

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

ANNUAL MEMBERS MEETING
Wednesday 27 September 2023
Lecture Theatre
Petroc College Tiverton
Bolham Road
Tiverton
and recorded via MS teams

16.00 – 18.00

MINUTES

BOARD MEMBERS PRESENT:	Ms S Morgan	Chair
	Mrs C Burgoyne	Non-Executive Director
	Mrs H Foster	Chief People Officer
	Professor A Harris	Chief Medical Officer
	Mrs A Hibbard	Chief Financial Officer
	Professor B Kent	Non-Executive Director
	Mr S Kirby	Vice Chair
	Mr J Palmer	Chief Operating Officer
	Mr A Matthews	Non-Executive Director
	Prof. M Marshall	Non-Executive Director
	Mrs C Mills	Chief Nursing Officer
	Mr T Neal	Senior Independent Director
	Mr P Roberts	Interim Chief Executive
	Mr C Tidman	Deputy Chief Executive
GOVERNORS PRESENT:	Mrs C Bearfield	Mrs G Greenfield
	Mrs N Hallett	Mrs Z Harris
	Mr S Leepile	Mrs C McCormack-Hole
	Mrs S Matthews	Prof. J Needham
	Mrs R Noar	Ms E Partridge
	Ms B Pedroni	Mrs H Penwarden
	Mr N Richards	Mrs A Stone
	Mrs B Sweeney	Mr R Westlake
	Mr H Wilkins	
APOLOGIES:	Ms J Bush	Mr Q Cox
	Mr M Dunster	Miss K Foster
	Mr D Hall	Mr G Kempton
	Mr I Hall	Professor A Shore
	Mrs C Stevens	
IN ATTENDANCE:	Ms B Ashfield	BSL Interpreter
	Miss B Coates	Governance Coordinator (minute taker)
	Mrs S Delbridge	Engagement Manager
	Mrs M Holley	Director of Governance
	Mr E Mills	Senior Audit Manager, KPMG
	Mrs J Newton	Head of Communications and Engagement
	Ms C Scarr	BSL Interpreter

AGENDA ITEM	MINUTE		ACTION
1.	01.23	<p>CHAIR'S WELCOME, APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING</p> <p>Ms Morgan welcomed everyone to the meeting, both virtually and in person, including members of the Trust, Governors and Directors. She said it was a meeting to present the Annual Report and Accounts 2022/23 to the members. Since the 2022 Annual Members Meeting, the Trust had been progressing with integration, at a pace to ensure the focus was on patient quality and stabilising our service and she hoped this approach came across in the Annual Report. In terms of an overview of the 2022/23 year, Ms Morgan said the meeting would hear from Chris Tidman, Deputy Chief Executive, Edward Mills, External Auditor, and Barbara Sweeney and Heather Penwarden, Lead and Deputy Lead Governor respectively. There would be time for questions, with Ms Morgan noting there were no members motions to consider.</p> <p>Ms Morgan presented the 2022 minutes for approval. There being no amendments, the minutes were approved.</p> <p>Ms Morgan said 2022/23 was her first year in the role of Chair at the Royal Devon and she provided an overview of her year. This included continuing challenges from COVID-19, staff shortages and industrial action. Ms Morgan said the Trust's staff continued to rise to the challenges with extraordinary commitment. She said she would like to put on record on behalf of the Board of Directors and Council of Governors thanks to everyone who is a member of the Royal Devon team. This included the Trust's volunteers and Governors.</p> <p>Ms Morgan said that, due to the COVID-19 pandemic, at the end of the 2021/22 year patients were waiting longer than ever before. The Trust had worked to reduce this during 2022/23 but there remained a waiting list. Ms Morgan outlined some of the initiatives, such as the new Jubilee Ward at North Devon District Hospital (NDDH) and the Nightingale Hospital in Exeter. She said the Trust would like to apologise to its patients who were waiting. Ms Morgan added that the Care Quality Commission (CQC) had inspected the Trust between November 2022 and May 2023, with the final report published in August 2023. The overall rating was one of Requires Improvement. Ms Morgan said the Board were disappointed by it but the report gave a fair and balanced picture of the Trust's services at the time of inspection. She added that the CQC had rated the Trust as Outstanding for Caring, which was a real tribute to all staff. Ms Morgan said the Trust would use the report as a springboard for improvements.</p> <p>Against this backdrop, Ms Morgan said huge steps had been taken, with the Trust's 'Better Together' five year strategy being put in place across the Trust, the launch of MY CARE, the Electronic Patient Record, in the Northern Services, and building projects including the Jubilee Ward, which came in on time and in budget. The Trust had committed to be a research-lead organisation, receiving a report on research and development activity earlier that day at the Board meeting. This was attractive to staff and also to the benefit of patients.</p> <p>Ms Morgan shared with the meeting the role of the Board of Directors, what its duties and responsibilities were. She shared details of the</p>	

		<p>Executive and Non-Executive Directors and also the Directors who work as a triumvirate below the Executives. During the year, she had joined as Chair on 1 April 2022, Professor Marshall had joined as NED in November 2022 and Professor Janice Kay had left the Board as a NED in March 2023. Ms Morgan said that Suzanne Tracey stood down as Chief Executive in July 2023 after seven years in the role. She gave her thanks to Mrs Tracey, saying that during that time, Mrs Tracey had achieved a great deal, including securing digital investment to transform care through Epic and MY CARE, the merger of the RD&E and NDHT and the COVID-19 pandemic. Ms Morgan introduced Paul Roberts, who had joined the Trust as Interim Chief Executive on 20 September 2023, to provide invaluable leadership during the recruitment period for a new, permanent Chief Executive. Ms Morgan gave her thanks to Mr Tidman for his leadership as Deputy Chief Executive and to the Executive team as a whole during this period.</p> <p>Ms Morgan introduced Mr Tidman, who would present the Annual Report and Accounts 2022/23.</p>	
<p>2.</p>	<p>02.23</p>	<p>PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2022/23</p>	
		<p>Mr Tidman introduced himself to the meeting. He said the last 18 months had been his toughest in the NHS and he would like to thank his Executive colleagues, the Trust leadership team and all staff for their work. He also gave thanks to Mrs Tracey from the Executive Team.</p> <p>Mr Tidman said that when the two Trusts came together in April 2022, it was important to set out the Royal Devon's mission, where, as an organisation, it wanted to go and how it would get there. This would be through the four CARE objectives: collaborations and partnerships; being a great place to work; building capacity and the capability to recover for the future; and pursuing innovation and excellence. Mr Tidman said the objectives were guided by the five year plan, with the Trust's values, developed with staff, being very important to this.</p> <p>Mr Tidman explained why the last 12 to 18 months had been so tough for the Executive team. The NHS had set out, post-pandemic, what was expected from Trusts in terms of service recovery. This was in the context of staffing issues, such as vacancies, early retirements and sickness, and the late presentation of patients. Mr Tidman said that overall 2022/23 had been a transitional year for the Trust.</p> <p>Mr Tidman presented the key highlights of the 2022/23 year, through each of the four CARE objectives in turn. In terms of collaboration and partnerships, Mr Tidman said the Trust's strategy recognised that the challenges faced could only be addressed by working in partnership. He outlined how the Trust was collaborating and working in partnership in relation to the joint planning of services, the launch of the Devon Integrated Care System during 2022 and joint working on pilot schemes for tackling health inequalities. Mr Tidman said patient experience could also only be improved through partnering with patients.</p> <p>In terms of being a great place to work, Mr Tidman said that from listening to staff, the main issue that would make a difference to them was the Trust filling its vacancies. The Trust had therefore worked to accelerate filling its vacancies and reducing the time taken for someone to start work at the Trust. In doing so, it ended the year at a vacancy rate of 6% from a 9% starting point. There had also been a focus on supporting the health and wellbeing of staff and celebrating staff, through</p>	

the Extraordinary People Awards amongst other initiatives. The Trust launched its Staff Charter and also strengthened its talent pipeline. Mr Tidman said the Trust reviewed the national Staff Survey results as well as the local People Pulse survey results to ensure it targeted resources in the right areas.

Turning to recovering for the future, Mr Tidman referred to the services provided at the Nightingale Hospital Exeter, which was providing new models of care for orthopaedic and glaucoma patients. He said the Trust had also expanded state of the art robotic surgery to NDDH, with two robots now being used at the Royal Devon and Exeter Hospital. The Trust had also received the green light to progress the 'Our Future Hospital' business case at NDDH. Mr Tidman said the Trust's capacity was growing but it was important to also have the staff for this. He added that if the Trust undertook the waiting list work, it would receive payment and therefore it had invested in capacity.

In terms of excellence and innovation, Mr Tidman said Epic and MY CARE had been a huge enabler for this. The Trust had been actively promoting the use of MY CARE and its app and 87000 patients were now signed up. The Trust had increased the number of patients using acute hospital at home in order to avoid having to be in hospital. Mr Tidman said the Trust was a world leading centre for Genomics, receiving a £2m genomic sequencer in order to be the national lead for reading the genomes of acutely ill babies.

Mr Tidman provided an overview of the Trust's operational performance during 2022/23 against the national performance standards. He said it was important to honest about performance but also to let patients know what action the Trust was taking to improve. Mr Tidman highlighted the progress made with 104 week, 78 week and 52 week waits, along with cancer waiting times. Due to the work undertaken, Mr Tidman said the Trust had recently moved out of Tier 1 for cancer waits, the tier with the highest level of scrutiny. Mr Tidman thanked Mr Palmer, Chief Operating Officer, and his team for this work. He also highlighted how many COVID-19 patients were inpatients at the end of March 2023.

Mr Tidman highlighted the Trust's quality performance during the year, the detail of which was in its Quality Report 2022/23. This included work on the Trust and Governor Quality Priorities for 2022/23, developing the Trust's safety culture work, taking a learning from excellence approach and revising the approach to responding to the highest frequency incidents.

Referring to the CQC report mentioned by Ms Morgan, Mr Tidman reiterated that the Trust was committed to improving following the Requires Improvement rating.

Mr Tidman highlighted the feedback received during the year from patients. This included the CQC national adult inpatient survey 2022, in which the Trust was joint second nationally for inpatient patient experience satisfaction for general acute and community NHS Trusts. In the CQC urgent and emergency care survey 2022, the Trust's services scored in the highest ranks across several questions. Mr Tidman said there were still areas to improve on and it was important to triangulate information from the regulator, patients and staff.

Moving onto financial performance, Mr Tidman said the Trust delivered a £16.7m deficit compared to a planned £18.3m deficit. He said the Devon health system as a whole was living beyond its means and needed to be financially sustainable; if the system was not sustainable, the organisations would not be sustainable.

		<p>Looking ahead to 2023/24, Mr Tidman provided details of the Trust's ambitious plan for the year. This included the financial plan and also the improvement trajectories for the performance standards and elective care recovery. The plans were ambitious, with Mr Tidman saying this was the right approach, even if the Trust fell short of achieving them. He said the Trust was also investing in its services so that it could be more productive. The Trust was launching its clinical and enabling strategies and progressing enabling business cases, such as improving staff accommodation at NDDH. Mr Tidman said the Trust would be making the most of MY CARE and new technologies to deliver care to the rural communities.</p> <p>The 2023/24 quality and safety focus would be on the action plan following the CQC report; learning from never events and national incidents and reports; and hearing from staff to develop the Just and Learning Culture and developing the Freedom to Speak Up service. Mr Tidman referred to the recent Letby case and reemphasised how important it was to ensure Trust staff were being heard and appropriate action taken. Staff charter important to that. In terms of staff health and wellbeing, Mr Tidman said industrial action nationally had resulted in the cancellation of 1 million appointments and behind that was the impact on staff. Looking after their health and wellbeing, Mr Tidman said, meant they would be able to look after patients.</p> <p>Mr Tidman thanked everyone for attending the meeting and said he would take questions at the end.</p>	
<p>3.</p>	<p>03.23</p>	<p>AUDITORS' STATEMENT</p>	
		<p>Ms Morgan introduced Mr Mills, Senior Audit Manager at KPMG, the Trust's external auditors. Mr Mills said he was pleased to attend the meeting in order to present to the members of the Trust the outcome from of its work in 2022/23. He set the context for the audit work, which included post-COVID-19 recovery, pay disputes and industrial action and the merger of the RD&E and NDDH and working on two accounting systems. Mr Mills said the timelines for the audit were very tight; however, KPMG worked well with the finance team at the Trust to deliver the work on time and meet the statutory deadlines.</p> <p>Mr Mills outlined the four responsibilities that auditors have: issuing an opinion on the Trust's financial statements; assessing the Trust's arrangements for achieving value for money; contributing to the Whole of Government Accounts; and ensuring the Trust's Annual Report complied with the requirements. In terms of the financial statements, Mr Mills said there were two ledgers and two systems at the Trust to bring into one set of accounts and he commended the finance team for being able to do this, whilst also preparing a new, single ledger for implementation from April 2023. He confirmed that KPMG had issued a clean opinion on the financial statements. For Value for Money, KPMG had to assess whether there was significant weaknesses in the Trust's arrangements for achieving this. Mr Mills said it had been a difficult year financially for the Trust, but on balance, the Value for Money arrangements in place enabled KPMG to issue a clean opinion. Mr Mills cited the Trust's Delivering Best Value Board as an example of its arrangements. For the Whole of Government Accounts, Mr Mills said the auditor was required by the National Audit Office to confirm that the Trust's account submission to NHS England matched its financial statements. There were no issues arising from this. For the Annual Report, Mr Mills said a consistency check had been undertaken, and again there were no issues.</p>	

		Mr Mills said he was happy to take questions at the end of the presentations.	
4.	04.23	GOVERNOR'S ANNUAL REPORT 2022/23 AND 2023/24 LOOK FORWARD	
		<p>Ms Morgan said the AMM was the time when the Trust said goodbye to some Governors and welcomed new Governors, following the recent election to the CoG. She said those leaving the CoG were Barbara Sweeney, Hugh Wilkins, Cathleen Tomlin and Janet Bush. She gave her thanks to Ms Bush and Mrs Tomlin, who had sent their apologies for the meeting. She thanked Mr Wilkins for his commitment to the role and participation in lots of Governor activities. Ms Morgan made a presentation to Mrs Sweeney, who had been in the role of Lead Governor since September 2022. She thanked Mrs Sweeney for her extraordinary professionalism and wise insights. She said she admired Mrs Sweeney's understanding of the scope of Governors and therefore where Governors can add best value to the Trust. Ms Morgan also mentioned all the Governors who had left during the course of the year, adding that they had all contributed in very different ways to the CoG and therefore to the Trust. She welcomed all the newly elected Governors and those who were re-elected, adding that she was looking forward to working with the new CoG. Ms Morgan invited Mrs Sweeney, Lead Governor, and Mrs Penwarden, Deputy Lead Governor, to present the Governors report to the meeting.</p> <p>Mrs Sweeney said the CoG had worked differently during the year, meaning she and Mrs Penwarden would present together. She highlighted that there was more detail on the CoG and its work in the Annual Report. Mrs Sweeney presented details of the makeup of the CoG, including numbers in each constituency. She said the CoG was a Council of equals with no hierarchy, with the Lead Governor role being prescribed by there needing to be a formal link to NHS England. Mrs Sweeney said the number of public Governors reflected the size of populations served, with two Appointed Governors coming from key stakeholders in Devon County Council and the University of Exeter. The Staff Governors were also key in bringing in the voice of the staff.</p> <p>Mrs Penwarden outlined the role of the CoG in being the voice of the community and holding the NEDs to account. In terms of being the voice of the community, she outlined how Governors did this, through being active listeners in their communities. Mrs Penwarden said it was not about individual issues but picking up themes, to bring into CoG and Board meetings, for example, noise levels at night on wards, long waiting times to get results from tests and car parking. Regarding holding the NEDs to account, Mrs Penwarden said Governors observed NEDs in Board and other Committee meetings. NEDs also attended CoG meetings. It was the role of the CoG to be assured that the NEDs are assured on how the Trust is performing. As part of holding the NEDs to account, Mrs Penwarden said the CoG had the duty to appoint the Chair and NEDs. It also had the statutory responsibility to approve significant transactions, which it had done in 2022 with the merger, to appoint the External Auditor and to receive the Annual Report and Accounts.</p> <p>Looking back to 2022/23, Mrs Sweeney said it had been a year of change, starting with the integration of the two Trusts. The RD&E had been a Foundation Trust with an existing CoG, whereas NDHT was a NHS Trust and did not have a CoG. The number of Governors representing the constitution including North Devon was increased in</p>	

		<p>order to increase representation on the CoG. Mrs Sweeney said the CoG appointed Ms Morgan as the Royal Devon chair in late 2021, and she took up her post from April 2022. In terms of the Lead Governor role, the Trust had opted to have a Deputy Lead Governor role as it had expanded the role and responsibility of the Lead Governor. Given it could be quite onerous, Mrs Sweeney said it had been decided to share the role during the year and she and Mrs Penwarden supported each other and deputised for each other when needed.</p> <p>Mrs Sweeney said the CoG had agreed new ways of working, following a review of its working groups. It had established a new structure, including task and finish groups, which undertook the CoG's tasks in a different way. Mrs Sweeney outlined the membership of the CoG Coordinating Committee, which had been expanded to involved more Governors, to ensure greater input into the CoG's work and agenda setting. In terms of meetings, Mrs Sweeney said the CoG had started to meet in person again, which was welcome as it helped to build working relationships. A number of smaller meetings and groups continued to be held virtually. Mrs Sweeney said this followed the Trust's model for corporate meetings. Mrs Penwarden provided an overview of the Public and Member Engagement Group, which worked closely with the Trust's Engagement Team. She said the Group, made up of Governors, had established two member events a year. The first had taken place earlier in the year in Barnstaple, with the second taking place just prior to the AMM. She said that it was important that Trust membership was meaningful for both members and the Trust.</p> <p>Mrs Penwarden shared a list of Governors who had left the CoG during the course of the year, as well as those standing down at the meeting. Thanks were given to all. She welcomed all the new Governors and Mr Needham as the new Lead Governor, adding that she would be continuing as Deputy Lead Governor. She outlined some of the work ahead, which included contributing to the process for the new Chief Executive. Mrs Sweeney gave her thanks to all the people she had worked with during her six years as a Governor, including all Governors past and present as well as Board members. She finished by saying that in every decision made there was someone impacted by it and she asked for the patient to be borne in mind each time and for everyone to work together for the better health of the communities served. Ms Morgan thanked Mrs Sweeney and Mrs Penwarden for their update.</p>	
5.	05.23	QUESTIONS	
		<p>Ms Morgan said the meeting was now open to questions and this would start with the questions that had been submitted in advance.</p> <p>Ms Morgan said that Mrs Buchanan had submitted the following question: <i>"Why do people in Honiton have to go to Exeter (or near) for COVID "jabs" instead of Honiton surgery? It's not just for "jabs", I was invited to go to a business park in Exeter for my annual diabetic eye check instead of Honiton Hospital as usual?"</i>. She invited Professor Harris, Chief Medical Officer, to respond. Professor Harris said that COVID vaccination arrangements were put in place on a regional basis and GP surgeries were able to opt in or out to providing them. The Honiton Surgery had opted to not provide vaccinations as part of the Autumn 2023 campaign. Mrs Penwarden added that she was aware that a pharmacy in Honiton had started to offer vaccinations that week and this was noted. In terms of the diabetic eye screening, Professor Harris said this service was awarded to a recognised private provider and was not</p>	

provided by the Royal Devon. The Royal Devon therefore had no control over the service locations.

Ms Morgan said that the following questions had come in from Ms Hughes and Professor Harris would respond: *I live in Newton Abbot and my healthcare is partially with Torbay. I would like to know please:*

Does the RDU 'MyCare' link with the Torbay (and Derriford) systems?

If not at the moment, when will those healthcare systems link up?

When will information from Social Care be available on the MyCare system?

On behalf of carers, patients and the vulnerable, I am very aware of the huge impacts of the rush towards use of technology. This means Digital Exclusion for many patients and carers. I would like to know what steps RDU is taking to ensure that those patients and carers who neither have computers, smartphones, or bank cards – are able to access their records easily, as well as ensuring that the hospital car parks are always able to take cash?

Professor Harris said that MY CARE at the Royal Devon was supplied by Epic, as a comprehensive electronic patient record. Torbay and Plymouth did not currently have a comprehensive electronic patient record and therefore there was not a system for the Royal Devon to link to. Professor Harris said that there were plans to introduce a comprehensive electronic patient record for the whole of Devon and he hoped that Epic would be chosen as this would enable the systems across Devon to be joined up. This would be hugely beneficial to the population of Devon. Professor Harris said this was, however, three to five years away. In terms of social care information being available in MY CARE, Professor Harris said there was a social care module available within Epic, which was part of the reason the Trust chose it. He said that if Torbay were to choose Epic, as they are aligned to social care, this would be very helpful to collaborative working across Devon. Referring to the question on digital exclusion, Professor Harris said that this was a real problem in Devon and across the UK, whether lack of access to Wifi or broadband or to smart devices and phones. He said the Trust was completely committed to ensuring everyone had access to their health records, whether digitally or otherwise.

Ms Morgan said that the following questions had come in from Mr Smith and would be responded to by Professor Harris and Mrs Foster, Chief People Officer, respectively.

1) What are the implications for the Trust of 'Martha's Rule' in respect of the care of patients and medical diagnosis of symptoms of illness ?

Professor Harris said that 'Martha's Rule' was concerned with entitling individuals to a second opinion. He said the implications of it were not yet known for healthcare in England; however, it was possible to look to Queensland, Australia, in order to consider how it might work as 'Ryan's Rule' had been in place since 2013. 'Ryan's Rule' applied to individuals of any age who were an inpatient in hospital or at home and whose healthcare was either deteriorating or not improving as predicted. In these circumstances, the individual or their carer had the right to undertake a three-stage process, with the third stage being the right to request a 'Ryan's Rule' review. There was then an obligation that a review be provided by a senior clinician independent of the original clinician. Professor Harris said the main implication of this would be the amount of consultations a Trust may have to provide. He said that Queensland had a population of around 5 million people and in 2022

undertook 2000 'Ryan's Rule' reviews. If this was extrapolated to the UK, there would be 24000 reviews nationally and 240 at the Royal Devon. Professor Harris said this appeared to be an acceptable number. The number of reviews was growing in Queensland and there was good research evidence that it improved care; however, more detail on the proposed 'Martha's Rule' was needed to fully understand its implications.

2) Increasingly the Trust is recruiting nursing staff from Ethnic Minority group from Nigeria, Pakistan, India and elsewhere. What measures are now in place to provide additional temporary accommodation for new arrivals to the U.K. , over and above that existing 12-18 months ago when I first raised this issue?

Mrs Foster said that staff accommodation at NDHT was a priority element of the 'Our Future Hospital' building programme and part of the first request for funding. Should it be approved, it was expected that building would start in 2024, with the opportunity to rebuild the staff residences by 2025. Mrs Foster said that as part of being a great place to work, it was important to offer good quality staff accommodation. Whilst waiting on the funding approval, the Trust was therefore undertaking some upgrading work at NDHT. In terms of Eastern services accommodation, Mrs Foster said that the Trust was developing a key worker business case to secure investment to develop staff accommodation. In the meantime, as in the northern services, work to improve accommodation was on-going. In terms of new colleagues joining the Trust from abroad, Mrs Foster said that the Trust provided funded housing for two months. Support was then provided to find accommodation. The Trust promoted a 'Rent a Room' scheme to all staff to help colleagues find accommodation. Mrs Foster said the Trust had staff joining from all around the world and it was important to provide cultural integration and pastoral care, alongside help to find housing. Ms Morgan added that she had stayed in the staff residences at both NDDH and RD&E when she joined the Trust in order to test out the accommodation and it was clear an upgrade was due.

Ms Morgan said the next question came from Terry Elliott, Secretary, and Gloria Satchwell, Chair, of the League of Friends of the Tyrrell Hospital in Ilfracombe. She said Professor Harris would respond.

Ilfracombe has the worst health inequality statistics in Devon, but there is a complete lack of investment in the health services in our Town. Why isn't the Tyrrell Hospital able to offer more clinics and services to enable people to receive treatment close to home?

We have lost x-ray and we are desperate for an eye clinic and other clinics which mean that elderly residents or those in poverty or with a disability do not have to travel long distances for health care. This is becoming a barrier to treatment. South Molton and Bideford are getting these clinics so why not Ilfracombe?

Professor Harris said that for all services provided the Trust had to ensure it had sufficient staff not only at the community sites but also in the base hospitals to provide the care that was needed. In North Devon, the Trust saw more of its patients at the base hospital, NDDH, and so had to ensure the right number of staff there. It was therefore not just a financial investment but staff availability and this was challenged across all the Trust's sites. Professor Harris provided examples of the type of services provided at Ilfracombe hospital, which included, amongst others, audiology, bladder and bowel, cardiology and ophthalmology. There was also a Minor Injuries Unit. Referring to x-ray services mentioned in the question, Professor Harris said this had moved back to the base hospital

during the COVID-19 pandemic and as yet, the Trust had not been able to move it back. The Trust was increasing ultrasound services at Ilfracombe hospital and looking at the ability to reinstate x-ray services; however, it would require more radiology staff in order to do this. In terms of the eye clinic mentioned in the question, Professor Harris said work was undertaken to understand where patients who attend eye clinics live and following this, the decision was taken to open the first ophthalmology hub in Bideford as this was where there was more patients with an ophthalmology need. Subsequent work had led to the opening of an ophthalmology hub in South Molton as that had the next greatest density of patients. Professor Harris said this work would continue and if the Trust had evidence of sufficient population need, and the staff and finances, to open further hubs, it would do so.

Ms Morgan said that questions would now be taken from the people present at the meeting.

A member of the audience asked that RTT referred to in the presentation about performance targets. Mr Palmer, Chief Operating Officer, said that it was Referral to Treatment time. He said the Trust was working hard to reduce waiting times for treatment and RTT was a measure used to understand how the Trust was performing.

Mr Westlake, a public Governor, referred to the auditor's report and the significant risk linked to land and buildings. He asked if the Trust had any Reinforced Autoclaved Aerated Concrete (RAAC) as per recent news stories. Ms Morgan said there was no RAAC in any of the acute or community locations, except for a non-loading bearing wall at NDDH. She said the Trust had reviewed its sites to assure itself on this. Mrs Hibbard, Chief Financial Officer, added that the risk referred to in the auditor's report related to the value of the land and buildings, not its state.

Mr Wilkins, a public Governor, asked about how the Trust's performance targets were chosen and how realistic it was to have such precise targets, noting that a number of them were reported to three decimal places. He said this implied a degree of control on the part of the Trust that might be considered misleading and not helpful. Mr Tidman replied that the performance targets were set nationally, with a very clear set of thresholds and definitions. The Trust was required to report precisely against them for monitoring purposes. Mr Palmer added that although the targets were statutorily proscribed, the Trust used them locally to map progress. It also triangulated the data against the safety and quality elements of its work, rather than just chasing targets.

Mr Richards, a public Governor, noted that a recent Kings Fund reported that four Integrated Care Systems (ICS) were making progress on 'bed blocking' and asked what progress was being made in Devon. Mr Kirby, Vice Chair, also asked if an explanation of an ICS could be given for those who were not aware. Mr Palmer said the ICSs were an intermediate tier between providers and the regional NHS England oversight teams, bringing together the various elements of the system, such as providers, primary care etc. The ICSs were new organisations and had a very difficult job in what was being seen as a permanent crisis for the NHS. Mr Palmer said the Devon ICS was useful in driving the Trust and also to help organisations collaborate and work together in a complex system. In terms of beds, Mr Palmer said the Trust had several releases of funding over the last couple of years to allow it to increase its bed capability outside of hospital, such as in care homes. This meant the Trust was able to move medically fit patients defined as 'No Criteria to Reside' (NCTR) out of hospital and into other, more suitable placements.

	<p>Mr Palmer said the Trust's target was to get to 5% of the Trust's patients who are NCTR. It was currently at 10%.</p> <p>Mrs Matthews, a public Governor, asked what impact the government's reduction in funding to the ICSs had on the Royal Devon. Mrs Hibbard said there were two aspects to this. The first was that the Integrated Care Board (ICB), within the ICS, which is the commissioner of services, has had to reducing its running costs and therefore has experienced a reduction in capacity to coordinate some of its activities. Mrs Hibbard said that meant some those functions will either be lost or have to be picked up by another organisation to ensure the system was still operating all the functions it needed. The second aspect was the allocation of funding that the ICB receives each year on behalf of the system, which it allocates out to each individual provider. In the last couple of years, Mrs Hibbard said the additional funding received during the pandemic had been lost. Providers received additional funding which meant they could make decisions at pace and stand up services in response to the pandemic. Those services were deemed to be needed for a short period of time; however, Mrs Hibbard said the reality was that some of those services have had to continue and this has meant a shortfall in funding to pay for them. The other reduction in funding was in something called convergence. Mrs Hibbard explained there was a national funding formula which determined how much each ICS should be receiving for their patient population. She added that Devon was deemed to be receiving more income than was nationally determined. As a result, each year Devon was on a downward trajectory to get to the national formula. Mrs Hibbard said the system received its annual income growth for demand based upon the population size and change in services but this was netted down by the move back to the national formula. As a Devon system, this meant it was very challenging to respond to operational demands whilst trying to deliver additional efficiencies to bring the system down to the financial spend that was deemed appropriate. Mrs Hibbard said it was a very complex situation.</p> <p>As there were no further questions, Ms Morgan thanked everyone for attending and said the questions from members gave the Board and Governors a good understanding of the issues they were concerned about. Ms Morgan brought the Royal Devon's Annual Members Meeting 2023 to a close.</p>	
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ROYAL DEVON AND EXETER NHS FOUNDATION TRUST
ANNUAL MEMBERS MEETING
Held on 27 September 2023
ACTIONS SUMMARY

This checklist provides a status of those actions placed on Board members in the Annual Members Meeting, and will be updated and attached to the minutes.

Minute No.	Month raised	Description	By	Target date	Remarks
		There were no actions.			

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