MEETING IN PUBLIC OF THE BOARD OF DIRECTORS OF THE ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

Wednesday 31 May 2023
Exeter College Future Skills Centre, Exeter Airport Industrial Estate, EX5 2LJ/via MS Teams

MINUTES

PRESENT	Mrs H Brazier	Director of Operations, Northern Services (Deputy)
	Mrs C Burgoyne	Non-Executive Director
	Dr K Davies	Medical Director, Northern Services (Deputy)
	Mrs H Foster	Chief People Officer
	Mrs A Hibbard	Chief Financial Officer
	Professor B Kent	Non-Executive Director
	Mr S Kirby	Non-Executive Director
	Professor M Marshall	Non-Executive Director
	Mr A Matthews	Non-Executive Director
	Mrs C Mills	Chief Nursing Officer
	Dame S Morgan	Chair
	Mr T Neal	Non-Executive Director
	Mr C Tidman	Deputy Chief Executive Officer
APOLOGIES:	Professor A Harris	Chief Medical Officer
	Mr J Palmer	Chief Operating Officer
	Mrs S Tracey	Chief Executive Officer
IN ATTENDANCE:	Ms G Garnett-Frizelle	PA to Chair (for minutes)
	Mrs M Holley	Director of Governance

		ACTION
070.23	**CHAIR'S OPENING REMARKS**	
	The Chair welcomed the Board, Governors and observers to the meeting. Ms Morgan reminded everyone it was a meeting held in public, not a public meeting. She asked members of the public to only use the 'chat' function in MS Teams at the end to ask any questions which should be focussed on the agenda and reminded everyone that the meeting was being recorded via MS Teams. Ms Morgan thanked all the Governors attending, both in person and via Teams. **The Chair's remarks were noted.**	
071.23	**APOLOGIES**	
	Apologies were noted for Professor Harris, Mr Palmer and Mrs Tracey.	
072.23	**DECLARATIONS OF INTEREST**	
	Mrs Holley advised that a new declaration had been received for Mrs Mills, who had been invited to become a member of the Devon System Recovery Board. **The Board of Directors noted the new declaration by Mrs Mills.**	

073.23	**MATTERS DISCUSSED TO BE DISCUSSED IN THE CONFIDENTIAL MEETING**	
	The Chair noted that the Board would receive at its confidential meeting a presentation from the Chair of the ICS on the Devon 5 Year Joint Forward Plan, a discussion with the Director of Integrated Adult Social care, Devon County Council on social care pressures, a discussion on the improvement plan, an update on the Peninsula Acute Services work, the Annual Remuneration Committee report for 2022-23 and an NHSE mandated return for the Trust. In addition, the Chair advised that in future all items would be presented at the public Board unless there was a significant reason for them to be presented confidentially.	
074.23	**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 26 APRIL 2023**	
	The minutes of the meeting held on 26 April 2023 were considered and approved subject to the following amendments: Minute number 058.23, page 4 of 17, final paragraph amend to ".. and whether the processes could be changed to remove the ~~efficiencies~~ inefficiencies." Minute number 060.23, page 9 of 17, third paragraph amend to ".. but the system could bid for additional funding through the Section 106 process from the local authority" Minute 060.23, page 10 of 17, first paragraph, action to be added to the action tracker for the Board to discuss further at a future Board meeting expected/acceptable staffing levels and vacancy rates to understand and agree. Minute 062.23, page 13 of 17, penultimate paragraph amend to ""Mrs Mills agreed with previous points about momentum and counselled about delaying too long as this could create ~~more~~ challenges with clinical engagement." Minute 062.23, page 13 of 17, final paragraph to read "Mrs Foster commented that the System Workforce Plan was working to a different timeline to the Trust and the Trust was developing a Workforce Plan that would have trajectories and turnover to support the Clinical Strategy." Minute number 063.23, page 14 of 17, paragraph to be amended to reflect that the Torbay and South Devon NHS Foundation Trust EPIC proposal is subject to their Board decision and procurement process.	
075.23	**MATTERS ARISING AND BOARD ACTION SUMMARY CHECK**	
	The Board of Directors noted and agreed the updates to actions. No further updates were advised. **The Board of Directors noted the updates.**	
076.23	**CHIEF EXECUTIVE OFFICER'S REPORT**	
	Mr Tidman provided the following updates to the Board.	

National Update

- The Trust had received an update on the New Hospital Programme the previous week, welcomed the ongoing commitment to North Devon District Hospital (NDDH) and would work with the programme team to establish when and how the scheme could be progressed. A commitment to early investment to rebuild staff accommodation at NDDH was noted which will support the Trust's ambition to be a great place to work and help with recruitment and retention. A letter was expected within the next week regarding next steps.
- There had been continued focus on reducing waiting times and Devon continued to benefit from the targeted support for systems in Tier 1. The Trust had been asked to be one of 12 national pilot sites to go faster and further using GIRFT methodology. All Trusts had been asked to comply with a best practice administrative checklist which would need sign off by Boards.
- Focus had also continued on reducing ambulance handover delays and Category 2 response times, again with targeted support for systems with the greatest challenges, of which Devon was also one.
- The pay dispute had continued with some professions and the Trust had continued the work to plan and prepare for periods of ongoing industrial action, the latest of which would be the junior doctors strike planned for 14 – 16 June 2023. The settlement for staff on Agenda for Change contracts was due to be paid to staff in arrears in June.
- It was expected that the National Workforce Strategy would be released over the coming weeks.
- NHS England wrote to organisations in May 2023 to officially move the NHS from Covid response to recovery and reducing the national incident level from 4 to 3.

System Issues

- Part of the System recovery plan is accelerating the move towards greater uptake of shared service models across Devon for corporate services which would lead to greater efficiency, but would inevitably lead to concerns amongst affected staff groups. The Trust was committed to being open and transparent regarding the process and the timescales for this.
- The Devon ICS had released its Joint 5 Year Forward Plan which represented a significant move towards a different way of working in the system. Plans from different sectors within health and care had been brought together for the first time in response to the One Devon Integrated Care Strategy.
- Work was continuing on the Peninsula Acute Sustainability Programme, with clinicians working together to develop the future model of healthcare services focussing on medicine, surgery and paediatrics, as well as some fragile services. This work was also looking at how digital healthcare can better support people in their own homes or in remote areas. Good progress was being made, with a shared commitment for change, however careful planning was essential to ensure that all the options would be tested for deliverability.
- The System Chief Executive, Jane Milligan, had recently announced her retirement later this year and plans had started to ensure a smooth transition for her successor in the role.

Local issues

- The Care Quality Commission (CQC) had published their report following the short notice unannounced inspection of the Trust's diagnostic imaging, surgical and medical services at both sites in late 2022, which was in response to the Trust reporting 16 Never Events, as previously reported to and reviewed by the

Board. Diagnostics had been rated as good at both sites, however medicine and surgery were rated as requires improvement in both Northern and Eastern services. Whilst this is disappointing, it was noted that the majority of the issues raised in the report were already known with actions in hand to address them. Overall it was agreed that the report was a fair reflection of the challenges faced by the Trust and teams at the time of the inspection. The report also included positive feedback on patients being treated with kindness and compassion, staff feeling empowered to raise concerns and positive team working, as well as patients being treated according to their needs. The Trust welcomed the feedback and the opportunity to learn and improve.

- The CQC had also undertaken a separate Well-Led inspection in early May looking at the leadership and governance of the organisation. The final report has not yet been received, however the CQC had provided some early feedback; that they saw a cohesive leadership team who worked well together, an open and transparent approach to risks, concerns and issues and a consistent patient-centred approach. There were areas identified for improvement, including the need to continue to embed the work already undertaken on Equality, Diversity and Inclusion. The final report was expected in late June and the Trust should receive its overall rating at that point.
- Selaine Saxby, MP for North Devon, visited the new permanent discharge lounge, the Coronation Suite, at NDDH on 19 May which she shared very positive feedback about. It is hoped that the Coronation Suite will receive its first patients during June 2023.
- The President of the Royal College of Surgeons recently visited Northern surgical services where the clinical excellence being delivered despite the constraints of the current infrastructure was showcased, as well as future plans.
- The Nightingale Hospital had recently undertaken its 1000th hip and knee operation.
- The Trust was beginning to see real benefits from the Workforce Strategy in reducing vacancies and staff turnover.
- One of the Trust's leading diabetes research nurses, Professor Maggie Shepherd had won the prestigious Aster Guardians Global Nursing international award for her work on transforming diabetes care from a field of over 50,000 applicants for the award. This highlighted the strength of the organisation's relationship with the University of Exeter.

Ms Morgan agreed that the Board saw the CQC reports as a focus for action to improve and a session had been set aside to look at the key messages at the next Board Development Day. She added that there was a programme of work in hand to follow-up the outcomes from the reports.

Professor Marshall noted the update about the New Hospital Programme (ND) and said that he had not seen any detail about investment in clinical services over the next seven years. Mr Tidman responded that more would be known on the detail once the letter had been received, but he could give assurances on the rebuild of staff accommodation and that the Trust would be given a lot of support and access to resources to build its business case for clinical services. He believed that, based on what had been said already, the Trust would be able to start building at the latest by 2030, but there was a concern about what could be done in the interim to mitigate risks of the existing estate and that the delay did not become a block to recruiting and retaining staff.

	Professor Marshall asked if there was any indication of whether a consultant strike and how that would be managed. Mrs Foster said that there were indications that the ballot for strike action could be a very close result but it was too early to say whether there would be industrial action. She added that the Trust had handled previous periods of industrial action, for example by junior doctors, well and there was a plan in place to follow-up on lessons learned and best practice at a future Board Development Day. Mr Kirby asked for further detail on how the Trust would be involved in shaping shared services and Mrs Hibbard advised that each of the shared services workstreams had a Senior Responsible Officer within the system with the outputs from this work presented at the weekly Finance and Planning meetings, which are attended by all System Chief Finance Officers and Chief Operating Officers. It is also fed into other relevant workstreams, such as that for HR. The options that would come out of this work would need system-wide as well as organisational approvals, so the Board would have sight of proposals as they developed. Governance around the shared services would need to be a partnership model, with each organisation having sight of the direction of travel of services shared across Devon. The approach aimed to take all organisations to a better position, with better processes and technology. Mr Neal asked if thought had been given to how shared back office services would be managed against integration of those services internally. Mrs Hibbard responded that the Trust needed to deliver the benefits of bringing together its own Corporate Support services as set out in the merger business case and then there would be additionality that could be delivered through bringing services together across Devon. **The Board of Directors noted the Chief Executive's update.**	
077.23	**INTEGRATED PERFORMANCE REPORT**	
	Mr Tidman presented the Integrated Performance Report (IPR) for activity and performance for April 2023 noting the following key points: • April performance was heavily influenced by industrial action by junior doctors immediately following the Easter break and by the nursing staff at the end of the month. • This did have an impact on the momentum of reducing long waits, but this had picked up again during May. • There was an improvement in urgent and emergency care performance, due to decision makers being at the front door and learning will be taken from this. • There was a sustained reduction in ambulance handover delays on both sites, as well as provision of continued system support to neighbouring Trusts. • The staffing position had continued to improve. • It was noted that as it was Month 1 of the new financial year, there were no financial results to report. Ms Morgan thanked Mr Tidman and said that she was grateful for the work that had gone into reshaping the IPR, noting that it was however still a very dense document and suggesting that there might be further steps that could be taken to make it more accessible. Ms Morgan noted that greater detail was now provided on ambulance diverts and the number of bed days that flowed from these diverts, which was helpful.	

	Professor Kent noted the increasing waiting list for cancer services and, mindful of the potential impact of further industrial action on this, asked if there were plans in place to address this. Mr Tidman said that there was a focussed governance and recovery plan in place and the team was working closely with the regional team on how the Trust could improve monitoring and data quality, and looking at more innovative ways of speeding up diagnostics. Whilst there had been improvements in diagnostics, there was also a significant increase in demand. Mrs Brazier added that the proportion of two-week wait referrals was increasing at a different rate to the routine or urgent referrals and this was being looked into. Mr Tidman added that cancer waits were protected as much as possible during periods of industrial action. Professor Kent asked whether there was a case in Northern Devon to look at the current size of the Emergency Department (ED), perhaps as part of the new hospitals programme, given the increases in attendances noted or were there different models that could be explored across Northern services. Mrs Brazier responded that there had been a sustained increase in attendances and ambulance arrivals noted and agreed that other models could be looked at. She added that there was a great deal of work being done across Devon to inform people about the right place to go to access the right service. Professor Kent asked whether data from other coastal areas had been looked at and Mrs Brazier said that it had not, but agreed this was a good suggestion. **Action.** Mr Tidman added that it was important to bear in mind the pressures of exit block and their impact on flow as well. Professor Marshall asked how the Trust compared to others in terms of sickness absence due to stress and Mrs Foster responded that this category did not relate to only work-related stress. She was uncertain how this category broke down in terms of work-related versus other stress/mental health conditions and agreed to look at this. **Action.** Professor Marshall noted the good progress on No Criteria to Reside (NCTR) and asked if patients were being followed up and Mrs Brazier responded that most of these patients would be under the care of health and care teams in the community and would be receiving support. Mr Tidman said that readmission rates over time would be reviewed. Mr Neal suggested that a piece of work should be commissioned through the Governance Committee on this. **Action.** Professor Marshall noted that there was little data specifically related to community services in the IPR and asked if there was a plan to increase this. Mr Tidman advised that a deep dive on community services was planned for the June Board and this would provide an opportunity for the Board to agree what data would be helpful to see relating to community. Professor Marshall asked what proportion of total activity ambulance diverts represented and Mr Tidman said that this was a very small proportion, however patients admitted from out of area tended to stay longer and there was therefore a cumulative effect of taking up bed capacity and the unpredictability was also an issue, as it cut across planning. Mr Kirby asked whether the Trust would be paid for the additional activity from diverts. Mrs Hibbard advised that discussions were ongoing regarding this, although the principle was accepted that the money should follow the patient.	

Mr Kirby asked whether NCTR was on trajectory to get the reduction per month needed to get to 5%. Mr Tidman said that some of this was within the Trust's control and Community Teams were looking at best practice across North and East, with a plan in place to improve interfaces. However, the staffing position in social care would be the greatest determinant and there was greater confidence in the plan for the year for Social Care to award more longer care contracts. He added that he would like to see two to three months of continued improvement before the Board could be more assured that the trajectory could be met.

Ms Morgan asked for an update on funding of support for discharge and social care and was informed that clarity was being sought on the main hospital discharge fund as well as other funding streams that could be drawn on to support the infrastructure for health and social care teams. A letter had recently been sent to Devon County Council (DCC) and the ICB asking for clarity on every funding stream and an update on this would be included in the IPR for June Board. **Action.** Mr Tidman added that there was an agreement in principle for £16m for a hospital discharge fund which awaited DCC Cabinet approval.

Mr Kirby noted that new outpatient attendances appeared low and whilst he understood that industrial action may have contributed to this, he asked if there were other factors. Mrs Brazier responded that industrial action had significantly impacted this as consultants had been pulled out of planned care to cover during the junior doctors' strike. She added that although there were early signs of this starting to recover during May, it was expected it would be further impacted during the next period of industrial action in June. Mrs Hibbard noted that guidance was awaited on how trajectories would be amended to take account of industrial action.

Mr Matthews asked whether there was confidence that the Trust could continue with the level of insourcing and outsourcing in place. Mrs Hibbard responded that discussions were ongoing. Funding was available to continue until June and the risk of continuing beyond that time needed to be understood. There were two elements to this; the first was agency theatre staffing to cover the period until overseas recruits are in place and the second was insourcing to drive additional activity. Both would attract ERF tariff and it would be important to understand whether enough could be earned locally to make that decision and this would be discussed at the Finance and Operational Committee. Mr Tidman said that there was more assurance in the system that there was more grip and control on finance, but less confidence around grip on performance.

Mr Matthews asked for clarification of what was meant by risks to safety in relation to diversion of ambulance outside of protocol. Mr Tidman said that there were strict exclusion criteria when ambulances were diverted and the risk related to patients being diverted inappropriately and having to be returned to another Trust to receive the treatment needed.

Mr Neal asked for clarification of the risk on the scorecard "Devon ICT/Cyber Fragility" and was advised that this would be followed up with Mr Palmer. **Action.**

Mr Neal asked whether any further changes were planned for the maternity dashboard and Mrs Mills responded that the national guidance was reviewed for advice on what the key issues were to be included for the Board, but agreed that she would look at what else might be included to provide more depth. **Action.**

	Mrs Burgoyne asked if the holiday season was factored in as it had a major impact on all hospitals. Mrs Brazier responded that during the summer months there was an increase in minor injuries seen with visitors to the area, but this did not have a major impact on emergency admission rates. Mrs Burgoyne noted that an average of three patients were going through the current North Devon discharge lounge and asked what was being done to increase that number and thereby help flow. Mrs Brazier said that the discharge lounge only had capacity for four chairs, which limited the number of patients who could go through it but efforts were made to maximise its use as much as possible. Mrs Burgoyne noted the issues identified in the report relating to increased presentation of patients with mental health problems and asked if different models were being looked at to help manage this. Mr Tidman responded that Mr Palmer was working closely with colleagues at Devon Partnership Trust (DPT) and Mr Tidman had met with the Chief Executive of DPT where they had discussed amongst other issues, jointly making a case for investment for place of safety and inpatient beds. He added that there was an Executive led Task and Finish Group working across North and East with some good action plans being developed. Dr Davies added that this was an issue that was being discussed, including looking at what measures were available to keep people safe. Mrs Burgoyne suggested that this could also be part of the community response in terms of preventing people presenting. Mr Tidman agreed to take this point away for consideration. **Action.** Ms Morgan said that the Council of Governors were scheduled to have a briefing from DPT and discussion on this issue at their next meeting. Mrs Burgoyne asked what comms messages were going out to patients who were experiencing delays in two-week waits to alleviate any anxiety this may cause. Mrs Brazier said that generally an appointment date would be agreed with patients early on but agreed that communications with these patients was important. Mrs Burgoyne noted the 48% reduction in open complaints and a 55% reduction in complaints open for over six months and commended the work that had been undertaken by teams to achieve this. Mrs Foster said that although there had been a poor response rate to the latest People Pulse survey, the Board would receive a presentation at the June Board which would show a more positive direction of travel. Ms Morgan asked Mr Tidman what were the issues that were of most concern to him at this time. Mr Tidman responded that the main issues for him would the ongoing pressure that everyone was still under and the impact of this on wellbeing and resilience; the possibility of Emergency Departments across Devon being overwhelmed due to lack of flow in the system as a whole and the impact this would have on the ambulance service **No further questions were raised and the Board of Directors noted the IPR.**	
078.23	**FINAL 2023-24 OPERATIONAL PLAN**	
	Mrs Hibbard presented the final 2023-24 Operational Plan to the Board. It was noted that the plan had already been through a great deal of scrutiny and	

	discussion by the Board and had been discussed with the Council of Governors at a Development Day meeting. Development of the plan had been through a collaborative and Devon system-wide approach this year. Mrs Hibbard presented the key points to the Board: • The plan had been discussed in detail by the Finance and Operational Committee and at previous confidential Board meetings before the planned submission. • The whole of the NHS was in a very difficult environment, and Devon had also had underlying challenges for some time which had added to pressure on the system. There were significant numbers of patients waiting for treatment, with some waiting longer than would be wished, as well as a significant underlying deficit which had led to the Devon System and individual acute Trusts within Devon being placed on SOF4 as part of the regulators oversight framework and in Tier 1 for elective, urgent care and cancer. This had brought additional scrutiny both to the organisation and the wider system. • Having worked through the planning guidance, a system deficit of £49m had been agreed as part of a three-year improvement trajectory. It was noted that this would reduce slightly with inflationary pressure support funding. • Industrial action was impacting on ability to deliver and conversations continued with NHS England on how the plan might be amended to take this into account. • The RDUH share of the system deficit was a £28m deficit, after delivery of a savings plan of £60m, made up of £45m of internal savings and the Trust's share of system stretch amounting to £15.6m. • The savings programme contained a productivity element for which there was an income stream, with the remainder focussed on cost reduction and cost avoidance to bring the organisation back to a more sustainable cost base for the future. • The plan contains significant investment in elective services, continuing from the elective recovery fund theme put in place in 2022-23, with the full year effect of those equating to £37m. This allows the Trust to earn additional ERF income of £8.7m. • It was recognised this was a high-risk plan, with a high level of ambition for delivery with a number of conditions to be met to deliver the position. • As a percentage of 2019-20 activity, the measure that NHS England are applying, the plan delivers 108%, which was a significant improvement. • Although the plan delivered an improved position on 104 and 78 week waits, there were still challenges on 65 week waits and work was continuing with the divisions and the national team to identify where they might go harder and faster on this as part of a national pilot. • If plans deliver, the Trust should achieve the urgent care target by the end of the year. • It contained a very high-level calculation of the impact on workforce and work was ongoing to understand what the savings plan would look like in terms of whole-time equivalents. Much of this could be delivered through vacancy, staff turnover and replacement of high cost agency with a more sustainable workforce. However, the impact of the Trust's share of the systems assumptions was recognised and this was being worked through. • It was recognised that monthly improvement of no criteria to reside (NCTR) was needed to get down to 5% to enable the Trust to hold elective ring fences. • Certainty was also needed on how urgent and elective care funding would continue to flow into the Trust to support the Trust's NCTR position.	

	• Work was taking place within the system on acute sustainability with the Acute Provider Collaborative and it would be important as part of the system redesign to focus on sustainability of both workforce and finance to ensure there were sustainable solutions across Devon for challenged and vulnerable services. • Another key assumption for the plan was support for additional capacity to help with delivery of the internal Improvement plan including review of internal resource to ensure it is correctly targeted for this level of ambition. • It was recognised that there was a good run rate of elective clearance and ways of ensuring that this was maintained if there was removal or outsourcing. • Without any intervention there would be a 50-bed gap in both Northern and Eastern services in terms of what has to be delivered in the operational plan. The plan contained interventions that would help reduce the bed gap through focussing on NCTR, enabling holding of ring fences and looking at what else could be done, for example on reducing length of stay. • The financial deficit position of £28m relies on an income base of £985m against a £1bn cost base. • There are two elements to the savings programme; the first is £45m of internal savings and just under £16m as the Trust's share of the system stretch. Internal savings were focused on opportunities relating to clinical activity, data and coding capture to ensure the Trust is being paid for all the activity undertaken, delivering what was agreed in corporate services as part of the integration programme, estates review getting the best value for money. Good work had been undertaken by the Workforce Team with good business cases regarding use of bank and the Nursing Team focus on the process around agency usage which had led to a marked reduction in agency use without impacting safer staffing. • The system share had been apportioned based on where opportunities were and it was acknowledged that there may be realignment across the system once more detailed plans had been worked up to ensure that no individual organisation was adversely impacted and a risk share protocol was in place to support high risk areas. • Delivery of the plan was linked to the SOF4 exit criteria. The three key domains within this were elective recovery, urgent and emergency care and Delivering Best Value savings and productivity plans. • Governance for delivery had been set out through the Delivering Best Value programme and had been extended to cover the whole remit of the improvement plan, with each element supported through Elective Care. Urgent Care and Savings Groups. There would be weekly finance performance meetings and the System Recovery Board. The Board of Directors would receive assurance through the Finance and Operational Committee. • The governance around the System Recovery Board supports the oversight of the regulators and to individual Trust Boards. • There were risks to delivery of the plan, but if the Trust was able to mitigate the majority it would be in a much better position at the end of the financial year. The biggest risk related to delivery of the savings programme, recognising that the target was higher than the Trust had previously managed, but governance had been bolstered and the focus of messaging • In addition, there was uncertainty regarding some income streams including how ERF would be dealt with as a result of industrial action, the new targets relating to community diagnostics centre income and the risks from cost pressures that arise in year.	

	• There was also a risk to ringfencing of elective beds if NCTR failed to improve, as well as a potential impact of savings plans on workforce and on corporate shared services across Devon and staff wellbeing. The Board was advised that there was one change on the plan previously presented to them which related to the final operational trajectory of 78-week waits, which had previously been modelled at 51 patients which had improved to zero. Ms Morgan thanked Mrs Hibbard for the extraordinary work she had undertaken on behalf of the Trust and the strong contribution she continued to make to system level working. She also thanked Mr Palmer and his team for their work on the development of the plan for 2023/24. **The Board of Directors noted the minor amendment to the final 2023-24 Operational Plan as outlined.**	
079.23	**WORKFORCE RACE EQUALITY STANDARD & WORKFORCE DISABILITY EQUALITY STANDARD REPORTS**	

	Mrs Foster presented the Equality Standard reports to the Board, reminding the Board that they had received an annual update on Inclusion work at their last meeting and the data from these reports would start to demonstrate whether that work was gaining traction and helping the Trust achieve its strategy. The Board of Directors were reminded that the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) were mandatory reports which required the approval of the Board of Directors.
	
	Highlights from the reports were noted as:
	• An additional report was required for this year, the Bank WRES and going forward there would also be a Medical WRES. LGBTQ+ and other protected characteristic data was also included at the Board's request.
	• This was the first time the reports had been completed for the integrated Trust.
	• WRES
	  ○ The report noted an increased rate of recruitment of black and minority ethnic staff (BAME).
	  ○ BAME staff reported more confidence in career progression and the data showed that there were no BAME staff who had entered a formal disciplinary process during the period reported.
	  ○ Concerns from the report included the significantly low number of BAME staff in the most senior manager group and the figures relating to bullying and harassment by senior managers and staff colleagues, although it was not clear whether this may in part be due to staff being confident to report this.
	  ○ There was no staff survey data for Bank staff to compare against the Bank WRES data, although it was believed there would be in future.
	• WDES
	  ○ Positive highlights included a reduction in staff feeling pressured to come to work, improvement in staff feeling valued, an increase in the number of staff reporting a disability, and improvements in adjustments being made.
	  ○ Concerns related to bullying and harassment from senior managers and staff colleagues.
	• Sub-scores for lesbian, gay and bi-sexual staff were not as good and this needed to be looked at in more detail to fully understand.	

- Virtually all scores in the reports were above benchmark and whilst it was agreed there was work to be done to continue to improve, it was indication of progress that had been made.

Mrs Foster informed the Board that the Inclusion Strategy was being developed and would be presented to a future Board meeting. She added that future focus would be on the just and learning culture, manager behaviour, and supporting progression.

Mr Neal asked whether there was confidence that the actions would drive the improvements wanted. Mrs Foster responded that data was improving and a plan was in place to get to this point.

Professor Marshall asked whether the perceived diversity of the Board of Directors was a concern. Mrs Foster responded that the senior cohort of staff and the Board did not look as diverse as it might, although not all diversity might be visible. Ms Morgan said that work was in progress to build a platform for future potential Non-Executive Directors which would bring through people who might not ordinarily consider applying for a role on a Board, adding that this was something the Council of Governors had discussed as a concern.

Mr Matthews noted Mrs Foster's comment that virtually all scores were above benchmark and asked what the benchmark was. Mrs Foster advised that the benchmark was the same as that used for the Staff Survey.

Mrs Mills noted that action plans were mentioned in the report and asked what assurance the Board would receive on progress. Mrs Foster advised that all actions would be attached to the inclusion workplan which the Board received regular updates on through the year. Ms Morgan suggested that this could be discussed in more detail at the June Board meeting when the deep dive into the Staff Survey results was presented, with some very specific follow-up actions from the reports presented on WRES and WDES needed. **Action.**

Mrs Hibbard said that the Executive Team had discussed these reports and how to triangulate the outcomes with staff lived experience and it had been suggested issues or areas where further investigation was wanted could be used as a test case to understand how it fits with reality for staff. It was noted that the inclusion networks and Staff Governors provided valuable resource and critical challenge.

Mr Tidman informed the Board that, as part of the Leadership Development sessions, the values conversations had been very helpful. He asked whether there were other organisations that the Trust could learn from. Mrs Foster said that there was a plan regionally to look at learning across organisations.

Mr Kirby noted that there were a high percentage of responses that were "prefer not to say" and asked whether there was confidence that there were mechanisms in place to spot whether there were small groups of "disgruntled" staff within these cohorts. Mrs Foster said there were a number of mechanisms in place and more issues were being identified, and this would start to be reported through the People, Workforce, Planning and Wellbeing Committee.

Ms Morgan asked what level of detail could be drilled down to before it started to compromise anonymity and would "hot spots" for bullying and harassment be

	identifiable. Mrs Foster said that it was difficult to drill down below 12, because it would then be possible to identify teams, however managers have access to information regarding their teams from the staff survey. The deep dive planned for the June Board would look at which areas may be of concern. The aim was to work with managers, divisions and departments to try and improve. Mrs Mills suggested there was an opportunity for the Board to consider how it might work with the NHS England Race Equality Team who could challenge and drill down into data in a way that the Trust may not be able to. Ms Morgan agreed that this suggestion should be followed up at a future Board Development Day. **Action.** Dr Davies commented that some of the medical staff in Northern services had come from abroad and experienced a variety of struggles, adding that the effect of culture on them may be hidden. She asked if there could be a way of looking into this in more detail. Mrs Foster agreed that there were difficulties for nursing and medical staff from overseas and whilst she agreed it was important to flag, she was not sure what capacity there was to provide more than the education and support in place. **The Board of Directors approved the Workforce Race Equality Standard and Workforce Disability Equality Standard Reports.**	
080.23	**SIX MONTHLY SAFE STAFFING REVIEW**	
	Mrs Mills presented the Six-Monthly Safe Staffing review for Nursing and Allied Health Professionals (AHPs). The Board of Directors noted: • There had been no significant changes in skill mix or establishment over the preceding six months. • There had been an overall improving picture of fill rate, supported by reducing sickness absence and vacancies. • Industrial action had posed significant challenges with plans used to move staff to make wards as safe as possible during those periods. • The variance of filled and unfilled shifts on days had improved in this report, compared to the previous six-monthly update presented to the Board. Mrs Mills noted that whilst rates of 10% of unfilled shifts were not ideal, they were manageable. • No regulatory requests regarding staffing had been received during the reporting period. • External benchmarking of the metrics showed no significant variations or concerns. • Information regarding trainees and nurse associates had been included in the report as requested by the Board. • No risks or concerns were raised from the benchmarking for AHPs. • There was an ongoing focus on recruitment and retention and “growing our own staff” in community. • Three staffing risks related to safe staffing for nursing and AHPs were noted. Of these, a proposal was due to be made to the Safety and Risk Committee in May 2023 to close the risk relating to Northern Midwifery Staffing Levels. The risk related to Nursing and Healthcare Support Workforce would be disaggregated for acute and community, as there had been improvements in acute staffing but challenges remained in some community services which it was noted reflected a national issue of attracting staff to work in the community.	

Dr Davies presented the safe staffing report for medical staffing highlighting the following key information:

- Medical staffing remained a key issue across the Trust with particular issues in Northern services. There are six key risks on the Corporate Risk Register relating to medical staffing in Northern Services and these remained challenging, particularly for general medicine.
- Focussed work was underway with HR support to look at these key areas and there had been some recent recruitment successes. Learning will be taken from these successes to see where it can be applied to other areas.
- The report noted a stark difference in exception reporting by junior doctors in Eastern and Northern services. It was believed this related to a gap in North where no Guardian of Safe Working was in post, but a new Guardian had now been appointed and it was hoped that this would improve going forward. Junior doctors were encouraged to exception report to senior doctors, but the role of the Guardian in this area was very important.
- Conversations were ongoing through the Medical Workforce Strategy Group regarding developing metrics for the report which would provide a clearer picture of the position for the Board as there is no framework that could be used. It was noted that this had been delayed as meetings had not taken place due to the recent periods of industrial action.

Professor Marshall asked what grades of junior doctor recruitment were of particular concern and Dr Davies responded that the Medical Staffing Plan covered a spectrum of grades. Professor Marshall said that it was likely that in the near future Trust Grade doctors may move to primary care and asked if this would pose an additional risk to the Trust. Dr Davies advised that it was not clear at this point how many Trust Grade would fit into the category where this would be an option but she would be surprised if large numbers were in the right areas to transfer easily into primary care. Mrs Foster said that she would take an action to have a look at this in more detail. **Action.**

Mr Kirby asked how frequently staffing ratios and skill mix were looked at and Mrs Mills responded that these would be formally reviewed annually as a minimum, however if any issues were identified in the interim period between reviews these would be looked at. She added that the plan was to embed the nurse associate role which had had a variable approach previously in Northern and Eastern services.

Mr Kirby asked for an update on progress of the business case for Northern Medical Staffing that the Board had approved several months ago and was advised that this was actively in train.

Mrs Burgoyne asked whether the picture across community as a whole was being looked at in terms of what might need to be done differently and what a different configuration would look like. Mrs Mills said that by the nature of the teams there was already overlap informally. She added that the Safer Care Nursing Tool Assessment had just been completed for community nursing services and there may be some potential to redesign some services in line with national changes, although Mrs Mills did not have the details yet. She advised that this would be included in the next six-monthly report to the Board.

Mr Neal noted that incidents were referenced in both reports and asked if the detail around the numbers of these could be included for future reports. **Action.**

	Professor Kent asked if it was known how many nurses and AHPs were going through the apprenticeship pipelines and Mrs Mills said that this data was available, together with predictive data on what would be needed and the Strategic Workforce Lead was working closely with the HR Team on this. However, there was work to do to work out a funding stream as this was an expensive route. **The Board of Directors noted the Six-Monthly Safe Staffing Review**	
081.23	**AUDIT COMMITTEE UPDATE**	
	Mr Matthews presented the Audit Committee update from the meeting held on 4 May 2023 and commended the Team for the work they had undertaken to get the accounts out at yearend. The Committee received a number of papers relating to the draft accounts and was comfortable with the approach taken. At its next meeting in early June, the Committee would receive feedback from the Auditors and Mr Matthews would bring a recommendation regarding the Annual Accounts, Annual Report and Quality Report to the June Board meeting. **The Board noted the Audit Committee update.**	
082.23	**FINANCE AND OPERATIONAL COMMITTEE UPDATE**	
	Mr Kirby presented the Finance and Operational Committee update from the meeting held on 11 May 2023. He advised that detailed discussions relating to finance take place at the Committee, but it was not a decision-making group but rather an assurance Committee which would make recommendations to the Board on whether, for example, a business case should be approved. This should not however preclude debate at Board meetings. He noted the following key items that had been areas of focus for the Committee: • Much of the focus of the Committee over the last few months had been on the Operational and Financial Plan development and understanding the risks. • In addition, the Committee had looked in detail at the SOF4 exit plan, as this was a key driver of what the Integrated Care Board (ICB) was coordinating across Devon. • The Committee had scrutinised in detail the governance of and progress towards the new approach to Delivering Best Value (DBV). It was noted that although there were still significant challenges, this approach had let to a much stronger position at this point in the financial year than in previous years, with over three quarters of plans having detailed delivery plans. Ms Morgan thanked Mr Kirby for the work he had put in to developing the Finance and Operational Committee which she noted had quickly become a core Committee of the Board. Mr Tidman said that it was important to understand the interrelationship between the System Recovery Board which looked at progress of all system plans, and the Committee's work to look at both the Trust's internal plans and the Trust's part in system plans, to provide assurance to both the System Recovery Board and the Board of Directors. He noted that whilst the system level work was the right thing to do, the pace to deliver it was very ambitious and it was important to keep the two areas of work demarcated and transparent. Mr Kirby said that he was a member of the Finance and Performance Committee at the ICB and commented that the	

	line of sight that the ICB had of individual Trust CIP delivery performance was very limited. However, it was noted that there was a weekly Finance and Planning meeting in the ICB where each Trust had to provide an update on delivery of internal CIP and from Month 2 reporting this would be underpinned by evidence and there would be escalation from that meeting to the System Recovery Board. Professor Kent asked whether there was confidence that the Improvement Director had capacity to deliver the Improvement Plan. Mrs Hibbard responded that this would be covered in more detail in the confidential meeting regarding the Improvement Director who had been appointed. The Improvement Director was looking at resourcing to see what would be needed, part of which would be clinical backfill to make sure that the right staff could be involved in this work. Assurance regarding this would be brought back through the Finance and Operational Committee, so there would be visibility on this at the public Board. **The Board noted the Finance and Operational Committee update.**	
083.23	**GOVERNANCE COMMITTEE UPDATE**	
	Mr Neal presented the Governance Committee update from the meeting held on 20 April 2023 with the following key points highlighted: • The Committee had reviewed the quarterly update on progress towards compliance with evidential requirements from the Ockenden report and the report had been appended to the paper circulated to the Board. • The Committee had reviewed its Terms of Reference and presented them to the Board for approval. • Professor Marshall would be taking over as Chair of the Governance Committee after the next meeting scheduled for June 2023. Mrs Mills advised the Board that, with regard to the delivery plan for maternity and neonatal services, the Trust had received a further report that had actions split by Trusts, ICBs and NHS England. A maternity strategy outlining how the Trust will deliver against those actions will be brought back to a future Board meeting. **Action.** Ms Morgan thanked Mr Neal for the report and for his work chairing the Committee. **The Board of Directors noted the update and approved the revised Terms of Reference.**	
084.23	**INTEGRATION PROGRAMME BOARD UPDATE**	
	Mr Matthews presented the Integration Programme Board update from the meeting held on 23 May 2023 and noted: • Operational integration was planned to happen this year and it was clear at the meeting that this is starting to move forward. • There were still some areas that needed to be addressed, for example access to systems, that would be critical to a smooth transition for staff. Work will be done to address this over the next few months. • There is a checklist in place of all elements that need to be addressed over the coming months. • There is not yet a satisfactory understanding of how in doing the operational merger work on the clinical pathways would be optimised and opportunities maximised, however work was underway to fully work this through.	

	Mr Tidman commented that while there had been a focus on the eight high priority services, other services had naturally come together. Operational integration would be an enabler for teams to come together and make change, and the work of the Operational Services Integration Group and Clinical Pathway Integration Group would be very closely linked. He added that a more detailed update on this was planned for the next Integration Programme Board meeting. Mrs Mills said that the eight high priority services were now nine, with renal services added, and they were those with the greatest risk relating to resilience and equity of services and leadership, but some of this would start to be addressed as divisional integration brought teams together. She added that there was a great deal of data that had been collected as part of the Clinical Strategy development and this had shown areas that were high performing on both sites and areas of learning. Mrs Mills commented that although this was a complex piece of work, she was confident that the pieces would all come together over time, but there would be incremental progression as divisional structures were agreed. Mr Tidman informed the Board that the post-integration lessons learned meetings had now been diarised. The meetings would take a best practice approach, with the opportunity for the Trust to share lessons it had learned and would provide an objective analysis of what the Trust had done well and "even better if". **The Board of Directors noted the Integration Programme Board update and approved the revised Terms of Reference presented.**	
085.23	**OUR FUTURE HOSPITAL PROGRAMME BOARD UPDATE**	
	Mr Kirby presented the Our Future Hospital Programme Board update from the meeting held on 18 May 2023 and advised that Mr Tidman's remarks under the Chief Executive's report had overtaken business conducted at the meeting. Mr Kirby advised that the Trust now awaited a letter from the centre confirming exactly what was being approved and a timeframe. A great deal of preparatory work had already been undertaken which had helped to keep people engaged with the programme. He noted that the Programme Director was also currently acting into the role of Estates Lead for the Trust and this may need to be reviewed with possibly some additional support needed going forward as work on the programme increases over coming months. Mr Neal noted the issues related to the Medical Records storage facility on site which had recently been condemned and the need to find hew space for the Epic Team, as they were originally only located in the Tennis Court building until March 2023, with the plan to locate other teams in this building ahead of the demolition of Chichester and Munro buildings. He asked whether there were any potential solutions being considered. Mr Tidman said that with regard to Medical Records, options were to co-locate the records in a central store or an off-site solution. This work would look at bringing all records, including those not currently stored in the facility at NDDH together into one facility. Mr Tidman added that there was possibly capacity to take some of the Northern records into the Eastern facility. Options would be explored further and the Board would receive an update through the Programme Board. Ms Morgan commented that it was hoped that the Trust would have received the letter from the centre by the time of the June Board meeting, but the Board could	

	take reassurance that it was to receive funding shortly for staff accommodation which demonstrated commitment to the site. **The Board of Directors noted the update.**	
086.23	**ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORKS**	
	Ms Morgan asked if Board members had picked up any new risks for escalation to the Board Assurance Framework or current risks that needed to be expanded. Ms Morgan suggested that it would be helpful to review the workforce risks, following Professor Marshalls point about the potential for senior clinicians exiting the Trust to join GP practices. **Action.** Mr Kirby asked that Risk 9 should be reviewed once the letter from the centre regarding the Our Future Hospital Programme had been received, as if there were to be a delay to 2030 this would have consequences for the estates, recruitment and other areas. **Action.** **The Board of Directors noted the comments.**	
087.23	**ANY OTHER BUSINESS**	
	No other business was raised by Board members.	
088.23	**PUBLIC QUESTIONS**	
	The Chair invited questions from members of the public and Governors in attendance at the meeting. Mrs Sue Matthews had emailed through a number of questions as she had had to leave the meeting early. Question 1 – figures relating to the cost of clinical staffing for Northern Devon, by Medical, Nursing, Reasons for Band and Agency usage are not included whereas they are for Eastern Devon. Can these details be provided for comparison? It was agreed that a written response would be provided to answer this question. **Action.** Question 2 – what additional support is being provided to RDUH from Devon Partnership Trust, given the increase in mental illness concerns for patients attending ED at the Royal Devon and Exeter and North Devon District Hospitals. Do they provide seconded staff to manage complex or disturbed patients? Mrs Brazier advised that support was provided on both sites by Devon Partnership Trust through the Psychiatric Liaison Team. The Team undertake assessments and provide support working collaboratively with the Trust in ED. Question 3 – is ED being used as a place of safety for Devon and Cornwall Constabulary officers? Mrs Brazier confirmed that ED was a place of safety, although Devon Partnership Trust had a formal place of safety but this was often not available. Ms Morgan	

asked if the intent of the Devon and Cornwall Constabulary was known and Mrs Brazier responded that she was not aware of what this may be.

Mrs Penwarden, deputy Lead Governor, thanked the Non-Executive Directors for keeping a focus on mental health and community services, both of which were areas of particular interest for Governors.

Mrs Sweeney said that one of the quality priorities identified for this year was support for patients with mental health issues. Mrs Sweeney also advised that a successful Members meeting had recently been held in North Devon supported by North Devon Governors. The meeting had included presentations on digital including digital poverty, hospital at home, the North Devon estate and funding. She had noted particularly that there were no negative comments about the integration from members of the public, although there was a slightly different view from staff some of whom felt that there had not been the movement of staff between sites that had been hoped for. Ms Morgan thanked Mrs Sweeney for her feedback and noted the staff comments which underlined the need for intensive implementation of plans over the coming year.

Mr Dunster noted that the most common reason for sickness absence noted in the Integrated Performance Report, at 50%, was the category "Other" and asked if it was known what this category covered and what was being done to address this. Mrs Foster said that this category covered a number of reasons not covered under other categories. She added that the Trust's Managing Sickness Absence policy was used to manage sickness absence, with trigger points and gateways identified for managers, including length of absence, duration and frequency of absence and processes to be followed, including return to work interviews with staff.. Mr Dunster asked if data was broken down by department or division and Mrs Foster advised that all teams could see their data and managers would be able to see patterns of sickness absence. She confirmed that staff who were off sick longer than one week required a certificate from their GP. Ms Morgan asked whether the data allowed identification of potential "hot spots" for sickness absence and Mrs Foster said that the data allowed departments and divisions to see information relating to their teams in real time and could pick up any potential problems quite quickly. Data was also monitored through the People, Workforce, Planning and Wellbeing Committee.

Mrs Kay Foster asked whether the Non-Executive Directors felt they had their finger on the pulse of what was happening in the community. Ms Morgan responded that Covid restrictions had limited opportunities for the Non-Executives to engage with teams, but a new programme of site visits by the Non-Executives had recently restarted with the plan being to visit both acute and community services across Northern and Eastern services during June and July. The Non-Executives would then revisit those sites later in the year. Mrs Hibbard added that there was also a plan underway for the Executive Team to also restart visits. Mr Tidman informed the meeting that a deep dive on community services was planned for the public Board meeting in June which would provide a focus for the Board.

Dr McElderry asked whether there was a plan to hold Board meetings in the North Devon area and was informed that there was a programme of Board meetings, Board Development Days and Council of Governor meetings over the course of the year and it was hoped to hold the September Board meeting in North Devon.

	There being no further questions, the meeting was closed.	
089.22	**DATE OF NEXT MEETING**	
	The date of the next meeting was announced as taking place on Wednesday 28 June 2023.	