

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

**Held on Wednesday 21 August 2024  
 Room G107, SWiOT building (G-Block)  
 Petroc College North Devon Campus  
 Old Sticklepath Hill  
 Barnstaple EX31 2BQ**

**Present**

Shan Morgan, Trust Chair

**Public Governors**

**Eastern:**

Kay Foster  
Rachel Noar

**Northern:**

Catherine Bearfield  
Quentin Cox  
Dale Hall  
George Kempton  
Carol McCormack-Hole  
Sue Matthews  
Avril Stone

**Southern:**

Gill Greenfield

**Staff Governors:**

Naomi Hallett  
Tom Reynolds  
Clare Stevens

**Appointed Governors:**

Angela Shore, Appointed - University of Exeter

**Apologies**

Maurice Dunster, Eastern  
Ian Hall, Appointed - Devon County Council  
Zoe Harris, Staff  
Simon Leepile, Staff  
Emily Partridge, Staff  
Nigel Richards, Eastern  
Richard Westlake, Southern

**In Attendance:**

Bernadette Coates, Governance Coordinator (minute taker)  
Sarah Delbridge, Engagement Manager  
Angela Hibbard, Chief Finance Officer (up to minute 43.24)  
Sam Higginson, Chief Executive Officer (from minute 39.24 to 43.24)  
Melanie Holley, Director of Governance  
Alastair Matthews, Non-Executive Director  
Wendy Matthews, BSL Interpreter  
Bridie Kent, Non-Executive Director (up to minute 43.24)  
Tim McIntyre-Bhatty, Non-Executive Director  
Caron Wolfenden, BSL Interpreter

Item	Minute		Action
1.	35.24	<b>WELCOME AND APOLOGIES</b>	
		Ms Morgan welcomed everyone to the meeting, including members of the Board of Directors and Ms Wolfenden and Ms Matthews as interpreters. The apologies were noted as above and the meeting was confirmed as quorate.	
2.	36.24	<b>DECLARATIONS OF INTERESTS</b>	
		Mrs Holley said there had been no new declarations or changes to current declarations. Mrs Holley reminded the Governors to let her know of any changes to declarations and to flag if any arise during the course of the meeting.	

		<b>The Council of Governors noted the Declarations of Interest.</b>	
<b>3.</b>	<b>37.24</b>	<b>SECRETARY'S NOTES</b>	
		<p>Mrs Holley noted the following:</p> <ul style="list-style-type: none"> <li>• Dates of next meetings: <ul style="list-style-type: none"> <li>○ The next CoG meeting would take place on Thursday 28 November 2024 at a venue in Exeter</li> <li>○ The Trust's Annual Members Meeting (AMM) was taking place on Tuesday 1 October 2024 in the RILD building at the RD&amp;E Hospital.</li> <li>○ A Joint Board and CoG Development Day would take place on Wednesday 6 November 2024 in Exeter. Mrs Holley said the theme had been planned to be Mental Health; however, the Chair and CEO of Devon Partnership Trust (DPT) were unable to attend. She said thought was being given to another theme for the meeting, including Maternity services. Mr Cox said the Governors had discussed the list of topics for Development Days in the pre-meeting and had considered a commissioning approach to the mental health session in November 2024, so that it was wider than just DPT and could include primary care and the Integrated Care Board (ICB). It did not have to included the CEO or Chair but could include the Chief Nurse or Chief Operating Officer. This was noted.</li> </ul> </li> <li>• As advised via email the day before, Sue Matthews had been ratified by the CoG as the new Deputy Lead Governor.</li> <li>• An update on the Governance Review: In relation to a Governor observing each Board Committee, Mrs Holley said work was ongoing to amend the Terms of Reference of each of the Committees of the Board, with them due to be presented to the September 2024 Board meeting for approval. This was with a view to commencing the new arrangements from October 2024 onwards. Mrs Holley said that Governors would shortly receive information outlining the process for nominating themselves to observe each of the Committees of the Board (with the exception of the Remuneration Committee. She confirmed the terms would be for one year. In addition, Governors were aware that it had been agreed that one Governor would accompany a NED on their safety/site visits which take place each quarter. Mrs Holley said she was in the process of liaising with the NEDs to secure dates for the last quarter of the calendar year (October to December 2024) and for each quarter in 2025. A similar nominations process to observing the Board Committees would be undertaken for volunteers to accompany the NEDs. In order to ensure as many Governors as possible can participate and benefit, Governors would be asked to put themselves forward for either observing a Committee or accompanying a NED on a site visit.</li> <li>• A report on the elections to CoG was on the agenda later in the meeting, with Mrs Holley providing an update since the report was circulated. Details had been circulated to Governors and published on the Trust's website but in summary, Mrs Holley said there would be contested elections for the Staff and Public – Northern constituencies. There were uncontested elections in the Public – Eastern and Public – Southern constituencies. Mrs Holley said the team was in touch with the candidates elected uncontested, so that they were aware of what would happen next</li> </ul>	

		<p>with their terms of office starting at the AMM on 1 October 2024 and with the date for induction. In terms of induction, Mrs Holley said the Trust was exploring setting up the buddy system again and asked Governors if they would support this. The Governors agreed they would support this. Noting that vacancies remained in the Public – Southern constituency, Mrs McCormack-Hole asked if it was possible to use the candidates from other constituencies to fill the posts. Mrs Holley said this was not currently provided for the Constitution. She reminded Governors that a review of the Constitution was overdue and this was an issue that could be noted. She said she understood that some Governors have said they wanted to finish other pieces of work before commencing the Constitution review but she said she was keen to start it as soon as possible.</p> <p>There being no further questions, the Notes were noted.</p> <p><b>The Council of Governors noted the Secretary’s Notes.</b></p>	
<b>4.</b>	<b>38.24</b>	<b>CHAIR’S REMARKS</b>	
		<p>Ms Morgan remarked on the following:</p> <ul style="list-style-type: none"> <li>• It was the last full CoG meeting for Miss Foster, who was leaving the Council at the AMM, having completed 9 years as an elected Public Governor. Ms Morgan said that Mr Dunster and Mrs Partridge were also leaving the CoG at the end of their terms, with neither standing for re-election. It was noted that Mrs Bearfield, Mr Hall, Mrs Stone and Mrs Stevens, were all standing for re-election, with the results known in mid-September 2024.</li> <li>• In the Confidential CoG meeting, the Governors would receive an update from the Audit Committee on the external auditor tender process.</li> <li>• Noting the recent violent demonstrations and expressions of racism across England, Ms Morgan said there had been concern for some of the Trust’s staff and their experiences both at work and away from work. Ms Morgan said the Trust had been supporting its staff, wanting to make everyone feel safe, particularly at work. She said that staffing from overseas was important to the Trust, and their contributions were invaluable.</li> <li>• There were questions over funding from the new government in terms of the new hospitals programme, which may affect the Trust’s Our Future Hospital scheme at North Devon District Hospital (NDDH). Ms Morgan said the funding was being reviewed during the summer by the Government and the Trust was continuing its engagement with stakeholders and continuing the work that was on-going.</li> </ul> <p><i>Mr Higginson joined the meeting.</i></p> <p><b>The Council of Governors noted the Chair’s Remarks.</b></p>	
<b>5.</b>	<b>39.24</b>	<b>APPROVAL OF THE 5 JUNE 2024 PUBLIC MEETING MINUTES</b>	
		<p>The minutes of the 5 June 2024 public meeting were approved as an accurate record of the meeting.</p> <p>The action tracker was noted, with all the actions completed subject to the following updates:</p> <p>08.24(3) <i>Mr Palmer to share information with the CoG on patient harm whilst on the cardiology waiting list (including waiting for angiograms).</i> Mrs Holley highlighted the update from Mr Palmer that was included in the action tracker and asked if there were any questions on this. Mrs Greenfield asked about</p>	

		<p>the plans to reduce the waits and also where she could find the information on the waits for angiograms as this did not appear to be included in the Integrated Performance Report (IPR). Mr Higginson advised that Mr Palmer was undertaking an in-depth review of the Cardiology waiting list, which included validating the high risk patients. He said he would bring an update on the overall waiting list and the position for angiograms to the next meeting. This was agreed as a new action, with action 08.24 (3) agreed closed.</p> <p><b>ACTION: Mr Higginson to provide an update on the overall Cardiology waiting list and on the waiting list for angiograms to the November 2024 CoG meeting.</b></p> <p>Miss Foster said that Cardiology waiting times had been an issue for many years and asked why the Trust was still not making progress. Mr Higginson said he was aware there were longstanding issues and the Trust had been working intensively with NHS England on this speciality. This included Torbay and South Devon NHS Foundation Trust (T&amp;SD) taking more Royal Devon cardiology patients. The two Trusts were also moving to a shared rota, changing the clinical configuration to ensure more work could be undertaken. Mr Higginson said the Trust had experienced capacity issues, both physical and staffing. The physical capacity issue had been mitigated with the new Cardiology Day Case Unit, with the staffing issue being addressed through a Devon perspective and working with T&amp;SD.</p> <p>09.24 (1) <i>Communications Team to consider an article on Organ Donation and the Organ Donation Committee's work for the Trust's stakeholder newsletter.</i> It was noted that the article was planned for October 2024 and it was agreed keep the action open until it was published.</p> <p>23.24 <i>Mr Higginson to follow up the issue of NHS Professionals contacting bank staff re vaccinations/measles check and locations for doing this and any charges being made by GPs.</i> Mrs Stevens confirmed she was content the issue was being followed up and the action was closed.</p> <p><b>Matters Arising</b></p> <p>Mr Cox noted that the issues raised during the MY CARE Feedback from Communities session had not been noted as actions and asked if they had been fed back. Mrs Holley confirmed that the feedback was shared with the relevant people and some of this was included in the update on MY CARE given to the 10 July 2024 Joint CoG and Board Development Day. The Governors requested that an update be provided at the November COG.</p> <p><b>ACTION: Update on the MY CARE feedback provided to the 5 June 2024 CoG meeting to be provided at the 28 November 2024 CoG meeting.</b></p> <p>There were no further matters arising.</p>	<p style="text-align: center;">SH</p> <p style="text-align: center;">MH</p>
6.		<b>ACCOUNTABILITY AND ENGAGEMENT</b>	
6.1	40.24	<b>CHIEF EXECUTIVE'S PUBLIC REPORT</b>	
		<p>Mr Higginson provided an overview of the following issues:</p> <ul style="list-style-type: none"> <li>The approach of the new government to the NHS was not expected to be known until September/October 2024 at the earliest. The approach in terms of pay had been positive with some new pay offers having been made. This would hopefully cease the industrial action, albeit Mr Higginson noted that GPs were taking collective action which was</li> </ul>	

		<p>providing real challenges. A government review of the new hospital programme was underway and the Trust had written formally stating its concerns on any delay to the Programme at NDDH. Mr Higginson said the Trust was also planning to invite the Secretary of State to visit NDDH as part of lobbying for the Our Future Hospitals Programme. He noted that the Our Future Hospitals stakeholder day in July 2024 had been a success and thanked all those who took part.</p> <ul style="list-style-type: none"> <li>• Progress was being made with the Trust’s financial position. The Trust had submitted its annual plan in June 2024, as part of the Devon ICB’s plans and it was now under pressure to deliver. The Trust was currently on plan but it was heavily reliant on Elective Recovery Funding (ERF), which meant the Trust undertaking more elective work in order to receive more income. Mr Higginson said this was not without risk, particularly if there was more industrial action.</li> <li>• The Trust’s elective care targets had been impacted by industrial action. Mr Higginson said the target for long waiters had not been met but the Trust was in a better position than 12 months ago. Work was ongoing to recover the position.</li> <li>• The new diagnostic Buttercup Unit had opened at the Nightingale Hospital Exeter and Mr Higginson said it had provided an excellent opportunity to promote the elective and diagnostic care taking place at the Nightingale to patients, staff and stakeholders.</li> <li>• Team Royal Devon Week had taken place in the first week of July 2024, celebrating Trust staff. A number of events had taken place across the Trust. Staff had been asked for feedback so that this can be built upon for next year, including doing more across the various community sites.</li> <li>• Also during July 2024, Mr Higginson said the Trust had spent a lot of time promoting sexual safety, whether as a Board or talking to senior leaders across the Trust. He said this linked in part to the racism and violence seen in the last few weeks and the importance of listening to staff about their concerns. Mr Higginson said he had received emails from staff outlining their experiences and the Trust needed to come together as a community to support everyone and recognise everyone’s contributions.</li> <li>• At the July 2024 Board meeting in public, Mr Higginson said the review into the Dr Alex Knight/Grice case had been published. He said the report had been generally positively received with some queries from the media. The Trust continued to work on the actions arising from the independent review.</li> </ul>	
6.2	41.24	<b>OPEN QUESTION AND ANSWER</b>	
		<p>Ms Morgan invited questions for Mr Higginson.</p> <p>Mrs Stone asked if there had been racism towards the staff at NDDH and asked how the Trust would provide the support to the staff. Mr Higginson replied that there had been issues at both Barnstaple and Exeter and he outlined the Trust’s violence and aggression policies for any work-place incidents. In terms of outside of work, he said colleagues had been supporting each other with arrangements for travelling to and from work together. The Trust also had an important advocacy role in the community. Mrs Hibbard said the Trust was developing an umbrella campaign around feeling safe at work, which would incorporate different strands including violence and aggression and sexual safety. There would be written information, engagement sessions for staff, public facing materials and being clear on what</p>	



	<p>zero tolerance means and the support available to staff. Mr Higginson said the Trust also had a Policy, which it was currently refreshing, that would allow the Trust to withdraw care in a worst case scenario as the result of patient behaviour</p> <p>Mrs Matthews said such behaviours from patients was not new to the NHS and she said she wanted to understand how the Trust would influence the public and public figures not to incite this kind of behaviour and show how it can impact people's access to care. She said community events and festivals were a good place to spread positive messages. Mr Higginson said the Trust was currently focussed on internal issues but he agreed the Trust needed to be heard in the wider community. Mrs Bearfield asked how the Governors could contribute ideas in supporting staff and asked how this work was being organised at the Trust. Mr Higginson adding that the Executive Directors were leading on the work, with different Execs leading on different strands. For example, Mrs Hibbard was the lead for sexual safety and Mrs Foster, Chief People Officer, leading on racism and violence and aggression. He suggested Governors email Ms Morgan initially and Ms Morgan agreed. Ms Morgan suggested that an update on this work be presented to the November 2024 CoG meeting and this was agreed.</p> <p><b>ACTION: Mr Higginson to provide an update on the work to support staff in terms of violence and aggression and sexual safety at the November 2024 CoG meeting.</b></p> <p>The Governors discussed the Trust's work and how the communications needed to be accessible to all, including in Plain English, and using visual images. It was discussed that the campaign needed to have a positive approach and Mrs Hibbard confirmed the Trust was using expertise within the Communications team as well as external support on developing the campaign. Professor Shore asked if the Trust was also working with the University of Exeter, given the number of students working at the Royal Devon. She also asked if the Trust celebrated enough the diversity within in its staff in order to empower people. It was noted that there were displays at the Trust which promoted all the nationalities and languages at the Trust but it was agreed more could be done. Ms Morgan said she had noted Professor Shore's comments on this and working with the University.</p> <p>Mrs Stevens commented on empowering staff to speak up, citing an incident of racism against a member of staff at NDDH the previous day. The member of staff effected had felt it was something that had to be endured as part of the job but their colleagues had said it was not and supported them through it. Mrs Stevens said the Trust needed to let staff know they were supported to stand up to such incidents. She confirmed the incident had been properly reported. Mrs Hibbard noted the comments and said that being supported to speak up was part of the campaign that was being developed.</p> <p>Mr Hall commented that the discussion the Governors were having was very useful. He said that at the July 2024 Board meeting in public the Trust's report in relation to Dr A Knight had been presented and he expressed his disappointment at the lack of discussion at that meeting. He said the report had been very uncritical of the Trust, despite some of the detail containing worrisome and disconcerting points and there were no probing questions from the NEDs. Mr Hall read from the Board as examples of the comments he was concerned about. He said he felt the NEDs should have been asking about the action plan arising from the Report and he also commented that there was a lack of an apology to the staff who were not heard, adding that this could have been included in the covering paper at the Board. Mr Hall said that in</p>	SH
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	<p>order for the Trust to demonstrate it wants to make a change, an honest acknowledgement of what happened was important. Mr Higginson said Mr Hall’s point about the apology in the Board paper was a fair challenge and he said he would like to put on the record that the Trust apologised to those staff affected. He said the thread throughout the Report had been about creating a culture where people can speak up. How the Trust would measure a change in culture over time would be a challenge, with Mr Higginson adding there were some metrics such as the annual staff survey and the Pulse survey, which could help to judge the effectiveness of the campaign. In terms of the action plan arising from the Report, Mr Higginson said the Trust had accepted all the recommendations and a number were already completed. Progress would be reported via the Board’s Committee structure. Mr Higginson added that the Trust would be sending a copy of the Report to the General Medical Council (GMC), given its involvement in the case. Noting Mr Hall’s comments about the discussion at the Board and the engagement of the NEDs, Ms Morgan said there had been detailed discussion on the Report a number of weeks before it was presented to the Board meeting in public. This was at an extraordinary confidential Board meeting between all Board members and the author of the Report and this had allowed for challenge from the NEDs. Mrs Hibbard said as important as the action plan was, the Board was very clear that tackling culture would need more than this, in terms of working collectively and challenging what behaviour was seen or how we behave as individuals. Mrs Matthews said she felt the report and its response was very process driven so it was positive to hear about the wider work that was going on. She said Staff Governors could also help with providing information on how staff are feeling and whether changes were being made. Mr Higginson noted the comment on the report and said that when a review was commissioned, it would necessarily go through the detail of a process; however, the important part was listening and speaking up and the Trust needed to reflect more on this. Ms Morgan added there were a number of ways the Trust could engage with staff, including through Staff Governors and the Lead Freedom to Speak Up Guardian. Mr Matthews and Professor Kent both addressed Mr Hall’s comment about the engagement of the NEDs at the recent Board meeting and provided an overview of the NEDs’ and Execs’ commitment to this work. Mr Matthews said the Trust was embracing a whole range of inter-related issues and he had taken assurance from the commitment given by the Executives. Professor Kent said that she and Professor Marshall were the NED leads for Freedom to Speak Up and so had roles in bringing in the voice of staff to this work. She said as they were both clinicians, they also understood the importance of culture at work as well as the contributions made by a diverse workforce. Mr Reynolds said he agreed that Staff Governors had a role in supporting this work, in terms of talking to colleagues about it but also bringing staff views back to the Trust. He said there were plans for Staff Governors to have stalls in Trust cafes and some information on this would be helpful for that. This was noted.</p> <p>There were no further comments or questions and Ms Morgan thanked the Governors for their contributions to an important and wide-ranging discussion, She noted the action that a further update would be given to the meeting in November 2024.</p> <p><b>The Council of Governors noted the Chief Executive’s Report.</b></p>	
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6.3	42.24	<b>Q1 2024/25 PERFORMANCE REPORT</b>	
		<p>Mrs Hibbard presented the report in order to provide assurance around the Trust’s response to the key challenges in Quarter 1 of the year. She said the quarter could be difficult in the sense of signing off annual plans and trajectories with NHS England (NHSE) and these were only approved at the end of the quarter in June 2024. The key challenges included waiting list recovery and operational performance and Mrs Hibbard highlighted some of the delivery as presented in the report. This included an increase in activity compared to the benchmark from 2021/20, resulting in a reduction in the waiting list. Mrs Hibbard noted the reduction was not as large as had been planned; however, there had been a focus on the complete size of the waiting list, not just the long waiters. Capacity had been increased by mobile units in North Devon and Tiverton and with the new Buttercup Unit at the Nightingale. Urgent care had received significant focus. Mrs Hibbard said there was a dip in performance in the quarter but this followed significant action that had been put in at year-end 2023/24. She outlined the increase in demand, including across cancer services and the work in terms of longer-term workforce and estates requirements. In terms of the workforce generally, the Trust was under workforce controls due to being in NOF4 (National Operating Framework). There had been a reduction in agency use, with the Trust working to deliver the substantive workforce required. As an example, Mrs Hibbard said that nursing was currently fully recruited. There were pockets of staffing challenges, including at NDDH with medical staff. Mrs Hibbard said there had already been discussion on what was being done to support staff and staff wellbeing. Moving to finance, Mrs Hibbard said this was under intense scrutiny. The Trust had made a steady start to the financial year, with the plan to achieve a £9.8m deficit at year end accepted by NHSE. This plan was dependent on additional activity topping up the Trust’s income and there was also a savings programme. Risks to the plan included how the recent pay awards would be funded. Mrs Hibbard said there was a clear focus on the NOF 4 exit criteria. She invited questions.</p> <p>Miss Foster asked about the impact on the Trust’s own performance of undertaking work for the system. Mrs Hibbard said there was system working across Devon, with arrangements in place, for example, ambulance diverts. She said the impact on the Trust was hard to quantify but she was not sure there was evidence that it was a reason for non-delivery of targets. Mrs Hibbard said the Devon System was also in NOF4 too, which meant system-wide controls and therefore it was time well spent if there was improvement across the system.</p> <p>Mr Hall commented on the mortality data in the report, noting that the graph had changed so that there was now no indication if the score was abnormal or not. He noted the colour coding but said that the previous reporting had been more helpful. Mr Higginson said assurance was provided by the colour coding but noted the comments and said he would take this away for review.</p> <p><b>ACTION: Review of the presentation of mortality data in the Board Integrated Performance Report to be undertaken.</b></p> <p>Mr Hall said he had also raised at the recent Board meeting that the efficiency of care data for North and East had been merged which made it less informative. He said his comments had been noted so he hoped this data would be separated again in order to see how one acute hospital was performing compared to another. It was noted that Professor Harris, Chief</p>	SH



	<p>Medical Officer, had taken an action to review this and Ms Morgan said she would take an action to follow this up.</p> <p><b>ACTION: Ms Morgan to follow up on the action from the July 2024 Board of Directors meeting to review the efficiency of care data presented in the Integrated Performance Report.</b></p> <p>Mrs Stevens said she had been surprised by Mrs Hibbard’s comments and those of Mrs Mills, Chief Nursing Officer, at the July Board meeting on the Trust having a full complement of nursing staff. She said her team was still reliant on bank staff for filling the roster. Mrs Hibbard said that this related to the Trust-wide position for the new nursing intake after September 2024 which would mean full establishment. She said discussions were taking place on where the new intake needed to be placed, taking into account need and skill-sets.</p> <p>Mr Cox referred to the information on complaints and said it would be useful to see this broken down in terms of inpatient complaints as this could then aligned with the Governors’ Quality Priority for improving inpatient communications. Mrs Hibbard said there was significant data behind the high level reporting put into the IPR and this was reported elsewhere. It was important to have the right level of detail at the right forum.</p> <p>Mr Cox commented on the difference between East and North in terms of Stroke care destinations and asked for further information. Mr Higginson said that there were different service models in East and North, some of which were workforce driven. He said the Trust was starting to address inequalities in access to care in order to be more consistent.</p> <p>Mrs Greenfield said that she had received positive feedback on the new Buttercup Unit which was good to hear. She noted the section in the report on No Criteria To Reside (NCTR) and a possible frailty unit. She asked for more information on this and how users and carers would be involved in its development. Mrs Hibbard said the proposal for the Unit had come from a discussion with the Devon ICB and it was very early stages. It was about recognising the need for such a facility in order to help with discharge from hospital before going home. Once the case for such a unit had been agreed and capital funding in place, Mrs Hibbard said then there would engagement with patients and carers. She added that funding from NHSE would be required.</p> <p>Professor Shore noted the gap in medical staffing at NDDH and asked for more information on whether this was at junior doctor or consultant level. Mrs Hibbard said there were vacancies at NDDH for substantive consultant acute physicians as well as a shortfall in junior doctors on the rota. Positions were being covered by Locums but the Trust was working to evidence the need and attract substantive staff. Professor Shore asked if the rotas were being filled by non-medical Physician Associates. Mrs Hibbard said the Trust did not do that, as people were not allowed to work in areas they were not trained to.</p> <p>Mrs Matthews said that in terms of patient experience, the Patient Advice and Liaison Service (PALS) data was being affected by the current lack of access to PALS at NDDH. She said she was aware that some patients think the PALS office was closed due to the sometimes door being locked due to staff safety. The information desk staff also seemed to be unaware of the service’s opening times. She added that she had recently contacted the team at NDDH but the response had come from the Eastern PALS team. Mr Higginson said he had recently visited the PALS team and not been made aware of issues so he would look into it. Mrs Holley added that the PALS team was fully integrated</p>	<p><b>SM</b></p>
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		<p>so a response from a query or comment may come from Eastern even if initially raised at NDDH. She said that access to the office at NDDH would be looked into, as would other colleagues being aware of opening times.</p> <p><b>ACTION: Reported issues with access to the PALS office at NDDH to be looked into, including ensuring the information desk are aware of the office's opening times.</b></p> <p>Mrs McCormack-Hole referred to a recent Trust member newsletter and thanked Mr Higginson for the clear information on waiting times. She said it was easy to read and it helped people to understand what happens when a GP makes a referral to the hospital. This was noted.</p> <p>There being no further questions, the report was noted.</p> <p><b>The Council of Governors noted the Q1 2024/25 Performance Report.</b></p>	<b>MH</b>
<b>6.4</b>	<b>43.24</b>	<b>DISCUSSION WITH A NON-EXECUTIVE DIRECTOR: TIM MCINTYRE-BHATTY</b>	
		<p>Professor McIntyre-Bhatty introduced himself to the meeting. He said he joined the Trust in November 2023 and would focus on three things about himself, three things he had observed since joining and three areas that concerned him. In terms of things about him, Professor McIntyre-Bhatty provided an overview of his career in Higher Education. His last University role had involved working with partners in the NHS and this had ignited his interest in a NHS NED role. In addition to his Royal Devon role, Professor McIntyre-Bhatty said he was also a NED for an ICB in the South East, a NED for a chartered professional body, a Governor at a University and Chair for an educational charity. He said he saw being part of the NHS as being part of the values and culture of the country. In terms of what he had observed, Professor McIntyre-Bhatty said that when he was interviewed he said he saw the challenges for the Trust as finance, the CQC as a proxy for the quality of patient care and staffing, which had all featured in the meeting's discussions so far. Professor McIntyre-Bhatty commented on the CEO position at the Trust, moving from an experienced interim CEO to Mr Higginson as a vastly experienced permanent CEO. He said Mr Higginson expressed and lived his values very well and there was assurance that the values everyone holds dear are the same as Mr Higginson's. Finally, Professor McIntyre-Bhatty said he had observed and participated in difficult conversations on the Board and observed a lot of good listening within a high pressured environment. He said assurance should be taken from the Trust's senior leadership being good listeners in an organisation of constant high pressure and such a fast-paced environment. In terms of his concerns and what kept him awake at night, Professor McIntyre-Bhatty said that firstly everything did as he wanted everything to be right and for the Trust to be the best that it could be: no delays, no waiting lists and high quality, compassionate care. Specific areas of concern included how to manage Cardiology and NCTR in the mid- to long-term, finance, patient flow, risk management, audit and diagnostics. Secondly, Professor McIntyre-Bhatty referred to the complexity of relationships in the NHS meaning not all was within the Trust's control, for example, primary care and mental health service provision. Where the Trust did have control he said it should be questioning its level of ambition. The Trust had to find its way through these complexities and relationships. Professor McIntyre-Bhatty said searching for the best governance was the final area he was focussed on and ensuring there was both assurance and reassurance. He invited questions.</p>	

		<p>Mrs McCormack-Hole asked Professor McIntyre-Bhatty how the relationships between Governors and NEDs could improve. He replied that he had attended meetings with the Governors three times since he joined the Trust and this was not enough. He needed to interact more, on more occasions in order to hear more from Governors and what was concerning them and their communities. Professor McIntyre-Bhatty cited an example from the November 2023 Joint CoG and Board Development Day at which concerns were expressed by Governors on falls and he had been pushing for better assurance on that since.</p> <p>Miss Foster thanked Professor McIntyre-Bhatty for his update, saying it was very interesting and also useful to hear of his experience since joining. Noting his background in Higher Education, she said there was strength in appointing NEDs from outside of the NHS. Professor McIntyre-Bhatty said there was still a lot for him to learn and a possible downside from being outside the NHS did mean he did not know what he did not know; however, that did mean he did ask lots of questions.</p> <p>Mr Cox asked what one thing, other than getting to know the Governors better, the Governors could do to help Professor McIntyre-Bhatty in his role. Professor McIntyre-Bhatty replied that getting to know Governors better meant that he would understand the issues of concern in the Trust's communities better and this would help him in his role. As an example, he said it would help him to understand if what the Trust was offering its patients was the same as what was received.</p> <p>Ms Morgan said she was conscious that Professor McIntyre-Bhatty brought value to the Board from his ICB role elsewhere in the South East. She asked if there was a contrast between the Devon ICB and the other ICB in terms of operating and priorities. Professor McIntyre-Bhatty said it was a different region with a different structure. The dialogue was also different, even if the pressures were the same.</p> <p>There being no further questions, Ms Morgan thanked Professor McIntyre-Bhatty for his update. She said the meeting would now take a break.</p> <p><b>The Council of Governors noted the discussion with Professor McIntyre-Bhatty, Non-Executive Director.</b></p> <p><i>Professor Kent, Mr Higginson and Mrs Hibbard left the meeting.</i></p>	
<b>7.</b>		<b>STAKEHOLDER ENGAGEMENT</b>	
<b>7.1</b>	<b>44.24</b>	<b>FEEDBACK FROM COMMUNITIES</b>	
		<p>Ms Morgan reconvened the meeting and introduced the session. She said there was not a topic assigned to the session but Governors were welcome to suggest topics for future sessions. Ms Morgan welcomed feedback from the Governors on what they were hearing in their communities. The following issues were raised:</p> <ul style="list-style-type: none"> <li>• There were concerns in the Northern Urgent Community Response team about a change which meant seven day respite to avoid hospital admissions had been stopped due to a lack of budget.</li> </ul> <p><b>ACTION: Concerns in the Northern Urgent Community Response team about a change which meant seven day respite to avoid hospital admissions had been stopped due to a lack of budget to be looked into.</b></p>	<b>MH</b>

		<ul style="list-style-type: none"> <li>• There were concerns about how patients were called when in the waiting room at the Emergency Department (ED). An example at NDDH was given, alongside the recent national example where a patient died as they had not responded when their name was called. The meeting discussed the different ways this could be addressed, including staff taking a patient’s photo for their care record when they were triaged.</li> </ul> <p><b>ACTION: Feedback to be shared in relation to how patients are called for treatment when waiting in the Emergency Department.</b></p> <ul style="list-style-type: none"> <li>• Issues with access, signage and Blue Badge parking spaces at ED at the RD&amp;E Hospital were raised. There was a general conversation on patients and hospital staff being aware of how to use Blue Badge spaces on the hospital sites and ensuring there was clearer information available.</li> </ul> <p><b>ACTION: Feedback to be shared in relation to improving signage and access for Blue Badge Parking at the RD&amp;E Hospital Emergency Department and also on ensuring staff are aware of information in relation to Blue Badge parking.</b></p> <ul style="list-style-type: none"> <li>• There were also issues with the parking app system for RD&amp;E and NDDH not linking up, with a Staff Governor receiving a parking fine after travelling between both sites in a day.</li> </ul> <p><b>ACTION: Feedback to be given on the issues with the parking app system between RD&amp;E and NDDH.</b></p> <ul style="list-style-type: none"> <li>• Feedback had been received on the waiting times for results following diagnostic tests. It was important the Trust let patients know of the expected wait but that it also worked to reduce the wait.</li> <li>• Issues with communications with patients were discussed. There was a shortfall in the continuity of communications between acute, community and social care. It was recognised that good communications can help prevent ambulance call outs and admissions to hospital.</li> <li>• Advice was sought on how to direct a constituent in terms of accessing the right care. It was noted this should be through the GP practice.</li> </ul> <p><i>Professor McIntyre-Bhatty re-joined the meeting.</i></p> <p>Mrs McCormack-Hole noted that at the July 2024 Development Day she had raised an issue about NHS 111 directing patients to sites that did not have the services they required. She asked if this had been followed up. Mrs Holley said that she had followed up and would check that she had circulated a response to all the Governors.</p> <p><b>ACTION: Mrs Holley to confirm if a response had been received regarding the feedback on NHS111 giving patients inaccurate information on service availability.</b></p> <p>Ms Morgan said all the issues raised had been noted. Where an action to follow up had been agreed, Ms Morgan said that the responses would be shared with all Governors.</p> <p><b>The Council of Governors noted the feedback from communities discussion.</b></p>	<p>MH</p> <p>MH</p> <p>MH</p> <p>MH</p>
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<b>8.</b>		<b>COG BUSINESS</b>	
<b>8.1</b>	<b>45.24</b>	<b>RATIFICATION OF THE VICE CHAIR OF THE TRUST</b>	
		<p>Mrs Holley said that with Steve Kirby leaving the Board on 31 August 2024, a new Vice Chair was required. The Board of Directors was proposing Tony Neal be appointed from 1 September 2024. The CoG was asked to approve this. There were no comments or questions and the CoG unanimously approved the proposal.</p> <p><b>The Council of Governors unanimously approved Tony Neal's appointment as Vice Chair.</b></p>	
<b>8.2</b>	<b>46.24</b>	<b>REVIEW OF THE GOVERNORS' CODE OF CONDUCT</b>	
		<p>Ms Morgan thanked the Task and Finish Group for its work to date on the revised Code of Conduct. Ms Matthews said that unfortunately the version circulated had been missing some minor updates. There had been further comments made in the pre-meeting and these would be considered by the Task and Finish Group. The process for alleged breaches was also still being worked on. Mrs Matthews said the Group would present final drafts to the November meeting for approval. This was noted.</p> <p><b>The Council of Governors noted the review into the Governors' Code of Conduct.</b></p>	
<b>8.3</b>	<b>47.24</b>	<b>DOCUMENT REVIEWS</b>	
		<p>Mrs Holley presented the revised documents, giving her thanks to Mrs McCormack-Hole, Mr Westlake and Mr Cox for their work as a Task and Finish Group, which had met once to complete the work. She said the reviews were routine and uncontentious.</p> <p><b>Members Meeting Rules of Procedure</b></p> <p>Mrs Holley presented the revisions for approval. The document was unanimously approved and Mrs Holley said that it would now be presented to the Annual Members Meeting (AMM) for the members to approve.</p> <p><b>Governors' Roles and Responsibilities</b></p> <p>Mrs Holley presented the minor amendments for approval. The document was unanimously approved by the CoG.</p> <p><b>CoG meeting Rules of Procedure</b></p> <p>Mrs Holley presented the minor amendments for approval. The document was unanimously approved by the CoG.</p> <p><b>The Council of Governors approved the Members Meeting Rules of Procedure for presentation to the members at the Annual Members Meeting; the Governors' Roles and Responsibilities and the CoG Meetings Rules of Procedure.</b></p>	
<b>8.4</b>	<b>48.24</b>	<b>ELECTION TO THE COUNCIL OF GOVERNORS 2024</b>	
		<p>Mrs Holley said the report would be taken as read, reminding the meeting of her update in her Notes earlier in the agenda. There would be elections in the Staff and Public - Northern constituencies and terms for Governors would start at the AMM on 1 October 2024.</p> <p>There being no questions, the report was noted.</p>	



		<b>The Council of Governors noted the report on the elections to CoG 2024.</b>	
<b>8.5</b>	<b>49.24</b>	<b>REPORTS FROM THE COG COORDINATING COMMITTEE, PUBLIC AND MEMBER ENGAGEMENT GROUP AND THE TASK AND FINISH GROUPS</b>	
		<p>Mr Cox presented the CoG Coordinating Committee report, highlighting the request for in-year feedback on the Governor Quality Priorities at the November 2024 Joint Development Day. The Committee also agreed it needed to keep an eye on Governor attendance at formal CoG meetings, ensuring it supported Governors with attendance if required. There were no questions on the report.</p> <p>Mr Hall presented the Public and Member Engagement Group (PMEG) report, adding that the most recent meeting had taken place on 19 August 2024. He provided an overview of the discussions at the most recent meeting, which included audibility at meetings such as Board. Ms Morgan noted the comments, and said the Trust continued to work on ways to improve sound for people attending in person as well as online. The Trust also reviewed the venues it used, to ensure good access and audibility.</p> <p>Mr Hall presented the report from the Governor Effectiveness Task and Finish Group. There had been good continuity of attendance at the meetings which helped support the work. He highlighted the section of the report which set out the list of questions and what the Group was trying to achieve. Mr Hall said there would be one further meeting in September 2024 and he was anticipating the report being completed in October 2024. Mr Hall said that the minutes from the recent meeting would be shared with the members of the Group once they were in final draft. There were no questions from the Governors.</p> <p>Mrs Matthews updated on the Patient Experience Committee, saying the next meeting was due to take place on 4 September 2024. The primary issues for that meeting would be on patient communication and a report would be presented to the next CoG meeting. There were no questions from the Governors.</p> <p>For the Audit Committee, Professor Shore said she would take the report as read. The last meeting had considered a substantial agenda and a very full report had been presented to the July 2024 Board meeting in public. She noted that a report on the External Auditor was coming later in the meeting, with another report in the confidential meeting. There were no questions from the Governors.</p> <p><b>The Council of Governors noted the reports from the CoG Coordinating Committee, Public and Member Engagement Group and the Task And Finish Groups.</b></p>	
<b>8.6</b>	<b>50.24</b>	<b>NOMINATIONS COMMITTEE REPORT</b>	
		<p>Ms Morgan said she would take the report as read. The Committee had undertaken a review of the recent recruitment of two new NEDs. There had also been a discussion on the appointment of a Nominated NED from the University of Exeter. Ms Morgan said the Trust was an outlier in not having an Associate NED post and a pipeline for people coming through. The Trust had received some conditional funding for this from the NHSE regional team and this would be considered by the Committee at its next meeting. There were no questions.</p> <p><b>The Council of Governors noted the Nominations Committee Report.</b></p>	

<b>8.7</b>	<b>51.24</b>	<b>ANNUAL REPORT AND ACCOUNTS AND QUALITY REPORT 2023/24</b>	
		<p>Mrs Holley presented the report, saying that the Annual Report and Quality Report had both now been published on the Trust's website. She said a very small number of printed copies were available at the meeting for Governors and it was asked that Governors pass them on once read. The Annual Report and Accounts would be formally launched at the AMM. There were no questions.</p> <p><b>The Council of Governors noted the report on the Annual Report and Accounts 2023/24 and the Quality Report 2023/24.</b></p>	
<b>8.8</b>	<b>52.24</b>	<b>ANNUAL MEMBERS MEETING 2024 AGENDA</b>	
		<p>Mrs Holley presented the draft agenda for the AMM on 1 October 2024. Alongside the routine items, she highlighted the item on the presentation of the Members Meeting Rules of Procedure. The venue was the Lecture Theatre in RILD at the RD&amp;E Hospital and there would be 75 places available for members to attend in person. There being no questions, the Council of Governors approved the AMM agenda.</p> <p><b>The Council of Governors approved the Annual Members Meeting 2024 agenda.</b></p>	
<b>8.9</b>	<b>53.24</b>	<b>REPORT TO THE COG ON THE PERFORMANCE OF THE EXTERNAL AUDITORS</b>	
		<p>Mr Matthews presented the report, which was important given the CoG's statutory role to appoint the External Auditors. He said the Audit Committee placed a lot of importance on the assurance it receives from KPMG as the auditors, with them providing an independent view of the Trust's Annual Report and Accounts. As previously flagged to the CoG, KPMG had allocated a new partner and this had gone very well. The change was important for independence. Mr Matthews said the auditors had undertaken an excellent job on the accounts and provided valuable guidance on other areas too. KPMG's contract had been extended by the CoG to October 2025 and the report in the confidential meeting would focus on the tender process for the new contract. Mr Matthews invited questions.</p> <p>Mr Cox noted the report contained KPMG's self-assessment against its own Key Performance Indicators and a reference to a Client voice Survey. He asked how frequently this was undertaken. Mr Matthews said this was an annual survey and an important part of the assessment process.</p> <p>Mr Cox commented on going out to tender for the next audit contract and said the field for firms was quite small. Mr Matthews said this was an issue, particular with firms of a sufficient size to be able to manage the audit of a complex NHS Foundation Trust. More detail would follow in the Confidential meeting but Mr Matthews said it was important to test the market.</p> <p>Ms Morgan said the Audit Committee was recommending to the CoG that KPMG continue as the auditor for the 2024/25 financial year and this was unanimously agreed by the CoG.</p> <p><b>The Council of Governors noted the report on the performance of the External Auditors and approved the recommendation that they continue as auditors for the 2024/25 financial year.</b></p>	

<b>8.10</b>	<b>54.24</b>	<b>REPORT FROM THE NHS PROVIDERS GOVERNOR FOCUS CONFERENCE</b>	
		<p>Ms Morgan said a report from Mrs McCormack-Hole had been circulated, and this had been supplemented with an additional report circulated the day before from Mrs Bearfield, Mr Cox and Mr Hall who had also attended the conference.</p> <p>Ms Morgan noted the disappointing feedback and asked if Governors would recommend attending it again. It was generally felt that the two day event held in person in 2023 had been better, with the one day virtual event this year not providing sufficient time for questions and discussion. It was agreed by those who attended that the programme for the day was too full and there were no focussed discussions to allow Governors to bring back ideas and suggestions for improving how they work. The use of breakout rooms for discussion on focussed issues would have been helpful. It was confirmed that NHS Providers had asked for feedback after the event and Ms Morgan said it was important this was given, as they needed to provide what Governors and Trusts need in order to fulfil the role. Mrs Holley said she had noted the feedback and would share this with NHS Providers.</p> <p><b>ACTION: Mrs Holley to share with NHS Providers the feedback from the Royal Devon Governors on the July 2024 Governor Focus Conference.</b></p> <p>There were no further questions or discussions and Ms Morgan closed the meeting.</p> <p><b>The Council of Governors noted the report from the NHS Providers Governor Focus Conference.</b></p>	<b>MH</b>
<b>9.</b>		<b>INFORMATION – NO REPORTS</b>	
		<p><b>DATE OF NEXT MEETING</b></p> <p>The next meeting would be held on Thursday 28 November 2024, at a venue in Exeter to be advised.</p>	

## MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC

21 August 2024

### 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 Council of Governors					
Minute No.	Month raised	Description	By	Target date	Remarks
09.24 (1)	March 2024	Communications Team to consider an article on Organ Donation and the Organ Donation Committee's work for the Trust's stakeholder newsletter.	SD	<del>June 2024</del> November 2024	<p><b>Update June 2024:</b> This has been noted and the Team will liaise with Bridie Kent, NED lead for Organ Donation. Organ Donation Week takes place in September 2024 and an article is being considered to coincide with that. Action ongoing.</p> <p><b>Update August 2024:</b> It was noted that the article was planned for October 2024 and it was agreed keep the action open until it was published. Action ongoing.</p> <p><b>Update November 2024:</b> The article went out in external and internal comms around Organ Donation Week, including in the September 2024 issue of the stakeholder newsletter. The full interview is here <a href="https://www.royaldevon.nhs.uk/news/spotlight-on-organ-donation/">https://www.royaldevon.nhs.uk/news/spotlight-on-organ-donation/</a> <b>Action completed.</b></p>
39.24 (1)	August 2024	Mr Higginson to provide an update on the overall Cardiology waiting list and on the waiting list for angiograms to the November 2024 CoG meeting.	SH	<del>November 2024</del> March 2025	<p><b>Update November 2024:</b> SH said he would circulate an update via email. Action on-going.</p>
39.24 (2)	August 2024	Update on the MY CARE feedback provided to the 5 June 2024 CoG meeting to be provided at the 28 November 2024 CoG meeting.	MH	<del>November 2024</del> March 2025	<p><b>Update November 2024:</b> MH contacted the Engagement and MY CARE teams to request feedback for the November CoG. Chased again 21/10/24. Action ongoing</p>
41.24	August 2024	Mr Higginson to provide an update on the work to support staff in terms of violence and aggression, sexual safety etc. at the November 2024 CoG meeting.	SH	November 2024	<p><b>Update November 2024:</b> An update was provided at the November 2024 meeting, including details of the new 'That's Not Okay' campaign and the sexual safety listening events. Action completed.</p>

Minute No.	Month raised	Description	By	Target date	Remarks
42.24 (1)	August 2024	Review of the presentation of mortality data in the Board Integrated Performance Report to be undertaken.	SH	<del>November 2024</del> March 2025	<b>Update November 2024:</b> SH said that the mortality data was now split into Eastern and Northern services. Professor Harris, Chief Medical Officer, had noted at the 27 November 2024 Board meeting in public, that it was important to be careful in how the data was interpreted as it was trend data, not comparative data. Mr Higginson said that a paper had been circulated to the Board that provided explanation for the metrics and he said he would circulate this to the CoG to complete the action. This was noted. Is a paper that can explain the metrics and will circulate this to complete the action. Action ongoing.
42.24 (2)	August 2024	Ms Morgan to follow up on the action from the July 2024 Board of Directors meeting to review the efficiency of care data presented in the Integrated Performance Report.	SM	November 2024	<b>Update November 2024:</b> The data for mortality is being disaggregated. The Chief Medical Officer is reluctant to go further than that as the very essence of integration is to try and get all staff to consider the two sites as a single entity. Therefore, focusing on the difference is both counterintuitive and counter-productive. <b>Action completed.</b>
42.24 (3)	August 2024	Reported issues with access to the PALS office at NDDH to be looked into, including ensuring the information desk are aware of the office's opening times.	MH	November 2024	<b>Update November 2024:</b> There had been an incident at NDDH where a service user became aggressive that resulted in a period of absence for a member of the PALS team. Following the incident, the Trust reviewed the current layout of PALS with the help of the Health and Safety Team, who advised on some structural changes to the area. The office is not relocating and it is confirmed that staff on the main reception desk are aware of PALS contacts and opening times. There is also clear signage on the PALS frontage. <b>Action completed.</b>
44.24 (1)	August 2024	Concerns in the Northern Urgent Community Response team about a change which meant seven day respite to avoid hospital admissions had been stopped due to a lack of budget to be looked into.	MH	November 2024	<b>Update November 2024:</b> Zoe Harris contacted Naomi Hallett, who raised the concern. There had been monies funded from the Better Care Fund (Government money for the benefit of health and social care), this funded ceased over 5 years ago. Since then no budget has existed to arrange step up respite 'healthcare' from community to a care home and as the practice continued in Northern, it created a cost pressure. Social Care Assessors and Social Workers are able to arrange short term respite in a care home (under the Care Act) – and this is something that is often pursued so that despite Section 256 monies no longer



					existing the function of being able to access short term respite remains. The Urgent Community Response team (which we did not have when Section 256 monies existed) also helps more people to remain at home. Care is an issue and in North on average 10% of care capacity is used for admission avoidance and 90% for discharge (compared to 60:40 admission avoidance/discharge ratio in Eastern). The Trust is therefore planning to ring fence more care capacity (which we do in East and haven't historically in Northern) to avoid unnecessary hospital admission for this cohort of patients. <b>Action completed.</b>
Minute No.	Month raised	Description	By	Target date	Remarks
44.24 (2)	August 2024	Feedback to be shared in relation to how patients are called for treatment when waiting in the Emergency Department	MH	November 2024	<b>Update November 2024:</b> The feedback, including the example at NDDH, was shared with the Care Group Director for Patient Care. A comprehensive response was received, including assurance that measures are in place to ensure staff who call patients for treatment can be heard. It was confirmed that the Trust is not receiving complaints for either site in relation to this. The suggestion to take patient photographs was considered but not felt to be practical at this time and would also add pressure to the triage process. Consideration will be given to a digital board with patients' names for those who are Deaf/hearing impaired. <b>Action completed.</b>
44.24 (3)	August 2024	Feedback to be shared in relation to improving signage and access for Blue Badge Parking at the RD&E Hospital Emergency Department and also on ensuring staff are aware of information in relation to Blue Badge parking	MH	November 2024	<b>Update November 2024:</b> Feedback has been shared on making signage clearer and staff being aware of Blue Badge parking arrangements. Confirmed that Blue Badge holders have free parking until the end date on their Blue Badge after registering their card with the front desk or via email: <a href="mailto:rduh.facilitieshelpdesk@nhs.net">rduh.facilitieshelpdesk@nhs.net</a> <b>Action completed.</b>
44.24 (4)	August 2024	Feedback to be given on the issues with the parking app system between RD&E and NDDH.	MH	November 2024	<b>Update November 2024:</b> MH shared the feedback the Deputy Director of Estates, copying in the Governor who experienced the problem. The Deputy Director of Estates confirmed the parking apps are different for each site and provided a route for appeal to the Governor. <b>Action completed.</b>

Minute No.	Month raised	Description	By	Target date	Remarks
44.24	August 2024	Mrs Holley to confirm if a response had been received regarding the feedback on NHS111 giving patients inaccurate information on service availability.	MH	<del>November 2024</del> March 2025	<b>Update November 2024:</b> MH emailed the Director of Operations (North). It has been confirmed that the issues raised about NHS 111 have been passed to the Devon ICB for it to follow-up. The CoG said it would like a response from the Devon ICB before closing the action and agreed to note it as action on-going. <b>Action ongoing.</b>
54.24	August 2024	Mrs Holley to share with NHS Providers the feedback from the Royal Devon Governors on the July 2024 Governor Focus Conference.	MH	November 2024	<b>Update November 2024:</b> MH shared the feedback with NHS Providers via email on 02/09/2024 and the feedback was acknowledged. <b>Action completed.</b>

**Signed:**

**Name: Shan Morgan, Chair**