we care for, but it is inevitable that some people will experience stress during times of significant change. This has been reflected in how people were feeling about their work when the survey was carried out.

The Trust has implemented a number of changes based on feedback from last year, such as improving our appraisals for staff and how they feedback concerns and these changes will take time to make a difference. An action plan to is now being developed to look at ways in which leaders and their teams can work together to make significant improvements in the areas that we need to.

NHS gender pay gap

By the end of March, all public sector bodies in England should have submitted their gender pay gap data. While the national median hourly gender pay gap is 18.4%, in the NHS, six trusts have median gender pay gaps in excess of the national average. Four NHS trusts and 15 councils have median pay gaps above 20%.

Comment: In Torbay and South Devon the median hourly gender pay gap is 6.18% which is significantly below the national average.

Further investigation has shown that when Medical and Dental staff are removed from the calculations then the gender pay gap is in favour of female staff. It is the inclusion of our Consultant Body which shows to have a significant impact on the figures, as the majority of our senior consultants are predominantly male (142:70 ratio) and have a significant number of years seniority. Analysis indicates that the pay gap for medical staff will reduce over time with the trend over the last 4 years seeing an increase in the appointment of female senior medical staff compared to male appointments.

Employment of locums

There has been coverage in the national news about locum doctors and nurses in the NHS entering tax avoidance schemes as a result of changes to public sector self-employment rules.

Could it happen here? Our default is for all clinical staff to be paid through the payroll and thus the issue should not arise. On occasion, and normally where clinicians – either employed or otherwise – are undertaking additional work we have received requests to make payments through Personal Service Companies. A small handful of such requests have been made since IR35 came into force and most of those have been refused. The HMRC have published a ‘tool’ that is used to test whether the basis of work matches the requirements for exemption under IR35; including issues such as supply of own equipment, control over time and location of work. We test each application thoroughly against the checklist, and the result is normally clear. Where there is any doubt, we have access to a free advice through our audit service – where a specialist tax advisor provides us with an opinion.

Wellbeing at work

As part of our Doctors’ Wellbeing Week, our Medical Director, Dr Rob Dyer spoke on video about his experience of feeling worn out at work some years ago, and shared the video publicly via social media.

Honorary award

Our Chief Nurse, Jane Viner, has been appointed as an Honorary Associate Professor in the University of Exeter Medical School. The appointment runs until 30 November 2020.

Coaching collective wins Innovation award

The Trust’s Coaching Collective service won the Innovation category in the poster awards at the recent South West Clinical Leadership Conference. Coaching is available to all staff and is provided by staff from all over the organisation, who have undergone coaching skills training and are supported through regular supervision and mentorship.

Good news stories from our Service Delivery Units

- **HSJ award shortlisting** We have been short listed for a HSJ Patient Safety award in recognition of our ongoing work in reducing the use of allogeneic blood in surgery. We have reduced the amount of blood used both intra and post operatively thanks largely to cell salvage and the swab washing that is undertaken. Well done to all who actively support and promote our cell salvage service as its continued use has increased patient safety significantly and has allowed for the redistribution of donor blood to those that need it most.
- **Congratulations to Jo Loader**, Team Leader in General Surgery and Urology. Jo has successfully completed a higher apprenticeship award in Management and Leadership and was nominated to receive an Individual Award at the South Devon College in March. Jo went on to win her category recognising the hard work and dedication that she showed whilst undertaking a new post and completing this qualification.

2 Interim Chief Executive March Internal and External Engagement

Internal	External
<ul style="list-style-type: none">• Staff Side• Back to the Floor- Gynaecology• Staff Drop in Sessions:<ul style="list-style-type: none">- Bay House- Union House	<ul style="list-style-type: none">• Joint Executives' Meeting with SDTCCG• STP Chief Executives' Meeting• STP Programme Delivery Executive Group• STP OD Programme Steering Group• STP Chief Executives/Director of Finance Workshop• GIRFT Meeting• Torbay Council Overview and Scrutiny Committee• Chief Executive, Teignbridge CVS• Director of Adult Services, Torbay Council• STP Interim Chief Executive

3 Local Health and Care Economy Developments

Partnership updates

Devon Sustainability and Transformation Partnership (STP)

A separate paper included in the Board pack sets out the latest update from Devon STP following the last Programme Delivery Executive Group (PDEG) held on 16 March. Items include:

- STP strategy update
- 2018/19 operational plan
- Commissioning intentions in Plymouth 2018 - 2020
- Workforce update

Successful bid for cancer funding

NHS England has set the strategic direction for cancer services in its Achieving World-Class Cancer Outcomes - A Strategy For England 2015-2020. The Peninsula Cancer Alliance identified two areas where improvements could be made, and has been successful in bidding for additional funding via the national Cancer Transformation Funds to support these pieces of work. This funding is for a period of two years and will fund these projects: Early Diagnosis, and Living with and Beyond Cancer (implementation of the recovery package).

Bidding for children's services

We are working in a partnership with Livewell Southwest, Northern Devon Healthcare NHS Trust, Plymouth Hospitals NHS Trust, Royal Devon & Exeter NHS Foundation Trust and Devon Partnership NHS Trust, to bid to provide community health services for children and young people in Devon. The contract will run from 2019 to 2026 and can be extended until 2029. Currently these services are provided by members of the partnership in Plymouth and South Devon, but the majority of services elsewhere in Devon are provided by Virgin Care.

Support for Northern Devon Healthcare NHS Trust

With the support of NHS Improvement, Northern Devon Healthcare NHS Trust (NDHT) and the Royal Devon and Exeter NHS Foundation Trust (RD&E) are exploring options to secure the long-term clinical sustainability of acute services in North Devon.

Discussions between NHS Improvement and the Boards of both Trusts have now begun on what the nature of the management and leadership support will be, and over what time period. The aim is to have an agreed way forward by the end of May 2018. In the meantime, when Dr Alison Diamond retires as Chief Executive of NDHT at the end of March, Andy Ibbs, currently Chief Operating Officer at NDHT, will take on the role of Interim Chief Executive.

The support arrangement builds on the benefits of Devon's networked approach to clinical services, which was launched in October 2017. We have been operating a mutual clinical support arrangement across our four main Devon hospitals for six months. RD&E will further support North Devon to ensure that facilities at North Devon Hospital in Barnstaple, Devon's most remote hospital, continue to be fully operational.

New Service Desk provider

On Tuesday 1 May our IT service desk provider will be transferring from NHS Digital to the Royal Devon & Exeter Hospital (RD&E). There will be some changes to the current service which we will communicate to staff over the next few weeks. An example is the addition of a web portal which will enable staff to log calls themselves from their computer rather than phoning the service desk. When the service is transferred to the RD&E the existing telephone number will remain the same 0300 500 7000 (Short Code #6 282).

Partner updates

CCG leadership

Dr Nick Roberts, Accountable Officer for the two Devon CCGs, will be leaving on 6 April. Nick has provided strong leadership to both CCGs and the wider system. The Devon STP had been aiming to appoint a system-wide Chief Executive who would also fulfil the role of Accountable Officer for the two CCGs. Having been unable to fill this role on a substantive basis, Sophia Christie has agreed to join the STP for 12 months to provide this leadership. Sophia has a strong track record as a leading CEO in the NHS, as well as strategic consultancy experience across public service (including local government, health and academia). Both CCGs, key local stakeholders and NHS regulators have approved this appointment but, due to the nature of the role, final Ministerial approval is needed before Sophia can officially take up this post. Until this approval is received, and subject to approval by NHS Chief Executive, Simon Stevens, Simon Tapley has agreed to

Public

take up the position of Accountable Officer from 7 April, supported by the executive team. To provide further capacity during this interim period, Sophia Christie will be providing leadership support on an advisory basis.

New chief executive welcomed at Livewell Southwest

Dr Adam Morris has taken up the role of chief executive at Livewell Southwest, the Plymouth health and adult social care provider, with a pledge to build on the improvements to the care and support of the local population. His appointment follows the retirement of Steve Waite who held the post since the organisation was formed in 2012 and who saw the community interest company take over provision of adult social care in Plymouth as well as all its health services.

DPT Chief executive in top 50

Melanie Walker, Chief Executive at Devon Partnership NHS Trust has been named by HSJ as one of the top 50 NHS chief executives – one of three women leading the list.

Yeovil Chief Executive steps down

Paul Mears, a previous Chief Executive of Torbay Care Trust has left his role as Chief Executive of Yeovil NHS Foundation Trust after more than five years in post, following a period of sickness absence.

Devon Doctors Ltd to provide out of hours cover for Somerset

In February, members of Somerset CCG's Governing Body, ratified a decision to procure a new urgent care service for Somerset within the next 12 months. This new service model will be consistent with guidance issued by NHS England in August 2017. The procurement of the new urgent care service for Somerset will be subject to a competitive tendering process and the CCG expects expressions of interest from any qualified service provider later this year. The current provider of service, Vocare Ltd, is able to bid to provide this new model of urgent care service. By mutual agreement and on an interim basis, Somerset CCG has also agreed with Vocare Ltd, to transfer the management of the county's GP Out-of-Hours Service to Devon Doctors Ltd. This management transfer is expected to be completed by the end of April 2018.

Yellow Card success

The CCG's Yellow Card healthcare professional feedback system won the Commissioning for Patient Experience category at the National Patient Experience Awards 2017. The presentation was in March 2018.

4 National Developments and Publications

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

Government

Prime Minister promises long-term funding boost for the NHS

During an appearance before the Commons Liaison Committee, the prime minister promised a new long-term funding boost for the NHS which could be worth £40bn over the next decade. She warned that service cannot afford to wait to tackle the service's funding needs. Mrs May said the government needed to look beyond proposals for a five-year plan and commit to a multiyear spending settlement that could be announced as early as this summer.

New hospital every year pledged by health secretary

Jeremy Hunt has pledged a new hospital every year in the biggest infrastructure expansion for a decade. He said that a £3.5bn capital fund promised by the chancellor in last year's budget would allow a major project equivalent to a new hospital each year for the next five years. The Secretary of State for Health and Social Care is also aiming to enhance GP surgeries and better elderly care to join up fragmented services and take the pressure off hospitals,

Thousands more midwives to be trained

Health and Social Care Secretary Jeremy Hunt announced that more than 3,000 places on midwifery training courses are to be created over the next four years - a 25% increase in training places. An extra 650 midwifery training places will be created next year, followed by 1,000 new places for the three subsequent years.

Worst winter on record for NHS

NHS staff weathered the worst winter on record as patient waiting times, bed shortages and ambulance queues hit unprecedented highs. The final winter analysis, compiled by Labour and verified by the House of Commons Library, reveals patient care suffered on an unprecedented scale. Between December 2017 and February 2018 a record 163,298 patients waited more than half an hour to be handed over to A&E departments. Hospitals had just 97,897 beds open, on average, at any point over this winter - the lowest number on record - while over 440,000 people waited over 18 weeks for surgery.

NHS England and NHS Improvement

NHS England and NHS Improvement outline proposals to work closer

NHS England and NHS Improvement have announced plans to create seven single integrated regional teams and will decide by September which national roles and functions will be combined. The two bodies have not yet said which national teams or posts will be combined, including national director posts. They already share some national posts including a national urgent and emergency care director and chief clinical information officer.

NHS England

Pharmacy support for care homes

NHS England has announced plans to recruit and deploy hundreds of pharmacists into care homes to help reduce overmedication and cut unnecessary hospital stays. Around 180,000 people living in nursing or residential homes will have their prescriptions and medicines reviewed by the new pharmacists and pharmacy technicians.

NHS ran out of children's ICU beds 1,058 times this winter

Analysis of data published by NHS England shows that NHS trusts ran out of paediatric intensive care beds on 1,058 occasions this winter. Just six of the 46 NHS trusts which have operational intensive care beds managed to avoid reporting hitting full capacity.

Radiotherapy for Cornwall

NHS England confirmed that radiotherapy services will not be moved out of Cornwall after thousands responded to the public consultation.

NHS Improvement

Help shape the future of NHS patient safety investigations

NHS Improvement is keen to hear people's views on how and when NHS organisations should investigate and respond to patient safety incidents. A 12 week engagement exercise runs until 12 June 2018, asking organisations, NHS staff, patients and public to share their views by

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completing a questionnaire and participating in related engagement activity. The engagement will help shape the next version of the Serious Incident Framework which supports NHS providers to ensure maximum learning from incidents to support patient safety improvement. Visit their website to find out more <https://improvement.nhs.uk/resources/future-of-patient-safety-investigation>

Trusts urged to take 'just culture' approach to investigations

NHS Improvement has published a "just culture" guide to help NHS trusts make decisions following an incident of patient harm. The tool, which should be used alongside investigations, replaces the "incident decision tree" developed by the former National Patient Safety Agency. The guide is designed to help managers investigating a patient safety incident to discuss a member staff's actions and consider whether there are wider issues that contributed to the harm. The tool is aimed at identifying where staff need support and interventions to help them work more safely in future.

Publications

GPs must send smokers to quitting classes before operations

GPs must refer all smokers to stop-smoking classes before they have a non-urgent operation, the National Institute for Health and Care Excellence (NICE) say. New guidelines say patients should be referred for an appointment for stop-smoking sessions even if they do not want to attend. NICE have highlighted that smoking slows down recovery from non-urgent surgery, such as hip or cataract ops, and GPs should not miss the chance to get patients to give up.

NHS faces 'tough task' with shortage of beds and staff

NHS Providers latest report *Tough Task: The NHS delivering for patients and staff in 2018/19*, analyses how deliverable the NHS task for the next financial year really is. The *Times* covers the report and leads with the finding that the NHS is more than 10,000 beds short of what it needs to look after older people properly.

Nine in ten children with mental illness struggle to get help

A survey by the charity YoungMinds found that nine in ten young people with mental health problems struggle to get NHS help. The survey found only 3% of parents of children with a mental illness say the NHS does enough to look after them and only 6% said getting help had been easy, with 84% finding it hard.

Many older people 'happy' to pay social care levy

Findings from Age UK which suggest that many older people would be happy with a compulsory 5% levy taken from their estates after they die to help fix a "broken" social care system. Older people told the charity they believed "everyone should contribute in some way" to pool the risk and ensure that the unlucky few are not left with huge care bills. Mr Hunt is considering the future of social care, and Age UK is one of the key members of his advisory committee. Another idea supported by pensioners was an extra penny on National Insurance - a tax from which the over-65s are exempt. The Age UK report highlights five principles for Mr Hunt's forthcoming social care green paper, including that "the responsibility needs to be shared across society".

5 Local Media Update

The Trust's recent communications and media activity focus includes:

Dartmouth developments

I sent an open letter to the Dartmouth Chronicle, setting out the historical context to the closure of its hospital, the investment in community services and current health care services and plans for a future Health and Wellbeing Centre. With the CCG and our other partners, we are now planning a stakeholder and public engagement session in the town, which MP Sarah Wollaston is keen to attend.

Repeat prescriptions and Easter messages

Ahead of the long Easter weekend, we worked with the CCG on a communications campaign to remind people about keeping a well-stocked medicine cabinet, checking local pharmacy and MIU opening times, calling NHS 111, using NHSQuicker and ensuring that repeat prescriptions are ordered in plenty of time.

Severe weather

During the bad weather in March, there were numerous messages communicated, including out of hours, via our website, ICON, news releases and social media. Coverage was widespread including national TV news. Social media reach was exceptional - our posts about volunteer 4x4 drivers alone had a reach exceeding 100,000.

Using virtual reality to support intensive care patients' recovery

The Trust has teamed up with Professor Bob Stone and the Human Interface Technologies (HIT) Team from University of Birmingham to install and trial their "Virtual Reality Wembury" project within Torbay Hospital's Intensive Care Unit (ICU), to improve patient rehabilitation. This is the first time the device has been used for intensive care rehabilitation in the South West.

Partnership launch of eye Injection Guide

With our partners at Plymouth Hospitals NHS Trust, we have announced a worldwide launch of our Intravitreal Injection Guide following four years in design and development. Injections into the eye (Intravitreal) are now widely performed for a variety of eye conditions including sight threatening macular degeneration. Around 4,500 injections a year are carried out at Torbay, with some patients being injected up to nine times a year. Worldwide, over six million injections are performed annually. The device has been developed to simplify the injection process for healthcare professionals, and has received overwhelmingly positive feedback from both Nurse Practitioners and patients.

6 Recommendation

The Board is recommended to **review** the report and **consider** implications on the Trust's strategy and delivery plans.

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

Meeting date:	27 March 2018
Report by + date:	Robin Sutton, 28 March 2018
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issue(s) to highlight to the Board (Month 11):

1. For assurance the Committee reviewed the Month 11 financial performance.

Overall financial position: The financial position against NHSI Control Total for the 11 months to 28 February 2018 is a surplus of £1.69m against a planned surplus of £2.83m. In the month of February, a surplus of £1.39m has been achieved, which is £0.73m behind plan.

Pay expenditure: Total pay costs are overspent against budget to Month 11 by £0.18m (including the MARS costs of £0.7m).

Cumulative Savings Delivery: The Trust has delivered £37.7m against our year to date savings profiled target of £37m (including income generation target); resulting in a £0.7m over-delivery.

System Savings Plan Year End Forecast Out-turn Delivery: To achieve plan, the Trust needs to deliver £40.74m cost reduction target, and a further income generation target of £1.33m (Total £42.1m). At the end of Month 11, the Trust has identified savings potential of £41.5m resulting in a £0.6m current-year shortfall. It is likely that in Month 12 the gap will close and potentially deliver a balanced position. The forecast recurrent delivery Full Year Effect (FYD) against the 2017/18 projects is £30.1m.

Capital Spend: The approved capital programme for 2017/18 is significantly underspent. The approved budget for 2017/18 totals £12.6m. The forecast outturn reported to NHSI during March 2018 now totals £8.2m, which includes further slippage of £1.4m in comparison with last month's forecast. The cumulative year to date spend at 28 February totals £4.8m.

Control Total: The level of confidence is building that the control total for 2017/18 will be achieved.

2. For assurance the Committee reviewed the Month 11 Performance Standards:-

4 hour ED standard: In February the Trust achieved 81.1% of patients discharged or admitted within 4 hours of arrival at accident and emergency departments. This is a fall on last month 83.8% and is below the agreed Month 11 Operational Plan trajectory of 92.6% and below the 95% national standard. Performance has continued to decline in March; the A&E Performance Predictor (which is circulated daily) for 14 March shows 73.6% of patients being discharged from ED and MIU within 4 hours.

RTT: RTT performance has marginally declined in February with the proportion of people waiting less than 18 weeks decreasing from 82.5% in January to 82.4% in February. At the end of February 33 people were reported as waiting over 52 weeks against the target of 16. The trajectory to achieve no patient waiting over 52 weeks at the end of March will not be met. Operational pressures have continued to limit the number of elective inpatient admissions. In February a higher number of elective inpatient operations were stood down, this appears likely to continue whilst the urgent care pressures remain in the system and will be exacerbated by the impact of the recent adverse weather conditions on elective activity.

62 day cancer standard: 81.1% (validated 15 February 2018) against the 85% national target, this is a deterioration on last month (85.7%) and below the national target.

Dementia screening: The Dementia find standard has improved over last month although is not met in February with 70.8% reported (last month 52.1%). A pilot of having several hours of dedicated HCA support each day to key wards has seen this rapid improvement in reported performance.

Overall: Recovery plans for improving national standards performance will be brought to the Trust Board.

3. The NHSI monthly self-certification form for Month 11 was approved by the Committee subject to the circulation of the accompanying financial narrative.
4. For assurance, a monthly Deep Dive was undertaken by the Committee into the Trust's Procurement Performance and Asset Reliving.
5. No business cases were submitted to the Committee for consideration.
6. The Torbay Pharmaceuticals financial report for February 2018 was reviewed by the Committee for assurance.
7. Updates to the Finance Risk Register were provided for information and the BAF risk numbers 1236 (Overspends on the Independent Sector) and 1083 (Insufficient Capital Funding and Backlog of Maintenance) were briefly reviewed and discussed.
8. The contract renewal proposal for InfoFlex was approved.
9. An update was presented on the progress of the Health and Care Videos Business case; the Committee will revisit this case in Q2 of 2018/19.
10. The Committee discussed the draft operational plans and the draft capital financing strategy for the 2018/19 financial year, these matters will be presented to the Trust Board in April 2018.
11. EDG and SBMG meetings for March 2018 were postponed.

Key Decision(s)/Recommendations Made:

Name: Robin Sutton (Committee Chair)

Torbay and South Devon 
NHS Foundation Trust
Report of Quality Assurance Committee Chair
to TSDFT Board of Directors

Meeting dates:	28 th March 2018
Report by + date:	Jacqui Lyttle, 5 th April 2018
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/> + Freedom of Information Act exemption [insert exemption if private box used]

Key issue(s) to highlight to the Board:

QIG ways of working and QAC assurance

The committee received comprehensive reports from the February and March 2018 QIG and were assured that there was appropriate cross organisational and SDU discussion, review and challenge of risks, patient safety, and quality, with as required escalation to the QAC.

Health and Safety update

The committee received a very comprehensive health and safety report which provided a good level of assurance of how incidents are reported, and investigated, and that positive progress has been made on the safer sharps agenda.

Fracture clinic

The committee received a verbal report on the current position regarding the fracture clinic. It was assured that despite an inadequate estates footprint the service is safe and that in particular there is no infection control risk. The committee were assured that plans were being developed to improve the environment in particular in relation to privacy and dignity in the short to medium term. Longer term, the committee were assured that the service would be relocated as part of the emergency department redesign programme.

Key Decision(s) Made:

Performance report and metrics

The QAC received the month 11 integrated performance report and a verbal exception update. Whilst the committee were assured that detailed action plans were in place to reduce the key risks relating to:

- RTT
- >52 week waits
- 62-day cancer standard
- diagnostic waits

it was not fully satisfied that the measurement against the high level national reporting RAG rating data set was enough to provide assurance that patients were not coming to harm whilst waiting for treatment. It was agreed that the performance team would develop a new set of metrics for these high-risk areas showing how patients were being clinically reviewed and assessed at key touch points of their treatment pathway. The committee undertook to road test these new metrics once developed on these high-risk areas with a view to subsequent rollout across the full key performance indicator data set.

Significant adverse events (SAE)

The committee received summary reports from the February and March SAE group which highlighted some weakness in process relating to the inability to access historical medical information within some patient notes during the recent OPEL 3 and OPEL 4 periods of operational challenge. The QAC requested that a review be undertaken of the current process to provide full assurance that patient care is not being compromised.

Workforce and organisational development update

The DWOD presented an excellent workforce and organisational development report which detailed the key risks relating to the trusts workforce, these include:

- increasing sickness absence rates
- difficulty in recruiting service critical staff
- 2017 staff service results
- deteriorating staff morale

Whilst the committee were assured that action plans were in place to manage and reduce these risks they sought further assurance from the DWOD that workforce levels were safe and operationally sustainable. It requested that a detailed workforce and organisational development plan be presented at a future meeting to provide assurance that at risk operational areas had action plans in place for recruitment, retention, role development and risk mitigation.

Risks from the Board Assurance Framework: - deep dive review:

The committee discussed the requirement to undertake a deep dive on a risk from the BAF at each meeting. There was consensus that the committee were not in a position to undertake this task and that appropriate assurance could only be obtained through presentation of the risk by the relevant service manager. It was agreed that service lead BAF risk reviews would be programmed into the QAC annual work plan.

The committee discussed the robustness of the BAF and came to conclusion that there was confusion about its purpose and relevance and questioned whether it was fit for purpose? It was agreed that the QAC chair would share this challenge with the board in April 2018.

Recommendation(s):

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

Name: Jacqui Lyttle - Committee Chair

Council of Governors**Wednesday 18 April 2018**

Agenda Item:	9
Report Title:	Lead Governor's Report
Report By:	Lead Governor
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Topical areas of interest presented by the Lead Governor arising since the last Council of Governors meeting on 13 December 2017.

2. Main Report

2.1 LG welcomed the following governors Ken Allen, Michael James and Elizabeth Welch to their first Council of Governors meeting, and congratulated Barbara Inger and Lesley Archer on their re-election. Catherine Micklethwaite has resigned as staff governor due to her taking up a new role at national level. LG advised CoG that she had written on behalf of the CoG to congratulate her and thank her for her valuable contribution as a staff governor.

2.2 Strategy Focus Group update

Following her request for other governors to support the work programme of the strategy group at the December CoG, the LG advised that Peter Coates and Bob Bryant joined the group in January of this year. They will be specifically supporting the Group in the development of the new Governor Induction Programme. This had been requested and proposed by governors following the feedback last year, which identified how inadequate the induction had been in meeting their requirements. It had also been identified by the LG that we should be more accurately reflecting the guidance and recommendations of Monitor as to what elements should be included in the induction programme.

Also, governors will no longer attend the two-day Trust induction which is geared to staff and will instead attend the half day volunteer induction. Following the new format of the specific governor induction session there will be a formal feedback process in order that we can ensure it meets new governor requirements.

There are no minutes of the Strategy Focus Group meetings circulated as they are a working group. When the Group have completed the first draft of any work undertaken on behalf of the CoG, the draft document will then be circulated for comments etc.

Further work which may be undertaken in the future by the Strategy Focus Group is linked to developing a communication framework and guidance on undertaking public meetings if this is felt necessary by the CoG.

2.3 Appraisals of Chairman and Non-Executive Directors

Following the development of the governor appraisal tool to support the Trust appraisal of the Chairman and the NEDs, all the appraisals have now been completed. The LG had attended these appraisals as previously but there was now the opportunity for feedback from all governors.

The LG would recommend a review of the questions for 2018 as feedback had suggested that this may be necessary, mainly for those governors who do not observe the NEDs at committees.

2.4 Communication

The DLG agreed with governors that a private Facebook group would not be private enough for correspondence with the Board. She has spoken again with Gary Hotine at a recent meeting of IM & IT Group and is making another appointment to talk to him about better options. Further discussion at the Pre-CoG meeting is required regarding the communication process proposed by the Interim Company Secretary.

2.5 Governor's Self-Assessment

The governor 2016/17 self-assessment process has now been completed and the Company Secretary will be providing feedback and an action plan for the CoG.

2.6 Working Together

The recent development session with the Executive Team was felt to be extremely useful. This was a direct action following the development of the governor involvement strategy which had recognized the need for greater opportunities for the executive and governors to meet and work together. There were two presentations, both of which provided governors with further knowledge and information on two of the Trust Strategic Priorities. There was a request from the Director of Strategy and Innovation that governors support the Trust in trying to engage more with our membership and the public, to support the development of the business planning process for 2019/20.

3. Recommendations

- 3.1 As at section 2.2, could governors agree to the further work that is required in the development of the induction programme of new governors.
- 3.2 As at section 2.4, the CoG are asked to consider how they will develop an agreed plan for communication with the public.
- 3.3 As at section 2.6, following the positive feedback from the development session in March could governors provide any items of interest they would like to be considered for the next development session taking place in October.

4. Decisions Needed to be Taken

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

5. Attached to this Report

Attachment one - Constituency reports from South Hams and Plymouth, Torbay and Teignbridge.

CONSTITUENCY REPORT

Constituency:	Teignbridge
Meeting date:	31 January 2018
Governors present:	Cathy French Barbara Inger John Smith David Parsons Sylvia Russell
Apologies:	Carol Day Annie Hall Sue Whitehead
Author of the report:	Barbara Inger

Agenda

1. The meeting was held at Newton Abbot Hospital and a note sent to the Matron Liz Stirling thanking her for making us welcome.
2. Approval of Minutes of last meeting dated 27 November 2017.
3. Feedback from the constituency (all)

Patient Survey:

It was not clear why the LG had asked us to review this document as a full report produced by the authors the Clinical Effectiveness Department at TSDFT was given in the CoG papers at the meeting held on 13 December 2017. It was noted this survey had not been done for two years was it fit for purpose and what were the outcome and themes? Would the outcome enable us to know what patients want and should it therefore be a regular item on our agenda?

Why is it that not all Governors are receiving emails from the Trust? This was again discussed (a recurring theme) if we did not have a good networking system within Teignbridge Constituency some Governors would not get information. CF explained that the Trust Office used a BCC on emails (so no one knew who the emails had been sent to) therefore it was easy for some members to be left off the list. As Annie Hall is not on emails she had also reported she was not getting all information sent either.

Discuss Carol Days email concerning the unfortunate incident of a patient attending A&E with a Gynaecological problem and informing us that the incident is being looked into by Jane Viner. As yet we have not received any response to the outcome or any action taken. It was thought that there is a protocol in place for women presenting with Gynaecological problems in A&E and it is not clear why this was not observed in this case.

We discussed the NEDs questionnaire and our combined responses are enclosed in a separate document.

4. Feedback from Governor observer roles

None

A.O.B.

There were many concerns between Governors that the new Lead Governor was pursuing areas that had not been discussed with or agreed with by all Governors before putting her time and effort into it. It is

suggested she let us know what areas she is looking at to allow a response from Governors.

Date and time of next meeting.

TBA

Minutes of this Meeting (Author)

Barbara Inger

Agenda items for Council of Governors, Board to Council Meetings

Theme/subject:

There had been several reports to Governors from patients concerning the Ambulance Service in Teignbridge and other areas within the Trust. It was suggested that the Ambulance Service were invited to give us a talk to give us better understanding of how they prioritise their calls.

Source e.g. Governor direct and Constituency meeting.

Details of Governor visits/external work

1. None

Matters requiring attention importance level (high) (medium) (low)

Please indicate

Topics of interest/agenda items for next constituency meeting

1. None

Minutes dated ...1 February 2018.....Circulated to Trust office, and Teignbridge Governors.

Yes

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

Final version dated 6 February 2018

CONSTITUENCY REPORT

Constituency:	South Hams
Meeting date:	Mon 19 Feb 2018
Governors present:	Simon Wright (SW) Peter Coates (PC) Craig Davidson (ACD)
Apologies:	None
Author of the report:	ACD

Agenda

1. In the absence of concrete new proposals for a Health & Wellness Centre in Dartmouth and other commitments by members, it was decided to cancel the formal meeting. The next constituency meeting is provisionally arranged for Monday 9/4/18.
2. Riverview : SH Governors are very concerned that the plans for developing Riverview have failed to progress but have been supportive of the ICO in explaining to the general public, whenever possible, the reasons for the need to explore alternative options.
3. Dartmouth Health & Wellbeing Partnership : ACD due to attend third strategy group meeting 21/2/18
4. Update from Dartmouth PPG: ML attended most recent meeting in Feb.

Date of next meeting. 9/4/18 10.0-12.0

Minutes sent to Trust office for information/circulation 14/2/18

PUBLIC

CONSTITUENCY SUMMARY SHEET

Constituency:	Torbay
Meeting date:	Thurs 22 nd Feb 18 @ 5.00pm
Governors present:	WM, LH
Apologies:	AP, PL, BB
Author of the report:	LH

Agenda

1. Welcome

2. Approval of Minutes of last meeting dated -

2a) Matters Arising –

- Mears contract still being very closely monitored by A&A
- Charitable Funds – now being covered by LG for the foreseeable future
- Constituency Chair – deferred to next meeting as only LH and WM present
- BB now a member of the Governor's Focus Strategy Group – as is Peter Coates
- Amount rec'd from the Governor's Christmas Lunch donation to THLOF £70.00.
- CQC – Well Led – Inspection 6th, 7th and 8th March – Governors are asked to be available on 7th March as agreed at COG in December.

PPG attendance – LH confirmed that she is now to attend the first meeting of her Practice on 7th March at 12.30pm. WM's next PPG meeting is at end Feb with the Development Manager of Compass Medical Practice

Governor Observers – this item will form part of the April refresh.

3. Feedback from the constituency (all)

WM and LH reported the PPG situation as above

4. Feedback from Governor Observer roles

WM as LG has consistently reported on her meetings – to all Govs.

LH reported on the Membership Group – their forthcoming promotion at Castle Health Medical Practice and then the scheduled dates in the Main Reception on Level 4 – all previously reported to Govs.

Still very challenging to have regular attendance from Govs at statutory committees. Hopefully the April refresh will address this. Govs who do observe continue to return their template reports which are then circulated to all Govs.

Locality Stakeholders Meeting – SS's position now has to be filled – although we never received any report from him regarding any attendance at such. Jon Welch attended and reported on the mtg of 7.3.18 – his report appended to these minutes. Another Gov has to be nominated to attend future mtgs. AP has expresses interest – **could Andy please confirm if he is now happy to take this place and attend future mtgs?**

5 Recap of current position of Trust –

CEO – MM still away on unpaid leave and LD has been appointed as Interim CE. Interim processes and procedures appear to be working very well.

OPEL 4 – there have been several occasions in Dec and Jan when the Hospital has had to

declare OPEL 4 – but each time managed to reduce this status to OPEL 3 within 24hours. This is largely due to the robust winter planning process and the flexibility and dedication of the staff.

Interim CS – Charlie Helps has a 3 month contract as CS – but his role is largely to review in detail the Board processes and governance in partnership with the Chairman. Support is also being provided to LG to develop and ensure full compliance.

Cancer Waiting Times – continue to be challenging and we are not meeting our targets. In comparison to elsewhere in the County our overall position is better than the majority.

6. CQC – Well Led Inspection – 6th – 8th March 18

See Matters Arising.

Govs are encouraged to read the November issue from the Governor Support Team of what does “Well Led” mean for Govs.

7. SID Meeting Feedback

The second SID meeting has taken place and reported at the Dec. COG – minutes of which everyone has received.

8. Members Survey

LG and Dep LG have interrogated the full report, which will be circulated to Govs in order that agreement is reached on which areas we should focus on for this year. This will form part of the Self Assessment process at the forthcoming meeting.

A.O.B.

Nominations Committee met on 21.2.18 to discuss the Gov's responses and to set objectives for the Chairman for 18/19

His appraisal will take place on 28.2.18 with SID and LG

NED appraisals – for the first time Gov's have been asked to complete a NED appraisal from re the performance of the NEDs. This has worked quite well and will be used in future appraisal processes.

Date and time of next meeting.

To be called prior to April COG – suggest week of 9th April - tba

Minutes of this Meeting (Author)

LH

Agenda items for Council of Governors, Board to Council Meetings

Name: WM/LH

*****PLEASE provide suggested topics as only WM & LH were present**

Theme/subject: -

Children and Young People – Healthwatch involvement

Draft induction programme for new GOV's

Source e.g. Governor direct, Constituency meeting or Constituency member

Details of Governor visits/external work

1. HW Children's and Young People's Meetings of 16/1 and 30/1 attended by LH.
Due to attend next meeting on 8/3/18 and will report back to April COG. A decision will be required on how best to take this engagement forward by the COG.
2. WM – Healthwatch meeting of 16/1 – attended together with CD and LH
Open Day for new Govs – WM – 9/1/18
3. Castle Circus Health Centre – attendance on behalf of Membership group LH and WM attended on 19.2.18

Matters requiring attention importance level (high) (medium) (low)

Please indicate

Topics of interest/agenda items for next constituency meeting

1. Torbay Constituency – new GOVs joining in April – Ken Allen and Elizabeth Welch
 - * We continue to have a vacancy and the Trust is reviewing this issue.
- 2.
- 3.

Minutes dated Circulated to Trust office, Lead Governor / other Governors.

Yes **No**

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

PART

1

The context

To get public engagement right, governors need to understand their role well. Induction and training are an important part of this. Governors are called to act as representatives and must handle appropriately the information they give and receive.

Understanding the role of governors

Information about the role of governors

Some trusts provide pre-election seminars for trust members to help them to understand the commitment and responsibilities required of elected governors. A leaflet explaining the role of the governor can also be helpful for members who vote in governor elections but who haven't chosen to engage any further. An article in the trust's magazine or newsletter can explain the role of a governor and provide contact details for anyone interested in becoming a governor.

Case study: York Teaching Hospital NHS Foundation Trust

York Teaching Hospital NHS Foundation Trust has designed and printed business cards for their governors. Governors hand out the cards to members of the public to help explain what they do and how to get in touch.

Recruiting governors

Being clear about exactly what the governor role is can help trusts find governors who are committed and well suited to the role.

Learning about the skills their governors have through informal conversations or more structured skills audits can then enable the trust to see what new governors can bring to help the trust increase its impact in the local community. For example, some people might have the skills to support website or social media activities, or be good writers, or confident in presenting to external groups.

Case study: South East Coast Ambulance Service NHS Foundation Trust

South East Coast Ambulance Service NHS Foundation Trust's Membership Development Committee has developed a 'membership toolkit' for governors to use to recruit members for the trust. It is being extended to support governors who would like to engage with the membership.

The toolkit contains templates, advice and guidance for governors. It has additional tools such as PowerPoint presentation slides for governors wishing to give presentations and support to set up displays. The revamped toolkit will be a physical kit that is given to the governor who needs to use it, rather than a printed handbook and this will enable the trust to keep track of how it is used.

Keeping governors central to outreach

Governors need to work closely with other teams across the trust who are also involved in engagement. Trusts can strengthen the effectiveness of the council of governors if the governors themselves are firmly at the heart of any governor-related outreach activities and, where feasible, the events are led by them.

Working together across the trust

Governors do need to be supported in their work by other groups of people at the trust, for example corporate communications and membership teams who can provide practical support. Their work should also be based around the trust's strategic plan and a positive culture for engagement.

Induction and training for governors

Learning about the local health economy, the trust and the community

Induction training and ongoing training (whether provided by the trust directly or by external providers) are essential to help governors do their job effectively. Training should help governors learn about the local health economy, how the trust works and the needs of the communities it serves. This knowledge is vital for supporting governors in effective engagement. As part of their induction and ongoing training, governors in some trusts also receive structured learning about themes of public interest in healthcare to enable them to understand these better.

Getting to know other governors

Training sessions also provide good opportunities for governors to get to know each other and can help them to work well together as a council rather than a group of individuals.

Getting the balance of information right

The induction process for governors can be a valuable opportunity for 'jargon-busting' and helping governors to understand what type of information they should expect from the board. The trust board is responsible for ensuring that information is given to governors in a timely fashion and in an appropriate format. It can take time to get the balance of information right for all parties. Trust boards and company secretaries will need to work with governors to ensure that the information provided to them is sufficiently comprehensive whilst also being clear and concise.

Representing the interests of everyone

Representing a large constituency

Governors may feel that they are small in number but represent a large constituency. However, each interaction between governors and members of the trust or the public can make a difference and should not be under-estimated. It is important to give constituency members the opportunity to speak to their elected governors even if only a small number of people take this up.

The governor as a representative

Governors can sometimes be unclear about exactly who it is that they represent - the trust (and therefore the trust's board), the council of governors, or just their own member constituency. To be clear, governors represent the interests of trust members and the public; governors do not represent the trust itself. Representing the interests of the trust members and the public is one of the core statutory duties of the council of governors alongside holding non-executive directors to account for the performance of the trust board. It will help for governors to remind themselves of their statutory responsibilities as governors of the trust and also to ensure they are familiar with any trust policies which apply to them (such as a code of conduct or similar guidance). More information about governors' responsibilities is available in the documents listed on page 2.

Different perspectives on healthcare matters

Governors are often interested in healthcare matters across the whole of the local health economy, not just in the trust itself. Boards may therefore find that governors have a wide perspective that can be helpful.

Some governors may feel that they need to represent a particularly strongly held view of one part of their constituency. The chair of the council of governors has a responsibility to channel their concerns in an appropriate way. Governors need to make sure that they always listen to and represent the full range of viewpoints of their members and the public and not just one viewpoint. Incorporating different perspectives can help lead to more effective and sustainable services for patients and service users.

Using information appropriately

Dealing with confidential and personal information

Governors might receive or come across confidential and/or personal information. It is important that governors are aware of the trust's policies and procedures for handling this type of information, and that governors comply with relevant legislation (eg Data Protection Act 1998). For example, when giving information about the trust to members of the trust and the public, governors should take care to disclose only those matters that are non-confidential. If in doubt, governors may wish to consult with their chair.

Openness and transparency

A culture of openness and transparency between the board and the council of governors, built on mutual respect, can help governors to have the confidence to approach directors and chairs informally. In a culture of openness, both board members and governors try to speak publicly about things wherever it is appropriate to do so (bearing in mind that confidential or personal information must be treated sensitively). In a culture of transparency, both board members and governors are clear about processes and procedures, what they should each expect from the other (including fairness) and, if difficulties arise, how these should be resolved.

Governors working with regulatory bodies

The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It puts patients and people using services at the heart of its new approach to inspecting health and social care services, including NHS foundation trusts. Councils of governors are invited to contribute any evidence they wish to share as part of the new inspection process. CQC inspection teams are particularly interested in evidence gathered by councils of governors as a result of their public and member engagement activities. This evidence helps CQC understand what matters most to people using the trust's services and those in the local community and informs the inspection and the judgements made about the quality of care across the trust's services.

For information on how governors work with Monitor, please see the documents listed on page 2.



Programme for new governor induction
10 April 2018

- Structure of the NHS
- Governance framework
- Role and responsibilities of an NHS Foundation Trust governor
- Torbay and South Devon NHS Foundation Trust's Governor Strategy
- Opportunity to meet Lead Governor and Deputy Lead Governor
- Question and Answer session
- Opportunity to meet Trust Chairman and (Interim) Chief Executive

Council of Governors

Wednesday 18 April 2018

Agenda Item:	10
Report Title:	Quality and Compliance Committee Report
Report By:	Wendy Marshfield
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

- 1.1 Update report of the Quality and Compliance Committee (Q&CC) following their most recent meeting on 14 March 2018.
- 1.2 The draft notes of the March meeting are attached to this report.
- 1.3 The main areas of information and discussion WM would like to make are as follows:
 - 1.4 Healthwatch have now been invited to join the committee to facilitate closer working and the sharing of survey information which could support the governor members in gaining the public view of service delivery.
 - 1.5 The quality account has been agreed for this year. The three areas for external audit by PricewaterhouseCoopers have been agreed as:
 - Timeliness of recording transfers and discharges on PAS
 - Recording of annual leave
 - Re-admission rates within 28 days

The Committee were asked for their preference regarding the audit that will be undertaken on behalf of governors and re-admission was agreed due to recent concerns raised by governors.

The other national data quality indicators continue to be the 4 hour waits in A/E and SHMI.

- 1.6 The Committee were advised that the observer who attended the Safeguarding/Inclusion Group had raised concern regarding the uptake of level 1 safeguarding training for volunteers. It was agreed that a request would be sent to the Chief Nurse for an update on the position and to seek assurance.

2. Recommendations

- 2.1 Council of Governors receives the draft notes as at attachment one and supports the current work of the Quality and Compliance Committee.

3. Decisions Needed to be Taken

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

4. Attached to this report

Attachment one - Draft notes of the March Q&CC meeting.

MINUTES OF THE QUALITY AND COMPLIANCE COMMITTEE MEETING
HELD IN THE MEMBERS ROOM, HENGRAVE HOUSE, TORBAY HOSPITAL
AT 2PM ON WEDNESDAY 14 MARCH 2018

- * Wendy Marshfield (WM) – Chair
- Craig Davidson (CD)
- * Carol Day (CDy)
- * Lynne Hookings (LH)
- * Paul Lilley (PL)

*Denotes member present

In attendance

Susan Martin, Quality Lead (QL)
Ann Wagner, Director of Strategy and Improvement (DSI)
Monica Trist, Corporate Governance Manager (CGM)
Jenness Barber, note taker (JB)

	Action
1. <u>Apologies</u>	
Apologies were received from Craig Davidson.	
2. <u>Minutes of the last meeting</u>	
The minutes of the last meeting dated 22 November 2018 were agreed as accurate with the exception of an amendment to be made to AOB: Julien Parrott replaced by Nicole Amil to reflect Julien Parrott remains as Board member.	JB
WM mentioned councillor attendance at constituency meetings in that Sylvia Russell attends the Teignbridge meetings when she can and Simon Wright attends the South Hams meetings but Julien Parrott has not attended any Torbay meetings. WM informed members that herself and Carol Day will be meeting with Nicole Amil to discuss her role as governor.	
<u>Matters arising</u>	
There were no matters arising.	
5. <u>Quality update</u>	
QL could only stay for the first part of the meeting and so presented the Quality Update after agenda item 2.	
QL took the draft Quality Account to March QIG prior to going to April Board. After April Board the Governors will be asked to comment on the account.	
Three data quality indicators were discussed by the Committee for the annual audit	

which forms part of the Quality Account.

- Readmission rate within 28 days
- Recording annual leave
- Timeliness of recording transfers and discharges on PAS

PricewaterhouseCoopers (PwC) will undertake an audit of these 3 indicators.

Agreed readmission in 28 days was the most appropriate. The others were more operational issues.

Members of this Committee agreed 'Readmission rate within 28 days' should be the Data Quality Indicator to be taken forward on behalf of the governors.

The other 2 national data quality audits are the 4hr wait and SHMI.

QL left the meeting at this point.

3. **Director of Strategy and Improvement**

AW talked a little about herself and her background and informed the Committee that she would be giving a presentation at the Board and CoG Development Session next week. AW gave the following presentation:

Torbay and South Devon NHS
NHS Foundation Trust

Focus on strategy & improvement

Ann Wagner
Director of Strategy & Improvement

March 2018

Working with you, for you

Diagram: A hand-drawn style diagram showing a central question mark surrounded by six boxes: WHERE, WHEN, WHY, WHO, HOW, and WHAT. Arrows point from each of these boxes to the central question mark.

About me



My values



**THE NHS
CONSTITUTION**
the NHS belongs to us all



“...The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. **It touches our lives at times of basic human need, when care and compassion are what matter most...”**



What do I bring?

My Contribution

Experience, skills & knowledge:

- Board contribution
- [system leadership](#)
- strategy development
- [business planning & development](#)
- driving innovation & embedding improvement
- [supporting integration](#)
- empowering clinicians & teams
- [enhancing patient health & care experience](#)
- improving productivity & efficiency
- [building sustainable organisations & partnerships](#)
- personal qualities, values & behaviours



Together we care

Creating a Fit For Purpose Strategy & Improvement Directorate

Our Purpose:

Turning ICO vision into reality - supporting sustainable organisation and health and care system



Working with you, for you

Our focus....

The Unique Contribution

This post has been deliberately engineered to bring together strategy, performance and innovation to...

- **Focus** on delivery today & **transforming** for tomorrow
- **Build** population oriented **health partnerships**
- **Ensure long term sustainability** of services for local people
- **Deliver** the triple aim of **improving quality, lowering costs & enriching the patient experience** through stronger integration

Together we care



From Vision to Reality

The Strategy & Improvement Contribution

Strategy:

- horizon scanning & opportunity search
- new models of care & at scale strategic change
- planning & development



Quality:

- building on innovation track record
- leading transformation & embedding improvement
- empowering & inspiring teams to deliver exceptional service

Delivery:

- robust performance management framework & effective intelligence to drive clinical & corporate decision making
- safely reduce costs through transformational approach to CIP

Partnerships:

- external stakeholder engagement & relationship management

Together we care

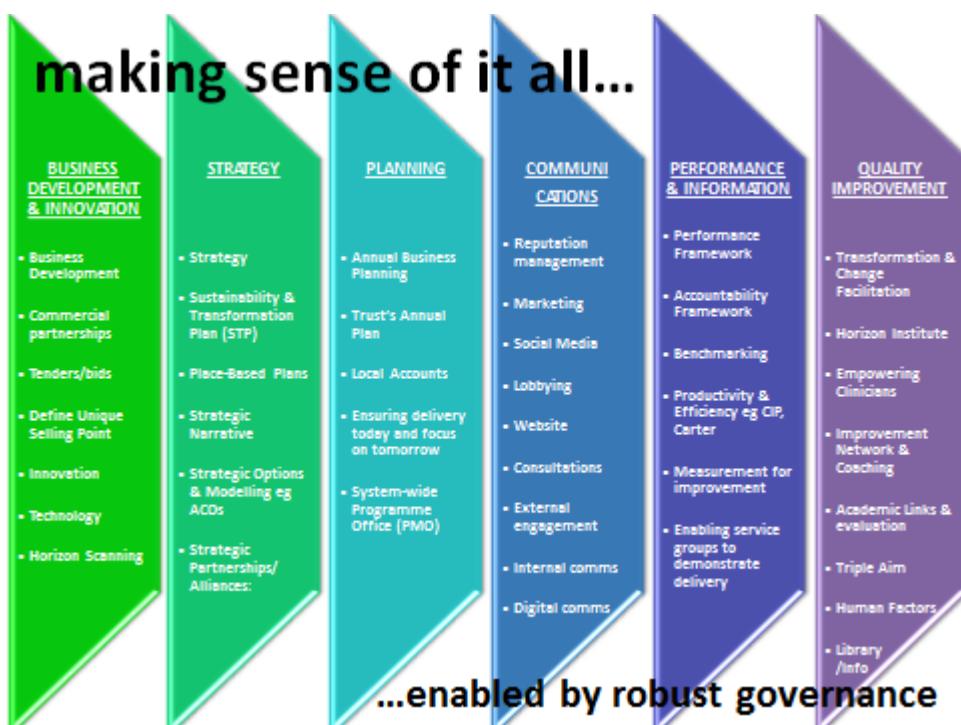
Key principles

- **Focus - supporting/inspiring others to deliver**
- Facilitative and engaging - clinicians, partners, stakeholders
- **Walk talk on integration**
- Adding value –social & financial
- **Light touch – fit for purpose**
- Visible
- **Evidence based**
- Capacity building
- **Customer focussed**
- Challenging status quo
- **Firm and fair - holding to account**
- Enabling risk
- **Appreciative inquiry approach**





making sense of it all...



who we are now



Torbay and South Devon NHS
NHS Foundation Trust

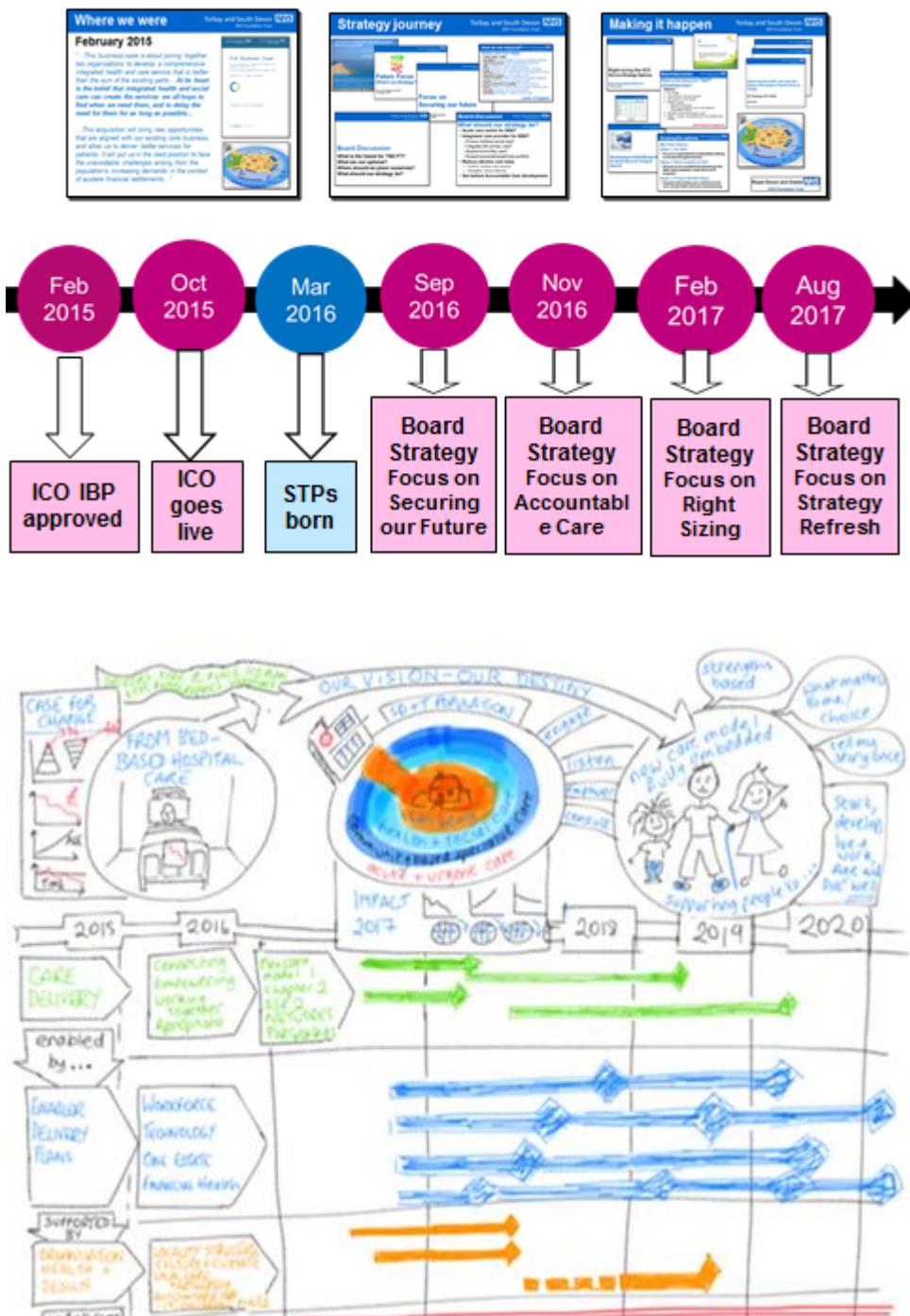
Our strategy journey



Working with you, for you

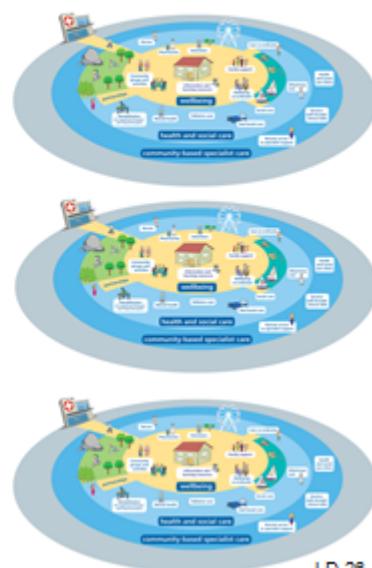
Our Strategy Journey

Torbay and South Devon NHS Foundation Trust



Care model focus

- **Prevention and early intervention:** focusing on preventing ill health
- **Asset-based community development:** empowering communities
- **Develop greater integration with primary care:** supporting primary care to be fit for the future
- **Mental health:** improve provision
- **Acute hospital and specialist services:** ensuring clinical sustainability
- **Children and young people:** transforming outcomes



System focus

“...There is a general consensus that the best way to build on our achievements over the next period is to establish a Local Care Partnership. Through this partnership system partners would be in a position to deliver more than current arrangements allow by moving to a population-based capitated budget; adopting a stronger risk-enabling approach; and ceding individual organisational control for the good of the system by delegating authority to improve the pace of decision making...”

How governors can engage with and inform operational planning

- What is the role of Governors in planning?
- What's worked well in past/elsewhere?
- What should we be organising now to support 2019/20 planning?

Governors role

“...Preparation of the trust’s forward plan is led by the board, but the law requires the board of directors to have regard to the view of the council of governors.

To present an informed and representative view, governors should canvass the views of members and the public and feed back their views to the board of directors...”

In preparing the document, the directors shall have regard to the views of the Council of Governors.

Section 40.4 Trust constitution





Reflection - what's worked well before?

Learning from others - what do others do?

How governors can engage with and inform operational planning

- What is the role of Governors in planning?
- What's worked well in past/elsewhere?
- **What should we be organising now to support 2019/20 planning?**

WM feels that the majority of the general public do not understand what an Integrated Care Organisation (ICO) is and don't understand the implications of 'own bed is right bed'. Some members of the public don't understand the purpose of MIU's and feels that younger families understand more than older people.

AW stated that the 18/19 plan will be submitted in April and that thought needs to go into how to get greater survey responses for 19/20.

PL commented that he thought the governor induction plan going through at the moment is excellent.

AW provided a brief on the 2018/19 Business Planning process and members discussed how to get more meaningful engagement between the governors and the public for 2019/20.

WM thanked AW for attending the meeting and giving her presentation.

4. CQC update

WM asked AW if she could give an update on the Well-Led CQC Inspection.

AW reported that the final part of the CQC inspection was last week. Firstly there was an unannounced visit and then the Well-Led Inspection. At the informal feedback session CQC said they could see that integration was working and were complimentary towards Medicine SDU. They advised that governance arrangements needed a bit more work. The Main Inspector questioned if there is going to be one voice for the Freedom to Speak Up Guardians. There was feedback that staff had confidence in the Board and their closing comment was "Hold heads up high".

The Trust should receive a draft factual accuracy report on 16 April.

The CQC came in when the Trust was at its most escalated challenge OPEL 4. WM reported that in the governors' interview with the CQC they were seeking evidence of where governors were given assurance. The summary that CQC gave at the end of the interview was good and the staff governors did very well. It was a very detailed interview, much more so than two years ago. CQC asked if governors felt the Trust was safe and governors confirmed.

WM thanked AW for the update.

6. Healthwatch

WM, CD and LH met with Pat Harris, Chief Executive for Healthwatch, at her request after presenting at the Council of Governors meeting in December. It was agreed at the meeting with Pat to work closely together in the future regarding surveys and such like that involve the general public.

WM has checked with the Chairman and would like to invite Healthwatch to future Quality and Compliance Committee meetings. The committee agreed this proposal.

JB

7. Feedback from governor observers

7.1 Safeguarding/Inclusion Group

The Committee had read the report and WM questioned whether there was any concern regarding assurance and compliance.

Members queried whether Safeguarding Training Level 1 for volunteers is being achieved.

MT

7.2 Quality Improvement Group

The Committee noted the January report states: 'Key issues to be escalated? Refer concerns regarding scoring incidents to QAC.'

7.3 Workforce and Organisational Development Group

PL informed the Committee that number 1 in the 'Key issues to be escalated?' has

been actioned.

7.4 Capital Infrastructure and Environment Group

The report was noted and WM informed the Committee that Lesley Darke will be presenting Strategic Estates Development at next week's Development Session.

7.5 Finance, Performance and Investment Committee

All reports were discussed and noted.

7.6 Quality Assurance Committee

The report was noted and there was discussion regarding the flu vaccine in that 60 per cent of staff had the triple vaccine given at the Trust but this does not include staff who chose to have the vaccine at their GP surgeries which had an extra strain included in the vaccine, but the Trust has recognised this and next year will be using the same vaccine as primary care.

7.7 Audit and Assurance Committee

The report was noted.

7.8 Information Management and IT Group

The reports were discussed and noted.

8. Reports from Non-Members

8.1 Infection Prevention and Control and Decontamination Group

The report was noted.

8.2 Disability Awareness Action Group

There was no report for this group.

JB left at this point.

9. Prepare/discuss report to Council of Governors (CoG) on 18 April 2018

WM will prepare a draft report which will be circulated to members for comment prior to April CoG.

10. Decide whether to invite speaker(s) to the next meeting

The Committee decided not to invite a guest speaker to the next meeting due to appointing new chair at the next meeting.

Details of next meeting

13 June 2018, 2pm – 4pm, Members Room, Hengrave House