Torbay and South Devon
NHS Foundation Trust

Council of Governors Meeting

Public

Date: Wednesday 1st February 2023

Time: 2 pm to 3:30 pm

Venue: Pomona House, Oak View Close, Torquay, TQ2 7FF

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Public Council of Governors Meeting

Pomona House, Oak View Close, Torquay, TQ2 7FF

Torbay and South Devon NHS Foundation Trust

01/02/2023 14:00 - 15:30

Agenda Topic			Presenter	Time	Page
1.	Opening Matters			14:00-14:05	
	1.1	Chairman's welcome and apologies for absence: Ian Currie, Adel Jones, Peter Aitken, Matthew Arthur To note	Chair		
	1.2	Declarations of interests To note	Chair		
2.	Business from previous Council of Governor's meeting			14:05-14:10	4
	2.1	Minutes of Council of Governors' meeting held on 2 November 2022 and Written Resolution dated 23rd November 2022 (enc) To approve	Chair		4
	2.2	Matters arising not covered elsewhere on the agenda To receive	Chair		
3.	Business Reports			14:10-14:15	16
	3.1	Chairman's Report (verbal) To receive	Chair	14:15-14:25	
	3.2	Chief Executive's Report (enc) To receive	Chief Executive	14:25-14:35	16
	3.3	Membership Committee Chair's Report (enc) To receive	Chair, Membership Committee	14:35-14:45	18
4.	Non-Executive Director Reports				
	4.1	Non-Executive Director Committee Reports		14:45-15:05	

	4.1.1	Audit Committee (verbal) To receive	Mr R Sutton		
	4.1.2	Quality Assurance Committee (verbal) To receive	Sir R Ibbotson		
	4.1.3	People Committee (verbal) To receive	Mrs V Matthews		
	4.1.4	Finance, Performance and Digital Committee (verbal) To receive	Mr R Crompton		
	4.1.5	Building a Brighter Future Committee (verbal) To receive	Professor C Balch		
	4.1.6	Torbay Pharmaceuticals Board (verbal) To receive	Mr P Richards		
5.	Governance Reports			15:05-15:20	19
	5.1	Report of the Interim Director of Corporate Governance and Trust Secretary (enc) To receive	Interim Director of Corporate Governance		19
6.	Governor Engagement			15:20-15:25	50
	6.1	Feedback and questions from Members and Governors including Governor Communications Log (enc) To receive	Chair		50
7.	Closing Matters			15:25-15:30	
	7.1	Any other business	Chair		
	7.2	Close of meeting	Chair		

Dates of next meeting - 3 May 2023, 2 August 2023, 1 November 2023 (all 2pm-4pm)

Torbay and South Devon NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON 2 NOVEMBER 2022 AT 14.00 PM
VIA MICROSOFT TEAMS VIDEO-CONFERENCE

Present

		*	Richard Ibbotson (Chair)		
(*)	Nicole Amil	*	Derek Blackford	*	Craig Davidson
	Dave Cawley	*	Loveday Densham	*	Eileen Engelmann
*	Matthew Giles	*	Annie Hall	*	Steven Harden
	Jonathan Hawkins		Mike James	*	John Kiddey
*	Peter Milford	*	Rosemary Rowe	*	Jonathan Shribman
*	John Smith		Andrew Stilliard	*	Jean Thomas
*	Mark Tyrrell-Smith	*	Emily Wood	*	Radia Woodbridge
*	Keith Yelland				

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

In attendance:

Ian Currie	Medical Director	IC
Liz Davenport	Chief Executive	LD
Sheridan Flavin	Interim Chief People Officer	SFI
Deborah Kelly	Chief Nurse	DK
Jon Scott	Interim Chief Operating Officer	JSc
Dave Stacey	Chief Finance Officer and Deputy Chief Executive	DS
Jane Harris	Associate Director of Communications and Partnerships	JH
Richard Crompton	Non-Executive Director	RC
(Robin Sutton)	Non-Executive Director	RS
Chris Balch	Non-Executive Director	CB
Jacqui Lyttle	Non-Executive Director	JL
Sally Taylor	Non-Executive Director	ST
Paul Richards	Non-Executive Director	PR
(Vikki Matthews)	Non-Executive Director	VM
Siân Walker-McAllister	Non-Executive Director	SWMc
Oyetona Raheem	Interim Director of Corporate Governance and Trust Secretary	OR
Sarah Fox	Corporate Governance Manager	SFo
Sally-Ann Reay	Membership Manager & note taker	SAR
Stacey Margetts	Administrator	AW

1. OPENING MATTERS

1.1 Chairman's welcome and apologies for absence

The Chairman welcomed Siân Walker-McAlister who joined the Board of Directors in September 2022 and Jon Scott, Interim Chief Operating Officer.

Apologies were noted from Adel Jones, Michelle Westwood and Governors Dave Cawley and Andrew Stilliard. (Mike James was unable to join via the MS telephone link and FT Office would investigate further after the meeting).

The Chairman proposed changing the order of the agenda to allow Vikki Matthews to present her People Committee verbal report (4.3) and then leave, as she had other pressing national commitments. This Non-Executive Report would therefore be taken first, before reverting back to the published agenda.

Non-Executive Director Report - People Committee (4.3)

Ms Matthews gave an overview of the most recent People Committee meetings;

- Similar themes were emerging at the meetings, including staff fatigue in the post-covid period, with the Trust working hard to utilise solutions at its disposal.
- Staff absence – this had slightly risen over the last few months, which was one symptom of the pressure staff are feeling.
- Staff Turnover was close to the upper limit of the green acceptable limit of 14%. The People Directorate was focusing on areas which required particular input and it was also being addressed at an Integrated Care System (ICS) level to ensure collaborative work on services which are potentially fragile. In addition the Medical Director, Chief Nurse and Chief People Officer were working on defining fragility, analysing the data and detailing actions required.
- Industrial Action – this was on the horizon as unions were currently out for ballot, and a detailed report on the potential impact had been drawn up on a Trust by Trust basis.
- A six monthly update had been received from Sarah Burns, the Freedom to Speak Up Lead. It showed that numbers of cases reported had risen, but differing views as to whether this was a positive element or not i.e. more awareness and profile or more cases and issues underneath.
- Consistency of pay and reward benefits across the South West system – the Committee working hard to ensure the ICS supported the Trust on this approach.

As there were no questions, Ms Matthews then left and the meeting reverted to the planned agenda.

1.2 Declarations of Interest

No declarations of interest were made.

2. Business from previous Council of Governors' Meeting

2.1 Minutes of Council of Governors' Meeting held on 3 August 2022

The Council of Governors approved the Minutes of the meeting held on 3 August 2022.

2.2 Matters arising not covered elsewhere on the Agenda

Mrs Hall asked if the Governor Observer position on the Safeguarding and Inclusion Group could be re-instated as she felt very important work used to be undertaken by that Group. The Chief Nurse mentioned that the work of the Safeguarding and Inclusion Group was continuing, albeit having had disruption due to Covid. After further discussion, Mrs Lyttle reminded the Council that it had been agreed that Governor Observers were only applicable for Board Level Sub-Committees. Mrs Lyttle gave assurance that issues pertaining to the Safeguarding and Inclusion Group were picked up at the Quality Assurance Committee. The Interim Chief People Officer mentioned that there was still a vacancy for a Governor Observer for the People Committee, if anyone would like to take up the opportunity.

3. Business Reports

3.1 Chairman's Report

The Chairman verbally reported to the Council of Governors on the following matters: -

- The Chairman had visited earlier in the day the Medical Electronics team and was very impressed at the whole host of essential items being maintained and repaired, work which often was not given a high profile. The team were hugely enthusiastic and innovative and developing items via 3D printing, all adding to cost savings for the Trust.
- The Chairman welcomed Jon Scott, Interim Chief Operating Officer, who had joined recently. The Chairman highlighted that the Trust was starting to see some initial success in the overall direction of operational pressures and that the Trust had moved to Opel 3 status yesterday. Of note, at the weekend the Trust had achieved the best discharge levels across the South West. Jon Scott would speak later in the meeting and update Governors on the operational position.
- The Chairman reported at the Network meeting held yesterday on the uncertain situation regarding national finances. Some revisions might therefore be necessary over the Winter and fall back positions are currently being assessed.

3.2 Chief Executive's Report

The Chief Executive drew attention to the report which had been circulated with the agenda and briefed the Governors on the following points: -

- Reported on the recent changes to the Executive Team, welcoming Jon Scott for a six month period as Interim Chief Operating Officer and extending thanks to John Harrison who had taken up a secondment at University Hospitals Plymouth.
- The Trust had pleasure in welcoming Michelle Westwood as the new Chief People Officer, who had joined the Trust from the Navy but unfortunately could not be present at the CoG today. The Chief Executive thanked Sheridan Flavin who had achieved a considerable amount during her time as Interim Chief People Officer and would be staying on for a few more weeks to assist Michelle Westwood.
- An international visit from SingHealth had taken place in September which had proved inspirational, particularly in light of the similarities of health challenges due to an aging population.
- The importance of planned care recovery strategies was stressed, which was being undertaken in partnership across the system. The aim was to achieve zero 104 week waits within the next few months. Attention and work being placed on the 62 day performance for Cancer which was under national level Tier 1 oversight and hence receiving additional resources, for example an extra endoscopy clinic.
- The Trust had received additional capital funding to assist in reducing long waits, with a £5million build in endoscopy due in 2023. In addition, £15million capital had been allocated to ensure the day theatre suite has an improved layout and address the remedial work required.
- Urgent and Emergency Care was a key priority for the Trust and the Chief Operating Officer would give more detail on this later in the meeting. The Trust would receive a share of the winter funding money to assist it's winter plans (£6million).
- Pleasing progress was being made on the Dartmouth Health and Wellbeing Centre (HWBC) and it was expected that the building would be completed in early New Year 2023 with work being undertaken on the correct model of care.
- Plans had been submitted for formal planning permission for the Teignmouth HWBC.
- The Brixham Day Centre building work, financed by the League of Friends had been completed and the date for occupancy by local GPs was being agreed.
- The Trust was meeting the regional team in the near future to discuss the Outline Business Case for the Electronic Patient Record system.
- The Peninsula Acute Services Sustainability Programme Plan had been taken to the Trust Board for endorsement and would be taken to each of the Acute Trust Boards across Devon and Cornwall.

3.3 Additional Item: Presentation by Interim Chief Operating Officer on Non-elective Flow

The Chairman asked Jon Scott, Interim Chief Operating Officer to give a brief presentation on the current situation regarding Non-elective Flow.

Chief Operating Officer explained that the aim was to achieve safer, calmer care.

Key points from the slides displayed were:

- Normal Emergency Department (ED) attendance flow was 'elephant' shaped with 30-40% of patients being admitted to wards typically 4 hours after presentation.
- This compared with the planned aim of a pyramid flow shape, which aimed to resolve the mismatch between admissions and discharges ensuring 33% of discharges before noon. A discharge opportunity which would create 12 more beds before noon and 21 more beds at the weekend.
- Risks and consequences of current flow were displayed.
- Data showed that whilst ED demand was down from pre-pandemic levels, ambulance delays were significantly higher, beds in play had risen and length of stay significantly up on pre-pandemic levels. Discharges were down and data revealed 97 less discharges over the past 17 Sundays, despite more clinical staff since Covid.
- A Flow Plan diagram was displayed and details were discussed. The Chief Operating Officer said that there had been superb engagement from all levels of staff in this work to date and already the team had been congratulated by the regional team for improvements made to the morning flow.

Questions were invited and Dr Shribman thanked the Chief Operating Officer for his excellent presentation and data. He asked about the 30% admitted to wards conversion rate, as he felt this was higher than he would expect. The Chief Operating Officer explained that this was a generic conversion rate used across the whole of England and that the Trust was usually at around 24% but this needed to reduce further. Dr Shribman asked when members of the public arrive in ED reception, if they were sometimes re-diverted to an appropriate MIU centre instead. The Chief Operating Officer responded that there was an opportunity for the Trust to explore this approach, following work done in the North West but he had not researched the figures on this element currently, as he was concentrating initially on discharging patients promptly earlier in the day.

Mr Arthur concurred that it had been an excellent plan and presentation and then asked if it was appropriate for the Newton Abbot Minor Injury Unit (MIU) to be "badged" as an Urgent Treatment Centre (UTC) which, under the national definition for MIUs, required it to be GP lead. This confusion was causing a number of inappropriate referrals by some organisations and causing staff stress. The Chief Operating Officer responded that he was not aware of the MIU specific arrangements and the Chief Nurse added that there had been some concerns and talks with the local care group at Newton Abbot to ensure appropriate signposting. She offered to pick up on this issue further and ensure it is taken forward. The Medical Director added that locality GPs had been asked to have a presence at the Newton Abbot MIU once a week and report back on their findings. Liz Thomas, Deputy Medical Director, was currently exploring options and some of the confusion had been due to a change to a new provider who didn't understand the specific requirements. Overall though, GPs were a scarce resource and need to consider where best they are located in order to maximise that resource.

Mr Arthur asked if possible to consider "protected sleep time" in addition to current protected meal time schemes. He referred to a number of clinical examinations that were under taken during the night. The Chief Operating Officer said these night time

interruptions would naturally reduce if 75% of patients could be discharged earlier during the day as per the plan, leading to less need for night time x-rays etc to ensure discharge. Consequently protected sleep could occur naturally.

Mr Milford asked whether lack of social care, whether within someone's home or within a care home setting, was still a key barrier to length of stay rises. The Chief Operating Officer said that a rise in length of stay in hospital was partly due to the need for infection control measures around Covid which had reduced capacity. He explained the patient discharge categories: P0 (needing no support on discharge), P1 (requiring some support on discharge), P2 (requiring temporary bed accommodation on discharge) and P3 (requiring permanent bed accommodation on discharge). 95% of the Trust discharge groups were either P0 or P1 which was a good position compared to neighbouring Trusts. Work was required to reduce shortage of resources for P2 and P3 categories.

Mr Milford asked if the Trust was seeing a pattern of "frequent flyers" i.e. a small number of patients amounting to a large number of admissions. The Medical Director discussed one current successful approach being undertaken by Leatside GP Surgery (Totnes) who were undertaking intensive multi-agency work to provide alternatives to "frequent flyers" turning up in the Emergency Department. The Chief Executive added that the Trust was undertaking similar work for early interventions along with local care partners. She added that cost pressures in local authorities impacted on this work.

The Chief Operating Officer agreed to share his presentation slides with all Governors following the meeting. **ACTION: COO/SAR**

3.4 Membership Committee Chair's Report

Mrs Engelman gave a short update on matters discussed at the October Committee which had been included in her report to the Council: -

- Governors were asked to assist in encouraging people who lived within the wider South West Peninsula to apply to join as Foundation Trust members as part of the new Constituency.
- The annual workplan had been updated and agreed for 2023 and a revised Terms of Reference had been agreed and were presented for approval by the full Council as part of the Quarterly Governance Report.
- Membership Video – this had now been completed and it would be formally launched at the Annual Members' Meeting and the Communications Department would assist in ensuring appropriate coverage/exposure. The Committee were very proud of the finished video.

Jane Harris, Associate Director of Communications then screened the Membership Video that had been produced for the Council to have an early viewing.

The Chair thanked Mrs Engelmann for her work as Chair of the Committee and for the excellent work that was being undertaken by that Committee.

3.5 My roles and responsibilities as a NED

Mrs Walker-McAlister addressed the Council of Governors and thanked them for the opportunity to speak to them.

Mrs Walker-McAlister talked through her background as an Independent Social Care Consultant, a registered Social Worker and Chair of two Adult Social Care boards, in addition to her role as a Care Commissioner in Jersey (similar to a Non-executive role for the CQC equivalent in Jersey).

She explained her previous full time role which was as a Director of Health and Social Care in Cardiff and thirty-five years spent in adult social care and housing sectors, including a spell in Torbay.

Mrs Walker-McAlister spoke of her interest in enabling people to move from a period of hospital care back into home safely. She was looking forward to working with the Governors and welcomed the national transition to a more collaborative model between health/social services and local councils.

4. Non-Executive Director Reports

4.1 Non-Executive Director Committee Reports:

The Chairman asked Mr Sutton to speak to Item 4.1.6 as he was due to attend another diary commitment.

4.1.6 Torbay Pharmaceuticals Board

Mr Sutton referred to the previous Torbay Pharmaceuticals (TP) Board meeting of 20 October 2022 where they reviewed the September performance results. September had proved better than expected in terms of both profit and performance. Looking at the performance from April 2022 to end September 2022, it showed a difficult six months due to increased competition on key product and price pressures. Current volatility in the exchange rate system created risk and TP management were working with the Trust's finance team on this area.

The Council of Governors noted the report on the work of the Torbay Pharmaceuticals Board.

4.1.1. Audit Committee

Mrs Taylor said that three Internal Audit reports had been received by the Committee which showed either satisfactory or good status and three further reports had shown improvement in their levels. They had received the Counter Fraud interim report and the Trust had been assessed as "green" overall and only one item at amber which was a new requirement. The Business Assurance Framework (BAF) , Corporate Risk Registers and Risk Strategy had been received and financial waivers assessed. The External Auditors report had shown the difficult relationship with the "District Valuer Office" was being

experienced throughout the South West and looking into alternative 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 there had been three Quality Assurance Committee meetings since the last Council of Governors. The Committee had been focusing on Cancer and other long waits and assessing if there were any particular problematic clinical areas. An in-depth look at Stroke Services had seen an improvement plan in place, with a stabilised workforce and good peer reviews.

The Committee had received excellent assurance regarding the national maternity self-assessment tool work. A detailed report on the Drug and Alcohol Services had shown an upward spike in numbers due to Covid and therefore a deep dive into this area had been arranged. Improvements had been achieved but required more funding, and assurance was provided that the 20 deaths in this area were not due to lapses of care.

A comprehensive review was received from the Harm Review Group, particularly in relation to Cancer and long waits. Continued assurance that both clinical and non-clinical processes were in place was provided. The statutory report on the adult social care plan showed improvements.

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

4.1.3 People Committee

Report had been taken earlier in the meeting.

4.1.4 Finance, Performance and Digital Committee (FPDC)

Mr Richards explained there had been three FPDC Committee meetings since the previous Council of Governors and he gave an overview of the following: -

- Report received from Adel Jones (Director of Transformation and Partnerships) detailing the work being undertaken to increase resources in the Trust's Transformation and Innovation team, in order to provide support to teams to take forward transformational projects
- Productivity metrics reviewed which showed increased numbers of staff with some signs of less productivity. It was noted that the aging physical estate and lack of digital technology were impacting on productivity.
- A report was received by the Committee from the Radiology team, detailing schemes that were running over in terms of cost and requesting more capital. Some of the rise in cost was due to inflationary pressures and, to ensure equipment was housed appropriately, FPDC agreed to re-adjust costs to ensure the scheme could go ahead. A plan was in place to allow for an "envelope of future costs" to prevent schemes having to re-present.

- Noted the work ongoing with regard to Teignmouth Health and Wellbeing Centre.
- FPDC had agreed to fund some investigations into soak away issues at the Torbay Pharmaceuticals site and await a further report.
- An excellent presentation had been received on the Devon Long Term Financial Model and Plan, with a current large deficit of £6.8 million against a £2.8 million plan. All Trusts faced challenge of the national pay award not being fully funded by the Government.
- Discussion around mortality rates to aid understanding and assurance.

Mr Tyrrell-Smith asked whether productivity could be improved if full 7-day working was introduced. He asked if analysis had been undertaken in this regard. Mr Richards responded that whilst initially 7-day working would appear to present a simple solution, it was not possible currently due to lack of appropriately trained staff to work the hours required. This would require longer term transformational change and improved education and training facilities alongside other enabling work.

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

4.1.5 Building a Brighter Future Committee (BBF)

Professor Balch reported that the Committee had discussed: -

- Committee had reviewed BAF and risks including the National funding of the New Hospital Programme and links with other significant areas like workforce.
- Deep dives had taken place into construction costs, delivery of Cost Saving Plans (CIP), delivery of the workforce required and how to create cross service delivery
- Oversight of the Digital Investment Electronic Patient Record (EPR) system – complicated funding arrangement.
- At the end of September 2022 the Committee had approved the revised BBF Strategic Outline Business Case (SOC) case which, no longer included the EPR funding, which was being taken through a different funding route. The BBF SOC had now been submitted and being reviewed, with risks remaining regarding the National Funding position.
- Clinical engagement regarding the BBF programme continued with the "Drumbeat" programme, plus engagement with other staff and stakeholders.
- Challenges around seed funding and initial work for the Torbay site and taking a cautious approach currently.

Mr Shribman asked whether the separated out EPR funding faced the same level of funding uncertainty as the building infrastructure funding. Professor Balch responded that in his view the EPR funding had a higher priority nationally and he asked the Chief Executive to state her opinion on this. The Chief Executive added that whilst there was no certainty in current political climate, NHSE had stated that EPR systems were a priority and TSDFT was one of the

nine Trusts who did not, as yet, have one. The Trust was awaiting clarity from the November Chancellor's budget. The Chairman reminded Governors that there were at least three EPR systems of varying cost price available to the Trust, so there is not just one option on the table.

The Council of Governors noted the report on the work of the Building a Brighter Future Committee.

5. Governance Reports

5.1 Governance Quarterly Report

The Council of Governors received and noted the report and appendix which were circulated with the Agenda.

The Council of Governors approved the six priority areas as listed under 2.1 of the report.

The Council of Governors approved Item 6 – Membership Committee Terms of Reference as listed in the Appendix to the report.

6. Governor Engagement

6.1 Feedback and questions from Members and Governors including Governor Communications Log

The Council of Governors received the Governor Communications Log. The Chief Executive stated that the formal Council of Governor Question ID COG-002 regarding bed capacity, had been extensively covered during the Chief Operating Officer's presentation and slides. A full response had been received from Chris Knights regarding ID Cog-003 (BBF) which had also been touched on during the Council meeting, but a formal response would be updated and circulated, as soon as possible by the FT Office.
ACTION: SAR

7. Closing Matters

7.1 Any other business

No further business was raised.

7.2 Close of meeting

There being no further business the meeting was closed at 15.51.

Dates of next meetings: 01 February 2023, 03 May 2023, 02 August 2023 and 01 November 2023 (14:00 to 16:00) .

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RECORD OF RESOLUTION MADE BY THE COUNCIL OF GOVERNORS OF TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST THE "TRUST" OUTSIDE OF THE MEETING

Background:

Due to the length of time before a formal Council of Governors was due to meet, it was agreed the matter outlined below be considered and resolved upon in writing; whereby Governors utilised email correspondence to indicate that they shared a common view.

Governor Observer Protocol

The Council of Governors was asked by email on 23rd November 2022 to approve the revised Governor Observer Protocol prior to the next scheduled Council of Governors meeting on 1st February 2023.

A majority of Governors responded by email to approve the Governor Observer Protocol.

2023

CoG PRIORITY MEETINGS: ACTION LOG

Task	Title of Topic	Priority	Assigned to:	Start Date	Due Date	Status	Notes
Task 1	Meeting 10.01.2023: Update Master action tracker to change status to Red/Amber/Green and remove % column.	Green	M.Mgr	2023.01.10	2023.01.13	Complete	
Task 2	Meeting 10.02.2023: Governors to review when to receive/review the overall action tracker spreadsheet at their Governor only mtg in February.	Green	Lead Governor	2023.01.10	2023.02.07	Not Started	
Task 3	Meeting 10.01.2023: Circulate COO Updated "Response to Governor Questions" document displayed at meeting	Amber	COO	2023.01.10		In Progress	Requested by FT office to COO on 10.01.2023.
Task 4	Meeting 10.01.2023: Chief People Officer to update Lead Governor in due course once the "adopt a ward" concept for volunteers is complete.	Green	CPO	2023.01.10		In Progress	

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COUNCIL OF GOVERNORS	
Report title: Chief Executive's Report	**Meeting date**: 01 February 2023
Report appendix	n/a
Report sponsor	Chief Executive
Report author	Associate Director of Communications and Partnerships
Report provenance	Discussion items discussed at Board and Board Sub-Committee level
Purpose of the report and key issues for consideration/decision	The Council of Governors ('COG') 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. I am also 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 us in communicating key messages. At the previous COG meeting Governors received a high-level report on: feedback from the international visit from SingHealth in September; our ongoing work to reduce our waiting lists both locally and system-wide and addressing performance issues in key areas, including funding secured for endoscopy and day theatres expansion; urgent and emergency care: ambulance handovers, progress on the Acute Medical Unit; the new health and wellbeing centres for Dartmouth and Teignmouth – and an update on Brixham; the new hospital programme and *Building a Brighter Future;* our plans for an Electronic Patient Record; and the latest updates from the Integrated Care System for Devon and the Peninsula Acute Services Sustainability Programme. We also had our Board to Council of Governors meeting on 14 December 2022. Since the last Council of Governors meeting, Governors have received briefings on pressures across Devon's NHS and high-profile media coverage as well as receiving the regular fortnightly Governor newsletters. While Governors have received operational briefings via the monthly Governor Network meetings, it is my intention at this Council of Governors' meeting to provide, along with my Executive colleagues, an update on the following key areas:

	• the actions being taken to address the exit criteria for Single Oversight Framework (SOF) and the development of the single improvement plan • our ongoing work to reduce our waiting lists both locally and system-wide and addressing performance issues in key areas; • urgent and emergency care: ambulance handovers, the opening of the Acute Medical Unit; • the new health and wellbeing centres for Dartmouth and Teignmouth – and an update on Brixham; • the new hospital programme and *Building a Brighter Future;* • our plans for an Electronic Patient Record; • the latest updates from the Integrated Care System for Devon and the Peninsula Acute Services Sustainability Programme.

Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐

Summary of key elements

Strategic objectives supported by this report

Safe, quality care and best experience	X	**Valuing our workforce**	X
Improved wellbeing through partnership	X	**Well-led**	X

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework	X	**Risk score**	20
Risk Register	X	**Risk score**	various

BAF Risk 4: To provide safe, quality patient care and achieve best patient experience

External standards affected by this report and associated risks

Care Quality Commission	X	**Terms of Authorisation**	
NHS Improvement	X	**Legislation**	
NHS England	X	**National policy/guidance**	X

Torbay and South Devon NHS
NHS Foundation Trust

Report of the Membership Committee Chair to the Council of Governors

Meeting date:	19 January 2023
Report by:	Eileen Engelmann/John Kiddey
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:

- **Rest of South West Peninsula Constituency** – Committee discussed ways of ensuring that a minimum of 10 members in this new Constituency. Elisenda McCutchion (Engagement Manager, Communications Dept) will look at arranging minimal cost "paid" social media advertising and also an article in ICONews to encourage staff to tell family/friends in that new constituency about applying.
- **Reviewed Placement of the New Membership Video** – noted good progress to date: located onTSDFT website, social media platforms, Hengrave House Timewall TV Screen and local GP's TV screens. Waiting response from NHS England regarding distribution to Pharmacy/opticians etc.
- **A lengthy discussion regarding key actions for 2023:**
  - agreed to review possibility for a "Medicine for Members" in Summer 2023, once less pressure on clinical staff
  - work on a yearly calendar of existing events – that can promote to FT Members and give information about in advance (link to Communications Team) and ensure Governors volunteer to attend to seek feedback from public/members, as well as informing them of FT membership
  - investigate whether volunteers could assist FT Office in ringing FT members who have not informed us of their email, despite the data capture exercise in July 2021. Online communication key to two way engagement for the future.
  - Link to the existing Equality, Diversity and Inclusion Networks (6) to work on improving diversity of FT Membership/FT Governors. Governors to volunteer to attend.
  - Review membership database figures in July and October 2023 – to ensure actions taken in 2023 are assisting the aims of the committee
  - Link to existing networks and partners – with assistance of Elisenda McCutchion (Engagement Manager, Communications Dept) to broaden diversity, particularly in working age groups where under-represented currently.
- **Healthy Futures Article–** discussed and agreed theme for article for the February 2023 Healthy Futures magazine (update on election results)

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

1. To note the planned actions of the Committee in 2023
2. To the placement of the Membership Video to date.

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Report to the Council of Governors Meeting			
Report title: Quarterly Governance Report			**Meeting date**: 1 February 2023
Report appendix	Appendix 1: Council of Governors' and Board of Directors' Engagement Policy Appendix 2: Governor Code of Conduct		
Report sponsor	Interim Director of Corporate Governance		
Report author	Corporate Governance Manager		
Report provenance	n/a		
Purpose of the report and key issues for consideration/decision	The report provides corporate governance updates on matters of relevance to the Council of Governors.		
Action required	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendations	To receive and note the items as shown in the Report of Corporate Governance Manager.		
Summary of key elements			
Strategic goals supported by this report			

Excellent population health and wellbeing		**Excellent experience receiving and providing care**	
Excellent value and sustainability	**X**		

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework	n/a	**Risk score**	
Risk Register	n/a	**Risk score**	

External standards affected by this report and associated risks

Care Quality Commission	**X**	**Terms of Authorisation**	
NHS England	**X**	**Legislation**	
National policy/guidance	**X**		

Report title: Governance Quarterly Report		Meeting date: 1 February 2023
Report sponsor	Interim Director of Corporate Governance	
Report author	Corporate Governance Manager	

Introduction

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

1. Council of Governors' and Board of Directors' Engagement Policy

1.1 Governors will be aware that a working group of Governors have been reviewing and updating the Council of Governors' and Board of Directors' Engagement Policy, in line with the model template shared with the Trust by the Good Governance Institute.

1.2 The Policy has now been finalised and is being shared with the CoG for approval.

Action: Approve Council of Governors' and Board of Directors' Engagement Policy

2. Governor Code of Conduct

2.1 The Governor Code of Conduct is presented to the Council of Governors for approval. Minor changes to the Code have been made to ensure it accurately reflects current NHS framework and it aligns to the Trust's Constitution and Media Policy.

Action: Approve Governor Code of Conduct Document.

3. Governor Nominations and Remuneration Committee

3.1 Governors are reminded that there remains one public governor vacancy on the Governor Nominations and Remuneration Committee. If anyone is interested in joining the Committee please inform the Trust Office. If more than one governor expresses an interest, an election will be held.

Action: Interested Governors to inform the Trust Office by Friday 10 February 2023 if they wish to join the Governor Nominations and Remuneration Committee.

Unclassified

Torbay and South Devon NHS Foundation Trust

Council of Governors' and Board of Directors' Engagement Policy

Torbay and South Devon NHS Foundation Trust

Document Information

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Date of Issue:	November 2022	Next Review Date:	November 2024
Version:	V1.0	Last Review Date:	
Author:	Corporate Governance Manager		
Director Responsible	Director of Corporate Governance and Trust Secretary		
Approval Route: Council of Governors and Board of Directors			
Approved By:		**Date Approved:**	
Council of Governors			
Board of Directors			
Links or overlaps with other policies:			
• Code of Governance for NHS Provider Trusts			
• Governor Code of Conduct			
• Monitor – Your Statutory Duties – A Reference Guide for NHS Foundation Trust Governors			
We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership. We are committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0	New Document	Nov 2022	New Document	CoG and Board of Directors

Contents

Executive summary

We are proud to be a Foundation Trust and we recognise and appreciate the diverse range of skills, expertise and experience our governors bring to their role.

The relationship between our Council of Governors and our Board of Directors is key to the successful delivery of our purpose as an organisation.

Our Board of Directors and our Council of Governors are committed to building and maintaining an open and constructive working relationship. In order to achieve this, there needs clarity in relation to the respective roles and responsibilities of each which promotes a shared understanding.

The Code of Governance for NHS Provider Trusts states that each Foundation Trust should have a Policy for Engagement between the Board of Directors and the Council of Governors, which clearly sets out how the two bodies will interact with one another for the benefit of the Trust.

This policy aims to clarify the respective roles and responsibilities of our Board of Directors and our Council of Governors, and describes the information flow between the two groups.

The policy describes the involvement of governors in forward planning, through which they represent the views of local people, and the role they play in holding the Board of Directors to account.

This policy also sets out a process that will be followed should the governors have a concern about the performance of the Board of Directors, compliance with the provider licence or the welfare of the organisation.

It also describes the process should the Council of Governors have significant concerns about the performance of the Chair or any of the Non-Executive Directors.

This policy is intended to provide clear guidance and a useful framework for both our Board of Directors and our Council of Governors and has been approved by each respectively.

1. Introduction

1.1 This policy has been created in response to the recommendations contained in the Code of Governance for Provider Trusts (2022). Its purpose is to describe the methods by which governors can engage with our Board of Directors when they have concerns about the Board's performance, our compliance with our provider terms of authorisation or the welfare of our organisation.

2. Purpose

2.1 This policy:

- outlines the mechanisms by which governors and directors will interact and communicate with each other while taking into account the expanded role of governors, set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 (the Act), including the duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

- describes the methods by which governors may engage with our Board of Directors when they have concerns about the performance of the Board of Directors, compliance with our provider licence or the welfare of our organisation

- provides details of the panel set up by NHS England for supporting governors of Foundation Trusts in their new role and to whom governors may refer a question as to whether we have failed or is failing to act in accordance with our Constitution.

3. Holding to account

3.1 The Health and Social Care Act 2012 specifies that it is the duty of the Council of Governors to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. The relationship between our Council of Governors and our Board of Directors is critical and we want to make sure that we support the two bodies to have an open and constructive relationship.

3.2 Board members and governors should have the opportunity to meet at regular intervals. Governors should feel comfortable asking questions of Non-Executive Directors regarding the management of our organisation and directors should keep governors appropriately informed, particularly in relation to key decisions taken by the Board of Directors and how they affect both our organisation and our wider communities.

3.3 Governors should be satisfied that Non-Executive Directors provide appropriate challenge and bring to bear their specific skills within the decision-making function of our Board of Directors.

3.4 Conversations and dialogue between our Council of Governors and our Board of Directors should be regular and ongoing. However this policy, which has been agreed by both bodies, aims to outline both existing and additional mechanisms which have been agreed and which will be used to safeguard appropriate and timely communication between our Council of Governors and our Board of Directors. This will make sure that governors are supported to discharge the above new duty effectively and harmoniously while recognising the different and complimentary roles of each body.

3.5 In support of the duty to hold Non-Executive Directors to account, the Council of Governors also has the statutory power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about our organisation's performance of its functions or the directors' performance of their duties (and for deciding whether to propose a vote on our organisational or directors' performance). While it is hoped that this power will rarely be exercised, should this power be invoked, it must be reported in the Annual Report and Accounts. The aim of this policy is to clearly establish agreed channels of engagement which will reduce the risk of governors needing to invoke this statutory power.

3.6 In performing their duties, governors should keep in mind that our Board of Directors manages the organisation and continues to bear ultimate responsibility for strategic planning and performance and must 'promote the success of our organisation so as to maximise the benefits for the members of the Foundation Trust as a whole and for the public'.

3.7 In practice, governors fulfil their role through a variety of mechanisms. It is our organisation's responsibility to ensure that governors have the information, training and access to the Board of Directors that they need to fulfil their roles. Governors act as critical friends to our organisation and in doing so should represent the interests of stakeholders (people who use our services and their carers, our staff, people living in Torbay and South Devon, members of the public and organisations that work closely with or have an interest in our work). In addition to performing statutory duties, all our governors have advisory, guardianship, and ambassadorial roles.

3.8 Governors will hold the Chair and other Non-Executive Directors to account partly through effectively undertaking the specific statutory duties summarised here:

- governors are responsible for appointing the Chair and other Non-Executive Directors and may also remove them in the event of unsatisfactory performance
- governors are constituted to receive the annual report and accounts and can use these as the basis for their questioning of Non-Executive Directors
- governors have the power to appoint or remove the auditor
- directors must take account of our governors' views when setting the forward plan for our organisation, giving our governors the opportunity to feed in the views of our members and the public and to question the Non-Executive Directors if these views do not appear to be reflected in our strategy., Governors should be mindful that there may be valid reasons why member views cannot always be acted upon and, in such cases, they should have enough time to discuss these matters with Non-Executive Directors to ensure they are fully informed and understand the reasons behind the decisions made by our Board of Directors
- since 01 October 2012, governors have also had the specific power of approval on any proposal by our Board of Directors to increase non-NHS income *by over 5% of our income or more.* Our Board of Directors must, therefore, make sure that governors are satisfied with the reasons behind any such proposals
- governors also have the power to approve amendments to our Constitution, approve 'significant transactions' and approve any mergers, acquisitions, separation or dissolution and will need to be satisfied with the reasons behind any proposals by our Board of Directors.

3.9 There are already a number of mechanisms in existence for our governors to receive or seek information from, and to hold the Non-Executive Directors individually and collectively to account for the performance of our Board of Directors including:

- receiving the annual report and accounts and asking questions on their content
- our Council of Governors meetings in which
    - our Chief Executive, other executives and Non-Executive Directors attend
    - Non-Executive Directors present on specific pre-agreed topics and answer questions
    - standing agenda items include reports on finance, performance and quality
- receiving information on issues or concerns likely to generate adverse media interest and providing governors with the opportunity to raise questions or seek information or assurances; and
- involvement in the development of our strategy and planning process through the holding of an annual planning session for governors led by the Director of Transformation and Partnerships.

3.10 The following additional measures (some of which are mandatory under the Health and Social Care Act) have, or are, being introduced. These are intended to support our governors in their extended role and to ensure that they are well briefed about the decisions which they may be required to make. They are also intended to ensure that our governors are well briefed about the context in which our Board of Directors is working including the requirements of relevant external stakeholders including the Integrated Care System, NHS England and NHS Improvement and the Care Quality Commission.

- receiving information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and questioning our directors on these
- receiving information on documents relating to non-NHS income, in particular any proposals to increase this by 5% of our total income a year or more, and questioning our directors on these
- the holding of annual development workshops – not least in order to ensure that our governors are equipped with the skills and knowledge they require in order to fulfil their expanded role.

4. Raising concerns

4.1 Our Chair is the prime connection between our Council of Governors and our Board of Directors. However, it is recommended that any governor or group of governors (the petitioner/s) who have concerns covered by this policy should, in the first instance, consult the Director of Corporate Governance and Trust Secretary. This is because they may be able to resolve the matter informally and /or will be advise the petitioner/s on the acceptability of the evidence offered and the appropriateness of taking their concerns to the Chair. The advice of the Director of Corporate Governance and Trust Secretary is not, however, binding, and the petitioner/s retain the right at all times to raise the matter with our Chair.

4.2 For concerns which it would be inappropriate to raise with our Chair, the role of the Chair will be undertaken by the Senior Independent Director.

4.3 Where material concerns exist regarding the performance of our Board of Directors, compliance with our provider licence or matters relating to the general wellbeing of our organisation, this policy should be followed. This policy should not to be invoked for minor issues raised by an individual governor. A concern, in the meaning of this policy, must be directly related to:

- the performance of our Board of Directors
- compliance with our provider licence
- the welfare of our organisation, Torbay and South Devon NHS Foundation Trust

4.4 The procedure for a situation in which our Council of Governors as a whole is in dispute with our Board of Directors is covered in Annex 9 section 3.3 of our Constitution. Governors should acknowledge the overall responsibility of our Board of Directors for running our organisation and should not try to use the powers of the Council, or the provisions of this policy, to impede our Board of Directors in fulfilling its duty.

4.5 To support our governors in their new expanded role a 'Panel for Advising Governors of FTs' has been established who may refer a question as to whether we have failed or are failing to act in accordance with our Constitution. Our Council of Governors should only consider referring a question to the panel in exceptional circumstances, where there is uncertainty within the Council about whether we may have failed, or are failing, to act in accordance with our Constitution or with Chapter 5 of the 2006 Act, and this uncertainty cannot be resolved through repeated discussions with our Chair or another Non-Executive Director.

4.6 Governors should not raise concerns that are not supported by evidence. That evidence must satisfy the following criteria:

- any written statement must be from an identifiable person or persons who must sign the statement and indicate that they are willing to be interviewed about its contents
- other documentation must originate from a bona fide organisation and the source must be clearly identifiable.

4.7 Newspaper or other media or digital articles, including social media, will not be accepted as prima facie evidence, but may be accepted as supporting evidence.

4.8 Our Chair shall investigate all concerns brought by Governors, involving other directors at his discretion. The investigation shall include a review of the evidence offered and discussions with our officers as appropriate.

4.9 As soon as practicable after the conclusion of the investigation our Chair will meet with our governor/s to discuss the findings. This meeting has three possible outcomes:

- governor/s are satisfied that their concerns were unjustified and withdraw them unreservedly. In this case no further action is required

- governor/s are satisfied that their concerns have been resolved during the course of the investigation. Our Chair will write a report on the concerns and the actions taken and present this to our Council of Governors

- the matter is not resolved to the satisfaction of our governor/s. Our Chair will call a closed extraordinary meeting of our Council of Governors as soon as possible in accordance with the terms of our Constitution to consider the matter further. The possible outcomes from that meeting are either to take no further action or, if two thirds of the governors present agree, to invoke the escalation process described in section 5.

5. Escalating concerns

5.1 At this stage of the process our Senior Independent Director (SID) takes over the lead role from our Chair. Should our SID be unavailable, or be prevented from participating because of a conflict of interests, then our Council of Governors may choose any other Non-Executive Director to fulfil the role.

5.2 The first duty of the SID is to establish the facts of the matter. This will be accomplished by reviewing the evidence offered by the petitioner/s, the process of the investigation and any documentation produced and also by meetings/interviews with our governor/s and any of our officers who have been involved. In carrying out this process the SID shall seek the agreement of all interested parties and shall have the authority to commission legal or other advice as required.

5.3 Once the facts are established to their satisfaction, the SID shall make a decision on the course of action to be followed in the best interests of our organisation and shall describe the reasons for that decision in a written report. The decision of our SID will be binding upon our organisation. In the first instance, our SID will present the decision and the report to the governor/s and to interested parties within our organisation.

5.4 Our Chair will then, at the request of our SID, call a closed extraordinary meeting of our Council of Governors as soon as possible in accordance with the terms of our Constitution. The purpose of this meeting, and the sole item on the agenda, will be for our SID to present his or her report and decision and for our Council of Governors to give their response. Three outcomes are possible:

- our Council of Governors accepts the decision of our SID. In this case no further action is necessary
- our Council of Governors does not accept the decision of our SID but chooses not to escalate the matter further. No further action is prescribed by this policy but our Council of Governors may choose to keep the matter under review at future meetings
- our Council of Governors votes to refer a question for legal review or make a formal notification to the Panel for Advising Governors of FTs. The seriousness of the latter cannot be overemphasised. If such a question or any other important issue or uncertainty arises, our governors should always seek to discuss it in the first instance with our Chair or another Non-Executive Director.
- NHS England strongly encourages all Foundation Trusts and governors to try to resolve questions internally before posing a question to the Panel only as a last resort. Our Council of Governors should only consider referring a question to the panel in exceptional circumstances, where there is uncertainty within the Council about whether we may have failed, or are failing, to act in accordance with our Constitution or with Chapter 5 of the 2006 Act, and this uncertainty cannot be resolved through repeated discussions with our Chair or another Non-Executive Director. A governor may only refer a question to the Panel if more than half of the members of our Council of Governors voting approve the referral. Individual governors may not bring a question to the panel without the approval of our Council of Governors as a whole. The panel will then decide whether to carry out an investigation on a question referred to it. If an investigation is carried out, the panel will publish a report on the conclusion. It is noted that our organisation will not necessarily be required to adhere to the Panel's decision.

6. Roles and responsibilities

6.1 Our Chair:

- acts as the prime connection between our Council of Governors and our Board of Directors. They, therefore, have the main role in dealing with any issues raised by Governors, and will involve our Chief Executive and any other directors as necessary
- ensures that our Board of Directors and our Council of Governors work together effectively and enjoy constructive working relationships (including the resolution of any disagreements)
- ensures good information from and between our Board of Directors, Committees, Council of Governors and members and between our senior management and Non-Executive Directors, members of the Council of Governors and senior management
- ensures that our Council of Governors and our Board of Directors receive accurate, timely and clear information that is appropriate for their respective duties
- ensures that our governors understand that their main role is to hold our Non- Executive Directors to account and that all requests for information should be screened for their relevance to achieving this role. Governors should receive a timely and appropriate response to legitimate concerns and questions that cannot be delivered through another established route
- ensures that there is an effective policy to ensure that internal disputes between governors can be resolved effectively
- constructs the agenda for both the meetings of our Board of Directors and our Council of Governors (with the input of others as appropriate)

6.2 Our Chief Executive:

- ensures the provision of information and support to our Board of Directors and our Council of Governors and ensures that our Board of Directors' decisions are implemented
- facilitates and supports effective joint working between our Board of Directors and our Council of Governors
- supports our Chair in their task of facilitating effective contributions and sustaining constructive relations between Executive and Non-Executive members of our Board of Directors, elected and appointed members of our Council of Governors and between our Board of Directors and our Council of Governors
- with our Chair, ensures that our Council of Governors and our Board of Directors receive accurate, timely and clear information that is appropriate for their respective duties
- with our Chair, constructs the agendas for both our Board of Directors and our Council of Governors (with the input of others as appropriate).

6.3 Our Senior Independent Director (SID)

Acts as an alternative source of advice to our governors. Their function is to deal with concerns which would be inappropriate to take to our Chair, or where engagement with our Chair has not resolved the matter.

6.4 Lead Governor

Our Council of Governors appoints from within one governor to act as the Lead Governor to communicate directly with NHS England in the event that the we are at risk of breaching our terms of authorisation.

6.5 Governors

Individual governors have a responsibility to act in accordance with this policy, to raise concerns (as defined in this policy) and to assure themselves that issues have been resolved. In addition, our Council of Governors as a body has a duty to inform NHS England and NHS Improvement if we are at risk of breaching the terms of our provider Licence.

7. Monitoring compliance and effectiveness

This policy will be kept under review, compared with the provisions developed by other Foundation Trusts and revised in accordance with emerging best practice and guidance from NHS England.

8. Definitions

8.1 Petitioner/s – a governor or governors raising concerns under this policy

8.2 SID – Senior Independent Director, one of our Non-Executive Directors appointed by our Board of Directors to provide an alternative to our Chair as source of advice to our governors.

8.3 Lead Governor – the governor elected from within our Council of Governors and has a communication link with NHS England to raise formal concerns on behalf of the full Council of Governors. NHS England may choose to communicate directly with our Lead Governor where they deem it necessary.

9. Distribution

9.1 This policy document will be made available via ICON and our public website.

9.2 Awareness will be raised through Equality Impact Assessment training, all ratifying committees/groups, policies and procedures training and ICON.

11. Key Contacts

Oyetona Raheem	Interim Director of Corporate Governance and Trust Secretary	Oyetona.raheem1@nhs.net
Sarah Fox	Corporate Governance Manager	Sarah.fox@nhs.net
Sally-Ann Reay	Membership Manager	Sally-ann.reay@nhs.net

1. Appendices

Appendix 1: Rapid Equality Impact Assessment

Unclassified

Torbay and South Devon NHS Foundation Trust

Appendix 1
Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	**CoG and Board of Directors Engagement Policy**	**Version and Date**	V1.0 Nov 22
Policy Author	Corporate Governance Manager		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒
Please provide details for each protected group where you have indicated 'Yes'.	

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒
If 'Yes', how will you mitigate this risk to ensure fair and equal access?	

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☒
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)	
To provide the CoG with an engagement policy when working with the Trust/Trust Board of Directors.	
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?	
Council of Governors	

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**
n/a		

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	Sarah Fox	**Signature**	*Sarah Fox*
Validated by (line manager)	Oyetona Raheem	**Signature**	*Oyetona Raheem*

Any issues Please contact Diversity & Inclusion Lead
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travellers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Council of Governors:

Code of Conduct for Governors

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FebruaryOctober 20231

Version 87

NHS
Torbay and South Devon
NHS Foundation Trust

Document Information

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Date of Issue:	February~~October~~ 2023~~1~~	**Next Review Date:**	February 2025~~April 2023~~
Version:	~~8~~7	**Last Review Date:**	October 2021~~April 2019~~
Author:	Director of Corporate Governance and Trust Secretary		
Director(s) Responsible	Chair~~man~~		
Approval / Consultation Route			
Approved By:		**Date Approved:**	
Governance Board		4 April 2007	
Governance Board		17 April 2008	
Governance Board		20 July 2011	
Council of Governors		23 July 2014	
Council of Governors		4 November 2021	
Council of Governors		1 February 2023	
Links or overlaps with other policies:			
Constitution, Standing Orders, Council of Governors Rules of Procedure, Rules of Procedure for Members Meetings.			

Amendment History

Date	Reason for Change	Authorised
March 2007	First Code of Conduct published	CoSec
13 July 2011	Nomenclature	CoSec
15 July 2014	Nomenclature e.g. Governance Board to Council of Governors	CoSec
January 2016	New logo and reference to new Trust name	CoSec
April 2019	Complete review	CoSec

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October 2021	Update to reflect new job title of the Director of Corporate Governance and Trust Secretary. Paragraph 3.2 amended to reflect wording in the Trust's Constitution.	Chair~~man~~
February 2023	Minor updates to reflect updated nomenclature, alignment with the Trust's Constitution, and updated Media Policy.	

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NHS
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NHS Foundation Trust

CODE OF CONDUCT FOR GOVERNORS

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1. INTRODUCTION

1.1 This code of conduct sets out the standards and behaviour that Torbay and South Devon NHS Foundation Trust (hereafter referred to as 'the Trust') expects from the Council of Governors (individually and collectively) when acting on behalf of, or representing, the Trust.

1.2 This code of conduct should be read in conjunction with:

(a) the Trust's Constitution and licence;

(b) the Trust's policy and procedures covering conflicts of interest and counter fraud policies;

(c) the Trust's Standing Orders and Council of Governors rules of procedure;

(d) NHS England's ~~Improvement's (formerly Monitor) NHS Foundation Trust~~ Code of Governance for NHS Provider Trusts, and Your statutory duties: A reference guide for NHS Foundation Trust Governors; and

(e) the NHS Constitution.

2. WHY WE HAVE A CODE OF CONDUCT

2.1 The Board of Directors of the Trust has ultimate responsibility for all actions carried out by staff and committees throughout the Trust's activities. This responsibility includes the stewardship of vast public resources and the provision of healthcare services to the community.

2.2 The Board of Directors is therefore determined to ensure the organisation inspires confidence and trust amongst its patients, members, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the Trust.

2.3 The Council of Governors has an integral role in supporting the Board of Directors in promulgating those values and visions to members, patients and the public, and embedding them within the work of the Trust.

2.4 The Constitution of the Trust makes provision for Governor elections, the appointment of governors, practice and procedure of governors, and ultimately the removal of governors. This code of conduct complements the Trust's Constitution.

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3. APPOINTMENT AND TENURE

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3.1 The Council of Governors is comprised of representatives elected from, and by, the public membership and the staff membership, as well as those appointed from local partner organisations such as local authorities, and universities. Appointments run for three years, after which period the Governor may be able to stand for re-election.

A Governor must be a member of the Foundation Trust in order to stand for election or appointment.

3.2 The council of governors is responsible for representing the interests of NHS foundation trust members, the public at large, and staff in the governance of the NHS foundation trust.~~The Council of Governors represent the interests of the members of the Trust as a whole and the interests of the public. (previous wording - The Council of Governors represent the interests of all NHS Foundation Trust members, not just the constituency that elected, or external body that appointed, individual governors.)~~

4. INDUCTION AND TRAINING

4.1 In order for governors to be effective in performing their legal duties and responsibilities, it is essential that individual governors, and the Council as a whole, are aware of the nature of the work of the Trust and its operating environment. In order to prepare and support governors, the Trust will provide a comprehensive induction and ongoing development opportunities. Individual governors are invited to speak to the Chair~~man~~ and/or Director of Corporate Governance and Trust Secretary about any further information or training needs.

4.2 Governors are expected to attend induction and training programmes, given reasonable notice, in line with any individual or collective requirements identified by the Governor or the periodic Council performance appraisal.

5. ROLE AND FUNCTION OF GOVERNORS

5.1 The Trust will provide governors with guidance outlining their specific role and responsibilities. In fulfilling their general roles and responsibilities individual governors must:

(a) adhere to the Trust's rules and policies, including the Constitution and standing orders, and support its objectives, in particular those relating to NHS Foundation Trust status and developing a successful Trust;

(b) act in the best interests of the Trust at all times;

(c) contribute to the working of the Council of Governors in order for it to fulfil its

role and functions as defined in the Constitution;

(d) recognise that their role is a collective one; and

(e) support and assist the Chief Executive, as the 'accountable officer' in their responsibility to answer to NHS England~~Improvement~~, commissioners and the public.

6. CONFLICTS OF INTEREST

6.1 The Council of Governors has a legal obligation to act in the best interests of the Trust and in accordance with the Trust's Constitution and licence, and to avoid situations where there may be a potential, real or perceived, conflict of interest.

6.2 Governors should not use their position for personal advantage or seek to gain preferential treatment. Governors should be aware of, and act in accordance with, the Trust's policy and procedures on identifying and managing conflicts of interest.

6.3 Upon appointment, and at least annually, governors are invited to complete a declaration of interests form. This document must also be updated where a material change occurs. A register of interests will be maintained by the Director of Corporate Governance and Trust Secretary, and will be made available to the public, in line with the Trust's Standards of Business Conduct Policy.

6.4 Failure by a Governor to declare an interest, real or perceived, could result in the complaints process being instigated by the Trust. Depending on the circumstances and severity of the conflict, this may result in the Governor being removed from office.

7. STANDARDS OF CONDUCT

7.1 Governors are required to adhere to the highest standards of conduct in the performance of their duties. This code of conduct respects and endorses the seven principles of public life promulgated by the Nolan Committee and all governors are encouraged to perform their duties in accordance with them. The seven principles are:

(a) Selflessness
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends;

(b) Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties;

(c) Objectivity
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public

office should make choices on merit;

(d) Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;

(e) Openness
Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;

(f) Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest;

(g) Leadership
Holders of public office should promote and support these principles by leadership and example.

7.2 In performing their roles and responsibilities, governors are encouraged to:

(a) value fellow governors, even when there are differences in opinion;

(b) be mindful of conduct which could be deemed to be unfair or discriminatory;

(c) conduct themselves in a manner which reflects positively on the Trust when attending external meetings or any other events; and

(d) seek to ensure that the membership of the constituency, or partner organisation, that elected/appointed them are properly informed and that their views are fed back to the Trust.

7.3 All governors are expected to understand, agree and promote the Trust's Diversity and Inclusion Policy in every area of their work. The Council's activities should not prejudice any part of the community on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

7.4 Any actual or perceived prejudicial action, views or comments shall be investigated and dealt with in line with the complaints procedure and could result in the Governor being removed from office.

8. STAKEHOLDER ENGAGEMENT

8.1 Governors are accountable to the membership. In order to demonstrate their

accountability governors are encouraged to attend events and provide opportunities to meet, talk and listen to the members, partner organisations they represent, and the public, in order to best understand their views and concerns.

8.2 Governors may receive approaches from or to the media. The Trust is keen to work proactively with governors to promote the work of the Trust, its staff and Council of Governors. The Media and Communications Policy appended to this document sets out the correct procedure for governors to follow.

8.3 Governors should be fully aware of their representative functions and should not become personally involved in patient or public matters that ought to rightly be handled by the appropriate member of Trust staff. Governors are advised to act as a conduit for forwarding public comments and concerns to the appropriate staff member, when presented with a complaint from a member, patient or the general public.

9. VISITING THE TRUST

9.1 In fulfilling their core duties and responsibilities, governors will be expected to visit Trust property. For activities other than attending Council meetings or member events organised by the Trust, governors are requested to follow the procedure below:

(a) for group visits, arrangements will be discussed and agreed between the Chair~~man~~ and Director of Corporate Governance and Trust Secretary, in liaison with appropriate directors and managers; and

(b) for individual visits, the Governor should speak directly to the Director of Corporate Governance and Trust Secretary.

9.2 The Trust will make every effort to accommodate the request of the Governor, but may not always be able to agree to specific dates, times or site visits.

9.3 Personal, non-Governor related visits to Trust property are not covered by this procedure.

10. EXPENSES

10.1 The position of Governor is unremunerated, though reasonable out-of-pocket expenses are paid. Please refer to the Trust's policy on Governor expenses and how to claim for reimbursement for costs incurred on behalf of the Trust.

10.2 Further information about expenses can be gained by speaking directly to the Foundation Trust Office.

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11. MEETINGS

11.1 Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Director of Corporate Governance and Trust Secretary in advance of the meeting. Governors are expected to attend for the duration of each meeting.

11.2 Absence from the Council of Governors meetings without good reason established to the satisfaction of the Council could result in the individual Governor being removed from office.

11.3 Non-attendance at two consecutive meetings ~~in any financial year~~ will result in the Governor being deemed to have resigned their position, unless the grounds for absence are regarded as satisfactory by the Chair~~man~~.

11.4 If a Governor would like to submit an item for inclusion in the Council's agenda, they should forward their request to the Director of Corporate Governance and Trust Secretary at least 14 working days before the meeting. Late items of an urgent nature may be added to the list of any other business, at the discretion of the Chair~~man~~, in discussion with the Director of Corporate Governance and Trust Secretary.

11.5 Meetings of the Council of Governors shall be held in public, and in accordance with the standing orders. The Council of Governors may decide to hold all or part of a meeting in private in such circumstances where confidential or sensitive information needs to be discussed.

12. BOARD AND COUNCIL INTERACTION

12.1 The Council of Governors may invite any or all of the Board of Directors to attend Council meetings. Such invitations will be agreed by the Chair~~man~~ and facilitated by the Director of Corporate Governance and Trust Secretary.

12.2 Governors are reminded that the Council of Governors, Board of Directors and management have a common purpose: the success of the Trust and the provision of safe and high quality care to the community. As such, governors are encouraged to only use their powers of veto and removal in those circumstances where other forms of discussion and mediation have been used and not proven fruitful.

12.3 Governors should treat the Trust's directors, other employees and fellow governors with respect and in accordance with the Trust's policies.

13. MEDIATION

13.1 A mediation process is available to the Council, and individual governors, for use

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when there has been a breakdown of communication or trust between the governors and directors. Further information should be requested from the Chair~~man~~ or Director of Corporate Governance and Trust Secretary.

13.2 Before the mediation process is instigated, the Chair~~man~~, Lead Governor and / or Senior Independent Director (as appropriate) should have met in an attempt to resolve the matter.

~~14.~~ NHS ENGLAND ~~IMPROVEMENT (FORMERLY KNOWN AS MONITOR)~~ 14.

14.1 In general, formal contact with NHS England ~~Improvement (Monitor)~~ will be via the Chair~~man~~, Chief Executive or Director of Corporate Governance and Trust Secretary, as appropriate.

14.2 This does not prevent the Council of Governors nominating the Lead Governor for communications with the regulator in such instances when the usual communication line is inappropriate.

15. CONFIDENTIALITY

15.1 All governors are required to respect the confidentiality of the information they are exposed to as a result of their membership of the Council of Governors. As a member representative, sometimes dealing with difficult and confidential issues, governors are required to act with discretion and care in the performance of their role.

15.2 In situations concerning potential whistleblowing matters, governors are encouraged to adhere to the Trust's Raising Concerns at Work Policy to resolve the matter, in the first instance.

15.3 Any allegations of breaches of confidentiality will be investigated under the Complaints Policy and could result in the removal of any Governor involved in such a breach. This does not include protected disclosures as defined in the Public Disclosure Act 1998. Further information regarding whistleblowing can be found in the Trust's Raising Concerns at Work Policy or by speaking to the Director of Corporate Governance and Trust Secretary.

15.4 Guidance is provided to governors about how to deal with approaches from or to the media and related matters in Appendix 1.

16. CEASING TO BE A GOVERNOR

16.1 Governors must continue to comply with the qualifications required to hold public office throughout their period of tenure, as defined in the 'willingness to serve declaration'.

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Any changes that would render the Governor ineligible to serve must be forwarded to the Director of Corporate Governance and Trust Secretary.

16.2 As previously mentioned, failure to attend two consecutive meetings ~~in any financial year~~ may result in the Governor being deemed to have resigned their position unless the grounds for absence are deemed to be satisfactory by the Chair~~man~~.

16.3 A Governor may resign their office ahead of their tenure by writing to the Director of Corporate Governance and Trust Secretary. Depending on the reasons and circumstances of the resignation, the Chair~~man~~ may decide to formally record those particulars in the minutes of the next Council of Governors meeting.

17. CODE NON-COMPLIANCE

17.1 In addition to this Code of Conduct, a Complaints Policy operates to cover allegations made against governors that appear to breach the spirit of the Code of Conduct or specific conditions of service. Ideally any penalties for non-compliance would never need to be applied.

17.2 Non-compliance with the Code of Conduct may result in action being taken as follows:

(a) where misconduct takes place, the Chair~~man~~ may be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting;

(b) where such misconduct is alleged, it shall be open to the Council of Governors to decide, by simple majority of those in attendance, to lay a formal charge of misconduct. In such instances it will be the responsibility of the Council of Governors to:

(i) inform the Governor in writing of the nature of the allegation of the breach, detailing the specific action or behaviour considered to be detrimental to the Trust, and inviting and considering their response within a defined timescale,

(ii) invite the Governor to address the Council in person if the matter cannot be resolved satisfactorily through correspondence,

(iii) decide, by simple majority of those present and voting, whether to uphold the charge of the breach and conduct detrimental to the Trust,

(iv) impose such sanctions as shall be deemed appropriate. Sanctions will range from the issuing of a written warning as to the Governor's future conduct and consequences, and/or the removal of the Governor from office;

(c) where the Council of Governors cannot agree on a course of action in a situation that is deemed detrimental to the Trust, the Trust has the power to remove the Governor.

17.3 Further information regarding any aspects of this Code of Conduct can be requested from the Director of Corporate Governance and Trust Secretary.

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Appendix 1

Declaration:

I, …….. (**Print Name**) agree to abide by the Code of Conduct for Governors of the Torbay and South Devon NHS Foundation Trust.

Signature: _____

Date: _____

Note: This Code of Conduct does not limit or invalidate the right of a governor or the Trust to act under the constitution.

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Appendix 2

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Media and Communications Policy

1. This policy is intended to provide guidance for governors about how to deal with approaches from or to the media and related matters. The Trust is keen to work proactively with governors to promote the work of the Trust, its staff and the Council of Governors. The policy therefore sets out the correct procedure for governors to follow should they receive a call from the media or wish to publicise activities associated with, or arising from, their position as a member of the Council of Governors of the Trust.

2. The Foundation Trust recognises that the Council of Governors has a legitimate involvement in providing information to the Foundation Trust's membership and wider public. However, to ensure such messages reflect the opinion of the whole Council and are consistent with other statements made by the Foundation Trust, any statements by members of the Council of Governors must be issued through the Trust's Communications Team.

3. The Communications Team under the guidance of the Associate Director of Communications and Partnerships~~Director of Corporate Governance and Trust Secretary~~ is proactive in protecting the reputation of the Trust and ensures that the activities of the Trust are promoted in a positive manner through radio, television and the press at both local and national levels.

4. The promotion of the work of the Council of Governors through the media will be a matter for decision by the Council of Governors.

5. With regard to communication from the press and media, governors must immediately direct all enquiries to the Communications Team who will take responsibility for providing and delivering a response.

~~5.~~6. All governors are expected to comply with the Trust's Social Media Policy if they identify themselves as a governor on their social media profile.

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~~6.~~7. Under no circumstances should an individual member of the Council of Governors publish information on matters pertaining to the Trust or their role as a member of the Council without the knowledge and agreement of the Chair of Governors and the Trust. This includes publishing information on social media.

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~~7.~~8. Any documents given or shown to governors not already in the public domain, are to be treated as confidential and therefore governors must not copy, or otherwise distribute such information without the permission of the Chair of Governors and the Foundation

Trust.

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~~8.~~9. Governors who receive invitations to attend functions or meetings related to their activities as a member of the Council of Governors should advise the Foundation Trust Office.

~~9.~~10. Should a g~~G~~overnor be invited to speak then he or she is requested to clear any proposed speech with the Chair~~man~~ or Director of Corporate Governance and Trust Secretary.

~~10.~~11. For invitations to give a speech or appear publicly in their role as governors that come directly to the Trust, the Foundation Trust Office will draw up a list of those who are willing to represent the Foundation Trust in this way.

~~11.~~12. As a matter of general principle the workings of the Foundation Trust are open and transparent. However, there may be circumstances when, in order to comply with a variety of policies, statutes and commercial confidentiality, this is not possible.

~~12.~~13. Therefore, should any individual member of the Council of Governors become concerned about an aspect of the Trust's activities or that of the Council of Governors they should discuss this in the first instance with the Chair~~man~~ or the Director of Corporate Governance and Trust Secretary who will ensure that the query is properly dealt with.

~~13.~~14. Should governors not be satisfied with the outcome of this process they can appeal to the Senior Independent Director who can be reached through the Director of Corporate Governance and Trust Secretary.

~~14.~~15. The Trust has a clear policy and procedures for responding to Freedom of Information (FOI) requests and should a g~~G~~overnor receive such an enquiry this should be forwarded to the Director of Corporate Governance and Trust Secretary who will ensure that the correct procedure under the Trust's FOI Policy is followed.

~~15.~~16. Finally, governors are of course free to make statements or give interviews in connection with any non-Trust related activities they may be involved in. However, any statements or interviews given by individual members of the Council of Governors in relation to these other aspects of their personal or professional activities must not make reference to any matters pertaining to their position as a member of the Council of Governors.

Governors' Log of Communications

Print date: 25/01/2023 12:03

C-O-G	Gov Newsletter	ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	Status
Question only taken to COG on 02.11.2022	Question to be listed on 28.10.22 edition & full response in 11.11.2022 edition	**132**	Received in FT Office on 27.10.2022	Craig Davidson	South Hams	What is the latest on completion date, tenant move in dates and potential opening of GP practice. In the absence of press releases (maybe I have missed them?) there are rumours ranging from GPs moving Easter 2023 to they are not moving at all! A further rumour is that monies have not yet been paid over by DTC/developer for former hospital so that fitting out when build finished cannot proceed. What is the truth? Have you got plans to inform general public?	L Darke - Interim Director of Estates Planning	18.10.2022 and 31.10.2022	**Initial response provided by Lesley Wade (Associate Director of Operations - Health) on 18.10.2022:** The Trust has been awaiting confirmation from the developed of final completion date. I believe this has now been confirmed in the last couple of days & there will be a communication to this effect; initially to leaseholders. Dartmouth Medical Practice will definitely be moving into the new building. They informed the PPG AGM last Tuesday night that they were aiming to move in around Easter 2023 but once again no firm date has been set. Now we have a date from the developers we can communicate this to Dartmouth Caring & DMP and start to develop our commissioning plans with them including when we will move & when the centre will open. **I have copied in Lesley Darke who might be able to comment on the final rumour you mention.** **Response from Lesley Darke, Interim Director of Estates Planning on 31.10.2022:** We will recieve the monies from the sale of Dartmouth Hospital into the Trust books in this financial year i.e. by the end of March (expected by the end of the calendar year). The fit out of the building will also be in this financial year. There is absolutely no question that the fit out of the building will not take place. Therefore the rumour you have heard that the fit out when the building is finished cannot proceed because monies have not yet been paid over by DTC/developer is not true. We are already in the process of starting to order equipment etc.	Responded
	Question to be listed on 11.11.2022 edition and reply in 25.11.2022 edition	**133**	09.11.2022	Loveday Densham	Torbay	Why is it that there is no reward for Trust employees who do not take sick leave. There are staff who take no sick leave year on year covering for staff who are constantly away either for themselves or for their family commitments. We all get ill which sometimes necessitates our absence but some staff never take this leave at all and their value is considerable - surely some sort of merit award scheme could be introduced for these staff, e.g., an extra day's pay, extra day's leave or even a bunch of flowers for those staff who have a clear sickness record for a set period of time for instance 1-2 years.	Michelle Westwood – CPO	16.11.2022	Thank you for your suggestion in respect of considering a reward for staff members who do not take sick leave. I understand your desire to recognise people that go above and beyond, and our People Award and team Thank you cards are two of such initiatives that aim to recognise and reward outstanding effort. To directly reward staff with additional leave, pay or something of less monetary value for not taking sick leave, is however not recommended or endorsed, the reasons why I share with you. a.In order to deliver the values (respect and dignity, compassion and everyone counts) of our Trust, we must work on the assumption that all sickness absence is genuine. Should managers deem levels of attendance to have a detrimental impact on the delivery of service, there are specific policies and procedures available to help to address this. b.Our strategic objectives include patient safety, and supporting our communities (patients and staff) to take responsibility for their own health and wellness. To reward full attendance may unintentionally incentivise people to work even though they are genuinely ill: the impact of this is placing at risk patient safety and a risk against the health and well-being of patients, fellow staff and the member of staff who is working instead of taking the time to recover. c.To ensure we treat all of our staff with compassion and respect, such a reward mechanism may unintentionally lead to claims of unfairness/discrimination from colleagues who's absence record may be impacted by an underlying medical condition, caring responsibilities, illnesses and ailments that are acquired as part of their role within the organisation, or other contributory factors which may be deemed outside of their control. Disability is a protected characteristic, and therefore should we introduce such a reward agenda, we would be discriminating on the grounds of disability against anyone who has is unable to maintain a full attendance record due to the recognised disability. We would obviously wish to avoid any feelings of discrimination and wish to be an inclusive organisation. Thank you again for your question, it is really important to consider different ideas and innovative solutions: thank you for providing me the opportunity to clarify this for you.	Responded
	Question to be listed in 09.12.2022 edition & full answer in 23.12.2022	**134**	Received on 03.11.2022 but received DLG permission to log on 01.12.2022	Mark Tyrrell-Smith	Torbay	Would it be possible to ask Jon a supplementary question on his presentation? His presentation and slides were clear that in almost all circumstances demand was down, staffing up...but we still have a problem with non-elective flows and ambulance waits. This appeared to be the fact that in all cases Length of Stay (LOS) was up. **What was not as clear was the 'why LOS was up?'.** **Could we go back to Jon and ask for a supplementary slide or bulleted narrative to provide a breakdown and analysis explaining why LOS of Patients has increased?** It will be multi factorial and complex of course - but Peter (I think) asked a key question yesterday if the number of available care beds was a factor in extending the stays. But this explained as not statistically relevant. Which still leaves the question why are patients staying longer in hospital? **It would be useful for Governors to understand how the data is recorded as part of that answer for LOS.** By that I mean if a ward can't discharge a patient is there any method to record where patients are in hospital but well enough to be discharged but not being discharged due to non-availability of a placement or bed? Understanding how LOS is recorded or reported might help our wider understanding. I ask this question in this manner - as Crime Reporting data was being used to drive strategic changes...until they realised the data was not being reported correctly. So had to go back and alter the reporting categories. I am not saying that is the case here - but I think Governors should be able to better understand the cause and effect' element of what Jon described.	J Scott - COO	20.12.2022	Full answer is in Appendix to ID No.134 document - as lengthy and contains graphs	Responded
	Question & summary reply to be listed in 23.12.2022 edition	**135**	Received in FT Office on 16.12.2022	Dave Cawley	South Hams	what is your view of the mid and long term future and profitability of Torbay Pharmaceuticals ?	R Sutton - NED	19.12.2022	Response "commercial in confidence" and available on request	Responded