




Torbay and South Devon NHS Foundation Trust






Council of Governors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital.

19 June 2019 14:00 - 19 June 2019 16:00

AGENDA

#	Description	Owner	Time
1	OPENING MATTERS		
1.1	Chairman's welcome and apologies for absence: Lesley Archer, Rob Dyer, Lesley Darke, Elizabeth Welch. To receive	Chair	14:00
1.2	Declaration of interests To receive	Chair	
2	BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING		
2.1	Minutes of Council of Governors' meeting held on 22 March 2019 (enc) To approve  02.1 - 2019.03.22 DRAFT CoG minutes.pdf 7	Chair	
2.2	Matters arising not covered elsewhere on the agenda To receive	Chair	
3	BUSINESS REPORTS		
3.1	Chairman's report (verbal) To receive	Chair	14:05
3.2	Chief Executive's report (enc) including 'End of Year' video (presentation) To receive  03.2 - Chief Executive's report.pdf 15	Chief Executive	14:10
4	GOVERNANCE REPORTS		
4.1	Company Secretary's report (enc) To receive  04.1 - COG company secretary's report.pdf 25	CoSec	14:25

#	Description	Owner	Time
4.2	Lead Governor's report including Constituency Reports (enc) and Comms Log (enc) To receive  04.2 - Lead Governor report June 19.pdf 43	Lead Governor	14:30
4.3	Governor's Committee and Working Group Reports To receive	Governor Chair / Representative	14:40
4.3.1	Quality and Compliance Committee (verbal)	Mrs W Marshfield	
4.3.2	Membership Group (verbal)	Mrs L Hookings	
5	NON-EXECUTIVE DIRECTOR REPORTS		
5.1	Non-Executive Director Committee Reports: To receive	Chief Executive	14:45
5.1.1	Audit Committee (enc)  05.1.1 - Report of the Audit Committee Chair - 19.0... 53	Mrs S Taylor	
5.1.2	NEDs' Nominations, Remuneration and Terms of Service Committee (verbal)	Sir R Ibbotson	
5.1.3	Quality Assurance Committee (verbal)	Mrs J Lyttle	
5.1.4	Finance, Performance and Digital Committee (enc)  05.1.4a - 2019.03.26_FPI_Cttee_Report_to_Board... 55  05.1.4b - 2019.04.30 FPD_Cttee_Report_to_Board... 57	Mr R Sutton	
5.1.5	Charitable Funds Committee (enc)  05.1.5 - CF committee report to board April 2019.pd... 59	Mrs J Lyttle	
5.1.6	Governors' Nominations and Remuneration Committee (verbal)	Sir R Ibbotson	
6	MEMBER AND GOVERNOR QUESTIONS		
6.1	Questions from Members and Governors To receive	Chair	14:50
7	CLOSING MATTERS		
7.1	Any other business	Chair	

#	Description	Owner	Time
7.2	Close of meeting	Chair	15:20*
7.3	<p>Details of next Council of Governors' meeting: Wednesday 25 September 2019, 10am – 12pm in the Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital</p> <p>For information</p>		
7.4	<p>Details of the Annual Members Meeting: Wednesday 25 September 2019, 2pm - 4pm in TREC, Horizon Centre, Torbay Hospital</p> <p>For information</p>		
	*A private meeting for Governors will take place at 3.20pm		
	Executive Directors, Non-Executive Directors and members of the public please leave the meeting at this point		

INDEX

02.1 - 2019.03.22 DRAFT CoG minutes.pdf.....	7
03.2 - Chief Executive's report.pdf.....	15
04.1 - COG company secretary's report.pdf.....	25
04.2 - Lead Governor report June 19.pdf.....	43
05.1.1 - Report of the Audit Committee Chair - 19.04.17.pdf.....	53
05.1.4a - 2019.03.26_FPI_Cttee_Report_to_Board.pdf.....	55
05.1.4b - 2019.04.30 FPD_Cttee_Report_to_Board.pdf.....	57
05.1.5 - CF committee report to board April 2019.pdf.....	59

MINUTES OF THE COUNCIL OF GOVERNORS MEETING

HELD ON 22 MARCH 2019 AT 10AM

IN THE ANNA DART LECTURE THEATRE, HORIZON CENTRE, TORBAY HOSPITAL

Governors

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

Directors

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

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

In attendance:

Jane Downes	Company Secretary	CoSec
Monica Trist	Corporate Governance Manager and minute taker	CGM

		Action
1.	OPENING MATTERS	
1.1	<u>Welcome and Apologies</u>	
	Apologies were received from Lesley Archer, Stuart Barker, Derek	

Blackford, Craig Davidson, David Hickman, Barbara Inger, Anna Pryor, Sylvia Russell, Peter Smerdon, John Smith, Lesley Darke, Rob Dyer, Jane Viner, Dawn Butler, Jacqui Lyttle, Jacqui Marshall, Robin Sutton and Sally Taylor.

1.2 **Declaration of Interests**

There were no declarations of interests.

2. **BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING**

2.1 **Minutes of the Meeting held on 12 December 2018**

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

2.2 **Matters arising not covered elsewhere on the agenda**

None.

3. **BUSINESS REPORTS**

3.1 **Chairman's Report**

The Chairman provided a verbal report as follows:-

He congratulated former Governors who had been re-elected and welcomed two new public Governors for the Teignbridge constituency, Eileen Engelmann and Chris Edwards, who were attending their first meeting. The Chairman and Chief Executive had written to congratulate all Governors who had been elected or re-elected.

Since the last CoG meeting, the Chairman and Chief Executive had met with three of the Trust's four MPs and also the elected Mayor of Torbay. The Trust's incident control centre was now operational. Natasha Goswell and Jacquie Phare had joined the Trust in system leader roles. The Chairman thanked Jacqui Marshall (NED) and Ann Wagner (Director of Strategy and Improvement) for their contribution to the Trust over recent years – Mrs Marshall would not be standing again as a NED and Mrs Wagner was retiring at the end of March.

Chairman had recently judged the Nutrition and Hydration Ward tea parties and seen some excellent examples of leadership and team work, with Warrington Ward being the overall winners.

The Governors were thanked by the Chairman for participating in the long-listing and short-listing of candidates for the NED vacancy arising from Mrs Marshall's departure. The Chairman was pleased to announce that from a very strong field of candidates Professor Chris Balch had been appointed, following interviews held on 19 March 2019. Governors had also participated in the recruitment process for the Director of Transformation and Partnerships (Mrs Wagner's successor) for which Adel Jones, an external candidate from the Royal Devon and Exeter Partnership Trust, had been successful. Governors were also thanked for taking part in the selection

process for the Chief Operating Officer, to take place on 25 March. A joint announcement regarding these appointments would be made shortly and this would also include the appointment of Mrs Jane Viner, Chief Nurse, to the role of Deputy Chief Executive from 1 April.

The CoG noted the contents of the Chairman's Report.

3.2 **Chief Executive's Report**

The Chief Executive (CE) highlighted key items from her report. The CE provided an update on the current Theatres position, following the closure of Theatres A and B which should now be back on line in the early summer of 2019. The CE assured the meeting of the efforts being made to ensure patient safety and the quality of patient experience by regular and careful reviews of each individual patient on the waiting list. Extra operating sessions had been set up and more patients were being treated through day surgery. The Trust's regulators, NHSI were being kept updated with the latest position.

The CQC had carried out an unannounced inspection of the Emergency Department (ED) on 11 February, one of a series of inspections taking place across a number of acute Trusts. The formal CQC inspection report was included with the meeting papers, but no formal rating had been issued as was the norm for this type of inspection. Narrative commentary was supplied regarding whether the services provided were safe, caring responsive and well-led. Areas highlighted by the CQC were already known and being acted on by the Trust. The CQC confirmed that the environment remained a challenge and commented on the plans for a new build of ED, for which capital investment had been secured.

The CE was pleased by the increased response rate to the annual Staff Survey and the positive results provided to the majority of questions. A detailed analysis of the responses was being undertaken and feedback would be shared with all teams and staff input would be sought regarding ideas for improvement.

Major thanks were due to Mrs Wagner, Director of Strategy and Improvement, for her efforts in securing a positive outcome to the Children's and Family Health Alliance Contract negotiations. This had been a major piece of work and the Trust would be lead contractor for the service, which was due to start on 1 April 2019. The contract, which covered services in Torbay and Devon, was also an excellent demonstration of partnership working. The Chairman offered Mrs Wagner best wishes on behalf of the Trust and the CoG on her forthcoming retirement.

The CE was pleased to advise the CoG that Mairead McAlinden had been appointed to lead the development of the STP Clinical Service Strategy. All members of the Executive Team were looking forward to working with Mrs McAlinden again in this new Devon-wide role.

4. GOVERNANCE REPORTS

4.1 Company Secretary (CoSec) report

- 4.1.1 The CoSec drew members' attention to key items from her report, including the outcome of recent governor elections. Unfortunately the first placed candidate for Torbay constituency had resigned and the CoSec was in the process of contacting the second placed candidate to offer them the seat.

The CoG received and noted the 2019 elections report.

- 4.1.2 The CoSec reminded Governors of the need to declare any material interests as part of the year end reporting process, and asked that any declarations were made to her by 12 April 2019.
- 4.1.3 The CoSec informed Governors of the Governor Provider focus event taking place in London on 9 May 2019. CoSec asked for expressions of interest to attend the conference by 27 March.
- 4.1.4 The CoSec invited expressions of interest from Governors by 12 April from members to be part of a Task and Finish Group to take forward ideas generated from the 27 February self-assessment workshop.
- 4.1.5 The Governors noted the contents of the CoG workplan, as presented by the CoSec.

4.2 Lead Governor's report

The Lead Governor thanked Governors for their ongoing support for the Trust and its membership. At the recent Nomination and Appointments Committee, the process had been agreed for the NEDs and Chairman's appraisal, to commence in May 2019. All Governors would be invited to provide feedback into the process.

The completed skills and training audit template would be used to inform the Governors training programme for 2019-20. The Lead Governor thanked all Governors who had contributed to this process and also for their ongoing input to the Trust's various recent NED and Executive recruitment campaigns.

A work programme would be developed from the points raised at the February self-assessment session, which would be progressed by the Membership Group on behalf of the CoG. Representatives of the COG were now meeting on a regular basis with the Interim Chief Operating Officer to discuss key operational issues, and all Governors were invited to attend.

The Lead Governor thanked the Public Governors who had been successfully re-elected in the recent elections and welcomed new Governors to their first meeting. She invited Governors to consider acting as mentor for a new Governor, and asked for volunteers by 13 April. The Lead Governor reminded all Governors of the induction session planned for 15 April 2019 – both new and existing Governors were welcome to attend.

The CoG would like to record their grateful thanks to Mrs Marshall, NED, for her contribution made during her term of office as NED at the Trust and to wish her well for the future.

Key areas for the work of the CoG and future meetings included a review of the Governor Observer structure, working in partnership with the Company Secretary; a review of future format and content of key Governor meetings; development of an action plan based on the outcomes of the Governor self-assessment session; continued engagement with the Trust on development of the Annual Plan and continued engagement with Dartmouth and Teignmouth regarding the development of Health and Wellbeing Centres.

Mr Richards commented on the enthusiastic approach demonstrated by Governors and he welcomed the opportunity for Board members to work with Governors for the benefit of the Trust.

4.2.1 **Attached to Lead Governor Report**

The following were noted:

Attachment one – Constituency reports

Attachment two – Governors communication log

Tabled – Membership Group report

4.3 **Governors communications log**

The CoG noted the updated version of the Governors communications log.

4.4 **Quality and Compliance Committee (QACC)**

The Lead Governor, Chair of the Governors' QACC, provided an update on the recent Committee meeting held on 13 March 2019 – the minutes would be brought to June CoG for formal approval. The Lead Governor drew Governors' attention to the request for input and feedback to the Lead Governor's comments on the 2018/19 Quality Account and asked Governors to respond by 29 March. Following a detailed discussion at QACC, Governors had formulated questions for today's Private CoG meeting. The Lead Governor asked that any Governors with ideas for the content of the 22 May Board to CoG development session contact her or the Company Secretary.

Governors noted the information provided and supported the ongoing work of the Quality and Compliance Committee.

4.5 **Membership Group**

Lynne Hookings tabled a report of the meeting held on 5 February 2019 and advised the CoG of the Cross College event held at South Devon college on 6 February 2019. Various presentations had been offered to the students entitled 'A Day in the Life of' covering different roles in the NHS, including the Ambulance Trust, Torbay Pharmaceuticals and nursing and caring opportunities in the NHS. All the presentations had been well

received and genuine interest shown in each of those subjects. In addition the Governors ran a Membership stand with Apprenticeship and Membership details available in the main College foyer. The Trust's Training and Apprenticeships staff were also in attendance for the event, given the focus of the event was also to support our mantra of 'growing our own' and encouraging people into the Health and Care profession.

Other promotional opportunities were also being diarised and organised by the Membership Group.

Lynne Hookings thanked Anna Pryor, Staff Governor, for identifying various opportunities to promote Trust membership and for the distribution of membership material.

It was noted that Barbara Inger was the Membership Group contact for Hospital Radio, to further publicise Trust membership.

The student designed Membership poster would be finalised once details of the Trust's new style guide had been received and the Membership application leaflet would then be re-written.

The Group felt that membership numbers needed to be reviewed to reflect the demographics of each constituency, this particularly applied to South Hams. The Group also felt that a mailshot to all members would help to promote interest in the Trust, particularly as email addresses were only held for approximately 1,000 members, representing approximately 10% of the membership. The Chairman recognised the view of the Membership Group, but advised of the need to be mindful of effective use of Trust resources, as a postal mailshot could cost up to £10k.

Lynne Hookings said much of the Group's activity would be helped by the assistance of a Membership Manager and looked forward to receiving confirmation that recruitment to the post has taken place. The CE confirmed that recruitment was ongoing. An extra Membership Group meeting would be held on 27 March, to be attended by Jane Downes, the Trust's new Company Secretary.

Members noted the contents of the Membership Group report and supported the ongoing work of the Group.

5. NON-EXECUTIVE DIRECTOR REPORTS

5.1 NED Committee Chair reports

The Chairman invited questions from Governors on the NED Committee Chairs' reports. There were no questions on the reports, which were noted by the CoG.

6. MEMBER AND GOVERNOR QUESTIONS

6.1 Questions from Members and Governors

Governors questions

1. Question generated by Sylvia Russell, Teignbridge Constituency

Further closures have taken place in the nursing home/ residential sector. Governors are concerned by the reduction in provision and the impact this will have on the further implementation of the care model. What actions is the Trust taking to provide assurance that their concerns will not be realised.

Trust response:- Chairman said that although the Trust acknowledged this was a real concern, unfortunately the solution lay outside the direct control of the Trust, and had been acknowledged as a national problem.

The Chief Executive described the various measures being taken by the Trust to support nursing and residential homes including provision of staff training. The homes were subject to a regular contract monitoring process to identify any issues arising at an early stage. The Chief Executive also described the market management measures being undertaken by the whole system to minimise loss of capacity in this important sector of provision. The Lead Governor commented that Governors were concerned that any lack of Intermediate Care beds could impact on further implementation of the Trust's Care Model.

2. Question generated by Teignbridge Constituency and Staff Governors

Concerns have also been raised that some nursing home providers are changing their registration to residential home providers. This then results in nursing care being the responsibility of the Trust putting further pressure on community services. What assurance can the Trust provide to Governors that the current staff are able to support this extra demand.

Trust response: The Chairman repeated that unfortunately the solution to this issue was outside the control of the Trust.

The Chief Executive referred to the answer to Question 1 and explained that homes are registered with the CQC for a specific range of activities and they are in breach of their registration if they do not provide the care they are registered for. A whole system response would be required to increase the support provided and maintain capacity.

3. Question generated by Torbay Constituency

Following the termination of the Mears contract Governors are seeking assurance that the new provider 'Baycare' is being closely monitored regarding the quality and provision of service to patients. Governors are also seeking assurance that the termination of the contract and the change of provider has not further compounded the financial position of the Trust.

Trust response: The Interim COO confirmed that Mears now had a

brokerage role only and were no longer the direct provider of care, following their most recent CQC inspection. Direct provision had now transferred to Baycare and Interim COO was pleased to report that the current rate of unfilled packages of care stood at the lowest recorded level – 30 hours.

Bob Bryant asked about the cost of compensation to Mears. The Interim COO confirmed there was no compensation payable with regard to the change of contractual arrangements – the current Mears contract runs to 2020.

4. Question generated by South Hams Constituency

Governors had recently been made aware that the public have a mistaken understanding of the response times and categories for ambulance response times.

This is of particular concern in the more rural localities.

Governors are aware that this is not within the remit of the Trust to address but would ask if there is an arena where these concerns could be raised with the ambulance service to raise public awareness.

Trust response: Chairman said that again this was an issue outside of the Trust's control. A wide-ranging discussion took place on ambulance response times: there were four levels of response times and it was important to note that there were four levels of response and at any time ambulances can be diverted by the call centre to deal with more urgent cases. April Hopkins asked if this issue was particular to rural areas. Peter Coates said there was a wide variation in the number of call-outs each day, which made planning the service very difficult, and felt that the public did not realise that the ambulance service (SWAST) was a separate organisation from TSDFT.

7. CLOSING MATTERS

7.1 Any other business

None.

7.2 Close of meeting

The Chairman closed the meeting at 11.40am.

7.3 Details of next Council of Governors' meeting:

Wednesday 19 June 2019, 2pm – 4pm, Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital

COUNCIL OF GOVERNORS				
Report title: Chief Executive's Business Update		Meeting date: 19 June 2019		
Report appendix	n/a			
Report sponsor	Chief Executive			
Report author	Company Secretary			
Report provenance	Reviewed by Executive Directors 11 June 2019			
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Council of Governors meeting.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Council of Governors are asked to receive and note the Chief Executive's Business Update.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	
	Risk Register	X	Risk score	
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	X
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	X
<ul style="list-style-type: none"> • Failure to achieve key performance standards. • Failure to achieve financial plan. 				

Report title: Chief Executive's Business Update		Meeting date: 11 June 2019
Report sponsor	Chief Executive	
Report author	Company Secretary	

1. Trust key issues and developments update

Key issues and developments to draw to the attention of Governors since the last Council of Governor meeting held on 22 March 2019 are as follows:

1.1 Safe Care, Best Experience

1.1.1 Major trauma peer review outcome

Torbay and South Devon is a designated Trauma Unit and has participated for many years in the Major Trauma Network, with Derriford Hospital being the major trauma centre. Each year we host a peer review.

This year's review was held on 14 May and received very positive feedback including the following commendations:

- The Trust provides a system-wide response for its trauma and rehabilitation patients, which was described as "well oiled".
- We have some of the best "unexpected excess survival rates" in the country when compared with other trauma units.
- Our patients requiring transfusion and tranexamic acid all receive it within 3 hours of injury.
- High praise for our new paediatric transfusion protocol.
- Trauma liaison service – we are introducing for 2019 a co-ordinated service to highlight and manage trauma patients throughout the system.
- Excellent roll out of rehabilitation prescription across acute and community.
- Co-ordinated management of patients requiring community rehab services.
- The presence of an Ortho-geriatrician in the team.
- Special Thanks to Chris Manlow as the Trust Trauma Lead and the well organised, evidenced and supported peer review.

Two issues were highlighted for us to address:

- The Trauma Review Group had not achieved the level of engagement necessary and is reliant on a few enthusiasts – we need to ensure we have surgical specialty representation.
- Trauma Audit and Research Networks (TARN) audits – requirement for an automated algorithm to identify patients for audit purposes. This had been delayed due to issues with the IT server but a daily report is now in place.

1.1.2 Trust rated green for smoke-free status

The Long Term Plan includes the commitment: “By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.” Our Trust scored 6/7 in a recent survey on smoke-free status by Public Health England, and is rated as GREEN. This means that the Trust is considered to have demonstrated positive steps towards comprehensive smoke-free status, defined as:

- every frontline professional discussing smoking with their patients
- stop smoking support offered on site or referral to local services
- no smoking anywhere in NHS buildings or grounds

1.1.3 Scientific research visit to Trust

A delegation of scientists from the DHSC Senior Research Directorate visited Torbay on 17 May 2019. The group of prominent scientific advisers to the government visited to better understand the health challenges faced by local residents and to see how research can help address these challenges. Dr Louise Wood, one of government's top research funding and policy leads who also works with the National Institute for Health Research (NIHR) - the nation's largest funder of health and social care research – met with representatives from Torbay Council and the Trust. As part of her visit, Dr Wood learnt about the population of Torbay and programmes of work around supporting people with complex needs and the needs of children across the Bay. She called into the ‘Action for Children’s Zig Zags Children Centre’ to see the work that is being undertaken in Torquay. The day’s agenda also focused on prevention, showcasing projects which are designed to help keep residents well.

1.2 Well Led

1.2.1 Month 1 - Performance against the NHS Improvement Single Oversight Framework:

In April, the Trust did not meet the following national performance standards:

Urgent care 4 hour standard: In April, the Trust achieved 79.1% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments (ED); the previous month (March) the Trust achieved 81%.

Referral to Treatment times (RTT): RTT performance has been maintained in April at 80.1%. This is working towards the Operational Plan trajectory of 81.50% but below national standard of 92%. For April, 72 people will be reported as waiting over 52 weeks, this being a slight decrease on last month’s 79 and is below the agreed recovery trajectory (94 in April). Due to the continued loss of capacity in main theatres we have confirmed that the number of long waiting patients will not start to decrease until August when the two refurbished clean air theatres are due to become operational.

Cancer waiting times: At 79.7% for April (as of 10th May 2019) forecast performance is below the 85% national standard, but slightly ahead of the recovery trajectory (78.3%). A significant element of achieving the 62 day treatment standard is the 14 day from urgent referral to appointment. In April we have seen improvement in times for urgent two week wait referrals to be seen in clinic. Plans are on track to bring colorectal referral to appointment waits to 14 days by the end of Q1 2019/20 (currently at 8 days). Urology plans are in place, with waiting times reducing (currently at 4 to 5 weeks).

Diagnostics: The diagnostics standard was not met in April with 13.69% of patients waiting over 6 weeks against the standard of 1%. This is deterioration from last month (10.1% last month) but in line with our recovery trajectory 13.70%. The performance reflects capacity pressures in both CT and MRI waiting times and recent increase in echocardiography.

Comment:

We are continuing to experience significant pressure on our services. We are closely monitoring this and ensuring that those who are waiting are doing so safely. We are very aware that any significant wait has a huge impact on patient experience and ensuring that we continually review processes to ensure that improvement can be made. A key part of this is our review of clinical services transformation programme to improve experience and decrease waiting times.

1.2.2 Month 1 performance against 2019/20 Plan

- **Overall financial position:** The financial position at 30th of April 2019 is a £7.49m deficit, which is £4.63m behind the £2.86m plan submitted to NHSI.
- **CIP savings delivery position:** The CIP target for year to date is £17.50m; Work is ongoing to identify the CIP opportunities for the Trust to meet the target.
- **Capital expenditure:** Capital expenditure at 30th of April 2019 totals £0.6m, which is £0.2m more than the profiled plan of £0.4m

1.2.3 New delivery system structure now live

Our new delivery structure came into effect on 1 April 2019, with our model of care now being delivered through five new Integrated Service Units. This is the next step in becoming a fully integrated organisation thanks to enhanced clinical leadership, and a focus on clinical pathways aligned to each Integrated Service Unit.

Each locality has a 'theme' to the services it manages for the whole organisation:

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

The Integrated Service Units are supported and enabled by a wide range of Trust-wide services (eg pharmacy, patient transport, infection control, clinical site management) led by Head of Operations, at Torbay Hospital as well as our corporate services. This new way of working which involves considerable change and strong clinical leadership will ensure safe transition to the new model as well as a continued focus on, quality, performance and transformation. Maintaining quality and safety of all our services is paramount at this time of change and will be a key focus over the coming weeks and months as the model develops and embeds.

Comment:

The new structure is still bedding in but initial findings are that it is better supporting our integration programme. We are moving forward with enhanced clinical leadership which we believe will result in improved and more integrated clinical pathways.

1.3 Valuing our Workforce, Paid and Unpaid

1.3.1 Staff Heroes Awards open for nominations

As well as recognising the achievements of our staff in a bi-monthly celebration breakfast at the Bay View restaurant, we are this year re-introducing an annual evening awards ceremony. Nominations are welcome from everyone – whether staff, governors, members, volunteers or service users and their families. Staff and volunteers of Torbay and South Devon NHS Foundation Trust including Torbay Pharmaceuticals can be nominated in all categories. We also welcome nominations for staff and volunteers working with partner organisations in the following categories:

- Outstanding contribution to right care in the right place
- Outstanding contribution to sharing information
- Outstanding contribution to strengthening partnerships
- Outstanding contribution to prevention and staying well

Nominations received by 5pm on 2 July will be considered for the annual awards on Thursday 26 September. Nominations can be made via the Trust website:

www.torbayandsouthdevon.nhs.uk/about-us/working-with-us/staff-recognition-schemes/

1.3.2 New Director of Adult Services at Torbay Council

The Director of Adult Services at Torbay Council, Caroline Taylor, will be retiring from her role at the end of May, after working for the local authority for almost 13 years. Jo Williams, our current Deputy Director of Adult Services, has accepted a 12-month secondment as the new Director of Adults Services at Torbay Council from June. Recruitment is planned to fill Jo's substantive role at the Trust.

Comment: Caroline has made an outstanding contribution to the work of this board and to the integration of health and social care during her 13 years at Torbay Council. We look forward to an ongoing close working relationship, as Jo Williams takes on the role. She will no doubt put her skills to good use, ensuring that we continue to have a safe and effective adult social care service.

1.3.3 Carers week - 10 to 14 June

During national Carers Week in June, the Trust focused on the 'triangle of care' – that very important and very special relationship between the professional, the carer and the individual. As a Trust we recognised that many of our own staff also have unpaid carer responsibilities, and will be looking at how we can better support them.

2. Chief Executive Engagement: May

I continue to meet with external stakeholders and partners. Meetings I attended during May are shown below.

Internal	External
<ul style="list-style-type: none"> • Medical Staff Committee • Staff Side • Board to Board with Torbay Pharmaceuticals • Patient Access Team Meeting • Community Dieticians 	<ul style="list-style-type: none"> • Director of Adult Services and Housing, Torbay Council • Meeting with the Interim Accountable Officer, New Devon CCG/ South Devon and Torbay CCG • STP Chief Executives' Meeting • Chief Officer, Adult Care & Health Digital Transformation & Business Support, DCC • Hosted new Torbay Councillors' Induction Session • Opening of the Brixham Friends' Centre • CYP Partnership Board Meeting • Professor Bridie Kent, Executive Dean, Faculty of Health & Human Sciences, University of Plymouth • Chair and Chief Executive, Rowcroft Hospice

3 Local Health and Care Economy Developments

3.1 Service Developments/Changes

3.1.1 Opening of Brixham Friends Centre

The new Friends Centre in Brixham officially opened on Thursday 9 May 2019). Brixham Community Hospital's League of Friends, Brixham Does Care and Torbay and South Devon NHS Foundation Trust all worked in partnership to bring together day care, health and wellbeing services in one place.

The Friends Centre forms part of the Trust's strategy to bring people the right care, in the right place and helping people to stay well and independent in their own communities, as well as strengthening partnership working between the voluntary sector and NHS. Local people in Brixham will now be able to access the widest range of health and wellbeing services from one site with the community hospital and friends centre being co-located.

The Trust provided the land for the Brixham Community Hospital site and Brixham Community Hospital's League of Friends donated £800,000 covering the full cost of the build the building has been named after the League to recognise the significant contribution that they made to the project.

The centre is run by 'Brixham Does Care' - a well-established local charity with 40 years of experience helping people who are vulnerable and working with people to reduce isolation and loneliness. The new centre hosts carer services, a local wellbeing

coordinator, day care, outpatient clinics and many more services. There are also rooms available to hire for the local community and other services that are complementary to people's health and wellbeing.

3.1.2 Torbay Council 0-19 services

At the previous Council of Governors meeting, I reported on the launch of Children and Family Health Devon, providing children and young people's community services across Devon and Torbay. As well as leading the alliance of providers delivering this service, our Trust and its partners (Action for Children and the Children's Society) were also recently awarded the 0-19 Integrated Service contract by Torbay Council. The service, known as Torbay 0-19 Partnership, will be the first of its kind in the region and possibly the UK, and aims to combine, develop and deliver services both universally and targeted for the Torbay children, young people and their families/carers.

Our Vision for the service is:

To work alongside our communities in Torbay to provide an excellent service that supports and helps children, young people and their families/carers be safe, happy, healthy and reach their full potential.

Key elements of the future model of delivery are as follows:

- Family Hubs (from existing Children's Centres)
- Single point of access (telling your story once)
- Prevention and Early Help (level 1 & 2)
- Integrated Workforce
- Trauma informed
- Progressive Universalism
- Strengths based & building community capacity

Comment: As we move forward we want to involve as many people as possible in developing services towards this vision including children, young people and their families/carers, staff and stakeholders, to make sure we work towards and achieve the vision. In the meantime services will continue to operate in their current format, provided from the same locations and referrals for children and young people will be received in exactly the same way as now. In the coming months, during our mobilisation phase we will be working with our teams and our stakeholders to develop the service delivery model. We will communicate changes to the delivery of the service as they develop.

3.2 Partner and partnership updates

3.2.1 Devon CCG now live

Devon Clinical Commissioning Group (Devon CCG) marked its first day of operation on 1 April 2019, following the merger of South Devon and Torbay CCG and Northern, Eastern and Western Devon CCG, which have both now been formally dissolved. Dr Paul Johnson, who is a GP at Cricketfield Surgery in Newton Abbot, took up the post of Clinical Chair of NHS Devon CCG, which will serve 1.2million across the county. Devon CCG has a budget of more than £1.8 billion.

3.2.2 Engagement on Devon Long Term Plan

Devon is developing its own version of the Long Term Plan and CCG-led local engagement is taking place in June and July 2019. The proposed seven themes of the engagement are: greater focus on population-based health outcomes; helping people to live healthier lives; enhancing how we help those needing mental health support; improving out-of-hospital care; better integrating health and social care services; reviewing and developing hospital-based clinical services; children and early start. The outcomes of the consultation will influence the final plan, which will be submitted in October 2019.

3.2.3 Induction for new Torbay Council members

Following the local government elections, we were pleased to host an induction session at the Horizon Centre for newly-elected members. Along with Caroline Taylor and Sonja Manton, from the CCG, I presented on how we are working in partnership to integrate health and social care. It was an excellent opportunity to inform the new councillors about our new model of care and how we are working in partnership with the voluntary sector and other statutory organisations to centre our services around individuals' needs. We shared the evidence base for making the changes in services, as well as what early data tells us about the difference this is now making – from a reduction in hospital stays and ED attendances to a 40% increase in the number of people cared for at home. We also talked through examples of how local people are able to use their Health and Wellbeing Centres.

3.2.4 New nursing programme with the University of Exeter

We are delighted to be part of a new collaboration with The University of Exeter, after its pioneering new Nursing programme received official approval from the Nursing and Midwifery council. The programme, which aims to develop outstanding nursing leaders, reflects Exeter's commitment to developing the future of nursing. The curriculum has been developed in collaboration with nurses and patients, and with Devon Partnership, North Devon, the Royal Devon and Exeter, as well as our Trust.

3.2.5 Mother and Baby Unit, Exeter

Jasmine Lodge, Devon's new Mother and Baby Unit (MBU) in Exeter, is set to accept its first admissions towards the end of May. The new, state-of-the-art unit will mean that significant numbers of local people with mental health needs, and their families and supporters, will no longer need to travel outside Devon for their care and support

4 National Developments and Publications

Details of the main national and regional developments and publications since the last Council of Governors meeting have been circulated to Governors through the weekly developments update briefings. The item of particular note that I wish to draw to the attention of the Council of Governors are as follows:

4.1 Government

4.1.1 Interim NHS People Plan

Health and social care secretary Matt Hancock and NHS Improvement chair Baroness Dido Harding have spoken ahead of the publication of the Interim NHS People Plan which is expected to set out more concrete plans to improve staff retention. Mr Hancock

has said the NHS needs a modern working culture where doctors are not expected to cancel important family events because of short-notice shift changes. He called for rotas to be fixed a minimum of six weeks in advance and that more part-time, job sharing or home-working roles should be available.

4.1.2 NHS pensions rule change mooted

The government is considering changes to the NHS pension scheme with the aim of helping stem the number of senior members of medical and management staff leaving the NHS due to current pension allowance limits and the consequential impact on personal tax liabilities.

Comment: As a Trust we are experiencing significant problems relating to the tax position for new pension arrangements. This problem has been highlighted nationally and discussed in the Houses of Parliament.

Unexpected large tax bills are being received by senior members of medical and management staff. This is a concern for a significant proportion of senior medical staff (up to 30% in a recent national survey).

The issue has been identified as a risk for the Trust's ability to respond to variation in demand or cover of colleagues' leave due to sickness or recruitment problems. It has also been identified as a reason for early retirement of some staff. It is therefore a serious concern for the Trust as an employer and service provider, as well as for individuals.

The Trust is examining the possibilities to deal with this problem and discussions are being held across the STP to see how we can work together to reduce the impact. There is some evidence that the Treasury have recognised the problem though a national resolution has not yet been agreed.

4.1.3 Junior doctor's contract

In an update to junior doctor members, the BMA have said the ongoing negotiations to the terms and conditions will conclude in late May. Members will be updated after this. A referendum will be held in June on whether members accept the new version of the contract.

4.1.4 Review of A&E targets

Fourteen Trusts, including University Hospitals Plymouth NHS Trust, are trialling proposed new A&E standards in the coming weeks as part of a major review.

4.2 NHS England and NHS Improvement

4.2.1 Year end results shows many trusts in deficit

Figures from NHS Improvement reveal that there was a combined overspend of £850m at ten NHS Trusts, with the worst deficit shown by one Trust in London of £182m. Analysts at the Nuffield Trust health think-tank cited the deficits on government underfunding of the NHS, staff shortages and the fast-rising demand for care rather than profligacy or mismanagement. The NHSI report also found that 73 Trusts were

expected to end 2018-19 in the red and that 60 trusts had already run up bigger deficits than planned after nine months of 2018-19, up from 44 in the previous quarter.

4.2.2 Expansion of perinatal mental health services

NHS England's announced expansion of specialist [perinatal mental health support](#), which will help reduce out of area placements is to be welcomed, but recognition has been given that core mental health services remain under significant strain and also need further investment.

5 Local Media Update

5.1.1 News release and campaigns highlights:

- Our Chief Nurse, Jane Viner took part in a radio show celebrating nursing. Jane spoke about why she became a nurse, how nursing had changed and the importance of care, compassion and kindness.
- Over the Bank Holiday weekend, we again promoted how to use NHS services appropriately - including a personal video message from Jane Viner. These messages reached nearly 20,000 people on social media.
- We promoted the opening of the Friends Centre in Brixham, which received a great deal of local and regional media coverage and was well covered on social media.
- We took part in a system-wide response to media coverage about emergency services for people experiencing a mental health crisis. The response included reference to better recording of attendance at EDs, ensuring mental health experience and expertise is on-hand across all four of Devon's local emergency departments and three new crisis cafes.
- A wide range of our staff took part in a series of short conversations hosted by BBC Radio Devon to celebrate the 70th year of the NHS. The pieces were run on the Breakfast Show and roles featured ranged from nurses to cleaning staff.
- The introduction of a technique called 'Rotablation' is meaning patients in Torbay and South Devon suffering from coronary artery disease can now undergo a life-saving procedure at Torbay Hospital for the first time - reducing waiting times for surgery along with many other benefits for the patients.

6 Recommendation

The Council of Governors are asked to receive and note the Chief Executive's Business Update.

COUNCIL OF GOVERNORS MEETING															
Report title: Company Secretary's Report		Meeting date: 19/06/19													
Report appendix	Appendix 1: Role description of Lead Governor and Deputy Lead Governor Appendix 2: Council of Governors Development Programme 2019/20 Appendix 3: Council of Governors Work Plan 2019														
Report sponsor	Company Secretary														
Report author	Company Secretary														
Report provenance	n/a														
Purpose of the report and key issues for consideration/decision	The report provides corporate governance updates on matters of relevance to the Council of Governors.														
Action required	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input checked="" type="checkbox"/>												
Recommendations	To receive and note the Company Secretary's Report and approve the following: <ol style="list-style-type: none"> 1. Role description of the Lead Governor and Deputy Lead Governor 2. Appointment process for the Lead Governor and Deputy Lead Governor 3. Council of Governors Development Programme 2019/20 														
Summary of key elements															
Strategic objectives supported by this report	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Safe, quality care and best experience</td> <td style="width: 20px;"></td> <td style="padding: 5px;">Valuing our workforce</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 5px;">Improved wellbeing through partnership</td> <td></td> <td style="padding: 5px;">Well-led</td> <td style="text-align: center; vertical-align: middle;">X</td> </tr> </table>			Safe, quality care and best experience		Valuing our workforce		Improved wellbeing through partnership		Well-led	X				
Safe, quality care and best experience		Valuing our workforce													
Improved wellbeing through partnership		Well-led	X												
Is this on the Trust's Board Assurance Framework and/or Risk Register	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Board Assurance Framework</td> <td style="padding: 5px;">n/a</td> <td style="padding: 5px;">Risk score</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 5px;">Risk Register</td> <td style="padding: 5px;">n/a</td> <td style="padding: 5px;">Risk score</td> <td></td> </tr> </table>			Board Assurance Framework	n/a	Risk score		Risk Register	n/a	Risk score					
Board Assurance Framework	n/a	Risk score													
Risk Register	n/a	Risk score													
External standards affected by this report and associated risks	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Care Quality Commission</td> <td style="width: 20px;"></td> <td style="padding: 5px;">Terms of Authorisation</td> <td style="text-align: center; vertical-align: middle;">X</td> </tr> <tr> <td style="padding: 5px;">NHS Improvement</td> <td></td> <td style="padding: 5px;">Legislation</td> <td></td> </tr> <tr> <td style="padding: 5px;">NHS England</td> <td></td> <td style="padding: 5px;">National policy/guidance</td> <td style="text-align: center; vertical-align: middle;">X</td> </tr> </table>			Care Quality Commission		Terms of Authorisation	X	NHS Improvement		Legislation		NHS England		National policy/guidance	X
Care Quality Commission		Terms of Authorisation	X												
NHS Improvement		Legislation													
NHS England		National policy/guidance	X												

Report title: Company Secretary's Report		Meeting date: 19 June 2019
Report sponsor	Company Secretary	
Report author	Company Secretary	

Introduction

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

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

1. Appointment of Lead Governor and Deputy Lead Governor

The current appointments of Lead Governor and Deputy Lead Governor will conclude in October 2019. The Council of Governors are asked to review and agree the process for the appointment of Lead Governor and Deputy Lead Governor. The proposed process is set out below.

Role

Governors are asked to note that all foundation trusts are required to nominate a Lead Governor. An extract from the NHS Code of Governance in relation to the role of the nominated Lead Governor is set out in Appendix 1, along with the role description for the Lead Governor and Deputy Lead Governor.

Eligibility

The role of Lead Governor and Deputy Lead Governor is restricted to nominations from public governors only.

Term of Office

The appointment is for one term of one year. Governors are eligible for re-appointment.

Nominations process

Governors expressing interest may submit (up to) a 200 word supporting statement detailing experience, skills and abilities in order to gain supporting votes.

Election process

All governors will be invited to vote for their preferred candidate. Governors will have one vote each.

There will be two separate election processes: one for the election of Lead Governor and one for the election of Deputy Lead Governor.

Where there is just one candidate for either/both position(s), that candidate will be elected unopposed. If there are no candidates for the position of Lead Governor, the Chairman will consult with Governors. If there are no candidates for the position of Deputy Lead Governor, the position will remain vacant.

Timetable

Nominations for the role of Lead Governor and Deputy Lead Governor should be submitted to Jane Downes, Company Secretary by Friday 12 July 2019. Voting packs will be issued (if required) by 19 July 2019, for return by Friday 16 August 2019.

The election results will be announced week commencing 19 August 2019 and ratified at the Council of Governors meeting on 25 September 2019.

Action required: To approve the process and timeline for the appointment of Lead Governor and Deputy Lead Governor.

2. Council of Governors Development Programme 2019/20

The Council of Governors have periodically undertaken a self-assessment of their effectiveness, the last one being held in February 2019 – the outputs of which have informed the Council of Governors Development Programme for 2019/20, attached as Appendix 2.

The Council of Governors Development Programme sets out what the Council of Governors has achieved to date and further areas for development, with timescale for delivery in 2019/20. A progress update will be presented to the next COG meeting, with progress monitoring being undertaken in the interim period by the governor task and finish group.

Action required: To approve the Council of Governors Development Programme 2019/20.

3. Membership of Council of Governors Committees and Governor Observer Roles

The Trust is currently undertaking a review of its governance structure and therefore it is proposed that the process for appointing committee membership and observer roles follows the conclusion of that review (anticipated be in July), with a view to confirming those appointments at the next Council of Governors meeting. In the interim period, Governors currently undertaking those roles will continue in post.

Action required: To note that the refresh of membership of Council of Governors committees and Governor observer roles will take place in July/August and be confirmed at the next Council of Governors meeting.

4. Governor Training and Development

Since the last meeting Governors have attended the following events.

- Governors attended the NHS Providers Annual Governor Focus Conference held on 9 May. As well as governor attendance at the conference, Trust's were also

invited to apply for a free exhibition stand as part of the 'Governor showcase' exhibition. The Trust successfully submitted an application to exhibit its recent work on membership engagement with South Devon College.

- All Governors were invited to attend a Governor Induction Presentation on 15 April 2019, facilitated by the Company Secretary. The induction was followed by a tour of the hospital site.

Action required: To note the Training and Development events attended by Governors.

5. Resignation of Governor

Mr Ken Allen resigned as Governor for Torbay with effect from 10 June 2019.

Action required: To note the resignation of Mr Allen with effect from 10 June 2019.

6. Appointment of Membership Manager

Sally-Ann Reay has been appointed as the Foundation Trust's new Membership Manager and will take up the role with effect from 24 June 2019.

7. 2019 Council of Governors Workplan

The 2019 workplan for the Council of Governors is presented for information in appendix 3.

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

Extract from The NHS Foundation Trust Code of Governance

The role of the nominated Lead Governor

Appendix B: The role of the nominated lead governor

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor's board of its formal powers to remove the chairperson or non-executive directors. The council of governors appoints the chairperson and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor's concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand Monitor's role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor.

The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairperson, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for Monitor.

Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update Monitor with their contact details as and when these change.

LEAD GOVERNOR ROLE DESCRIPTION

The NHS Foundation Trust Code of Governance advises that Foundation Trusts should nominate a lead governor.

Primary Role

The primary purpose of the Lead Governor is to facilitate direct communication between the Regulator (NHS Improvement) and the Council of Governors. The Regulator does not however envisage direct communication with Governors until such time as there may be a real risk of the Foundation Trust breaching its licence or constitution and the Council's concerns cannot be satisfactorily resolved. Once there is a risk that this may be the case, and the likely issue is one of board leadership, the Regulator will often wish to have a direct contact with the Foundation Trust's Governors, but at speed and through one established point of contact – the Foundation Trust's nominated lead governor.

Role Description

A full description of the role of the nominated lead governor as stated in the NHS Foundation Trust Code of Governance is shown above.

The nominated lead governor will also:

- Represent the Council of Governors and act as their named Governor on their behalf.
- Be a member of the nominations committee that oversees the arrangements for appointing (and removing, if necessary), the Chair and Non-Executive Directors, and considers the remuneration, allowances and other terms and conditions of office of the Chair and Non-Executive Directors.
- Provide input to the annual appraisal of the Chair and Non-Executive Directors.
- Meet with the Chair, (and Chief Executive as appropriate), to discuss matters relating to the Council of Governors.
- Meeting routinely with the Chair, Company Secretary and Deputy Lead Governor to plan the agenda for Council of Governors meetings.
- Chair the governor-led Quality and Compliance Committee.
- Present the Lead Governor's Report to the quarterly Council of Governors.
- Present the Annual Governor's Report to Members at the Annual Members Meeting.
- Present feedback collated from Members and members of the public at the Board to Council meetings.

DEPUTY LEAD GOVERNOR ROLE DESCRIPTION

The role of Deputy Lead Governor is not a statutory role under the NHS Foundation Trust Code of Governance.

Primary Role

The primary purpose of the Deputy Lead Governor is to provide the Foundation Trust with a point of contact for the Council of Governors should the Lead Governor be unavailable for a period of time or has a conflict of interest.

The Deputy Lead Governor will also meet routinely with the Chair, Company Secretary and Lead Governor to plan the agenda for the Council of Governors meetings.



Torbay and South Devon
NHS Foundation Trust

COUNCIL OF GOVERNORS DEVELOPMENT PROGRAMME

2019/20

‘Working with you, for you’

CONTENTS

1. Introduction and context	3
2. Role of the Council of Governors	3
3. Representing the interests of members and the public - <i>Engagement Plan</i>	4
4. Holding Non-Executive Directors to account - <i>Involvement Plan</i>	4
5. Supporting Governors - <i>Training and Development Plan</i>	5
6. Constitution review	5
7. Next steps	5
Appendix 1	
Governor development and delivery programme 2019/20	6
Appendix 2	
Governor seminar – business cycle 2019/20	7

1. Introduction and context

In October 2015, with our health and social care partners across the South Devon and Torbay system, the first Integrated Care Organisation ('ICO') in England was established and constituted under the new name of Torbay and South Devon NHS Foundation Trust.

The vision for the ICO agreed in consultation with staff, set a vision of providing care closer to home:

“Our vision is a community where we are all supported and empowered to be as well and as independent as possible, able to manage our own health and wellbeing, in our own homes. When we need care, we have choice about how our needs are met, only having to tell our story once.”

The Council of Governors have periodically undertaken a self-assessment of their effectiveness - the last one being held in February 2019 – the outputs of which have informed this document.

The Council of Governors Development Programme sets out what the Council has achieved to date and further areas for development, with timescale for delivery in 2019/20. A summary of the Council development and delivery programme for 2019/20 can be found at Appendix 1.

2. Role of the Council of Governors

The role and statutory duties of the Council of Governors are set out in the NHS Foundation Trust Code of Governance (July 2014)

- The council of governors has a *duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors*. This includes ensuring the board of directors acts so that the foundation trust does not breach the conditions of its licence. It remains the responsibility of the board of directors to design and then implement agreed priorities, objectives and the overall strategy of the foundation trust.
- The council of governors is responsible for *representing the interests of foundation trust members and the public and staff in the governance of the foundation trust*.

- Governors are responsible for regularly feeding back information about the trust, its vision and its performance to members and the public and the stakeholder organisations that either elected or appointed them. *The trust should ensure governors have appropriate support to help them discharge this duty.*

3. Representing the interests of members and the public - *Engagement Plan*

One of the key feedback themes from the Governor workshop session related to the effectiveness of communication between Governors and members and the information flow/feedback mechanism from Governors to the Trust

What we will do....

- Develop a Member Events Programme
- Design an e-newsletter for distribution to members, public, local stakeholders and posting on the Trust website
- Compile a regular generic activity update from Governors to members/public for distribution utilising established communication channels eg charity newsletters, parish booklets, Trust literature/leaflets
- Refresh the Governor section of the Trust website
- Sponsor Trust-based surveys utilising the membership database and/or Governors
- Increase communications via social media
- Enhance the knowledge of Governors through more timely and succinct information giving
- Ensure Board to Council meeting focus on feedback from members/public in relation to Trust strategy/forward planning

4. Holding NEDs to Account – *Involvement Plan*

What we will do.....

- Enhance engagement between Governors and Non-Executive Directors using the Council of Governor meetings and Board to Council forum for seeking assurance from Non-Executive Directors regarding Trust strategy and forward planning
- Reserve sufficient time for Governors to feedback member/public views and information at Council of Governor meetings and Board to Council meetings
- Ensure Council of Governor agenda is set by the Chairman and Lead Governor and Deputy Lead Governor

5. Supporting Governors – *Training and Development Plan*

What we will do.....

- Establish monthly ‘network’ meetings comprising: Chairman’s Briefing; information about ‘hot topics’; developmental session (using Governor knowledge/skills analysis to determine programme); and, Governor information/feedback session (replacing constituency meetings)
- Issue Governor briefing update on matters such as forthcoming events and meetings
- Explore potential for networking with other local foundation trusts
- Enhance the current induction programme by establishing bespoke training sessions related to the role of the Governor

6. Review of Constitution

The Company Secretary has advised that a review of the Trust Constitution would be prudent to ensure it remains fit for purpose. In particular the review will focus on:

- Reviewing the composition of the Council of Governors
- Ensuring the Constitution enabled the Trust, including Council of Governors, to operate effectively and efficiently
- Ensuring the Constitution remained in line with national policy and best practice

7. Next steps

The proposal is to establish a task and finish group to implement the actions stated in the development programme and provide progress updates to the Council of Governors.

The Council of Governors Development and Delivery Plan is shown in appendix 1.

The Council of Governors Business Cycle for 2019/20 is shown in appendix 2.

Council of Governors Development and Delivery Programme 2019/20					
Key Activity		Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Development Objective 1: Representing members and the public - Engagement Plan					
1	Develop a Member Events Programme				
2	Design an e-newsletter for distribution to members, public, stakeholders and for posting on the website				
3	Establish a regular generic activity update from Governors to members				
4	Refresh the Governor section of the website				
5	Utilise the membership database for surveys about Trust services				
6	Increase communications via social media				
7	Align Board to Council meetings to focus on strategy/forward planning				
Development Objective 2: Holding NEDs to account: - Involvement Plan					
8	Allocate discussion time on the agenda for COG and Board to Council meetings				
9	Timetable COG agenda setting meetings between Chairman & Lead Governor/Deputy				
Development Objective 3: Supporting Governors – Training and Development Plan					
10	Establish monthly Governor ‘network’ meetings comprising Chairman’s Briefing, information on ‘hot topics’, developmental sessions and Governor information/feedback session				
11	Issue fortnightly briefing update to Governors				
12	Establish programme of bespoke training sessions focussing on the role of the Governor				
Development Objective 4: Constitution - Review					
13	Review to focus on: composition of the Council of Governors, meeting best practice/regulations and general update				

Council of Governors – Business Cycle 2019/20													
Council of Governors development objective	Meeting & Business	Format	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Feb	March
Representing the interests of members and the public: Engagement Plan	Board to Council: Annual Plan 2019/20 Devon STP Plan 2019/20 Delivery structure update	Presentation Discussion		22									
Holding NEDs to account – Involvement Plan	Council of Governors meeting	Present reports Discussion			19								
Representing the interests of members and the public: Engagement Plan	Board to Council: Annual Plan 2019/20 - update Devon STP Plan 2019/20 - update	Presentation Discussion				23							
Holding NEDs to account – Involvement Plan	Council of Governors meeting	Presentation of reports Discussion						25					
Representing the interests of members and the public: Engagement Plan	Annual Members Meeting Present Annual Report & Accounts Lead Governor report to members	Presentation Q&A session						25					
Representing the interests of members and the public: Engagement Plan	Board to Council Annual Plan 2019/20 - update Receive feedback from Governors for Annual Plan 2020/21								23				
Holding NEDs to account – Involvement Plan	Council of Governors meeting	Presentation of reports Discussion									18		
Representing the interests of members and the public: Engagement Plan	Board to Council Annual Plan 2020/21 – draft Inform how Governor feedback influenced Annual Plan 2020/21	Presentation											TBC
Holding NEDs to account – Involvement Plan	Council of Governors meeting	Presentation of reports Discussion											TBC

Appendix 3

Council of Governors 2019 Agenda Plan

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

Council of Governors
Wednesday 19 June 2019

Agenda Item:	4.2
Report Title:	Lead Governor's Report
Report By:	Lead Governor
Open or Closed:	Open under the Freedom of Information Act
1. Summary of Report	
1.1	Topical areas of interest presented by the Lead Governor arising since the last Council of Governors meeting on 22 March 2019.
2. Main Report	
2.1	The Council of Governors continue to be actively involved with supporting the Trust and members.
2.2	The Council of Governors recently participated in the annual appraisal process for the NEDs and Chairman.
2.3	Council of Governors members attended a Board Development session on 22 May. A detailed briefing was provided by the Executive Team on the Trust's financial position, performance targets and the Annual Plan.
2.4	Following completion of the skills and training audit, the Company Secretary in partnership with the Task and Finish Group has prepared a Council of Governors development plan which will be presented at CoG today for discussion.
2.5	Public governor Barbara Inger, Staff Governor Anna Pryor and the Trust's Corporate Governance Manager Monica Trist recently attended the National Governor Focus conference. A verbal presentation on the event was made by Mrs Inger at the 5 June pre-CoG meeting and a written report from Mrs Pryor on key areas from the event have provided governors with ideas that should be considered for development in the future.
2.6	Governors' constituency groups continue to attend their local PPG meetings feeding back to members on the developments in primary care and views of patients etc. Governors also continue to support the consultation processes at Dartmouth and Teignbridge.
2.7	Members of the Council of Governors continue to meet bi-monthly with the COO. This provides a valuable opportunity to be briefed and discuss challenges facing the organisation.
2.8	Governors are also continuing to participate in CQC mock audits with the clinical teams, providing opportunities for governors to meet with inpatients and clinical staff and observing the management of patient care and the patient experience.

2.9 Governor colleagues continue to support the Staff Heroes selection process and attend any opportunities to raise the profile of the Council of Governors. Recent events have included the celebration of the anniversary of the Horizon Ccentre, Volunteers' tea party and presentations to Rotary Groups on the role of the Council of Governors.

2.10 Key areas for future meetings include:-

- Review of Observer role at committees
- Governors Development Programme Implementation
- Review of Communications Log

3. Recommendations

3.1 Governors are asked to note the contents of the Communications Log.

4. Decisions Needed to be Taken

4.1 Note and comment on the information outlined above and attached.

5. Attached to this Report

Attachment one - Constituency reports

Attachment two - Governors communication log

Minutes of Torbay Constituency Meeting 14 May 2019

1. Members present: - WM, LH, EW, NA, PL

No apologies received

2. Minutes of last meeting (17.1.19) duly approved
3. Matters Arising
 - Two substantive meetings with the new COO, JH, both of great value
4. PPG feedback
 - LH, Croft Hall Medical Practice, focused on social prescribing, mental health drop in available, every night
 - WM, Compass House, very proactive group, established nurse practioners to relieve pressure on GPs. Discussed Devon PPG, networking conference, way of meeting with other PPGs to understand, NHS long-term plan (Wednesday 12 June, 9am to 3.30pm, free to attend and lunch provided)
 - Open house at practice 3 July, from 2pm, (TBC), asked if governors would like a stand at the event.
 - EW, Brunel Medical Centre, practice manager has left, only EW turned up for their last PPG
5. Feedback from Governors observers' meetings:
 - LH, Membership meeting. Trust have appointed a new membership manager, subject to references. Concerns voiced about the support given by the trust to this group. WM, also attended this meeting, because the task and finish group work was added to the agend. LH is to write to the Trust, advising that governors no longer prepared to support this group. (This to be a pre-COG agenda item)
 - EW, Estates, discussed £5m capital budget, £3.5m loans to repair theatres. Concerns that if not granted would have to be found from capital expenditure budget.
 - WM, Quality Assurance, able to confirm that Trust is fully on top of this.
 - PL, W&OD, reported that recent Staff Satisfaction survey showed some positives improvements. Good discussion on free format comments now allowed on staff survey. Excellent paper on Talent management. Discussed concerns regarding aging workforce.
6. Agenda items for Pre-COG, WM, to consider raising a question re Trust's finances
7. Constituencies sharing best practices, agreed that this would be useful and for each constituency to have this as an agenda item

Date and time of next meeting, 6 August 3pm venue TBC

CONSTITUENCY SUMMARY SHEET

Constituency:	Teignbridge
Meeting date:	14 May 2019 at Teignmouth Hospital 11 am- 1 pm
Governors present:	Carol Day Chris Edwards Annie Hall Barbara Inger Mike James
Apologies:	John Smith Sylvia Russell Eileen Englemann
Author of the report:	Barbara Inger

Minutes

Approval of Minutes of last meeting held on 14 March 2019 at Ashburton Hospital.

A warm welcome was extended to Chris Edwards one of our new Teignbridge Governors.

We discussed the following:

The most recent list of Governors meetings, where it states that attendance at Public Boards is now voluntary. None of the changes made have been approved at a CoG meeting and some of this group thought that attendance should be required to attend at least two Public Board Meetings per year.

Board Corporate Objectives (given at the beginning of the Board papers) of the six Corporate Risk/Themes listed, none were achieved. A discussion took place as to how the Trusts Board could improve this.

BI reported from the Membership Group that a new Membership Manager had been recruited and would start later in June. However, (at the time of writing) there had still not been any budget allocated.

We had not received any further update from Teignbridge District Council concerning the Brunswick site where a proposed hotel and a new medical centre was planned. It was noted it had gone out for public consultation but this had been postponed until May 2019 and could take a period of four months.

The Reconfiguration of Health and wellbeing services in Teignmouth since the new CCG had formed in April. There would need to be another Public Consultation on the future of Teignmouth Hospital.

BI gave a brief outline of the Governor Focus conference she attended with Anna Pryor on 9 May 2019. It was a very good day with speakers giving talks of very relevant issues affecting Trusts today. A further briefing would be given at the pre CoG meeting on 5 June 2019.

The CQC newsletter was mentioned, this is a very good source of information regarding their work and is well worth a read.

The ten year plan was discussed as it gave insight into what Trusts should be planning for. This document gives a very clear outline of the issues that need to be addressed such as 'reducing variation in the system so people get the consistently high standards of care wherever they live'.

BI reported that there is an omission in the new blue folder, the original included a copy of the Licence agreement. We need to know what is in this document to be able to hold the Trust to account if they are not compliant.

Feedback from Governor observer roles

None.

A.O.B.

None.

The next meeting to be held at Newton Abbot Hospital. Date and time TBA.

Minutes of this Meeting (Author)

Barbara Inger

PUBLIC

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	Status
32	Fri 22/02/2019	B Inger	Teignbridge	Are there any plans for the use of redundant Community Hospitals for Social Care use such as Ashburton and Bovey Tracey to be run in conjunction with the voluntary sector'	L Darke – DECD	30/05/2019	Any sites/buildings no longer required for patient care are considered for development or disposal in line with Government expectations. Some monies raised from this are used to support build and equipment for H&WB centres, thus re-investing back into local communities.	Assigned
33	Wed 27/02/2019	C Davidson @ Extra B2CoG	South Hams	Mr Davidson asked what proportion of Medical agency costs was due to failure to recruit consultants and what proportion to the lack of Junior Doctors. DoF did not have the figures to hand but would check and advise CoG.	P Cooper – DoF	Reminder issued	Response expected from finance team MT	Assigned
34	Fri 01/03/2019	A Hall	Teignbridge	Could governors please receive assurance on process used if there are ever disputes between the families of a deceased person regarding their wishes for cremation	R Dyer - Medical Director	Wed 22/05/2019	Once a death has been registered, body is moved to the undertakers who deal with families and executors of the deceased regarding the wishes of all parties for funeral arrangements	Responded
35	Wed 01/05/2019	A Hopkins on behalf of staff governors	Staff governors	Frequency of Freedom to Speak up Guardians reports to Board	J Falcao	Tue 21/05/2019	Advised that FTSUG report went to 8 May Board	Responded
36	Wed 01/05/2019	A Hopkins on behalf of staff governors	Staff governors	Confirmation that Freedom to Speak up information is included in Trust Annual report	J Falcao	Tue 21/05/2019	It was confirmed that information is included in the Internal Controls section of Trust Annual Report	Responded
37	Wed 01/05/2019	A Hopkins on behalf of staff governors	Staff governors	Confirmation that NEDs are fully sighted on whistleblowing policies and procedures and concerns raised	J Falcao	Tue 21/05/2019	Staff governors were advised that this was on 2019/20 workplan for Audit Committee	Responded
38	Fri 24/05/2019	A Hall	Teignbridge	Following presentation by Devon & Cornwall Police on 22 May, what arrangements is the Trust making to provide on-site accommodation for the Police?	L Darke	Fri 24/05/2019	Currently under review by DECD	Responded

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	Status
1	Weds 04/04/18	Peter Coates	South Hams	(via LG and NED FPIC Chair) The original plan (budget) for the year was to spend £29.58 m capital. Revised forecast is now £8.2m & the actual spend to March (M11) £4.84m. Could you please list all planned (budgeted) items ie. £21.38 mnot in this year's forecast and specify a timeline when these are planned to be spent. Can you meanwhile please give us assurance that they are not holding back the efficiency of the hospital and also not in any way affecting patient care.	P Cooper – DoF	Tue 24/04/2018	Interim response @ 24/04/18 FPIC.	Closed
1	Weds 04/04/18	Peter Coates	South Hams	(via LG and NED FPIC Chair) The original plan (budget) for the year was to spend £29.58 m capital. Revised forecast is now £8.2m & the actual spend to March (M11) £4.84m. Could you please list all planned (budgeted) items ie. £21.38 mnot in this year's forecast and specify a timeline when these are planned to be spent. Can you meanwhile please give us assurance that they are not holding back the efficiency of the hospital and also not in any way affecting patient care.	P Cooper – DoF	24/04/18 & 22/05/18	Covered in detail through Capital presentation at 22 May FPIC	Closed
2	Weds 02/05/18	Peter Coates	South Hams	Mr Coates asked if it would be possible to include numbers as well as percentage data in performance reports. The Interim Chief Operating Officer noted that the information was contained in the report but would be reviewed to ensure visibility.	J Harrison - Interim COO	Weds 02/05/18	This information is in report but would be reviewed to ensure more visible	Closed
3	Mon 21/05/18	Wendy Marshfield	Torbay	Following May Board development session, 5 strategic priorities were proposed for the next 12 months and beyond. What assurance can the Trust provide that governors will be fully briefed and engaged in timely manner & what mechanism will be used to support this engagement given governors' responsibility to engage with constituencies and be fully briefed in advance of any public engagement process.	A Wagner - DSI	Weds 23/05/18	DSI confirmed governors would be fully involved with process. DWFOD would co-ordinate e process to include staff governors & DSI would lead on public engagement inc. public governors. CE & MD would lead on STP engagement. Planning was on-going & governors would be invited to contribute Their viewed on areas to focus on would be invaluable & hel to develop partnership approach to ensure the Quality and Safety of services provided by the Trust.	Closed
4	Mon 21/05/18	Wendy Marshfield	Torbay	Recent guidance from NHSE England regarding zero tolerance on patients who have confirmed cancer and receive treatment after 104 days. At end April Trust had 17 patients still awaiting treatment. What assurance can Board provide on treatment and timelines to achieve required standard	J Harrison - Interim COO	Weds 23/05/18	Measures in place to assess any patient risk & review taking place to ascertain how many waiters >104 days. Patients in breach of any cancer targets are regularly reviewed & full breach analysis conducted & signed off by Clinical Lead to ensure appropriate pathway for each patient. If any patient harm, captured on Datix. Timeline is being worked on to reduce no. patients waiting >104 days to 0 and to eliminate any 62 day breaches by end July – additional capacity would be required together with review of suitable pathways for each patient, recognising that some patients choose to delay their appointment, impacting on wait times	Closed
5	Tues 22/05/18	Wendy Marshfield		For Staff Governor: In the community I hear staff talking about the Trust's organisational "re-structuring".What is the latest as it was meant to have been published by now? Would it be possible to gain assurance that this will be available soon and by what date?	J Harrison - Interim COO		Interim COO advised that feedback provided to staff through weekly Staff Bulletin and following staff consultaion with those affected, recruitment is being finalised for the 2 system delivery teams on 9/10 October. Following this, work will be ongoing with the System delivery teams to ensure that all 5 localities are fully established.	Closed
6	Weds 13/06/18	Craig Davidson	South Hams	At QACC CD reported that he felt it useful to have people understand non-invasive ventilation. At June QIG he was concerned that 7 out of 10 requirements not being met. It was agreed CD could approach MD direct for assurance – CD to report back to CGM that appropriate assurance was available.	R Dyer – MD		Discussed in detail at August QIG. Non Invasive Ventilation action plan to be brought to future QIG meeting	Closed

7	Thu 28/06/2018	Peter Coates	South Hams	Assurance that current delays in capital equip spending is not impacting on prospective consultants refusing posts with Trust due to inadequacy/lack of investment in specialist equipment.	R Dyer – MD	Thu 28/06/2018	email response advising managed through Med. Equip. prioritisation group. MD unaware of any resignation or non-appointment owing to equipment inadequacy although this may have contributed to histopathology recruitment difficulties.	Closed
8	Wed 04/07/2018	Craig Davidson	South Hams	In light of the increase in medical readmissions recently reported by Nuffield Foundation, partly blamed on closure of community hospital beds, assurance sought that this has not occurred locally. Could comparative figures for recent years on readmissions for pneumonia, PTE and pressure sores in Torbay be examined?	J Harrison - Interim COO		QAC conducting deep dive into readmissions. Responded to at July board.	Closed
9	Wed 04/07/2018	Craig Davidson	South Hams	Who has clinical responsibility for Dartmouth IC patients	L Davenport – CE	Mon 16/07/2018	Rests with GP @ DMP. IC planning starts on admission & explained to patient on discharge.	Closed
10	Wed 04/07/2018	Craig Davidson	South Hams	Clinical data on outcomes for Dartmouth IC patients	L Davenport – CE	Mon 16/07/2018	LDv to ask D Butler to forward Dartmouth IC info to CD. L Baxter provided verbal response to CD at meeting on 5 July.	Closed
11	Wed 04/07/2018	Craig Davidson	South Hams	what has been agreed re cuts and bruises service with DMP?	L Davenport – CE	Mon 16/07/2018	Meeting 13/7. Joint working group to be set up. Minor injury Nurses at DMP funded by Trust - need to publicise	Closed
12	Wed 04/07/2018	Peter Coates	South Hams	(Via Lead Governor) Income from sale of Dartmouth Hospital	L Darke – DECD	Wed 01/08/2018	To inc response in Aug Board report. Response included in SEP report by DECD at July FPIC	Closed
13	Wed 04/07/2018	Peter Coates	South Hams	(Via Lead Governor) Funding for H&WB centres esp. Dartmouth	L Darke – DECD	Wed 01/08/2018	To present at 15 Aug B2CoG	Closed
14	Wed 01/08/2018	Craig Davidson	South Hams	(via LG) Removal of Signage in respect of Dartmouth Hospital	L Darke – DECD	Wed 01/08/2018	Reply received at August Board	Closed
15	Tue 25/09/2018	Peter Coates	South Hams	Customer base contributing to Torbay Pharmaceuticals revenue	L Davenport – CE	Wed 03/10/2018	Reply sent to P Coates	Closed
16	Tue 02/10/2018	Wendy Marshfield	Torbay	Capacity issues - Opel 3/4 - how are these being dealt with and are regulators aware?	J Harrison - Interim COO	Weds 3/10/2018	Reply received at October Board	Closed
17	Fri 02/11/2018	Barbara Inger	Teignbridge	From 31/10 constituency meeting: why can't governors have access to ICON	L Davenport – CE	Fri 16/11/2018	Email response sent - system for staff - Data Protectoin issues - still try to ensure govenors receive all information they need	Closed
18	Fri 02/11/2018	Barbara Inger	Teignbridge	From 31/10 constituency meeting: Media releases received late	A Wagner - DSI	Fri 16/11/2018	Email response sent - please provides specific examples so that we can investigate further. (none received as at 29/11)	Closed
19	Fri 02/11/2018	Barbara Inger	Teignbridge	From 31/10 constituency meeting: emails to Trust staff not being responded to	L Davenport – CE	Fri 16/11/2018	Email response sent - emails to FT mailbox are responded to in timely manner. This should be single point of contact for all governor enquiries so that they can be entered on the Comms Log and , directed appropriately.	Closed
20	Mon 05/11/2018	Craig Davidson	South Hams	What smoking cessation services does the Trust offer (question follows British Thoracic Society report)	R Dyer – MD			Closed
21	Mon 05/11/2018	Wendy Marshfield	South Hams	(on behalf of a S Hams governor) Loss of car parking spaces owing to H& Wellbeing centre, why are Estates works taking place at Dartmouth clinic	L Davenport – CE	Wed 07/11/2018	Reply received at November Board	Closed
22	Mon 05/11/2018	Wendy Marshfield	CoG	Intermediate care in Torbay & S Devon - provision/referral/cost	J Harrison - Interim COO	Wed 12/12/2018	Presentation at 12 December CoG	Closed
23	Fri 16/11/2018	Elizabeth Welch	Torbay	LOLER certicates for hoists - issue identified at CIEG as unsupported. Impact on pateints and staff and financial implications.	L Darke – DECD	Tue 27/11/2018	Email response sent - hoists did not actually fail the inspection, and are still safely in-service. A rolling replacement programme for hoists will be starting, following aproval of £100k capital funding by Trust Board.	Closed
24	Tue 27/11/2018	Bob Bryant	Torbay	(Via Lead Governor) Domiciliary care - gender of carers	J Harrison - Interim COO	Wed 28/11/2018	The Trust tries very hard to take account of service users wishes in relation to preferred gender, however supplying this can sometime be difficult. This process is regularly reviewed.	Closed

25	Tue 27/11/2018	Bob Bryant	Torbay	(Via Lead Governor) Domiciliary care - support being provided by Trust staff - impact on their normal work and financial impact on Trust	J Harrison - Interim COO	Wed 28/11/2018	Discussed at meeting with Interim COO, Transfer to new provider in place. Intermediate Care Presentation to Dec 18 CoG	Closed
26	Wed 06/02/2019	A Hall	Teignbridge	Could governors please receive assurance on the process used if there are ever disputes between the Trust and families of a deceased person regarding their wishes for cremation	R Dyer – MD	Fri 01/03/2019	Policy awaited - CGM will issue to governor	Closed
27	Tue 15/01/2019	P Coates	South Hams	Question raised on detail of funding relating to Dartmouth Well Being Centre.	L Davenport – CE	Tue 22/01/2019	Given the commercially sensitive nature of the financial figures for the Dartmouth Health and Well-Being Centre the Trust will not be providing financial information until the appropriate review and approval process has been undertaken.	Closed
28	Mon 28/01/2019	P Lilley	Torbay	Re our valued EU vulnerable employees, can governors have specific assurances that they are being supported weekly, as they go through the application process, to make sure they feel valued and respected	J Falcao – DWFOD	Mon 04/02/2019	Trust wrote to all EU staff explaining support available for EU Settled Status applications, explaining these staff were supported and valued & that the Trust would pay the application fee for staff and their immediate family. line managers have been asked to support these staff, with HR guidance also available, & EU settled status information published on website.	Closed
29	Mon 28/01/2019	P Lilley	Torbay	What is our networking approach within the NHS for key Trust appointments, , to ensure we showcase ourselves, our brand and reputation & attract the very best talent.	J Falcao – DWFOD	Mon 04/02/2019	Candidate packs developed with comprehensive information on the Trust, our brand & reputation for potential candidates. LinkedIn & Social Media used to promote Trust, recruitment videos recently developed to showcase Trust achievements and innovations in clinical services. We work closely with other local trusts to attract talent to the area & are involved in school/college recruitment. Engagement with NHSI Talent Management surveys, giving the opportunity to identify our senior Director level vacancies and review if any potential candidates looking for their next leadership position.	Closed
30	Fri 01/02/2019	Pre CoG December 18	CoG	The new on-site pharmacy at the Trust's acute hospital seems to close at odd hours in relation to weekends and clinics – could you clarify the opening hours and reasons for these please	R Dyer – MD	Thu 28/02/2019	It is open 8.30 to 5.30 Monday to Friday. The primary role of the pharmacy is to dispense Outpatient prescriptions - the opening times are based upon when most Outpatient clinics take place.	Closed
31	Fri 22/02/2019	CoG	CoG	Trusts stopped from using land sales to meet 'control totals'	L Darke – DECD	Mon 25/02/2019	We have assumed any receipts from land sales will be re-used as capital and not revenue as is best practice.	Closed

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

Meeting date:	17 April 2019
Report by + date:	Sally Taylor, 12 May 2019
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 type="checkbox"/> 3: Valuing our workforce <input 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"/> + Freedom of Information Act exemption [S43 – commercial interests]

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

1. The Self review tool for NHS CFA standards has been completed. There is a new requirement for the DoF and Audit Chair to sign off before submission. All sections were green bar one amber, which has an action plan in place.
2. The Committee received a report from Counter Fraud with an update on current investigations. No new issues were identified.
3. Internal Audit has now been renamed ASW Assurance.
4. The Committee noted there were some overdue Audit recommendations remaining. However none were major
5. The following Audit reports had been received with a Satisfactory level of assurance:-
 - a) Enhanced intermediate care - noted slight differences in processes across the five areas and that KPIs need a refresh.
 - b) Debtors - no recommendations
 - c) Medicines management - some minor concerns noted e.g. fridge temperature checks
 - d) CIP programme process and reporting - lack of management capacity to monitor CIP now captured on the Risk Register and it was noted that CIP monitoring needs to be carried out in the context of the new organisational structure.
6. IA had also looked at:-
 - a) Clinical Policy Management and noted that the percentage of overdue reviews is reducing year on year and currently stands at 23% which represents 354 policies
 - b) The TUPE process for children's services was deemed satisfactory.
7. IA strategy was reviewed and it was noted that it is now cross referenced to the Trust's Board Assurance Framework and Corporate Risk Register. The approach is deliberately flexible to enable responsive and value added work.
8. External Audit reported on progress to date on the audit. The two major issues (Fixed

Asset valuation and Going Concern) were discussed. It was agreed that the DoF would take a cash flow paper to the Board.

9. Assurance on process was taken from the Clinical Audit report received. The high volume of new NICE guidance and consequent workload was noted.
10. The new format Board Assurance Framework was received and agreed as useful.
11. The committee received a report on Social Care debt and took assurance on the process.

Key Decision(s)/Recommendations Made:

The Board is asked to note the contents of this report

Name: Sally Taylor (Committee Chair)

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

Meeting date:	26 March 2019
Report by + date:	Robin Sutton, 27 March 2019
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 issues to highlight to the Board (Month 11, February 2019):

1. For assurance the Committee reviewed the Month 11 Financial Performance, the deficit of £6.6m is £6.7m adverse to budget. The Trust is forecasting an end of year deficit of £4.1m compared to a budgeted surplus of £2.2m. This adverse forecast position reflects SDU forecast deficit of £16.5m offset by recovery solutions of £4.8m and RSA income of £7.6m. Against a CIP target of £26.9m, the end of year forecast is expected to be £18.9m with recurrent delivery of £10.4m.
2. For assurance the Committee reviewed the Month 11 Performance Standards together with related management actions and mitigations. These standards continue to suffer from the impact of operating theatre closures. Despite mitigations that are in place it is forecast that RTT waits over 52 weeks will be 88 by March 2019 recovering to 5 by March 2020.
3. NHSI self-certification for Month 11 was approved by the Committee.
4. The Committee noted the revised cash and capital expenditure forecast, the latest forecast shows an increased reduction in forecast capital expenditure of £16.1m against a plan of £27.3m. Concern was expressed at the rate of capital expenditure spend.
5. The business case for Junior Doctors was approved by the Committee together with the requirement for a medical staffing plan that aligns to the business case.
6. For assurance the Committee was updated on the 2019/20 Business Planning Process and the current Risk Share Arrangement negotiations. The forecast for 2019/20 is due to be reviewed by the Board on 29 March 2019.
7. For assurance the Committee ratified the virtual decision regarding Children's 0-19 Services for Torbay.
8. For assurance the Committee ratified the virtual decisions regarding Devon CYP thresholds and the decision to sign the contract.
9. No changes to the Finance Risk Register were noted. Review of the Board Assurance Framework risks 1231 and 2285 was discussed.
10. Torbay Pharmaceuticals financial performance for February 2019 was reviewed by the Committee for assurance. TP remains on track to achieve the budgeted contribution for

the financial year.

11. There has been no HIS report since last FPIC meeting. The Committee requested an update on GDPR and HIS team resilience for April FPIC meeting.
12. SBMT meeting report for 14 March 2019 was noted, no CBEAG meeting since last FPIC meeting.
13. Review of FPIC (FPDC) terms of reference and the workplan for 2019 were reviewed and approved.
14. The Committee expressed its thanks to Ann Wagner for her valued contributions to FPIC meetings.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Robin Sutton (Committee Chair)

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

Meeting date:	30 April 2019
Report by + date:	Jon Welch, 2 May 2019
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 issues to highlight to the Board (Month 12, March 2019):

In a busy meeting there were a small number of items in the 30 April meeting of the FP&D Committee which merit elevation to the Board:

1. The development of the Trust Capital Programme was discussed and it became clear that the current cash allocation will not meet the requirement. Whilst the prioritisation process is well underway, there is no definitive set of schemes agreed at this stage and it was directed that a way ahead be developed, before the next FP&D meeting
2. A series of Deep Dives into the Annual work programme will not be routinely programmed, but the Committee will retain the facility to ask for Deep Dives into items of particular interest as they appear.
3. The Committee will ensure that items on the Financial Risk Register are reviewed, in Committee, at least annually (Executive advice is being sought on whether to extend this to include Digital Risks in accordance with the Committee's approved Terms of Reference)
4. It was agreed that an "external review" of the resilience, both personnel and equipment, within the Trust Digital structure should be commissioned. There were several reasons for this, but a need for a credible analysis to support a bid for central funding was seen as key.
5. The wide-ranging impact of the work of the South Devon Health Innovations Partnership was discussed and the visibility of their work (attended by DoF and DECD) will be addressed as part of the wider governance review being conducted by the Company Secretary.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Jon Welch (Committee Chair for 30 April 2019 meeting)

**Report of Charitable Funds Committee Chair
to TSDFT Board of Directors**

Meeting dates:	15 March 2019
Report by + date:	Jacqui Lyttle, 28 March 2019
This report is for:	Information <input checked="" type="checkbox"/> and Decision <input checked="" 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 type="checkbox"/> 2: Improved wellbeing through partnership <input 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"/> + Freedom of Information Act exemption

Key issue(s) to highlight to the Board:

Financial position of funds

The committee noted that the levels of expenditure have slowed down markedly over the past six months, with actual year to date expenditure of £400k against a plan of £1m. The committee were advised that the main reasons for the slow down were:

- Reduction in high level capital transactions
- Lack of available staff time to plan how to spend funds
- The 'general central' funds have been used

It was agreed by the committee that the communication routes used to date to encourage fund holders to use charitable funds were no longer effective. It was agreed that a new approach needed to be explored which highlighted the positive impact of using charitable funds and to develop a good news message for fund holders to help facilitate the appropriate reduction in fund balances.

See key decision (1)

The committee were assured that there were no financial risks of holding a higher than expected balance at year end.

Balance sheet

The committee were assured that there were no financial risks.

Centrally held funds

- The committee noted that the Trust had been paid £400k for the expenditure to date which left a residual of £600k against the original grant given during the year.

Because of the uncertainty with financial markets the committee agreed for the management of risk that the balance of £600k should remain within charitable funds until it was required to attract a better return on investment.

See key decision (2)

Planning priorities 2019/20

The committee reviewed its planning priorities for 2019/20 and agreed a new priority area supporting improvements to patient and carer experience

See key decision (3)

2018/19 administrative support and staffing plan

The committee were advised that due to the lower than expected fund activity in 2018/19 the actual amount of administrative support provided was lower than planned. The committee agreed that adjustments should be made in the accounts for 2018/19, and that adjustments should be made to the plan for 2019/20.

See key decision (4)

Key Decision(s) Made:

1. The committee agreed that a new communication strategy be developed, including exploring the use of ICON, VLOG's and face to face events.
2. The committee agreed that the £600k residual of the grant given by the Charitable Funds during 2018/19 would not be paid to the Trust at year end, but would be held in-order to attract a better return on investment.
3. The committee agreed that its planning priorities for 2019/20 should be amended to take into account the three priority areas and circulated to all fund holders
 - Discretionary staff training/development
 - Purchases of medical equipment
 - Small items of expenditure to improve the patient experience and that of carers
4. The Committee agreed that the Charitable Funds and the Trust would take an equal 50% share of the difference in the charge for 2018/19 and that the admin fee for 2019/20 would be reduced to the outturn of 2018/19 with a midyear review.
5. Following a positive meeting with the Torbay Hospital League of Friends, the Committee agreed a joint approach to maximise fundraising opportunities. The Committee also agreed that a similar approach would be undertaken with other Leagues of Friends.
6. The Committee agreed that the work undertaken to date on establishing a staff lottery would be reactivated with a proposal outlining next steps and timelines to be considered at the next meeting.

Recommendation(s):

1. To note the actions detailed within this report

Name: Jacqui Lyttle - Committee Chair