



Torbay and South Devon
NHS Foundation Trust

Council of Governors Meeting

Public

Date: **Wednesday 7 February 2024**

Time: **2.00 pm – 4.00 pm**

Venue: **Board Room, Hengrave House
and via Microsoft Teams**

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Public Council of Governors Meeting

Board Room, Hengrave House or via Microsoft Teams



Torbay and South Devon
NHS Foundation Trust

07/02/2024 14:00 - 16:00

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MINUTES OF THE PUBLIC COUNCIL OF GOVERNORS MEETING
HELD ON 1 NOVEMBER 2023 AT 2 PM
AT HENGRAVE HOUSE BOARDROOM AND VIA MS TEAMS

Present

* Sal Aziz	* Joanna Bowtell	* Val Browning
* Dave Cawley	* Loveday Densham	* Eileen Engelmann
Matthew Giles	* Annie Hall	* (James Hartley)
Jonathan Hawkins	* Mike James	* Patrick Joyce
* John Kiddey	* Clare McAdam	* Peter Milford
* Hilary Milner	* John Nutley	* Andrew Postlethwaite
* Alison Ramon	* Jonathan Shribman	* John Smith
* Andrew Stilliard	* Jean Thomas	Lee Thomas
Jo Turl	Louise Winfield	Radia Woodbridge
* Ged Yardy		

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

In attendance:

Richard Ibbotson	Chairman	RI
Martin Beaman	Non-Executive Director	MB
Richard Crompton	Non-Executive Director	RC
(Liz Davenport)	Chief Executive	LD
Kirsty Hewett	Membership Manager	KH
Jane Harris	Associate Director of Communications and Partnerships	JH
(Tony Hopkins)	Head of Facilities	TH
Lee Johns	Deputy COO	LJ
Adel Jones	Deputy Chief Executive and Director of Transformation and Partnerships	AJ
Deborah Kelly	Chief Nurse	DK
Emily Long	Director of Corporate Governance and Trust Secretary	EL
Vikki Matthews	Non-Executive Director	VM
(Jake O'Donovan)	Workplace Director	JOD
Paul Richards	Non-Executive Director	PR
Robin Sutton	Non-Executive Director	RS
Michelle Westwood	Chief People Officer	MW

1. OPENING MATTERS

1.1 Chairman's Welcome and apologies for absence

Apologies for absence had been received from: Matthew Giles, Louise Winfield, Johnathan Hawkins, Lee Thomas, Radia Woodbridge, Ian Currie, Siân Walker-McAllister, Gary Hotine, Liz Davenport, Paul Richards, Chris Balch and Mark Brice.

1.2 Declarations of Interest

None.

2. BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETINGS

2.1 Minutes of the meetings held on 2 August and 17 October 2023, Notice of Decision dated 19 September and Written Resolution dated 18 October 2023

The Council of Governors approved the minutes of Council of Governors' meetings held on 2 August and 10 October 2023

The Council of Governors also approved the Notice of Decision dated 19 September and Written Resolution dated 18 October 2023.

2.2 Matters arising not covered elsewhere on the Agenda

None.

3. BUSINESS REPORTS

3.1 Chairman's Report

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

- Brief report due to busy agenda.
- Welcomed the new NEDs:
 - Martin Beaman, Non-Executive Director
 - Barbara Gregeory, Non-Executive Director
 - Robert Williams, Associate Non-Executive Director
- Barbara Gregory would join Charitable Funds Committee meeting.
- Martin Beaman to Chair Quality Assurance Committee.
- Robert Williams' responsibilities would develop.
- Martin Beaman introduced himself by including his background and said he was looking forward to joining the Trust as a NED. MB had been a Non-Executive Director at Devon Partnership Trust for the last 5 years.
- Introduced Professor, Joanna Bowtell, as Exeter nominated Governor to CoG.
- Joanna Bowtell introduced herself to COG and said she was pleased to join the Trust.
- Sam Higginson announced as new Chief Executive Officer for the Royal Devon University Hospital and would be starting on 22 January 2024.
- Arun Chandran would be joining the Trust next week as Chief Operating Officer.
- Thanked Jon Scott on behalf of the COG for his outstanding work for the Trust.

3.2 Chief Executive's Report

Adel Jones verbally briefed Council of Governors on the Chief Executive report on behalf of Chief Executive. Following highlights received were:

- CQC – Position to confirm final report to the public on Friday. This report currently remained confidential.

Key points highlighted by Deborah Kelly from the CQC final response:

- The CQC visit included a review of four core services and a well-led inspection.
- 16 Inspectors visited the Trust in May, June and July.
- Final report was under embargo until the 4th November.
- Positive feedback received under challenging circumstances.
- The four core services that were inspected were: medical care, urgent and emergency care, outpatients and radiology and imaging.
- The Trust received an overall rating of 'requires improvement'.
- The CQC reported that staff were welcoming, polite, knew values, goals, positive and proud to work in the Trust.
- 15 Must do actions recommended by the CQC included:
 - ❖ Themes around Equality Diversity and Inclusivity
 - ❖ Stabilise finances (robust action plans)
 - ❖ IT System
 - ❖ Outpatients
 - ❖ Medical Capacity Act
- Overall rating for experience and the care that our staff has reported was outstanding.
- Balanced report for a challenged position in special measures.
- Improvement plan already in progress.
- Report was embargoed until midnight - an email would be issued at one minute past midnight to the Council of Governors.

Adel Jones continued with the Chief Executive report:

- NOF 4 exit criteria
- Elective care performance had improved. All targets had been met apart from one which was due to the impact of industrial action. The Trust was one of the 28 best in the country. Urgent and Emergency continued to make progress. Highest performance in 3 years.
- Patient initiated digital mutual aid system (PIDMAS) is an extension of patient choice to choose to travel anywhere in the country. Platform to implement from the 31 October for any patients waiting over 40 weeks on a non-admitted pathway without a date would be offered to change provider. The Trust currently providing mutual aid for Plymouth.
- New Hospital Programme business case had been sent to the national team and the Trust are awaiting their response.
- Evaluation stages for EPR Procurement would be complete by end of the month.

The following questions were posed by the CoG:

RI asked LJ to confirm to COG how is the Trust performing alongside other Trusts?

It was noted that the Trust's trajectory in some areas was improving and in others was more flat. It was confirmed that steady progress was being made.

PM asked trajectory towards Tier 2 on elective and what do you think the trajectory is for this Trust to get to where RDUH got to a few weeks ago.

It was reported that the Trust was achieving all standards apart from one in respect of 78 week waits. The Trust was not an outlier in this respect as many Trusts were in a similar position due to the impact of industrial action.

AH asked if Patient Initiated Follow up (PIF) Pathway makes a difference to time to be seen.

PIF was the process that once a patient had received their first follow up and/or treatment, instead of having an arranged follow-up they were given the choice to contact the service if they felt it was necessary. This reduced the demand for face-to-face and virtual appointments. It also gave the patient the flexibility to manage their own care.

GY asked where does the local Nightingale Centre sit, is that inside the Torbay system or is it external?

Orthopaedics and Ophthalmology were using slots at the Nightingale facility and the Trust as part of the Devon collective, were taking forward the one Devon Elective Pilot. The pilot aimed to ensure capacity across the Devon system was being effectively utilised.

LD asked will we be responsible for their financial expenses going to another Trust? Will we have to pay for that? As my understanding is that we will have to support people with their travel arrangements.

The arrangements that would be in place for a patient if they were asked to travel to another Trust for treatment were not yet fully understood.

The cost of providing treatment at a different location was queried and whether the Trust would be required to cover the cost. It was noted that as part of the contract for all Trusts and the treatment they provided, this would not be an issue.

Concern was raised that the Trust might have to cover any additional costs for patients travelling to alternative sites given the current financial situation.

AJ would like the query in respect of financial costs added to the Formal Governor question log. Action: KH (post meeting note – to be addressed as part of the Planned Care presentation to CoG on 7 February 2024)

JN Observation, I was here on Monday at 9:00 o'clock in the morning. I just wondered how busy you were because at that time as an observation, there were 14 ambulances queuing up outside the A&E. I just wondered whether you were exceptionally busy on the Monday.

It was acknowledged that the Emergency Department was exceptionally busy on the day in question and the Trust had declared an internal incident. The Devon system had been similarly challenged over the past two weeks. It was felt this was due to several factors including the impact of the school half-term holiday and winter pressures. The Trust was committed to reducing ambulance delays and improving handover times. It was noted

that over the last weekend the 480 ambulances had arrived at the Trust with patients requiring treatment.

It was acknowledged that long waits for people who were frail and elderly impacted on outcomes and that the Trust was committed to providing the best treatment for its patients in a timely manner.

GD asked what would be your key message to the public?

Patients with long-term conditions needed to make sure that they had adequate supplies of their medicines to ensure they did not need to access medications over weekends, for example, increasing demand on out of hours services. The Trust also ensured it liaised with social care and community teams to support patients to remain at home.

JK Why don't you go out and tell the public this? Why don't you for asking to react to what's happening, go out and speak to the media, say you know, please don't come here unless you have to.

The Trust had run communications campaigns in the past to raise awareness of the need to self-care and plan ahead, including filming from the Emergency Department and clinicians reminding people that the Trust was exceptionally busy.

AS What reports come out to say how many genuine 999 patients need an ambulance?

The Devon system was currently in Tier 1 and as such performance was robustly scrutinised. In terms of alternatives to calling 999, the public had access to the 111 facility and Emergency Department. Operationally across the system regular checks took place to ensure there was an understanding about the capacity available at each Trust.

It was agreed that AJ would speak with the Communications team to consider further public communications on this issue.

It was also noted that 111 and the Southwest Ambulance Service FT performed very well in respect of 'see and treat'. See and treat was where members of the public who had requested an ambulance would be treated by a paramedic if they could receive treatment in an alternative manner, thereby reducing the demand on A&E attendances.

AR See and treat – interested to know figures they prevent people coming to hospital? How to do that from the start

No data was currently available, and the initiative had only just commenced in the Trust, however it had been underway in Plymouth for longer and having positive outcomes.

AS mentioned, Totnes have restarted the out of hours GP service is that going to happen in Torbay again?

It was hoped a GP out of hours service could be reinstated, however this had not yet been finalised. It was also hoped that a referral service could be provided from the Emergency Department between 6.00 pm and 11.00 pm. It was noted that a number of patients waiting for treatment in the Emergency Department were there because they could not access their GP.

DC reported that GPs are at not providing service, because they're just telling people to go to the nearest hospital. Is there any way the NHS generally could persuade or even force GP surgeries to provide the service that we think they should.

GPs were not commissioned to provide minor injury services and therefore would sign-post patients to those facilities. In other parts of the country there were examples of a

large number of GP practices with contracts to provide minor injury services, however this was commissioned based on the number of people in their catchment area and also demand. The CoG was reminded that the Integrated Care Board (ICB) was responsible for commissioning GP-led services and it was suggested this be raised as a concern through the CoG with the ICB.

3.3 Membership Committee Chair's Report

Eileen Engleman presented the Membership Committee Chairs Report. Key highlights received were:

- Increase membership engagement.
- Membership committee getting on board to bring up to date.
- Discussion and plans via constituencies for better engagement in various areas to set up stalls.
- Encourage new members for better equality.
- Additional Governors invited to join the Committee.
- VB confirmed that Chillington GP surgery had offered to have a stall.
- More local constituency engagement

4. DEEP DIVE

4.1 Equality, Diversity and Inclusion

Michelle Westwood, Chief People Officer presented EDI PowerPoint. Key highlights received were:

- Welcoming diversity
- Inclusion
- Changing behaviour
- Equality Act 2010 – Law
- Protected Characteristics
- Discrimination behaviour
- Contractual Obligations
- Belonging
- Action plan of people promise. MW rolling out training in January 2024
- Culture of inclusion

AR How are you including unisons and freedom to speak up guardians? MW Confirmed that the Trust can't do anything without staff side support.

Chairman asked Governors to bring any further questions back to the next COG.

5. GOVERNANCE

5.1 Report of the Director of Corporate Governance and Trust Secretary

Emily Long, presented a summary of the report for Corporate Governance and Trust Secretary.

6. GOVERNOR ITEMS

6.1 Patient Information Flow

The Council of Governors discussed patient information flow and concerns with clinician letters turn around. It was acknowledged that this was not an acceptable position.

- VB informed that GPs are concerned.
- AR encouraged by the response from cardiology 4-day window, but have they achieved that?

COG would like a report back to the next meeting in February.

Action: Post action note to be included in planned care presentation to CoG on 7 February 2024

6.2 Lucy Letby/Freedom to Speak Up Follow Up

The Council of Governors received a freedom to speak up query following the Lucy Letby case from Ged Yardy. GY suggested that the Freedom to Speak Up Guardians were independent of the Trust to ensure their impartiality. He suggested the Council of Governors discuss this issue and potentially pursue it.

EL thanked GY for his observations and said the Trust was undertaking an audit on its Freedom to Speak Up process to ensure it was robust.

6.3 Constitution – Conflict Resolution

The Council of Governors briefly discussed the conflict resolution but due to time restriction it was decided to bring this back to the next meeting. DC wanted noting that this time the Constitution felt rushed, and he would have liked more time to consider the proposed revisions. RI informed the meeting that some Governors had felt too much time had been spent discussing the Constitution.

John Kiddey and Richard Crompton left the meeting at 15.45pm.

6.4 PLACE Inspections – process

Jake O'Donovan, Workplace Director, and Tony Hopkins, Head of Facilities presented the PLACE Inspections with a PowerPoint presentation.

Key points received were:

- Workplace strategy
- PLACE Assessments
- Delivery of patient care journey
- Top 5 on food quality
- Do things differently
- Aspects that need improving
- Improve process for next year
- Carried out assessments at Brixham, Totnes and Torbay

VB informed JOD that the Fire Extinguisher dates have expired.

- *JOD confirmed the issues with extinguishers is that new sets of labels are being put on at the back of the extinguishers. Therefore, you don't know unless you physically take the extinguisher off, whether it's been tested in time.*

LD mentioned no signs to physiotherapy from the outside of the Hospital building.

- *JOD to take away this point.*

6.5 15 Steps Update

The Lead Governor updated the Council of Governors on the 15 steps process and thanked the Trust for including Governors in this process. DK thanked Council of Governors for its support.

7. GOVERNOR ENGAGEMENT

7.1 NED Chair Reports by Exception

None.

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

The Chairman thanked the Membership Manager for changing the format of the Governor question log, which was welcomed.

8. INFORMATION ITEMS

8.1 Approved Constitution

The constitution was noted.

8.2 Governor Calendar and Information Items

The Governor Calendar and Information Items were noted.

9. CLOSING MATTERS

9.1 Any Other Business

- The Lead Governor asked all Governors to review the draft calendar for 2024 meetings and feedback if necessary.
- Ged Yardy requested to add Item 6.3 Constitution – Conflict Resolution to next meeting.
- Dave Crawley confirmed Governors statutory attendance to COG.

9.2 Dates of 2024 Meetings - 7 February, 1 May, 7 August, 6 November

Noted.

9.1 Close of meeting

Meeting closed at 16.12pm.

Report to the Council of Governors	
Report title: Chief Executive's report	Meeting date: 07.02.2024
Report appendix:	
Report sponsor:	Chief Executive
Report author:	Associate Director of Communications and Partnerships
Report provenance:	Discussion items discussed at Board and Board Sub-Committee level..
Description/Purpose of the report and key issues for consideration/decision:	<p>The Council of Governors ('COG') meetings are a key part of our governance arrangements. We maintain our usual communication programme with Governors via regular briefings, email, bespoke newsletters and a combination of virtual and face-to-face meetings.</p> <p>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.</p> <p>At the previous COG meeting Governors received a high-level report on: leadership changes (including current and planned recruitment) and our plan for managing transitions; plans for publication of our Care Quality Commission well-led inspection report; our progress our progress against the exit criteria for National Oversight Framework 4 (NOF4) - including how we are listening to and engaging with our staff; our ongoing work to reduce our waiting lists both locally and system-wide and addressing performance issues in key areas; an update on securing the future of Torbay Pharmaceuticals; urgent and emergency care: ambulance handovers, home before lunch and work on the complex care discharge pathway; our stakeholder engagement group on the future use of Teignmouth hospital; our capital development programme including the endoscopy and theatres expansions; the new hospital programme and <i>Building a Brighter Future</i>; an update on our Electronic Patient Record; the latest updates from the Integrated Care System for Devon, the Devon joint forward plan and the Peninsula Acute Services Sustainability Programme.</p> <p>Since the last Council of Governors meeting, Governors have received briefings on the CQC well-led report publication, NOF4 (delivering best value), approved supplier for our Electronic Patient Record, appointment of interim Chief Nurse, sale of Torbay Pharmaceuticals and recruitment for our new Chair as well as receiving the regular fortnightly Governor newsletters.</p> <p>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:</p>

	<ul style="list-style-type: none"> our progress against the exit criteria for National Oversight Framework 4 (NOF4) - including how we are listening to and engaging with our staff 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, home before lunch and work on the complex care discharge pathway our engagement work and future plans for Dartmouth and Teignmouth hospitals the new hospital programme and <i>Building a Brighter Future</i> an update on our Electronic Patient Record the latest updates from the Integrated Care System for Devon, the Devon joint forward plan and the Peninsula Acute Services Sustainability Programme. 		
Action required:	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation:	The Council of Governors are asked to receive and note the Chief Executive's report.		
Summary of key elements			
How does this report further our purpose to "support the people of Torbay and South Devon to live well"?	This report provides the Council of Governors with information on key corporate matters as well as local, system and national initiatives and developments that contribute to our vision and purpose.		
How does the report support the Triple Aim:	1) population health and wellbeing 2) quality of services provided 3) sustainable and efficient use of resources		
Relevant BAF Objective(s):	Objective 1 - Quality and Patient Experience Objective 2 - People Objective 4 - Estates Objective 5 - Operations and Performance Standards Objective 8 - Transformation and Partnerships Objective 9 - Integrated Care System		
Risk: Risk ID: As appropriate			
External standards affected by this report and associated risks	Care Quality Commission NHS England licence and regulations National policy, guidance		

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

Meeting date:	25 January 2024
Report by:	Alison Ramon
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input type="checkbox"/>
Public or Private	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Council of Governors:

- **Annual Members Meeting** – Discussions to take place with Nick Pères to link AMM with the Digital event in order to attract a wider audience and attendance. Other promotion initiatives (see below) should also help.
- **Increasing Membership Engagement** – Monthly membership promotion stall launching in January Initially at Torbay Hospital on the acute site but with the intention of rolling it across the Trust. Dual purpose to attract new members and check contact details of existing members. Also an opportunity for useful feedback from the public regarding any concerns/trends. A pilot focusing on increasing the engagement of young families and individuals has been agreed. This involves work with Child and Family Health Devon participation lead and schools /colleges.
 Investigating the feasibility of enclosing membership leaflet in patient letters.
 Promoting the staff governor role amongst staff through leaflets and Trust inductions.
 Reintroducing Medicine for Members to be investigated.
 Telephone switchboard promotion to be investigated.
 Informal face to face meetings between the quarterly formal MC meetings to be introduced within community base venues to encourage direct engagement with staff and patients.
- **Some further updates on key actions were discussed:**
 To follow up on PPG reintroduction in GP surgeries, a contractual obligation.
 To check with PALS the outcome of recent complaints to the ombudsman.

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

1. To note the recommendations and actions from the Committee meeting listed above. All Governors are encouraged to input into the planning of the AMM and to support Committee members by tending the promotion stalls.

Report to the Committee of Governors					
Report title: Joint Targeted Area Inspection (JTAI) of Torbay Services period 10 November 2023 – 17 November 2023		Meeting date: 07 February 2024			
Report appendix:	Appendix 1 Trust JTAI Action Plan				
Report sponsor:	Chief Nursing Office				
Report author:	Interim Deputy Chief Nurse				
Report provenance:	The presentation has been shared with the Integrated Care Board and Local Authority within a feedback session with the Chief Nurse December 2023				
Description/Purpose of the report and key issues for consideration/decision:	<p>The report is to provide the Committee of Governors with an update of the recent Joint Targeted Area Inspection (JTAI) initial feedback and action plan regarding next steps and actions to be taken to provide assurance. Key points to point:</p> <ul style="list-style-type: none"> - What was evaluated as part of the inspection - Timelines in relation to publications findings - Themes identified from the initial verbal feedback to include strengths and concerns - Provide assurance regarding immediate actions taken and next steps 				
Action required:	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>		
Recommendation:	The report is for noting.				
Summary of key elements					
How does this report further our purpose to “support the people of Torbay and South Devon to live well”?	This report allows for a review of services across the Partnership in relation to children’s safeguarding to ensure children are receiving the right care and appropriate referrals made in accordance to concern.				
How does the report support the Triple Aim:	<ol style="list-style-type: none"> 1) This report ensures there is a focus on best care in relation to safeguarding of children. 2) The report provides a summary of the quality of services provided across the Partnership. 				
Relevant BAF Objective(s):	Objective 1 - Quality and Patient Experience Objective 2 - People Objective 8 - Transformation and Partnerships Objective 9 - Integrated Care System				
Risk: Risk ID: As appropriate	Risk 3581 score: 12 with controls on place: 4 Lack of oversight of Trustwide Safeguarding Children Referrals for Quality Assurance and safeguarding supervision.				

External standards affected by this report and associated risks	Care Quality Commission Ofsted Her Majesty's Inspectorate of Constabulary
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Joint Targeted Area Inspection (JTAI) of Torbay Services

10th Nov – 17th Nov 23

Natalie Herring
6th December 2023

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What is JTAI?

A new process that looks at Joint Targeted Area Inspections of services for vulnerable children and young people with Ofsted, Care Quality Commission and Her Majesty's Inspectorate of Constabulary

Four inspectorates jointly assess how local authorities, the police, health, probation and youth offending services are working together in an area to identify, support and protect vulnerable children and young people



Who was reviewed as part of the process



- NHS Devon
- Devon and Cornwall Police
- Local authority – Torbay Council
- Health – Torbay and South Devon NHS Foundation Trust
 - Paeds Emergency Department (ED) including paediatric liaison
 - Maternity
 - 0-19 services
 - Paeds
 - CFHD/CAMHS
 - Drugs and Alcohol Service

What did the Inspectors evaluate



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- The inspection focused on practice within the last 6 months, and excluded longer-term interventions with children and families
- How effectively the front doors of individual agencies identify and respond to initial need and risk
- The effectiveness of the multi-agency safeguarding hub (MASH)
- How effectively each agency contributes to the multi-agency response, including early decision-making across early help, child in need and child protection
- How effectively the local partnership, through its multi-agency safeguarding arrangements (MASA), monitors, promotes, coordinates and evaluates the work of the statutory partners
- The impact of leaders and managers on practice with children and families in relation to the front door
- The timeliness of this work and the impact of the local area's actions to improve the multi-agency response to children in need of help and protection

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Publication Timeline

04/01/24 Letter of findings

11/01/24 Responses for comments

24/01/24 Embargo

29/01/24 Letter published

09/02/24 Deadline for complaint
response



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15/03/24 Feedback on inspection

09/05/24 Statement of Action

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Verbal feedback

Areas of Concern:

- The ICB needed to assure itself around the serious weaknesses founded within TSDFT regarding its oversight and professional practice in consistently identifying, and the management of, non-accidental injuries in children
- Potential missed opportunities for child protection medicals
- Safeguarding children teams' advice to professionals as a health representative and specialist advisor to health practitioners
- Capacity of Named Nurse working at an operational level rather than strategically focussed due to capacity challenges in the team

Strengths identified:

- Responsive Maternity and 0-19 service involving a holistic approach to care
- Positive inter-agency working in MASH
- The development of Family Hubs and their accessibility in the community
- Voices of children captured well in safety plans
- Strong multi-agency response for missing and exploitation

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Verbal feedback on the day



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Effectiveness of Partnership working

Flexibility in commissioning

Priorities identified were appropriate

MH Sub group showed no traction

Quality Assurance Group not up and running

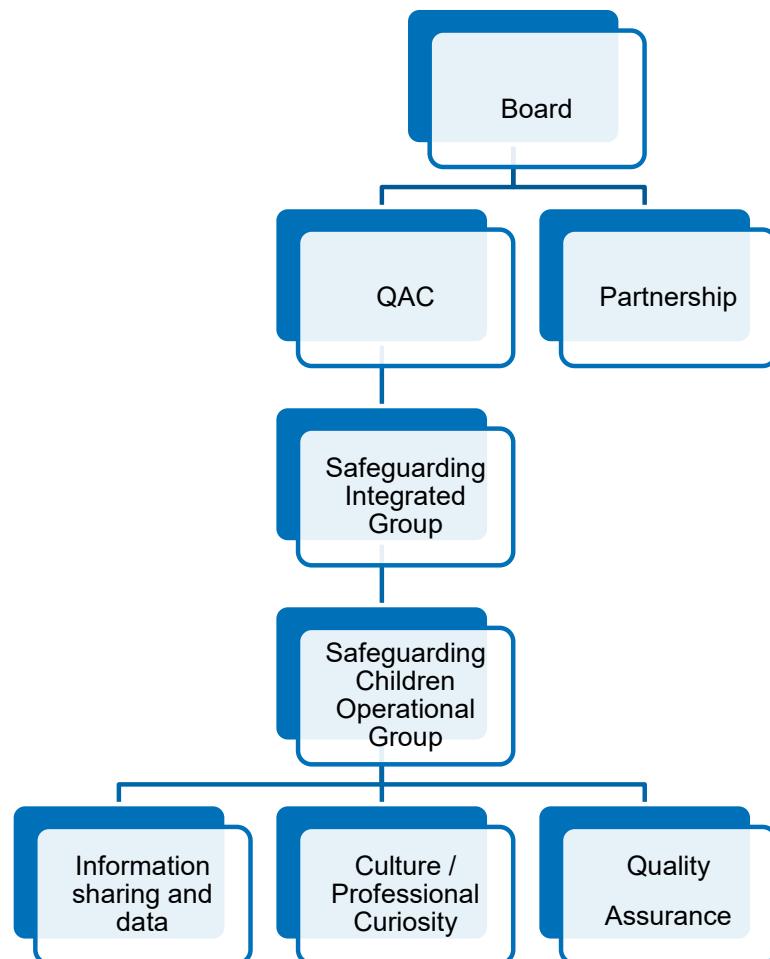
Information Sharing concerns

Lack of information sharing with Paediatric
Liaison and 0-19

No reciprocal information sharing between 0-19
and Early Help

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Internal Governance and Oversight



- Three principal improvement workstreams have been identified internally for TSDFT
- The Oversight and Governance will be through existing QA processes
- Confirmation being sought from LA and ICB around oversight through ICB and Partnership

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What's next – immediate actions

- ✓ From 18th November 2023 all presentations to Paediatric ED are being reviewed by the senior safeguarding children practitioners to identify any missed opportunities and respond accordingly
- ✓ The three cases identified as concern are being reviewed in depth by the clinical team – learning to be shared with team/individuals
- ✓ One of the three cases will be reviewed by another regional organisation for a peer review
- ✓ Development of an action plan to address areas of concern and learning

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Actions taken so far

- ✓ Private Board informed on 29th November of initial feedback
- ✓ Initial feedback shared and discussed at ISIG
- ✓ Service level conversations within Paediatric ED around the need for professional scrutiny
- ✓ Audit framework in place around all presentations
- ✓ Multi- professional Improvement/ Seminar meeting held on Monday 4th December to co- design and agree scope of improvement interventions
- ✓ Supervision framework for members of safeguarding team to address practice issues relating to thresholds and support to front line services who refer in
- ✓ Weekly huddles in place to develop a response and actions
- ✓ Three workstreams identified around quality assurance, professional curiosity and data review
- ✓ Seeking support from QI Team

Actions taken so far

- Establish Improvement Collaborative internally to support development of TSDFT Improvement response. **7th December 2023 – completed.**
- Confirm with the ICB leadership team who is holding coordinating function for plan and response to OFSTED/ICB and HMI. **11th December 2023 – completed.**
- Paper for Quality Assurance Group for January 24 with key actions already addressed and to be taken forward as part of our plan. **31st December 2023 – completed.**
- Establish internal governance and improvement workstreams. **3rd December 2023 – ongoing.**
- Immediate assurance and outcomes from daily audit to be reported to Paeds ED leadership team – **Completed and on-going**
- Action plan developed in response to all concerns raised
- Action plan shared with ICB - **3rd January 2024**
- Establish/enhance audit programme – audit of Paediatric liaison with Health Visitors and School nurses communication. **8th January 2024 – completed and on-going**
- Independent process mapping event to be arranged with a focus on opportunities for improvement in identification of risk and need. **31st January 2024 - Completed**
- Letter of findings received for factual accuracy on 10th January and health response generated with ICB

What Next.. Actions going forward



Torbay and South Devon
NHS Foundation Trust

- Review Named Nurse capacity to support response/ leadership
- Establish campaign and awareness within Paeds ED and Paediatrics around professional curiosity.
- Strengthen MASH data to better understand who is referring and outcomes – this will be strengthened with an EPR system
- Seeking assurance of patient safety in relation to CAMHS waiting lists.
- Task and finish groups to be established following workstream session on 31 January 2024 to take forward agreed actions

Report to the Council of Governors					
Report title: Report of the Director of Corporate Governance and Trust Secretary		Meeting date: 7 February 2024			
Report appendix:	Appendix 1 – CoG Self-Assessment Feedback Appendix 2 – Feedback from Governor Induction Process				
Report sponsor:	Director of Corporate Governance and Trust Secretary				
Report author:	Corporate Governance Manager/Membership Manager				
Report provenance:	n/a				
Description/Purpose of the report and key issues for consideration/decision:	The report provides corporate governance updates on matters of relevance to the Council of Governors.				
Action required:	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>		
Recommendation:	The Council of Governors is asked to receive and note the report.				
Summary of key elements					
How does this report further our purpose to “support the people of Torbay and South Devon to live well”?	The report provides assurance to the Council of Governors that the Trust’s governance processes ensure the Trust meets its statutory obligations which in turn support the people in its footprint to live well.				
How does the report support the Triple Aim:	1) population health and wellbeing 2) quality of services provided 3) sustainable and efficient use of resources The report provides information on the work of the Council of Governors in its support of the Triple Aim.				
Relevant BAF Objective(s):	Objective 1 - Quality and Patient Experience Objective 2 - People Objective 3 - Financial Sustainability Objective 4 - Estates Objective 5 - Operations and Performance Standards Objective 6 - Digital and Cyber Resilience Objective 7 - Building a Brighter Future Objective 8 - Transformation and Partnerships Objective 9 - Integrated Care System Objective 10- Green Plan/Environmental, Social and Governance Objective 11 – Equality, Diversity and Inclusion				
Risk: Risk ID: <i>As appropriate</i>	N/a				
External standards affected by this report and associated risks	Laws or regulations Care Quality Commission Terms of authorisation, NHS England licence and regulations National policy, guidance				

Report title: Report of the Director of Corporate Governance and Trust Secretary	Meeting date: 7 th February 2024
Report sponsor	Director of Corporate Governance and Trust Secretary
Report author	Corporate Governance Manager

Introduction

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

1. 2024 Elections

1.1 The annual elections for the Council of Governors commenced towards the end of 2023. Seats to be contested are shown below:

Public Governor	South Hams	(1 seat)
Public Governor	Torbay	(2 seats)
Public Governor	Teignbridge	(1 seat)
Public Governor	Rest of the South West Peninsula	(1 seat)
*Staff Governor	Families and Communities	(1 seat)
*Staff Governor	Medicine and Urgent Care	(1 seat)
*Staff Governor	Planned Care and Surgery	(1 seat)
*Staff Governor	Children and Family Health Devon	(1 seat)
*Staff Governor	Professional Support Services	(1 seat)

The election process closed on Friday 2 February and the formal announcement of successful candidates will take place on Monday 5 February, after the papers for the meeting have been circulated. A verbal update will therefore be provided at the meeting.

Action: To receive and note the 2024 election update report.

2. Chair and NED Appraisals

2.1 The CoG are asked to note that the 2023/24 appraisal process for the Chair and Non-Executive Directors will be commencing shortly. Governors will be provided with an appraisal form to complete and provide feedback, in respect of the Chair and each Non-Executive Director. It is understood that Governors will not have had the same level of interaction with individual Non-Executive Directors (for example Governor Observers will have had more contact with some more than others) and are asked therefore to complete their assessment to the best of their knowledge.

2.2 As we did last year, a feedback session will then be arranged for Governors to review, moderate and agree the Council of Governors collective view, before passing the information onto the Chair for Non-Executive Director appraisals and the Senior Independent Director for the Chair's appraisal.

Action required: To note the Chair and NED Appraisals Process is due to commence

3. Appointment of Lead Governor and Deputy Lead Governor

- 3.1 CoG will recall that Peter Milford took up the position of Lead Governor on 3 May 2023 for a one-year term. A Deputy Lead Governor was not appointed at the same time due to no nominations being received for that position. Since then we have sought expressions of interest once more and it was agreed that Andrew Postlethwaite take up the role of Deputy Lead Governor, with a term running until May 2024 to bring us back into line with the usual election period for this role.
- 3.2 Ahead of the next term, CoG members are asked to submit expressions of interest for either the Lead Governor or Deputy Lead Governor roles to the FT Office by 9am on Thursday 29 February 2024.
- 3.3 Should there be more Governors submitting expressions of interest than there are vacancies for either position, an election will be held by secret ballot in accordance with the Trust's standard procedures at the meeting of the CoG on Wednesday 1 May 2024.

Action Required: Expressions of interest to be sought for the Lead Governor and Deputy Lead Governor by 29 February 2024.

4. Governor Observers – Board Committees

- 4.1 The annual refresh of the Governor Observer positions on the following committees will become due in Quarter 1, 2024/25.

Governor observers are required for:

- People Committee
- Quality Assurance Committee
- Finance and Performance Committee
- Audit and Risk Committee
- Building a Brighter Future Committee
- Charitable Funds Committee

- 4.2 The Governors are invited to discuss and confirm their agreed approach to the refresh of these positions for 2024/25.

Action required: To note the annual refresh of Governor Observers for Board Committees is due in March 2024 and agree a process.

5. Council of Governors Self-Assessment Template

A self-assessment template (included as an appendix to this report) was recently shared with governors to support an assessment of the effectiveness of the Council of Governors and its meetings. The feedback received is attached to this report for Governors to review and discuss. In particular, it is important to identity

where areas of improvement can be made so that an action plan can be developed for the coming year.

In addition to the self-assessment template, a meeting was held in September 2023 with some of the governors who had joined the Trust in 2023 to receive feedback on the induction process. The feedback received is also shown in this report. Due to the detailed nature of the feedback the CoG may seek to establish a working group to review and work through the feedback and agree actions.

Action required: To note the report and discuss how to progress its outcome

6. Membership Committee

6.1 Governors will be aware that Eileen Engelmann stood down from the role of Chair of the Membership Committee in late 2023. Expressions of interest for the role were sought from Membership Committee members and following a secret ballot Alison Ramon was appointed as the Chair of the Committee. Eileen will remain as a Committee member. CoG members are asked to note the contribution made by Eileen during her tenure as Chair and to welcome Alison into the role.

Action required: To note Alison Ramon is the new Chair of Membership Committee

Council of Governors' Annual Self-Assessment of Effectiveness 2023
To what extent do you agree or disagree with the following statements:

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	RAG	Governor Comment	GGI Comment (June 2022)	Solution/ Summary/ Progress since GGI review (January 2024)
I am clear about my roles and responsibilities as a Governor.	5	6		1		G	Are there any training sessions that can explain the roles and responsibilities for the Council of Governors positions The initial induction was rushed and some of it was not relevant for a Governor, and I did not receive any specific guidance on becoming a Governor. Some refresh of knowledge about Governor responsibilities is needed for all Governors. We are not all in the same place.	There is a disparity across the CoG in terms of understanding of the governor 2023 new governor induction process needed role which makes it challenging for the Council to work as a collective Some governors reported they were not aware of the Trust's induction and development programme for governors	It has previously been acknowledged that the 2023 new governor induction process needed to be improved. Since that time a feedback session has been held with new governors to gain their views on the induction process so that it can be improved for 2024. It is also recognised that further training is required to ensure all governors have a common understanding of their role and responsibilities. This is being arranged so that all new Governors can also benefit in March 2024.
Administration support provided to the Council is appropriate and effective.	6	3	1	1		G			
The number of constituencies of Governors on the Council allow us to represent the interest of all stakeholders.	6	3	2			G			
I receive sufficient high-quality information about Trust activities to enable me to hold the NEDs to account.	3	5	1	2		A			
The Council is well chaired and managed.	8	3				G			
The Council has open, constructive discussions between its members, which focus on relevant issues.	4	4	1	2		A			
The Trust encourages open and honest communication between the Council and the Board members.	6	3		2		A	Although the NEDs carry out their duties perfectly well, it's made difficult for governors when sensitive facts from committees are withheld from Governors despite the worry of leakage. I have to ask myself if this is open and honest and how you are expected to hold a NED to account when put in this position	There have been limited opportunities for governors to engage with members of the engagement public, staff and patients Communication was described as a 'historic issue' within the Trust. Communication is engagement fractured between the CoG and the rest of the Trust, and it can be challenging for governors to ask questions and receive a prompt answer	It is acknowledged that governors require more opportunity to engage with members; this is being addressed through the Membership Committee and the initiatives being progressed. With the exception of 2 respondents the responses were positive here and we would welcome dialogue on the instances where it is felt the Trust could go further, in the spirit of a collaborative relationship the Trust and CoG have had open and challenging conversations recently around our desire to be open and the confidentiality required.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	RAG	Governor Comment	GGI Comment (June 2022)	Solution/ Summary/ Progress since GGI review (January 2024)
Council meetings focus on issues that are relevant to me.	4	4	2	1		A	Having been on the CoG for a short period of time, I am a little unsure of roles I am meant to be involved in. I find the COG meetings very interesting and gives an insight into procedures which in turn highlights the issues and problems that occur within the hospital.		It is hoped that through this self-assessment we can re-focus agendas based on CoG interest. Broadly the responses were positive here. The Trust has responded positively to all requests for information and presentations, however, there are often competing requests and limited time, and so guidance would be helpful here.
The Council of Governors meeting programme is adequate to discharge its duties (i.e. 4 CoG meetings a year, supplemented with CoG Priorities and Governor only meetings)	3	4	1	1	1	A	<p>There are more than the 4 per year advertised which is misleading to new CoG members (1 other made a similar comment)</p> <p>I much prefer face to face. I think this is much more conducive to effective communication, team building and decision making. I accept there are disadvantages around car parking and selection of external speakers to be meeting room availability but this could be alleviated a little with fewer meetings (4 others preferred face to face also)</p> <p>As a staff governor, I prefer hybrid and virtual to face to face, as sometimes it can be difficult to commit to attending in person a result of workload (one other preferred virtual meetings)</p> <p>Having attended both COG and Public meetings and others I feel the frequency is adequate. Apart from the COG coffee mornings I prefer to have face to face meetings.</p> <p>The meetings are well run and do keep to time.</p> <p>I struggle to attend all the meetings, especially when some are two days running, due to my caring duties. As mentioned above about the time of the meetings does nothing to help those members who are working a 9-5 day. Could we please have some after 4pm and could we have some of them over one day. At my last Trust we held CoG in the afternoon and Governor only meetings in the morning – as a result of this we were all present when we planned the questions that we would put forward to the CoG and it was a more efficient use of our time.</p> <p>Please can we have some meetings on the same day instead of over</p>	<p>The CoG has recognised and understand the need for all members CoG members (1 other made a similar comment)</p> <p>Some members of the CoG would like to be more actively involved in the disadvantages around car parking and selection of external speakers to be meeting room availability but this could be alleviated a little with fewer meetings (4 others preferred face to face also)</p> <p>As a staff governor, I prefer hybrid and virtual to face to face, as sometimes it can be difficult to commit to attending in person a result of workload (one other preferred virtual meetings)</p> <p>Having attended both COG and Public meetings and others I feel the frequency is adequate. Apart from the COG coffee mornings I prefer to have face to face meetings.</p> <p>The meetings are well run and do keep to time.</p> <p>I struggle to attend all the meetings, especially when some are two days running, due to my caring duties. As mentioned above about the time of the meetings does nothing to help those members who are working a 9-5 day. Could we please have some after 4pm and could we have some of them over one day. At my last Trust we held CoG in the afternoon and Governor only meetings in the morning – as a result of this we were all present when we planned the questions that we would put forward to the CoG and it was a more efficient use of our time.</p> <p>Please can we have some meetings on the same day instead of over</p>	<p>Governors are reminded that the statutory requirement for a Governor is to attend the quarterly formal Council of Governors meetings.</p> <p>All other meetings are optional and have been set up at the request of the CoG; it is however recognised that attending these meetings supports the role of the governor in terms of understanding, for example, the different operational areas in the Trust.</p> <p>This is made clear to potential Governors as part of the pre-election information shared with them.</p> <p>In the past year, following the outcome of the GGI review, Governors have had a direct influence on speakers who have presented at various governor meetings.</p> <p>In terms of opportunities for governors to meet face to face in period outside of formal meetings, there are now various opportunities to do this – CoG Priorities and Governor only meetings and for those that are happy to share, contact details have been circulated to all governors.</p> <p>As part of the self-assessment feedback, various preferences have been expressed around face to face vs hybrid meetings and timings of meetings, for example holding two meetings on the same day. Governors need to decide as a collective what format and timing of meetings works best for the CoG as a whole.</p>

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	RAG	Governor Comment	GGI Comment (June 2022)	Solution/ Summary/ Progress since GGI review (January 2024)
The level of participation of NEDs at Council meetings is appropriate.	3	4	2	1		A	several. Could we also have different times for the meetings to fit in with working members.		Mostly respondents were satisfied, however due to some dissatisfaction this is marked as Amber.
I am properly engaged in the strategic direction of the Trust.		5	4	1	1	A	I am not aware of how we are involved in the strategic direction of the Trust. No one has asked me to be involved in this.		Mostly respondents were satisfied or unsure, however due to some dissatisfaction this is marked as Amber.
As a member of the Council I feel a valued part of the organisation.	4	4	2	1		A		Some governors felt they did not receive the recognition and credit they should be given from the Trust.	Mostly respondents were satisfied, however due to some dissatisfaction this is marked as Amber. In creating a culture where all people feel valued and respected it is a shame to receive negative feedback, the Trust values and recognises the important role of volunteers for which the CoG are esteemed.
I receive regular information from the Trust, which is useful to understand the general business of the organisation.	7	3		1		G	The information provided from the admin office is often confusing, duplicated and unclear and inconsistent and often in messy, lengthy emails/attachments		As all but one strongly or agreed positively this has been marked as green, if however we can improve please provide feedback.
The Council is informed of any issues that could cause public or media interest before they are a risk.	4	3	3		1	A	Information shared to the CoG is often shared publicly/with media	Communication was described as a very last minute or had already been 'historic issue' within the Trust.	Generally all significant press releases are shared with governors before the general public, if there are instances where this has been missed please provide feedback.
The Council receives training or has issues explained that support understanding of a topic.	5	5		1		A	Are there any training sessions that can explain the roles and responsibilities for the Council of Governors positions.		See comments above re induction and training.
							The initial induction was rushed and some of it was not relevant for a Governor, and I did not receive any specific guidance on becoming a Governor.		
							Some refresh of knowledge about Governor responsibilities is needed for all Governors. We are not all in the same place.		

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Don't know	RAG	Governor comment	GGI comment	Solution / summary
I am clear about the role and responsibilities of the Council of Governors.	3	7	1				G	Are there any training sessions that can explain the roles and responsibilities for the Council of Governors positions.	Some governors were unclear about the decision-making process within the Trust	Marked as green as all but one (who stated unsure) responded positively.
The Governors hold the NEDs to account effectively.	2	2	7				A	I haven't experienced governors holding the NEDs to account as a result I selected not sure	Some governors were not familiar with the executive team and the non-executive directors.	As most Governors were unsure this has been marked as Amber.
The Council are a valuable part of the organisation.	5	5					G		There have been limited opportunities for the CoG and NEDs to engage formally and the NEDs informally, outside of Governor Observer role	The annual appraisal process, supported by multiple engagement opportunities in year, attendance at Board and Governor Observers provide access to NEDs in a range of settings.

Other Comments:

To what extent do you agree with the following statements:

	Agree	Not Sure	RAG	Governor comment	GGI comment	Solution / summary
The Lead Governor has the confidence of the Council and the Board.	11		G	<p>The Lead Governor is doing an exceptional job.</p> <p>Peter does a fantastic job as Lead Governor and deserves a pat on the back for his commitment to the CoG as the Lead Governor</p> <p>The current lead governor is very efficient, engaging and well respected.</p>		
The Lead Governor participates in a range of opportunities to engage with the organisation (i.e. not just the formal Council meetings)	11		G	<p>I have tried my best!!!</p> <p>I was made to feel very welcomed by the Lead Governor and having attended quite a few meetings, I feel he has a vast knowledge of the NHS and is interesting the hear what he has to say.</p> <p>The Lead Governor has been very helpful towards me.</p>		
The Lead Governor fosters a collaborative approach, and proactively seeks Governor colleagues' views.	11		G	<p>There have been some difficulties between lead governor and another governor. Things have calmed down but it has been an unwelcome distraction from the business of the CoG.</p>		
The Lead Governor encourages the Council to function as a cohesive team in holding the NEDs to account for the performance of the Board.	10	1	G	<p>I was made to feel very welcomed by the Lead Governor and having attended quite a few meetings, I feel he has a vast knowledge of the NHS and is interesting the hear what he has to say.</p> <p>The current lead governor is very efficient, engaging and well respected.</p>		
The Lead Governor takes positive steps to build the relationship between the Board and Governors.	10	1	G	<p>Lead governor does a magnificent job.</p>		

Please tick the following training and development needs which you feel you would benefit from:

7	Holding to account	Comments:
5	Engaging with members	
4	Effective questioning	I feel training on the above would give me a better understanding of my position and of the roles I should be more involved in.
4	NHS finances	
2		Could we have practice training in cardiac resuscitation? I ask because I was asked to do this one and I had no idea what to do.
	Roles and responsibilities	Yes, apart from finance

GGI Key Finding/Priority for the CoG – Diversity and representation has been identified as an area for future development for the CoG.

Feedback from Governor Meeting to review Trust Induction Process

A number of our Governors who joined the Trust since February 2023 met to discuss the Induction process, with a view to identifying any improvements that could be made for future years.

Feedback received was as follows:

Feedback	Comment (if applicable)
Governor Induction Folder – the folder is very useful, but does contain a lot of information. Some Governors have not yet had opportunity to read all of its contents.	We are hoping to make the induction folder available on a teams channel for Governors to access. This way it can be kept up to date and save the need for printing and associated costs.
Induction meetings with key Trust staff – welcomed and found to be useful.	
NHS Provider Core Skills Training – felt to be provided at the right time as part of the induction process. One governor found some of the information on the training to be confusing. Agreed that anyone attending the training in the future be reminded that they can ask the FT Office for any support/explanation following the session.	For 2024 a Trust-led induction session will be provided for new Governors (and anyone else who wishes to attend).
Mandatory Training – governors report that some of the training was not felt to be relevant to the role, however it was noted that the training modules for volunteers is defined by NHS England, rather than locally by the Trust, so cannot be changed.	
Code of Conduct – this was welcomed, however it was felt the section around how individual governors and the CoG as whole conducts itself needs to be strengthened. It was felt that, at the moment, the CoG was not working as one with unsupportive behaviours from some governors, this included emails being sent to a particular group of governors, but not the whole CoG. It was also felt that some governors were championing personal issues rather than those agreed by the CoG as a whole.	The Code of Conduct is in the process of being reviewed and will be available for Governors to comment on suggested updates shortly.
Governors' Questions – there was some confusion around the process for Governor Questions. It was agreed this would be included in the next update to the Induction folder. In addition, Governors to be informed that the Trust Office can support them to form the wording for questions, if necessary. The	As agreed, information on the process to be included in the Governor Induction Folder.

length of time it took to obtain answers to some questions was also discussed. It was also noted that the Governor Question process was likely to be reviewed in the near future.	
The support and induction provided by the FT office was felt to be at the right level and appropriate.	
Function of the CoG – it was not clear to governors who did not sit on the committees the work that was undertaken by both the Governor Nominations and Remuneration Committee and the Membership Committee. It was agreed the terms of reference for the Committees to be included in the Induction folder in the future.	This will be covered at the new Governor Induction session and as agreed, Governor Nominations and Remuneration Committee and Membership Committee terms of reference will be included in the Induction folder.
Welcome from established governors – it was felt that only a few of the established governors took the time to welcome new governors and make connections with them. It was agreed that a buddying system be introduced for 2024.	Buddy system to be in place for 2024.
<p>Representing the views of Members/wider public</p> <ul style="list-style-type: none"> Elected Governors – are not clear on how they can properly reflect the view of Trust members and the wider public. Noted that the Membership Committee is working on gathering information about events that take place throughout the year that Governors can attend, in particular groups that are currently under-represented in terms of the Trust's membership. In addition work is taking place to gather a list of voluntary groups that governors could chose to become a part of, if they wished. In particular PPGs were discussed and the Trust was asked to encourage the ICB to ensure all GPs practices have established a PPG. It was felt that, in general, the Membership Committee needed to raise the profile of its work. Appointed Governors – some appointed governors were struggling with their role and how they fit into the CoG and represent the views of their organisation. It was 	<p>To be addressed through the induction session.</p> <p>A report goes to CoG and the Committee are working on a new work programme.</p> <p>As above.</p>

agreed that this should be included as part of their induction.	
Number of meetings – all governors are informed that they are only statutorily required to attend the four CoG meetings each year and that the other meetings (CoG Priorities, Governor Only and Coffee Mornings) are not mandatory. However, it was acknowledged that these additional meetings are very useful and provide information to support the role of the governor, particularly if governors are receiving presentations on the work of service areas for example. The difficulties of attending a large number of meetings was expressed, particularly by appointed governors, as many of them work full time. It was agreed that more clarity on the meeting schedules to be provided as part of the election and induction process.	To be addressed through the election and induction process.
Staff Governors – need to be clear about the time commitment and that staff governors can take reasonable time off to attend meetings as part of their working day.	Please speak with your line manager or the Trust office in the first instance. Leave to attend all mandatory meetings is supported.
Information on themes identified from complaints and feedback – governors were reminded that they received the annual complaints and feedback report at the August CoG, however it was suggested that information on themes could be provided to the CoG on a quarterly basis. It was also noted that the PALS team are scheduled to attend a future governor meeting to provide a briefing on their work.	Governors to advise how this fits into the work programme and if this remains a priority. It is proposed that the work programme be reviewed and re-prioritised.
Board Patient Stories – it was noted that the majority of these were 'good news' stories, and it was felt that sometimes, a story should be provided where things did not go so well for the patient/carer/family.	This has been noted, it is helpful to make space for things that go well and not so well.
Acronyms – even with the jargon buster information in the induction pack, governors find it difficult to understand all the jargon.	

Date Requested	Governor	Consistency	Summary Description	Exec Lead	Response Date	Response Summary	COG	Gov Newsletter	Status
18.11.23	Hilary Milner	Appointed	Should it be best practice to inform patients at the onset, to allay any worry, that if there will be two appointments as part of the Urology procedure, to state this in the appointment letter	Arun Chandran		<p>"Many thanks for your email which raises a very valid point.</p> <p>Unfortunately, due to restrictions we currently have with our IT system we are unable to amend the appointment letter that is currently sent to the patients. A leaflet could be produced however, this option would not be cost effective due to the small number of patients affected. When we are able to go live with a new Electronic Patient Record, we will be able to ensure appointment letters clearly outline what may be required prior to an appointment.</p> <p>Please come back to me if you require any further information."</p>	07.02.24	22.12.23	Closed

Tab 8.2 Feedback and questions from Members and Governors including Governor Communications Log

Governors' Log of Communications

Print date: 31/01/2024 16:15

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	C-O-G	Gov Newsletter	Status
157	01.11.23	Loveday Denshaw / John Kiddey	Torbay	Will the Trust be responsible for their financial expenses going to another Trust? Will we have to pay for that?	Arun Chandran			01.11.23	30.11.23 Q ONLY	Assigned
159	23.11.23	COG	COG	The number of patients presenting with acute/urgent dental problems (tooth pain etc.) at the Torbay Hospital Accident & Emergency Department and elsewhere in the Trust over the past three years?	Arun Chandran			07.02.24	30.11.23 Q ONLY	Assigned
160	23.11.23	COG	COG	What happens to the patients with dental problems who present to A&E? How many are treated by the Trust? How many are referred to 111 or other dental services?	Arun Chandran			07.02.24	30.11.23 Q ONLY	Assigned
161	23.11.23	COG	CoG	How many patients have presented to the 111 service, concerning acute dental problems over the past three years? Please could you also provide details (a summary report or similar) of the performance of NHS Dentistry contracts in South Devon in 2023? If possible can we obtain the data for our constituencies areas?	ICB - Jo Turl			07.02.24	30.11.23 Q ONLY	Assigned

Report to the Council of Governors			
Report title: Governor Calendar and Information Items		Meeting date: 7 th February 2024	
Report appendix:	Appendix 1 – 2024 Governor Meetings Appendix 2 – Governor Newsletters Appendix 3 – Governor Observer Reports		
Report sponsor:	Director of Corporate Governance and Trust Secretary		
Report author:	Corporate Governance Manager		
Report provenance:	n/a		
Description/Purpose of the report and key issues for consideration/decision:	The report provides Governors with an annual calendar of statutory business and the Governor Newsletters that have been circulated to Governor since the last Council of Governors meeting.		
Action required:	<input type="checkbox"/> For information	<input checked="" type="checkbox"/> To receive and note	<input type="checkbox"/> To approve
Recommendation:	The Council of Governors is asked to receive and note the report.		
Summary of key elements			
How does this report further our purpose to “support the people of Torbay and South Devon to live well”?	The report provides assurance to the Council of Governors that the Trust’s governance processes ensure the Trust meets its statutory obligations which in turn support the people in its footprint to live well.		
How does the report support the Triple Aim:	1) population health and wellbeing 2) quality of services provided 3) sustainable and efficient use of resources The report provides information on the work of the Council of Governors in its support of the Triple Aim.		
Relevant BAF Objective(s):	Objective 1 - Quality and Patient Experience Objective 2 - People Objective 3 - Financial Sustainability Objective 4 - Estates Objective 5 - Operations and Performance Standards Objective 6 - Digital and Cyber Resilience Objective 7 - Building a Brighter Future Objective 8 - Transformation and Partnerships Objective 9 - Integrated Care System Objective 10- Green Plan/Environmental, Social and Governance Objective 11 – Equality, Diversity and Inclusion		
Risk: Risk ID: <i>As appropriate</i>	N/a		
External standards affected by this report and associated risks	Nil		

Torbay and South Devon NHS Foundation Trust
ALL Governors Meetings 2024

- Public Board – Monthly (excluding August and December) starts at 11:30 am, all meetings are held in the Boardroom, Hengrave House and via MS Teams.
- Council of Governors – Quarterly, starts at 2pm held in the Boardroom and via MS Teams
- Membership Committee – Quarterly, starts at 2pm held Virtually via MS Teams
- CoG Priorities – Bimonthly, starts at 2.30pm, held in the Boardroom, Hengrave House and via MS Teams
- Governor Only – Bimonthly, starts at 2.30pm. Boardroom, but FT Office will look at visiting other Trust sites for these, at request of Governors.
- Governor Coffee Mornings – Monthly, starts at 10.30am, held virtually via MS Teams
- Annual Members - Once a year in September, to present the annual report.
- Governor Nominations and Remuneration Committee – Ad hoc meeting when required.

Public Board meetings (10 a year)- attendance voluntary at Public Session		
Date	Time	Venue
31 January	11.30am	Boardroom
28 February	11.30am	Boardroom
27 March	11.30am	Boardroom
24 April	11.30am	Boardroom
29 May	11.30am	Boardroom
26 June	11.30am	Boardroom
31 July	11.30am	Boardroom
(no meeting in August)		
25 September	11.30am	Boardroom
30 October	11.30am	Boardroom
27 November	11.30am	Boardroom
(No meeting in December)		
Governor Obligations	Governors observe NEDs contributions at Board and hold NEDs individually to account for performance of Board – (Questioning NEDs on the Trust's quality and financial performance)	

Council of Governors Meetings (4 a year)		Dates	Presentation
Chaired by	Trust Chairperson	January	
Agenda Set by	Lead Governor and Chair	07 February	Planned Care
Governor attendance	Statutory Attendance	March	
Exec & NED attendance	Yes	April	
Trust Office attendance	Yes	01 May	
Time	2pm – 4pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	July	
Minutes	Required	07 August	
Description	Formal Statutory Council Meeting	September	
Purpose	Council of Governors are required to meet at least quarterly to ensure Governors can fulfil their statutory duties.	October	
Governor Obligations	Engagement with the Trust	06 November	

Additional Points		December	
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Membership Committee Meetings (4 a year)		Dates	Presentation
Chaired by	Membership Committee Chair	25 January	
Agenda Set by	Chair	February	
Governor attendance	Only Governors who are on the Membership Committee attendance is required	March	
Exec & NED attendance	No	25 April	
Trust Office attendance	Yes	May	
Time	2pm – 4pm	June	
Venue	Via MS Teams	25 July	
Minutes	Required	August	
Description	Formal Committee Meeting	September	
Purpose	The purpose of the Committee is to support Governors in fulfilling their statutory duty to represent the interests of Foundation Trust Members and the public.	24 October	
Governor Obligations	Review FT membership data to target underrepresented groups	November	
Additional Points	Governors can self-nominate to join Membership committee	December	

CoG Priorities Meetings (6 a year)		Dates	Presentations
Chaired by	Trust Chairperson	16 January	Maternity / Freedom to speak up
Agenda Set by	Lead Governor and Chair	February	
Governor attendance	Voluntary Attendance	19 March	Neds' session
Exec & NED attendance	Voluntary	April	
Trust Office attendance	Yes	21 May	
Time	2.30pm – 4.30pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	16 July	
Minutes	Yes, but the format may change to best suit the meeting, which may include PowerPoint slides as a record of the meeting	August	
Description	Formal meetings	10 September	
Purpose	Meetings set aside to allow more complex priority issues to be heard and discussed by the CoG. Enabling the NED/CoG working relationship. Facilitating NEDs or Board Executives to present to the CoG in the form of a 'seminar' on key priority topics or CoG Questions. Allowing the CoG time to ask more detailed questions.	October	

Governor Obligations	Collective working and raise individual and collective questions to ensure views of FT Members and wider Public are received and responded to as required	19 November	
Additional Points	Priority sessions should where practical be linked to the Priorities set by the CoG and agreed by the Board	December	

Presentations	Date	Meeting	Six Priorities 2023 - Outstanding
Emergency	1.8.23	CoG	Emergency Response
			Seven Day Working
			Waiting Lists
Cancer Services	5.7.23	CoG Priorities	Cancer Services
Car Parking	5.7.23	CoG Priorities	
Social Care	8.8.23	Governor Only	Social Care
BBF Tour	9.8.23	Tour	Building a Better Future
Totnes Tour	13.9.23	Extra Tour	
EDI	1.11.23	CoG	
Dartmouth Tour	7.11.23	GO – Extra Tour	
Long Covid	12.12.23	GO	
Outstanding Presentations			
Pals 19.02.24	EPR Follow up 16.1.24	Social care Follow up	Digital Team follow up
Men's Health	Planned Care – NOF4 07.02.24	Maternity Services 16.01.24	Comms update

Governor Only Meetings (6 a year)		Dates	Presentations
Chaired by	Lead Governor and deputy Lead Governor	January	
Agenda Set by	Lead Governor	20 February	
Governor attendance	Voluntary Attendance	March	
NED attendance	No	16 April	
Trust Office attendance	Only if requested	May	
Time	2:30 pm to 4:30 pm	18 June	
Venue	Boardroom, Hengrave House	July	
Minutes	As required, which may include a bulleted summary of the meeting or no minutes at all under the Chatham House Rule	20 August	
Description	Informal Governor only meetings	September	
Purpose	Regular Governor only meetings to ensure Governors can discuss and debate all relevant issues to ensure a level of collective knowledge and responsibility. The agenda may include Governor training as CPD, and reports by Governor Observers, CoG Committees and Constituency leads.	15 October	
Governor Obligations	Enables collective working	November	
Additional Points	Can be held in community settings if requested.	17 December	

Governor Coffee Mornings (12 a year)		Dates
Chaired by	Lead Governor	18 January
Agenda Set by	Lead and Deputy Lead Governor	15 February
Governor attendance	Voluntary Attendance	21 March
NED attendance	No	18 April
Trust Office attendance	No	16 May
Time	10.30am – 11.30am	20 June
Venue	Remains a Virtual Teams Meeting	18 July
Minutes	No minutes – Chatham House Rule applies	15 August
Description	Informal meeting of Governors only	26 September
Purpose	To enable an informal discussion about topical issues. To raise any points to be taken forward by the LG or to be raised more formally as a CoG.	17 October
Governor obligations	To facilitate informal Governor collective working	21 November
Additional Points		19 December

Annual Members' Meeting (1 a year)		Dates
Chaired by	Trust Chairperson	January
Agenda Set by	Membership Committee, Lead Governor, and Chair	February
Governor attendance	Voluntary or as requested to support	March
NED attendance	Voluntary or as requested to support	April
Trust Office attendance	Yes	May
Time	TBC	June
Venue	TREC Lecture Theatre, next to Horizon Centre, Torbay Hospital	July
Minutes	Required	August
Description	Statutory Annual Members' Meeting to receive annual report, quality report and accounts.	19 September
Purpose	To present to members: and the public the annual accounts and report. Including any updates on membership and Governor elections.	October
Governor Obligations	Representing FT Members and Public and Hold NEDS collectively to account for performance of Board	November
Additional Points		December

Chair and Lead Governor Meetings		Dates
Chaired by	Trust Chairperson	January
Agenda Set by	Chair and Lead Governor	February
Governor attendance	Bimonthly Lead Governor and Constituency Leads. Trust CEO may also attend if available.	March
NED attendance	No	April
Trust Office attendance	No	May
Time	As diary permits – Chair PA arranges meetings	June
Venue	Chair's Office, Hengrave House	July
Minutes	Bulleted highlights produced for CoG	August
Description	Informal meeting	September
Purpose	Regular meetings between the Chair and the LG/CLG. Providing an informal meeting where issues or questions emanating from the Governor meetings can be discussed directly with the Chair.	October
		November

Additional Points		December
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Constituency Meetings		Dates
Chaired by	Nominated Governor in each constituency	January
Agenda Set by	Constituency Governors	February
Governor attendance	All Constituency Governors as available	March
NED attendance	If invited	April
Trust Office attendance	No	May
Time	As diary permits	June
Venue	Local	July
Minutes	As required, which may be bulleted highlights produced for reference	August
Description	Informal meeting	September
Purpose	To enable Governors specific time to focus time on local constituency related issues	October
		November
Additional Points	Normally held quarterly	December

Governor Observer Reports from the Board Level Sub Committee Meetings		Dates	Committee (Governor Initials)
Observed by	Nominated Governor for each Committee	January 22 29 29 17	Audit Committee (AP) Finance and Performance Committee (SA) Quality Assurance Committee (VB) Building a Brighter Future (DC)
Governor attendance	Nominated Governors as available	February 26 26 21	FPC (SA) People Committee (AS) BBF (DC)
Report	Circulated via monthly Newsletter to all Governors	March 25 25 6 20	FPC (SA) QAC (VB) Charitable Funds Committee (AR) BBF (DC)
Description	Observations	April 10 22 22 17	AC (AP) FPC (SA) PC (AS) BBF (DC)
Purpose	Assessing the NEDs performance	May 22 20 20 15	AC FPC QAC BBF
Additional Points	New Governor observers decided to start in May.	June 25 24 24	AC FPC PC

		12 19	CF BBF
Governor Obligations	Hold NEDs individually to account for performance at each Committee	July 24 29 29 17	AC FPC QAC BBF
		August 21	BBF
		September 23 2 23 11 18	FPC PC QAC CF BBF
		October 2 28 21 16	AC FPC PC BBF
		November 25 25 20	FPC QAC BBF
		December 16 9 11 18	FPC PC CF BBF

Governor Nominations and Remuneration Committee (AD HOC)		Dates
Chaired by	Trust Chairperson	15 January
Agenda Set by	Chair	February
Governor attendance	Governor Members Only	March
NED attendance	Senior Independent Director	April
Trust Office attendance	Corporate Governance Manager	May
Time		June
Venue		July
Minutes		August
Description		September
Purpose	Involvement input for performance appraisals for Chair and NEDs	October
Governor obligations	Hold NEDs individually to account for performance of Board	November
Additional Points		December

Summary of standing and ongoing Governor Obligations:

- Ask about CQC judgements on the quality of care at the Trust – ad hoc
- Contact Senior Independent Director – if have concerns or if direct contact is inappropriate – ad hoc
- Jointly approve amendments to Trust's constitution – ad hoc
- Approve any “significant transactions” and approve a merger, acquisition, separation or dissolution – ad hoc as required
- Appoint and, if appropriate remove the Chair. Appoint and, if appropriate remove the NEDs – ad hoc, as required
- Appoint and if appropriate remove the Trust's external auditor – ad hoc, as required
- Approve the appointment of the Chief Executive – ad hoc as required
- Decide whether the Trust's non-NHS work would significantly interfere with its purpose – ad hoc as required.
- Have their views taken account of when Trust sets its strategy.
- PLACE Assessments (October 2024) Ensure views of public are added into the annual PLACE Assessments

Governors

Monthly

E-Newsletter



Issue No. 113

Date: 25 January 2024

Within this issue:

- Chairmans Message
- Upcoming Meetings: Reminders
- Governor Induction Programme
- DBS Checks
- IT Drop in sessions
- Governor Questions
- Communications Department Brief
- Governor Observer Reports
- Healthwatch
- Email Confirmation
- Meetings List and MS Teams Links Section

FT Office - please contact:

Tel:

01803 655705 or

Email:

Foundationtrust.tsdf@nhs.net



The aim of this e-Newsletter is to give you a regular round up of future items of interest and confirm items that have been sent to you by the Foundation Trust Office and other sections of the ICO.

Please continue to read this newsletter monthly as this is a key method of communication with Governors - thank you.

CHAIRMANS MESSAGE

Ladies and Gentlemen,

As I write, University Hospitals Plymouth Trust has just declared a critical incident as a result of levels of demand on their services. NHS Cornwall also declared a critical incident on Sunday due to pressure on the emergency department at the Royal Cornwall Hospital in Truro. "Winter pressures" do seem to be in full swing and I'm in admiration of our clinicians who are working extraordinarily hard under seemingly permanent pressure. It is hard to plan for a more sustainable future when current difficulties are so up close and personal, but that's what our Board and our Council of Governors need to be doing. I would argue that this is a key priority and I'm grateful for Governors engagement, advice and direction. It's more important than ever that your Board understands the priorities of the public we serve and you can play a unique and hugely valuable role in identifying and providing that feedback.

When you read this, the selection process for my successor will be (hopefully) complete. I look forwards to working with whoever is successful and providing a handover to permit him or her to hit the ground running. We've got several challenges and opportunities that will gather momentum over the spring and summer. Charting a way out of NOF4, ensuring we achieve the maximum benefit from the New Hospital Programme (Building a Brighter Future - BBF), and moving the Electronic Patient Record forwards are the obvious ones. Your Board will need clear leadership for this and directors, especially the Chair, will benefit from your support and guidance, please.

Every best wish, as always, Richard

UPCOMING MEETINGS: REMINDERS

COUNCIL OF GOVERNORS Wednesday 7 February 2024

The next COG meeting will be held at 2 pm in the Boardroom, Hengrave House and via MS Teams.

Nearer the time of the meeting Governors will be sent a link to access the meeting pack and invite.

COFFEE MORNING Thursday 15 February 2024

Reminder that the next informal Coffee and Chat session, set up by the Lead Governor is on Thursday 15 February 2024 at 10.30am via MS Teams

Attendance is optional.



GOVERNOR ONLY Tuesday 20 February 2024

Members of the Membership Committee will meet Thursday 25th January at 2pm via MS teams.

Attendance is optional.

PUBLIC BOARD Wednesday 28 February 2024

Public Board of Directors meeting will be held on the 28th February 2024 at 11.30am in the Board Room, Hengrave House. Nearer the time of the meeting Governors will be sent a link to access the meeting pack.

As a reminder, Governors attend Board as observers and attendance is optional.

THURSDAY 14TH MARCH 2024

Governor Induction Programme

*Save
the
Date*

DISCLOSURE AND BARRING SERVICE (DBS CHECKS)

Our **Volunteer Services Team** have kindly agreed to process the official verification process on behalf of the FT Office have you seen this email?

Volunteer Team have also offered to support you in person with the paperwork.

The team will be available in the morning on the day of the next CoG meeting on Wednesday 7th February.

If you are already in possession of a valid DBS certificate through another organisation and have registered with the online DBS update services, the voluntary team will check this information.



Disclosure & Barring Service

If you **do not** have an existing valid DBS certificate or **have not** registered with the online DBS update system—they will take photocopies of the required original documentation and will verify this formally and can assist with the online registration form process.

IT DROP IN SESSIONS

IT Training Team offers IT drop in sessions every month between 1pm-4pm in the Tutorial Room 1, Horizon Centre at Torbay Hospital.

Tuesday 6th February
Tuesday 5th March
Tuesday 9th April
Tuesday 7th May
Tuesday 4th June



GOVERNOR QUESTIONS

Question 157—Raised by Loveday Densham & John Kiddey

Will the Trust be responsible for their financial expenses going to another Trust?
Will we have to pay for that?

Question 159—Raised by COG

The number of patients presenting with acute/urgent dental problems (tooth pain etc.) at the Torbay Hospital Accident & Emergency Department and elsewhere in the Trust over the past three years?

Question 160—Raised by COG

What happens to the patients with dental problems who present to A&E? How many are treated by the Trust? How many are referred to 111 or other dental services?

Question 161—Raised by COG

How many patients have presented to the 111 service, concerning acute dental problems over the past three years? Please could you also provide details (a summary report or similar) of the performance of NHS Dentistry contracts in South Devon in 2023? If possible can we obtain the data for our constituencies areas?



COMMUNICATIONS DEPARTMENT BRIEF

Media / social media activity

Media

- New mobile screening unit opening – release issued on the opening of a new mobile breast screening unit at Dartmouth, which appeared on BBC Spotlight
- Don't visit with diarrhoea and vomiting – following an increase in cases, encouraged local people to avoid our hospitals and healthcare settings if they have diarrhoea and vomiting until 48 hours after symptoms have stopped
- Celebration event supported by additional sponsors – thanking Bailey Partnership and Services Design Solution for their sponsorship of our people celebration event in May

Social media

- New MRI/CT scanner at Newton Abbot – sharing the news of the installation of a further MRI/CT scanner unit at Newton Abbot Community Hospital
- Apprenticeships Week event – promoting our apprenticeship team's event which will have more information on pathways into NHS careers
- Cold weather warnings – asking people to look in on family members, friends and neighbours during cold weather
- Stop the spread of respiratory illnesses – encouraging good hand hygiene to stop the spread of colds, coughs and flu during the season of giving
- Christmas Day baby – congratulating Chelsey and George on their baby, born in our maternity unit on Christmas Day
- Digital healthcare apps at winter – promoting a selection of healthcare apps to help manage some of the common health concerns at this time of year
- Tinnitus support group – raising awareness of our sensory team's tinnitus support group and other available support for people with sight and hearing issues

We hope this information is useful, but please do give us any feedback, via the Foundation Trust Office, as it is always welcomed and helps us continually improve the information we send out.

COMMUNICATIONS DEPARTMENT BRIEF

New mobile screening unit supports breast cancer detection

Torbay and South Devon NHS Foundation Trust celebrated the arrival of a new breast screening unit at a ribbon cutting event held recently.



The ribbon cutting was undertaken by Captain Andrew Bray of Britannia Royal Naval College who was accompanied by his wife, Lauren. Speeches were given by Chairman of the Trust Sir Richard Ibbotson and Dr Katie Giles; the event was also supported by MP for Torbay Kevin Foster.



COMMUNICATIONS DEPARTMENT BRIEF

NHS
Torbay and South Devon
NHS Foundation Trust

Our culture charter

Our NHS values underpin not only how healthcare is provided to our patients and carers but also how we behave towards our colleagues and our people.

We are one big, diverse team, united by a desire to provide better health and care for all. Our people priority is to build a culture at work where our people feel safe, healthy and supported. Our people promise is how we work together to improve the experience of working in the NHS.

Our Board's pledge to our people*

- We do not tolerate any form of discrimination, harassment, bullying or violence
- We each have a responsibility and role to play in making the NHS a place where we all feel we belong
- We will promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate behaviours

* our people includes all our staff, bank staff, contractors and students on placement

What our people can expect from us

- We lead our people and manage our processes in line with our compassionate leadership approach: we include with care, we listen with genuine curiosity, we act with courage
- We listen with respect to the voices and lived experience of colleagues, patients, and all individuals and groups who experience discrimination or lack of fair representation
- We work together with our people to identify, reduce and remove inequalities within our organisation
- We use our influence and our voice to assist others within our local communities to address discrimination, inequality and unfairness
- We acknowledge that past action has failed to bring about the change we need to see and we recognise and are accountable for our own role in creating a fairer and more inclusive environment in and at work

Our values

Everyone counts  Commitment to quality  Improving lives
Working together for patients  Dignity and respect  Compassion

NHS
Torbay and South Devon
NHS Foundation Trust

Our culture charter

What we expect from our people

- We all recognise that people are different and value people for their difference
- We all treat people fairly, with respect and without bias
- We all take personal responsibility for our own words, behaviour and actions and understand our role in creating a fairer and more inclusive workplace
- We all challenge bullying and harassment when we see or hear it, and report concerns
- We all listen and learn from the experiences of others. We listen with care and with curiosity and are respectful of people's lived experience

What we will do together

- Through our actions, words and behaviour, we create a workplace where everyone feels safe and confident to speak up
- We work together to reduce and remove unfairness and discrimination within our communities, within the NHS and our partner organisations and within society as a whole

How to report concerns

It is important that we lead through including, listening and acting and behave in accordance with our culture charter.

If you're concerned that someone's actions are not in line with our charter or you need advice on a related issue, you can seek help from:

- your line manager and immediate team members', or your line manager's line manager
- our employee relations team
- your trade union representative or professional body
- our freedom to speak up guardian
- the occupational health, employee assistance programme, chaplaincy and other wellbeing services
- staff networks including our wellbeing buddies, the ethnic minority network, LGBTQ+ network, carers network, mental health forum, business equality forum
- mediation
- our whistleblowing policy

Today we're launching our [Culture Charter](#) and our new equality, diversity and inclusion training (called It starts with me) to help us to make this a great place to work, learn and grow, and encourage everyone to treat others with dignity and respect

Our Culture Charter underpins everything we do: how we behave towards each other impacts on the care we provide. We are one big, diverse team which is united by a desire to provide better care for all. Our charter is our contract with each other to achieve this and will help us to deliver our people priority to create a safe, healthy and supportive culture, and our people promise to improve the experience of working in our NHS.

GOVERNOR OBSERVER REPORTS

Governor Observer reports from Board level sub-committees are issued with the e-newsletter for your information:

- FPDC 18th December 2023
- BBF 20th December 2023 NO REPORT

HEALTHWATCH

Governors have recently been sent the Healthwatch Torbay e-bulletins as a direct method of informing you of their many activities. Therefore individual articles will no longer be extracted and listed in the Governor newsletter.



Latest Devon Healthwatch reports are listed here [Home](#) - [Home - Healthwatch](#)

EMAIL CONFIRMATION

The Foundation Trust Office and Comms Team regularly send you emails. Here is a listing of those sent over the period from Friday 22 December 2023 to Thursday 25 January 2024

Issued 09.01.24	Deputy Lead Governor - Andrew Postlewaite
Issued 09.01.24	CoG Priorities Agenda 16.1.24
Issued 10.01.24	GO Notes / Actions - 'Meet the NEDs Session'
Issued 11.01.24	Lead Governor meetings with the Trust Chair
Issued 19.12.23	Healthwatch Torbay E-bulletin 11 January 2024
Issued 15.01.24	PPG's - At your GP Surgery
Issued 16.01.24	CoG Priorities - Car Parking
Issued 16.01.24	New mobile screening unit supports breast cancer detection
Issued 17.01.24	Help us to choose our new chairman
Issued 17.01.24	Celebration event for NHS staff
Issued 18.01.24	Opportunity to provide feedback
Issued 18.01.24	Issue with Multi Factor Authentication
Issued 22.01.24	Healthy Futures
Issued 23.01.24	PPG Reminder
Issued 25.01.24	Car Parking Map

MEETINGS LIST AND MS TEAMS LINKS SECTION

GOVERNOR MEETINGS - February 2024

07 February 2024 **Council of Governors** *in the Boardroom and via MS Teams at 14.00pm—16.00pm*

20 February 2024 **Governor Only** *via MS Teams at 14.30pm-16.30pm (optional attendance)*

MS Teams Link: COG 07 February 24 (14.00 pm—16.00pm)

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 326 518 763 525

Passcode: fT8NYo

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+44 20 3321 5208,,972180566#](#) United Kingdom, London

Phone Conference ID: 972 180 566#

MS Teams Link: Governor Only 20 February 24 (14.30pm –16.30pm)

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 315 822 502 085

Passcode: htSpSn

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+44 20 3321 5208,,963639476#](#) United Kingdom, London

Phone Conference ID: 963 639 476#

Governors Monthly E-Newsletter



Torbay and South Devon
NHS Foundation Trust

*Merry
Christmas*

& **HAPPY NEW YEAR**

Issue No. 112

Date: 21 December 2023

Within this issue:

- Merry Christmas & Happy New Year
- Chairmans Message
- Upcoming Meetings: Reminders
- DBS Checks
- Chairmans Interview
- Governor Questions
- Communications Department Brief
- Governor Observer Reports
- Healthwatch
- Email Confirmation
- Meetings List and MS Teams Links Section

FT Office - please contact:

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01803 655705 or

Email:

Foundationtrust.tsdft@nhs.net



The aim of this e-Newsletter is to give you a regular round up of future items of interest and confirm items that have been sent to you by the Foundation Trust Office and other sections of the ICO.

Please continue to read this newsletter monthly as this is a key method of communication with Governors - thank you.



CHAIRMANS MESSAGE

Dear Governor,

Let me take this opportunity to wish you well over the Christmas and New Year period. Thank you for your engagement in our Trust, and a personal thank you from me for your support.

Every best wish for 2024.

Yours,

Richard

UPCOMING MEETINGS: REMINDERS

COG PRIORITIES Tuesday 16 January 2024

The next COG Priorities meeting will be held at 2.30 pm on Tuesday 16 January, in the Boardroom, Hengrave House and via MS Teams.

Nearer the time of the meeting Governors will be sent a link to access the meeting pack and invite.

COFFEE MORNING MEETING Thursday 18 January 2024

Reminder that the next informal Coffee and Chat session, set up by the Lead Governor is on Thursday 18 January 2024 at 10.30am via MS Teams



MEMBERSHIP COMMITTEE Thursday 25th January 2024

Members of the Membership Committee will meet Thursday 25th January at 2pm via MS teams.

PUBLIC BOARD Wednesday 31 January 2024

Public Board of Directors meeting will be held on the 31st January 2024 at 11.30am in the Board Room, Hengrave House. Nearer the time of the meeting Governors will be sent a link to access the meeting pack.

As a reminder, Governors attend Board as observers and attendance is optional.

DISCLOSURE AND BARRING SERVICE (DBS CHECKS)

Our **Volunteer Services Team** have kindly agreed to process the official verification process on behalf of the FT Office and they will be in touch in the new year, so please look out for this email.

Volunteer Team have also offered to support you in person with the paperwork. The team will be available on the day of the next CoG meeting on Wednesday 7th February.

If you are already in possession of a valid DBS certificate through another organisation and have registered with the online DBS update services, the voluntary team will check this information.



**Disclosure &
Barring Service**

If you **do not** have an existing valid DBS certificate or **have not** registered with the online DBS update system—they will take photocopies of the required original documentation and will verify this formally and can assist with the online registration form process.

SAVE THE DATE WEDNESDAY 24 JANUARY 2024

The Trust has commenced the process to appoint a new Chair.

Interviews will be held on Wednesday 24th January and there will be opportunity for you to be involved in the appointment process.

If you are interested in being involved please hold the date for now. Further information will be circulated nearer to the date of the interviews.



GOVERNOR QUESTIONS

Question 157—Raised by Loveday Densham & John Kiddey

Will the Trust be responsible for their financial expenses going to another Trust?
Will we have to pay for that?

Question 158—Raised by Hilary Milner

Should it be best practice to inform patients at the onset, to allay any worry, that if there will be two appointments as part of the Urology procedure, to state this in the appointment letter

Response

Many thanks for your email which raises a very valid point.

Unfortunately, due to restrictions we currently have with our IT system we are unable to amend the appointment letter that is currently sent to the patients. A leaflet could be produced however, this option would not be cost effective due to the small number of patients affected.

When we are able to go live with a new Electronic Patient Record, we will be able to ensure appointment letters clearly outline what may be required prior to an appointment.

Please come back to me if you require any further information.

GOVERNOR QUESTIONS

Question 159—Raised by COG

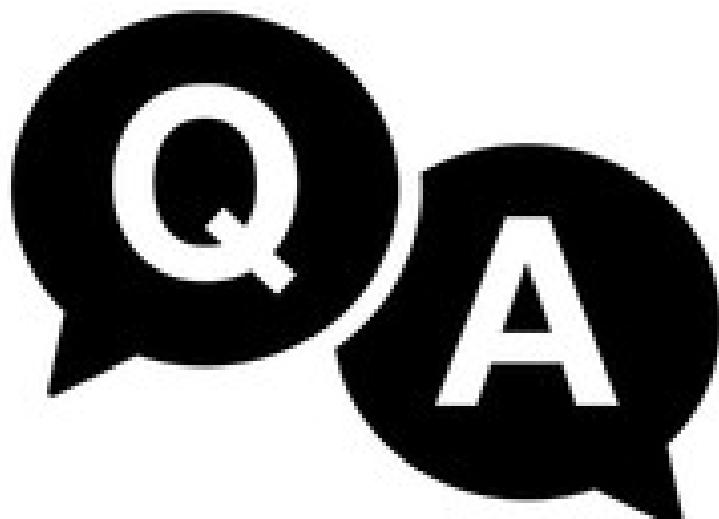
The number of patients presenting with acute/urgent dental problems (tooth pain etc.) at the Torbay Hospital Accident & Emergency Department and elsewhere in the Trust over the past three years?

Question 160—Raised by COG

What happens to the patients with dental problems who present to A&E? How many are treated by the Trust? How many are referred to 111 or other dental services?

Question 161—Raised by COG

How many patients have presented to the 111 service, concerning acute dental problems over the past three years? Please could you also provide details (a summary report or similar) of the performance of NHS Dentistry contracts in South Devon in 2023? If possible can we obtain the data for our constitutes areas?



COMMUNICATIONS DEPARTMENT BRIEF

Media / social media activity

Media

- League of Friends presidents celebrated in new wallpaper mural – release marking the opening of our new wallpaper mural which celebrates the contribution of the presidents of Torbay Hospital League of Friends throughout their history
- More sponsors announced for people celebration event – thanking our latest sponsors announced in support of our annual ceremony which celebrates all of our award winners from the previous year
- Festive physio session – featured in BBC Spotlight coverage on a physio group for people with MS. Our colleagues were interviewed as part of the piece and both the physical and psychological benefits of the group sessions were highlighted

Social media

- Keeping well at Christmas – our chief medical officer Kate Lissett recorded a video talking about the steps people can take to have a healthy and happy Christmas
- Christmas sensory craft session – promoted Torbay sensory team's monthly craft session by highlighting their fabulous festive session
- Help us get your loved ones home for Christmas – encouraging people with loved ones in our hospitals to ask our teams how they can help get them home when they are ready to be discharged
- Children and Family Health Devon stars – celebrating CFHD's festive star winners, recognising the tremendous contribution of colleagues
- Physio stairs donation – thanking our Torbay Hospital League of Friends for funding a set of physiotherapy specialist stairs, used for assessing orthopaedic patients
- Maternity hotline – promoting our new hotline for expectant families to contact with queries or concerns
- Celebrating people from South Asia's NHS contributions – three of our colleagues attended an event at the House of Commons which recognised the contributions of staff from South Asia in the NHS

We hope this information is useful, but please do give us any feedback, via the Foundation Trust Office, as it is always welcomed and helps us continually improve the information we send out.



COMMUNICATIONS DEPARTMENT BRIEF

Celebrating our people

Last week Sanita Simadree (equality, diversity and inclusion lead), Fahida Manby-Rehman (clinical nurse specialist, head and neck cancer) and Alston Owens (assistant director of finance – business partnering) attended a special event for the Asian Professionals National Alliance (APNA) – a network of South Asian heritage NHS colleagues and allies. The event was hosted by the Rt Hon Preet Kaur Gill MP, shadow MP for primary care and public health at the House of Commons in honour of the NHS 75th birthday.

The event was a heartfelt tribute to the tireless efforts and exceptional contributions of past, present and current South Asian staff who have served the NHS with unwavering pride and commitment, all while delivering compassionate care to countless patients. The aim of the event was to illuminate the invaluable role they've played in the broader healthcare sector, reaffirming the diverse tapestry that makes the NHS a symbol of healthcare excellence.

Here are Sanita, Alston and Fahida with Dr Masood Ahmed, a renowned NHS leader specialising in digital transformation, leadership development and healthcare innovation.

Congratulations to one of our way finder volunteers

Congratulations to Chad, one of our way finder volunteers for being awarded the national volunteering certificate by Health Education England for completing over 60 hours of volunteering with us.

Chad joined us in August 2019 as a way finder volunteer and in March this year became a discharge lounge support volunteer alongside this. Chad said he really enjoys volunteering with us as he like meeting new people and helping others while making a difference to our patients and visitors' days and experience when visiting us.

Thank you, Chad and all of our volunteers who help, make a difference to our teams, patients and visitors every day

ICONews

NHS
Torbay and South Devon
NHS Foundation Trust

COMMUNICATIONS DEPARTMENT BRIEF

We want to say a massive thank you to Dunelm Torquay for Delivering Joy to Torbay Hospital!

Thanks to the kindness of Dunelm staff and customers, we received 187 bags of gifts, full of thoughtful items to support our most vulnerable patients as they are discharged over Christmas. We also received lovely gifts of sweets, biscuits and hand creams for Torbay Hospital teams. Staff from Cromie ward, New Forrest ward and the AMU are pictured here with gifts for their teams.





COMMUNICATIONS DEPARTMENT BRIEF

EPR Preferred Supplier

We are delighted to share with you that we've appointed Epic as our preferred supplier, subject to contracts, for our electronic patient record (EPR) system. We made the announcement in today's Trust Talk and for anyone who wasn't able to be there, the recording will be available as usual.

Our EPR will help us transform services across our community and acute sites, embed clinical good practice, and provide better care and outcomes for our patients. It represents the greatest transformation programme that we've ever undertaken as an organisation and it is the cornerstone of wider digital investment.

Over the coming weeks we will be working with Epic to detail the implementation plan, conclude on commercial arrangements and submit our final Full Business Case to NHS England for approval.

Our EPR represents a significant programme of work across all of our services and communities. Funding for our EPR is an unprecedented investment that colleagues have said we need. It will unlock benefits for every colleague and patient and will be replacing up to 25 major systems, as well as many other smaller systems.

Thank you to everyone who has been involved so far. Hundreds of you contributed and clinical and operational evaluators were selected from around 150 subject matter experts from across our organisation, giving up significant amounts of time to make this happen during eight weeks of evaluations. We will continue to seek input from our subject matter experts to ensure their voice and experience inform the development of our business case.

Throughout the project we will be inviting interested colleagues to get involved and if you would like to express an early interest in helping us to shape the EPR, please email tsdft.eprteam@nhs.net. Please also use this email address to send us any questions you have. We are compiling a list of Frequently Asked Questions and will start sharing these on ICON next month. We won't be able to answer all of your questions straight away, but we'll keep refreshing the FAQs as we move through this complex transformation programme.

We have now entered a 'stand-still' period in line with procurement requirements. We will not be issuing any public communications during this time and, therefore, would appreciate if you could keep this news confidential for now.

As we move towards Christmas, this feels like a huge achievement and we have real reason to celebrate. I'd like to reiterate my thanks to the hundreds of colleagues and the EPR project team who have helped to get us to this point.

Kind regards,

Adel Jones

Deputy Chief Executive and Director of Transformation and Partnerships

GOVERNOR OBSERVER REPORTS

Governor Observer reports from Board level sub-committees are issued with the e-newsletter for your information:

- BBF 18TH October & 15 November 2023
- CF 6TH December 2023
- PC 6th December 2023

HEALTHWATCH

Governors have recently been sent the Healthwatch Torbay e-bulletins as a direct method of informing you of their many activities. Therefore individual articles will no longer be extracted and listed in the Governor newsletter.



Latest Devon Healthwatch reports are listed here [Home](#) - [Home - Healthwatch](#)

EMAIL CONFIRMATION

The Foundation Trust Office and Comms Team regularly send you emails. Here is a listing of those sent over the period from Friday 31 November 2023 to Thursday 21 December 2023

Issued 04.12.23	Reminder approval from COG
Issued 06.12.23	Briefing from Chairman and Chief Executive
Issued 06.12.23	Delivering best value for our people and our communities
Issued 07.12.23	Governor Only Agenda
Issued 11.12.23	Governor Only Apologies
Issued 12.12.23	GO- Long Covid
Issued 13.12.23	Deputy Lead Governor - EOI
Issued 18.12.23	Healthy Futures
Issued 19.12.23	Healthwatch Torbay E-bulletin 14 December 2023
Issued 19.12.23	Interim Chief Nurse
Issued 20.12.23	Chairman Appointment
Issued 21.12.23	EPR Preferred Supplier
Issued 21.12.23	One Devon Bulletin

MEETINGS LIST AND MS TEAMS LINKS SECTION

GOVERNOR MEETINGS - January 2024

16 January 2024 **CoG Priorities** (Boardroom / MS Teams) (optional attendance).

18 January 2024 **Governor Coffee Morning** via MS Teams at 10.30am-11.30am (optional attendance)

MS Teams Link: COG Priorities 16 January 24 (14.30 pm—16.30 pm)

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 321 947 998 986

Passcode: rqKgjE

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+44 20 3321 5208,,827787610#](#) United Kingdom, London

Phone Conference ID: 827 787 610#

MS Teams Link: Governor Coffee Morning 18 January 24 (10.30am – 11.30am)

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 347 147 715 787

Passcode: XJqJWi

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+44 20 3321 5208,,162042749#](#) United Kingdom, London

Phone Conference ID: 162 042 749#

Governors Monthly E-Newsletter



Issue No. 111

Date: 30 November 2023

Within this issue:

- Happy Thanksgiving
- Farewell
- Chairmans Message
- Membership Committee Chair
- Upcoming Meetings: Reminders
- Winter Health
- Governor Questions
- Communications Department Brief
- Governor Observer Reports
- Healthwatch
- Email Confirmation
- Meetings List and MS Teams Links Section

FT Office - please contact:

Tel:

01803 655705 or

Email:

Foundationtrust.tsdf@nhs.net



The aim of this e-Newsletter is to give you a regular round up of future items of interest and confirm items that have been sent to you by the Foundation Trust Office and other sections of the ICO.

Please continue to read this newsletter monthly as this is a key method of communication with Governors - thank you.

Happy Thanksgiving Month



Farewell



Sadly, Patrick Joyce is no longer Torbay Council's cabinet representative. The Council will be informing us of his replacement in due course.

CHAIRMANS MESSAGE — 22.11.23

I'm writing to you as Chair of Council of Governors.

Peter Milford sent you an email at the end of last week declaring his resignation as a Governor and as Lead Governor. Following conversations with a number of colleagues he has subsequently reflected on this decision and is prepared to continue in both roles.

You are aware of the disagreement between him and John Kiddey. I have spoken with both of them and am grateful to each for their understanding and agreement that the first priority should be CoG and therefore the public we serve. As a consequence they are prepared to put the past behind us, agree to disagree, and move on without further angst or return. This is truly generous and helpful of both, and I record grateful thanks.

You are well aware of the challenges our Trust is working through currently. CoG support and guidance is really important. In addition, you are conducting the key task of recruiting the next Trust chair. This process is already well underway, and subject to external involvement. Continuity is vital both to our reputation as a Trust and a successful outcome.

I'm therefore writing to you with a proposal that you consider reinstating Peter as Lead Governor for the remainder of his current term (ending end of April 2024). I request that you consider this when CoG next meets. In the intervening period he is willing to continue in his role (especially in contributing to the recruitment process) until you are able to decide on your preferred way forwards. Meantime it would be important that he enjoys the full support of CoG.

If you accept this proposal, may I also suggest that you consider initiating the process to select a Deputy Lead Governor at the same time. Not least because involvement in the recruitment task will be quite time consuming between now and January.

Thank you for your input to our Trust.

MEMBERSHIP COMMITTEE — NEW CHAIR



Alison Ramon will be the new Chair for Membership Committee from 25th January 2024. Membership Committee look forward to welcoming Alison in a very challenging but exciting time.

Thank you Eileen Englemann for your time as Chair. Although Eileen has stood down as Chair she will remain a member of the Committee. Eileen will continue to engage and offer her support to the continual improvement for Trust Members.



UPCOMING MEETINGS: REMINDERS

GOVERNOR ONLY MEETING Tuesday 12 December

The next Governors only meeting will be held at 2.30pm on Tuesday 12 December, in the Boardroom, Hengrave House and via MS Teams.

Nearer the time of the meeting Governors will be sent a link to access the meeting pack and invite.

COG PRIORITIES MEETING - Cancelled

CoG collectively agreed to stand down this meeting. The next CoG Priorities will be January 2024.

COFFEE MORNING MEETING Thursday 21 December

Reminder that the next informal Coffee and Chat session, set up by the Lead Governor is on Thursday 21 December 2023 at 10.30am via MS Teams



PUBLIC BOARD No Board in December

The next public Board of Directors meeting will be held on the 31st January 2024 at 11.30am in the Board Room, Hengrave House. Nearer the time of the meeting Governors will be sent a link to access the meeting pack.

As a reminder, Governors attend Board as observers and attendance is optional.

GOVERNOR WINTER HEALTH & WELLBEING

Your health and wellbeing is important to the Trust. There are some things you can do to help yourself stay well in winter. This includes getting your flu and COVID-19 vaccinations. As a volunteer you are eligible to receive COVID / Flu vaccination.

The Trust are vaccinating until 15th December (at the moment) but times are vastly reduced. If you would still like a vaccination (COVID / Flu or both), please send me the following:

Full name

Date of birth

Contact details (email or mobile number)

Dates/times of when available

Alternatively, you can email with the above information

(tsdft.covidvaccinationstaffing@nhs.net) or phone **07557 481055**.

Some tips you might find useful to keep yourself and others well.

- * Eat well, include those fruits and veg
- * Stay hydrated
- * Get some natural light
- * Keep moving and enjoy an activity like walking or swimming
- * Keep warm
- * Check in on others including family, friends and neighbours
- * Rest and relax
- * Get vaccinated
- * And finally spring is on its way!



GOVERNOR QUESTIONS

Question 144—Raised by Alison Ramon

It has come to my attention that a Torbay Hospital cardiology outpatient (previously an inpatient) was recently informed by her consultant that a letter relating to her condition and treatment would take a minimum of eight weeks to be sent to her GP.

I have since been advised that in at least one speciality at RDE Exeter such letters are sent out immediately.

Please could we be provided with information on how long on average it is taking for Torbay Hospital letters to be sent to GPs? A breakdown from each clinical specialty would be appreciated. If letters are taking weeks why is this given that in another hospital there is no delay? In addition would the proposed new EPR system make a difference?

A significant delay in sending out information to GPs about their patients has health and welfare ramifications and is a potentially unsafe obstacle in the care pathway. It can result in added stress and frustration for already vulnerable patients.

Response

The current position with Cardiology typing is:

Clinics: 30 days - 681 letters

Admin: 13 days - 68 letters

All urgent clinics and urgents that are marked following Routine or Follow Up are prioritised.

The Service have been progressing a number of actions to address the typing capacity shortfall and a recent Demand & Capacity Model to help with forecasting has been put in place.

The Service anticipate being back within the 4 day range by the end of September with a steady improvement between now and then – within the next 3 weeks, due to recruiting two ex Med Secs via bank, it is forecast there will be a reduction to bring the clinic letter range to >500.

Typing backlogs remain as a Datix Risk for Long Term Conditions – a workforce workshop is being run to explore what else can be done to address this.

GOVERNOR QUESTIONS

Question 156—Raised by Loveday Densham

Can we be assured that when the new train station at Edginswell is completed there will be a dedicated Link bus available to the hospital?

Response

Meetings with the Torbay Council we have had discussions to provide a bus link to the hospital from conception of scheme if not directly onto site, via the main routes on the Newton road bus stops.

As the scheme progresses we will be able to clarify further.

Question 157—Raised by Loveday Densham & John Kiddey

Will the Trust be responsible for their financial expenses going to another Trust? Will we have to pay for that?

Question 158—Raised by Hilary Milner

Should it be best practice to inform patients at the onset, to allay any worry, that if there will be two appointments as part of the Urology procedure, to state this in the appointment letter

GOVERNOR QUESTIONS

Question 159—Raised by COG

The number of patients presenting with acute/urgent dental problems (tooth pain etc.) at the Torbay Hospital Accident & Emergency Department and elsewhere in the Trust over the past three years?

Question 160—Raised by COG

What happens to the patients with dental problems who present to A&E? How many are treated by the Trust? How many are referred to 111 or other dental services?

Question 161—Raised by COG

How many patients have presented to the 111 service, concerning acute dental problems over the past three years? Please could you also provide details (a summary report or similar) of the performance of NHS Dentistry contracts in South Devon in 2023? If possible can we obtain the data for our constitutes areas?



COMMUNICATIONS DEPARTMENT BRIEF

Media activity

Media

- New endoscopy unit opened at Torbay Hospital – celebrating the completion and official opening of our brand new endoscopy unit at Torbay Hospital which will help us reduce the time people are waiting for treatment
- Torbay Pharmaceuticals sale – release announcing the sale of Torbay Pharmaceuticals as it builds towards its future
- Care homes reaches diamond hydration standard – celebrating Briarcroft Care Home in Teignmouth who worked with our specialist hydration project team to increase awareness of good hydration for their residents. As a result of their participation, the number of hospital admissions fell for dehydration related illnesses, including UTIs and falls,
- Welcoming CQC report – release coinciding with publication of CQC report, acknowledging our challenges, highlighting the progress we are making and recognising our strengths
- Research team to host cancer vaccine trial – sharing the news that our research and development team have been chosen as one of a few sites across the country to host a pioneering cancer vaccine research trial
- Malnutrition Awareness Week – sharing Steve's story, who as a result of throat cancer affecting his ability to swallow experienced malnutrition. With specialist support from dietitian teams he was able to put on enough weight to receive his cancer operation

Social media

- Occupational Therapy Week 2023 – for OT week, we shared a video which saw Liz Davenport, our chief executive and a former occupational therapist, visit one of our teams to find out more about their work
- Totnes Minor Injuries Unit moves to appointment-priority service – sharing the news that our MIU at Totnes Community Hospital will now move to an appointment-priority service which will help us maintain current operating hours, manage capacity and provide a more streamlined service
- Healthcare Support Worker Day – sharing a video featuring some of our fantastic healthcare support workers as we celebrated their contributions
- Little ones remembrance service – inviting families who have lost a baby or young child to our annual remembrance service and craft morning
- International head and neck cancer conference comes to Torquay – celebrating a successful head and neck cancer conference held in Torquay that was supported by members of our cancer teams
- Carers Rights Day event – promoting a carers celebration and information day held by Torbay Carers Service, where unpaid carers could find out more about the advice, support and information available for them
- Remembrance Sunday – remembering all the people who have lost their lives or had them changed by conflict
- MSK physiotherapy service award win – celebrating the service for their recent Our People Award win

COMMUNICATIONS DEPARTMENT BRIEF

Torbay and South Devon NHS Foundation Trust welcomes Care Quality Commission report

The Care Quality Commission has today published a report following its well-led inspection of Torbay and South Devon NHS Foundation Trust in July this year. The previous well led inspection took place in 2018.

In addition to the well-led inspection, a short notice announced focused inspection of medical care, outpatients and the emergency department took place in May 2023 and a short notice announced comprehensive inspection for the diagnostic and imaging service in June 2023.

Torbay and South Devon NHS Foundation Trust as a whole has been rated as requires improvement while retaining outstanding for caring. Medical care, outpatients, the diagnostic and imaging service and the emergency department are all rated as requires improvement.

Liz Davenport, Chief Executive, Torbay and South Devon NHS Foundation Trust, said:

"We welcome the publication of the CQC report which reflects our challenges and our strengths. We feel it is a fair reflection of the issues our teams and our organisation face. The majority of the areas for improvement were already known to us and work is well underway to address these.

"We are proud that our people's commitment to compassionate care is recognised and that we have retained our outstanding for care rating. Our people work tirelessly to provide the best possible care across our hospital, community and adult social care services and I would like to take this opportunity to thank them for their support, kindness and dedication.

"We are pleased that the inspection recognised our focus on continuous learning and improvement and we will use the findings of the inspections to help us make things better for our people and our communities – the inspection report recognises that safety remains a priority for us (as it always will). "We clearly hear the voice of our people in the report and recognise that we have more work to do to show our people how we are acting in response to concerns they have shared with us. We are proud to work alongside a diverse range of people and nationalities, serving diverse communities where different cultures and experiences mix and enhance what we do.

"We know we have much more to do to tackle inequalities for our people and our communities and in July our Board of Directors approved our inclusion plan which is shaping and directing our work to create a culture where our people are safe and healthy – we recently launched our compassionate leadership programme which has been co-produced with our people which complements our approach to creating an inclusive, fair and welcoming environment for everyone.

"We have some of the oldest NHS estate in the country which poses particular challenges. This has been recognised nationally and is why we are included in the new hospital programme which will deliver modern, fit for purpose environments in which to deliver high quality, safe healthcare. In the meantime, our dedicated staff continue to try to make the best use of our buildings. Since the inspection visit we have relocated our children's emergency department and this now has a separate waiting area for children which is compliant with CQC standards as well as a triage space and treatment area for children with minor injuries.

"Both ourselves, and the Devon system as whole are in National Oversight Framework 4 due to financial and operational performance. We are working together with our system partners to address our financial and operational performance and we are making progress. A number of the challenges we face require a system solution and as the inspection report recognises our commitment to working in partnership to improve services. Our waiting times are reducing and our performing is improving across planned care and cancer services but we know we have much more to do to make things better for everyone in Torbay and South Devon."

Continue....

COMMUNICATIONS DEPARTMENT BRIEF

Torbay and South Devon NHS Foundation Trust welcomes Care Quality Commission report

Continued...

Nigel Acheson, NHS Devon Chief Medical Officer, said:

“Partnership working is a foundation stone of new integrated care systems, sharing accountability across our system and working together to tackle our issues. By collaborating and pooling our collective resources and expertise, we can deliver improvements in services for the people we serve.

“The Five Year Joint Forward Plan for Devon was published just before Torbay and South Devon’s second CQC inspection. The very strong collaborative approach from Torbay and South Devon is supporting the delivery of the goals set out in that plan.”



COMMUNICATIONS DEPARTMENT BRIEF

Malnutrition Awareness Week – supporting people with malnutrition

Malnutrition affects millions of people across the UK, and members of the public can help people get the help and support they need by looking out for the common signs and symptoms.

Malnutrition can affect anyone. It is more common in people who; are over 65, have a long-term condition that affects appetite, weight and digestion, have problems swallowing or are socially isolated.

People can help by looking out for some of the common signs and symptoms in friends, family and members of their community. These can include unintentional weight loss, low body weight, lack of appetite for food and drink, feeling tired and weak, getting ill often and taking a long time to recover.

Steve, a 59-year-old taxi driver from Torquay, was diagnosed with cancer of the oesophagus in 2022. This had been causing difficulties with swallowing, weight loss and fatigue and had led to malnourishment.

Working with the Macmillan oncology dietitian team at Torbay and South Devon NHS Foundation Trust, a plan was developed to treat Steve. As he could no longer swallow, the team needed to organise a nasogastric feeding tube so that he could receive fluid, vitamins, minerals, protein and calories.

Steve was shown how to use his feeding tube by the nutrition nurses and feeding supplies were delivered to his home as he received chemotherapy and radiotherapy treatments for his cancer.

Steve said: “The minute I called and saw the team, they arranged for me to receive the tube straight away which really helped.”

In March 2023, Steve had gained enough weight to receive a major operation to remove his cancer, which was made possible by the treatment he received for malnutrition. He continued to have a feeding tube following this and was able to eat small amounts.

A year on from his diagnosis, Steve has made a good recovery and has maintained the weight he gained while being tube fed. He is receiving a year of immunotherapy to reduce the risk of his cancer returning, can eat and drink normally and has been able to return to work part-time.

Steve added: “From start to finish the people involved in my care were superb – I couldn’t have wished for better care and I can’t talk enough about it. When I had my diagnosis, I had no idea how I would make it through, but the longer it went on the more I felt I could beat this thing thanks to everyone’s help.”

Fiona Ross, Lead Macmillan Dietitian at Torbay and South Devon NHS Foundation Trust, said: “It is really inspiring to know Steve has had such a good outcome from nutrition support and cancer treatment. He has even managed to return to work and is enjoying eating and life again after such a challenging year.

“Dietitians are part of a big team including nurses, radiographers, surgeons and oncologists but good nutrition support at home and in hospital plays an important role when it comes to tolerating treatment and recovery. All cancer patients in the trust who need to see a dietitian can be referred by their specialist nurse or a doctor.

COMMUNICATIONS DEPARTMENT BRIEF

Malnutrition Awareness Week – supporting people with malnutrition

Continued....

"The Macmillan website is another good source of cancer and nutrition support information: www.macmillan.org.uk."

Signs and symptoms of malnutrition

Common signs of malnutrition include:

- unintentional weight loss – losing 5% to 10% or more of weight over 3 to 6 months is one of the main signs of malnutrition
- a low body weight – people with a body mass index (BMI) under 18.5 are at risk of being malnourished
- a lack of interest in eating and drinking
- feeling tired all the time, feeling weak, getting ill often and taking a long time to recover, in children, not growing or not putting on weight at the expected rate

See a GP if:

- you've unintentionally lost a lot of weight over the last 3 to 6 months
- you have other symptoms of malnutrition
- you're worried someone in your care, such as a child or older person, may be malnourished
- If you're concerned about a friend or family member, try to encourage them to see a GP.



COMMUNICATIONS DEPARTMENT BRIEF

Torbay and South Devon NHS to host pioneering therapeutic cancer vaccine research trial

Torbay and South Devon NHS Foundation Trust's research and development department has been selected as a hospital for a groundbreaking cancer vaccine trial.



The cancer vaccine study for an investigational therapy called BNT122/autogene cevumeran (BNT122-01; [link to more information](#)) for patients with colorectal cancer will focus on exploring the safety and efficacy of a personalised cancer vaccine. This is an investigational therapy which is being jointly developed by biopharmaceutical companies BioNTech and Genentech, a member of the Roche Group, that has not yet been approved by regulators. The study is based on decades of research and progress in mRNA vaccine technology.

Eligible people will be those who have had surgery to remove their cancer, but blood tests have shown that there may be a risk of the cancer returning.

Participants will then have their individual tumour mutations studied and sequenced, which will be used to create a therapeutic vaccine specific to their tumour. The aim is for the investigational vaccine to train the immune system to recognise the cancer and delay or stop it from returning.

Torbay and South Devon's research and development department have been chosen following successful recruitment and contributions to a number of innovative trials and investigations, including the recent SYMPLIFY trial on a blood test that detects more than 50 types of cancers.

Dr. Nangi Lo, medical oncology lead for Torbay and South Devon NHS Foundation Trust and principal investigator for the trial, said: The ability to evaluate bespoke vaccines against a person's own specific cancer as part of a clinical trial may bring us one step closer to improve outcomes for patients and I am very excited that Torbay Hospital have been chosen as one of the hospitals to trial this pioneering investigational treatment, not only to our own population but to the whole of the Southwest.

This follows the news earlier this year that NHS England is collaborating with BioNTech to facilitate the development of innovative medicines including therapeutic cancer vaccines across a range of cancer types over the next decade, through the Cancer Vaccine Launchpad Program (CVLP).

The CVLP represents an ambitious initiative by NHS England, with the goal of offering personalized therapeutic mRNA cancer vaccines to as many as 10,000 patients by the year 2030, either in clinical trials or as authorized treatments. This study is the first cancer vaccine trial in the CVLP.

Dr Lennard Lee, senior government advisor for the UK national cancer vaccine advance said, "The work by our most talented cancer centres is inspiring. We know the capability of our country in accelerating vaccine research. We are now witnessing a renaissance in cancer research as part of this cancer vaccine advance. Trials like this in Devon could be pivotal in improving patient outcomes for cancer".

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- FPDC 23th October 2023
- QAC 27th November 2023
- FPDC 27th November 2023

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- Issued 01.11.23 Invitation to Endoscopy
- Issued 02.11.23 Healthwatch Torbay E-bulletin 2 November 2023
- Issued 03.11.23 Volunteer - FPDC GO October 2023
- Issued 04.11.23 Contact details
- Issued 06.11.23 NEWS RELEASE
- Issued 06.11.23 Governor Only Agenda
- Issued 07.11.23 NEWS RELEASE
- Issued 07.11.23 CoG Self-Assessment Template
- Issued 09.11.23 NEWS RELEASE
- Issued 09.11.23 MEDIA INVITE
- Issued 14.11.23 Contact Details
- Issued 15.11.23 Governor Expenses
- Issued 16.11.23 Media Coverage
- Issued 16.11.23 Healthwatch Torbay E-bulletin November 2023
- Issued 16.11.23 FW: LEVANTO CARE HOME
- Issued 16.11.23 Car Parking Update
- Issued 17.11.23 Sale of Torbay Pharmaceuticals
- Issued 20.11.23 NEWS RELEASE
- Issued 22.11.23 Healthy Futures
- Issued 22.11.23 Message from the Trust Chairman
- Issued 22.11.23 RE: Ribbon Cutting Event
- Issued 23.11.23 Governor Meeting Planner 2024
- Issued 23.11.23 Approval from CoG - questions regarding Dental access
- Issued 24.11.23 NEWS RELEASE
- Issued 27.11.23 Public Board - 29.11.23
- Issued 30.11.23 Healthwatch Torbay E-bulletin 30 November 2023

MEETINGS LIST AND MS TEAMS LINKS SECTION

GOVERNOR MEETINGS - December 2023

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MS Teams Link: Governor Only 12 December 23 (14.00 am—16.00 pm)

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 392 610 610 786

Passcode: yDkSYc

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+44 20 3321 5208,,19826650#](#) United Kingdom, London

Phone Conference ID: 198 266 50#

[Find a local number](#) | [Reset PIN](#)

MS Teams Link: Governor Coffee Morning 21 December 23 (10.30am – 11.30am)

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 310 004 411 942

Passcode: nSNTWJ

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Quality Assurance Committee
Governor Observer Report for meeting dated 27 November 2023

CQC KLOEs – Key Lines of Enquiry	
Is it safe?	
S1:	How do systems, processes and practices keep people safe and safeguarded from abuse?
S2:	How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?
S3:	Do staff have all the information they need to deliver safe care and treatment to people?
S4:	How does the provider ensure the proper and safe use of medicines, where the service is responsible?
S5:	What is the track record on safety?
S6:	Are lessons learned and improvements made when things go wrong?
Is it effective?	
E1:	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
E2:	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
E3:	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
E4:	How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
E5:	How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population?
E6:	Is consent to care and treatment always sought in line with legislation and guidance?
Is it caring?	
C1:	How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
C2:	How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
C3:	How are people's privacy and dignity respected and promoted?
Is it responsive?	
R1:	How do people receive personalised care that is responsive to their needs?
R2:	Do services take account of the particular needs and choices of different people?
R3:	Can people access care and treatment in a timely way?
R4:	How are people's concerns and complaints listened to and responded to and used to improve the quality of care?
Is it well led?	
W1:	Is there the leadership capacity and capability to deliver high-quality, sustainable care?
W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W3:	Is there a culture of high-quality, sustainable care?

W5: Are there clear and effective processes for managing risks, issues and performance?

W6: Is appropriate and accurate information being effectively processed, challenged and acted on?

W8: Are there robust systems and processes for learning, continuous improvement and innovation?

Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Very well chaired
Were members engaged throughout the whole meeting including contributions by NEDs?	Full engagement by members
Did the meeting discuss key risks/issues or did you see a risk register?	Yes
If there was an action log, was this discussed and updated?	Yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	N/A
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	Delays in discharging patients due to long waits caused by pharmacy dispensing medication.
Key issues to be escalated to the Board.	N/A

Report completed by: Val Browning

Date: 27.11.2023



People Committee
Governor Observer Report for meeting dated 6th December 2023

CQC KLOEs – Key Lines of Enquiry	
Is it safe?	
S3:	Do staff have all the information they need to deliver safe care and treatment to people?
S6:	Are lessons learned and improvements made when things go wrong?
Is it effective?	
E3:	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
E4:	How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
Is it well led?	
W1:	Is there the leadership capacity and capability to deliver high-quality, sustainable care?
W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W3:	Is there a culture of high-quality, sustainable care?
W4:	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
W8:	Are there robust systems and processes for learning, continuous improvement and innovation?
Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Very well
Were members engaged throughout the whole meeting including contributions by NEDs?	Yes. No-one was excluded, ignored or overlooked and everyone was heard fairly and properly. We only had 2 NEDS present but they challenged the speakers well.
Did the meeting discuss key risks/Issues or did you see a risk register?	Yes, and yes
If there was an action log, was this discussed and updated?	Yes. Chair lead the meeting efficiently through the log
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	Too much use of acronyms. This assumes incredibly detailed knowledge and feels exclusive of non-management attendees.
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	We were told not to expect an answer to the governor question

	of how many staff are still working from home until next Easter
Key issues to be escalated to the Board.	<p>Management Reporting lines between finance and workforce was a NED concern and I assume Chris Balch and Vicki Matthews will raise this as an issue at the board.</p> <p>Can Equality/Diversity and Inclusion training be delivered bearing in mind the strain under which staff are under? Is the current plan overly complicated? We heard a disturbing report from Sarah Burns about alleged bullying of staff at Newton Abbot hospital. This clearly needs further investigation.</p>

Report completed by: John Kiddey.....

Date: 6th December 2023.....

Charitable Funds Committee
Governor Observer Report for meeting dated 06 12 23

Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Siân Walker McAllister's (SW) first meeting as Chair. She conducted it ably. A well-paced and structured meeting.
Were members engaged throughout the whole meeting including contributions by NEDs?	Only one other NED, Barbara Gregory (BG). A big contribution from her around financial performance and risk. Every other committee member fully engaged. A very balanced meeting.
Did the meeting discuss key risks\issues or did you see a risk register?	Risks around finances and reputation flagged up (see below)
If there was an action log, was this discussed and updated?	Yes and SW summed up actions. Updated action was Trust approval to transfer the financial responsibility of the nursery from Charitable Funds (CF) to the main Trust. Annual Report and Accounts approved and signed off.
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No, it was sound throughout.
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	There was reference to the League of Friends and how the Trust will probably have to rely on other methods of fund raising going forward.
Key issues to be escalated to the Board.	<u>Investment Report (Investec)</u>

	<p>CF is a balanced, medium risk portfolio.</p> <p>Valued at £1.4m it has income of £33k yielding 2.4%.</p> <p>Performance this financial year is below the benchmark of 3.5%</p> <p>This underperformance is partly explained by a low risk profile and the draw down of funds.</p> <p>The portfolio is flexible. Some tweaking around equities (less UK, more worldwide) and the purchase of more bonds should help narrow the gap.</p> <p>Much discussion around the ethical and reputational risk of CF investments. Investec confirmed they do not invest in tobacco, alcohol and high sugar commodities.</p> <p>Investing directly into stocks mitigates risk.</p> <p>It was agreed that the committee would have further discussions with Investec to ensure reputational risks are managed.</p> <p><u>Investment Policy</u></p> <p>The Charity Commission has updated guidance especially around ethical investments. The Trust meets these recommendations.</p> <p><u>Financial Report</u></p> <p>Risk around over commitment on central funds. Need a strategy for</p>
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	<p>how costs are paid e.g. administration.</p> <p>Risk around income exceeding the threshold at which an audit would be required and the costs associated with that.</p> <p>These risks will be reviewed in March.</p> <p><u>Fundraising Report</u></p> <p>A new database is now operational thanks to Charities Together grant.</p> <p>Sponsorship packages all sold for Our People awards.</p> <p><u>Staff Lottery</u></p> <p>Recommendation to introduce a staff lottery. This will help provide regular donation money to CF.</p> <p>Lotteries exist in other Trusts. Need to ensure properly implemented and conducted with clear price structure.</p> <p>Important staff see tangible outcomes with regard to spending.</p> <p><u>Fundraising Strategy</u></p> <p>Promote gift aid on as many donations as possible.</p> <p>Stewardship programme to encourage repeat donors.</p> <p>Aim is to reduce health inequalities, focus on prevention and promotion of health across all health and social care.</p>
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	<p>Proposal to create broader, consolidated funds to help alleviate inequalities.</p> <p>Where funds are not being spent there may be a need to look at support staff managing the funds rather than clinical staff.</p> <p><u>Fund Manager Guidelines</u></p> <p>These have been updated with 2 main policy changes:</p> <p>Staff gatherings to be at modest cost levels.</p> <p>Staff wellbeing expenditure has to demonstrate value for money and no reputational risk.</p> <p><u>Reprocurement of Investment Manager</u></p> <p>5 proposals. Interviews in January followed by report back to committee.</p> <p><u>Financial Position</u></p> <p>Income and expenditure at low risk especially now the nursery is no longer the financial responsibility of CF.</p> <p>No expenditure is ever sanctioned without monies available.</p>
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Report completed by: Alison Ramon

Date: 6 December 2023



Building a Brighter Future Committee
Governor Observer Report for meeting dated 15th November 2023

CQC KLOEs – Key Lines of Enquiry	
Is it effective?	
E1:	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
E2:	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
Is it responsive?	
R1:	How do people receive personalised care that is responsive to their needs?
R3:	Can people access care and treatment in a timely way?
Is it well led?	
W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W4:	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
W5:	Are there clear and effective processes for managing risks, issues and performance?
W6:	Is appropriate and accurate information being effectively processed, challenged and acted on?
Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Yes
Were members engaged throughout the whole meeting including contributions by NEDs?	Yes they certainly were
Did the meeting discuss key risks\issues or did you see a risk register?	Yes and yes
If there was an action log, was this discussed and updated?	Yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which <i>could</i> be included as an item for discussion at a future Governor meeting.	Parking was raised as well as general funding
Key issues to be escalated to the Board.	None

Report completed by:

Dave Cawley

Date: 8-12-2023



Building a Brighter Future Committee
Governor Observer Report for meeting dated 18th October 2023

CQC KLOEs – Key Lines of Enquiry	
Is it effective?	
E1:	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
E2:	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
Is it responsive?	
R1:	How do people receive personalised care that is responsive to their needs?
R3:	Can people access care and treatment in a timely way?
Is it well led?	
W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W4:	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
W5:	Are there clear and effective processes for managing risks, issues and performance?
W6:	Is appropriate and accurate information being effectively processed, challenged and acted on?
Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Yes
Were members engaged throughout the whole meeting including contributions by NEDs?	Yes
Did the meeting discuss key risks\issues or did you see a risk register?	Yes and yes
If there was an action log, was this discussed and updated?	Yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which <i>could</i> be included as an item for discussion at a future Governor meeting.	Parking was raised again
Key issues to be escalated to the Board.	None

Report completed by: 

Dave Cawley

Date: 8-12-2023



Finance, Performance and Digital Committee
Governor Observer Report for meeting dated 18 December 2023

CQC KLOEs – Key Lines of Enquiry	
Is it effective?	
E1:	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
E2:	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
Is it responsive?	
R1:	How do people receive personalised care that is responsive to their needs?
R3:	Can people access care and treatment in a timely way?
Is it well led?	
W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W4:	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
W5:	Are there clear and effective processes for managing risks, issues and performance?
W6:	Is appropriate and accurate information being effectively processed, challenged and acted on?
Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Meeting well chaired by Richard Crompton (RC) Additional time spent on Operating Plan Performance to receive required assurance, but sufficient time still given to discuss each agenda item.
Were members engaged throughout the whole meeting including contributions by NEDs?	NED attendance from Robin Sutton (RS), apologies from Chris Balch (CB) but quorate. Good contribution and check and challenge from RS. All members attended given the opportunity to engage and contribute throughout.
Did the meeting discuss key risks\issues or did you see a risk register?	Apologies from Director of Governance (usual lead for this item) but Board Assurance Framework and Corporate Risk Register key issues still reviewed.
If there was an action log, was this discussed and updated?	Action log reviewed and updated.
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No governance concerns.

Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	Not meeting Urgent & Emergency Care (UEC) NOF4 exit criteria, however the position is stable with our ranking nationally improving.
Key issues to be escalated to the Board.	Ongoing work to deliver the Recovery Plan Business Planning and the short timescale for plans to be submitted

Report completed by: Sal Aziz

Date: 21/12/2023



Finance, Performance and Digital Committee
Governor Observer Report for meeting dated 27 November 2023

CQC KLOEs – Key Lines of Enquiry	
Is it effective?	
E1:	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
E2:	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
Is it responsive?	
R1:	How do people receive personalised care that is responsive to their needs?
R3:	Can people access care and treatment in a timely way?
Is it well led?	
W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W4:	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
W5:	Are there clear and effective processes for managing risks, issues and performance?
W6:	Is appropriate and accurate information being effectively processed, challenged and acted on?
Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Meeting well chaired by Richard Crompton (RC) Large agenda with a one hour focus on the Operating Plan Refresh, but sufficient time given to discuss each agenda
Were members engaged throughout the whole meeting including contributions by NEDs?	NED attendance from Robin Sutton (RS) and Chris Balch (CB). Good contribution and check and challenge from both NEDs. All members given the opportunity to engage and contribute throughout.
Did the meeting discuss key risks\issues or did you see a risk register?	Board Assurance Framework and Corporate Risk Register key issues reviewed.
If there was an action log, was this discussed and updated?	Action log reviewed and updated.
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No governance concerns.

Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	<p>Parking</p> <p>Opportunity to acquire NatWest site 3 offers for site currently, however our current offer of £140k through emergency procedures is said to be fair. Update expected later this week.</p> <p>C.30 parking spaces</p>
Key issues to be escalated to the Board.	Operating plan main point of escalation

Report completed by: Sal Aziz

Date: 28/11/2023



Finance, Performance and Digital Committee
Governor Observer Report for meeting dated 23 October 2023

CQC KLOEs – Key Lines of Enquiry	
Is it effective?	
E1:	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
E2:	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
Is it responsive?	
R1:	How do people receive personalised care that is responsive to their needs?
R3:	Can people access care and treatment in a timely way?
Is it well led?	
W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W4:	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
W5:	Are there clear and effective processes for managing risks, issues and performance?
W6:	Is appropriate and accurate information being effectively processed, challenged and acted on?
Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Yes. Large agenda and timings managed well. Chair summarised and checked understanding after each item.
Were members engaged throughout the whole meeting including contributions by NEDs?	Three NEDs, several EDs and some other senior managers. All were fully engaged and made significant contributions.
Did the meeting discuss key risks/issues or did you see a risk register?	Risks associated with each subject were paramount to the discussions.
If there was an action log, was this discussed and updated?	Actions was first agenda item. All actions were discussed in greater detail throughout the rest of the meeting and decisions confirmed.
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No. Meeting was properly conducted in an open, respectful and constructive way.



Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	Not specifically, although updates on the issues escalated to the Board (see below) could be provided to CoG going forward.
Key issues to be escalated to the Board.	<p><u>Financial sustainability</u></p> <ul style="list-style-type: none"> • Within the BAF (Board assurance framework) there is a need to record the impact of ongoing industrial action in an operational and financial context. • Slow release of agreed ICB funding • All local councils financially challenged but viable • Capital risk with ongoing Estates programme • Several business cases were received by the Committee to support the New Hospitals Programme and operational priorities. The Trust's capital programme was reviewed to ensure the business cases could be funded. <p><u>IPR (Integrated performance report)</u></p> <ul style="list-style-type: none"> • Infection outbreaks and industrial action has had impact. Action plan to address infection control is being worked on. • Nonetheless the Trust has moved up from 104th to 60th nationally. • Cancer services improved from 62nd to 28th. (2nd in South West and 1st in Devon) . • New endoscopy suites to open in November 2023. • Additional staff employed in community dental services. <p><u>Financial plan</u></p> <ul style="list-style-type: none"> • Risk at year end of a variance of £32m against financial plan • In spite of impressive CIP (cost improvement plan) outcomes the Trust is still 63 WTE, 69 Bank and 80



	<p>agency staff over plan. Explained in part due to high levels of sickness / absence.</p> <ul style="list-style-type: none"> • In conjunction with ICB the Trust has to find its share of staffing savings i.e £3m. • The MTFP requires robust audit trail regarding budget position. <p><u>Capital expenditure</u></p> <ul style="list-style-type: none"> • Cash position remains strong <p><u>Operational planning</u></p> <p>Financial, operational and workforce plans need to be triangulated. The view is that the financial plan should fit around the operational (and workforce) plan, not the other way around.</p> <p><u>GIRFT (getting it right first time)</u></p> <p>From November there will be a review of all specialties in terms of productivity improvements, starting with a national baseline assessment followed by action planning through an improvement oversight group. This group will report back to the executive and FPDC.</p> <p>GIRFT outcomes will align with the operational plan.</p>
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Report completed by: Alison Ramon

Date: 24th October 2023