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

Microsoft Teams Video-Conference 5 May 2021 14:00 - 5 May 2021 15:15

#### **AGENDA**

#	Description	Owner	Time
1	OPENING MATTERS		
1.1	Chairman's welcome and apologies for absence  To note	Chair	14:00
1.2	Declarations of interests  To note	Chair	
2	BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING		
2.1	Minutes of Council of Governors' meeting held on 3 February 2020 (enc)	Chair	14:02
	To approve		
	© 02.1 - 2021.02.03 DRAFT CoG minutes.pdf 7		
2.2	Matters arising not covered elsewhere on the agenda	Chair	
	To receive		
3	BUSINESS REPORTS		
3.1	Chairman's report (verbal)	Chair	14:05
	To receive		
3.2	Chief Executive's report (enc)	Chief Executive	14:10
	To receive		
	© 03.2 - Chief Executive Report.pdf 17		
3.3	New Hospital Programme 'Building a Brighter Future' (enc)	Deputy Chief Executive	14:20
	To receive		
	© 03.3 - New Hospital Programme 'Building a Brighter 19		
4	NON-EXECUTIVE DIRECTOR REPORTS		
4.1	Non-Executive Director Committee Reports (verbal)		14:40
	To receive		

#	Description	Owner	Time
4.1.1	Audit Committee	Mrs S Taylor	
4.1.2	Quality Assurance Committee	Mrs J Lyttle	
4.1.3	People Committee	Ms V Matthews	
4.1.4	Finance, Performance and Digital Committee	Mr P Richards	
4.1.5	HIP2 Redevelopment Committee	Mr C Balch	
5	GOVERNANCE REPORTS		
5.1	Governance Quarterly Report (enc)  To receive	CoSec	14:50
	25 05.1 - Quarterly Governance Report.pdf		
5.2	Membership Committee Chair's Report (enc) To receive	Chair, Membership Committee	14:55
	© 05.2 - M. Cttee Report 12.01.21 for CoG V.4.pdf 33		
6	GOVERNOR ENGAGEMENT		
6.1	Feedback and questions from Members and Governors including Governor Communications Log (enc)  To receive	Chair	15:00
	25 06.1 - Feedback and Questions from Members and 35		
7	CLOSING MATTERS		
7.1	Any other business	Chair	
7.2	Close of meeting	Chair	15:10*
	Details of 2021 Council of Governors' meetings (all 14:00-16:00): 4 August, 3 November.  For information		
	*A private meeting for Governors will take place at 15:15		
	Executive Directors, Non-Executive Directors and members of the public please leave the meeting at this point		

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06.1 - Feedback and Questions from Members and Governors.pdf	35



# MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 3 FEBRUARY 2021 AT 2PM VIA MICROSOFT TEAMS VIDEO-CONFERENCE

#### Present

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

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

#### In attendance

*	Liz Davenport	Chief Executive	(CE)
	Ian Currie	Medical Director	(MD)
*	Joanne Watson	Deputy Medical Director	(DMD)
	Rob Dyer	Deputy Chief Executive	(DCE)
*	Judy Falcão	Director of Workforce and Organisational	(DWOD)
		Development	
	Adel Jones	Director of Transformation and Partnerships	(DTP)
*	Deborah Kelly	Chief Nurse	(CN)
*	(Dave Stacey)	Chief Finance Officer	(CFO)
*	Chris Balch	Non-Executive Director	(CB)
*	Jacqui Lyttle	Non-Executive Director / Senior Independent	(JL)
		Director	
*	(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)
*	Chris Knights	HIP2 Programme Director	(HIP2PD)
*	Sarah Fox	PA to Chief Executive and Chair	(PACEO)
*	Sally-Ann Reay	Membership Manager and minute taker	(MM)

#### 1. OPENING MATTERS

#### 1.1 Chairman's welcome and apologies for absence

Apologies for absence were received from Annie Hall, Ian Currie (Medical Director), Adel Jones (Director of Transformation and Partnerships) and Rob Dyer (Deputy Chief Executive). Dr Joanne Watson was attending on behalf of Ian Currie and Chris Knights (HIP2 Director) was attending to give a presentation on behalf of Rob Dyer. Vikki Matthews explained that she would have to leave the meeting for a short period of time at 3pm to attend another meeting.

The Chairman asked for a minute's silence to record the sad death in December 2020 of Barbara Inger, Governor for Teignbridge and who had contributed significantly during her time as a Governor. The Chairman informed the Council of Governors that the Trust had been well represented at her funeral, with John Smith, Lynne Hookings, Annie Hall and Jacqui Lyttle, as well as himself, in attendance.

The Chairman welcomed everyone to the meeting and said that it had been approximately ten months since firm national guidance to minimise routine activity due to the focus on the pandemic had been issued. Some Executive Directors were therefore not present today in order to focus on the Trust response to the ongoing pandemic.

#### 1.2 **Declarations of Interests**

There were no declarations of interests.

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

#### 2.1 Minutes of Council of Governors' meeting held on 4 November 2020

The minutes of the meeting held on 4 November 2020 were approved as a true record of the meeting.

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

There were no matters arising.

#### 3. BUSINESS REPORTS

#### 3.1 Chairman's Report

The Chairman provided the following verbal report:

**Board Meeting February 2021** – the Chairman advised that due to the focus on Covid-19, the Trust had followed national NHS guidance and stood down the February 2021 Board Meeting. Routine meetings were being minimised

but as some Board sub-committees were essential their work would continue to provide necessary assurance.

**Integrated Care System (ICS)** – work continued to establish the ICS for Devon, although there had been some delay in the final submission.

**Displacement to Level 2 Outpatients entrance area affecting the Torbay Hospital League of Friends** — The Chairman explained that it was unfortunate that there had been disruption to the Level 2 Outpatients entrance area, due to the need for separate entrances and exits to manage the green and blue Covid areas. Regular meetings were being held between the Trust and the League of Friends management team and the Trust was mindful of the concerns that had been expressed.

Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust – work continued with the plan to formally integrate the two organisations. TSDFT would continue to work alongside in ensuring close collaboration for the benefit of the local population.

**Black, Asian and Minority Ethnic (BAME) Network** – Sanita Simadree an employee at the Trust's Torbay Pharmaceuticals had been working hard to promote awareness of the Devon-wide BAME Network. Both the Chairman and Chief Executive were increasingly involved and valued this work raising the profile of the BAME Network.

**Covid Vaccinations** – The Chairman was delighted to report an enthusiastic queue of the public outside the Horizon Centre Vaccination Hub earlier and the work of the team had been a huge success in vaccinating local health and social care staff.

#### 3.2 Chief Executive's Report

The Chief Executive gave an update alongside Judy Falcão, Director of Workforce and Organisational Development, regarding the successful health and social care vaccination programme run out of the Horizon Centre Hub and the ongoing work to support staff health and wellbeing. A total of 17,500 individuals had been invited for immunisation, which had been overseen by the Trust's Workforce and Organisational Development team. Work was progressing to ensure all patients in groups P1 to P4 were vaccinated by mid-February.

The Chief Executive gave a high-level report regarding the latest developments on Covid, responding to the latest pandemic wave and utilising the escalation plans. Staff had proved extremely flexible, working different hours, shifts and places as required. There was a continued focus on cross-Devon system working, ensuring the counties whole resource were used, including the Nightingale Hospital Exeter. The recovery steps from the recent pandemic wave were utilising a dynamic decision-making team to ensure priority was given correctly.

Dr Shribman asked if any members of the public had been vaccinated at the Horizon Centre Hub. The Director of Workforce and Organisational

Development responded that the focus at the Horizon Centre had been on health and social care staff from across the Devon area, including staff from Devon Partnership Trust, South Western Ambulance Service Trust, social care staff form Torbay Council and Devon County Council, and some care home staff. In addition, clinically vulnerable patients referred to the hospital under acute care were being vaccinated.

#### 4. NON-EXECUTIVE DIRECTOR REPORTS

#### 4.1 Non-Executive Director Committee Reports

#### 4.1.3 **People Committee**

Mrs Matthews reported on the development of the People Plan, which was both extensive and ambitious. Appropriate consideration needed to be placed on rest and recovery for staff from the pandemic workload, whilst looking at the HIP2 plans which needed to be aligned, and including 7 day working week. She added that inevitably staff fatigue from the pandemic would be evident at a later stage and come through in increasing staff-absences.

Mrs Matthews commended a recent document on Race Equality Code, which the Trust was reviewing to complement the excellent work being undertaken by Sinata Simadree. The Chairman said the Trust employed a slightly higher percentage of BAME staff as compared to the local population and work was welcomed to focus on diversity and inclusion.

Mr Davidson asked if staff at SWAST were coping in light of the pandemic. Mrs Matthews commented that once the pandemic was over, the Trust was anticipating the impact to be felt on staff. The Trust was currently experiencing a good strength of staffing, although there were some Covid-related absences.

The Council of Governors noted the report on the work of the People Committee.

Mrs Matthews left the meeting at this point.

#### 3.3 HIP2 Update

Mr Chris Knights, HIP2 Programme Director presented slides showing the change to a patient's journey, aligned to the planned transformation agenda. He said that previously prevention had played only a small part in the patient journey, but the aim was to enhance this element and focus on prevention within the community and avoid re-admissions, adding that there would be a greater focus on digitally enabled care.

Dr Shribman said that there had been a big push in primary care for increased diagnostic ability about ten years ago, but currently demand exceeded supply for diagnostics. He was therefore interested in how the Trust would manage this element. Mr Knights responded that diagnostics was a key area being looked at, and included the provision of Devon Diagnostic hubs at scale, but

in locations yet to be determined. One possibility would be to link diagnostic hubs in the community alongside the Health and Wellbeing Centres.

Mrs Lewis asked whether consideration had been given for people who were not able to access digital technology. Mr Knights responded that he was aware access to digital technology was not available for all the community population and they would therefore be "signposted" to an appropriate resource and a hybrid model was therefore required. The Chairman added that the Trust Board was fully sighted on this important issue.

Mr Davidson said that issues of housing quality, income levels and over crowding were also key in determining local health demands and this data was not always collected by the NHS. The Chief Executive responded that the Trust was mindful of this important requirement and was working alongside Council colleagues to gather the necessary data set.

Mrs Day commented that the NHS use of digital had been excellent with regard to covid vaccinations. Mr Stilliard said that in light of the importance of digital technology going forward, what the percentage take-up the NHS contact tracing app had been within Devon. The Chairman asked if the question and subsequent answer could be added to the Governors Communication Log, so that all Governors would be cited on the detail.

MM

#### 4.1 <u>Non-Executive Director Committee Reports (continued)</u>

#### 4.1.1 Audit Committee

Mrs Taylor advised that no matters requiring escalation had been reported to the Public Board recently, however the Committee continued to progress its workplan. Items of note were reported as:

- The Board Assurance Framework had been reviewed by Internal Audit and given an assurance opinion of 'significant'.
- A report had been received regarding the work of the Risk Group.
- The Trust's internal auditor had undertaken a review of financial governance during Covid-19 and provided assurance of management arrangements.

The Council of Governors noted the report on the work of the Audit Committee.

#### 4.1.2 Quality Assurance Committee

Mrs Lyttle reported that the last meeting of the Quality Assurance Committee had been held on 25 January 2021, with Craig Davidson in attendance as the Governor Observer.

Mrs Lyttle reported on the changed format of the Committee in which a deepdive review of a service would be programmed for presentation at each meeting. At the January meeting a deep-dive review had been undertaken of the Trust's midwifery service, looking at performance against national standards and the recent Ockenden Report.

Mrs Lyttle also reported on the significant reassurance received regarding Covid-19 infection control measures within the Trust, and the mitigating actions taken a regarding fire safety risks on the tower block. Good progress had also been made against the CQC action plan. In referring to the waiting list backlog as a consequence of the Covid pandemic, the Committee was continuing to have oversight of Trust processes to ensure no harm to patients.

The Chairman commented that clearly maternity departments across the country were under the spotlight following publication of the Ockenden Report, and he was pleased to report confidence in the maternity services provided by the Trust and the leadership of the team.

The Council of Governors noted the report on the work of the Quality Assurance Committee.

#### 4.1.4 Finance, Performance and Digital Committee

Mr Richards, Chair of the Committee reported on several key issues including:

- Committee focus on the Board Assurance Framework.
- Discussion that had taken place with regard to the Digital Electronic Patient Record (EPR) business case and progress made on a number of key issues.
- The affordability of the HIP2 programme and the requirement to make best use of the Trust's estate by utilising a digital platform. A full Outline Business Case (OBC) was expected by Q1 2021/22.
- The Medical Receiving Unit (MRU) Business Case Options Report had been received and currently involved looking at more permanent options given issues with pre-built packages.
- A bid had been made for £13.3m Wave 3 capital funding to support the Trust estate.
- The current financial year had been uniquely funded due to Covid financial arrangements and the Trust was in a reasonable financial position. However, it was anticipated there would be significant financial issues for 2021/22 and would require significant cost improvement savings, necessitating system level re-design.

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

#### 4.1.5 **HIP2 Redevelopment Committee**

Mr Balch confirmed that the June 2021 submission target for the Strategic Outline Case (SOC) was on track. The Trust had built in-house capacity for the work required and made a number of recent appointments, including a financial post as well as appointing PWC as external advisors for the Trust to assist on the Strategic Outline Business Case ('SOC')and IBI architects to

assist on a technical front. The continuing aim was to be at the front of the line for SOC applications whilst ensuring that reflects a system-wide approach. The Trust was therefore focussing on the need for engagement and collaboration with other HIP2 Trusts in the South West. Of specific note was the role of Governors which would be key in assisting with wider engagement.

In terms of the national picture, there was a strong drive to see efficiencies, high standards regarding net zero carbon targets and to be within financial budget. The Trust was currently looking to obtain an early flow of 2025 monies to allow for digital work to be brought forward.

The Council of Governors noted the report on the work of the HIP2 Redevelopment Committee.

#### 5. GOVERNANCE REPORTS

#### 5.1 Appointment of Lead Governor and Deputy Lead Governor

The Chairman reported that the proposed appointments had been discussed at length by Governors at a Governor meeting held on 7 January 2021, following which the proposal had been circulated to all Governors for information. The Chairman thanked Mrs Hookings for taking the notes of the 7 January 2021 meeting and for Mr Smith and Ms Engelmann for putting their names forward for the role of Lead Governor and Deputy Lead Governor, respectively.

The Chairman asked if anyone wished to debate the proposal further, and as no response was made, the proposal that Mr Smith is appointed Lead Governor and Ms Engelmann is appointed Deputy Lead Governor was approved unanimously with immediate effect for a term of one year.

Mr Smith thanked Governors and said both he and Ms Engelmann were very pleased and flattered to take on the roles.

#### 5.2 Company Secretary's Report

The Company Secretary highlighted key points from the report:

- The Governor election results would be announced on Monday 8
   February 2021. It was pleasing to note that there would be four new
   staff Governors joining on 1 March 2021.
- The Workshop Session on 11 March to seek feedback on the Chair and NED appraisals was highlighted. All Governors would be welcome to attend.
- The Governor Nomination and Remuneration Committee, currently had two Staff Governor vacancies and one Public Governor vacancy. Expressions of interest were requested to be submitted to the Company Secretary by 1 March 2021.
- The annual refresh process of Governor Observer positions on Board level committees would be advertised to Governors following the meeting.

- Governors had been sent a full pack for the election process for the NHS Providers Governor Advisory Committee and were asked to respond to the Company Secretary with their voting preferences by 1 March 2021.
- A reminder was given regarding the NHS Providers bespoke virtual training session for Governors on 9 February 2021 and the availability of two spare spaces.

The report of the Company Secretary was received and noted.

#### 5.3 Chair's Report Membership Committee 12 January 2021

The Chair's report from the Membership Committee held on 12 January 2021 was received and noted.

Key issues to highlight to the Council of Governors were:

- A Hospital Radio interview with Mrs Hookings would be held at a date to be agreed. Membership Leaflet Redesign – the final proof from the printers was awaited and a distribution plan had been discussed and agreed.
- Membership Engagement Action Plan ideas for greater social media interaction had been discussed and agreement reached to focus on one or two key items. The new Associate Director of Communications would be invited to attend the April Committee meeting.
- Healthy Futures magazine all Governors had been invited to suggest future contributions to the Governors' section of the newsletter.
- Council of Governors size and composition this had been raised as a topic for discussion albeit was not within the direct scope of the Membership Committee. Awareness of the topic would be raised with the Council of Governors.
- Membership Committee expressions of interest to join the Committee were invited and more details would follow in the Governor newsletter.

The Chairman said that he would discuss the issues raised about the size and composition of the Council of Governors with the Company Secretary, recognising that this was for a future debate.

Chair/ CoSec

#### 6. GOVERNOR ENGAGEMENT

#### 6.1 <u>Feedback and Questions from Members and Governors including</u> <u>Governor Communications Log</u>

The Chairman noted that Governors had the opportunity to submit questions on notice to the Trust and this was listed in Appendix 1. A response, prepared by Director of Transformation and Partnerships was read out by the Chief Executive:

Question: How is the Trust going to engage with Governors and patients with the Trusts developing plans for Transforming Health and Care through Digital?

#### Response:

"The development of the plans to support the delivery of our Digital Strategy is being co-ordinated by the Director of our Health informatics Service, Gary Hotine and overseen by Adel Jones, Director of Transformation and Partnerships.

There were four key themes within the digital strategy which were approved in November 2020 by the Board and each theme was led by an Executive Director who has responsibility for the delivery of the plan.

The Digital Strategy is a core part of the work we are doing around HIP2 and underpins our health and care strategy. There are regular opportunities of engagement scheduled for the Council of Governors on the development of the HIP2 programme.

We would be happy to organise a network session to give Governors the opportunity to work with us specifically on the elements of the digital strategy that Governors would like to support. In particular there is a theme within the Digital Strategy around supporting the Digital Citizen, which is being led through our lead for volunteers that is working with local community groups, that governors may have a particular interest in."

The Governors Communications Log was received and noted.

#### 7. CLOSING MATTERS

#### 7.1 **Any other business**

It was noted that Mrs Welch, Governor for Torbay would be retiring at the end of February 2021. The Chairman recorded thanks on behalf of the Council of Governors and the Board to Mrs Welch for her considerable input during her term of office as Governor for Torbay. Mrs Welch responded and thanked the Chairman and the Council of Governors for their kind wishes.

#### 7.2 Close of meeting

There being no further business the Chairman closed the meeting.

#### **Details of next meeting**

The next meeting would be held at 2pm on Wednesday 5 May 2021, via Microsoft Teams Video Conference



COUNCIL OF GOVERN	ORS	
Report title: Chief Execu	utive's Report	Meeting date: 5 May 2021
Report appendix	n/a	
Report sponsor	Chief Executive	
Report author	Director of Governance & Trust Secretary	
Report provenance	Governors should be aware this Council of Go pre-election period. This means announcement by, public bodies which could influence or be so local elections are restricted. There will be pre- interest in the NHS – in line with pre-election re- nature is included in the reports presented to the A copy of the pre-election guidance provided to been circulated to Governors via the fortnightly	nts from, and activities seen to influence the e-election national media rules no comment of this the Council of Governors. by NHS Providers has
Purpose of the report and key issues for consideration/decision	The Council of Governors ('COG') meetings as our governance arrangements and throughout we have endeavoured to maintain/enhance our programme with Governors via regular briefing newsletters and virtual meetings.	the Covid-19 pandemic ur usual communication
	I am also mindful of the important role that Go actively seeking feedback from members of th Governors are able to provide to the Trust in comessages.	e public and the support
	At the previous COG meeting Governors receion the latest developments relating to Covid, t plans and cross-Devon working, including the Exeter.	he Trust's escalation
	I acknowledge that since the last meeting, Govinformation about several Covid-related topics ongoing response to the Covid-19 pandemic a back-up of services.	, including the Trust's
	Whilst Governors have received operational be Operating Officer and other senior managers of Network meetings, it is my intention at this Comeeting to provide, along with my Executive of the following:	via the monthly Governor uncil of Governors'

	<ul> <li>ICS developme</li> <li>Operating Plan</li> <li>community reco</li> <li>how we are respective treat situation programme; and in relation to Coaddressing the addressing the</li> </ul>	overy – worki ponding both n, including r d ovid Recover health and w	n loca oll-ou y Plai	lly and t of the ns, the	I system-wide to to the vaccination in the importance of	he
Action required	For information	To receive	and	note	To approve	е
(choose 1 only)						
Summary of key elemen	nts					
Strategic objectives supported by this report	Safe, quality care an experience Improved wellbeing partnership		X	wor	uing our kforce II-led	X
Is this on the Trust's			Х	1		
Board Assurance Framework and/or	<b>Board Assurance Framework</b>			Risk		
Risk Register	Risk Register		X	Risk	score	various
	BAF Objective 3: To with our plans and na quality care and best	ational stand	ards t	o ensi		
External standards		l v	-			
affected by this report and associated risks	Care Quality Commission	X	I eri	ns of	Authorisation	X
	NHS Improvement	Х	Leg	islatic	on	
	NHS England	X	Nati	onal <sub>l</sub>	oolicy/guidance	of f  Drove    X



COUNCIL OF GOVERNO	ORS MEETING					
Report title: New Hospit	al Programme ' <i>Building</i>	a Brighter Fut	ure'	Meeting date: 5 May 2021		
Report appendix	Appendix 1: Board Report – 'Building a Brighter Future' – outline communications and engagement plan					
Report sponsor	Deputy Chief Executive and SRO for 'Building a Brighter Future' (new hospital programme)					
Report author	Associate Director of C	ommunication	s and Par	tnerships		
Report provenance	New Hospitals Program (28.04.2021)	nme Committe	e (26.04.2	2021) and Trust Bo	oard	
Purpose of the report and key issues for consideration/decision	An update on the devel engagement approach hospitals programme was Board Sub-Committee Board on 28 April 2021  Included in the paper was mapping that will direct plan.  As part of the engagement in the successful deliver facilitated at the Councapproach to developing Governors in our approach	for 'Building a ras discussed on 26 April 20. ras reference t ly inform the d rent plan, Governors ry of our progration of Governors our engagem	Brighter I at the Nev 21 and properties of the app evelopme ernors will ramme. As meeting	Future' and the new Hospitals Programes esented to the Trueroach to stakehold and of our engagent have an important discussion will be focussing on the	w amme ist der nent	
Action required	For information □	To receive a	ive and note			
Recommendations	To note the paper presented to the Trust Board on 28 April 2021 and contribute to the 'Building a Brighter Future' communications and engagement plan.					
Summary of key elemen	nts					
Strategic objectives supported by this report	Safe, quality care an experience	d best		Valuing our workforce		
	Improved wellbeing partnership	through	Wel	I-led	Х	

Is this on the Trust's Board Assurance Framework and/or Risk Register						
	Board Assurance Framework X Risk score				12	
	Risk Register n/a Risk score					
	BAF Objective 12: To develop and implement the New Hospitals Programme, ensuring it meets the needs of the local population and the Peninsula System					
	and the Peninsula System					
			T =			
affected by this report	Care Quality Commission		Term	s of Authorisation	X	
External standards affected by this report and associated risks	Care Quality	<b>(</b>		s of Authorisation	X	



Report to the Trust Boa	ard of Directors							
Report title: Building a band engagement plan	orighter future – outline o	communica	itions	Meeting date: 28 Apr	il 2021			
Report appendix	n/a			"				
Report sponsor	Deputy Chief Executive hospital programme)	, , ,						
Report author	Associate Director of C	ssociate Director of Communications and Partnerships						
Report provenance	Presented to the Buildi on 22 April 2021	Presented to the Building a brighter future redevelopment commit on 22 April 2021						
Purpose of the report and key issues for consideration/decision	development the outlin	To update the Board of Directors on the progress made to date on development the outline communications and engagement approactors. Building a brighter future and the new hospitals programme.						
Action required (choose 1 only)	For information			To approve				
Recommendation	The Board are asked to outline communications			9	future			
Summary of key eleme	nts							
Strategic objectives								
supported by this report	Safe, quality care and best experience		Х	Valuing our workforce	Х			
	Improved wellbeing through partnership		Х	Well-led	Х			
Is this on the Trust's								
Board Assurance	Board Assurance Fr	amework		Risk score				
Framework and/or Risk Register	Risk Register Risk score							
External standards								
affected by this report and associated risks	Care Quality Commission		Tern	Terms of Authorisation				
	NHS Improvement			Legislation				
	NHS England		Natio	National policy/guidance				

Report title: Buildir and engagement pl		
Report sponsor	Deputy Chief Executive and SRO for Building (new hospital programme)	a brighter future
Report author	Associate Director of Communications and P	artnerships

#### 1. Introduction

This paper has been provided to give members of the Board of Directors an overview of the outline communications and engagement plan for the Building a brighter future programme.

#### 2. Core narrative - Building a brighter future

We have been given a share of £3.7 billion government funding for a new hospital development. This is fantastic news and a once in a lifetime opportunity to make a real difference in how we deliver services with, to and for our people.

It is not just about building a better hospital in Torquay. It is about exploring opportunities to deliver our services in ways that provide better outcomes for our population and better working environments for staff across all the communities that we serve.

It gives us the opportunity to further build on our integrated approach to service delivery and will be led and shaped by our health and care model, which is currently being developed by our staff in conjunction with our partners.

We will take advantage of new technologies and the latest improvements in health and social care, planning not only for the needs of our people today but also for the future.

This won't be a quick programme – it will take at least 10 years - and it will be made up of a number of different phases and projects as we work together towards our vision.

We have already started some of the building work with the recent ground-breaking ceremony for our new Acute Medicine Unit at Torbay Hospital. And we are working very closely with our local partners on new health and wellbeing centres for Dartmouth and Teignmouth.

We will also have to make difficult decisions at times about what we build new, what we refurbish and what stays the same. While we are receiving a significant amount of money it is not enough to do everything that we would wish to do. We will also have to make difficult decisions about service locations and how we deliver services.

We know that change is difficult and challenging for all of us, even when it is wanted and welcomed – which not all change will be. We know that the decisions we make may cause people to feel distress, upset, grief or loss. We know that for many of you there may be long periods of uncertainty as to what is happening to your service, or your role, or your workplace. We will be continually mindful of the impact that our changes may have on you, your colleagues and your patients.

What we can promise you is that we keep you informed, give you plenty of opportunity to share your ideas, thoughts and concerns and share with you how we use what you have told us to develop our plans. We commit to being open and honest with you and our communities about the decisions we are making and why we are making them.

We are focusing our programme around three elements: people, estates and digital. These are the areas which if we get right, will provide a brighter future for us all.

Building a brighter future is:

- Clinically and professionally led and committed to sustainability and value for money
- An opportunity to deliver better care and outcomes for our patients in different ways
- Realistic about what we can achieve with the money we have
- Inclusive, open and honest
- Not just about hospital services or buildings, it is about everything we do
- Gradually changing how we work and provide care over the next ten years

#### 3. Our approach to communications and engagement

**Aim:** to inform, involve and engage our people and communities in our vision to enable the successful delivery of our programme

#### Objectives:

- For staff to understand the purpose of the programme and to have a range of opportunities to share their views and inform the development of the work
- For our key stakeholders to be kept informed and given regular opportunities to question, check and challenge our thinking and progress
- For patients and the public to be able to access information easily in a range
  of formats about what we are doing and why we are doing it and have the
  opportunity to share their views, thoughts and feedback
- For all public engagement and consultation to be delivered in line with best practice, legal requirements, relevant timelines and in partnership with the Devon system

#### 4. Independencies for communications and engagement

We are one of 21 schemes selected as part of the new hospitals programme nationally.

The other providers within the south west are:

- Dorset Healthcare University NHS FT
- Northern Devon Healthcare NHS Trust
- Royal Cornwall Hospitals NHS Trust
- Royal United Hospitals Bath NHS FT
- Somerset NHS FT
- University Hospitals Plymouth NHS Trust

As you can see, there are two other providers who are part of the new hospitals programme in the Devon Integrated Care System.

We are working in conjunction with our system communications and engagement teams to develop our plans together given the interdependencies around engagement and consultation. We are planning to co-host as much of the engagement, meetings and discussions together as we move forward as many of the changes to the way services will be delivered will affect people and staff across the county. We also plan to use the Devon Virtual Voices Panel to seek views and feedback as well as testing our messaging for accessibility and understanding.

By working closely together, we can avoid duplication, reduce confusion and give clear and consistent messages while engaging people in meaningful conversations about change. We can also ensure that those elements of our plans which require public consultation are supported in a robust and timely manner.

Our stakeholder mapping is currently in development and engaging with those who are often 'seldom heard' will be a priority for us, particularly given the significant levels of deprivation we have in Torbay and south Devon.

Our stakeholder mapping will directly inform the development of our engagement plan which will define and target activity by stakeholder audience. Audiences will include staff, patients and their representatives, carers, Torbay and South Devon FT Governors and members, GPs, local government scrutiny, the general public, local councillors, MPs, Healthwatch, voluntary community and social enterprise partners, local charities and local health system partners.

Engagement is key to the successful delivery of our programme – it is not enough to inform, share and communicate. We need to actively listen to and involve our people in the development of our plans and show how we have done this. We need to work with and for our people.

We are looking at embracing a community asset-based approach where we will work with our voluntary, community and social enterprise partners who are already working with and trusted by many of the people we need to reach.

Such an approach would focus on empowering (and commissioning) our VCSE partners not only to share information about the programme and how people can have their say but also to undertake focus groups and semi-structured interviews on our behalf. It would provide us with much richer insight that would be gained from a more traditional NHS approach to engagement and consultation.

#### 5. Recommendations

Board members are asked to **receive and note** the report and **consider** any implications on our strategy and delivery plans.



COUNCIL OF GOVERNO	ORS MEETING							
Report title: Governance	e Quarterly Report					Meeting date: 5 May 2021		
Report appendix		ppendix 1: Council of Governors 2021 Workplan ppendix 2: Register of Governors Interests as at 31 March 2021						
Report sponsor	Director of Corporate Governance & Trust Secretary							
Report author	Director of Corporate G	overnan	се 8	& Trust	Sec	retary		
Report provenance	n/a							
Purpose of the report and key issues for consideration/decision	The report provides correlevance to the Counc				upd	ates on matters of	•	
Action required	For information			To approve □	9			
Recommendations	To receive and note the report.	e items a	s sh	nown ir	the	quarterly governa	nce	
Summary of key eleme	nts							
Strategic objectives supported by this report	Safe, quality care and best experience			Valuing our workforce		•		
•	Improved wellbeing through partnership				Well-led X			
Is this on the Trust's								
Board Assurance Framework and/or	Board Assurance Fra	ameworl	K	n/a				
Risk Register	Risk Register			n/a	Ris	k score		
External standards				-		A 41 . 41	T.v.	
affected by this report and associated risks	Care Quality Commission			I erm	s of	Authorisation	X	
	NHS Improvement	X		Legis	slatio	on		
	NHS England	X		National policy/guidance			Х	

Report title: Quart	erly Governance Report	Meeting date: 5 May 2021
Report sponsor	Director of Corporate Governance & Trust Se	cretary
Report author	Director of Corporate Governance & Trust Se	cretary

#### Introduction

The report provides a quarterly governance update on matters of relevance to the Council of Governors.

#### 1. 2021 Elections

1.1 The annual elections for the Council of Governors concluded in February and the following Governors were elected:

#### Public Governors - Teignbridge Constituency

Michael James\*

Jean Thomas

Mark Tyrrell-Smith

#### Public Governors - Torbay Constituency

Loveday Densham

Febuary M Howson

John Kiddey

Keith Yelland

#### Staff Governors

Radia Woodbridge Moor to Sea Integrated Service Unit

Matthew Arthur Paignton and Brixham Integrated Service Unit

Deborrah Kelly Torquay Integrated Service Unit

Emily Huggins Trustwide Operations and Corporate Services Integrated

Service Unit

1.2 No nominations were received for the Staff Governor Newton Abbot Integrated Service Unit and therefore the seat remains vacant.

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

#### 2. Governor Workshop – Chair and NED Appraisals

2.1 The Governor Nominations and Appointment Committee considered the process by which the 2020/21 appraisals for the Chairman and NEDs would be undertaken, and agreed that the same process as developed for the 2019/20

<sup>\*</sup>Michael James appointed following the resignation of Chris Edwards

appraisals would be followed for the 2020/21 appraisals, with the caveat that the workshop session with Governors would be held via MS Teams in accordance with Covid-19 guidance.

2.2 The workshop session with Governors was held on Thursday 11 March, for the purpose of seeking feedback regarding the performance of the Chairman and NEDs. The workshop followed the same as adopted in 2020, and was facilitated by the Director of Corporate Governance who then collated the feedback for submission to the appraiser prior to commencement of the appraisal process earlier this month.

Action required: To note the process followed for seeking feedback from Governors and their input to the 2020/21 Chair and NED appraisals.

- 3. Appointment of Governors Nomination and Remuneration Committee
- 3.1 At the previous meeting the Council of Governors were informed of a Public Governor vacancy and two Staff Governors vacancies that had arisen for membership of the Governor Nomination and Remuneration Committee ('the Committee').
- 3.2 Following a call for expressions of interest, we have received interest from a number of Staff Governors in joining the Committee. The final appointments will be confirmed to the Council of Governors in due course.
- 3.3 The Council of Governors should be aware that the Lead Governor position is a standing member of the Committee and therefore following the appointment of John Smith as Lead Governor, John Smith has been automatically elected as a Committee member.

Action required: To note the appointment of John Smith, Lead Governor as a member of the Governor Nomination and Remuneration Committee.

- 4. Appointment of Governor Observers Board Committees
- 4.1 A refresh of the appointments of Governor observers to Trust Board subcommittees has taken place since the previous Council of Governors meeting. The Governor observers now in place are shown below:

Audit Committee Lynne Hookings

Finance, Performance and Digital Committee Dr Jonathan Shribman

People Committee Jean Thomas

Quality Assurance Committee Craig Davidson

Charitable Funds Committee Mary Lewis

HIP2 Redevelopment Committee Andrew Stilliard

Action required: To note the appointment of Governor Observers for Board Committees for 2021/22.

#### 5. Election for the NHS Providers Governor Advisory Committee

- 5.1 Governors were informed of the nomination process for the NHS Providers Governor Advisory Committee (GAC) via the Governor Newsletter dated 22 January 2021 and a report provided, including candidate statements, as part of the Council of Governors' papers for the meeting held on 3 February.
- 5.2 Confirmation is given that following receipt of voting preferences from a Governor, the Director of Corporate Governance cast the vote on behalf of the Council of Governors.

Action required: To note that the voting preferences for the NHS Providers Governor Advisory Committee were cast on behalf of the Council of Governors prior to the closing date.

#### 6. Governor Training and Development

- 6.1 An externally facilitated bespoke virtual training session for Governors was held on 9 February 2021. NHS Providers were commissioned and provided an inhouse virtual Core Skills course comprising:
  - comprehensive overview of the structure of the NHS;
  - the statutory role and responsibilities of governors;
  - an overview of NHS finance:
  - the importance of quality in healthcare
  - key skills to effectively holding NEDs to account
- 6.2 Given the excellent feedback from Governors, it is intended to run a similar session with NHS Providers later in the year.

Action required: To note the training and development session held on 9 February 2021.

#### 7. 2021 Council of Governors Work Plan

7.1 The 2021 work plan for the Council of Governors is presented for information at Appendix 1.

Action required: To receive and note the 2021 Council of Governors work plan.

#### 8. 2021 Annual Members Meeting

- 8.1 The format of the 2021 Annual Members Meeting ('AMM') was discussed at the Membership Committee meeting held on 22 April.
- 8.2 The key consideration in planning for the AMM will take in to account the national guidance on Covid-19 restrictions particularly around social-distancing. The Foundation Trust Office will advise the Membership Committee (and the Council of Governors), when further guidance is issued.

Action required: To note planning for the 2021 AMM.

- 9. Register of Governors Interests as at 31 March 2021
- 9.1 As part of the year-end reporting requirements, Governors are required to declare any material interests they may have. The declarations process is a regulatory requirement and also forms part of the external audit year end process.
- 9.2 The Register of Governors Interests as at 31 March 2021 is attached for information as Appendix 2. Governors are asked to notify the Foundation Trust Office should there be any changes to their interests, as and when they arise.

Action required: To receive and note the Register of Governors Interests as at 31 March 2021.



#### Appendix 1

#### **Council of Governors 2021 Workplan**

Agenda item	3 Feb Quarterly meeting	10 March Board to Council (private)	5 May Quarterly Meeting	7 July Board to Council (private)	29 July Annual Members Meeting	4 August Quarterly meeting	3 Nov Quarterly meeting	15 Dec Board to Council (private)
Chairman's Report	Х		Х	1		Х	Х	
Chief Executive's Report	X		Х			X	Х	
Annual Quality Account					Х			
Annual Report and Accounts					X			
Annual Plan		Х		Х				Х
Annual Plan - Governor input		Х		Х				Х
Forward Agenda Plan	X		X			Х	Х	
Governor events – feedback			X			X	Х	
Lead Governor's Report			Х			X	Х	
Feedback from Committee's	X		Х			X	Х	
Governor's Communication Log	X		Х			X	Х	
Auditors Report to Governors					Х			
Register of Interests			Х					
Appointment of Lead/Deputy Governor	X							
Re-appointment of Chair/NEDs	X					X		
Governance Report	X		X			X	Х	
Annual committee membership review			X					
Annual Governor observer review			Х					
Membership Strategy							Х	
Elections update report	X						Х	
Election results report	X		Х					
Ad hoc reports/presentations	Х		Х			Х	Х	

May 2021



#### **REGISTER OF GOVERNORS' INTERESTS AS AT 31 MARCH 2021**

#### SOUTH HAMS AND PLYMOUTH PUBLIC CONSTITUENCY

Governor name	Declared interests
Craig Davidson	<ul> <li>Member – Dartmoor Together (social enterprise group)</li> </ul>
	Trustee of Dartmouth Indoor Swimming Pool Trust
Mary Lewis	None
Jonathan Shribman	Employed by Devon Doctors Ltd
	RNLI Medical Adviser, Dartmouth
	GP – COVID-19 111 Service
	<ul> <li>Ad-hoc GP Locum – South Hams practices</li> </ul>

#### TEIGNBRIDGE PUBLIC CONSTITUENCY

Governor name	Declared interests				
Carol Day	None				
Eileen Engelmann	<ul> <li>Volunteer for Alzheimers' Association</li> <li>Work on a freelance basis for Atlas Remedial and Care as a mentor/coach for people living with dementia and for their carers</li> </ul>				
Annie Hall	<ul> <li>Registered with Working with us Panel at Torbay</li> <li>Special interest in the Pituitary Society Group at Torbay</li> <li>Interest to raise awareness with County Lines for Devon and Cornwall Police</li> </ul>				
Michael James	<ul> <li>Councillor for Dawlish Council</li> <li>Member of St Johns Ambulance</li> <li>Volunteer for 'Volunteering in Health'</li> <li>Member of Cancer Research UK</li> </ul>				
John Smith	None				
Jean Thomas	None				
Mark Tyrrell-Smith	Unpaid Special Advisor to the National Crime Agency				

#### **TORBAY PUBLIC CONSTITUENCY**

Governor name	Declared interests
Loveday Densham	Member of staff at Royal Devon and Exeter Hospital
Steven Harden	Trustee of Royal Antediluvian Order of Buffaloes (RAOB)
Lynne Hookings	Member – Torbay Community Grants Panel (part of
	Torbay Community Development Trust
	<ul> <li>Vice President, Torbay Hospital League of Friends</li> </ul>
Febuary Howson	None
John Kiddey	None

Andrew Stilliard	None
Keith Yelland	None

#### **STAFF CONSTITUENCY**

Governor name	Declared interests
Matthew Arthur	None
Emily Huggins	None
Deborrah Kelly	<ul> <li>Director Estuaries Multi Academy Trust</li> <li>Project board member of CROWNS – winter night shelter for homeless in Newton Abbot – Currently not active in this role due to COVID19 restrictions but will recommence when safe to plan further and run the service</li> </ul>
Radia Woodbridge	None

#### **APPOINTED GOVERNORS**

Governor name	Declared interests
Nicole Amil	Councillor – Torbay Council
(Torbay Council)	
Derek Blackford	Employed by NHS Devon CCG as Locality Director South
(NHS Devon CCG)	and West
Lorraine Evans	Employed by Devon Doctors Limited
(Teignbridge Council)	
Jonathan Hawkins	None
(Devon County Council)	
Rosemary Rowe	None
(South Hams DC)	



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

Meeting date:	22 April 2021
Report by:	Lynne Hookings,
	Public Governor, Torbay
This report is for:	Information⊠ Decision □
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience □ 2: Improved wellbeing through partnership ⊠ 3: Valuing our workforce □ 4: Well led □
Public or Private	Public ⊠ or Private □

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

- Committee Membership Update three new Governors had come forward to join the Committee: Jean Thomas, Loveday Densham and Mark Tyrrell-Smith. In addition, John Kiddey joined the meeting to assess whether he also wished to join as a Committee Member.
- Establishment of Chair and Deputy Chair Lynne Hookings and Mary Lewis both announced that after many years' service on the Committee, they both intended to step down, but would assist with recruitment/engagement events (subject to their availability). Lynne Hookings nominated Eileen Engelmann to take the Chair and this was seconded and approved by the Committee. In addition, it was agreed that John Kiddey would take up a new post of Deputy Chair and this was also seconded and approved by the Committee.
- Hospital Radio The Committee were informed that Lynne Hookings had spoken with the
  Hospital Radio team and they would prefer a face to face recording in the studio, once social
  distancing lifted.
- Update from the Feedback and Engagement Meetings –extensive written report received from Annie Hall, which Governors wished to be shared wider with all Governors. FT Office to arrange this
- Discussion on HIP2 Public Engagement Plans advised that further information would be available at 05 May Council of Governors meeting and FT Office agreed to circulate hard copy of the forthcoming Public Board paper (due out on 23 April) on HIP2 communication plan.
- Membership Engagement Action Plan 2021 –discussion was held with input of the Associate Director of Communications and Partnerships (Jane Harris). Central theme was opportunity to join up with new Communications Plans and in particular the HIP2 Programme, which would stimulate both FT Member engagement and FT membership on the back of it. FT office to produce cost/benefit paper for Jane Harris to ensure improved email and data capture of the FT Membership database to assist the HIP2 engagement process. Jane Harris can advise on targeted social media promoted advertising channels. The Committee noted that all external engagement with both Trust and public has now been on hold for over 19 months. (A members' event was planned for 01 May 2020 but was deferred due to Covid). Whilst being mindful of Covid restrictions for, currently 13 months now, the Committee has always remained anxious to inform members and public alike. The Committee now looks forward to more action from the Trust, and welcomes the appointment of Jane Harris.
- FT Membership Business/Calling Cards agreement to update card design to reflect new NHS Logo and then proceed with 1000 order via Torbay Printing Services, using the 2020/21 budget.



 Annual Members' Meeting 2021 – Advice still awaited from Government regarding social distancing requirements. In meantime, options are in place for a live event and also for a Virtual Event.

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

- 1. To note the appointment of Chair and Deputy Chair of the Committee (Eileen Engelmann and John Kiddey)
- 2. To link the work of the Membership Committee Engagement Action Plan, with the wider Communications Plan and HIP2 engagement and ensure joined up action.
- 3. That Annual Members' Meeting 2021 decision still awaited as to "live" or "virtual" on 29 July.
- 4. To circulate forthcoming Public Board paper on HIP2 communication plan (hard copy) to all Governors
- 5. To circulate Feedback and Engagement Report to all Governors



Report title: Feedback a including Governor Comr		nbers and Go	vernor	S,	Meeting date: 5 May 2021	
Report appendix	Appendix 1: Governor (	Communicati	ions Lo	g		
Report sponsor	Director of Corporate G	overnance				
Report author	Membership Manager	Membership Manager				
Report provenance	Standing agenda item					
Purpose of the report and key issues for consideration/decision	The Governor Communications Log, shown in Appendix 1 is a standing item. The log details questions raised by Governors an responses received since the previous Council of Governors med Governors also have the opportunity to submit questions on noting the Trust ahead of the Council of Governors meeting for responsible meeting. At the time of writing this report no questions on not had been received.				eting ce to se at	
Action required	For information To receive			and note To approv		е
			]			
Recommendation	The Council of Governo Communications Log.	ors is asked	to rece	ive a	nd note the Gove	ernoi
Summary of key eleme	nts					
	nts					
Strategic objectives supported by this	Safe, quality care an experience	d best			uing our kforce	
Strategic objectives supported by this	Safe, quality care an		X	wor		
Strategic objectives supported by this report	Safe, quality care an experience		X	wor	kforce	
Strategic objectives supported by this report  Is this on the Trust's Board Assurance	Safe, quality care an experience	through	X N/a	Wel	kforce	
Strategic objectives supported by this report  Is this on the Trust's Board Assurance Framework and/or	Safe, quality care an experience Improved wellbeing partnership	through		Wel	kforce I-led	
Strategic objectives supported by this report  Is this on the Trust's Board Assurance Framework and/or Risk Register	Safe, quality care an experience Improved wellbeing partnership	through	n/a	Wel	kforce I-led k score	
Summary of key elements Strategic objectives supported by this report  Is this on the Trust's Board Assurance Framework and/or Risk Register  External standards affected by this report and associated risks	Safe, quality care an experience Improved wellbeing partnership	through	n/a n/a	Wor Wel Ris	kforce I-led k score	X
Strategic objectives supported by this report  Is this on the Trust's Board Assurance Framework and/or Risk Register  External standards affected by this report	Safe, quality care an experience Improved wellbeing partnership  Board Assurance Francisk Register  Care Quality	through	n/a n/a Term	Wor Wel Ris Ris	kforce I-led  k score k score Authorisation	X

Governors' Log of Communications

Print date: 27/04/2021 12:51

Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	Status
Wednesday 03 February 2021	Andrew Stilliard	Torbay	Question asked at Council of Governors regarding percentage take up within Devon of the NHS Contact Tracing App, a implications for the success of the HIP2 digital strategy.	s A Jones - DoTP	Thursday 19 March 2021	Apologies that this response has taken longer that I would have liked, this is due to the fact that this data is held nationally. We have spoken to both regional and national colleagues to find the detail you asked about but unfortunately it does not appear to be publicly available information and therefore we are unable to answer the specific question related to the take up of the Contract Tracing app in the Devon region. Please be assured however, that we will be mindful of all sectors of the population when planning the digital element our HIP2 strategy, as we explained further at the recent Board to Council of Governors meeting on 10 March 2021.	Responded
3a Monday 08 February 2021	John Kiddey	Torbay	Question to the management: In the briefing dated 5th February sent to governors by Jaquie Gratton, the following is included: We have now immunised over 12,000 people, mainly Trust staff but also front line and vulnerable staff from partner organisations including Torbay Council, Devon County Council, DPT and SWAST. (Please note Trust numbers are not currently being made public so are for Governors information.)  On what grounds is this information being withheld from the public and who authorised this specific policy?		Tuesday 09 February 2021	There is no question of information being withheld. We report our figures through to NHS England/Improvement and they are incorporated within data that is reported nationally each day, and at a system level each week: https://coronavirus.data.gov.uk/details/vaccinations https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/ Individual vaccination centres and hospital hubs are requested not to release their own figures, as information is validated and published centrally.	Responded
Tuesday 09 February 2021	John Kiddey	Torbay	In your answer dated 9th Feb, you referred me to the following websites:  https://coronavirus.data.gov.uk/details/vaccinations https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/  I cannot find within these pages the answer to my question. I saw a regional breakdown of figures, but I could not find reference to our Trust's vaccination record which was the basis of my enquiry.  In your reply, you say "hospital hubs are requested not to release their own figures" but you do not say who made this reques or why the trust agreed to this.  I await further clarification since this is matter of great public interest and, unless there are very good reasons, the public is surely entitled to know how the vaccination programme locally is going.	t	Wednesday 17 February 2021	The links we sent you were to the information which is publicly reported. As you will know, the NHS is at a high level of escalation due to the pandemic. This means that there is central management and control of the NHS response to COVID-19, covering everything from procurement of PPE to supply of vaccines, out of area transfers of patients, and reporting of data around case numbers, hospitalisations, death rates and vaccinations.  The vaccination efforts across Devon are going extremely well and are a co-ordinated effort between hospital hubs, primary care networks and nationally established vaccination centres. Our staff have created a safe and efficient hospital hub vaccination centre, which opened on 4 January. Our responsibility has been specifically around vaccinating health and care staff - not just our own, but also those of partner organisations, in line with the priorities set by JVCI. We have done this at pace, thanks to the phenomenal efforts of a very small team of committed staff. We have kept staff and governors up to date with progress, whilst complying with national reporting requirements and will continue to do so.	
4 Saturday 03 April 2021	John Kiddey	Torbay	Re: HIP2  I'm keen to know how the stakeholder engagement is going with respect to the preparation of the HIP2 SOC and BOC. I'r interested in patients, public, staff and other stakeholders.  Specifically, I would like to understand the following:  1. Does the project have an engagement website on which members of the public can find all the relevant documents and ca express their views?  2. How many organisations / individuals have been engaged as part of the stakeholder's engagement programme?  3. Can you tell me which organisations have been engaged?  4. How many responses has the Trust had in total?  5. Are you engaging with "hard to reach" groups and those with protected characteristics? If so, how?  6. Are you using both quantitative and qualitative engagement techniques?  7. What themes are emerging from engagement to date?  8. Am I right in thinking the SOC is scheduled to be completed by the summer of this year or is it running behind schedule?  I hope you don't mind me raising these questions, but I know there are other parts of the country where programmes like thi have faced legal challenge (Judicial Review) and where massive delays have ensued — and opportunities have been missed because pre-consultation engagement has not been done properly and I just want reassurance that we are not running thi risk.	n s	Monday 19 April 2021	Thank you for your enquiry which is extremely timely. We are delighted and proud to have been given a share of £3.7 billion government funding for a new hospital development. This is a once in a lifetime opportunity to make a real difference in how we deliver services with, to and for our people.  We completely agree that engagement is key to the successful delivery of our programme – it is not enough to inform, share and communicate. We need to actively listen to and involve our people in the development of our plans and show how we have done this. We need to work with and for our people.  As you know our new Associate Director of Communications and Engagement, Jane Harris, joined us last month and she is leading on the development of our communications and engagement strategy for the programme. Our proposed aim for the strategy is to inform, involve and engaged our people and communities in our vision to enable the successful delivery of the programme and supports our overall organisational communications and engagement ambition to support meaningful conversations.  As there are two other trusts in the Devon Integrated Care System who are part of the new hospitals programme, we are working in conjunction with our system communications and engagement teams to develop our plans together given the interdependencies around engagement and consultation. We are planning to co-host as much of the engagement, meetings and discussions together as we move forward as many of the changes to the way services will be delivered may affect people and staff across the county.  By working closely together, we can avoid duplication, reduce confusion and give clear and consistent messages while engaging people in meaningful conversations about change. We can also ensure that those elements of our plans which require public consultation are supported in a robust and timely manner.  We are currently developing our stakeholder mapping and this will directly inform our engagement plan which will define and target activity by stakehol	i
						1. Does the project have an engagement website on which members of the public can find all the relevant documents and can express their views?  Not at present. This is something we will be developing with input from staff, patients and stakeholders so that we can make sure it contains the information people want to know as well as what we need to tell them. We need to give careful consideration as to whether we do this as a system or as individual organisations. In terms of accessibility and transparency it would make sense to have everything in one place so that people don't have to visit several websites to get the full picture.  2. How many organisations / individuals have been engaged as part of the stakeholder's engagement programme?  At present conversations have been primarily with our clinical staff as we start to develop our clinical vision. We are establishing an engagement log which will capture all discussions with organisations and individuals.  The development of the new model of care has been clinically led through internal engagement. We have engaged virtually with 158 staff members across 55 touch points, including nursing, medical, allied health professionals and operational teams, as well as our leadership team, Healthwatch Devon and carers groups representatives, through the events below:  3. Executive sessions;  4. Clinical Management Group sessions;  4. Workshops with the Health and Care Reference Group to develop the overarching strategy;  10 workshops with health and care staff;  21.1:1 and small group discussions with clinicians;  3. discussions with across our integrated care organisation;  10 small group discussions with light triumvirate leads; and  2. testing sessions across health and care staff groups.  In addition to the above, we have engaged with Torbay Overview and Scrutiny Committee, Torbay Borough Council, Voluntary Sector leads, Healthwatch and Devon CCG.	

Governors' Log of Communi	Print date: 2
	Formula the planting of the control
	Engagement has also taken place across the south west peninsula in relation to aligning the respective planning assumptions within the Strategic Outline Cases of each Trust. In addition, we are in regular dialogue with the regional and national NHSE/I teams to ensure that we are able to deliver their policy requirements going forward.
	3. Can you tell me which organisations have been engaged?
	* Regional and national NHSE/I
	* Devon Integrated Care System
	* Devon Clinical Commissioning Group
	* Healthwatch  * Torbay Council Overview and Scrutiny Committee
	* Torbay Council Planning Dept
	* North Devon Healthcare Trust and Royal Devon and Exeter NHS FT
	* Devon Partnership NHS Trust
	* University Hospital Plymouth NHS Trust
	* Plymouth University
	4. How many responses has the Trust had in total?
	We are not yet at the stage of requesting formal responses. Our engagement log will enable us to monitor informal responses and views as well as formal responses
	when we reach that stage.
	5. Are you engaging with "hard to reach" groups and those with protected characteristics? If so, how?
	Our stakeholder mapping is currently in development and engaging with those who are often 'seldom heard' will be a priority for us.
	We are looking at embracing a community asset-based approach where we will work with our voluntary, community and social enterprise partners who are already
	working with and trusted by many of the people we need to reach.
	Such an approach would focus on empowering (and commissioning) our VCSE partners not only to share information about the programme and how people can have
	their say but also to undertake focus groups and semi-structured interviews on our behalf. It would provide us with much richer insight that would be gained from a
	more traditional NHS approach to engagement and consultation.
	6. Are you using both quantitative and qualitative engagement techniques?
	We will be, yes. There will be a range of ways that people can give us their views – from surveys and polls, to focus groups and semi-structured interviews as well as
	letters, emails, telephone calls. We are also looking at techniques such as appreciative inquiry.
	Given the continuing pandemic we are also reviewing the NHS guidance on how to conduct safe and robust engagement and consultation. While digital solutions are
	fantastic, we are keenly aware that many of those who may be affected by changes to services are not online so we will think creatively about how we can support
	them to engage with us. This is one (of many) reasons why a community-asset based approach is under consideration.
	We will be also looking at how we analyse the feedback, insight and data we receive in a robust and transparent manner and how this then informs the development of
	our work.
	7. What themes are emerging from engagement to date?
	As our engagement is still in development no key themes are evident to date, however, we anticipate that key themes will include: equity of access to services, location
	of services, travel times and public transport (cost, availability, routes), changes to how services are delivered and concerns around the spending of public money and the impact of changes on staff wellbeing and recruitment.
	8. Am I right in thinking the SOC is scheduled to be completed by the summer of this year or is it running behind schedule?
	The SOC will be completed in May and will be presented to the Board of Directors for approval in July. This is consistent with the agreed project timetable. Council of the
	Governors will be given the opportunity to comment on the SOC in June/July.
day 07 April Craig Davidson South Hams From my time on QIG I was struck by how little intelligence was received from Family & Friends and requests for feedback D Kelly - CN	Phone conversation due with Deborah Kelly, Chief Nurse on 29.04.2021.  As
from service users. Response rates were repeatedly below 10% and yet as the process was mandated was continued to be	73
carried out.	
I was impressed by a paper in the recent BMJ 2021;372:n755 that described the success of one hospital group to address this	
problem. The consequence was the Trust was rated very highly by patients and staff.	
The article suggested that promoting the importance of experience versus other metrics of quality led to hig improvements. I	
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