



Torbay and South Devon
NHS Foundation Trust

Council of Governors Meeting

Public

Date: Wednesday 5 February 2025

Time: 2.00 pm – 4.00 pm

Venue: via Microsoft Teams

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Public Council of Governors

via Microsoft Teams

05/02/2025 14:00 - 16:00



Torbay and South Devon
NHS Foundation Trust

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Torbay and South Devon
NHS Foundation Trust

**MINUTES OF THE PUBLIC COG MEETING
HELD ON 6 NOVEMBER 2024 AT 2 PM
IN THE BOARDROOM AND VIA MS TEAMS**

Governors:

Sal Aziz	(SA)	Karen Barry	(KB)	* Joanna Bowtell	(JB)
* Val Browning	(VB)	* Dave Cawley	(DC)	* Loveday Densham	(LD)
Eileen Engelmann	(EE)	* Matthew Giles	(MG)	* Annie Hall	(AH)
James Hartley	(JH)	* John Kiddey	(JK)	Clare McAdam	(CM)
Hilary Milner	(HM)	* John Nutley	(JN)	Yvonne Paulucy	(YP)
* Ron Peart	(RP)	* Andrew Postlethwaite	(AP)	* Alison Ramon	(AR)
* John Shribman	JS	John Smith	(JSm)	* Andrew Stilliard	(AS)
Lee Thomas	(LT)	Hayley Tranter	(HT)	* Vincent Williams	(VW)
* Louise Winfield	(LW)	* Radia Woodbridge	(RW)	Ged Yardy	(GY)

* denotes member present () denotes attended part of the meeting

Directors Present:

Chris Balch	Chairman	CB
Liz Davenport	Chief Executive Officer	LD
Adel Jones	Chief Strategy and Transformation Officer and Deputy Chief Officer	AJ
Emily Long	Director of Corporate Governance and Trust Secretary	EL
Martin Beaman	Non-Executive Director	MB
Liz Edwards-Smith	Non-Executive Director	LE
Vikki Matthews	Non-Executive Director	VM
Paul Richards	Non-Executive Director	PR
Chris Saxby	Non-Executive Director	CS
Robin Sutton	Non-Executive Director	RS
Siân Walker-McAllister	Non-Executive Director	SWM

In attendance:

Sarah Fox	Corporate Governance Manager	SF
Tracy Pedley	Note taker	TP

1. OPENING MATTERS

1.1 Chairman's welcome and apologies

Apologies were received from the following Executive Directors and Non-Executive Directors: Mark Brice, Arun Chandran, Nicola McMinn, Joanne Watson, Michelle Westwood.

Governor apologies were received from: Karen Barry, Hilary Milner, Yvonne Paulucy, Hayley Tranter, Ged Yardy.

1.2 Declarations of Interest

The Dorset Hospital incident was starting to be discussed, but this was raised as a Declaration of Interest from SWM, as she does some consultancy work for the local authority.

2. BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS MEETINGS

2.1 Minutes of the meetings held on 7 August 2024

The Council of Governors approved the minutes of the meeting held on 7 August 2024 as an accurate record.

2.2 Matters arising not covered elsewhere on the agenda

None

3. BUSINESS REPORTS

3.1. Chairman's Report

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

- Liz Edwards-Smith and Chris Saxby, new Non-Executive Directors (NED) present at the meeting were introduced to the CoG.
 - Three other NEDs had been appointed, namely Ashish Ghadiali, David Feindouno and Mark Greaves.
 - Martin Beaman had been appointed as Vice Chair, this appointment was approved by the CoG.
 - Three candidates have been shortlisted for the CEO vacancy and the interview process was taking place on 22 November. DC thanked the Chair for including the Governors in the decision-making process. MG asked if a staff governor representative be part of the stakeholder group, this was agreed by the Chair.
- Action: MG**
- The Trust's financial deficit was discussed and CoG were informed that Bill Shields, Chief Finance Officer of Devon ICB, would be supporting the Trust to deliver its financial target.
 - As queried the projected deficit for the system. It was noted that it had previously been c£60m, but was now c£80m.
 - Earlier in the day the Trust had been visited by Sarah Jane Marsh, National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS, to discuss the One Plan. The visit focused on ambulance control and performance. Capital funding was also discussed, alongside Winter pressures. The Trust received positive feedback from Sarah Jane Marsh following her visit.
 - It was noted that the Trust had been informed there would be no additional funding provided from NHSE to help support Winter pressures.
 - AJ briefed the CoG on progress in respect of Epic implementation.
 - JS asked if the Trust was still part of the New Hospital Programme (NHP). AJ provided assurance that it was, however, the Government was currently reviewing the timetable for all of the NHP projects.
 - MG asked whether colleagues were able to access ICON information via their mobile phones. AJ took an action to investigate if this was a possibility.

Action: AJ

3.2 **Lead Governor Report:**

The CoG received the verbal report of the Lead Governor.

The recent Place (Patient Led Assessments of the Care Environment) visits were discussed, as for the first time, Trust members had been invited to be part of the process. Differing views were expressed around whether their presence was felt to be beneficial or not, in particular, in respect of confidentiality. It was agreed the Trust's Facilities Manager would be asked to provide feedback from the visits to the CoG and be asked to attend a future meeting. **Action: SF**

3.3 **Chief Executive's Report**

The Chief Executive presented her report which had been circulated with the agenda. She briefed the Governors on the following points:

- Progress against the exit criteria for National Oversight Framework 4 (NOF4)
- Ongoing work to reduce 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
- An update on the former Dartmouth and Kingswear hospital site and the former Dartmouth clinic -noting that it was still for sale.
- The new hospital programme and Building a Brighter Future
- An update on the Electronic Patient Record full business case and implementation plan
- Change NHS and national and local engagement on the 10- year health plan
- Leadership arrangements update
- Updates from the Integrated Care System for Devon, the Devon joint forward plan and the Peninsula Acute Services Sustainability Programme.

The CoG noted that this would be the last CoG meeting attended by LD before her retirement at the end of the year. LD wished to place on record her thanks to the CoG and all members (past and present) for their support during her time at the Trust. AP informed the CoG that VW had prepared a report based on his experiences at his local GP surgery. It was agreed that his report would be circulated to governors for their feedback and then, a report prepared for the ICB. **Action: AP**

AS asked whether overnight discharged continued to take place and if they were managed safely. AJ provided assurance that the management of overnight discharges had improved which included ensuring patient safety.

AR asked for an update on the Chief People Officer recruitment process. It was noted that an appointment had not been made, and work was taking place to identify and interim solution whilst a substantive solution was found.

The CoG received and noted the Chief Executive report.

3.4 Membership Committee Chair's Report

The Membership Chair presented her report circulated with the agenda. Key highlights received were:

Annual Members meeting

- The Annual Members meeting was a triumph and the CoG was thanked for its support.

Medicine for Members

This was taking place on Tuesday 12th November at 5pm in TREC, with a presentation from Mr Seamus MacDermott on Urology and Prostate. Around 60 people had expressed an interest in attending, both face to face and virtually.

3.5 Governor Observer Exception Report

Governor Elections

- Concerns were raised that there were five Governor vacancies in the Teignbridge constituency. The elections were being widely advertised.
- AS suggested that all new Governors be required to attend meetings. It was discussed that due to work commitments some Governors were not able to attend, but that they did a lot of work behind the scenes and that this should be considered. It was suggested that apologies could be sent as this would be much appreciated by the other members.

4. Governance

4.1 Report of the Director of Corporate Governance and Trust Secretary

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

- 2025 Elections – The seats to be contested were laid out in the DCG report and would commence in November.
- Governor Resignations – Paul Allen, Mike James and Peter Milford had stood down from their posts and were thanked for their commitment and support to the Trust as Governor representatives.
- Appointed Non-Executive Directors - Following a recruitment campaign led by the Governor Nomination and Remuneration Committee, as discussed earlier in the meeting:

Liz Edwards-Smith
David Feindouno
Ashish Ghadiali
Mark Greaves
Chris Saxby

- The CoG discussed the proposed Terms of Reference for the Governor Conduct Committee, as follows:

Some members felt uncomfortable around the proposal that Governors would be holding other governors to account. Broadly the CoG felt it was helpful to have a mechanism to assess governor conduct in line with the Constitution, but that the

process should be led by the Chair and DCG and as such, any such Committee would be a last resort.

It was suggested that the requirement for Governors to sign and adhere to the Code of Conduct should ensure appropriate behaviour.

It was agreed EL would amend the document to limit its scope and explain that in the first instance any concerns would be raised with the Chair or Director of Corporate Governance. If they could not be resolved a meeting of the Governor Conduct Committee would be held. In addition, this process would be reflected in the Code of Conduct. **Action: EL**

4.2 Lord Darzi Report – Independent investigation of the NHS in England and Review into the operational effectiveness of the Care Quality Commission (CQC): interim report

The CoG noted the publication of both Lord Darzi's report in respect of his independent investigation of the NHS and the CQC interim report by Penny Dash. Governors were encouraged to read both reports (links to the reports were provided in the agenda pack).

5 GOVERNOR ENGAGEMENT

5.1 NED Briefing

Two of the Trust's new NEDs, Chris Saxby and Liz Edwards-Smith, individually introduced themselves to CoG and provided some background to their employment history.

5.2 Governor Question report first presented to CoG on 7 August 2024

The CoG was reminded that the Governor Question report, prepared by CB, had been first presented at the meeting held on 7 August 2024. CoG had asked for the report to be re-presented to give members opportunity to review its contents before approving.

The CoG then approved the report and proposal presented by CB. It was agreed a governor question protocol would be produced and it would be referenced in the Code of Conduct. **Action: EL**

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

- CoG received feedback and questions from members including the governor's communication log circulated with the agenda.
- Checking of documents, processes, handbook and induction was raised and it was agreed that Emily and Sarah would look at this. **Action: EL/SF**

6. INFORMATION ITEMS

6.1 Governor Calendar and Information Items

To note.

7. CLOSING MATTERS

7.1 Any Other Business

Retirement of the Chief Executive

AP wished to place on record his personal thanks, and that of the CoG, to LD for her support and guidance. He said that she would be missed and he wished her every happiness in her retirement.

7.2 Dates of 2024 Meetings – 2pm, Wednesday 5 February 2025

To note.

7.3 Close of meeting

There being no further business, the Chairman declared the meeting closed at 16.07. pm.

DRAFT

**Council of Governors
Action Tracker**

No	Action	Lead	Due date	Update	Status
Meeting held on 06 November 2024					
1.	Chairman's Report - Staff Governor representative be part of the stakeholder group for the Chief Executive interviews.	MG	Nov 25		Open
2.	Chairman's report – ability for colleagues to access ICON on mobiles to be investigated.	JH	Feb 25	<p>December Update: AJ passed to Jane Harris update from Jane as follows: Currently in the process of transferring content from the old ICON to new ION which is run on Sharepoint One of the benefits of Sharepoint is that it offers automatic compatibility on all screen sizes (including mobile). We are currently on track to migrate the vast majority of content to Sharepoint Online by Easter 2025. The remaining content (and content in iCare) will be migrated into the EPR when that comes online in early 2026.</p> <p>From Easter 2025, any member of staff who has the URL to the ICON home page will be able to access it from any device (whether it be a Trust device or a personal device). However, access via a personal device will require the</p>	Close

				user to sign in using their NHS Mail account to ensure access is only available to our staff. Discuss next meeting action any further or close.	
3.	Lead Governor Report – Facilities Manager to provide feedback on PLACE visits and present to CoG.	SF	Feb 25		Open
4.	Chief Executive's Report – share VW report with CoG.	AP	Nov 24		Completed
5.	DCG Report – amend Governor Conduct Committee ToR as detailed in the minutes.	EL	Feb 25		Open
6.	Governor Question Report – protocol to be developed and reference in Code of Conduct.	EL	Dec 24		Open

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.

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

Background:

The CoG received and noted the resignation of the Trust's current Chief Executive, Liz Davenport, effective 31 December 2024.

Following a recruitment process, the CoG approved the offer of appointment to Joe Teape on 22 November 2024. It has now been agreed that Joe Teape will take up the role on 3 March 2025, becoming Accounting Officer on 1 April 2025. In the interim period (1 January – 31 March 2025), the Trust Turnaround Director, Bill Shields, will act in the capacity of Interim Chief Executive and Accounting Officer for the Trust (meaning the person who from time to time discharges the functions specified in paragraph 25(5) of schedule 7 to the 2006 Act). This will provide continuity for the Trust for the remainder of the financial year, ending 31 March 2025.

Resolution:

It was resolved and is hereby acknowledged THAT: Joe Teape will become the Chief Executive of the Trust on 3 March 2025, becoming Accounting Officer on 1 April 2025. AND THAT, in the interim period (1 January – 31 March 2025), the Trust Turnaround Director, Bill Shields, will act in the capacity of Interim Chief Executive and Accounting Officer for the Trust.

The accuracy of the above will be ratified at the following meeting, held on 5 February 2025 and recorded in the minutes of that meeting.

Report to the Council of Governors	
Report title: Chief Executive's report	Meeting date: 05.02.2025
Report appendix:	
Report sponsor:	Chief Executive
Report author:	Associate Director of Communications and Partnerships
Report provenance:	Discussion items discussed at Board and Board Sub-Committee level..
Description/Purpose of the report and key issues for consideration/decision:	<p>The Council of Governors ('COG') meetings are a key part of our governance arrangements. We maintain our usual communication programme with Governors via regular briefings, email, bespoke newsletters and a combination of virtual and face-to-face meetings.</p> <p>I am also mindful of the important role that Governors provide in actively seeking feedback from members of the public and the support Governors are able to provide to us in communicating key messages.</p> <p>At the previous COG meeting Governors received a high-level report on: 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 <i>Building a Brighter Future</i>; an update on our Electronic Patient Record full business case and implementation plan; Change NHS and national and local engagement on the 10-year health plan; an update on our leadership arrangements and the latest updates from the Integrated Care System for Devon, the Devon joint forward plan and the Peninsula Acute Services Sustainability Programme.</p> <p>Since the last Council of Governors meeting, Governors have received briefings on the New Hospital Programme announcement, media reporting on maternity services in Devon, my appointment as interim Chief Executive and Accountable Officer until the end of March 2025, the appointment of Joe Teape as substantive Chief Executive from 03 March 2025, the road traffic collision at Torbay Hospital in November 2024 as well as receiving the regular fortnightly Governor newsletters. Governors also had the opportunity to engage in a workshop on Change NHS and the 10-year health plan which took place on 21 January 2025.</p> <p>While Governors have received operational briefings via the monthly Governor Network meetings, it is my intention at this Council of</p>

	<p>Governors' meeting to provide, along with my Executive colleagues, an update on the following key areas:</p> <ul style="list-style-type: none"> • our progress against the exit criteria for National Oversight Framework 4 (NOF4) – financial and performance turaround 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, same day emergency care, our new short stay assessment unit and the investment in our Emergency Department • an update on the former Dartmouth and Kingswear hospital site and the former Dartmouth clinic, Albany Clinic and land at Brixham Hospital • the new hospital programme and <i>Building a Brighter Future</i> • an update on our Electronic Patient Record implementation plan • Change NHS and national and local engagement on the 10-year health plan • an update on our leadership arrangements • the latest updates from the Integrated Care System for Devon, the Devon joint forward plan and the Peninsula Acute Services Sustainability Programme. 		
Action required:	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation:	The Council of Governors are asked to receive and note the Chief Executive's report.		
Summary of key elements			
How does this report further our purpose to "support the people of Torbay and South Devon to live well"?	This report provides the Council of Governors with information on key corporate matters as well as local, system and national initiatives and developments that contribute to our vision and purpose.		
How does the report support the Triple Aim:	1) population health and wellbeing 2) quality of services provided 3) sustainable and efficient use of resources		
Relevant BAF Objective(s):	Objective 1 - Quality and Patient Experience Objective 2 - People Objective 4 - Estates Objective 5 - Operations and Performance Standards Objective 8 - Transformation and Partnerships Objective 9 - Integrated Care System		
Risk: Risk ID: <i>As appropriate</i>			

External standards affected by this report and associated risks	Care Quality Commission NHS England licence and regulations National policy, guidance
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Report from Membership Committee held on 23 January 2025

It was a poorly attended meeting; We had three governors and me. No-one attended from the communications department and no reason for their absence was received. The chair Alison Ramon was on holiday and I stood in for her which meant we dealt with fewer items than usual

We had a very detailed presentation from Faye Sutton in her new role supporting Trustwide Feedback and Engagement work. A key member of her team had been on long term sick which affected the collation of Friends and Family Test data from patients and inputting of the Work With Us surveys. This team member has now returned and steps are planned to minimise the likelihood that this will happen again. With this in mind, we could not comment constructively on her report but the overall picture of complaints, compliments and concerns appears to have been typical for this time of the year.

A suggestion to buy pens as a potential way of promoting trust membership received only two votes but we will wait for the next meeting before any decision is made.

It was heartening to hear that there are more candidates standing for election as governors in Teignbridge than there are places. Teignbridge has lagged behind in the recent past and colleagues have stepped up and spread the word which should mean the constituency will be better represented in future

John Kiddey

Deputy chair Membership committee



Council of Governors

Report of the Director of Corporate Governance and Trust Secretary

Date of meeting	Date report produced
5 February 2025	28 January 2025

Author(s)		Report approved by	
Name and title:	Emily Long Director of Corporate Governance and Trust Secretary	Name and title:	Emily Long Director of Corporate Governance and Trust Secretary
Phone:	655029	Date:	29 January 2025
Email:	Emily.long6@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

n/a

Executive summary

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion

N/a

Key recommendations and actions requested

The CoG are asked to AGREE the recommended assurance rating and take assurance as to those matters reviewed by the CoG.

How does this report further our purpose to ‘support the people of Torbay and South Devon to live well’?

The report provides assurance to the Council of Governors that the Trust’s governance processes ensure the Trust meets its statutory obligations which in turn support the people in its footprint to live well.

How does the report support the Triple Aim

Aim	Impact
Population Health and Wellbeing	
Quality of services provided	All
Sustainable and efficient use of resources	

Impact on BAF Objectives

BAF Objective	Impact
Quality and Patient Experience: Personalised Care	
People	
Financial Sustainability and Productivity	
Estates	
Operations and Performance Standards	
Digital and Cyber Resilience	All
Building a Brighter Future	
Strategy and Transformation	
Sustainability: Green Plan/ Environmental	
Equality, Diversity and Inclusion	
Provision of Community and Care Services Delivered in Partnership	

Risk: Risk ID (as appropriate)

Risk	Risk ID
N/a	

External Standards affected by this report and associated risks

Laws or regulations
 Care Quality Commission
 Terms of authorisation, NHS England licence and regulations
 National policy, guidance

Overall Assurance Opinion Definition The overall assurance opinion assigned to this report is based on the following definitions:

Significant	Delivery of core metrics evidenced and ahead of plan. Controls are well designed and are applied consistently. The level of risk carried is below the agreed risk appetite. Any weaknesses are minor and are considered unlikely to impair the effectiveness of controls to eliminate or mitigate any risk to the achievement of key objectives. Examples of innovation and best practice may be in evidence.
Satisfactory	Delivery of core metrics evidenced and on plan. Controls are generally sound and operating effectively. The level of risk carried is in line with the agreed risk appetite. However, there are weaknesses in design or inconsistency of application which may impact on the effectiveness of some controls to eliminate or mitigate risks to the achievement of some objectives.
Limited	Delayed-delivery of core metrics, delivery cannot be fully evidenced. The organisation is exposed to a level of risk due to this performance position and/or exceeds the agreed risk appetite. There are material weaknesses in the design or inconsistent application of some controls that impair their effectiveness to eliminate or mitigate risks to the achievement of key objectives.
No	Non-delivery of core metrics, delivery cannot be evidenced and/or is behind plan. The organisation is exposed to significant risk (due to non-compliance). There are serious, fundamental weaknesses due to an absence of controls, flaws in their design or the inconsistency of their application. Urgent corrective action is required if controls are to effectively address the risks to the achievement of key objectives.

Introduction

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

1. 2025 Elections

The 2024/25 election process closed at 5pm on Tuesday 4 February. It is hoped that a verbal update can be provided at the meeting in respect of successful candidates.

Action: CoG to receive and note the verbal election update.

2. Governor Resignations

2.1 Since the last meeting the following governors have stood down from their posts: Paul Allen. We would like to place on record our thanks to Paul for his commitment and support to the Trust as a governor representative.

Action: CoG to receive and note governor resignations since the last meeting.

3. Roles and Responsibilities – Lead Governor and Deputy Lead Governor

3.1 Following a review by the Chair, Director of Corporate Governance and Lead Governor, an updated version of the Roles and Responsibilities – Lead Governor and Deputy Lead Governor document is attached to this report. The document has been updated to ensure it reflects up to date nomenclature and processes and procedures.

Action: CoG to approve amended Roles and Responsibilities – Lead Governor and Deputy Lead Governor document.

4. Chair and NED Appraisals

4.1 The CoG are asked to note that the 2024/25 appraisal process for the Chair and Non-Executive Directors will be commencing shortly. Governors will be provided with an appraisal form to complete and provide feedback in respect of the Chair and each Non-Executive Director. It is understood that not all Governors will have had the same level of interaction over the year with individual Non-Executive Directors (for example Governor Observers will have had more contact with NED committee chairs) and are asked therefore to complete their assessment to the best of their knowledge.

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

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

5. Appointment of Lead Governor and Deputy Lead Governor

5.1 CoG will recall that Andrew Postlethwaite took up the position of Lead Governor on in May 2024 for a one-year term, alongside Val Browning as Deputy Lead Governor.

5.2 Ahead of the next term, CoG members are asked to submit expressions of interest for either the Lead Governor or Deputy Lead Governor roles to the FT

Office by 9am on Thursday 27 February 2025 by email to the Foundation Trust inbox.

- 5.3 Should there be more Governors submitting expressions of interest than there are vacancies for either position, an election will be held by secret ballot in accordance with the Trust's standard procedures at the meeting of the CoG on Wednesday 7 May 2025.

Action Required: Expressions of interest to be sought for the Lead Governor and Deputy Lead Governor by 9am on Thursday 27 February 2025.

6. Governor Observers – Board Committees

- 6.1 The annual refresh of the Governor Observer positions on the following committees will become due in Quarter 1, 2025/26.

Governor observers are required for:

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

- 6.2 Governors are invited to discuss and confirm their agreed approach to the refresh of these positions for 2025/26.

Action required: To note the annual refresh of Governor Observers for Board Committees is due in March 2025 and to agree a process.



Torbay and South Devon
NHS Foundation Trust

Roles and Responsibilities for the Lead Governor and Deputy Lead Governor

February 2025~~August 2022~~
Version 21.0



Torbay and South Devon
NHS Foundation Trust

Document Information

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Date of Issue:	xxxxx August 2022	Next Review Date:	February 2028 August 2023
Version:	2.04.0	Last Review Date:	August 2022
Author:	Interim Director of Corporate Governance and Trust Secretary		
Director(s) Responsible	Chairman		
Approval / Consultation Route			
Approved By:	Date Approved:		
Council of Governors	August 2022		
<u>Council of Governors</u>	<u>xxx</u>		

Amendment History

Date	Reason for Change	Authorised
<u>February 2025</u>	<u>General Updates</u>	<u>CoG</u>



Torbay and South Devon
NHS Foundation Trust

DOCUMENT SUMMARY

This document lays down the roles and responsibilities of the Lead Governor and Deputy Lead Governor whilst undertaking their roles.

Lead Governor

NHS England/~~Improvement~~ requires all Foundation Trusts to nominate a Lead Governor, to be the main point of contact between governors and NHS England/~~Improvement~~ where communication via the Trust or Trust Chair may not be appropriate. Trusts may agree additional responsibilities as part of the role.

Appointment and Term of Office

At TSDFT, the Lead Governor, from among the Public Governors, will be annually elected by the Council of Governors following nomination from two separate governors (one proposer, one seconder). If more than one Governor is proposed for the role a secret ballot will be held. A maximum of three one year appointments may be held by a single Governor.

It is the Council of Governors as a whole (and no individual governor) that has the responsibilities and powers in statute.

The responsibilities of the Lead Governor areas outlined below and include both core and additional responsibilities.

Statutory role

As outlined in the Code of Governance for NHS Provider Trusts~~Foundation Trust Code of Governance~~, the Lead Governor is required to be a main point of contact for NHS England/~~Improvement~~, on behalf of the governors, in circumstances when it may not be appropriate to communicate through the Chair or Senior Independent Director (SID)~~vice-versa~~.

The Lead Governor will facilitate direct communication between NHS England/~~Improvement~~ and the Council of Governors. Therefore, if another governor wishes to contact NHS England/~~Improvement~~, it is expected that this would be through the Lead Governor.

There are only a limited number of circumstances when NHS England/~~Improvement~~ consider it to be it is appropriate to contact the Lead Governor directly, such as:

- If they have concerns regarding Board leadership and feel that a

Foundation Trust may be in breach of its licence.

- If they consider that appointments of the Board or elections or other material decisions may not have complied with the Trust's Constitution.
- If the Trust is placed in the National Oversight Framework special measures or the CEO/Chair are being at their direction, replaced prior to potential merger

The Lead Governor should take steps to understand the role of NHS England/Improvement and the basis by which they may take regulatory action.

Other responsibilities

In terms of other responsibilities the Lead Governor role will:

- Support the Trust Secretariat in gathering feedback from governors for the 360 appraisals of Non-Executive Directors and the Chair.
- Be a member of the Governors' Nomination and Remuneration Committee. This Committee recommends the appointment, removal and remuneration of the Chair and Non-Executive Directors to the Council of Governors.
- Liaise with the Chair and Senior Independent Director regarding issues relating to the Council of Governors and the activities of governors, including raising concerns as appropriate.
- ~~Chair informal governor-only meetings.~~
- Prepare the Lead Governor report and present it at the Council of Governors and Annual Members Meeting.
- Lead the governors in fulfilling their statutory duties such as holding Non-Executive Directors to account and communicating with the Trust's membership.
- Act as the governor point of contact for the Care Quality Commission (CQC) and other external organisations where communication via the Trust is not appropriate.
- Consult with governors and co-ordinate responses on issues relating to the Council of Governors and activities of governors.

- Hold regular one to one meetings with the Chair, the SID and the Director of Corporate Governance and Trust Secretary.
- Act as the primary point of liaison between the Board and the CoG.
- Have a supporting role in the induction and training of new Governors.
- Act as the conduit to receive formal and informal comments from Governors and communicate to the Chair or SID as necessary.
- Work with and support the Chair in setting the CoG ~~and Joint Board/Council of Governors~~ business agendas.

Deputy Lead Governor

The Council of Governors may also annually elect a Deputy Lead Governor from among the public governors. The Deputy Lead Governor is a discretionary role and has no specific powers or responsibilities. The Deputy Lead Governor will deputise in the absence of the Lead Governor in respect of any of the duties outlined above, and will support the Lead Governor in all the duties as specified above.

Removal of Lead Governor/Deputy Lead Governor

~~If at any time the Council of Governors wish to remove the Lead Governor or Deputy Lead Governor if they are considered to have acted in a manner detrimental to the Trust, this can be achieved by a vote of at least 50% of the Council of Governors.~~

If they are considered to have acted in a manner detrimental to the Trust, the CoG has the ability to remove the Lead Governor or Deputy Lead Governor. This can be achieved by a vote of at least 50% of CoG members, conducted by secret ballot.

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	C-O-G	Gov Newsletter	Status	
185	08.10.24	Matt Giles	Staff Governors	Our Bank staff were reassured that the transition across to NHS professionals would be seamless and requiring minimal effort. Unfortunately, this doesn't seem to be the case, with staff having to complete further ID checks, actions, not receiving communications and left feeling uncertain over whether they are going to be paid for work they are currently undertaking. Why has the process transpired to be so complex and worrying for a staff group who provide flexibility, an extra layer of robustness and essential support to our services please? Did the Trust consider in the switch to NHS professionals that bank staff would cease to be paid top of band?	Michelle Westwood	19.11.24	I will try to condense actions for the staff groups that have been affected by the move to NHSP, some staff have not moved to NHSP but are going to a new payroll provider which is where some confusion may have arisen, but without specifics I'm unable to state Bank staff were sent a consultation pack stating we were moving across to NHSP for nursing and midwifery, workplace, admin and clerical bank roles on 26/08/2024 with an expected go live from Monday 07 October 2024. This laid out our plans, the expectations and requirements for our bank staff This did not include AHP staff who were utilising 2 different systems to log bank hours. One was our TSDFT bank Allocate and pay rolled by our payroll team, and the other was the TempRE system which is still our bank but outsourced payroll to the system provider. We needed to only have one platform for AHP's now that NHSP was running our bank, we would not have a weekly payroll for AHP's and therefore they needed to be transitioned over to TempRE (payroll only, not a TUPE transfer or change of employer) so they can continue to be paid weekly. As stated we use this system for some of our AHP's and all M&D bank and agency shifts so needed to have this in one place too. These staff were written to on 17/09/2024 stating we will be changing payroll provider on 07/10/2024 and details are being sent regarding accessing the new system and instructions for use. NHSP is a new employer and all staff transitioning to NHSP will have to undertake ID checks, which is a government and law requirement, this was all explained in their consultation pack I am happy to speak to any individuals and help them or point them to the correct team to help, it would be good if we could understand specifics in who this is referring to so we can reach out and help them directly	05.02.25	28.11.24	Responded	
186	15.11.24	Matt Giles	Staff Governors	The Trust currently operates a cycle to work salary sacrifice team with the purchase limit of £2,000, way adrift of our neighbouring Trust's limit (UHP is £10,000 and RDUH is also around this figure). Previous representations have been made around increasing our limit to match our neighbouring organisations at various meetings, including leaving one of my constituents being accused of her taking a personal issue and turning it into an organisational issue, which I find deeply disappointing. I am now receiving many queries from consultants around this. The cycle to work scheme has many benefits, increasing health and wellbeing through encouraging activity, reducing tax bills, therefore increasing the potential for our consultants to offer increased capacity to the Trust, reducing Trust National Insurance contributions and potentially having a positive impact on demand for parking spaces on site. I apologise for the length of the above, but in short, are the Trust considering matching neighbouring offers? If not, why not? If so, when will a decision be made? If a decision has been made not to increase this, was a consultation completed and what was the reasoning for the decision?	Mark Brice						
187	19.11.24	Alison Ramon	Torbay	At a recent PPG meeting I was asked why Torbay Hospital refuses to take back mobility aids handed out to patients and which are no longer required by them. When patients query this they are told that it costs more to clean a second hand/used mobility aid than to replace it with new. As a result, large amounts of equipment are left redundant and have to be scrapped. This is a terrible waste and the lack of recycling has an environmental impact. What efforts are the Trust making to find both an economical and ecological solution to this problem?	Nicola Mcminn	23.12.24	Thank you for this question Most equipment is offered via one of the equipment services: Millbrook Healthcare Ltd for residents of Devon County Council area and NRS Healthcare for Torbay. Both services are making significant attempts to recycle and reuse equipment. If the equipment has an NRS or Millbrook label on it, you can return it. There are some small items of equipment like walking sticks and crutches that can not be collected as it is not best value. In these cases, you can return the equipment to your local service centre or one of our collection points. Details of how to make returns and of the collection points are on the websites for NRS and DCC. Any equipment that can't be reused because it is too old or worn, is offered where appropriate to charities, or recycled for its metals and plastics, with no items going to landfill. Most community equipment is provided on loan, but some equipment for residents of either area may be provided via a "retail prescription" from a local pharmacy or mobility shop, which means that the equipment belongs to the individual, so they can choose to keep the equipment or return it if they no longer need it. Some equipment which is permanently fixed in homes, like grab rails and hand rails, can not be collected and recycled. In addition to these items of equipment that hospital are also taking steps to reduce our carbon footprint with more specialist equipment. Our Occupational therapists have adopted alternative materials for the manufacture of splints, that are more environmentally sustainable.	05.02.25	30.01.23	Responded	
188	19.11.24	Alison Ramon	Torbay	Community District Nurses employed by the Trust have different phone numbers from the GP practices in which they are located. Is there a system that could be put in place to enable GP receptions to easily contact the nurse teams on behalf of patients	Nicola Mcminn				05.02.25		
189	17.12.24	Loveday Densham	Torbay	Are we operating our theatres for elective care at weekends and if we are, are we using our own staff for weekend lists or insourcing resource? Also, are we using private hospitals to support reduction of our elective waiting lists.	Arun Chandran	23.01.25	We are operating our theatres for elective care at weekends. There is a combination of both our own staff and insourcing resource. Insourcing is where we pay for the tariff of the operation to an organisation or Ltd. Company. The company then pays enhanced rates to their staffing to incentivise them to continue to come in at weekends. We rarely pay over the tariff so the cost is essentially a pass through. We also rely on some insourcing groups to provide additional staff from elsewhere in the country when we have capacity gaps in our local provision, for example in Urology services. We also rely on private hospitals to help deliver care. Most of the times patients have choice whether to go to a private hospital and would therefore go direct. Sometimes we also send patients that have waited a long time with us the option to go to the private hospital. We also use regional NHS hospitals to help with our waiting lists too. There is a new diagnostic hub (Radiology imaging and some cardiology scans) in Torquay town centre run by InHealth company which also helps us manage our diagnostic waiting lists.	05.02.25	30.01.25	Responded	

190	17.12.24	John Nutley	Teignbridge	It is understood that there have been difficulties in securing a location for the breast screening mobile unit at Bovey Tracey. What arrangements are in place to identify/agree the location of breast screening units and do we run into any problems in finding appropriate sites for them.	Arun Chandran	23.01.25	<p>It is acknowledged that there have been challenges in securing a suitable location for the breast screening mobile unit in Bovey Tracey. Historically, the unit has been situated at the Station Road car park in the town centre. However, the local council has indicated that charges will apply for the spaces occupied by the mobile unit and staff vehicles, amounting to approximately £1,780 for the duration of the screening period. As there is no allocated budget for these costs, this presents a significant barrier to maintaining the service at this site. Alternative locations have been explored, including the House of Marbles. However, this site is unavailable during school holiday periods, which would necessitate relocating the mobile unit and requiring clients to attend appointments at Torbay Hospital or the Torquay site instead. This adjustment would reduce the accessibility of screening for local residents. Further challenges around parking costs are also anticipated at other screening sites, including Buckfastleigh, Dawlish, and Torbay Leisure Centre. Concerns have been raised regarding the council's approach to charging for parking, particularly in light of their stated commitment to improving public health and preventative healthcare. It has been noted that the Station Road car park has ample space and is rarely at full capacity. Furthermore, council documents suggest that supporting charitable and community health initiatives in council-owned car parks could contribute to reduced journey times and increased accessibility for essential health services. Given these factors, there is a strong case for reconsidering the imposition of parking charges to facilitate continued local access to breast screening services. Council meeting where comment on this was mentioned was the reference below. council meeting particularly to the comment:</p> <ul style="list-style-type: none"> •Environmental / Climate Change Implications •By helping to enable charitable community uses on Council car parks this may result in reduced journey times / necessity to travel for certain provisions such as health scans. •Report Author to comment on the Environmental/Climate Change Implications William Elliott, Climate Change Officer Email: william.elliott@teignbridge.gov.uk 	05.02.25	30.01.25	Responded
191	18.12.24	Andrew Stilliard	Torbay	A Patient visited the emergency department recently and received excellent medical care. The doctor treating her asked a variety of questions including some about her social circumstances. A piece of very sensitive information was put on her medical records and the NHS App without her permission. She is taking this up with PALS. Would the Trust confirm its policy around data protection and consent, and reinforce the need for clinical staff to check with patients that confidential non-medical information can be placed on their records?	Adel Jones	02.01.2024	<p>The Trust details our Privacy Notice on its Internet site (https://www.torbayandouthdevon.nhs.uk/about-us/data-protection/privacy-and-cookies/) for what purposes we collect information, what information we collect, and with whom we share the information. Clicking the Trust privacy notice link brings up a further page, which includes that the Trust records a range of information, including Family, lifestyle and social circumstances, and that we share this information with GPs. The sharing with GPs is particularly relevant as this will be how the information became available to the individual (but no-one else) via the NHS App. It's most likely that the Trust included the information in a Care Planning Summary/Discharge Summary, drafted by the clinician involved, for the benefit of the GP/patient, and once recorded in the GP's IT system it would then become available to the NHS App as per national NHS policy (but only to that individual patient). The clinician involved would include information they felt would or could be relevant to the care provided, and ongoing care required for the patient. Also detailed in the Trust's Privacy Notice is the basis upon which information is collected, processed and shared. This is under the Data Protection Act's Legal Basis which specifically allows for this as part of delivering health and social care. This legal basis does not require explicit consent be sought from a patient. I hope this adequately answers the questions raised.</p>	05.02.25	Jan-25	Responded
192	23.12.24	Sal Aziz	Staff Governors	As part of the CFHD transformation process, interoperability workshops were scheduled between CFHD, TSD and DPT senior leadership to discuss and work on all challenges related to alliance working between trusts. Unfortunately I am still hearing concerns linked to interoperability, and one senior lead said in relation to their interoperability challenge to "Raise it in meeting but unsure what will change after so many years". Please could you confirm if the workshops were held, if there are any outstanding outcomes and actions from this work, and if there is any work TSD plan to do more generally regarding interoperability for other alliance services (For example T-DAS)?	Adel Jones	23.01.25	<p>Thank you for your question regarding the work that we have done with our colleagues across CFHD, TSDFT and DPT to address some of the issues that have arisen for our staff having to work across organisational boundaries (interoperability issues). In the last couple of years, we have worked to address issues of interoperability that arise for our teams in a number of areas including:</p> <ul style="list-style-type: none"> •Information Management and Technology •Workforce •Policies •Risk •Finance and Contracts •Governance, including complaints and incidents, patient safety and risk <p>A number of workshops were held in 2022 and 2023 with staff from CFHD and members of corporate services across TSDFT and DPT to understand the interoperability issues in more detail and attempt to find tangible and practical solutions to the issues staff are facing every day. The programme of work and actions needed across all the work streams arising from these workshops was pulled together for oversight of the CFHD partnership board. There has been some progress arising from this, including a better understanding of the differences in policies and processes in the respective organisations, and providing clarity for teams when they apply, increased access to systems and single points of contact in corporate services to help navigate and make processes smoother. For example, CFHD now has a single integrated HR business partner who helps the teams navigate multiple recruitment and HR systems. However, full policy or system alignment across all these areas is not yet a reality and operational issues arising from needing to work across organisations still present for teams regularly in the domains listed above. A significant development to highlight, enabling more integrated working and interoperability since the workshops were held, has been the implementation of a single electronic patient record system in 2024 (SystmOne), enabling better access to information and support for children and their families for CFHD teams involved in their care. Learning from the experience of our CFHD service has been important when considering other alliance partnerships.</p>	05.02.02	30.01.25	Responded

Torbay and South Devon NHS Foundation Trust
ALL Governors Meetings 2025

- **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
29 January	11.30am	Boardroom
26 February	11.30am	Boardroom
26 March	11.30am	Boardroom
30 April	11.30am	Boardroom
28 May	11.30am	Boardroom
25 June	11.30am	Boardroom
30 July	11.30am	Boardroom
<i>(no meeting in August)</i>		
24 September	11.30am	Boardroom
29 October	11.30am	Boardroom
26 November	11.30am	Boardroom
<i>(No meeting in December)</i>		
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	05 February	
Governor attendance	Statutory Attendance	March	
Exec & NED attendance	Yes	April	
Trust Office attendance	Yes	07 May	Quality Accounts 24/25
Time	2pm – 4pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	July	
Minutes	Required	06 August	
Description	Formal Statutory Council Meeting	September	

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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	05 November	
Additional Points		December	

Membership Committee Meetings (4 a year)		Dates	Presentation
Chaired by	Membership Committee Chair	23 January	
Agenda Set by	Chair	February	
Governor attendance	Only Governors who are on the Membership Committee attendance is required	March	
Exec & NED attendance	No	24 April	
Trust Office attendance	Yes	May	
Time	2pm – 4pm	June	
Venue	Via MS Teams	24 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.	23 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	21 January	(10 year plan session)
Agenda Set by	Lead Governor and Chair	February	
Governor attendance	Voluntary Attendance	18 March	NEDS session
Exec & NED attendance	Voluntary	April	
Trust Office attendance	Yes	20 May	
Time	2.30pm – 4.30pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	15 July	
Minutes	Yes, but the format may change to best suit the meeting, which may include PowerPoint slides as a record of the meeting	August	
Description	Formal meetings	16 September	NEDS session
Purpose	Meetings set aside to allow more complex priority issues to be heard and discussed by the CoG. Enabling the NED/CoG working relationship. Facilitating NEDs or Board	October	

	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	18 November	
Additional Points	Priority sessions should where practical be linked to the Priorities set by the CoG and agreed by the Board	December	

Presentations	Date	Meeting	Three 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	18 February	
Governor attendance	Voluntary Attendance	March	
NED attendance	No	15 April	
Trust Office attendance	Only if requested	May	
Time	2:30 pm to 4:30 pm	17 June	
Venue	Boardroom, Hengrave House	July	
Minutes	As required, which may include a bulleted summary of the meeting or no minutes at all under the Chatham House Rule	19 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.	21 October	
Governor Obligations	Enables collective working	November	
Additional Points	Can be held in community settings if requested.	16 December	

Governor Coffee Mornings (12 a year)		Dates
Chaired by	Lead Governor	15 January
Agenda Set by	Lead and Deputy Lead Governor	20 February
Governor attendance	Voluntary Attendance	20 March
NED attendance	No	17 April
Trust Office attendance	No	15 May
Time	10.30am – 11.30am	19 June
Venue	Remains a Virtual Teams Meeting	17 July

Minutes	No minutes – Chatham House Rule applies	21 August
Description	Informal meeting of Governors only	18 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.	16 October
Governor obligations	To facilitate informal Governor collective working	20 November
Additional Points		18 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.	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	AC FPC QAC

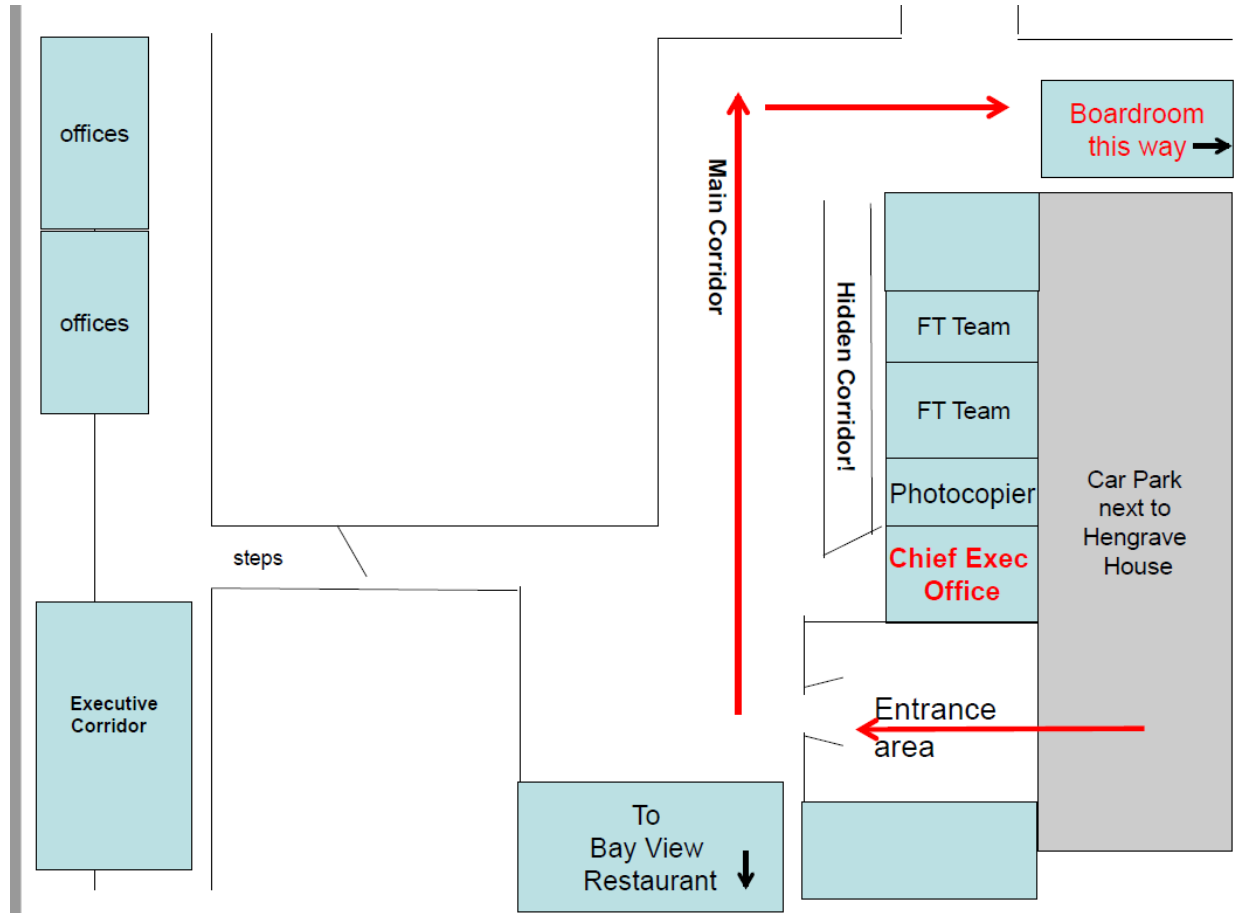
		17	BBF
		August 21	BBF
		September 23 2 23 11 18	FPC PC QAC CF BBF
		October 2 28 21 16	AC FPC PC BBF
		November 25 25 20	FPC QAC BBF
		December 16 9 11 18	FPC PC CF BBF

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. 122

Date: 28 November 2024

Within this issue:

- Chairman message
- Farewells
- Governor Meeting Etiquette
- Governor Elections
- Governor Expenses
- Upcoming Meetings: Reminders
- Governor Questions
- Communications Brief
- Governor Observer Reports
- Healthwatch
- Email Confirmation

FT Office - please contact:

Tel:

01803 655706 or

Email:

Foundationtrust.tsdf@nhs.net

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

CHAIRMAN'S MESSAGE

Dear Governor

In the next few weeks we bid farewell to Liz Davenport as she starts her well deserved retirement after 10 years with the Trust and 6 years as Chief Executive. It is difficult to overstate the contribution she has made: in making the vision of our Integrated Care Organisation which puts patients at the heart of everything we do a reality; in leading us through the unprecedented period of the Covid 19 pandemic; and in setting the direction for much greater collaboration between the acute providers across Devon and Cornwall. We owe Liz a considerable debt of gratitude.

We are now in the final stages of appointing our new CEO who will lead the Trust into the next stage of its development as part of the wider Devon system. I am confident that we will be in good hands. Thank you to the Governors who have contributed to the recruitment process.

Thanks are also due to the Governors for their initiative in re-establishing the Medicine for members event. This was well supported and involved an informative and entertaining presentation by Seamus McDermott, Consultant Urologist. I am looking forward to further topics to improve my understanding of how the various parts of the human body work, what can go wrong and how they can be fixed!



CHAIRMAN'S MESSAGE CONT'D

It does strike me just how important education is as part of the shift from treatment to prevention which is one of the new Government's three priorities for the health service. Our purpose of supporting the people of Torbay and South Devon to live well requires providing the information which we need to take more control and responsibility over our health and wellbeing.

I would encourage you to engage with the consultation currently underway on the proposed 10 Year Plan for the NHS. You can contribute individually online via change.nhs.uk and our comms team are working on some face to face opportunities for Governors to share their collective view over the next month or two

Chris Balch

FAREWELLS

Paul Allen has resigned as Teignbridge governor. We wish him well for the future.



GOVERNOR MEETING ETIQUETTE

KIND REMINDER ON MEETING ETIQUETTE:

Can we remind Governors, if they wish to speak, when in either face to face or teams meetings, to raise their hand (real or virtual) and wait for the meeting chair to invite them to speak. Thank you.

GOVERNOR ELECTIONS

Governors are reminded that nominations are open for the forthcoming governor elections. The closing date for nominations is 5pm, Monday 9 December. If you know of anyone who wishes to become a governor please encourage them to make an application. As a reminder we have vacancies as follows:

Public Governor	South Hams	(2 seats)
Public Governor	Torbay	(2 seats)
Public Governor	Teignbridge	(5 seats)
Public Governor	Rest of the South West Peninsula	(1 seat)
Staff Governor	Medicine and Urgent Care	(1 seat)

The link to the elections portal is here: [Election Portal](#)

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!

The image shows a spreadsheet template for claiming expenses. It has columns for 'Date and Month', 'Type', 'Amount', and several categories: 'Travel', 'Accommodation', 'Medical', 'Other', 'Staff', 'Patient', 'Other', 'Other', 'Other', 'Other'. There are also columns for 'TOTAL CLAIMED OVER' and 'TOTAL PAID OVER'. The spreadsheet is mostly empty, with some yellow highlighting in the 'TOTAL CLAIMED OVER' row.

The image shows a form titled 'Torbay and South Devon NHS Foundation Trust' for claiming expenses. It includes fields for 'Name', 'Address', 'Postcode', 'Phone', 'Email', and 'Signature'. There are also sections for 'Claim Details' and 'Notes'. The form is partially filled out with some text and a signature.

UPCOMING MEETINGS: REMINDERS

GOVERNOR ONLY MEETING Tuesday 17 December 2024

The GO meeting will be held on Tuesday 17 December at 2.30pm in the Boardroom, Hengrave House and via MS Teams.

COFFEE MORNING MEETING Wednesday 18 December 2024

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

Attendance is optional.



PUBLIC BOARD Wednesday 29 January 2025

The next Public Board of Directors meeting will be held on 29 January 2025 at 11.30 am 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

Question 185—Matt Giles

Question: Our Bank staff were reassured that the transition across to NHS professionals would be seamless and requiring minimal effort. Unfortunately, this doesn't seem to be the case, with staff having to complete further ID checks, actions, not receiving communications and left feeling uncertain over whether they are going to be paid for work they are currently undertaking. Why has the process transpired to be so complex and worrying for a staff group who provide flexibility, an extra layer of robustness and essential support to our services please? Did the Trust consider in the switch to NHS professionals that bank staff would cease to be paid top of band?

Response: I will try to condense actions for the staff groups that have been affected by the move to NHSP, some staff have not moved to NHSP but are going to a new payroll provider which is where some confusion may have arisen, but without specifics I'm unable to state

Bank staff were sent a consultation pack stating we were moving across to NHSP for nursing and midwifery, workplace, admin and clerical bank roles on 26/08/2024 with an expected go live from Monday 07 October 2024. This laid out our plans, the expectations and requirements for our bank staff

This did not include AHP staff who were utilising 2 different systems to log bank hours. One was our TSDFT bank Allocate and pay rolled by our payroll team, and the other was the TempRE system which is still our bank but outsourced payroll to the system provider. We needed to only have one platform for AHP's now that NHSP was running our bank, we would not have a weekly payroll for AHP's and therefore they needed to be transitioned over to TempRE (payroll only, not a TUPE transfer or change of employer) so they can continue to be paid weekly. As stated we use this system for some of our AHP's and all M&D bank and agency shifts so needed to have this in one place too. These staff were written to on 17/09/2024 stating we will be changing payroll provider on 07/10/2024 and details are being sent regarding accessing the new system and instructions for use.

NHSP is a new employer and all staff transitioning to NHSP will have to undertake ID checks, which is a government and law requirement, this was all explained in their consultation pack

I am happy to speak to any individuals and help them or point them to the correct team to help, it would be good if we could understand specifics in who this is referring to so we can reach out and help them directly.

GOVERNOR QUESTIONS

Question 186—Matt Giles

The Trust currently operates a cycle to work salary sacrifice team with the purchase limit of £2,000, way adrift of our neighbouring Trust's limit (UHP is £10,000 and RDUH is also around this figure).

Previous representations have been made around increasing our limit to match our neighbouring organisations at various meetings, including leaving one of my constituents being accused of her taking a personal issue and turning it into an organisational issue, which I find deeply disappointing.

I am now receiving many queries from consultants around this. The cycle to work scheme has many benefits, increasing health and wellbeing through encouraging activity, reducing tax bills, therefore increasing the potential for our consultants to offer increased capacity to the Trust, reducing Trust National Insurance contributions and potentially having a positive impact on demand for parking spaces on site.

I apologise for the length of the above, but in short, are the Trust considering matching neighbouring offers? If not, why not? If so, when will a decision be made?

If a decision has been made not to increase this, was a consultation completed and what was the reasoning for the decision?

Question 187—Alison Ramon

At a recent PPG meeting I was asked why Torbay Hospital refuses to take back mobility aids handed out to patients and which are no longer required by them.

When patients query this they are told that it costs more to clean a second hand/ used mobility aid than to replace it with new.

As a result large amounts of equipment are left redundant and have to be scrapped. This is a terrible waste and the lack of recycling has an environmental impact.

What efforts are the Trust making to find both an economical and ecological solution to this problem?

Question 188 Alison Ramon

Community District Nurses employed by the Trust have different phone numbers from the GP practices in which they are located. Is there a system that could be put in place to enable GP receptions to easily contact the nurse teams on behalf of patients



COMMUNICATIONS DEPARTMENT BRIEF

Media/social media activity

Media

- Community Diagnostic Centre opening – celebrating the official opening of Torquay's brand new CDC which increase the number of diagnostic scans made available in Torbay and South Devon
- 20 years of breast screening – we rounded off breast cancer awareness month by celebrating the 20th anniversary of our breast cancer screening programme
- Become a nurse with the open university – promoting opportunities to train with us and become a nurse with more flexibility thanks to our work with the Open University.
 - Change NHS – highlighting the opportunity for members of the public to get involved with local engagement on the NHS' 10 Year Health Plan

Social media

- Caroline Voaden MP visit – we welcomed Caroline Voaden, MP for South Devon, for a visit to Torbay Hospital where we highlighted the incredible work our teams do and the challenges we face with maintaining our estate
- Make a difference, become a governor – promoting our current opportunities for public and staff to become a staff governor
- 16 days of action – highlighting our commitment to tackling domestic abuse during Devon's 16 days of action campaign
- Healthcare Support Worker Day – celebrated the contributions and invaluable work of the more than 30 HCSW roles that we have at Torbay and South Devon
- Malnutrition Awareness Week – we shared a case study that featured one of our colleagues who following a stomach cancer diagnosis experienced malnutrition and was supported by our teams
- Medicine for Members – promoting the latest Medicine for Members event that took place in November and covered urology and prostate cancer
 - World Radiography Day – shared videos of our radiographers talking about their favourite parts of their roles and why they love their jobs

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.

GOVERNOR OBSERVER REPORTS

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

BBF Committee—18.09.24

FPC Committee—23.09.24

FPC Committee—28.10.24

Quality Assurance Committee—24.11.24

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 - Healthwatch Devon](#)



EMAIL CONFIRMATION

The Foundation Trust Office and Comms Team regularly send you emails. Here is a listing of those sent over the period from 27 September to 28 November 2024

- Issued 08.10.2024—One Devon Bulletin
- Issued 09.10.2024—Inquest conclusion
- Issued 16.10.2024—Media Opportunity—TSDFT celebrate 20 years of our breast screening programme
- Issued 16.10.2024—News Release—Public health nursing team achieves gold award in baby friendly initiative
- Issued 23.10.2024—News Release—Awards ceremony held for specialist doctors
- Issued 23.10.2024—NHS change: held build a health service fit for the future
- Issued 28.10.2024—Medicine for Members Event
- Issued 28.10.2024—Link to public board papers (meeting 30 October 2024)
- Issued 28.10.2024—Lost little ones to be remembered at service and craft morning in Torquay
- Issued 29.10.2024—October Healthy Futures
- Issued 29.10.2024—News Release—Become a Nurse with the open university
- Issued 30.10.2024—TSDFT celebrate 20 years of breast screening programme
- Issued 31.10.2024—Public and Private CoG agendas
- Issued 06.11.2024—Email from John Kiddey re Code of Conduct Committee
- Issued 07.11.2024—Notification of Extraordinary CoG 26.11.24
- Issued 07.11.2024—In confidence: briefing for governors—strengthening our leadership team to deliver best value
- Issued 08.11.2024—Healthwatch Torbay E-bulletin 8 November 2024
- Issued 11.11.2024—Governor Elections
- Issued 11.11.2024—One Devon Bulletin
- Issued 13.11.2024—Email from Lead Governor—CoG Priorities meeting 19.11.24
- Issued 14.11.2024—Cancellation of CoG Priorities meeting
- Issued 18.11.2024—CEO Trust-wide presentations
- Issued 18.11.2024—November Healthy Futures
- Issued 19.11.2024 - Appointment of CEO—CoG 26 November 2024 agenda papers
- Issued 19.11.2024—GO for November FPC
- Issued 19.11.2024—One Devon Bulletin
- Issued 19.11.2024—Email from Chris Balch and letter from Chair Devon LMC Sub-Committee
- Issued 19.11.2024—News Release—Thousands more health scans available at new Torbay and South Devon Community Diagnostic Centre
- Issued 25.11.24— Public Board of Directors agenda pack
- Issued 25.11.24— Summary of LG/DLG meeting with Chair
- Issued 26.11.24—Reminder of Extraordinary CoG to discuss Chief Executive appointment
- Issued 26.11.24— Fulfil your dream of becoming a nurse with TSDFT
- Issued 27.11.24—S Fox annual leave/FT inbox
- Issued 27.11.24—Road Traffic Collision on Torbay Hospital Site
- Issued 28.11.24—Suggestion to cancel December Coffee morning

Governors' Monthly E-Newsletter



Torbay and South Devon
NHS Foundation Trust

Issue No. 123

Date: 20 December 2024

Within this issue:

- Chairman's message
- Governor Elections
- Upcoming Meetings
- Governor Questions
- Communications Brief
- Governor Observer Reports
- Healthwatch
- Governor Expenses
- Email Confirmation

FT Office - please contact:

Tel:

01803 655706 or

Email:

Foundationtrust.tsdf@nhs.net

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

CHAIRMAN'S MESSAGE

Dear Governor

There are lots of negatives surrounding our ageing hospital estate but I recently experienced one of the positives - the Annual Carol Service in our beautiful, listed chapel. It was packed to the rafters by staff, volunteers and patients who came together to take part in an event organised by our outstanding chaplaincy team. Rev Martin Manley spoke about the positivity of the Christmas message. Despite the challenges which we know the Trust faces in meeting operational and financial targets there is much to be positive about as we look forward to 2025. We have heard that our Full Business Case for the EPIC Electronic Patient Record has been approved, we anticipate significant investment in improving our accident and emergency department, and the appointment of Joe Teape as our new CEO will bring new leadership to the Trust.

I will be spending the next couple of days visiting our wards and community hospitals to thank our staff for all they do and to wish them a Merry Christmas before my wife and I head off to London to spend time with our sons and families. I would like to extend my thanks to the Governors for the support which they have given me in my first six months as Chair of the Trust and wish you all a peaceful and happy Christmas.

Chris



GOVERNOR ELECTIONS

Following the close of the deadline for nominations for the Governor Elections, the following nominations have been received:

South Hams

- Geoffrey Cave
- Dave Cawley
- Julie Spinks

Teignbridge

- Eileen Engelmann
- Michael D Joyce
- Geoff King
- Alison MacGregor
- Jake O'Donovan
- James Osben
- David Palethorpe
- Trevor Smale
- Jean Thomas

Torbay

- John Kiddey
- Alex Nagy

The election period will commence in the New Year and end in early February.



UPCOMING MEETINGS: REMINDERS

CoG PRIORITIES MEETING Tuesday 21 January 2025

The next CoG Priorities meeting will be held on Tuesday 21 January at 2.30pm in the Boardroom, Hengrave House and MS teams. A reminder that this will be in the form of a governor workshop on the 10 year plan. If you haven't already, please can you let the FT office know if you can attend, or if not, give apologies.

COFFEE MORNING MEETING Thursday 16 January 2025

The next informal Coffee and Chat session, set up by the Lead Governor is on Thursday 16 January 2025 at 10.30am via MS Teams

Attendance is optional.



PUBLIC BOARD Wednesday 29 January 2025

The next Public Board of Directors meeting will be held on 29 January 2025 at 11.30 am 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

Question 189—Loveday Densham

Are we operating our theatres for elective care at weekends and if we are, are we using our own staff for weekend lists or insourcing resource? Also, are we using private hospitals to support reduction of our elective waiting lists.

Question 190—John Nutley

It is understood that there have been difficulties in securing a location for the breast screening mobile unit at Bovey Tracy. What arrangements are in place to identify/agree the location of breast screening mobile units and do we run into any problems in finding appropriate sites for them.

Question 191—Andrew Stilliard

A Patient visited the emergency department recently and received excellent medical care. The doctor treating her asked a variety of questions including some about her social circumstances. A piece of very sensitive information was put on her medical records and the NHS App without her permission. She is taking this up with PALS. Would the Trust confirm its policy around data protection and consent, and reinforce the need for clinical staff to check with patients that confidential non-medical information can be placed on their records?



COMMUNICATIONS DEPARTMENT BRIEF

Media/social media activity

Media

- New Chief Executive appointment – announcing the appointment of Joe Teape as our new Chief Executive from 03 March 2025.
- Flu increase in hospitals – regional release on the national rise in flu cases in hospitals and how people can protect themselves and others
- Mealtime companions recruitment – promoting opportunities for volunteers to support people in our hospitals at mealtimes

Social media

- Christmas Jumper Day – sharing photos of our festive colleagues who dressed up and raised money for our charity on Christmas Jumper Day
- Christmas carol concert – thanking everyone involved in putting together this year's carol concert in the Torbay Hospital chapel
- Get vaccinated – promoting opportunities for eligible people to receive their flu and COVID-19 vaccinations
- Community Diagnostic Centre blood tests – signposting phlebotomy patients to our alternatives following the CDC's service suspension
- Norovirus cases – issued public health reminders about the rise in cases of norovirus and how people can stay healthy and stop the spread
- Our People Award winner – celebrating our therapeutic radiographers who won an Our People Award for their person-centred care
- ICU memorial – promoted the ICU team's memorial service for those who have lost a loved one on the unit

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.

GOVERNOR OBSERVER REPORTS

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

People Committee— 9 December 2024

Charity Committee—11 December 2024

Quality Assurance Committee—12 December 2024

Finance and Performance Committee—25 November 2024

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 - Healthwatch Devon](#)



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!

Expense Claim Form - NHS Foundation Trust

Please submit your claim online or email to: [expenses@nhs.uk](#)

Important Note: Please submit your claim online or email to: [expenses@nhs.uk](#) before three months have passed.

Torbay and South Devon NHS Foundation Trust

Expense Claim Form

Name: _____

Address: _____

Date: _____

Amount: _____

Page 1

EMAIL CONFIRMATION

The Foundation Trust Office and Comms Team regularly send you emails. Here is a listing of those sent over the period from 29 November 2024 to 19 December 2024

Issued 11.12.24	News release – serve joy to others by joining our team of mealtime companions
Issued 11.11.24	Papers for Governor Only Meeting, 17 December 2024
Issued 29.11.24	Email from Dave Cawley re December Coffee Morning
Issued 06.12.24	Confidential message from Professor C Balch re appointment of Chief Executive/interim arrangements
Issued 09.12.24	Confidential briefing for Governors announcing our new Chief Executive
Issued 17.12.24	Written Resolution re appointment of Chief Executive/interim arrangements
Issued 17.12.24	One Devon Bulletin
Issued 17.12.24	Workshop for Governors on 10-year plan
Issued 18.12.24	information from Ged Yardy—NHS dentist in Dartmouth



Governors' Monthly E-Newsletter



Torbay and South Devon
NHS Foundation Trust

Issue No. 124

Date: 30 January 2025

Within this issue:

- Chairman's message
- Upcoming Meetings
- New Governor Teams Channel
- Governor Questions
- Communications Brief
- Governor Observer Reports
- Healthwatch
- Governor Expenses
- Email Confirmation

FT Office - please contact:

Tel:

01803 655706 or

Email:

Foundationtrust.tsdf@nhs.net



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

CHAIRMAN'S MESSAGE

Dear Governor

Although we are now well into January – Happy New Year!

I know that for a number of Governors you will be standing down shortly as you come to the end of your terms and a number of you are up for re-election. Whatever happens your service is a key part of the governance arrangements for NHS Foundation Trusts and we benefit from your understanding of the needs of our local population and your oversight of the work of the Board.

So far 2025 has proved somewhat of a roller-coaster. On the up we have signed contracts for the implementation of the EPIC electronic patient record which we will be sharing with RDUH and UHP. This should help transform services but there is a lot of work to do to ensure that implementation happens by Spring 2026 and that we capture the benefits of having a leading-edge digital solution. We have also commenced work on a £14.2 million expansion and makeover of our A&E department creating a much better environment for both patients and staff. This work should be completed by the autumn.

On the down we have had the announcement of the outcome of the review of the New Hospital Programme. We always anticipated some delay but to be told to stop work until 2030 with construction not timetabled until 2033 to 2035 is a huge disappointment. While we will clearly try to access funding from other pots, our focus will inevitably shift to managing the risks inherent in our aged hospital estate. If one can draw any positives from the announcement, it may force us to find new ways of delivering services because in the end people and technology deliver care not buildings. Our Trust has a great track record in innovation which I suspect will become increasingly important particularly in attracting and retaining the highly qualified and dedicated staff on whom we depend.

Chris

UPCOMING MEETINGS: REMINDERS

GOVERNOR ONLY MEETING Tuesday 18 February 2025

The next Governor Only meeting will be held on Tuesday 18 February at 2.30pm in the Boardroom, Hengrave House and MS teams.

COFFEE MORNING MEETING Wednesday 19 February 2025

The next informal Coffee and Chat session, set up by the Lead Governor is on Wednesday 19 February 2025 at 10.30am via MS Teams

Attendance is optional.



PUBLIC BOARD Wednesday 26 February 2025

The next Public Board of Directors meeting will be held on 26 February 2025 at 11.30 am 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.

NEW GOVERNOR TEAMS CHANNEL

A new Governor teams channel has been established—it is planned that to start with it will be used for meeting papers and also the Governor Induction Handbook (the 'blue book'). It isn't fully populated yet, but can be accessed via the following link: [CoG Teams Channel](#)

GOVERNOR QUESTIONS

Question 187 from Alison Ramon At a recent PPG meeting I was asked why Torbay Hospital refuses to take back mobility aids handed out to patients and which are no longer required by them. When patients query this they are told that it costs more to clean a second hand/ used mobility aid than to replace it with new. As a result large amounts of equipment are left redundant and have to be scrapped. This is a terrible waste and the lack of recycling has an environmental impact. What efforts are the Trust making to find both an economical and ecological solution to this problem?

Response

Thank you for this question

Most equipment is offered via one of the equipment services: Millbrook Healthcare Ltd for residents of Devon County Council area and NRS Healthcare for Torbay.

Both services are making significant attempts to recycle and reuse equipment. If the equipment has an NRS or Millbrook label on it, you can return it. There are some small items of equipment like walking sticks and crutches that can not be collected as it is not best value. In these cases, you can return the equipment to your local service centre or one of our collection points. Details of how to make returns and of the collection points are on the websites for NRS and DCC. Any equipment that can't be reused because it is too old or worn, is offered where appropriate to charities, or recycled for its metals and plastics, with no items going to landfill.

Most community equipment is provided on loan, but some equipment for residents of either area may be provided via a "retail prescription" from a local pharmacy or mobility shop, which means that the equipment belongs to the individual, so they can choose to keep the equipment or return it if they no longer need it. Some equipment which is permanently fixed in homes, like grab rails and hand rails, can not be collected and recycled.

In addition to these items of equipment the hospital is also taking steps to reduce its carbon footprint with more specialist equipment. Our Occupational therapists have adopted alternative materials for the manufacture of splints, that are more environmentally sustainable.

GOVERNOR QUESTIONS

Question 189 from Loveday Densham

Are we operating our theatres for elective care at weekends and if we are, are we using our own staff for weekend lists or insourcing resource? Also, are we using private hospitals to support reduction of our elective waiting lists.

Response

We are operating our theatres for elective care at weekends. There is a combination of both our own staff and insourcing resource. Insourcing is where we pay for the tariff of the operation to an organisation or limited company. The company then pays enhanced rates to their staffing to incentivise them to continue to come in at weekends. We rarely pay over the tariff so the cost is essentially a pass through. We also rely on some insourcing groups to provide additional staff from elsewhere in the country when we have capacity gaps in our local provision, for example in Urology services.

We also rely on private hospitals to help deliver care. Most of the times patients have choice whether to go to a private hospital and would therefore go direct. Sometimes we also send patients that have waited a long time with us the option to go to the private hospital. We also use regional NHS hospitals to help with our waiting lists too. There is a new diagnostic hub (Radiology imaging and some cardiology scans) in Torquay town centre run by InHealth company which also helps us manage our diagnostic waiting lists.

Question 190 from John Nutley

It is understood that there have been difficulties in securing a location for the breast screening mobile unit at Bovey Tracy. What arrangements are in place to identify/agree the location of breast screening units and do we run into any problems in finding appropriate sites for them.

It is acknowledged that there have been challenges in securing a suitable location for the breast screening mobile unit in Bovey Tracey. Historically, the unit has been situated at the Station Road car park in the town centre. However, the local council has indicated that charges will apply for the spaces occupied by the mobile unit and staff vehicles, amounting to approximately £1,780 for the duration of the screening period. As there is no allocated budget for these costs, this presents a significant barrier to maintaining the service at this site.

Alternative locations have been explored, including the House of Marbles. However, this site is unavailable during school holiday periods, which would necessitate relocating the mobile unit and requiring clients to attend appointments at Torbay Hospital or the Torquay site instead. This adjustment would reduce the accessibility of screening for local residents.

Further challenges around parking costs are also anticipated at other screening sites, including Buckfastleigh, Dawlish, and Torbay Leisure Centre.

GOVERNOR QUESTIONS

Question 190 from John Nutley continued

Concerns have been raised regarding the council's approach to charging for parking, particularly in light of their stated commitment to improving public health and preventative healthcare. It has been noted that the Station Road car park has ample space and is rarely at full capacity.

Furthermore, council documents suggest that supporting charitable and community health initiatives in council-owned car parks could contribute to reduced journey times and increased accessibility for essential health services. Given these factors, there is a strong case for reconsidering the imposition of parking charges to facilitate continued local access to breast screening services. Council meeting where comment on this was mentioned was the reference below:

- Environmental / Climate Change Implications
- By helping to enable charitable community uses on Council car parks this may result in reduced journey times / necessity to travel for certain provisions such as health scans.

Report Author to comment on the Environmental/Climate Change Implications

William Elliott, Climate Change Officer Email: william.elliott@teignbridge.gov.uk

Question 191 from Andrew Stilliard

A Patient visited the emergency department recently and received excellent medical care. The doctor treating her asked a variety of questions including some about her social circumstances. A piece of very sensitive information was put on her medical records and the NHS App without her permission. She is taking this up with PALS. Would the Trust confirm its policy around data protection and consent, and reinforce the need for clinical staff to check with patients that confidential non-medical information can be placed on their records?

The Trust details in our Privacy Notice it's Internet site (<https://www.torbayandsouthdevon.nhs.uk/about-us/data-protection/privacy-and-cookies/>) for what purposes we collect information, what information we collect, and with whom we share the information (see overleaf):

GOVERNOR QUESTIONS

Question 191 from Andrew Stilliard— continued

practical help to make sure people are able to eat their meals. [Read more](#)

We're working together with The Open University to offer people the opportunity to study and train to become a nurse. [Read more](#)

View all the latest news and events from Torbay and South Devon NHS Foundation Trust in our [news section](#).

Contact us
 Torbay Hospital Switchboard: 0300 456 8000 (local rate) or 01803 614567
 Community Customer Services Centre: 01803 219700
 Patient Advice and Liaison Service (PALS): 01803 655838 or 0800 028 2037 (24 hour freephone number)

Follow us

Quick links
 Our charity
 Information leaflets
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 Policies and procedures
 Unpaid carers support
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Popular pages
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 Physiotherapy appointment service
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 Visiting times
 Torbay Hospital maps
 Our services
 Minor Injuries Units and Urgent Treatment Centre

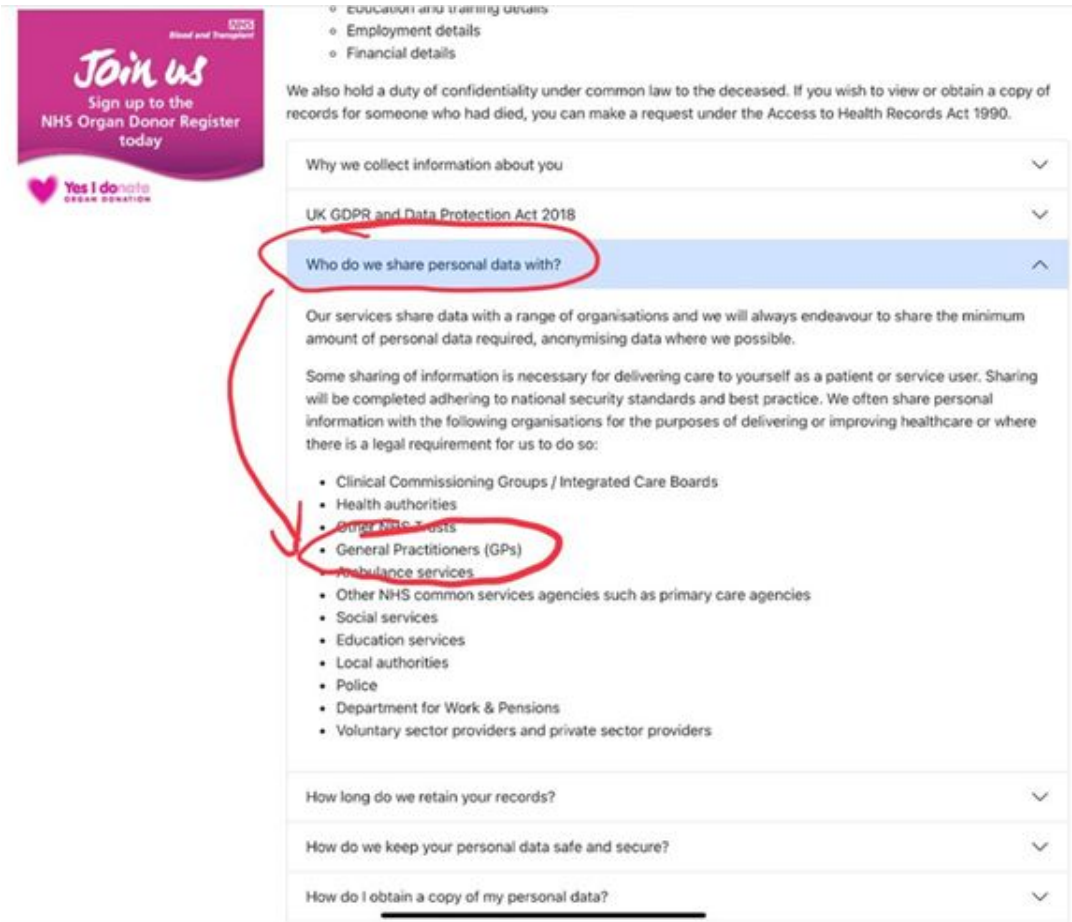
Latest news
 'Tidal wave' of flu hitting hospitals amid record treatment delivered for patients
 Torbay and South Devon NHS Foundation announce appointment of new Chief Executive
 Serve joy to others by joining our team of mealtime companions
 Fulfill your dream of becoming a nurse with Torbay and South Devon NHS Foundation Trust
 Change NHS: Help build a health service fit for the future in Devon

One Devon Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

[Home](#) | [Our services](#) | [Visiting us](#) | [About us](#) | [Contact us](#) | [About this site](#) © 2024 Torbay and South Devon NHS Foundation Trust

Clicking the Trust privacy notice link brings the page overleaf up, which includes that the Trust records a range of information, including **Family, lifestyle and social circumstances**, and that we share this information with **GPs**:

GOVERNOR QUESTIONS



Join us
 Sign up to the
 NHS Organ Donor Register
 today
 Yes I donate
 ORGAN DONATION

- Education and training details
- Employment details
- Financial details

We also hold a duty of confidentiality under common law to the deceased. If you wish to view or obtain a copy of records for someone who had died, you can make a request under the Access to Health Records Act 1990.

Why we collect information about you

UK GDPR and Data Protection Act 2018

Who do we share personal data with?

Our services share data with a range of organisations and we will always endeavour to share the minimum amount of personal data required, anonymising data where we possible.

Some sharing of information is necessary for delivering care to yourself as a patient or service user. Sharing will be completed adhering to national security standards and best practice. We often share personal information with the following organisations for the purposes of delivering or improving healthcare or where there is a legal requirement for us to do so:

- Clinical Commissioning Groups / Integrated Care Boards
- Health authorities
- Other NHS trusts
- General Practitioners (GPs)**
- Ambulance services
- Other NHS common services agencies such as primary care agencies
- Social services
- Education services
- Local authorities
- Police
- Department for Work & Pensions
- Voluntary sector providers and private sector providers

How long do we retain your records?

How do we keep your personal data safe and secure?

How do I obtain a copy of my personal data?

The sharing with GPs is particularly relevant as this will be how the information became available to the individual (but no-one else) via the NHS App. It's most likely that the Trust included the information in a Care Planning Summary/ Discharge Summary, drafted by the clinician involved, for the benefit of the GP/ patient, and once recorded in the GP's IT system it would then become available to the NHS App as per national NHS policy (but only to that individual patient). The clinician involved would include information they felt would or could be relevant to the care provided, and ongoing care required for the patient.

Also detailed in the Trust's Privacy Notice is the basis upon which information is collected, processed and shared. This is under the Data Protection Act's Legal Basis which specifically allows for this as part of delivering health and social care. This legal basis does not require explicit consent be sought from a patient.

I hope this adequately answers the questions raised.

GOVERNOR QUESTIONS

Question 192 from Sal Aziz

As part of the CFHD transformation process, interoperability workshops were scheduled between CFHD, TSD and DPT senior leadership to discuss and work on all challenges related to alliance working between trusts. Unfortunately I am still hearing concerns linked to interoperability, and one senior lead said in relation to their interoperability challenge to “Raise it in meeting but unsure what will change after so many years”.

Please could you confirm if the workshops were held, if there are any outstanding outcomes and actions from this work, and if there is any work TSD plan to do more generally regarding interoperability for other alliance services (For example T-DAS)?

Response

Thank you for your question regarding the work that we have done with our colleagues across CFHD, TSDFT and DPT to address some of the issues that have arisen for our staff having to work across organisational boundaries (interoperability issues).

In the last couple of years, we have worked to address issues of interoperability that arise for our teams in a number of areas including:

- Information Management and Technology
- Workforce
- Policies
- Risk
- Finance and Contracts
- Governance, including complaints and incidents, patient safety and risk

A number of workshops were held in 2022 and 2023 with staff from CFHD and members of corporate services across TSDFT and DPT to understand the interoperability issues in more detail and attempt to find tangible and practical solutions to the issues staff are facing every day. The programme of work and actions needed across all the work streams arising from these workshops was pulled together for oversight of the CFHD partnership board.

There has been some progress arising from this, including a better understanding of the differences in policies and processes in the respective organisations, and providing clarity for teams when they apply, increased access to systems and single points of contact in corporate services to help navigate and make processes smoother. For example, CFHD now has a single integrated HR business partner who helps the teams navigate multiple recruitment and HR systems.

GOVERNOR QUESTIONS

Question 192 from Sal Aziz—continued

However, full policy or system alignment across all these areas is not yet a reality and operational issues arising from needing to work across organisations still present for teams regularly in the domains listed above.

A significant development to highlight, enabling more integrated working and interoperability since the workshops were held, has been the implementation of a single electronic patient record system in 2024 (SystemOne), enabling better access to information and support for children and their families for CFHD teams involved in their care.

Learning from the experience of our CFHD service has been important when considering other alliance partnerships.



COMMUNICATIONS DEPARTMENT BRIEF

Media/social media activity

Media

[A joint Devon Electronic Patient Record takes an Epic step forward](#)

A new contract for an electronic patient record (EPR) brings Devon's ambitious programme to transform care for patients and staff closer to reality.

[A joint Devon Electronic Patient Record takes an Epic step forward - Torbay and South Devon NHS Foundation Trust](#)

[Funding secured for Emergency Department upgrades at Torbay Hospital](#)

The Emergency Department will benefit from a £14.2million investment, increasing capacity and help reduce waiting times for urgent and emergency care.

[Funding secured for Emergency Department upgrades at Torbay Hospital - Torbay and South Devon NHS Foundation Trust](#)

[New Hospital Programme review update](#)

On Monday 20 January 2025 the Secretary of State for Health and Social Care gave an update on the outcome of the New Hospital Programme review in Parliament.

[New Hospital Programme review update - Torbay and South Devon NHS Foundation Trust](#)

COMMUNICATIONS DEPARTMENT BRIEF

Social media

- **Help us get your loved one's home** – encouraging families and relatives to support with discharges, providing details of how they can help.
- **We're under pressure** – Critical incident support information, please do not attend our ED or visit if you are unwell with Flu, Diarrhoea and Vomiting.
- **Support for the cold weather yellow warning.**
- **Choose well** – Choosing the right service for your need, promoting Pharmacies, ED, GP services and 111.
- **Care to join us? Vacancies** – Registered Nurses for ED, ICU, Endoscopy, Healthcare Support Workers, ED administrators, Community Physiotherapist, Medical Secretary, Breast Care Admin Team Leader
- **Promotion of our Minor injuries unit and Urgent treatment centre** – Information on our MIU/UTC, opening hours and conditions they can help with.
- **CFHD** - Schools in all districts across Devon now covered by Mental Health Support Team.
- **New blood test service at Brixham Hospital**—From 04 February 2025, people living in Brixham will be able to receive routine blood tests at Brixham Hospital.
- **Promotion of our Education and Apprenticeship teams** – Open University Nursing Degree open days and applications open, Apprenticeship Careers event.
- **Award Winners** – Our people awards and Daisy Award.

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.

GOVERNOR OBSERVER REPORTS

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

- Building a Brighter Future Committee —20 November 2024
- Finance and Performance Committee —16 December 2024

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 - Healthwatch Devon](#)



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!

Date and Description	Type	Quantity	Unit Price	Total	Receipt No.	Office	Approved	Submitted
2024-11-20	Travel	1	100.00	100.00				
2024-12-16	Travel	1	100.00	100.00				
TOTAL CLAIMED OVER								

Torbay and South Devon NHS Foundation Trust

Form for claiming expenses

Name: _____

Address: _____

Postcode: _____

Phone: _____

Signature: _____

Date: _____

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EMAIL CONFIRMATION

The Foundation Trust Office and Comms Team regularly send you emails. Here is a listing of those sent over the period from 20 December 2024 to 29 January 2025:

- Issued 13.01.25 Governor Coffee Mornings
- Issued 17.01.25 News Release—Funding Secured for Emergency Department Updates at Torbay Hospital
- Issued 21.01.25 Governor Car Parking at Torbay Hospital Site
- Issued 21.01.25 Media Release—a joint Devon Electronic Patient Record takes an epic step forward
- Issued 27.01.25 Link to Public Board Agenda on Trust website



Finance and Performance Committee
Governor Observer Report for meeting dated 23 09 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 <i>could</i> 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: 08 11 2024

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



Finance and Performance Committee
Governor Observer Report for meeting dated 28 10 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
23 Septemer 2024Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which <i>could</i> be included as an item for discussion at a future Governor meeting.	None.
Key issues to be escalated to the Board.	None

Report completed by:  Dave Cawley

Date: 08 11 2024

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



Finance and Performance Committee
Governor Observer Report for meeting dated 25th November 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 <i>could</i> be included as an item for discussion at a future Governor meeting.	None.
Key issues to be escalated to the Board.	1 –Grip and control given further decline in the overall financial position 2 –The state of the Estate and the effect this has on employees, risk, safety and performance and the fact that this takes capital and revenue away from direct care and our ability to innovate.



Torbay and South Devon
NHS Foundation Trust

Report completed by: Loveday
Densham

Date: 30/12/2024



Finance and Performance Committee
Governor Observer Report for meeting dated 16 12 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 <i>could</i> be included as an item for discussion at a future Governor meeting.	The report by Kaye Bentley, NHS Trust Development Authority dated 21 November 2024 for information and discussion.
Key issues to be escalated to the Board.	None

Report completed by:

Dave Cawley

Date: 09 01 2025

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



Building a Brighter Future Committee
Governor Observer Report for meeting dated 18 09 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 <i>could</i> 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: 08 11 2024

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Building a Brighter Future Committee
Governor Observer Report for meeting dated 20 11 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 <i>could</i> be included as an item for discussion at a future Governor meeting.	Only the political/financial issues with the Government.
Key issues to be escalated to the Board.	None

Report completed by:  Dave Cawley

Date: 11 01 2025

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Torbay and South Devon
NHS Foundation Trust

Quality Assurance Committee
Governor Observer Report for meeting dated 24.11.2024

CQC KLOEs – Key Lines of Enquiry

Is it safe?

- S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
- S2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?
- S3: Do staff have all the information they need to deliver safe care and treatment to people?
- S4: How does the provider ensure the proper and safe use of medicines, where the service is responsible?
- S5: What is the track record on safety?
- S6: Are lessons learned and improvements made when things go wrong?

Is it effective?

- E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
- E2: How are people's care and treatment outcomes monitored and how do they compare with other similar services?
- E3: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
- E4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
- E5: How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population?
- E6: Is consent to care and treatment always sought in line with legislation and guidance?

Is it caring?

- C1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
- C2: How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
- C3: How are people's privacy and dignity respected and promoted?

Is it responsive?

- R1: How do people receive personalised care that is responsive to their needs?
- R2: Do services take account of the particular needs and choices of different people?
- R3: Can people access care and treatment in a timely way?
- R4: How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Is it well led?

- W1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?



Torbay and South Devon
NHS Foundation Trust

- W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
- W3: Is there a culture of high-quality, sustainable care?
- W5: Are there clear and effective processes for managing risks, issues and performance?
- W6: Is appropriate and accurate information being effectively processed, challenged and acted on?
- W8: Are there robust systems and processes for learning, continuous improvement and innovation?

Governor Observers are asked to consider the following questions:

Question	Comment
Was the meeting well chaired?	Excellent meeting which was very well chaired.
Were members engaged throughout the whole meeting including contributions by NEDs?	Full engagement throughout.
Did the meeting discuss key risks/issues or did you see a risk register?	<u>Yes</u>
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.	Nothing at all.
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: Val Browning

Date: 24.11.2024.....



Quality Assurance Committee
Governor Observer Report for meeting dated 12/12/2024

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



W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W3:	Is there a culture of high-quality, sustainable care?
W5:	Are there clear and effective processes for managing risks, issues and performance?
W6:	Is appropriate and accurate information being effectively processed, challenged and acted on?
W8:	Are there robust systems and processes for learning, continuous improvement and innovation?
Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	Very well chaired. Appropriate check and challenge raised to ensure accuracy of papers presented as well as outcomes of discussions.
Were members engaged throughout the whole meeting including contributions by NEDs?	NEDs were very engaged in discussions, evaluating risks and engaging with decisions determining the direction of travel.
Did the meeting discuss key risks\issues or did you see a risk register?	There were open and transparent discussions about current and potential risks.
If there was an action log, was this discussed and updated?	This was an extraordinary meeting so no action log was discussed.
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	None identified.
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	None identified
Key issues to be escalated to the Board.	None identified.

Report completed by: Yvonne Paulucy

Date: 12 December 2024



People Committee
Governor Observer Report for meeting dated 09 December 2024

CQC KLOEs – Key Lines of Enquiry	
Is it safe?	
S3:	Do staff have all the information they need to deliver safe care and treatment to people?
S6:	Are lessons learned and improvements made when things go wrong?
Is it effective?	
E3:	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
E4:	How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
Is it well led?	
W1:	Is there the leadership capacity and capability to deliver high-quality, sustainable care?
W2:	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W3:	Is there a culture of high-quality, sustainable care?
W4:	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
W8:	Are there robust systems and processes for learning, continuous improvement and innovation?
Governor Observers are asked to consider the following questions:	
Question	Comment
Was the meeting well chaired?	<u>Very well</u>
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?	<u>yes</u>
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.	There was a topic which we were told NOT to discuss outside the meeting. As a governor, I regard this as divisive
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	workforce
Key issues to be escalated to the Board.	See above

Report completed by: John Kiddey

Date: 14th December 2024



Charitable Funds Committee
Governor Observer Report for meeting dated Wednesday 11th
December 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.	Investment manager should stay for whole of meeting not leave after giving report.
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: Loveday Densham

Date: 19th December 2024