

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

**Held on Thursday 28 November 2024  
 Touchdown 1  
 Exeter College Future Skills Centre  
 Exeter Airport Industrial Estate  
 Exeter  
 EX5 2LJ**

**Present**

Shan Morgan, Trust Chair

**Public Governors**

**Eastern:**

Fred Caygill  
 Peter Evans  
 Sarah Hughes  
 Rachel Noar

**Northern:**

Catherine Bearfield  
 Lucy Beazley  
 Peter Clarke  
 Quentin Cox  
 George Kempton (up to minute 63.24)  
 Carol McCormack-Hole  
 Sue Matthews  
 Avril Stone

**Southern:**

Tim Pavelle  
 Richard Westlake

**Staff Governors:**

Will Aspinall  
 Naomi Hallett  
 Simon Leepile (from minute 64.24)  
 Nicola Mitchell

**Appointed Governors:**

Angela Shore, Appointed - University of Exeter

**Apologies**

Ian Hall, Appointed - Devon County Council  
 Zoe Harris, Staff  
 Clare Stevens, Staff  
 Gill Greenfield, Southern  
 Nigel Richards, Eastern  
 Mark Wooding, Northern

**Did not Attend:**

Tom Reynolds, Staff

**In Attendance:**

Bernadette Coates, Governance Coordinator (minute taker)  
 Sam Higginson, Chief Executive Officer (up to minute 61.24)  
 Melanie Holley, Director of Governance  
 Vanessa Larkin, BSL Interpreter  
 Martin Marshall, Non-Executive Director  
 Tony Neal, Non-Executive Director  
 Jess Newton, Communications and Engagement Manager  
 Clare Seal, BSL Interpreter  
 Chris Tidman, Deputy Chief Executive (up to minute 63.24)

Item	Minute		Action
1.	55.24	<b>WELCOME AND APOLOGIES</b>	
		Ms Morgan welcomed everyone to the meeting, particularly the Governors more recently elected who were attending their first formal meeting. She said she would welcome feedback on the venue from those attending for the first time. Ms Morgan welcomed Mr Higginson, Mr Tidman and Mr Neal from the	

		<p>Board of Directors. She welcomed Ms Seal and Ms Larkin as British Sign Language interpreters for Mrs Noar.</p> <p>The apologies were noted as above and the meeting was confirmed as quorate.</p>	
<b>2.</b>	<b>56.24</b>	<b>ANNUAL REVIEW OF THE GOVERNORS' REGISTER OF INTERESTS</b>	
		<p>Mrs Holley presented the updated Register, which had had its annual review following the recent elections. 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. Ms Morgan commented that the Register showed the breadth and depth of Governor interests and the skills and experience brought. There were no comments or questions from Governors and the Register was noted.</p> <p><b>The Council of Governors noted the Governors' Register of Interests.</b></p>	
<b>3.</b>	<b>57.24</b>	<b>SECRETARY'S NOTES</b>	
		<p>Mrs Holley noted the following:</p> <ul style="list-style-type: none"> <li>• Dates of next meetings were the Development Day on 5 February 2025 and the formal CoG on 6 March 2025</li> <li>• The venues for CoG meetings and Development Days were being worked on and once they were secured, this would be communicated to the CoG.</li> <li>• A reminder of the items being managed by correspondence, noting that questions had been submitted and the responses circulated to the CoG. Mrs Holley said these would also be noted in the minutes.</li> </ul> <p>There being no further questions, Mrs Holley's update was noted.</p> <p><b>The Council of Governors noted the Secretary's Notes.</b></p>	
<b>4.</b>	<b>58.24</b>	<b>CHAIR'S REMARKS</b>	
		<p>Ms Morgan remarked on the following:</p> <ul style="list-style-type: none"> <li>○ The timings on the public agenda had been amended in order to make sufficient time for an item on the Governors' Code of Conduct in the Confidential meeting.</li> <li>○ She provided an overview of her activity since the last meeting, including:             <ul style="list-style-type: none"> <li>○ A visit to North Devon District Hospital (NDDH) visit with Ed Davey MP and Leader of the Liberal Democrats, and Ian Roome, the recently elected new Liberal Democrat MP for North Devon. The visit had focussed on the Our Future Hospitals Programme and the need for this at NDDH.</li> <li>○ The Trust's Extraordinary People Award ceremony took place at the end of October 2024. Ms Morgan said it was an opportunity to say thank you to staff and a great reminder of what the Trust is about, with its people doing amazing things for patients and the Trust's communities.</li> <li>○ Regular Chair and Leader meetings in Devon had taken place, with Ms Morgan noting the discussions on Devon's element of the NHS 10-year plan. She added that the CoG will be asked to help shape this work.</li> <li>○ Acute Provider Collaborative meetings continued, with the three acute Trusts in Devon working together for the benefit of patients</li> </ul> </li> </ul>	

		<p>across the whole county. Ms Morgan said the Trusts worked together, on amongst other things, identifying fragile services needing support.</p> <p><b>The Council of Governors noted the Chair’s Remarks.</b></p>	
<b>5.</b>	<b>59.24</b>	<b>APPROVAL OF THE 21 AUGUST 2024 PUBLIC MEETING MINUTES</b>	
		<p>The minutes of the 21 August 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><i>39.24 (1) 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.</i> Mr Higginson said he would circulate an update by email to the CoG. Action on-going.</p> <p><i>41.24 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.</i> Mr Higginson said that since the last meeting, the Trust had launched its ‘That’s Not Okay’ campaign. He outlined the communications and messages and sessions being arranged for staff, to indicate how important this is and to support them in tackling any issues. Mr Higginson said that the Trust had added questions on this area to the national NHS Staff Survey so that it could understand better the experience and views of staff. In his conversations with staff, Mr Higginson said it was clear that they wanted the Trust to do more and the Trust had committed further funding and investment, for example in security at the RD&amp;E Hospital Wonford and in improving training at NDDH. A number of sexual safety listening events had been held, including bringing in people from external organisations to talk to staff. The action was noted as completed.</p> <p><i>42.24 (1) Review of the presentation of mortality data in the Board Integrated Performance Report to be undertaken.</i> Mr Higginson said that the mortality data was now split into Eastern and Northern services. He said that 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. Mr Evans asked for more information on why the data had been split by site, noting that, for example, the age profile would likely be different at each site. Mr Higginson said the request from Governors had been for the data to be split by RD&amp;E and NDDH; however, as Mr Evans had noted, the case mix was different at each acute site and it was for this reason that Professor Harris had advised that trends at either site should be tracked rather than comparing one site with the other.</p> <p><b>Matters Arising</b></p> <p><i>44.24 (3) 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.</i> Having read the update to the action, Mr Westlake said he was still not satisfied that the issue had been looked at in a way that was best for disabled people, particularly those who needed to be dropped off at the RD&amp;E</p>	

		<p>Hospital main entrance. He said the disabled parking spaces were often always full, with a queue of waiting cars, and the Trust needed to review the number of Blue Badge spaces provided. Mr Westlake outlined his difficulties in using the spaces when bringing people in for appointments and asked if the Trust had a focus group of patients who regularly used the parking spaces. He added he had also written directly to Mrs Holley about the issues and received a reply but he still had concerns. Mr Tidman said he would make a note to consider bringing a working group together of people who can feedback their experiences. He said the team were doing all they could within their powers to improve the parking experience at the RD&amp;E. Mrs Noar supported Mr Westlake in his comments, adding that she had noticed a number of drivers who sat and waited in their cars whilst parked in a Blue Badge space. She added that there had been an extension in the people who qualified for a Blue Badge, which was positive, but it did mean demand had grown even further. Ms Morgan said the team was always responsive to comments and the comments had been noted by Mr Tidman for sharing with his team.</p> <p><b>ACTION: Consideration to be given by Chris Tidman to establishing a working group including people who use Blue Badge parking spaces at the RD&amp;E Hospital.</b></p> <p>44.24 Mrs Holley to confirm if a response had been received regarding the feedback on NHS111 giving patients inaccurate information on service availability. Mr Pavelle said the action was noted as completed but asked if it was only completed once a response had been received from the Devon Integrated Care Board (ICB). Mr Higginson said the issues had been raised with the ICB and as the Trust was not the service provider it did not have any direct control. It was agreed to keep the action open and for a response to the feedback to be sought. <b>Action ongoing.</b></p> <p>39.24 (2) Update on the MY CARE feedback provided to the 5 June 2024 CoG meeting to be provided at the 28 November 2024 CoG meeting. Although the action was agreed in August 2024, Mr Cox noted that it had originally arisen from the June 2024, yet was still an action on-going. Mrs Holley said the team did have the feedback and a full response to the CoG was being worked on and would be shared as soon as possible.</p> <p>Mr Caygill asked about the NHS 10-year plan, noting the NHS Long Term Plan published in 2019 was already 5 years old. He said the language used was not specific enough in terms of what it was seeking to achieve and encouraged the conversations with the CoG on the new plan to be more specific. Ms Morgan said the comments were noted and Mr Higginson would talk about the Plan in his update.</p> <p>There were no further matters arising.</p>	CT
<b>6.</b>		<b>ACCOUNTABILITY AND ENGAGEMENT</b>	
<b>6.1</b>	<b>60.24</b>	<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>• Referring to Mr Caygill's comments, Mr Higginson said the new Secretary of State for Health and Social Care had launched a 10-year plan consultation. Individuals were invited to complete a survey and answer questions on what they wanted from the NHS in the future and he said he would encourage everyone to get involved. In addition, organisations and</li> </ul>	

		<p>ICBs were working on local plans and Mr Higginson said he had already discussed with the Department of Health that rural voices needed to be heard. The Devon ICB was working on what the local engagement plan would be, ensuring there were genuine conversations on choices leading to a tangible plan for action. The Devon system was looking at the priorities for its population, given the demographics and the financially constrained NHS. Noting the comments about the previous government's plan and whether it had been delivered, Mr Higginson said it was important there was confidence in the new plan.</p> <ul style="list-style-type: none"> <li>• The new Government had also announced a review of the new hospital programme and Mr Higginson said the Trust continued to lobby and make the case for NDDH. He said he had given an interview the previous day to the Health Service Journal on this and he would continue to campaign on it for the population of North Devon. Mr Higginson said the outcome of the review was not expected until April 2025, when the Government's spending review was also due.</li> <li>• The winter period had arrived, with Mr Higginson saying the Trust was heading into the most challenging 12 weeks of the year. It was a very pressurised time and he was very grateful for all the efforts of staff.</li> <li>• In terms of Elective Care, Mr Higginson said the Trust was aiming for no patients waiting more than 78 weeks for treatment. Progress was being made and the Trust had recently move to Tier 2 from Tier 1 which was recognition of how hard everyone had been working. In terms of elective waiting times, Mr Higginson said it was important to understand when waiting times start depending on the pathway and he would circulate a briefing which set out the metrics for Governors. In terms of the Trust's financial plan, this was on plan; however, with the move into the winter period, there were more risks as it was reliant on the delivery of elective activity.</li> </ul> <p><b>ACTION: A briefing on the timings and metrics for elective care pathways to be circulated to the Council of Governors.</b></p> <ul style="list-style-type: none"> <li>• The national NHS Staff Survey was due to close on 29 November 2024, with the Trust's response rate currently at 36%. Staff were continuing to be encouraged to complete the survey.</li> <li>• Funding of £1.4m had been received from the National Institute for Health and Care Research (NIHR) for a research building at NDDH. Mr Higginson said this would provide better access to clinical trials for patients in North Devon.</li> <li>• The Trust was a pilot site for the national Federated Data Platform (FDP) initiative. The FDP was aiming to increase efficiency and patient care by improving the effective use of data and as a pilot site, the Trust was already seeing a benefit in Theatres and outpatient services.</li> <li>• It was expected that the Department of Health would soon sign off the business case to extend the Epic Electronic Patient Record to Torbay and South Devon NHS Foundation Trust and University Hospitals Plymouth NHS Trust. Mr Higginson said that the Royal Devon would support the implementation, adding that this would provide significant benefit across the system, particularly to patients that are treated at more than one Trust.</li> <li>• The Trust had launched its Super Theatre Appeal, raising money to equip a new hybrid theatre. The capital funding for the shell of the theatre was being provided but the Trust needed £1.2m in order to equip it. Mr</li> </ul>	SH
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		Higginson said he would like to encourage Governors to get involved and share the information with their communities.	
<b>6.2</b>	<b>61.24</b>	<b>OPEN QUESTION AND ANSWER</b>	
		<p>Ms Morgan invited questions for Mr Higginson.</p> <p>Noting the references to patient data, Mr Caygill said he had recently been reading about warnings of hackers stealing patient data, particularly in reference to recent incidents impacting hospitals in London. He asked for assurance on the Trust having everything in place to protect patient records. Mr Higginson said that the organisations affected held their data in the Cloud and there was some concern that there was encouragement to move data storage to the Cloud in the NHS. He confirmed that the Trust did not hold its data in the Cloud, instead it was held in physical servers on-site, with back-up servers off-site. Mr Higginson said that stress testing was undertaken, including by external organisations such as BT, and he had confidence in the appropriate safeguards being in place.</p> <p>Mr Caygill asked about staff travelling to work in their uniforms, noting that winter was an infection hotspot. He said he had also been aware that ICU staff have to shower at work in their own time before changing into their uniforms. He said this was not factored into their salaried hours and asked if this was acceptable. Replying to the first point, Mr Higginson said there was a Trust Uniform Policy in place, which the Infection Prevention and Control Team had contributed to. The Policy set out what staff can wear outside their place of work. He said he would ask that the Policy be circulated to the CoG for information. On the second point, Mr Higginson said he would expect all staff are showering before work but he would take it away to check on this particular group of staff.</p> <p><b>ACTION: The Trust Uniform Policy to be circulated to the Council of Governors for information.</b></p> <p><b>ACTION: Mr Higginson to look into whether Intensive Care Unit staff are expected to shower at work in their own time.</b></p> <p>Mr Westlake noted that GPs were still working to rule in a number of places and asked what impact this was on having on the Trust's Emergency Departments (ED). Mr Higginson said this was difficult to judge, noting there was not a consistent approach in all GP practices. He said presentations of minor injuries at ED could possibly be driven by GPs working to rule but more detailed analysis would be needed to be sure. Mr Higginson said there had initially been an increase in attendances at ED from some primary care network areas, particularly in Barnstaple, but this had appeared to flattened off.</p> <p>Mr Kempton said he was disappointed to hear that the outcome of the review of the new hospital programme was not expected until April 2025. He asked how the Trust and Governors could reassure the community on this and did the Trust have a Plan B. Mr Higginson replied that the Trust publicly wanted a whole new hospital for North Devon; however, it was not impossible that there would not be sufficient funds for this and so the Trust needed to consider what a phased build would look like. Even if the Trust received the funds for a whole new hospital, this would take five years to build and so the Trust also had plans for theatres and the ICU at NDDH as if these failed, this would cause serious issues for the Trust's services and patients.</p> <p>Mr Evans commented on the Trust's charity appeal to fund the equipment of a new theatre. He asked if the Trust was in touch with the local League of</p>	<p>MH</p> <p>SH</p>

	<p>Friends to help. He said he had contacts with the eastern League of Friends and asked what the advice would be if he were to talk to them about fundraising. Mr Tidman replied that it was important the Trust had strong relationships with the League of Friends and this was developing by moving away from just seeing the Leagues’ funds for community hospitals but also for the benefit to the wider community. Noting Mr Evans’ point about messaging, Mr Tidman said he would take an action to draft up a short briefing document for Governors as to why the new theatre was good for the community at large. Mr Higginson said, alongside the League of Friends, the Trust was also having conversations with the fund holders of the many charitable funds within in the Trust. He said the approach to charitable funds was often to see them as ‘rainy day’ funds; however, under charity law there was an obligation to spend funds. Mr Evans said he agreed that fund holders should be encouraged to spend charitable funds for the benefit of all patients. Mrs Stone asked for information to be included in the briefing on the exact type of theatre it was as this would be important when asking people to support the fundraising. Mr Higginson made a note and said it was a vascular hybrid theatre, which combined a scanner with operating equipment for complex vascular work.</p> <p><b>ACTION: A short briefing to be drafted for Governors as to the community benefit of the Trust’s new hybrid theatre.</b></p> <p>Referring to the expansion of Epic to Torbay and Plymouth, Mr Aspinall said he recognised the benefits of this; however, the volume of change requests was already significant. He asked how this process would be managed across the three providers and numerous sites. Mr Aspinall said he was aware of the concerns of his colleagues about this. Mr Higginson said that the business case to extend Epic to Torbay and Plymouth included additional resource to expand the Digital team and plan to do this. He said it was recognised that there will be four groups around the table – North, East, South and West – and any changes would mean all four working together. The governance for changes would be clinically-lead and one organisation would not be able to unilaterally make a change. Mr Higginson said he was also aware that there were still different levels of training within the Royal Devon and there was a plan over the next year to refresh staff training. Mr Aspinall said he agreed the expansion was an important opportunity for re-education. Professor Shore asked if there was likely to be a push to get changes through before the expansion roll out. She said she was aware of Research change requests. Mr Higginson said that there would be a triage system for the change requests, with Professor Shore responding that this would likely see Research change requests coming last as patient care would be prioritised. Mr Higginson said he was not sure that would be the case and all requests would be considered in the same way.</p> <p>Mrs Hughes noted that there was regular mention of needing to transform the ways of working, within acute care, mental health and social care. She asked if the Trust was receiving external help on this as change was not easy. Mr Higginson said that in such a challenging place as the NHS, ideally additional resource would be provided but organisations have been clearly told this was not coming. Change therefore needed to be made within the current resources. Mr Higginson said the Trust was looking at the opportunities it had to transform, including using its digital agenda as a tool for change. He said the Trust also needed to think about its workforce models, exploring why there were different models at the Eastern and Northern sites and looking for the excellence at both sites and how to get staff to work at the top of their licence. Mr Higginson said that as an Integrated Care System (ICS), Devon had asked</p>	CT
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		<p>for support on large system-wide projects, for example on a single procurement service and joining up some corporate services. He added that there would be a formal announcement the following week on a change to Professor Adrian Harris' role to Chief Medical Officer (CMO) for Digital and Research to drive digital transformation and leadership in research. The Trust would be recruiting a new CMO for Services and Clinical Leadership. Mr Higginson said this was an arrangement that happened at other organisations.</p> <p>Mrs Stone asked for more information on the new research centre and whether it would be built at NDDH. Mr Tidman said the Trust had a range of options, some of which may tie into the interim work to minimise the theatres risks at NDDH. He said that the old social club at NDDH had also just been removed in order to create space. Mr Tidman added that the £1.4m funding received gave the Trust options for a modular building that can be constructed relatively quickly. He said he anticipated the option appraisal to be completed in 2-3 months.</p> <p>There being no further questions, Ms Morgan thanked Mr Higginson for his report. Mr Higginson left the meeting for another commitment.</p> <p><b>The Council of Governors noted the Chief Executive's Report.</b></p>	
6.3	62.24	<p><b>EXTERNAL REVIEW INTO THE TRUST'S MANAGEMENT OF A TRAINEE DOCTOR</b></p>	
		<p>Mr Tidman presented the report, which contained the paper and external review report presented to the Board at its September 2024 meeting in public. He provided a reminder that under the Judge's reporting restrictions, the Trust had been limited in what it could say but the Board had been kept informed throughout. Ms Morgan added that the Non-Executive Directors (NED) had the opportunity to challenge throughout the process and it was important Governors were confident in the challenge by NEDs. Mr Tidman said that he and Mrs Holley had worked on the case for a number of years and they were clear on providing regular updates to the Board, on any immediate actions that could not wait for an external review and the Trust's Duty of Care. Mr Tidman said the Trust had also used the case as a way of starting conversations with staff on raising concerns by showing how seriously the case was being taken. He said that that EPIC provided the Trust with the ability to audit systems and see staff accessing records. Mr Tidman said that the review had been fed into the Trust's 'It's Not Okay' campaign, encouraging staff to speak up and not accept inappropriate behaviour as this could be a red flag for more concerning behaviour.</p> <p>Ms Morgan asked Mr Tidman to explain the background to the individual being transferred from one Trust to another, noting that trainee doctors were now called resident doctors. Mr Tidman said that resident doctors were managed by Health Education England (HEE, previously known as the Deanery), which was part of NHS England. The training involves being rotated through different areas, all managed by HEE. In terms of the doctor concerned, Mr Tidman said it was important to note he was at the Trust for a period to the end of September 2020, when he was then due to rotate to Cornwall for the next placement. Mr Tidman said the Trust undertake checks of all resident doctors for the period they are with the Trust. Resident doctors have a relationship with a Trust consultant as part of their placement but the contractual relationship is with HEE.</p> <p>Mrs Stone said that Ms Morgan had said that the NEDs had been asking the right questions about this case and asked where the Governors came in, in</p>	



terms of holding the NEDs to account. Ms Morgan said that the Board had received a private briefing on the content of the external review report, whilst it was still confidential. There was also a session with the CoG explaining how the Board had received assurance on this case. At the first public Board meeting where it was able to be spoken about, the same points were made as in private. Ms Morgan said the CoG could ask questions at today's meeting on what assurance the NEDs have received and how they tested it. Mrs Holley added that there was a lot of learning for everyone following this. She said that at the time of the criminal case, the Trust was not able to provide the CoG with the information it may have wanted. The CoG could have asked the NEDs, for example, if they were assured by the information they had that the CoG did not. There was a lot of information being sought that the Trust was unable to provide at that time, and this led to concerns. The learning was to ask the questions that seek assurance without needing to be given information the Trust may not be in a position to provide at that time.

Ms Morgan asked Mr Tidman about the safeguards in place on Epic for staff searching patient records and whether staff had to record why they were looking at a particular record. Mr Tidman said the Trust was looking at a real-time auditing tool that sat above EPIC so it could be shared with Torbay and Plymouth, which would flag unusual patterns of access. As was brought out in the recent court case, that there may be an impact on patient safety if the freedom of access for clinicians was limited. Mr Tidman said that there had to be a level of trust with clinicians but the tool being considered raised flags of unusual patterns of access. He said some of the access by the doctor in this case was absolutely usual and it was important not to take kneejerk action to restrict access and create more issues. Mrs Holley said that a full audit trail, which was retrospective, was available currently on Epic, and in addition to that a patient could request an additional layer of security called Break the Glass added to their medical record. This would give a warning to staff of "Are you sure you need to access this information?" as they accessed the record and it could act as a deterrent. She said that the learning from the case was that the individual accessed lots of patient records in a short space of time which was unusual activity and the new tool being developed would flag unusual activity to the data security team so that an individual member of staff could be asked about their accessing of data. Ms Morgan said the external report that had been commissioned made clear conclusions and recommendations and the Board would come back to them to ensure they were acted upon.

Mr Pavelle asked if any further serious issues had been raised at the Trust since the launch of the 'It's Not Okay' campaign. Mr Tidman said issues had been raised but none as serious as the case being discussed. He said there had been an increase in issues raised on individual behaviours and each would be looked at. The Trust had put additional resources in place to manage the immediate reaction from the campaign. Ms Morgan highlighted the number of avenues open to staff for raising concerns, including Staff Side and the Freedom To Speak Up Guardians. Noting the increase in inappropriate behaviour reporting since the new campaign started, Mrs Bearfield asked if there had been an increase in reporting of racism since the Southport incident and riots in the summer. Mr Tidman said he would need to check the data on that specifically; however, staff were reporting that the culture at the Trust felt better since people were talking about things more openly. Mrs Holley said she was aware that staff did speak out in the summer at the time of the riots and support for staff was put in place. It was agreed to review whether there had been an increase in the reporting of racism by staff. Ms Morgan said it

		<p>was important to change the culture and be clear it was okay to speak out and challenge behaviour that was not acceptable. Some staff had said they just accept certain behaviour as it happens all the time and the Trust was seeking to empower them to say it is not okay. Mrs Noar asked if the Trust recorded disability discrimination and if so, did this include neurodiversity discrimination. Mr Tidman said there was data recorded on this and it was included in the reports to the Board but he would make a note to provide more information to the CoG.</p> <p><b>ACTION: Information to be provided to the CoG on whether there had been an increase in staff reporting incidents of racism since the summer riots.</b></p> <p><b>ACTION: Information to be provided to the CoG on data related to disability discrimination, including neurodiversity.</b></p> <p>Mrs Hughes said the detail of this case made her quite concerned that Governors did not have NHS email addresses, adding that Governors were receiving confidential information to their private email addresses which could be hacked. Ms Morgan said the Governors had discussed nhs.net email addresses before and there were concerns about the number and relevance of the emails being received. A collective decision had been taken not to provide NHS emails. She said she understood the concerns on sensitivity in receiving confidential information. Mr Tidman reassured the CoG that the report it had received was in the public domain and had been modified for publication.</p> <p>Mrs Noar asked if there was a time limit on how long a member of staff could look at a patient record and did the system log them out after a certain time. She said she was concerned a member of staff could leave a computer unattended and another member of staff could see a patient record. Mr Tidman said that all the Trust's computers did time out after a certain number of minutes if there was no activity and all computers needed individual log-ins; however, he would look into the question in more detail and report back.</p> <p><b>ACTION: Information to be provided to the CoG on the timeout arrangements for unattended devices when accessing a patient's electronic patient record.</b></p> <p>There being no further questions, the report was noted.</p> <p><b>The Council of Governors noted the review into the Trust's management of a trainee doctor.</b></p>	<p>CT</p> <p>CT</p> <p>CT</p>
6.4	63.24	<b>Q2 2024/25 PERFORMANCE REPORT</b>	
		<p>Ms Morgan said Mr Tidman would present the report, which was from September 2024. The Board had received a more up to date performance report at its meeting the day before, and the CoG had already heard from Mr Higginson on progress being made.</p> <p>Mr Tidman said it was evident from what Mr Higginson had said in his report that the Trust was making good progress. There were some areas that required more focus but the Board felt the Trust was going in the right direction as it headed towards the difficult, high risk winter period. He invited questions on the report.</p> <p>Mr Cox commented on the patient flow diagnostic for Northern services, noting that the ward/board rounds data had not been updated since March 2024. He said this had also been the case in the report presented to the Board meeting the day before. He asked why this was the case. Mr Tidman noted that the</p>	

	<p>Eastern data was dated for August 2024 and he said he would take this back to the Trust and follow up.</p> <p><b>ACTION: Reason for the patient flow diagnostic data for ward/board rounds being from March 2024 for Northern services and August 2024 for Eastern services to be provided to the CoG.</b></p> <p>Mr Cox referred to the data on Waiting Well and asked what triggered Waiting Well for a patient. He noted that only none or minor harm had been recorded for August 2024, asking if it was inevitable in some services such as Cardiology that some patients would die whilst waiting due to their conditions. Mr Tidman said that patients were prioritised from 1 to 6 and patients did move up and down as a result of checks undertaken on their physical and mental wellbeing. Mr Cox said that he was aware that some GPs tell patients it is not worth them writing to the Trust with an update on their condition as it did not make a difference. Mr Tidman said this was not correct and it was always worth a GP informing the Trust of an update with a patient's condition.</p> <p>Professor Shore said fantastic work had clearly been done on reducing the waiting lists and asked if this was as a result of a period of specific work to concentrate on reducing the lists or a gradual process and systems working better. Mr Tidman said the reduction was probably three years in the making since exiting the pandemic. The Board had given the Executive Team and the Senior Leadership Team a mandate to focus on reducing the waiting lists. Mr Tidman gave the example of day case knee replacements and ophthalmology at the Nightingale Hospital and putting investment into an opportunity to change how the services worked. Mr Tidman said the Trust had been bold in what it had changed in order to deliver the extra activity so that it could access the Elective Recovery Fund (ERF). The Trust was able to provide better care, improve staff morale and receive a financial benefit via the ERF income. Ms Morgan said the Executive Team had shown leadership in mobilising staff to meet these targets and put the Trust on the right trajectory for recovery. Mr Tidman said it was good to see the morale boost to teams as a result of the improvement in waiting times. This was particularly so for the surgical teams, who often came second to urgent and emergency care, and who now had ringfenced capacity and had been empowered to work differently to see what they could achieve. Mr Tidman said it was seeing the benefit of its investment, particularly in the Nightingale Hospital. Ms Morgan said the Nightingale was a brilliant asset, and the only remaining Nightingale from those set up in the pandemic. Mr Tidman said this was now being widely recognised in terms of the Trust's recovery and the Trust was had regular visits by other organisations wanting to learn from the Nightingale.</p> <p>Mr Westlake commented on his positive experience of an appointment at the Nightingale. He referred to the patient flow diagnostics and the average waits for domiciliary and social care. He spoke about his recent site visits with the NEDs and the issue of delayed discharges had been raised. Mr Westlake asked how the Trust worked with different care organisations and homes to set up a pathway with relatives or carers to allow patients to leave the hospital safely. Mr Tidman said this issue was a regular feature of discussions at Board meetings, with the Executives held to account on how the Trust works together with social care. As an example, Mr Tidman said the Trust had invited social care colleagues to attend a Board meeting to discuss their challenges. Operationally, Mr Tidman said domiciliary care had improved with the number of staff employed also having increased. The issue was therefore not so much a staffing one as a finance one. Mr Tidman said the Trust had a Single Point of Access (SPOA) team which dealt directly with the care organisations or</p>	<p><b>CT</b></p>
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		<p>homes to ensure a patient’s needs were met. He said delays in discharge had increased and the Trust was putting resource in place for the winter with the aim of reducing delays. Ms Morgan said that No Criteria to Reside (NCTR) was a topic on the list for a development day, with Mr Neal adding that a recent discussion at Board had focussed on how the increase in funding translated into a change in the NCTR rate.</p> <p>Mr Caygill asked if the Trust had a Corporate Social Responsibility (CSR) Policy or strategy. Mr Tidman said the Trust’s strategy set out its sustainability plan, how it will invest back into the local environment, economy and training. He said he was not as sure it was as explicit as a CSR Policy. Ms Morgan added that CSR policies were mainly found in the private sector but she agreed with Mr Tidman that the Trust reflected much of a CSR policy in its strategy. Mr Caygill said he had seen that Northumbria NHSFT had recently received Gold accreditation on CSR, which was the reason for asking. Mr Tidman said the Trust did often look to Northumbria so he would follow that up.</p> <p><b>ACTION: Northumbria NHSFT’s accreditation for its Corporate Social Responsibility Policy to be looked into.</b></p> <p>Mrs Noar spoke about a patient who was referred to the Royal Devon by their GP and basic information was not shared, including the need for an interpreter, resulting in the appointment being cancelled. She said an improvement in communications between GPs and the Trust would reduce waste of resources. Mrs Noar said the Trust needed to reinforce with primary care that basic information was needed as part of a referral. Ms Morgan said that the Trust was engaging more closely and effectively with primary care. She said primary care had different patient record systems in place to the Trust so it was important to communicate well. Mr Tidman said he would be keen to understand any particular learning from the case mentioned by Mrs Noar and he asked Mrs Noar to share details with him so that he could ask the team to review it and see if there was any learning.</p> <p>There being no further questions, Ms Morgan said the meeting would take a break before reconvening. She thanked Mr Tidman, who left the meeting. Mr Kempton also left the meeting.</p> <p><b>The Council of Governors noted the Performance Report.</b></p>	CT
7.		<b>STAKEHOLDER ENGAGEMENT</b>	
7.1	64.24	<b>FEEDBACK FROM COMMUNITIES</b>	
		<p>The meeting reconvened and Ms Morgan welcomed Mr Leepile to the meeting. She said that some issues raised earlier in the meeting included feedback from communities and given the time constraints, she would reduce the time allocation for this item from 60 to 30 minutes.</p> <p>Mr Cox said the Governors had discussed in their pre-meeting feedback from the site visits with the NEDs. Four Governors had recently been on visits and had strong positive feedback. One question was whether NEDs wrote a report following their visit and if so could the Governor see the report. He also asked what a Governor needed to do if they had questions following a visit and how would issues be followed up. Mr Cox said that the site visits fulfilled two roles – community feedback and holding the NEDs to account – and he asked if there should be a proforma for the Governor to complete. Ms Morgan said the Governors used to complete a form after observing Board meetings but it had ended up not being very useful. What had worked best in terms of feeding</p>	

	<p>into the annual appraisal process was reflecting on how NEDs performed over time in different environments. Mrs Bearfield said she agreed that a standardised form had not been working and asked if Governors should be encouraged to make an immediate note of their visit to then contribute to the annual appraisal process. Mr Westlake said he had participated in two site visits and following his visit with Mr Neal, Mr Neal had shared a report with him. He said he and the NEDs had worked together as a team at the visit and had been made to feel welcome on the visit by staff.</p> <p>Ms Morgan said she had received positive feedback from visits from the NEDs too. She had received a report from Mrs Stone following her visit and she would encourage Governors who go on the visits to keep notes so that they can be pulled together, recognising that the CoG's overall view of the NEDs would develop over time. Mrs Stone said she thought she had to write a report following her visit, adding that she was not comfortable with holding the NED to account or criticising people. She said she did pick up an issue on patient experience after her visit and had fed that back as she wanted to ensure it was followed up. She said she also told Bridie Kent, the NED who was with her, of the issue but she did not know if it had been included to Professor Kent's report of the visit. Mrs Holley said that NEDs raise any issues needing immediate action in real time, adding that the intention was not for the site visits to become a burden for Governors. The feedback from the visits was valuable to the Trust however, so a way of capturing this needed to be considered. Ms Morgan said consideration would be given as to how to identify any actions arising from the visits and adding them to the action tracker for CoG meetings.</p> <p><b>ACTION: Consideration to be given to how actions can be captured from the Governor and NED site visits so that they can be added to the action tracker for CoG meetings.</b></p> <p>Mr Clarke said he had a very positive experience for his visit with Tim McIntyre-Bhatty to the Estates and Facilities department at NDDH. He said Professor McIntyre-Bhatty raised a concern during the visit on the cramped working conditions. The staff said they did not know if they would be getting more space as part of the new hospital build. Staff also explained how they stored equipment in a shed with a leak. Ms Morgan said this was part of the value of the visits, in seeing the working environment and decisions being made on space allocation. She said this was likely to be on Professor McIntyre-Bhatty's list following the visit but she had noted it had been raised. Mrs Holley said the visits were still very new and both the Trust and the CoG was learning how best to manage them, including providing assurance on any issues raised.</p> <p>Mrs Hughes said she was hearing a theme around Maternity services and women not being listened to during birth. There were issues also with the call bells being rung and no-one responding. She said she did refer a person to PALS as they also had other issues including confusing information on the timing of placenta removal, which Mrs Hughes said she believed was being looked at in this case. Mr Neal said he was the Maternity Safety NED for Northern services and said he supported encouraging people to give their feedback to PALS. On the specific issue of placenta removal, Mr Neal said the guidance on this varied, which may mean a mother's expectation may not be met and stresses the importance of communication.</p> <p>Mrs Matthews said that a number of issues had been raised during the meeting and she had made a note of them as the CoG's representative on the</p>	<p>MH</p>
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		<p>Patient Experience Committee (PEC) so that she could draw out the themes to highlight in the report to the PEC.</p> <p>Noting the time constraints of the meeting, Mr Cox suggested that any further feedback from communities be submitted by writing to save time. Mrs Noar said this was difficult for her to do as it was easier for her to communicate using British Sign Language and the interpreters. She therefore gave her feedback to the meeting. She commented that she was, as far as she aware, the only Deaf public Governor in England, which was a positive for the Trust. She commented on the project that had been established to improve services for Deaf patients and how this would make a real improvement to the experience for Deaf patients. Mrs Matthews said she would note this for the report to the PEC.</p> <p>There being no further comments, Ms Morgan thanked everyone for their feedback.</p> <p><b>The CoG noted the feedback from communities.</b></p>	
<b>8.</b>		<b>COG BUSINESS</b>	
<b>8.1</b>	<b>65.24</b>	<b>REVIEW OF THE GOVERNORS' CODE OF CONDUCT AND STANDARD OPERATING PROCEDURE FOR ALLEGED BREACHES</b>	
		<p>Ms Morgan thanked Mrs Matthews and the Task and Finish Group members for the work they had completed on the Code of Conduct and the procedure for alleged breaches, noting how important the documents were to the CoG. She invited Mrs Matthews to present the paper and the revised documents.</p> <p>Mrs Matthews provided some background to the work for the benefit of the newly elected Governors. The review had stemmed from the work of the Governor Effectiveness Task and Finish Group as to what the Code meant, and it could it be made simpler and clearer on issues such as confidentiality. It was agreed to establish a Task and Finish Group to undertake the review and the Group looked at best practice elsewhere and asked all Governors for feedback. The Group tried to accommodate this as much as possible. In terms of the Standard Operating Procedure (SOP), Mrs Matthews said the revised draft was similar to the current version; however, its limitations had been acknowledged and additions made in terms of an informal process, self-management by Governors and the use of an advocate where Governors may need support in tackling individual behaviours. Mrs Matthews said the SOP was not currently in the Trust's template but this would be done once approved by the CoG.</p> <p>Ms Morgan invited questions and comments from the Governors.</p> <p>Mrs McCormack-Hole said the revised Code of Conduct was a very good document, and it was important for all Governors to have read it and understood it. She thanked Mrs Matthews for her thorough work on it.</p> <p>Mrs Bearfield supported the positive comments made. She said the Governor Effectiveness Task and Finish Group had discussed the wording of the opening statement at the beginning of the Code of Conduct and suggested adding in further wording on the CoG's primary duties of holding to account and representing the views of the community. Mrs Matthews said some of the feedback had been incorporated into the opening statement but it was not intended to be a job description for Governors, and it was noted that the Code did direct Governors to the Governors' Handbook where the detail of the duties was set out. It was also noted that there were also more duties that could be included. Following discussion, it was agreed not to amend the opening</p>	

		<p>statement and that the Code was a living document that could be revisited and reviewed again.</p> <p>Ms Morgan asked the CoG to approve the revised Governors' Code of Conduct and the SOP for Alleged Breaches of the Code. The CoG unanimously approved both documents and Ms Morgan thanked everyone for their contributions to this important work.</p> <p><b>The Council of Governors approved the Governors' Code of Conduct and the Standard Operating Procedure for Alleged Breaches of the Code of Conduct.</b></p>	
<b>8.2</b>	<b>66.24</b>	<b>ELECTION TO THE COUNCIL OF GOVERNORS 2024</b>	
		<p>Mrs Holley said the report was taken as read and she highlighted the proposal to hold a by-election for the vacant posts in the Southern public constituency. She invited comments and questions.</p> <p>Mrs McCormack-Hole asked if the Trust had considered filling vacant posts by moving candidates across the constituencies. Mrs Holley said this was not permitted under the Trust's Constitution and election rules but the suggestion had been noted for when the Constitution review took place.</p> <p>Mr Westlake said the timing of the by-election needed to be considered, given it was nearly the end of the calendar year and he was concerned it would not be successful in filling the posts. Mr Cox said it was unusual to have so many vacancies in one constituency. He said he knew significant amounts of communication and engagement work had taken place for the last elected but he wondered if the Trust could use postal communications with members in the constituency so they were all aware of the opportunity. Ms Morgan said the Trust would explore all avenues of communications, including exploring what other Trusts did to see if the Trust could replicate these methods. Mrs Holley said the Trust would also explore paid advertising in the local newspaper and invited Governors to send in any further ideas on advertising and promotion.</p> <p>There being no further comments or questions, Ms Morgan asked the CoG to consider the recommendation made to undertake a by-election for the vacant posts in the Southern constituency. This was unanimously agreed by the CoG.</p> <p><b>The Council of Governors noted the election report and agreed that a by-election be held for the vacant posts in the Public – Southern constituency.</b></p>	
<b>8.3</b>	<b>67.24</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. It was taken as read and there were no questions.</p> <p>Mrs Newton introduced the Public and Member Engagement Group report in the absence of Mr Richards, the Group's Vice Chair. Mrs Newton said the Group was still seeking a Chair, with expressions of interest due to close the following week. She asked Governors to give consideration to putting themselves forward. Mrs Newton noted that some of the information in the PMEG report on the Annual Members Meeting (AMM) was not quite correct, with some of the data quoted differing from the AMM report which had been considered by correspondence. Mrs Newton clarified that the vast majority of</p>	

		<p>the Members who attended gave positive feedback. There were no comments or questions from Governors.</p> <p>Mrs Bearfield said that she was the Deputy Chair of the Governor Effectiveness Task and Finish Group. The most recent meeting was chaired by Mrs Greenfield, who had agreed to become the Group Chair. The report was taken as read and there were no questions.</p> <p>Mrs Matthews presented the report from the Patient Experience Committee (PEC), adding that the PEC had met more recently. At its more recent meeting it had discussed the Trust's digital agenda and how this was increasing access difficulties for some patients. Mrs Matthews said that she did follow up on issues raised by Governors, ensuring they were themed and included in her report to the PEC. She said the PEC reports to the Quality Committee (previously known at the Governance Committee), which Mrs Greenfield now observed. The Quality Committee reported directly to the Board. There were no comments or questions and the report was noted.</p> <p>Professor Shore presented the report from the recent Audit Committee meeting, highlighting that it was Alastair Matthews' last meeting as Committee chair. Dave Harland would be taking over as the NED Chair of the Committee. There were no comments or questions and the report was noted.</p> <p><b>The Council of Governors noted the Committee and working group and task and finish group reports.</b></p>	
<b>8.4</b>	<b>68.24</b>	<b>NOMINATIONS COMMITTEE REPORT</b>	
		<p>Ms Morgan presented the report from the Nominations Committee. She noted the further terms for herself and Mr Neal and she was delighted with both their re-appointments. In terms of work coming up, Ms Morgan said that the Nominations Committee was next meeting on 10 December 2024, which included interviewing a candidate from the University of Exeter for the Nominated NED post on the Board. There were no comments or questions and the report was noted.</p> <p><b>The Council of Governors noted the Nominations Committee report.</b></p> <p>Noting that the next items had been managed by correspondence, Ms Morgan said this was unusual for CoG meetings and said feedback on this was welcome. Mr Aspinall said he found it helpful to do it this way but commented on the number of emails received related to the CoG. He asked if there were other ways to manage this, such as by using a MS Teams channel. Ms Morgan said this could be considered; however, when doing so, it needed to include consideration of people's access to devices, home Wifi etc. to ensure it did not exclude people.</p> <p>There were no further comments and the meeting was closed.</p>	
<b>8.5</b>	<b>69.24</b>	<b>REPORT FROM THE ANNUAL MEMBERS MEETING AND ENGAGEMENT EVENT</b>	
		<p>This was an item taken by correspondence. There were no comments or questions raised by the CoG and the report was noted.</p>	
<b>8.6</b>	<b>70.24</b>	<b>ANNUAL MEMBERSHIP REPORT TO THE COUNCIL OF GOVERNORS</b>	
		<p>This was an item taken by correspondence. The following comments and questions were received from Mr Cox, with the response from Sarah Delbridge, Engagement Manger, included.</p>	



		<p>Comment: I would perhaps like to have seen the percentage of public members for whom we have email addresses in the report.</p> <p>Response: This is helpful feedback, and this will be added into next year's report.</p> <p>Comment: I have some comments about the appendices but these could be discussed at PMEG.</p> <p>Response: The report will be on the next PMEG agenda</p> <p>Question: Why do the e-newsletters not go to staff members?</p> <p>Answer: Staff receive a whole range of communications as part of being an employed staff member, including a weekly all staff update by email. This includes many of the same messages as in the monthly newsletter to members, but tailored for the staff audience, plus many more messages relevant to them as staff. There is not that level of detail in this report due to the volume and complexity of communications sent to staff, and because it isn't necessary for this report. It is felt that it would not add any great value to document staff communications in significant detail, which would take a great deal of resource to put in place.</p> <p>Comment: Using the membership list for the North to circulate a consultation on behalf of the NHS New Hospitals Programme was confusing. (e.g. Parking survey did not relate to NDDH)</p> <p>Response: This engagement opportunity was shared with the Trust by the national programme. It was our understanding that participation in the national workshops would inform national conversations about these topics, which would inform elements of our local programme in any standardised designs provided to us by the national team. The relation to NDDH was therefore in a more indirect way, but we wanted to make sure local voices had the opportunity to be included in national developments. If this was unclear in the message communicated, we can take that away to consider for future messages, though I believe they have finished with the national workshops.</p> <p>The report was noted by the Council of Governors.</p>	
<b>8.7</b>	<b>71.24</b>	<b>MEMBERSHIP STRATEGY</b>	
		<p>This was an item taken by correspondence. The following comment was received from Mr Cox, with the response from Sarah Delibridge, Engagement Manager, included.</p> <p>Question: I had previously made comments. Not quite sure the status of this given Shan's (Shan Morgan, Chair) wish to link it to NHS Consultation.</p> <p>Answer: The Board will consider it after the publication of the 10-year plan, so that our membership strategy sits within that context. In the meantime, I will develop the work plan that details the specific actions for delivering the strategy, and we will see if there is anything that we feel we can begin to look at.</p> <p>The strategy was noted by the Council of Governors.</p>	
<b>9.</b>		<b>INFORMATION – NO REPORTS</b>	
		<b>DATE OF NEXT MEETING</b>	
		The next meeting would be held on 6 March 2025 at a venue to be confirmed.	

## MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC

28 November 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
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. <b>Action on-going.</b></p> <p><b>Update March 2025:</b> In the twelve month period to October 2024 there have been 12 moderate or greater harms recorded for patients on the cardiology waiting list. Of these 4 (33%) related to patients awaiting angiography. Across the same time period, 3.43% of the moderate or greater incidents reported within the Trust, related to Cardiology. There are 80 patients awaiting a coronary angiogram as at 23/12/2024. There are 5 patients waiting over 50 weeks, of whom all are scheduled to be seen in January. Additional weekend lists have been put on to further reduce waiting times. This information was emailed to the CoG on 20/02/2025. Action completed.</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.</p> <p><b>Update March 2025:</b> An email was sent by Sarah Delbridge to Governors on 31/01/2025 providing information on the feedback given by the CoG. Action completed.</p>
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	<p><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. SH said there was a Board briefing on the metrics from the November 2024 Board meeting and he said he would circulate this to complete the action. Action ongoing.</p>

Minute No.	Month raised	Description	By	Target date	Remarks
					<b>Update:</b> This was circulated by email on 16/12/2024. Action completed.
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 issued 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. Action ongoing. <b>Update March 2025:</b> The Head of Operations – North said the Devon ICB had confirmed it had actioned the feedback and that NHS111 had the correct information. Action completed.
59.24	November 2024	Consideration to be given by Chris Tidman to establishing a working group including people who use Blue Badge parking spaces at the RD&E Hospital.	CT	March 2025	<b>Update March 2025:</b> Estates and Facilities are establishing a working group involving patient experience function and have already identified extra spaces near the Oncology building that can be designated as Blue Badge parking spaces. Action completed.
60.24	November 2024	A briefing on the timings and metrics for elective care pathways to be circulated to the Council of Governors.	SH	March 2025	<b>Update March 2025:</b> A briefing was circulated to the CoG on 20/02/2025. Action completed.
61.24 (1)	November 2024	The Trust Uniform Policy to be circulated to the Council of Governors for information.	MH	March 2025	<b>Update March 2025:</b> The Policy was shared by email on 03/12/2024. Action completed.
61.24 (2)	November 2024	Mr Higginson to look into whether Intensive Care Unit staff are expected to shower at work in their own time.	SH	March 2025	<b>Update March 2025:</b> An email was sent to all Governors on 03/12/2024 (with the Uniform Policy ref above), with information that the query raised had been checked with the Director of Nursing (Eastern services) and the Surgical Care Group Director of Patient Care. As advised by SH at the CoG meeting, staff should arrive at work ready to start work (having showered as appropriate). It was also pointed out that some staff (clinical and non-clinical) choose to cycle, run or walk to work and choose to shower at work, rather than at home. For these staff this would not form part of their working day and therefore if they choose to shower on arrival, this would need to occur before the start of their rostered shift. Action completed.
61.24 (3)	November 2024	A short briefing to be drafted for Governors as to the community benefit of the Trust's new hybrid theatre.	CT	March 2025	<b>Update March 2025:</b> A briefing was circulated to CoG by email on 20/02/2025. Action completed.

Minute No.	Month raised	Description	By	Target date	Remarks
62.24 (1)	November 2024	Information to be provided to the CoG on whether there had been an increase in staff reporting incidents of racism since the summer riots.	CT	March 2025	<b>Update March 2025:</b> There has been an increase in reporting of racist incidents or racism since the riots in the summer, some of these have made it to HR colleagues and others were dealt with informally or through other means. We have now started to see this slow down, although there is still some reporting taking place. We have also noticed that the reporting is now including a wider range of concerns such as domestic violence and safety, these have all been escalated appropriately. Action completed.
62.24 (2)	November 2024	Information to be provided to the CoG on data related to disability discrimination, including neurodiversity.	CT	March 2025	<b>Update March 2025:</b> A similar picture to the reporting of racism, in large pertaining to reasonable adjustments or lack of implementation of them. In regards to data they're likely best gained through HR colleagues. We're working on a plan for gathering some feedback through focus groups and the results from a survey completed by the Occupational Health team which will provide more evidence. Action completed.
62.24 (3)	November 2024	Information to be provided to the CoG on the timeout arrangements for unattended devices when accessing a patient's electronic patient record	CT	March 2025	<b>Update March 2025:</b> All devices timeout after 10 minutes if there is no activity by the user. Action completed.
63.24 (1)	November 2024	Reason for the patient flow diagnostic data for ward/board rounds being from March 2024 for Northern services and August 2024 for Eastern services to be provided to the CoG.	CT	March 2025	<b>Update March 2025:</b> This was an oversight and the data has now been updated in the December IPR, showing 95% compliance. Action completed.
63.24 (2)	November 2024	Northumbria NHSFT's accreditation for its Corporate Social Responsibility Policy to be looked into.	CT	March 2025	<b>Update March 2025:</b> Northumbria have set up a 'Community promise' framework to address what they can do as an anchor institution to address health inequalities. The Trust is replicating many of the things Northumbria are doing (e.g. widening access/ buying local / sustainability) which is reassuring, but will need to consider the resources required to move to the next level and gain CSR accreditation. Action completed.

Minute No.	Month raised	Description	By	Target date	Remarks
64.24	November 2024	Consideration to be given to how actions can be captured from the Governor and NED site visits so that they can be added to the action tracker for CoG meetings.	MH	March 2025	<b>Update March 2025:</b> If any concerns that require action are escalated by a NED following a site safety visit, these will be added to the CoG public action tracker. Action completed.

Signed:  
Shan Morgan, Chair