

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

**Held on Wednesday 6 March 2024  
 Rooms 14a and 14b  
 The Business Hub  
 Petroc College (Tiverton Campus)  
 Bolham Road  
 Tiverton EX16 6SH**

**Present**

Shan Morgan, Trust Chair

**Public Governors**

**Eastern:**

Maurice Dunster (minute 01.24-09.24)  
 Kay Foster  
 Nigel Richards

**Northern:**

Quentin Cox  
 Dale Hall  
 George Kempton  
 Carol McCormack-Hole  
 Jeff Needham  
 Sue Matthews  
 Avril Stone

**Southern:**

Gill Greenfield (minute 01.24-10.24)

**Staff Governors:**

Naomi Hallett  
 Zoe Harris  
 Simon Leepile  
 Tom Reynolds  
 Clare Stevens  
 Jayne Westcott

**Appointed Governors:**

**Apologies**

Catherine Bearfield, Northern  
 Ian Hall, Appointed - Devon County Council  
 Rachel Noar, Eastern  
 Emily Partridge, Staff  
 Angela Shore, Appointed - University of Exeter  
 Richard Westlake, Southern

**In Attendance:**

Bernadette Coates, Governance Coordinator  
 (minute taker)  
 Sarah Delbridge, Engagement Manager  
 Sam Higginson, Chief Executive Officer  
 Melanie Holley, Director of Governance  
 Bridie Kent, Non-Executive Director (minute 01.24-09.24)  
 Steve Kirby, Vice Chair  
 Martin Marshall, Non-Executive Director (minute 01.24-09.24)  
 Tony Neal, Senior Independent Director  
 John Palmer, Chief Operating Officer (minute 01.24-08.24)

Item	Minute		Action
1.	01.24	<b>WELCOME AND APOLOGIES</b>	
		Ms Morgan welcomed everyone to the meeting, including Mr Higginson attending his first CoG meeting as the CEO. The apologies were noted as above and the meeting was confirmed as quorate.	
2.	02.24	<b>DECLARATIONS OF INTERESTS</b>	

		<p>Mrs Holley said that the following new declarations had been received since the November 2023 public meeting:</p> <p>Tom Reynolds</p> <ul style="list-style-type: none"> <li>• Member of the NHS Research and Development Forum Contracts Group</li> <li>• Director of a company named Wren Professional Limited</li> <li>• Advisor to Berrynarbor Manor Hall Committee</li> </ul> <p>Jeff Needham</p> <ul style="list-style-type: none"> <li>• Parish Councillor, Tawstock Parish Council</li> <li>• Vice Chair and Deputy Treasurer, Taw and Torridge Estuary Forum</li> </ul> <p>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.</p> <p><b>The Council of Governors noted the Declarations of Interest.</b></p>	
<b>3.</b>	<b>03.24</b>	<b>SECRETARY'S NOTES</b>	
		<p>Mrs Holley reminded the CoG of forthcoming meeting dates</p> <ul style="list-style-type: none"> <li>• Development Day on 16 April 2024. This will be in the Boardroom, Noy Scott House, RD&amp;E Hospital, Exeter.</li> <li>• Routine CoG meeting on 5 June. This will be in Seminar Rooms 1 and 2 in the Centre for Women's Health, RD&amp;E Hospital, Exeter.</li> </ul> <p>Mrs Holley reminded Governors to submit any apologies, if they had not already done so.</p> <p>Mrs Holley confirmed that the majority of Governors had supported not running an election for a new Deputy Lead Governor until all public Governors were eligible. She added more information was due to be circulated later in the week.</p> <p>There being no questions, the Secretary's Notes were noted by the CoG.</p> <p><b>The Council of Governors noted the Secretary's Notes.</b></p>	
<b>4.</b>	<b>04.24</b>	<b>CHAIR'S REMARKS</b>	
		<p>Ms Morgan noted a couple of changes to the running order of the agenda that had been circulated. Mr Palmer would present the performance report, immediately after the Chief Executive Report as he then had to leave the meeting; however, Ms Morgan also proposed the item be taken there in future as it naturally ran on from the Chief Executive's update. Ms Morgan added that the agendas were set by the CoG Coordinating Committee and she encouraged Governors not on the Committee to submit any items for consideration. Ms Morgan noted that the discussion with Professor Kent had also been moved further up the agenda and the feedback from communities had also now been brought into the formal agenda. She said these changes had been made based upon feedback from meetings.</p> <p><b>The Council of Governors noted the Chair's Remarks.</b></p>	

<b>5.</b>	<b>05.24</b>	<b>APPROVAL OF THE 22 NOVEMBER 2023 PUBLIC MEETING MINUTES</b>	
		<p>The minutes of the 22 November 2023 public meeting were approved as an accurate record of the meeting. The action tracker was noted, with all the actions completed subject to the following:</p> <p>November 2023 action 41.23 <i>Mr Tidman to follow up with Mr Leepile on his query related to NHS Professionals requirement for staff to have NHS experience and the impact on the availability of Bank staff and agency spend.</i> Mr Leepile confirmed he was signposted to a colleague in HR and held a meeting with them; however, since that time he had continued to hear of issues with registering with NHS Professionals for the Staff Bank. Ms Morgan asked that the action remain open with Mrs Holley and Mr Higginson to follow-up.</p> <p>There were no matters arising.</p>	
<b>6.</b>		<b>ACCOUNTABILITY AND ENGAGEMENT</b>	
<b>6.1</b>	<b>06.24</b>	<b>CHIEF EXECUTIVE'S PUBLIC REPORT</b>	
		<p>Mr Higginson introduced himself to the CoG, saying he was in his sixth week as the CEO at the Royal Devon. He said his report would provide an update on the current operational position at the Trust and he also wanted to address a question on his initial priorities raised at the February 2024 Board meeting in public by Mr Richards.</p> <p>Mr Higginson outlined the current challenges being faced at the most challenging time of year. This included managing demand and meeting a national challenge to improve the A&amp;E four hour wait by the end of March 2024 and reduce 72 week waits as much as possible. The Trust was working hard to meet these reemphasised targets, alongside focussing on the financial plan. From April 2024, Mr Higginson said the Trust would move into its next phase of organisational development work, including the redesign of management structures across North, East and Community Services. Mr Higginson said the Trust was also waiting on the CQC maternity services inspection report to be finalised and the CoG would be made aware when it was due to be published.</p> <p>In terms of his initial priorities, Mr Higginson said they were: grip and control of performance and financial plans; refreshing the Trust's infrastructure including making progress on the Our Future Hospitals Programme (OFHP) at North Devon District Hospital (NDDH) and continuing to drive MY CARE as part of the digital strategy; working in partnership, particularly with the University of Exeter on the research opportunities for staff and patients; service changes, including working with Torbay and South Devon on cardiology; working more strategically with community partners and primary care; and being a great place to work, noting that the Trust spent 80% of its budget on staff and it was important to both attract and retain staff, albeit recognising that not all factors, such as affordable housing, were in the Trust's control.</p>	
<b>6.2</b>	<b>07.24</b>	<b>OPEN QUESTION AND ANSWER</b>	
		Ms Morgan invited questions for Mr Higginson.	

		<p>Miss Foster expressed her concerns about the population growth in Devon and asked if the Trust spoke to partner organisations such as the Council as to how to manage this. Mr Higginson said this was discussed and outlined some of the information related to housing development and resource allocations. Mr Kirby noted the issues with capital funding for the Trust, with Mr Palmer adding the Board currently had an action related to demographic change in terms of an ageing population and what this meant for the system.</p> <p>Mrs McCormack-Hole asked if the opportunities to advance technology included the use of Artificial Intelligence (AI). Mr Higginson said it did, with a number of projects in place for Ophthalmology and Dermatology. Mr Palmer added some detail on the roll out of AI for early stage cancer in Dermatology, and the number of patients who were able to be taken off the list. He said there was still a lot of work to be done but the early signs were promising.</p> <p>Mr Kempton commented on the delay in the OFHP at NDDH and asked if the CT scanner and MRI scanner mobile units there would remain in place. Mr Higginson said they would as they were needed to deliver patient care. The units were leased, which was more expensive; however capital funding for the Trust to provide its own was currently constrained. Mr Hall asked if the Trust was confident that the quality of the service and scans provided was as good as if a permanent scanner. Mr Higginson said it was, as the Trust had the clinical governance responsibility for the scans. He said the staff performing the scans were provided by the leasing company but the scan reporting was undertaken by Trust staff. Mrs Holley said that the CQC report from the November 2022 inspection rated both North and East diagnostic services as Good.</p> <p>Mr Dunster noted Mr Higginson’s focus on the Trust’s relationship with primary care. He said the CoG received an update on Clinical Strategy in 2023 and there was very little in this about to achieve the strategy. Mr Higginson said it was important to shift the focus to prevention, involving primary care, voluntary services etc., in order to keep people healthier for longer in their own homes. Mr Higginson added the Trust managed a GP practice in Tiverton and it was learning from this.</p> <p>Noting the priority about the Trust being a great place to work and the issues of housing and transport for staff, Mrs Matthews asked if the Trust could influence Councils on this. Mr Higginson said he believed the Trust should take some responsibility on this and in discussions with local MPs, he had stressed the commitment to community services but the Trust needed support on areas such as housing.</p> <p>There were no further questions.</p> <p><b>The Council of Governors noted the Chief Executive’s Report.</b></p>	
8.1	08.24	<b>Q3 2023/24 PERFORMANCE REPORT</b>	
		<p>Ms Morgan introduced Mr Palmer, who presented the performance report for Q3 2023/24. Mr Palmer provided an overview of the quarter, including the impact of industrial action and the work to reduce the Trust’s waiting lists. Urgent and Emergency Care had remained under pressure with demand higher and admissions higher but with the length of stay reduced. Mr Palmer highlighted that that up until the current month, the No Criteria To Reside (NCTR) position had deteriorated in the previous five months. This had resulted in escalation to the system to procure stability of funding as this would</p>	

	<p>enable stable performance and improvement trajectories. In terms of cancer performance, the Trust had been removed from all tiering, which was positive. Mr Palmer highlighted the measures put in in relation to Never Events and said the Trust’s mortality figures were within the natural range. Looking to Q4, Mr Palmer said the Trust had lots of work to do on the 10 week challenge on 78 week waits to the end of the year, the 8 week challenge for cancer, also the March 2024 76% target for the A&amp;E four hour wait. He invited questions.</p> <p>Mr Richards noted the planned turnover of staff was set at 13% and asked for the plans to reduce it. Mr Palmer said that for much of the year there had been a positive shift on staff turnover and staff retention, with turnover at around 7%. The challenge of the Trust’s financial deficit plan had meant the vacancy control approach was very exacting. Mr Palmer said that Hannah Foster, Chief People Officer, had been focussed on a robust, permanent, stable workforce. The Trust may see an increase in the next year in head count as it move away from a temporary or agency workforce to a more permanent workforce.</p> <p>The CoG noted the language used in the report and how it was not always accessible to everyone it was used by. It was agreed to review the acronyms list included in the report and to add a glossary to explain some of the frequently used terms.</p> <p><b>ACTION: Acronym list in the Performance Report to be reviewed and updated.</b></p> <p><b>ACTION: Glossary for frequently used terms to be added to the Performance Report.</b></p> <p>Mrs Greenfield asked about access to angiograms and performance within Cardiology as she was concerned long waits for angiograms were leading to patient harm. She noted the report spoke of an increase in revenue investment in this department, which was positive. Mr Palmer outlined some of the work the Trust was doing on Cardiology, including reducing the waiting lists for a procedure and providing protected cardiology beds on Taw Ward. The Trust’s new cardiology day case unit was due to open in the next few weeks and NHS Devon had helped the Trust secure two Consultants across the organisation as part of an investment leading to six to eight consultants across both the RDUH and Torbay and South Devon. In terms of patient harm whilst waiting, harm was monitored and Mr Palmer said he would share more information outside the meeting from the Trust’s Safety and Risk Committee.</p> <p><b>ACTION: Mr Palmer to share information with the CoG on patient harm whilst on the cardiology waiting list (including waiting for angiograms)</b></p> <p>Mr Leepile raised a concern about Healthcare Assistants from overseas having difficulties working at the Trust for the 39 hours a week that was allowed. He said some had been told they could work elsewhere, other than at the Royal Devon, to make the hours up. It was agreed that the question would be shared with Mrs Foster and the CoG updated outside the meeting.</p> <p><b>ACTION: Question on overseas Healthcare Assistants having difficulties working the full 39 hours allowed for the Trust to be raised with Hannah Foster, Chief People Officer. The responses to be shared with CoG.</b></p> <p>Mr Kempton commented on the NCTR position, noting this was impacted by the closure of care homes and asked if the Board could influence this. Mr Palmer said this was work for the NHS Devon, in terms of managing the care home market and negotiating contracts in the mid- and long-term. In terms of</p>	<p>BC</p> <p>BC</p> <p>JP</p> <p>BC</p>
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		<p>the Trust, Mr Palmer said it was seeking to improve the staffing in the Urgent Community Response team.</p> <p>There being no further questions, Ms Morgan thanked Mr Palmer and Mr Palmer left the meeting.</p> <p><b>The Council of Governors noted the Q3 2023/24 Performance Report.</b></p>	
<b>6.3</b>	<b>09.24</b>	<b>DISCUSSION WITH A NON-EXECUTIVE DIRECTOR: BRIDIE KENT</b>	
		<p>Ms Morgan welcomed Professor Kent to update on her role and portfolio as a NED.</p> <p>Professor Kent said she joined the Trust in 2021 and the CoG had recently approved her reappointment for a further three years to 2027. She provided an overview of her career as a nurse, saying that she was currently Professor of Nursing at the University of Plymouth. She was working on a research project working in the Philippines on a community programme for self-management following stroke. In terms of her Board roles, Professor Kent said she was a member of the Audit Committee, the Charity Committee, the Governance Committee and the Remuneration Committee. Along with Professor Marshall she was also Lead for Freedom to Speak Up and Whistleblowing. Professor Kent said she was the NED Lead for End of Life Care and sat on the End of Life Steering Group. She also chaired Consultant appointment panels, which was useful in terms of connecting with staff, and she was also undertaking quality and safety visits, alongside the other NEDs. Professor Kent said she chaired the Trust’s Organ Donation Committee. The Committee was a requirement of the NHS Blood and Transplant Service because the Trust had an Intensive Care Unit at both of its main hospital sites. She said it was important to value and champion organ and tissue donation and she gave some background as to this work at the Trust. Overall, Professor Kent said the highlight of being a NED was utilising her skill sets from 40 years in nursing and working with such a good Board of Directors. – She invited questions.</p> <p>The Governors discussed further with Professor Kent her role with End of Life Care and Organ Donation and how to promote these topics, when they are difficult to discuss with people. They discussed the use of MY CARE and ensuring a patient’s record was as up to date as possible in reflecting a patient’s condition and wishes when it came to End of Life care. Professor Kent provided some information on the rate of Organ Donation and how the Trust worked to support families and staff in having these discussions. She said that the Organ Donation Group reported through the Trust’s governance performance system up through to the Governance Committee and on to the Board. It was agreed to make the suggestion to the Communications Team that an article on organ and tissue donation and the Committee’s work be included in the stakeholder newsletter. It was also agreed to consider a Patient Story on End of Life care for a public Board meeting.</p> <p><b>ACTION: Communications Team to consider an article on Organ Donation and the Organ Donation Committee’s work for the Trust’s stakeholder newsletter.</b></p> <p><b>ACTION: Communications Team to consider a Patient Story at a Public Board meeting on End of Life Care.</b></p> <p>The meeting discussed Professor Kent’s role at the University of Plymouth and making the most of the links. The link to the University of Exeter was well</p>	<p style="text-align: right;"><b>SD</b></p> <p style="text-align: right;"><b>SD</b></p>

		<p>established and it was agreed working well and maximising opportunities with two Universities was important.</p> <p>Ms Morgan thanked Professor Kent for the overview of her role and said the discussions were valuable for Governors in holding NEDs to account.</p> <p><b>The Council of Governors noted the discussion with Professor Kent.</b></p> <p><i>Professor Kent, Professor Marshall and Mr Dunster left the meeting.</i></p>	
<b>7.</b>		<b>STAKEHOLDER ENGAGEMENT</b>	
<b>7.1</b>	<b>10.24</b>	<b>FEEDBACK FROM COMMUNITIES</b>	
		<p>Ms Morgan said this was a routine item that had been brought onto the formal agenda and was the opportunity for Governors to discuss the issues they were hearing in their communities.</p> <p>Issues raised included:</p> <ul style="list-style-type: none"> <li>• waits for angiograms as discussed earlier in the meeting;</li> <li>• positive patient experiences of services at the RD&amp;E and North Devon District Hospital (NDDH), including cardiology and the leg ulcer clinic</li> <li>• patients being confused with MY CARE reporting blood test results initiated by GPs</li> <li>• the continued concern about the decision to close the Link Centres in North Devon</li> <li>• positive feedback on the care provided at the Nightingale Hospital Exeter</li> <li>• Improving signage at modular scans to ensure patients are aware they are accessible</li> <li>• Concerns about Minor Injury Units at Ilfracombe and Bideford being closed due to staffing issues.</li> </ul> <p>Mr Higginson noted all the comments and said he would feed these back to the teams.</p> <p><i>Mrs Greenfield left the meeting.</i></p> <p>The meeting discussed how to further promote MY CARE and it was agreed to circulate more leaflets to the Governors to allow them to distribute them in their communities (hardcopy and electronic). It was queried if the Trust monitored the demographics of those who were signed to see if it reflected the patient population and Mr Higginson agreed to find this information out.</p> <p><b>ACTION: MY CARE leaflets to be shared with Governors for distributing in their communities.</b></p> <p><b>ACTION: Information on whether the Trust monitored the demographics of the patients signed up to MY CARE to be shared with the CoG.</b></p> <p>There being no further comments, Ms Morgan thanked everyone for their contributions.</p> <p><b>The Council of Governors noted the Feedback from Communities.</b></p> <p><i>Mr Higginson left the meeting.</i></p>	<p>BC</p> <p>SH</p>
<b>9.</b>		<b>COG BUSINESS</b>	

<b>9.1</b>	<b>11.24</b>	<b>REPORTS FROM COG COORDINATING COMMITTEE, THE PUBLIC AND MEMBER ENGAGEMENT GROUP AND THE TASK AND FINISH GROUPS</b>	
		<p>Professor Needham presented the report from the CoG Coordinating Committee's January 2024 meeting, which was taken as read. It was noted that Mrs Harris and Mr Cox were both present at the last meeting and it was agreed to update the report and ensure this was also noted on the Committee's action notes. The report was noted.</p> <p><b>ACTION: CoG Coordinating Committee Report and January 2024 action notes to be checked to ensure attendance is correctly noted.</b></p> <p>Mr Hall presented the report from the Public and Member Engagement Group (PMEG), outlining the key issues, including the helpful extension to the length of each meeting, the regular discussions on the stakeholder newsletter and the Trust's website and the work to ensure the membership database was up to date, including with members' email addresses. The report was noted.</p> <p>Professor Needham updated on the on-going work of the two Task and Finish Groups. The NED appraisal group had held its penultimate meeting and was working on a template with guidance for completion. He said there would be a final meeting ahead of submitting a report to the CoG. Professor Needham said the last meeting of the CoG Effectiveness group had been adjourned due to technical issues with MS Teams. A meeting later in March 2024 was being set up, with new Governors also expected to join. The reports were noted.</p> <p><b>The Council of Governors noted the reports from: CoG Coordinating Committee, Public and Member Engagement Group, Task and Finish Groups, Audit Committee and Patient Experience.</b></p>	<b>BC</b>
<b>9.2</b>	<b>12.24</b>	<b>NOMINATIONS COMMITTEE UPDATE</b>	
		<p>Ms Morgan presented the report, which updated the CoG on the work the Committee was undertaking to recruit two NEDs. Further reports and details would follow on Governor involvement in the process.</p> <p><b>The Council of Governors noted the Nominations Committee update.</b></p>	
<b>9.3</b>	<b>13.24</b>	<b>UPDATE ON COMMITTEE AND GROUP MEMBERSHIP</b>	
		<p>Mrs Holley presented the routine report to the meeting and requested updates to the membership list. It was noted that Mrs Westcott was a member of the CoG Effectiveness Task and Finish Group and that Mr Richards was now Vice Chair of PMEG. It was asked if there were deputies in place for the Governors who attended the Patient Experience Committee and the Audit Committee. As there was not, it was agreed to consider electing deputies and also how often the Governor on such Committees was refreshed.</p> <p><b>ACTION: Mrs Holley to give consideration to adding deputies to the Governors who attend Audit Committee and Patient Experience Committee and as to how often the Governor member was refreshed.</b></p> <p><b>The Council of Governors noted the Committee and Group Membership report</b></p>	<b>MH</b>
<b>9.4</b>	<b>14.24</b>	<b>SELECTION AND AGREEMENT OF QUALITY PRIORITIES 2024/25</b>	



		<p>Mrs Holley thanked the Governors for their work to date on selecting the CoG's Quality Priorities for 2024/25. The selected two priorities by the majority of Governors were Out of Hospital Care and Communications with Inpatients. Mrs Holley said the CoG was asked to formally confirm these. Ahead of this, a request had been sent to all Governors asking for their feedback on both, including information on what good what would look like and how improvements would be measured. Mrs Holley pointed out the tight timeframe for completion of this work and invited Governors to forward their responses by 18 March 2024. This work was ongoing and would be collated before being circulated to all the Governors in advance of the next COG meeting.</p> <p><b>The CoG confirmed the selection of its two Quality Priorities for 2024/25 as Out of Hospital Care and Communication with Inpatients.</b></p>	
<b>9.5</b>	<b>15.24</b>	<b>ANNUAL REVIEW OF THE COG'S SCHEDULE OF REPORTS</b>	
		<p>Mrs Holley presented the Schedule of Reports for review. There were no comments or amendments and the Schedule was approved.</p> <p><b>The Council of Governors approved the Schedule of Reports for 2024/25.</b></p>	
<b>10.</b>		<b>INFORMATION – NO REPORTS</b>	
		<p><b>DATE OF NEXT MEETING</b></p> <p>The next meeting would be held on Wednesday 5 June 2024 at the RD&amp;E Hospital.</p>	

## MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC

6 March 2024

### ACTIONS SUMMARY

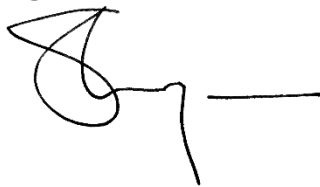
This checklist provides a summary of actions agreed at the CoG meeting, and will be updated and attached to the minutes each quarter.

PUBLIC AGENDA					
Minute No.	Month raised	Description	By	Target date	Remarks
41.23	November 2023	Mr Tidman to follow up with Mr Leepile on his query related to NHS Professionals requirement for staff to have NHS experience and the impact on the availability of Bank staff and agency spend.	CT MH / SH	<del>March 2024</del> June 2024	<p><b>March 2024 update:</b> CT put SL in touch with senior members of the HR Team to discuss the issues. SL confirmed he met with them but since then he had continued to receive reports of difficulties of registering with NHS Professionals for the staff bank. It was agreed at the March 2024 meeting to keep the action open and for MH and SH to follow up. Action on-going.</p> <p><b>June 2024 update:</b> NHS Professionals have confirmed they can only take individuals with either the Care Certificate or 6 months minimum NHS experience which is part of their conditions of registration. SL aware. Action completed.</p>
08.24 (1)	March 2024	Acronym list in the Performance Report to be reviewed and updated.	BC	June 2024	<p><b>June 2024 Update:</b> The list has been reviewed and updated and included in the Performance Report being presented. It will be kept under regular review. Action completed.</p>
08.24 (2)	March 2024	Glossary for frequently used terms to be added to the Performance Report.	BC	June 2024	<p><b>June 2024 Update:</b> A glossary has been started and is included with the Performance Report. Governors are asked to consider what other frequently used terms they would like to see added. Action ongoing.</p>

Minute No.	Month raised	Description	By	Target date	Remarks
08.24 (3)	March 2024	Mr Palmer to share information with the CoG on patient harm whilst on the cardiology waiting list (including waiting for angiograms)	JP	June 2024	BC shared with AG, AG will work with JP to pull together. AG advised being discussed at Cardiology Transformation Group on 20/05.
08.24 (4)	March 2024	Question on overseas Healthcare Assistants having difficulties working the full 39 hours allowed for the Trust to be raised with Hannah Foster, Chief People Officer. The responses to be shared with CoG.	HF/BC	June 2024	<b>Update June 2024:</b> Clarification of issue was sought from Simon Leepile on the concerns he had from care workers in care homes not being provided with enough working hours to financially support their cost of living and whether the Trust were able to support them. Enquiries were made with NHS Professionals on whether these individuals could join the Trust Bank but entry requirements need either the Care Certificate or 6 months minimum experience working within the NHS. There are further complications around visas and sponsorship and restricted hours when already being sponsored by another organisation which were explained to Simon with guidance to help educate and inform the individuals prior to accepting offers to come to the UK. Recommendation to close action.
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	June 2024	<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.
09.24 (2)	March 2024	Communications Team to consider a Patient Story at a Public Board meeting on End of Life Care.	SD	June 2024	<b>Update June 2024:</b> The Team have followed up with end of life care colleagues. It has been included in patient story schedule but it will be led by the clinical leads in this area of patient care and finding the right carer/family to interview.

Minute No.	Month raised	Description	By	Target date	Remarks
10.24 (1)	March 2024	MY CARE leaflets to be shared with Governors for distributing in their communities.	BC	June 2024	<b>Update June 2024:</b> An email was sent to all Governors on 21/03/2024 with the link to Trust's website for information on signing up to MY CARE and saying that more leaflets were being sourced. These will be available at the CoG meeting on 05/06/2024.
10.24 (2)	March 2024	Information on whether the Trust monitored the demographics of the patients signed up to MY CARE to be shared with the CoG.	SH	June 2024	<b>Update June 2024:</b> An update will be provided at the meeting.
11.24	March 2024	CoG Coordinating Committee Report and January 2024 action notes to be checked to ensure attendance is correctly noted.	BC	June 2024	<b>Update June 2024:</b> Attendance updated so it was correctly noted. Action completed.
13.24	March 2024	Mrs Holley to give consideration to adding deputies to the Governors who attend Audit Committee and Patient Experience Committee and as to how often the Governor member was refreshed.	MH	June 2024	<b>Update June 2024:</b> This will be addressed through the recommendations in the Governance Review in terms of Governors observing/participating in meetings. Governance Review is on the COG agenda – action complete.

Signed:



Name: Shan Morgan, Chair