Torbay and South Devon
NHS Foundation Trust

Council of Governors Meeting

Public

Date: Wednesday 7 August 2024

Time: 2.00 pm – 4.00 pm

Venue: Board Room, Hengrave House and via Microsoft Teams

www.torbayandsouthdevon.nhs.uk

TorbayAndSouthDevonFT
@TorbaySDevonNHS

Working with you, for you

Public Council of Governors

Boardroom, Hengrave House Torbay Hospital and via Microsoft Teams

Torbay and South Devon NHS Foundation Trust

07/08/2024 14:00

Agenda Topic		Presenter	Time	Page
Agenda Cover Sheet				1
1.	Opening Matters		14:00-14:05	
	1.1 Chairman's welcome and apologies for absence - Emily Long To Note	Chair		
	1.2 Declarations of interests To note	Chair		
2.	Business from previous Council of Governors' meeting	Chair	14:05-14:10	4
	2.1 Minutes of Council of Governors' meeting held on 1st May 2024 and Notice of Decision 16th July 2024 To Approve	Chair		4
	2.2 Matters arising not covered elsewhere on the agenda To recieve	Chair		
3.	Business Reports	Chair		14
	3.1 Chairman's Report (verbal) To receive	Chair	14:10-14:20	
	3.2 Chief Executive's Report To receive	Chief Executive	14:20-14:30	14
	3.3 Membership Committee Chair's Report To receive	Chair, Membership Committee	14:30-14:35	16
	3.4 Governor Observer Exception Reports (verbal) To receive	Governor Observers	14:35-14:45	
4.	Governance			17

	4.1	Report of the Director of Corporate Governance and Trust Secretary	Corporate Governance Manager	14:45-14:55	17
	To receive				
5.	Governor Engagement				21
	5.1	NED Chair reports - Sian Walker McAllister and Martin Beaman (Quality Overview)	NED Chairs	14:55-15:25	
	To receive				
	5.2	Proposed Process to manage Governor Questions	Chairman	15:25-15:35	21
	To approve				
	5.3	Feedback and questions from Members and Governors including Governor Communications Log	Chair	15:35-15:40	25
	To receive				
6.	Annual Report				26
	6.1	Complaints, Feedback and Engagement Service Annual Report 2023/24	Interim Chief Nurse	15:40-15:55	26
	To receive				
7.	Information Items				57
	7.1	Governor Calendar and Information Items	Director of Corporate Governance and Trust Secretary		57
	To note				
8.	Closing Matters		Chair	15:55-16:00	
	8.1	Any other business	Chair		
	To note				
		8.1.1 Dates of next meetings: 6 November 2024 (2pm-4pm)	Chair		
		To note			

Torbay and South Devon NHS Foundation Trust

MINUTES OF THE PUBLIC COG MEETING

HELD ON 1 MAY 2024 AT 2 PM

AT BOARDROOM AND VIA MS TEAMS

Governors

	Paul Allen	*	Sal Aziz	*	Joanna Bowtell
*	Val Browning	*	Dave Cawley	*	Loveday Densham
*	Eileen Engelmann	*	Matthew Giles		Annie Hall
	James Hartley		Mike James	*	John Kiddey
	Clare McAdam	*	Peter Milford	*	Hilary Milner
	John Nutley	*	Yvonne Paulucy	*	Ron Peart
*	Andrew Postlethwaite	*	Alison Ramon	*	Jonathan Shribman
*	John Smith	*	Andrew Stilliard	*	Lee Thomas
*	Hayley Tranter	*	Vincent Williams	*	Louise Winfield
*	Radia Woodbridge	*	Ged Yardy		

* denotes member present

Directors Present:

Richard Ibbotson	Chairman	RI
Nicole McMinn	Interim Chief Nurse	(NM)
Chris Balch	Non-Executive Director	CB
Martin Beaman	Non-Executive Director	MB
Paul Richards	Non-Executive Director	PR
Robin Sutton	Non-Executive Director	RS
Siân Walker McAllister	Non-Executive Director	(SWM)

In attendance:

Emily Long	Director of Corporate Governance and Trust Secretary	EL
Sarah Fox	Corporate Governance Manager	SF
Kirsty Hewett	Membership Manager and note taker	KH
Maria Patterson	Associate Director of patient safety and quality	(MP)

() denotes attended part of the meeting

1. OPENING MATTERS

1.1 Chairman's welcome and apologies

The Chairman welcomed the Council of Governors to a virtual meeting due to the exceptionally busy weekend with a high number of respiratory admissions causing operational meetings being stood down. Therefore, a decision was made to avoid the risk to CoG members and amend the CoG meeting to MS Teams.

Apologies were received from the following Executive Directors and Non-Executive Directors: Arun Chandran, Adel Jones, Liz Davenport, and Catherine Lissett.

Governor apologies were received from: Paul Allen, Annie Hall, James Hartley and John Nutley.

1.2 Declarations of Interest

RP declared that he was a member of the Health and Adult Care Scrutiny Committee for Devon County Council since 2017.

2. BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS MEETINGS

2.1 Minutes of the meetings held on 7 February 2024

The Council of Governors approved the minutes of the Council of Governors' meeting held on 7 February 2024.

2.2 Matters arising not covered elsewhere on the agenda

There were none.

3. BUSINESS REPORTS

3.1. Chairman's Report

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

- Governors' non-attendance at CoG meetings. It was agreed CoG to formally review those governors whose non-attendance was not in line with the Trust's Constitution to agree next steps. This would take place at a meeting before the next formal CoG meeting in August.

DC asked if the rule that if a governor did not attend two meetings and you are out discretionary? EL replied that the CoG would need to decide if it felt that absences were reasonable or not, as it was the governing body. AP added that the CoG needed to keep an open mind due to other responsibilities for governors.

- The Chair had finished annual appraisals for the Non- Executive Directors (NEDs) – he thanked CoG for their feedback and engagement. The next step would be for the report to be fed back to CoG through the Governor Nomination and Remuneration Committee. CB had also completed the Chair appraisal.
- Andrew Postlethwaite was welcomed as Lead Governor and Val Browning as Deputy Lead Governor
- Peter Milford was thanked for his support and efforts as Lead Governor over the last year.
- Reminded CoG that when Chris Balch became the Trust Chairman role he would stand down from the Senior Independent Director (SID) role. This would be taken on by Paul Richards. Robert Williams would also become a substantive NED.

3.2 Chief Executive's Report

The Director of Corporate Governance and Trust Secretary, on behalf of the Chief Executive, presented her report which had been circulated with the agenda. EL briefed the Governors on the following points:

- National Oversight Framework 4 (NOF4) The system remained in NOF4 and was expected to continue to be for 2024/25. Meetings with the national team to plan delivery and agree exit criteria were taking place.

- Reducing waiting lists - Positive progress due to the benefits from Endoscopy and TIF theatres. Cancer performance remained one of the best in the country. Some fragile services including Gynaecology needed support from partner organisations to help build capacity.
- Urgent and Emergency Care – Positive reduction in people staying longer than 21 days in hospital, also one of the best in the country. Re-opening of the Dawlish Minor Injuries Unit. Reduction of ambulance handovers over 4 hours continued to be a priority.
- Dartmouth and Teignmouth – Range of offers received for the purchase of Dartmouth Hospital, currently being reviewed. Stakeholder groups continued to engage with the local people at Teignmouth. The ICB were engaging with the regional team on increased funding.
- Building a Brighter Future (BBF) – Continued to engage with the national team regarding the programme's business case.
- Electronic Patient Record (EPR) – Joint planning group led by Chief Finance Officer for NHS Devon.
- Medical Associates Professionals – These were multi-disciplinary teams that supported medical teams. Currently challenges raised by the British Medical Association regarding payment framework and scope for practice.
- Joint Area Targeted Inspection for vulnerable children and young people unannounced inspection in November 2023. A further inspection in in April 2024 resulted in a positive outcome.
- The launch of a new Youth Forum and Parent and Carers' Forum
- Updates from Integrated Care System; Steve Moore settling into new role as Integrated Care Board Chief Executive Officer, Mark Hackett had joined University Hospital Plymouth as Interim Chief Executive Officer and, Phil Mantay continued as Interim Chief Executive Officer at Devon Partnership Trust.

RP asked whether the delay in respect of the Teignmouth Health and Wellbeing Centre was due to cost? RI explained that neither the Trust or Teignbridge Council had the authority, responsibility or funding to progress the Health and Wellbeing Centre. He added that the issue was being managed at system level.

AS pleased to see the waiting lists being addressed. However, hearing from local people that they were being sent to the private sector. Are we being adversely affected by NOF4 position or is this money being injected by the national team?

RI was unsure without Executive Director in attendance to answer the question; therefore, the question would be taken outside of the meeting to be answered.

Action: RI

AS reminded CoG that there were issues with the traffic signs leading to Dawlish MIU and asked his colleague RP as Devon County Council representative to inform the highway department to reinstate the signs for Dawlish MIU which were currently blank.

Action: RP to inform the highways department at the council about reinstating the traffic signs for Dawlish MIU.

SA asked would there be any interoperability between SystemOne and EPR?

RI yes, it was imperative for system one to be able to link with EPIC due to the GPs also already using SystemOne, and also the Trust Maternity Services.

EL added that the team were working on the operability of EPIC across the acute Trust and how they were going to interact with other systems.

PR added there was work to finalise how the integration would work and the intent to work with SystemOne. Governance had been set up to ensure organisations were adequately represented to get the specification right.

SA asked would there be any links between the Youth Forum and the Parent and Carers Forum with CHFD participations groups to ensure shared learning? RI would take this question outside of the meeting. **Action: RI**

3.3 Membership Committee Chair's Report

The Membership Chair verbally reported the Membership Committee Report. Key highlights received were:

- Annual Members Meeting had been confirmed for Friday 27 September taking place as part of a Digital Conference being hosted by the Trust. AR asked for all governors to get involved.
- Promoting membership with the current focus of targeting younger members and Teignbridge. AR requested governors to volunteer for a membership stall to promote the membership at Newton Abbot Hospital and Paignton Hub including carers week on 21 November 2024.
- Medicine for members had been reinstated for later in the year.
- 'On hold' message when phoning hospital switchboard to promote membership.
- Membership had been promoted in various ways around the Trust site, including leaflets, TV's, banners, and staff corporate induction.
- Patient Participation Groups (PPG) had been reinstated in most GP surgeries across South Devon.
- HT offered to help engage with the public to promote membership via her Councillor role.
- GY updated CoG on the dentistry pilot, awaiting response from the ICB.

3.4 Governor Observer Exception Report

None.

4. For Approval

4.1 CoG Approval for:

- **CoG Standing Orders**
- **Governor Code of Conduct**
- **Governor Engagement Policy**
- **Terms of reference for Membership Committee and Governor Nomination and Remuneration Committee**

The Director of Corporate Governance and Trust Secretary briefed the CoG on the documents listed above for approval, noting that at least a third of governors were required to approve the documents. However, if governors were not content to approve or feedback today, then a working group could be set up to consider the documents. In particular it was noted that in normal circumstances a third of governors would be required to propose a written resolution.

DC asked do you think you will get a third of governors to respond? EL believed we would get a third of governors to respond. DC said could not see any changes on the documents. EL happy to provide the track changed documents but wanted to note that the changes were very minimal.

Action EL to send track change documents to DC for review.

CoG formally approved the following documents:

- **CoG Standing Orders**
- **Governor Code of Conduct**
- **Governor Engagement Policy**
- **Terms of reference for Membership Committee**
- **Governor Nomination and Remuneration Committee**

5. DEEP DIVE

5.1 Operational Business Planning and Financial Sustainability 2024/25

It was noted that due to ongoing work to finalise the Trust's Operational Plan for 2024/25 it was not possible to provide a presentation at the meeting.

It was noted there would be a standalone briefing for CoG on Operational Business Planning next month either a written or presentation to CoG via another governor platform.

6. GOVERNANCE

6.1 Report of the Director of Corporate Governance and Trust Secretary

The Director of Corporate Governance briefed CoG on her report which had been circulated with the agenda. The key highlights received were:

- Formally reported election results.
- Annual refresh for Lead Governor, Deputy Lead Governor, and Governor Observer roles.
- NED appointments.

First annual self-assessment for CoG which received good feedback. As part of the annual feedback, it had been planned to hold governor working group to review the

feedback. Unfortunately, this meeting was not well-attended, so it was agreed the information be circulated to Governors for their feedback. It was noted that as part of the feedback, and to make meetings more inclusive, it was proposed that two CoG meetings a year would be held virtually. **Action EL would circulate the self-assessment feedback to CoG and ask for comments.**

7. Update on Quality Account

7.1 Presentation on 2023/24 Quality Account and 2024/25 Priorities

The Interim Chief Nurse and Maria Patterson, Associate Director of Patient Safety and Quality briefed the CoG on the 2023/24 Quality Accounts and 2024/25 priorities.

Key highlights received were:

- Improvements for 2023/24 including good governance and transitioning to the patient safety incident response framework (PSIRF)
- National guidelines
- In 2023/24 maintained focus on:
    - ❖ Quality and patient safety goals and quality improvement priorities 2023/24
    - ❖ Our quality improvement priorities – performance 2023/24
    - ❖ Quality goal: zero avoidable deaths
    - ❖ Quality goal: continuously seek out and reduce harm
    - ❖ Quality goal: excellence in outcomes
    - ❖ Quality goal: Excellence in experience
- Quality improvement priorities 2024/25
- Patient safety
- Our quality improvements priorities 2024/25
- Engagement plan regarding quality goals 24/25 priorities
- Next steps including governors' quality priority

It was noted that the document tended to be acute-focused and there was a need to consider the community when developing the quality priorities. This was acknowledged and NM provided assurance that this would be considered in future iterations of the document. NM thanked the governors and appreciated there was a lot of information in the slides, therefore, a narrative would be provided to accompany the circulation of the QA presentation to the governors.

Action: NM to provide narrative to be circulated with the QA presentation.

8. GOVERNOR ENGAGEMENT

8.1 NED Chair Reports by Exception

The NED Chairs verbally informed CoG on the following matters:

BUILDING BRIGHTER FUTURE

BBF was making good progress. Business cases included relocation of services on site to Regent House, upgrading the electricity to site and starting the demolition of buildings on site. Electronic Patient Record implementation was making good progress. The governance was in place and technical collaboration in Devon for approval, although there would be a need for additional resource to support

implementation. GY raised concern on Data Protection Impact Assessments (DPIA) on EPR flagging that DPIA would be challenging to transfer data. RI acknowledged GY point and informed the CoG that it was key topic at this point of implementation.

PEOPLE COMMITTEE

Compassionate Leadership Training and staff surveys guide the focus of the Committee. A new workforce dashboard had been developed providing granular detail on performance. The Committee had received a presentation on virtual wards.

QUALITY ASSURANCE COMMITTEE

The Committee had reviewed the feedback from the Care Quality Commission (CQC) following an unannounced visit to the Trust's Maternity Services. In addition, a CQC maternity survey reported that the Trust had performed better than average. Work was taking place to implement Martha's Rule.

CHARITY COMMITTEE

The Charitable Funds Committee had been formally renamed Charity Committee There was an intention to expand the remit of the Committee to include the voluntary and third sector.

AUDIT AND RISK COMMITTEE

The Trust was experiencing an ongoing issue with the District Valuer in terms of supply of information on the valuation of the Trust's Estate to support the external audit. The Committee received a report on the governance attached to the disposal of Torbay Pharmaceuticals.

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

To note.

9. INFORMATION ITEMS

9.1 Governor Calendar and Information Items

To note.

10. CLOSING MATTERS

10.1 Any Other Business

No further business discussed.

10.2 Dates of 2024 Meetings – 7 August, 6 November

Noted.

10.3 Close of meeting

There being no further business, the Chairman declared the meeting closed at 16.10pm.

Council of Governors
Action Tracker

No	Action	Lead	Due date	Update	Status
Meeting held on 07 February 2024					
1.	**Item 3.2** Circulate IPR report to the Governors	**KH**	**Feb 2024**	**Emailed with minutes**	**Closed**
2.	**Item 3.4** FT Office to email three weeks prior to ask for any Governor Observer exceptions for the next CoG meeting.	**KH**	**Feb 2024**	**Noted.**	**Closed**
3.	**Item 6.1** Set up working group via email to discuss Governor duties and obligations from the self-assessments.	**KH**	**Feb 2024**		**Closed**
Meeting held on 01 May 2024					
4.	**Item 3.2** RI to take AS question outside of the meeting	**RI**	**Aug 2024**		
5.	**Item 3.2** RP to inform the highways department at the	**RP**	**Aug 2024**		

	council about reinstating the traffic signs for Dawlish MIU				
6.	**Item 3.2** RI to take SA question outside of the meeting.	**RI**	**Aug 2024**		
7.	**Item 4.1** EL to send track change documents to DC for review	**EL**	**Aug 2024**		**Closed**
8.	**Item 6.1** EL will circulate proposals to CoG and ask for feedback from the self – assessments.	**EL**	**Aug 2024**		
9.	**Item 7.1** NM to provide narrative to be circulated with the QA presentation.	**NM**	**Aug 2024**		
Meeting held on 07 August 2024					
10.					
11.					
12.					
13.					
Meeting held on 06 November 2024					
14.					

15.					
16.					
17.					

Actions recorded on this tracker should be grouped by meeting, with progress monitored at each subsequent meeting. Once complete the item should be marked as grey, noted by the Committee as complete and removed from the log before the following that meeting to ensure a proper auditable trail.

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Council of Governors		
Report title: Chief Executive's report		Meeting date: 07.08.2024
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:	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. I am also mindful of the important role that Governors provide in actively seeking feedback from members of the public and the support Governors are able to provide to us in communicating key messages. At the previous COG meeting Governors received a high-level report on: 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 and an update on the Teignmouth health and wellbeing centre; the new hospital programme and *Building a Brighter Future;* an update on our Electronic Patient Record full business case and implementation plan; background briefing on medical associate professions and our position; progress on the Joint Area Targeted Inspection (JTAI) action plan; the launch of our Youth Forum and our planned launch for our Parent and Carers Forum and the latest updates from the Integrated Care System for Devon, the Devon joint forward plan and the Peninsula Acute Services Sustainability Programme. Since the last Council of Governors meeting, Governors have received briefings on the sale of the former Dartmouth and Kingswear community hospital site and the former Dartmouth clinic, Teignmouth health and wellbeing centre and the new hospital programme as well as receiving the regular fortnightly Governor newsletters. While Governors have received operational briefings via the monthly Governor Network meetings, it is my intention at this Council of Governors' meeting to provide, along with my Executive colleagues, an update on the following key areas:	

	• 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 • next steps for the former Dartmouth and Kingswear hospital site and the former Dartmouth clinic • the new hospital programme and *Building a Brighter Future* • an update on our Electronic Patient Record full business case and implementation plan • 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** ☐	**To receive and note** ☒	**To approve** ☐
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		

NHS
Torbay and South Devon
NHS Foundation Trust

Report of the Membership Committee Chair to the Council of Governors

Meeting date:	25 July 2024
Report by:	Alison Ramon
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☐ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☐ 4: Well led ☐
Public or Private	Public ☒ or Private ☐

Key issues to highlight to the Council of Governors:

- **Annual Members Meeting** - At our last meeting on 25 July the committee focused on preparations for the Annual Members Meeting (AMM) to be held in TREC on Friday 27 September from 11am (agenda attached). As with last year the AMM will be online as well as face to face. In addition to the statutory requirements (agenda items 3 -6) we will be putting on an interactive digital presentation in the hope that it might be a further attraction for members. We have a promotion timeline (attached) to demonstrate the range of communications we will be undertaking in order to be as cost effective and creative as possible.
  We are planning to have stalls at the TREC entrance and would be pleased to have any suggestions from CoG about the type of stalls we should set up. Please email ideas to Kirsty. A lot of networking has already taken place to encourage membership within the community and we hope that all CoG members will help us to promote the AMM within their constituencies between now and the event itself. Patient Participation Groups (PPGs) in GP surgeries are a good way to do this (assuming your PPG is up and running). If you require any membership leaflets, please get in touch with Kirsty.

- **Medicine for Members** – One event planned is our first Medicine for Members (since the pandemic) to be held on Tuesday 12 November. Further details will be provided in due course, but it is hoped that Mr Seamus MacDermott, Urology Consultant, will be the presenter. We anticipate that more presentations will be arranged for next year.

- **Some further updates on key actions were discussed -** Emily has confirmed that there is a membership budget of £1000 (there is a separate budget for CoG training of £1750). After the AMM the membership committee will consider ways to use this budget effectively.

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.

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Council of Governors			
Report title: Public Quarterly Governance Report			Meeting date: 7 August 2024
Report appendix:	Governor Nominations and Remuneration Committee Annual Report 2023/24		
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 corporate governance updates on matters of relevance to the Council of Governors.		
Action required:	**For information** ☐	**To receive and note** ☒	**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"?	Good and robust oversight of the Trust's activities and strategic intent ensures resources are used appropriately and maximises benefit for the Trust's service users.		
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):	N/A		
Risk: Risk ID: *As appropriate*	N/A		
External standards affected by this report and associated risks	Best Practice		

Report title: Public Quarterly Governance Report		**Meeting date:** 7 August 2024
Report sponsor	Director of Corporate Governance and Trust Secretary	
Report author	Corporate Governance Manage	

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

1. Council of Governors – Appointed Governors

Since the last meeting there have been several changes to our Appointed Governors as follows:

- Torbay Council: Patrick Joyce replaced by Hayley Tranter
- Devon County Council: Jonathan Hawkins replaced by Ron Peart
- Integrated Care System (legacy Devon CCG): Jo Turl replaced by Karen Barry

We would like to thank our departing Governors for their support to the CoG whilst in post.

Action required: To receive and note the Council of Governors membership update.

2. Governor Nominations and Remuneration Committee Annual Report 2023/24

The CoG is required to receive the Governor Nomination and Remuneration Committee Annual Report (attached), which details the work of the Committee during 2023/24 and provides assurance that the Committee has met its terms of reference.

Action: To receive the Annual Report of the Governor Nominations and Remuneration Committee

3. Annual Members Meeting

The Council of Governors are asked to note that the Annual Members Meeting is scheduled for 11am on 27 September 2024; preparations are being discussed with Membership Committee and a verbal update will be provided at the meeting.

Action: To note the date of the Annual Members Meeting.

4. Annual Report and Accounts 2023/24

The Annual Report and Accounts for year ended 31 March 2024 was laid before Parliament on 29 July 2024, having been approved by the Board on 26 June 2024. The document has been emailed to all Governors ahead of formal presentation at the aforementioned Members' meeting.

5. NHS Leadership Competency Framework for Board Members

The CoG will recall that NHS England published an updated framework for the Fit and Proper Persons requirements in August 2023, to be fully implemented by the end of March 2024.

As part of this framework NHS England informed Trusts that they would be publishing a Leadership Competency Framework for Board Members. This document has now been published and is available here: NHS England » NHS leadership competency framework for board members

The Framework is designed to:

- support the appointment of diverse, skilled and proficient leaders
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
- help organisations to develop and appraise all board members
- support individual board members to self-assess against the six competency domains and identify development needs.

The six leadership competency domains are as follows:

- driving high-quality and sustainable outcomes
- setting strategy and delivering long-term transformation
- promoting equality and inclusion, and reducing health and workforce inequalities
- providing robust governance and assurance
- creating a compassionate, just and positive culture
- building a trusted relationship with partners and communities

The framework and leadership competencies will be used at the recruitment stage for board member appointments and also as part of the appraisal process. This will then inform any development needs for Board members.

NHS England plan to publish a Board Member Appraisal Framework by autumn 2024. This will be shared with the COG and will help inform the Board member appraisal process from 2024/25 onwards.

Action: To note the new Leadership Competency Framework requirements.

6. Compassionate Leadership Training

The CoG will recall Chief People Officer, Michelle Westwood presented to CoG 'It starts with me' framework. We are now pleased to offer the training to the governors. This will be essential to role and governors will be expected to attend the training. Compassionate Leadership training will be held on 4 September and 31 October 2024. If you are unable to attend the training, you will need to notify the Foundation Office.

Action: To book on the Compassionate Leadership Training via FT Office.

7. CoG Learning and Development Budget 2024/25

The CoG have been allocated £1,750 to support learning and development for the financial year 2024/25. The CoG is asked to consider how it might wish to allocate this funding to provide training and development for governors.

Action: Consider allocation of learning and development training budget.

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Council of Governors			
Report title: Proposed process to manage Governors Questions			Meeting date: 7 August 2024
Report appendix:	Appendix 1 – Proposal for governor questions		
Report sponsor:	Chairman		
Report author:	Chairman		
Report provenance:	N/A		
Description/Purpose of the report and key issues for consideration/decision:	The attached paper outlines the current process, as agreed by CoG, to manage governor questions, and concerns more recently raised by Governors in respect of how this process is working in practice. Taking the feedback received from Governors into account, the paper also proposes amendments to the current process to ensure it meets the needs of the CoG and to provide clarity to Executive Directors tasked with providing a response to Governor questions.		
Action required:	**For information** ☐	**To receive and note** ☐	**To approve** ☒
Recommendation:	The CoG is asked to consider and discuss the paper and agree an updated process for the management of Governor questions.		
Summary of key elements			
How does this report further our purpose to "support the people of Torbay and South Devon to live well"?	Good and robust oversight of the Trust's activities and strategic intent ensures resources are used appropriately and maximises benefit for the Trust's service users.		
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):	N/A		
Risk: Risk ID: *As appropriate*	N/A		
External standards affected by this report and associated risks	Best Practice		

1. Questions to the Trust form a significant means by which Governors can fulfil their principal responsibilities of appointing and holding to account non-executive directors, representing the interests of trust members and approving significant transactions, mergers, acquisitions, separations or dissolutions. The answers provided to questions sit alongside a variety of other sources of information to which Governors have access. These include:
   - Annual Members Meeting
   - Quarterly Council of Governors meetings
   - COG Priority meetings
   - Public Board meetings and access to published Board papers
   - Monthly Governors newsletters
   - One off Governor visits to Trust facilities
   - Governor observer roles on Trust Committees.

   These sources enable Governors to input to annual NED appraisals and understand the challenges facing the Trust in terms of quality/safety, performance and financials and to help steer to the strategy and priorities of the Trust.
2. Since becoming Chair of the Trust, I have sought to understand concerns which have been raised regarding the process and practice of responding to Governors questions.

   As recently set out in the July Governor newsletter the process for submitting and answering questions from Governors is as follows:

   Individual Governor Question

   - Individual governor question to be sent to the Lead Governor for approval prior to being sent to FT inbox for processing
   - Once individual question has been approved by the Lead Governor, the FT office will acknowledge receipt of the governor question/s
   - Governor question to be formally logged and sent to the relevant Executive Director for answering
   - Answered question/s will be sent to all governors, logged on the formal question log and added to the next governor newsletter

   COG question

   - Lead Governor to forward the governor question/s on behalf of COG to the Foundation Trust Office inbox foundationtrust.tsdft@nhs.net
   - FT Office will log COG question and send to relevant Executive Director for answering (*within 20 working days – FT office to chase*).
   - Answered question will be sent via email to all governors and logged on the formal question log and added to the next Governor newsletter.

   Governors are asked not send questions directly to Directors but to follow the process set out above.

   If you have not had a response in a timely manner or have not seen a response, please chase the FT Office. The Trust endeavours to answer all questions as soon

as possible, however there may be occasions where this is not possible, or a response has been missed.

3. The concerns which I have heard about this process are
   1) The role of the Lead Governor in 'approving' governors' questions prior to them being received by the FT Office
   2) Individual questions and answers being shared with all governors
   3) The time which it can take for some questions to be answered
   4) The failure to answer questions directly and in some cases involving the reinterpretation of the question.

   I seek to address each of these in turn below.

4. The purpose of Governors being asked to submit individual questions via the Lead Governor is intended to ensure that there is no duplication of questions and that the flow of questions is managed. It is also important that the Lead Governor in his/her role has a clear picture of the issues and concerns being raised by Governors, for example to assist in determining the agenda for COG Priorities meetings. In my understanding it has never been the role of the lead Governor to prevent, or 'censor' questions raised by individual Governors. I would therefore suggest that we should replace the term 'approval' by the Lead Governor to 'review'.

5. Some Governors are more active than others in submitting questions to the Trust Office. This is inevitable in a group of individuals drawn from a wide variety of backgrounds and circumstances. It is important however that Governors all have access to the same information to enable them to fulfil their collective responsibilities. In the past concerns have been expressed about Governors enjoying privileged access to information through the use of 'back channels'. This does not mean that Governors cannot and should not engage with individual Directors on an informal basis. However, unless there is a compelling reason not to do so (e.g. information of a confidential or personal nature) all questions raised, and answers given will be shared by the Trust office.

6. There have been occasions when Governors have not received answers to questions in a timely manner. This can be for a variety of reasons, for example the information requested is nor readily available, or there have been competing priorities for Exec Directors time and attention. Until recently there has been no stated target for response times so 20 working days has been adopted to reflect the requirement imposed by the Freedom of Information Act. I know that some Governors consider this excessive but recent evidence points to questions being answered significantly faster than this. I regard the 20 days as a backstop and if responses cannot be provided within this timescale the Trust office will provide an explanation as to why delay has arisen. One can envisage a situation where a question requires an 'urgent' response so it may be appropriate to put in place an 'urgent question' process whereby Lead Governor and Chair can ask the Trust Office to seek a response within 5 working days.

7. Asking effective questions is an art. Long winded or imprecise questions generally result in long winded and imprecise answers and may lead to the question being misinterpreted. Governors are therefore encouraged to be clear about what information and assurance they are seeking. It may be helpful to include a session on asking effective questions as part of a future COG Priorities meeting and to

include it as part of the new Governor induction process. When forwarding questions from Governors to Executive Directors the Trust office will request clear, direct and concise answers although these may need to be accompanied by contextual information. If the question cannot be answered, then that will be the response together with an explanation of why this is the case. Governors' questions should be a means by which information is freely shared on whether and how issues of concern to Trust members and our wider population are being addressed.

8. It is recognised that on occasions Governors are not satisfied with or do not like the answer which they have received to their question. In these circumstances I am happy as Chair to seek resolve outstanding issues and if necessary, bring them to the attention of the Council of Governors.

9. While acknowledging the role which questions can play in the work of Governors we need to ensure that the limited resources available through the Trust office are available to support other areas of activity. It has been noted that the handling of questions currently involves some significant duplication of effort. The Trust office is therefore exploring ways in which this can be eliminated through the use of IT (Microsoft Forms) to streamline the process and provide a means of tracking progress and performance in dealing with Governor questions.

Governors' Log of Communications

Print date: 31/07/2024 10:33

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	C-O-G	Gov Newsletter	Status
169	02.04.24	Alison Ramon	Torbay	At my local PPG meeting a query arose regarding 'patient (healthcare) passports'. It is believed that TSDFT staff have been instructed in how to use these passports, particularly but not exclusively for patients with a learning disability.Are front line staff routinely checking that healthcare passports have been completed when these patients attend clinics, A&E, AMU or have an inpatient stay? The passports provide important information (both medical and non-medical) about the patient and how to communicate with them.	Nicola Mcminn	29.04.24	We are seeking information from our learning difficulty (LD) ambassadors on how assured they are that all LD patients bring in their passports to hospital. We would also like to highlight that a learning disability walkaround took place recently which was also attended by Liz Davenport and Richard Crompton. This was overwhelmingly positive and there was lots of positive feedback from ambassadors in adult social care who were making reasonable adjustments and work still ongoing in that space. Ensuring that patients have their passports is part of our overarching plan for LD.	07.08.24	25.04.24 Q only 30.05.24	Responded
170	09.04.24	Matt Giles	Staff Governors	At TSDFT, it is widely recognised and documented that our infrastructure is an ongoing issue. A part of the Trust process around utilisation of our available space is the Space Utilisation Group (SUG). I receive a lot of feedback from numerous constituents across planned care about this group, the work undertaken to satisfy the requests that this group make of departments, the manner in which it feeds back in response to requests and the lack of offering ideas/solutions when requests are declined from areas. Could I please enquire as to the governance structure of this group and it's terms of reference please?	Jake O'Donovan	16.05.24	•The Trust is currently space-locked and, with executive agreement, the Space Utilisation Group which meets monthly, was stood up in early 2023. •I have attached the Terms of Reference for Space Utilisation Group, which set out clearly the group's purpose, which is not to provide ideas and solutions when space requests are declined – this is something that should be discussed with Graham Tombs (Property Manager) by the Requester, and a new application made following any solutions identified. •Every Care Group is represented by the Care Group Director or a nominated Deputy. In the case of Planned Care, Ria McCoy (ADO) sits on and is well engaged with SUG – those representatives should be the point of contact for concerns raised by colleagues in their care group/corporate area. •The request made by Tony Ray (which I believe was based on the proposal of a relocation to Regent's House) was discussed at SUG, with Ria Mccoy (Tony's line manager) present – the reason for rejection was explained and a discussion about 'what next' was had. •The details in the original email from Tony, appear to relate to remote working – this is not something managed by SUG, SUG's role relates to the oversight of Trust space, not remote working. •Remote working arrangements should be agreed with the line manager and discussed with IT so that technological accommodations are explored – again, this is something covered by SUG. •An agile-working group is in the process of being setup, but that relates more to the Trust's broader approach to aglie working on sites, and wouldn't approve or reject requests to work remotely, again, that is a conversation that should be held with the management line	07.08.24	25.04.24 Q only 30.05.24	Responded
171	13.06.24	Andrew Postlewaite	Teignbridge	The question is: On Monday 10th June, at about 11:30, I accompanied my father to Torbay A&E. The waiting area was full and there were so many ambulances outside they were overflowing beyond their normal parking area. We only waited for just over an hour. When we entered the Minors department, I was shocked to see that we were the only patients there. Shortly afterwards a patient did arrive, attended too by an ambulance crew. I overheard a conversation that mentioned there were only 4 staff on duty. I only ever saw 2. One of which gave my father first class treatment. My Question is, given the obvious potential to handle a greater workload, why are so few staff available at a time when demand was so high?	Nicola Mcminn	10.07.24	Dear Andrew, Firstly, thank you for your kind comments relating to the care your Father received from one of our Emergency Practitioners when you both attended on 10th June 2024. This is greatly appreciated and has been shared with the staff member involved. In relation to the points, you have raised, as I cannot identify the exact context of the comment in relation to staffing I would assume however the '4 staff' being referred to were those Practitioners allocated to the minors areas. I have reviewed the rota for this day and can indeed see 4 Practitioners were rostered on at the time your father was treated. To offer some reassurance, this is the core staffing number for this area, and is reflective of only the 'Minors' area and not the department as a whole. The fact that you only saw 2 Practitioners in this area whilst you were present may have been for a number of reasons, but most lightly there were treating patients in a different area. This team will work out the Paediatric area (for Minors presentations) and assist in Majors/Resus, within their scope of practice, so whilst predominantly they are based in the 'Minors' area, they will 'float' and support all patients as required accordingly. In reference to the 'Minors' area not being fully occupied this again is multifactorial. This area is designed for a specific acuity of patient. Not all patients will be suitable to be seen or treated in this area, but also as you have alluded to, it may also be the only space we have available to bring patients through into, to be seen and assessed so it is a fluid area. I would like to reassure you that all areas of the departments are utilised very skilfully and often very adaptably to ensure any delays or overcrowding are kept to a minimum. Once again, thank you for your kind comments regarding your father's care and most importantly I hope he has recovered well. If there are any further questions in relation to this concern, please do not hesitate to contact me, and I'd be more than happy to talk through	07.08.24	25.07.24	Responded
173	19.06.24	Matt Giles	Staff Governors	"It's come to my attention that there is little to no provision for specialist autism nurse support. Could you please let me know whether this is correct? If so, what are the plans for specialist support to be provided to our caring professionals when looking after/seeing patients (adult or paediatric) with Autistic Spectrum Condition?"	Nicola Mcminn	02.07.2024	I'm pleased to receive this question as the growing number of Autistic people presenting across Statutory provision continues to rise and their needs are often challenging, both for the person and for services wishing to help and support. Autistic people can present as some of the most vulnerable, misunderstood and misdiagnosed members within the community we serve. Often times they will find themselves referred to Mental Health services because of maladaptive coping strategies to sensory overload that can then trigger anxiety, depression, suicidal ideation and personality disorder labels. Unfortunately there has been a significant shortage of government investment over the years despite population numbers rising, which has led to a paucity of resources. Currently there isn't dedicated specialist autism nurse support available within TSDFT for adults or children. This is a position shared by other acute hospitals within Devon and further afield although locally, Devon Partnership Trust (DPT) do provide an Autism Diagnostic service and work with some individuals who have multiple diagnosis and complex presentations (Autism/Mental Health/LD). Plymouth UHP do have a joint commissioned service which is funded through a tripartite agreement between Plymouth Local Authority, Cornwall County Council and the Integrated Care Board. This model ensures that people with a LD and/or Autism are able to be supported through their journey in hospital. This has proven to be a very successful model of service delivery and I have initiated a conversation with ICB partners via the Learning Disability and Autism Partnership (LDAP) to ascertain if this is something they would want to explore in Torbay. To help overcome some of the challenges, Children Families Health Devon (CFHD) have repurposed some Community LD nursing time to support Children and Young People who have challenges associated with Autism but this is a relatively new innovation and will need further evaluation. Unfortunately we are not able to do the same with the Adult Learning Disability Liaison nurses (LDLN) as they are employed by Devon Partnership Trust and are a very small resource with just one B6 and one B5 nurse employed. There is opportunity to employ a further B5 LDLN which is being progressed but whilst the LDLN and their Line Managers remain sympathetic to the needs of Autistic people they have	02.08.2024	25.07.2024	Responded
174	03.07.2024	Annie Hall	Teignbridge	There are concerns at the hospital with regards to the spread of infection. Staff are wearing uniforms outside the hospital. They are seen in shops, on buses, mixing with the public and lately in a veterinary surgery. This cannot help with the spread of infection. The question is Would it not help to alleviate the problem if staff were only allowed to wear their uniforms in the hospital and nowhere else.	Nicola Mcminn	08.07.2024	Thank you for your email and for raising the concern regarding staff wearing uniforms outside of the Trust, the challenge with this is staff do not have limited access to change on arrival or when leaving. There are also many community care agencies and other professionals who have similar uniforms that can be confusing it they are a Trust member of staff. However, that said we understand the importance of this and have shared communications with all staff over the last few weeks reminding them of uniforms outside of work. To support this further we are just about to relaunch the uniform policy which will reinforce the importance.	02.08.2024	25.07.2024	Responded
175	03.07.2024	Andrew Stillard	Torbay	I've just heard that some NHS trusts are allowing Trans women to use female facilities within their hospital and that staff are having to resort to legal action for protection. What is the current and planned policy in Torbay NHS ft.	Michelle Westwood	22.07.24	Thank you for your question, the Trust currently has a draft policy for support of Trans, Non Binary and Gender Diverse that is currently being reviewed by our Staff Side partnership before publication. The policy is in line with our legal obligation to adhere by the Equality Act, and our values of everyone counts. Trans women are women, as such legally they are absolutely within their right to use female facilities. They are protected that right under the equality act, but also under our moral duty to ensure everyone is treated with dignity.	07.08.24	25.07.24	Responded
176	05.07.2024	Matt Giles	Staff Governors	The Oliver McGowan Training e-learning offering is widely regarded within the Trust as a really valuable session that has changed practice. However, it is my understanding from constituents, that the F2F training is mandated and that certain staff groups take an entire day for F2F training when other, neighbouring Trusts are not insisting on this participation. F2F sessions are currently not available with a valid reason given on Hive. I have 2 questions/points: •The lack of F2F offering availability is negatively affecting colleagues mandatory training compliance, how can this be resolved by the education team please? •Secondly, given the staffing, time and financial pressures that Trust services are under, could you please advise whether the F2F element of the training has been mandated outside of the Trust management structure or whether this was a local decision?	Nicola Mcminn	10.07.24	Dear Matthew Thank you for your email and enquiry. I have discussed this with Jess Piper, Deputy Director for Education and Workforce Development who has provided the following information – •Tier 2 training (the in-person training day) is mandated as per national government guidelines and NHSE for all front-line staff who may come in to contact with patients with a learning disability or autism. Initially this had instigated most staff having this competency added to their Hive mandatory training requirements. However, we have reviewed this with Liz Thomas, Deputy Medical Director and Nicola McMinn and have agreement from Sharon O'Reilly, Deputy Director of Adult Social Services, and the ICS lead to implement a more locally defined training needs analysis and therefore Liz and Nicola can approve for some staff to be allocated just Tier 1 and remove their Tier 2 competency requirement. This will be managed and agreed on a case-by-case basis and will go some way to ensuring the right staff are assigned the right level of training for their roles. •In regard to compliance and reporting, the above will go some way to improve this. In addition, the Hive team will be splitting out the reporting for Tier 1 and Tier 2, so you can see the reporting and compliance for each Tier. •The in-person training day is commissioned by the ICS to an external provider and NHSE currently fund this contract for systems. This year, we have no dates past August due to a delay in NHSE releasing the funding for the continuation of this contract. From next year, NHSE will no longer provide funding and therefore the responsibility will move to Trusts. At the moment we are only able to use NHSE approved education providers which limit our ability to be flexible with other approaches, such as in-house delivery or contracting an alternative provider. We have escalated both of these issues to the ICS and up to NHSE and raised a corporate risk. •Finally, the requirements for Oliver McGowan training are set nationally and are mandated by NHSE. There is also no flexibility currently in how Trusts can deliver training as this is mandated by NHSE as well. Other Trusts are taking the same approach than us for Tier 2 (as above) in terms of setting a local approach to assigning staff to Tier 2 - so hopefully this will start following through into the compliance, reporting and Hive competency requirements.	07.08.24	25.07.24	Responded
177	05.07.2024	Alison Ramon	Torbay	A number of people in the community have approached me with concern about the recent media reports on ambulance handover times. Torbay had one of the poorest records nationally (45% waiting over 60 mins compared with under 9% national average). These figures covered the period November 2023 to March 2024. I have been told that there has been an improvement in our Trust handover times since then. Please would you provide statistical evidence of this improvement (March onwards), a report on how the improvement came about, and whether there is a contingency plan in place to protect the Trust in future from a return to these high levels	Arun Chandran			07.08.24	Q 25.07.24	Assigned
178	17.07.24	Alison Ramon	Torbay	CFHD young advisors visited Bramble Ward in RDUH and wrote a report with their thoughts on what might be changed in order to make the environment more suitable for neurodivergent children and young people and with a view to Bramble ward achieving ASC accreditation. Has our Trust adopted a similar approach on Louisa Cary ward for neurodiversity children or would this be something to aim for here at Torbay, perhaps with input from the participation group?	Nicola Mcminn					Assigned
179	17.07.24	John Kiddey	Torbay	Over the past two years, reference has been made by management to a "Watch List" of care homes. Governors have not, in my time in office, received any briefings about this list; hence my enquiry; 1.What issues put a care home on the list? 2.How many homes are on the list? 3.What happens when a home is placed on the list? 4.How does the trust ensure improvement in these homes? 5.How is improvement monitored/measured?	Nicola Mcminn					Assigned
180	18.07.24	Loveday Densham	Torbay	Re-configuration of services is we are told a possibility and is under discussion, could we please know which clinical services are at present shared with RDUH and Plymouth.	Arun Chandran		Requested more info			Assigned
181	17.07.24	Matt Giles	Staff Governors	As a staff governor, with 2 young children within the excellent hospital nursery and multiple constituents in the same boat, I was concerned to read the following in a recent email about their staffing: Recruitment within the Early Years sector is proving to be very difficult at the moment; sadly there are fewer applicants, and many without the required qualifications or experience. There is more scrutiny for recruitment in the trust and this can delay us getting staff in post. Therefore, we have to look at different ways to ensure we can continue to run our nursery whilst maintaining our high standards of care and safety. As an engaged staff governor, I completely understand the need for the controls in place due to our financial position. However, I, and many other parents with children looked after at the nursery are dismayed to read that those controls are being applied to recruitment requests for an area responsible for the health and safety of our children whilst we come to work for the organisation. I am lead to believe by numerous constituents that the recruitment process on average across the organisation takes 6 months, which is widely regarded as being disappointing anyway, but especially for our areas recognised as "at risk" within the Trust or responsible for the day to day wellbeing of employees children.	Michelle Westwood		All recruitment across the Trust is scrutinised in accordance with our practices, however since recruitment in the nursey is for statutory and safeguarding processes they are always fast tracked and approved. Regarding the time to hire… it depends when you measure it. As soon as a manager has approval to recruit we aim for 54 days to letter of contract being issued (this time frame covers advertising, short listing, interviews, DBS and employment checks, then contract send). Of course, if you then add in the notice period for someone to leave their job and start with us it can add on longer, as can it if there is a new job and it has to go through the AfC job matching process, and then through controls. At present the vacancy controls are processed speedily for all statutory roles and all medical/clinical where there is no wte or £ growth. As mentioned before, the nursery staff are included in this bracket. Please contact Michelle Westwood should you require any further clarification or reassurance .	07.08.24	25.07.24	Responded
182	30.07.24	Lee Thomas	Torbay	I understand that orthopaedics have paused all appointments and treatments indefinitely due to large backlog of patients. Are patients being re-referred to other trusts or hospitals, or are they remaining on an extended wait list? Could you please provide the following information: •The current number of patients waiting for treatment. •A breakdown of wait times for these patients (e.g., more than 12 weeks, more than 52 weeks). •The number of consultants working in orthopaedics (full-time, part-time, not directly employed). •For trauma cases, the current waiting time for patients to be assessed and treated. •The target wait time for trauma patients to be assessed and treated.	Arun Chandran					

Page 1 of 1

Report to the Council of Governors			
Report title: Complaints, Feedback and Engagement Service Annual Report 2023/24			**Meeting date:** 7 August 2024
Report appendix:	None		
Report sponsor:	Chief Nurse		
Report author:	Interim Deputy Chief Nurse		
Report provenance:	Feedback and Engagement Group Quality and Assurance Committee		
Description/Purpose of the report and key issues for consideration/decision:	This report provides the CoG with assurance that during 2023/24 the Trust has met its statutory accountabilities. This report sets out how the Trust hear the voice of patients and put people's experience of our services at the centre. This report provides patient and service user feedback about their experience of accessing and using services provided by the Trust and how they are managed and responded to effectively by services. Where learning is identified and change is required, this is implemented at a local or Trust wide level to support continual improvement. The report includes: • An overview of the current Feedback and Engagement services provided across the Trust during 2023/24 • The continued challenges experienced in 2023/24. • Review of services through the voice of the patient in 2023/24		
Action required:	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation:	The CoG is asked to note the content of the report and the achievements aligned to feedback and engagement through 2023/24Note the Outcome from the Ombudsman Reviews .		
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 the CoG with a summary of the experience of people who use the services provided by Torbay and South Devon NHSFT. The feedback provided to the organisation enables focused work to provide a better experience of care to those who use the services provided.		
How does the report support the Triple Aim:	1. Population health and wellbeing: The experience of our service user/patient is a strong indicator of their overall wellbeing. 2. Quality of services provided: The experience of our service user/patient is a strong indicator of their overall wellbeing. 3. Sustainable and efficient use of resources: how responsive are we, are we compliant with regulatory standards.		
Relevant BAF Objective(s):	Objective 1 - Quality and Patient Experience: Personalised Care		
Risk: Risk ID: *As appropriate*	Risk 3568: Team capacity – score reduced to 9 from 15		

External standards affected by this report and associated risks	Care Quality Commission NHS England statutory regulations The Parliamentary and Health Service Ombudsman

Report title: Complaints, Feedback and Engagement Service Annual Report 2023/2024		**Meeting date: 7 August 2024**
Report sponsor	Chief Nurse	
Report author	Interim Deputy Chief Nurse	

1.0 Introduction

1.1 This is the Trust Annual Complaints, Feedback and Engagement report for 2023/24 that forms part of the regulatory requirement.

1.2 This report will provide oversight of the service provision and key insights into the experience of patients and service users. The report also outlines the work undertaken to redesign, relaunch and enhance the Feedback and Engagement service across the Trust during 2023/24.

2.0 Context

2.1 Torbay and South Devon NHS Foundation Trust (the Trust) have a dedicated, small corporate team that oversees and coordinates the feedback and engagement functions of the Trust. The Feedback and Engagement and Patient Advice and Liaison Service (PALS) Team work directly with patients, service user's or their family and carers to provide information, facilitate speedy resolution of concerns, and refer patients and their carers to external or specialist support and advocacy services, as required. The team works with colleagues across the organisation, together with external stakeholders, to promote and develop the service and create robust, effective links and working relationships. The team also liaise with other PALS, advice, and advocacy services in both the local health and social care communities in such a way as to ensure a seamless service for patients and clients.

2.2 Throughout 2023/24 the Feedback and Engagement Team have been impacted by limited capacity due to staff absences and increased activity which has resulted in the 3-day acknowledgement timeframe becoming impacted during quarter four (Q4) of 2023/24. Work continued throughout Q4, resulting in noticeable improvements in response times. Additionally, the Quality Improvement Team have begun efforts to understand the underlying reasons and review processes and pathways to improve compliance for 2024/25. The team work effectively within the above limitations and were able to manage all queries, concerns, and complaints as per Trust policy and in line with the NHS complaints regulations.

2.3 There are several routes through which we hear the voice of the patients, including

i. Telephone, email, through the public website or in writing
ii. Formal complaints process
iii. Friends and Family Test
iv. Executive Walkabouts including 15-step programme
v. National CQC surveys
vi. Carer feedback

2.4 The Trust is working to establish a more patient-facing system with the team. Currently the team do not have a walk-in service available. This is currently under review with the aim of providing a contact point by Q4 2024/25 within the main reception of the acute hospital site, as per the Patient and Service User Experience of Health and Care Strategy – *What Matters to You Matters to Us* three-year plan aligned to priority four. The team's commitment to development will establish a service model which would include a public facing, open access office, working closely with carers and volunteers to raise the visibility of the patient feedback service in core business hours. This has not been achievable during 2023/24 due to team capacity but work is due to start summer 2024 to refocus and work through how this is made possible as part of the quality improvement work. The PALS and Complaints team require the ongoing support of the Committee to ensure workforce is aligned to activity and note the delay in offering a front door service as part of the strategy is being addressed.

2.5 Over the last twelve months, under the leadership of the Interim Deputy Chief Nurse, collaboration has taken place with local stakeholders and our local community who access, use and interface with our services to begin the embedding of the codesigned Patient and Service User Experience of Health and Care Strategy – What Matters to You Matters to Us three-year plan.

3.0 Accountability and Responsibility Framework:

3.1 The Chief Executive is accountable for ensuring the Trust complies with NHS complaints regulations. The Chief Executive delegates the responsibility for the effective delivery of the Trust's policy to the Chief Nurse.

3.2 The Trust Board and senior managers have key responsibilities to ensure that the culture of the organisation is one that reflects taking feedback and complaints seriously and expects them to be acted on appropriately.

3.3 Under the management of the Interim Deputy Chief Nurse, the Feedback and
Engagement Manager is responsible for the operational management of the Feedback and Engagement Team comprising of the Complaints Team and Patient Advice and Liaison Service (PALS) and a small experience team.

3.4 The Feedback and Engagement Team support the Trust in the delivery of the Feedback and Complaints process through the policy that underpins practice. Their roles and responsibilities include:

- ✓ To ensure that feedback is dealt with efficiently.
- ✓ To discuss with the person and work with them to resolve their concerns in the best way possible.
- ✓ To promote PALS as an informal, client focused service that deals with problems and concerns as quickly and effectively as possible.
- ✓ To ensure people are treated with respect and courtesy.
- ✓ To ensure complaints are properly investigated.
- ✓ To ensure people receive help to understand the complaints procedure.

- ✓ To ensure people receive advice on where they may obtain assistance with the procedure.
- ✓ To ensure people receive a response that provides an explanation and response to their complaint, and are clear about the outcome of the investigation.
- ✓ To ensure that action is taken, if necessary, to ensure the Trust learns from the feedback.
- ✓ To ensure that good practice is recognised and acknowledged.
- ✓ To signpost individuals who are seeking advice and support.

3.5 The Associate Directors for Nursing and Professional Practice (ADNPP) or Associate Directors for Operations (ADO) are responsible for ensuring complaints are investigated and responded to in line with the Trust policy. They lead on ensuring, where appropriate, that lessons are learnt and remedial action is implemented, evaluated, and embedded in sustainable change.

3.6 The ADNPP or ADO within each Care Group are responsible for allocating a lead person for the investigation who will be responsible for updating the ADNPP or ADO on the progress of the investigation. The ADNPP or ADO are also responsible for reviewing the relevant investigation documentation and drafting a letter of response. This is reviewed by the Deputy Chief Nurse and Deputy Chief of Allied Health Professionals before progressing to the Chief Executive to sign prior to sending to the complainant or their representative. In 2023/24 we have been enhancing how this is embedded within the revised governance framework.

4.0 The Governance Framework for the Feedback and Engagement Service

4.1 The Feedback and Engagement Group oversee the feedback and engagement activity undertaken across the organisation. The group has a membership that includes Trust members, but also the wider health and care community such as the NHS Devon Integrated Care System, Advocacy Service, Health Watch, Carers Lead, local independent hospital, Mount Stuart and Deputy Director for Adult Social Care in Torbay. The purpose is to provide a forum for staff and wider system partners, who are responsible for or are involved with the patient, service user experience and engagement of the Trust, to share learning and best practice.

4.2 The main focus of the group is to review the effectiveness of the Trust's responses to complaints and concerns, providing assurance to the Trust Board that the actions taken in response to feedback are completed and, where appropriate, disseminated across the Trust. The group also reviews all CQC patient experience survey results and monitor action plans for service specific CQC surveys and the wider Adult Inpatient Survey, along with oversight of the Trust response action plan to Health Watch publications. The sharing of good practice and continuing to develop a patient-centred culture across the Trust is pivotal. The Group meets monthly and invites / co-opts specific colleagues when required to enhance the group with additional skills, knowledge, and competence. In September 2022, the group introduced a change to the monthly meetings whereby alternative months the meeting has a focus on lessons learned and quality improvements because of patient feedback. These have been successfully attended by staff from across the Trust throughout 2023/24 and has provided some valuable learning and an opportunity to share practice.

4.3 In 2023/24, the Care Groups retained oversight of the feedback and engagement work within their Care Group, and this is provided through a monthly report by the ADNPPs to the Feedback and Engagement Group. This includes complaints, concerns, compliments, Friends and Family test, survey action plans where appropriate and any other service user experience, and highlights learning being progressed within the Care Group and wider Trust where applicable.

4.4 The monthly Quality Report, forms part of the Deputy Chief Nurse's report submitted and discussed at the Executive Quality Group which ensures the scope set out in 3.4 on patient and service user experience is escalated within the corporate governance framework.

4.5 The Executive Quality Group reports to Trust Management Group which in turn reports to Executive Committee.

5.0 Discussion

5.1 Statutory Regulations

Complaints are managed in line with the Trust's policy and in line with NHS complaints regulations. The Trust are required by NHS complaints regulations to acknowledge all complaints within three working days. During 2023/24, 81% of complaints were acknowledged within the 3-day timeframe, a reduction of 17% from 2023/23. The reasons for this relate to vacancies within the team, and an increase in demand. Of the remaining 19%, no date was recorded on the DatixWeb system, we are therefore unable to confirm if these met the 3-day acknowledgement standard during 01/04/2023 to 31/12/2023. As a result, an action taken by the Feedback and Engagement Team is to ensure acknowledgement dates are captured for all contacts moving forward and a mandatory field relating to 3-day acknowledgements is now used on the DCIQ system from 01/01/2024, note the DCIQ system was introduced on 01/01/2024.

NHS complaints regulations also require the Trust to investigate and respond to a complaint within six months of receipt. However, the Trust aim to investigate and respond in a much shorter timeframe of 12 weeks as delays can both hinder the effectiveness of the investigation and cause increased distress to the complainant. The 12-week timeframe was introduced in Q4 of 2023/24 as a result of an increase in extensions to complaints being requested. The team recognise that complaints are often complex, multifaceted and involve multiple services. To ensure thorough investigations and enhance the patient experience, the response times has been extended from 6 weeks to 12 weeks.

In 2023/24, only 29% of complaints were responded to within the Trust 12-week target. Additionally, 47% of complaints required extensions beyond the initially agreed 12-weeks' timeframe. Improving these response times will be a major focus for 2024/25. Figure 1 illustrates that of the 152 complaints received 26% were extended once, 10% were extended twice, 7% were extended three times, 1% were extended four times, 3% were extended greater than 5 times. These delays were caused by the level of complexity and multiagency involvement and the need to undertake a robust investigatory process. Whilst we recognise there has been several extensions through 23/24 (71) we have seen a decrease from 22/23 (98). The decrease has been seen within the extensions of 3, 4 or 5 times. The Trusts

compliance for closure against the National six-month target was 83%, a reduction of 7% from 2022/23.

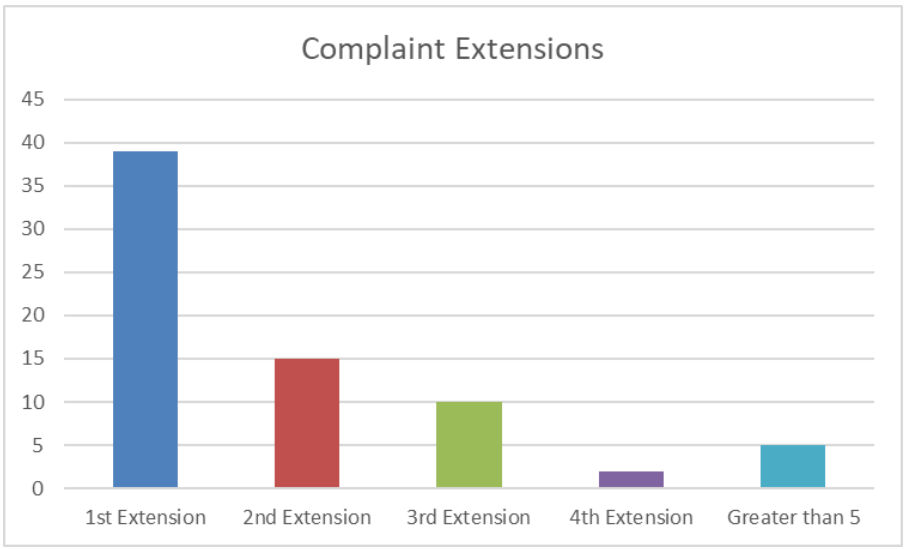


Figure 1: Closed complaints number of extensions for 23/24

The number of complaints that exceeded the six-month timeframe for the 2023/24 financial year was twelve, all these cases were extended at least twice citing the Trust's 'Operational Pressures OPEL Level' as the primary reason for the extensions. Themes related to assessment, diagnosis and treatment and its impact on individuals through cancellations of appointments, alleged delay in diagnosis and alleged competence, negligence around the care individuals received.

5.2 Ombudsman Cases

The Trust were contacted in relation to 7 complaints between 01/04/2023 and 31/03/2024 by either the Parliamentary and Health Service Ombudsman or the Local Government and Social Care Ombudsman.

- 1 case was not investigated by the Ombudsman
- 2 cases were partly upheld.
- 4 cases remain open and under investigation to which we await the outcome and any learning to be identified

Of the two complaints that were partly upheld:

- COM-1 – This complaint relates to the Emergency Department (ED) and the patient's concerns that there was a delay for treatment. The investigation found that although the patient was triaged appropriately, communication should have been more effective about delays for pain relief and treatment (the department was on the highest level of escalation on the day in question). ED have carefully considered how they can more effectively communicate unavoidable delays to patients by providing regular updates to those within the department to reduce any unnecessary stress or anxiety.

- COM-2 – This complaint related to charges for respite care. The family's actual concern was not upheld, but they partly upheld the complaint as the care home

records could not be located at the time of the Ombudsman's request, leading to some uncertainty. The care home records were subsequently located and the Quality Assurance and Improvement Team (QAIT) are working closely with the care home to ensure there are robust procedures in place, to manage and maintain records for the required timeframe.

5.3 Contact Analysis

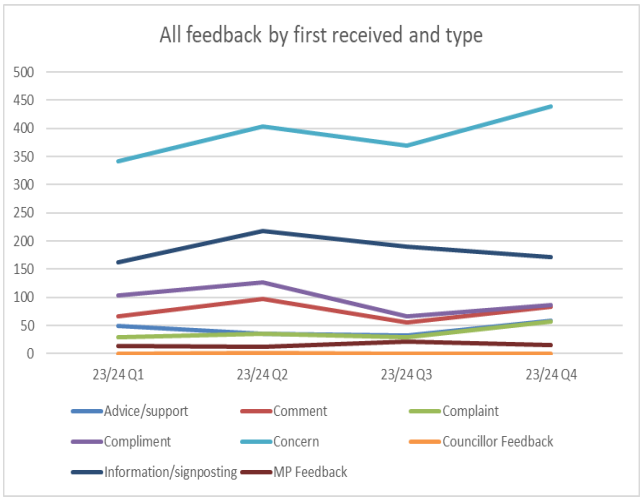


Figure 2: All feedback received by quarter in run chart 23/24 23/24

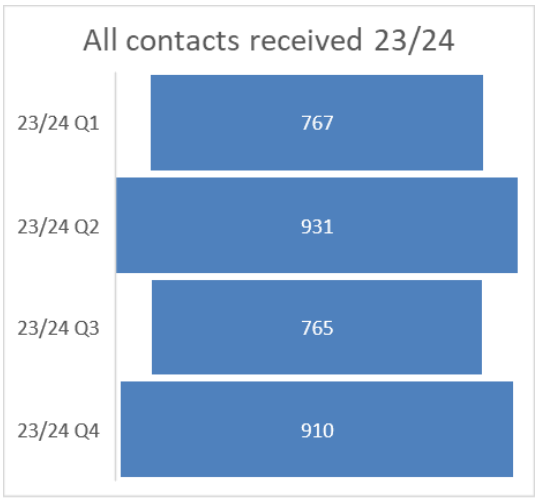


Figure 3: All feedback received by quarter by number

In total, there were 2463 contacts received, which equates to an average 47 a week in 2023/24.

Figures 2 and 3 demonstrate that there were fluctuations in numbers received across each quarter however it is noted that there was an increase of contacts received in Q2 and Q4 during 23/24. There was also a significant increase in concerns raised in Q4.

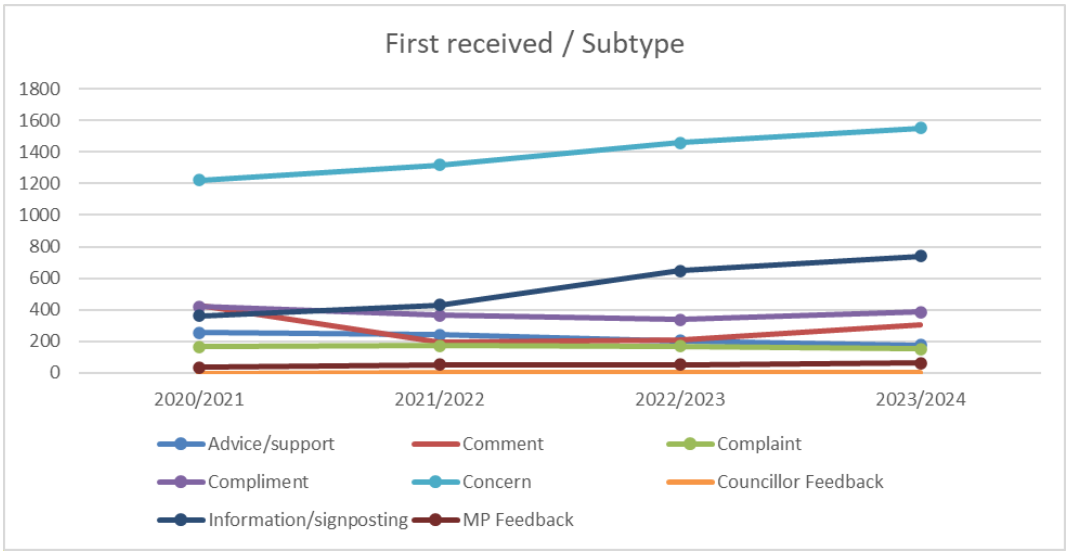


Figure 4: All feedback received by financial year

Figure 4 provides an overview of all the feedback received across the last four financial years, to which concerns, and signposting contacts are on the increase:

1. There were a total of 2463 contacts made to the PALS and Complaints Department recorded on Datix for financial year 23/24. This is an increase of approx. 612 against the 2022/23 position.

2. As part of the Quality Improvement work being undertaken within the team activity and resource is being reviewed to ensure the team are focussing on the areas, they are best placed and looking to align some of the signposting to more relevant services.

3. Complaints have remained static across the four years. However, a rise in concerns is related to the impact of Covid-19 although services have been stood up the largest proportion of complaints relate to delays to waits and delays to treatment. Work is now underway to improve patients access and waits with the introduction of two-day surgery theatres and a new enlarged endoscopy unit.

To further understand people's experiences around discharge, a task and finish group was set up in February 2023 looking at gaining real time feedback. The group reviewed incidents, complaints, concerns and feedback from patients though Friends and Family Test (FFT), National and Local Surveys that related to poor experiences on discharge. Identified themes are:

- Patients not being sent home with enough information on next steps, delays in care or equipment arriving.
- Medication being supplied but not explained or medication not being provided at point of discharge.
- Patients felt at times there was a lack of information shared with themselves and next of kin around planning for discharge and the discharge process.
- Some concerns were also identified relating to transport regarding time of discharge and discharge destination not being correct.

As a result, the group have redesigned the discharge checklist, which was piloted and has now been implemented to standardise practice and enhance the patient experience. To further strengthen the discharge process and identify areas for improvement, am audit was launched in Summer 2023. This audit involves calling a random selection of 10 patients each month, to gather direct feedback based on the National CQC Inpatient Surveys questions relating to discharge. On the first of each month the 10 patients discharged the previous week are randomly select via our digital platform based on set criteria. This monthly audit aims to improved patient outcomes and experiences by continually assessing discharge related feedback.

The number of complaints received in the 23/24 Financial Year is 152 which equates to an average of 13 per month illustrated in figure 5, which is a reduction of 12 complaints from 164 in 2022/23. These figures are consistently below the mean control limit of 20 expected volume of complaints per month and 50% of the year under the lower control limit. This control limit is set based on the data received since 2016, whilst as a Trust we would like to see a zero tolerance to complaints

this would be an aspirational target. Therefore, the Trust is currently reviewing what would be an appropriate and achievable. Systems currently do not allow us to benchmark against individual Trusts within Devon, however looking at the last NHS England report in 2022/23 2683 new complaints were made in Devon. Whilst we need to consider the size of the organisation against the three other Trusts in the Devon system, TSDFT reported 169 new complaints a total of 6% of the overall new complaints made in Devon for 2022/23.

Please note, not all complaints received in the 23/24 financial year have been closed; 27 cases remain under internal investigation and moved into 24/25 for ongoing investigation.

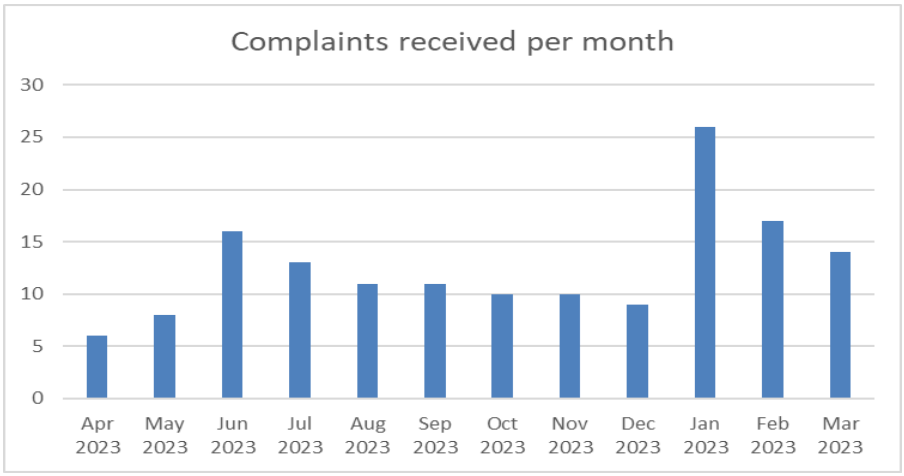


Figure 5: All complaints received by month over the financial year 23/24

The highest level of concerns and complaints reported for 23/24 are within the following three services:

1. General Surgery – waiting times for surgery/clinics, information on waiting times, PACS – booking system, multiple pathways, attitude of staff.

2. Emergency Services – long waits, environment, lost property, management of patient's expectations.

3. General Medicine – delay in access to appointments, communication, attitude of staff.

The ADNPP's for the Care Groups manage these concerns and complaints and where themes and trends are identified, local action plans are developed to improve patients/service user's outcomes. Where appropriate and where further learning can be undertaken these outcomes are shared across the organisation. As part of the Quality Improvement work being undertaken the team are looking at how this information can be shared wider through the PALS and Complaints ICON pages and consideration to a newsletter.

Most of the complaints received by the Trust in the 23/24 financial year relate to Treatment, Care or Assessment, a full picture is displayed in Figure 6. The top three themes in relation to our delivery of service are:

- Effectiveness,
- Alleged competence/negligence
- Communication

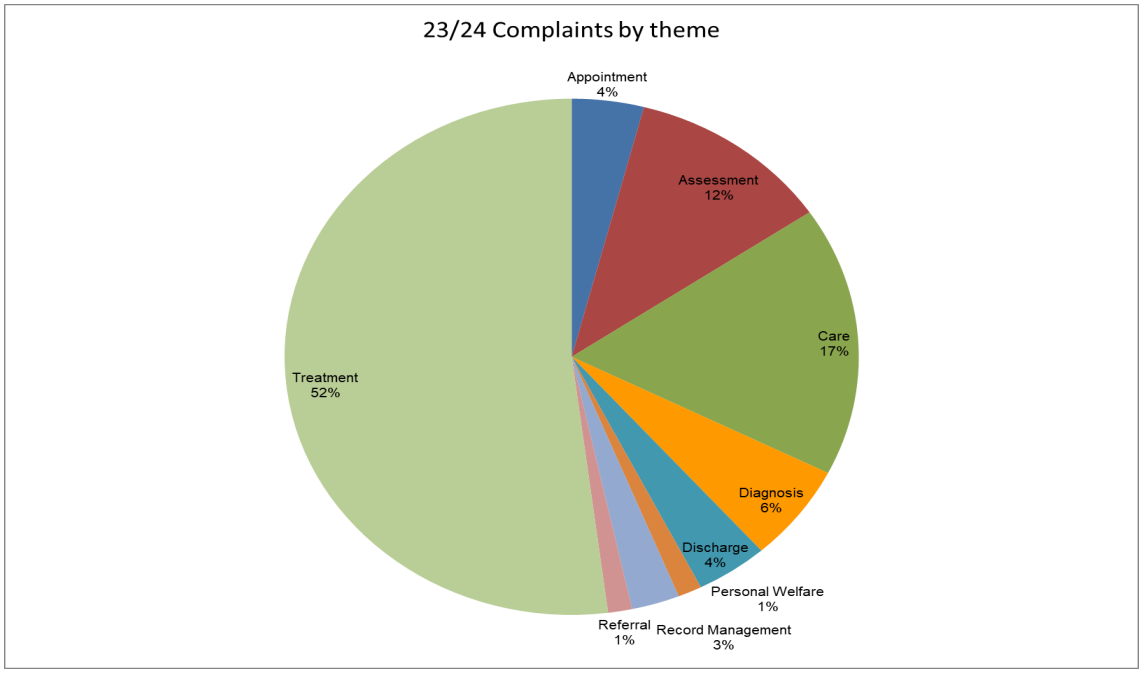


Figure 6: Themes of complaints received in 23/24

The complexity and diversity of services and the range of concerns and complaints result in high level themes that frequently require bespoke service level change. This is explained further in section 7.0.

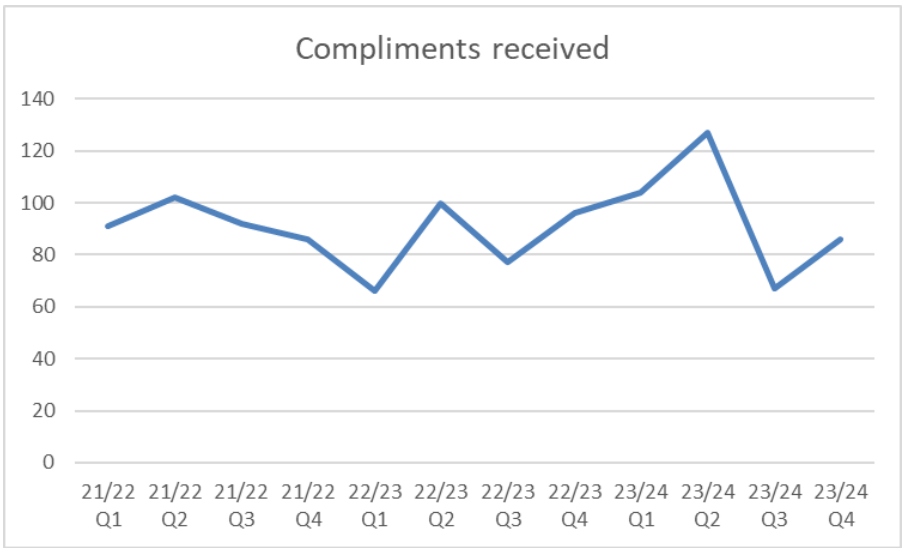


Figure 7: Compliments Received 21/22 - 23/24

It is important to ensure we review and learn from the positive experiences expressed through compliments that services receive (Figure 7). We recognise compliments are often spontaneous and some services may not be reporting them

into the central Feedback and Engagement team. However, the Trust received 393 compliments for 23/24. This is an increase on 22/23 (337).

Treatment and care are the main reasons for compliments being received which aligns to our core business as a health and care organisation. Section 7 explains more detail around what people are telling us.

5.4 15 Steps Challenge

The Institute for NHS Innovation and Improvement through their work identified the need for the 15-step challenge after a mother spoke out in a workshop. She told them about her daughter, whose condition needed frequent inpatient stays. She stated, “I can tell you what kind of care my daughter is going to get within 15 steps of walking on to a ward”. Given this importance, to understand what good quality care looks and feels like from a patient’s perspective. This sparked the development of “The 15 Steps Challenge”, a toolkit to help look at hospital care through the eyes of patients and relatives, helping to hear what good looks like. It provides a series of questions and prompts to guide those visiting the area through their first impressions of an area.

The tool can also help the Trust understand and identify the key components of high-quality care that are important to patients and carers from their first contact with a ward.

The Challenge is designed to help trusts on their continuous improvement journey. By enabling the patient’s voice to be heard clearly, the tool can be used to highlight what is working well and what might be done to increase patient confidence. The Challenge strongly aligns with a range of strategic initiatives including supporting improvements to quality, safety and patient experience. It is sponsored by the trust Executive Directors and senior leaders and form part of wider improvement activity.

The purpose of the 15 Steps Challenge is to:

- help staff, patients and others to work together to identify improvements that can be made to enhance the patient experience.
- provide a way of understanding patients’ first impressions more clearly.
- gives the Trust structured feedback and useful information about how patients and carers view the hospital or ward.
- provide a method for creating positive improvements in the quality of care through identifying what is working well on wards and what could be improved.
- offer a tool that anyone can use to explore care environments.
- develop a collaborative process and must include both staff and patient representatives.

×The tool is not a performance management tool.
×The tool is not an audit (clinical, quality, safety or otherwise)

Since the programme started 15 acute wards areas have been visited by Executive Directors, Governors and Associate Directors of Nursing and Professional Practice. Themes relating to positive practice shared to date include but not restricted to

- patient involvement in conversations,

- available information for those within the ward area which is clear and informative,
- staff are friendly and reactive to patient needs.
- Areas identified as requiring a focus relate to the estate of the wards, which have been fed into the Building a Brighter Future workstreams, environmental issues such as tape on floor, signage which have been fed back into estates.
- Infection, Prevention & Control signage has also been adjusted to ensure the message regarding knacked from the elbow down is clear for patients and families as the original wording led to some confusion for the patients and public.

The plan in 2024/25 is to expand the programme to include outpatients, community hospitals, maternity and a consideration how we can use the tool within adult social care and Care Homes.

5.5 Carer Feedback and Engagement

Many people support a family member or friend with health or social care needs. Their feedback is essential in determining how services should be run, not just to support them, but also the person for whom they care. More than a third of our staff juggle working with caring for someone, offering valuable insight into how support can be improved in both their professional and personal life.

Torbay's Adult Social Care responsibilities to Carers are delivered by the Trust on behalf of Torbay Council. However, the Trust's Torbay Carers work very closely with a number of partners to ensure the Trust receives feedback from and engages with Carers of any age, with any type of caring role, across its footprint.

Torbay Carers Service carried out extensive engagement with Carers in the development of its draft Carers Strategy for 2024-27. This involved focus group meetings to understand the issues that Carers face and agree strategic targets to improve the service they receive across health and Social Care.

Engaging Communities South West, completed a consultation of Carer experience which fed into the development of the strategy. This provided an understanding of what would make the greatest difference to improve Carers' situation and where opportunities exist to identify and support Carers. It also gave detail of what Carers appreciate about Torbay Carers Service and where improvements can be made.

Central to Torbay Carers Service's engagement and consultation exercise was for Carers to develop 'I' Statements that reflect what they need, as priorities for the work to benefit Carers. These priorities are as follow:

1. As soon as I start my caring role, I want to be identified, recognised and valued as a Carer.
2. I want to be able to easily find information, advice and support to meet my needs as a Carer.
3. I want to know that every Carer involved in a person's care can have a Carer's assessment when they need one.

4. I want to be confident that Carers guide all things that affect them.
5. I want the care and support to the person that I care for to also meet my needs as their Carer.

Key Performance Indicators were also agreed with a focus group of Carers to measure how services are meeting these priorities. A detailed action plan is being developed and will be monitored quarterly.

In addition to the Strategy development, Carers Services have undertaken the following engagement work:

Carer Evaluations

We have several Carers / former Carers who are trained in evaluation techniques. In 2023-24 they completed an evaluation of Carers' Assessments and the impact of the Ward Family / Carer Liaison Worker on George Earle Ward. The outcome from the Carers' Assessments evaluation showed the value of receiving the assessments and helped Carers Services to understand the experience and develop actions for Carers Services and Adult Social Care to improve the effectiveness of the assessments. The evaluation of the Ward Family / Carer Liaison worker helped to gain an understanding of the value of the role and establish next steps to get the greatest value out of the role for Carers. Both reports are available at Strategy, policy and quality - Torbay Carers Service (torbayandsouthdevon.nhs.uk)

5.6 Volunteer's

There are a total of 405 active volunteers working within the Trust in 2023/24 comprising of 118 senior (over 70) and 41 youth volunteers (16-25). We have 28 on hold for various reasons and a further 36 currently going through their recruitment checks and training. The team continue to promote and encourage applications to ensure there is a diverse volunteering group of individuals.

Eighty-two people are volunteering for charities - Torbay, Lifecare and Tower Sound Hospital Radio, League of Friends, and Volunteering in Health. All of which are included in the total figure of 405 active volunteers. We are focused on rebuilding our volunteer base to replace those who were stood down as a result of the COVID-19 pandemic.

Impact of volunteers helping patients and visitors

The below quotes demonstrate the value volunteers bring to the Trust:

"I would like to compliment a volunteer for the excellent service he gave my father and I in assisting us to the AMU at Torbay Hospital at about 11.30am this morning 30 May. Please make sure he is recognised for his wonderful service."

"Thank you for all your help you have given me on my many visits to the hospital."

"I visited Torbay Hospital today for a Lung Xray. As I entered the Main entrance, I was approached and helped by a volunteer. She saw that I was struggling and escorted me to the Heart and Lung Xray dept. Very very kind and friendly, easing my anxiety. Then on my way out another lady approached me, from Outpatients

dept, and she escorted me back to the car park. I was amazed at their kindness and their ability to see I needed help. I didn't even have to ask!! Both ladies are a credit to the hospital."

"I would just like to say a big thank you to the volunteer who assisted myself and my Dad this morning. She was so helpful, kind and just appeared and took away all the stress of finding out where we needed to be. I had a similar experience with an extremely helpful volunteer on a previous visit and I can't praise them enough. I hope they realise what a difference they make."

WWUS Panel

The Working With Us Panel (WWUP) are volunteers who work directly within clinical areas, completing real time feedback from patients around their experience of being in bed based care. The purpose of their role is to provide the clinical areas with timely feedback which allows staff to act on any concerns or issued raised in a proactive manner. It also allows for wider learning and celebrating where a patient's experience has gone well. The WWUP has seen a reduction in members since the start of the pandemic in 2020. Through the latter part of 2023 the Deputy Chief Nurse and the PALS and Complaints Manager have been working with the volunteers to recommence the service and there are currently five volunteers in post, covering the majority of the inpatient wards at Torbay Hospital (with the exception of Louisa Cary Ward). There were meetings in November 2023 and February 2024 where volunteers were able to discuss their previous roles, what they enjoyed, new areas of interest and their scope of work. The WWUP recommenced at the end of February 2024 with increased output of face-to-face surveys in March 2024 and beyond.

5.7 Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for people to give their view after receiving NHS care or treatment.

The FFT has been a mandatory requirement across all NHS Trusts since 2013 and although every person must be given the opportunity to provide feedback on the service they have accessed, it is optional to respond. In September 2019 NHSE announced changes to the mandatory questions where the key question was changed to ask:

"*Overall, how was your experience of our service "?*

Previously there had been two further prescribed questions and with the changes of the FFT nationally, the Trust had an opportunity to develop our own questions. The Feedback and Engagement Group considered this opportunity and made the decision to ask the following questions:

- *Please can you tell us why you gave your answer? (*to the FFT question*)*
- *What one thing could we have done better?*
- *Please tell us what you, your family members and carers think should always happen when you use our services?* (This is to support the Always Events

Initiative)

The Revised FFT test was due to commence in April 2020 but due to the Covid-19 pandemic the launch was paused across the country until September 2020.

The paper- based FFT collection document has been reviewed and revised to reflect not only the mandatory question required but also the CQC Adult in-patient questionnaire results received in 2021/22 which was also reflected in 2022/23.

This has been developed by the Feedback and Engagement team, together with members of the Working with Us Volunteer group, who support in-patient areas with the FFT agenda, and the wider Feedback and Engagement Group.

The revised FFT/in-patient questionnaire can be used, is what is used by the WWUP volunteer group to gain real time feedback for in-patient settings, allowing any issues/concerns raised to be dealt with immediately.

The Feedback and Engagement team introduced QR codes to overcome the paper issues but also to align feedback with more interactive digital technology. Throughout 23/24 a large proportion of our clinical areas have moved to a QR code process by including this in discharge packs, to visible QR codes on walls and tables with good effect which has improved completion response rates. Work continues in 24/25 to promote those in use and look to expand the work across the Trusts community footprint.

The WWUP volunteer group returned to their roles in February 2024 to support in-patients to complete the revised FFT/Inpatient questionnaire which, again, will support the data return moving forward.

The run chart in Figure 8 identifies an increasing trend in FFT submissions. Within April 2023 there was work undertaken with teams to promote FFT feedback and as a result monthly responses from May 23 have been above 600 responses a month. Where the capture has fallen below 600 responses a month through 2023/24, this relates to a post being vacant, along with peaks representing inputting of backlog of data. Going into 2024/25 data will be imputed at frequent intervals to stabilise responses being captured.

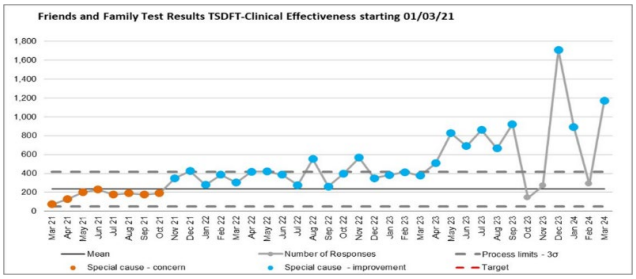


Figure 8. Friends and Family Test compliance rate Mar 23 – March 24

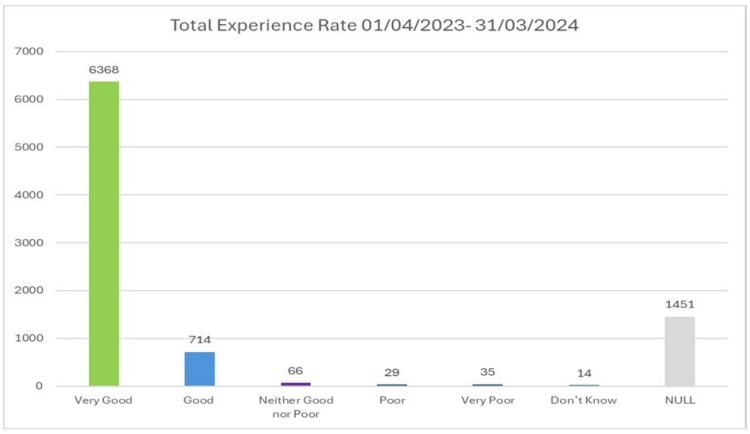


Figure 9. Friends and Family Test category response Mar 23 – March 24

To provide assurance that this improvement is being monitored and sustained results are reviewed through the Feedback and Engagement Group, with a check and challenge approach and shared through Executive Quality Group. This is to ensure we understand the experience of our people and the services we provide. It allows a review of what can be done better and how this can be shared for organisational learning.

Figure 9 illustrates the positive feedback received through the FFT with an overall compliance of 82% of feedback falling into the category 'very good/good' combined a reduction of 15%, however 1427 opted to pick 'null' and 0.7% falling into the category 'poor/very poor' a reduction of 0.3% on 2022/23. Alongside this written feedback is shared which is rich and powerful to both celebrate and shape change going forward. Some examples of what people are telling us are:

"Everybody has been very friendly. Staff regularly check I am okay, asking if I need anything. Made to feel I matter."

"Your staff were amazing, really put me at ease. Great distraction tactics. Made what was an unpleasant procedure much more tolerable."

"Made me feel very comfortable, very polite and attentive. Only thing I could say to make sure the technical terms are explained but I wasn't overly bothered by this. Overall, very good experience."

"Very noisy virtually impossible to try to sleep. Problem being inconsiderate occupants. Unfortunately, not much can or could be done about it. Staff and service ok." Work is underway to reduce the levels of noise at night whilst it is difficult to control noise from other patient's wards have had a real focus on improving sleep for patients by providing sleep packs which consist of earplugs and eye masks. Areas have also reviewed their estate some examples of this are to ensure soft closed-door fittings in place, bins have been changed to reduce noise and staff have been actively keeping noise to a minimum.

5.8 Patient Centred Care

Over the course of 2023/24, the Trust's Risk Assessment booklet was revised to promote a stronger focus on asking patients and carers about what was important to them. The booklet now prompts staff to ask, 'What matters to you?' at the point of admission, in in terms of planning for leaving hospital. The completion of this

documentation was audited as part of carers week in June 2024, we are awaiting the results.

In addition to the changes in risk assessment documentation, the Personalised Care team have been working to increase the focus on ‘what matters to you’. This has included the development of e-training for staff, and pilots of health coaching in cancer services, and a focus of person-centered care on New Forest Ward. These projects are in the process of formal evaluation.

Aside from the above a focus has been on safe patient transfers to which the Torbay Hospital Leagues of Friends have supported the purchase of behind the bed patient boards that can be followed with the patient when moving from ward to ward or bed space tp bedspace as these are magnetic. The importance of having these boards will reduce the potential for missed or wrong information being displayed and therefore will improve the patient’s journey through experience and safety.

6.0 Public Engagement

Our communications and engagement team works in partnership with the feedback and engagement team and the membership office to ensure that there are sufficient and robust mechanisms in place to inform the public about, and involve them in, our work.

Together we are committed to ensuring that patients, carers, staff and the public are listened to and have the opportunity to feedback on their experiences while also raising concerns and asking questions about any of our current and future activities. We work closely with our partners in the Integrated Care System for Devon (ICSD) and any formal consultation is led by the ICSD with our support and involvement as appropriate.

Our engagement and communications strategy aims to support meaningful conversations with our people and communities while our patient and service user experience of healthcare strategy helps us to hear and learn better from patient and carer experience.

This year we have established our Teignmouth community stakeholder engagement group to agree how we involve Teignmouth communities in any plan around the future of the community hospital site, began the process to pilot a Youth Forum and Parent and Carers Forum (which launched in April 2024), undertook engagement with children, young people and families on new branding and a new website for Children and Family Health Devon and worked in partnership with Torbay Council on user engagement to review the adult social care webpages and information.

We have also undertaken engagement with families receiving care in paediatric settings to find out about their experiences of accessing urgent care for their child as part of the work of the Peninsula Acute Provider Collaborative and supported engagement undertaken by Healthwatch to facilitate a series of focus groups to enable us to find out about people’s experiences of acute medical services.

In May 2023, we supported the NHS Assembly's NHS@75 conversations with our people – across the country more than 700 conversations took place not only in health organisations but with patient groups, charities and partners in health and social care. In Torbay and South Devon, a number of focus groups were held with colleagues from different professions and services and asked seven questions about

the NHS' past, present and future. Ahead of the NHS' 75th birthday, the NHS Assembly published an independent report based on the conversations and the findings.

A number of forums exist that allow the Board of Directors, Executive Directors and staff to engage with the public and listen to their concerns, including formal Board to Board and Executive to Executive meetings with local commissioners, local health and care providers, Health and Wellbeing Boards, Health Overview and Scrutiny Committees with our local authorities and regular meetings with local MPs and Healthwatch. We also have a growing number of patient and public engagement groups across our services which support us to listen to and learn from our people and communities, including our friends of Torbay and South Devon group (for our eight League of Friends and Torbay Hospital Nurses League), our coastal engagement group and the experts by experience group in Children and Family Health Devon.

These forums, supported by our other communications, engagement, and feedback channels, provide a mechanism for any risks identified by stakeholders that affect us to be discussed and, where appropriate, action plans to be developed.

7.0 Care Group Updates

Below are some examples of work that has been undertaken within Care Groups:

7.1 Gynaecological Services

- 2023/24 has seen a significant increase in the number of gynaecology complaints, predominantly due to waiting times for appointments and procedures. Cases are managed in collaboration with the administration team to respond quickly to patient needs when they have been escalated. Work is planned to provide up to date information for patients on expected wait times and improve communication pathways whilst awaiting treatment from a multi-disciplinary perspective. Friends and family feedback for the gynaecology outpatient service is overwhelmingly positive.

7.2 Planned care - Surgery

- Observations of care continue at patient mealtimes; in addition, we have undertaken observations at night as part of our quality improvement work to reduce noise at night and improve patients experience of rest and sleep.

- Allerton undertook a successful pilot of open visiting for families and carers, very positive feedback, being rolled out to the other wards in surgery. The Trust policy is also being adjusted to reflect change in practice.

- Patients experience of Delirium, Critical Care have developed a learning package which includes a VAR experience for staff, presented at Critical Care Network to understand how it feels from a patient’s perspective.

7.3 Medicine

- Frailty Same Day Emergency Care (SDEC) pilot continues, this is being supported by Healthcare of the Older Person (HOP) & Stroke Matron, the focus is on admission avoidance through Comprehensive Geriatric Assessments and Multidisciplinary Teams (MDT) to support a better patient experience.

- FFT Improvement plan across HOP & Stroke with Ward Clerk supporting 5 x FFT per day.

- Friday walk arounds resumed by Triumvirate to support engagement with staff, families and carers.

- Fortnightly walk and Talk with Deputy Chief Nurse to again support engagement with staff, families and carers.

7.4 Urgent and Emergency Care

- Recent successful recruitment of Volunteers for McCullum ward and further Volunteer support for ED, this amazing new team is predominantly young students really supportive of supporting all areas of patient experience, including obtaining re-time feedback.

- Improvement drive around Friends and Family feedback, wards have been focusing on how these comments and any learning is shared with the teams. Focus boards are being created to provide visible feedback and learning for the public.

- A new face to face assessment service for patients waiting in an Ambulance has been introduced. Whilst any Ambulance delay is not the experience we would want for our patients, having this confirmed ‘eyes on’ approach on top of the already formalised verbal handover is getting great feedback from patient and SWAST, improving patient experiences and care with joined up working and collaboration.

8.0 National Survey Results 2022/23

Throughout 23/24 there were a range of surveys undertaken in year which are identified as below.

8.1 Inpatient Survey Results

Further to the National CQC Adult in-patient survey publication, which was reported to the Trust Board in November 2023, all in-patient areas have developed relevant action plans to address the areas identified within the 2023 CQC NHS Inpatient Experience Survey, which reports on the previous year’s data capture. Top five responses received were as follows:

Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

This is an area where the trust works hard not to move patients at night and the result reflects the fact that staff are only transferring patients when there is a clinical need, supported with clear communication to the patients. This question was within the top 5 the previous year that provides reassurance that the processes in place regarding moving of patients overnight is clear and adhered to.

If you brought medication with you to hospital, were you able to take it when you needed to?

The trust introduced an education programme looking at professional standards regarding fundamentals of care early Autum 2022 – Summer 2024. This included a rolling programme of daily seminars for Ward Managers, Matrons and clinical staff with regular sessions focusing on medicines management. This was further supported with Associate Director of Nursing and Professional Practice, Matrons and Deputy Chief Nurses doing peer reviews on a twice monthly basis with a focus on professional standards, patient safety and experience. The fundamentals of care programme has undergone a review and redesign and will relaunch summer 2024 working closely with education around how completion will count to staffs continuing professional development.

Were you able to get hospital food outside of set meal times?

There has been a significant focus on the delivery and support for all patients to ensure they have their nutritional and hydration needs met. These improvements include red trays being used to identified patients who need nutritional support, protected mealtimes, volunteers, safety huddles and daily audits are only a few to ensure all patients are receiving the care they require. The trust also has a Nutritional and Hydration Steering Group whose focus is to ensure all patients receive the relevant nutritional and hydration support whilst an inpatient.

Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
Work has been undertaken in the last year to review the experience of patient discharge. The information provided to patients on discharge has also undergone a review both verbally and in written format and new processes have been introduced to provide patients with information and to prompt staff to ensure details have been provided and understood. The work around patients experience of discharge continues.

After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition? As an integrated care organisation this result indicates the combined health and social care strategy that the trust aims to deliver for all patients. It demonstrates the joined up and partnership working in place across the trust to ensure the transition from hospital to home is safe and reflecting the care required.

This question was within the top 5 results last year, this provides reassurance that the process in place regarding care after discharge through integration across health and social care can provide those being discharged with the appropriate support as required.

Three of these 5 where reported within the top 5 within 2022 survey which demonstrates that processes and pathways in place are embedded and supporting the patients who are admitted to bed-based care.

Areas for improvement identified were:

- ***How did you feel about the length of time you were on the waiting list before your admission to hospital?*** For a second year we see this question within the bottom five. The impact of the COVID-19 pandemic has far reaching consequences and this is being reflected in the significant wait's patients are enduring prior to

admission to hospital. The trust is prioritising the admission pathway across all services and where activity was previously paused in the height of the pandemic current work is underway to resume and enhance service availability. This is evident in the Chief Operating Officers Report, November 2023, where the trust has reported no 104 week waits since March 23, and control totals being met for 78 week waits and 65 week waits although recent months have been impacted by Industrial Action.

- ***Were you ever prevented from sleeping at night by noise from other patients?***
- ***Were you ever prevented from sleeping at night by hospital lighting?***
- ***Were you ever prevented from sleeping at night by noise from staff?***
  Significant work was undertaken in 2022 as the three questions above all fell within the bottom five questions for 2021 Adult Inpatient Survey. The 2022 survey reflected the significant work undertaken i.e., the use of sleep packs, dimmer lights and soft door closures etc. with two of the three questions no longer falling within the bottom five in the 2022 Adult Inpatient Survey. The remaining question related to sleep regarding noise in relation to other patients which is much harder to manage depending on individuals' diagnosis and the clinical condition of patients.

- ***During your hospital stay, were you ever asked to give your views on the quality of your care?*** The Patient and Service User Experience of Health and Care Strategy has recognised the need for investment in the Feedback and Engagement Team to ensure all patients have the ability to compliment or raise complaints and concerns with regards to the care they have received within a timely manner. Ongoing work continues to embed the "Friends and Family Test" (FFT) across all inpatient areas utilising a variety of mediums to support data capture in order for areas to understand how they are performing and respond accordingly.

  A trust action plan is held with the Feedback and Engagement Group where it is the responsibility of the ADNPP's to provide updates with the work they are undertaking to achieve the plan.

  8.2 Maternity CQC Survey 2023
  The 2023 Care Quality Commission (CQC) survey asked about experiences of all aspects of maternity care. In total 131 women and birthing people who were cared for by Torbay and South Devon midwives gave their feedback on maternity services provided by the Trust.

  The findings of the 2023 maternity survey suggest that women's experience of care overall is positive.

  The Trust performed much better than expected when compared to other Trusts in the experience of women and birthing people during labour and birth. We also scored in the top 20% of Trust's in 44% of the questions asked.

  Maternity services have a national requirement for ongoing engagement with their Maternity and Neonatal Voices Partnership. We have worked collaboratively to include user voices across the service, from Governance meetings to national safety initiatives by working with the Maternity and Neonatal Safety champions to engage with staff across the service. Work is also undertaken to gain feedback on patient information leaflets prior to publication. A dashboard of feedback is held by the Maternity & Neonatal Voices Partnership (MNVP) Committee for review of current themes across the region and provides localised updates. Feedback on complaint themes arising from PALS contact is shared to triangulate any concerns received and

ensure appropriate actions are agreed and taken. The MNVP were actively involved in Maternity's response to the national CQC maternity survey.

8.3 Emergency Department CQC Survey 2023

The Trust received the published Emergency Department CQC public feedback report September 2023, an action plan is in place to provide a focus for improvement along with actions taken to mitigate risk as shown in the table 1 below:

NHS
Torbay and South Devon
NHS Foundation Trust

Ref	Q6	Q7	Q8	Q9	Q10	Q11	Q13	Q14	Q15	Q17	Q18	Q23	Q32	Q33	Q35	Q40	Q41	Q46
Issue	Were you given enough privacy when discussing your condition with the receptionist ?	How long did you wait before you first before you first spoke to a nurse of doctor? (This does not include staff screening for COVID at the entrance to ED)	From the time you arrived, how long did you wait before being examined by a doctor or a nurse?	Were you informed how long you would have to wait to be examined?	Were you kept updated on how long the wait would be?	While you were waiting, were you able to get help with your condition or symptoms?	Did you have enough time to discuss your condition with the doctor or nurse?	While you were in A&E, did a doctor or nurse explain your condition in a way you could understand ?	Did the Doctors and Nurses listen to what you had to say?	Did you have confidence in the Doctors and Nurses examining and treating you?	Did doctors and nurses talk to each other about you as if you weren't there?	Were you given enough privacy when being examined or treated?	While you were in ED did you feel threatened by other patients or visitors?	Were you able to get suitable food or drinks when you were in A&E?	While at home, did you get the care and support you needed ?	Did hospital staff tell you who to contact if you were worried about your treatment after you had left?	Did staff give you enough informatio n to help you care for your condition at home?	Overall, did you feel you were treated with respect and dignity while you were in A&E?
TSDFT Score 2023	62.5%	38.0%	43.7%	20.5%	18.0%	48.1%	76.0%	74.8%	83.5%	82.5%	87.3%	83%	91.8%	61.8%	59.4%	77%	62.9%	82.5%
TSDFT Score last Survey 2021	77.9%	72.6%	72.0%	Questions changed from 2020 - Therefore no previous score	New Question	62.7%	84.0%	79.2%	89.0%	89.2%	89.7%	88.70%	97%	66%	New Questio n	Questions changed from 2020 - Therefore no previous score	70.1%	91.8%
Action	1) Installation of e-Triage to allow patients, where able to detail their condition electronicall y. 2) Re-design of reception and triage space to promote privacy ,dignity and improve flow	1) Two nurses at triage and an escalation tool to highlight rising pressure to the silver Team. 2) Re-design of reception and triage space to promote privacy dignity and improve flow	1) ED Focus week will look at improving time to see patients by utilising resources differentl y. 2) ICB initiatives to reduce the demand on Emergenc y services form part of the UEC recovery plan and ED is fully engaged	Make change to patient screen display and adapt automated announceme nt to make clear where this information can be found	Make change to patient screen display and adapt automated announce ment to make clear where this informatio n can be found	Staffing increased in waiting are to 2 trained and 2 hca's to support observation of patients waiting and monitoring of care needs. Escalation tool in place to highlight to the silver team	Discussion at Nursing and medical handover to highlight performanc e. Refresh “It's ok to ask" campaign. Arrange QI audit to check effectivenes s	Discussion at Nursing and medical handover to highlight performanc e. Discharging clinician to check and document understandi ng of treatment with patient post review. Refresh “It's ok to ask" campaign. Arrange QI audit to check effectivenes s	Discussion at Nursing and medical handover to highlight performance . Refresh “It's ok to ask" campaign. Arrange QI audit to check effectiveness	Discussion at Nursing and medical handover to highlight performanc e. Refresh “It's ok to ask" campaign. Arrange QI audit to check effectivenes s		Re-design of reception and triage space to promote privacy, dignity and improve flow . Conversion of lab space to provide privacy for discussions with patients in fit to sit.	Re-design of reception and triage space to promote privacy, dignity and improve facilities for patients in mental health crisis. Patient flow improveme nt program to ensure patients with challenging behaviour can be appropriate ly placed on wards in a timely way reducing the impact to other users	Daily notes review of all extended stay patients (>12 hours). Extended stay booklet to be introduced for further monitoring of Nutrition and Hydration. Review the use of the vending machines to ensure they are appropriatel y topped up		Discussion at Nursing and medical handover to highlight performance. Discharging Nurse and clinician to check and document understandin g of safety netting and who to call. Refresh “It's ok to ask" campaign. Arrange QI audit to check effectiveness	Discussion at Nursing and medical handover to highlight performan ce. Dischargin g Nurse and clinician to check and document understan ding of safety netting and who to call. Refresh “It's ok to ask" campaign. Arrange QI audit to check effectiven ess	Feedback of complaints and compliments to staff through complaints/co mpliments folders. Matron or Clinical band 7s to undertake monthly walk rounds to get realtime feedback from patients relating to their experience and feedback to the team. Themes of complaints to be fed back to team and through ED governance.

Table 1. CQC Survey - Emergency Department 2022 embargoed summary

9.0 Healthwatch

The Feedback and Engagement Group work in collaboration with Healthwatch. Healthwatch attend the monthly meetings providing updates on what our public and patients are telling us. The Deputy Chief Nurse holds an overall Healthwatch action plan that is maintained and updated through the Feedback and Engagement Meeting. 2023/24 had a focus on 'Shifting the Mindset Report, Jan 2020' which focuses on our engagement with service users regarding complaints management, access to data etc. there is work taking place to update the public facing website to achieve this outcome. This also aligns to The Patient and Service User Experience of Health and Care Strategy 2022/25. Whilst there is a focus it must be recognised it has not progressed as we anticipated due to limited capacity in the team due to vacancies and an increase in activity post coming out of Covid-19.

'Healthwatch Emergency Department Survey, 2023' feedback related to the comfort of the waiting room and screens displaying information not always being on with readily available data. The ADNPP for Urgent and Emergency is working through the plan to improve the experience of those attending the emergency department.

'The Public Perspective Report, Nov 2023' had a focused on better use of available data sources, to reduce last minute cancellations with a focus on reasons for NHS delays there is also a focus on social care costs. These workstreams are already being worked through to improve the experience of the service users.

Some other examples of work taken place as part of this publication include bespoke training has been introduced to equip staff to better understanding the needs of young people with learning disabilities and autism with the introduction of Oliver McGowan mandatory training. Within cancer care there was an ask to ensure first appointments met people's preferences and needs including longer appointments. A review has taken place ensuring a standard 45mins for first appointments, particularly those that include the delivery of news. Approximately 90% of clinics include support from a CNS who are also allocated for further support after the clinic appointments. All patients are discussed during MDT meeting prior to their appointments and if there is any additional support needed for the appointments such as with hearing, disability, carers, time, and language, this can be arranged. We also take prehabilitation into account to ensure that patients are signposted to the right support for wellbeing, nutrition and hydration, and physical health to improve resilience to cancer treatments.

10.0 Learning from Feedback

10.1 What matters to patients

All staff have a responsibility to acknowledge where care has not been of the required standard and to do everything in their power to learn and to amend practice. Learning from complaints should happen throughout the organisation depending on the issues of concern. In some instances, the issue may relate to a

single department, but the theme may be applicable to other areas. It is the role of the senior leadership team in the Care Groups to ensure that issues and the resulting action plans are appropriately shared. The Feedback and Engagement Team will work with the Care Groups to ensure actions are monitored and accurately recorded on the risk management system. Where appropriate, staff should incorporate the learning into their annual achievement review with their manager.

The capture and sharing of significant learning from complaints is led by the Trust's Feedback and Engagement Group. Examples of complaints which have identified either learning or good practice will be shared. There is further work required to strengthen our approach to disseminating learning from concerns raised by patients and families and how we capture the actions required on the electronic database. In 2024, the Trust will strengthen how this is undertaken as part of the Patient Experience and Engagement Plan. The examples below in Table 2 illustrate some work undertaken to address issues raised by patients and families.

Themes to what our patients are telling us	**What actions have we taken as a result**
Emergency Services – - **long waits,** - **environment,** - **management of patient's expectations**	✓ Ongoing work with the ADNPP's working with their teams around how and what we communicate to better manage people's expectations. ✓ Implementation of a Standard Operating Procedure for +1 and Escalation to expedite transfers. ✓ Implementation of long stay book to ensure patients are offered food and fluids when in the Emergency Department for greater than eight hours. ✓ Reconfiguration of the Emergency Department footprint which has allowed the move of Paediatrics out of main waiting room.
General Medicine – - **delay in access to appointments,** - **poor communication,** - **attitude of staff**	✓ ADNPP working with Matrons and Teams around professional behaviours and targeted learning for individuals ✓ Clinic capacity review
General Surgery – - **waiting times for surgery/clinics,** - **information on waiting times,** - **attitude of staff**	✓ Work taking place to ensure pre assessments are in time and valid. ✓ Review of themes related to cancellations of surgery on the day to minimise impact to patients. ✓ Golden Patient Implementation, a review of the list utilisation, allowing more patients to be added to a list and reduce wait times. ✓ Investment in day theatres and Endoscopy to reduce wait times ✓ Targeted intervention across roles and services regarding individual learning

Table 2. What patients are telling us

10.2 Rewards and Recognition

Since 2020, Torbay and South Devon have embarked upon a reward and recognition journey, to recognise the outstanding contributions from our nurses, midwives and allied health care professionals. There are four main award schemes in place; DAISY, Primrose, AHP awards, and we are part of the national CNO awards for health care support workers.

DAISY award:

2020 saw the launch of the DAISY award with the ambition and focus of rewarding and recognising those extraordinary Nurses and Midwives. The DAISY Award commenced in 1999; it is steeped in emotional prestige originating from a family's grief and appreciation of the care that their son Patrick Barnes was given at the end of his short life from exceptional nursing teams. Patricks family, inspired by the care Patrick received set up the DAISY Foundation, to commemorate the care and compassion shown to him and his family. The DAISY Award therefore has a meaningful back drop for all registered Nurses and Midwives winners and nominees.

Since the launch of the DAISY awards, we have had a total of 400 nominations and 32 winners across our nurses and midwives. In 2021 we also introduced the annual DAISY team awards, and since have had three team winners, The Minors team in the Emergency Department in 2021, Dunlop ward in 2022, and Midgley ward in 2023.

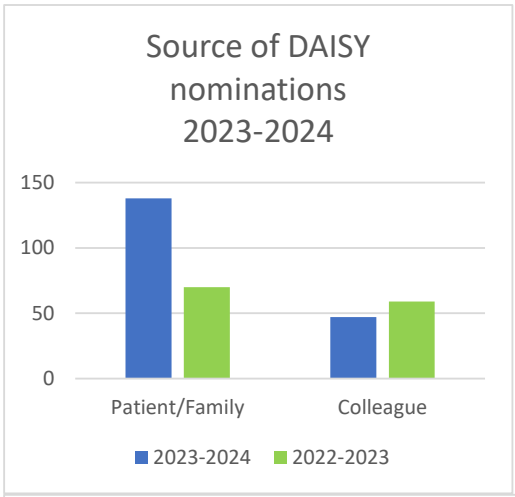


Figure 10. Source of DAISY nominations

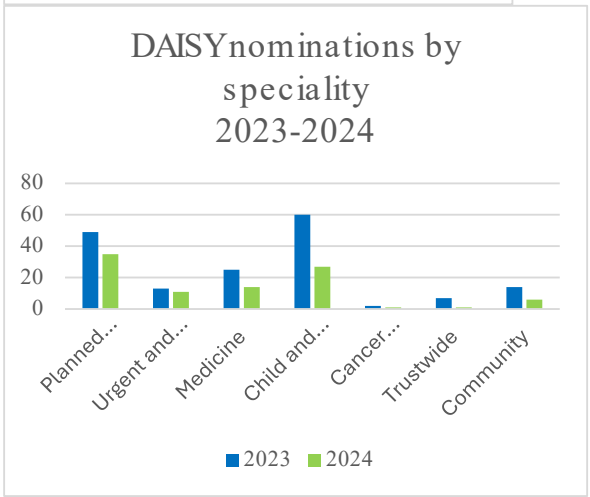


Figure 11. DAISY nominations by speciality

2023-2024 has seen a total of 185 DAISY award nominations and 7 winners. 138 nominations have been received by patients and their families, and 47 have come from colleagues, compared with 70 from patients and 59 from colleagues in the previous year. Figure 10 shows how our DAISY nominations have been received in

this last year. Our winners span the ICO, from Dawlish Hospital to Specialist nursing and Coronary care unit. Figure 11 shows the breakdown of nominations per speciality.

Primrose award:

In November 2022 our health care support worker council were instrumental in the launch of the Primrose award for healthcare support workers, to recognise the outstanding contribution they make to the day-to-day care of our patients.

To date we have had over 180 Primrose award nominations and 10 winners since its launch. Our ten winners span the ICO, ranging from a maternity support worker at Newton abbot, to our mortuary colleagues. Of these, 73 were nominated by patients and their families and 111 were nominated by colleagues. 2023-2024 saw 99 nominations and 7 winners for our health care support workers. Figure 12 shows the source of the nominations for the Primrose award and Figure 13 shows the nominations by speciality.

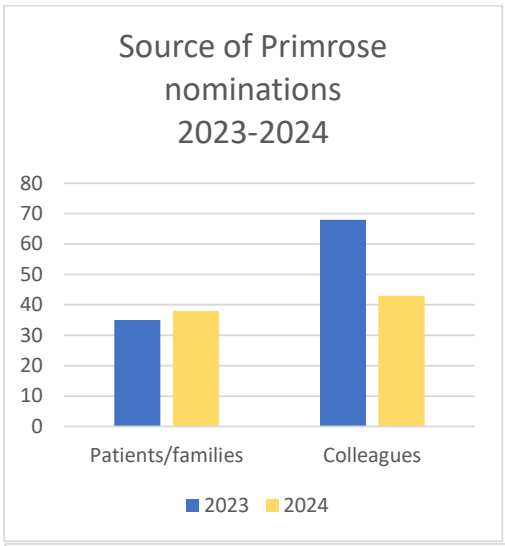


Figure 12. Source of Primrose nominations

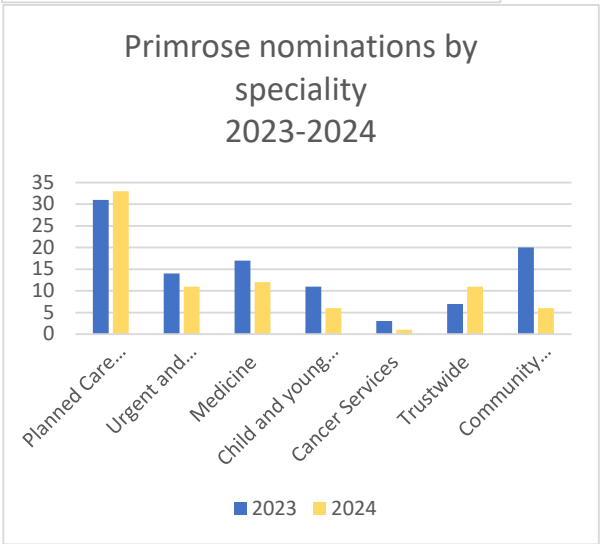


Figure 13. Primrose nominations by speciality

Chief Nursing Officer (CNO) for England Healthcare support worker (HCSW) awards

Since 2023 the Trust has taken part in the CNO HCSW awards. These awards have been developed to reward the significant and outstanding contribution made by healthcare support workers in England, through demonstrating the NHS values in their everyday roles. Nominations are submitted nationally quarterly, from staff for colleagues. These are approved by the Trust CNO. The Trust has celebrated 3 winners to date. The winners have been a podiatry assistant, a trainee nursing associate, and a health care assistant.

This provides confidence that family and patients are receiving positive experiences as they nominate teams and individuals for the outstanding care they or their family have received. The following provides some examples of the experience where individuals have been nominated for the outstanding care they have delivered.

"Her clinical skills are nothing short of excellent, delivering care with a level of compassion that truly makes a difference in the lives of our patients, and this is reflected in the feedback she has received by numerous patients, staff, and fellow colleagues. She radiates a positive attitude and professionalism at work, embodying both the vision, and values of our Trust, her ability to establish a special connection with both patients and their families, creates a sense of comfort and trust during some very challenging times. Amy has consistently gone above and beyond her role, she has instilled a level of confidence in ward staff which has been of huge importance and benefit to patient care. "

*"From the minute I arrived at the delivery ward *** was there and she's been there ever since. I had millions of questions, on the day, she gave so much time answering them all reassuring me that there is no such thing as a stupid question. I can honestly say I have never met anyone with a purer heart who goes above and beyond for her ladies. A hug from her somehow makes the world feel ok again. She is like a security blanket wrapped around you at what is the worst time of your life. I will be forever grateful for the way she has looked after me and the respect and care she showed. It's difficult to put into words how incredible she is but once you meet her it's so apparent, she's a very special person."*

"She was empathic, knowledgeable and reassuring. Her care for my daughter was first rate: she is so skilled and caring. I would like to thank her for treating me like a person rather than just a parent or patient. She provided me with a lot of support and a friendly face when I felt really low and scared for my baby. I owe her a huge debt of gratitude and would like you to know what an asset she is to the hospital."

The testimonials illustrate that our workforce feel valued and recognised for their daily work. The schemes have added meaning to our nominees and winners' roles and we have often seen this during presentations which regularly results in them beaming with emotion and pride. This has a positive effect on workforce culture and well-being and the care that is delivered

CNO Silver award:

The Chief Nursing Officer (CNO) awards have been developed to reward the

significant and outstanding contribution made by nurses and midwives in England and

their exceptional contribution to nursing and midwifery practice.

These awards recognise the enormous range of skills, expertise, and enduring compassion that modern nursing and midwifery represent. They celebrate nurses and midwives who go above and beyond their everyday roles to provide excellent care, leadership and inspiration to their colleagues and patients.

In February 2024, Fahida Rehman-Manby, Lead Head and Neck cancer clinical nurse specialist, was nominated by Di Charlton, Macmillan engagement lead, and won a CNO Silver award.

“Fahida has directly influenced and supported the development of Macmillan’s ‘Torbay Equity Project’, a dedicated community engagement project that targets communities that experience health inequity to understand barriers, and co-produce solutions to issues that prevent early diagnosis and access to good, culturally appropriate support during treatment and after. As a result of Fahida’s work, there is now a fully Macmillan funded project based in Torbay, directly exploring solutions to health inequity for people affected by cancer. Fahida’s level of commitment to partnership working means that she is a fine ambassador both for Macmillan Cancer Support and her Torbay Hospital base. Her passion and ambition to address issues that lead to health inequity locally is outstanding, and we commend her to you for a CNO Award.”

Allied Health Professional award:

October 2023 saw the launch of the Allied Health Professional award (AHP), which recognises the contribution of AHPs (in this Trust this includes dietitians, occupational therapists, operating department practitioners, orthoptists, podiatrists, paramedics, physiotherapists, diagnostic radiographers, therapeutic radiographers, speech and language therapists, and art therapists.

Nominations are received from patients, carers and staff and awards are made to recognise staff who have offered exemplary care, fulfilling the Trusts model of professional practice for AHPs. In the first 2 rounds of the awards there have been nominations from a range of clinical areas across acute and community care.

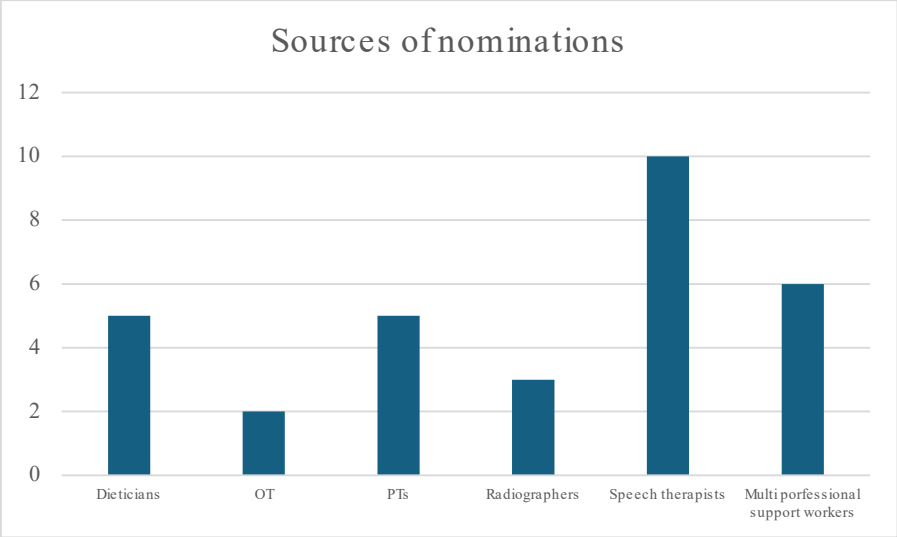


Figure 14. AHP nominations source

A total of 6 winners have been awarded with a further round of awards scheduled for November 2024.

11.0 Conclusion

11.1 Through 2023/24 the Feedback and Engagement team have continued to provide a coordinated service to our local population. The increase in contact relating to delays in access to care are in the main a direct consequence of the pandemic. The feedback and engagement team and wider staff in the organisation who review, investigate, and respond to feedback in the form of concerns, complaints, Ombudsman and MP enquires as well as compliments demonstrate a commitment to providing comprehensive, compassionate responses and identifying local and Trust wide learning.

11.2 Capacity within the team had an impact on progressing the Patient and Service User of Health and Care Strategy in 2023/24 as activity increased. Work has been undertaken to secure some further resource going into 2024/25 which should be in place by summer of 2024 this will provide an opportunity to enhance our accessibility to patient and service user to provide feedback by providing a front door service.

12.0 Recommendations

12.1 To note the content of the report and the achievements aligned to feedback and engagement during a challenged 2023/24.

12.2 To support the programme of work set out in the Patient and Service User Experience of Health and Care Services Strategy and Delivery Framework through 2022/25 that will enhance and underpin the provision of high-quality health and care services as we strive to consistently provide an excellent patient experience.

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	Quality Accounts 23/24
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	

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	Comms / Workplace
Time	2.30pm – 4.30pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	16 July	Digital Futures / Financial update
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	NEDS session
Purpose	Meetings set aside to allow more complex priority issues to be heard and discussed by the	October	

	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.		
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	?ASC
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**
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	
EPR follow up	16.1.24	CoG Priorities	
Maternity Services	16.1.24	CoG Priorities	
Planned Care – waiting list/ NOF4	07.02.24	CoG	
Pals	19.02.24	Extra	
Workplace	21.5.24	Extra	
Comms update	21.5.24	CoG Priorities	
Outstanding Presentations			
Adult Social Care Follow up 18.11			
Three CoG Priorities 2024			
EPR	Workforce – Hot Issues / future plans	Service Reconfiguration Implications	

Governor Only Meetings (6 a year)		**Dates**	**Presentations**
Chaired by	Lead Governor and deputy Lead Governor	January	
Agenda Set by	Lead Governor	20 February	MFA support
Governor attendance	**Voluntary Attendance**	March	
NED attendance	No	16 April	Staff Governor
Trust Office attendance	Only if requested	May	
Time	2:30 pm to 4:30 pm	18 June	New Chair
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.	27 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

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 (AP) FPC (DC) QAC (VB) BBF (DC)
Additional Points	New Governor observers decided to start in May.	June 25 24 24 12 19	 AC FPC PC (JK) CF (LD) 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

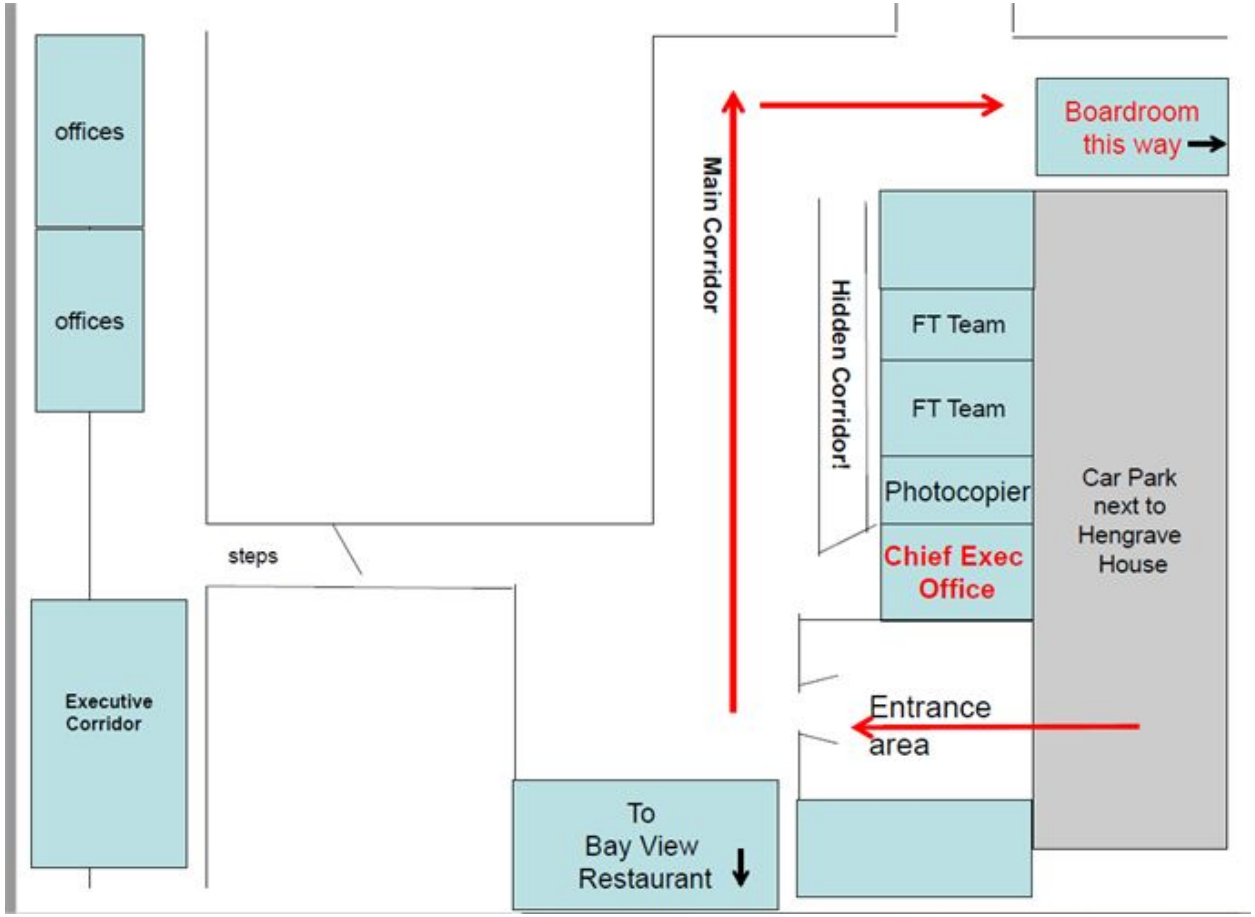
Governor Nominations and Remuneration Committee (AD HOC)		**Dates**
Chaired by	Trust Chairperson	15 January
Agenda Set by	Chair	February
Governor attendance	**Governor Members Only**	March
NED attendance	Senior Independent Director	April
Trust Office attendance	Corporate Governance Manager	May
Time		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

MAP TO LOCATE BOARDROOM WITHIN HENGRAVE HOUSE, TORBAY HOSPITAL, TQ2 7AA



Governors Monthly E-Newsletter

Torbay and South Devon NHS Foundation Trust

Issue No. 118 Date: 27 June 2024

Within this issue:

- Welcome message Chris Balch as new Chairman
- Trust priorities
- Welcome to Appointed Governor
- Trust Governors
- Upcoming Meetings: Reminders
- Governor Tour
- Outstanding DBS Checks
- Expenses reminder
- Governor question process reminder
- Governor Questions
- Communications Department Brief
- Governor Observer Reports
- Healthwatch
- Email Confirmation
- Meetings List and MS Teams Links Section

FT Office - please contact:

Tel:

01803 655706 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.

Chairman Professor Chris Balch

Dear Governors

I am grateful for the trust you have placed in me to be as the new Chairman of Torbay and South Devon NHS Foundation Trust.

I am looking forward to working with you as Chair of the Council of Governors to help you fulfil your roles as the eyes and ears of our members and wider community and in your oversight of the work of the Non-Executive Directors of the Board.

I am keen that we take the opportunity of my appointment to review what we do well and what we can improve and look forward to both formal and informal conversations over the next couple of months.

Best wishes

Chris Balch

CHAIRS TRUST PRIORITIES

As your new Chair, I want to share with you my sense of the priorities which Liz Davenport and I are working towards over the next few years. It would be great to get your thoughts on these when I visit your services or via email.

- **People power.** We have over 6,500 skilled, talented and compassionate people and volunteers who help us give the best possible care to the people in our local communities. Liz and I strongly believe that everyone has a valuable contribution whatever their role or position. We believe that our compassionate leadership approach is key to unlocking our potential both as an organisation and as individuals. This means treating everyone as we would want to be treated ourselves and this a place where we all feel we belong. It also means everyone playing their part in helping us achieve our goals and improve our performance. Just imagine what we can achieve if all of us felt able to fully contribute towards our shared vision of better health and care for all.

- **The right tools.** We know what you can do with the right tools. We've seen the positive impact that our new endoscopy rooms, day surgery and ophthalmology theatres and acute medical unit have had on waiting times and patient and staff experience. We are determined to do everything possible to make sure you have the right tools to deliver modern, effective healthcare. As Chair of our Building a Brighter Future Committee I have seen the progress which is being made to deliver a Devon-wide electronic patient record and secure funding from the New Hospital Programme. Both of which will transform how we work and how we deliver care.

- **Doing more of what we do best.** We know that our integrated model of care as close to home as possible works. But we believe that we can develop this further. We are already seeing the benefits that digital technology and innovations can make through our virtual wards, community rehabilitation programmes and wearables and trackers. We also have a proven track record of partnership working and collaboration which stands us in good stead. This is important for our work with our partners in Devon, Cornwall and the Isles of Scilly in designing and developing sustainable services and making the best use of our available resources. We need to remain strong voices in this space, making sure that the needs of our people and communities are understood and that our expertise in integration helps shape this work.

- **Delivering best value.** Our operating plan for this year is focused on further reducing the number of people waiting for planned care and improving our urgent and emergency care performance. All this needs to be done while managing our money better and limits on the number of people we employ. None of this is easy but we have made good progress over the past year and that's down to all of you. I know it sounds glib, but we need to work smarter not harder to put our services on a sustainable basis and to be able to deliver the quality of care of which we all can be proud.

As Chair of both the Council of Governors and the Board my pledge to you is to be clear about our challenges and opportunities. I pledge to make sure that we set priorities and take decisions in the best interests of our patients and staff. I also pledge my commitment to our compassionate leadership approach: to include with care, to listen with genuine curiosity and to act with courage. Thanks for all you do for the Trust.

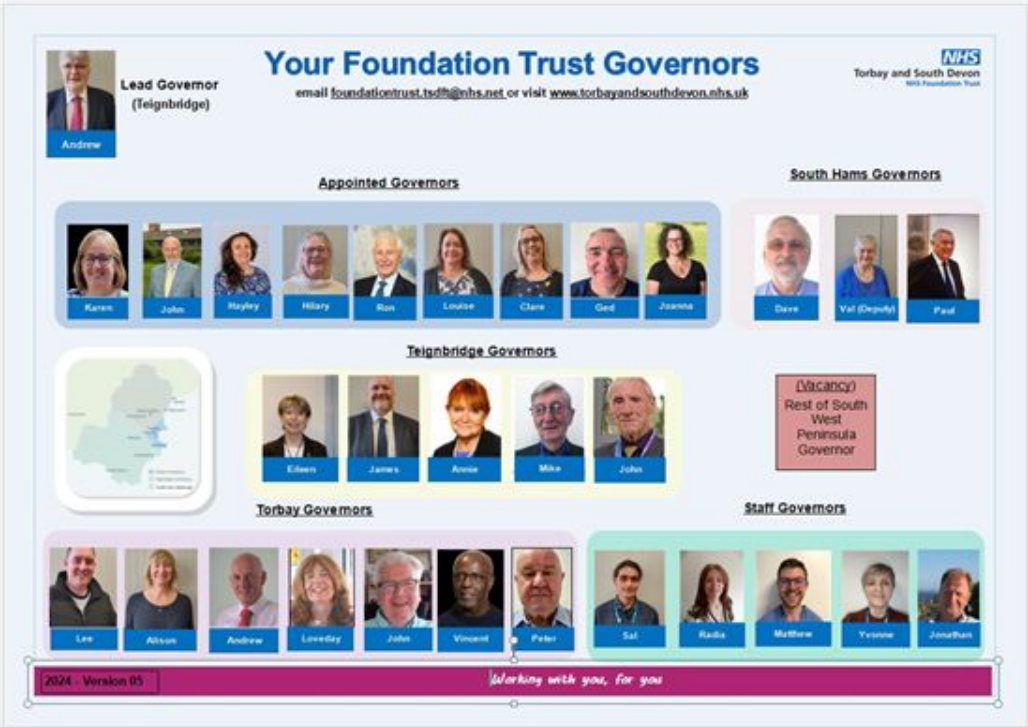
Chris

NEW APPOINTED GOVERNOR: KAREN BARRY

Karen Barry, Integrated Care Board

We are delighted to have Karen join Council of Governors. Some of you may have already meet Karen at the governor only meeting last week.

Karen works for NHS Devon Integrated Care Board as the Locality Director covering South and West Devon. She has always lived in Torbay and has worked in various NHS management and leadership roles in Devon for the past 34 years. Karen brings experience of working across primary care, commissioning, operational delivery, strategy development and implementation and is passionate about the health of the population in Devon. She has a special interest in developing staff and teams to provide the best service to patients and loves spending time with her two daughters and five grandchildren and is a keen Torquay United Supporter!



DISCLOSURE AND BARRING SERVICE (DBS CHECKS)

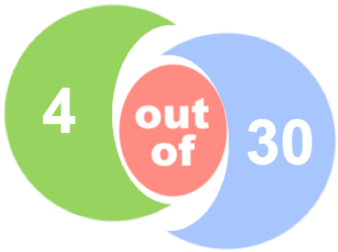
Our **Volunteer Services Team** have kindly agreed to process the official verification process on behalf of the FT Office **have you seen this email?**

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

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.

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.

Disclosure & Barring Service



4 OUTSTANDING DBS CHECKS OUT OF 30 GOVERNORS.

GOVERNOR EXPENSES

Reminder to claim your expenses for up to three months.

Please ensure to fill in your details correctly to prevent any delay processing your claim. The blue folder has details on how to complete the expenses forms. Any problems please just ask!

UPCOMING MEETINGS: REMINDERS

COG PRIORITIES MEETING Tuesday 16 July 2024

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

Attendance is optional.

COFFEE MORNING Thursday 18 July 2024

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

Attendance is optional.

GOVERNOR TOUR Thursday 18 July 2024

Newton Abbot Hospital tour starts at 12pm on Thursday 18th July. Please register your interest with the FT Office to join the tour.

PUBLIC BOARD Wednesday 31 July 2024

Public Board of Directors meeting will be held on the 26 June 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 QUESTIONS PROCESS: REMINDER

CoG Question

⇒ Lead Governor to forward the governor question/s on behalf of CoG to Foundation Trust Office Inbox foundationtrust.tsdft@nhs.net

⇒ FT Office to log CoG question and send to the relevant Executive Director for answering (*within 20 working days—FT Office to c*hase)

⇒ Answered question will be sent via email to all governors and logged on the formal question log and added to the next governor newsletter.

Individual Governor Question

⇒ Individual governor question/s to be sent to Lead Governor for **approval** prior to being sent to FT inbox for processing

⇒ Once individual governor question has been **approved** by the lead governor, FT Office will acknowledge receipt of the governor question/s.

⇒ Governor question/s to be formally logged and sent to the relevant Executive Director for answering.

⇒ Answered question/s will be sent via email to all governors, logged on the formal question log and added to the next governor newsletter.

Please DO NOT send questions directly to Directors, we kindly ask you to follow the correct process above.

If you have not had a response in a timely manner or have not seen a response, please chase the FT Office. The Trust endeavour to answer all questions as soon as possible, however there may be occasions where this is not possible or a response has been missed.

GOVERNOR QUESTIONS

Question 171— Raised by Andrew Postlethwaite

The question is:

On Monday 10th June, at about 11:30, I accompanied my father to Torbay A&E. The waiting area was full and there were so many ambulances outside they were overflowing beyond their normal parking area.

We only waited for just over an hour.

When we entered the Minors department, I was shocked to see that we were the only patients there. Shortly afterwards a patient did arrive, attended too by an ambulance crew.

I overheard a conversation that mentioned there were only 4 staff on duty. I only ever saw 2. One of which gave my father first class treatment.

My Question is, given the obvious potential to handle a greater workload, why are so few staff available at a time when demand was so high?

Question 173— Raised by Matt Giles

“It’s come to my attention that there is little to no provision for specialist autism nurse support. Could you please let me know whether this is correct? If so, what are the plans for specialist support to be provided to our caring professionals when looking after/seeing patients (adult or paediatric) with Autistic Spectrum Condition?”

COMMUNICATIONS DEPARTMENT BRIEF

Media / social media activity

Media

- Sale of Dartmouth sites – announcing that the former sites of Dartmouth and Kingswear Community Hospital and Dartmouth Clinic will be going to auction in July

Social media

- Generous gilet donation – thanked our Torbay Hospital League of Friends for their donation of sleeveless jackets for our emergency department team

- RCN conference representative – congratulated Abdul Manan Alhassan, a charge nurse, who recently spoke at Royal College of Nursing's conference on the subject of greener healthcare

- Volunteers' Week – thanking our amazing volunteers for their dedication and commitment during a week of celebration

- Celebrating our estates and facilities stars – for national EFM day, we highlighted the impact of our Workplaces teams by sharing statistics of their work over the past year

- Youth Forum – promoting the next meeting of our Youth Forum; an opportunity for local young people to help shape our services

- Diabetes check-ups – as part of Diabetes Week, content highlighted the importance of regular scheduled diabetic check ups

- Emergency response exercise – raised awareness of an upcoming emergency response routine exercise

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

England's top midwife praises our maternity team

We were proud to host England's Chief Midwifery Officer, Kate Brintworth, last week when she visited our maternity unit to see for herself the team's brilliant work.

Kate heard about the work that the service does to address health inequalities such as the freephone patient telephone number and the award-winning smoking cessation service.

We shared both the challenges and opportunities that the team are working to address, and Kate congratulated us on our recent achievements including the fact that we had achieved 10/10 safety actions as part of the Maternity Incentive Scheme.

She told us that we have a good reputation for providing personalised continuity of care. Kate said: "Thank you to the team for such a lovely visit. It was so good to see the unit and meet the team who are clearly so motivated to try and do the right things and improve care for women and families. I really liked so many things from the TC suite all set up to keep families together, to the reflections on continuity and listening and caring for staff. I came away thinking it was a unit with a lot of heart. Small really is beautiful."

Jo Bassett, our Director of Midwifery and Gynaecology said, "We were delighted to showcase the exceptionally hardworking team that have achieved so much to support women, birthing people and their families."

Thank you to all our brilliant hardworking and caring midwives and everyone who works in the team for all you do and for supporting Kate's visit – we're so pleased that she left with such a great impression of all you do.

Issue No. 118 Page 10 Date: 27 June 2024

COMMUNICATIONS DEPARTMENT BRIEF

Sale of former Dartmouth and Kingswear Community Hospital and Dartmouth Clinic update

Torbay and South Devon NHS Foundation Trust has listed the site of the former Dartmouth and Kingswear Community Hospital and the former Dartmouth Clinic for auction this July.

The former healthcare sites, which are no longer needed for healthcare, need to be sold to help fund the recently opened £5.4million health and wellbeing centre at the top of the town. This provided a new home for the GP practice and community nurses, therapists, social care workers and a number of community clinics as well as Dartmouth Caring and a pharmacy. The new centre supports a much more joined-up approach to health and wellbeing services for local people in state-of-the-art, purpose-designed facilities.

The properties were previously for sale through Montagu Evans and while a preferred buyer was approved by the Board of Directors, the sale has not progressed as the preferred buyer was unable to exchange and complete.

Liz Davenport, Chief Executive of Torbay and South Devon NHS Foundation Trust: “We fully recognise that the former hospital has been a focal point within the town for many years and that local people have a deep interest in its future. It is unfortunate that the preferred buyer was unable to exchange and complete the sale and we have, therefore, taken the decision to list both properties for auction with a reserve price in line with the NHS Estate Code.

“We would like to reiterate our thanks to Dartmouth Town Council for working with us over the past few years to ensure we deliver best social value to the people and communities of Dartmouth and the surrounding area as we seek to dispose of the properties and fund our investment in the new health and wellbeing centre.”

GOVERNOR OBSERVER REPORTS

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

- BBF 15 May
- FPC 20 May No report
- ARC 22 May
- BBF 19 June
- FPC 24 June DC

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 Torbay** **Home - Healthwatch Torbay**

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 May 2024 to Thursday 27 June 2024

Issued 05.06.24	FW: Time to say thank you
Issued 13.06.24	Governor Only Agenda - 18.06.24
Issued 13.06.24	FW: Healthwatch Torbay E-bulletin 13 June 2024
Issued 18.06.24	GO meeting- MS Teams link 18.6.24
Issued 18.06.24	Volunteer for GO - People Committee 24.6.24
Issued 18.06.24	FW: Governor Only Agenda - 18.06.24
Issued 19.06.24	Governor poster and contact list
Issued 19.06.24	Coffee Morning Meeting - Link
Issued 24.06.24	June Healthy Futures
Issued 25.06.24	Board meeting 26.6.24
Issued 26.06.24	Newton Abbot Tour

MEETINGS LIST AND MS TEAMS LINKS SECTION

GOVERNOR MEETINGS - JULY 2024

16 July 2024 **CoG Priorities meeting** in the Boardroom and via MS Teams at 14.30pm –16.30pm *(optional attendance)*

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

31 July 2024 **Public Board** *in the Boardroom or via MS Teams at 11.30am – 14.30pm (optional attendance)*

MS Teams Link: CoG Priorities Meeting 16 July 24 (14.30 pm—16.30pm)

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 July 24 (10.30am –11.30am)

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#

Torbay and South Devon NHS Foundation Trust

Audit Committee
Governor Observer Report for meeting dated 22 05 2024

CQC KLOEs – Key Lines of Enquiry	
Is it safe? 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? **Is it well led?** 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? 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?	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
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 could be included as an item for discussion at a future Governor meeting.	Regarding the National Audit. It has been difficult to get already busy staff to get involved.
Key issues to be escalated to the Board.	Regarding Internal Audit. There are lots more pressure on the executive due to NOF4. People are close to burn out and we are asking too much of current staff. We are not able to recruit more staff to alleviate the situation.

Torbay and South Devon
NHS Foundation Trust

Report completed by:

Andrew Postlethwaite, Public Governor (Teignbridge)

Date:

24 June 2024

……

Torbay and South Devon NHS Foundation Trust

Building a Brighter Future Committee
Governor Observer Report for meeting dated 19-06-2024

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 with it's new Chairman Robert Williams. Before the meeting Robert went out of his way to introduce himself to me.
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 With the usual concerns of inflation increasing prices of projects.
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 *could* be included as an item for discussion at a future Governor meeting.	None.
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: **24-06-2024**

NOTE: this report is not to be edited or modified without the authors permission.

Torbay and South Devon NHS Foundation Trust

Building a Brighter Future Committee
Governor Observer Report for meeting dated 15 05 2024

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 *could* be included as an item for discussion at a future Governor meeting.	Concern of Government funding
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: 02 06 2024

NOTE: this report is not to be edited or modified without the authors permission.

Torbay and South Devon NHS Foundation Trust

Finance and Performance Committee
Governor Observer Report for meeting dated 24-06-2024

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. A very good meeting with no issues at all !
Were members engaged throughout the whole meeting including contributions by NEDs?	Yes, a very complete meeting.
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 *could* be included as an item for discussion at a future Governor meeting.	None.
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: **24-06-2024**

NOTE: this report is not to be edited or modified without the authors permission.

Governors Monthly E-Newsletter

Torbay and South Devon NHS Foundation Trust

Issue No. 119

Date: 25 July 2024

Within this issue:

- Chairmans message
- Upcoming Meetings: Reminders
- Outstanding DBS Checks
- Expenses reminder
- Governor question process reminder
- Governor Questions
- Communications Department Brief
- Governor Observer Reports REMINDER
- Healthwatch
- Email Confirmation
- Meetings List and MS Teams Links Section

FT Office - please contact:

Tel:

01803 655706 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 Governors

Since becoming Chair of the Trust I have been out and about finding out more about our facilities and services in the community. This has given me the opportunity to see what being an integrated care organisation really means. One cannot fail to be impressed by the range of clinics and home based services we deliver to support people to live well in their communities. This is easy to forget and harder to measure when our focus is firmly on the operational performance of the acute hospital in terms of reducing waiting lists and meeting targets for urgent and emergency care as we seek to exit NOF4.

I have been struck by the variable quality of our community facilities. These range from excellent modern facilities such as Newton Abbot Community Hospital and the new Dartmouth Health and Wellbeing Centre to facilities in Paignton and Teignmouth which are dated and subject to significant limitations on use. We are unable to use the top floor of both buildings. However it is people not buildings which deliver care to our population and I have found community teams who are committed to delivering high quality services. We celebrate this and make sure their efforts do not go unrecognised. I would encourage more Governors to go and see for themselves.

Chris

DISCLOSURE AND BARRING SERVICE (DBS CHECKS)

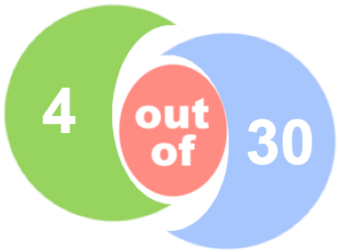
Our **Volunteer Services Team** have kindly agreed to process the official verification process on behalf of the FT Office **have you seen this email?**

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

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.

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.

Disclosure & Barring Service



4 OUTSTANDING DBS CHECKS OUT OF 30 GOVERNORS.

GOVERNOR EXPENSES

Reminder to claim your expenses for up to three months.

Please ensure to fill in your details correctly to prevent any delay processing your claim. The blue folder has details on how to complete the expenses forms. Any problems please just ask!

UPCOMING MEETINGS: REMINDERS

COUNCIL OF GOVERNORS MEETING Wednesday 07 August 2024

The next CoG meeting will be held on Wednesday 07 August at 2.00pm in the Boardroom, Hengrave House and via MS Teams.

COFFEE MORNING MEETING Thursday 15 August 2024

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

Attendance is optional.

GOVERNOR ONLY MEETING Tuesday 20 August 2024

The next CoG meeting will be held on Tuesday 20 August at 2.30pm in the Boardroom, Hengrave House and via MS Teams.

Attendance is optional.

NO PUBLIC BOARD

Public Board of Directors meeting will next be held in September 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 QUESTIONS PROCESS: REMINDER

CoG Question

⇒ Lead Governor to forward the governor question/s on behalf of CoG to Foundation Trust Office Inbox foundationtrust.tsdft@nhs.net

⇒ FT Office to log CoG question and send to the relevant Executive Director for answering (*within 20 working days—FT Office to c*hase)

⇒ Answered question will be sent via email to all governors and logged on the formal question log and added to the next governor newsletter.

Individual Governor Question

⇒ Individual governor question/s to be sent to Lead Governor for **approval** prior to being sent to FT inbox for processing

⇒ Once individual governor question has been **approved** by the lead governor, FT Office will acknowledge receipt of the governor question/s.

⇒ Governor question/s to be formally logged and sent to the relevant Executive Director for answering.

⇒ Answered question/s will be sent via email to all governors, logged on the formal question log and added to the next governor newsletter.

Please DO NOT send questions directly to Directors, we kindly ask you to follow the correct process above.

If you have not had a response in a timely manner or have not seen a response, please chase the FT Office. The Trust endeavour to answer all questions as soon as possible, however there may be occasions where this is not possible or a response has been missed.

GOVERNOR QUESTIONS

Question 171— Raised by Andrew Postlethwaite

The question is:

On Monday 10th June, at about 11:30, I accompanied my father to Torbay A&E. The waiting area was full and there were so many ambulances outside they were overflowing beyond their normal parking area. We only waited for just over an hour.

When we entered the Minors department, I was shocked to see that we were the only patients there. Shortly afterwards a patient did arrive, attended too by an ambulance crew.

I overheard a conversation that mentioned there were only 4 staff on duty. I only ever saw 2. One of which gave my father first class treatment.

My Question is, given the obvious potential to handle a greater workload, why are so few staff available at a time when demand was so high?

Response from Lisa Houlihan

Dear Andrew,

Firstly, thank you for your kind comments relating to the care your Father received from one of our Emergency Practitioners when you both attended on 10th June 2024. This is greatly appreciated and has been shared with the staff member involved. In relation to the points, you have raised, as I cannot identify the exact context of the comment in relation to staffing I would assume however the '4 staff' being referred to were those Practitioners allocated to the minors areas. I have reviewed the rota for this day and can indeed see 4 Practitioners were rostered on at the time your father was treated. To offer some reassurance, this is the core staffing number for this area, and is reflective of only the 'Minors' area and not the department as a whole. The fact that you only saw 2 Practitioners in this area whilst you were present may have been for a number of reasons, but most lightly there were treating patients in a difference area. This team will work out the Paediatric area (for Minors presentations) and assist in Majors/Resus, within their scope of practice, so whilst predominantly they are based in the 'Minors' area, they will 'float' and support all patients as required accordingly.. I n reference to the 'Minors' area not being fully occupied this again is multifactorial. This area is designed for a specific acuity of patient. Not all patients will be suitable to be seen or treated in this area, but also as you have alluded to, it may also be the only space we have available to bring patients through into, to be seen and assessed so it is a fluid area. I would like to reassure you that all areas of the departments are utilised very skilfully and often very adaptably to ensure any delays or overcrowding are kept to a minimum.. once again, thank you for your kind comments regarding your father's care and most importantly I hope he has recovered well.If there are any further questions in relation to this concern, please do not hesitate to contact me, and I'd be more than happy to talk through any points. Best wishes to you and your family.

GOVERNOR QUESTIONS

Question 173— Raised by Matt Giles

“It’s come to my attention that there is little to no provision for specialist autism nurse support. Could you please let me know whether this is correct? If so, what are the plans for specialist support to be provided to our caring professionals when looking after/seeing patients (adult or paediatric) with Autistic Spectrum Condition?”

Response from Liz Thomas

I’m pleased to receive this question as the growing number of Autistic people presenting across Statutory provision continues to rise and their needs are often challenging, both for the person and for services wishing to help and support. Autistic people can present as some of the most vulnerable, misunderstood and misdiagnosed members within the community we serve. Often times they will find themselves referred to Mental Health services because of maladaptive coping strategies to sensory overload that can then trigger anxiety, depression, suicidal ideation and personality disorder labels. Unfortunately there has been a significant shortage of government investment over the years despite population numbers rising, which has led to a paucity of resources. Currently there isn’t dedicated specialist autism nurse support available within TSDFT for adults or children. This is a position shared by other acute hospitals within Devon and further afield although locally, Devon Partnership Trust (DPT) do provide an Autism Diagnostic service and work with some individuals who have multiple diagnosis and complex presentations (Autism/Mental Health/LD). Plymouth UHP do have a joint commissioned service which is funded through a tripartite agreement between Plymouth Local Authority, Cornwall County Council and the Integrated Care Board. This model ensures that people with a LD and/or Autism are able to be supported through their journey in hospital. This has proven to be a very successful model of service delivery and I have initiated a conversation with ICB partners via the Learning Disability and Autism Partnership (LDAP) to ascertain if this is something they would want to explore in Torbay. To help overcome some of the challenges, Children Families Health Devon (CFHD) have repurposed some Community LD nursing time to support Children and Young People who have challenges associated with Autism but this is a relatively new innovation and will need further evaluation. Unfortunately we are not able to do the same with the Adult Learning Disability Liaison nurses (LDLN) as they are employed by Devon Partnership Trust and are a very small resource with just one B6 and one B5 nurse employed. There is opportunity to employ a further B5 LDLN which is being progressed but whilst the LDLN and their Line Managers remain sympathetic to the needs of Autistic people they have been clear throughout that they are not commissioned nor have the capacity to further open eligibility to offer support to Autistic people. Thankfully all the LDLNs try to be supportive to TSDFT colleagues whenever possible with advice and guidance but they cannot offer to work directly with someone who is not known to DPT Learning Disability services. To date the Treat Me Well group (TMW) that I chair has also focussed on the needs of people with a Learning Disability as this has been part of the core Terms of Reference and I believe the group was originally created as a response to the Mencap document Death by indifference. I’m also minded to the fact that Autistic people do not want to be considered alongside people with a learning disability as their predominate needs are defined primarily by social difficulties, communication issues, sensory overload and repetitive behaviours which are not necessarily driven by a low IQ.

GOVERNOR QUESTIONS

Response from Liz Thomas continued….

Despite the limitations mentioned above, the ICO remains committed to making sure that every person has a positive experience of the services we provide and steps are being made to address the concerns you reference in your question. As such a summary of our intended actions include:

- Ensure all staff have completed the appropriate parts of the Oliver McGowen Mandatory Training as required by their job role. This will offer a good understanding of the needs of Autistic people.

- I am meeting with the LD ward based champions on a quarterly basis and intend to use this as a platform to explore opportunities to enhance their ability to work with Autistic people who have been admitted.

- As mentioned, I've engaged the ICB LDAP lead to discuss possibilities about developing a new model of service delivery similar to that provided within Plymouth UHP. This will form part of a longer term strategy.

- I have a meeting planned with DPT LD Lead and Emily Long to create a Memorandum of Understanding/Service Level Agreement to ensure that both parties are clear about what DPT can provide via the LDLN service. I intend to use this meeting to explore whether Autism can also be captured within any new arrangements that may occur.

- CFHD have recruited a trainee nurse to participate on the newly formed ASPIRE programme which will lead to a LD and Autism nursing qualification at the end. Unfortunately I was not able to secure the required B5 vacancy within nursing staff to offer the same opportunity for Adult provision; this will be revisited annually to coincide with the academic intake.

- I have recently become the chair of the Autism Partnership Board on behalf of Torbay Council The membership includes Autism Ambassadors with lived experience, who are very interested in exploring how they can influence health interventions in a positive way. They are interested in being part of an arranged visit to a number of hospital wards and outpatient areas to evaluate what works well and what we might improve. I will be working with ADNPP colleagues to replicate a similar exercise we recently completed with the LD Ambassadors as this will give 1st hand accounts of areas requiring further development.

- I am working with ICO colleagues to evaluate the benefits of creating an equivalent of the Treat Me Well Group which will focus on the needs of Autistic people or alternatively extending the ToRS of TMW to incorporate the overlapping issues that can impact both groups.

In closing I would like to indicate that feedback to date has suggested that ICO colleagues are sympathetic, supportive and treat people with respect and dignity throughout interventions.

GOVERNOR QUESTIONS

Question 174— Raised by Annie Hall

There are concerns at the hospital with regards to the spread of infection.

Staff are wearing uniforms outside the hospital. They are seen in shops, on buses, mixing with the public and lately in a veterinary surgery. This cannot help with the spread of infection.

The question is:

Would it not help to alleviate the problem if staff were only allowed to wear their uniforms in the hospital and nowhere else.

Response from Natalie Herring

Thank you for your email and for raising the concern regarding staff wearing uniforms outside of the Trust, the challenge with this is staff do not have limited access to change on arrival or when leaving. There are also many community care agencies and other professionals who have similar uniforms that can be confusing it they are a Trust member of staff.

Question 175— Raised by Andrew Stilliard

I've just heard that some NHS trusts are allowing Trans women to use female facilities within their hospital and that staff are having to resort to legal action for protection. What is the current and planned policy in Torbay NHS ft.

Response from Alison Manning

Thank you for your question, the Trust currently has a draft policy for support of Trans, Non Binary and Gender Diverse that is currently being reviewed by our Staff Side partnership before publication. The policy is in line with our legal obligation to adhere by the Equality Act, and our values of everyone counts. Trans women are women, as such legally they are absolutely within their right to use female facilities. They are protected that right under the equality act, but also under our moral duty to ensure everyone is treated with dignity.

GOVERNOR QUESTIONS

Question 176— Raised by Matt Giles

The Oliver McGowan Training e-learning offering is widely regarded within the Trust as a really valuable session that has changed practice.

However, it is my understanding from constituents, that the F2F training is mandated and that certain staff groups take an entire day for F2F training when other, neighbouring Trusts are not insisting on this participation.

Response from Jess Piper

Dear Matthew

Thank you for your email and enquiry. I have discussed this with Jess Piper, Deputy Director for Education and Workforce Development who has provided the following information –

- Tier 2 training (the in-person training day) is mandated as per national government guidelines and NHSE for all front-line staff who may come in to contact with patients with a learning disability or autism. Initially this had instigated most staff having this competency added to their Hive mandatory training requirements. However, we have reviewed this with Liz Thomas, Deputy Medical Director and Nicola McMinn and have agreement from Sharon O'Reilly, Deputy Director of Adult Social Services, and the ICS lead to implement a more locally defined training needs analysis and therefore Liz and Nicola can approve for some staff to be allocated just Tier 1 and remove their Tier 2 competency requirement. This will be managed and agreed on a case-by-case basis and will go some way to ensuring the right staff are assigned the right level of training for their roles.

- In regard to compliance and reporting, the above will go some way to improve this. In addition, the Hive team will be splitting out the reporting for Tier 1 and Tier 2, so you can see the reporting and compliance for each Tier.

- The in-person training day is commissioned by the ICS to an external provider and NHSE currently fund this contract for systems. This year, we have no dates past August due to a delay in NHSE releasing the funding for the continuation of this contract. From next year, NHSE will no longer provide funding and therefore the responsibility will move to Trusts. At the moment we are only able to use NHSE approved education providers which limit our ability to be flexible with other approaches, such as in-house delivery or contracting an alternative provider. We have escalated both of these issues to the ICS and up to NHSE and raised a corporate risk.

- Finally, the requirements for Oliver McGowan training are set nationally and are mandated by NHSE. There is also no flexibility currently in how Trusts can deliver training as this is mandated by NHSE as well. Other Trusts are taking the same approach than us for Tier 2 (as above) in terms of setting a local approach to assigning staff to Tier 2 - so hopefully this will start following through into the compliance, reporting and Hive competency requirements.

GOVERNOR QUESTIONS

Question 177— Raised by Alison Ramon

A number of people in the community have approached me with concern about the recent media reports on ambulance handover times.

Torbay had one of the poorest records nationally (45% waiting over 60 mins compared with under 9% national average). These figures covered the period November 2023 to March 2024.

I have been told that there has been an improvement in our Trust handover times since then.

Please would you provide statistical evidence of this improvement (March onwards), a report on how the improvement came about, and whether there is a contingency plan in place to protect the Trust in future from a return to these high levels

Question 178— Raised by Alison Ramon

CFHD young advisors visited Bramble Ward in RDUH and wrote a report with their thoughts on what might be changed in order to make the environment more suitable for neurodivergent children and young people and with a view to Bramble ward achieving ASC accreditation

GOVERNOR QUESTIONS

Question 179— Raised by John Kiddey

Over the past two years, reference has been made by management to a "Watch List" of care homes. Governors have not, in my time in office, received any briefings about this list; hence my enquiry;

1. What issues put a care home on the list?
2. How many homes are on the list?
3. What happens when a home is placed on the list?
4. How does the trust ensure improvement in these homes?
5. How is improvement monitored/measured?

Question 180— Raised by Loveday Densham

Re-configuration of services is we are told a possibility and is under discussion, could we please know which clinical services are at present shared with RDUH and Plymouth..

GOVERNOR QUESTIONS

Question 181— Raised by Matt Giles

As a staff governor, with 2 young children within the excellent hospital nursery and multiple constituents in the same boat, I was concerned to read the following in a recent email about their staffing:

Recruitment within the Early Years sector is proving to be very difficult at the moment; sadly there are fewer applicants, and many without the required qualifications or experience. There is more scrutiny for recruitment in the trust and this can delay us getting staff in post. Therefore, we have to look at different ways to ensure we can continue to run our nursery whilst maintaining our high standards of care and safety.

As an engaged staff governor, I completely understand the need for the controls in place due to our financial position. However, I, and many other parents with children looked after at the nursery are dismayed to read that those controls are being applied to recruitment requests for an area responsible for the health and safety of our children whilst we come to work for the organisation.

I am lead to believe by numerous constituents that the recruitment process on average across the organisation takes 6 months, which is widely regarded as being disappointing anyway, but especially for our areas recognised as “at risk” within the Trust or responsible for the day to day wellbeing of employees children.

I appreciate multiple areas will argue the following should be applicable to them, but is there not a way that areas recognised as “at risk” within the Trust, or with this level of importance attached to them, for their recruitment process (including controls) to receive priority please?

Response by Michelle Westwood

All recruitment across the Trust is scrutinised in accordance with our practices, however since recruitment in the nursey is for statutory and safeguarding processes they are always fast tracked and approved.

Regarding the time to hire… it depends when you measure it. As soon as a manager has approval to recruit we aim for 54 days to letter of contract being issued (this time frame covers advertising, short listing, interviews, DBS and employment checks, then contract send). Of course, if you then add in the notice period for someone to leave their job and start with us it can add on longer, as can it if there is a new job and it has to go through the AfC job matching process, and then through controls.

At present the vacancy controls are processed speedily for all statutory roles and all medical/ clinical where there is no wte or £ growth. As mentioned before, the nursery staff are included in this bracket.

Please contact Michelle Westwood should you require any further clarification or reassurance .

Issue No. 119 Page 10 Date: 25 July 2024

COMMUNICATIONS DEPARTMENT BRIEF

Spiralling costs mean NHS is set to stand down plans for health and wellbeing centre in Teignmouth

The NHS in Devon has confirmed that plans for a new Health and Wellbeing Centre in Teignmouth are set to be stood down – the cost of the building has more than doubled due to spiralling construction prices and increases in the cost of borrowing since estimated costs were published in 2020.

When the NHS consulted on plans to relocate the most well-used services from Teignmouth Community Hospital to a new health and wellbeing centre in the middle of town in autumn 2020, the estimated cost was about £8 million. Current cost estimates for the building have risen to about £19 million, calling into question the scheme's value for money.

Since 2020, the project has been beset by a series of challenges – including the NHS having to refocus efforts on the pandemic response, a complex planning process and the effect of statutory scrutiny work by a Devon County Council committee.

On 18 July 2024, NHS Devon is due to publish agenda papers for the meeting of its Board on 25 July. The papers will recommend that £9 million of limited capital resources designated for urgent remedial work across the NHS estate in Devon are not diverted to the Teignmouth Health and Wellbeing Centre. The capital pot is already inadequate to cover the cost of high priority schemes and essential remedial works across the ageing NHS estate in Devon.

On 26 July, agenda papers will be published ahead of the meeting of Torbay and South Devon NHS Foundation Trust's Board which will seek to endorse the recommendation made to the NHS Devon Board.

If members of the Boards approve the recommendations, it will bring an end to the Teignmouth Health and Wellbeing Centre project in its current form. Importantly, it will also allow the NHS to fast-track work to support Channel View Medical Group, which was due to relocate from its two town centre bases into the new building. A solution is needed as the lease on one of Channel View's sites – in the Den Crescent – ends on 31 March 2025.

Steve Moore, Chief Executive Officer of NHS Devon, who took on the role in February 2024, said: "I want to say sorry to people in Teignmouth and especially the patients and staff of Channel View Medical Group, who were looking forward to the opening of the new health and wellbeing centre.

"We have a legal duty to ensure local people have access to general practice services and I can reassure you that we are absolutely committed to finding a sustainable solution and creating a brighter future for primary care in Teignmouth."

The plan was for Torbay and South Devon NHS Foundation Trust to take a head lease on the health and wellbeing centre from the developer and pay rent while sub-letting the majority of the building to the GP practice.

COMMUNICATIONS DEPARTMENT BRIEF

Sale of former Dartmouth and Kingswear Community Hospital and Dartmouth Clinic update

Torbay and South Devon NHS Foundation Trust has confirmed that, following the receipt of no bids at auction on 18 July, the site of the former Dartmouth and Kingswear Community Hospital will go forward for auction on 18 September 2024 with Charles Darrow auctioneer.

Jake O'Donovan, Director of Workplace, Torbay and South Devon NHS Foundation Trust, said: "The former hospital site will go back to auction on 18 September 2024, however, in the meantime we do have a number of interested parties who may make a bid on the site prior to auction.

Jake added: "We have been advised by South Hams District Council that the application to have the former Dartmouth clinic registered as an asset of community value has been approved.

"In view of this, we will shortly be notifying South Hams District Council of our wish to dispose of the land under section 95 of the Localism Act 2011. Once South Hams District Council have received our notification, we understand that local community groups will have six weeks in which to express an interest to the Council in potentially bidding for the site.

"We will continue to ensure that any sale of either site is in line with the NHS estate code."

The former healthcare sites, which are no longer needed for healthcare, need to be sold to help fund the recently opened £5.4million health and wellbeing centre at the top of the town. This provided a new home for the GP practice and community nurses, therapists, social care workers and a number of community clinics as well as Dartmouth Caring and a pharmacy. The new centre supports a much more joined-up approach to health and wellbeing services for local people in state-of-the-art, purpose-designed facilities.

GOVERNOR OBSERVER REPORTS

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

- PC No report for June
- ARC June & July
- CF
- BBF No report for July

Please notify the FT Office if you are unable to observe the meeting to acquire cover

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 Torbay** **Home - Healthwatch Torbay**

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 28 June 2024 to Thursday 25 July 2024

Issued 02.07.24	FW: One Devon Bulletin - June 2024
Issued 02.07.24	Governor question- Autistic Patients
Issued 03.07.24	Cancelled: governor coffee morning 18.7.24
Issued 04.07.24	Message to Council of Governors - Richard Crompton
Issued 08.07.24	FW: Spread of infection through the hospital
Issued 08.07.24	Coffee morning rescheduled - 17.7.24
Issued 09.07.24	CoG Priorities Agenda 16.7.24
Issued 10.07.24	GovOnly Notes 18.6.24
Issued 10.07.24	Governor Question - Oliver McGowan Training-
Issued 10.07.24	Governor question - A&E Staff Levels
Issued 11.07.24	Expression of Interest -Newton Abbott Hospital Tour - 18.07.24
Issued 15.07.24	FW: Healthwatch Torbay E-bulletin 12 July 2024
Issued 16.07.24	CoG Priorities - Link
Issued 16.07.24	CoG Priorities - presentations
Issued 17.07.24	Coffee morning link
Issued 22.07.24	Governor question - Policy
Issued 22.07.24	DPT AGM - 23.7.24
Issued 22.07.24	Healthy Futures - July 2024
Issued 22.07.24	FW: Rainbow Nursery Staffing- concern/question
Issued 23.07.24	FHFT Health Event:

MEETINGS LIST AND MS TEAMS LINKS SECTION

GOVERNOR MEETINGS - AUGUST 2024

07 August 2024 **Council of Governors** *in the Boardroom or via MS Teams at 14.00pm –16.00pm*

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

20 August 2024 **Governor Only meeting** in the Boardroom and via MS Teams at 14.30pm –16.30pm *(optional attendance)*

MS Teams Link: Council of Governors Meeting 07 August 24 (14.30 pm—16.30pm)

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

MS Teams Link: Governor Coffee Morning 15 August 24 (10.30am –11.30am)

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#

MS Teams Link: Governor Only Meeting 20 August 24 (10.30 am—11.30am)

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#

Torbay and South Devon NHS Foundation Trust

Audit Committee
Governor Observer Report for meeting dated 25 06 2024

CQC KLOEs – Key Lines of Enquiry	
Is it safe? 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? **Is it well led?** 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? 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?	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
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 could be included as an item for discussion at a future Governor meeting.	-The interim finance director has called in an external organisation to benchmark where the finance department sit nationally. -Due to extra work carried out by the external auditors in preparation of the end of year accounts, a substantial extra fee was added to cover this. The finance department are under pressure, particularly with

Torbay and South Devon NHS Foundation Trust

	NOF4 commitments, and were unable to complete all the tasks required of them. Note – the additional fee is near to the equivalent cost of an extra person for a year!
Key issues to be escalated to the Board.	None

Report completed by:

Andrew Postlethwaite, Public Governor (Teignbridge)

Date:

19 July 2024

……

Torbay and South Devon NHS Foundation Trust

Audit Committee
Governor Observer Report for meeting dated 24-07- 2024

CQC KLOEs – Key Lines of Enquiry	
Is it safe? 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? **Is it well led?** 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? 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?	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
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 could be included as an item for discussion at a future Governor meeting.	-Historically we may have not always followed up on external audit recommendations. Some have rolled over in to the following year. Monthly reviews are being set up to mitigate this. -The appointment of a commercial valuer is to be sought, after the ongoing difficulties with the district valuer.

Torbay and South Devon NHS Foundation Trust

	-Data and cyber protection checks on the security of external suppliers needs to be more robust. This is being looked into, especially with the imminent introduction of the new EPR system.
Key issues to be escalated to the Board.	None

Report completed by:

Andrew Postlethwaite, Public Governor (Teignbridge)

Date:

24 July 2024

……

Torbay and South Devon NHS Foundation Trust

Charitable Funds Committee
Governor Observer Report for meeting dated 12th June 2024

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**
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 representative from investment managers was present at the meeting, however it was noted that they would commence their role in the summer and attend the September committee meeting.
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	Discussion on who should be consulted when the need comes up for decision making on how best to spend legacy funds when the original bequest is no longer viable. (This issue related to a legacy left for SCBU where the equipment specified was not required so the Trust liaised with the executor to ask that the legacy could be spent on other equipment in the same service that was required)
Key issues to be escalated to the Board.	None

Report completed by: Loveday Densham

Date: 21st June 2024