

**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC
OF THE
ROYAL DEVON UNIVERISTY HEALTHCARE NHS FOUNDATION TRUST**

**Held on Wednesday 23 November 2022
Via MS Teams
(Recorded via MS Teams)**

Present

Shan Morgan, Trust Chair

Public Governors

Eastern:

Kay Foster
Rachel Noar
Barbara Sweeney
Heather Penwarden

Northern:

Annie Adcock (from minute 52.22)
Catherine Bearfield
James Bradley
Dale Hall
George Kempton
Carol McCormack-Hole
Jeff Needham (from minute 50.22)

Southern:

Janet Bush
Gill Greenfield
Richard Westlake
Hugh Wilkins
Elizabeth Witt (from minute 52.22)

Staff Governors:

Simon Leepile
Tom Reynolds
Nicky Stapleton
Cathleen Tomlin

Appointed Governors:

Ian Hall, Devon County Council (from minute 50.22)

Apologies

Lydia Balsdon, Staff
Catherine Bragg, Staff
Bob Deed, Northern
Maurice Dunster, Eastern
Angela Shore, Appointed, University of Exeter
Jayne Westcott, Staff

In Attendance:

Bernadette Coates, Governance Coordinator (minute taker)
Chris Tidman, Deputy Chief Executive (minutes 46.22 to 51.22)
Melanie Holley, Director of Governance
Bridie Kent, Non-Executive Director
Steve Kirby, Non-Executive Director
Alastair Matthews, Non-Executive Director
Tony Neal, Non-Executive Director
Jess Newton, Head of Communications and Engagement
Jim Cromwell, BSL interpreter
Tim Griffin, BSL interpreter

Item	Minute		Action
1.	46.22	WELCOME AND APOLOGIES	
		Ms Morgan welcomed everyone to the meeting, including Mr Tidman, Professor Kent, Mr Kirby, Mr Matthews and Mr Neal as members of the Board of Directors. She welcomed all the new Governors who had joined the CoG since its last meeting, namely Lydia Balsdon, Catherine Bearfield, Catherine	

		<p>Bragg, Bob Deed, Maurice Dunster, Gill Greenfield, Dale Hall, George Kempton, Carol McCormack-Hole, Jeffrey Needham, Tom Reynolds, Nicky Stapleton, Cathleen Tomlin, Jayne Westcott and Richard Westlake. Ms Morgan said that unfortunately not all of the new Governors could attend the meeting but she looked forward to meeting them in due course. She added that Ryan Balment, who was elected uncontested in the Northern constituency (alongside Bob Deed), had since let the Trust know that, due to personal circumstances, he was not able to take up his post. A full report on the recent elections was coming later in the meeting.</p> <p>The apologies were noted as above and the meeting confirmed as quorate.</p>	
2.	47.22	ANNUAL REVIEW OF THE REGISTER OF GOVERNOR INTERESTS	
		<p>Ms Morgan presented the revised Register of Governor interests, commenting on the range of interests that Governors had and she that she looked forward to drawing on this experience. Mrs Holley said the Register had undertaken its annual review and since circulation, the following additions for Mrs McCormack-Hole had been received:</p> <ul style="list-style-type: none"> • Parish Councillor, Fremington Parish Council • Chair, Queen's Medical Centre Patient Participation Group, Barnstaple • Member, Public Stakeholder Network (PPGs in Northern Locality) • Member, North Devon Hospital Involving People Steering Group • Member, Devon County Council Joint Engagement Forum • Member, CCG Clinical Policy Engagement and Consultation Group • Member, Healthwatch Steering Group • Member, South West Outpatients transformation Group • Member, One Northern Devon <p>Mrs Holley reminded all Governors to inform her of any changes to the declared interests and to flag any interests should they arise during the course of the meeting. She said that declaration of interest forms for the Governors whose terms started earlier in the week were in the process of being completed and would be added to the Register in due course.</p> <p>Mr Kempton said he had recently resigned as a Member of NHS England and NHS Improvement's Policy Sounding Board for Older People. This was noted.</p> <p>There being no further amendments, the revised Register of Governor Interests was noted.</p>	
3.	48.22	SECRETARY'S NOTES	
		<p>Mrs Holley highlighted the following.</p> <p>The dates for the CoG meetings and Development Days in 2023 were being confirmed and would be circulated soon. She acknowledged this was later than normal and thanked everyone for their patience. She provided a reminder that the next meeting of the Board of Directors in public was Wednesday 30 November. The meeting was being held via MS Teams and the papers would be sent to the Governors with an invitation to observe.</p> <p>There being no comments or questions, the Secretary's Notes were noted.</p> <p>The Council of Governors noted the Secretary's Notes.</p>	

4.	49.22	CHAIR'S REMARKS	
		<p>Noting it was the first formal meeting for the Governors recently elected, Ms Morgan said she had met some of them at induction in October 2022 and at the Joint Board and CoG Development Day on 9 November. She hoped to meet the others in person soon. Ms Morgan commented on the meeting being held virtually and added that poor feedback had been received on hybrid meetings. She said the Trust was reviewing the venue options for future in-person meetings, taking into account COVID safety, cost and accessibility.</p> <p>Ms Morgan said that in its confidential meeting, the CoG would be considering recommendations from the Nominations Committee in relation to Non-Executive Director (NED) appraisals, a NED reappointment and the recruitment of a NED. Following that meeting, the CoG would be receiving some training and development on external and internal audit and how this provides assurance to the Trust. There was then a presentation from, and discussion with, Dr Sarah Wollaston, Chair of NHS Devon, the Devon Integration Care System (ICS). There would then be a discussion on feedback from communities, which was always valuable, and an evaluation of the day.</p> <p>Ms Morgan said a key item for the CoG on the public agenda was the proposal on the working groups. The Governors present at the meeting on 9 November 2022 had discussed this with Mrs Sweeney, Lead Governor, but it was coming for formal consideration by the CoG with the aim to lighten the burden on working groups and to keep the CoG's work on track.</p> <p>There being no comments or questions, the remarks were noted.</p> <p>The Council of Governors noted the Chair's Remarks.</p>	
5.	50.22	MINUTES OF LAST MEETING, MATTERS ARISING & ACTION SUMMARY CHECK	
		<p>The minutes of the meeting held on 17 August 2022 were approved as an accurate record subject to:</p> <p>Minute 38.22, page 8, first paragraph, fourth sentence from the end should read: '...NEDs are always asking questions and seeking assurance...'</p> <p>Minute 38.22, page 9, first paragraph, Mr Wilkins raised a query into the wording of his comments in relation to the performance report. He agreed to submit alternative wording for consideration. POST-MEETING NOTE: this wording was submitted and agreed with Ms Morgan and included in the approved minutes.</p> <p>Mr Kempton commented on the length of the minutes and asked if they could be reduced by being more focussed on agreed actions and decisions. Ms Morgan noted the comment and said this would be considered regarding being more explicit in the action points; however, she added they were a matter of public record and it was important to capture the discussions the CoG had. She said she did not believe that action or decision points only would do justice to the quality of the discussions.</p> <p><i>Prof. Needham joined the meeting.</i></p> <p>Action Summary Check</p> <p>The CoG noted the actions as per the action tracker.</p>	

		<p>Matters Arising</p> <p>There were no other matters arising not covered elsewhere on the agenda.</p>	
6.		ACCOUNTABILITY AND ENGAGEMENT – NO REPORTS	
7.		PERFORMANCE & ASSURANCE	
7.1	51.22	Q2 2022/23 PERFORMANCE REPORT	
		<p>Mr Tidman presented the report to the CoG. He said that Mrs Tracey, Chief Executive, had provided a comprehensive ‘View from the Bridge’ on 9 November 2022 at the Joint Board and CoG Development Day so he would provide an overview focussing on the Autumn budget statements before opening up for questions on the report. Mr Tidman said there were a number of views on the allocation of funding for next year and whether this was sufficient. The Chief Financial Officer for NHS England at a meeting earlier in the week had said it was his view it should ensure parity and the NHS was no worse off against inflation than when the original settlement was made. Mr Tidman said that the core capital funding was intact for the next three years. He said Chief Financial Officer for NHS England was not as forthcoming on the 40 new hospitals, with further information expected in the new year and so the Trust needed to be ready for it. Mr Tidman said the Government’s Autumn statement also made a commitment to more funding for social care, with £500m released this week to support hospital discharge. Mr Tidman said the Trust would work with Devon County Council colleagues to ensure this made a tangible difference. Mr Tidman said the Government wanted to see improvements in Primary Care access to take pressure off Emergency Departments (ED), reducing ambulance delays and the four hour wait in A&E target. A recovery plan with milestones and measurable outcomes was required to be developed. Long waits for elective and cancer care were also to be reduced. Mr Tidman said this was to be underpinned by a strategic workforce plan based on demand and capacity for the next five years.</p> <p>Mrs McCormack-Hole asked if there was any additional provision announced for pharmacies, commenting that self-help was important in terms of people staying away from ED and she was aware of pharmacies closing or reducing services. Mr Tidman said there was a full primary care provision commitment, which included pharmacies alongside GPs.</p> <p>In terms of the Trust’s performance during Q2 2022/23, Mr Tidman said it had been a challenging time, with waves of Omicron COVID-19, delayed discharges, all having an impact on operational status. He said the Trust had managed well in terms of ambulance waits but he did not want to understate the pressure on the ED and ward teams. Mr Tidman said mutual aid had been in place, with the Trust supporting other organisations in the region, for example receiving patients in order to help ambulances getting back on the road. He said when managing emergency care, the Trust also had to manage its work to reduce the long waits for elective care. The Trust’s two year waits were expected by the end of year to be at zero or virtually zero. Mr Tidman said the Board was ensuring the work was being progressed at sufficient pace as part of the Trust’s recovery plan. He added that cancer performance was also a real focus for the Board, at a time of increased referrals across the country.</p>	

Mr Tidman referred to the format of the Board's Integrated Performance Report, and said he was aware it was a long document. He said the key themes were drawn out in the executive overviews, which were provided in the CoG's report. He said the challenge from the Board and the NEDs was to get a better fix on the data, and ensuring the actions were clearer and in particular, developing proper trajectories for workforce, cancer care, diagnostics etc. He said that where there were no material trends or the Trust was largely achieving a target, it was important to keep the narrative as slim as possible in order to focus on the key issues.

Mr Tidman said the Board was very focussed on the number of 'Green to Go' patients. As part of this, a programme 'Home Without Delay' had been established, working with the Trust's partners to get patients home as soon as possible. In terms of Workforce, Mr Tidman said the Board was very keen the Trust developed a stronger forward look. He provided an overview of recent recruitment events, adding that the Trust had 1200 new staff in the pipeline. The Trust recognised that the region had full employment in many areas so it needed to be nimble and proactive in its recruitment and ensuring its induction processes worked as quickly as possible. Mr Tidman invited questions.

Mrs Sweeney said the Governors had met prior to the meeting and grouped their questions into themes and she would invite Governors to ask their questions.

Mrs Sweeney said there was some confusion amongst the Governors on the Trust's Reset Week and how this would help the winter pressures. She asked for assurance around how effective the plans for the forthcoming winter would be. Mr Tidman replied that the Trust had a detailed Winter Plan, knowing it would be the most challenging winter yet. The Board had spent a significant amount of time on it, with a focus on what the Trust could do to increase social care capacity, noting that a £10m investment was being made. He said the Trust had also planned for another surge in COVID-19 cases, and the impact this may have upon elective care. Mr Tidman said it was not possible to say with absolute certainty that the Trust had a complete solution to the winter pressures but he could assure the Governors it had a well-developed plan. The Board was assured about ensuring the services provided were safe, that it was being fair with its staff and that the Trust would take the opportunity where possible to reduce the long waits during the winter period. Mr Kirby added that the Reset Week was an excellent initiative and the NEDs had challenged on its sustainability; however, it had shown if the Trust operated slightly differently, it could change the dynamic of patient flow. He added that the data analysis from this work was due to be presented to the Board.

Mrs Greenfield commented on the rising number of complaints and asked if the Board was concerned by this and what learning was being taken. Mr Tidman said this had been discussed by the Board and themes had been identified, such as frustration at long waits, whether in ED or for planned treatments. He said the Executive Lead was Carolyn Mills, Chief Nursing Officer, and she would ensure that any learning would be taken.

Miss Foster referred to the use of volunteers at the Trust. The Governors were aware of an update from a recent Patient Experience Committee meeting via Mrs Penwarden and it had also been discussed at the Development Day on 9 November 2022. Miss Foster expressed frustration that this was an on-going issue where little progress had been made. She said that if it was accepted that volunteers can be useful for the nursing staff, was the Trust going to consider

someone senior being employed to drive the work. Mr Tidman said that COVID-19 had shown that the voluntary workforce could be mobilised quickly; however, having returned to business as usual, processes could take longer. Mr Tidman said the issue needed to be discussed by the Executive Directors before presenting options to the Board. Mr Matthews said he was aware that Mrs Mills was looking at the issue closely. She had recently attended a meeting of the Audit Committee at which it considered an internal audit review on volunteers. There were some concerns that some of the processes were not working as well as they should do. Mrs Mills was considering the recommendation to put leadership in place and she was keen to progress the improvements as quickly as possible. Professor Kent provided assurance that the Board acknowledged the positive impact of volunteers; however, the service needed to be carefully managed and the models may also need to be different across Eastern and Northern services.

Mrs Sweeney said the next set of questions related to mortality rates and the quality of care out of hours. Mr Kempton asked what the Board was doing to ensure the safety of patients and the quality of care was the same at weekends as on weekdays. Mr Hall added that there was evidence that the mortality rate was worse for weekend admissions in the Northern services, noting that performance was better in Eastern services. He asked if the NEDs were assured that this was not due to an absence of diagnostic services or Consultants. He said he was aware this was a national issue but asked if there was a plan to equalise standards of care across weekdays and weekends and across the Trust. Mrs Greenfield commented on the number of discharges at weekends and asked if the NEDs were assured the Trust was working towards a seven day service. She noted the increase in Grade 4 Pressure Ulcers, during August particularly, and asked if the NEDs were assured on the plan for this.

Mr Tidman agreed the issues were connected and so he would respond in the round. He said the Board recognised that the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) provided the Trust with an indication to look into a particular area; however, key to this was the detailed clinical review of all the deaths at the Trust by the Medical Examiners. Mr Tidman said the Board received detailed reviews of mortality and there had been a spike in weekend admission mortality in the Northern services. The detailed reviews of the deaths would look at all the factors involved. In terms of seven day working, Mr Tidman said there was a push for seven day emergency care and six days for routine care. He said the Trust had adequate nursing care but fewer doctors and therapists at weekends, albeit this was improving. Mr Tidman added that some of the learning from Reset Week was that what was stepped up at weekends made a difference; however, this required staffing and funding. Turning to the comments on discharge numbers, Mr Tidman said there were fewer discharges on Saturday and Sundays, but this was not unusual. Professor Kent reassured the CoG that these were all areas which the NEDs challenged at Board. Mrs Holley said that the Board received a Learning From Deaths Report which provided a level of detail that its IPR did not, adding that the Medical Examiner role was new and the Board was still understanding the difference it made. In terms of safe staffing, Mrs Mills was the executive lead for this in terms of nursing, and the Board was provided with data. For Pressure Ulcers, the numbers had increased and not all were avoidable; however, the Trust wanted to avoid as many as possible and it was reviewing why the numbers were increasing, particularly in the community.

		<p>Moving onto staffing questions, Mrs Noar said she was pleased to hear about the Trust's recruitment drives; however, the agency and bank staff position was difficult and asked what was being done to improve this. Mr Leepile added that pre-employment checks took a long time, which caused stress to existing staff as well as to those waiting to join. He asked what was being done to improve this. Mr Tidman said the Board had considered how the Trust promotes and markets its jobs and the People Team had responded to this well. He said in terms of recruitment processes, he was aware this could take a long time and the Trust was seeking to change the time to hire from around 10 weeks to 5 or 6. Work on this would be reporting back to the Board. In terms of ward fill rates, Mr Tidman said these were scrutinised at Board. The number of vacancies were reported and the reports showed how recruiting was making a difference. Professor Kent said the Board was very aware of the impact on staff of vacancies and the time to recruit as raised by Mr Leepile, with Mr Kirby adding that both Professor Kent and Mr Matthews were forensic in their review of the fill rates at Board meetings. Professor Kent said Board members would soon be undertaking their Christmas visits and they would use these to not only thank staff but to find out how staff were feeling so they could bring this into the Board's work.</p> <p>There being no further questions, Ms Morgan thanked the CoG for the questions and the wide-ranging discussion with Mr Tidman and the NEDs.</p> <p><i>Mr Tidman left the meeting.</i></p> <p>The Council of Governors noted the Performance Report.</p>	
8.		COG BUSINESS	
8.1	52.22	COG COORDINATING COMMITTEE AND WORKING GROUPS PROGRESS REPORTS	
		<p>Ms Morgan said a report with a proposal on the working groups had been circulated and reminded those who had been present at the Development Day on 9 November 2022 of the initial discussion then. Mrs Sweeney outlined the rationale behind the proposal for those who had not been present on 9 November 2022. There had been a decline in involvement by Governors in the Working Groups and the proposal had been put together to try and take the work forward in a different way. She noted that Mr Bradley had circulated his views to the Governors and said the proposal was for discussion at the meeting and if it was agreed it was not the right one, an alternative solution would be needed. Mrs Sweeney said the previous Lead Governor, Dr Foxall, had started some of the conversations about re-thinking how the CoG did its work and she encouraged as many Governors as possible to express their views. Mrs Penwarden said it was important to note the proposal sought to keep the Public and Member Engagement Group (PMEG) in place.</p> <p>Mr Hall said he supported the proposal, as although he was new to the CoG, it sought to simplify the burden on the Governors and administrative staff. He said he could see how it brought together the CoG's work without any loss of the material issues.</p> <p>Mr Bradley said this was one of the most important issues in his eight years as a Governor the CoG had faced, given it related to how the CoG operated. He said he felt the proposal restricted Governor involvement and that it was being imposed on the CoG, rather than being the product of a collaborative piece of work amongst Governors, particularly with the recent new intake. He</p>	

added that he had not seen any evidence of why Governors had left the working groups so there was no way of knowing this proposal would increase engagement.

Mr Kempton said he supported the questions around why Governors were not engaging in the working groups. He added that he had stood for election to be a Governor as he wanted to speak on behalf of the patients of North Devon and he was not sure how the working groups would help him to make his voice heard. Mrs Sweeney said the proposal was about wanting the CoG to work more effectively, adding that there were other routes than the Groups for the Governors to make their voice heard, for example the questions asked about the performance report and the session later in the day on feedback from communities. Mrs Holley added that there were no formal exit interviews when Governors left working groups, as membership of these was voluntary; however, Governors had shared their feedback and one of the main reasons was the pandemic with many Governors not wanting to, or enjoying, meeting virtually. Mrs Holley said it was a CoG decision to make on the proposal but she would encourage Governors to make a decision on how it wants to undertake its work, with some important pieces of work currently paused.

Mr Wilkins provided feedback on some of the concerns from the CoG Effectiveness Working Group and frustrations that proposals made were not always considered or taken forward. Ms Bush added that there was consensus among Governors that the groups had lost some impetus and Dr Foxall had previously raised the issue of the Governors having the right vehicles to do their jobs properly. She said she welcomed the initiative to improve how the CoG worked. Mr Westlake said, as a new Governor, he had spoken to previous Governors to understand their concerns and he was pleased to see a proposal with a structure to consider to allow Governors to work and challenge in the right way. He said Task and Finish Groups were a good mechanism to use and he supported the proposal and that it be reviewed again in 12 months' time.

Mrs Witt and Mrs Adcock joined the meeting.

Mr Leepile noted the comments from some of the newer Governors, and as a Governor in post for just over a year, he had had to manage his expectations as to what the role was as it was quite different to other roles he had had, as a Union Representative for example. He said he found useful to learn from others and to try and be as patient as possible whilst taking time to understand the role. Miss Foster said she had been a Governor for some years and had been a member of all the working groups at some stage. She asked if they were a statutory requirement. Mrs Holley confirmed they were not, but it was how the CoG had chosen to undertake some of its work. Mrs Bearfield said that, as a new Governor, the CoG's role and its structure was not yet clear to her and in particular how CoG related to the wider health system. She was also concerned that there was not sufficient time given to ask questions or discuss issues raised during the CoG's meeting. Mrs Sweeney replied that issues related to the CoG's role in the system was important and it was a whole CoG issue, not one for the working groups. She said that all the work outlined in the working group Terms of Reference could be undertaken in a more efficient way as per the proposal. She said she believed the patient voice would likely be enhanced by the proposal as more work would be undertaken as a collective. Ms Morgan noted Mrs Bearfield's comments, adding that there was the session with Dr Wollaston later in the day and it was also important Governors had the time for questions and discussions,

		<p>particularly in its public meetings. Ms Morgan said some of the issues raised related to agenda setting and making more time for discussion. She was aware that Governors wanted to go into more depth on some topics and this would form part of agenda setting in future. Ms Morgan reminded the CoG that agendas were discussed at the CoG Coordinating Committee and so had Governor input.</p> <p><i>Cllr Hall joined the meeting.</i></p> <p>Ms Morgan brought the discussion to a close and summarised the issues. There were not enough Governors willing to take a lead on the Working Groups and the proposal aimed to take the CoG's work forward with the minimum burden possible whilst maximising Governor engagement and effectiveness that respected the collective decision making of the CoG. She said it was important to recognise that Governors had many other commitments and that the proposal sought to maximise the resource of the CoG. Ms Morgan said no function was lost in the proposal and should the CoG agree to take it forward, Governors will work together to develop it. It would be reviewed after 12 months, although this could be earlier if it was felt it was not working. The CoG agreed it had a broad consensus to move forward with the proposal and to review it again in a year's time.</p> <p>The Council of Governors agreed to move forward with the proposal related to the CoG Coordinating Committee and the Working Groups.</p>	
8.2	53.22	ELECTIONS TO THE COUNCIL OF GOVERNORS 2022	
		<p>Mrs Holley presented the report and provided an overview of the election results declared on 21 November, the full report of which had been shared with the CoG. The CoG was left with three vacancies in the Southern constituency and one vacancy in the Northern constituency. It was proposed that all the vacancies be carried forward to 2023. Mrs Holley invited comments and questions. As there were none, the CoG approved the proposal to carry the vacancies that remained forward to the routine 2023 election.</p> <p>The Council of Governors noted the Elections to the CoG 2022 Report and agreed to carry the remaining vacancies to the routine 2023 election.</p>	
8.3	54.22	REPORT FROM THE ANNUAL MEMBERS MEETING 2022	
		<p>Mrs Holley said she would take the report as read, highlighting that PMEG would review the feedback received so that it could be taken into consideration for planning the 2023 meeting.</p> <p>There being no comments or questions, the report was noted.</p> <p>The Council of Governors noted the report from the Annual Members Meeting 2022.</p>	
8.4	55.22	ANNUAL MEMBERSHIP REPORT TO THE COUNCIL OF GOVERNORS	
		<p>Mrs Newton presented the report, which had been expanded to bring the data inline with the Governor year. Noting the earlier working group discussion, Mrs Newton said that the PMEG remained key to the Governors' work and this report fed into its work. She said the report provided an overview of membership numbers, with an increase in Staff Members following the merger. There continued to be, however, a gradual decline in Public</p>	

		<p>Members. Mrs Newton said that through the PMEG, this would be reviewed in terms of a trajectory to increase numbers and how to get there. She added that the team wanted to improve the reporting and so it was working with CIVICA, the public membership database provider, on how this could be done. produce an index score for the constituencies, so we can target areas. She invited comments or questions.</p> <p>Mr Bradley said it was important to consider how the Trust attracted public members, including how to encourage them to stand for election to be a Governor. He said to this end it was important to talk to people who leave the CoG by resigning or choosing not to stand again for election, as well as asking members who attend the prospective Governor meeting why they decide not to stand for election. Mrs Holley confirmed that exit interviews were offered to those who left the CoG, with Mrs Morgan added that a significant amount of communications and engagement work had gone into the election process. She said it would be interesting to see information on how the Trust's membership compares to other Foundation Trusts and whether it was representative. Mr Bradley suggested speaking to Dr Foxall as she had undertaken a lot of work on surrounding Trusts and may have information on this. Ms Morgan asked this be taken forward as an action by Mrs Newton.</p> <p>ACTION: Work to compare the Trust's membership with that of other Foundation Trusts to be undertaken, including speaking to Dr Foxall on the work she had completed in this area.</p> <p>Mr Westlake said since becoming a Governor he had been asking people in Exeter if they were aware of membership of the Royal and the large majority were not. He had been able to promote it and some had joined but there was a general lack of interest. Noting that not everyone would be able to sign-up online, he said it was important to look at how membership was promoted. Mrs Noar said that she felt the word membership was old fashioned and if it was changed, people may see it in a different way. She said that the use of social media was also important, as was making the election nomination process simpler for people. Ms Morgan said the important comments made were noted.</p> <p>Mr Hall asked if the Trust knew why people stopped being members and if membership needed to be renewed. Mrs Newton said there was not a need to renew, and members had to opt-out once they had joined. She said there were a number of reasons for people leaving as members, including moving out of the area and sadly a number of members died each year. Mrs Newton said she had noted that more explicit data on the reason for people leaving as members would be helpful for the report. She added that she was aware that some Trusts had reduced their membership numbers and then used their members as a patient panel in a focussed way. Mrs Newton said this linked to the work the Trust and PMEG needed to do on what it wanted to achieve in terms of its membership.</p> <p>There being no further comments or questions, the report was noted.</p> <p>The Council of Governors noted the Annual Membership Report.</p>	JN
8.5	56.22	NOMINATIONS COMMITTEE UPDATE	
		<p>Ms Morgan said the report highlighted the work of the Nominations Committee, with more detail being presented in the Confidential meeting. She said it underlined the important statutory responsibilities for CoG. Ms Morgan</p>	

		<p>provided an update on the recruitment of Martin Marshall as a NED. Professor Marshall was a practising GP and it was hoped he would join the Trust in time for the November 2022 Board of Directors meeting.</p> <p>There being no comments or questions, the Report was noted.</p> <p>The Council of Governors noted the Nominations Committee Report.</p>	
9.		STAKEHOLDER ENGAGEMENT – no reports	
10.		INFORMATION	
10.1	57.22	DISCUSSION WITH A NON-EXECUTIVE DIRECTOR	
		<p>Ms Morgan thanked Mr Kirby for attending the meeting and said he had been asked to speak to the CoG about his role as Vice Chair and on his portfolio. Mr Kirby thanked the CoG for its invitation to discuss with them his role, adding that he found the CoG's feedback during the meeting incredibly helpful. He provided an overview of his background and career prior to joining the Trust as a NED. This included working for the legal administrators appointed to the Mid Staffordshire Trust. Mr Kirby said he was the Vice Chair of the Trust, Chair of the newly formed Finance and Operation Committee (FOC), established on the request of NHS England/NHS Improvement as part of the merger, Chair of the Our Future Hospitals Programme Board and Vice Chair of both the Governance Committee and Remuneration Committee. Mr Kirby said he was also the NED Maternity Safety Champion in the Eastern services and the Provider representative on the ICS's finance committee. Mr Kirby outlined the three key priorities for him as a NED, namely: 1) the balance of money and patient safety and experience. He said the Board was firm that it could not meet its financial break-even duty without compromising patient safety and experience; 2) the Our Future Hospital Programme in North Devon. Mr Kirby said this would be transformational for healthcare in North Devon and the hurdles to it were national and political. He said the Trust was hopeful it would hear shortly on the funding for the pre-development work; 3) how the NHS Devon system works together as the scale of the change needed had to be at this level. Mr Kirby added that he was looking forward to working with Professor Marshall as the new NED, as he would bring a primary care perspective to the Board. Mr Kirby said he was happy to take any questions or comments and discuss his role.</p> <p>Mr Bradley referred to the Our Future Hospitals programme and said there was likely to be restrictions on funds or a complete cessation as the Trust was in the 4th cohort and therefore at the end of the line for funding. He asked what the Trust would do if the funding was reduced or removed. Mr Kirby replied that the cohorting was not related to being at the end of the line for funding but instead related to the different types of schemes within the 40 hospitals. Some schemes were more complex than others, and the North Devon scheme was smaller as a mix of refurbishment and smaller new builds which he believed made it more attractive. Mr Kirby said that the Trust was involving the local MPs and writing to the people at the centre on the importance of the scheme in North Devon. In addition to this, Mr Kirby confirmed that the Programme Board had developed a 'no funding' scenario, adding that the Our Future Hospital scheme was a must have for the Trust.</p> <p>Miss Foster noted Mr Kirby's experience with Mid Staffs and asked why the Governors and the NEDs at the Trust did not pick up the issues. Mr Kirby said</p>	

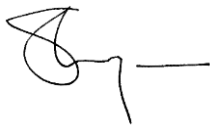
		<p>this was a good question, asked one he asked immediately on arrival at Mid Staffs. He said there was not a culture of challenge at Board from the NEDs and also a culture that did not encourage speaking up. Mr Kirby said the drivers for safety were not in place.</p> <p>Mrs Witt asked if Mr Kirby was assured on effective communication and working with Torbay and South Devon NHSFT. Mr Kirby said it was an interesting question, and this had been recently been discussed by the Board as there is an Acute Provider Collaborative in place. He said to achieve solutions to the problems faced, i.e. capacity to do elective work not always interrupted by emergency / urgent work and get the urgency pathway working, the acute providers in Torbay and Plymouth needed to work together. Mr Kirby said there was a dynamic flow of patients now in this part of Devon, with the Trust supporting each other, for example Royal Devon taking ambulances from postcodes closer to Torbay. He added that the Chief Operating Officers meet regularly to discuss how the Trusts work together and there was now a well-established relationship in place. Ms Morgan said the Chairs of the organisations in the region also met on a monthly basis, with the Chairs of the Acute Trusts setting up separate, regular meetings. She said she knew the Chief Executives also met regularly. Ms Morgan said she had recently spent time at Torbay with its Chairman, Richard Ibbottson, to better understand how the Trust works and what its priorities were. Mrs Witt said she was concerned about how staff from the Torbay area perceive the Royal Devon and cited an example. Ms Morgan noted her comments, which she had raised before, and said these had been included by Mrs Penwarden in her recent Governor report to the Patient Experience Committee and so it had been flagged to the Trust.</p> <p>There being no further questions, the meeting was closed.</p>	
	<p>45.22</p>	<p>DATE OF NEXT MEETING</p> <p>The next meeting was to be confirmed.</p>	

MEETING OF THE COUNCIL OF GOVERNORS
23 November 2022
ACTIONS SUMMARY

This checklist provides a summary of actions agreed at the CoG meeting, and will be updated and attached to the minutes each quarter.

PUBLIC AGENDA					
Minute No.	Month raised	Description	By	Target date	Remarks
55.22	November 2022	Work to compare the Trust's membership with that of other Foundation Trusts to be undertaken, including speaking to Dr Foxall on the work she had completed in this area.	JN	March 2023	March 2023: JN updated the CoG at the meeting on 8 March 2023 to confirm the work had been undertaken and the outputs shared with the Public and Member Engagement Group. Action completed.

Signed:



Name: Shan Morgan, Chair