

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

**Wednesday 22 February 2023**  
**at the Exeter Future Skills Centre, Exeter Airport Industrial Estate, Exeter EX5 2LJ**

### MINUTES

<b>PRESENT</b>	Mrs C Burgoyne	Non-Executive Director
	Mrs H Foster	Chief People Officer
	Professor A Harris	Chief Medical Officer
	Mrs A Hibbard	Chief Financial Officer
	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 J Palmer	Chief Operating Officer
	Mrs S Tracey	Chief Executive Officer
	Mr C Tidman	Deputy Chief Executive Officer
<b>APOLOGIES:</b>	Professor J Kay	Senior Independent Director
	Professor B Kent	Non-Executive Director
<b>IN ATTENDANCE:</b>	Ms S Delbridge	Communications Officer (for item 027.23)
	Ms G Garnett-Frizelle	PA to Chairman (for minutes)
	Mrs M Holley	Director of Corporate Governance

		ACTION
<b>019.23</b>	<b>CHAIR'S OPENING REMARKS</b>	
	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 and there would be an opportunity at the end of the meeting for attendees to ask any questions which should be focussed on the agenda.  <b>The Chair's remarks were noted.</b>	
<b>020.23</b>	<b>APOLOGIES</b>	
	Apologies were noted for Professor Kay and Professor Kent.	
<b>021.23</b>	<b>DECLARATIONS OF INTEREST</b>	
	No new declarations of interest were noted.	
<b>022.23</b>	<b>MATTERS DISCUSSED TO BE DISCUSSED IN THE CONFIDENTIAL MEETING</b>	
	The Chair noted that the Board would receive updates at its confidential meeting from the Digital Committee, Finance and Operational Committee, Governance Committee, Integration Programme Board and Our Future Hospitals Programme	

	Board, as well as an update on Budget Setting & Operational Planning for 2023 and feedback on the triple lock process for a Medical Staffing Business Case.	
023.23	<b>MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 25 JANUARY 2023</b>	
	<p>The minutes of the meeting held on 25 January 2023 were considered and approved as an accurate record subject to the following amendments:</p> <p><i>Minute 010.23, Integrated Performance Report, page 10 of 18, first paragraph</i> – Mr Kirby said that it was commendable that the Trust was the only organisation in Devon that was on track to hit its original <u>finance</u> target for the year. <b>Action.</b></p> <p><i>Minute 014.23, Clinical Negligence Scheme for Trust Maternity Return, page 16 of 18, final paragraph</i> – An action to be added to the tracker for Mr Neal and Mr Kirby to review the outcome of the Internal Audit review of the additional evidence collated by the Maternity Team for the CNST submission and liaise with the Chair and Chief Executive to advise whether they were comfortable with the submission. <b>Action.</b></p>	
024.23	<b>MATTERS ARISING AND BOARD ACTION SUMMARY CHECK</b>	
	<p><b>Action check</b></p> <p><i>Action 159.22 It was noted in the Patient Story that blister packs were no longer provided for patients which could lead to hospital admissions for some patients not taking medication correctly as a consequence. The Board requested that this be looked at to see if there was anything that could be done to provide blister packs for patients' medication. Mr Matthews noted the response provided regarding the provision of blister packs by the hospital pharmacies for patients who had been admitted already using blister packs, but said that the original concern raised had related to the lack of blister packs being provided by primary care rather than acute services. Mrs Mills said that the Pharmacy Lead had responded to say that there was a differential approach across Primary and Secondary Care with many Community Pharmacies no longer providing blister packs for new patients and would only do so for a new patient if an existing patient no longer required blister packs. Instead, they would revert to the use of dosage boxes to manage the risk. Ms Morgan asked that more information be sought on the wider position across the system. <b>Action.</b></i></p> <p><b>The Board of Directors noted the updates.</b></p>	
026.23	<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	
	<p>Mrs Tracey provided the following updates to the Board.</p> <p><u>National Update</u></p> <ul style="list-style-type: none"> <li>A new target for 76% of patients in A&amp;E to be admitted, transferred or discharged within four hours by the end of 2023/24 has been set out by NHSE in its planning guidance. The document also set out core performance/improvement metrics on ambulance handovers, bed occupancy and mental health access. This was backed up by the recent NHSE plan for recovering from the pandemic for urgent and emergency care services.</li> </ul>	

- Acute hospital capacity would be boosted by an additional 5,000 beds in 2023-24 and an extensive review of 111 services was planned.
- Systems would be placed in three tiers of intervention with systems deemed off target on delivery being given tier three intensive support from NHSE including on the ground planning, analytical and delivery capacity, buddying with leading systems and targeted executive leadership. The Trust had undertaken a self-assessment on both sites about the key elements of the plan.
- A new medical technology strategy had been published by the Department of Health and Social Care which set out how they would ensure that the health and social care system could reliably access safe, effective and innovative technologies. The Department worked with partners to identify four strategic priorities ensuring resilience and continuity of supply of MedTech products; supporting innovation and encouraging thriving, dynamic markets; developing and enabling infrastructure; and specific focuses on key issues and markets.
- The Public Accounts Committee Report on ICS's suggested that the reforms would founder if major, systemic problems in the NHS were not addressed by the Government at national level. The Committee suggested that the challenges required national leadership but there was a worrying lack of oversight in the new system and crucial national projects like the NHS Workforce Plan and capital funding strategy were repeatedly delayed. The cost of overdue maintenance had reached £9bn, £4.5bn of which had been classified as high or significant risk with questions regarding who would keep the proceeds of any assets sold under ICS's. Furthermore, not enough was being done to focus on preventing ill-health, and there was not enough joint working between government departments to tackle the causes of ill-health.
- The business case for the New Hospital Programme was due to be considered to determine the level of investment and it was hoped that the Trust would have clarification on the position regarding its bid in March 2023.
- There had been further industrial action in January 2023 and the Trust had managed well in terms of its response. There had been concerns about the proposed action over three days in early March, however this had now been paused. Further industrial action was expected by Junior Doctors following the outcome of their ballot.

#### System Issues

- There had been focus during February to prepare for the Board to Board meeting with the national team planned for 9 March 2023 which the Chair and Chief Executive would attend. System partners had been working on ensuring that plans were joined up and demonstrated how the system worked together effectively to deliver even more.
- The benefits of the shared care record were starting to be seen linking information between health and social care teams. The new system, which launched in August 2022, aimed to transform the way information was shared among health and care organisations to benefit local patients by giving authorised health and care staff the ability to see details held by a wide range of providers across Devon, Cornwall and the Isle of Scilly in a single record. In coming weeks, admission, discharge and transfer information from Derriford Hospital's Emergency Department (ED) would also be introduced to the system – as well as data from the Devon hospices. The programme team continued to work with GP practices, with 129 practices now signed up.
- The Peninsula Pathology Network received £13m funding from NHS England's Digital Diagnostics Capabilities Programme for projects which would help

laboratories run more efficiently, increase productivity and help to give patients their test results more quickly at a time of growing demand.

- Key partners across Devon, Plymouth and Torbay were being given the chance to share their views on the draft strategy that would set the direction for health and care services across Devon, Plymouth and Torbay. The One Devon Partnership is producing the health and care system's Integrated Care Strategy and shared a draft with local partners – NHS organisations, local authorities and voluntary, the community and social enterprise sector – in December, in line with national requirements.
- Work was continuing on the Five Year Forward Plan which has to set out how the NHS will deliver the Integrated Care Strategy. The One Devon Partnership decided to expand the scope of the Joint Forward Plan, recognising that population health can only be improved by jointly implementing measures across a wide range of services outside the NHS. The change reflects [national guidance](#), published in December 2022 which encouraged systems to develop a shared delivery plan supported by the whole system, including local authorities and voluntary, community and social enterprise partners. An initial version of the Five-year Joint Forward Plan will be produced by 31 March 2023 before a final version is published by 30 June. This document and the Integrated Care Strategy are together known as the Devon Plan.

#### Local issues

- Following the postponement of the Well-Led Inspection by the Care Quality Commission in January 2023, the Trust had been informed that this would now take place on 22 and 23 March 2023 across both Northern and Eastern sites.
- Work on the new entrance to the ED at the RD&E had completed and opened the previous week.
- A memorial garden is planned at the RD&E where people can remember loved ones they lost to COVID-19. It is hoped to plant 20 memorial roses with each rose having a 256-character plaque with details of that person and message.

In response to a comment about the 111 service, Mrs Tracey said that it was recognised that 111 was an important part of the total suite of services provided for urgent and emergency care. It was noted that the 111 service drew from the Trust's workforce to help it function, and building the service going forward there needed to be better ideas on workforce capability.

Mr Matthews asked if there was any further information available about the proposed Junior Doctors strike. Professor Harris said that it would be over a 72-hour period which would be very challenging as Junior Doctors were integral to delivery of services. In the past, consultants had been used to cover the work of the juniors but this would be a significant challenge for an extended period of time.

Mrs Burgoyne asked if Mrs Tracey could share more information on the work with system partners and if there were areas where she would like to see more joint working. Mrs Tracey said that the Trust was working more closely and collaboratively with system colleagues than was the case in other systems around the country. She said that the system was maturing and was starting to tease out what was best managed at system level and what by individual organisations, although there was more to do on this, as well as being able to get to a point where organisations within the system were able to hold each other to account. Ms Morgan agreed that she had seen much closer working over the last year, with closer relationships having developed both formally and informally.

	<p>Mrs Burgoyne commented that she had visited the Pathology Lab and she had been impressed to see in practice the benefits of EPIC which had improved efficiencies and hoped that the additional monies allocated to the Pathology Network would enhance this further. Professor Harris said that one of the advantages of an electronic patient record was data, and histopathology was benefiting from digitalisation of images through EPIC. He commented that there would be an issue with other parts of the peninsula using different systems, but the funding for the Pathology Network would be helpful to developing the digital systems across the peninsula further.</p> <p>Mr Neal asked whether there was any indication on how the recommendations from the report from the Public Accounts Committee Report on ICSs would be taken forward and it was noted that there had not been at this time.</p> <p><b>The Board of Directors noted the Chief Executive's update.</b></p>	
<p><b>027.23</b></p>	<p><b>PATIENT STORY</b></p>	
	<p style="text-align: right;"><i>Sarah Delbridge joined the meeting.</i></p> <p>Mrs Mills presented the Patient Story video to the Board and advised that this related to a patient focussed initiative developed by One Northern Devon for high impact users of services. The High Flow Project was a pilot and One Northern Devon are keen to measure its impact. Following a conversation with the Project Manager the Trust was supporting work to look at benefits realisation in both a qualitative and quantitative way. The video presented the story of a patient with multiple needs across multiple services and demonstrated the positive impact that the High Flow Project had had on her life.</p> <p>Ms Morgan thanked Mrs Mills for the presentation of the story to the Board which she said had been very powerful and a demonstration of good system working.</p> <p>Mr Tidman said that the story raised the question for him of how the Board kept track of the projects it supported that were very patient centred and how they would be evaluated. He suggested that they could be amalgamated into the strategy and corporate roadmap work to consider these outside the Patient Story presentations to Board. Ms Morgan commented that the One Devon Partnership would be a vehicle for this as it brought together a wide range of stakeholders.</p> <p>Professor Marshall said that this had been an incredibly intensive intervention and asked how cost effectiveness was assessed and how were patients selected for this intervention. Ms Morgan said that it was her understanding that One Northern Devon identified those people who would get this support programme. Mrs Mills said that One Northern Devon were undertaking work to look at the impact of the High Flow Project and the data she had seen was fairly compelling.</p> <p>Mr Neal noted that there was a strong patient experience element to the story, including issues with transport which could be fed into wider discussions on patient experience. Ms Morgan said that the work of the One Devon Partnership and wider stakeholder work on some of these initiatives could be discussed at a Board Development Day, including the patient experience elements. Mrs Tracey said that the story had demonstrated the Trust's mission to work in partnership with patients to help them live healthier for longer. She suggested that this element of</p>	

	<p>working in partnership with patients should also feed into the Board Development Day. <b>Action.</b></p> <p>Mr Kirby asked whether this initiative could be replicable in other places.</p> <p>Mr Palmer said that there would be patients who would be less able to engage than this patient and thought would need to be given on how to engage with them on their own terms, how to identify and stratify patients.</p> <p><b>The Board of Directors noted the Patient Story</b> <i>Sarah Delbridge left the meeting.</i></p>	
<p><b>028.23</b></p>	<p><b>STRATEGIC WORKFORCE PLANNING / WORKFORCE PLAN DEEP DIVE</b></p>	
	<p>Mrs Foster presented the deep dive on Strategic Workforce Planning. The Board noted the following points:</p> <ul style="list-style-type: none"> <li>• The report presented was primarily a baseline assessment and future updates would build on this.</li> <li>• The majority of the data used was up to October 2022, although there were some more recent updates included.</li> <li>• The operational plan included as an appendix was not the final plan.</li> <li>• Workforce planning - The 5 Year Plan which would be presented at the June Board meeting detailed what needed to be done to transform.</li> <li>• The Devon population is predicted to rise from 1.2m to 1.36m by 2042 with a high proportion of people over 65 with more complex health needs associated with the higher age ranges.</li> <li>• The Royal Devon workforce had grown by 17.34% between 01.04.17 and 31.03.22 at an average rate of 3.47% per year, which was not as much growth as elsewhere in the system.</li> <li>• Growth does not necessarily lead to a reduction in vacancy, as increase in demand has to be factored in.</li> </ul> <p>Mrs Hibbard noted the growth in headcount of which flexibility, eg part-time working, was a factor and asked whether this might be a contributory factor in productivity, as it would be more difficult to roster a part-time workforce. Mrs Foster agreed that it might be a factor, but added that flexibility could also be productive and the issue was how to operationalise this in a practical way.</p> <ul style="list-style-type: none"> <li>• Non-clinical workforce growth was 14% over the five-year period against the national average of 20%.</li> <li>• Staff length of service is generally quite long at the Royal Devon with an older workforce who will move to higher banding.</li> <li>• Workforce flow data has started to show the dividends of the work undertaken last year to accelerate the recruitment process.</li> <li>• With regard to nursing, there are different issues on the Northern and Eastern sites with turnover higher in the North.</li> <li>• The organisation was doing well with recruiting staff who were new to the NHS and the joiner rate had increased overall.</li> <li>• Retention analysis showed that nursing and midwifery was quite healthy.</li> <li>• The average attrition rate was 18% against the national average of 31%.</li> <li>• Strategic Workforce Planning progress included: <ul style="list-style-type: none"> <li>○ The toolkit and dashboard for divisions and departments which will start to feed into planning processes will soon be available.</li> <li>○ Strategic workforce planning framework.</li> </ul> </li> </ul>	

- Strategic workforce planning aims, process, planning delivery model and resources.
- Partnership approach with finance team for operational planning.
- External partner relationships.

Ms Morgan noted that staff numbers were greater than ever before and asked why had activity levels fallen. Mrs Foster said that this related to three things; firstly, everyone had had to work very differently over the last three years, with high pressure and infection prevention control measures impacting staff ability to be as efficient as previously. Secondly, there had been a high volume of recruitment with a proportion of recruits being less experienced staff. Thirdly, there was an element relating to the post-Covid environment with different expectations and people wanting to work more flexibly. Professor Harris said that there would need to be certainty that the growth related to whole time equivalents as this was not clear. In addition, he said that a contributory factor was also the complexity of patients and treatments compared to six years ago, partly due to the rising age of patients with more complex needs, as well as advances in medicine that mean more can be done. Mrs Hibbard added that these were recognised as factors nationally.

Mr Kirby said that he assumed that this was an Integrated Care Board wide initiative and asked whether there would be some detail in the next presentation to the Board regarding the operational impact of what had been outlined. Mrs Foster said that the strategic conversations would come but would be tricky. Mrs Hibbard said that this would feed into the work being done on delivering best value and understanding activity workstreams, with specific pieces of work which would help drive the productivity assumption.

Professor Marshall asked where expertise was coming from. In addition, he asked how the volunteer workforce and self-care was factored in. Mrs Foster responded that the Trust had invested in the HR function which had helped to provide the expertise needed which would help develop staff. Mrs Foster said that with regard to the second question this would be looked at for the Workforce Plan.

Mr Matthews noted that around 3000 people needed to be recruited each year to fill vacancies and asked whether that was feasible within current resources and within the current market. Mrs Foster said that a lot of the work that had been done was starting to show benefits including pastoral support. She added that in addition to the 2000 recruited, there would be additional staff recruited to the bank etc. Mrs Foster added that retention was also fundamental to productivity, but not as much was invested in this.

Mrs Burgoyne asked whether the plan would be to get the divisions to start using the dashboards and toolkit and was it linked to the financial system so that workforce and finance could be looked at together. Mrs Foster said that it was planned to start triangulating data.

Mrs Mills commented that the data showed a stark difference for workforce flow between North and East for nursing, medical staffing and AHPs and although there was a lot of work, creativity and innovation underway, this did impact on productivity.

**The Board of Directors noted the Strategic Workforce Planning / Workforce Plan Deep Dive**

029.23	<b>INTEGRATED PERFORMANCE REPORT</b>	
	<p>Mrs Mills presented the Integrated Performance Report (IPR) for activity and performance for January 2023 with the following key points highlighted:</p> <ul style="list-style-type: none"> <li>• The report showed a similar picture to that outlined in the December 2022 report, with continued urgent care pressure in the first part of January 2023.</li> <li>• Despite patient flow challenges, improvement had been seen in the 4-hour performance target on both sites, as well as a reduction in ambulance handover delays. The number of medically fit patients waiting for discharge had improved, but was still of significant concern.</li> <li>• Peaks and troughs of infection rates had also been seen over the period.</li> </ul> <p>Mr Kirby said that it was encouraging to see the achievements despite the pressures. He asked when it was likely that some outcomes from the outpatient's work would be seen. He also asked how the work on delivering best value was being received by the organisation. Professor Harris said that driving the waiting list would inevitably lead to more follow-ups. Mr Palmer said that there was a conversation taking place about the impact of more activity versus quality that had been added to those interactions.</p> <p>Mrs Hibbard said that the delivering best value programme had been due to launch on 21 February but that had been delayed for a week due to other operational priorities. There had however been a meeting with Divisional Directors and the Executive Team the previous week regarding the overall messaging on the financial position and operational pressures and it was well understood. Feedback from the discussion was that there was an appetite to take it forward and have the right conversations. Mr Palmer added that there had been very mature response from the Divisional Directors who understood the level of uncertainty, that greater savings and higher productivity than had ever been achieved.</p> <p>Mrs Burgoyne noted on the Board Scorecard that reducing the number of green to go patients through the Help People Home work was listed as a priority, with an opportunity identified for extra discharge funding to support this reduction, but a risk of Local Authority pressures impacting on jointly funded discharge schemes. Given this, she asked how these three areas were being looked at to develop a plan to resolve. In addition, Mrs Burgoyne asked whether the Board was assured that the information from the IPR was being taken into key areas of the organisation and reviewed on an operational level.</p> <p>Mr Tidman said that there was a great deal of opportunity in terms of social care funding but it tended to be short-term funding. He and Mrs Tracey had contacted the Director of Social Care to suggest joining up to the partnership model where the plan would be joined together with a memorandum of understanding and attendance at Health and Wellbeing Boards for discussions on how funding would be used. In addition, social care was being encouraged to attend a Board planning session to set out their challenges as there may be things that the Trust can do as a provider.</p> <p>Mrs Mills said that the IPR was the tip of the data flows in the organisation and she was confident that the messages from the report were translated appropriately to make it meaningful for colleagues.</p>	



	<p>Mr Matthews noted the impact of implementation of new statutory NICE guidance for Oncology and Haematology patients and asked how many patients this impacted. Professor Harris said that this related to a small number of patients currently with potentially 50 more this year; whilst small in number they require frequent attendance at the centre</p> <p><b>No further questions were raised and the Board of Directors noted the IPR.</b></p>	
<b>030.23</b>	<b>GOVERNANCE COMMITTEE UPDATE</b>	
	<p>Mr Neal presented the update to the Board of Directors from the Governance Committee meeting held on 9 February 2023.</p> <p>No questions regarding the Governance Committee update were raised.</p> <p><b>The Board of Directors noted the update.</b></p>	
<b>031.23</b>	<b>ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORKS</b>	
	<p>Ms Morgan asked whether Board members had identified any new risks or anything to add to existing risks from their discussions.</p> <p>Mrs Foster said that thought needed to be given to how some of the risks were articulated.</p> <p><b>The Board of Directors noted the comments.</b></p>	
<b>032.23</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was raised by Board members.	
<b>033.23</b>	<b>PUBLIC QUESTIONS</b>	
	<p>The Chair invited questions from Governors in attendance at the meeting.</p> <p>Mrs Kay Foster commented that the Workforce presentation had not mentioned advertising and suggested that this could be a useful tool to use to promote the lifestyle and positive aspects of working in Devon to prospective recruits, with perhaps sponsorship being sought. Mrs Hannah Foster responded that print advertising was generally not value for money, and the Trust used recruitment marketing, including the use of social media which had been very effective, as well as virtual recruitment events. Ms Morgan added that whilst it was partly the lifestyle available to new recruits that was attractive, it was also the profile of the Trust and the quality of the relationship with the University that enhanced the career offer.</p> <p>Mr Dunster noted the sickness absence rate of 7.1% and that this would entail a high rate of sickness pay. He said that management of sickness absence was key and asked what the Trust was doing regarding this. Mrs Hannah Foster responded that the 7.1% noted in the Integrated Performance Report was high and the South West was generally higher than elsewhere in the country. She said that the Trust had robust absence management policies in place, and there was an absolute focus on supporting managers and helping to keep staff well. Mr Palmer said that there had been an intense period of infection issues with Covid, flu and norovirus</p>	

	<p>which had impacted staff. He added that the support of HR Business Managers helped with keeping good grip on this area.</p> <p>Ms Tomlin asked if the Trust gathered information from new starters who left within the first year on what had initially attracted them to the organisation and what had influenced their decision to leave. Mrs Hannah Foster said that work was built into the roadmap on gathering feedback from new starters at one, three and six months. It would also be important to enable managers to start looking themselves at what may be leading staff to leave after a short period of employment.</p> <p>Mrs Sweeney commented that the Patient Story had been a valuable reminder of the need for the patient to be at the centre of decision making, and indeed of overall thinking. She also noted that there had been discussion about the financial value of the workforce and commented that there was also value for patient outcomes of a good workforce.</p> <p>Ms Morgan thanked the Board for the excellent discussion and Governors for their input.</p> <p>There being no further questions, the meeting was closed.</p>	
<p><b>034.22</b></p>	<p><b>DATE OF NEXT MEETING</b></p>	
	<p><b>The date of the next meeting was announced as taking place on Wednesday 29 March 2023.</b></p>	