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

Wednesday 31 January 2024
Boardroom, Noy Scott House, Royal Devon & Exeter Hospital

MINUTES

PRESENT	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 Higginson	Chief Executive 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
	Professor T McIntyre-Bhatty	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 C Tidman	Deputy Chief Executive Officer
APOLOGIES:	NONE	
IN ATTENDANCE:	Mrs K Allen	Director of Strategy (for items 010.24 & 011.24)
	Ms N Brewer	Programme Manager, Our Future Hospital (for item 018.24)
	Ms G Garnett-Frizelle	PA to the Board & Non-Executive Directors (for minutes)
	Ms Z Hyde	Programme Director, Our Future Hospital (for item 018.24)
	Mrs M Holley	Director of Governance
	Ms P Smith	Interim Chief Nursing Officer, Devon ICS (for item 013.24)

001.24 CHAIR'S OPENING REMARKS

The Chair welcomed the Board, Governors and members of the public to the meeting and welcomed Mr Higginson who had joined the Trust as its new Chief Executive Officer.

The Chair's remarks were noted.

002.24 APOLOGIES

There were no apologies noted.

003.24 DECLARATIONS OF INTEREST

The following declarations were noted.

- Mr Higginson is Chair of the Enfield Primary Care Network

- Mr Kirby is no longer a member of the Integrated Care Board (ICB) Finance and Performance Committee or the System Recovery Board.
- Mr Kirby had been appointed as a Director of the Limited Company that runs Exeter Golf and Country Club; this would be in a shadow capacity from January to April 2024, before formally becoming a Director.
- Ms Morgan had become a member of the Dames Commander Society.

The Board noted the declarations.

004.24 MATTERS TO BE DISCUSSED IN THE CONFIDENTIAL BOARD

Items to be discussed in the confidential Board meeting were noted as a discussion regarding the skill set needed to replace Mr Kirby when he finishes his current term of office and Mrs Burgoyne who would be ending her term of office later in the year. There would also be an update from the Finance and Operational Committee, an update on Cardiology Services and two legal cases.

005.24 MINUTES OF THE MEETING HELD ON 29 NOVEMBER 2023

The minutes of the confidential Board meeting held on 29 November 2023 were presented and approved subject to the following amendment:

- Removal of Mr Kirby from the list of attendees.

006.24 MATTERS ARISING & BOARD ACTIONS SUMMARY CHECK

Mrs Holley presented the updates to the action tracker. The updates were noted and those proposed for closure were agreed.

Action 060.23, “A discussion to take place at a future Board meeting regarding acceptable levels of vacancy and what the expected vacancy rate would be if the expectation was not to be at 100% recruitment”. Mrs Foster advised that vacancy levels would be looked at as part of the operational planning process which would help to provide a clear position on the balance of safety and vacancy rate.

Action 099.23(1), “Following a discussion about length of stay for stroke patients and whether delay in admission to the Acute Stroke Unit impacted length of stay and further impacted where patients were discharged to in the community, the Board was advised that the Acute Peninsula Sustainability review was looking at this and this could be brought to a future meeting.” Mr Tidman advised that a briefing had been circulated to Board members, although he acknowledged that it had been difficult to answer the question as there was not sufficient granularity in the data. The briefing provided assurance regarding the overall position and Mr Tidman suggested that at a future date a deep dive on stroke services should be undertaken. Action grid to be updated to reflect this. **Action.**

Action 166.23(3), “As part of the Board’s Christmas visits, an element to be incorporated to sample how many patients were waiting to be discharged and understand the reasons for the delay.” It was noted that due to time constraints on Board members, it had not been possible to include this element in Christmas visits. Mr Palmer advised that this could be addressed through focus in the Integrated Performance Report on discharge numbers and their contribution to the overall discharge profile ensuring that this was tied back to the original issue that had been identified in the Patient Story presented to the November Board meeting. The Board approved this proposal. **Action?**

Action 185.23(2), “Discussion on community strategy adding value to the whole system, what the strategy would mean in practice, next steps etc to be added to the list of topics for a future Board Development Day.” It was noted that in the discussion relating to the Community Strategy at the Board meeting in November investment in community had been discussed in particular with regard to working with the ICB in this area which had not been captured in the action and Mr Palmer was asked if he received any assurance on this. He responded that this would form part of the focus of the financial and operational planning currently underway and would be picked up in further iterations of the Community Strategy. Mr Tidman also commented that there was a question about its risk appetite to make some targeted investments on the basis that they would help de-escalate acute services and reduce spend and this would also be built into the planning round.

Ms Morgan advised the Board that observers on MS Teams were indicating that the sound quality was particularly poor and reminded Board members to raise their voices.

007.24 CHIEF EXECUTIVE’S REPORT

Mr Higginson thanked the Board for their welcome and advised that during his first week he had already he had already had the opportunity to meet staff and visit services. He had been struck by how friendly and welcoming everyone he had met had been and had seen some amazing examples of care.

Mr Tidman provided the Chief Executive’s report with the following items highlighted:

National

- Thirlwall Inquiry – the Trust had submitted its responses about neonatal services and governance arrangements on 15 January 2024.
- Industrial Action – the British Medical Association (BMA) had announced the results of their ballot of consultants on the government’s pay offer which had been rejected. Further talks are planned to try and resolve the outstanding issues and talks were also ongoing with Junior Doctors. Sodexo employees in North Devon had been balloted on industrial action and the Trust was in discussion with Sodexo what their plans would be to maintain hotel services in North Devon in the event of strike action being taken.
- Operational pressures – nationally the NHS had experienced very high levels of demand, coupled with winter infections and an extended period of industrial action during January 2024. The Trust had managed reasonably well during this period with safety and flow maintained, and as it had managed to maintain progress against trajectories, it may potentially have access to capital funding.
- The national Staff Survey closed on 24 November 2023, and although results were currently embargoed early indications were that the results for the Trust showed encouraging signs of progress in many areas, although the response rate was disappointingly low at 35%.

Regional and Local

- The ICS continued to focus on establishing a firmer financial foundation through strong grip and control and with a medium-term financial strategy based on sustainable clinical services.

- Vacancy controls remained in place across Devon and would continue over coming months, however it was noted that the Trust had the highest ever number of substantive staff.
- NHS England's (NHSE) Chief Delivery Officer had visited the Nightingale Hospital last week and had been impressed with both the facilities and the spirit of innovation and creativity expressed by staff.
- Torbay and South Devon NHS Foundation Trust (TSDFT) had announced EPIC as their preferred supplier for their electronic patient record. The Trust would work closely with them to share its experiences.
- Torridge District Council (TDC) had been invited to be part of the Levelling Up partnership with the government and will receive a share of £400m national funding. TDC has asked the Trust to attend the Torridge Place Board as a health representative; the Board will provide input, support and oversight for the workstreams and project areas that could be supported through grants from the Levelling Up funding.
- The Trust had attended a TDC meeting to provide an update on the Our Future Hospital programme, including current timelines and next steps.
- The Government had announced that Devon and Torbay had been selected to form a Combined County Authority (CCA), which would be a partnership body with councillors representing Torbay and Devon's county councils, district councils as well as representatives from business and education.

Royal Devon

- In line with the Care Quality Commission's commitment to inspect all NHS Maternity services, The CQC had undertaken an inspection of the Trust's Maternity services (eastern and northern) in November 2023 and the final report was awaited.
- The Extraordinary People Awards had been held in November and the Trust was grateful to sponsors and the local community for their support in celebrating staff success.
- Dr Anthony Hemsley had started a six-month secondment to NHS Devon to provide additional Urgent and Emergency Care clinical leadership. Dr Karen Davies would be covering as Medical Director for Eastern services during this period, with Dr Gareth Moncaster and Ms Cheryl Baldwick covering the Medical Director role for Northern services.
- Suzanne Seymour, Neuro-Specialist Physiotherapist, had won the People's Choice award in the Parkinson's UK excellence awards for her work in setting up a group for people recently diagnosed with Parkinson's in North Devon which was aimed at improving fitness levels.
- Dr Joseph Lanario received an award for his outstanding contribution to respiratory research and dedication to patient involvement. The awards were announced by the British Thoracic Society and the National Institute for Health Research.
- From 1 February 2024 patients who have signed up to the MyCare portal will receive an email notification of appointment information through the app rather than by post.

The Board noted the updates and clarification was requested on a number of points:

- What will urgent and emergency care capital funding mean for the Trust? There was an announcement last year that there would be £150m support available for organisations that exceeded 76% on all types and 70% on 4 hour performance. The Trust is currently at around 70% on all types. Confirmation

is needed that money will still be available if the Trust can hit the target by the end of March.

- How many vacancies have been put through under new vacancy controls and what proportion are rejected. Approximately 5-10% of vacancies put through are deferred or rejected. The controls are ensuring that proper evidence-based decisions are being made.
- MyCare Appointment letters. At a visit to Ophthalmology Services recently, staff had voiced concern about the impact on some of their patients from the move to digital appointment emails rather than letters, as treatments can be time critical and there was a concern that patients might miss notifications and thereby miss time critical appointments. The move to digital only notifications was in a transition phase and the MyCare team were working closely with other teams to help them work through these changes. It was noted that if a patient did not read a notification on MyCare a paper copy would be sent. A reminder to staff about the move to digital notifications would be placed on the staff intranet. Action
- Is the Board in the right place to benefit from conversations around the potential change to a new Government after this year's elections and to benefit from the likely changes that this would bring to the NHS. A more in-depth discussion on this should be added to the Board's Development Agenda. **Action.**

The Board of Directors noted the Chief Executive's update.

008.24 PATIENT STORY

Mrs Mills advised that the Patient Story presented was set within the context of the Trust's strategic objective of innovation and excellence in patient care through embracing new technologies and ways of working to deliver the best possible care. It related to a patient's experience of heart failure remote monitoring which had been piloted between July 2023 and January 2024, with the aim of providing remote access to heart failure services to those who may be disadvantaged through rural deprivation, digital exclusion, mental health conditions or disability.

Mr Kirby asked how this could be scaled and what would be the constraints to scaling it. It was noted that barriers would be lack of access to either 4G or Wi-Fi. In addition, in the current constrained financial climate in the NHS it is difficult to scale up these kinds of initiatives; capacity cannot be taken out of the acute because of the scale of demand in the system and both would need to be running to manage the level of demand. It was noted that work could be done to look at and test the evidence base for the success of virtual wards to help build a business case for scaling up and it was suggested that working with the region's Health Technology centres could be explored, as well as asking the Acute Provider Collaborative to look at this area. It was noted that future developments could also involve looking at ways of opening up virtual wards to primary and community care.

The Board of Directors noted the Patient Story.

009.24 INTEGRATED PERFORMANCE REPORT

Mr Tidman presented the Integrated Performance Report for December 2023 highlighting the following points for the Board:

- Finance – good signs of stabilisation apparent following measures implemented.

- Elective recovery – performance had been good and the Trust would have been ahead of trajectories were it not for the episodes of care lost due to industrial action. A 10-week challenge was underway to try and improve the position by the end of the financial year.
- Urgent and emergency care – there had been significant demand in the context of the No Criteria to Reside (NCTR) position worsening, however despite these pressures there had been some improvements and progress had been recognised by the regulators.

The Board discussed the report presented and clarification was requested on the following points:

- Why had the NCTR position deteriorated in Eastern services. There had been a significant increase in NCTR in December, which had reduced slightly during January, although concerns remained about access to onward care, flagged in the Winter Plan and to the ICB and other stakeholders. The Trust had received a further release of funding just before Christmas most of which had been targeted towards P1 to P3 to help manage out the remainder of this financial year on NCTR. There is a shortfall in the Urgent Community Response team which, if addressed, would mitigate this issue allowing the Trust to be more in control of the position and less reliant on agency. This will be addressed in this year's financial and operational planning round.
- What more could the Trust do that was within its control and were there things that it could do to influence those things outside of its control that would help to improve flow. The Trust ensured last year that as providers they had "seats at the table", particularly with the local authority to try and influence budgeting decisions and be more in control of boundaries; this also helped with strategic discussions about what should be invested in to help avoid patients defaulting into long term care. In addition, work was underway on clear plans for the coming year to build on strengths and successes, such as the same day emergency care centre. The Chief Finance Officer had been asked to lead a system workstream on commissioning value for money and overall system spend. A programme of work had been agreed with two workstreams; including a multidisciplinary team and multi-agency review of high cost placements and meeting the needs of individuals in a more cost-effective way through thinking more innovatively and looking at a longer-term strategic view of placement supporting hospital discharge.
- How would grip and control be maintained going forward. It was believed that the system would be likely to remain in NOF4, but the Trust would work to move out of the tiering system as far as possible to be in a better position to help lead the broader system out of recovery. Grip and control would have to be maintained throughout 2024-25, with workforce controls expected to continue although there was a question over how long they would be sustainable.
- There had been a reliance on system savings with a significant full year effect and clarification was asked on how that would be delivered. Savings were being reviewed to ascertain whether they were not deliverable or were they delayed but still deliverable, so that the work would not be lost.
- Performance for six week waits in diagnostics in Eastern services had not significantly changed over the last two years; what plans were in place that could address this? Diagnostics had been prioritised through the Improvement Working Group and trajectories had been redrawn.
- It was noted that Musgrove Park Hospital had undertaken work using a process to look at avoiding admissions for a range of conditions using links with GPs and their own hospital data to identify patients likely to be regular attendees

which they stated had led to significant reductions in ambulance call outs and admissions. Was there learning for the Trust from this? Mr Palmer advised that there could be learning as Musgrove Park had a particular mixed approach to integration which seemed successful. He added South Western Ambulance Service NHS Foundation Trust handling of the stack plugging straight into the Trust's Urgent Care Response process had finally worked over this winter. This had led to almost three times the volume of patients going through that pathway in December 2023 compared to December 2022, which it was expected was the type of thing that Musgrove Park were running.

- A robust evidence-based process was in place for prioritisation/reprioritisation of patients on the waiting list which was closely managed and scrutinised by the Safety and Risk Committee. Whilst there was confidence in how this process was managed, there would be instances of patients who did not report a deterioration or change in their condition and were therefore not picked up through the process.
- Significant work had been undertaken to look at Never Events and an update would be provided at a future Board meeting on what had been done.

The Board of Directors noted the Integrated Performance Report.

010.24 HEALTH INEQUALITIES STRATEGY

Mr Tidman presented the draft Health Inequalities Strategy to the Board, noting that there were significant overlaps with the Community Strategy presented to the Board in November 2023. The ambitions of the strategy were noted as to look at how the organisation could reduce inequalities as a direct provider of services, what the organisation could do as a partner recognising that health inequalities were driven by broader issues than just direct healthcare and to look at the organisation's role as an anchor institution employing 16,000 staff. The Board of Directors were asked to approve the draft Strategy as the direction of travel providing there were no significant concerns, and it would be kept under review going forward.

The Board discussed the draft Strategy with the following points noted:

- Consideration should be given to regular progress reports to the Board, and how to ensure that population health was part of the core business of the Board.
- It was acknowledged that some of the datasets were not complete and the methodology was also still developing.
- EPIC provides the opportunity to look at social determinants of health based on smoking, obesity, alcohol use etc however this is currently only partially populated.
- It is not currently known what level of investment the system would be likely to receive to pump prime change, and the change in national formula could impact funding allocations. A strategic conversation at system level would be needed to ensure that there was a road map for how the ambitions to move into prevention would be managed.
- Consideration would also need to be given to how the Trust would ensure that this was resourced adequately internally.
- Clarification was needed in the Strategy regarding linking with Local Care Partnerships who would be the delivery vehicle.
- Links across this strategy, the clinical strategy and the community strategy for children and young people services need to be made clearer, as this would be an enabling strategy.

- Consideration should be given to identifying an area to address in year one/year 2 that would have the biggest impact.
- Working in partnership with schools would be important in terms of early intervention.
- Governors have a role in feeding in views from local communities on issues that were important to them and could add to the quality of the information available.

The Board of Directors agreed that it supported the direction of travel and acknowledged that there was still work to be done. Work would continue on developing the strategy taking account of the Board's comments and it would be brought back to the Board at their June meeting. **Action.**

011.24 STRATEGIC ROADMAP UPDATE

Mr Tidman presented the Strategic Roadmap Update to the Board and noted that the Board would have the opportunity at a future Board Development session to consider in more detail key enablers to deliver operational plans for next year and build the foundations for the Trust's medium-term ambitions. It was noted that progress would be communicated to staff through stories and meetings, and there would also be updates included in the Annual Report. The key to successfully communicating with both staff and service users regarding the roadmap was to keep messaging simple focussing on three or four key points.

It was noted that two of the due dates had been extended and Mr Tidman was asked whether there were concerns about the impact of these delays. He advised that he did not have concerns about those extensions specifically, but that if there were concerns about any delays these would be escalated.

Mr Tidman was asked whether he was confident that the activities identified in the 12 month look ahead would help the Trust move forward towards its vision. The Board was advised that a meeting was planned for strategy leads to look at their contribution to the operational plan for next year and tie in delivery of strategic objectives to the plan. In addition, reporting of outcomes and how they were moving would be important to provide this assurance and this would be discussed at the Development session. In addition, it was noted that activities could be brought forward if the opportunity arose.

It was noted that the Primary Care Support Unit business case referenced in the 12 month look ahead section referred to a middle step at system level to provide support to save some GP practices. A risk assessment would be needed and some flexible resourcing could potentially be provided.

The Board of Directors noted the update.

012.24 BOARD ASSURANCE FRAMEWORK

Mrs Holley presented the Board Assurance Framework. It was noted that there were two errors in the presentation; firstly, that the likelihood and impact had been presented in the wrong order but assurance was provided that the risks had been assessed using the right dynamic and secondly there were typographical errors.

The Board discussed the BAF and a number of issues were discussed including:

- It was noted that there were a number of risks with high scores forecast for the rest of the year with some of the scores already not having moved for some time, and yet target scores remained at a low score. This raised questions both about whether the target was correct and whether the actions were the right ones. Although the target was the "ideal" and some may have been overly ambitious, the tolerance would be what the Board was prepared to accept, and low tolerances should perhaps be challenged.
- More work needed to be done on forecasting and clarification on some of the gaps.

The Board discussed Risk 7 with a challenge that there was probably a wider strategic digital risk to be raised. It was agreed that the Digital Committee would review the current BAF risk in relation to EPIC benefits with a view to moving it to the Corporate Risk Register and raising a wider strategic risk about the volume of digital work planned, establishing appropriate governance and the resource and capacity to deliver. **Action.**

It was agreed that more work was needed to develop the document to help the Board use it more effectively. Work on this would be undertaken initially by the Audit Committee with an update to the Board in due course. **Action**.

013.24 CLINICAL NEGLIGENCE SCHEME FOR TRUSTS MATERNITY RETURN

Mrs Mills presented the Clinical Negligence Scheme (CNST) for Trust's Maternity Incentive Scheme report which provided a position statement for the Trust's compliance against the 10 key safety actions relating to the standard of services provided by the Trust for women and babies. It was noted that the Interim Chief Nurse for the ICB, Penny Smith, was in attendance to observe and to gain assurance for the ICB.

It was noted that:

- To reflect risks nationally, there is an increased layer of oversight in place delivered through the ICB whose role is to validate the Trust's evidence provided in the CNST return working in partnership with the Local Maternity Neonatal System (LMNS).
- The evidence provided undergoes significant internal review at divisional level as well as at Safety and Risk Committee before validation of the data submission is undertaken by Audit Southwest.
- The Trust was in a position to submit compliance with 8 out of the 10 standards, 7 of which were supported by the Internal Audit Review. The eighth standard was a very complex set of evidence which had been submitted this year for the first time to the national database post the completion of the Internal Audit and had been reviewed by the LMNS with agreement that the Trust had provided enough evidence to demonstrate compliance with that standard.
- With regard to the two standards which were not compliant, standard 1 was non-compliant due to a process issue where all the evidence had not been uploaded in a timely manner, but this had now been addressed for the future. Standard 9 related to Board reporting and there was some complexity around whether that was the formal Trust Board or through a Committee of the Board. The Trust had reported through the Governance Committee and through the Integrated Performance Report, but this would be corrected for next year.

It was noted that the issues identified by the Trust around providing evidence to support statements were common to other Trusts in the region and related to the complexity of requirements rather than issues with safety of care. The prescriptive nature of what should be presented to Boards was also a common theme and this would be discussed both regionally and nationally to agree what good looked like in this context. It was agreed that Mrs Mills would follow up when all submissions were made to establish where the Trust benchmarked against others.

Following a question regarding the governance of data collection within the year, Mrs Mills advised that the burden of data collection during the year was significant but agreed that the governance around this could have been better. It was agreed that the process should be reviewed to ensure that the process was robust going forward. It was noted that there would be a financial impact of not being compliant, although it was noted that the Trust had declared compliance with all the key safety elements in its submission.

On the basis of the assurance provided the Board of Directors agreed the declaration of compliance with 8 out of 10 standards and supported signing of the declaration by the Chief Executive Officer and the Interim Chief Nurse for the ICB.

014.24 DIGITAL COMMITTEE

Mr Neal provided an update from the Digital Committee meeting held on 7 December 2023. Key items discussed were noted as:

- Capital Plan 2024/25 – allocation of funding for the next financial year still to be confirmed but indications were that digital services funding would be similar to that for 2023/24. A divisional level risk assessment for capital funding allocation was being developed.
- A meeting had been requested with TSDFT to discuss what the impact will be for the Trust following the outcome of Torbay's electronic patient record procurement process.
- The Committee had also discussed the need for clarity on what other asks there were coming through the system regarding other shared initiatives in terms of digital capacity.
- Consistent non-compliance with Business Continuity Access (BCA) device checklist submissions was discussed and a risk relating to this would be drafted.

The Board discussed the procurement of Torbay's electronic patient record and it was noted that discussions were taking place with the support of senior ICB colleagues which had indicated that they would be happy to sponsor and broker an agreement regarding EPIC, and there was recognition that the Trust's Board of Directors needed assurance that the right resources would be in place for RDUH to be the host.

The Board of Directors noted the Digital Committee update.

015.24 FINANCE & OPERATIONAL COMMITTEE

Mr Kirby presented the Financial and Operational Committee update from the meeting held on 18 January 2024 with the following issues noted:

- The Committee received the month 9 finance exception report noting the ICS forecast outturn deficit control total of £89.3m and the RDUH control total deteriorating to a £40m deficit.

Mrs Hibbard was asked for clarification of what the risk of further industrial action would mean for the Trust and advised that there had been a release of £800m funding nationally to cover costs of industrial action up to the end of month 6, of which the Trust had received its share. The negotiation on yearend position had been strongly predicated on the fact that there would be no further strike action, however there had already been strike action during January 2024 and it was not yet known how this would be managed nationally.

The Board of Directors noted the Finance and Operational Committee update.

016.24 GOVERNANCE COMMITTEE

Professor Marshall presented the Governance Committee update from the meeting held on 14 December 2023 with the following noted:

- The organisation was facing challenges on medical leadership with some lack of appetite amongst the consultant body to take on leadership roles. The Chief Medical Officer was talking to medics to encourage engagement on these roles and believed there needed to be a reset around what was being asked of clinical leaders and the support that was wrapped around them.
- The Committee had undertaken an effectiveness review and, whilst responses were overall positive, there had been a drop in some scores. It was noted that the Committee had a very significant remit which was not particularly well defined and this would be looked at as part of the wider governance review that was planned.

The Board of Directors noted the Governance Committee update.

017.24 INTEGRATION PROGRAMME BOARD

Mr Matthews presented the Integration Programme Board update from the meetings held on 12 December 2023 and 23 January 2024. There were no particular items to bring to the Board's attention, however the challenge relating to clinical leadership highlighted in the Governance Committee update was also a factor for the integration programme. It was noted that there was still a high level of anxiety amongst staff involved in the Operational Service Integration Group process, but there were measures in place to provide support and feedback on sessions held.

The Board of Directors noted the update.

018.24 OUR FUTURE HOSPITALS PROGRAMME BOARD

Mr Tidman presented the Our Future Hospital Programme Board update with the following points highlighted:

- The Trust had previously been advised that it was in cohort 4 within the New Hospital Programme with the build due to start in 2031 and finish in 2033.
- Despite assurance received with each draft, there is concern about the impact of delays, as there are operational risks with fragility of services and financial risks relating to some short term plans that could be aborted and workforce risk.

- These concerns will be taken into the public domain working closely with regional colleagues to help shape this with the national New Hospital Team.
- A phased option build was being requested, so that the Trust would be ready to go. The Trust would require seed funding to develop the outline business case for this option and the Board was asked to support the proposal to work with regional colleagues to make the case. The seed funding would need to come from the programme, as it would be very difficult for this cost to be absorbed into the Trust's capital programme and continue to maintain estates across Northern and Eastern services and Community sites.
- Plans were progressing to address non-clinical service accommodation onsite, with a decant programme to move some services off site and build a small administration block on site. The longer term for admin accommodation will be included in the Outline Business Case.

It was agreed that it was important to be transparent about the risks of delays to the Board, to staff and also to the local population. It was noted that the risk score in the Board Assurance Framework had been held at 16 for the time being, but this would be reviewed at the next Programme Board meeting. The Board discussed the risks and asked what the plan was to address them to ensure the hospital could continue to operate until the new build completed. Ms Hyde advised that not all had been included on the capital pipeline but business cases were being developed for what would be needed.

It was noted that TSNFT were also in Cohort 4. Although the plan was for them to go earlier than the Trust, they still had to get their business case signed off which would need to be both financially sustainable and clinically aligned. It was agreed that an item should be suggested for the Acute Provider Collaborative Board agenda to discuss the New Hospital Programme. **Action.**

The Board of Directors confirmed their full support for the proposed way forward and agreed that this should be made clear in communications to staff.

019.24 CHARITY COMMITTEE UPDATE

Mr Matthews presented an update to the Board of the Charity Committee meeting held on 11 January 2024, which had been a fundraising focussed meeting. No questions were raised.

The Board of Directors noted the update.

020.24 ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORK

The discussion about the Board Assurance Framework had led to some wider questions about the content of the Framework, which would be looked at by the Audit Committee and reported back to the Board.

021.24 ANY OTHER BUSINESS

Ms Morgan informed the Board that following concerns raised by Governors, Mr Neal as the Senior Independent Director would be undertaking a review of how the Trust updates the Council of Governors on high level complaints, investigations and criminal cases. An initial discussion had taken place and Mr Neal was in the

process of finalising the Terms of Reference for the review. Once completed, Mr Neal would share his report with the Chair.

Questions from Members of the Public

Mr Cox noted that the number of discharges achieved between Christmas and New Year was quite high which was commendable. In addition, Mr Cox asked for a comment on the low uptake by staff of vaccinations and expressed concern that the Governance Committee report noted that progress on some of the Patient Experience Committee workplans had been delayed. Mrs Mills accepted the challenge about vaccination uptake, adding that there had been marginally better uptake of the flu vaccine than Covid. She added that efforts had continued post-Christmas to remind and encourage staff to get their vaccinations, but there was an element of vaccination fatigue in play. Mrs Mills advised that with regard to Patient Experience workplans, there were a couple of areas where deadlines had been extended, but these did not relate to high risk complaints or PALs enquiries. She added that she had no major concerns about the movement of any deadlines, but would review this and provide an update should there be any deadline that had been extended that would be a concern. **Action.**

Mrs Kay Foster suggested that it could be helpful to have information from SeaChange brought to the Board to explain how they were working with the Trust to help prevent people being admitted to hospital. Mr Tidman advised that he could not answer that question directly, as he had a declared interest in that his wife worked with SeaChange. However, he agreed there was a need for the Trust to think about how it partnered with the voluntary sector. **Action.**

Mr Kempton asked what the criteria were used to decide which posts were frozen and would remain frozen. Mrs H Foster responded that the criteria used were agreed with the ICB. Posts that directly related to patient flow and within budget would be approved. Posts that do not meet the criteria may be deferred until further information is received or held for a period of time. It was noted that this is a mandated process from NHSE for providers or systems in difficulties.

Mrs Matthews had submitted the following question: “Falls training – only 79 of the 113 care homes contacted completed the Falls training. Is the Trust or Devon County Council (DCC) still referring/discharging patients to the nursing homes who failed to respond or prepared to participate in the training programme? What assurance do you have that patient’s safety is maintained in these Nursing Homes?” Mr Palmer agreed to provide a written response to Mrs Matthews on this question and to a further two questions submitted by email, the responses of which would be added to the minutes retrospectively. **Please see note added post the meeting at the end of the minutes.**

Ms Bearfield submitted the following question: “In relation to the excellent Community Report and to health inequalities Chris Tidman mentioned the need to consider shifting investment downstream. In this connection, the area that remains in total crisis in North Devon is mental health, in light of DCC’s proposed cuts to services. The meeting with Devon Partnership Trust (DPT) last year centred on South Devon and we have agreed that there is urgent need to focus on the mental health situation in the same way as this report has focused on other more important areas. Is this programmed?” Ms Morgan commented that the Council of Governors had had a session with DPT last year and in a recent catch-up with the Chair of DPT had discussed arranging a further session for Governors at a

Development Day to talk about mental health issues. It was noted that the Trust had regular, close contact with DPT and mental health patients were tracked carefully at bed meetings with escalation protocols in place for both Trusts. In addition, it was noted that work was underway to develop a dementia strategy for Devon.

Mr Richards reiterated concerns raised earlier in the meeting about the poor sound quality for those who had joined the meeting via MS Teams and was advised that the microphones would be looked at to establish if they needed rebalancing. **Action.**

Mr Richards commented that the data for the mortality statistics was six months out of date. Professor Harris advised that the data had to be validated and this was only done every three months as part of the national process.

022.24 DATE OF NEXT MEETING

The date of the next meeting was announced as taking place on Wednesday 28 February 2024 via MS Teams.

Post-Board meeting note added 20 February 2024 re responses to questions submitted by Mrs S Matthews:

1. **Falls training – only 79 of the 113 care homes contacted completed the Falls training. Is the Trust or Devon County Council still referring/discharging patients to the nursing homes who failed to respond or prepared to participate in the training programme? What assurance do you have that patient's safety is maintained in these Nursing Homes?**

   Additional Response: Care homes are all private providers, and they are regulated by the Care Quality Commission not by the Royal Devon University Healthcare NHS Foundation Trust. It is the CQC who will seek and gain assurance of patient safety within those care homes. If as a Trust we had specific concerns regarding a care home then we would follow the normal safeguarding procedures. The falls training offer is the Trust's proactive approach, as a partner, to supporting care home staff with further developing their competence and confidence in falls, in order to reduce the demand to urgent services and the emergency department. It is not mandated training in order for us to utilise their care home beds, and engagement/response from the care homes is entirely voluntary. It is fantastic that 79 care homes have taken us up on this offer and we will be having further conversations with the remaining 24 care homes who were contacted to see whether a different type of support would be more helpful (as some already have inhouse training and would not wish to duplicate).

2. **A study in the North West suggests virtual wards cut length of stay, but readmission rates rise. For a 40-bed virtual ward, study found costs were almost double that of traditional inpatient care. Researchers have found the costs of treating patients in a 40-bed virtual ward were almost double that of traditional inpatient care. The report is challenged by comments. Given the experience described in the patient story, does the Trust have data that challenges these statements? Given the work already undertaken. Is the government's funding rationale influenced by such reports?**

   Response: The Trust's calculation of costs associated with providing virtual ward beds is that virtual ward bed provision costs significantly less than the sums quoted in the article within the HSJ on 25 January 2024, and also less than the cost associated with providing inpatient care. As an increasingly key element of the Trust's Urgent and Emergency Care service, the Trust has expanded its virtual ward provision across both its Northern and Eastern sites across the last six months, and is now able to offer, when required, the equivalent of upwards to 100 beds across its virtual ward. This expansion, and the additional capacity it has

been able to offer at pace, has been a fundamental part of the Trust's ability to respond to urgent care demand through Winter 2023/24, which is upwards to 20% higher than the same period in Winter 2022/23. As capacity and occupancy within the Trust's Virtual Ward has increased, there has been an accompanying reduction in cost. Further analysis of clinical outcomes, including readmission rates, will become both more practical and more meaningful once the ward has been open for a longer period of time. The Trust is not in a position to comment upon factors influencing the government's funding rationale, and would encourage enquiries to be directed to the Department of Health.

3. **I can see no reference to development or reopening of Minor Injury Unit (MIU) services in Bideford or Ilfracombe for 2024/25. Why is this – the current situation cannot be considered sustainable in the long term, given the urgent care requirements in Northern Devon. What is the plan?**
   Response: Contracting for the provision of MIU services in Northern Devon including Ilfracombe and Bideford is coordinated by Devon ICB. Arrangements for MIU provision for 2024/25 are being progressed by the ICB with system partners, including the Trust. A decision is expected imminently and when we are in a position to share this with stakeholders we will do so.