




# Torbay and South Devon NHS Foundation Trust

## Council of Governors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital  
18 December 2019 14:00 - 18 December 2019 16:00

# AGENDA

#	Description	Owner	Time
1	<b>OPENING MATTERS</b>		14:00
1.1	Chairman's welcome and apologies for absence: Paul Lilley To receive	Chair	
1.2	Declaration of interests To receive	Chair	
2	<b>BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING</b>		14:05
2.1.1	Minutes of Council of Governors' meeting held on 25 September 2019 (enc) To approve  02.1.1 - 2019.09.25 DRAFT CoG minutes.pdf 7	Chair	
2.1.2	Minutes of the Annual Members Meeting held on 25 September 2019 (enc) To approve  02.1.2 - 2019.09.25 DRAFT AMM minutes.pdf 17	Chair	
2.2	Matters arising not covered elsewhere on the agenda To receive	Chair	
3	<b>BUSINESS REPORTS</b>		
3.1	Chairman's report (verbal) To receive	Chair	14:10
3.2	Chief Executive's report (enc) To receive  03.2 - Chief Executive's report.pdf 53	Chief Executive	14:20
4	<b>GOVERNANCE REPORTS</b>		

#	Description	Owner	Time
4.1	<p><b>Trust Constitution (enc)</b></p> <p>To approve</p> <p> 04.1 - FT Constitution cover sheet.pdf 65</p>	Company Secretary	14:35
4.2	<p><b>Membership Development Plan (enc)</b></p> <p>To approve</p> <p> 04.2 - TSDFT Membership Development Plan.pdf 67</p>	Company Secretary	14:40
4.3	<p><b>Company Secretary's report (enc)</b></p> <p>To receive</p> <p> 04.3 - CoG company secretary's report.pdf 79</p>	Company Secretary	14:50
4.4	<p><b>Lead Governor's report (enc)</b></p> <p>To receive</p> <p> 04.4 - Lead Governor report 20191218.pdf 115</p>	Lead Governor	14:55
4.5	<p><b>Committee Reports from Governors (enc)</b></p> <p>To receive</p> <p> 04.5 - QCC report.pdf 119</p>	Governor Chair / Representative	15:05
5	<b>NON-EXECUTIVE DIRECTOR REPORTS</b>		
5.1	<p><b>Non-Executive Director Committee Reports:</b></p> <p>To receive</p>		15:15
5.1.1	<b>Audit Committee (verbal)</b>	Mrs S Taylor	
5.1.2	<b>NEDs' Nominations, Remuneration and Terms of Service Committee (verbal)</b>	Sir R Ibbotson	
5.1.3	<b>Quality Assurance Committee (verbal)</b>	Mrs J Lyttle	
5.1.4	<b>Finance, Performance and Digital Committee (verbal)</b>	Mr C Balch	
5.1.5	<b>People Committee (verbal)</b>	Ms V Matthews	
5.1.6	<b>Governors' Nominations and Remuneration Committee (verbal)</b>	Sir R Ibbotson	
6	<b>MEMBER AND GOVERNOR QUESTIONS</b>		

#	Description	Owner	Time
6.1	Questions from Members and Governors To receive	Chair	15:20
7	<b>CLOSING MATTERS</b>		
7.1	Any other business	Chair	
7.2	Close of meeting	Chair	15:45*
	Details of next Council of Governors' meeting: Wednesday 12 February 2020, 2pm – 4pm in the Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital For information		
	*A private meeting for Governors will take place at 15:45		
	Executive Directors, Non-Executive Directors and members of the public please leave the meeting at this point		

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**MINUTES OF THE COUNCIL OF GOVERNORS MEETING**

**HELD ON 25 SEPTEMBER 2019 AT 10AM**

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

Governors

- |                   |                            |                    |
|-------------------|----------------------------|--------------------|
| * Nicole Amil     | * Richard Ibbotson (Chair) |                    |
| Derek Blackford   | * Lesley Archer            | Michael Birch      |
| * Carol Day       | * Peter Coates             | * Craig Davidson   |
| * Lorraine Evans  | Chris Edwards              | Eileen Engelmann   |
| * Steven Harden   | * Gary Goswell-Munro       | * Annie Hall       |
| * Lynne Hookings  | Jonathan Hawkins           | * David Hickman    |
| * Mary Lewis      | * Barbara Inger            | Michael James      |
| * Anna Pryor      | * Paul Lilley              | * Wendy Marshfield |
| * Elizabeth Welch | * Rosemary Rowe            | John Smith         |

Directors

- |                  |  |        |
|------------------|--|--------|
| * Liz Davenport  | Chief Executive                                      | (CE)   |
| * 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  | Chief Operating Officer                              | (COO)  |
| Adel Jones       | Director of Transformation and Partnerships          | (DTP)  |
| * Dave Killoran  | Interim Director of Finance                          | (IDoF) |
| * Jane Viner     | Chief Nurse and Deputy Chief Executive               | (CN)   |
| * Chris Balch    | Non-Executive Director                               | (CB)   |
| * Jacqui Lyttle  | Non-Executive Director / Senior Independent Director | (JL)   |
| * Vikki Matthews | Non-Executive Director                               | (VM)   |
| * Paul Richards  | Non-Executive Director                               | (PR)   |
| * Robin Sutton   | Non-Executive Director                               | (RS)   |
| Sally Taylor     | Non-Executive Director / Vice Chair                  | (ST)   |
| * Jon Welch      | Non-Executive Director                               | (JW)   |

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

In attendance:

- |                |   |       |
|----------------|---|-------|
| Monica Trist   | Corporate Governance Manager and minute taker | (CGM) |
| Sally-Ann Reay | Membership Manager and minute taker           | (MM)  |

		<b>Action</b>
<b>1.</b>	<b>OPENING MATTERS</b>	
1.1	<b><u>Welcome and Apologies</u></b>	
	Apologies were received from Derek Blackford, Chris Edwards, Michael	

James, Jane Downes, Rob Dyer, Judy Falcao, Adel Jones, and Sally Taylor.

The Chairman welcomed Rosemary Rowe, who had recently joined as local-authority appointed Governor for South Hams District Council and had previously served as a Governor with the Trust.

## 1.2 **Declaration of Interests**

None.

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

### 2.1 **Minutes of the Meeting held on 19 June 2019**

The minutes were approved as a true 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 welcomed Governors to the meeting and said he would discuss the challenges, changes and opportunities currently facing the Trust.

The Chairman advised that the new Interim Lead Chief Executive of the Sustainability and Transformation Partnership (STP) was Philippa Slinger, who was very experienced particularly in regard to leading change.

The Chairman was pleased to announce that the Armed Forces Covenant had been signed by the Trust in the Summer and a team from the Trust had recently taken part in the Armed Forces Olympics event.

At the end of June, the Non-Executive Directors (NEDs) had visited the Brixham Friends Centre, which had been set up due to a collaboration of organisations working together, including provision of a significant amount of money from the League of Friends, with the Trust providing a parcel of land next to Brixham Hospital and the local care organisation (Brixham Does Care) involved in the setting up of the centre. The Chairman noted that the first Governor Network meeting on 08 October was being held at Brixham Hospital and would involve a visit to the Brixham Friends Centre.

The Chairman had recently attended a meeting with Simon Stevens, Chief Executive of the NHS and there had been plenty of discussion about the challenges the whole of the South West NHS were facing.

The Chairman noted that following Paul Cooper's departure at the end of July 2019, Dave Killoran had joined the Trust as Interim Director of Finance (IDoF) and was doing an excellent job.



Anne Marie Morris, MP had recently visited Torbay Pharmaceuticals and been very impressed by the facility and the work undertaken, which she had not previously been aware of.

The Chairman thanked Governors for participating in the focus group for selection of the next Chief Finance Officer on 6 September and was pleased to announce that David Stacey would be joining the Trust at the beginning of 2020.

The Chairman attended the Paignton Health and Wellbeing Centre Open Day on Saturday 7 September. This event had been a huge success and had been well attended by the public, giving them lots of activities to take part in and various health checks had been available. The Chairman felt this was an event that should be replicated elsewhere in the Trust and he thanked the two Governors who had taken part on the day - Annie Hall and Anna Pryor.

In mid-September the KPMG Review had started and there would be more detailed information on this from the Chief Executive (CE) shortly.

On the 18 September, the Chairman had attended the Hollacombe Community Resource Centre (CRC) Open Event which had been most informative and showcased the work undertaken by the teams with complex service users.

The inaugural Staff Heroes Annual Award ceremony would be held on 26 September - invitations had previously been extended to all Governors and he thanked those Governors who were on the judging panel. This event had been sponsored so that there was not a cost to the Trust for holding the event.

### 3.2 **Chief Executive's Report**

The CE reported that the Trust had received an esteemed visitor on 23 August, Boris Johnson (Prime Minister). The CE was very proud of all staff who were involved on that day and the feedback they had given to the Prime Minister of the need for a new Hospital.

The CE reported on the critical IT systems failure of Sunday 22 September and Monday 23 September. This outage meant that both the IT and Telephony systems were down, for the Trust and for wider Primary Care organisations locally. The CE wanted to thank staff for their efforts at dealing with this event, in particular Lesley Darke, Director of Estates and Commercial Development (DECD) and team who had stayed on site 24 hours and Jane Viner, Chief Nurse (CN) who had led the response. Business Continuity Plans had been utilised and there would be some learning from the process. The ageing IT network is a significant risk and the Board had already signed off a business plan to replace this over an 18-month period, but during this replacement period there would be this ongoing vulnerability.

Two pieces of work were being undertaken:

- a) To check that all risk mitigation is in place. That work is being led by Gary Hotine, Health Informatics Director and Adel Jones, Director of Transformations and Partnerships (DTP).
- b) Review the operational response from Sunday 22 September and Monday 23 September. Informal feedback from this review is that the investment in operational standby procedures had been useful e.g. control rooms.

Mr Harden asked about the detailed numbers of people affected by the IT Systems failure and CE responded that whilst she was unable to give precise figures at the current time, a review was being conducted to gather the necessary learning points. It was suggested that detail of Mr Harden's question be picked up outside of the meeting and added to the Governors Communication Log by CGM.

CGM

The CE referred to the financial review established to look at the underlying drivers of the deficit in the Trust financial position. Jointly with the CCG the Trust had commissioned KPMG to undertake this financial review commencing at the beginning of September, with first report due out first week of October. The Trust would share the report widely, including Governors. Feedback obtained so far indicated similar views to that given previously by Sarah Brampton.

There had been a number of questions recently regarding the operating theatres. Two theatres had been out of action since November 2018 and completion of this work, led by DECD was due at the end of September 2019, with orientation work being done off site and opening of theatres due in October 2019. There remained challenges with the remaining operating theatre stock, particularly in regard to humidity and temperature control.

The CE spoke about the Executive Team internal drivers, focusing on key priorities:

- a) Focusing on the four-hour wait standard
- b) Focusing on the financial gap
- c) Driving forward the integrated community care model
- d) Building on networks with other organisations
- e) Focusing on the Estates infrastructure
- f) Continuing to focus on the health & wellbeing of staff

There were several pieces of external focussed work, namely the system partner response to the NHSI Long term plan, which required the first submission at the end of this week. Long term aspirations were in place for Devon to return to balance, without the need for sustainability funding. This was not an easy option to achieve as the Devon-wide system was currently in deficit.

CE reported on a National mandate by 2021/22 to adopt a fully integrated care model system and the aim is to create a shadow Devon system with effect from April 2020, with a Devon STP Conference at Sandy Park on 16 October to commence planning work.

CE said that significant changes were anticipated with regard to local commissioning and delivery systems including capitated budgets and the Trust was at a critical point to try and take advantage of opportunities of these changes and need Governors to lead on conversations about this with the local public. Mrs Marshfield, Lead Governor (LG) asked if it would be possible for some educational/development sessions to be set up to enable Governors to understand the implications of these changes and to be able to influence the debate. LG suggested that these are picked up at the forthcoming Network Meetings and noted that DTP was due to attend the November meeting. LG asked all Governors to try and attend the Network Meetings which had been publicised. In addition, the LG said that all Governors had been invited to a Communications Review meeting on 2nd October.

#### **4. GOVERNANCE REPORTS**

##### **4.1 Appointment of External Audit Services**

The Chairman explained that PricewaterhouseCoopers (PWC) had been external auditors of the Trust for some time and the Council of Governors had agreed a one-year extension to 01 July 2020. The paper presented the proposed appointment process, including timeline for the Trust's external auditor and the Chair requested any submissions of interest from Governors to join the External Auditor Appointment Panel to be sent to the Company Secretary by 9 October 2019.

**ALL**

Governors approved the timeline for the appointment of the external auditor and noted the request for submissions of interest in joining the External Auditor Appointments Panel to the Company Secretary by 9 October 2019.

##### **4.2 Governor Observer Appointments**

The Chairman explained that this paper explained the refreshed process for the Governor Observer roles and asked if there were any questions, and there were none.

Governors noted the recommendations of the report that the appointment of Governor Observers will apply to Board sub committees and approved the nomination and appointments process of Governor Observers to Board sub-committees.

##### **4.3 Company Secretary's report**

The Chairman explained that in the absence of the Company Secretary at today's meeting he was happy to answer any questions if required. The External Auditors Report on the Annual Report and Accounts will be reported formally to the Annual Members Meeting later today. CGM noted an error on page 44 where the extension to the term of office for the current Lead Governor and Deputy Lead Governor would be extended to March 2020 (not March 2019 as written in the paper). The Chairman explained that this had been necessary as no Governors had submitted expressions of interest in the roles and both the Lead Governor and Deputy Lead Governor had kindly agreed to carry on until next March.

**CGM**

Governors noted the extended term of office for the current Lead Governor and Deputy Lead Governor to March 2020 and noted that a further call for interest for the positions of Lead Governor and Deputy Lead Governor will be undertaken after the December CoG meeting.

Mrs Welch asked for clarity on the “Basis for Adverse opinion and Key Audit Matter” section on page 55 and asked whether this was the element that the KPMG review was looking at. IDOF responded that the KPMG Review was looking at the overall financial position of the Trust, Trust long term planning and the challenges in the system rather than the BFA. The IDOF explained that there were historic issues that meant some Trust savings are non-recurrent and therefore the Trust required a borrowing facility which has absolute security from the Department of Health, so there is not a concern that the Trust would be dissolved. The Chairman added that many Trusts were in a similar financial position and this was the appropriate technical terminology. CE said that PricewaterhouseCooper would speak at the Annual Members’ Meeting and would show that the financial settlement available to the Trust had improved as a result of system plans undertaken by the Trust.

Governors received and noted the Annual Report, Annual Accounts and Auditors Report, which was being taken to the Annual Members’ Meeting to be held later in the day.

LG said that certain elements of the Company Secretary’s report had been discussed at pre-CoG meeting by Governors and they had been pleased to see that Disclosure and Barring Service (DBS) checks will be introduced for Governors with effect from 2020.

Members received and unanimously accepted the contents of the Company Secretary report.

4.4 **Lead Governor’s report including Communications Log**

LG presented her report, outlining areas of interest since the previous CoG. She reminded Governors of the newly established Network Meetings and said that Governors had agreed that it would be preferable for the quarterly Pre-CoG meetings to be set for a morning slot on the nearest available Network Meeting in order to avoid multiple meetings on different days. CGM to liaise with LG outside of the meeting to establish the revised Pre-CoG dates going forward. LG asked that if Governors had any particular issues they wanted clarity on, to inform the Foundation Trust office for scheduling at an appropriate Network Meeting.

**CGM**

**ALL**

Governors continued to participate in CQC mock audits and this work was valued. There had been Governor involvement in the appointments process for Chief Finance Officer and she congratulated David Stacey on his appointment. The Staff Heroes Awards continued to get support from Governor colleagues, Mrs Hall and Mrs Hookings. Improvements to communication with Governors had been noted with the introduction of the Governor fortnightly e-newsletter and if there were external meetings that Governors wanted to share details of, please inform the MM to include in the fortnightly e-newsletter.

**ALL**

Work was underway on revision of the Trust constitution, and some Governors were taking part in this work. The Governors' Communication Log was currently up to date and the latest edition was attached as an appendix. In addition, the log was issued as an appendix to the Governors e-newsletter on a regular basis. LG asked all Governors to continue to direct any questions to the Foundation Trust office for questions to be logged and directed appropriately in accordance with the agreed process.

LG asked all Governors to try and attend the Annual Members' Meeting at 2pm that afternoon as the Foundation Trust office had worked hard to engage with members and ensure good attendance.

Members noted the contents of the Lead Governor's report and noted the contents of the Governors' Communications Log.

#### 4.5 **Chair of Membership Group Report**

Mrs Hookings (LH) Chair of the Membership Group gave a verbal report on recent work undertaken. The Group had attended 11 events and functions to promote the Trust and identify new members. Two Membership Group members had left (Ken Allen and Bob Bryant) and LH welcomed any Governors interested in joining the Membership Group to contact her.

ALL

In August 2019 the Group assisted the Trust in asking the public to respond to the "Better for you, Better for Devon" survey at Level 2 Outpatients. Further opportunities for functions to attend were listed and a "Medicine for Members" event had been promised from the third quarter of the year.

An opportunity to engage with the wider public had been sent to all Governors for the recent Paignton Open day but with limited response. LH reminded Governors that all were welcome to participate with this work and details would be sent to everyone of future events when available. Over 250 members had been recruited in the year and there was an ongoing debate over how best to focus on this for the future. Membership leaflet revision was awaited in due course with an offer still available for professional printing.

Governors noted the contents of the Membership Group report.

The LG added that the Task and Finish Group continued to make good progress and the newly established Network Meetings would assist in taking this work forward. The Chairman added that the Network Meetings were for Governors and they could have input into topics to be discussed.

## 5. **NON-EXECUTIVE DIRECTOR REPORTS**

### 5.1 **Non-Executive Director Committee Reports:**

The Chairman invited questions from Governors on the reports submitted and the business of the Committees.

- 5.1.1 **Audit Committee:** There were no questions from Governors on the work of the committee.
- 5.1.2 **NEDs' Nominations, Remuneration and Terms of Service Committee:** There were no questions from Governors on the work of the Committee. The Chairman advised that the most recent involvement had been with the recruitment of the Chief Finance Officer role and thanked Governors for their involvement.
- 5.1.3 **Quality Assurance Committee:** Mrs Lyttle, QAC Chair, provided a verbal update on the meeting held on 18 September 2019.

Key issues that QAC had focused on were:

- a) Operational pressures on RTT, ED and Cancer Wait targets. Whilst QAC were assured that no patients had been disadvantaged in terms of being seen in priority order, there remained a question over the quality of service provided when the Trust was operating at Opel 4 and more assurance had been sought on this regard.
- b) Partial assurance had been given on the new cancer target, as diagnostic service issues meant currently struggling to meet the 2-week wait and 62-day targets.

Chief Operating Officer (COO), gave reassurance that there was capacity to deliver on the new cancer target and the Trust had wanted to be a pilot site. Three workstreams were in place to improve the 4-hour target in ED, each clinically led and it was felt the improvements would be forthcoming. Chief Nurse (CN) reported that despite an overcrowded ED the CQC had rated the Trust as "safe" and the ED as "good" and the CCG came in regularly at the busiest of times and could see the remarkable work carried out by staff who work tirelessly to minimize the risk and keep every patient "in line of sight". The Chairman added that there was a real estate plan lead by Mrs Darke (DECD) to seek a way forward.

Mrs Lyttle reported that an open and robust conversation had been held at the QAC and it was acknowledged that the Trust was not an outlier, as other South West Trusts were also experiencing similar system pressure. The Board and STP were well aware of the issues and extra staff had been placed in ED and external regulators were of the view that the Trust was safe. The CE added that solutions would be needed across the Devon STP and that as Chair of the STP Urgent and Emergency Care Board she would be leading on this.

- 5.1.4 **Finance, Performance and Digital Committee (FPDC):** Written reports had been provided on the work carried out at the meetings held on 25 June 2019 and 30 July 2019. Mr Sutton, Chair of the FPDC, also gave a verbal update on the FPDC held on 24 September 2019 where there was a £1million adverse to control total for end month 5. There was a real cost pressure with regard to CIP for the forthcoming year.

There were no questions from Governors on the work of the Committee.

- 5.1.5 **Governors' Nominations and Remuneration Committee:** The Chairman said that the Committee had not met since 19 March 2019, as insufficient business to discuss. However, there was an item for the Private Council of Governors meeting later. The Chairman advised of the change in nomenclature to avoid confusion with the NED Nominations, Remuneration and Terms of Service Committee.

There were no questions from Governors on the work of the Committee.

## **6. MEMBER AND GOVERNOR QUESTIONS**

### **6.1 Questions from Members and Governors**

CGM said that two questions had been received in advance relating to the critical IT incident and these will be added to the Governors Communication Log:

- a) Following the recent critical computer outage experienced by the Trust, governors are seeking assurance that appropriate actions are being taken to address the risk of potential re-occurrences. We fully recognise that appropriate investigations and analysis will be required and request that when this is available, a briefing is shared with governors.
- b) We would also advise the Trust that governors have been notified of a number of patients who have been unable to access the Trust's telephone system, with all calls being directed to the switchboard. Please could governors be provided with information regarding this, so that they can make an informed response when queries are raised with them by Trust members or members of the public on this issue.

Mr Coates asked which NED was specifically responsible for Communications. The Chairman responded that not allocated to one specific NED but that any IT related elements would fall under Mr Richards, with the People Committee (Chaired by Mrs Matthews) picking up some elements. Mrs Lyttle added that issues relating to communication of quality/safety/patient experience would fall under the remit of the QAC. The Chair added that if unsure which individual to approach with regard to Communications then to address to himself. The Trust were looking to the forthcoming Communications Review to move to a more proactive approach to communications.

## **7. CLOSING MATTERS**

### **7.1 Any other business**

There were none.

### **7.2 Details of Next Meeting:**

Wednesday 18 December 2019, 2pm - 4pm in the Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital.

7.3 **Close of meeting**

The meeting closed at 11.50 hours.

DRAFT



**MINUTES OF THE ANNUAL MEMBERS MEETING**

**HELD AT 2 PM IN TREC,**

**HORIZON CENTRE, TORBAY HOSPITAL**

**25 SEPTEMBER 2019**

Governors

	* Richard Ibbotson (Chair)	
* Nicole Amil	* Lesley Archer	Michael Birch
Derek Blackford	Peter Coates	Craig Davidson
* Carol Day	Chris Edwards	Eileen Engelmann
* Lorraine Evans	* Gary Goswell-Munro	* Annie Hall
* Steven Harden	Jonathan Hawkins	* David Hickman
* Lynne Hookings	* Barbara Inger	Michael James
* Mary Lewis	Paul Lilley	* Wendy Marshfield
* Anna Pryor	Rosemary Rowe	John Smith
* Elizabeth Welch		

Directors

* Liz Davenport	Chief Executive	(CE)
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	Chief Operating Officer	(COO)
Adel Jones	Director of Transformation and Partnerships	(DTP)
* Dave Killoran	Interim Director of Finance	(IDoF)
* Jane Viner	Chief Nurse and Deputy Chief Executive	(CN)
* Chris Balch	Non-Executive Director	(CB)
* Jacqui Lyttle	Non-Executive Director / Senior Independent Director	(JL)
Vikki Matthews	Non-Executive Director	(VM)
* Paul Richards	Non-Executive Director	(PR)
Robin Sutton	Non-Executive Director	(RS)
Sally Taylor	Non-Executive Director / Vice Chair	(ST)
* Jon Welch	Non-Executive Director	(JW)

(\* denotes present)

The meeting was also attended by Foundation Trust members, staff members and members of the public.

## 1. Welcome and Apologies

The Chairman welcomed all present to the Annual Members Meeting and noted the apologies received, including from long serving Trust member Mrs Barbara Ashton.

Chairman said that whilst it had been a challenging year, the Trust had received national recognition for both Day Surgery and Rheumatology service innovations and the Annual Members Meeting was going to be hearing from Consultants from both these teams during the afternoon.

Chairman drew attention to the successful consortium bid for Children & Young Persons services, with a vision for the future care model to take forward. The Trust had faced some challenges, both in rising demand and financial pressures, which would be further highlighted in the External Auditors report later in the meeting.

The Trust had made significant progress in many areas since it had become an Integrated Care Organisation continuing to achieve high performance standards for “delays of transfers of care”, and was near the top nationally with regard to feedback on medical school teaching. Apprenticeships and links with South Devon College and large scale engagement with our Trust volunteers continue to develop. There continued to be huge support from the Trust’s Leagues of Friends, which had enabled the Brixham Friends Centre to be built and equipped. The Chairman expressed appreciation to all involved for the continued success of the organisation.


The Chairman noted that this would be the first Annual Members Meeting for Liz Davenport in her substantive role as Chief Executive (CE).

Apologies received from Derek Blackford, Peter Coates, Eileen Engelmann, Chris Edwards, Jane Downes, Rob Dyer, Sally Taylor, Pat Harris (Healthwatch) and Barbara Ashton (member).

## 2. Developing a Modern Rheumatology Service

Dr MacKay gave a presentation on developing a modern Rheumatology service (see attached). Innovations which had been introduced at Torbay and South Devon NHS Foundation Trust had received national recognition. Dr MacKay also showed a brief video of a patient commenting on the ease of using the Rheumatology connect app.

**Rheumatology Connect App**



**Rheumatology**

Dr Kirsten Mackay  
Consultant Rheumatologist

health & care videos

partnership with  
Torbay and South Devon  
NHS  
NHS Foundation Trust

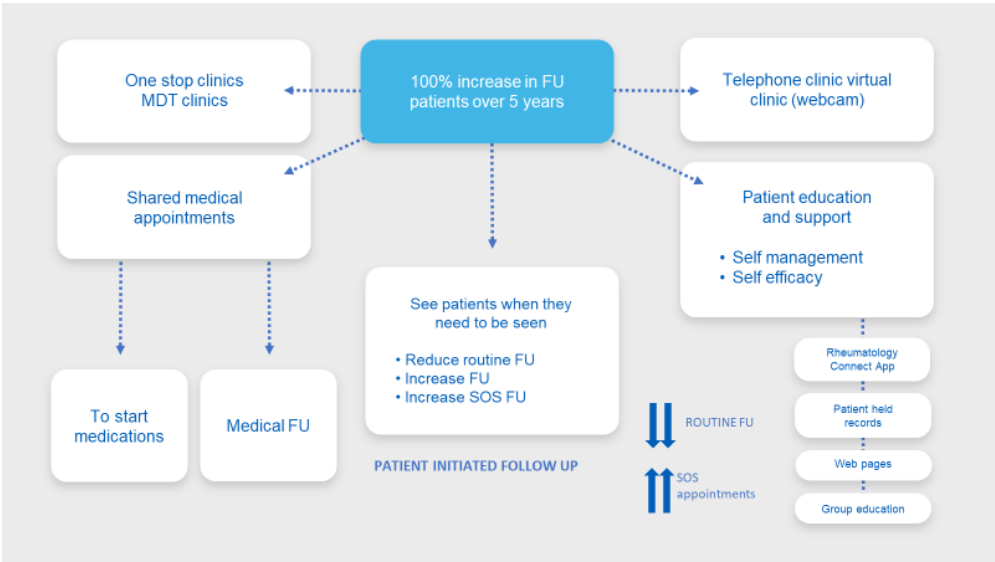
**Rheumatology QI: improve Pending Lists**

**Who we are**

1. OPD based speciality
2. Chronic diseases - Significant morbidity / mortality
3. Increasing FU load - UK figures: doubles every 5 years
4. Lots of intensive medications - DMARDs  
- Biological therapists
5. Require monitoring and FU
6. Cannot discharge these patients

**Difficulties**

1. Increasing pending list (for FU)
2. Delays for NP - Routine  
- Early arthritis  
- Aim for 3 weeks
3. Starting patients on medications quickly
4. National standards - w/in 3 weeks



## The problem...the solution?

### The problems

1. Scattered health care
  - 5 peripheral clinical sites
2. Increasing numbers of patients without an increase in staffing
  - Efficiency
  - Better access
  - Patient led
3. Providing information for all who attend our service
4. New diagnosis
  - Information required ++
  - But what to trust
5. Increasing range of treatments available
  - Often complex
  - Compliance essential

## Rheumatology Connect App

1. Developed in 2018 by
  - Torbay Rheumatology MDT
  - Health and Care Videos
  - In conjunction with various patients (local NRAS group)
2. Development began January 2018
3. App was launched June 2018
  - At one of our 6 monthly Patient Education Symposiums
4. App was funded by local charity
  - Torbay Arthritis Project (TAP)
5. "Highly Commended" in the BMA Patient Information Awards 2019

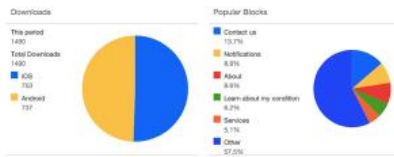


<https://vimeo.com/healthandcarevideos/testimonial-clips-subbed/video/359082321>

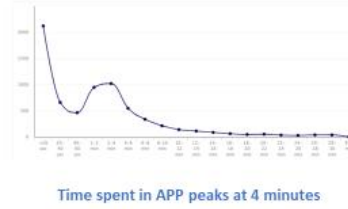
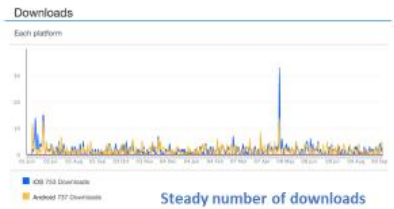
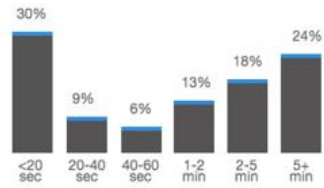


## Since launch

1490 downloads  
3, 592 visits to APP



Time in APP: 24% > 5 minutes



## Patient feedback

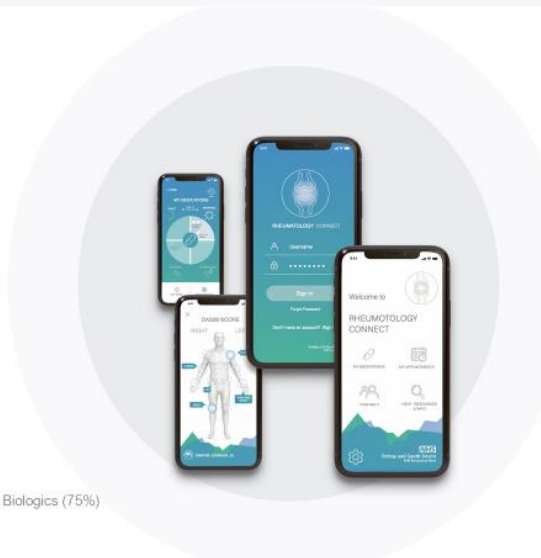


*"I have used the app so far to show to a newly diagnosed acquaintance. I feel it will give her access to useful information from a trusted source. One of the main issues with health information now is the use of the internet by patients. There is a plethora of websites with information and advice on any condition you could become very confused with it all (and possible misinformed)."*



## What next?

1. Interactive app
  - To aid self-management
2. Features
  - Calendar function - reminders!
  - Medication section
  - Reminders of what to discuss in clinic
3. Advantages
  - Better understanding
    - e.g. self management of flare
  - Compliance
    - Avoid gaps in treatment
    - Better outcomes
  - Aids
    - Self management
    - Self efficacy
  - Reduction in appointments
    - e.g. SC MTX (50%), Gout, PMR, Stable on Biologics (75%)





Download free from the App Store  
- Search "Rheumatology Connect"  
Or  
Go to [www.rheumatologyconnect.info](http://www.rheumatologyconnect.info)  
Or  
Contact us at Health and Care Videos  
[www.healthandcarevideos.com](http://www.healthandcarevideos.com)  
01626 833937  
[info@healthandcarevideos.com](mailto:info@healthandcarevideos.com)



The Chairman thanked Dr MacKay for her very informative presentation which was a good example of the innovative good practice taking place in the ICO.

3. **2018/19 Annual Report and Accounts, including Quality Account**

The CE provided a Review of the 2018/19 Annual Report, which showed the many achievements and highlights of the year, key priorities, and demonstrated how the Trust is making a difference to real people. The slides are attached.

The CE invited questions from members and a question was asked as to whether the Trust would be able to recruit sufficient numbers of nurses to meet the demand, in light of national reporting of shortages in trained nurses. Jane Viner, Chief Nurse responded that whilst there were nationally 40,000 nursing vacancies, with 700 vacancies reported in Devon, the Trust was working hard to create new roles to bridge the skills gap alongside national initiatives regarding retention.



## Review of 2018/19 Annual Report

Liz Davenport  
Chief Executive

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## Our Journey

- The first Trust in England to join-up hospital and community care with adult social care
- Pooled budget, 6,000 staff – expert, compassionate, dedicated, innovative



## Our Model of Care

Our number one priority is to support people to be able to live as independently as possible and when they need care to be able to receive this in their own home and community where possible

- **Teams working across care settings** to provide **continuity & integrated care**
- **Primary care** as gateway to our care system
- Partnership with voluntary sector **Wellbeing coordinators** and **HOPE Peer Groups**
- **Tools** that help people **take control** of their **health & wellbeing & reduce isolation**



## What an Integrated Team Looks Like





## What did we set out to achieve

- To continue to deliver our integrated care model
- To continue to deliver against our constitutional standards
- To improve our financial performance
- To deliver our Quality Account priorities for patient safety and experience including:
  - learning from the experiences of people using our services during the winter
  - improving the identification, recording and treatment sepsis on our wards
  - redesigning outpatients to make these services more effective and patient centred
  - supporting Wellbeing and self-management: HOPE programme



## Achievements and Highlights

We have achieved a lot during the year in supporting our **integrated care** including by:

- Introducing the Enhanced Intermediate Care Team
- Supporting over 450 people through the HOPE programme
- Commencing the build of new facilities such as the Brixham Friends Centre and Health and Wellbeing Centres in every locality



## Achievements and Highlights

We have achieved a lot during the year in ensuring our services are **high quality and safe**:

- Creating a new Ambulatory Care Pathway model
- Promoting the award winning NHS Quicker app
- Redesigning outpatients to be more effective
- Improving recognition of sepsis on our wards



## Achievements and Highlights

We have achieved a lot during the year in ensuring our **staff are properly supported** and have good development opportunities:

- Optimising our use of the apprenticeship programme
- Partnership with Plymouth University for the clinical school to link research with practice
- Nurse academy partnership with Exeter University



## More Highlights.....

- Opening a state-of-the-art cancer targeting Linear Accelerator radiotherapy machine
- Our Medical and Admissions Avoidance Team (MAAT) nurses training community nurses so more people can receive treatments at home
- In partnership we acquired £1.3m funding to continue with the Health and Wellbeing Programme to support people on 'what matters to them'
- We laid on free events for unpaid carers as part of Carers Rights Day



## Making a Difference

### All of these achievements are making a difference

We are seeing real benefits for people. In our Coastal locality alone following the introduction of Enhanced Intermediate Care we have seen a: 2.5% reduction in ED attendance and 5.5% reduction in ED admissions

As well as the benefit to people it also means We can focus more resource on meeting the needs of more people

Our Patient Activation Measure shows more people being able to manage their condition

Our frailty score shows a reduction in vulnerability



## Making a Difference to Real People

Rachel fell and fractured her foot on holiday which required surgery. On coming home the intermediate care team immediately got equipment and helped it so she could move around her home so she could remain at home. Nurses dressed her wounds as she couldn't get to the surgery. As she improved helped her increase stamina and strength

Victor lived with his elderly brother in a run down isolated cottage. He was referred to a health and wellbeing co-ordinator by his GP. Victor seemed unwell and showed signs of self neglect. An intermediate care nurse visited and found he had a urine infection. The nurse prescribed antibiotics. Social care made contact and the brothers and helped them manage their care needs and finances. They had previously not known where to go for support

Helen was suffering from dementia and had a terminal diagnose of breast cancer. She lived with her daughter and suddenly deteriorated whilst at home with her grandson. He called the community nurses and extra support to keep Helen safe and comfortable at home was put in place including an adjustable bed and pain control was organised. A few weeks later Helen passed away peacefully at home with her family as was her wish.

## Our Challenges

- We have an estate where much of our buildings are old and require maintenance
- Our IT system needs increased investment to be resilient and cope with growing and ever changing needs
- We need to be able to high quality care deliver that meets the needs of people today and in the future
- We need to meet our financial plan and be able to live within our means



## Responding to Challenges

- The refurbishment of two of our theatres
- Working together- building networks of care
- Investing in our workforce
- Working with community partners
- Redesigning the way in which services are organised



We must provide timely, high quality care by:

- Optimising our integrated care model
- Securing opportunities to work with others to deliver sustainable care and support our workforce
- Looking at opportunities to address our buildings and IT systems

*'...Chapter 2 will build on the foundations of what we have achieved and implemented as part of our care model so far.'*

The challenges ahead are immense but we are well placed to meet the challenges of tomorrow

- Our integrated care model means that we are ahead of others in providing high quality sustainable care
- Our hard working, skilful and committed workforce have the flexibility and desire to meet the challenges of the changing environment



## Thank you for your continued support

Thank you to all our staff, governors, volunteers, support and fundraisers for your hard work and commitment throughout the year.....



Dave Killoran, the Interim Director of Finance, gave an overview of the Financial Statements for 2018/19 and the slides are attached below. No questions were raised.

## Overview of Financial Statements 2018/19

Interim Director of Finance

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## 2018/19 Performance against key financial targets

	Plan	Actual
Surplus/(Deficit) for the year	£2.3m	£2.1m
Capital Expenditure	£27.3m	£15.3m
Cash Balance	£1.33m	£2.2m
Use of Resource Rating	3	3

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## Factors affecting Performance and Future Outlook

### In 2018/19

- A challenging financial year. Unplanned risk share agreement income received from the CCG totalling £8.0m. Revenue control total still missed by £3.7m
- Driven by net £8.4m shortfall in savings programme; overspend on Agency Staff £3.2m and increasing non-pay ASC and CHC costs £7.8m.
- Working capital facility accessed £10.5m

### This year 2019/20

- Continuing challenging environment. £17.3m of recurrent undelivered savings brought forward from 2018/19. Total savings target for 2019/20 totals £20.5m.
- Gap in identification of CIP of £5.5m

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## Headline financial numbers.

	Plan £m	Actual £m	Variance £m
Income - excluding PSF, donated transactions and RSA	416.2	426.3	10.1
Income - Risk Share Agreement	0.0	8.0	8.0
Pay costs	(225.3)	(234.4)	(9.1)
Non Pay - excluding impairments & donated depreciation	(189.0)	(201.7)	(12.6)
Finance and other net costs	(6.2)	(6.3)	(0.1)
<b>NHSI Control total (Deficit)</b>	<b>(4.4)</b>	<b>(8.2)</b>	<b>(3.7)</b>
PSF Income Planned	6.1	2.8	(3.4)
PSF Income Bonus	0.0	2.7	2.7
Donated asset transactions	0.6	0.7	0.1
Net Impairments	0.0	4.1	4.1
<b>Surplus</b>	<b>2.3</b>	<b>2.1</b>	<b>(0.1)</b>

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## Headlines; continued.

	Plan £m	Actual £m	Variance £m
<b>Continous Improvement Plans</b>			
Non-Recurrent	1.6	10.5	8.9
Recurrent	25.3	8.0	(17.3)
<b>Total</b>	<b>26.9</b>	<b>18.5</b>	<b>(8.4)</b>

	Plan £m	Actual £m	Variance £m
<b>Capital Expenditure</b>			
Charitable funded	1.3	1.3	0.0
Lease funded	5.7	1.5	(4.2)
PDC Funded	3.6	1.7	(1.9)
SEP Funded	0.7	0	(0.7)
Cash funded	16.0	10.8	(5.2)
<b>Total</b>	<b>27.3</b>	<b>15.3</b>	<b>(12.0)</b>

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## Summary Finance Performance - SOFP

	Plan £m	Actual £m	Variance £m
Property Plant and Equipment	204.37	201.40	(2.97)
Inventories	8.30	9.50	1.20
Debtors	24.35	31.05	6.70
Assets held for sale	0.00	0.61	0.61
Cash	1.33	2.20	0.87
Creditors excluding Loans	(34.34)	(35.55)	(1.21)
Loans, Leases & PFI	(83.50)	(89.45)	(5.95)
Provisions	(4.67)	(4.83)	(0.16)
<b>Net assets</b>	<b>115.84</b>	<b>114.93</b>	<b>(0.91)</b>
<b>Reserves</b>			
Public Dividend Capital	66.44	64.51	(1.93)
Revaluation	39.03	41.87	2.84
I&E	10.37	8.55	(1.82)
<b>Total</b>	<b>115.84</b>	<b>114.93</b>	<b>(0.91)</b>

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## SOFP Performance Indicators; Going Concern assessment

- **Better Payment Practice Code (Non NHS): -**
  - Target 100% paid within 30 days
  - Actual; by value 86%; by volume 89%
- **Liquidity / Going Concern assessment: -**
  - Revolving working capital facility: £10.5m of the £11m facility used at year end
  - Risk share agreement in place

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4. **Auditors' Report to the Council of Governors – Financial Statements and Quality Account**

Heather Ancient, Lead Auditor, gave the following presentation and explanation.



## Agenda

### Topics

Scope of work

Audit findings

# 1

## Scope of work

### Scope of work

**We performed our audit in accordance with:**

- International Standards on Auditing (UK);
- Comptroller and Auditor General's Code of Audit Practice; and
- Audit Guidance Notes issued by the National Audit Office, and relevant requirements of the NHS Act 2006.

**The Board is responsible for:**

- Preparing and publishing the Trust's financial statements, including Annual Governance Statement;
- Putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of resources; and
- Design and operate controls to prevent or detect fraud.

### Scope of work (contd.)

**It is our responsibility to:**

- Provide an opinion on whether your accounts present a true and fair view of the state of affairs of the Trust;
- Review the Trust's Annual Governance Statement;
- Ensure that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; and
- Report on our detailed findings from the work we undertook on your Quality Report to reach our conclusion on the limited assurance report.



# 2

## Audit findings

### Accounts

The key findings from our accounts and governance review were:

- No significant internal control weaknesses were identified.
- An unqualified but modified opinion was given on the accounts
- No material misstatements were identified

Torbay and South Devon NHS Foundation Trust  
PwC

September 2019  
7

### Basis of preparation – going concern

The year-end result was a surplus for the year of £2.1m (2017/18: £16.7m). The reduction compared to the prior year was partly due to less funding as the Trust did not achieve its control total due to a number of factors including not achieving all budgeted savings. This has an impact on the cash resources.

The directors need to consider the basis of preparation of the accounts and whether the Trust has sufficient cash resources for at least the next 12 months from the date of signing the accounts.

A forecast was prepared and based upon a number of assumptions including the delivery of cost improvement plans and that contracts will be signed in line with this agreement. There was limited cash headroom in the forecasts. In this context, the Directors recognised the risk that the Trust might fail to deliver on its financial plan and require financial support from the Department of Health and Social Care during the course of 2019/20 in order to meet its liabilities and continue to provide healthcare services.

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PwC

September 2019  
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## Basis of preparation – going concern

We are required to satisfy ourselves that the Trust has sufficient resources to continue to operate for at least 12 months from the date of our opinion or whether we need to modify our audit opinion.

We considered cash flow and income and expenditure forecasts compared to cash reserves and considered the borrowing arrangements in place.

We reviewed your forecasts and borrowing requirements and concur that the accounts should be prepared on a going concern basis.

However, we included a material uncertainty paragraph to draw attention to the Trust's going concern considerations and disclosures.

## Our responsibilities – Economy, efficiency and effectiveness

You have a duty to exercise your functions economically, efficiently and effectively.

The scope of our work is governed by the National Audit Office guidelines which highlight a number of areas for us to consider.

We must, by examination of the accounts and otherwise, satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We do this by:

- Reviewing the statement made by the Chief Executive, as part of the Annual Governance Statement; and
- Reviewing the results of the work of relevant regulatory bodies, for example the Care Quality Commission and NHS Improvement.

If there are inconsistencies in the statements made by the Trust or if we are not able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness we must refer to this fact in the audit opinion.

## Our responsibilities – Economy, efficiency and effectiveness (contd.)

Key highlights in the year:

- The Trust did not achieve its planned control total in year. This resulted in the Trust not receiving its quarter 4 additional funding.
- The Trust did not fully deliver its cost savings for the year.
- For the financial year 2019/20, the Trust was forecasting an operating deficit. In addition, as at 31 March 2020, the Trust was forecasting its cash balance will reduce to £1.0 million from £6.2 million as at 31 March 2019.
- The Trust has applied for further loan facility funding from the DHSC during 2019/20 and further funding may be required if savings were not achieved. The extent and nature of the financial support from the Department of Health and Social Care, including whether such support will be forthcoming or sufficient, is currently uncertain, as are any terms and conditions associated with the funding.

***As a result of the matters above, we issued a modified opinion over the use of resources.***

## Annual Governance Statement

- The aim of the Annual Governance Statement (AGS) is to give a sense of how successfully the Trust has coped with the challenges it has faced, drawing on evidence on governance, risk management and controls.
- We reviewed the AGS and considered whether it complied with the relevant guidance, and whether it was at all misleading.
- We found no areas of concern to report.

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September 2019  
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## Quality Report

We are required to provide you with the following:

- A limited assurance report which says that nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:
  - the Quality Report does not incorporate the matters required to be reported as specified in the NHS Foundation Trust Annual Reporting Manual;
  - the Quality Report is materially inconsistent with the sources specified in the NHS Foundation Trust Annual Reporting Manual 2018/19; and
  - The percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge and Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers have not been prepared in all material respects in accordance with the criteria set out in the Quality Report.
- A report to you which includes our findings from the work that we are required by NHS Improvement to undertake on an indicator selected by the governors – Summary Hospital-level Mortality Indicator

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## Quality Report (contd.)

Our findings:

- The Quality Report had been prepared in line with the NHS Foundation Trust Annual Reporting Manual 2018/19 and was consistent with other sources of information.
- No significant issues were identified in our testing of the mandated indicators.
- Testing of the Summary Hospital-level Mortality identified no significant issues.

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September 2019  
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# Thank you

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This document has been prepared only for Torbay and South Devon NHS Foundation Trust and solely for the purpose and on the terms agreed with Torbay and South Devon NHS Foundation Trust in our agreement dated 21 March 2019. We accept no liability (including for negligence) to anyone else in connection with this document, and it may not be provided to anyone else.

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## 5. **Questions on the business of the meeting including receiving the annual report and accounts 2018/19**

Questions were invited from the floor, but none were raised.

The Council of Governors formally received the Torbay and South Devon NHS Foundation Trust 2018/19 Annual Report and Accounts.

## 6. **Alternative staffing roles in TSDFT**

Introduction was made by Jane Viner, Chief Nurse (CN), who welcomed these new non-traditional routes into both the medical and caring roles within the Trust, widening access and providing value resource.

CN firstly introduced Michael Dawson (MD) who is a Physician Associate (PA) in his third year who highlighted in his presentation (see below) the value that these roles provide to the Trust, particularly in terms of continuity of knowledge.

A question was asked as to whether Physician Associates would be allowed to prescribe medicines in the future and MD responded that currently trained and ready to prescribe, however PA's are not yet currently listed in the appropriate legislation, which would need changes within Parliament and a further level of exams to be introduced.

# Physician Associate

Michael Dawson  
Respiratory PAY3

## What is a Physician associate?

- ▶ Physician associates are “New healthcare professionals who while not doctors work to the medical model with attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision”

DOH 2012

## Background

- ▶ Although PAs are still considered relatively ‘new’ in the UK, the first PA was introduced in 2003
- ▶ Formerly known as physician assistants in the UK, now physician associates
- ▶ Physician assistants first developed in the 1960 in the US
- ▶ 2004- DOH commissioned an evaluation of PAs which pointed to great patient and physician satisfaction.
- ▶ 2005- UK association of PAs (UKAPA) established
- ▶ 2006- DOH release competence and curriculum framework in partnership with the RCP
- ▶ 2011- MVR
- ▶ 2015-Launch of the RCP faculty of physician associates 2015
- ▶ 2015- 5 university's delivering PA course, approx. 100 practising PAs
- ▶ 2017- 29 university's delivering course, approx. 300 practising
- ▶ Currently expected to be 3,200 qualified PAs by 2020
- ▶ July 2019 government announce GMC to regulate PAs

## Qualifications of a Physician associate...

- ▶ PAs trained in the UK have undertaken postgraduate medical training in PA studies . Intensive 2 year course consisting of theoretical learning In medical sciences, pharmacology and clinical reasoning as well as clinical placement in a wide variety of settings.
- ▶ IBL, Essays, clinical skills, ISCE, OSCE, professional judgements, etc etc
- ▶ To enrol on a PA programme students must already hold an undergraduate degree, usually in a biomedical; or health/life science and have some prior health or social care experiences

## My Experience.....

**PLYMOUTH  
UNIVERSITY  
PENINSULA**  
SCHOOLS OF MEDICINE & DENTISTRY

**NHS**  
Torbay and South Devon  
NHS Foundation Trust

CN then introduced Sarah Morgan (SM), an Assistant Practitioner (AP) currently working at Brixham Hospital, who gave an outline of the role of AP and her change of career from a Band 2 Healthcare Assistant role into a fully qualified Band 4 AP.

SM said she was very grateful for the opportunity to study toward the foundation degree, with two days a week at Plymouth University and 30 hours a week on the ward without affecting her monthly salary.

The AP course is a two-year course. The AP is a support role to the registered clinician freeing them up to complete more complex tasks. SM outlined the many skills that she is qualified to deliver, which ensure patients receive the care they need without delay. AP's give support to registered nurses which is hugely valued. SM said she was very proud of being an AP.

### 7. **Lead governor and Membership report**

The Chairman introduced Mrs Marshfield, Lead Governor, who presented the Lead Governor report attached below. The LG said this would be her last report, as her term as Lead Governor concludes in March 2020.

# Wendy Marshfield Lead Governor

## Council of Governors Lead Governor Report

*Working with you, for you*

### Your Governors

**Wendy Marshfield**  
Lead Governor  
(from Torbay)

**Teignbridge Governors**  
Carol, Chris, Annie, Barbara, Eileen, John, Michael

**South-Hams and Plymouth (eastern-area) Governors**  
Craig, Maryn, Peter

**Appointed Governors**  
Nicola, Derek, Jonathan, Rosemary, Lorraine

**Torbay Governors**  
Michael, Lynne, Paul, Steven, Elizabeth, Gary

**Staff Governors**  
Lesley, David, Anna

Map of the region showing the locations of the various governance areas.

Version 02

*Working with you, for you*

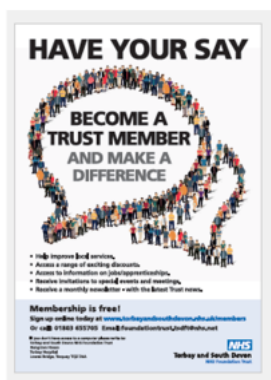
## Overview of 2018/19

- ✓ Recruited new Foundation Trust members
- ✓ Provided feedback on local developments
- ✓ Supported events in the community and at the hospital
- ✓ Attended meetings with the Trust Board of Directors



## Governor Activities 2018/19

- ✓ Patient Participation Forums
- ✓ Local Development Groups: Dartmouth and Teignbridge
- ✓ PLACE Assessments
- ✓ CQC Mock Inspections



## Governor Activities 2018/9

- ✓ Provided input to the Trust's Annual Plan
- ✓ Provided input to the Quality Account
- ✓ Governor observers at Board sub-committees
- ✓ Attended National Governor Conference





## Our Governance Role 2018/19

- ✓ Appointed Non-Executive Director:  
Professor Chris Balch
- ✓ Approved appointment of  
Chief Executive: Liz Davenport
- ✓ Held Non-Executive Directors to account
- ✓ Represented interests of members and public



## Forward Look 2019/20

- ✓ Continue to represent the views of members and  
the public
- ✓ Making sure we have a representative  
membership
- ✓ Increasing collaboration with  
Governors at local Foundation Trusts
- ✓ Review of Constitution



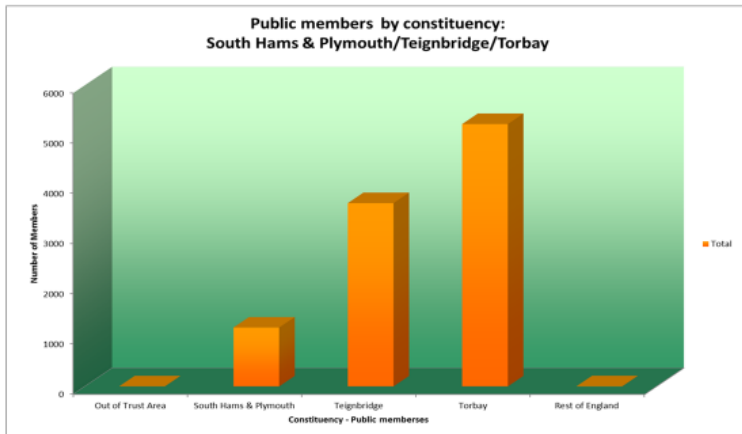
The Chairman thanked the LG for her presentation and then welcomed Mrs Hookings, Chair of the Governors Membership Group to present her report on the work of the Membership Group over the past year.

## Lynne Hookings Chair, Membership Group

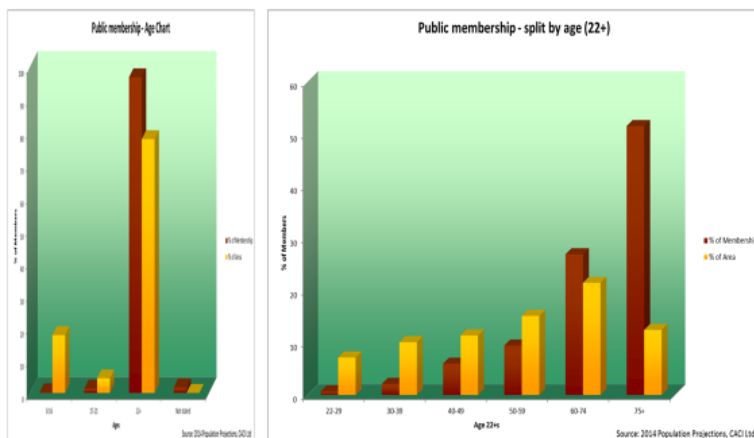
### Council of Governors Membership Report

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#### Membership Profile - Constituency



#### Membership Profile – Age



## Meeting our Members and members of the public

Attendance at:

- ✓ **South Devon College:**  
promoting careers in the NHS
- ✓ **Outpatients Department:**  
promotion of Devon Long Term Plan
- ✓ **Community Open Days:**  
Paignton Health and Wellbeing Fair
- ✓ **'Blue Light' Services Day:**  
Newton Abbot



## Forward Look 2019/20

- ✓ Programme of 'Medicine for Members' Talks
- ✓ Attendance at Trust events – Health, Emergency and Public Services Careers event in November
- ✓ Continue collecting feedback from Members and members of the public
- ✓ Recruit new members



The Chairman thanked Mrs Hookings for her valuable update.

### 8. Innovations in Day Surgery

The Chairman introduced Dr Mary Stocker, Consultant Anaesthetist and Director of Day Surgery. Dr Stocker explained the 20-year history for pushing boundaries within surgery at the Trust and then moved on to highlight two new innovations – a) emergency day surgery and b) day surgery total hip replacements. Please see slides below.

# INNOVATIONS IN DAY SURGERY

Dr Mary Stocker

Consultant Anaesthetist, Director of Day Surgery, TSDFT  
Immediate Past-President, British Association of Day Surgery

## 20 YEAR HISTORY FOR PUSHING THE BOUNDARIES

- Continuous expansion of Elective Surgery
  - Uni-chondylar knee replacements: David Isaac & Mike Hockings
  - Laparoscopic nephrectomy: Seamus MacDermott
  - Breast cancer surgery: Mike Green and Breast Care Team
  - Hysterectomy: Jon Hindley and Naru Narayanan

## TWO NEW INNOVATIONS

- Emergency Day Surgery
- Day Surgery Total Hip Replacements

# EMERGENCY SURGERY THE FINAL FRONTIER...



## THE PROBLEM...

Minor or intermediate emergency surgical procedures

+

Busy emergency lists

=



**Delays**



(patient experience, beds occupied, staff frustrated)



Vacant but staffed day surgery lists



## PROPOSAL

- To develop a cost neutral emergency ambulatory pathway
- **Patients:**
  - Emergencies from all surgical specialties
  - Only if expected to be discharged on same day
  - Mixed specialty lists allowable
- **Location:**
  - DSU theatres
  - Discharge via usual streamlined day surgery processes
  - Stand alone unit an advantage

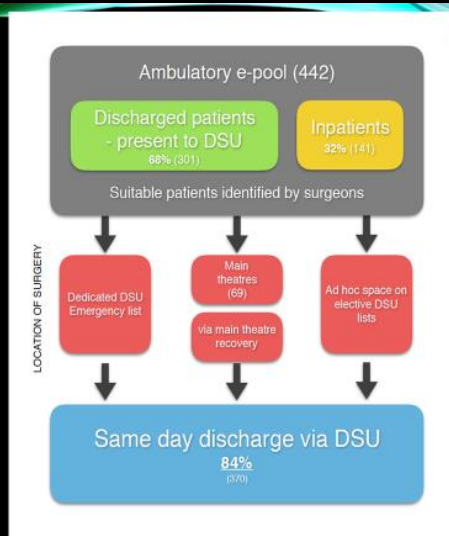
## DAY OF SURGERY



- Patients attend DSU:
  - From home
  - Or transferred from in-patient ward
- Reviewed by surgeon and anaesthetist
- Undergo surgery on dedicated list
- Discharged via DSU

## OUR PATHWAY

- April '17- Jan '19
- 442 patients
  - 18 children
  - 424 adults



## PUSHING THE BOUNDARIES: UNDERTAKING MORE MAJOR EMERGENCY PROCEDURES AS DAY CASE

'Hot' Laparoscopic cholecystectomy	35
Gynae laparoscopy	20
Laparoscopic appendectomy	30

## RESULTS

- 393 hours 34 minutes of inpatient emergency theatre time saved
- Discharges:
  - 94% patients discharged same day
  - 589 overnight stays saved
    - 236 pre-op
    - 353 post-op
- **Savings £129,580**



## PATIENT SATISFACTION

- 90% reported feeling 'good' or 'very good'
- Comments included;
  - 'fantastic service'
  - 'slept well in own bed'.



## STAR PATIENT

- Patient with testicular torsion presented to A&E 6 am
- Added to emergency list by surgical team 9am
- Brought straight to DSU from A and E for surgery 9:30
- Home by midday!

## ADDED BENEFITS

- Higher **satisfaction**
  - surgeons,
  - theatre nurses,
  - anaesthetists,
  - patients!
- **Fantastic DSU staff** provide pull through system –
  - Attend morning anaesthetic handover meetings
  - Actively seeking work and solutions
  - Involved in improving pathway

- Established a **cost neutral** ambulatory emergency pathway
- Now **embedded** in practice and mind set
  - Work sought
- **Pushing our boundaries** for ambulatory emergency cases
- Better **patient experience**
- Better **staff experience**
- Beneficial for organisation:
  - Patient **flow** through emergency theatres and through hospital
  - **Financial** benefits
- Generalisable:
  - Having good processes established to use spare capacity opportunistically

## DAY CASE HIP REPLACEMENT

- Mary you must be joking..



**Hip & Knee Replacement  
as a Day Case**

Thursday 20th September 2018 De Vere W1 Conference Centre, London

**Chair and speakers include:**

<b>Dr Kim Russon</b> President Elect BADS	<b>Professor Mike Reed</b> Consultant Orthopaedic Surgeon Northumbria Healthcare NHS Foundation Trust	<b>Dr Mary Stocker</b> President BADS	<b>Miss Elizabeth Moulder</b> Consultant Orthopaedic Surgeon Hull and East Yorkshire Hospitals NHS Trust
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## IF THEY CAN DO IT....

- MDT involvement
  - Physio
  - Outreach Nurse
  - Anaesthetists
  - Day Surgery Staff
  - Surgeon

## SO WE DID!

- Pathway Developed
- Patients selected
- Fingers crossed

## 1<sup>ST</sup> TORBAY DAY CASE THR



## HIP REPLACEMENT PATIENT FEEDBACK

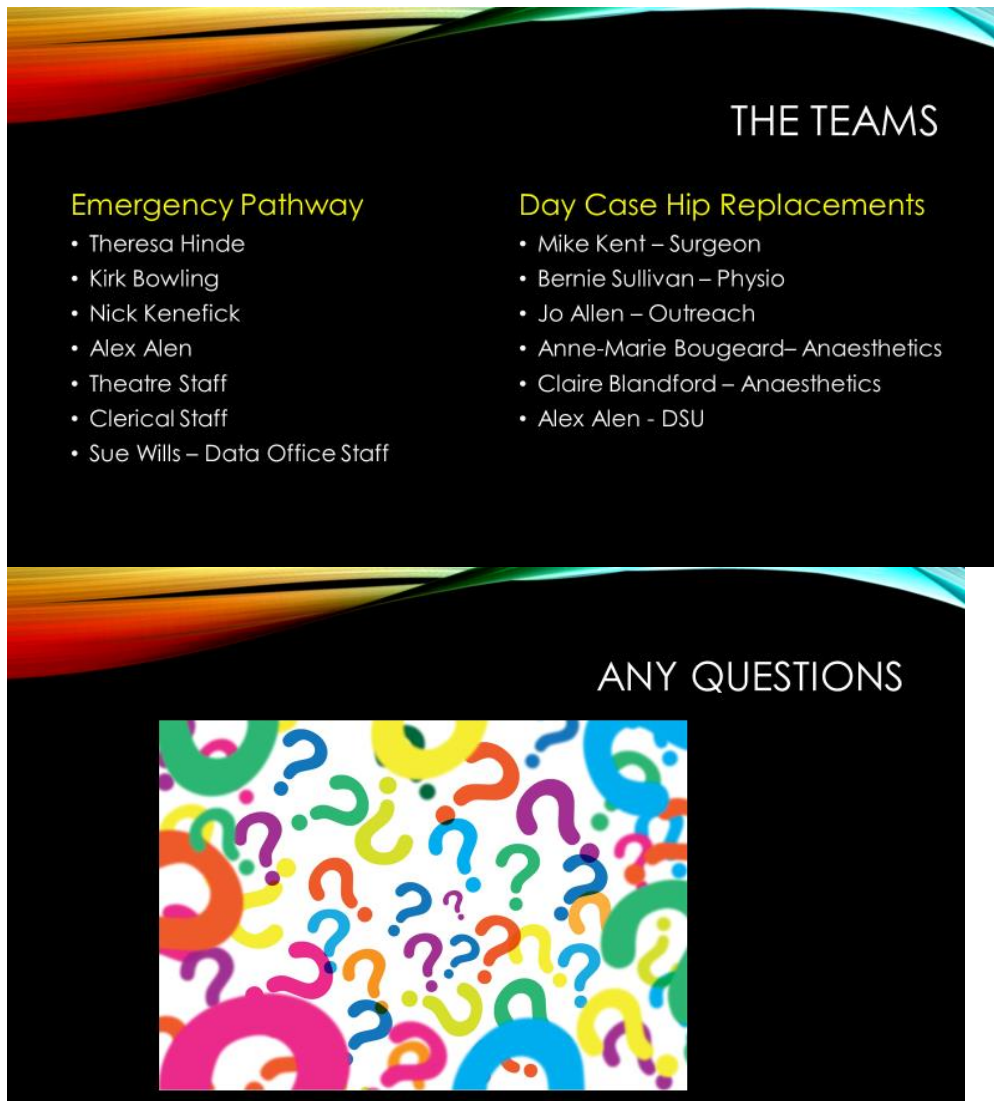
"Popped into see him today and he had just walked back from the end of the road! Still doing very well and says his recovery has been easier this time round at home."

"I would tell other people considering this that there's nothing to be scared of: it's been great!"

"Much better experience than my 1<sup>st</sup> THR a year ago. I can't understand why I spent 4 days in hospital that time!"

## WHERE NEXT?

- Roll out THR to other surgeons
- Implement Day Case Total Knee Replacements
- Early discussions with shoulder surgeons – 1 day case shoulder replacement completed
- Realistic Target 20% THR/TKR as day case
  - 140 cases/year
  - 560 bed days



A question was asked about whether day case patients would need a carer available at home to assist them and Dr Stocker answered that whilst this was true, it would also have been true if the patient had been sent home four days later, through the traditional route. Patients were not being sent home any less prepared than previously.

The Chairman thanked Dr Stocker and her whole team for the inspirational work being undertaken.

9. **Close of meeting**

The Chairman thanked everyone for their attendance and in particular the presenters for their extremely interesting talks. He welcomed the audience to stay on for a further five minutes to view the video “A year in the life of” which would be playing at the close of the meeting.



<b>COUNCIL OF GOVERNORS</b>				
<b>Report title:</b> Chief Executive's Business Update		<b>Meeting date:</b> 18/12/19		
<b>Report appendix</b>	n/a			
<b>Report sponsor</b>	Chief Executive			
<b>Report author</b>	Company Secretary			
<b>Report provenance</b>	Reviewed by Executive Directors			
<b>Purpose of the report and key issues for consideration/decision</b>	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.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Council of Governors are asked to receive and note the Chief Executive's Business Update.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	20
	<b>Risk Register</b>	X	<b>Risk score</b>	20
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>	X
	<b>NHS Improvement</b>	X	<b>Legislation</b>	
	<b>NHS England</b>	X	<b>National policy/guidance</b>	X
<ul style="list-style-type: none"> <li>• Failure to achieve key performance standards.</li> <li>• Failure to achieve financial plan.</li> </ul>				

<b>Report title:</b> Chief Executive's Business Update		<b>Meeting date:</b> 18 December 2019
<b>Report sponsor</b>	Chief Executive	
<b>Report author</b>	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 25 September 2019 are as follows. Some of this time was covered by the pre-election period, known as Purdah, when public sector organisations are asked not to announce new development, launch new activity or undertake new engagement or consultation activity. This is reflected in the length and extent of activities undertaken.

### 1.1 Safe Care, Best Experience

#### 1.1.1 Theatres Re-open

Theatres A&B have now reopened and took their first patients in October, following a £2.3m refurbishment to install up to date air handling equipment. The theatres had been out of action since November 2018, leaving the Trust 20 per cent short of its total theatre capacity. Since then, a number of other theatres have also been out of action intermittently, with issues arising in relation to the age and general condition of the facilities.

During the past 11 months, our staff have responded to the enormous challenge as a focussed team. They have worked together to ensure all patients waiting for surgery continue to receive safe care, and to mitigate the impact on waiting times. We managed to create additional capacity in-house, thanks to the phenomenal efforts of our staff and the outsourcing of some planned operations to Mount Stuart and the Plymouth Nuffield. Our support services staff have worked extra hours, including at weekends, and run extra sessions in our day surgery theatres. As a result of these measures, we have managed to treat 20 per cent more patients through our day surgery unit (616 people) and eight per cent more (272 people) through main theatres. We are also on track to eliminate the number of people waiting longer than 52 weeks for their surgery by March 2020. This will be a phenomenal achievement, given the challenges we have faced. The superb team effort involved a wide range of staff across several departments, (including estates, theatres, day surgery, anaesthetics, pre-assessment and admissions, all surgical teams) all of which culminated in a Chairman's Staff Hero Award at our recent awards evening.

#### 1.1.2 New NHS Capital Funding – Torbay Hospital

We received a letter from the Secretary of State, Matt Hancock about the announcement of strategic investment of the Health Infrastructure Plan. This is the plan the Prime Minister announced saying that in the next ten years 40 hospitals would be built. You will recall that Torbay Hospital was one of those listed to receive 'seed' funding to support the initial stage.

The letter confirms the Torbay Hospital scheme is one of the projects that are green-lighted to proceed to the next level of development. It also says that there is a £100m

pot of seed money in total being made available to kick start the next stage of developing a plan. The letter makes clear that schemes need to present a clear investment case to move to the next stage. It says the aim is that successful schemes should be underway and making good progress by 2025-30.

As one of the 21 Trusts named in the second wave of the Health Infrastructure Plan (round 2), the Trust submitted at the end of November its request for £3.5m of allocated seed funding for the development of a Strategic Outline Case. This is against a total anticipated development cost of £480m.

### **1.1.3 Emergency Department project update**

Torbay Council's planning committee last month approved the Trust's detailed planning application for an extension of the existing Emergency Department at Torbay Hospital. We are continuing to work with our design team and main contractor to work through the detailed design, although the project is still subject to NHS England Full Business Case Approval. The earliest work could start will be late 2020. Plans can be viewed on Torbay Council's website by searching planning application number P/2019/0992.

### **1.1.4 Health and Wellbeing Centres Development Programme**

#### **Dartmouth**

The partners in the Health and Wellbeing Centre have been working on more detailed plans for the design and build of the Health and Wellbeing Centre. The detailed plans have been drawn up and local residents were given the opportunity to view the plans at a public meeting on 16 December.

In the meantime, the Clinical Commissioning Group has established a Dartmouth Health and Wellbeing Engagement Group for the purpose of engaging with key stakeholders, partner organisations and people living in Dartmouth about creating communities and people who are as well and healthy as possible. Membership of the Group will include Governor representation.

The aim of the Group is to engage with key stakeholders to:

- Use the development of the health and wellbeing centre to enable a new way of working together with organisations and people to promote health and wellbeing
- Understand people's experience of using services in the community
- Increase understanding within the community of how care is delivered
- Encourage people to use local facilities, services and self to be as well and healthy as possible.

#### **Teignmouth**

The proposal to establish a health and wellbeing centre on the Brunswick site in Teignmouth has been through the NHS England/NHS Improvement process and was well received. A formal response is now awaited from NHS England, although this has been delayed due to the pre-election period known as Purdah.

The Clinical Commissioning Group held a focus session specifically for members of their Governing Body in Teignmouth on Thursday 26 September, in which Teignbridge Governors attended.

The Head of Integrated Care – South, Devon CCG attended the Governor Network meeting on 8 October and together with the Trust's Director of Estates and Commercial Development briefed Governors in more detail on the programme for developing health and wellbeing centres.

### **1.1.5 Winter preparedness and action programme**

The Trust has initiated its winter preparedness programme and includes a number of actions for staff to consider as part of their patient plans, including:

- Making sure that staff members have identified all those vulnerable to cold weather and that arrangements are in place to support and protect them appropriately
- Ensuring staff members are undertaking appropriate home checks when visiting, eg room temperature (which should be at least 18°C to minimise risk to health), medications and food supplies
- Hospitals and care, residential and nursing homes: ensure that rooms, particularly living rooms and bedrooms are kept warm (at least 18°C to minimise risk to health) and that staff are taking appropriate action to protect residents from cold weather
- Working with partner agencies to co-ordinate cold weather plans; ensure data sharing and referral arrangements are in place
- continue to work with staff on risk reduction awareness, information and education. Encourage staff to be vaccinated against flu, if not already
- work with local authority teams to identify accident hotspots on pavements or roads, advise on gritting priorities to prevent accidents, and ensure access by utilities and other essential services
- ensure staff are aware of the business continuity plan for winter weather; plan for a winter surge in demand ensure carers are receiving advice and support

### **1.1.6 Listening, Learning and Coaching – Operational 'Silver System Reset'**

In response to the continuing operational pressures we are experiencing across the system we have reviewed what we can do to unlock capacity across the system; in particular, looking at the process of how to discharge those patients that are medically fit, safely, quickly and earlier. Not only is this the best thing for patients but it also frees up space for other patients. With winter approaching and likely to further increase pressure on services, we decided to take a fresh and detailed look at how things are working in practice, in order to identify what changes we could introduce to ensure patients are discharged in a timely way. For two weeks, from Monday 18 November through to Friday 2 December 2019, our senior managers were supporting specialty areas, listening to staff and seeing for themselves the obstacles frontline teams face, and working with them to help overcome them. Lessons learned will be fed straight back into our winter preparedness plan.

### **1.1.7 Flu vaccine clinics**

We have had a high uptake of staff receiving their flu vaccinations with many teams especially keen to have the jab - these include Torquay's Occupational Therapists with 92% receiving it and Torbay Hospital's Critical Care Unit at 90% and the Acute Medical Unit at 93%.

This year we have a number of static clinics taking place as well as 'roving' clinics where vaccinators are out and about visiting clinical areas. Our Site Managers are also ensuring night staff are offered easy access to the vaccination. All staff have been



encouraged to take up the opportunity to have a flu vaccination to protect themselves, their families and our vulnerable patients.

#### **1.1.8 'Think Noro' campaign**

We are supporting Public Health England and NHS England and Improvement in urging people in the South West to follow simple steps stop the spread of norovirus this winter. Norovirus can live on hard surfaces for hours and spreads very quickly through environments where lots of people are mingling closely, such as schools, nurseries, care homes and hospitals. The best way to protect yourself and others from catching this unpleasant sickness bug is simply to wash your hands thoroughly with warm water and soap, and to keep the environment you live and work in clean. Hand sanitisers are NOT an effective protection against this common sickness bug.

#### **1.1.9 Day Case Innovation**

The Trust is a national leader in providing surgical procedures as day case rather than inpatient stays. Heart failure patients in Torbay and South Devon are the latest to benefit from this approach, avoiding long stays in hospital thanks to a successful pilot scheme that has seen NHS integrated teams joining forces and using a drug in an innovative way. As part of the pilot, a small group of patients with heart failure have been treated as day case outpatients and, as a result, are enjoying spending more time at home recovering instead of prolonged periods in hospital. The small scale pilot has shown that heart failure patients, who would normally spend weeks in hospital being treated for a serious build-up of fluid in the legs due to their heart failure worsening, can now be treated for fluid build-up during daily short visits to hospital and then be home the same day.

#### **1.1.10 IT Outage**

In October we suffered the second IT failure in recent months which appears to be due to issues with our ageing IT network. The Board has already signed off a business plan to replace our IT network and procurement is underway. Both the procurement and the network replacement are lengthy, involved and complex projects and is some way off from implementation. Following the latest incident, we have established a detailed investigation. This investigation will focus on what happened and why, and whether there is anything more we can do to strengthen our IT resilience between now and the delivery of a new network. We also want to review how we responded and what we could do better in future. The executive team have thanked staff for the fantastic response to the recent incident.

#### **1.1.11 Major incident**

A serious bus crash occurred on 5 October between Totnes and Paignton, which was declared a major incident by the police.

The NHS response to the incident involved Devon CCG, Devon Doctors, SWAST and colleagues in acute hospitals in Bristol, Exeter and Plymouth. We were also supported by colleagues in Cornwall and Taunton in a co-ordinated, system-wide handling plan led by NHS England. NHS England passed on particular thanks from SWAST to our Trust for handling the major incident in such a professional and calm way, enabling them to turn ambulances around quickly.

## 1.2 Well Led

### 1.2.1 Month 7 - Performance against the NHS Improvement Single Oversight Framework

**Annual plan trajectories** : It is noted that the annual plan trajectories reflect performance at the end of month 12 2018/19. The table below sets out our monthly trajectory of improvement as agreed in our annual plan submission.

**A&E:** STF Trajectory (90%) not met - performance for October (82.7%).

**RTT:** RTT performance has seen little change in October, with 79.3% of people waiting less than 18 weeks, against a trajectory of 82%. We have seen a decrease from 89 patients waiting more than 52 weeks last month to 79 patients this month.

**Cancer:** The national standard was not met in October, with 72.1% achieved against standard of 85% and improvement trajectory of 85.1%. Recovery plans are in place to deliver the standard in Q3, with weekly monitoring and escalation through Chief Operating Officer.

**Diagnostics:** The diagnostics trajectory was not met, with 10% of patients waiting over six weeks. This falls just short of our recovery trajectory to deliver improved performance in September and to achieve 91.7% against the national standard of 99%.

**Dementia:** The Dementia Find standard is reported at 85.1%, against the 90% national standard.

### 1.2.2 Month 7 performance against 2019/20 Plan

**Overall financial position:** The financial position at control total level as at 31 October 2019 showed a £8.39m deficit, which is £1.20m adverse against the plan of £7.19m. The Trust has implemented the protocol for changing the control total, and therefore an adverse movement was expected.

**Regulator Protocol for Forecast change:** In month 6 the Trust formally reported to the Regulator a variance to plan of £15.0m after expected mitigations. The position at month 7 showed a net adverse movement of £0.2m which is expected to be fully mitigated by a further stretch target of £0.2m. The variance to plan is therefore remains at £15.0m.

The financial position to date and forecast both exclude any penalties for 52 week waits (the assumption is that they will either not be applied or will be returned in full) and no STP risk share has been applied in the financial position.

**CIP savings delivery position:** The Trust has an annual savings target of £20.0m of which £9.1m have targets identified, resulting in a £10.9m shortfall in the forecast out-turn position. The CIP target for the year to date is £7.0m of which £5.4m has been delivered. The adverse variance of £1.6m is due to undelivered pay schemes offset by non-pay schemes.

**Capital expenditure:** Capital expenditure as at month 7 was £5.1m. The full year forecast is £17.2m.

### **1.2.3 Annual Plan 2020/21**

Work has already commenced on the Annual Plan for 2020/21. An excellent session with Governors took place on 23 October to discuss planning our future strategy to the needs of our local population. The discussion topics included workforce, digital, estate and clinical services. A further session is planned for the new year to inform Governors how their input, views and feedback from members and the public have influenced our future strategy.

### **1.2.4 Board Appointments**

The recruitment process to appoint to the substantive role of Chief Finance Officer, following the departure of Paul Cooper, Director of Finance concluded with the successful appointment of David Stacey. David joins us from North Middlesex University Hospital NHS Foundation Trust and will take up his position in January 2020. David Killoran will continue as Interim Director of Finance in to the new year allowing a handover of responsibilities.

### **1.2.5 Acting Medical Director**

Ian Currie has been appointed as Acting Medical Director for a fixed period of 12 months, from 1 December 2019. He will hold this role in addition to his role as Medical Director for the South Devon system. Ian's appointment will provide additional capacity within our medical leadership team, enabling Dr Rob Dyer to focus on strategic development for our Trust, including redeveloping our IT and estate. Rob will also retain the Trust Board accountability as Executive Medical Director.

The new arrangements will also allow Rob to focus on the role of Lead Medical Director for the Devon STP. He has held this role for the past two years, and it is becoming increasingly demanding of his time. Rob's STP role gives this Trust a strong voice at the heart of the Devon STP, as we develop clinical networking across the four acute trusts in Devon. From 1 December Ian will take on the day to day Medical Director roles including operational matters and Responsible Officer.

### **1.2.6 People Committee**

Our Trust's governance arrangements have been strengthened with the establishment of a new Board Committee – People Committee. The Committee, chaired by Vikki Matthews, Non-Executive Director held its first meeting in October and comprises Non-Executive Directors, Executive Directors and senior managers.

## **1.3 Valuing our Workforce, Paid and Unpaid**

### **1.3.1 Torbay and South Devon Clinical School annual conference**

More than 80 people attended the Torbay and South Devon Clinical School annual conference. Jane Viner, Chief Nurse and Deputy Chief Executive, talked about the national landscape for nurses, midwives, AHPs and social workers, linking to how we can move forward in the care we deliver.

There was a panel discussion exploring how the Trust can support staff to move forward with their careers, think differently, and innovate in practice. Natasha Goswell (Systems Director for Nursing and Professional Practice) spoke about the Trust's exciting new journey on the Pathway to Excellence and the development of a professional practice strategy for nurses, midwives and AHPs and social workers. Around 20 staff were

involved in presenting some of their innovative work, including the role of surgical care practitioners, service developments on our wards caring for older people and how staff wellbeing can positively translate through to patient care.

**1.3.2 Health and Wellbeing**

A new programme is being run specifically for health and social care staff who may be feeling stressed, overwhelmed, anxious or depressed. The six-week Help to Overcome Problems Effectively (HOPE) Programme is free to attend and supports individuals to manage their health and wellbeing

**1.3.3 Staff Olympics**

This year we held our first Staff Olympics which is aimed at bringing staff together in a variety of non-work activities. The aim is to support and encourage staff to do something that supports good wellbeing and events were grouped under Body, Mind and Soul. There was a whole range of activities on offer including a bake off, a sewing bee, general knowledge quiz, big screen and gaming and sports activities.

**1.3.4 Staff Awards**

The following prestigious awards have been made to our staff:

**Rob Dyer, Executive Medical Director** recently received an award of a honorary associate Professorship from Plymouth University.

**Mr Stuart Andrews** has been elected as national lead for benign upper gastrointestinal services by the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland.

**Upper Gastrointestinal Surgical Team** were awarded second place for presenting their pioneering work at the conference of the Association of Upper Gastrointestinal Surgeons in Liverpool. The talk was given by Dr Sophie Donoghue, a Foundation Doctor, on the use of ultrasound investigations to provide imagery during keyhole surgery of gallbladder removal in Torbay Hospital, which is the pioneering centre in the UK for this technique.

**2. Chief Executive Engagement: October and November**

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

Internal	External
<ul style="list-style-type: none"> <li>• Medical Staff Committee/AGM</li> <li>• Joint Consultative Negotiating Committee</li> <li>• Joint Local Negotiating Committee</li> <li>• SPI Walk-arounds – John MacPherson Ward, Outpatients</li> </ul>	<ul style="list-style-type: none"> <li>• Interim Director of Adult Services and Housing, Torbay Council</li> <li>• STP Chief Executives’ Meeting</li> <li>• STP Programme Delivery Executive Group</li> <li>• Chief Officer, Adult Care &amp; Health Digital Transformation &amp; Business</li> </ul>

<p>and Coastal Health and Wellbeing Team</p> <ul style="list-style-type: none"> <li>• Freedom to Speak Up Guardian</li> <li>• Meeting with Student Nurses</li> <li>• BMA Bullying and Harassment Event</li> <li>• Video blog sessions:</li> <li>• Hand Therapy Team</li> <li>• Junior Volunteers</li> <li>• World Radiology Day</li> <li>• Carers' Aid 10 Year Celebration</li> <li>• Research and Development</li> <li>• Health Navigators Interim Director of Adult Services Torbay Council</li> <li>• STP Chief Executives' Meeting</li> <li>• STP Programme Delivery Executive Group</li> <li>• Devon A&amp;E Delivery Board</li> <li>• Children and Young Persons Partnership Board</li> <li>• Devon ICM Meeting</li> <li>• Principal South Devon College</li> <li>• Interim Accountable Officer, NHS Devon CCG</li> <li>• Director of Public Health, Torbay Council</li> <li>• Provost, Exeter University</li> <li>• High Potential Scheme Start Up Meeting</li> <li>• HEE Annual Senior Leadership Meeting</li> <li>• Staff Heroes</li> <li>• Doctor Breakfast Meeting</li> <li>• League of Friends Chairs Meeting and Coffee Morning</li> </ul>	<p>Support, DCC</p> <ul style="list-style-type: none"> <li>• Devon A&amp;E Delivery Board</li> <li>• Children and Young Persons Partnership Board</li> <li>• Devon ICM Meeting</li> <li>• SDT System Improvement Board</li> <li>• Visit to Live Life Well Pilot (Barnstaple)</li> <li>• NHS South West Chief Executives Meeting</li> <li>• Opening Welcome for Devon wide Systems Leadership Programme</li> <li>• Devon Integrated Care System Conference</li> <li>• Devon Planning Review Meeting</li> <li>• Chief Executive, Torbay Council</li> <li>• Medical Director, NHS England</li> </ul>
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### **3 Local Health and Care Economy Developments**

#### **3.1 Service Developments/Changes**

##### **3.1.1 Devon Strategic Transformation Partnership**

###### **NHS Long Term Plan update**

The latest draft of the Devon version of the NHS Long-Term Plan, called 'Better For You, Better for Devon' is now expected to be published in the new year. It was submitted in November, but publication is delayed until after the general election.

#### **3.2 Partner and partnership updates**

##### **3.2.1 Torbay Council - Risk Share Agreement**

In October, Torbay Council approved the arrangements building on the well-established and successful shared services with the Trust, acknowledging increasing need and demand for all partners. Practically, this means that the Trust will continue to provide Adult Social Care for Torbay Council, via integrated locality community teams. The agreement is to be based upon the following conditions:

- A capped financial commitment from Torbay Council per year of £45 million for core spend, plus £2 million additional funding to acknowledge the spend is currently unacceptably over this level for the period of the agreement
- A non-recurrent additional payment of £1 million in 2020/2021
- An acknowledgement that all parties need to work together to deliver savings of £2 million per year in respect of the costs of Adult Social Care
- That partners prioritise working together on an Adult Social Care Improvement Plan, and that the same is overseen by senior officers from all partners, which includes a review of governance so as to ensure the Council's appropriate involvement, and includes a joint approach to maximising estates and economic development opportunities in Torbay.

### **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 Pre-election period**

Following the announcement for the general election to be held on 12 December, parliament was dissolved and much of this report covers a period of restricted activity and communication.

## **4.2 NHS England and NHS Improvement**

### **4.2.1 NHS Oversight Framework**

The [NHS Oversight Framework for 2019/20](#) has replaced the provider [Single Oversight Framework](#) and the clinical commissioning group (CCG) [Improvement and Assessment Framework \(IAF\)](#).

The NHS Oversight Framework for 2019/20 outlines the joint approach NHS England and NHS Improvement will take to oversee organisational performance and identify where commissioners and providers may need support.

A new approach to oversight will set out how regional teams review performance and identify support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). This framework summarises how this new approach to oversight will work from 2019/20 and the work that will be done during 2019/20 for a new integrated approach from 2020/21.

Oversight will incorporate System review meetings: discussions between the regional team and system leaders, drawing on corporate and national expertise as necessary, informed by a shared set of information.

In the absence of material concerns, the default frequency for these meetings will be quarterly, but regional teams will engage more frequently where system or organisational issues make it necessary.

### **4.2.2 New financial regime to ‘reset regulatory relationships’**

NHS England and NHS Improvement are setting out how different approaches will be taken depending on a provider’s budget position. Trusts currently in surplus (before receipt of provider sustainability funding) have not been given a control total next year, so will be able to set their own financial plan. Instead of “financial recovery funding” (FRF) – which will be made available to trusts in deficit – these stronger organisations will also be offered a one-off “transitional reward payment” worth 0.5 per cent of “relevant income”, providing they deliver a surplus next year as well. For example, a provider with an annual income of £500m would receive £2.5m. Trusts currently in deficit would become eligible for two reward payments if they reach and maintain a balanced position.

Organisations in deficit have been given control totals and specific “improvement trajectories” until 2023-24, as well as allocations from the FRF. These aim to gradually reduce the number of trusts and clinical commissioning groups in deficit, so that no organisation is in deficit by the end of the period.

### **4.2.3 Short-term pension tax ‘solution’ confirmed by NHS England**

NHS England chief executive Simon Stevens set out details of a stop-gap scheme to ensure that clinicians who exceed their NHS pension annual allowance in this financial year are not left out of pocket. The scheme is designed to allow doctors in England to pick up extra shifts this winter with the promise that the NHS will reimburse them for any additional tax they accrue as a result.

## 4.3 Care Quality Commission

### 4.3.1 Urgent and emergency care survey results

The CQC has published the results of its 2018 Urgent and Emergency Care Survey - covering 132 NHS acute trusts in England (but not mental health, community or ambulance trusts). The survey asked people\* about their experiences of urgent and emergency care in major consultant-led accident and emergency departments (Type 1) and also minor injury units or urgent care centres (Type 3) where run directly by an acute hospital trust.

For both reports, our Trust was rated as good, with patient satisfaction scores generally the same as for most other Trusts. However, our Minor Injury Units were rated better than most other trusts for environment and facilities and respect and dignity.

## Local Media Update

### 5.1 News release and campaigns highlights:

- Coverage of our staff heroes award ceremony
- IT failure – information and reassurance that our plans were being acted on
- Support to quit smoking during the annual Stoptober
- Advertising and reporting on the Annual Member's Meeting
- Care worker recruitment campaign. A new campaign to recruit care workers has been launched, appealing to people to support others to live independently in Devon
- HOPE programme continues to support people living with long term conditions
- Encouragement to take up the offer of a Flu vaccination
- Children and Family Health stakeholder events to engage on the implementation of the vision
- Continued coverage for the roving dental screening mouth cancer checks
- Promotion of the [#NHSQuicker](#) app as a way of finding quicker treatment for minor injury or illness
- Carers' rights day
- Work experience day for local students, giving them real insight into the range of health careers available to them after GCSE and A levels
- The Living with and Preventing Diabetes session, hosted by the Trust, attracted more than 60 carers, family members and patients to hear talks by our specialists
- We launched our new, quarterly magazine, *Healthy Futures*, for staff, service users and partners.

## 6 Recommendation

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



<b>COUNCIL OF GOVERNORS MEETING</b>																	
<b>Report title:</b> Foundation Trust Constitution – staff governor constituency																	
<b>Meeting date:</b> 18/12/19																	
<b>Report appendix</b>	n/a																
<b>Report sponsor</b>	Company Secretary																
<b>Report author</b>	Company Secretary																
<b>Report provenance</b>	n/a																
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The annual elections for the Council of Governors will commence in January 2020. The Company Secretary’s Report described the proposed seats to be contested and for ease of reference are shown below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Public Governor</td> <td>South Hams Constituency (one seat)</td> </tr> <tr> <td>Public Governor</td> <td>Torbay Constituency (three seats)</td> </tr> <tr> <td>Staff Governor</td> <td>Coastal ISU (one seat)</td> </tr> <tr> <td></td> <td>Moor to Sea ISU (one seat)</td> </tr> <tr> <td></td> <td>Newton Abbott ISU (one seat)</td> </tr> <tr> <td></td> <td>Paignton and Brixham ISU (one seat)</td> </tr> <tr> <td></td> <td>Torquay ISU (one seat)</td> </tr> <tr> <td></td> <td>Trustwide Services (one seat)</td> </tr> </table> <p>Governors are therefore asked to consider a proposal to change the staff governor constituencies from Acute Clinical (2 governor seats), Non-Acute Clinical (2 governor seats) and Community Services (2 governor seats) to that shown above in order to reflect the new integrated governance structure.</p> <p>The proposed changes have been discussed with staff governors and with public governors and stakeholder governors present at the November Governor Network meeting. Governors present at those meeting supported the proposed changes.</p> <p>The Constitution Task and Finish Group established specifically for the purpose of reviewing the Constitution have also reviewed the changes as outlined above and recommend approval to the Council of Governors.</p> <p>To effect changes to the staff governor constituency, the Council of Governors is required to give approval for the Constitution to be amended. Following approval the revised Constitution will be submitted to the Independent Regulator for publication on their website.</p>	Public Governor	South Hams Constituency (one seat)	Public Governor	Torbay Constituency (three seats)	Staff Governor	Coastal ISU (one seat)		Moor to Sea ISU (one seat)		Newton Abbott ISU (one seat)		Paignton and Brixham ISU (one seat)		Torquay ISU (one seat)		Trustwide Services (one seat)
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	Trustwide Services (one seat)																

Action required	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>												
<b>Recommendation</b>	To approve changes to the staff governor constituency and submit the revised Foundation Trust Constitution to the Independent Regulator.														
<b>Summary of key elements</b>															
<b>Strategic objectives supported by this report</b>	<table border="1"> <tr> <td data-bbox="481 432 1002 512">Safe, quality care and best experience</td> <td data-bbox="1002 432 1082 512"></td> <td data-bbox="1082 432 1422 512">Valuing our workforce</td> <td data-bbox="1422 432 1497 512"></td> </tr> <tr> <td data-bbox="481 512 1002 593">Improved wellbeing through partnership</td> <td data-bbox="1002 512 1082 593"></td> <td data-bbox="1082 512 1422 593">Well-led</td> <td data-bbox="1422 512 1497 593">X</td> </tr> </table>			Safe, quality care and best experience		Valuing our workforce		Improved wellbeing through partnership		Well-led	X				
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<b>COUNCIL OF GOVERNORS MEETING</b>															
<b>Report title:</b> Membership Development Plan 2019/20 to 2020/21		<b>Meeting date:</b> 18/12/19													
<b>Report appendix</b>	n/a														
<b>Report sponsor</b>	Company Secretary														
<b>Report author</b>	Company Secretary														
<b>Report provenance</b>	n/a														
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The Membership Development Plan has been reviewed by the Membership Group and by the COG Development Task and Finish Group.</p> <p>In fulfilling one of the Governors principle roles of <i>representing the interests of the members of the Trust as a whole and the interest of the public</i>, the Membership Development Plan sets out the key priorities for the Council of Governors for 2019/20 and 2020/21.</p>														
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## **Membership Development Plan**

**2019/20 - 2020/21**

DRAFT



## **1. Purpose of the Membership Development Plan**

- 1.1 The purpose of the Membership Development Plan is to develop a representative membership and clarify the way in which the Council of Governors, members of the Membership Group, Foundation Trust Office and the members and public will be involved with upholding the Trust's corporate and business objectives.
- 1.2 The Membership Development Plan will inform the governor engagement plan. It will also link to other key Trust strategies and policies as they emerge and are developed, as set out in the Trust's Annual Plan.

## **2. Overview of the Membership Development Plan**

- 2.1 As part of the Trust's commitment to its members and the public, there is a constant need to not only think about current membership challenges, but also forward plan to meet future demands including the inevitable changes in reporting requirements and compliance standards.
- 2.2 NHS Foundation Trusts need to work closely with patients, the public and local communities to develop ways of providing health services which are responsive to their local needs. This involvement needs to be approached in a strategic and meaningful manner in order to provide benefits to both the Trust and the local population.
- 2.3 A cohesive Membership Development Plan will ensure that the membership and the public are:
  - fully represented at all levels;
  - clearly informed; and
  - used appropriately in decision making around service provision.
- 2.4 The Membership Development Plan aims to:
  - ensure public membership is representative of the community it serves;
  - ensure that all staff groups are given equal opportunity to become involved;
  - identify levels of involvement and participation within the membership and the public according to the wishes and needs of individuals; and
  - ensure a continuous approach to the development of the membership.

## **3. Scope of the Membership Development Plan**

- 3.1 NHS Foundation Trust Council of Governors are under a statutory duty to represent the interests of foundation trust members and the general public and therefore engagement with the public should also fall within the scope of engagement as described in this document. The term 'member' means those individuals who have joined the Trust as public or staff members.
- 3.2 This strategy will be delivered by the Membership Group; supported by the Foundation Trust Office and the wider Council of Governors, as they are the key individuals responsible for planning, developing, managing, and improving Trust membership.

- 3.3 The Membership Development Plan is a public document and should also be seen as relevant to key Trust partners in service commissioning and provision.
- 3.4 Successful implementation of the Membership Development Plan involves serious commitment in time and resource; therefore the responsibilities of the Foundation Trust Office, the Membership Group and the wider Council of Governors will be clarified and identified. However, although the delivery of this plan is the responsibility of the aforementioned, it is essential to recognise that success will require close joint working and communication with the Board of Directors.

#### **4. What is membership?**

- 4.1 The Trust will seek to involve members and the public in how it delivers and develops its services and use feedback from local and national patient surveys, Trust patient experience groups and joint working with local service users and carer support groups, in its decision making. We will plan and deliver services with local people rather than give them what we think is best for them.

#### **5. What it means to be a member**

- 5.1 Our membership is made up of local people with an interest in the Trust, our staff, and the services we provide. We are keen that our membership is representative of the wide range of people who we care for and their carers, those who work for us, and those who live in the communities we serve.
- 5.2 By becoming a member, people will be demonstrating their interest in, and desire to be more closely involved with, the Trust. Members will be able to:
- receive information about the performance of the Trust and updates on services;
  - be invited to help shape the local service provision;
  - be eligible to stand for election as a Governor, or vote for others to represent them;
  - have greater opportunities, through the Council of Governors, to ensure their views are taken into account when decisions are made regarding the future direction of the Trust's services in collaboration with local health partners;
  - participate in surveys; and
  - attend general meetings of the Trust and events of interest.
- 5.3 Whichever level of participation an individual member chooses (ie receive regular information; attend events; interest in becoming a Governor), it will give them a bigger say in what the Trust does, and the Membership Development Plan will ensure their views are counted.

#### **6. Who can become a member?**

- 6.1 The Trust is committed to developing its membership to ensure it is fully representative. Membership is open to anyone over the age of 14 and resides in the area covered by the Trust.

6.2 Constituencies represented are as follows:

- The public
- Staff

6.3 The Trust also has a number of Stakeholder Governors.

6.4 The Trust has made a conscious decision to recruit public members using face-to-face communication; however the public have the means to join as a member via the Trust website if they wish.

6.5 Staff members are automatically opted into membership if they work for Torbay and South Devon NHS Foundation Trust and have a permanent contract of employment or a fixed term contract for 12 months or longer. Staff membership includes those working for contracted-out services, but not staff in a different organisation providing a discrete service. Staff can opt out if they do not wish to become members.

6.6 All members are eligible to vote for a Governor to represent them on the Council of Governors.

## **7. Membership objectives**

- 7.1 It is important that the Trust does not view the notion of membership as tokenism, but that members have a real and valued role to play as part of the Trust's development. The organisation recognises that members are a valuable resource and will work closely with the Council of Governors and Membership Group.
- 7.2 Having a clear, strategic Membership Development Plan in place will allow for targeted recruitment, engagement and information sharing based on local intelligence and statutory reporting requirements. Forward planning will enable effective delivery of the Membership Development Plan.
- 7.3 The Membership Development Strategy must ultimately underpin the Trust's strategic and business objectives and support the Trust's vision.

## **8. The Trust vision and objectives**

- 8.1 Through the establishment of the Integrated Care Organisation, our focus over recent years has been the bringing together of adult social care, community care, and acute health care into a single provider organisation to deliver a new model of integrated care.
- 8.2 Having this single organisation responsible for providing acute, community based healthcare and adult social care services for the population of South Devon and Torbay, has enabled closer whole system working. Commissioners and providers are aligned in the shared vision and aspiration to support people to remain independent within their communities, manage their own health and wellbeing wherever possible, and access the care they need as close to their home as possible - as shown in the illustration below.





## 9. Achieving our objectives

9.1 To successfully embed the Trust's objectives into the heart of the Membership Development Plan, a number of objectives have been identified which will, in turn, lead to the work streams for identified leads to follow. These objectives are as follows:

- To develop the membership in terms of representation and engagement levels;
- To involve the membership and the public in planning, monitoring and development of Trust services to improve the quality of care wherever possible;
- To encourage and support members to stand for election to the Council of Governors;
- To provide appropriate learning and engagement opportunities for members/public;
- To raise staff awareness about the reasons for, and benefits of, membership and the role of the Council of Governors; and
- To support the Council of Governors in undertaking their day to day role.

9.2 Successful delivery of this Membership Development Plan requires commitment from Trust staff and Governors – these requirements are summarised as:

- A comprehensive Membership Development Plan and subsequent work streams
- Senior commitment and leadership
- Appropriate resource and support within financial constraints
- Clear roles, responsibilities and accountability
- A clear commitment to partnership working
- Effective mechanisms for monitoring and evaluation

## 10. How will we get there?

10.1 The Membership Development Plan uses existing processes as its foundation and sets out three work streams to generate and support planned, sustainable and effective membership recruitment and engagement:

- Communication
- Recruitment & Retention
- Engagement (including elections)

### Work stream 1: Communication

10.2 Good communication is vital to ensure members and the public are able to contribute effectively. For membership to thrive, maintaining a continual two-way dialogue, both formal and informal, is essential. Communication with the membership and the public must however move forward in line with improvements and developments in technology.

10.3 E-communication is being actively encouraged, such as e-mail and use of the internet, to save postage and printing costs. A targeted and cohesive approach to communicating with members will be implemented through providing information with specific, identified areas of interest; which, in turn, will lead to an increase in attendance levels at events.

10.4 The Trust needs to be sensitive to the needs of the different cultural groups represented in the membership. Meetings and events should be scheduled to avoid religious festivals and holy days where possible.

10.5 Communication channels will include:

- Letters and messages (sent via e-mail)
- Members' area within the Trust website
- E-Newsletters
- Annual members' meeting
- '*Medicine for Members*' events
- FT Office – telephone contact
- Surveys and feedback
- Council of Governors including Council meetings
- Attendance at local events
- Attendance at local, regional and national conferences

### Work stream 2: Recruiting and Retaining

10.6 As a Trust we are committed to providing the best care to our local community. It is anticipated that a key motivator for people to sign up as a member of the Trust will be to improve services provided by the Trust.

10.7 Areas of low representation in terms of for example, age, gender and geographic area will be identified and appropriate recruitment campaigns developed by the Membership Group to target these areas. Experience has shown that work age people are an example of a difficult group to target. Therefore a concerted effort to identify appropriate opportunities to engage with this and other groups will be made. Recruitment campaigns need to be tailored to the audience.

### Work stream 3: Engagement

10.8 The membership is an invaluable resource made up of individuals who have clearly declared their interest in the Trust.

10.9 Central to the achievement of this objective is the need to promote the membership and the importance of, reasons for, and benefits of using members' feedback in decision making to key individuals within the Trust.

#### (i) Demonstrating engagement:

These areas could be split into the following categories:

- **Empowering**
  - Ensuring the majority views of the membership and the public influence the decision making process; and
- **Involving**
  - Working directly with members and the public to ensure aspirations/concerns are understood and considered.

(These are classed as **engaged members**)

- **Consulting**
  - Asking members and the public for feedback or advice on an issue(s); and
- **Informing**
  - Giving members and the public information on an issue(s)

(These are classed as **contact members**)

10.10 Engaging members and the public successfully can be undertaken in a number of ways, such as providing members and the public with the chance to influence decisions on issues. This is a tangible example of their power to make a difference and, in turn, can prove very productive in increasing overall engagement.

10.11 Specific areas of engagement and information sharing with the membership and the public which have been identified are as follows:

#### **Newsletter**

As referred to earlier the change from paper-based to e-newsletter is in its infancy and will become the standard communication medium as we go forward. The newsletters will be made available on the Trust website and emailed to FT members with registered email addresses.

#### **Trust website**

The Trust website is an invaluable source of communication and must be utilised to its full potential as a major channel for sharing information with our members and the wider public. A programme of development for the website to become the 'go to first' place for information will be developed.

## **Annual Members' Meeting**

The Trust holds a Members' meeting every year incorporating a presentation from the Board of Directors, the Trust's External Auditor, Lead Governor and Chair of the Membership Group. The Annual Members Meeting also includes presentations by staff on clinical services.

Governors attending the Annual Members Meeting use this opportunity to engage with the members and the public prior to and after the meeting.

## **Medicine for Members' Events**

The development of a programme of Medicine for Members' Events is scheduled for implementation from Q3 2019/20 with the intention of providing opportunity for engaging with members and the public.

Governors will play an integral part in developing the programme and by their attendance at these events will be afforded the opportunity to engage with members and the public.

## **Elections**

The Trust works hard to create interest amongst its Members and the public for elections to the Council of Governors. Providing clear information about the role of a Governor prior to election is essential and will reduce vacancies arising mid-term, as well as ensuring that the candidates standing for election are fully aware of the demands of the role.

Use of the media and e-mailing to the relevant members has been used for previous elections, and these methods have proved successful in encouraging interest from members wishing to stand as governors.

We will use e-communications and e-voting to increase engagement and make the nomination and voting process easier to use. We will also offer telephone and text voting to give the members more options in the way they vote.

## **11. Key priorities**

- 11.1 As referred to earlier in this document, NHS Foundation Trust Council of Governors is under a statutory duty to represent the interests of foundation trust members and the general public.
- 11.2 As such the main objective of the Membership Development Plan should focus on engagement with foundation trust members and members of the public.
- 11.3 The tools in which Governors can engage and fulfil this objective are detailed in section Workstream 1 and Workstream 3.

## Member engagement

Objective	Vision/Future State	What do we want to achieve	Action and activity planned to achieve this	Linked to	Measures
Enhance the governor engagement plan by ensuring feedback from members and the public is considered as part of the Trust's Annual Plan	Stronger interactions between communities and governors to obtain meaningful feedback	Raise the level of Governor engagement	Implement a programme of events for members/public  Governor attendance/support at Trust-led meetings in the community	Membership Manager  Governor Development Programme  External Communications Programme	Number of events attended by Governors  Approximate number of people reached  Events Programme

## 12. Roles and Responsibilities

### (i) Council of Governors

12.1 Every NHS Foundation Trust has a Council of Governors whose main purpose is to represent the views and opinions of the members and the public. Governors work in partnership with the Board of Directors and agree what needs to be done to meet the needs of the community.

12.2 The Trust's Constitution allows for the Council of Governors to establish committees or working groups to assist in carrying out its functions and the Membership Group is one example of this.

12.3 In order to keep the Council of Governors informed of progress against the Membership Development Plan, it is proposed that the minutes of the Membership Group will be circulated to the Council of Governors.

### (ii) The Membership Group

12.4 The purpose of the Membership Development Group, which is made up of a number of representative Governors and some key Trust staff, is to support the development and implementation of the Membership Development Plan covering:

- membership recruitment and development;
- member retention and engagement with the Trust;
- member and public engagement with the Governors; and
- member and public communication and feedback.

12.5 The Membership Group will develop and monitor an annual work plan which will link directly to the work streams identified within the Membership Development Plan.

### **(iii) Company Secretary**

12.6 The Company Secretary, via the Membership Manager is there to provide a universal point of contact and to assist the Governors as much as possible with communication and information distribution. The Membership Manager will provide the support required to enable the Membership Group to deliver the objectives set out in the Membership Development Plan.

## **13. Membership rules**

13.1 Full details of the eligibility for, and the exclusions from, membership are included in the Constitution of Torbay and South Devon NHS Foundation Trust which can be found on our website [www.torbayandsouthdevon.nhs.uk](http://www.torbayandsouthdevon.nhs.uk).

## **14. Legislative and regulatory context**

14.1 The Health and Social Care Act 2012 sets out the statutory requirements of Foundation Trusts.

## **15. NHS England/NHS Improvement**

15.1 NHS England/NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It offers the support the providers need to give patients consistently high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary intervening, the organisation helps the NHS to meet its short-term challenges and secure its future.

## **16. The Care Quality Commission (CQC)**

16.1 The Care Quality Commission is the independent regulator of health and social care in England, whether provided by the NHS, local authorities, private companies or voluntary organisations.

16.2 It is the role of the CQC to implement systems and processes that register health and social care providers in England. The CQC has statutory powers to regulate the performance of all health and social care providers.

<b>COUNCIL OF GOVERNORS MEETING</b>															
<b>Report title:</b> Company Secretary's Report		<b>Meeting date:</b> 18/12/19													
<b>Report appendix</b>	Appendix 1: Role descriptions- Lead Governor and Deputy Lead Governor Appendix 2: Council of Governors Development Programme 2019/20 Appendix 3: Guide for Council of Governors about the Care Quality Commission Appendix 4: Council of Governors Work Plan 2019 and 2020														
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<b>Purpose of the report and key issues for consideration/decision</b>	The report provides corporate governance updates on matters of relevance to the Council of Governors.														
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<b>Board Assurance Framework</b>	n/a	<b>Risk score</b>													
<b>Risk Register</b>	n/a	<b>Risk score</b>													
<b>External standards affected by this report and associated risks</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>Care Quality Commission</b></td> <td style="width: 20px;"></td> <td style="padding: 5px;"><b>Terms of Authorisation</b></td> <td style="text-align: center; padding: 5px;">X</td> </tr> <tr> <td style="padding: 5px;"><b>NHS Improvement</b></td> <td style="text-align: center; padding: 5px;">X</td> <td style="padding: 5px;"><b>Legislation</b></td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>NHS England</b></td> <td></td> <td style="padding: 5px;"><b>National policy/guidance</b></td> <td style="text-align: center; padding: 5px;">X</td> </tr> </table>			<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	X	<b>NHS Improvement</b>	X	<b>Legislation</b>		<b>NHS England</b>		<b>National policy/guidance</b>	X
<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	X												
<b>NHS Improvement</b>	X	<b>Legislation</b>													
<b>NHS England</b>		<b>National policy/guidance</b>	X												

<b>Report title: Company Secretary's Report</b>		<b>Meeting date:</b> 18 December 2019
<b>Report sponsor</b>	Company Secretary	
<b>Report author</b>	Company Secretary	

## Introduction

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

### 1. Appointment of Lead Governor and Deputy Lead Governor

- 1.1 The Council of Governors agreed the process for the appointment of the Lead Governor and Deputy Lead Governor at the Council of Governors meeting on 26 June 2019.
- 1.2 No nominations for either role were received by the closing date.
- 1.3 The current Lead Governor, Wendy Marshfield indicated her willingness to continue as Lead Governor until the conclusion of her term of office on 1 March 2020, and this was duly approved by the Council of Governors on 25 September 2019.
- 1.4 The current Deputy Lead Governor, Carol Day also indicated her willingness to continue as Deputy Lead Governor until 1 March 2020 and that was also approved by the Council of Governors on 25 September 2019.
- 1.5 It was noted by the Council of Governors on 25 September 2019, that a further call for interest from Governors to fill the position of Lead Governor and Deputy Lead Governor would be undertaken after the December COG meeting.
- 1.6 It is therefore proposed that the process as shown below and approved by the Council of Governors on 26 June 2019 remains unchanged and that the timeline for a further call for interest is agreed as follows:
- 1.7 Appointment process
  - 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 and a person specification for the 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 10 January 2019. Voting packs will be issued (if required) by 17 January 2020, for return by Friday 31 January 2020.

The election results will be announced week commencing 3 February 2020 and ratified at the Council of Governors meeting on 12 February 2020.

### **Action required:**

**To note the further call for interest for the positions of Lead Governor and Deputy Lead Governor in accordance with the timeline as shown.**

## **2. Annual Declarations of Interests**

- 2.1 The Constitution (paragraph 20) requires Governors to declare any personal, pecuniary or family interests which may influence or be perceived to influence their judgement. Interests that must be declared are any that are relevant and material.
- 2.2 Governors would have declared any such interests on appointment and periodically thereafter, however it is seen as good governance for those declarations to be refreshed on an annual basis and a register of declarations to be maintained.

- 2.3 Governors have been provided with a declarations form with their meeting papers, which they are invited to complete and return to the Foundation Trust Office by 31 December 2019.
- 2.4 Governors are asked to note that completed forms will be held in the 'Register of Interests for Governors' and will be available for public inspection.
- 2.5 Governors will also be asked to complete a form like this each year, but should inform the Company Secretary should circumstances change in the interim in respect of any declarations.

**Action required: Governors to complete and return their Declarations Form to the Foundation Trust Office by 31 December 2019.**

### **3 Council of Governors Development Programme 2019/20**

- 3.1 The Council of Governors established a task and finish group to oversee and monitor progress against the Council of Governors Development Programme for 2019/20 (attached as Appendix 2).
- 3.2 The meeting held on 10 December was well attended by Governors and good progress has been made against the majority of actions.
- 3.3 The areas highlighted as requiring action in Q3 will be prioritised for Q4. The action to bring to the COG's attention is the review of the Constitution, which given the interest shown by members of the task and finish group to participate in that review process, will now be subsumed in to the work of the task and finish group. The Council of Governors are asked to note that the Chairman and Senior Independent Director will participate in the review of the Constitution prior to seeking approval of any changes by the Board of Directors and Council of Governors.

**Action required: To note progress against Council of Governors Development Programme for 2019/20.**

### **4 Governor Election Timetable**

- 4.1 The annual elections for the Council of Governors will commence in January 2020. The seats to be contested are shown below:

Public Governor	South Hams Constituency (one seat)
Public Governor	Torbay Constituency (three seats)
Staff Governor	Coastal ISU (one seat)
	Moor to Sea ISU (one seat)
	Newton Abbott ISU (one seat)
	Paignton and Brixham ISU (one seat)

Torquay ISU (one seat)  
Trustwide Services (one seat)

- 4.2 Governors will note that the Staff Governor constituencies have been changed to reflect the new governance structure for the integrated service units. A change to the Foundation Trust Constitution is required to make these changes and is proposed for approval by the Council of Governors under a separate agenda item.
- 4.3 The independent election company, Electoral Reform Services, will manage the elections on the Trust's behalf.
- 4.4 The proposed election timetable is shown below.

<b>ELECTION STAGE</b>	<b>OPTION 1</b>
Notice of Election / nomination open	<b>Friday, 3 Jan 2020</b>
Nominations deadline	<b>Monday, 20 Jan 2020</b>
Summary of valid nominated candidates published	Tuesday, 21 Jan 2020
Final date for candidate withdrawal	Thursday, 23 Jan 2020
Electoral data to be provided by Trust	Monday, 27 Jan 2020
Notice of Poll published	Thursday, 6 Feb 2020
Voting packs despatched	Friday, 7 Feb 2020
Close of election	<b>Thursday, 27 Feb 2020</b>
Declaration of results	<b>Friday, 28 Feb 2020</b>

- 4.5 The Trust will be hosting an information event for prospective Governors to learn more about the role of the Governor. Governors are asked for their support in promoting this event and promoting the vacancies to relevant networks and contacts.

**Action required: To receive and note the election timetable.**

## **5 Appointments of Governor Observers to Trust Board Committee's**

- 5.1 The process for the appointment of Governor observers to the Board committee's agreed at the previous Council of Governor's meeting has concluded and the following Governor appointments are presented for information.

**Audit Committee** Elizabeth Welch

**Charitable Funds Committee** Mary Lewis\*

**Finance, Performance and  
Digital Committee** Peter Coates

**People Committee**

Paul Lilley

**Quality Assurance Committee** Craig Davidson

- 5.2 \*Governors will be aware that no nominations were received for the Charitable Funds Committee Governor observer role prior to the closing date. Since then however, Mary Lewis has expressed interest. It is therefore proposed that Mary Lewis is appointed as Governor observer for Charitable Funds Committee.

**Action required: To note the appointments of Governor observers to the Board committees as shown above.**

## **6 Care Quality Commission Publication**

- 6.1 The Care Quality Commission (CQC) published guidance in September 2019 with the aim of supporting Governors to understand the work of the CQC and how it engages with Governors during an inspection. The guidance document is attached at Appendix 3.

**Action required: To note the CQC guidance regarding the CQC inspection process.**

## **7 2019 Council of Governors Work Plan**

- 7.1 The 2019 and 2020 work plan for the Council of Governors is presented for information at Appendix 4. Governors are asked to note the Council of Governors meeting dates for 2020.

**Action required: To receive and note the 2019 and 2020 Council of Governors work plan and note the Council of Governors meeting dates schedule for 2020.**

## **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 the Independent Regulator 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 Independent Regulator 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.



## **PERSON SPECIFICATION FOR LEAD GOVERNOR**

To fulfil the role, the Lead Governor will:

1. Have the confidence of Governor colleagues
2. Have the ability to influence and challenge constructively as appropriate
3. Be committed to the values and success of the Foundation Trust
4. Have the ability to Chair meetings and showing leadership
5. Understand the role of the Independent Regulator and the basis on which the Regulator action may take regulatory action
6. Ensure that individual views of Governors are respected
7. Be able to commit the time as necessary

Council of Governors Development and Delivery Programme 2019/20					
Key Activity		Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
<b>Development Objective 1: Representing members and the public - Engagement Plan</b>					
1	Develop a Member Events Programme				
2	Design an e-newsletter for distribution to members, public, stakeholders and for posting on the website			Healthy Futures Magazine	
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				
<b>Development Objective 2: Holding NEDs to account: - Involvement Plan</b>					
8	Allocate discussion time on the agenda for COG and B2C meetings				
9	Timetable COG agenda setting meetings between Chairman & Lead Governor/Deputy Lead Governor				
<b>Development Objective 3: Supporting Governors – Training and Development Plan</b>					
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			Network meetings	
<b>Development Objective 4: Constitution - Review</b>					
13	Review to focus on: composition of the Council of Governors, meeting best practice/regulations and general update			Task and Finish Group	

**Key:**

<b>Red</b>	<b>Amber</b>	<b>Green</b>
<b>Action not started</b>	<b>Action underway/progressing</b>	<b>Action completed</b>

# Care Quality Commission and Foundation Trust Councils of Governors working together:

A guide for Councils of Governors  
about the CQC

September 2019

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## Part 1 – About this guide

This guide aims to support foundation trust councils of governors in understanding the work of the Care Quality Commission (CQC) and how we engage with governors during our work.

People using services are at the heart of how we regulate trusts, and we recognise the key role governors have in providing them with a voice. We want governors to represent the public interest and hold trust board performance to account on their behalf.

The guide explains our inspection process, how and when we'll involve you in our work, and what we want to hear to hear from you.

The guide has been produced in consultation with NHS Providers and its Governor Advisory Committee.

## Part 2 – About CQC

### 2.1 CQC's purpose and role

We are the independent regulator of health and adult social care in England. Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and to encourage services to improve.

Our role is to register, monitor, inspect, rate and regulate services to make sure they meet fundamental standards of quality and safety.

To find out more about what the regulated activities are and who must register, click [here](#).<sup>1</sup>

Our role includes publishing reports that show performance ratings to help people choose care and to help providers know where they need to improve. We publish thematic reviews, driving improvement case studies and other evidence-based reports to share good practice and encourage all parts of the health and social care system to work together and continually make improvements to people's care.

We are responsible for monitoring and reporting on the use of the Mental Health Act, protecting the interests of people whose rights are restricted under it, including handling individual complaints about its use. We provide the second opinion appointed doctor service which safeguards the rights of patients detained under the Mental Health Act, who either refuse the treatment prescribed to them or are deemed incapable of consenting. We also monitor and report on the use of the Deprivation of Liberty Safeguards (DoLS) across England.

In May 2019, Parliament passed the Mental Capacity Amendment Act. The Act will see the replacement of DoLS with Liberty Protection Safeguards (LPS). LPS are intended to be a simpler, less bureaucratic process for safeguarding vulnerable people. The Department for Health and Social (DHSC) intend for the new LPS system to be introduced late 2020, replacing the DoLS scheme. However, the LPS will initially run in tandem with DoLS, most likely for a period of 12 months. CQC is working with the DHSC to make sure that our inspectors and providers are prepared for the change in CQC's role under LPS.

Another part of our role is to make sure people who have director-level responsibility at trusts meet the fit and proper persons regulations. Trusts must detail the steps that they've taken to assure the fitness of the director and provide full details to the CQC. You can read more about how we ask trusts to

do that **here**<sup>2</sup> and what happens if we aren't satisfied that a proper process has been followed.

We'll further develop our approach to fit and proper persons in light of the **Kark review**.<sup>3</sup> We support the recommendations of the review and work has already begun with partner organisations to take this work forward.

While we have a role in encouraging improvement, we are not responsible for the improvement process that trusts undertake following an inspection. This is **NHS Improvement**.<sup>4</sup> There is also a role that **NHS Providers**<sup>5</sup> plays in helping trusts learn from each other. You can read more about this in section 2.5.

Something we can't do, is investigate and resolve individual complaints made about a provider. Instead we'll use information given to us about providers to make an informed decision about where to direct our resources. We can use this intelligence to bring forward or start the inspection process if we think it's necessary.

**If you're worried about somebody's immediate safety you should contact your local authority safeguarding team. Details will be available on individual council websites.**

## 2.2 When, where and how we decide to inspect

When CQC refers to hospital sector inspections this covers acute, community, mental health, ambulance and combined trusts. It also includes independent services that provide NHS services.

We have now inspected and rated every NHS trust in England, and since 2017 have been using a more targeted and responsive approach to help us decide where and when to inspect.

Our main approach is to carry out inspections of certain core services followed by an inspection of the well-led key question at trust level. During a comprehensive inspection we'll look at the well-led key question plus at least one core service, and during a focused inspection we'll just look at specific areas of concern or where intelligence tells us the quality of care might have changed.

We'll usually inspect the well-led key question for a trust annually. We'll use the trust's previous ratings and the latest information we have about it to decide

which services to inspect alongside this well-led inspection. Core services will be inspected at the following maximum intervals:

Frequency of inspections	
Previous overall rating	Maximum interval between inspections
Inadequate	Normally within 1 year of publishing the last core service inspection report
Requires improvement	Normally within 2 years of publishing the last core service inspection report
Good	Normally within 3.5 years of publishing the last core service inspection report
Outstanding	Normally within 5 years of publishing the last core service inspection report

We take into account the trust’s own assessment of the quality of its core services. If the trust tells us that services have improved, we’ll inspect them wherever we can.

To help us decide which of the core services to inspect, and where the quality of care might have changed, we gather and use the experiences of people who use services, their families, carers and local communities. Working with public representatives, including foundation trust councils of governors, is an important way in which we do this.

It may be useful to note that if the rating of a core service changes, this does not always mean a trust’s overall rating will change. An internal tool is used by CQC to determine the trust’s overall rating. A change in rating of just one core service may not be enough to trigger a change to the overall rating.

You can find more information about our approach to inspecting and rating [here](#).<sup>6</sup>

### 2.3 How do we decide what good care looks like?

There are a set of fundamental standards which nobody’s care should fall below. These standards describe the care all people using services have a right to expect in law. All providers registering with CQC must provide people with:

- person-centred care
- dignity and respect whilst receiving care and treatment



- consent before being given treatment or services
- safe care and care that is free from avoidable harm
- safeguarding from abuse
- food and drink to keep them in good health
- premises and equipment that are clean, suitable and looked after properly
- a way to complain about their care
- good governance to make sure trusts can meet these standards
- the right staff to provide their care
- fit and proper staff
- duty of candour about their care and treatment
- a display of their CQC rating

You can read more about the fundamental standards [here](#).<sup>7</sup>

To help us find out if providers are meeting these standards, there are five questions we ask when inspecting all services. They're at the heart of the way we regulate and help us to make sure we focus on the things that matter to people.

- **are they safe:** are people protected from abuse and avoidable harm?
- **are they effective:** does people's care, treatment and support achieve good outcomes, help them maintain their quality of life and is it based on the best available evidence?
- **are they caring:** do staff involve and treat people with compassion, kindness, dignity and respect?
- **are they responsive:** are services organised so that they meet people's needs?
- **are they well-led:** does the leadership, management and governance of the organisation:
  - make sure it's providing high-quality care that's based around people's individual needs
  - encourage learning and innovation
  - promote an open and fair culture?

We call these our key lines of enquiries, and you can find out more about them and what we look at as part of an inspection by [clicking here](#).<sup>8</sup>

We ask local partners, including local authorities and clinical commissioning groups to share information about the quality of services before inspections.

All year round we gather people’s experiences via:

- engagement events
- the **give feedback on care form**<sup>9</sup> on our website
- our contact centre
- social media
- national patient surveys
- groups that represent members of the public





Details of the whole inspection process and can be found at: [www.cqc.org.uk/handbooks](http://www.cqc.org.uk/handbooks).

## 2.4 Telling people about what we’ve found

After every inspection, we publish a report explaining what the inspection team found. This includes examples of good practice as well as areas for improvement.

A draft report is sent to the trust to be checked and agreed. The trust will also have the opportunity during this process to challenge us if they don’t agree with our findings and are able to provide additional evidence to support their challenge.

The final report includes the rating given to the organisation and its services:

- Outstanding** 
- Good** 
- Requires improvement** 
- Inadequate** 

We also work closely with NHS Improvement, to carry out an assessment on how well trusts **use their resources**,<sup>10</sup> and to give a rating on how well they do this. At the moment the assessments only apply to acute trusts and we do not currently give this type of rating to specialist trusts, like Moorfields Eye Hospital, or mental health or community trusts as we don’t always have access to the data we need.

However, the assessments might be rolled out to these types of trusts at some point in the future.

As well as helping providers to improve, our ratings and reports also help people make decisions about where they or a loved one want to be cared for.

## 2.5 Taking action against poor care

We have a number of powers if we find services are not meeting the regulations for care set out by the government. These range from warnings and fines, to cancelling a service's registration so it can no longer provide care, through to prosecuting those responsible for the service.

You can read more about the action we can take, [here on our website](#).<sup>11</sup>

NHS Improvement is responsible for supporting trusts and foundation trusts to improve. This includes independent organisations that provide NHS services.

NHS Improvement:

- make sure essential services are maintained if a provider gets into serious difficulties
- make sure strong governance and accountability mechanisms are in place for systems to ensure the NHS as a whole can secure the best value from its combined resources
- are increasing the use and quality of data and information that local systems and providers have access to improve patient services

## Part 3 – How CQC inspectors involve FT governors

### 3.1 During inspections – meeting with governors

Either before or during an inspection, we'll approach the chair of the trust to invite the council of governors to meet with the inspection team to share their assessment of the leadership and quality of care. This may include examples of good and outstanding practice and feedback the council has gathered from the public and people who use services.

The council can suggest how it wishes to organise this meeting. For example, the council may wish to invite members of the inspection team to a governors' full meeting, a meeting of a specific governor committee, or to convene a specific meeting of a group of governors. It is a matter for the council as to how many governors and the mix of governors that meet with the inspection team and the arrangements for deciding what information you want to share with us. For example you may want to flag previous governor meeting minutes to us.

Governors who attend this meeting are there to bring evidence on behalf of the council of governors as a whole, not to represent their own individual views.

#### **How are you able to hold non-executive directors to account for the performance of the board?**

As part of the well-led inspection, we'll look at your ability to hold non-executive directors to account for the performance of the board.

At our meeting with you, inspectors want to know if you are effectively able to:

- receive the quality report and accounts and question the non-executives on their content?
- ask about the CQC's judgements on the quality of care provided by the trust?
- receive information updates from the board of directors and question the non-executives on their content, including the performance of the trust against the goals of the forward plan?
- invite the chief executive or other executive and non-executive directors to attend council of governors meetings as appropriate and use these opportunities to ask them questions?

- engage with the non-executive directors to share concerns, for example by way of joint meetings between the council of governors and non-executive directors?
- receive information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and question the non-executives on the board's decision-making processes, and then, if satisfied, approve the proposal?

### How are you representing people?

Inspectors may also want to know how you are representing the interests of members and the public. For example do you:

- seek the views of members and the public on material issues or changes being discussed by the trust?
- feed-back to members and the public, information about the trust, its vision, performance and proposals made by the trust board?
- ensure when you are communicating with directors of the trust that you represent the interests of members and the public rather than just your own personal views?
- hold governor drop-in events where members and the public can come in to meet with governors?
- have a governors' and members' section of the trust website to share information?
- hold member days where members and the public are invited to the trust for a day and governors take time to speak to them?
- conduct surveys of members seeking their views on the trust?

## 3.2 Post inspection initial feedback

At the end of the inspection, high level verbal feedback is given to some of the trust's senior management team but CQC doesn't include governors at this meeting.

The information shared with the trust at this point is very high level, and there is unlikely to be any actionable points for governors. It is then the responsibility of the trust to feed this information from CQC to relevant internal contacts

making sure governors have all the information they need to hold the trust board to account.

CQC can't help governors circumnavigate relationship issues where this doesn't happen, as this falls outside of our regulatory remit. However, if you are not being given the information you need to carry out your role, this is information you can share with your local inspection teams, as this forms part of the well-led assessment.

Although CQC doesn't invite governors to this initial feedback meeting, there is a post-inspection letter that we send to trusts within two weeks of all routine inspections. These letters, sent from the head of inspection to the chief executive, offer a written record of the preliminary feedback given to trust representatives at the conclusion of the inspection.

We encourage and expect trust boards to discuss the findings of their inspection at their first public board meeting following a CQC inspection and ask them to do this within the letter.

While we aren't able to force trusts to publish their post-inspection letters, in cases where their final report is not available, we would expect trusts to use the post inspection feedback letter to facilitate these discussions at their next public board meeting to ensure the findings are shared publicly at the earliest possible opportunity.

If the board don't do this, the CQC may choose to publish the letter on our website.

### **3.3 Year round**

Away from the inspection schedules, councils of governors can also tell us about what they are hearing from people about the quality of services at their trust whether this is where care has improved, or an area where people are sharing concerns.

This will help us to decide which core services to focus on when we inspect.

There are various ways that councils can submit feedback to us and also encourage people using services to do the same:

- **give feedback on care** – You can encourage people to submit information using the give feedback on care form on our **website**.<sup>12</sup>
- **contact centre** – You can call our contact centre on 03000 61 61 61 or fill in the **online form**.<sup>13</sup>
- **inspection teams** – You can report any feedback about a service through your local inspection team.

During the year, inspection teams will also aim to attend and observe a council of governors meeting.

## Part 4 – What do we do with the information you give us?

Information you provide to CQC might include what you have told us during the governors meeting about how you are able to govern, (which tells us if the trust is well-led) and what you are hearing from people using services.

During any meetings with inspection teams you can ask them how they have used the information that you've provided.

It's worth noting that feedback or action from the information you provide may not come back in the same format it was supplied, for example at a focus group. It may also take several months before you are able to see how we have used any information you provide. Although the inspection team might not tell you directly, exactly how your information has been used, it will be used in other publicly available formats. It might be used:

- in an inspection report
- to contribute to a CQC thematic review
- to bring forward an inspection date
- to help us decide which core services to inspect.

Members of the public who contact us, to share concerns about care or give positive feedback about a service, and provide contact details (email, telephone, address), will receive:

- acknowledgement that thanks them for taking the time to give us information.
- clear information that describes the potential actions we may take in response.
- signposting information on how to make a complaint.
- signposting information to the whistleblowing helpline (if applicable).
- invitation to sign up to an email alert which will tell them when the care service they shared feedback on has been inspected.



In response to information from individuals about their experiences of care we will give them:

- an enquiry reference number so that individuals can use this if they want to make further contact with us about the information they have shared.
- the name of the inspector who the information has been passed to.
- information that advises a CQC inspector may choose to contact them if they need to seek further information but not to be surprised if they do not hear further from us.

No other form of feedback about what happened as a result of the information received will routinely be provided by CQC.

We recognise that people may expect to receive more feedback from us about what we've done in response to information they've shared with us. Right now, we don't have the resources to be able to provide individual feedback to people about what action we've taken. We are continuously reviewing ways of improving how we do this.

## Part 5 – Outcomes of a CQC inspection and report

The outcome of a CQC inspection and the ratings given to your trust and its services will be critical to the board's activities and the council of governors' assessment of the board's effectiveness.

The inspection report should enable you to understand the quality of care the trust provides for patients and service users and help your understanding of leadership and staff morale and CQC's recognition of good practice. It should support a culture of continuous learning, part of which will be to address any areas of improvement which we have identified.

The board should use our findings to inform its quality strategy and other improvement plans. Councils of governors will need to take note of the outcome of the inspection, and whether the findings raise new issues that you were not aware of.

# Part 6 – CQC information to help you carry out your duties

Councils of governors may find the following information from CQC useful to support their duty to hold the trust board to account:

## 6.1 Contact details for your local inspection team

If your council don't currently have any CQC inspection team contacts, you can find out who these are by emailing [DLS&IRegionalCommunications@cqc.org.uk](mailto:DLS&IRegionalCommunications@cqc.org.uk).

If councils are having trouble establishing or maintaining a relationship with local inspection teams you can contact [engagementandinvolvement@cqc.org.uk](mailto:engagementandinvolvement@cqc.org.uk).

NHS Providers can also provide advice and be contacted on [governors@nhsproviders.org.uk](mailto:governors@nhsproviders.org.uk).

## 6.2 Where you can find data we hold about your trust

We publish reports on our website at [www.cqc.org.uk](http://www.cqc.org.uk). You can sign up to receive all the inspection reports published on your trust by visiting their page on our website and clicking the button highlighted in the image below.



You can only do this for individual locations, if you want to be notified about overall trust wide reports you can follow the instructions in the next section to sign up for our local weekly round ups.

We publish thematic reviews and reports to give you a better understanding of certain topics, and good examples of care from other trusts that could be highlighted to your trust.

If you want to find out the wider picture of care quality, including ratings, in your area you can use our **data directory**<sup>14</sup> which is updated once per month. The data directory is a filterable spreadsheet. It shows all services, not just hospitals and their current rating, and can be broken down into areas such as:

- all NHS trusts rated as Good in the South of England
- all home care services rated as Inadequate in the Leeds local authority area
- all GP surgeries rated as good in the North of England
- all forensic inpatient wards rated as Outstanding in England (for example could be used in local improvement work to learn from others)

We also have local area data profiles which give a picture of the health and social care system in each local authority area.

They bring together data to give an indication of how different services work together, focusing on the care pathway for people aged 65 or over

You can visit our website to **read more and download your local area data profile**.<sup>15</sup>

## 6.3 Find out about other reports publishing locally

We have three different email lists you can subscribe to if you have an interest in:

- reports we've published on providers in your local area (including your trust)
- press releases about significant reports in your local area (including your trust)
- national press releases about reports or CQC news.

You can email **DLS&IRegionalCommunications@cqc.org.uk** to get signed up to any of these lists, by specifying which area you would like to hear about.

## 6.4 Sign up to our bulletins

Once a month we also send out a bulletin to groups representing members of the public and we'd encourage all governors to sign up. Our bulletin includes:

- a roundup of what's been happening at CQC
- details of any significant reports we've published
- opportunities to work together
- any other important information from the health and social care sector we think you might need to know about.

You can fill in our web form to be added to our distribution list by **clicking here**.<sup>16</sup> To sign up to our other bulletins including provider specific bulletins you can visit **[www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc](http://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc)**.

## Part 7 – Other ways to engage with CQC

If you have an event you would like a CQC speaker at, you can contact your local inspection team.

If you would like any public engagement materials such as CQC leaflets, you can order these online **via our website**.<sup>17</sup>

Twice a year, our inspection teams in your area should have a meeting inviting voluntary groups representing members of the public to share their experiences of care. You can speak to your inspection team if you would like to be invited to these meetings to hear what the people you represent are saying about their experience of care. You can also then feed this back to your trust.

You can also help to publicise our work by engaging with us on our social media channels.

Twitter: [www.twitter.com/CareQualityComm](https://www.twitter.com/CareQualityComm)

Facebook: <https://www.facebook.com/CareQualityCommission/>

Instagram: <https://www.instagram.com/carequalitycommission/>

**If you would like any further information on anything in this guide or have any comments or suggestions for improvement, you can contact [engagementandinvolvement@cqc.org.uk](mailto:engagementandinvolvement@cqc.org.uk)**

**With thanks to NHS Providers and their Governor Advisory Committee for their input into this guide.**

## Endnotes

- 1 <https://www.cqc.org.uk/guidance-providers/registration/what-registration>
- 2 <https://www.cqc.org.uk/guidance-providers/nhs-trusts/fit-proper-persons-requirement-directors-nhs-trusts>
- 3 <https://www.gov.uk/government/publications/kark-review-of-the-fit-and-proper-persons-test>
- 4 <https://improvement.nhs.uk/>
- 5 <https://nhsproviders.org/>
- 6 <https://www.cqc.org.uk/guidance-providers/nhs-trusts>
- 7 <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>
- 8 <https://www.cqc.org.uk/guidance-providers/healthcare/key-lines-enquiry-healthcare-services>
- 9 <https://www.cqc.org.uk/share-your-experience-finder>
- 10 <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/how-we-rate-trusts-their-use-resources>
- 11 <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/taking-action>
- 12 <https://www.cqc.org.uk/share-your-experience-finder>
- 13 <https://webdataforms.cqc.org.uk/Checkbox/contactus.aspx>
- 14 <https://www.cqc.org.uk/about-us/transparency/using-cqc-data#directory>
- 15 <https://www.cqc.org.uk/publications/themes-care/local-authority-area-data-profiles>
- 16 <https://dev.webdataforms.cqc.org.uk/Checkbox/Sign-up-for-the-bulletin.aspx>
- 17 <https://cqc-oos.apsmos.com/Home.html>

Appendix 4

Council of Governors 2019 Workplan

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/ AMM	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 (amm)		
Annual Report and Accounts					X	X (amm)		
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 (amm)		
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 update						X (amm)		
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		



Appendix 4

Council of Governors 2020 Workplan

Agenda item	12 Feb Quarterly meeting	11 March Board to Council (private)	6 May Quarterly meeting	8 July Board to Council (private)	30 July Annual Members Meeting	5 August Quarterly meeting	4 Nov Quarterly meeting	16 Dec Board to Council (private)	Jan 2021 Quarterly meeting
Chairman's Report	X		X			X	X		X
Chief Executive's Report	X		X			X	X		X
Annual Quality Account					X				
Annual Report and Accounts					X				
Annual Plan		X	X	X				X	
Annual Plan Governor feedback		X		X				X	
Forward Agenda Plan	X		X			X	X		X
Governor events – feedback	X		X			X	X		X
Lead Governor's Report	X		X			X	X		X
Feedback from Cttee's/Working Groups	X		X			X	X		X
Governor's Communication Log	X		X			X	X		X
Auditors Report to Governors					X				
Register of Interests	X								
Lead/Deputy Governor appt. process									
Appointment of Lead/Deputy Governor									X
Appointment of Chair/NED	X		X			X			
Company Secretary's Report	X		X			X	X		X
Annual cttee/group membership review							X		
Membership Strategy – annual update									X
Elections update report	X						X		X
Election results report	X		X						
External Auditor appointment - update	X		X				X		X
Ad hoc reports/presentations	X		X			X	X		X
2020 Annual Members Meeting					X				



**Council of Governors**  
**Wednesday 18 December 2019**

<b>Agenda Item:</b>	4.4
<b>Report Title:</b>	Lead Governor's Report
<b>Report By:</b>	Lead Governor
<b>Open or Closed:</b>	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 25 September 2019.

**2. Main Report**

2.1 The Council of Governors continues to be actively involved with supporting the Trust and members. Following a meeting with the Chief Executive on 21 November 2019, a number of developments have been confirmed and communicated to Governors.

2.2 At the Board to CoG Development session held on 23 October 2019, the Chief Executive provided an update on the NHS long term plan to the Council of Governors. This was followed by a very useful workshop session, led by the Director of Transformation and Partnerships. Governors participated fully in this workshop, feedback from which was used to facilitate discussions and debate at a NED Awayday held on 9 October.

2.3 The Operational Task and Finish Group are now working on the implementation of the Council of Governors' Development Plan, particularly focussing on engagement with Trust Members and the public. The Company Secretary's Report provides more detail on progress against the plan.

2.4 Governors 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 Teignmouth. Engagement with Trust members and members of the public enables governors to provide valuable feedback to the Trust and to inform future strategic planning and to identify priorities for service development.

2.5 I have received very positive feedback from governors on the monthly Network meetings. Governors very much value the input of the Chairman and Executive Directors and are very pleased to receive the detailed information supplied on current Trust activity, commissioning challenges and strategic plans, and I do hope governors will continue to attend these meetings whenever possible.

2.6 Governors recently took part in the annual PLACE assessments, the format has changed this year and I am currently seeking clarification on this.

<p>2.7</p> <p>2.8</p> <p>2.9</p> <p>2.10</p> <p>2.11</p>	<p>Following a decision by the Trust that it is no longer considered appropriate to support the administration of governor constituency meetings, each constituency has agreed to continue to meet and will now provide their report to the Governors' pre-CoG meetings. This will ensure that all governors are briefed on key issues arising in each constituency, and where necessary to determine how best to take these issues forward.</p> <p>Governor colleagues continue to support the Staff Heroes selection process and to take the opportunity to attend various events to raise the profile of the Council of Governors. A number of governors attended the annual Staff Awards evening event held at the Grand Hotel on 26 September, a very successful evening recognising the achievements and commitment of staff throughout the Trust.</p> <p>I would like to thank governors who attended the Annual Members Meeting (AMM) held on 25 September 2019. In addition to formal receipt of the annual report and accounts, attendees heard some very interesting presentations on various aspects of Trust work. It was disappointing to note that all governors were not able to attend; some governors have advised me that holding a CoG meeting on same day as the AMM is too onerous and I have asked the Trust whether alternative arrangements could be considered when planning the 2020 AMM.</p> <p>Governors continue to support the Trust in communicating with the public and it has been identified that Governors will be involved with future planning for the Paignton Health and Wellbeing Centre.</p> <p>The Membership Group continues to support raising of public awareness on the role of governors and to receive feedback from the public: governors recently attended the relaunched Medicine for Members event on Diabetes, held on 11 November, attended by more than 60 people, at which a range of information was provided on this topic.</p>
<p><b>3. Recommendations</b></p>	
<p>3.1</p>	<p>Governors are asked to note the contents of the Governors' Communications Log, attached as Appendix 1.</p>
<p><b>4. Decisions Needed to be Taken</b></p>	
<p>4.1</p>	<p>Note and comment on the information outlined above and attached.</p>
<p><b>5. Attached to this Report</b></p>	
<p>Appendix 1 - Governors' Communications Log</p>	

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	Status
58	Mon 23/09/2019	Lead Governor	CoG	Following the recent critical computer outage experienced by the Trust, governors are seeking assurance that appropriate actions are being taken to address the risk of potential re-occurrences. We fully recognise that appropriate investigations and analysis will be required and request that when this is available, a briefing is shared with governors.	A Jones - DoTP	Wed 25/09/2019	The risk which had been flagged on the risk register relating to the ageing IT network has now actually happened. The Trust Board approved the business case and funding for an 18 month upgrade programme, which now has a year left to run. We will look to see if it can accelerate this, but it may not be possible. This is STEIS reportable.	Responded
59	Mon 23/09/2019	Lead Governor	CoG	We would also advise the Trust that governors have been notified of a number of patients who have been unable to access the Trust's telephone system, with all calls being directed to the switchboard. Please could governors be provided with information regarding this, so that they can make an informed response when queries are raised with them by Trust members or members of the public on this issue.	A Jones - DoTP	Wed 25/09/2019	We now know the root cause and again this was as predicted. A full SIRI will be conducted but we are not expecting this to contain any surprises. When the network went down late on the afternoon of Sunday 22 September, no one could ring in to the Trust at all. We were able to fairly quickly isolate and re-route telephony incoming calls to the switchboard, but direct dials to extension numbers did not work. All issues have now been resolved (as at Tuesday 24 September).	Responded
60	Wed 25/09/2019	S Harden	Torbay	Following the questions raised at pre-Cog and responded to at 25 September CoG, regarding the recent IT outage, could the governors please be provided with assurance regarding phasing of the IT upgrade programme. Can the governors be assured that all staff will retain IT and telephony access during the implementation period and that telephony access to the Trust will be maintained at all times.	A Jones - DoTP	Wed 09/10/2019	Any replacement of the data network would be planned to minimise downtime, and would be undertaken at quieter times overnight. Telephony has the benefit of a separate backup system, so during any downtime there would be a backup telephony system operating throughout.	Responded
61	Fri 01/11/2019	P Lilley	Torbay	Flu Vaccinations: The process for introducing roving vaccinators rather than fixed clinics does not appear to facilitate easy take up, which we are trying to encourage. As an example, no staff member at either the main hospital, Horizon Centre or TREC entrance on 30 October was able to explain where the roving vaccinator could be found, and there was no reply to a telephone number supplied to check the location of the vaccinator Could governors please receive assurance that accessibility to the roving vaccinators will be improved and that information on their location is communicated to all staff to encourage easier and better take up rates	J Falcão – DWFOD	Thurs 07/11/2019	We have used static and roving vaccinators so far in this year's campaign. Roving vaccinators have proved extremely successful, contributing to the majority of front line vaccinations given so far: <b>40.68%</b> front line staff have been vaccinated to date, compared to 33.48% at the same time last year. As a Trust we are fortunate that ALL staff are offered the vaccination and once we receive our next batch of vaccinations, we will reschedule static clinics.  We concentrated on roving vaccinators initially as vaccines were delivered in three batches, to ensure that we focused primarily on front line staff, as it is this performance we are monitored on. We are sorry if it proved difficult to locate a roving vaccinator whilst you were on site. Our roving vaccinators visited various high risk areas within the first week. As well as static clinics and roving vaccinators, we have over 70 Peer Vaccinators across the Organisation. Site managers are vaccinating our night time staff.  As we are aiming for 80% of front line staff to be vaccinated, our main objective must be to continue to use roving vaccinators to target areas of lower uptake.	Responded
62	Fri 01/11/2019	P Lilley	Torbay	Smoking on hospital site: Could governors please receive assurance: 1) on the current smoking policy and guidance to staff on what action they should take if patients or visitors are seen to be smoking on the premises, often just outside the main entrance. 2) on the policy regarding the use of e- cigarettes on site by staff. What learning from other Trusts and their policies on these issues has been considered by TSDFT?	L Darke – DECD	Tues 26/11/2019	<b>Question Part 1</b> - This is covered in section 4.4.2-4 and 4.6.2.1-3 of the Smokefree Policy. The policy is aimed towards supporting compliance rather than enforcement and staff are encouraged to inform patients and visitors of the policy but not to enter into any personal confrontation with patients/visitors who smoke on Trust premises. Resources are available on wards and at main reception areas to be given to patients who smoke, so that they are informed of the policy and the support available for them to remain smokefree whilst on site. We have also upgraded the signage at main entrances and introduced new tannoy systems that can be activated by staff or members of the public if they see people smoking on site.  This will form part of a wider action plan to support implementation of the Smokefree Policy. The implementation plan is due to be discussed at the Smokefree steering group meeting in January 2020.  <b>Question Part 2</b> - At present there are not many other Trusts who allow the use of vaping/e-cigarettes on site and there is little learning available from other Trusts. Public Health England conduct a regular audit of how well NHS Trusts are adhering to smokefree status but as yet there is little data on the use of vaping and the impact. The main source of learning and evidence used by the Trust to inform this decision has come from Public Health England and their advice and guidance on e-cigarette use. The latest evidence and guidance suggests that vaping is 95% safer than continuing to smoke and should be supported as a means for reducing the harm caused by smoking tobacco. We have been explicit in the policy that we are allowing vaping on site as an alternative to smoking and as a method to support staff and patients to be smoke free. The latest PHE guidance (available on request) - the main advice is as follows: •PHE advice on smoking and e-cigarettes •For smokers: You should stop smoking completely. Getting expert support combined with using an e-cigarette doubles your chances of quitting successfully. For the best way to quit read our advice •For people who vape nicotine: if you are still smoking, you should stop and switch completely to vaping, then come off nicotine when you are confident you won't relapse to smoking. •If you have never smoked: Don't vape.	Responded
63	Fri 29/11/2019	Lead Governor	CoG	We understand from Healthwatch that a Quality Surveillance Group meeting took place in week commencing 11 November 2019. Would it be possible for Governors to receive the minutes of this meeting please.	R Dyer – MD	Tues 03/12/2019	The first meeting of the Quality Surveillance Group, took place in November 2019. This was an STP-related meeting led by the NHSE and CCG and minutes are not yet available. When Governors are provided with information on the development of the Integrated Care System, we will ensure that will include information on this meeting.	Responded
64	Fri 29/11/2019	Lead Governor	CoG	We understand that Urology clinics due to be held in Paignton in December 2019 have been cancelled. Can Trust please confirm this information is correct, and if so please explain the reason for these cancellations.	J Harrison - COO	Tues 03/12/2019	The Urology Department covering Torbay and South Devon is currently undergoing significant redesign in order to meet the needs of the local population. This involves changes to pathways following National guidance and also through investment in new technologies which enable improved experience through shorter waiting times and a more modern approach. The services at the Paignton Health and Wellbeing centre, have been cancelled while we work through some of this redesign and prioritise urgent care. We will be reintroducing the clinics in the New Year, although at this stage we are unable to confirm the final design of the pathways and the frequency of clinics at Paignton.	Responded
65	Fri 29/11/2019	Lead Governor	CoG	Following recent Quality Account report to October Trust Board and Governors' Quality & Compliance Committee, Governors are seeking assurance that the quality account currently projected for completion will be met, as it was reported that Priorities 2 and 3 would be met, but Priority 1, EPMA will not be met. What remedial action is being taken to address this?	J Viner – CN			Assigned
66	Mon 02/12/2019	M Lewis	South Hams	At the beginning of November I was given the following information. The designs of the HWB centre will be made public as part of a pre-planning event where members of the public can come and see the design and give their views on the HWB centre prior to the submission of the planning application in February 2020. This consultation with the general public will take place in the form of a drop in session in December. Date to be advised. Can governors be informed of the date of the meeting.	L Darke – DECD	Tues 03/12/2019	I can confirm that the public open session of the Health & Wellbeing centre proposals will be held on Monday 16 December between 2.30pm and 6.30pm in the Clifton Room, Guildhall, Dartmouth. I have emailed Lee Baxter and Corinne Farrell and will clearly circulate more information once we have pulled together some publicity material.	Responded



## Council of Governors

Wednesday 18 December 2019

<b>Agenda Item:</b>	4.5
<b>Report Title:</b>	Quality and Compliance Committee Report
<b>Report By:</b>	Wendy Marshfield
<b>Open or Closed:</b>	Open under the Freedom of Information Act
<b>1. Summary of Report</b>	
1.1	Update report of the Quality and Compliance Committee (Q&CC) following their most recent meeting on 20 November 2019.
1.2	The notes of the meeting held on 26 June 2019 are attached to this report, the September meeting was cancelled as not quorate.
1.3	Key points arising from November meeting:- <ul style="list-style-type: none"> <li>• Report received on Quality Account from the Trust's Quality Lead indicating that the priority relating to Electronic Prescribing (EPMA) will not be met. Lead Governor has raised a formal governors' question to the Trust, requesting assurance that progress on the other Quality Account priorities (rollout of community IT systems and Support for Carers) will be monitored and met.</li> <li>• Healthwatch continue to provide a valuable update to the QACC, and changes to Healthwatch commissioning arrangements were noted.</li> <li>• A report was provided for assurance on preparation for future CQC inspection, from the Trust's Compliance Lead</li> <li>• Governor observer reports were received and discussed, to ensure that any risks and issues are identified and taken forward. All governor observers are asked to continue to present their reports to QACC, and best value is obtained when governors attend QACC to present their reports in person, so that they can answer any questions raised by other governors who attend.</li> <li>• As no expressions of interest had been received from Governors following the request by the Lead Governor for volunteers to attend the Annual Quality Account stakeholder meeting to be held in February 2020, Lead Governor asked for volunteers at QACC and thanked Elizabeth Welch and Carol Day for offering to attend</li> <li>• Lead Governor thanked Lynne Hookings for her attendance and contribution to QACC over the past few years.</li> </ul>
<b>2. Recommendations</b>	
2.1	Council of Governors are asked to approve the notes of the June Q&CC meeting at December CoG. The CoG is asked to support the ongoing work of the Quality and Compliance Committee.

<b>3. Decisions Needed to be Taken</b>
3.1 Note and comment on the information above/attached.
3.2 Approve the recommendations as at section two.
<b>4. Attached to this report</b>
Appendix 1 – Minutes of June Q&CC meeting.



**MINUTES OF THE QUALITY AND COMPLIANCE COMMITTEE MEETING**  
**HELD IN THE BOARD ROOM, HENGRIVE HOUSE, TORBAY HOSPITAL**  
**AT 12PM ON WEDNESDAY 26 JUNE 2019**

---

Peter Coates (PC)	Lynne Hookings (LH)
Craig Davidson (CD)	* Paul Lilley (PL)
Carol Day (CDy)	* Wendy Marshfield (WM) – Chair
* Annie Hall (AH)	* Anna Pryor (AP)
* Pat Harris (PH)	* Elizabeth Welch (EW)

\*Denotes member present

**In attendance**

Claire Burton, Quality and Compliance Manager (QCM)  
Susan Martin, Quality Lead (QL)  
Monica Trist, Corporate Governance Manager (CGM)  
Sally-Ann Reay, Membership Manager (MM)  
Jenness Barber, note taker (JB)

WM welcomed Sally-Ann Reay to the meeting.

**1. Apologies**

Apologies were noted from Jane Downes, Peter Coates, Carol Day and Lynne Hookings.

**2. Extension of the chair (Q&CC) until next meeting**

WM advised that normally there is a refresh of governor observers in April which can change the members of this Committee but it had been decided to defer this until July and therefore WM asked the Committee if they would like her to stay on as chair of Q&CC until after the July governor refresh. All agreed.

**3. Review Terms of Reference**

Deferred to next meeting due to possible change of membership after July governor refresh.

**4. Minutes of the last meeting**

The minutes of the last meeting dated 13 March 2019 were **agreed** as accurate.

**5. Matters arising**

- **Ref agenda item 9.1**  
CGM contacted A&E regarding admissions of under 18's due to drug/alcohol

**Action**

abuse but has not received a response yet. CGM will issue a reminder.

CGM

- **Ref agenda item 9.4**

Questions were raised at CoG and all the answers were acceptable.

## 6. **CQC update**

QCM gave the following update:

### **Previous inspections - Well-led/Core services 2018**

TSDFT are continuing to address the findings from the CQC inspection report published on 17 May 2018. The action plan responding to the ten Requirement Notices is expected to complete at the end of June 2019. The CQC Assurance Group has been tracking and reviewing progress of the action plan, with sufficient assurance and evidence being required by the group for a requirement notice to be considered closed. Four of the ten requirement notices are considered by the group to be open. The status will be reported to the Board in August.

Actions to address the 47 Should Do Improvements are ongoing, 33 of which are considered closed as either complete or being sufficiently monitored as part of a business-as-usual process, 14 are considered open and continue to be tracked through the CQC Assurance Group.

Mention must be made of Maternity's commitment, efforts and success in addressing the findings of this inspection: all 5 Requirement Notices and all 12 Should Do Improvements relating to Maternity have been completed.

### **Forthcoming inspections**

TSDFT has not yet heard when the next well-led inspection will be.

The CQC perform an announced well-led inspection of each provider approximately annually; TSDFT's last was 6-8 March 2018. Approximately 10-12 weeks before a well-led inspection, TSDFT will receive the Provider Information Request (PIR) from the CQC. Between receiving this request and the announced well-led inspection, TSDFT will receive an unannounced inspection of at least one core service. The request for the PIR has not yet been received.

In preparation for receiving the PIR, leads have been assigned specific information for which they are responsible for providing to the Quality and Compliance Manager within approximately 10 calendar days (to be confirmed), so that the requirement to submit to the CQC within 3 weeks of receipt of the PIR can be met. The current PIR template from the CQC website has been sent to the leads for familiarisation and to ensure the information requested is achievable within the tight timeframe. Reminders of the PIR and the importance of providing accurate data have been discussed at the CQC Assurance Group meetings.

As well as the above routine programme of inspections, TSDFT may receive an announced or unannounced focussed or triggered inspection at any time, in or out of normal working hours.

### **CQC-TSDFT Engagement Meeting**

These one-day, approximately quarterly meetings, form part of the routine ongoing monitoring of the Trust by the CQC, in-line with the CQC's strategy, and the agenda is set by the CQC. The next meeting is on Thursday 4 July 2019 and the whole day will be held at Newton Abbot Hospital. It will be attended by our local CQC inspector, Sharon Hayward-Wright and our Inspector Manager, Dan Thorogood.

The first meeting will be the routine Business As Usual meeting, followed by three meetings with the service leads for the core service "Community health service for adults", which was rated as Outstanding when it was last inspected in 2016. The meetings are with community service managers, therapy leads and community hospital matrons. The CQC will be looking to hear how the Trust is continuously

monitoring, reporting through to the Trust Board, and innovating as indications that the Outstanding rating is still appropriate. There will then be a drop-in session giving all Trust staff (except TSDFT Board members and directors) an opportunity to share their views on the Trust with the local CQC inspectors.

### **Junior Doctor Focus Group pilot**

There was a focus group for all TSDFT junior doctors on 25 June at the request of the CQC as part of a series of pilot sessions across the country. This is separate to the CQC's ongoing monitoring and inspection work. TSDFT has been selected to be one of the first trusts to take part in this pilot. The session was led by a junior doctor from another trust, and two CQC inspectors were present to note-take and observe.

The CQC stated that the purpose of the pilot is to:

- Educate junior doctors about the role of CQC;
- Develop a rolling programme of junior doctor focus groups at hospital trusts; and
- Improve the quality of intelligence received from junior doctors.

### **Board well-led self-assessment**

In November 2018, the TSDFT Board self-assessed against the characteristics of Outstanding for the well-led KLOEs from the shared CQC and NHSI framework. As per the NHSI guidance document published in June 2017, this is an approximately annual review. The Board/System Directors are currently assessing the status of the gaps identified in this November 2018 self-assessment.

### **Mock inspections**

Approximately once a month since December 2018, a multidisciplinary team of 5-10 TSDFT staff have performed a 2-3-hour unannounced mock inspection, against the CQC KLOE framework, in a ward or department.

Feedback of positive findings and areas for improvement has been given on the day to the most senior member of staff on duty. Themes have been discussed at the CQC Assurance Group monthly meetings and are largely:

- Good standard of care given observed;
- Excellent feedback received from patients; and
- Documentation e.g. care plans, and full completion and documentation of "housekeeping" routine checks e.g. equipment cleaning checks, fridge checks, need improvement.

It is intended to continue with these mock inspections at the same frequency. Feedback of the experience both from the mock inspection team and the areas inspected has been very positive.

## **7. Quality update**

QL reported that the Quality Account is completed and signed off.

Regarding SHMI (governors' data quality indicator) QL has not had any feedback and will chase this up.

The three priorities for 2019/20 are as follows:

- EPMA (electronic prescribing)
- System One - IT in the community localities (Newton Abbot and Coastal)
- Carers and emergency and urgent care pathway

Quarter 1 report and outcomes are going to July Board.

## **EPMA**

Quarter 1 objectives – not met. Report and Recommendations going to EPMA Board end of June re next steps. Risks are being managed and reported.

## **IT in the community**

Quarter 1 objectives – partially met. Delay in windows 10 roll out has knock-on impact to the project for migrating and accessing data.

Noted that these are 2 high priority projects and important to maintain a focus on the delivery as IT have poor track record in delivering project on time and within agreed costs.

Agreed: Governors to maintain a watching brief and review after July Board.

WM

## **Carers and Urgent care**

Quarter 1 objectives – met. Leads proactive despite pressures on urgent care.

## **CQUINs**

Quarter 1 will report end of July. QL will bring update to next meeting.

QL

## **IMPROVEMENT**

QL advised that she is doing a paper with Deputy Director of Nursing, Interim Director of Transformation, System Medical Director and colleagues on the Trust's improvement approach. Plan is to share with Executive Directors on 9 July.

## **8. Healthwatch**

PH informed the Committee that Healthwatch were commissioned to write a report titled 'What does it feel like to be a young person in Torbay?'. PH highlighted the need to get older children involved with access to Mental Health Services such as signposting on the internet. WM pointed out that Mental Health Services are provided by Devon Partnership Trust (DPT) and advised that a question ought to be asked "how does the CCG ensure mental health needs are being met?".

PH reported that there is a national Healthwatch survey driven by NHS England with three main categories: Heart and Lung; Dementia; and Cancer Services.

Digital health work is ongoing.

Healthwatch which, at the moment, is funded by the local authority, is going out to tender as the local authority needs to make substantial savings.

There are concerns around Domiciliary Care and Baycare is being audited by Mears.

## **9. Feedback from governor observers**

### **9.1 Safeguarding/Inclusion Group**

No meeting since last Q&CC.

### **9.2 Quality Improvement Group**

The Committee noted the 14 May report.

### **9.3 Workforce and Organisational Development Group**

PL had raised several issues in his reports and will feed back at the next meeting of this Committee whether these issues have been resolved. PL went on to discuss his two reports dated 13 March and 1 May.

### **9.4 Capital Infrastructure and Environment Group**

EW reported that the main issues are with the financing of the refurbishment of Theatres. WM felt a question needed going to the Executive Directors on clarification as to why there is a further delay to the opening of Theatres: 'Why?'; 'When did the Trust know?'; and 'What remedial actions are being taken?'.  
There was discussion regarding the disposal of wet wipes.

The position of funding for Theatres – this Committee would like some clarity. WM and CGM to discuss wording of question for Executive Directors.

WM /  
CGM

### **9.5 Finance, Performance and Digital Committee**

WM fed back on behalf of PC. The meetings continue to be well chaired. PC still finds data across all reports challenging to interpret. Concerned not going to achieve CIP (Cost Improvement Plan). Seen no data for HR WTE (Whole Time Equivalent) for staff in June's Performance Report. PC feels that he is not receiving sufficient information in the right format to provide assurance. CGM pointed out that the format of the Performance Report hasn't changed and the presentation of the data has to meet national requirements.

AH left the meeting at this point.

### **9.6 Quality Assurance Committee**

WM reported that the Quality Assurance Committee is very well presented and chaired by Jacqui Lyttle, Non-Executive Director, and WM briefly discussed her reports.

### **9.7 Audit Committee**

WM reported that ASW Assurance have given an interim report and all reports are satisfactory. There are some recommendations but all can be actioned.

### **9.8 Information Management and IT Group**

WM fed back on behalf of CDy. IT challenges are being addressed. CGM said that IT reports to the Finance, Performance and Digital Committee.

## **10. Reports from Non-Members**

### **10.1 Infection Prevention and Control Group**

The 25 April report was noted.

### **10.2 Disability Awareness Action Group**

The meeting noted that the DAAG Governor Observer is leaving the area at the end of July. WM questioned whether a Governor Observer is required on this Group.

**11. Update of year end accounts**

CGM reported that the Annual Report and Accounts are being laid before parliament and that the Company Secretary will report further at the 23 July Board to CoG meeting.

**12. Prepare for joint Board to CoG 23 July 2019**

WM put forward suggested questions for the above meeting:

- 1) Healthwatch – Young Persons Audit
- 2) Work undertaken regarding the voluntary sector
- 3) Baycare being audited by Mears

WM will meet with CGM to discuss wording for these three questions.

WM/CGM

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

Deferred to next meeting.

**Details of future meetings**

**Wednesdays 2pm – 4pm in the Boardroom**

**4 September**

**13 November**