Royal Devon University Healthcare NHS Foundation Trust

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

Wednesday 1 November 2023
Boardroom, Noy Scott House, Royal Devon & Exeter Hospital

MINUTES

PRESENT	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	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
	Mr P Roberts	Interim Chief Executive Officer
	Mr C Tidman	Deputy Chief Executive Officer
APOLOGIES:	Mrs C Burgoyne	Non-Executive Director
IN ATTENDANCE:	Ms G Garnett-Frizelle	PA to Chair (for minutes)
	Mrs M Holley	Director of Governance

155.23	**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 and asked members of the public to only use the 'chat' function in MS Teams at the end to ask questions 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.**	
156.23	**APOLOGIES**	
	Apologies were noted for Mrs Burgoyne.	
157.23	**DECLARATIONS OF INTEREST**	
	Mrs Holley informed the Board that the following declaration had been received for Professor Kent: • Board member and Treasurer of the Phi Mu Chapter of Sigma (nursing organisation) **The Board of Directors noted the declaration.**	
158.23	**MATTERS DISCUSSED TO BE DISCUSSED IN THE CONFIDENTIAL MEETING**	
	The Chair noted that the Board would receive at its confidential meeting updates on Finance and Operational Committee, Our Future Hospitals Programme Board and the Peninsula Acute Sustainability Programme.	

159.23	**MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2023**	
	The minutes of the meeting held on 27 September 2023 were considered and approved subject to the following amendment: Minute number 141.23, page 8 of 18, fifth bullet point to be amended to read "…although it was recognised that No Criteria to Reside (NCTR) remained ~~below~~ above where it needed to be". **Action.**	
160.23	**MATTERS ARISING AND BOARD ACTION SUMMARY CHECK**	
	The Board of Directors noted and agreed the updates to actions. The following further updates to actions were noted: Action 043.23 "Mrs Foster to look at inclusion of absolute establishment data in the IPR in future iterations". Mrs Foster provided the following further update to the Board: The improved IPR was based on some new recording and reporting that would follow the Unit 4 implementation. That work was done in line with the plan however following a validation exercise a number of issues has meant this has taken longer than expected. This data is now being reviewed with a view to incorporate into reporting moving forward. This is expected to be part of reporting from December 2023 (November IPR reported in December). It is important to note that further changes will take place as HR and Finance work with budget holders over the coming months to improve local data whilst this work is ongoing and will continue to give a clearer picture regarding our contracted Whole Time Equivalent and actual Whole Time Equivalent and vacancy date. It was agreed that this action could be closed. Action 077.23(4) "A letter had been sent to Devon County Council (DCC) and the Integrated Care Board (ICB) requesting clarity on all funding streams (including the main hospital discharge fund) to support discharge and social care and the June IPR would contain an update on this. It was noted that an update had been provided with a proposal to close the action. Mr Palmer added that the Board would be updated of further responses received. It was agreed that the action could therefore be closed. Action 116.23 "Following discussion about the possibility of industrial action by GPs, Mr Tidman advised that the Executive Team would develop a contingency plan with a briefing note to share with the Board and should GP industrial action be announced, a further discussion would be tabled for a future Board meeting". It was agreed that this action could be closed. Action 118.23(5) "Mr Matthews noted that VTE monitoring in both Northern and Eastern services was below where it had been previously and asked what implications this might have for patient safety. Professor Harris advised that there was a group of patients that were not included in the data, but agreed that more granularity on the data would provide assurance and this would be reviewed". The Board noted the comprehensive update provided by Professor Harris and agreed that this action could be closed. Action 141.23(3) "Mr Kirby raised a question about whether improvements in waiting lists were as a result of productivity and efficiency or from in or outsourcing and was advised that it was both. It was agreed that it would be helpful to understand the balance between the two and Mr Tidman agreed to look at this in more detail outside the meeting". Mr Tidman advised that this would be followed up through the Finance and Operational Committee and it was agreed that this action could be closed.	

	The Board agreed with the proposals to close the remaining actions. There was one matter arising from an action raised by Professor Marshall at the May Public Board meeting following presentation of sickness absence data in the Integrated Performance Report. Professor Marshall had asked how the Trust compared to other organisations in terms of sickness absence in relation to stress where it was noted that this category of sickness absence included all stress and mental health conditions, whether or not they were related to or resulting from work. It was agreed that further analysis would be undertaken to explore this to provide greater understanding of work-related mental health issues in the workforce. Mrs Foster informed the Board that: • There had been an increasing level of mental health related illness, although there was no evidence that this was predominantly work-related. • More staff were seeking support through Occupational Health (OH) Services. • This had highlighted an issue with operational pressure for the OH service and work on demand and capacity planning was being undertaken. Professor Marshall asked how staff access Occupational Health and what interaction there was between Occupational Health and GPs when staff seek support through the service and was informed that there were a number of routes for staff to access the service, including self-referral or through their Manager. GPs would be contacted if there was a formal request for a report from them. Professor Marshall asked if any sub-group analysis had been undertaken to understand the impact of age, gender, specialty areas etc and was advised that some of this would be captured and as data gets better this would improve. Ms Morgan noted that of the work-related or caused by work referrals to OH, 52% were psychological referrals, higher than the national average and asked whether there was work in hand to understand the reasons for this. Mrs Foster responded that whilst the rate of mental health sickness absence had increased slightly, the rate of referrals to Occupational Health had increased more which was indicative of more staff seeking support which was positive. Mr Kirby suggested that it would be helpful to show the correlation between referrals and sickness as an indicator and Ms Morgan added that it would also be helpful to receive information to demonstrate whether increased referrals were helping to avoid sickness absence. Mrs Foster agreed to look at this and circulate a briefing to the Board and this should be recorded on the matters arising. **Action.** **The Board of Directors noted the updates.**	
161.23	**CHIEF EXECUTIVE OFFICER'S REPORT**	
	Mr Roberts provided the following updates to the Board. <u>National Update</u> • The national staff survey launched at the beginning of October which staff were being encouraged to complete. • Terms of reference were published during October for the national inquiry into the Letby case. The inquiry would cover wider questions about NHS management, governance and culture. A paper was included on the public Board agenda on this topic.	

- October was Speak Up month with the theme being breaking barriers to speaking up. The Trust's newly appointed Lead Freedom to Speak Up Guardian had been promoting speaking up with staff.
- This year's flu and COVID vaccination campaign started in October with good uptake by staff reported in the first week.
- The Secretary of State had sent a letter to Integrated Care Boards (ICBs) on the 19 October 2023 regarding equality, diversity and inclusion (EDI) questioning some practices in the NHS and whether the NHS was getting value for money from what it was investing in EDI teams. There had been a strong response from the Chair of NHS England (NHSE) who had said specialist skills to address EDI in the NHS were vital for staff and patients; they helped to support strategy compliance and to improve culture.

System Issues

- Devon was placed in the system recovery programme in August 2021 and the Trust, together with the other providers in Devon, was joined into the national oversight framework level 4 for the most challenged organisations. There are a number of areas that needed to be focussed on in order to exit this as reported in the Integrated Performance Report.
- Mr Roberts and Mr Tidman sit on the System Improvement Assessment Group (SIAG) which is the formal, regulatory governance process for systems within the framework. NHSE had given a strong message to the system to boost its arrangements for working together, as whilst progress could be seen in individual organisations, there was less confidence in system working. NHSE has moved the SIAG meetings to monthly to monitor this more closely.

Local issues

- Progress on recovery had been reported in the Health Service Journal in a number of articles highlighting that the Trust was third in the country for reducing waiting lists over the last year, was one of five Trusts which had been moved out of Tier 1 for cancer and a feature article was also published on collaborative working at the Nightingale Hospital and how that had helped reduce waiting lists across Devon.
- The Trust has been asked to attend the Devon Health and Care Scrutiny Committee in early November to present its recent Care Quality Commission report together with the improvement plan that had been developed.
- Engagement sessions were held with over 100 senior managers and leaders to explore performance challenges, quality and safety, access and finances. There had also been a focus on how to improve resilience as leaders to deal with challenges. An event was also held with senior clinical managers to talk about patient safety and Never Events, where blocks to progress and challenges were discussed and solutions explored.
- The Trust had hosted a visit to Tiverton Community Hospital and North Devon District Hospital by NHSE's Regional Director during which the organisation was able to demonstrate how national investment was being used to increase diagnostic capacity in the community and help improve flow across the acute site.
- The Trust launched its clinical and enabling strategies last week with staff setting out the organisation's vision and priorities for the next few years.
- Shortlisting has taken place for the Extraordinary People Awards and final judging will take place shortly. All finalists will be invited to the awards ceremony to be held on 30 November 2023, where the winners will be announced.
- Bank staff management had been transferred to NHS Professionals (NHSP) in Eastern Services (Northern Services were already managed by NHSP). This will allow a joined-up approach to bank shift management, improve fill rates and reduce agency.

	• Staff recognition – surgeons in North Devon were chosen to lead a European project developing guidelines for better hernia care; the monogenic diabetes team in Exeter were shortlisted for a national Quality in Care Diabetes Award and the Acute Oncology Nursing Team in North Devon had won team of the year in the Nursing Times awards. Professor Marshall asked to what extent staff were provided with real time data to help them improve what they do and Mrs Hibbard advised that data packs were being worked on to drill down at divisional level which would help with making some of the financial choices more visible to frontline clinicians. Professor Kent asked whether the Devon Health and Scrutiny Committee could help the Trust with some of the challenges identified in the CQC report. Mr Roberts advised that Professor Harris would attend the meeting, and this would provide an opportunity for the Trust to push some challenges back to the Committee on what could be scrutinised with local authorities and other partners in a collaborative way. Mr Palmer reminded the Board that the Community Strategy was due to be presented to the November Board meeting with Devon County Council colleagues in attendance for that item. **The Board of Directors noted the Chief Executive's update.**	
162.23	**PATIENT STORY**	
	Mrs Mills presented the Patient Story video to the Board which related to the experience of a patient waiting to be discharged. The following key points from the story were highlighted: • Key lessons related to managing patients' expectations about discharge through effective communication and ensuring that discharges were timely and safe. • Timely discharge of patients was important for delivery of planned care and emergency care activity. • There is a specific discharge plan as part of the Improvement Programme. Ms Morgan suggested that it would be helpful at a future meeting to have a patient story relating to patients who had more complex reasons for not being able to be discharged, for example not having a social care package available for them. **Action.** Mr Palmer commented that utilisation of discharge had improved significantly over the last few months, which would go some way to addressing some of the issues identified in this story. Professor Kent asked whether volunteers were used to try and support clinical staff, for example through collecting medication from Pharmacy for patients awaiting discharge and was advised that the Volunteer Strategy had been developed to use volunteers consistently and for best benefit, and this was something that could be considered. Mr Neal asked how outcomes from the Discharge Improvement Plan would be reported to the Board and whether the Plan would provide assurance that ordering processes for discharge medication were effective. Mr Palmer said that discharges by 12 o'clock were reported in the Integrated Performance Report and this could be tracked over a couple of months. **Action.** The Trust had greater technological enablement of discharge than previously and the process should be quite smooth for ordering discharge medication, but it would be worth drilling down into this case a little more to see if it was in any way typical and explore any weaknesses. Mrs Mills advised that as part of the Improvement Plan, a reverse process map of discharges was being undertaken to look at when patients were	

	told they could be discharged and when they were actually discharged; this had started on 16 October and would take place over several weeks. Mr Kirby asked whether there was a particular issue with Pharmacy that had impacted this patient. Professor Harris responded that he was not aware of a particular issue, but it was likely that short staffing on that day had had an impact. Mrs Foster added that it was important to note that the staffing position now had improved significantly since the time of this patient's experience in February 2023. Mr Matthews asked whether it would be helpful to undertake a walkaround to sample how many patients were sitting in a bed waiting for discharge to understand the reasons for why they had not been discharged. It was agreed that this could be incorporated into the Board's Christmas visit walkarounds. **Action.** Mr Tidman suggested it might be helpful if there was some way for patients to raise a flag in these circumstances and Professor Harris said that this was on the work programme for adding to MyChart in the future. **The Board of Directors noted the Patient Story.**	
163.23	**WINTER PLAN**	
	Mr Palmer presented the Winter Plan for 2023-24 with the following key points noted: • The bridge for the Winter Plan was challenging with the variation in the day to day position being the most challenging. • The Trust had already invested significantly in its Winter Plan and would also receive support from the wider system of between £2-3m, which would enable the Trust to "buy" 88 beds of capacity for this year, either real beds or bed equivalents drawn from the wider system. The Trust would also have its own provision of escalation beds. • This would leave the Trust with a bed gap against the daily variation of around 70 beds. However there was a plan, shared with the ICB, where the Trust could increase capacity and programmes of work with some resource which would provide an increase of 66 beds. • Key priorities included scaling up the virtual ward, hub and spoke Care Coordination Hub, the purchase of additional P1 care hours, expansion of SDEC, discharge coordinators and elective ringfencing. • The implementation process for the Winter Plan was structured around the priorities and efforts were underway to land final access to funding. Planning and set up would be done before Christmas. • The Winter Plan looks acute focussed; the plan had originally been to present the Community Strategy at this meeting as well, but this was now scheduled for the November meeting. This will also include details of the fundamental partnerships with the local authority, voluntary sector, primary care and social care. Ms Morgan thanked Mr Palmer for the clear overview of the plan. She asked how likely it was that the Trust would receive as much as it needed/had asked for from the ICB, when the outcome of this would be known and whether there was a back-up plan if all the funding was not available. Mr Roberts said that the system was under particular scrutiny for finance and urgent and emergency care and he believed that there would have to be some difficult discussions over Winter about other priorities. He said that he believed the system would take seriously the plan to get through Winter.	

Ms Morgan commented that on a recent visit to ED it had been made clear that the Trust had a different policy in place relating to moving patients onto trolleys within ED rather than them remaining in the ambulance which would give a different view of data. Mr Roberts said that he had been asked to arrange a meeting with the Chief Executives, Chief Operating Officers and Chief Medical Officers of the three acute Trusts to look at and agree a way of assessing risk in ED that is fair, reasonable and evidence based.

Professor Kent asked what confidence there was around additional staffing and whether thought had been given to potential knock on effects on some services, such as rehabilitation, of some of the plans outlined. Mr Palmer said that there was reasonable confidence regarding additional staffing with a market available to bid into. He added that much of the funding that was being bid for was for out of hospital services which should manage more of the issues Professor Kent identified than in previous years.

Mr Matthews asked whether the plan was working to the baseline of 92% occupancy and Mr Palmer said that the bed base had been modelled for both 93% and 95% occupancy, but that given the experience of the previous two years the commitment was to a plan based on 99% occupancy.

Mr Matthews asked what the assumption was regarding No Criteria to Reside in the plan and was advised that this was that the organisation would still deliver the financial and operational plan it had agreed to deliver, including the ambition to get to 5% on both sites.

Mr Matthews noted that there had been a disappointing level of take up for vaccinations last year and asked how this would be addressed. Mrs Mills advised that work had been ongoing over the last three months to set up the vaccination plan for this winter working with OH and vaccination teams to make it as easy as possible for staff to have vaccinations. This was being monitored on a weekly basis.

Mr Neal noted the risks covered in the plan were comprehensive and asked for clarification of the process that would be used for monitoring and how frequently they would be reviewed. In particular, he noted that there was still a 14-bed gap on a worst case day and asked how that would be managed. Mr Palmer responded that there would be regular meetings throughout Winter for holding to account, including weekly meetings with the system with regular review of risks, which would be reported through the IPR. With regard to the 14-bed gap, Mr Palmer advised that he was hoping that the Trust would have access to some additional funding that had not yet been allocated within the system. November, February and March would be the most challenging months with the greatest variation, and if additional funding was not made available, then the plan would be to ask for short term episodic resource and it was also hoped to get a release to sustain current monthly resource for supporting people at home to continue through Winter.

Professor Marshall asked to what extent the plan had been developed in partnership with general practice. Mr Palmer advised that detailed conversations had already taken place with Devon Partnership Trust and there were efforts to establish a different working relationship with the GP body to develop the conversation on how to better collaborate. Ms Morgan suggested that the interface between primary and secondary care and how to improve it should be added to the agenda for a future Board Development Day. **Action.**

Mr Kirby asked whether assumptions had been built in about ability of other Trusts to deal with winter pressures. Mr Palmer said that there was an ongoing expectation within the system that the Trust would act as an anchor institution for Devon and in that context the Trust would scale up things that could be done across the system, would robustly support

	the care coordinating hub and strategic control centre and that access to additional funding would help to do these better. **The Board of Directors approved the Winter Plan.**	
164.23	**INTEGRATED PERFORMANCE REPORT**	
	Professor Harris presented the Integrated Performance Report for September 2023 with the following points highlighted: • There was continued pressure on opportunity to recover as a result of ongoing industrial action. • A summit had been held with senior leaders including a group of selected clinicians who had lived experience of Never Events. It was clear that the causes of recent Never Events were not as simple as completion of checklists, with a range of other factors including human factors playing a part. Work had been commissioned with an external company which would consist of workshops for staff to help empower them to understand the risks and make the right choices. A cohort of multidisciplinary clinicians had been identified who would be trained to be experts in human factors and who would then train others. There had also been an excellent engagement from the wider leadership across the organisation. An interim Clinical Director for Safety and Quality had been appointed and he had considered what the issues were and presented a summary of that with a view of where the focus should be going forward. Workshops will take place before Christmas with training in January. A further update would be provided next year. Mr Kirby noted that agency spend still appeared to be very high despite reduced turnover, vacancies and sickness absence and asked for clarification of why this was the case. Mrs Foster responded that despite a lot of work, agency usage had not reduced as much as hoped and was still high against the vacancy factor. Control processes were being reviewed and a clearer narrative was being worked on. Mrs Hibbard commented that a great deal of work had been done around nursing agency in particular, and it would be important to ensure there was the same level of rigour and control around non-clinical areas. It was recognised that there were a number of high cost medical agency staff, particularly in the North needed to cover services safely, but it was important to ensure that everything had been done to get the best rate possible for those locums. Mr Tidman added that at the recent system quarter 2 review meeting other Trusts reported a similar issue with recovery of substantive workforce but no reduction in agency, some of which would relate to specific issues, for example overseas recruits taking longer to embed and high cost patients who needed “specialling”, and the organisation would need to improve its narrative on this. Mr Kirby noted that capital expenditure was behind and asked how this would be addressed. Mrs Hibbard advised that cash balances were reducing in line with the deficit. Work was being undertaken on working capital improvement and there had been an improvement of £5m since this was focused on by the Finance and Operational Committee in Month 4. It was noted that it was a certainty that the Trust would request cash support from NHSE and this would come to the confidential Board meeting at the end of November. The consequence of this for the Trust would be heightened scrutiny from NHSE, daily cash forecasting and scrutiny of usage of cash including capital spend that was judged non-essential. Mr Kirby noted that there was a comment in the patient experience section regarding consultant behaviour and values and asked if this related to anything in particular.	

Professor Harris said that he had asked for further detail on this, noting that this feedback had come through Care Opinion.

Mr Matthews asked whether improvements in urgent care could be sustained through winter and further asked whether it was known why No Criteria to Reside had deteriorated over the last month. Mr Palmer responded that he believed that improvement had been sustained over the last year with constancy of leadership and good grip. Industrial action had had a significant impact on No Criteria to Reside. In addition, there had been a mismatch between demand and capacity and some short-term additional funding was now in place that had started to bring down the Eastern position.

Mr Matthews noted that whilst there was a comprehensive list of actions provided for improving performance in Eastern ED, the same had not been provided for Northern and asked whether the actions outlined applied to both. Mr Palmer confirmed that there was a comprehensive set of actions in place for Northern ED.

Mr Neal noted the 10 patients with moderate harm identified in the waiting well data and asked for an update on the cardiology waiting list assessment. Mrs Mills said that there had been a comprehensive look back for Cardiology which identified things that may not have flagged through normal processes, for examples issues picked up through a GP or another route. Of the 10 cases identified, two were known about and had been picked up through normal processes and the other 8 had not. Professor Harris advised that there had been no deaths on the Cardiology waiting list in 2023, although it was anticipated there would be as one patient had been placed on a palliative pathway. The cases will be looked at by teams at an Extraordinary Cardiology Governance meeting during November.

Mr Neal asked whether improvement work undertaken in North on reduction of category 2 pressure damage would be sustained. Mrs Mills said that the benefit seen was from integration of the two teams, with shared practice and aligned reporting and categorisation and confirmed that she was confident that the teams would continue to work well together.

Professor Kent commented that there appeared to be a significant number of trauma patients coming through and asked whether this was due to University Hospital Plymouth being unable to take them. Mr Palmer said that all Trusts in the system had seen a similar surge in trauma cases over the last few months and he did not think this related to University Hospital Plymouth not fulfilling their mandate. To help address this, work was being taken through the Finance and Operational Committee on a proposal for the designation of a vascular hybrid theatre which would give flexibility across theatre suites to ringfence and maintain orthopaedics. It was noted that this trend was attributable in part to demographics and to time of year.

Professor Kent asked what actions were in place to address the red RAG rating for delivering best value. She further asked for clarification around capital expenditure noted in the report. Mrs Hibbard said that the red rating indicated the combined overall risk. She advised that internal savings were doing better with significant levels of productivity and cost reduction delivered, but there was a shortfall on savings on the system stretch element. There was also a risk of double count across the two and therefore the internal savings programme had been netted down to ensure that savings were only recorded once. There was a focus on reduction in run rates to drive them down by the end of the year, as well as review of the savings programme to see if there was anything that could be accelerated or where more could be done, as well as divisional level focus on what could be achieved with the same outcome for less.

	Mr Roberts was asked if there were risks to exiting NOF4 too quickly and it was noted that Devon was the first system in NOF4, but prior to this there was evidence that trying to exit special measures too quickly could lead to organisations being put back as change had not been sustained. The Trust had said that it wanted to aim to exit NOF4 by the first quarter of the next financial year, but this might be optimistic. Mrs Hibbard added that the finance challenges within the NOF4 criteria would be the hardest to deliver within the timeframe and that more discussion was needed both locally and nationally particularly regarding 2024/25 planning. Ms Morgan asked whether timescales for the 2024/25 planning process were known and was advised that national planning guidance was expected just before Christmas 2023 and the planning negotiation process would be undertaken during January and February 2024 internally and as a system. The external expectation would be a focus on breakeven for 2024/25. The system had set out a Medium-Term Financial Plan with breakeven over a three-year period, but this assumed delivery of 2023-24 plans. The impact of not delivering plans would need to be understood and whether the three-year delivery of breakeven would still be possible and further conversations with the regulator were needed. Mr Tidman said it was important to recognise the interdependencies, for example the Trust was getting a lot of recognition for some of its innovative work, but it was also using quite a lot of in- and outsourcing which was not always congruent with what was needed financially. He believed that as the Trust was so close to hitting trajectories on elective there would be continued support for this, but there would also have to be choices on how fast the Trust wanted to go on different elements. Mrs Foster commented that there was work ongoing on business cases for joined up services across the system. Mr Roberts summed up that interdependencies between the different measures would be crucial and there was a need to be clear about the Trust's view on the impact of those interdependencies. He added that it would be important to have a review of leadership and management capacity across the system, as there were some things that would only start to move if there was collective effort. **The Board of Directors noted the Integrated Performance Report.**	
165.23	**UPDATE – PENINSULA ACUTE PROVIDER COLLABORATIVE**	
	Mr Tidman provided the Board of Directors with the following update: • The paper set out the purpose of the Acute Provider Collaborative, and the level of delegated decision-making passed to the Collaborative. • The Collaborative had been focused on how to get the right design for acute services which would ensure workforce fragility was mitigated or eliminated and how to make the most of networks to maximise productivity. • The main focus over the last year had been engagement with clinicians, with a clinically led review of the Case for Change and whilst there were some good emerging options across the peninsula, it was clear that collaboration with primary and community care would be very important. • The Collaborative was looking at what things could be done now regarding fragile services, whilst longer term changes that would need investment were modelled. • The work on fragile services would be used to test some of the models.	

	Ms Morgan thanked Mr Tidman for the paper which presented a stocktake of progress and set out the objectives and next steps for the Acute Provider Collaborative noting that the Board would return to this as work progressed. Mr Kirby noted that there was no mention of finance and asked at what point this information would be available to help inform the Medium-Term Financial Model. Mr Tidman noted that with regard to the Case for Change, it was not just about workforce fragility but also related to the impact of heavy reliance on agency and locum staff to fill rotas which was not financially sustainable. Whilst finance was not the driver there was recognition that doing the right thing for patients and staff would lead to a model that was financially sustainable, and it would form part of the modelling. **The Board of Directors noted the update on the Peninsula Acute Provider Collaborative.**	
166.23	**CORPORATE ROADMAP UPDATE**	
	Mr Tidman presented the quarterly update on progress against the Corporate Roadmap, highlighting the following points for the Board's attention: • The report for quarter 2 provided an update on what had been delivered from the plan during the quarter and a look forward to the next six months. • It would be important going into winter to think about what the ambitions were, where resource would be focussed particularly bearing in mind the Trust's position in NOF4 and what could be paused. • At a future development session, the Board would need to have a strategic discussion looking ahead to the next 12 months to agree where effort and resource should be focused. This would also be tied into the operational planning process over the coming months to inform what absolutely had to be done, what resource could be brought in to achieve and what could be deferred. Mrs Hibbard advised that the first planning update would be taken to the November Finance and Operational Committee for discussion. A stocktake of the roadmap would be undertaken in early 2024 with review of a two-year series of milestones with agreement then to be reached on how to resource and sequence them. Mr Roberts said that there had already been some delay on work on health inequalities and that the changes to services that were being proposed would need to be looked at through the lens of inequality, so he would strongly recommend that this was not slipped further. Mr Tidman confirmed that there was work going on regarding health inequalities with a plan to present at the November Board meeting. **The Board of Directors the Corporate Roadmap quarterly update.**	
167.23	**BOARD ASSURANCE FRAMEWORK**	
	Mrs Holley presented the quarterly review of the Board Assurance Framework (BAF) and informed the Board that one risk had had its score increased; Risk 4 had increased from a score of 20 to 25. Mr Tidman asked whether in future a clean copy, ie without tracked changes, of the master BAF could be provided to the Board to make it easier to read. **Action.** Mr Tidman asked whether, where there was a gap in assurance or controls noted, that should be escalated for further discussion, with an example given of Risk 1 which raised	

	an issue of how governance around workforce was delivered and whether the Board ought to consider whether a Workforce Committee was needed. Ms Morgan said that she would want this to be included in the review of Board and Committee structures and governance planned for early in 2024. Mrs Foster agreed with Mr Tidman's comment, adding that it would be helpful to look at the whole picture on a strategic basis, including inclusion and violence and aggression. Mrs Mills commented that during the last year none of the risk scores had reduced and one had now increased and asked whether energies were focussed in the right place, were the risks too difficult to reduce and were the right actions in place to mitigate the risks. Mr Matthews agreed and noted that, as he had previously said, the charts for each risk were not being used in a consistent way. Mr Roberts added that the Executive Team should focus on reviewing the BAF in detail to be clear about whether the risks were the right risks and whether plans were mitigating the risks. He suggested that this could be timed to line up with the arrival of the new Chief Executive Officer. Ms Morgan said that this would need further discussion at a future Board Development Day to be informed by a detailed discussion by the Executive Team. **Action.** **The Board of Directors noted the Board Assurance Framework review.**	
168.23	**SURVEY REPORTS**	
	Mrs Mills presented the reports from the Inpatient Survey 2022 and the Urgent and Emergency Care Survey 2022. Both surveys had been discussed by the Operational Group and the Patient Experience Committee and there will be areas for reflection for potential actions. Ms Morgan noted that many of the areas flagged as concerns for patients had already been touched on at Board meetings and asked whether there were any surprises in either of the reports. Mrs Mills said that the key themes from the Inpatient Survey were not unusual, for example noise at night on wards would be an issue faced by many Trusts. She added that other issues identified relating to privacy in ED and communication needs would be looked at in more detail. There was also an issue relating to transport and what the Trust's accountability and responsibilities were relating to this which highlighted the need to manage patients' expectations. Professor Marshall asked what the potential impact might be on the service provided to patients from putting pressure on staff regarding finance and performance. He further suggested that this would be the kind of data that would be helpful to present in the IPR for patient experience. Ms Morgan agreed and suggested that this could be an occasional feature. Finally, he noted that the Trust was undertaking its own surveys with patients and asked what it was felt they would add to the national surveys. Mrs Mills said that it was difficult to say what impact the additional pressures on staff might have on patient care, but noted that during all the challenges faced by staff during the pandemic there had still been positive feedback from patients. She added that staff were being supported where needed and it would be important to get the right balance in messaging for staff about the financial and performance challenges. Mrs Mills agreed to discuss with Mrs Burgoyne, as Chair of the Patient Experience Committee and Mr Palmer about what other data to share that currently goes to the Patient Experience Committee and the best way to achieve this. **Action.** Mr Matthews noted that there were some distinct differences for some of the results of the surveys between East and North and asked whether there was a process in place to use	

	this information to help level up. Mrs Mills said that this would be looked at through the Patient Experience Committee. **The Board of Directors noted the Inpatient Survey and the Urgent and Emergency Care Survey.**	
169.23	**DIGITAL COMMITTEE**	
	Mr Neal presented the Digital Committee update from the meeting held on 5 October 2023 with the following key issues noted: • Although work was ongoing, there was a significant risk regarding achievement of the requirement for 95% training compliance for the Data Security and Protection Toolkit submission in December 2023. • The Committee discussed the ICS Shared Services Model noting that the business case for Shared Service Desk was moving forward but had not yet been discussed through the Trust's own governance processes. • There was significant work on the horizon for the Digital Team and there were concerns about their capacity to deliver as the Team was not fully resourced. Mr Tidman agreed there was a need for an additional governance step to be put in place at the Trust regarding the system work underway including a discussion at Board. Mr Matthews asked how significant the backlog of uncoded activity being managed by the Clinical Coding Team was and was informed that in terms of the data reporting process, the first phase is soft data reporting at which point there is a backlog. This is then rectified and the backlog is caught up by the time the freeze on data happens. The consequences financially and in terms of performance targets nationally were minimal, but the challenge locally was that it was reflecting lower performance comparatively with other organisations in Devon. In addition, the Coding Team have been asked to look at what resource has been put into the team to try and understand why this is not impacting on the backlog. **The Board of Directors noted the Digital Committee update.**	
170.23	**FINANCE AND OPERATIONAL COMMITTEE**	
	Mr Kirby presented the Finance and Operational Committee update from the meeting held on 17 October 2023: • The Committee discussed the Month 6 position, the increased deficit and the impact that this has on risk to the yearend position. The Committee agreed to hold off altering the forecast outturn until the system as a whole made this move and until more due diligence on the financial recovery actions had been undertaken. • The Committee discussed Risk 4 on the Board Assurance Framework and agreed an increase of the score from 20 to 25. Mrs Hibbard agreed that the Committee had undertaken due diligence to understand why the Month 6 position was worse than anticipated, to understand the key drivers. She added that part of the Financial Recovery Plan would relate to assurance around what was being delivered to improve the position and land a formal forecast outturn change at the appropriate time. Mr Palmer added that a validation exercise had been commissioned as a result of concerns about outcoming processes. Mr Neal asked whether there was any learning for the Trust from the Tiverton Endoscopy exposure. Mrs Hibbard responded that this unfortunately related to a change in rules in the financial regime.	

	Ms Morgan commented that the Finance and Operational Committee had been established as a requirement of integration and had developed into one of the Committees that provided significant assurance to the Board. She added that how it had developed and any lessons would be considered as part of a wider governance review to be undertaken. **The Board of Directors noted the Finance and Operational Committee update**	
171.23	**GOVERNANCE COMMITTEE**	
	Professor Marshall presented the Governance Committee update from the meeting held on 19 October 2023 with the following key issues noted: • The Committee discussed a national report into sexual misconduct and an internal report on the process of an investigation into a sexual misconduct case. A Task and Finish Group will be established to look at issues relating to this with the outcomes fed back to the Committee. • The Committee received good reports from the Surgical Division for East and North, but it was agreed that the Teams should work more closely together with the aim of producing a single report by 2024. • A new Patient Safety Framework was due to be published which would have implications for the way the Board sought assurance around safety and this would be discussed at a future Board Development Day. • Whilst Safeguarding Training compliance had improved, challenges remained in some key areas including ED. The Committee was advised that all reasonable steps were being taken to prioritise provision of training in those areas where compliance was poor. • The Committee received a detailed update on the Maternity and Neonates three-year delivery plan. Mrs Foster advised that the Workforce Race Equality Standard and Workforce Disability Standard reports and action plans had been circulated to Board members for approval and had been published by the deadline of 31 October 2023. Mr Neal noted that the papers presented included documents relating to the requirements of the Fit and Proper Person Test and advised that he and Ms Morgan would be following up on this to ensure that all the evidence needed was in place. **The Board of Directors noted the Governance Committee update.**	
173.23	**RESPONSE TO THE VERDICT IN THE LUCY LETBY CASE**	
	Mrs Holley shared with the Board of Directors the Trust's approach to Speaking Up and provided a status position in relation to the five questions raised by NHS England relating to the verdict in the trial of Lucy Letby which related in the main to the Fit and Proper Persons Test. • The Trust has a Fit and Proper Persons process in place. NHS England strengthened the Fit and Proper Persons Framework with effect from 30 September 2023 and a robust action plan was in place to test these changes, which would be monitored to completion by the Governance Committee. • Board members were provided with privacy notices for review and agreement. • Appointments made since September 2023 are being managed in line with the new framework.	

	• The Trust piloted a 12-month substantive Lead Freedom to Speak Up Guardian role which was very successful and this role had now been made permanent, with a substantive Lead Guardian now in post. Mrs Foster reminded the Board that the Staff Charter had been launched just over a year ago, which was a contractual document for staff which included routes for staff to speak up safely. First revisions of the Charter are planned over the next six months and the police will be added as an option for staff to raise concerns with. Mrs Hibbard commented that further assurance could be provided to the Board through a tabletop exercise to look at the flags in the Letby case and how the Trust would have responded to similar flags, as this would test processes in place. It was agreed that this should be progressed. **Action.** Mr Neal commented that it would be useful to include evidence from staff surveys in the response to the questions about staff awareness of how to speak up. In addition, Board members received further assurance through discussions with staff on walkarounds and this could be added to the response to question 4. **Action.** Mrs Mills noted that Freedom to Speak Up is currently reported through the Governance Committee, although it would be discussed elsewhere and asked whether it should be formally reported elsewhere. Mrs Holley asked whether the Board agreed that Governance Committee was the right forum for Freedom to Speak Up and whether there were other measures that would help them feel better sighted on this. It was suggested that the report presented to Governance Committee could be fed back to other groups, such as the Leadership Forum and staff groups to ensure wider conversations took place. In addition, a staff story should be explored for presentation at a future meeting. It was agreed that this could be looked at as part of the governance review. **The Board of Directors noted the update**	
174.23	**ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORK**	
	Ms Morgan noted that whilst the BAF had been discussed, there had been no specific issues had been identified for adding to the BAF. The Board had agreed that a wider discussion on the BAF was needed.	
175.23	**ANY OTHER BUSINESS**	
	Ms Morgan informed the Board that following the recent recruitment process, the Trust had appointed Mr Sam Higginson as the new Chief Executive Officer and he would join the Trust on 22 January 2024. In addition, the Board was advised that a new Non-Executive Director had joined the Board. Mr Tim McIntyre-Bhatty had been unable to attend the meeting, but would join the Joint Council of Governors and Board Development day on 8 November 2023.	
176.23	**PUBLIC QUESTIONS**	
	No questions had been submitted in writing in advance of the meeting. Mrs Matthews noted the advice for patients in the Winter Plan to use Community Pharmacists and Community Pharmacies for frontline advice. She informed the Board that	

a number of pharmacies have closed in North Devon and for others, there is often no regular pharmacist available to talk to. With this in mind was there on-site pharmacy capacity to provide medications for example to staff and patients. Professor Harris responded that patients can get medications from the onsite Pharmacy on discharge if they were an inpatient, but the Pharmacy would be unable to fulfil a prescription from a GP. The same would be true for staff if they were also a patient.

Mrs Matthews asked whether there was an option to monitor cardiac patients to be monitored through the virtual ward process. Professor Harris advised that there were a large number of patients on the Cardiology waiting list and it would essential to select the right patients for monitoring through the virtual ward process. Some cardiology patients were already part of this process, but it would not be possible to do for all.

Mrs Matthews asked if there was any evidence of the impact on mental health patients from the proposals by Devon County Council to close mental health Link Centres, in particular whether there had been an increase in attendance at ED. Ms Morgan advised that Devon Partnership Trust had attended a recent Council of Governors meeting in Tiverton where they were asked that question and undertook to provide a response which had not yet been received. It was agreed that a follow-up reminder would be sent to Devon Partnership Trust regarding this. **Action**.

Mr Westlake asked what role Governors would have in the governance review process. Ms Morgan said that she would welcome the views of Governors and best practice from other organisations would also be looked at.

Mr Hall noted that the Trust's status in the oversight framework limited its decision-making powers and asked how significant that limitation on powers was for the Trust. In addition, Mr Hall noted that Mr Tidman had urged a note of caution in trying to move out of the oversight framework too quickly and asked why the Trust should not make this an urgent priority. Ms Morgan responded that both the Trust's position NOF4 (the oversight framework) and the improvements needed from the CQCs report were a priority and were high on the Board's agenda in discussions. Moving out of the oversight framework was an urgent priority for the Trust, but this would be done on a sustainable basis, as being moved back into the framework at a future date if changes had not been sustained would be damaging for the Trust and for staff morale.

Mrs Kay Foster said that she had been surprised at the length of time that the patient in the Patient Story had had to wait for her discharge medications to be collected and asked if this could be looked at in more detail to identify where the problem was and it was noted that an action had been agreed for this to be looked at.

Ms Bearfield noted that Mrs Hannah Foster had mentioned work being undertaken on violence and aggression and asked when this would be reported on. Mrs Foster said that there was a risk on the Corporate Risk Register relating to violence and aggression at a score of 15 in recognition of the impact that it can have on staff. Mrs Foster had recently led a meeting with national colleagues to look at what can be done at system and Trust level and there will be an action plan split between what can be done locally, at system level and regionally.

Mr Cox noted that the Winter Plan mentioned the idea of Orthogeriatrician input to help reduce length of stay which would be dependent on a short-term appointment and suggested that this might also help with the increase in waiting time for surgery for hip

	fractures. Professor Harris responded that there was a gap in Orthogeriatrics in North Devon and agreed that it would be very beneficial if one could be appointed. Mrs Penwarden informed the Board that she ran a Memory Café and they had benefited recently from input from the Outreach Vaccination Team at the RDE. The Team had attended the Memory Café to provide vaccinations for patients who would find it difficult to travel, carers and volunteers. In addition, Devon County Council had provided funding for transport to the Memory Café and refreshments.	
177.23	**DATE OF NEXT MEETING**	
	The date of the next meeting was announced as taking place on 29 November 2023.	