

# **Torbay and South Devon NHS Foundation Trust Council of Governors**

Meeting being held via MS Teams

4 November 2020 14:00 - 4 November 2020 15:50

# AGENDA

#	Description	Owner	Time
1	<b>OPENING MATTERS</b>		14:00
1.1	Chairman's welcome and apologies for absence To note	Chair	
1.2	Declarations of interests To note	Chair	
2	<b>BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING</b>		
2.1	Minutes of Council of Governors' meeting held on 5 August 2020 (enc) To approve   02.1 - 2020.08.05 DRAFT CoG minutes.pdf	Chair	14:05
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 COG report.pdf	Chief Executive	14:20
4	<b>NON-EXECUTIVE DIRECTOR REPORTS</b>		
4.1	Non-Executive Director Committee Reports (enc) To receive   04.1 - NED Reports.pdf		15:20
4.1.1	Audit Committee (verbal)	Mrs S Taylor	
4.1.2	Quality Assurance Committee (verbal)	Mrs J Lyttle	

#	Description	Owner	Time
4.1.3	People Committee (verbal)	Ms V Matthews	
4.1.4	Finance, Performance and Digital Committee (verbal)	Mr C Balch	
4.1.5	HIP2 Redevelopment Committee (verbal)	Mr C Balch	
5	<b>GOVERNANCE REPORTS</b>		
5.1	Company Secretary's Report (enc)  To receive   05.1 - CoG company secretary's report.pdf	Company Secretary	15:35
5.2	Governors' Committee / Group Reports (enc)  To receive   05.2 - Governors' Cttee and Working Group Report...	Chair Membership Committee	15:40
5.2.1	Chair's Report Membership Committee 6 October 2020		
5.2.2	Membership Group notes of meeting held on 7 July 2020		
6	<b>GOVERNOR ENGAGEMENT</b>		
6.1	Feedback and questions from Members and Governors (Communications Log) (enc)  To note   06.1 - Feedback and Questions.pdf	Chair	15:45
7	<b>CLOSING MATTERS</b>		
7.1	Any other business	Chair	
7.2	Close of meeting	Chair	15:50*
	Details of 2021 Council of Governors' meetings (all 14:00-16:00): 3 February, 5 May, 4 August, 3 November.  For information		
	*A private meeting for Governors will take place at 15:50		
	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 5 AUGUST 2020 AT 2PM**  
**VIA MICROSOFT TEAMS VIDEO-CONFERENCE**

Present

* Nicole Amil	* Richard Ibbotson (Chair)	* Craig Davidson
* Carol Day	Derek Blackford	* Eileen Engelmann
Lorraine Evans	* Chris Edwards	* Annie Hall
Steven Harden	Gary Goswell-Munro	* Lynne Hookings
(*) Barbara Inger	* Jonathan Hawkins	John Kiddey
* Mary Lewis	* Michael James	Rosemary Rowe
* Jonathan Shribman	Cristian Muniz	* Andrew Stilliard
Elizabeth Welch	* John Smith	

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

In attendance

Liz Davenport	Chief Executive	(CE)
Lesley Darke	Director of Estates and Commercial Development	(DECD)
Ian Currie	Associate Medical Director	(AMD)
Rob Dyer	Medical Director	(MD)
John Harrison	Chief Operating Officer	(COO)
Judy Falcão	Director of Workforce and Organisational Development	(DWOD)
Cathy Williams	South Devon System Director	(SDSD)
Adel Jones	Director of Transformation and Partnerships	(DTP)
Dave Stacey	Chief Finance Officer	(CFO)
Deborah Kelly	Chief Nurse	(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)
Jane Downes	Company Secretary	(CoSec)
Sally-Ann Reay	Membership Manager and minute taker	(MM)

		Action
1.	<b>OPENING MATTERS</b>	
1.1	<b><u>Chairman's welcome and apologies for absence</u></b>	
	<p>Apologies were received from Rob Dyer, John Harrison, Rosemary Rowe, Elizabeth Welch, Monica Trist.</p>	
1.2	<b><u>Declaration of Interests</u></b>	
	<p>There were no declarations of interests.</p>	
2.	<b>BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING</b>	
2.1	<b><u>Minutes of Council of Governors' meeting held on 12 February 2020 and written resolution dated 6 May 2020</u></b>	
	<p>The minutes of 12 February 2020 were approved as a true record of the meeting. The written resolution of 6 May 2020 approving the appointment of External Auditor of Grant Thornton UK LLP with effect from 1 July 2020 for a term of 3 years, with the option of two further extensions of one year, was noted. The Council of Governors due to be held on 6 May 2020 had been cancelled due to NHS Covid-19 restrictions.</p>	
	<p>The Chairman asked Mrs Taylor if she wished to add any comment regarding the appointment of the External Auditor. Mrs Taylor said that whilst Grant Thornton had been the sole firm to bid for the work, the selection panel had been satisfied that the firm were sufficiently qualified and they had recently attended their first Audit Committee meeting.</p>	
2.2	<b><u>Matters arising not covered elsewhere on the agenda</u></b>	
	<p>There were no matters arising.</p>	
3.	<b>BUSINESS REPORTS</b>	
3.1	<b><u>Chairman's Report</u></b>	
	<p>The Chairman provided the following verbal report: -</p> <p><b>Michael Birch, Torbay Public Governor</b> – Chairman advised the meeting of the sad death of Mr Birch, Torbay Public Governor on 14 July 2020. The Chairman had written on behalf of all Governors and the Trust to offer condolences and sent flowers to his family. On previous occasions, the Trust would normally send a representative to the funeral, but as that was not possible in times of Covid-19, the Chaplain had been asked to say prayers at the Sunday Service and the Chief Executive would attend. A moment of reflection was then held.</p> <p><b>Appointment of Deborah Kelly, Chief Nurse</b> – Chairman welcomed Deborah Kelly to her first Council of Governors meeting.</p>	

**Local MPs** – Chairman and Chief Executive had spoken to all four local MPs in recent weeks, updating them on Trust progress and seeking support for the HIP2 programme. Feedback had been received that central Government sees integrated care as an exemplar in how the pandemic has been handled.

**Shadow Partnership Board (Devon)** – Chairman and Chief Executive would both be attending this newly established Board, the first meeting to be held in September.

**Torbay League of Friends** – Chairman and Chief Executive had recently had a meeting with the League of Friends and discussions had taken place on how to allow safe re-establishment of their services on the hospital site.

**Retirement of Directors** – Chairman reported on the retirements of Jane Viner (Chief Nurse) and Lesley Darke (Director of Estates and Commercial Development) at the end of July.

**Torbay Council** – Chairman said that Steve Parrock had stepped down as Chief Executive of Torbay Council and the interim Chief Executive was Anne-Marie Bond.

### 3.2 Chief Executive's Report

Chief Executive displayed slides explaining the Trust's response to Covid-19 and detailing the six aims in the preparation period. Slides then detailed how activity had been impacted and the plans for restoration, recovery and transformation of services. Slides would be emailed to Governors by the Foundation Trust Office.

MM

Stepping up services would be key, whilst remaining prepared for any future surge, but this would be challenging due to the age and confines of the hospital estate. Chief Executive said the next three months would be a window of opportunity to work with partners, including the independent hospital sector and to secure more resources. Activity restoration expectations were far higher than Trust initial planning forecasts.

Dr Shribman asked if restored services would be face-to-face or via virtual technology. Chief Executive responded that the Trust was keen to build upon virtual technology, where it was safe and appropriate to do so. Associate Medical Director added that a separate workstream had been established to look into maximising non face-to-face activity and ensure specialist equipment was available. Dr Shribman asked if an estimate could be given of the percentage of first appointments that were not face-to-face and Associate Medical Director said that currently approximately 50% of all consultations were virtual. Director of Transformation and Partnerships said that decisions were made at specialty level, linked to both national guidance and CCG involvement. Chief Executive said virtual appointments had been part of the Trust's long term plan, but had been fast tracked due to Covid-19 and greater access to technology.

Mr Edwards asked for clarity about the Covid-19 impact on vulnerable groups. Chief Executive responded that both locally and nationally the NHS was very aware of the impact of health inequalities arising from Covid-19 on the population. As an Integrated Care Organisation, the Trust had worked with all local partners to target vulnerable communities to encourage use of NHS services and assisting in accessing basic supplies/food via the Lifestyles Team. South Devon System Director said that some elements of service redesign had taken place to reduce risks to children and young people during the Covid-19 period. The Chairman added that feedback from Governors was a vital part of enabling the Trust to become closer to the views of the people the Trust serves.

Mrs Hall asked if patients who missed their appointment, without good reason, were put to the bottom of the waiting list. Associate Medical Director responded that all patients seen on basis of clinical priority. Chief Executive added that Trust had lower "Did not attend" (DNA) rates than the national average, partly due to good communications with patients.

Mrs Hall thanked the Associate Medical Director for previous correspondence with regard to the flu immunisation, but wondered if it lowered people's immune system. Associate Medical Director said that a recent medical publication from Brazil had indicated that having the flu vaccination might reduce complications if a patient caught Covid-19.

Mr Davidson shared a recent inpatient knee surgery experience and the impact that Covid-19 precautionary measures had on patient's feelings of vulnerability and isolation, especially lack of visits from family. Chief Executive thanked him for the valuable feedback and explained that it was difficult to balance compliance with infection control measures and matrons had been given greater flexibility to make local decisions regarding visitors. Associate Medical Director confirmed that current NICE guidance was to self-isolate for three days prior to major surgery (plus negative swab test), a reduction from the previous 14-day period of self-isolation.

Chief Executive said the Trust would like to continue ongoing conversations with Governors, sharing feedback from their communities and enabling the Trust to shape services appropriately. Dr Shribman advised the difficulties of meeting people due to Covid-19 social restrictions. Membership Manager said she had discussed the potential for conducting constituency-based surveys with the Membership Group.

Mr Welch asked about the current number of Covid-19 patients in Torbay Hospital. South Devon System Director answered that there were no Covid-19 patients in Torbay Hospital, although some had been assessed at the Emergency Department and were being supported at home. Chief Executive added that as at 3 August 2020, National data showed a slight increase in Torbay and community at 2.8 per 100,000 compared to a national average of 2.1/100,000, Devon at 1.5/100,000 and 1.7/100,000 in Cornwall.

Director of Transformation and Partnerships said methods of obtaining feedback and engaging the local population were being considered. Katy Heard (Volunteer Services Team) was working with Council colleagues on

“digital inclusion”. The new Senior Communications postholder would link and involve Governors in work engaging with the local population.

## 4. GOVERNANCE REPORTS

### 4.1 Trust Constitution

Company Secretary said that following the work of the Constitution Task and Finish Group, the Board of Directors had discussed the draft revised constitution at the April 2020 Board meeting. The Board considered and agreed the proposed changes with the exception of proposed changes to the composition of the Council of Governors. The Board agreed that the composition of the Council of Governors should remain the same for the time being. During the intervening period, the Company Secretary had taken the opportunity to undertake a legal review of the constitution. The legal advisors advised the draft was legally compliant in all but one respect, listed in Appendix 1 relating to South Hams and Plymouth (East) public constituency where the description was changed to reflect electoral areas rather than postcodes. Further changes had been incorporated to enable meetings to be held electronically and reflect other current best practice. Chairman thanked Governors for their contribution to the revised Constitution and to the Company Secretary for her work.

The Council of Governors formally approved the revised Constitution.

### 4.2 Company Secretary’s report

The Company Secretary highlighted key points from her report. Governors were invited to note the nominations and appointment process and the role descriptions for the Lead Governor and Deputy Lead Governor roles and to forward expressions of interest to the Company Secretary by 21 August 2020. Both the Chairman and Company Secretary said Governors were welcome to approach them about the role, and to contact the Foundation Trust Office in the first instance.

In receiving the Company Secretary’s report, the following items were noted:

- Elections Report for 2020
- Nominations and appointment process for Lead Governor and Deputy Lead Governor
- Closure of actions on the Council of Governors Development Programme 2019/20
- Appointment of Governor observers to Trust Board Committees
- Council of Governors Register of Interests
- Notice of Annual Members’ Meeting 2020
- Engagement Plan during Covid-19
- 2020 Council of Governors Work Plan

#### 4.3 **Governors' Committee and Working Group Reports**

##### 4.3.1 **Quality and Compliance Committee**

In presenting a proposal to dissolve the Committee, the Company Secretary explained the decision of the Quality and Compliance Committee on 10 July 2020. Governors were assured that its role and duties have now been absorbed into either current governance arrangements or included in the scope of other meetings, as listed in the paper.

The CoG approved the proposal to dissolve the Quality and Compliance Committee with immediate effect.

##### 4.3.2 **Membership Group Terms of Reference**

Company Secretary advised that the Terms of Reference had undergone a thorough and robust review, and in light of the NHSFT Code of Governance requirement for dialogue with members and the local community, it was proposed that it would be appropriate for it to be renamed a Committee rather than Group.

The CoG approved the updated Terms of Reference and the proposal to rename the Membership Group as "Membership Committee".

##### 4.3.3 **Membership Group minutes from meeting held on 04.02.2020**

The minutes of the Membership Group dated 4 February 2020 were received and noted.

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

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

###### 5.1.1 **Governors' Nominations and Remuneration Committee**

Chairman confirmed that the Committee had met on several occasions, continuing the work plan and working through the national appraisal process. This work was nearly complete and he thanked Governors for their involvement. It was noted that the new staff governor, Cristian Muniz had been appointed as a member of the Committee.

Mrs Inger asked if there had been any progress in obtaining more staff governors. Chairman confirmed this issue had not been forgotten, but it was a question of timing, as staff had been fully stretched during Covid-19. Company Secretary added that elections would be necessary if the Trust wanted to recruit more staff governors and these were scheduled for early in the new year.

#### **5.1.2 NEDs' Nominations, Remuneration and Terms of Service Committee**

Chairman said he had previously explained the difference between the two Remuneration Committees and was aware that both were keen to join together in order to discuss common ground. The Trust was aware of this aim and was working on achieving it for the Autumn. The recruitment for a substantive Medical Director was due to start shortly.

#### **5.1.3 Audit Committee**

Mrs Taylor advised that Audit Committee had noted the good progress made over recent months with regard to clinical policies guidelines and Executive Directors would now review these further in line with the Committee's recommendations.

Another item of note was the rise in standing order waivers in recent months due to Covid-19. These had been justifiable and appropriately recorded. Internal Audit reports had been received regarding Medical Device training and also Adult Social Care assessments. The Committee had asked Internal Audit to focus next on the topic of data quality, particularly regarding digital assurance.

Governors noted the contents of the report on the work of the Audit Committee.

#### **5.1.4 Quality Assurance Committee**

Mrs Lyttle referred to the meetings held on 25 March 2020 and 22 May 2020. The focus had been to identify any risks to patient safety due to Covid-19. They had looked at waiting lists, follow-up outpatient appointments and reviewed the implementation plans coming through the Integrated Service Units (ISUs). No new risks had been identified and the outcomes had been discussed with Executive Directors. Mrs Lyttle reassured Governors of the assurance received by the Committee on this detailed work.

In addition, the Committee had been refreshing the governance arrangements to ensure items were triangulated and input of information received by the Committee. Quality Assurance Committee received an excellent report on the Children and Young People's Service and would look further at a few areas arising from that report.

Governors noted the contents of the report on the work of the Quality Assurance Committee.

#### **5.1.5 Finance, Performance and Digital Committee (FPDC)**

Mr Balch reported on the meetings which had taken place since end January. A number of one-off items had meant that the year-end position was further away from the control total as stated in the Annual Report and Accounts. The Committee was responsible for some of the major Trust risks, including performance standards, financial targets and aging digital and physical estate. Additional income had been received for the first half of the year to

cover Covid-19 expenditure although further detail was awaited from central government in relation to the second half of the year.

Mr Balch said confirmation of the Hospital Infrastructure Programme (HIP2) funding was a fantastic opportunity for the Trust. Reference was also made to Torbay Pharmaceuticals.

Governors noted the contents of the report on the work of the Finance, Performance and Digital Committee.

#### 5.1.6 **People Committee**

Mrs Matthews, reported on the 22 June 2020 Committee meeting where a detailed presentation had been given on the appraisals. Work was underway to quantify and performance improve the value and benefit of appraisals.

The Equality Forum continued their work with regard to how best to support the Trust's staff with a BAME background. It was noted that the Trust comprised c.6% BAME employees, which is a similar percentage to the local population.

The National People Plan had been launched and Mrs Matthews offered to share the website link with Governors, so they could be aware of the Plan's aims.

MM

Governors noted the contents of the report on the work of the People Committee.

### 6. GOVERNOR ENGAGEMENT

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

The Chairman reported on the governance arrangements to take forward the HIP2 Project, adding this was a once in a generation opportunity. He was considering whether it might be best to create a time limited committee specifically for the HIP2 Project in order to ensure the Board had adequate assurance and oversight of this key project.

The Chairman said that four questions on notice had been received prior to the Council of Governors meeting and would be responded to by the relevant Directors.

**Question 1** - We are agreed that Governors need to hear the Trust's plans to address the CQC report. With the chancellor reportedly reeling back from "anything it takes for the NHS", it's clear that balancing the books is going to be very difficult given the uncertainty of a potential Covid relapse and of course more costly services because of need for universal precautions and distancing. Could the Trust comment on the current position.

**Answer 1** - David Stacey, Chief Finance Officer responded that:

a) CQC Report response: Following the publication of the CQC report on 2 July 2020, the Trust have been working on an implementation action plan based on the 28 “must do’s” and 43 “should do’s” highlighted within the six inspected core services. This plan has been formulated with the leadership teams across the organisation and shared with the CQC on 31 July. The CQC implementation action plan is part of an ongoing programme which is monitored and validated monthly.

Mrs Lyttle added that the Quality Assurance Committee receives the CQC action plan and it is robustly reviewed and monitored.

Mrs Hall said that she had not found the local media reports regarding the CQC report helpful. The Chief Executive said that Cathy Williams, South Devon System Director, had attended a recent Council meeting and had given a good presentation on the Trusts action plan but unfortunately the local media article had reported differing headlines and this was being followed up with Councillors.

b) Financial Regime response: The current financial regime for the Covid response has been extended until at least September. Under this regime, the Trust has recouped the incremental costs of the Covid response, and this will continue to be the case until at least September. At a national level, discussions continue between Department of Health and Social Care (DHSC) and HM Treasury about the future financial regime. What has been expressed as a cornerstone of any future financial regime is a “break glass”, whereby the financial implications of any subsequent surge would be absorbed nationally so as not to compromise local responses to spikes in demand. The Trust is currently modelling it’s forward activity projections against the available capacity with enhanced distancing in place, and collaborating closely with other Devon providers in doing so.

Mr Balch added that one challenge for the Trust was the impact on capacity due to Covid-19 social distancing rules, hence the Trust was actively pursuing any capital allocations in order to assist prior to the HIP2 build.

**Question 2** - Governors have a concern about what appears to be a slow restarting of “normal” working and continued costs associated with the Covid crisis e.g. Mount Stuart Hospital and communication on these matters with Governors, patients and the general public. Could the Trust provide Governors with assurance on the current position.

**Answer 2** - David Stacey, Chief Finance Officer responded that:

At this stage the Trust’s relative position in terms of stepping up services is impacted as a result of the age of it’s facilities and estate but that significant use of the local private hospital and great work from all the teams has enabled the Trust to mitigate this and enabled the Trusts waiting times to

track in a similar position to the rest of Devon with some exceptions. The Trust is moving to a position now that will enable further stepping up of services. Currently activity levels are approximately 60% to 75% of pre-Covid levels.

In order to safely manage the reinstatement of services closed in anticipation of a “Covid surge” the Trust has set up a governance process involving operational teams, support services and key decision makers. The process is initiated by service teams submitting a proposal to re-start a service, which is then reviewed by the ISU leadership team. Key support services, including PPE team, IT and estates and facilities are notified of all proposals, and RAG rate the proposals accordingly. The ISU leadership team is able to recommend services for urgent commencement or refer to the improvement team for coordination, advice and support re-starting the service. All proposals are reviewed by the Chief Operating Office, for final approval before re-starting.

With regard to external communications, the Trust participates in a weekly “huddle” with South Devon system partners. This includes GPs, other providers and the CCG, to share the latest position on all services and review what partners need to know from an operational and transformational perspective. This is informed by an automated report that draws the latest summary of services approved to stand up and actually commenced each week.

Service leads are polled weekly to update a central hub of “key messages” for staff, referrers and public. Staff have sight of this via ICON (as announced in this week’s newsletter) and the Trust communications team is developing a public facing website to present information relevant to patients and public, which should be available shortly.

Dr Shribman asked about the national contract which is picking up the costs for private healthcare provider currently. The Chief Executive said the expectation was that this would continue to be held nationally until the end of March 2021, but confirmation was awaited.

**Question 3** - Could Governors be advised of progress with the Dartmouth Health and Wellbeing Centre and information on how Fleet Care Home has been used during lockdown and expectations for future use.

**Answer 3:** Cathy Williams, South Devon System Director responded that:

- a) The planning application has been submitted for the new Health and Wellbeing Centre in Dartmouth. Some small adjustments have been made to the planning application, mainly relating to the outside of the building i.e. removal of cladding. The local operational team have discussed the plans with the stakeholder group who were very engaged in the progress to date. Some concerns remain over car parking facilities and the ability to accommodate electric car charging.

b) The Fleet Care Home (previously known as Riverview) is now open and is able to provide nursing beds. Of the 24 available beds, 15 were currently occupied.

**Question 4 –**

- a) What are the criteria for obtaining a Covid-19 test through the 0300 helpline and are referrals from a GP accepted?
- b) With specific reference to the Lymington Road Torquay Test centre, why were six people required to carry out the process?

**Answer 4:** Company Secretary responded that:

The Trust had been advised that the responsibility for this service lay with Public Health England (PHE). The Foundation Trust Office had written to PHE, who had in turn advised that it was the responsibility of the Department of Health and Social Care (DHSC) who run all the test centres. A formal response from DHSC is now awaited and will be sent to the Governor in due course.

The Chief Executive added that the local testing services provided by the team had been excellent and had met all expectations, providing regular checks for patients, staff and care home staff locally.

Mrs Inger gave feedback from a local constituent who had been concerned regarding restrictions in visiting a Newton Abbot local care home, due to the lack of testing facilities. The Chief Executive responded that national expectations were that there is monthly testing of all residents in care homes and weekly/two weekly testing for staff. This would result in a very large number of tests being undertaken and the timescales have not yet been confirmed. South Devon System Director added that the ICO exceeded expectations to assist local care homes, linking with councils to improve testing on a risk-based approach. Mrs Inger suggested that greater communication about the assistance provided by the Trust on community testing would be useful and the Chairman noted this point. Mrs Hall asked why a self-test could not be used, instead of attending Lymington Road Torquay test centre. The Chief Executive responded that more reliable testing and advice could be given if people attended in person.

6.2 **Governor Communications Log**

The Governors Communications Log was noted.

**7. CLOSING MATTERS**

7.1 **Any other business**

- a) Mrs Hookings mentioned that Governors had been involved in giving feedback with regard to the Communications Review process but she was not aware of seeing a final report. The Chief Executive offered to provide a copy of the findings from the Communication and Engagement Review for Governors, which had been taken to the February 2020 Board.

MM

b) Mrs Hookings said that a question on notice from the Torbay Governors had been discussed at their recent constituency meeting but did not appear to have been passed through to the Foundation Trust Office. The Chairman asked Mrs Hookings to follow this up outside of the meeting and to send the question to the Foundation Trust Office as a Governor question for the Communications Log.

c) Mrs Hookings said that previously it had been agreed that Governor Constituency minutes would be shared at the Pre-CoG meetings but the meetings have not been held due to Covid-19 restrictions. Company Secretary suggested this be followed up outside of the meeting

d) Mrs Hookings asked if it was possible to have a tour of the Nightingale Hospital, Exeter. The Chief Executive said she would ask the Medical Director if this was feasible, especially in light of it being open and used clinically. The Chairman mentioned that a virtual tour of the Nightingale Hospital may be available.

e) Director of Transformation and Partnerships informed Governors that a new senior Communications post was in process of being recruited. A small number of Governors would be invited to take part in the focus group scheduled for September.

Lynne  
Hookings

Governors/  
CoSec

CEO

## 7.2 Close of meeting

Chairman closed the meeting at 15.40 hours.

### Details of next Council of Governors' meeting:

Wednesday 4 November 2020, 14:00 – 16:00, either in the Anna Dart Lecture Theatre, Horizon Centre or virtually via MS Teams.

**COUNCIL OF GOVERNORS**

<b>Report title:</b> Chief Executive's Report	<b>Meeting date:</b> 4 November 2020		
<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>	<p>The Council of Governors meetings are clearly a key part of our governance arrangements and throughout the Covid-19 pandemic we have endeavoured to maintain/enhance our usual communication programme with Governors via regular briefings, email, bespoke newsletters and virtual meetings. The Company Secretary's Report presented at the Council of Governors meeting held on 5 August 2020 provided more detail on the arrangements in place to keep all our Governors engaged in the work of the Trust as far as possible.</p> <p>I am mindful of the important role that Governors provide in actively seeking feedback from members of the public and the support Governors are able to provide to the Trust in communicating key messages.</p> <p>I acknowledge that since the last meeting, Governors have requested information about several Covid-related topics, including the work of the Nightingale Hospital and the Trust's ongoing response to the Covid-19 pandemic.</p> <p>It is my intention at this Council of Governors' meeting to provide, along with my Executive colleagues, a presentation outlining how we are responding both locally and system-wide to the resurgence in Covid cases, winter planning and action being taken to maximise the non-cover clinical support being provided and our communications plan going forward.</p>		
<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>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>		<b>Risk score</b>	
	BAF Objective 3: To level of performance that are in line with our plans and national standards to ensure provision of safe, quality care and best patient experience			
<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

**COUNCIL OF GOVERNORS**

<b>Report title:</b> Non-Executive Director Reports		<b>Meeting date:</b> 4 November 2020			
<b>Report appendix</b>	n/a				
<b>Report sponsor</b>	Chair				
<b>Report author</b>	Company Secretary				
<b>Report provenance</b>	Council of Governors standing agenda item				
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The Council of Governors receives as a standing item, reports from each of the Trust's Board Sub-Committee's.</p> <p>Since the last Council of Governors meeting, the following Board Sub-Committee's have met. A verbal report from the Chair of each Board Sub-Committee will be given at the meeting.</p> <ul style="list-style-type: none"><li>• Audit Committee</li><li>• Quality Assurance Committee</li><li>• People Committee</li><li>• Finance, Performance and Digital Committee</li><li>• HIP2 Redevelopment Committee</li></ul> <p>Of note is the recent establishment of the HIP2 Redevelopment Committee with effect from October 2020.</p>				
<b>Action required</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 is asked to receive and note the verbal reports of the Non-Executive Directors				
<b>Summary of key elements</b>					
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>		<input checked="" type="checkbox"/>		
	<b>Improved wellbeing through partnership</b>		<input checked="" type="checkbox"/>		
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>		<input type="checkbox"/>		
	<b>Risk Register</b>		<input type="checkbox"/>		

<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	X
	<b>NHS Improvement</b>	X	<b>Legislation</b>	X
	<b>NHS England</b>	X	<b>National policy/guidance</b>	

**COUNCIL OF GOVERNORS MEETING**

<b>Report title:</b> Company Secretary's Report		<b>Meeting date:</b> 4 November 2020			
<b>Report appendix</b>	Appendix 1: Council of Governors 2020/21 Workplan				
<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>	The report provides corporate governance updates on matters of relevance to the Council of Governors.				
<b>Action required</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>Recommendations</b>	To receive and note the items as shown in the Company Secretary's Report.				
<b>Summary of key elements</b>					
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>		<b>Valuing our workforce</b>		
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>		
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>					
	<b>Board Assurance Framework</b>	n/a	<b>Risk score</b>		
<b>External standards affected by this report and associated risks</b>	<b>Risk Register</b>	n/a	<b>Risk score</b>		
	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>		
	<b>NHS Improvement</b>	X	<b>Legislation</b>		
	<b>NHS England</b>	X	<b>National policy/guidance</b>		

<b>Report title: Company Secretary's Report</b>	<b>Meeting date:</b> 4 November 2020
<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. 2021 Elections

1.1 The annual elections for the Council of Governors will commence in November. The seats to be contested are shown below:

Public Governor	Teignbridge Constituency (two seats)
Public Governor	Torbay Constituency (three seats)
Staff Governor	Moor to Sea ISU (one seat)
	Newton Abbott ISU (one seat)
	Paignton and Brixham ISU (one seat)
	Torquay ISU
	Trustwide Operations and Corporate Services ISU

1.2 The independent election company, Electoral Reform Services, will manage the elections on the Trust's behalf.

1.3 The proposed election timetable is shown below.

<b>ELECTION STAGE</b>	
Notice of Election / nomination open	<b>Thursday, 12 Nov 2020</b>
Nominations deadline	Thursday, 10 Dec 2020
Summary of valid nominated candidates published	Friday, 11 Dec 2020
Final date for candidate withdrawal	Tuesday, 15 Dec 2020
Electoral data to be provided by Trust	Friday, 18 Dec 2020
Notice of Poll published	Tuesday, 12 Jan 2021
Voting packs despatched	Wednesday, 13 Jan 2021
Close of election	Friday, 5 Feb 2021
Declaration of results	Monday, 8 Feb 2021

1.4 The Trust will be launching its communications to members and the public using a variety of communication channels including members emails, social media, press notices and hosting an information webinar.

**Action required: To receive and note the 2021 election report.**

## **2. Lead Governor and Deputy Lead Governor**

- 2.1 The Council of Governors approved the appointment of Carol Day, Deputy Lead Governor, as the point of contact for the Regulator at the Council of Governors meeting held on 12 February 2020. The appointment was on the basis that this was an interim arrangement until a substantive Lead Governor was in place, and that a call for expressions of interest would take place once the 2020 elections had concluded and new Governors were in place.
- 2.2 The recent call for interest in the Lead Governor and Deputy Lead Governor positions did not bring forward any nominations prior to the closing date of 21 August 2020.

**Action required: To note the continuation of Carol Day as the Governor point of contact for the Regulator.**

## **3. 2020 Council of Governors Work Plan**

- 3.1 The 2020/21 work plan for the Council of Governors is presented for information at Appendix 1

**Action required: To receive and note the 2020/21 Council of Governors work plan.**

## **4. 2021 Schedule of Council of Governors Meeting Dates**

- 4.1 Meeting dates for the 2021 Council of Governors, Board to Council and Annual Members Meeting are shown below:

Council of Governors (2pm to 4pm)	3 February
	5 May
	4 August
	3 November
Board to Council (2pm to 4pm)	10 March
	7 July
	15 December
Annual Members Meeting	29 July

**Action required: To receive and note the 2021 schedule of meeting dates.**

**Appendix 1**

**Council of Governors 2020/21 Workplan**

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

October 2020

**COUNCIL OF GOVERNORS**

<b>Report title:</b> Governors' Working Committee Reports		<b>Meeting date:</b> 4 November 2020	
<b>Report appendix</b>	Appendix 1: Chair's Report Membership Committee of 6 October 2020 Appendix 2: Membership Group Notes of 7 July 2020		
<b>Report sponsors</b>	Committee/Group Chair		
<b>Report author</b>	Company Secretary		
<b>Report provenance</b>	Proposals sponsored by Membership Group/Committee		
<b>Purpose of the report and key issues for consideration/decision</b>	<p>This report provides updates on activities applicable to the Membership Committee (previously named Membership Group).</p> <p>Attached at Appendix 1 is the Membership Committee Chair's Report.</p> <p>The notes from the meeting of the Membership Group held on 7 July 2020 are attached as Appendix 2.</p>		
<b>Action required</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input type="checkbox"/>	<b>To approve</b> <input checked="" type="checkbox"/>
<b>Recommendation</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"><li>(i) Receive and note the Chair's report of the Membership Committee dated 6 October 2020</li><li>(ii) Receive and note the minutes of the Membership Group dated 7 July 2020.</li></ul>		
<b>Summary of key elements</b>			
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>		<b>Valuing our workforce</b>
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b> <input checked="" type="checkbox"/>
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<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>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	X	<b>Legislation</b>	
	<b>NHS England</b>	X	<b>National policy/guidance</b>	

**Report of the Membership Committee Chair  
to the Council of Governors**

<b>Meeting date:</b>	6 October 2020
<b>Report by:</b>	Barbara Inger
<b>This report is for:</b>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input type="checkbox"/>
<b>Public or Private</b>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

**Key issues to highlight to the Council of Governors:**

- **Hospital Radio** – the Committee agreed a script for Barbara Inger to use on the hospital radio to promote FT membership. The hospital radio team have confirmed happy to take this forward and a mutually suitable date being established.
- **Governor Engagement Feedback Forms** – agreed to encourage use by Governors by contacting each Constituency Lead, as this enables identification of constituent feedback themes. Discussion around identifying BAME sector. Annie Hall is the Membership Committee representative on the Trust Feedback and Engagement meetings and can report to them in turn on feedback.
- **Membership Leaflet Redesign** – discussion around collecting diversity information. Work continuing with graphic designer to resolve issue of Royal Mail freepost section and other changes have been requested by Governor members. Discussion around appropriate quantity of leaflets to be printed/costs and requirement for a budget line on the agenda.
- **Membership Engagement Action Plan and Learning from Covid** – as 2020 had seen considerable changes arising from the Covid pandemic, a useful discussion was held regarding progressing future engagement with FT members/wider public at this time. This included surveys, vlogs, posters, radio, social media, “step into the box” video. FT office to work on an Engagement Action Plan to support the Membership Development Plan.

**Key decision(s)/recommendations made by the Committee:**

1. To move forward with Hospital Radio interview recording.
2. To move forward with Engagement Action Plan, reflecting Covid restrictions.
3. Budget line to be included on next agenda.

**NOTES OF THE MEMBERSHIP GROUP MEETING**

**HELD AT 2PM ON TUESDAY 07 JULY 2020**

**VIA MICROSOFT TEAMS**

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**Members**

- \* Annie Hall (AH)
- \* Lynne Hookings (LH)
- \* Barbara Inger (BI)
- \* Mary Lewis (ML)
- # Michael Birch (MB)
- \* Eileen Engelmann (EE)

\* Denotes member present

# Denotes attended part of the meeting

**In attendance**

Jane Downes, Company Secretary (CoSec) and **Chair for this meeting**

Monica Trist, Corporate Governance Manager (CGM)

Sally-Ann Reay, Membership Manager (MM) and note taker

**1. Appointment of Meeting Chair**

ACTION

CGM said the first item of business was to ask if any Governors wished to volunteer to Chair the Membership Group, as raised at the last meeting.

CoSec explained that the administration of the meeting is handled by the Foundation Trust Office but was aware that taking the Chair is a commitment and suggested a rota system. After a discussion, the consensus was that a rota system for Governors would be **acceptable**, and the Foundation Trust Office would therefore draw up a schedule. It was **agreed** that for this meeting CoSec would take the Chair.

MM

**2. Apologies**

Apologies were received from Debbie Maynard (DM).

### **3. Minutes of the last meeting held on 04 February 2020 and action tracker**

The notes of the meeting held on 04 February 2020 were confirmed as accurate. The meeting scheduled for 07 April 2020 had been stood down due to COVID-19.

ML mentioned that she had spoken at the previous meeting and didn't feel all comments had been listed against her name. MM responded that lengthy discussions had taken place under Matters Arising and had consequently been summarised under the action tracker.

### **4. Matters arising**

See separate action tracker for updates not covered on the agenda. Key discussion points are summarised below:

Update on Noticeboards: discussion around possible options for Level 2 noticeboard, which MM explained had been delayed by the area being re-allocated due to Covid-19. BI expressed concern that the proposal for moving the large photoboard had not been pursued. LH said she would have a conversation off line with the CoSec about Level 2 entrance area and the considerable donations made by the League of Friends.

Hospital Radio script: discussion around the original intention behind the suggestion, to raise awareness of FT membership. MM to take forward and CoSec asked her to contact the Communications Department in order to facilitate a slot on the hospital radio.

MM

### **5. Update from the Working with Us Panel**

Membership Group noted the reports provided by the Working with Us Panel (WWUP). MM explained that the work of the panel was discontinued at end March 2020 due to COVID-19, as many volunteers came into the vulnerable category. Other volunteers were re-allocated to different tasks. As soon as the Working with Us team are back safely on site, the Membership Group will be kept informed of progress by the WWUP reports.

### **6 Terms of Reference**

CoSec explained that the Terms of Reference (TOR) had been reformatted into the standard template for Trust Terms of Reference.

CoSec outlined the main changes including the proposal to re-name the Membership Group "Membership Committee". The CoSec explained that this had been suggested as the work of the group was embedded in the Code of Governance and as a formal standing meeting of the Council of Governors, it was suggested it should be a Committee.

The other key change was allowing membership to be open to all Governors, with no stipulated maximum figure but with a quorum requiring at least three Governors plus either the CoSec or CGM. The CoSec asked if there were any questions.

BI referred to section 5.2.2 (review membership data reports) and questioned how this would be achieved, when this was not received by the Group. CoSec explained that since the introduction of the Membership Database reports could be run by the MM to show different data such as age/gender/constituency breakdown. MM explained current limited data on database owing to lack of BAME information held. MM said that she had previously displayed and explained data charts at the 09 October 2019 meeting for the Group, breaking down by constituency/age and local population for comparison.

LH mentioned past issues in linking with GP PPG's (section 5.3.4). Problems included infrequency of meetings, lack of appropriate agenda's and lack of opportunity to engage with patients. AH and ML both said that their local PPGs were very active and held useful meetings.

ML said that with regard to the quorum this should stipulate one Governor from each constituency, as important in promoting engagement with membership of each constituency. CoSec responded that her preference was to provide a framework for full engagement by all constituencies, recognising ML's valuable input in representing the South Hams and Plymouth constituency. After further debate it was **agreed** that the CoSec would include another sentence for Section 7 with the aspiration that each constituency would be represented, if possible.

**CoSec**

ML asked about the position regarding deputies in "Deputies will not count towards the quorum". CoSec explained this often appeared in standard Terms of References, to avoid the potential of having a meeting comprising deputies only. In reality, the practical approach in that scenario would be to reschedule the meeting, should all the members not be available. BI suggested amending the words to clarify that deputies can attend, but would not count towards the quorum and this was **agreed**. BI mentioned that 9.1 final bullet point should read "will be issued" as opposed to "with be issued" and CoSec will amend.

**CoSec**

**CoSec**

LH said that she felt in light of the increased house building in the Teignbridge constituency and also in the South Hams & Plymouth constituency, that the Trust should look at increasing the number of Governors in those constituencies.

**CoSec**

CoSec to update the Terms of Reference, and re-circulate so that these can be formally approved by email, and taken to the August Council of Governors for approval.

## **7. Membership Development Plan**

CoSec explained that the Membership Development Plan (the Plan) had previously been presented to the Membership Group, approved by the Council of Governors (CoG), and was intended to be in place for a period of two years. Minor adjustments, such as renaming Membership Committee would be noted and updated when the Plan was next refreshed.

BI commented that she had lots of comments and did not recollect the Plan having been previously approved. CGM confirmed that the Plan was approved at the CoG on 18 December 2019 and that BI was present. CoSec suggested that any further comments regarding the Plan could be emailed to herself or MM within the next 2 to 3 weeks to enable a final refresh of this document, and presentation at the next meeting.

ALL  
MM

LH said that whilst she felt it was an excellent document, she didn't fully understand how this would be achieved. CoSec said that the aim was to develop an Action Plan underpinning the overarching strategy of the Membership Development Plan. It was agreed to present the draft Action Plan (Engagement) at the next meeting.

MM

## **8 Feedback & Engagement by Governors for 2020**

The MM said that since the last meeting, opportunities for face to face contact with Trust members by Governors had been extremely limited. She asked the Membership Group to encourage use of the approved Governor Engagement and Feedback Form to capture any comments, particularly around COVID-19 experience. LH and BI said they rarely see their constituents due to social distancing and comments were often negative. CoSec and CGM said they would encourage signposting of any comments (negative or positive) to the relevant team (e.g. PALS) if appropriate, and the Governor feedback form should be submitted to enable the Trust to see such comments. Another opportunity for any feedback was at the Board to CoG meetings.

ALL

MM made a suggestion to obtain membership feedback (despite the current social distancing measures) whereby a short survey could be emailed by MM to each constituency, seeking feedback on topics the Governors felt relevant. BI said she would need to take this suggestion back to her constituency group. LH said there hadn't been a Trust Membership full survey undertaken since 2017 and CGM explained that this was not intended as a full survey. MB said a survey could assist, as he found it hard to get constituents to articulate their actual concerns on phone calls. AH said she felt the timing was not right to do a survey, as a lot of constituents were unhappy currently. CoSec suggested that if Membership Group wanted to take this opportunity, they should email the Foundation Trust Office with a few key questions that they would like developed into a survey.

BI

ALL

## **9. Membership Leaflet Redesign**

MM referred to the information emailed to the Group on 24 June 2020 that included a draft design, explanatory sheet and the current leaflet. CoSec asked for any comments.

A number of comments were made regarding the level of detail requested as part of the joining information around ethnicity, gender and sexual orientation. CoSec said it was considered advisable to collect this data and was standard practice. ML suggested that the sentence requesting diversity information, could be amended to reflect the fact that it was not compulsory.

MM

EE asked how many Trust members the FT had currently and what the minimum requirement was. The MM said that public membership fluctuated

from 9,500 - 10,000 plus approximately 6,500 staff members. The minimum requirement was 500 members per constituency. LH felt it had been unclear from the Trust in recent times, as to whether encouragement of an increased membership was desired or whether Governors should focus on greater engagement.

BI questioned the staffing figure in the leaflet. The CoSec confirmed that this was correct, as was stated in the 2020 annual report. Staff numbers included a large number of part time staff and additional staff from Children & Family Health Devon had transferred to the Trust with effect from 01 April 2019.

BI and LH commented on the wording "Integrated Care Organisation", the "NHS speak", lack of full grammar/punctuation and word "free" with regard to benefits. BI had several more points and CoSec asked her to email to the FT account with these, as soon as possible. BI asked why the FT telephone number was listed on the leaflet, as opposed to the MM's and MM explained this was due to office cover always being available in the main office.

BI

EE liked the format of the draft and the bullet point style but suggested altering the sequence of pages. "Benefits of becoming a member" would be first, followed by "Who Can be A Member", then Why Your Views Matter" with details about the Trust organisation at the end. CGM said this seemed sensible and the comments around house style was very much an individual viewpoint. MM would alter the format and issue a second draft, after further liaison with the graphic designer.

MM

LH left the meeting at this point.

## **10. Healthy Futures Magazine – Article Topics**

MM explained that the first two editions of the Healthy Futures Magazine issued by the Trust had included wording supplied by the FT Office relating to:

- a) advertising the Diabetes Membership Event in November 2019 and
- b) advertising how to become a FT member.

Draft wording had recently been submitted to the Communications Department for the Summer edition focusing on the recent Governor elections/introducing the new Governors and stating how to become a Governor. It was noted that word count was limited to 150 words.

MM asked for suggestions from the Membership Group for future articles, so that a rolling programme could be established. Any suggestions for articles to be emailed to the FT email account. The MM was seeking clarity on future deadlines for the Healthy Futures Magazine from the Communications Department.

ALL

## 11. Annual Members Meeting 2020

CoSec explained that due to National NHS Guidance, the Annual Members Meeting (AMM), originally scheduled for 30 July 2020, had been postponed to 16 September (afternoon). Whilst TREC had been booked, the maximum number physically allowed in the room was 20. The FT office was therefore exploring video conference options.

## 12. Items from Membership Group to take forward to CoG/Network Mtg

CGM explained that as the CoG meetings were currently business focused it would be more appropriate for any items from the Membership Group to be taken forward to the Network Meetings. No items were felt necessary to be taken forward to either the Network Meetings or CoG.

## 13. Any Other Business

- a) MB asked if the issue of freepost on the membership leaflet had been resolved and the MM responded that this was still ongoing and had involved extensive emails.
- b) BI said she had encountered poor sound quality on MS Teams today.

## 14. To agree date of next meeting –

It was agreed that the next meeting would be held on **Tuesday 6 October 2020 at 2pm** in the Members Room/or by MS TEAMS, ***depending on national NHS Guidance regarding social distancing.***



**COUNCIL OF GOVERNORS**

<b>Report title:</b> Feedback and Questions from Members and Governors (Communications Log)		<b>Meeting date:</b> 4 November 2020	
<b>Report appendix</b>	Appendix 1: Governor communications log		
<b>Report sponsor</b>	Company Secretary		
<b>Report author</b>	Membership Manager		
<b>Report provenance</b>	Council of Governors standing agenda item		
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The Council of Governors receives as a standing item, the Governor Communications Log.</p> <p>The purpose of the Communications Log is to record all questions raised by Governors, including Trust responses, since the previous Council of Governors meeting.</p>		
<b>Action required</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 is asked to receive and note the Governor Communications Log.		
<b>Summary of key elements</b>			
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	<b>Valuing our workforce</b>	
	<b>Improved wellbeing through partnership</b>	<b>Well-led</b>	
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<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>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>
	<b>NHS Improvement</b>		<b>Legislation</b>
	<b>NHS England</b>		<b>National policy/guidance</b>

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	Status
79	Thursday 13 August 2020	Lynne Hookings	Torbay	What formal procedures are in place to detect scam emails within our NHS accounts ?  What guidance is given to staff and Govs who receive a suspicious/odd email ?  Does the Trust have a formal policy on the reporting of such suspect emails to the Government's National Cyber Security Centre ?	A Jones - DoTP	Wed 19 August 2020	<p>Q.1. What formal procedures are in place to detect scam emails within our NHS accounts ? A.1 The Trust exclusively uses the national NHSmail system. This benefits from spam and phishing countermeasures that are truly world class, and not those we would be able to implement if we operated a local email solution. However, as leading-edge as these countermeasures are, spam and phishing is an IT 'arms race' with threats constantly evolving. We do therefore also rely on staff and Governors to be up to date on advice and guidance (see below) when using NHSmail. Part of our information governance mandatory training for all staff covers this.</p> <p>Q.2. What guidance is given to staff and Govs who receive a suspicious/odd email ? A.2. Guidance: Please be vigilant when dealing with emails, especially those related to Coronavirus or COVID-19. If you are in any doubt as to the sender's identity or the authenticity of the email then do not open it and in particular do not click on any links within the email. Suspicious emails can be reported as follows: To report a suspicious email contact the Trust Cybersecurity Team: <a href="mailto:sdhis.cybersecurity@nhs.net">sdhis.cybersecurity@nhs.net</a> To report spam or phishing emails to NHSmail: <a href="mailto:spamreports@nhs.net">spamreports@nhs.net</a> (this allows NHSmail to block further such emails centrally. Emails should be forwarded to this address as attachments. Guidance on how to forward email as attachments to NHSmail is available <a href="#">here</a>)</p> <p>Q.3. Does the Trust have a formal policy on the reporting of such suspect emails to the Government's National Cyber Security Centre ? A.3 Trust guidance is frequently re-iterated to staff via ICONews as listed in the answer to Q2 above. This includes the process for reporting suspect emails to the NHSmail national team. The NHSmail service is fully linked in with the NCSC and the other relevant national-level authorities.</p>	Responded
80A	Wednesday 23 September 2020	Craig Davidson	South Hams	A question has been asked about patient visiting restrictions as a result of Covid, which quoted the recent British Medical Journal call for a stop on blanket ban on visitors and also an editorial article on this topic. The question asked whether this is being discussed at Board level and who in the organisation is leading on the issue?	J Downes - CoSec	Friday 25 September 2020	The response stated that we are mandated to follow government guidelines and therefore our operational response is geared to responding as per the guidance. We have however acknowledged the impact of this at Board level in terms of discussions around patient experience and will continue to do so led by Deborah Kelly, Chief Nurse.  [redacted]	Responded
80B	Monday 28 September 2020	Craig Davidson	South Hams	<b>Supplementary Question (80b):</b>  At the time of writing I had assumed that "no visitors" was still in place (except for perhaps EOL) across England and hence why a call to change the ban was in the recent BMJ. Jonathan has however directed me to a more liberal account of Torbay's position. Has this been in place throughout the Covid crisis or is it a more recent adjustment to an initial ban?	D Kelly - CN	Tuesday 6 October 2020	<p>We along with other Trusts revised the visiting arrangements at the end of August and we are keeping the visiting policy under constant review to ensure we adhere to current national guidelines.</p> <p>Response to the change has been mixed and with visiting restrictions still being in place (as outlined in the Trust's guidance) this has meant some frustration for patient's relatives, although some relatives have welcomed the introduction of specific appointment times for visiting patients. Whilst there is additional work going on to make the visiting policy work for example, maintaining appointment schedules, staff have welcomed the changes.</p>	Responded
81	Friday 25 September 2020	Mary Lewis	South Hams	The news release contains sound advice for the public and those eligible for a flu vaccine. However, the experience when requesting a flu vaccine does not support the advice given. The surgery in Dartmouth do not have a supply and when asked when they might expect to receive some the answer was that they were not even sure that they will get more at all. I was told that there is a national shortage and that they have hundreds of people waiting.  When checking with local pharmacists a similar answer was given. We placed ourselves on the list for Lloyds and Boots but not sure what will happen next.  This will affect the population in Dartmouth and surrounding villages and in view of the increasing numbers of Covid 19 is a worrying situation.	D Kelly - CN	Monday 05 October 2020 & Tues 20 October 2020	<p><b>Interim reply sent on 05.10.2020:</b> Thank you for your comments raising concern about shortage of flu vaccine in the community. As I previously indicated, this is not under TSDFT remit, however we have been informed by Public Health England that further information is awaited from the Department of Health and Social Care, which is due to be issued shortly and will come back to us with a more comprehensive response when that is received.</p> <p>Additional vaccine has been procured centrally to supplement that ordered by local GPs and pharmacies, however, the vaccine may be being received by these providers in batches over the coming weeks. There is also higher demand this year which may mean that the initial batches available have been administered and when people are contacting to book appointments they may need to wait a short while before more supplies arrive. However they wanted to reassure the public that it is still early in the immunisation programme and there is still time to have a flu vaccine.</p> <p>Thank you for drawing your concerns to our attention. (The Trust has also emailed the primary care team in the CCG for additional information).</p> <p><b>Additional response sent on 20.10.2020:</b> Further to the Trust's interim response on 05 October to the question you raised on 25 September 2020, I am happy to add additional information that has been received from the Primary Care Development Team at NHS Devon Clinical Commissioning Group:</p> <p>In reply to your query regarding availability of flu vaccines, there has been an unprecedented demand for flu vaccines this year, as you will be aware practices ordered their vaccine 12 months ago, before the pandemic and aligned these to previous uptake and national ambition. On top of this many practices are receiving their supply in staggered delivery between Sept-November.</p> <p>General practice has also had the added complication of delivering the flu vaccine programme with strict infection control procedures which has meant they could not undertake the usual walk in flu clinics and patients are having to book appointments, this has impacted on staffing and clinic dates.</p> <p>Additional stocks of vaccine are being held centrally by NHSE and we are waiting to be advised how practices can access these for their patients who fall into the at risk groups. We have been assured by NHSE that there is enough stock being held to vaccinate everyone who is eligible.</p> <p>Pharmacies are in the same position as general practice, they are also keen to obtain further stocks of vaccine once they are available.</p>	Responded
82A	Monday 28 September 2020	Craig Davidson	South Hams	Trust this finds you well despite the worrying national Covid situation and the extra work needed for winter planning.  I was reading the paperwork for QAC and noted an entry under Quality Account on NIV performance. You will remember this was professionally important to me and one of my particular concerns when an observer on QIG.  Could I ask for more details of performance and the plan to establish a Respiratory HDU?	I Currie - MD	Wednesday 07 October 2020	<p><b>Update on the high-care area on our respiratory ward (Midgley Ward)</b></p> <p>I am pleased to report that significant progress has been made towards the rearrangement of Midgley Ward to provide appropriate dedicated clinical space for those people requiring breathing support and respiratory medicine expertise. Equipment for the high care respiratory area has been bought and installed in the ward (continuous monitors, Bipap machines replaced) alongside appropriate staffing ratios developed for the ward. Plans were in place to start. However, COVID management with non-invasive ventilation being aerosol generating procedures, we have had to improve the ventilation of the ward in order to decrease infection risks. This estates work is currently planned but not done yet. The aim is to get it completed ready for winter when the area will be trialled.</p> <p>Please thank Dr Davidson for his continued interest here. We are supportive of this development and the respiratory medical team have made multiple improvements this year with good results e.g. dedicated single consultant for ward work compared to multiple ward rounds each day.</p>	Responded

82B	Monday 19 October 2020	Craig Davidson	South Hams	<p><b>Supplementary Question 82b:</b> Good to hear some progress has been made on equipment and site for delivering NIV in a Respiratory HDU on Midgely. However, my question was really about process and delivery rather than equipment. I believe Torbay reports to the national audit run by the British Thoracic Society? I would be interested from a governance perspective to have sight of Torbay's results. I appreciate that concern was raised internationally about the potential for aerosol generation and associated risk for spreading the virus with NIV but experience has also shown that CPAP and NIV have an important role in managing respiratory failure caused by Covid.</p> <p>May I therefore seek information on our use of CPAP &amp; NIV (in Covid and non Covid respiratory failure)? I wonder whether direct communication might be easier/more efficient?</p>	I Currie - MD	Wednesday 21 October 2020	<p>We have been actively managing COVID patients as per emerging evidence and guidance coming through to ensure that our treatment regimens are utilising the most up-to-date and relevant therapies. This includes medicines, positioning and using respiratory support. Our results have been in-line with national outcomes or better for example survival after ITU admission. NIV was directed by our respiratory team (first wave) and we are continuing with pathways worked out then in the current wave we are seeing. In terms of our governance processes, through clinical governance and mortality review we have been pleased with our performance against the national picture.</p>	Responded
83	Sunday 18 October 2020	John Kiddey	Torbay	<p>Torbay's director of Public Health Dr Caroline Dimond appeared on the BBC Radio Four programme "Today" on Friday morning at 0855 (October 16th) where she was interviewed about people coming to the bay for holidays during the half term break.</p> <p>Dr Dimond said she saw no reason why people should NOT come to the bay and appeared openly to encourage visitors from parts of the country with higher levels of Covid infections than we have in Torbay. On Friday, we were told by the Medical director Ian Currie "we have experienced a significant increase in (covid) patients". He went on "cases are expected to continue to rise".</p> <p>I hope the Trust managers will listen to what Dr Dimond said (using BBC Sounds) if they did not hear the interview and answer the following questions:</p> <p>1) With Mr Currie's comments in mind, what view does the trust take on the issue of people coming to the Bay during half term if they live in areas with higher levels of Covid?</p> <p>2) Does the Trust endorse the comments made by the Director of Public Health on the BBC?</p> <p>3) If the trust does NOT endorse Dr Dimond's view that visitors should be encouraged at half term, will it make an urgent statement to the media outlining its own view?</p>	A Jones - DoTP	Thursday 22 October 2020	<p>Thank you very much for contacting us following Dr Caroline Dimond's interview in which she was asked about travel to our local area.</p> <p>As you will be aware the government has issued guidance around how people should behave in order to protect themselves and others within the three tiers. We strongly support this messaging and would ask that all people ensure they are following the Hands - Face - Space messages.</p> <p>Dr Dimond, our Local Authority's Director of Public Health, has worked very closely with us as we have stepped-up all infection, prevention and control measures throughout our clinical sites, along with schools and care homes, and we continue to promote public messaging advising people how to take extra precautions to help minimise spread of the virus – the HANDS-FACE-SPACE campaign is current and it really is exceedingly important that all members of the public adhere to this guidance, this is the best way to minimise the spread of the virus and keep people safe. We are grateful to Dr Dimond's support and remain committed to ensuring that we have health and care services available for members of the public who need them.</p>	Responded
84	Monday 19 October 2020	Craig Davidson	South Hams	<p>A recent case of Covid in a Dartmouth resident who was admitted to Torbay led to me being asked whether the hospital reports cases to public health or other agency or instead takes on the role of contact tracing itself? As far as I know, none of the close contacts of the case I am referring to were notified to quarantine other than by the partner of the person admitted.</p> <p>What is the correct process that should be followed?</p>	D Kelly - CN	Monday 26 October 2020	<p>Thank you for your question in relation to the reporting of COVID positive patients to Public Health England - I can confirm that all COVID Positive patients are automatically reported to Public Health England through our microbiology system. All inpatients are advised by Hospital staff, as will their immediate household contacts, to ensure they self-isolate for 14 days. Wider track and trace is undertaken by Public Health England.</p>	Responded
85	Thursday 22 October 2020	Rosemary Rowe	CoG	Can you let me know when the Totnes Minor Injuries unit will be reopening? (Request from another Totnes District Cllr)	J Harrison - COO			Assigned
86	Thursday 22 October 2020	Craig Davidson	South Hams	<p>You will remember it became difficult to continue to staff the MIU at Totnes early in the Covid crisis. Unfortunately I had rather assumed it had re-opened along with the drive to re-establish a normal service for non Covid illness in the summer months. It therefore was a shock to learn it remains closed.</p> <p>This is of concern to South Hams residents but even more so to Dartmouth and surrounding villages who feel even more isolated and who rather reluctantly accepted the closure of a MIU in Dartmouth because Totnes was 20-30 mins drive. To find it's either Newton Abbott or Torbay they need attend for minor trauma and illness when directed to do so by GP involves a long journey and availability of transport. What many fear is that the closure will be permanent.</p> <p>Can I seek assurance this is not the case and ask whether re-opening sometime soon is possible? I presume non urgent plain radiology at Totnes is also suspended?</p>	J Harrison - COO			Assigned
87	Saturday 24 October 2020	John Kiddey	Torbay	<p>Covid information - Questions to The Trust:</p> <p>1) Why were governors not informed of the recent Covid deaths in the hospitals before the media?</p> <p>2) How many new covid cases have been identified within the hospital over the past two weeks?</p> <p>3) How many staff have been tested positive for covid in the past two weeks?</p> <p>4) Please provide a breakdown of covid cases which have lead to hospital admissions over the last three weeks.</p> <p>5) How many staff are currently self-isolating as a result of being in contact with people who tested positive for covid and in which areas do they normally work?</p>	A Jones - DoTP			Assigned

88	Tuesday 27 October 2020	Craig Davidson	South Hams	Do the Trust offer written and verbal advice to Covid +ve patients on their responsibility to inform close contacts (2-3 days before symptom onset) that they should isolate? In the case I refer to this did not happen although the partner was told to quarantine. What is the Trust's understanding of what happens to the information reported to NHS England? Again, in this case, there was no contact made so no 'track & trace'. As the GPs are not informed of their patients who test positive by testing centres it seems nothing is joined up. Be grateful for view from Microbiology dept.	D Kelly - CN				Assigned
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