

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

**Held on Thursday 9 June 2022
Via MS Teams**

Present

Shan Morgan, Trust Chair

Public Governors

Eastern:

Kay Foster

Peta Foxall

Rachel Noar

Barbara Sweeney

Northern:

Annie Adcock

James Bradley

Peter Flatters

Monika Herpoldt-Bright

Southern:

Olwen Goodall

Hugh Wilkins

Elizabeth Witt

Staff Governors:

Rob Biggar

Hazel Hedicker

Simon Leepile

Anum Shuja

Appointed Governors:

Ian Hall, Devon County Council (up to
minute 29.22)

Angela Shore, University of Exeter
(from minute 23.22)

Apologies

Janet Bush, Southern

Des Kumar, Southern

Faye Doris, Southern

Heather Penwarden, Eastern

In Attendance:

Bernadette Coates, Governance Coordinator
(minute taker)

Will Denford, Executive Support Manager

Tim Griffin, BSL Interpreter

Angela Hibbard, Chief Finance Officer (up to minute
29.22)

Melanie Holley, Director of Governance

Bridie Kent, Non-Executive Director

Jess Newton, Head of Communications and
Engagement

Suzanne Tracey, Chief Executive (up to minute
29.22)

Caron Wolfenden, BSL Interpreter

Item	Minute		Action
1.	16.22	WELCOME AND APOLOGIES	
		Ms Morgan welcomed everyone to the meeting, the first Council of Governors (CoG) meeting for the Royal Devon University Healthcare NHS Foundation Trust and her first as Trust Chair. Apologies were noted as above, with the meeting confirmed as quorate.	
2.	17.22	DECLARATION OF GOVERNOR INTERESTS	
		Mrs Holley presented the following changes to Governor interests. Dr Foxall was now a Senior Independent Trustee for the NHS Confederation. Mrs	

		<p>Penwarden was no longer Chair of Honiton Hospital and Community League of Friends and se had a new declaration as Chair of the Community Hospitals Association Project Advisory Group.</p> <p>The changes were noted.</p>	
3.	18.22	SECRETARY'S NOTES	
		<p>Mrs Holley said the next meeting for the Council was the Joint CoG and Board of Directors Development Day on 13 July 2022. She said planning was underway for this to take place in person, with the option to also attend virtually. Mrs Holley asked Governors to let Miss Coates know as soon as possible their intentions regarding attendance as this would aid with planning.</p> <p>The Council of Governors noted the Secretary's Notes.</p>	
4.	19.22	CHAIR'S REMARKS	
		<p>Ms Morgan said she was delighted to be chairing her first CoG meeting since becoming Trust Chair in April 2022. She was pleased that she had already had so many meetings and contacts with Governors, including a meeting early on in her induction when the CoG let her know what its priorities were. Ms Morgan said she would provide more detail in the Confidential meeting on her experience to date but that she would like to publicly thank the CoG for its welcome.</p> <p>Ms Morgan said the CoG at its Confidential meeting would also receive a report from the Nominations Committee in relation to Non-Executive Director (NED) recruitment and a NED Remuneration Committee report.</p> <p>There being no questions, the CoG noted the Chair's remarks.</p> <p>The Council of Governors noted the Chair's Remarks.</p>	
5.	20.22	MINUTES OF LAST MEETING, MATTERS ARISING & ACTION SUMMARY CHECK	
		<p>The minutes of the meeting held on 28 February 2022 were approved subject to the following amendments:</p> <p>References to Mr Hall to be updated to Cllr Hall.</p> <p>Page 2, minute 04.22, final paragraph, third sentence to read: "...she was taking over from Mr Brent, a respected and effective Chair."</p> <p>Page 9, minute 09.22, replace all references to 'threats' with 'challenges'.</p> <p>Action Summary Check</p> <p>20.21 (1) <i>Mr Bradley's concerns regarding the duty to involve in the decision to move the RD&E lipid service to Torbay and South Devon NHS FT to be considered.</i> Mr Bradley said although he now had the response, he was concerned that the original action was from June 2021 and he felt it was unacceptable for it to have taken a year for it to be completed. Ms Morgan apologised for the time it had taken, noting that staff had been under significant pressures. Mrs Holley added that a response had initially been supplied quite soon after the June 2021 meeting. Mr Bradley had then raised further queries which Mr Brent had wanted to personally respond to but was</p>	

		<p>unable to. Mr Bradley said he understood regarding other pressures but a holding response would have been appreciated. This was noted.</p> <p>The CoG noted all other 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	
6.1	21.22	CHIEF EXECUTIVE'S PUBLIC REPORT	
		<p>Mrs Tracey said her report would provide an overview of the current national, regional and local NHS issues. In terms of the national picture, Mrs Tracey said there was a significant political focus on the NHS and there were a number of important issues to note. First and foremost, the changes in the national response to COVID-19 coincided with some of the highest prevalence of infection seen in the county. She said there had been a real mismatch between what was being said nationally and how the Trust needed to respond to that and what the Trust's actual experience was. Secondly, Mrs Tracey said there had been a significant focus on waiting times and how organisations can recover. In addition, there had been significant activity from a regulatory, legal and political point of view. This included, amongst other things, a Public Accounts Committee Report on NHS backlogs, Royal Assent of the NHS Health and Care Bill, the Queen's Speech and a recent NHS public satisfaction survey. Mrs Tracey said in addition there was the publication in April 2022 of the Ockenden Report into maternity services and the sobering messages it had for the NHS. She said she would provide more information on all of these issues for the CoG.</p> <p>In terms of the backlog position, the Public Accounts Committee published a report in March 2022 which said that the Department of Health and Social Care had overseen years of decline in the NHS, and in cancer and elective waiting time performance. Even before the pandemic, the NHS had not increased capacity to manage demand. Mrs Tracey said NHS organisations had been set incredibly challenging targets for 2024/25 and the expectation upon organisations needed to take into account capacity, including staffing numbers and how staff were supported through this. Mrs Tracey said that COVID-19 had exacerbated the position organisations were already in pre-pandemic but it was also important to recognise it afforded some opportunities.</p> <p>Mrs Tracey said the Kings Fund and Nuffield Trust jointly commissioned in 2021, a British social attitudes study on the public views of health and care services. This took place during September and October 2021 and they asked a representative sample of 3000 people about their satisfaction with the NHS. Mrs Tracey said the report made for sobering reading, with satisfaction falling to 36%. This was an unprecedented 17 percentage point decrease on 2020 and was across all ages, all income groups, sexes and supporters of different political parties. Mrs Tracey said it was the lowest level of satisfaction recorded since 1997, with the main reasons given for dissatisfaction as the waiting times for GP and hospital appointments, followed by staff shortages and the view that the Government did not spend enough on the NHS. In terms of satisfaction levels with hospital services, Mrs Tracey said this fell overall from 64% to 41%, with satisfaction with outpatient services falling from 71% in 2019 to 49% in 2021 and satisfaction with Accident and Emergency services</p>	

also falling sharply. Mrs Tracey said the operational issues combined with the views of the public gave important context to the ask of individual organisations to make significant impacts on their financial positions and produce balanced budgets for the year.

Mrs Tracey provided an overview of the May 2022 Queen’s Speech. It had four key themes which included growing the economy to address the cost of living, and funding to the NHS for clearing the COVID-19 backlogs. There was also a draft Mental Health Act Reform Bill, the aim of which was to ensure patients have greater control over their treatments and receive the dignity and respect they deserve. It would also make it easier for people with learning disabilities and autism to be discharged from hospital. Alongside this, Mrs Tracey said was the Levelling Up and Regeneration Bill; this was important for all local communities as it was designed to drive local growth by empowering local leaders to regenerate their areas. Mrs Tracey said the Health and Care Bill received Royal Assent to become the Health and Care Act 2022. This paved the way for Integrated Care Systems (ICS) across England and linked to the empowerment of local leaders and provided opportunities to improve.

Turning to the cost of living, Mrs Tracey said this had a significant impact on everyone, including the Trust’s staff. She said the Royal College of Physicians had commissioned a survey which had shown that 55% of British adults said their health had been negatively impacted by the rising cost of living. Of this, 84% said it was due to increased heating costs, over 75% said it was the result of rising food costs and almost half said it was due to transport costs rising.

Mrs Tracey said she had painted for the CoG a very difficult picture and the challenge for the Royal Devon was how to respond to this operating environment. She said she would also like to make a comment on the Ockenden report, the independent review of maternity services at Shrewsbury and Telford Hospital, published in April 2022. Mrs Tracey said it was discussed by the Board at its April 2022 meeting in public, when it received a report on the Ockenden recommendations and where the Royal Devon was across eastern and northern services in response to them. Mrs Tracey said the Trust was performing quite well but the key issue was ensuring it listened to patients and understood the power in what patients said about Trust services. She said it was also important to create an environment for being safe to speak up for staff and the Trust had a process in place for this.

Turning to the local position, Mrs Tracey said the Devon system continued to be in a very difficult situation. The system was a significant distance from the break-even financial position that was required for 2022/23 and it was also one of eight areas being highlighted for its operational position in relation to the number patients waiting longer than 104 weeks. The national requirement was for this to be zero and despite all the efforts of staff, the Trust still had work to do. Mrs Tracey laid out some of the reasons behind this, which included not having as much additional capacity through the pandemic from the independent sector. This saw the waiting lists grow; for example in Eastern services, there was now over 6000 patients waiting longer than 52 weeks, compared to a small number in March 2020. Mrs Tracey said there had been lots of work to create capacity, including the opening of the Nightingale Hospital in Exeter on 14 March 2022 as a system-wide asset. She said it was predominately being used by the Royal Devon and the South Devon and Torbay NHS Foundation Trust and it was important to note not just the number of people who could be treated there but also the ground-breaking

		<p>procedures such as day case hip and knee replacements, which were well received by patients. Mrs Tracey added that at North Devon District Hospital, the Trust had opened the Jubilee Ward, a ward with ten protected beds for orthopaedics. Moving onto the changes nationally in relation to COVID-19 restrictions, the Trust had made changes from 20 May 2022, which included extending visiting hours. The Trust was keeping this under review as it needed to balance it against the prevalence of COVID-19 locally. Mrs Tracey this was proving difficult, as some people did not understand why there were restrictions in healthcare when not elsewhere and staff were having to explain about helping to keep people, especially those who were clinically vulnerable, safe.</p> <p>Mrs Tracey said that since her last report to the CoG in February 2022, the integration had completed and the Royal Devon was now in place. She said in some areas there had not been many changes but in other ways it was a significant, historic moment. There was a new impetus within the organisation and the Board had undertaken significant work on the corporate strategy whilst working on the 2022/23 operational plan. The focus was on recovery, developing the organisation's leaders to develop the Trust as a great place to work, working with partners and collaborating in the ICS, and aiming for excellence. An important part of that was the Epic Go Live in the Northern services in July 2022. Mrs Tracey said this was a key enabler to some of the changes the Trust needed in clinical services to make sure they were sustainable across the patch. She said the Trust continued to aim as much as possible to deliver services as close to home, if not in people's homes. Mrs Tracey highlighted this by saying that the Trust had recently sent its first cardiology patients home with a wearable device that allowed the patient to electronically and automatically transfer data from the device so that it can be monitored remotely by staff.</p> <p>In summary, Mrs Tracey said it busy and challenging time, especially for staff, but the Trust was responding in a positive way. She said she was happy to take any questions.</p>	
6.2	22.22	OPEN QUESTION AND ANSWER	
		<p>Ms Morgan thanked Mrs Tracey for her comprehensive report and invited questions from the CoG.</p> <p>Mrs Sweeney outlined the recent experience of someone she knew who had an acute mental health episode. A mental health nurse had attended and when the patient did not respond to treatment, the recognised route was to attend the Royal Devon's Accident and Emergency (A&E) department. Mrs Sweeney said she was troubled by this, as past experience showed this was not good for patients and she was also aware it impacted upon the Trust's metrics. She asked how, as a system, this could be avoided. Mrs Tracey replied that whilst there could be an impact on the Trust's performance metrics, the important issue was the patient and a busy A&E was not the right environment for someone having a mental health episode. Mrs Tracey said these were long standing issues, with no obvious solutions. Devon Partnership Trust, the mental health Trust, was working on its provision and a key part of the Devon system plan had more resource being put into community mental health provision. Mrs Tracey said that psychiatric liaison was in place in A&E to help and improve care for mental health patients. She said the Trust was very aware of the impact upon patients and their friends and family and it continually strived to do more. Ms Morgan thanked Mrs</p>	

	<p>Tracey for her response, adding that she was due to meet with Andy Willis, Chair of Devon Partnership Trust and this issue was on the agenda for discussion. Mrs Holley added that the issue was also a risk on the Trust's Corporate Risk Register and it was a risk that was well known and understood by the Board of Directors.</p> <p>Cllr Hall noted the comments on staff morale and wellbeing and asked if the Trust was surveying its staff or considering any additional support. Mrs Tracey said the Board received the results from the most recent national Staff Survey at its last meeting and these remained positive in the context of where the Trust was. In addition, the Trust undertook a 'Pulse Survey' three times a year, which took a snapshot of how staff were feeling. The Executive Directors held monthly webinars and engagement with these had increased. She said that the number of questions or concerns raised linked to the rising cost of living meant the Trust was focussing on this in its health and wellbeing approach, for example signposting to other agencies who could help. Mrs Tracey added that it was difficult knowing that staff were working as hard as they were and struggling to pay bills. She said one suggestion the Trust had recently received was to set up a staff food bank and this was being considered as part of the Trust's support to staff. Mrs Tracey added that the financial provision from the Government for free staff parking was no longer available and the Trust had therefore had to re-introduce staff parking charges. This had been a difficult decision but the provision of parking came at a cost to the Trust and if was not covered by parking charges, the money would have to come from other services. The Trust had considered a number of options, which included how to also encourage a change in habits, such as using the Park and Ride to the RD&E site. Mrs Tracey said she would understand some disquiet from staff on the issue, adding that she used alternatives for travelling to work including the Park and Ride. Ms Morgan said she felt the issue had been managed sensitively and consultatively and that she too had found the Park and Ride to work well. Noting the comments on some staff struggling with the rising cost of living, Miss Foster asked if the Trust was still subsidising meals in the restaurants and if there was anything more the Trust could do to help people. Mrs Tracey confirmed that the staff discount remained in place in the restaurants and cafes and the Trust was considering what more it could do, citing a recent example of a free snack and hot drink for staff.</p> <p>Mr Leepile expressed his thanks to Mrs Tracey for her update and for her clear understanding and knowledge of staff and their concerns. He said the Trust had a number of agency staff who were paid through the COVID-19 relief fund and he was aware this was due to end soon. He asked if the Trust would be seeking to offer them positions as he was aware that many were keen to work for the Trust permanently. Noting what Mrs Tracey said about staff feeling safe to speak up, he said the percentage of staff saying they feel safe to speak up was increasing which was positive. He said the Trust had recruited more Equality, Diversity and Inclusion Leads which had helped; however, he believed that the Government wished to cut these positions within the NHS. If this was the case, what would the Trust's position be. Finally, Mr Leepile said he would like to thank Mrs Tracey for the Trust introducing reciprocal mentoring as this helped staff to understand how the hospital worked. Mrs Tracey thanked Mr Leepile for his comments. In relation to employing people into permanent roles, she said the Trust was trying to do this, as it was to the benefit of the Trust as well as the staff members. In terms of equality, diversity and inclusion, Mrs Tracey said that the organisation could use the freedoms it</p>	
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		<p>has as a Foundation Trust so that should the roles be cut by the Government, the Trust would not do so as it valued them so much. She gave the Council her assurance that whilst she was Chief Executive, the roles would remain.</p> <p>There being no further questions, Ms Morgan thanked Mrs Tracey for her responses, adding that her update had reflected well the pressures and challenges and the progress being made.</p> <p>The Council of Governors noted the Chief Executive's Report.</p>	
7.		PERFORMANCE & ASSURANCE	
7.1	23.22	Q4 2021/22 PERFORMANCE REPORT	
		<p>Mrs Hibbard presented the report. It was her first time attending a formal CoG meeting and she introduced herself to the Governors. She said the Performance Report reflected the picture as given by Mrs Tracey and outlined the plan and the focus on improving. Mrs Hibbard said the Trust was currently outperforming its 104-week wait trajectory, with this to be cleared by September 2022 and the Trust moving onto a 78-week position. Linked to this, Mrs Hibbard highlighted the Waiting Well initiative, which was working well in terms of clinical prioritisation and preventing harm arising from waiting.</p> <p>Mrs Hibbard invited questions.</p> <p>Dr Foxall said the Governors had held a pre-meeting and considered the questions to ask in order to seek assurance. She added that it was the first meeting as the Royal Devon CoG and the report was for the Royal Devon and Exeter NHS Foundation Trust's last quarter. She noted the Report gave thanks to Trust staff, saying this was a thread that had run through CoG meetings over the years and the Governors wanted to give its thanks to staff and to those patients who continue to wait patiently.</p> <p>Mrs Sweeney made reference to the long waits and in particular the 104 week waits, adding that she believed this should be referred to as Two Year Waits as this made a greater impact when considering people who are waiting with pain. She noted that the report said on one page that the 104 week wait reduced for the first time during February and March, largely as a result of the return of the Dyball orthopaedic ward; however, Mrs Sweeney said on another page of the report, the number of patients waiting more than 104 weeks for orthopaedic care had increased, and the reductions were in other areas. She asked how the Board was assured when the report narrative did not match the data and how assured was it that the targets could be met, especially given the challenges with capacity and staff shortages. Mrs Hibbard thanked Mrs Sweeney for highlighting the mismatch between the narrative and data in the report and she would look at this in more detail outside of the meeting. She added that Dyball being used as an orthopaedic ward was helping the Trust to meet its trajectory. Mrs Hibbard said the Board had detailed discussions on meeting the trajectory in its Confidential meetings and also in the Finance and Operations Committee. The Board was clear on the action plans and how the Trust can deliver what it has committed to. Mrs Hibbard provided some up-to-date data to the meeting. She said the target for the end of May 2022 was to have 491 patients on the 104 week waiting list, and by 22 May 2022 it had reached 426 patients. The end of June 2022 plan was for 354 patients and at 22 May 2022, the trajectory was showing the position as 328 patients and pushing for 300 patients on the 104 week waiting list. Mrs Sweeney asked how the Trust was mitigating its trajectory to take into the account its staff</p>	

shortages and ensuring the welfare of those staff in post. Mrs Hibbard said the Trust was recruiting to all areas where it needed to increase elective capacity, adding that workforce availability was taken into account in the trajectory. It therefore reflected the staff in post and those who were due to join the Trust. Mrs Hibbard said the Trust had used non-recurrent Elective Recovery Funds to recruit additional staff and the Trust was aware it could not recover its waiting list by asking its existing staff to work harder.

Mrs Noar referred to the earlier discussion on the cost of living issues for staff and said it was reassuring that Mrs Tracey had such good awareness of the them. She asked if the food bank for staff was going to be set up. Mrs Hibbard replied that the suggestion had come through the staff forums quite strongly and the Trust was looking at the logistics of it. It would need to ensure it operated effectively and reached those staff it needed to. Mrs Hibbard added it was very early stages and the Trust would seek to learn from other Trusts who had put this in place for their staff.

Mrs Shuja referred to the patient experience report for Eastern services and asked how the Board was seeking assurance on patient experience and how this linked to the Patient Experience Strategy the Trust was developing. She asked for some insight on the Strategy's launch. Mrs Hibbard replied that the Patient Experience Committee (PEC) would feed its assurance through to the Board, with Carolyn Mills, Chief Nursing Officer, having patient experience in her portfolio. She said that the Board had patient experience built into its values and it heard a patient story at each of its public meetings. Mrs Hibbard said she found these to be very powerful. She added that the Board recognised, for example, that the Trust's complaint responses were not as robust as they should be, with operational pressures making it difficult for staff to respond. Mrs Hibbard said the Patient Experience Strategy was presented to the May 2022 Board meeting and had been well received. Mrs Mills was progressing the work to launch the Strategy and embed it into the work of the Trust. Mrs Newton added that the Communications and Engagement Team would be supporting this work. Mrs Holley reminded the Governors that they had been invited to contribute to the Patient Experience Strategy and Miss Doris had attended a meeting of the newly reformed PEC. She said that whilst PEC was paused during the pandemic, there was an operational patient experience group at both the RD&E and NDHT. Mrs Holley said that the information in the performance report was a summary of the work taking place and the Board took its assurance from a number of sources. There was a robust governance system in place, which included a number of Committees, such as the PEC but also, for example, the Safety and Risk Committee. Mrs Shuja noted the responses but said it would be good to see more clarity in the report in future.

Mrs Shuja commented on the sharp decline in Venous Thromboembolism (VTE) risk assessments and asked what the consequences of this were for patients and if the Board was concerned. Mrs Hibbard replied that she agreed the data did not support a positive position; however, the Board had received assurance from the Chief Nursing Officer and Chief Medical Officer that the data was more a reflection of not capturing that an assessment had taken place. There was a need to address data quality issues, and this was being done over time and within the Trust's resources. Mr Bradley asked for further information on how the CoG would see that changes had been made so it had a means of measuring improvement. Mrs Hibbard said that the Board had requested it received direct feedback on this issue as it was important for it to hear that change had been effected. Mrs Mills also received assurance

directly. Mrs Holley added that in the wider context of patient safety and quality, where there were incidents, the Trust commissioned Internal Audit to undertake post-action reviews to ensure that actions were taken and embedded. Mr Bradley said the CoG did not see that, which was why he needed to ask the question. Mrs Holley replied that she would not expect the CoG to see it as the Board and NEDs are taking that assurance through the various Committees. Instead it was important for the Governors to understand the governance process of how the Board received assurance.

Miss Foster referred to the data on complaints handling. Noting the comments earlier in the meeting about the NHS satisfaction survey, she said that complaints told the patient story and yet the Trust was not responding within the 45 day target to a large number of them. Miss Foster asked why was the Trust not responding in a timely manner, adding that patients not knowing what was happening to their complaint left them frustrated. Mrs Hibbard acknowledged that performance was not as the Trust would want it to be. She said complaints were immediately acknowledged on receipt and this included letting the individual know the target date for a response. Mrs Hibbard said that many of the complaints received were complicated and multi-faceted. The Patient Advice and Liaison Service (PALS) identified the staff involved in a person's care to ensure they were directly involved in responding to the complaint. The complaint response was then reviewed through the directorate and an Executive Director for sign-off to ensure that the response provided answers to the complaint in an open and transparent way. Mrs Hibbard said that ensuring that the response answered the issues raised can be a lengthy process. The individuals mentioned in a complaint are asked to respond and they were often on the frontline and finding time during the pandemic for this has been difficult. Miss Foster thanked Mrs Hibbard for her response and said it provided assurance.

Professor Shore joined the meeting.

Mr Bradley commented that it would be useful for the report to provide information on the difference between a complaint and a concern as there was a difference in how patients may want their feedback treated. He noted that the report provided information on the top two locations for compliments but did not provide this for complaints and he was concerned by the disparity in information provided. Mr Bradley said compliments were welcomed and whilst there was no action arising from those, it was important to have clarification on complaints, trends and numbers and how the Trust learnt from them. Mrs Hibbard said there was a balance between the information in the report and the other ways in which the Board received assurance. She said the Board received a regular complaints report, which provided details of trends, numbers, service area etc. The performance report was a high level snapshot, with Mrs Hibbard adding that the Divisions also received detailed information of complaints, concerns and compliments within their services.

Mr Wilkins mentioned the work being led by the Parliamentary Health Service Ombudsman with a number of organisations across the health sector in England to create new NHS complaints standards. These were currently being piloted, ahead of implementation next year and Mr Wilkins said he understood further input into the work was welcome. He asked if the Royal Devon was involved in this national initiative. Mrs Hibbard thanked Mr Wilkins for the information and said she was sure Mrs Mills and her team would be aware of it but that she would check with her.

		<p>ACTION: Check to be made if the Royal Devon was involved in the Parliamentary Health Service Ombudsman’s initiative in piloting new NHS complaints standards.</p> <p>Dr Foxall asked Ms Morgan and Professor Kent how they sought assurance on community services as they were often missing from the performance report. Professor Kent replied, that due to her professional background, she was very much aware that the Royal Devon was not just an acute organisation. She said the performance report was a generic picture and the Board did discuss areas of concern, including quite recently staffing issues in the community. Professor Kent assured the meeting that Board members do raise questions and issues related to the community services. Ms Morgan said part of her continuing induction was to understand how the Trust works as a whole and she had a programme of visits to all the community sites. She added she was also linking in with the voluntary sector in the wider community services as suggested by Cllr Hall at a previous meeting, as it was important as part of the ICS to look across the whole system.</p> <p>Dr Foxall commented on the dip in Stroke performance but this was well explained in the report’s narrative. She said it was not that long ago it was acknowledged at CoG by Alastair Matthews, a NED, that it was showing the green shoots of recovery, so the Trust should not be discouraged by the metrics. Dr Foxall added that someone she knew who had a stroke had recently let her know about the excellent care they received at the Royal Devon. Ms Morgan thanked Dr Foxall for the comments.</p> <p>With there being no further questions, Ms Morgan thanked Mrs Hibbard for the presentation of the report and for her open responses to the questions.</p> <p>The Council of Governors noted the Performance Report.</p>	AHib
8.		COG BUSINESS	
8.1	24.22	UPDATE FROM THE PATIENT EXPERIENCE COMMITTEE	
		<p>Ms Morgan introduced the item and asked Dr Foxall to update the CoG. Dr Foxall said that it had been agreed by CoG that a Governor would attend the first meeting of the new PEC, with Miss Doris selected from the volunteers. Dr Foxall said that Miss Doris’ feedback from the meeting had been positive and said the process now would be for an election to be run for a Governor to join the Committee. Dr Foxall said it was important that the Governor who joined the PEC has the support of the CoG but that they also understand they are representing CoG feeding into PEC and then back to CoG. She commented on the previous strong links between the Governor members of PEC and the Patient Safety and Quality Working Group. Mrs Holley said the election process would take place in time for a Governor to attend the next PEC meeting in August 2022. Ms Morgan said she planned to attend the next PEC as part of her learning, with Miss Foster saying she was pleased a Governor would be a member of PEC, as she had been concerned this may not be the case.</p> <p>There being no further comments or questions, the update was noted.</p> <p>The Council of Governors noted the update from the Patient Experience Committee.</p>	

8.2	25.22	COG COORDINATING COMMITTEE AND WORKING GROUPS PROGRESS REPORTS	
		<p>Ms Morgan introduced the report, adding that Dr Foxall would provide more detail on the CoG Coordinating Committee, Mrs Shuja on the Public and Member Engagement Group (PMEG) and Mr Wilkins on the CoG Effectiveness Working Group. She said she would seek a volunteer to speak to the report from the last Patient Safety and Quality Working Group meeting.</p> <p>Dr Foxall presented the report from the CoG Coordinating Committee, saying its meeting in April 2022 was the first meeting for both Ms Morgan and Ms Newton. She highlighted the information on Governor training and the NHS Providers Governwell programme which she had provided to Ms Newton. Ms Newton confirmed that the Trust was committed to training for Governors and she would be looking at the most pragmatic approach, including in-house training or inviting NHS Providers to deliver training to the CoG. Mr Bradley said the report noted that a question was asked about a budget for Governors to attend training sessions and asked for a response. Dr Foxall replied that having shared with Ms Newton the information on Governwell she was assured it would be considered.</p> <p>Mrs Shuja presented the PMEG report. She highlighted the work on the upcoming Governor elections and gave a reminder of the opportunity for Governors to help at the prospective Governor meetings. Mrs Shuja said the other area to highlight was a proposed meeting with a North Devon stakeholders' group, the 'Involving People Steering Group'. This would be an informal meeting with all Governors invited. A date would be circulated soon with Mrs Shuja adding this was an opportunity to build relationships and to learn from North Devon's patient experience and engagement processes.</p> <p>Mr Wilkins presented the CoG Effectiveness report. He said several of the issues it contained would be taken to the CoG Coordinating Committee's next meeting in July 2022. He highlighted the online survey that was being piloted in order to gather feedback on the effectiveness of meetings and he encouraged those Governors at the meeting to respond when he circulated it later. Dr Foxall said it was hoped the feedback would help feed into the CoG's agendas and help the Governors in undertaking their roles in reflecting views and holding to account. Mr Wilkins thanked Sarah Delbridge of the Engagement Team for her assistance in developing the survey. This was noted by Ms Newton.</p> <p>Turning to the Patient Safety and Quality Working Group report, Ms Morgan asked if anyone present at the meeting wished to speak to it. Dr Foxall said the report expressed some clear needs to be addressed. Mrs Holley assured the Governors that she received feedback from each meeting on the issues as agreed by the members of the Group. She said the report highlighted concerns on the lack of involvement of Governors in the Group, which she shared. She said she would encourage all Governors to attend the Group's meetings. Mrs Holley said the report contained a comment on the lack of information given to Governors on patient safety and quality issues. She said it was important to say that the Trust remained committed to providing what the Governors needed to undertake their roles; however, it was necessary to balance the purpose of Group versus what Governors want. She said the CoG had already heard at its meeting about the patient safety and quality indicators in the Board's performance report and she reminded the Governors that these reports were publicly available, even if they could not attend the</p>	

		<p>meeting in public. Mrs Holley also highlighted the routine Governance Committee reports to the public Board, adding these were very detailed and contained assurances to the Board. As another example, she said the CoG had heard from Mrs Tracey how the Ockenden maternity report had also been presented to the Board at its public meeting. Mrs Holley acknowledged that there was work to do to review how the Board's performance report was presented to the CoG and how it can be improved. She added that whilst presentations on the Governor quality priorities had been paused during the pandemic, there had been quarterly reports to the Governance Committee on both the Trust and Governor priorities and these had been shared with the CoG. Mrs Holley said that if there was any other information that was missing, it was important she was aware of this. Mr Wilkins said there was a significant amount of information available but the question for Governors was about discerning the wood from the trees. As an example, he said there was a reference to a paper to the Board on the Trust's response to the Ockenden Report and he was not sure that Governors had seen that and they may be interested to. Mrs Holley said that it was important to balance making it as easy as possible for the CoG to find information against the resource within her team. She said the report was presented to the public Board meeting in April 2022 and was therefore published on the Trust website. Mrs Holley acknowledged that not all Governors could attend Board meetings but that they may find it useful to occasionally look at the Board agendas and papers. She added that Tony Neal, NED and Chair of the Governance Committee, was planning a session on assurance for the July 2022 Development which may help Governors understand the assurance processes.</p> <p><i>Mrs Noar left the meeting.</i></p> <p>Ms Morgan proposed that the discussion continue outside the meeting to consider how to best ensure the Governors were properly informed in the right way at the right time, noting that both the CoG and the Trust were committed to this.</p> <p>ACTION: Discussion to be held on how to best to ensure the CoG is properly informed in the right way at the right time.</p> <p>There being no further comments or questions, the report was noted.</p> <p>The Council of Governors noted the report from the CoG Coordinating Committee and the Working Groups.</p>	SM / MH
8.3	26.22	ELECTIONS TO THE COUNCIL OF GOVERNORS 2022	
		<p>Mrs Holley presented the report, which was taken as read. She provided a further reminder of the forthcoming prospective Governor meetings and the request from the Engagement Team for volunteers to attend.</p> <p>There being no comments or questions, the report was noted.</p> <p>The Council of Governors noted the Elections to the CoG 2022 Report.</p>	
8.4	27.22	ANNUAL REPORT & ACCOUNTS AND QUALITY REPORT 2021/22	
		<p>Ms Newton presented the report, which provided an overview on the process to produce the Annual Report and Quality Report for 2021/22. She said this had now been approved by the Board and the Trust was completing the process for submission to NHS England/NHS Improvement and for laying the Annual Report and Accounts before Parliament. The Report could not be</p>	

		<p>published until this had taken place. As in previous years, Ms Newton said the Trust would not be printing any copies but it could supply a copy on request. She invited questions.</p> <p>Dr Foxall asked for clarification on the process. She said the Trust's Constitution says the Annual Report would be presented to the CoG before being presented to the Annual Members Meeting but this did not tend to happen. She noted that the Report also contained a section on the activity of the CoG but the Governors did not contribute that. She asked if both issues could be considered. Mrs Holley said the comments were noted, adding that consideration would be given as to when the Annual Report could be shared with the CoG ahead of its publication. She said that there had been a suggestion by Mrs Sweeney that the Patient Safety and Quality Working Group contribute to the Quality Report in future. Mrs Sweeney said that Mrs Mills had said there was going to be a national review of Quality Reports and the outcome from that would be required. This was noted.</p> <p>Ms Morgan thanked Mrs Newton and the teams for the work on the Reports and said they provide a good overview of the Trust's year and are good reference documents.</p> <p>The Council of Governors noted the update on the Annual Report and Quality Report 2021/22.</p>	
8.5	28.22	NOMINATIONS COMMITTEE AND NON-EXECUTIVE DIRECTOR REMUNERATION COMMITTEE REPORTS	
		<p>Ms Morgan said both reports were for noting, with further more detailed reports to be presented in the Confidential meeting. This was because they contained sensitive information regarding NED recruitment and remuneration. This was noted.</p> <p>The Council of Governors noted the Nominations Committee and Non-Executive Director Remuneration Committee Reports.</p>	
9.		STAKEHOLDER ENGAGEMENT	
10.		INFORMATION	
10.1	29.22	DISCUSSION WITH A NON-EXECUTIVE DIRECTOR	
		<p>Ms Morgan welcomed Professor Kent to the meeting. She said Professor Kent had a depth and breadth of clinical experience and she had been invited to speak to the Governors about her first year as a NED at the Royal Devon. Ms Morgan reminded the CoG that Professor Kent's profile on the Trust's website had been circulated and she asked Professor Kent to provide some detail of her experience.</p> <p>Professor Kent thanked the CoG for its invitation and said she would provide an overview of her background, her focus to date as a NED, what she was contributing to and what she planned to contribute to during her tenure. She said she had been appointed in June 2021, when the Trust was seeking a NED with a clinical background. She said it was a credit to the CoG that they chose to appoint a Registered Nurse, rather than a medic, to the role. Professor Kent gave her background as a Registered Nurse with a range of nursing practice, education and research experience. This was both in the UK and in Australia and New Zealand. She said she maintained a mix of nursing</p>	

practice and education and she currently worked at Derriford Hospital in Plymouth in the Intensive Care Unit as well as at the University of Plymouth clinical school. Professor Kent said she had recently been made a Fellow of the Royal College of Nursing for her contributions to practice research and education, which she was very proud of. In terms of her NED role, she said she had been attracted to the role as she wanted to make a different contribution to the NHS. During her first year, she had made several visits across the patch to understand the organisation and her focus had been on patient safety, patient satisfaction, quality indicators and staffing. As a NED, her portfolio included being a member of the Remuneration Committee and Governance Committee and she was also the Chair of the Organ Donation Committee as this linked in with her professional background. This role meant she worked with clinical leads to champion organ donation and to look at the barriers to it. In terms of her life away from work, Professor Kent said she lived in east Cornwall and was a keen runner. She invited questions.

Cllr Hall, Mrs Hibbard and Mrs Tracey left the meeting.

Professor Shore said she was interested in Professor Kent's interest in the education and research agenda. She asked for her views on the educational and research environment at the Trust and how the NEDs were ensuring its quality. Professor Kent replied that the education students were the pipeline into the staffing at the Trust and she had been assured by the amount of input into that over the years by the Chief Nurse and others across other professions into the educational preparation of nurses, medics and Allied Health Professionals amongst others. In terms of monitoring this, this did not tend to be via formal reports to the Board but more through direct connections with the various providers, including one of the NEDs, Janice Kay, being employed by the University of Exeter. Professor Kent said she could also bring in her perspective from working at the University of Plymouth clinical school. She said it was important that the Trust continued to work with education providers, including those new to the region such as the Open University, to provide more educational opportunities. She noted the development of the apprenticeship model, which was good to see. In terms of research, the Board received reports on research activity and it was acknowledged how vital it was to the Trust. Professor Kent said research brought so many benefits to patients and it was important to get that message out to patients. Professor Shore thanked Professor Kent for the response, adding that the Trust having so many high quality staff showed the emphasis it put on research.

Mrs Sweeney said it was helpful to know more about Professor Kent's background. She said Professor Kent had joined the RD&E knowing about the potential integration with NDHT and had also been appointed as an associate NED on its Board. She asked if her role had changed now she was a NED for the larger organisation in Royal Devon and how could the CoG support her in her role. Professor Kent replied that due to being a NED for both RD&E and NDHT, she had spent time in her first year to understand both the northern and eastern services; however, she was aware she was still learning. She said Governors could help by flagging issues they are hearing from the public and in the communities and by asking questions at Board meetings.

Miss Foster asked for Professor Kent's view on the national nursing shortage. She said she questioned morally whether the country should continue to recruit from the developing world. Professor Kent said she agreed regarding the reliance on recruitment overseas, which had been happening for about 15

		<p>years. She said the Trust had quite a good position and it did not recruit its nursing staff all from one source but there was a need to develop its own staff. This may include looking at what was stopping people joining the Trust but also what was causing them to leave. Professor Kent said retention was as important as recruitment. She added there had also been challenges with funding and the Government's removal of the nursing bursary. It was important the Trust understood the trigger points for people wanting to leave so that it could do as much as it could to aid staff, alongside supporting initiatives to change national policy.</p> <p>There being no further questions, Ms Morgan thanked Professor Kent for her time and said it had been a valuable session.</p> <p>There being no further business the meeting was closed.</p>	
	<p>30.22</p>	<p>DATE OF NEXT MEETING</p> <p>The next meeting would take place on 17 August 2022 (venue to be confirmed).</p>	

MEETING OF THE COUNCIL OF GOVERNORS

9 June 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
47.21	November 2021	Election for the post of Deputy Lead Governor to start in April 2022.	BC	June 2022 August 2022	June update: It was agreed that the Lead Governor process would start first followed by the Deputy Lead Governor post. There were no candidates for the Lead Governor post and the processes are currently on hold. Action on-going. August update: A discussion has been scheduled for the afternoon of the 17 August 2022 CoG meeting.
23.22	June 2022	Check to be made if the Royal Devon was involved in the Parliamentary Health Service Ombudsman's initiative in piloting new NHS complaints standards.	AHib	August 2022	August update: Carolyn Mills, Chief Nursing Officer, confirmed that the Royal Devon's Northern services were a pilot site for the initiative and confirmed any learning would be rolled out to Eastern services. Action complete.
25.22	June 2022	Discussion to be held on how to best to ensure the CoG is properly informed in the right way at the right time.	SM/MH	November 2022	

Signed:

Name: Shan Morgan, Chair