Royal Devon University Healthcare NHS Foundation Trust

THERE WILL BE A PUBLIC MEETING OF THE BOARD OF DIRECTORS OF THE ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

At 09:30 on Wednesday 20 March 2024
Boardroom, Noy Scott House, Royal Devon & Exeter Hospital

AGENDA

As of 15/03/24

Item	Title	Presented by	Item for approval, information, noting, action or discussion	Time Est.
1.	**Chair's Opening Remarks**	Shan Morgan, Chair	Information	09:30 2
2.	**Apologies**	Shan Morgan, Chair	Information	09:32 1
3.	**Declaration of Interests**	Jacky Gott, Assistant Director of Governance	Information	09:33 2
4.	**Matters to be discussed in the confidential Board**	Shan Morgan, Chair	Noting	09:35 2
5.	**Minutes of the Meeting of the Board held 28 February 2024**	Shan Morgan, Chair	Approval (Paper)	09:37 5
6.	**Matters Arising and Board Actions Summary Check**	Jacky Gott, Assistant Director of Governance	Information (Paper/Verbal)	09:42 5
7.	**Chief Executive's Report**	Sam Higginson, Chief Executive Officer	Information (Verbal)	09:47 20
8.	**Patient Story**	Carolyn Mills, Chief Nursing Officer	Information (Paper)	10:07 15
9.	**Outpatient Transformation Update**	Adrian Harris, Chief Medical Officer Stuart Kyle, Clinical Lead for Outpatient Transformation Mike Browning, Programme Director for Outpatient Transformation	Information	10:22 30
	COMFORT BREAK			10:52 10
10.	**Performance**			
10.1	**Integrated Performance Report**	Adrian Harris, Chief Medical Officer	Information (Paper)	11:02 45
11.	**Policy & Strategy**			
11.1	**Cancer Strategy**	John Palmer, Chief Operating Officer	Approval (Paper)	11:17 30
11.2	**Health Inequalities Strategy** –	Chris Tidman, Deputy Chief Executive	Approval (Paper)	11:47 10

11.3	**Devon Joint Forward Plan** –	Chris Tidman, Deputy Chief Executive	Information (Paper)	11:57 10
12.	**Assurance**			
12.1	**Staff Survey Results**	Hannah Foster, Chief People Officer	Information (Paper)	12:07 30
12.2	**Care Quality Commission Maternity Inspection Report** –	Carolyn Mills, Chief Nursing Officer	Information (Paper)	12:37 10
12.3	**Finance & Operational Committee**	Steve Kirby, Non-Executive Director & Committee Chair	Information (Verbal)	12:47 15
12.4	**Integration Programme Board**	Alastair Matthews, Non-Executive Director & Programme Board Chair	Information (Verbal)	13:02 5
13.	**Information**			
13.1	**Items for Escalation to the Board Assurance Framework**	Shan Morgan, Chair	Discussion (Verbal)	13:07 1
14.	**Any Other Business**			13:08
	At the conclusion of the formal part of the agenda, there will be an opportunity for members of the public gallery to ask questions on the meeting's agenda. Where possible, questions should be notified to members of the Corporate Affairs team before the meeting. Every effort will be made to give a full verbal answer to the question but where this cannot be done, the Chair will ask a director to make a written response as soon as possible.			
15.	**Date of Next Meeting:** The next meeting of the Board of Directors will be held at 09:30 on Wednesday 24 April 2024.			
16.	The Chair will propose that, under the provisions of section 1(2) of the Admission to Public Meetings Act 1960, the public and press should be excluded from the meeting on the grounds of the confidential nature of the business to be discussed.			

Meeting close at 13:18

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

Wednesday 28 February 2024 - via MS Teams

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:	Ms G Garnett-Frizelle	PA to the Board & Non-Executive Directors (for minutes)
	Mrs M Holley	Director of Governance

023.24 CHAIR'S OPENING REMARKS

The Chair welcomed the Board, Governors and members of the public to the meeting which was being held via MS Teams.

The Chair's remarks were noted.

024.24 APOLOGIES

There were no apologies noted.

025.24 DECLARATIONS OF INTEREST

The following declarations were noted:

- Mrs Burgoyne no longer volunteered at the Plymouth Mass Vaccination Centre
- Mrs Burgoyne was no longer on the Plymouth Together Fund Committee as this had concluded.

The Board noted the declarations.

026.24 MATTERS TO BE DISCUSSED IN THE CONFIDENTIAL BOARD

Items to be discussed in the confidential Board meeting were noted as updates on the Quarter 3 report from the Peninsula Acute Provider Collaborative (PAPC) and

from the Finance and Operational Committee. It was noted that an update on the PAPC would be included for a future public Board meeting.

027.24 MINUTES OF THE MEETING HELD ON 31 JANUARY 2024

The minutes of the public Board meeting held on 31 January 2024 were presented and approved subject to the following amendment:

Minute number 009.24, Integrated Performance Report, page 6 of 15 final bullet point. It was agreed that the bullet point did not reflect the discussion about the work undertaken at Musgrove Park Hospital as it had not related solely to falls prevention, but was a process that was being used more widely 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. In addition, it was noted that arrangements had been made to meet with the Team at Musgrove Park Hospital to discuss this work in more detail, as well as with the team in North Bristol to discuss work being done there on flow. There were also plans to invite members of the Community Team to talk to the Board at a future meeting on work being undertaken with primary care colleagues in this regard. **Action**.

Minute number 012.24, Board Assurance Framework, page 8 of 15. It was noted that the Board had discussed Risk 7 with challenge that there was probably a wider strategic digital risk to be raised and this should be added to the Action Tracker. Wording for the action to be checked with Mr Neal. **Action.**

028.24 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.

Minute number 198.23, "Following a question raised by a Governor regarding the Federated Data Platform contract awarded to Palantir and whether the Trust would have any local control on how data was shared, it was agreed that the potential risk would be discussed at the Digital Committee". A comprehensive update had been provided regarding this, however Professor Marshall asked whether it was felt that the Board was sufficiently sighted on the risk related to the Federated Data Platform, in particular the balance between local and national ownership and was informed that the Digital Committee had asked for a risk to be raised which it would track. In addition, it was noted that there was overlap with the work being undertaken on the data architecture as part of rolling out the shared Business Intelligence Service across the system and a briefing was due to be presented to the Business Intelligence Steering Group, which would be reported to the Digital Committee and onward to Board. It was further noted that this had also been discussed at the Audit Committee, but given that this was being tracked through the Digital Committee it would not be monitored through Audit going forward to avoid duplication.

Minute number 018.24, "Our Future Hospitals Programme – Suggestion to be made to the PAPC Board to add an item to a future agenda to discuss the New Hospital Programme in the region". There had been discussion regarding bringing a medium-term financial outlook to the next meeting of the APC Board meeting which would cover New Hospital Programme investment, as well as digital investment but there was more work to do to ensure that all investments were aligned.

029.24 CHIEF EXECUTIVE'S REPORT

Mr Higginson informed the Board that during his first month in the Trust he had met with staff and teams on both sites and had been struck by the commitment to patient care evident in everyone he had met and the warm and friendly welcome he had received. He extended thanks to staff who had worked through a number of challenges in recent weeks, including working closely with colleagues across the system to provide support to Plymouth during the recent World War 2 bomb incident, as well as during the most recent period of junior doctor industrial action.

Mr Higginson highlighted a number of points from the Chief Executive's Report circulated to the Board noting that the Trust continued to perform well against targets and remained on track to deliver the revised financial plan. The Trust had received the results of the latest Care Quality Commission (CQC) Maternity Survey, which was on the agenda for discussion and the Trust was working with the CQC to complete the inspection report process. It was hoped this would be available for presentation at the March Board meeting. The Trust had exceeded its target of 100,000 patients signing up to the MyCare platform, an important step on the Trust's journey to transforming care pathways. Finally, the Board noted that a Never Event had been reported over the last few weeks; an investigation was underway with plans in place to address any issues identified, capture learning and share it across the organisation. More detail would be available in the Integrated Performance Report at the March Board meeting.

The Board posed the following questions:

- Had there been anything that had surprised Mr Higginson about the Trust during his first month?
  Mr Higginson said that he had been positively struck by the commitment to delivery of patient care, despite all the challenges faced by the NHS. In addition, he had realised that it was not as easy to travel between sites as it appeared on paper, which would be important to bear in mind in discussions with partners about redesign and development of services in Devon.
- Would the Trust be submitting an expression of interest to be part of the first phase of the programme to implement Martha's Rule?
  Mr Higginson confirmed that NHS England (NHSE) would be writing to Trusts to ask whether they would like to express an interest in being in the first cohort of Trusts to implement Martha's Rule.
- Could the Board have an update on the Social Prescribing pilot currently underway in the Eastern Emergency Department?
  It was agreed that Social Prescribing would be added to the Agenda for a future joint Board and Council of Governors Development Day. **Action.**

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

030.24 PATIENT STORY

Mrs Mills advised that the Patient Story presented was set within the context of the Trust's work with the community and third sector partners developing services for maternity service users, in particular the Maternity and Neonatal Voices Partnership (MNVP).

The Board noted that:

- The story highlighted how the patient's relationship with maternity staff was based on trust and good communication and helped them to feel empowered,

which had wider learning for other services regarding support and provided to and engagement with partners and families of patients.
- The national strategy for midwifery and maternity care was focussed on continuity of care within teams.
- There were home birth teams in both Eastern and Northern services, although precise figures on volume of activity would need to explored outside the meeting. **Action.**
- The story highlighted lack of access to some services at weekends and a perception of competing for resources.
- The story reflected the Trust's values of compassion, integrity and inclusion.

The Board of Directors noted the Patient Story.

031.24 CARE QUALITY COMMISSION MATERNITY SURVEY RESULTS

The Board received the CQC National NHS Maternity Services Survey results for 2023 which looked at the experiences of women and other pregnant people who had a live birth within NHS provider organisations between 1 and 28 February 2023. The paper summarised the results for Eastern and Northern Maternity services during this period which had been discussed in detail by the Patient Experience Committee, together with the action plan that has been developed.

Key positives and areas for development were noted as:
- The Trust's maternity services were rated highly in a number of areas including users being given enough information from a midwife or doctor in their antenatal care, being able to speak to a midwife as much as they wanted after birth, feeling that concerns raised were taken seriously, being offered a choice about where to have their baby and being provided with relevant information during pregnancy about how to feed their baby.
- Areas for improvement included partners being able to stay with the patient as much as the service user wished during their stay in hospital, receiving help and advice from health professionals about their baby's health and progress in the six weeks after birth, being given appropriate information and advice on the benefits of induced labour before being induced, being able to get support and advice on feeding their baby if needed in the evening, at night and on weekends, and receiving help and advice from a midwife or health visitor about feeding their baby in the six weeks after birth.

The Board discussed the survey results and noted that:
- Environment could be a factor in some of the results, although the survey does not provide the granularity to show this. Results are triangulated with other sources of feedback from patient experience, complaints, Maternity Safety Champion walkabouts, Care Opinion feedback and wider engagement with partners, which provides confidence that where there is variation in experience that may be more localised, appropriate action can be taken.
- No new themes were identified, but there were important reflections for the team regarding communication and support for partners.
- The Patient Experience Committee would follow-up on the issue of accessing care after birth related to handover between midwives and health visitors.
- The Patient Experience Committee had received assurance on how well the relationship works between Maternity Voices representatives and midwives with good routes for feedback of issues which are then embedded into plans.

- Whilst the breakdown of respondents reflected the demographics, there was more to do to encourage feedback from groups who do not generally have the same voice. The Maternity Voices Partnership provided the interface with harder to reach groups, although it was agreed that there may be more that the Trust could do and Mrs Mills agreed to speak with the Deputy Director of Nursing for Patient Experience to understand if there was more that could be done regarding equality of access and opportunity. **Action.**

The Board of Directors noted the CQC Maternity Survey presentation.

032.24 INTEGRATED PERFORMANCE REPORT

Mrs Mills presented the Integrated Performance Report for January 2024 highlighting the following points for the Board:

- Ongoing industrial action continued to impact services, but mitigations had been put in place.
- The report highlighted the impact of the first five weeks of the ten-week challenge on elective performance.
- There is focused work to improve diagnostic performance and provide equality of access across the Trust.
- There had been continued strong performance in terms of recruitment and retention and positive staff feedback through the Pulse Survey.
- There had been continued focus on workforce controls, in particular the use of temporary staff/agency staff and delivery of the deficit plan.
- There had been strong performance against the key quality metrics for safety, clinical effectiveness and patient experience.
- Never Event had been reported, which had been different to others reported over the last 12 months and an investigation was underway.

Clarification was sought on a number of areas and it was noted that:

- The Trust was in the top ten Trusts within NHSE in every waiting list domain and overall waiting lists. The Trust was coping with the challenges in Urgent and Emergency Care, and there was still significant interest being expressed on how RDUH could help the wider system. There had been a suggestion that the Trust may wish to look again at intelligent conveyancing and/or boundary change; the Trust would be happy to take the learning from the previous boundary changes and consider a change if conditions around accelerating development of a number of areas, such as the virtual ward scale-up and same day emergency care model, were met.
- No Criteria to Reside remained a priority across the Trust, with particular issues noted in the Eastern service. There was underinvestment in P1 to P3 pathways, with a clear demand and capacity gap and securing discharge to either home with agency support or placement into care homes and other residential settings was very difficult, although there was funding currently available which was helping to improve the position.
- Staff morale and wellbeing remained a priority, given the ongoing challenges with support available. There was a transformation challenge for the Trust going forward on how to redesign the workforce in a way that would allow delivery of services to meet the needs of patients in the future.
- Some of the increased agency usage was planned for the Winter period. It was noted that the Trust was using low-cost agency, for example in Estates, which was comparable with Agenda for Change staff rates of pay.

- There had been a good response rate to the latest People Pulse survey and although results did indicate the pressure staff were under, if compared January 2023 the results did appear to be moving in the right direction on culture and wellbeing.
- A significant level of escalation beds had been accounted for in the Winter Plan and staffing had been rostered to cover them, however there would always be outliers and there were robust processes in place for tracking them and medical leads ensured that these patients were managed appropriately.
- It was noted that the Audit Committee had been advised that an audit of the Medical Examiner function was reporting limited assurance relating to significant backlogs. Professor Harris agreed to follow this up as he was not aware of any backlog in the service. **Action**.
- Although C-section rates were much higher in North than East, the overall picture was very much in line with the general trend nationally for higher rates of both induction of labour and C-sections.
- Low staff vaccination rates for both flu and Covid reflected the wider vaccination fatigue being seen nationally, however no direct correlation could be made between the low uptake and staff absences.
- The GP Streaming Pilot, which was due to end in April 2024, had been very successful in bringing in a new workforce into the ED. The next stage would be to see if the level of support could be increased slightly to help with the numbers of patients that breach the 4 hour waiting times target overnight. Conversations were underway at system level regarding whether the Trust could have access to the recurrent Urgent and Emergency Care funding to make GP Streaming a permanent investment. It was noted that a higher level of primary care demand in ED had been seen over recent months, indicative of the significant pressure primary care is under.
- Turnover and attrition rates would be discussed in more detail at a future Board Development session on workforce.
- The current government challenge was how public services could improve their productivity; a three to five-year funding settlement would provide a productivity opportunity and Trusts would continue to highlight this to NHSE.
  There was an issue to be considered of how financial conversations across all public service partners should be managed to ensure that all were involved in collaborative decision making.
- Investment in community and preventative care arising from discussions at the November Board meeting had already been added to the Board Development programme.
- Processes around vacancy control were robust and there was assurance that there were no increased risks as a consequence of the controls, with safety data monitored on a weekly basis.
- A more programmatic approach to diagnostics is being adopted to drive improvement and get the trajectory from 65% up to 85%.

The Board of Directors noted the Integrated Performance Report.

033.24 GENDER PAY GAP REPORTING

Mrs Foster presented the pay gap reporting for the Trust noting that there was a requirement for organisations with more than 250 employees to publish data on their gender pay gap. Additional reports had also been prepared this year to illustrate pay gap by ethnicity and disability which there was no requirement to

publish. The gender pay gap data was based on a snapshot taken on 31 March 2023 and must be submitted into the national system by 4 April 2024.

Highlights were noted as:

- Pay is dictated to a significant extent by the national Agenda for Change pay scheme meaning the Trust's ability to influence pay is limited.
- The high proportion of female employees in the organisation means that it can be difficult to influence the pay gap. However, some progress had been made in particular in relation to changes made to the Clinical Excellence Award scheme process.
- Consultant pay had been removed from some areas, as they are able to earn Clinical Excellence Awards which are more discretionary in nature.

The Board requested clarification on a number of areas and was advised:

- Work had been undertaken to try and address gender inequalities in accessing consultant posts, which included improving the diversity of interview panels, conversations with the Royal Colleges regarding specialty areas that are more traditionally male-dominated, on ways of providing routes to training for a more diverse group. However, it was noted that there was a practical issue around catering for consultants who were less than full-time in particular regarding the cost of training and this was part of a wider national conversation.
- There were two types of Clinical Excellence Awards. Locally distributed awards had been awarded equitably across all consultant groups over the last four years. This was not the case for national awards which were not quite proportional in terms of awards to males and females. The Trust supported all consultant colleagues to apply for national awards and was able to provide comments on the validity of applications, but applications were judged on merit by the national body. It was noted that the Trust makes clear that individuals are eligible to apply for awards and encourages and supports any that apply. It was agreed that more actively promoting the national awards could be explored, although it was acknowledged that there were further considerations required as to how to support the release of staff to undertake national commitments or roles as a result of national awards, balanced against operational service needs. **Action.**
- Ethnicity and Disability Pay Gap reports. Although the Ethnicity Pay Gap data shows a better position than may be indicated by national data, this is partial data due to some staff not disclosing ethnicity and there is more work needed to encourage staff to disclose this data and provide assurance that it was needed to help improve the position for staff. This data would be triangulated with other feedback, for example from the staff survey results, to provide a better picture. There were similar issues for the Disability Pay Gap data.
- With regard to the potential link between pay gap and career progression, particularly at Band 6 and Band 2, a number of plans had been put in place to help address this including the inclusive leadership programme. It was noted that it would be important to promote positive staff stories to encourage others, for example staff who had benefited from the NHS Mary Seacole award.

The Board noted the Gender Pay Gap report and approved its submission and publication.

034.24 AUDIT COMMITTEE UPDATE

Mr Matthews provided a verbal update from the Audit Committee meeting held on 26 February 2024. The Board noted the following:

- The Committee received an update from the Chief Nursing Officer on the actions from the CQC Children and Young People's Services Review which had received a limited assurance opinion and was assured that there were processes in place to address the matters that had arisen from the audit. A further update was requested for the July Audit Committee meeting.
- The Committee reviewed the timetable for production of the Annual Report and Accounts and agreed that, if necessary, an additional Audit Committee meeting could be convened depending on the completeness of the Audit to be presented at the planned meeting on 3 June 2024.
- The audit on Risk Management had commenced in February and was progressing well, with the final report due to be presented to the May meeting. This audit was key to support the Head of Internal Audit Opinion.
- The Committee discussed shared services models and a role for Audit South West, on behalf of system organisations, to test the process and assurance frameworks.
- The Counter Fraud report was received and it was noted that Audit South West had received a national award for establishing an NHS Counter Fraud Champions Network. A Fraud Awareness survey was underway across the Trust to help the Counter Fraud Team understand levels of awareness amongst staff. The Counter Fraud workplan for 2024/25 was considered and approved subject to some revision to ensure risks were appropriately addressed.
- The Committee received an update on completion of audit work in year and received 11 final reports. Of these, two had limited assurance and responsible Executives would be invited to attend the next meeting to provide an update on progress on implementation of actions.
- The Committee reviewed the draft audit plan for 2024/24. The original plan was over 1000 days and was above the NHS average in terms of costs and, following discussion between the Executives and Audit South West, it was agreed that the plan would be reviewed by the Executive Team and other groups with a view to streamline and reduce the cost implications.
- The Committee received an update from the External Auditors on progress of preparations for their end of year audit and technical matters. Three areas of higher risk were highlighted – expenditure recognition to achieve a financial control total; opening balances brought forward correctly into the new Ledger from the two legacy systems; and management's ability to override financial controls. The Committee discussed the Value for Money opinion work undertaken by the External Auditors who confirmed that the systems, processes and controls were in place to secure value for money.

Ms Morgan asked if the plan for Internal Audit could be shared with the Board and it was agreed that it would be circulated outside the meeting **Action.**

The Board of Directors noted the verbal update.

035.24 DIGITAL COMMITTEE UPDATE

Mr Neal presented an update from the Digital Committee meeting held on 1 February 2024 highlighting:

- The revised Terms of Reference had been reviewed alongside those for the newly formed Digital Operational Forum. The Digital Committee would provide oversight and assurance on digital strategic alignment and that appropriate

controls were in place in relation to the digital agenda and associated governance arrangements. The Committee recommended the Terms of Reference to the Board for approval.

- It was noted that the Trust had achieved "standards met" on the Data Security and Protection Toolkit standards, however significant work would be needed to maintain this in June 2024 with initial reviews showing that the Trust was likely to be "approaching standards" with an improvement plan.
- Roll-out of multi factor authentication (MFA) which is a requirement for the NHS had continued with adoption rates increased to 30%. Users who do not have a mobile phone or refuse to use their own personal mobiles will contain to have MFA disabled at present to ensure access is maintained and this issue will be addressed toward the end of the project.

The Board of Directors noted the update and approved the revised Terms of Reference.

036.24 FINANCE & OPERATIONAL COMMITTEE UPDATE

Mr Kirby presented the update from the Finance and Operational Committee meeting held on 20 February 2024 highlighting the following points:

- The yearend deficit is likely to move due to non-recurrent allocations to support provider deficits. It was noted that negotiations for this support funding were ongoing and would not be reported until Month 11.
- A number of risks to the yearend position were discussed in detail. Further industrial action was expected however it was not clear whether providers would receive any form of financial concession for this. In addition, there was a risk relating to ERF; the Trust had been capitalising on data capture to ensure maximisation of payment for additional ERF work in common with other Trusts nationally with the result that there had been a significant spike in ERF national spend. There was also an issue identified on how the last two months of the financial year would be dealt with in terms of yearend and any roll forward into the next financial year.
- Planning for 2024/25 planning was progressing, although guidelines had still not been received. The focus for next year would be on productivity.
- Work on the Improvement Plan programme was continuing. As part of this, the Committee had noted that there was a need for refocusing and reprioritisation for diagnostics.
- A significant amount of capital remained to be spent before the yearend and the Committee was assured that there were plans in place to achieve this due to the number of open orders that could be evidenced.
- The Committee discussed the organisation's response to the financial recovery process and there was acknowledgement of the Executive Teams' leadership of the work programmes and thanks to staff for listening and understanding the scale of the financial challenge.
- The Committee reviewed the revised Treasury Management Policy and recommended it for approval by the Board of Directors.

The Board discussed the report and the following points were raised for clarification:

- ERF – there was a commitment nationally for organisations to recoup ERF for activity that could be evidenced had been delivered above 2019/20. The challenge was understanding national calculations and ensuring that evidence could be provided for everything that was being delivered. The Trust was

confident that it had a good understanding of the methodology and would get the funding due, but the danger was the time period that would be used to set the forecast and how the Trust negotiates with NHSE that it should have a higher forecast in yearend.
- The system plan shortfall for 2024/25 would be addressed in detail at the Board Development Day scheduled for 7 March 2024.

The Board of Directors confirmed approval of the Treasury Management Policy and noted the Finance and Operational Committee update.

037.24 GOVERNANCE COMMITTEE UPDATE

Professor Marshall presented the Governance Committee update from the meeting held on 8 February 2024 with the following points noted:
- The Committee had received notification of a Never Event declared in Orthopaedics at the RD&E with an investigation underway.
- The Annual Whistleblowing Report was received. It was noted that all four cases in the report had been anonymously reported and the implications of this were discussed. The Committee had discussed the national recommendation for a standalone Freedom to Speak Up (FTSU) Policy, but noted that Internal Audit had assessed the Trust's existing Whistleblowing/Raising Concerns policy as in line with the national FTSU policy as principles had been adopted into this existing policy.
- The Chief People Officer had provided an update on Project Simplify which was a programme of work to simplify People processes and policies to make them more accessible and user friendly for staff.
- The Chief Nursing Officer provided an update from the Safeguarding Committee noting that a continued increase in safeguarding activity was impacting the team but this was being managed.

The Board of Directors noted the Governance Committee update.

038.24 INTEGRATION PROGRAMME BOARD UPDATE

Mr Matthews provided the following update from the Integration Programme Board meeting held on 20 February 2024.
- The Operational Services Integration Group (OSIG) consultation closed after 60 days with the agreement of Staffside.
- Outputs from this, together with a view on Phase 2 of the programme would be presented to the March Board meeting.

Mr Kirby asked how the Corporate Services Delivery Group was taking account of the work on shared services being undertaken by the ICB and was informed that it had been suggested that shared services work should come through the Corporate Services Delivery Group to be fed into the Integration Programme Board.

The Board of Directors noted the Integration Programme Board update.

039.24 OUR FUTURE HOSPITALS PROGRAMME BOARD UPDATE

Mr Kirby reported the following highlights relating to the current position of the Our Future Hospitals (OFH) programme:

- Work had started on the new permanent onsite office accommodation block to provide decant space for teams currently in Chichester and Munro House with a planned completion date of September 2024.
- The process to select the design and build contractor for phase 1 (residences rebuild) had been completed and the design of the new accommodation will be developed over the next few months with the aim of reaching RIBA stage 4 design to allow cost certainty for the build phase.
- As the delay to the programme progresses the risk in the North increases quite markedly, both in terms of backlog maintenance and appropriateness of facilities. It was noted that the Board would discuss the way in which capital is allocated in the confidential Board meeting.

Mr Tidman commented that OFH capital was very restricted nationally and North Devon had an acute risk over and above this in that the longer the delay, the more challenged the Trust would become regarding its critical backlog maintenance. A meeting with the regional/national team took place recently where this had been discussed and work was underway to set out a clear explanation of the backlog maintenance risks and what a phased programme could mitigate, but being clear on potential consequences. Mrs Hibbard advised that a paper was planned for the next meeting of the Finance and Operational Committee detailing this risk and a briefing would be provided to the March Board of Directors meeting. Mr Higginson commented that he had suggested that the PAPC should discuss the New Hospital Programme to ensure there was coordination on what was hoped to be achieved across the various programmes across Devon to get the best outcomes.

The Board of Directors noted the OFH Programme Board update.

040.24 ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORK

No new risks or amendments to existing risks had been noted.

041.24 ANY OTHER BUSINESS

Ms Morgan invited questions from Governors and members of the public observing the meeting.

Questions from Members of the Public

Mr Cox noted an error on the minutes of the January Board meeting, page 14 of 15, post-Board meeting note first response to be amended to read “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 ~~contracted~~ contacted”. **Action.**

Mr Cox said that it had been reported recently in the national news that many Foundation Trusts did not count so-called “hidden” waiting times, i.e. follow-up types of treatment that were not included under normal waiting time data and asked what the Trust’s position was regarding capturing all follow-up treatments. He also asked for clarification of what was meant by “104 week wait pop-ups” referred to in the IPR. Mr Palmer responded that the Trust had no “hidden” waiting times and that the entirety of the waiting list was reviewed at a weekly meeting with the national team. He added that an advantage of EPIC was that all lists had transitioned through the system over the last few years with considerable checks taking place and he was assured that there was transparency regarding the waiting

lists and that there was appropriate reporting. The two 104 week wait pop-ups related to one patient who was a paper transfer between an old and a new system and a second patient who had a treatment arranged but did not attend which were added at the end of the month. Both were declared and have since been treated, taking the figure back to zero 104 week waits.

Mr Richards asked the following questions:

1. What would be Mr Higginson's key priorities for his first 100 days in post?
   Answer: It was agreed that this could be discussed at the Council of Governors meeting scheduled on 6 March 2024. Mr Higginson commented that two areas of focus for him were grip and control and being dealers in hope both in terms of the short-term agenda and how the longer-term strategic agenda is set.

2. Could there be a role for Governors to assist with the visits to schools to talk about careers in the health service/apprentices?
   Answer: Although the Trust does not have a great deal of capacity for this work, it is working with colleges to access schools and has had a presence at large events locally such as Exeter and the Devon County Show, and Careers South West were invited to attend Trust career events. It was agreed that it would be helpful to provide a core briefing for Governors to use with members of their communities and which should signpost where further information could be obtained.

3. Whilst the Patient Story had been very interesting, there was significant evidence that people learn more from mistakes and suggested that more stories addressing where things had not gone well would be useful.
   Answer: There had been a number of patient stories presented over the last year or two that highlighted unsatisfactory experiences and what had been done to learn from them and the Patient Experience Team would continue to seek to present a broad range of stories and experiences.

4. Noting Mr Kirby's comments regarding possible underuse of physical resources at weekends and asked whether this could be looked at.
   Answer: A great deal of weekend work is already undertaken although only certain types of work could be undertaken outside of core hours. An additional challenge was posed by many partner organisations not being available at weekends, which impacted areas such as discharges at weekends. Weekend working does have cost implications for all staff in terms of pay rates, but there has been progress to socialise six-day working with two sessions being held on Saturdays and into the evenings.

5. Given that improvements would come from process change would it be sensible for the Trust to have a process change committee?
   Answer: Mr Higginson advised that this was covered in the Trust's Delivering Best Value programme.

Mrs Kay Foster commented that the inclusion of the written Chief Executives Report in the meeting pack was very helpful and suggested that this could be published on the Members page on the public website for information. **Action.**

Mrs Matthews commented that issues in North Devon with access to GP appointments was undoubtedly contributing to pressure on the Emergency

Department (ED). She noted that social prescriber support was being attached to the ED and asked what support Devon Partnership NHS Trust (DPT) had provided to the ED and the Community and whether any further response had been received from DPT to questions raised previously regarding these issues. Mr Palmer agreed that primary care presentations were undoubtedly an issue for both sites and the Trust would continue to escalate to the ICB and include it as part of the Winter debrief, in particular for consideration of locally enhanced service agreements with the GP body over the course of next Winter. In terms of mental health, this was a complex issue. The Trust's day-to-day relationship with DPT was excellent, although it was acknowledged that there was insufficient community service infrastructure and bedded capacity particularly for older people's mental health services, and this was something to be explored at system level. Ms Morgan added that she had a monthly meeting with the Chair of DPT.

A number of Governors commented that the quality of the audio on MS Teams for the meeting was much improved on the previous month.

042.24 DATE OF NEXT MEETING

The date of the next meeting was announced as taking place on Wednesday 20 March 2024 via MS Teams.

PUBLIC MEETING OF THE BOARD OF DIRECTORS
28 February 2024
ACTIONS SUMMARY

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

PUBLIC AGENDA					
Minute No.	**Month raised**	**Description**	**By**	**Target date**	**Remarks**
077.23(1)	May 2023	~~Data regarding ED attendances in other coastal areas to be reviewed, to see if similar increases in attendances had been seen and if there was any learning for the Trust from their experiences.~~ Updated action added following Board meeting in September 2023 to give thought to the national allocation formula given the increase in demand for Northern Services noted in the briefing paper circulated.	~~JP~~ Execs	~~September 2023~~ ~~November 2023~~ ~~January 2024~~ March 2024	**Update 20.07.23** – Initial analysis indicates comparable patterns of growth in type 1 ED attendances in other coastal healthcare systems, at levels in excess of type 1 growth observed nationally. Opportunities for learning from other systems being explored. **Action complete.** **Update 26.07.23 –** Following a further update at the July Board from Mr Palmer, it was agreed that the information with a breakdown of ED attendances and any coastal implications should be circulated to the Board and the ICS for information. **Action ongoing** **Update 21.09.23** – Updated briefing paper incorporating ED attendance trend data to August 2023 circulated. **Action complete.** **Update 27.09.23** – Following discussion at September Board, it was agreed that Mr Palmer would provide wording for an additional action to be added following feedback from Board members that thought would need to be given to formula given the increase in demand for Northern Services in particular noted in the briefing paper circulated. **Action ongoing.**

					Update 25.10.23 – Executive consideration in train about next available opportunity to submit representation for recognition of increased demand within the national allocation formula. **Action ongoing.** **Update 31.01.24** – Update to be presented to the March Board. **Action ongoing.**
099.23(1)	June 2023	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.	CT	~~September 2023~~ ~~October 2023~~ ~~November 2023~~ ~~January 2024~~ April 2024	**Update 19.07.23** – Briefing note to be distributed by September 2023. **Action ongoing.** **Update 21.09.23** – The Acute Provider Collaborative has identified stroke as a fragile service & data/KPIs are being collected on all peninsula services. A briefing on stroke will be contained within this in due course. A briefing note on RDUH's N & E stroke performance is being prepared for the Board. **Action ongoing.** **Update 26.10.23** – Delayed due to operational pressures on stroke team. Briefing note to be circulated before the end of December 2023. **Action ongoing.** **Update 28.12.23** – Katherine Allen asked to provide an update, response awaited. **Action ongoing.** **Update 22.01.24** – Briefing circulated to Board members. **Action complete.** **Update 31.01.24** – Deep dive into stroke services to be planned for a future Board meeting. **Action ongoing.**
173.23(1)	October 2023	A tabletop exercise to be planned to look at the flags from the Letby case and explore how the Trust would have responded to similar flags to test processes.	MH	~~January 2024~~ April 2024	**Update 24.01.24** – Due to competing demands on the Corporate Governance Team, including the submission for the Thirlwall Inquiry in early January, an extension is requested until April to undertake a table top exercise. **Action ongoing.**

188.23	November 2023	Support for social prescribers in community to be added to the follow-up discussion on community services planned for a future Board Development Day	JP	July 2024	**Update 25.01.24** – Scheduled for update July 2024. **Action ongoing.**
193.23	November 2023	Following discussion of Phase 1 of the Operational Services Integration Group process currently underway, it was agreed that an update to the Board on outcomes should be scheduled for the early Spring of 2024, potentially the February Board meeting.	JP	March 2024	**Update 25.01.23** – Proposed that update be brought forward to March 2024 meeting. **Action ongoing.** **Update 14.03.24** – Paper detailing outcomes from formal consultation & progress of operational service integration programme scheduled for formal discussion at Integration Programme Board on 19 March 2024, & also included on the Confidential Board Agenda for discussion. **Proposal to close.**
198.23	November 2023	Following a question raised by a Governor regarding the Federated Data Platform contract awarded to Palantir and whether the Trust would have any local control on how data was shared, it was agreed that the potential risk would be discussed at the Digital Committee	Aha/TN	May 2024	**Update 24.01.23 –** A paper on the Federated Data Platform is on the agenda for consideration at the next meeting of the Digital Committee scheduled for 01.02.24. **Action complete.** **Further update 01.02.24** – TN advised that there is no local control of the data loaded onto the Federated Data Platform, as this is a national system. We are aware that at a national level some legal questions are being raised, & will await the outcomes of those challenges & further NHSE guidance. The Digital Committee will continue to monitor both any risk & the implementation of the solution. **Action ongoing.**
006.24	January 2024	Update to previous 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 agreed that this could be addressed through focus in the IPR on discharge numbers and their contribution to the overall discharge profile, tying this back to the original issue that had been identified in the Patient Story at the November Board.	JP	March 2024	**Update 14.03.24** – Metrics incorporated within the IPR expanded in February 2024 report to include Times to Transfer for Discharge Pathways 1, 2 and 3. As well as being routinely incorporate within the fabric of the report going forwards, these will also be incorporated into the site specific

					operational performance dashboards. **Proposal to close.**
010.24	January 2024	Health Inequalities Strategy – work to continue on developing the Strategy taking account of Board comments, with a revised draft to be presented to the June Board.	CT	June 2024	**Update due June 2024.**
012.24(1)	January 2024	Board Assurance Framework – Following discussion it was agreed that work was needed to develop the framework to help the Board use it more effectively. This would initially be undertaken through the Audit Committee with an update to the Board in due course.	AM/MH	April 2024	**Update due April 2024.**
012.24(2)	January 2024	Board Assurance Framework – Action added following review of January Board minutes. The Board had discussed Risk 7 at the January meeting with challenge that there was probably a wider strategic digital risk to be raised.	TN/AHA	May 2024	**Update 29.02.24** – current BAF risk to be reviewed by Digital Committee in relation to EPIC benefits with a view to moving to the Corporate Risk Register & raising a wider strategic risk about the volume of digital work planned, establishing appropriate governance & capacity to deliver. Next update May Board. **Action ongoing.**
013.24(1)	January 2024	CNST Submission – Mrs Mills to follow-up, once all submissions had been made, to establish where the Trust benchmarked against other organisations.	CM	April 2024	**Update 21.02.24 –** CM is currently liaising with the Maternity Governance Lead to obtain, if possible, other national data sources to understand where the Trust's compliance benchmarks against other NHS organisations. **Action ongoing.** **Update 13.03.24** – The Chief Nursing Officer has received a response from the Regional Chief Midwife confirming that NHSR publish the national CNST MIS results from each Trust. Data for the year 5 CNST MIS has yet to be released, & is expected later in the year (date currently unknown). The Chief Nursing Officer will circulate this data to the Board once received. **Proposal to close.**

018.24	January 2024	Our Future Hospitals Programme – Suggestion to be made to the Acute Provider Collaborative Board to add an item to a future agenda to discuss the New Hospital Programme in the region.	CT	~~February 2024~~ March 2024	**Update 28.02.24** - There had been discussion regarding bringing a medium-term financial outlook to the next meeting of the APC Board meeting which would cover New Hospital Programme investment, as well as digital investment but there was more work to do to ensure that all investments were aligned. **Action ongoing.**
021.24(3)	January 2024	Questions from the public – Following a question raised by Mrs K Foster regarding whether it might be helpful to have information about the work undertaken by SeaChange with the Trust to help prevent people being admitted to hospital, it was agreed that thought should be given to how the Trust partnered with the voluntary sector.	CT	March 2024	**Verbal update to be provided.**
021.24(4)	January 2024	Questions from the public – following concerns raised by observers on MS Teams regarding the poor sound quality, it was agreed that the sound system in the Boardroom, Noy Scott House should be reviewed, in particular microphones, to establish if rebalancing needed to be undertaken.	Aha/MH	March 2024	**Update 28.02.24:** MH contacted Estates to see if there is anything further, in addition to the rebalancing of the microphones that can be done. **Action ongoing.** **Update 08.03.24** – Aha advised that what can be done has been done, an upgrade or additional microphones will incur a cost pressure. Options are being explored as to how this could be funded. **Action ongoing.**
027.24(1)	February 2024	Minutes of the meeting held on 31 January 2024 Amendment to minute number 009.24, Integrated Performance Report, page 6 of 15 final bullet point.	GGF	March 2024	**Update 29.02.24** – Amendment made. **Action complete.**
027.24(2)	February 2024	Minutes of the meeting held on 31 January 2024 Action to be added to minute number 012.24, Board Assurance Framework, page 8 of 15 regarding review of current digital BAF risk.	TN/AHA	March 2024	**Update 29.02.24** – Action added to the tracker in relation to digital BAF risk. **Action complete.**
029.24	February 2024	Chief Executive's Report – Social Prescribing Pilot in ED An item to be added to the agenda for a future joint Board/Council of Governors Development Day to look at social prescribing and the pilot underway in the ED and possibly to cover more broadly to include work with homeless GP practices/health inequalities and vulnerable groups work	MH	March 2024	**Update 08.03.24** - Added to the list of topics for future Joint Board and COG meetings. **Action complete.**

030.24	February 2024	Patient Story Mrs Mills agreed to look at volume of activity for the Home Birth Teams in Eastern and Northern services and provide the detail to the Board.	CM	April 2024	**Update 13.03.24** – Data for the last six months shows a home birth rate of 0.66% for Northern & 2.9% for Eastern against a local target of 1.5%. **Action complete and proposal to close.**
031.24	February 2024	Care Quality Commission Maternity Survey Results Mrs Mills to talk to Andrea Bell to understand if there was more that could be done regarding equality of access and opportunity, with reference to underrepresented groups (in terms of responses to the survey).	CM	April 2024	**Update 13.03.24** – Discussions are underway regarding any other internal actions that may be taken by the Trust to further support access & opportunities to respond to future Maternity surveys. **Action ongoing.**
032.24	February 2024	Integrated Performance Report – HSMR/Medical Examiner Role The Audit Committee had been advised that an audit of the Medical Examiner function would be reporting limited assurance due to a significant backlog in cases. Professor Harris to look into this outside the meeting.	AHA	April 2024	
033.24	February 2024	Gender Pay Gap Reporting – National Clinical Excellence Award Consideration to be given to more actively promoting applications for national Clinical Excellence Awards & highlighting what good looks like.	AHA	April 2024	
034.24	February 2024	Audit Committee Update It was agreed that the plan for Internal Audit 2024/25 would be circulated to the Board for information.	AM/AHi	April 2024	**Update 14.03.24** – AM advised that the Audit Committee are awaiting an updated plan from Audit South West. Once received this will be circulated to Board members for information. **Action ongoing.**
041.24(1)	February 2024	Any Other Business Amendment to post-Board meeting note on January public minutes, page 14 of 15, first response to be amended to read "It is fantastic that 79 care homes have taken us op on this offer and we will be having further conversations with the remaining 24 care homes who were ~~contracted~~ contacted".	GGF	March 2024	**Update 29.02.24** – Requested amendment made. **Action complete.**
041.24(2)	February 2024	Any Other Business – Questions from Members of the Public Written Chief Executives Report to be uploaded to Members page on the website on the day of the Board meeting for information.	GGF	March 2024	**Update 12.03.24** – Request forward to Head of Comms to upload CEO's Board report to Members page on public website on the day of each Board meeting. **Action complete.**

Signed:

Shan Morgan
Chair

Royal Devon University Healthcare NHS Foundation Trust

CEO Board report

March 2024

National

- **NHS England:**
  - **NHSE responded positively to the latest budget**, which included £2.45bn of additional funding for next year to help the NHS nationally make continued progress on our key priorities for patients, including adopting the latest technologies which are already having an impact on the way we deliver services.
  - **Rollout of AI technology:** NHSE have announced that following a pilot in Essex, they are rolling out artificial intelligence to more trusts to reduce the number of missed appointments and free up staff time. We are already exploring the use of artificial intelligence in a number of specialties, including dermatology and ophthalmology.
  - **Impact of junior doctor industrial action:** NHSE published data following the industrial action in February which showed that almost 1.5m acute inpatient and outpatient appointments have been rescheduled since the strikes began. As a trust, we are reviewing the impact locally on patient care. We respect the right of colleagues to take industrial action, recognise the support that has gone in from those providing cover and hope a mutually agreed solution is found soon.

- **March challenge:** Nationally, trusts have been asked to focus their efforts throughout March on improving our performance against the four-hour flow target in order to hit 76% of patients being seen within four hours. Royal Devon colleagues are doing really well – we have a number of new initiatives in place, we are seeing clinically-led conversations happening, and we have improved the experience for hundreds of patients. Last week, we were in the top 10 of most improved trusts nationally, a remarkable achievement.

- **Maternity:** The Care Quality Commission published a report on Friday 15 March following a short-notice inspection of maternity services at both North Devon District (NDDH) and Royal Devon & Exeter (RD&E) hospitals which took place in November 2023. Both maternity services have been rated as 'Requires Improvement'.

  This inspection was part of the CQC's national maternity inspection programme and reviewed two aspects of the service: safe and well-led. This new inspection does not alter the existing overall CQC rating for the Royal Devon which remains at 'Requires Improvement'.

  This is of course a disappointing outcome, but the reports provide a constructive and comprehensive sense of the areas we must target for improvement to ensure we meet the needs of women and birthing people and their babies in North and East Devon.

We are viewing the reports alongside the positive feedback we received in the CQC's recent maternity patient survey. Our patients reported that our services offer compassionate, professional and personalised care.

- **NHS Staff Survey:** Colleagues at the Royal Devon rated the Trust as above average when compared to similar trusts in the 2023 national staff survey. The Trust scored above average in a number of areas, including being happy with the standard of care of a friend or relative needed treatment, colleagues being respectful and being recognised for good work. Thanks to everyone who shared their feedback – it's such an important measure of how we are doing and allows us to celebrate the positive as well as address the areas of learning as we strive to make sure the Royal Devon is a great place to work.

Locally in Devon

- **Financial recovery:** There has been continued focus across the ICS on financial recovery throughout 2023/24 and extraordinary efforts across the Trust to achieve our revised plan. As we reach the end of the financial year we are in a good position and as we look ahead to next year we will continue to focus on reaching a sustainable position. Planning for next year is changeable but what know the challenge will continue across the country and it will remain a focus for the Devon system. There has been excellent work from colleagues and clinicians across the Trust to ensure we are achieving best value for our patients in everything we do, and this team approach has had a huge impact.

Royal Devon

- **Healthcare sciences week:** The Trust celebrated national Healthcare Sciences Week from 11-15 March, which is dedicated to raising awareness of healthcare sciences and the variety of professions available at the Royal Devon - from cardiology to genetics, diabetes to paediatrics, healthcare science has a diverse workforce and variety of professions which brings together over 50 scientific specialisms and professional groups. I spent time with the medical physics team as they took their turn manning the stall in the entrance of RD&E last week – it was great to meet them and showcase these unsung heroes and the crucial role they play in the patient journey, from diagnosis to treatment and monitoring.

- **The Our Future Hospital programme is underway** at North Devon District Hospital as building works have started on a new admin facility. This is an important first step in the redevelopment, as it will allow the building of much needed modern staff residential accommodation elsewhere on site, supporting our recruitment plans for key clinical staff roles. The move will also create the space for new clinical buildings later on in the programme. This is really exciting and I look forward to engaging with colleagues, patients and partners as the programme progresses, ensuring we future proof our service for generations to come.

- **To celebrate International Women's Day** on 8 March, we featured colleagues from across the Trust on our social media channels. They shared their thoughts on what the day means to them, any workplace challenges they've overcome and messages for women just starting in the careers. Thanks to the inspiring colleagues who took part.

- **Court case:** A former Trust doctor, Alexander Knight, appeared in court on Friday 8 March and was sentenced to 20 months for charges related to child sexual abuse images. We are shocked and saddened by the nature of these crimes and our thoughts are with those affected.

  Of the crimes Alexander Knight was charged with, there is no suggestion any were committed on Trust premises or involved any of the Trust's patients.

  Alexander Knight was excluded as soon as he was arrested and never returned to work at the Trust. We followed the appropriate processes and we continue to work closely with Devon & Cornwall Police and the GMC. In line with our commitment to a just and learning culture, we have also commissioned an external review to consider whether there is anything we can learn from this.

  We have set up a helpline for anybody who would like to share concerns on 01271 322334. The helpline is open Monday to Friday 9.30 – 4pm.

ENDS

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	8, Public Board Meeting	Date: 20 March 2024
Title:	Patient story: Partnership working with Seachange	
Prepared by:	Bethany Hoile, Comms & Engagement Coordinator	
Presented by:	Carolyn Mills, Chief Nursing Officer	
Responsible Executive:	Carolyn Mills, Chief Nursing Officer	
Summary:	The Royal Devon University Healthcare NHS Foundation Trust's 2022-27 Trust strategy and 2022-25 Patient Experience strategy articulate the Trust's ambition to collaborate and work in partnership with patients, carers, stakeholders and the local community to develop accessible, high-quality and patient-centric services and facilities. Royal Devon community services recognise the work the community and voluntary sectors offer to our patients, focusing on prevention and ways to support more people to remain well, living at home. The Trust works in collaboration with community groups, the voluntary care sector, social prescribers and health coaches to engage, educate, share skills and strengthen partnerships, all to empower people and their communities. Seachange in Budleigh Salterton is one of the charitable organisations that the Trust works in partnership with. Seachange run a programme of events designed to increase social cohesiveness, reduce isolation, and strengthen and improve mobility and health. Seachange also provide a wide range of outpatient services including Parkinson's clinics. In this story we hear from Wendy, who has Parkinson's disease, and her carer and daughter Victoria. They have taken part in classes that have been designed by Royal Devon staff and delivered at Seachange's venue and by Seachange's staff and volunteers. Wendy has participated in various activities at Seachange including a Parkinson's club, postural stability class, table tennis, art and singing groups. Wendy shares how attending classes at Seachange have benefitted her physically, mentally and socially. Victoria has also attended Seachange classes with her Mum and describes how this has supported and equipped her in her role as carer. The Falls Management Exercise class (FaME) Wendy attends at Seachange was implemented by Advanced Clinical Practitioners for Frailty based at the Royal Devon. Previously there were no evidence based strength and balance classes available to the community unless participants were under community rehabilitation. There are now ten accessible classes, funded by NHS Devon, run in leisure centres and community spaces across Exeter, Mid and East Devon. These classes are for patients both referred following Royal Devon outpatient classes, to continue their rehabilitation in their local community, and for those who wish to self-refer.	

	This partnership working within the community is an example of enabling our patients to remain empowered, independent, mobile and healthy, and preventing falls which often leads to ambulance call outs and hospital admissions.
Actions required:	The Board of Directors is asked to reflect on the implications of this story for patients and carers and to reflect on its relevance to the strategic objectives of the Board.

Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
			X	

History:	Patient stories reveal a great deal about the quality of our service provision, the opportunities we have for learning and the effectiveness of systems and processes to manage, improve and assure service quality. The purpose of presenting a patient story to Board members is to: • Set a patient focussed context to the meeting, bringing patient experience to life and making patient's stories accessible to a wider audience • To support Board members to triangulate patient experience with reported data and information • For Board members to reflect on the impact of the lived experience for these patient(s) and carer(s) and its relevance to the strategic objectives of the Board.
Link to strategy/ Assurance framework:	The issues raised in this patient story are relevant to the delivery of the Trust's Better Together strategy and strategic objectives.

Monitoring Information

Please *specify* CQC standard numbers and tick ✓other boxes as appropriate

Care Quality Commission Standards	Outcomes	Regulation 17	
NHS Improvement		Finance	
Service Development Strategy	X	Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			X
Other *(please specify)*			

Royal Devon University Healthcare
NHS Foundation Trust

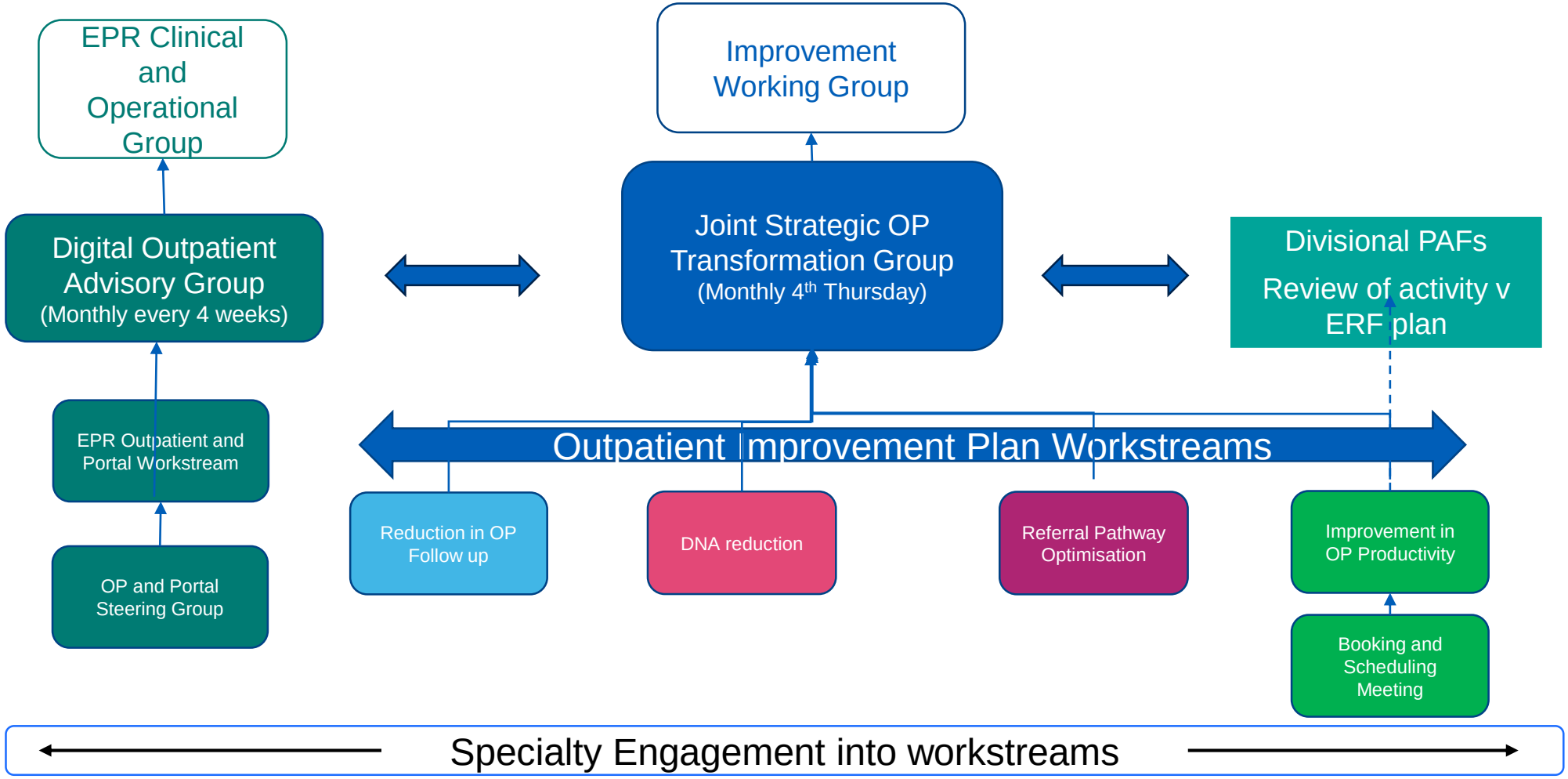
Outpatients Transformation Programme update

Mike Browning, Programme Director

Stuart Kyle, Clinical Lead for Outpatients Transformation

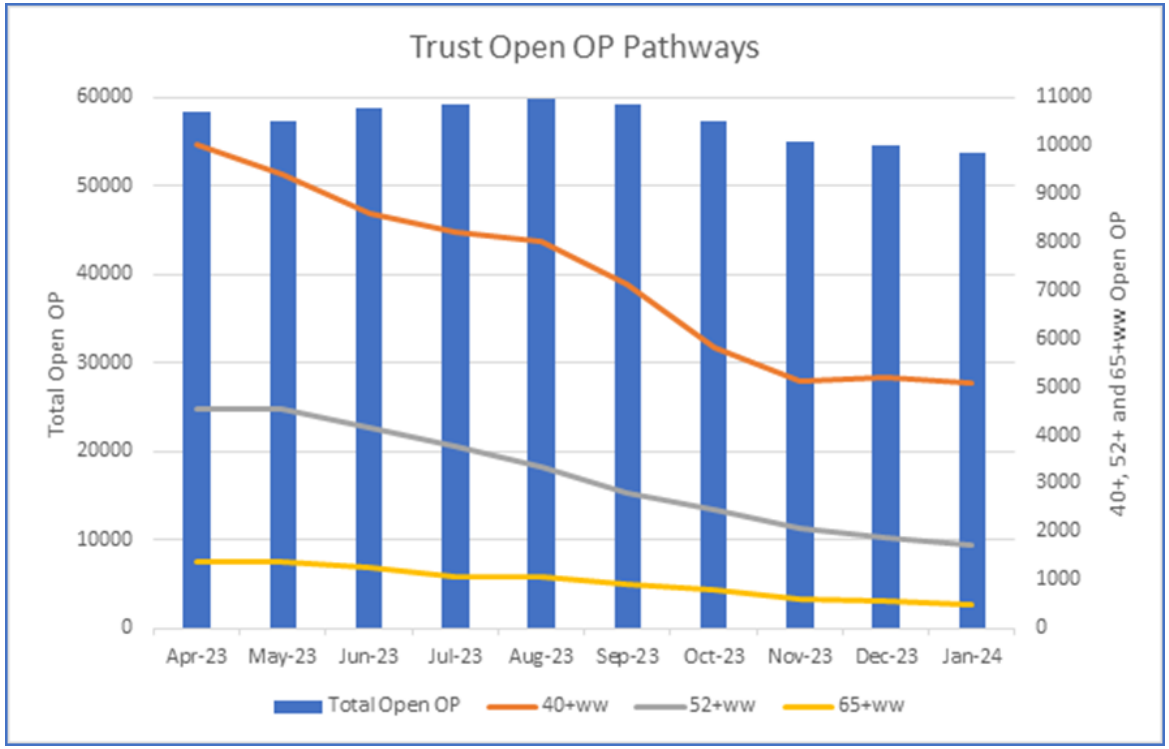
March 2024

RDUH OP Governance and Workstreams



***Interdependencies with**:*
Being Paid Fairly – Unscheduled Activity & Clinic Procedure Coding
Buttercup One-Stop Project
Digital by Default

Trust Non Admitted Open Pathways Reduction 23/24

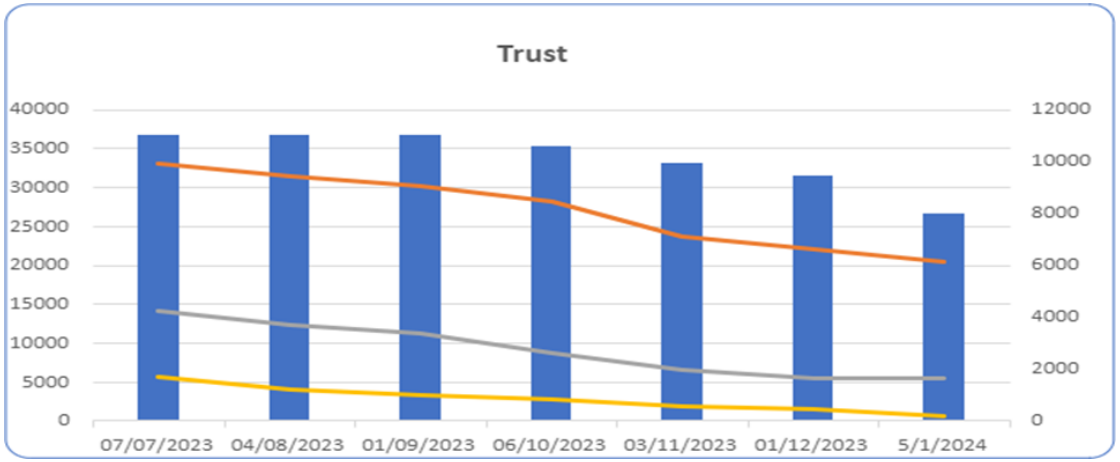


Overall Reduction

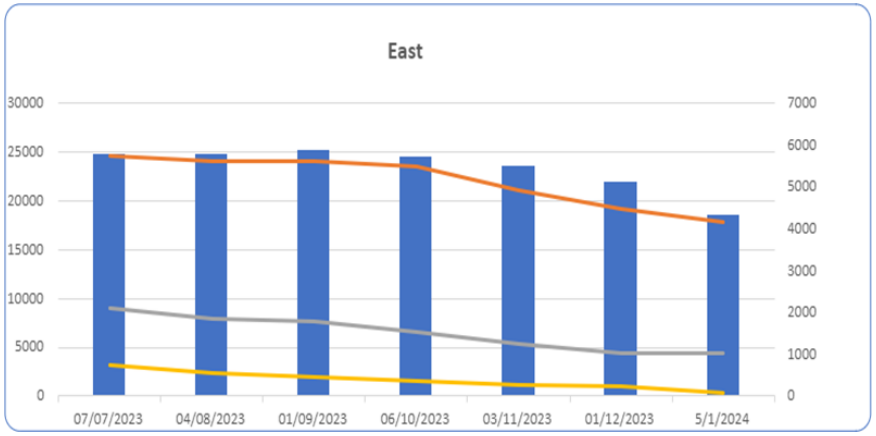
Overall 10% reduction in the waiting list for non-admitted patients of 10% (5778), larger % reductions in the longest waiting patients as follows:

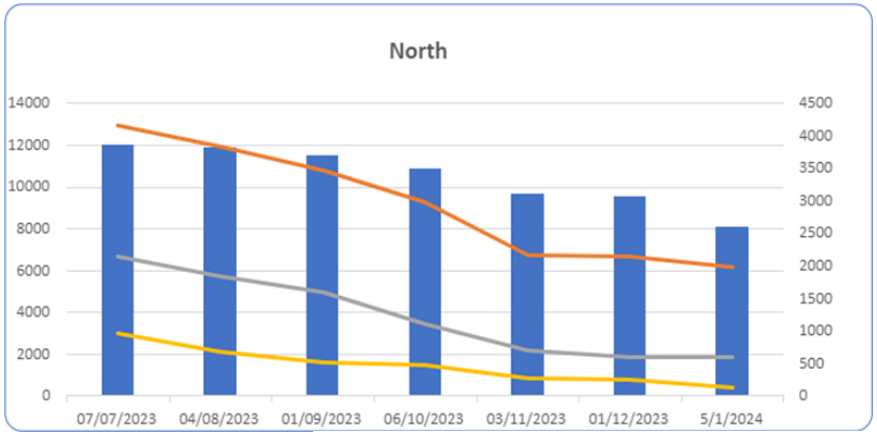
	Apr-23	Feb 24	Reduction
Total	58407	52629	5778 (10%)
40+ww	10049	4702	5347 (53%)
52+ww	4527	1512	3015 (66%)
65+ww	1386	409	977 (70%)

Not yet Seen Reduction



- Overall reduction of approx 9000 patients from the not yet seen WL
- Patients waiting over 52 weeks almost eliminated, from starting point of 5000, ambition to get to 35 weeks this year

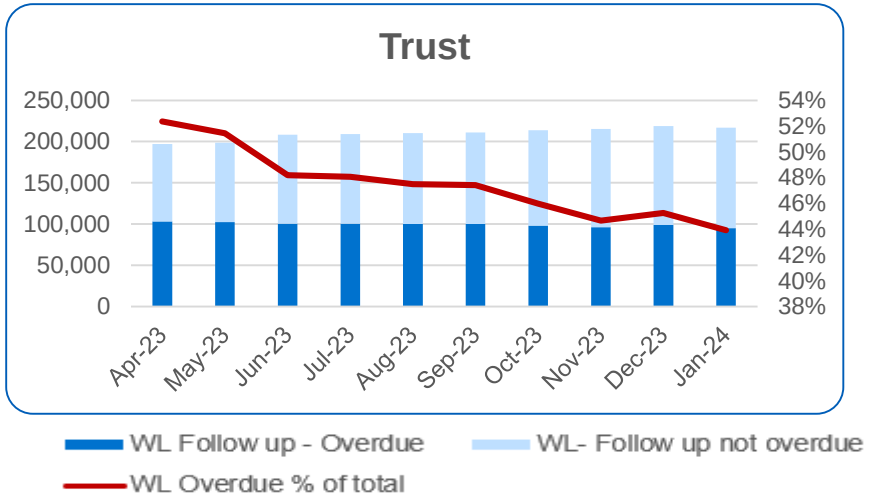




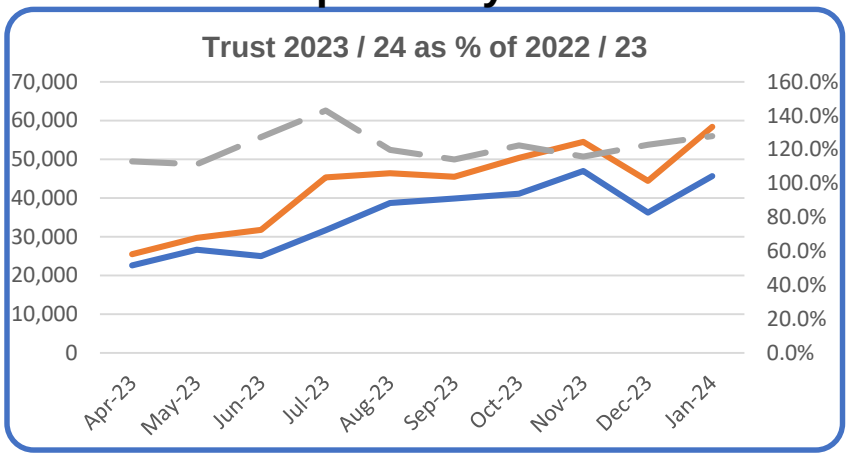
Follow Up waiting list and Improvement plan

Royal Devon University Healthcare NHS Foundation Trust

Follow up waiting list



Follow up Activity



- 216k patients on FU waiting lists. WL is continuing to grow despite current activity levels
- Overdue FU have reduced in real terms and as a proportion of overall WL
- Due to the size of the overdue WL backlog, changes in practice as a result of transformation will appear first by reducing the FU WL backlog before any activity reduction is realised.

Key elements of F/up improvement programme

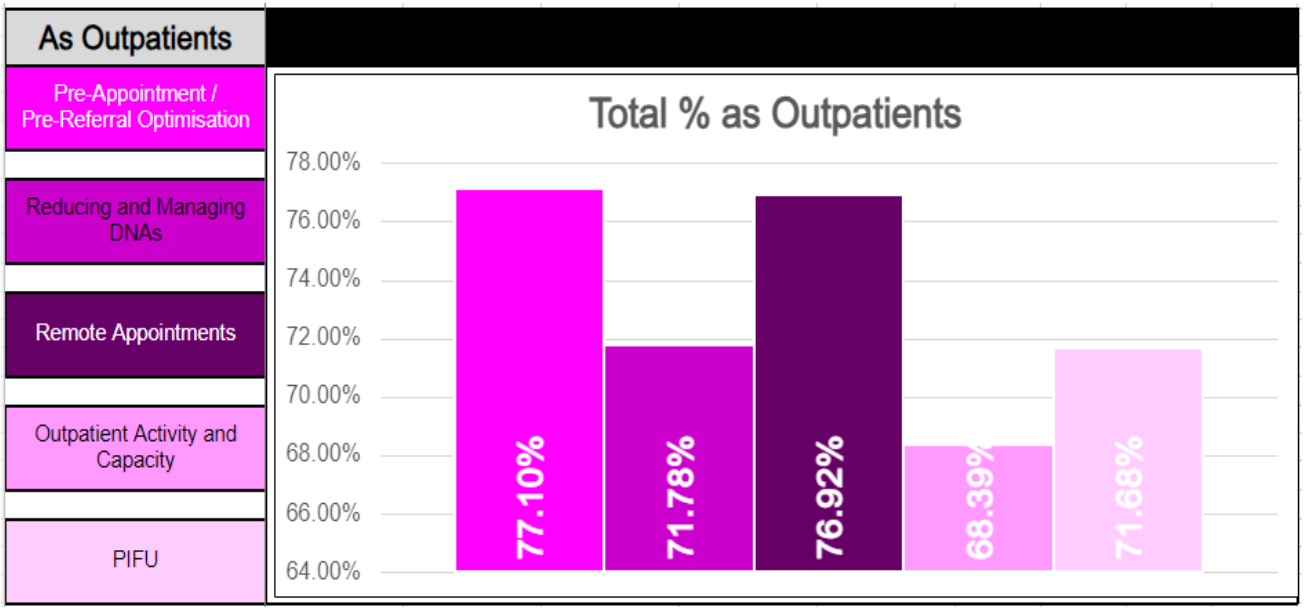
1) Specialty level deep dives and benchmarking using further faster model hospital guides
2) Roll and optimisation of PIFU
3) Follow up patient contact validation programme
4) Improved management of ordering and booking processes to manage risk

Further Faster / GIRFT

Royal Devon University Healthcare
NHS Foundation Trust

Teams completed

1. Gynaecology
2. Dermatology
3. Neurology
4. Orthopaedics
5. Gastroenterology
6. Rheumatology
7. Cardiology
8. Ear, Nose and Throat
9. General surgery
10. Urology
11. Ophthalmology
12. Elderly Medicine
13. Endocrinology
14. Diabetes.

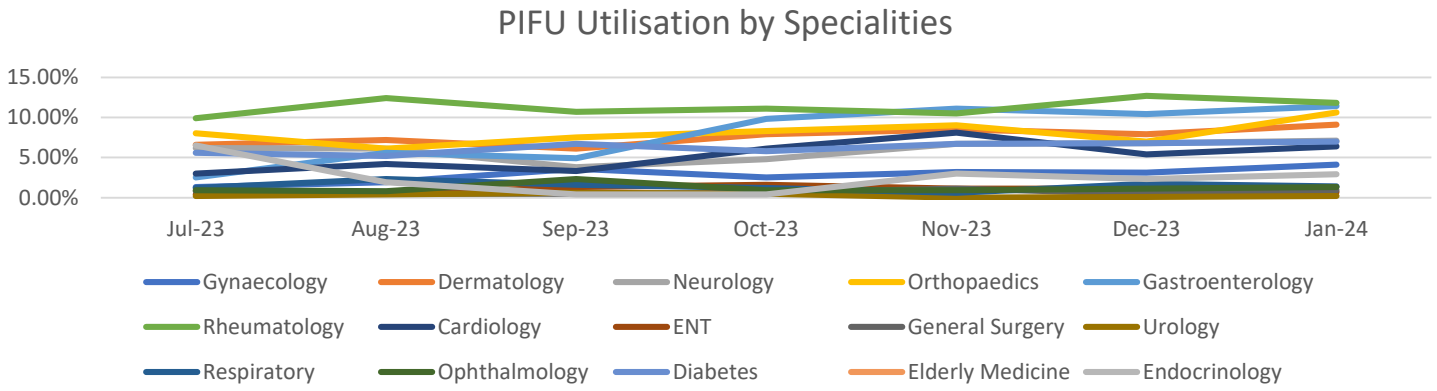


State of play

- Schedule meeting with Respiratory
- Spinal being addressed through One Devon programme

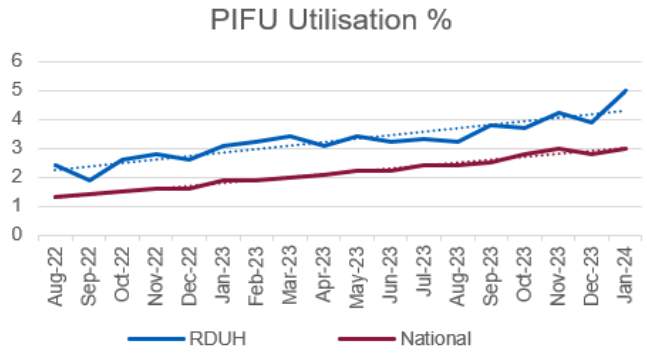
learning

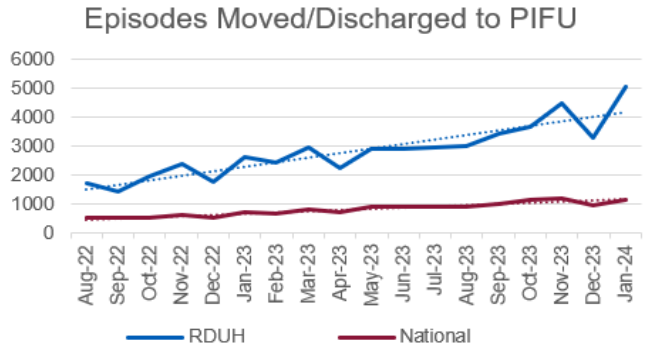
- Increased performance in PIFU once meetings have been held.

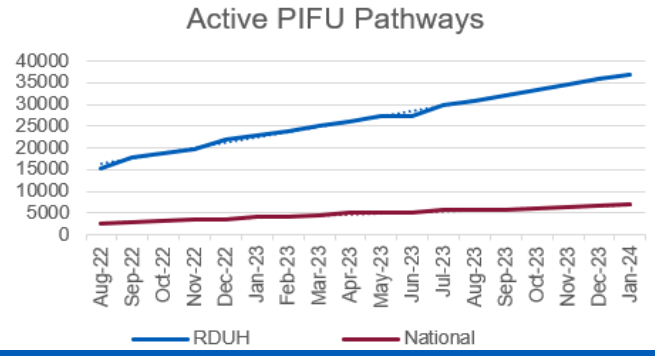


Patient Initiated Follow-Up (PIFU)

Royal Devon University Healthcare
NHS Foundation Trust







Trust Performance – Target 5% PIFU Utilisation

- PIFU Utilisation Rate: **5.0%**
- **36,779** patients on an active PIFU pathway, 5th most nationally
- National average 3.0% and 7,011 active PIFU pathways

Successes

- Community utilisation in Epic Homecare module: MSK Physio, Heart Failure, Therapy and Podiatry
- Further conversion of "open pathways" to PIFU to improve patient tracking and formalise routes back into services
- Implementation of PIFU into Trauma & Orthopaedics
- Focus on not implementing PIFU where patients are discharged as standard

Specialty Performance

- 10/19 specialties tracked on Model Hospital are in their top quartile for PIFU utilisation. 17/19 are in the top or second quartile.
- 2 specialties, ENT and Urology, are in the bottom quartile.

Next Steps

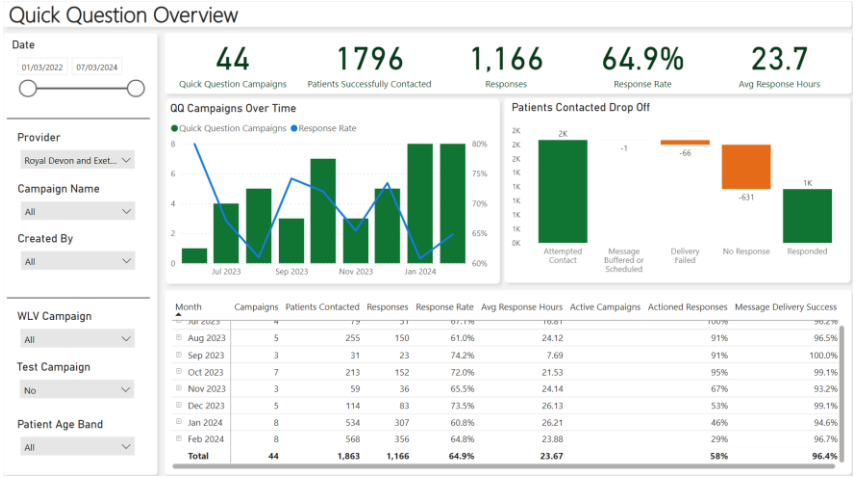
- Implementation of PIFU at pace in Urology
- Alignment of implementation in Eastern and Northern services
- Expansion of PIFU in Gastro and Endocrine
- Development of PIFU/virtual pathways
- Evaluation and potential redesign of cancer PSFU pathways
- Ensure monitoring of data quality on PIFU workqueues
- Implement triage pools for PIFU Review Prior to Expiry in Eastern

Follow up Validation Plan

Royal Devon University Healthcare NHS Foundation Trust

Dr Doctor

External provider digital communications



2 platforms

Quick Question - SMS

- Pain (news) - 721 SMS sent, 130 removed from WL (18%)
- Spinal (f/up) - 284 SMS sent, 52 removed (18%)
- Orthopaedic Knee (f/up) - 613 SMS sent, 22 removed from WL (4%)
- DRSS Validation – validation programme currently undertaken by DRSS will be transferred to Royal Devon in April which will result in @2500 communications being sent per week

Assessment Questionnaire

Integrate with Epic – go-live Q1 2024/25

- Multiple layered SMS questions
- Remove - clinically validate
- Move to PIFU if stable

https://vimeo.com/860909468/3d59a0329a?share=copy

- Remain on list

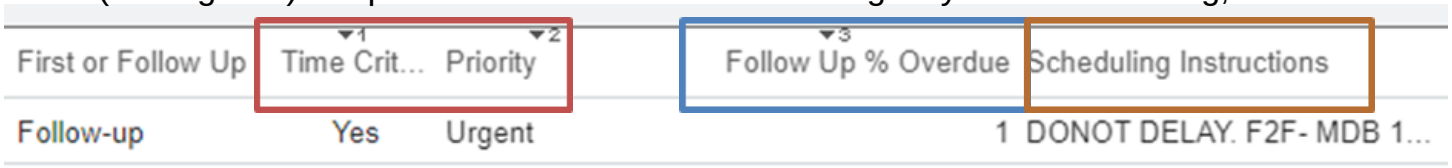
Assessment Questionnaire high priority specialties:

Department	WL	Dec-23
DERMATOLOGY	WL Follow up - Overdue	4,616
DIABETIC MEDICINE	WL Follow up - Overdue	904
ENT	WL Follow up - Overdue	639
GASTROENTEROLOGY	WL Follow up - Overdue	2,322
NEUROLOGY	WL Follow up - Overdue	5,439
RESPIRATORY MEDICINE	WL Follow up - Overdue	2,738
RHEUMATOLOGY	WL Follow up - Overdue	2,870
	TOTAL	**19,528**

Managing Clinical risk on FU Waiting lists - % Overdue

Royal Devon University Healthcare NHS Foundation Trust

- Standardised booking protocol of outpatient follow-up appointments has been agreed across sites (Northern & Eastern) through the Improvement Working Group.
- Workqueues (waiting lists) in Epic will be ordered in the following way to focus booking;



First or Follow Up	Time Crit... (1)	Priority (2)	Follow Up % Overdue (3)	Scheduling Instructions
Follow-up	Yes	Urgent	1	DONOT DELAY. F2F- MDB 1...

1. **Priority –** Routine / Urgent and Time Critical status
2. **Follow-up % Overdue –** % overdue is automatically calculated based on expected date – *this is key, for example*:

   Patient A is 1 week over a 12 month FU = 2% overdue | Patient B is 1 week over a 1 week FU = 100% overdue
3. **Scheduling Instructions –** any further clinical stratification e.g. High / Medium / Low risk patient.

Benefits:

- Better assurance reporting for management of risk of patients waiting to be seen.
- Administrative team resilience through following a standardised protocol.
- Timely booking of outpatient follow-up appointments based on clinical need.
- Long-term implementation will help reduce overall outpatient follow-up activity as patients will be better managed with better clinical outcomes.

Implementation:

- Rheumatology have already begun this new protocol with demonstrable improvement (next slide)
- Work underway with Ophthalmology as a high-risk specialty to adopt this new protocol
- Use learning to roll-out to all other specialty booking teams by the end of Q1 2024/25.

Rheumatology – Nightingale Hospital Exeter
Using % overdue feature in Epic to prioritise f/up appointments

Royal Devon University Healthcare NHS Foundation Trust

Background: 1600 overdue follow ups, good new position (<10 weeks)
Aim: identify how to compare patients with different follow up appointment types against each other to ensure patients are scheduled in the appropriate order
Action: pulled Epic data into a spreadsheet, showing the number of patients by % overdue, for each consultant, for each follow up appointment type *(see below example with follow up type of 0-4 months)*

This shows the total overdue follow ups

This is the follow up appointment type and total number of overdue patients within it

TOTAL PATIENTS	1246	0-4 MONTHS		136
% OVERDUE		0-100%	100-300%	300%+
CONSULTANT 1		38	18	1
CONSULTANT 2		6	2	1
CONSULTANT 3		5	3	1
CONSULTANT 4		32	9	3
CONSULTANT 5		4	1	0
CONSULTANT 6		8	1	3
TOTAL		93	34	9

This breaks down the total number of patients in each % overdue category, shown by consultant (e.g. a patient 100% overdue a 4 month follow up has been waiting 8 months)

Result:

- Booking team now filter workqueue in a standard way (highest % overdue first), and have improved the 300%+ position as a result. The Clinical Lead also advises where additional priority should be given, based on clinical need (for Rheumatology, priority is given to 0-4 month follow ups).
- Ops Managers share data in Rheumatology MDT monthly, and have operational discussion with team to consider actions to make to respond to the data. Recent actions have included;
  - Data showed patients on waiting list for some peripheral clinics have a greater % overdue for their follow up and thus are more disadvantaged – changed the clinics that the junior doctors support with, so that the support is for the clinics with the greatest need
  - Patients on the Nightingale waiting list whose postcode places them closer to a peripheral clinic with a smaller wait list are being moved to this wait list, and will be seen quicker than they otherwise would have been as a result

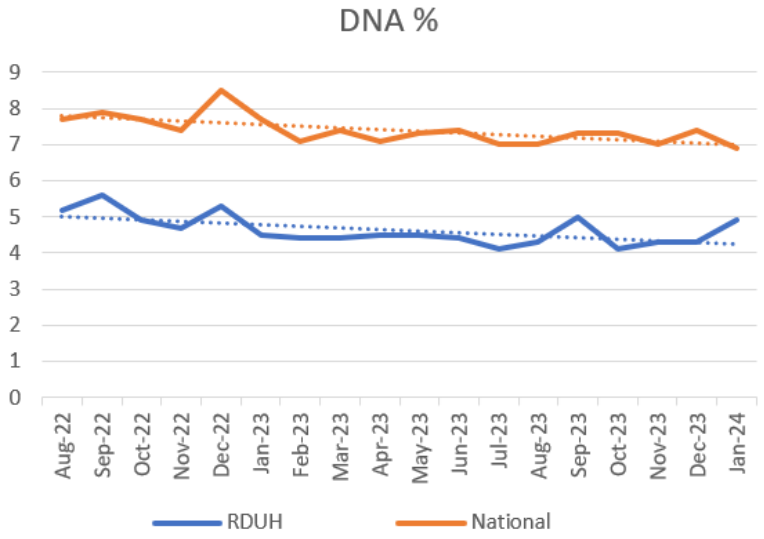
Did Not Attends (DNAs)

Royal Devon University Healthcare
NHS Foundation Trust

Performance and Impact

4.9% DNA rate (Jan-24), vs national value of 6.9%. This was a drop in performance compared to 11 of the previous 12 months, however still puts the Trust in the top quartile.

Delivering a DNA rate of 3% would enable the Trust to complete over 10,000 further appointments.



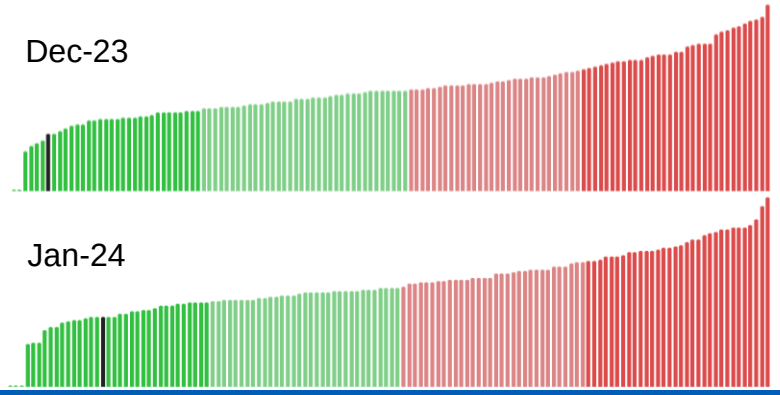
Key delivery points

- Appointment text reminders are sent 7 and 2 days in advance
- Partial booking has been established in most specialties, with clear guidance for patients who do not initiate contact
- Patients booked at short notice (usually <14 days) receive a telephone call as standard
- Patients who cancel at short notice are offered to convert to a telephone appointment
- Patients are regularly encouraged to sign up to MyCare, where they can receive appointment letters and reminders
- Slot administrators ensure slot utilisation and patient contacts are delivered
- Waiting lists are validated regularly

Ongoing Action Plan

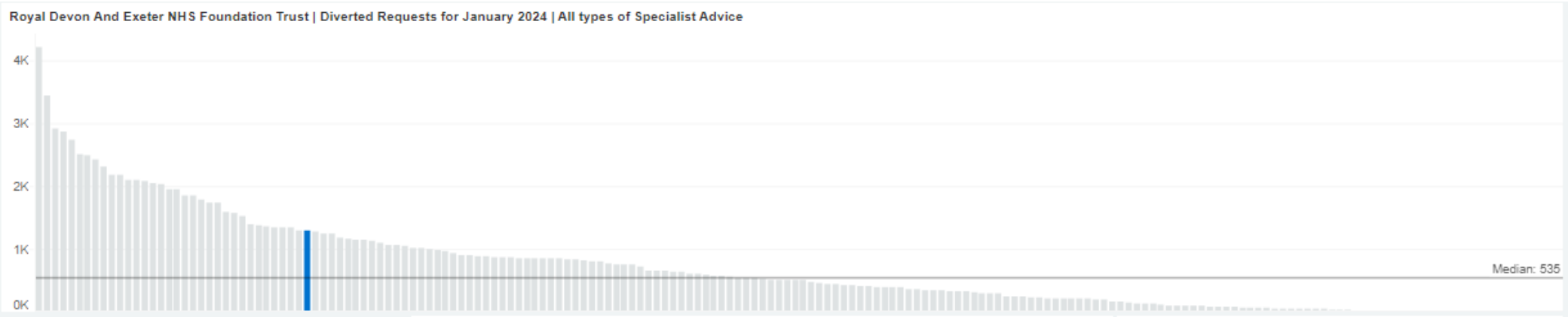
- Ongoing meetings with high DNA specialties e.g. diabetes, cardiology
- Review of Epic processes and workflows in high-DNA clinics
- Implementation of partial booking in further specialties
- Booking and scheduling optimisation

Royal Devon National DNA Position



Advice and guidance

- Key component of outpatient transformation programme
- Trust is already upper quartile of performance nationally for diverted requested (advice and guidance provided)



- But – opportunity to do more:
  - ERF financial framework now supportive of A&G as remunerating at new outpatient tariff
  - Encouraging A&G and ensuring we record and report it properly will have a positive impact on patient experience, operational performance and financial performance

Advice and guidance

- 3 components of work:

Category	Detail
1. Trust remuneration for the A&G we currently undertake and report	Supports Trust DBV savings programme. Moves funding from ICB to Trust. Included in Op plan 2024/25 (£2.3m gross opportunity)
2. Focus on recording and reporting all of the A&G we currently undertake but do not formally report through correct channels (Data quality)	Will support Trust DBV savings programme and improve A&G performance externally. Will require resource to implement but will aim to do so from Transformation team
3. Focus on encouraging new advice and guidance initiatives to support outpatient transformation	Appealing to expansion of A&G programmes within specialties – requests have been made and currently under review

Next steps:

- Meeting as multi-disciplinary team to establish programme of work and resourcing
- Appraisal of proposals for new initiatives
- Implement changes required

General Outpatients Department Productivity

Royal Devon University Healthcare NHS Foundation Trust

Context

The General Outpatients Department (GOPD) at RD&E Wonford is the largest single outpatient location in the Trust by volume of patients, and accounts for approximately 7-10% of outpatient activity across the whole Trust. It has 21 clinic rooms, including 3 triple room suites which allow for higher volume clinics primarily for surgical specialties.

Improvement

2023 daily average appts: **234.0**

Jan 24 daily average appts: **299.1**

Increase of 65 pts/day vs 2023 average (27.8% increase)

The highest one-day appointment number in 2023 was 347 on 14/12; this was exceeded 3 times in Jan 24.

Impact if maintained

Additional **16,313** booked appointments in GOPD in 2024 vs 2023. **15,612** completed appointments if taking the current 4.3% DNA rate.

Friday Appointments

2023 average appts: **190.0**

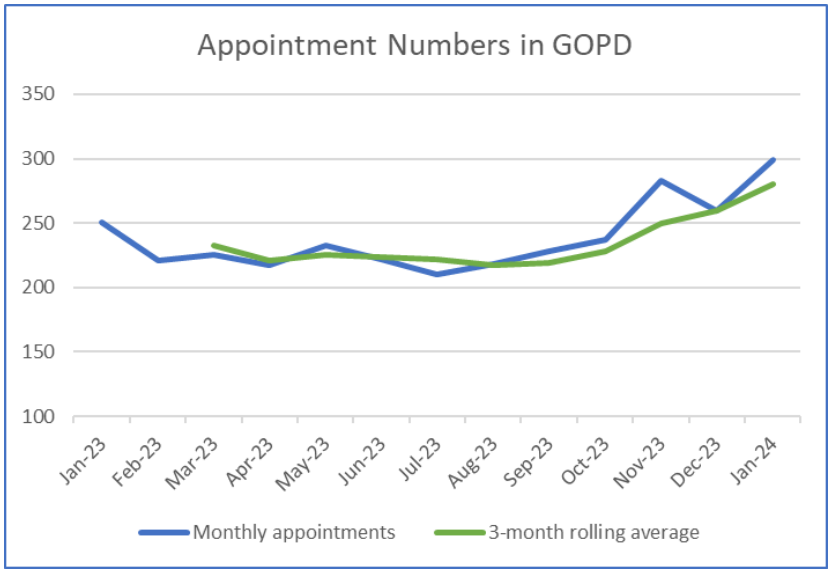
Jan 24 average appts: **250.5**

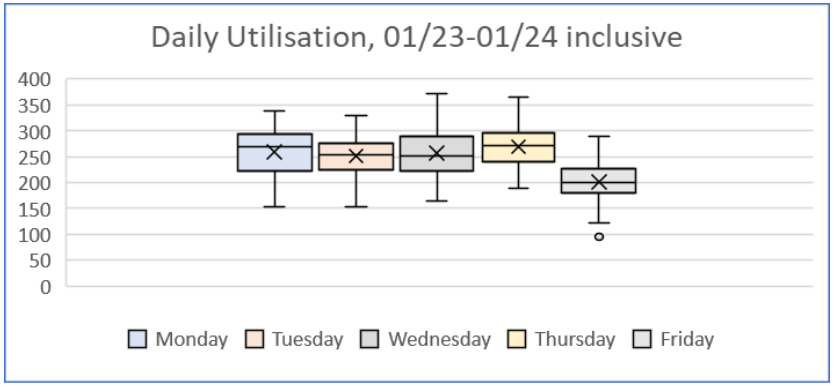
Increase of 61 pts/Friday vs 2023 average (32.1% increase)

Friday Utilisation

2023 utilisation vs Mon-Thu: **77.4%**

Jan 24 utilisation vs Mon-Thu: **80.8%**





Productivity

Royal Devon University Healthcare NHS Foundation Trust

A programme of work to utilise technology to support improvements in the number of patients booked to clinics, the number of outpatient slots used and the increased activity generated as a result of improved data capture.

Data Recording Improvements

Unscheduled Activity

Row Labels	Count of First / New - Procedure	Count of First / New	Sum of Follow Up	Sum of Follow Up - Procedure
2023	**12**	**12**	**337**	**16**
Dec	12	12	337	16
2024	**23**	**42**	**3401**	**89**
Jan	19	28	2054	44
Feb	4	14	1347	45
Grand Total	**35**	**54**	**3738**	**105**

Improve booking processes and scheduling

- Ordering optimisation for ENT is complete (phase 1)
- Workqueue (phase 2) and scheduling (phase 3) optimisation is in progress
- Review process to commence phase 4 ‘fast pass’ and patient self-scheduling.
- Collaboration with other Epic NHS sites to define best practice for 'Fast Pass' and patient self-scheduling.
- Admin efficiency training in process of being created. Will be going live week commencing 22nd April as part of World Admin Day.

Space review and Bookwise (Eastern)

- Review and make amendments to current processes to ensure all outpatients rooms are being used or offered to others for use in timely manner.
- Implement Bookwise room booking system in Eastern Services. The system has been in use in North for 4 years.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:		Date: 20 March 2024		
Title:	"Light Touch" Integrated Performance Report – spanning both Northern and Eastern services within Royal Devon University Healthcare NHS Foundation Trust			
Prepared by:	Hannah Foster, Chief People Officer Adrian Harris, Chief Medical Officer Angela Hibbard, Chief Finance Officer Carolyn Mills, Chief Nursing Officer John Palmer, Chief Operating Officer Chris Tidman, Deputy Chief Executive			
Presented by:	Adrian Harris, Chief Medical Officer			
Responsible Executive:	Hannah Foster, Chief People Officer Adrian Harris, Chief Medical Officer Angela Hibbard, Chief Finance Officer Carolyn Mills, Chief Nursing Officer John Palmer, Chief Operating Officer Chris Tidman, Deputy Chief Executive			
Summary:	To advise the Board of the Trust's performance against key performance standards and targets; and progress on the implementation of the Trust Strategy and key supporting projects.			
Actions required:	The Board is asked to receive the "Light Touch" Integrated Performance Report and note the current risks and the proposed action plans to mitigate the risks against performance delivery.			
Status (*):	Decision	Approval	Discussion	Information
				X
History:	This is a standing agenda item at each meeting of the Board of Directors. The report prepared this month contains an abridged set of indicators reflecting performance in February due to the early scheduling of Board.			
Link to strategy/ Assurance framework:	This paper details the Trust's performance in respect of key performance standards and targets. Achievement of these performance standards and targets is a key objective within the Trust's Strategy.			

Monitoring Information		Please specify CQC standard numbers and tick ✓other boxes as appropriate	
Care Quality Commission Standards	Outcomes		
NHS Improvement / England	✓	Finance	✓
Service Development Strategy		Performance Management	✓
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			
Other (please specify)			

Royal Devon University Healthcare NHS Foundation Trust

Contents

Overview – Executive Themes and Actions to Raise at Board

This **light touch** IPR covers the performance period of **February 2024** (and hence does not cover all of the balanced scorecard domains). This period also saw **further Industrial Action** on the 16th and 19th of February by employees of Sodexho in Northern Services (affiliated with UNISON); and Junior Doctor action (affiliated with BMA) from 24th to 28th February. Once again our staff were supportive of each other and flexible in their deployments to absorb these potentially disruptive periods of industrial action and we remain grateful for and proud of our team's mature response. Once again, there were positive improvements in both UEC (Urgent Emergency Care) flow and Elective Recovery through the 80%; and ten week challenges; and a return to an improvement for cancer services on its statutory performance trajectories through the eight week challenge. Alongside these clinical and operational improvements, our financial performance has continued to stabilise and has then been improved through NHSE support. This has created a positive foundation for our **financial & operational planning for 2024/5** based on a group of relatively robust exit (end of year) service and financial run rates. We hope that these continued improvements will support our focus on exiting tier 1 status for Elective Recovery and UEC and hence a reduction in our NHS Oversight Framework (NOF) rating.

Recovering for the Future

In acknowledgement of the challenging NHS financial position and the response the system has taken to the in-year financial difficulties, additional non recurrent deficit support funding has been awarded to Devon ICS of which RDUH has received a share of £13m for the year, £12m of which is reflected in the month 11 position. Although this is to support cost pressures NHS England have transacted this as additional income offset by a change in the original plan submitted by the Trust. **This changes the approved planned deficit for the year of £28m to a reduced £15m deficit.** Therefore although the absolute scale of deficit has reduced in month the variance to the revised target is similar to month 10. Adjusting the financial recovery plan accordingly we are now **forecasting a yearend deficit of £27m** and the Trust therefore remains **off plan to meet the revised deficit target by £12m.** At month 10 we were reporting a £2m variance against the financial recovery plan trajectory (now reset for the £27m deficit forecast). At month 11 this has been mitigated and the trust is within £200k of where we needed our financial recovery plan to be. This is an incredible achievement and demonstrates the commitment across all staff groups to the challenging financial environment we are in. We now need to ensure that we deliver a strong month 12 position to end the year where we need to be. Although this remains adverse to the revised plan of £12m it will be within the agreed control total set for the Devon ICS. This puts us in a strong position heading into the new financial year and although we may remain in NOF4 (and therefore will have another significant savings programme to deliver) we are starting to see a trajectory to financial stability in future years in line with our medium to long term strategy.

Urgent care performance this month saw the Trust sitting behind the planned trajectories for both Type 1 and Types 1-3 targets but with a return to a month on month improvement of 56.8% and 66.9% respectively. At site level both sites saw type 1 improvements with Northern Services improving by a significant 6%. In month growth in volume of Emergency Department patient presentations relative to 19/20 remained above plan at both sites, albeit that this was not accompanied by the equivalent level of growth in non-elective inpatient admissions at either site – a real positive in terms of demand pressure. We also saw significant in month reduction (25.7%) in 30 minute handover delays from 370 (January) to 275 (February) for Northern Services, although this was countered by 8.1% increase from 821 (January) to 893 (February) in Eastern Services. Meanwhile, our 80% challenge against the 4 hour target was superseded by the Prime Minister's national request for 76% at the end of the month and at the time of writing **the Trust has improved its all type performance by c. 10% to c. 74% and is the tenth most improved Trust in the country month to date** – this reflects enormous commitment to preparations over the previous month and a real enthusiasm from our teams to keep pursuing improvement for our patients after the challenging Winter period. A maintenance of our position in the top ten Trusts through to year end would result in access to a national capital pot which would offer the opportunity to strengthen our UEC capability further. Finally, Exmouth MIU transferred into the RDUH organisational footprint on the 1st February 2024 following an accelerated commissioning process. In terms of **elective recovery**, the ten week challenge has continued to drive an improvement with 78 weeks for the month under 300 cases and 65 weeks under 1500. At the time of writing **our end of year forecast for 78 weeks has improved to 185 and 65 weeks to 1188**. We have also put on record with NHSE a thorough end of year stocktake of what has been achieved over the course of the last year which shows that **RDUH is in the top ten of NHS Trusts nationally for volume reductions in 52, 65 and 78 week waiting patients; and for overall reduction of the total waiting list**. Whist reduction in volumes of longest elective waits has been impeded this financial year by industrial action, our progress in reduction of 52ww at both Northern and Eastern sites maintains performance at beneath the 23/24 operational plan trajectory.

Overview – Executive Themes and Actions to Raise at Board

Whilst both Northern and Eastern sites continue to be challenged in relation to elective inpatient activity compared to plan, in both Northern and Eastern Services elective daycase activity has exceeded plan in February. In addition, in Eastern Services – first and follow up outpatient, and outpatient procedure activity were each in excess of plan in February .

For **cancer services**, February saw an improvement after the challenges of January The **eight week challenge established last month generated an improvement in our cancer waiting list backlog with the v**olume of patients on an open cancer pathway longer than 62 days reduced in month from 306 (January) to 287 (February) and notably reduced at both Northern and Eastern sites (from 41 to 33 – Northern, and from 265 to 254 – Eastern) – although this remains in excess of trajectory (241) as a result of capacity challenges on the Eastern site. Provisional 28 Day Faster Diagnosis Standard performance in February (78.3%) was in excess of both trajectory (74.6%) and March 2024 75% target, and was met at both Northern and Eastern sites. We are pleased to be welcoming the **Cancer Services Deep Dive Part 2** to the Board today.

Outside of the financial and operational plan targets, **Diagnostics performance improved against the 6 week DMO1 target this month**, which **consolidated the performance across the Trust above 60%** (from 64.6% to 69.8% (Northern) and 60.8% to 66.3% (Eastern)). Diagnostic activity in key modalities on both sites was in excess of planned trajectory. This movement reflects the positive impact that the improvement team focus has made in support of diagnostic services in developing the trajectory and its underpinning work programme to drive performance from 60% to 85% by Q2 next financial year. The work programme is also focusing on coding of medical endoscopy activity to support the greater ambition we are driving for performance in this area in 2024/5.

Collaborating in Partnership

Our **No Criteria to Reside position continues to be exposed on both sites**, albeit with a small improvement from 175 (January) to 167 (February) Trustwide – equivalent to c. 16% of occupied beds. Following the previous escalations we have made relating to our projected bed gap and the subsequent release of c. £800k of additional Integrated Care Board funding into our Winter Plan which closed our bed gap to c. 30 beds, we have now halted **the trend of month on month deterioration over the last five months**. We do now have commissioned additional activity (particularly in P1 pathways) for the rest of the financial year, but the underlying issue of us of securing sustained P1-3 resourcing in order to meet the actual patient demand is yet to be resolved and remains a major focus for us in the system financial and operational planning cycle for 2024/5.

A Great Place to Work

It is positive to see that despite robust vacancy controls continuing to be in place, that the overall workforce remains stable. Vacancy rates have slightly increased; however, this is still below planned levels. Furthermore, **turnover has continued to decrease, sitting at over 4% below the planned levels**. This is a positive indicator of retention, although does not tell the whole story, with a considerable number of staff leaving within their first year, and indeed their first three years, of working with the Trust. **Reducing attrition will be a key priority for the Trust moving forward**, in order to retain talent and reduce indirect costs relating to recruitment. We continue to see the **agency workforce costs improve with average monthly reductions in the current financial year of 13.5%**.

Sickness absence remains higher than our target, with **stress related sickness absence having consistently accounted for more than 20% of total sickness absences over the last 12-months.** Sickness absence represents a significant cost to the Trust which can be direct (where backfill is required), or indirect (where there is a loss of productivity) and in January 2024, this equated to a cost of just over £2m. Whilst this is a concern, simply targeting sickness absence rates is not always effective, as depending on the way this is targeted, it can lead to other issues such as presenteeism. Instead, there is a need to identify the sources of stress in the workplace and understand potential mitigating actions that will not only reduce sickness absence but that will also improve engagement, reduce attrition and improve productivity and outputs. Some other mitigating options will become apparent as we analyse the 2023 NHS Staff Survey results and could form part of the action planning for the year.

Balanced Scorecard – Looking to the Future

Successes

- Well led and managed Industrial Action periods including provision of system support
- Recruitment & retention plans continuing to improve staffing levels
- Maintenance of elective recovery and top ten NHSE absolute reduction of waiting lists
- Improvement in four hour performance through 80% challenge to top ten of most improved Trusts
- Improvement of the financial position
- Completion of OSIG Phase 1.

Opportunities

- Delivery of the 2023/4 financial and operational plan
- Development of the 2024/5 financial and operational plan
- GIRFT supported business cases for cardiology and urology
- Triage service business case for Women & Children's services
- Capital plan delivery of the Hybrid Vascular Theatre
- Continued implementation of the Northern Services Acute Medicine Model
- Movement to OSIG Phase 2
- Completion of Winter Plan and development of Community Services Development Plan
- Continuation of Elective Recovery tier 1 plan and de-escalation
- System Service collaboration on Cardiology, Urology and Pathology.

Priorities

- Maternity CQC report learning opportunities
- Completion of 24/25 financial and operational plan
- End of year delivery of the 2023/4 financial and operational plan and focus on NOF exit criteria
- Ten week challenge for elective recovery
- Eight week challenge for cancer recovery
- UEC 80%/national 76% capital challenge
- Staff Health and Wellbeing
- Reducing the number of NCTR patients through ICB/Region/National escalation
- Standardisation of job planning and leave planning
- Completion of our detailed Business Informatics plan and data layer
- OSIG Phase 1 completion and instigation of Phase 2.

Risk/Threats

- Financial challenge and controls fatigue
- Continued Industrial Action across multiple Unions
- Balancing Devon System support with demands of UEC and Elective Recovery Tier 1 performance – intelligent conveyancing and boundary change discussions
- Fair distribution of UEC recurrent funding in 2024/5
- Potential loss of confidence in reporting due to continued data quality issues (though improving confidence)
- Staffing Resilience in Northern Services
- Staff Morale with constant pressure and cost of living challenges
- Inability to balance delivery across financial and operational plan
- Primary care and Social Care fragility
- Challenge of taking and applying learning from Never Events.

Financial & Operational Exit Criteria Measures

UEC	Improvements in line with agreed baseline and plan, over two quarters, in ambulance handover delays (>15 minutes & > 3 hours)
	Improvements in line with agreed baseline and plan, over two quarters, in ambulance response times for Category 2 incidents to 30 minutes on average over 23/24, with plan for further improvements in 24/25
	Improvements in line with agreed baseline and plan, over two quarters, in total average time in ED & 12 hour breaches. (Trajectory to achieve 76% by 23/24)
	Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories
	Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 5%
	Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 2019 levels by end of 23/24
	CQC confirmation of UHP compliance with Conditions on the trust's Licence
Elective Recovery	Reduction in waits over 104 weeks and 78 weeks, inline with agreed plan, against agreed baseline
	Significant reduction in 65 weeks by March 2024, inline with agreed plan, against agreed baseline
	75% of GP referred patients diagnosed within 28 days
	To exit Tier 1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.
	To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable, or improving for 2 out of 3 months for the quarter
Finance	There is confirmation of the underlying run rate from 2022/23 and an improvement in the actual recurrent run rate in the 2023/24 plan
	The 2023/24 plan shows an improvement in productivity compared to 2022/23
	A system-wide shared services programme is developed that has all back office functions within scope and includes accompanying timelines and delivery plans
	The system delivers the financial plan for 2023/24 recurrently for two successive quarters
	The system delivers improvements in productivity in 2023/24 for two successive quarters

Off track against trajectory with concerns regarding delivery
Off track against trajectory, but plans in place to recover
Delivering against criteria or trajectory
Does not apply to RDUH

One Devon

Trust Executive Summary

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Jan-24	This Month Feb-24	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	1642	1479	-163	774		710
	RTT 78 Weeks waited	Total count	360	296	-64	68		0
	RTT 104 Weeks waited	Total count	2	1	-1	0		0
	Cancer - Over 62 day waiters	Total count	306	287	-19	241		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	10.7%	9.1%	-1.7%			6.4%
	Cancer - 28 day faster diagnosis standard	% patients receiving diagnosis in 28-days	73.4%	78.3%	4.9%	74.6%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	54.9%	56.8%	1.9%	67.8%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	64.5%	66.9%	2.4%	74.2%	95%	76.0%
	No criteria to reside	Average daily count	175	167	-8	52		50
	No criteria to reside	NCTR as a % of occupied beds	17.0%	16.2%	-0.8%	5.5%		5.3%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(39,703)	(27,077)		(20,400)		(14,900)
	Delivering Best Value & Financial Recovery Plan Savings delivery	Year to date position £000	54,201	65,677		74,718		98,077

Positive Value | Negative Value < 5% | Negative Value > 5%

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	This Month Jan-24	This Month Feb -24	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	*Vs baseline (2019/20)*	119.6%	113.5%	-6.2%	133.9%	104%
	Outpatient activity (FU)	*Vs baseline (2019/20)*	145.6%	153.3%	7.7%	107.9%	75%
	Outpatient procedures	*Vs baseline (2022/23)*	289.3%	221.7%	-67.6%	234.4%	
	Elective inpatient activity	*Vs baseline (2019/20)*	48.7%	44.6%	-4.1%	74.6%	104%
	Elective daycase activity	*Vs baseline (2019/20)*	94.5%	124.4%	29.9%	117.9%	104%
	RTT 18 week performance	*Patients seen <18 weeks vs total incomplete pathways*	53.7%	53.7%	0.0%		92%
	Incomplete pathways	*Total count*	21740	21150	-2.7%	22419	
	RTT 52+ weeks waited	*Total count*	1746	1662	-4.8%	3248	
	RTT 65+ weeks waited	*Total count*	748	683	-8.7%	303	
	RTT 78+ weeks waited	*Total count*	147	132	-10.2%	68	
	RTT 104+ weeks waited	*Total count*	1	1	0.0%	0	
CANCER	Cancer - 28 day faster diagnosis standard	*Performance*	72.43%	77.09%	4.7%	71.5%	75%
	31 day general treatment standard	*Performance*	88.57%	84.95%	-3.6%		96%
	62 day general standard	*Performance*	78.24%	71.94%	-6.3%		85%
	Cancer over 62 day waiters	*Total count*	41	33	-19.5%	75	
	Cancer - % 62 day waiters against total open pathways	*days against open pathway*	6.1%	4.8%	-1.3%		

Domain	Measure/metric	Definition	This Month Jan-24	This Month Feb -24	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	*Vs baseline (2019/20)*	100.1%	101.6%	1.4%	80.8%	
	A&E attendances	*Vs baseline (2019/20)*	131.2%	136.4%	5.3%	107.2%	
	4 hour wait performance Type 1 only	*Patients seen <4 hours vs total attendances*	57.7%	63.9%	6.2%	74%	95%
	4 hour wait performance Type 1 - 3	*Patients seen <4 hours vs total attendances*	58.6%	64.7%	6.1%	74%	95%
	Ambulance handover delays >30 minutes	*Total count*	370	275	-25.7%		
	Residual no criteria to reside	*Average daily count*	47	46	-2.1%	14	
	Residual no criteria to reside	*NCTR as a % of occupied beds*	16.7%	16.5%	-0.2%	6.3%	
DIAGNOSTICS	6 week wait referral to diagnostic test	*% of diagnostic tests completed in 6 weeks*	*64.6%*	*69.8%*	5.1%	*N/A*	99%
	MRI activity	*Vs baseline (2019/20)*	*156.7%*	*130.8%*	-25.9%	103.1%	
	CT activity	*Vs baseline (2019/20)*	*130.1%*	*127.3%*	-2.8%	122.7%	
	Medical Endoscopy activity	*Vs baseline (2019/20)*	*129.9%*	*136.6%*	6.7%	118.6%	
	Non-obstetric ultrasound activity	*Vs baseline (2019/20)*	*105.3%*	*106.4%*	1.1%	91.8%	
	Echocardiography activity	*Vs baseline (2019/20)*	*113.7%*	*110.5%*	-3.3%	78.2%	

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary

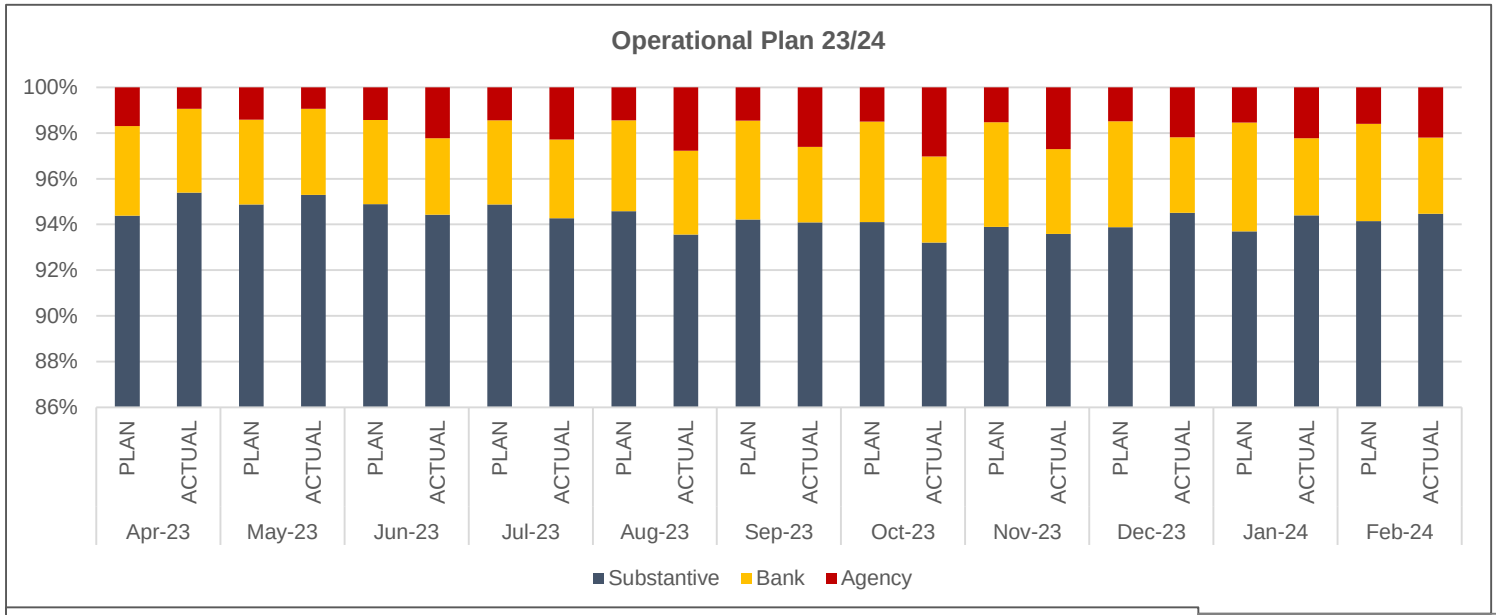
Eastern Services Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Jan-24	This Month Feb-24	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	109.3%	**108.0%**	-1.3%	103.2%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	152.5%	**157.9%**	5.4%	137.4%	75%
	Outpatient Procedures	vs baseline (2019/20)	131.7%	**131.1%**	-0.5%	108.6%	
	Elective Inpatient Activity	vs baseline (2019/20)	66.6%	**67.3%**	0.7%	95.8%	104%
	Elective Daycase Activity	vs baseline (2019/20)	125.4%	**145.1%**	19.7%	130.9%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	53.9%	**55.3%**	1.4%		92%
	Incomplete Pathways	Total count	52799	**52629**	-0.3%	61853	
	RTT 52 Weeks waited	Total count	2628	**2415**	-8.1%	2489	
	RTT 65 Weeks waited	Total count	894	**796**	-11.0%	471	
	RTT 78 Weeks waited	Total count	213	**164**	-23.0%	0	
	RTT 104 Weeks waited	Total count	1	**0**	-100.0%	0	
CANCER	Cancer – 28 day faster diagnosis standard	Performance	73.7%	78.8%	5.1%	75.2%	75%
	31 day general treatment standard	Performance	76.0%	75.3%	-0.7%		96%
	62 day general standard	Performance	52.5%	61.0%	8.5%		85%
	Cancer - % 62 day waiters against total open pathways	62 day waits as a % of total pathways	12.2%	10.3%	-1.9%		
	Cancer over 62 day waiters	Total count	265	254	-4.2%	174	

Domain	Measure/Metric	Definition	Last Month Jan-24	This Month Feb-24	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	109.9%	**103.2%**	-6.7%	99.9%	
	A&E attendances	vs 19/20 baseline	98.0%	**105.3%**	7.4%	91.4%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	53.2%	**52.3%**	-0.8%	64.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	67.1%	**67.9%**	0.7%	73.9%	95%
	Ambulance handover delays >30 mins	Total count	821	**893**	8.1%		
	Residual : No Criteria to Reside count	Average Daily count	128.0	**121.0**	-5.8%	38	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	17.1%	**16.0%**	-1.0%	5.3%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	60.8%	66.3%	5.5%		99%
	MRI activity	vs 19/20 baseline	116.4%	111.4%	-5.0%	106.3%	
	CT activity	vs 19/20 baseline	121.7%	120.7%	-1.0%	111.5%	
	Medical Endoscopy activity	vs 19/20 baseline	106.8%	35.8%	-71.0%	90.7%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	108.2%	101.3%	-6.9%	84.9%	
	Echocardiography activity	vs 19/20 baseline	146.8%	110.6%	-36.2%	76.2%	

Positive Value | Negative Value < 5% | Negative Value > 5%

Operational Plan 23/24



YTD Substantive WTE: **+5.43% over plan**

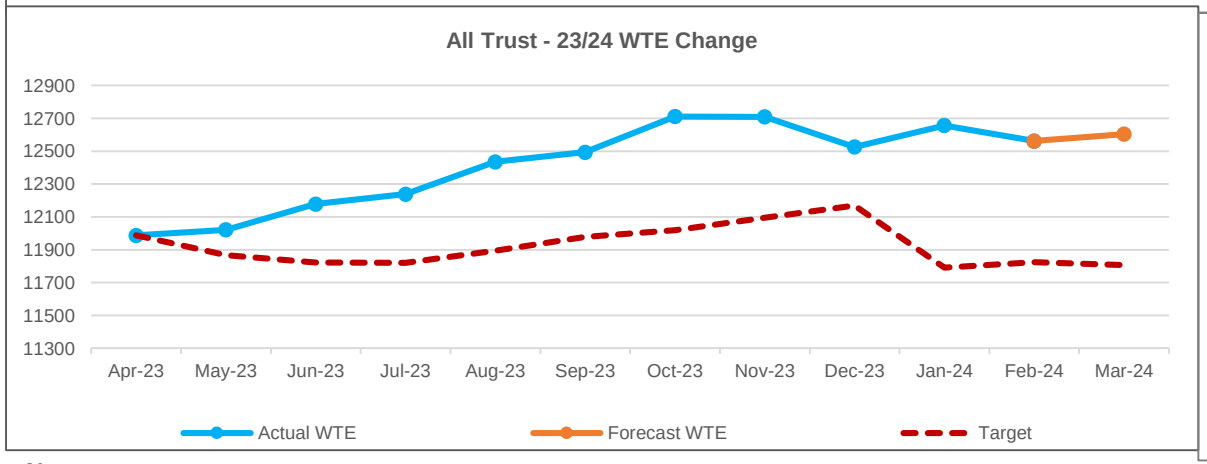
YoY Substantive WTE Change: **+3.11%**

YTD Bank Utilisation: **14.02% under plan**

YoY Bank Utilisation: **17.89% reduction**

YTD Agency Utilisation: **50.28% over plan**

YoY Agency Utilisation: **1.60% increase**



Understanding Workforce variation

Substantive WTE

+616.23 as at M11. 105wte is attributable to the over-stated opening WTE position. 195.68wte is attributable to unrealised DBV schemes, whilst 371.44wte is attributable to unrealised Devon ICS system schemes.

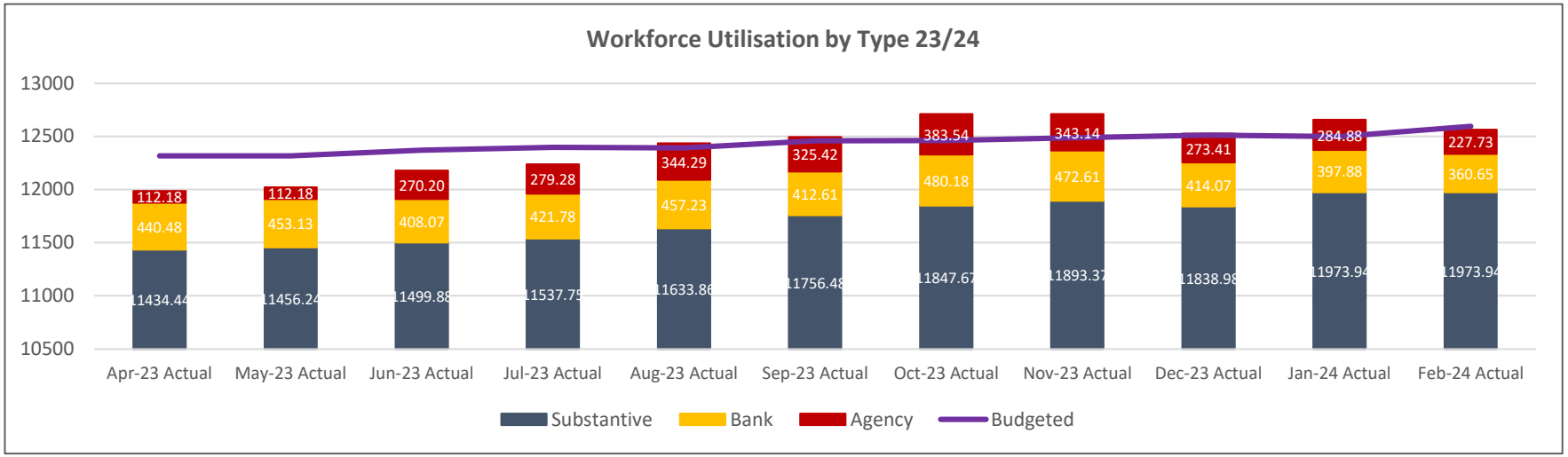
Agency

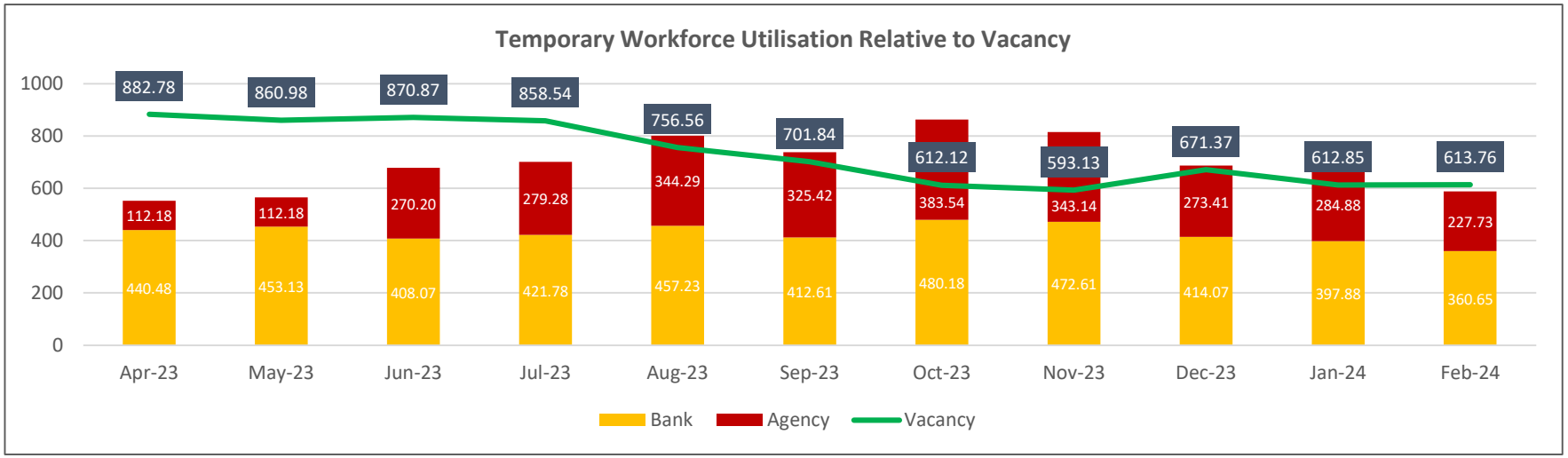
Whilst this is off the ambitious annual plan by M11, an average monthly reduction of 13.15% in agency usage has been achieved YTD, relative to the March '23 baseline.

Notes

'**Target**' – total WTE plan by month as per 23/24 operational plan (i.e. substantive, bank & agency combined).
'**Actual**' – total WTE utilised by month (substantive, bank & agency combined). ' **Forecast**' – total WTE forecast to be utilised for the remainder of 23/24, assuming wte growth experienced year to date is sustained and DBV schemes are realised in full and on time.

Operational Plan 23/24





Trust Recruitment Update

Vacancy Control Process (VCP)

- 401 approval to recruit (ATR) forms were reviewed by the Trust VCP group during February, of which:
  - 360 were approved
  - 41 were rejected or deferred or withdrawn – these will be roles that are not impacting patient flow

- Of those that were reviewed and approved during February, 10 requests were escalated to the ICB panel for review (all being corporate services roles and all bandings)

- The Trust vacancy rate now stands at 3.72%.

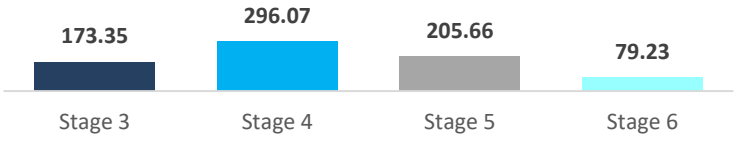
Recruitment

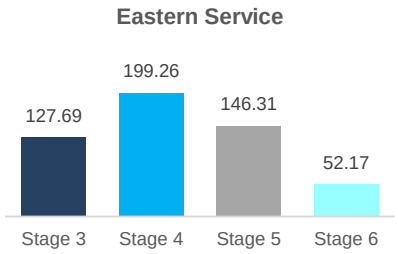
Recruitment events in February have focused on both short-term and long-term needs as follows:

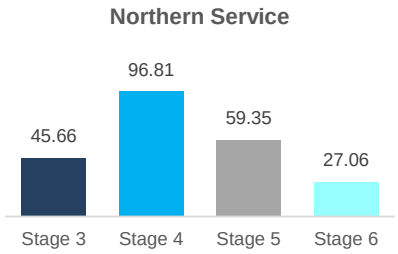
- **Newly Qualified Nurses (NQN)** with the focus primarily on paediatrics . A total of 21 people were offered including additional adult nurses for both Acute and Community Services taking our NQN offers made total to 76. These individuals are likely to commence with the Trust in late Summer with just 8 due to start in the next couple of months.
- For **HCSW** 18 people were offered and are currently working through the onboarding process.
- Our next events are **March 16th in Eastern** and **23rd March in Northern** services. In addition, we are working with the ICS to attend the Devon County Show this year as a One Devon event.

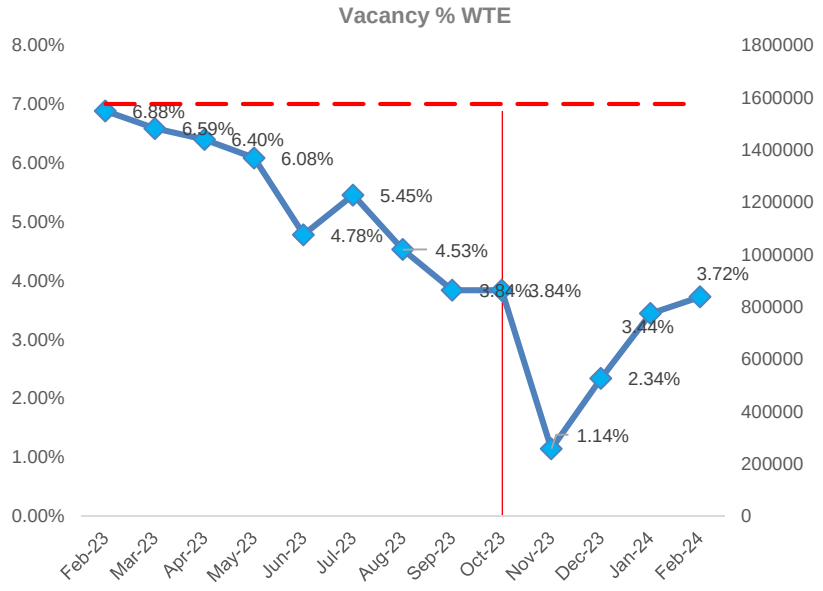
International Recruitment

- 2 international nurses arrived in February and this now concludes the current Trust IR nursing programme which has delivered 220 nurses since January 2023.
- The Trust has also welcomed 20 IR AHPs, with the 21st arrival due early April (a therapeutic Radiographer), and 6 midwives overall.
- The Trust ambitions for the next financial year are currently being set to include 'home growing' where we identify individuals already working in the Trust in a HCSW capacity and were previously registered in their home country.

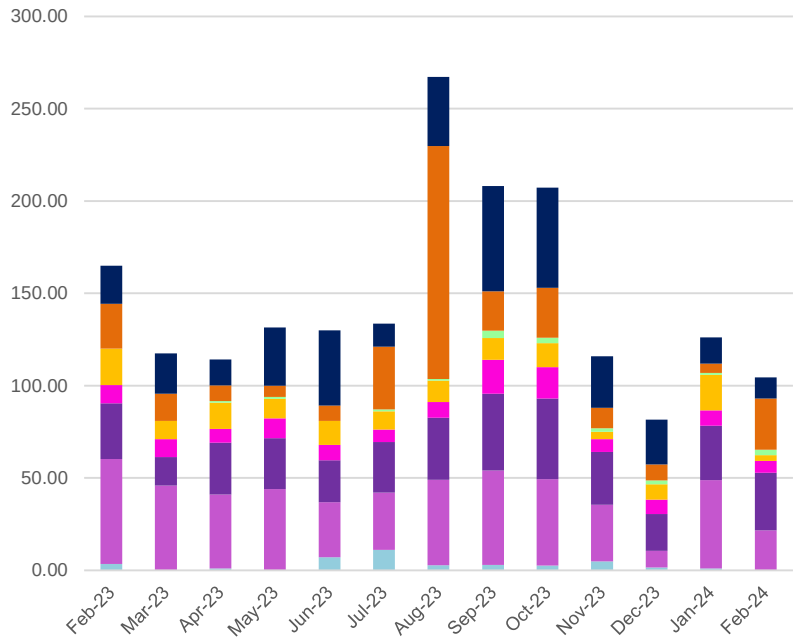


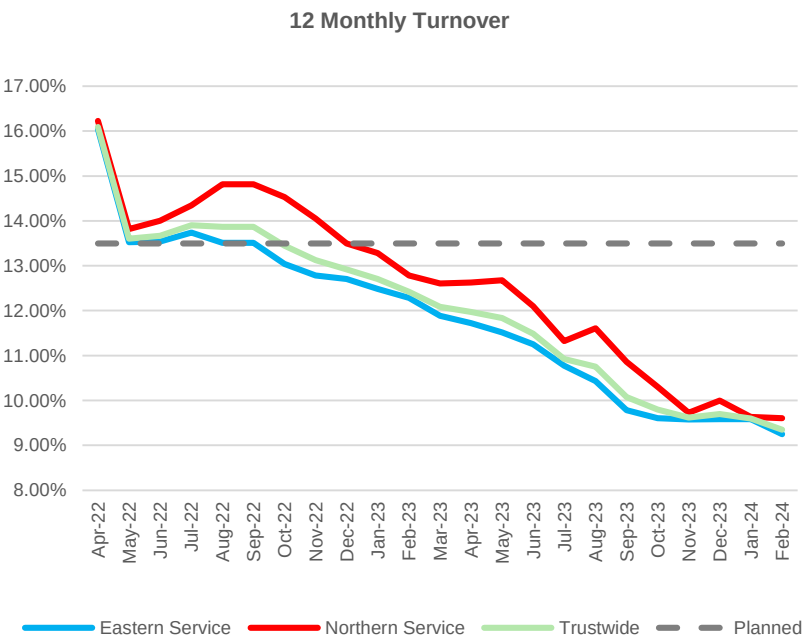


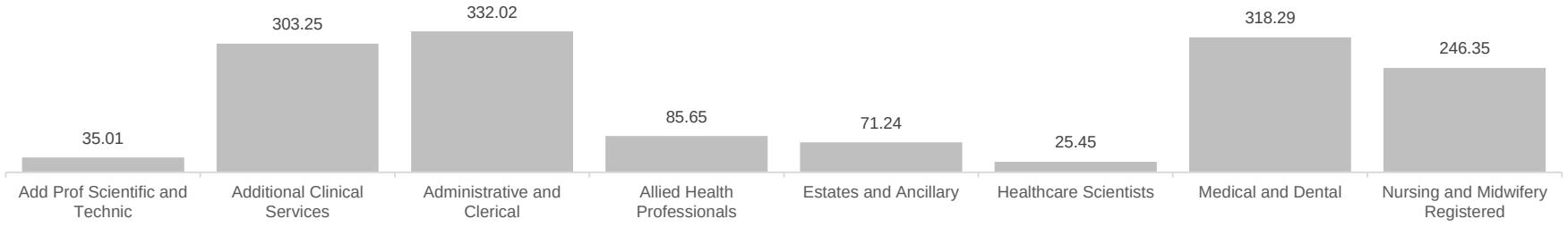




Trust Turnover



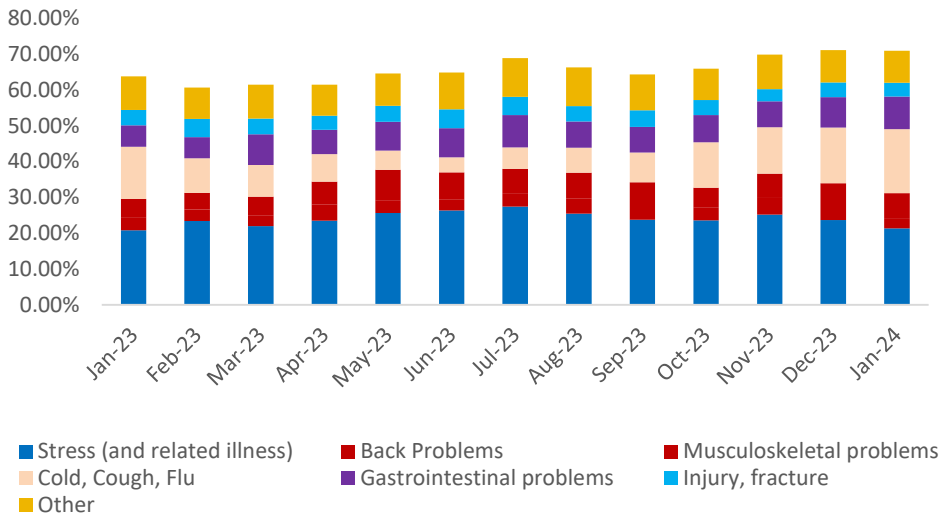


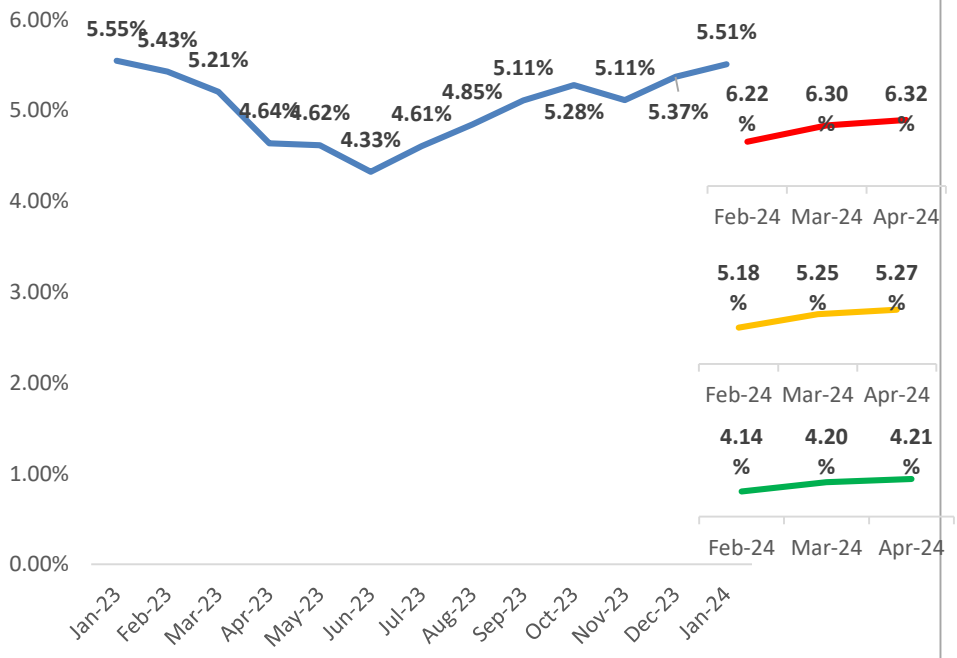


Turnover (data as at end-Jan-2024)

- Trustwide turnover follows its continued positive trend throughout most of the last 18+ months decreasing once again to 9.35% across both sites . This decrease maintains its strong position against the threshold of 13.5%.
- Exit survey data continues to be scrutinised both centrally and within Divisions to ensure any missed opportunities are followed up. This coupled with Divisional Staff Survey action plans will provide opportunity for focused improvements where staff are indicating frustrations.
- The top reason for leaving currently is showing as 'Relocation'.

Trust Sickness Absence





Sickness Absence (Data shown for latest complete month: Jan24)

- The sickness rate continues to climb through the winter months standing at 5.51% increases attributable to Northern Services whilst Eastern Services saw a decrease.
- Staff groups that have seen decreases are:
  Add Prof Scientific and Technic;
  Allied Health Professionals
- Whilst those staff group that have seen increases are:
  Additional Clinical Services;
  Healthcare Scientists
- Total cost of sickness for January is £2,061,141. This is the highest costing sickness in the last 13 months which aligns with the highest sickness percentage.
- Although "Anxiety/stress/depression/other psychiatric illnesses" remains the highest reason for sickness it has continued to decrease in January dropping to 21.23% from December's figure of 23.70% and previously a quarter of all sickness episodes..
- The number of Trustwide total staff on 28+ Days Sickness still off at the end of January has decreased to 192 previous month 207.
- The total number of people approaching Half and Nil pay have increased: half pay hitting 56 people and nil pay 64 people
- The number of Trustwide staff still off at the end of January 2024 on Maternity leave drops to 265 (previously 276) with the highest numbers - 97 in Nursing and Midwifery and 57 in Additional Clinical Services.
- Our last report on flu and covid vaccinations are: Flu = 52% Covid = 42%

Trust Summary Finance Position

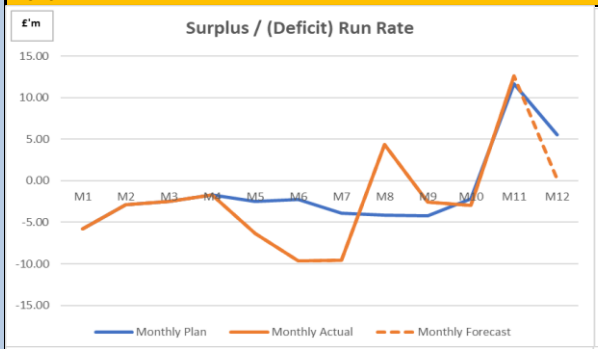
Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Jan-24	This Month Feb-24	Narrative	Forecast Mar-24
Income and Expenditure	**I&E Surplus / (Deficit) - Total**	£'000	-39,703	-27,077	**Year to Date Financial Overview** During Month 11 the Trust received deficit support funding for the year of £13m of which £12m is reflected at month 11. NHSE have reduced down our original plan of a £28m deficit by the same value given us a target deficit of £15m for 2023/24. At the end of month 11 the Trust is reporting a year to date deficit of £27.1m so whilst there is an in-month improvement in the absolute value of the deficit the variance to plan remains similar. The Trust remains in financial recovery forecasting that we will not achieve the revised plan by £12m as per the previous month. In month 11 the Trust also received £1.2m of income to off-set the direct costs of Industrial Action from December 2023 to February 2024 . These additional income streams off-set the net adverse variances below: The material drivers of the adverse variance to plan can be summarised as follows: (£6.7m) drugs (see below)* (£3.0m) additional outsourcing and theatre ERF above plan (£1.6m) specialling of complex patients (£2.6m) unfunded pay award (£3.1m) supernumery costs of International Recruitment (£9.2m) under achievement of Delivering Best Value programme. £9.4m ERF over achievement of plan * Adverse non-pay variance includes an overspend on drugs from the movement in drugs growth from the point the expenditure plan was set, high cost drugs recoverable through Specialist Commissioning variable contract income and high cost drugs not recoverable under the ICB block contract. **Financial Recovery Plan (FRP) Actions** The Financial Recovery Plan enacted from month 7 is well embedded with the Financial Recovery Board meeting fortnightly chaired by the CEO. Workstreams are embedded covering opportunities across income, pay (including enhanced vacancy control), non-pay and drugs. The FRP has delivered £25.4m of benefit to date against a trajectory of £25.3m - see FRP section below. **Forecasting Outturn** Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have approved a revised deficit of £26.9m being £12.0m adverse to the revised plan.	-26,905
	I&E Surplus / (Deficit) v budget	£'000	-7,653	-6,677		-12,005
	Income variance to budget - Total	£'000	29,587	42,581		47,325
	Income variance to budget - Total	%	3.52%	4.56%		4.65%
	Income variance to budget - Patient Care	£'000	18,040	25,799		28,036
	Income variance to budget - Operating income	£'000	11,547	16,782		19,289
	Pay variance to budget - Total	£'000	-21,038	-25,514		-27,824
	Pay variance to budget - Total	%	-3.86%	-4.27%		-4.28%
	Non Pay variance to budget	£'000	-17,506	-25,182		-31,898
	Non Pay variance to budget	%	-5.55%	-7.32%		-8.66%
	PDC, Interest Paid / Received variance to budget	£'000	719	853		736
	PDC, Interest Paid / Received variance to budget	%	6.47%	6.93%		5.44%
	Capital Donations variance to plan - technical reversal	£'000	585	585	Neutral adjustment when calculating reported financial position.	-344
	Agency expenditure variance to Plan	£'000	-4,301	-3,896	Increased usage to cover vacancies, sickness, strike support and specialling of highly complex patients awaiting discharge - further work being undertaken to ensure compliance with agency controls is reducing the in-month run rate and reducing the adverse variance.	-3,502
	Agency expenditure variance to agency limit	£'000	884	1,806	Agency usage is below the limit year to date and is forecast remain favourable.	2,722
	Delivering Best Value Programme - Total Current Year achievement	£'000	36,255	40,262	**DBV** Strong start to the year in terms of savings programme though slippage on recurrent delivery has been off-set by non-recurrent over-delivery. The YTD plan assumed the material benefit of strategic system schemes in Q4 that have not materialised. DBV schemes variance to plan: £7.7m Income favourable (£10.6m) Pay adverse (£6.3m) Non pay adverse **FOT** - £2.4m under delivery against internal programme, £13.3m under delivery against system schemes planned in Q4. **FRP** was implemented during month 8 and has delivered £25.4m of savings against the recovery plan profile. Slippage on income recovery originally expected in month 8 has now recovered and informing forecasts over the remainder of the year. The Forecast under delivery of £5.4m against the Financial Recovery Plan has been off-set by a corresponding increase in the £26.9m NHSE agreed forecast deficit.	44,630
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	-3,302	-9,181		-15,670
	Financial Recovery Action Plan - Total Current Year achievement	£'000	17,946	25,415		32,356
	Financial Recovery Plan Actions - Year to date/ Current Year variance to budget	£'000	269	140		-5,421

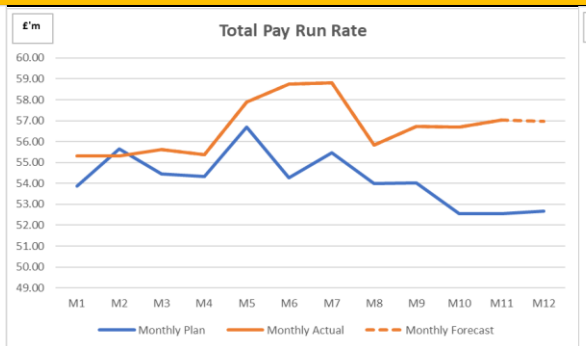
Trust Summary Finance Position

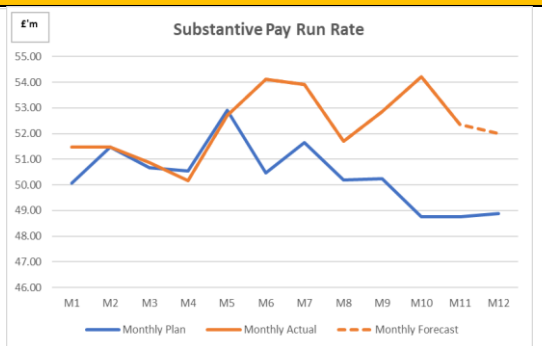
Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Jan-24	This Month Feb-24	Narrative	Forecast Mar-24
Capital & Cash	Cash balance	£'000	3,034	20,855	The cash balance is in relation to significant capital payments that are due the following month and therefore is separated out from revenue cash commitments in the working capital draw down calculations. This is to ensure capital cash flows are maintained and not utilised to support revenue positions risking completion of capital schemes The revenue cash balance is now at minimum levels and a successful application has been made to NHSE for £16.0m support in quarter 4.	35,270
	Cash variance to budget - above / (below)	£'000	-17,305	1,101		20,776
	Better Payment Practice v 95% cumulative target - volume	%	72%	73%	Continued improvement in cumulative value of invoices paid within target to month 9; from month 10 performance impacted by the timing of notification of in-month cash support. All endeavours will be targeted to minimise the impact on suppliers and cash flow forecasts have taken into account maintaining BPP performance over Q4. Recovery is likely to be 79% cumulatively by year end against the 85% aspiration.	74%
	Better Payment Practice v 95% cumulative target - value	%	78%	78%		79%
	Capital Expenditure variance to plan - Total above / (below)	£'000	-28,743	-30,110	Capital expenditure to M11 was £35.6m being £30.1m less than assumed in plan. Of the variance, £9.2m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £20.9m behind plan but £29.5m of open orders give confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery. Whilst the forecast capital expenditure is £3.0 favourable to plan expenditure of £76.2m fully utilises the CDEL and PDC allocations forecast in 2023/24.	3,038
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-6,402	-8,148	**YTD** - Slippage on commencing schemes with expectation to recover supported by the value of orders placed. **FOT** - Donated income is a neutral adjustment when calculating reported financial position.	3,961
	Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-22,341	-21,962	Slippage on commencing schemes with expectation to recover supported by the value of orders placed. The PDC element of the capital programme will be funded by future cash receipts that have not yet been drawdown. **YTD material schemes** £9.2m lease profiling (IFRS16) £7.1m Endoscopy capacity (PDC element) £5.8m Community Diagnostics (PDC element) **FOT** Net adjustment in PDC and leasing fully utilises the 2323/24 allocations.	-923

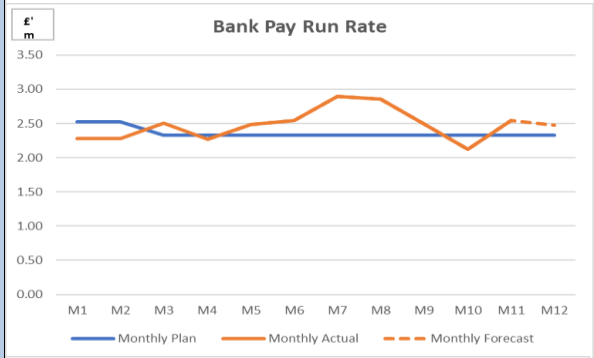
Trust Financial Tables

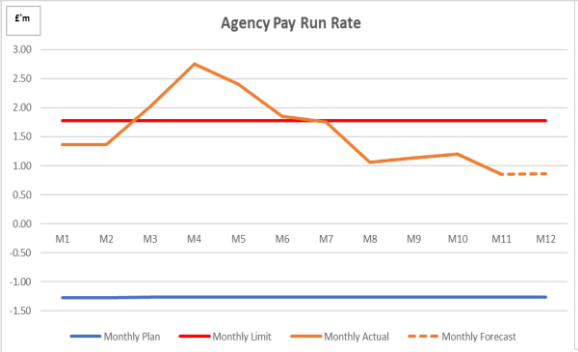
Royal Devon University Healthcare NHS Foundation Trust
Charts
Period ending 29/02/2024
Month 11

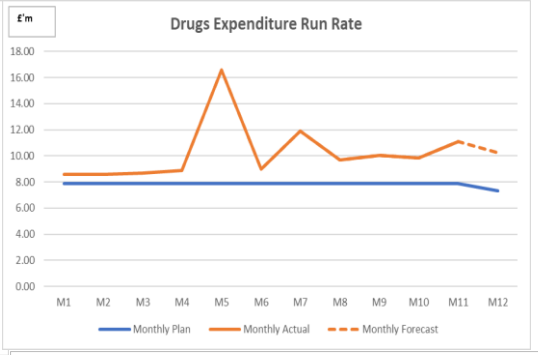


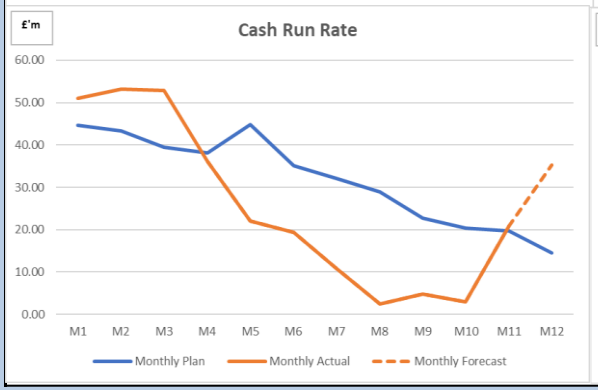


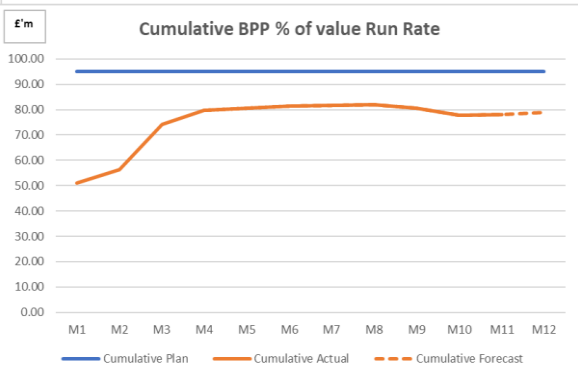












Income and Expenditure
Call to action focusing on exec level work streams to target run rate improvement across all domains to bring the run rate back towards planned levels. Run rate charts for months 11-12 reflect the run rates required to deliver the revised £27m FOT deficit.

Cash Run Rate
Cash balance improvements are the result of slippage in the capital programme YTD that results in increased payable at year end. This is forecast to reduce significantly in April

BPP
Continued improvement in cumulative value of invoices paid within target to month 9; from month 10 performance impacted by the timing of notification of in-month cash support.
All endeavours will be targeted to minimise the impact on suppliers and cash flow forecasts have taken into account maintaining BPP performance over Q4.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Income Statement Period ending 29/02/2024 Month 11	Year to Date			Outturn		
	Plan	Actual	Actual Variance to Budget Fav / (Adv)	Plan	Actual	Actual Variance to Budget Fav / (Adv)
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
Patient Care Income	829,716	855,515	25,799	904,119	932,155	28,036
Operating Income	103,841	120,623	16,782	113,438	132,727	19,289
Total Income	**933,557**	**976,138**	**42,581**	**1,017,557**	**1,064,882**	**47,325**
Employee Benefits Expenses	(597,841)	(623,355)	(25,514)	(650,509)	(678,333)	(27,824)
Services Received	(32,977)	(26,626)	6,351	(35,963)	(28,044)	7,919
Clinical Supplies	(82,684)	(78,373)	4,311	(90,000)	(85,498)	4,502
Non-Clinical Supplies	(14,473)	(15,555)	(1,082)	(15,428)	(16,969)	(1,541)
Drugs	(86,873)	(112,877)	(26,004)	(94,212)	(123,139)	(28,927)
Establishment	(13,141)	(16,699)	(3,558)	(13,141)	(17,717)	(4,576)
Premises	(23,655)	(24,936)	(1,281)	(25,538)	(27,203)	(1,665)
Depreciation & Amortisation	(38,390)	(38,222)	168	(42,010)	(42,010)	0
Impairments (reverse below the line)	0	0	0	0	0	0
Clinical Negligence	(26,520)	(24,310)	2,210	(26,520)	(25,545)	975
Research & Development	(8,919)	(16,670)	(7,751)	(9,012)	(18,185)	(9,173)
Operating lease expenditure	(1,670)	(1,769)	(99)	(1,690)	(1,930)	(240)
Other Operating Expenses	(14,587)	(13,034)	1,553	(14,847)	(14,019)	828
Total Costs	**(941,730)**	**(992,426)**	**(50,696)**	**(1,018,870)**	**(1,078,592)**	**(59,722)**
EBITDA	**(8,173)**	**(16,288)**	**(8,115)**	**(1,313)**	**(13,710)**	**(12,397)**
Profit / (Loss) on asset disposals	0		0	0		0
Interest Receivable	1,412	2,595	1,183	1,431	2,802	1,371
Interest Payable	(2,433)	(2,763)	(330)	(2,642)	(2,977)	(335)
PDC	(11,286)	(11,286)	0	(12,308)	(12,608)	(300)
Net Finance Costs	**(12,307)**	**(11,454)**	**853**	**(13,519)**	**(12,783)**	**736**
Net Surplus / (Deficit)	**(20,480)**	**(27,742)**	**(7,262)**	**(14,832)**	**(26,493)**	**(11,661)**
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	80	665	585	(68)	(412)	(344)
Net Surplus/(Deficit) after donated asset & PSF/MRET Income	**(20,400)**	**(27,077)**	**(6,677)**	**(14,900)**	**(26,905)**	**(12,005)**

KEY MOVEMENTS AGAINST BUDGET

Year to Date Financial Overview

At the end of month 11 the Trust is reporting a year to date deficit of £27.1m being £6.7m adverse to plan. The in-month improvement includes £12.0m additional national income allocation that NHSE adjusted to improve the YTD plan deficit; so whilst there is an in-month improvement in the absolute value of the deficit the variance to plan remains similar. In month 11 the Trust also received £1.2m of income to off-set the direct costs of Industrial Action from December 2023 to February 2024 . These additional income streams off-set the net adverse variances below:

The drivers of the adverse variance to plan can be summarised as follows:

(£6.7m) drugs
(£3.0m) additional outsourcing and theatre ERF above plan
(£1.6m) specialling of complex patients
(£2.6m) unfunded pay award
(£3.1m) supernumery costs of International Recruitment
(£9.2m) under achievement of Delivering Best Value programme.
£9.4m ERF over achievement of plan

Forecasting Outturn

Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have approved a revised deficit of £26.9m being £12.0m adverse to plan.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Statement of Financial Position Period ending 29/02/2024 Month 11	Year to Date Plan £000	 Actual £000	 Actual Variance Over / (Under) £000		Outturn Plan £000	 Actual £000	 Actual Variance Over / (Under) £000		Prior Year Mar-23 £000	 Actual YTD Movement Incr. / (Dec.) £000
Non-current assets										
Intangible assets	53,665	51,391	(2,274)	1	53,333	52,879	(454)		58,621	(7,230)
Other property, plant and equipment (excludes leases)	446,448	426,686	(19,762)	1	451,271	456,488	5,217		421,298	5,388
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	61,896	53,804	(8,092)	2	61,184	59,287	(1,897)		54,580	(776)
Other investments / financial assets	5	5	0		5	5	0		5	0
Receivables	2,726	2,346	(380)	2	2,726	2,343	(383)		3,303	(957)
Credit Loss Allowances	0	(304)	(304)	2	0	(301)	(301)		(228)	
Total non-current assets	**564,740**	**533,928**	**(30,812)**		**568,519**	**570,701**	**2,182**		**537,579**	**(3,575)**
Current assets										
Inventories	13,550	16,414	2,864	2	13,550	16,001	2,451		15,624	790
Receivables: due from NHS and DHSC group bodies	17,810	42,668	24,858	2	17,810	27,810	10,000		39,891	2,777
Receivables: due from non-NHS/DHSC group bodies	16,000	25,768	9,768	2	16,000	32,969	16,969		21,090	4,678
Credit Loss Allowances	0	(873)	(873)	2	0	(827)	(827)		(796)	(77)
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0		0	0
Cash	19,754	20,855	1,101		14,494	35,270	20,776		46,033	(25,178)
Total current assets	**67,114**	**104,832**	**37,718**		**61,854**	**111,223**	**49,369**		**121,842**	**(17,010)**
Current liabilities										
Trade and other payables: capital	(11,000)	(4,990)	6,010	2	(11,000)	(26,831)	(15,831)		(6,615)	1,625
Trade and other payables: non-capital	(79,849)	(77,228)	2,621	2	(79,850)	(88,215)	(8,365)		(96,708)	19,480
Borrowings	(14,833)	(20,403)	(5,570)	2	(15,000)	(18,609)	(3,609)	3	(16,676)	(3,727)
Provisions	(200)	(268)	(68)	2	(200)	(295)	(95)		(295)	27
Other liabilities: deferred income including contract liabilities	(15,628)	(10,585)	5,043		(10,500)	(15,416)	(4,916)		(17,892)	7,307
Total current liabilities	**(121,510)**	**(113,474)**	**8,036**		**(116,550)**	**(149,366)**	**(32,816)**		**(138,186)**	**24,712**
Total assets less current liabilities	**510,344**	**525,286**	**14,942**		**513,823**	**532,558**	**18,735**		**521,235**	**4,127**
Non-current liabilities										
Borrowings	(106,695)	(93,475)	13,220	1	(102,440)	(96,895)	5,545	3	(102,694)	9,219
Provisions	(970)	(1,264)	(294)	2	(970)	(1,276)	(306)		(1,276)	12
Other liabilities: deferred income including contract liabilities	0	0	0		0	0	0		0	0
Other liabilities: other	0	0	0		0	0	0		0	0
Total non-current liabilities	**(107,665)**	**(94,739)**	**12,926**		**(103,410)**	**(98,171)**	**5,239**		**(103,970)**	**9,231**
Total net assets employed	**402,679**	**430,547**	**27,868**		**410,413**	**434,387**	**23,974**		**417,265**	**13,358**
Financed by										
Public dividend capital	379,462	402,629	23,167	2	382,645	405,219	22,574	4	361,604	41,025
Revaluation reserve	63,956	50,328	(13,628)	2	63,956	50,141	(13,815)		52,385	(2,057)
Income and expenditure reserve	(40,739)	(22,409)	18,330	2	(36,188)	(20,973)	15,215		3,277	(25,686)
Total taxpayers' and others' equity	**402,679**	**430,548**	**27,869**		**410,413**	**434,387**	**23,974**		**417,266**	**13,282**

KEY MOVEMENTS

1. Slippage on capital programme forecast to recover by year end
2. The plan was based on a forecast outturn balance sheet at month 7 2022/23 that was significantly different at year end as shown; the YTD balance sheet being more reflective of outturn than plan.
3. Borrowings reflects the forecast reduction in leases together with changes in classification between current and non-current.
4. The PDC increase includes capital PDC and Revenue PDC support to be received in quarter 4.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Cash Flow Statement Period ending 29/02/2024 Month 11	Year to Date Plan £000	Year to Date Actual £000	Year to Date Actual Variance Fav. / (Adv.) £000		Outturn Plan £000	Outturn Actual £000	Outturn Actual Variance Fav. / (Adv.) £000
Cash flows from operating activities							
Operating surplus/(deficit)	(20,213)	(16,288)	3,925		(14,448)	(13,710)	738
Non-cash income and expense:							
Depreciation and amortisation	38,390	38,222	(168)		42,010	42,010	0
Impairments and reversals	0	0	0		0	0	0
Income recognised in respect of capital donations (cash and non-cash)	(629)	(44)	585		(842)	(1,186)	(344)
(Increase)/decrease in receivables	0	(6,397)	(6,397)		0	1,214	1,214
(Increase)/decrease in inventories	0	(790)	(790)		0	(377)	(377)
Increase/(decrease) in trade and other payables	219	(24,612)	(24,831)	1	222	(8,793)	(9,015)
Increase/(decrease) in other liabilities	0	(7,307)	(7,307)		0	(2,476)	(2,476)
Increase/(decrease) in provisions	0	(39)	(39)		0	0	0
Net cash generated from / (used in) operations	**17,767**	**(17,255)**	**(35,022)**		**26,942**	**16,682**	**(10,260)**
Cash flows from investing activities							
Interest received	1,412	2,595	1,183		1,431	2,802	1,371
Purchase of intangible assets	(2,600)	(963)	1,637		(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(47,661)	(30,069)	17,592		(54,660)	(40,316)	14,344
Proceeds from sales of property, plant and equipment and investment property	0	0	0		0	0	0
Receipt of cash donations to purchase capital assets	629	44	(585)		842	1,186	344
Net cash generated from/(used in) investing activities	**(48,220)**	**(28,393)**	**19,827**		**(55,387)**	**(39,328)**	**16,059**
Cash flows from financing activities							
Public dividend capital received	22,560	41,025	18,465		25,743	43,615	17,872
Loans from Department of Health and Social Care - repaid	(635)	(635)	0		(1,270)	(1,270)	0
Other loans received	0	0	0		0	0	0
Other loans repaid	(3,908)	(3,908)	0		(5,174)	(5,174)	0
Other capital receipts	0	0	0		0	0	0
Capital element of finance lease rental payments	(6,641)	(6,114)	527		(8,828)	(8,719)	109
Interest paid	(3,769)	(3,022)	747		(3,978)	(3,463)	515
Interest element of finance lease	0	(774)	(774)		0	(850)	(850)
PDC dividend (paid)/refunded	(6,154)	(6,102)	52		(12,308)	(12,256)	52
Net cash generated from/(used in) financing activities	**1,453**	**20,470**	**19,017**		**(5,815)**	**11,883**	**17,698**
Increase/(decrease) in cash and cash equivalents	**(29,000)**	**(25,178)**	**3,822**		**(34,260)**	**(10,763)**	**23,497**
Cash and cash equivalents at start of period	**48,754**	**46,033**	**(2,721)**		**48,754**	**46,033**	**(2,721)**
Cash and cash equivalents at end of period	**19,754**	**20,855**	**1,101**		**14,494**	**35,270**	**20,776**

KEY MOVEMENTS

1 Late changes to final plan were not accurately reflected in Balance Sheet categories.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Capital Expenditure Period ending 29/02/2024 Month 11	Year to Date				Full Year Forecast		
Scheme	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**	**Open Orders £'000**	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**
Capital Funding:							
Internally funded	27,074	19,136	7,938		31,074	34,691	(3,617)
PDC	22,560	9,844	12,716		25,743	27,655	(1,912)
Donations/Grants	629	419	210		842	1,186	(344)
IFRS 16	15,488	6,242	9,246		15,488	12,653	2,835
Total Capital Funding	**65,751**	**35,641**	**30,110**		**73,147**	**76,185**	**(3,038)**
Expenditure:							
Equipment	14,277	5,313	8,964	4,584	15,528	11,383	4,145
Estates Backlog/EIP	6,483	3,788	2,694	4,497	7,371	6,485	886
Estates Developments	9,377	7,220	2,157	5,630	10,047	11,551	(1,504)
Digital	3,580	5,167	(1,586)	1,187	4,162	8,141	(3,979)
Our Future Hospital	0	853	(853)	232	0	2,941	(2,941)
ED	5,343	2,644	2,699	4,893	6,165	4,000	2,165
Cardiology Day Case	6,839	6,556	283	3,630	7,432	7,439	(7)
CDC Nightingale	4,033	753	3,280	3,732	4,400	4,400	0
Endoscopy	10,352	1,306	9,046	836	11,122	11,514	(392)
Diagnostics - Northern Schemes	2,531	0	2,531	0	3,797	0	3,797
Digital Capability Programme	936	318	617	5	1,123	1,954	(831)
Hybrid Theatre	0	0	0	0	0	3,500	(3,500)
Other	0	1,664	(1,664)	222	0	2,692	(2,692)
Unallocated	2,000	58	1,942	95	2,000	185	1,815
Total Capital Expenditure	**65,751**	**35,641**	**30,110**	**29,542**	**73,147**	**76,185**	**(3,038)**
Under/(Over) Spend	**0**	**0**	**(0)**		**0**	**(0)**	**0**

Capital expenditure to M11 was £35.6m being £30.1m less than assumed in plan. Of the variance, £9.2m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £20.9m behind plan but £29.5m of open orders give confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.

Forecast capital expenditure of £76.2m fully utilises the CDEL and PDC allocations forecast in 2023/24 and continues to reflect the lease forecast reduction of £2.8m against plan.

Our Future Hospital PDC allocation was excluded at plan stage due to the timing of approved MoU's on NHSE planning schedules.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
Delivering Best value
Period ending 29/02/2024
Month 11

Delivering Best Value Finance Report Month 11		RAG	Year to Date Plan £000s	Year to Date Actuals £000s	Year to Date Variance £000s	Forecast Plan £000s	Forecast Delivery £000s	Forecast Variance £000s	Narrative
Internal Recurrent DBV									
Clinical Activity	Clinical Productivity - Activity		11,528	11,528	0	13,100	13,100	0	
	Data quality, coding & capture		4,583	4,583	0	5,000	5,000	0	
Corporate Services	Corporate Services - Integration		1,748	771	-977	2,000	912	-1,088	
Other Income Opportunities	Overseas visitor income		178	183	5	200	200	0	
	Other Trustwide Income		0	0	0	0	0	0	
Estate Review	Leased Estate DBV		0	471	471	200	523	323	
Workforce	Temporary Workforce		4,734	1,471	-3,263	5,200	1,471	-3,729	Agency spend currently above plan, any future agency spend reduction will be cost avoidance not DBV
	Supporting colleagues return to work		417	0	-417	500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		4,548	939	-3,609	3,101	1,030	-2,071	Detailed review of opportunities presented to DBV Governance process, eastern admin delivery £239k below expectation.
	Epic Optimisation - Digital		747	403	-344	2,699	439	-2,260	Detailed review of opportunities presented to DBV Governance process, £396k adverse variance to expected delivery due to eastern healthcare records MOC delayed
Procurement	Procurement		458	129	-329	500	232	-268	
Pharmacy	Medicines		275	1,521	1,246	300	1,720	1,420	Over delivery to be recognised against system strategic programme
Transformation	Transformation		267	0	-267	400	0	-400	
Covid	Covid Costs		2,383	2,383	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		1,833	1,833	0	2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	308	308	0	340	340	
	Total Recurrent DBV		**33,699**	**26,523**	**-7,176**	**37,800**	**29,567**	**-8,233**	
Internal Non recurrent DBV									
Corporate Services	Corporate Services - Integration		2	525	523	0	947	947	
Other Income Opportunities	Other Trustwide Income		0	2,680	2,680	0	2,900	2,900	Capital charges income
Estate Review	Profit on disposal		0	0	0	500	0	-500	Update to DBV Board reflected no delivery expected
Estate Review	Leased Estate DBV		167	889	722	0	889	889	Non recurrent NHS Property Services & rates adjustment
Workforce	Non clinical vacancy controls		917	917	0	1,000	1,000	0	
Epic	Epic Optimisation		0	44	44	0	44	44	
Procurement	Procurement		0	117	117	0	126	126	
Pharmacy	Medicines		0	361	361	0	361	361	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	350	350	0	450	450	NR slippage against transformation budget & Genomics analyser in year benefit
Finance Adjustments	NR Balance Sheet		3,000	7,269	4,269	4,500	7,378	2,878	Detailed review of accruals and deferred income
	Capital charges review		0	0	0	400	400	0	
	Funding arrangements for transfer of care		458	0	-458	500	0	-500	
Other Divisional DBV	Other Divisional DBV		0	362	362	0	343	343	Various divisional delivery
	Total Non-Recurrent DBV		**4,544**	**13,514**	**8,970**	**6,900**	**14,838**	**7,938**	
	System Double Count			**-1,607**			**-2,081**		
	Total Internal DBV		**38,243**	**38,430**	**187**	**44,700**	**42,324**	**-2,376**	

- Year to date position showing plan £38.2m and achievement of £38.4m (£0.2m favourable). M10 £2.0m favourable variance.
- Full year position showing a shortfall of £2.4m against the plan, M10 £2.1m shortfall. Movement of £0.3m for pharmacy forecast movement to system strategic delivery.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
System Savings
Period ending 29/02/2024
Month 11

Delivering Best Value Finance Report Month 11		RAG	Year to Date Plan £000s	Year to Date Actuals £000s	Year to Date Variance £000s	Forecast Plan £000s	Forecast Delivery £000s	Forecast Variance £000s	Narrative
System Strategic DBV									
Clinical Support	High Cost Drugs & Devices/Pharmacy		1,133	1,607	474	1,700	2,081	381	
Clinical Support	Imaging		567	0	-567	850	0	-850	
Clinical Support	Pathology		567	0	-567	850	0	-850	
Corporate Services	Corporate Services		947	0	-947	1,100	0	-1,100	
Estates	Estates		505	225	-280	800	225	-575	
People Services	Workforce		1,214	0	-1,214	1,600	0	-1,600	
New Models of Care	New Models of Care		2,702	0	-2,702	4,000	0	-4,000	
Procurement	Procurement		2,478	0	-2,478	3,000	0	-3,000	
Digital	Digital		1,108	0	-1,108	1,700	0	-1,700	
Technical	Technical		0	0	0	0	0	0	
	Adjustment to plan		-21	0	21	0	0	0	
	Total System DBV		**11,200**	**1,832**	**-9,368**	**15,600**	**2,306**	**-13,294**	
	Total DBV Delivery		**49,443**	**40,262**	**-9,181**	**60,300**	**44,630**	**-15,670**	

- £1.8m delivered to date, forecast position £2.3m delivered at year end. Year end forecast shortfall of £13.3m
- Overall DBV programme showing under delivery of £9.1m year to date and £15.7m under delivery at year end (£15.7m at month 10).

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
Financial Recovery Plan Savings
Period ending 29/02/2024
Month 11

Financial Recovery Plan Report Month 11		Recovery Plan £'000	Actual £'000	Variance	Recovery Plan £'000	Actual £'000	Variance	Narrative
ERF and Data Capture	Income Workstream	6,967	8,330	**1,363**	9,349	9,349	**0**	Slippage on income recovery improved in month 10 and projected to recover over the remainder of the year.
System Support	Income Workstream	0	0	**0**	4,420	0	**-4,420**	Reflected in updated FOT
Additional pay award funding	Income Workstream	1,370	1,370	**0**	1,495	1,495	**0**	
Early Supported Discharge	Income Workstream	275	250	**-25**	300	300	**0**	
Specialing Out of Area	Income Workstream	433	433	**0**	500	500	**0**	
Additional income from facilities	Income Workstream	400	295	**-105**	600	495	**-105**	
Other non-patient care income	Income Workstream	0	3,125	**3,125**	0	3,125	**3,125**	FRP challenge opportunities initially mapped as non-pay delivery
Pay controls	Pay Workstream	3,929	3,929	**0**	5,052	5,052	**0**	
Non Pay controls	Non Pay Workstream	9,182	5,047	**-4,136**	9,842	6,717	**-3,125**	Actual delivery reflected as additional non-patient care income
Drugs	Drugs Workstream	1,244	1,747	**503**	1,500	2,003	**503**	
Other	Other	1,476	890	**-586**	4,720	3,320	**-1,400**	£1,011k Reflected in updated FOT
Total		**25,276**	**25,415**	**140**	**37,778**	**32,356**	**-5,421**	

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:		Date: 20/03/24
Title:	Cancer Services Deep Dive: Part 2	
Prepared by:	Phil Luke, Interim Director of Operations (Eastern) and Transformation Heather Brazier - Director of Operations (Northern) Mike Hannemann, Clinical Lead for Cancer Services Kathy Huxham, Acting Programme Director for Cancer Services Tina Grose, Lead Nurse for Cancer Services Dom Page, Project and Service Change Lead - supporting Cancer services Sarah Brandhuber, Business Intelligence Lead for Cancer Services	
Presented by:	Karen Davies – Interim Medical Director (Eastern) Phil Luke, Interim Director of Operations (Eastern) and Transformation Kathy Huxham, Acting Programme Director for Cancer Services Tina Grose, Lead Nurse for Cancer Services	
Responsible Executive:	John Palmer, Chief Operating Officer	
Summary:	The Board commissioned a Cancer Deep Dive in November 2022. In response this paper covers: • A summary of key events relating to cancer since Jan 23, • An overview of performance • Description of key issues from the perspective of cancer clinicians, • Other strategic issues relevant to cancer, including patient feedback, data quality, links with the 5-year Clinical Strategy and our cancer workforce.	
Actions required:	The Board is asked to note and discuss the Cancer Deep Dive: Part 2.	

Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
			x	**x**

History:	Delivery of cancer services and a concomitant improvement in cancer outcomes is a key commitment expressed within a full suite of national, regional and local plans including the Long-Term Plan and the NHS Cancer Programme, and within the Trust's strategy.
Link to strategy/ Assurance Framework:	Cancer recovery is one of the key activities in the corporate road map; and one of the key services included within the published Clinical Strategy and Financial and Operational Plan for 2024/25.

Monitoring Information

Please *specify* CQC standard numbers and tick ✓other boxes as appropriate

Care Quality Commission Standards	Outcomes		
NHS Improvement	✓	Finance	
Service Development Strategy	✓	Performance Management	✓
Local Delivery Plan		Business Planning	
Assurance Framework	✓	Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

CANCER SERVICES DEEP- DIVE

Part II

March 2024

Phil Luke, Interim Director of Operations (Eastern) and Transformation
Mike Hannemann, Clinical Lead for Cancer Services
Kathy Huxham, Acting Programme Director for Cancer Services
Tina Grose, Lead Nurse for Cancer Services
Dom Page, Projects and Service Change Lead - supporting Cancer services
Sarah Brandhuber, Cancer Performance Manager - Eastern

Dear all,

I just wanted to write and thank you for looking after Katy during the time she was with you. I was extremely grateful for being able to spend time with her during the evening before she died. It will help me immensely in the years to come to know that we were able to spend that time together.

We were married for nearly 42 years and spent 47 years together which was all our adult life. We had great adventures and led our life on our own terms and our last words together were that we loved every minute of it and had no regrets, so we could not do better than that. It is tough facing the future without her, but I'm so grateful to you for making her last few hours comfortable for her. I would prefer for her to be with me whole and healthy, but I will take comfort from the fact that she did go quickly and I would take that any day for her sake over a long period of suffering knowing the outcome was never going to be a cure.

She had great belief in you all and talked about "Her Team" and that is everyone, doctors, nurses, cleaners and all other staff she came into contact with.

I also went through a major operation for cancer four years ago, my initial diagnosis was through the RD&E and then I was sent to Plymouth for my operation so I'm also grateful for all the work you guys do. I wish you all well, and again thank you so much for the care you gave to Katy.

Kind Regards and Best Wishes,

Rob Hall

Contents

1. Background and introduction to this document

1.1. Background and context

In November 2022, the Board commissioned a Cancer Deep Dive, part one of which was delivered in January 2023 against the backdrop of a Trust recovering from the effects of COVID-19. The paper covered the following:

- Contextual factors relating to cancer given the recovery programme that the NHS is currently following,
- NHS measurement methodology for providers,
- Current organisational position against NHS England (NHSE) measures (including an update on cancer commitments from the Board Self-Assessment),
- Cancer Recovery Programme (including leadership arrangements),
- Data quality,
- Service quality.

Part 2 was originally due to be delivered in July 2023, however, due to the desire to achieve alignment with the Clinical Strategy, this deadline was delayed until March 2024. The Cancer Deep Dive: Part 2 was to include the following:

- The cancer element of the Clinical Strategy,
- Findings resulting from the work undertaken by the interim Programme Director for Cancer,
- Completion of the first quarter of work resulting from the finance and operational plan 2023/24,
- Progress on The National Institute for Health and Care Excellence technology appraisal guidance (NICE TAG) implementation and management,
- Progress on updating the Eastern Cancer Registry,
- Progress on completion of our data quality work,
- Progress on the entirety of the Cancer Recovery Plan and our performance position against national standards.

Additionally, the Board of Directors requested further consideration of the following within Part 2:

- More of a clinical voice to be seen throughout the document,
- Greater information around data quality,
- Information regarding the disparity between North and East sites,
- Information around system working,
- Information around Epic issues for better understanding of their effects,
- Information around patient harm,
- Information around health inequalities.

1.2. Introduction

This paper aims to cover the above requirements, offering a number of perspectives such as performance, clinical perspective and patient feedback, in order to present a rounded second “deep dive” of our cancer services. The paper will highlight notable successes, challenges, the many actions in place to improve performance and at various points will seek to draw out issues felt to be of particular significance for the Board of Directors. The paper is broken down into the following sections:

- A summary of key events relating to cancer since January 2023,
- A deep dive of cancer performance,

- Description of key issues from the perspective of cancer clinicians,
- Other strategic issues relevant to cancer, including:
    - patient feedback,
    - data quality,
    - links with the 5-Year Clinical Strategy and healthcare inequalities.

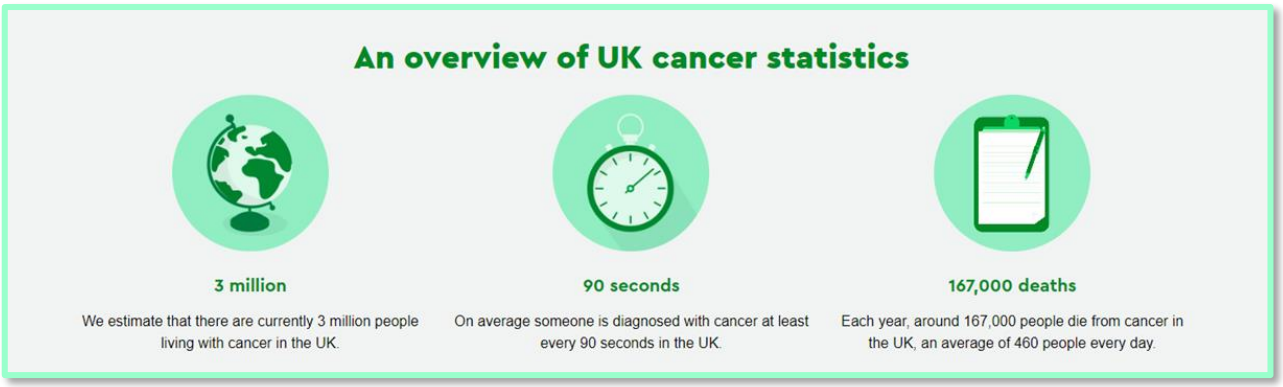
For ease of reading, some elements have been summarised at a high level, with more detailed sections available within the Appendices.

Cancer is a complex component of our clinical services covering a broad range of outpatient, diagnostic, treatment and onward care services. An infographic illustrating some of the key parameters of our cancer services is contained in Appendix 1.

1.3 Patients at the centre

This paper presents a great deal of data, analysis, mitigating actions and strategic priorities, but it is important to begin with putting our patients at the heart of our cancer services. As the letter from Mr Hall at the start of this document clearly shows, the thing which mattered the most to him and his wife was the kindness shown by *"Her Team"* at the end of her life.

As an acute care provider, it is often our job to diagnose and treat; but with cancer, doing merely this would be far from the outstanding patient care we must strive to provide. Cancer care is about the concerns of a patient, terrified at the possible cancer symptom they, or a loved one, have discovered, the anxious wait for diagnostic tests and invasive procedures, sitting down with a patient and their family to deliver some of the worst news a person can receive, and the continued care for that person as a result, whether that be curative or merely symptom relief.



As the above statistics from Macmillan Cancer Support show, cancer is not rare, with one in two people developing some form of cancer during their lifetime (NHS, 2022). By 2040, Macmillan expect there to be around 5 million people living with cancer in the UK. Every day around 1,000 people in England are diagnosed with cancer and around 450 people die from the disease. As a cancer service, therefore, we see thousands of patients each year. Our goal, however, is that each one of those patients we see feels listened to, feels they are involved in the process and that they will be supported to the limits of science, whilst always being met with kindness and compassion.

2. Overview of 2023/24 for our cancer services

The past year has been one of consolidation, with good progress being made in addressing some of the key infrastructure challenges relating to cancer services, such as data quality, leadership and governance. There has equally been good progress in the development of some physical assets such as the Endoscopy Unit in Tiverton, Urology Investigation Unit in Ottery St Mary, and a new surgical robot at both North and East sites. Whilst performance has remained broadly stable in 2023/24, this is against a backdrop of continued growth in demand, with notable trends in some areas which will be covered in the next section of this paper.

At the time of part one of this deep dive in January 2023, the Trust was just moving into "tier 1" for cancer services, due to: a falling away in performance post EPR implementation in Northern Service; concerns about data quality; and further concerns resulting from NHSE's invited visit that focused on our four most challenged tumour sites (Appendix 2). This resulted in considerable external oversight and support over the following six months from the regional and national cancer teams.

There has been significant energy and drive over the course of the year from internal and external stakeholders. Therefore during the course of 2023/24 there have been a series of important developments across the range of our services as follows:

- **Feb 2023 -** Prostate pathway redesign in North leading to improved 28-day FDS performance and patient experience, reducing the pathway length by 40 days.
- **March 2023 -** Robots purchased for North and East for the extension of robotic surgery in Urology, Gynaecology, Head & Neck and Colorectal.
- **March 2023 -** Development of Dissection Practitioners in Pathology.
- **May 2023 -** Colorectal Nurse Triage team established – taking on front end of the pathway and reducing time to first appointment.
- **June 2023 -** Implementation of non-specific symptoms (NSS) pathway.
- **July 2023 -** Expansion of Living With and Beyond Cancer (LWBC) offering, including prehabilitation.
- **July 2023 -** Endoscopy Mobile Unit in Tiverton opened – coupled with significant improvements in list productivity, this has reduced average waits from 30 to 14 days (see Figure 1 below).
- **July 2023 -** RDUH 5-Year Clinical Strategy approved by Trust Board
- **August 2023** - Expansion of the Urology Investigation Unit in Ottery, including expansion of nurse delivered services and the implementation of Trans-Urethral Laser Ablation (TULA) which replaces a surgical procedure with an outpatient-based treatment.
- **August 2023 – August 2024 -** Skin Analytics pilot, using AI in the referral process. This is in the early stages (first 100 patients) but has so far resolved 23% of referrals without the need for a consultant appointment.
- **August 2023 -** Significant challenge in Dermatology workforce, at a time of rising demand led to performance against the two-week wait (2ww) standard falling dramatically.
- **September 2023 -** Removed from tiering (after introduction to Tier 1 in September 2022).
- **September – October 2023 -** Implementation of Somerset Cancer Register to facilitate submission of Cancer Outcomes and Services Dataset (COSD).
- **November 2023 -** Team began to input backlog of COSD data.
- **November 2023 -** Invited visit by the NHSE Cancer Team
- **January 2024 –** Cancer Alliance award £100K to support the development of the Breast Care Unit business case to Outline Business Case (OBC) level.
- **February 2024 -** Two additional Colorectal surgeons recruited, with Elective Recovery Fund (ERF) financing being progressed for a third time.
- **February 2024** - As a result of additional workforce, Cancer Alliance funding and significant focus by the clinical and operational teams, Dermatology 2ww performance is improving to 85% (see Figure 2 below).
- **Yearlong -** Investment in NICE TAGs.
- **Yearlong -** Introducing pathway navigators to expedite patient pathways.

- **Yearlong -** Focus on reducing time to first appointment in North – significant impact in improving 28-day Faster Diagnosis Standard (FDS) from 41.7% in Jan 2023 to 72.76% in Jan 2024
- **Yearlong -** Data quality and validation improvements.
- **Yearlong -** Improvements in PTL management and reporting.
- **Yearlong -** Significant improvement in Endoscopy waits in North – review of booking processes to improve efficiency overall and prioritise cancer patients.

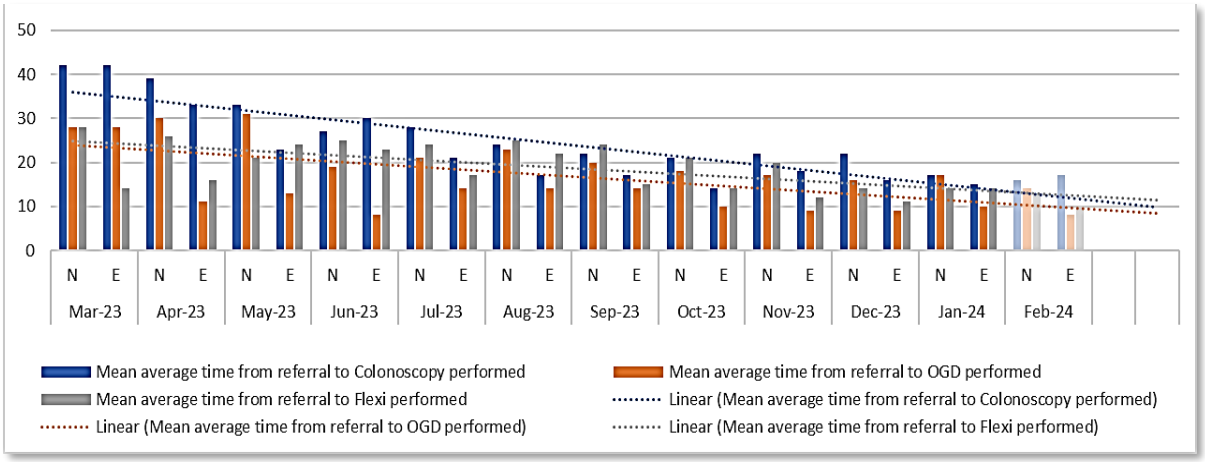


Figure 1: Average turnaround times for Endoscopy procedures (number of days/months)

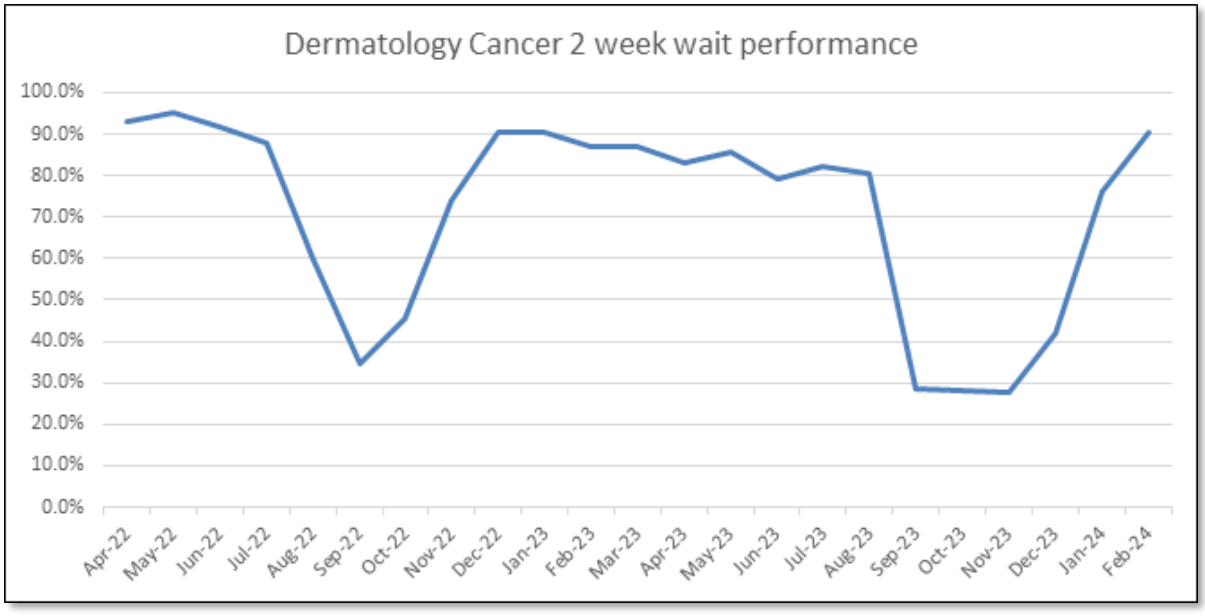


Figure 2: Performance against the two-week waiting times standard for Dermatology 2023/24

As a result of the improvements outlined above being recognised by the NHSE regional team, particularly with regard to data quality and leadership, the Trust was removed from tiering altogether in September 2023. There remain significant challenges to overcome in order to restore our cancer services to pre COVID levels; and to support our teams and improve waiting times to acceptable levels. However coming out of tiering represents a significant show of confidence in our approach, and a positive step forwards for the Trust.

NHSE returned to review cancer services in November 2023, a year on from the previous review. Whilst the considerable performance challenges that remain were recognised and the ongoing fragility of some of our services, the visiting team noted that:

"there had been an improvement since our visit last year and it was good to hear of the closer alignment and visibility of cancer to the Trust Board. There has been a notable shift in the organisation, including an improvement in the morale of the teams."

The full findings of the visit are in the letter at Appendix 3. The NHSE reviews bookend the cancer activities over the course of the financial year and sees RDUH completing 2023/24 with renewed credibility and an opportunity to build on restored integrity in our data (courtesy of MBI validation, harm review migration onto EPIC and restoration of COSD); improvements in our infrastructure; and performance improvements in our statutory delivery of key targets.

3. Performance

3.1. Cancer standard measurement

For those not familiar with cancer metrics, an overview of the measurement of cancer standards is contained in Appendix 4 of this document.

3.2. Overview of NHSE Cancer Performance Priorities

The three stated cancer objectives within the NHS Priorities and Operational Planning Guidance 2023/24 are:

Objectives	Trust Status
Continue to reduce the number of patients waiting over 62 days	Currently undertaking a focused 8-week challenge to reduce 104-day and 62-day backlogs. Undertaking demand and capacity reviews for 24/25 to ensure seasonal demand is managed. Detailed validation of all pathways taking place. **Current performance at 6.3% against the 62 backlog target of 6.4% and 208 patients against the end of year target of 198**
Meet the Faster Diagnosis Standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	**Current performance at 79% against the 75% target**
Increase the percentage of cancer diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	This is a newer requirement and we are currently working to extract these data. Work is being done to enable collation and analysis of these data as part of the COSD programme described at a later point in the paper.

In addition, national guidance outlines the following service objectives:

- Implement priority pathway changes for lower GI and prostate cancer;
- Increase and prioritise diagnostic and treatment capacity (25% Increase for diagnostic and 13% for treatment),
- Expand targeted lung health checks,
- Commission key services which will underpin progress on early diagnosis.

In order to enable delivery of the above plans, NHSE planned to provide over £390m in cancer service development funding to Cancer Alliances for years 2022/23 and 2023/24, who, alongside the ICBs, are leading on local delivery of this NHS-wide strategy and operational priorities.

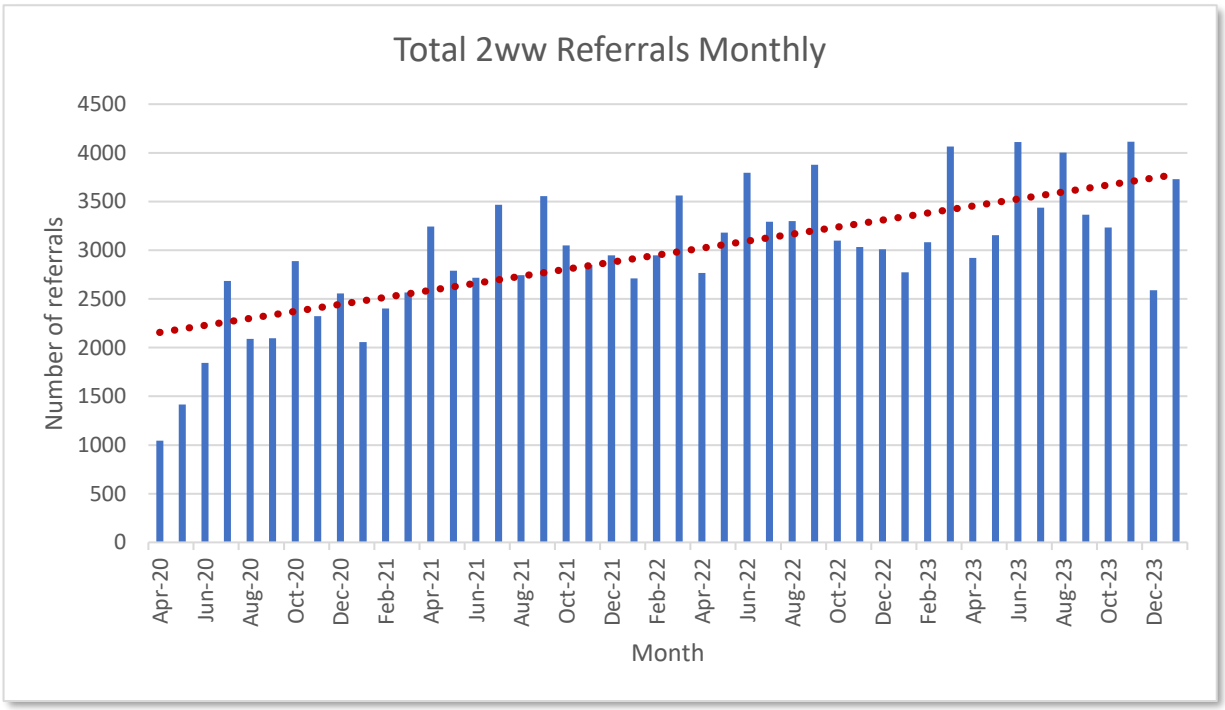
3.3. Trust performance

Performance against the key cancer performance indicators at Trust and site level is shown in the table below. The metrics show totals for the whole of 2023/24 using extrapolated data for February through to year-end, which differs from the month-end position shown in the Integrated Performance Report (IPR).

Performance Domain		2022/23			2023/24 (Extrapolated to year end)		
		North	East	Total	North	East	Total
2ww (standard no longer active)	Breaches	1,877	9,510	11,387	1,256	12,353	13,609
	Total	7,133	28,151	35,284	10,378	30,545	40,922
	%	**73.7%**	**66.2%**	**67.7%**	**87.9%**	**59.6%**	**66.7%**
28d	Breaches	3,744	6,792	10,536	2,696	8,574	11,270
	Total	7,020	29,102	36,122	10,556	30,364	40,920
	%	**46.7%**	**76.7%**	**70.8%**	**74.5%**	**71.8%**	**72.5%**
31d	Breaches	151	967	1,118	182	1,226	1,409
	Total	1,062	8,354	9,416	1,704	8,555	10,259
	%	**85.8%**	**88.4%**	**88.1%**	**89.3%**	**85.7%**	**86.3%**
62d	Breaches	332	1,229	1,561	336	1,358	1,694
	Total	689	3,366	4,055	1,139	3,360	4,499
	%	**51.8%**	**63.5%**	**61.5%**	**70.5%**	**59.6%**	**62.3%**

Figure 3: Performance against key cancer indicators, 2022/23 and 2023/24

Whilst there have been some encouraging developments in 2023/24 against the tier 1 statutory targets, overall the Trust cancer position remains in a challenged position, with several tumour sites ranking among the lower quartile. Addressing cancer performance must continue to be a significant priority



for RDUH going forwards. **Two-week wait** Demand for cancer services has seen significant growth

since the resumption of NHS services post COVID-19 lockdown, as demonstrated by the steady increase in referral volumes year on year shown below.

Figure 4: Cancer demand from Apr 2020 to Jan 2024

Referrals increased by 12% between 2021 and 2022, with a further 6% increase between 2022 and 2023. Of particular note is an increase of 11% in Skin, which is one of the highest volume tumour sites, with performance in this site impacting significantly on overall Trust performance. Although improving, two-week wait performance remains challenged in some services, averaging at just under 67%, as shown below.

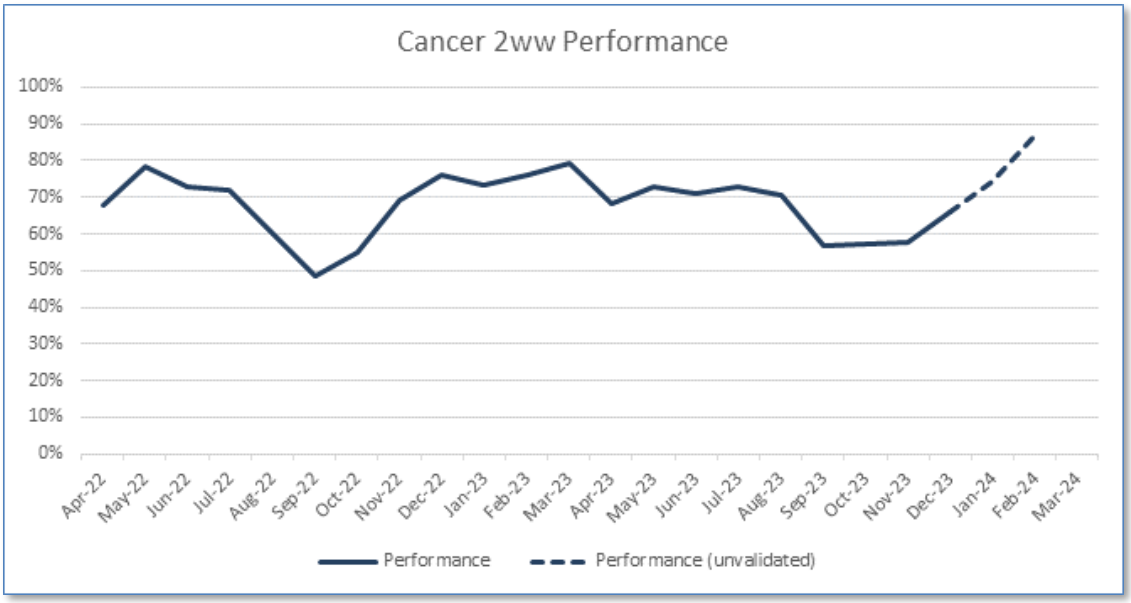


Figure 5: Performance against the 2-week wait standard, April 2022 – Feb 2024

28-day Faster Diagnosis Standard

Performance against the FDS for December 2023 was reported above the 75% standard at 77%. This dropped back below the target in January 2024 to 73% as a result of the Christmas break and industrial action in both December and January. February performance is promising, with 79% being achieved at the time of writing this report. As shown below, the most notable change has been within our Northern services, where over the course of 2023/24 performance has improved from 41.7% in January 2023 to over 75% for February 2024.

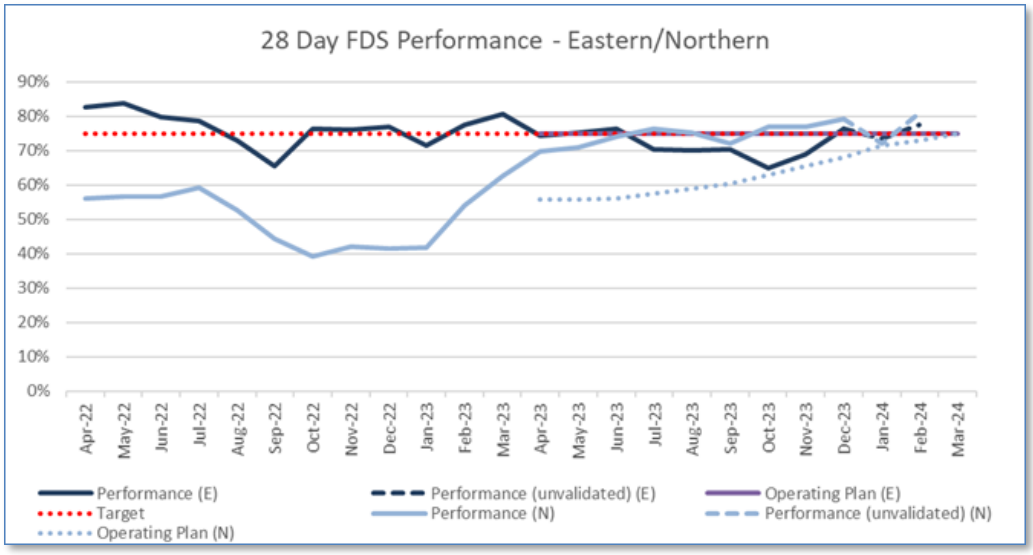


Figure 6: Performance against the 28-day faster diagnosis standard April 2022 – Feb 2024

31-day and 62-day

Performance on combined 31-day breaches for December 2023 was reported at 86%, reducing to 79% in January 2024 as a result of the Christmas break and industrial action. For the 31-day cancer standard, our most challenged tumour sites are Urology, Breast and Skin, as shown in the pie chart below.

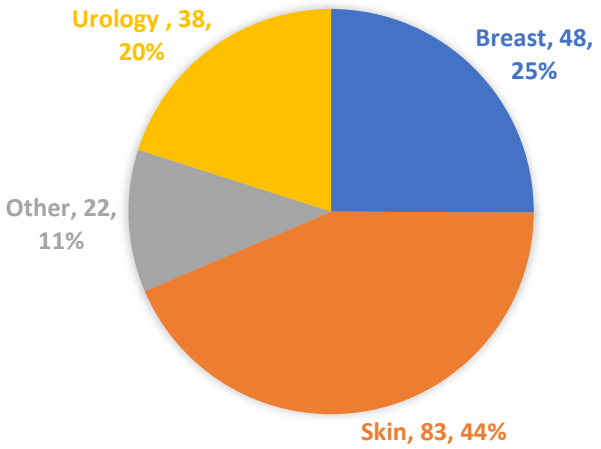


Figure 7: Breaches of the 31-day cancer standard (January 2024 snapshot)

Detail on these and other specialities is contained in the tumour site level information within Appendix 5, however a high-level summary of actions to address issues in these three areas is summarised in the table below.

Tumour site	Key improvement actions
Skin	The high number of 31-day breaches is the result of clearance of the backlog of two-week wait referrals described earlier. The total number of patients waiting for a first outpatient appointment has reduced from 930 to under 600, and the 31 and 62-day breaches are expected as this backlog of patients is treated. In addition, further capacity is being provided through Cancer Alliance funded additional lists, increased Dermatology clinical staff and an increase in outpatient space provided through the conversion of Buttercup Ward in the Nightingale Hospital into an outpatient facility.
Breast	Theatre capacity is the key issue for breast care 31-day treatment. A review of theatre capacity aims to allocate more list capacity to the Breast team, however, addressing theatre capacity at a Trust level remains a key priority.
Urology	Changes to the cover arrangements between our Northern and Eastern services will release significant clinical capacity. In addition, the theatre schedule review will allocate additional capacity to the Urology team.

Combined 62-day performance for December 2023 was reported at 65%, with a January 2024 position of 58%. In addition to the key issues highlighted for diagnosis and treatment highlighted thus far, oncology and radiotherapy capacity are key challenges.

It should be noted that Northern Services has staged a remarkable performance recovery over the course of the last year and this has been the largest determining factor in the de-escalation of the whole organisational position.

3.4. Tumour site performance

Within this part 2 deep dive, a more detailed set of data and narrative on performance at tumour site level has been provided. For ease of reading, this has not been included in the core of this document but can be found at Appendix 5. A one-page summary, showing all tumour sites, key challenges and key improvement actions can be found in Appendix 6.

The two areas within cancer that are less easily identifiable as a challenged service are both Haematology and Oncology. The nature of the cancer targets means that Oncology can sometimes be overlooked, however our services are critically challenged due to acute workforce pressures and demand. This has increased exponentially due to the range and complexity of treatments which are now available.

From April 2022 to March 2023, 37 new Technology Appraisals (TAs) were undertaken by the National Institute for Clinical Excellence (NICE). A further 21 were approved from April 2023 to November 2023 and 65 remain in development phase pending a release date. Once approved, Trusts have 12 weeks to set up services to enable these treatments to be offered to eligible patients. Approximately one fifth of appraisals are not approved and published for NHS use. Therefore, we should be planning for at least a further 52 regimes to be approved in the next twelve months. These are spread across all tumour groups including solid tumours and Haematology. Horizon scanning for the impact of these new treatments is a complex activity carried out on an annual cycle by a combination of NICE or NHS Specialist Commissioning and often results in relatively late commissioning decisions due to this complexity and associated deliberations about the genuine impact on quality of outcome for patients and the significant costs involved. Therefore, it is difficult for individual Trusts or ICBs to predict the impact on services for capacity planning at a trust or system level. NICE TAG activity across previous months demonstrates the growth in Oncology and Haematology mandated drug delivery due to the implementation of new NICE technical guidance nationally, meaning that both new cohorts of patients are introduced to services and more lines of treatment are now available for patients who might have previously been for supportive care or surveillance only.

The data below show the Oncology consultant workforce per 100,000 population compared to local neighbouring trusts. RDUH has the lowest ratio of consultants to population and to close the gap between us and University Hospitals Plymouth, the next lowest, would need an additional 4.4 consultant posts.

Hospital	Wholetime Equivalent	Population	Consultant numbers per 100,000 population
Royal Devon University Healthcare Foundation Trust **includes 3 x vacancy but excludes ND travel DCC*	12.6*	626,044	2.01
Torbay & South Devon Foundation Trust	8.5	301,555	2.82
University Hospitals Plymouth	13	480,423	2.71
Royal Cornwall Hospitals Trust	13	475,680	2.73

The Trust approved a significant funding increase in 2022, which helped meet demand, however due to the pressures described here, consideration of the demands on the service will be factored into the final stages of the 2024/25 financial and operational planning process.

4. The Clinical Perspective

4.1. Overview

When part one of this deep dive was presented in January 2023, the Board of Directors agreed that part two should contain a strong 'clinical voice'. This section describes priorities for cancer care highlighted by our clinical leaders, which may not be readily discernible from reviewing performance metrics in isolation, such as staff morale, MDTs and the significance of research.

4.2. Morale

Morale amongst staff in RDUH working in cancer is felt to be low and was identified as a particular issue that required attention in the invited NHSE report on Cancer Services of November 2022. In the more recent visit in November 2023, however, it was clear that there had been improvement. However it remains true that our cancer teams face significant pressure and low morale continues to be a problem across the service (and hence it is an area for greater future focus for both staff and pulse surveys.

4.3. Multidisciplinary Team (MDT)

The MDT is the cornerstone of cancer service provision. It is comprised of a named core membership of experts in the various disciplines who may have a bearing on a patient's cancer journey: the clinical nurse specialist, the oncologist, the surgeon, the radiologist, the pathologist, the palliative care expert and so on. The MDT meets regularly (usually weekly) and has strict rules for quoracy in order to maximise the chance of high-quality case discussions and management recommendations. There is a separate MDT for each broad type of cancer. MDTs have much in common in terms of structure and a set of minimum standards that have been nationally set out. There is also, however, considerable variation in complexity and caseload between MDTs and within MDTs. It is, therefore, important that a balance is struck between clear structure and policy on the one hand, and some freedom to adapt and innovate on the other.

A high-quality MDT will meet sufficiently frequently to avoid delay for individual patients, and have a well-prepared agenda of cases to discuss. The cases will be appropriate in nature and in number so that high-quality discussions can occur, which are then captured accurately as an outcome which may then be used to guide further management of the patients. An excellent MDT provides value for money as it maximises the likelihood of good treatment outcomes for patients, whilst overseeing the optimal allocation of resource and interdigitation of the various elements of a patient's pathway. It is not possible to run a good MDT without clerical and administrative support.

A poorly functioning MDT will have an unduly long list of patients with inadequately prepared information, without clear reasons for discussion, and with duplication of discussions of the same patient in consecutive meetings. These meetings are characterised by rushed and uninformed discussions and suboptimal recording of discussion outcomes, frequently overrunning their time allocation. These meetings offer poor value as the outcomes generated may be brief, vague, indecisive, or simply to repeat the discussion when more information is available. It is reasonable to state that the MDTs in RDUH can cover the full gamut described above.

The merger between North and East has created a significant challenge of two sets of hitherto separate MDTs needing to come together and look at their processes and policies and come to an arrangement that offers equity, retains quality, does not add undue complexity, and avoids duplication. It is the intention of the cancer leadership team to facilitate this process in the coming months using the principles stated above of balancing structure and process with innovation and adaptability.

Epic provides a considerable opportunity with regard to cancer MDTs. Currently the MDT record in the patient chart is a text document which is archived. It is not searchable or reportable, and does not yet reliably capture important cancer related data such as diagnosis/stage/treatment plan in a way that can be summarised or reported. There is considerable work underway to address this, such that in the medium-term there will be much improved availability of data tools for MDTs to assess workflow, trends and monitor outcomes for patients.

4.4. Other issues highlighted by clinicians

Perception of a lack of investment – There is a perception that capital investment in cancer-related care, such as operating theatres and clinic space, has lagged behind other elements of care. This has led to the erosion of the Trust's once enviable national position in terms of cancer performance. The planned development of the Hybrid Vascular Theatre in Eastern Services will therefore be an important addition this financial year.

Cancer leadership – Cancer issues cut across all the Trust, and as such can become diluted by being split up between divisions and "lost" amongst divisions' other priorities. This improved significantly in 2023/24 with the implementation of a dedicated Programme Director for Cancer Services and the bringing together of the central cancer team. There is strong clinical support for the appointment of this team on a permanent basis.

A focus on performance, as opposed to the wider picture for cancer patients – Whilst timeliness of referral, diagnosis and treatment are of course critical elements of cancer care, the cancer targets can divert necessary attention from other parts of patients' cancer journeys, such as living with cancer after treatment, patient outcomes and clinical research. Some cancer clinical staff feel strongly that the Trust places disproportionate emphasis on cancer performance against waiting times, at the expense of other important elements, such as clinical outcomes. Therefore the progression from output to outcome targets over the next year is really important for the services' ongoing development.

Remuneration for tumour site clinical leads – A small number of these posts are not supported as remunerated leadership positions within consultant job plans. These are complex and stressful roles and there are unfilled posts due to the lack of recognition or remuneration. This will need to be carefully considered through the financial and operational plan processes for the next three to five financial years.

Cancer research – Research is a very important feature of cancer treatment in cancer care. Many cancer clinicians have an academic/research interest (which is often the key factor that has attracted them to the speciality) and so the deterioration (perceived or actual) of the profile of cancer research in RDUH has contributed to a significant deterioration in morale, since workload does not now allow them to engage properly in research. The perception is that research is viewed as an optional extra, whereas it should be a core feature that is available, where relevant, to all cancer patients. It is cancer trials that create the data on which new NICE TAGs are based. Any department that does research, therefore, can be much better placed to implement new NICE TAGs because they will already have provided the new treatment, in a planned and funded fashion, as part of a research trial. The NHSE and Cancer Alliance visit in November 2023 noted the strong executive support for research as a positive development. Support for expanding research in all areas is also a core element of the Trust's Clinical Strategy.

Harm review process – A review of the extent that harm has come to a patient is undertaken when a patient with a confirmed cancer diagnosis received their first definitive treatment after 104 days from referral. Our Trust harm review process, although practically much improved since pre-Epic, presents challenges, as the clinicians required to undertake the reviews are in the more pressured specialties such as Urology and Colorectal. Further work is ongoing to make the review process as streamlined as possible to make the best use of precious clinical time.

5. Further strategic issues

5.1. Cancer within the Clinical Strategy

The development of the Trust Clinical Strategy was a clinically-led programme, covering all clinical services. Within the elective care domain, this resulted in six key overarching objectives to take forward, one of which is to ***'strengthen our cancer services'.*** The strategy recognises the many challenges being faced by our cancer services, including those experienced across elective services, such as demographic pressures on demand, workforce constraints and the impingement of urgent care on bed capacity.

In order to strengthen our cancer services, the following approaches were outlined:

- Review and improve cancer pathways,
- Support primary care in early diagnosis of cancer,
- Strengthen leadership, oversight and coordination of cancer services,
- Provide additional support for cancer multidisciplinary teams (MDTs),
- Increase the use of informatics to improve services.

As well as this standalone section, cancer services is relevant throughout the document, with objectives around waiting times, patient experience, productivity and system working.

5.2. Patient feedback and links with our charitable partners

The National Cancer Patient Experience Survey (CPES) 2022 is the 12th iteration of the survey first undertaken in 2010. It has been designed to monitor progress on cancer care aimed to drive local quality improvements, assist commissioners and providers of cancer care and to inform the work of the various charities and stakeholder groups supporting cancer patients.

"I can honestly say from the time I rang Acute Oncology in January, I was listened to and reassured with kindness and efficiency… The lovely ladies in Acute Oncology kept in touch with me every couple of days to check my progress … I'm sorry I can't remember their names but they were fabulous, reassuring and made me feel cared for" **- NDDH patient**

Both organisations pre-integration consistently performed well. This is the first year the RDUH had been recognised as an integrated trust, and overall continues to perform to a high standard across all cancer pathways. RDUH had 18 of the 59 total questions in the 'above expected range' category, meaning that the score was statistically significantly higher than the national mean, and no scores below expected range. This shows us that, despite the pressures being faced by our cancer teams, their quality of care with regard to the patient experience is not faltering. The survey was sent to 2473 cancer patients, with 1439 responses, meaning a good return rate of 62%, compared to the national average of 53%.

Key findings are summarised below.

National Survey Question	Score
The whole care team worked well together	91% (national average of 89.5%)
Administration of care was very good or good	89% (national average of 86.7%)
Cancer research opportunities were discussed with patient	38% (national average of 43%)
Patients average rating of care scored	Upper range, 8.9 (national average of 8.8)

Figure 8: Overall NHS care CPES response scores

National Survey Question	Score
Q5. Patient received all information needed about the diagnostic test	93% (high end of expected range)
Q17. Patient had a main point of contact within the care team	92% (high end of expected range)
Q25. Member of care team helped the patient create a care plan to address any needs or concerns	94% (high end of expected range)
Q37. Patient was always treated with respect and dignity while in hospital	91% (positive outlier)

Figure 9: High scores of note from CPES

National Survey Question	Score
Q7. Patient felt time waiting for diagnostic test was about right	76% (low end of expected range)
Q15. Patient was definitely told about their diagnosis in an appropriate place	85% (low end of expected range)
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand.	59% (middle of expected range)

Figure 10: Low scores of note from CPES

Partnership working established over many years with FORCE & ELF charities provides core and enhanced services to RDUH patients, their families and staff. The positive feedback from the National Survey is also reflects how highly our patients value this partnership working.

"I found FORCE the cancer charity at the RD&E an enormous benefit to my recovery" National Cancer Patient Survey 2021.

Not only does FORCE provide essential support for our patients, but it also provides incredibly strong support for the health and wellbeing of our clinical teams, providing regular supervision and a safe space for counselling and peer mentorship. We will continue to work collaboratively with our partners to improve care for patients, support our staff and further develop our research opportunities wherever possible.

5.3. Information and data quality

There are two national datasets for cancer, Cancer Waiting Times (CWT) dataset for administrative pathways and waiting times performance, and Cancer Outcomes and Services Dataset (COSD) for clinical information.

Cancer Waiting Times (CWT)

At the time of part one of the Cancer Deep Dive, the Eastern team was in the process of formalising the administrative procedures for cancer tracking to standardise the recording of CWT and cancer diagnosis and treatment pathway data. Validation processes were also being established to correct inaccurate recording of pathways. Issues caused by system changes to accommodate the transition of Northern Services onto Epic were affecting both Northern and Eastern teams and this was detrimentally impacting reported performance.

The Cancer Services team has undertaken a review of data quality reports and work queues in Epic to ensure that best use is being made of the tools and information available within the system. Administrative processes have been redesigned to improve efficiency and reduce the need for re-work to correct errors. Standard operating procedures and tumour site guides for tracking and data

validation are now in place as are the basis of Cancer MDT Co-ordinator training to support both safe tracking of patients' progress along their cancer pathways and accurate reporting for internal, regional and national CWT monitoring. As a result of this, the reliability of performance reporting has improved and the level of confidence in CWT data to support clinical pathway and cancer performance improvement plans is now high.

Changes to dataset specification and guidance, as well as system upgrades and changes to support clinical pathway improvement, all require changes to data quality processes in order to maintain levels of data quality and support ongoing improvement. A Cancer Services Data Quality Group is being established to identify, prioritise and monitor data quality improvement work for cancer. The group will report into the cancer governance structures through the Northern and Eastern Steering Groups and Cancer Cabinet.

Cancer Outcomes and Services Dataset (COSD)

COSD is the source of clinical data to support clinical audit, analysis of survival rates, clinical effectiveness and quality studies etc. The dataset is a national submission required for the national cancer registration of all cancer diagnoses. The inability of Epic to support COSD has been an issue , as stated in Deep Dive 1, but we are now moving towards some effective mitigations following a significant amount of informatics activity. Somerset Cancer Register (SCR), the legacy cancer system used by Northern prior to Epic, has been retained for use until the Epic solution is available. Due to the ongoing challenges with the Epic COSD solution, in November 2023 Eastern services adopted SCR for the recording of the backlog of data since going live with Epic in October 2020. An external supplier was engaged for six months to re-enter the source data from Epic into SCR. This work is progressing according to plan and the identified backlog, up to January 2024, will be entered by the end of the contract in April 2024. The Epic solution for the new version of COSD is progressing, for delivery within Q2 of the financial year.

Once the backlog data has been submitted nationally there will need to be a focus on data quality to ensure that data completeness and accuracy is sufficient to support reliable information for clinical purposes. Current capacity across both Northern and Eastern teams is insufficient to support the current volume of COSD data collection and requirements for clinical information analysis once access to COSD data allows this. A review of staffing is planned, taking account of the need to cover all tumour sites and support a significant increase in cancer diagnoses since 2020. The option of establishing a single team to cover both Eastern and Northern Services will also be considered, and the review will inform a business case to support the staffing requirements to maintain submission compliance.

A COSD submission dashboard and data quality reports have been developed and are now in use. These tools will be invaluable for monitoring completeness and accuracy of data. Data quality checks on the backlog data entered into the SCR are underway, and submission to COSD for the period October 2020 to December 2023 will proceed in Q1 of 2024/25. A submission timetable is below:

Data Set	Months	Completion Date
Pathology	October 2020 – December 2022	Complete
Pathology	January 2023 – December 2023	31/03/2024
Pathology	January 2024 – March 2024	30/04/2024
Patient	January 2022 – December 2022	30/04/2024
Patient	January 2023 – January 2024	31/05/2024
Patient	January 2021 – December 2021	30/06/2024
Patient	October 2020 – December 2020	31/07/2024

Opportunities in Cancer Information

In the absence of COSD, cancer outcome data has not been available to allow clinicians access to survival rates and other information to support clinical audit and improvements in clinical practice. The plan for COSD in Epic includes enhanced ability to interrogate, analyse and report clinical information and this will be a key focus for the EPR and BI teams once the Epic COSD solution is in use. In the short term a COSD clinical dashboard outside of Epic will be developed alongside the COSD submission dashboard.

The establishment of an analytics registry for cancer patients using Epic functionality already available will support this work in due course. The cancer registry will be a significant step forward for cancer information in the Trust by enabling easier reporting on all aspects of cancer patients and their pathways.

5.4. Healthcare inequalities within cancer

Poverty is the leading cause of inequality with regard to cancer services. Articles produced by Cancer Research UK assert that around 30,000 additional cases each year are related to socioeconomic factors. People from more deprived areas are 2.5 times more likely to smoke, less likely to eat healthily (particularly in light of recent food cost inflation), and also less likely to access cancer screening services.[1]

As a whole, Devon is not a deprived area compared with the national average, however, three electoral wards in Northern Devon (Ilfracombe Central, Barnstaple Central and Forches and Whiddon Valley) are in the top 10% most deprived areas in England, and another 18 wards are in the 20% most deprived. Around 4% of Devon's population live in these areas. Devon is also one of the least socially mobile counties in the UK. Areas of the county that have seen less economic growth such as Torridge and North Devon have lower levels of social mobility.[2]

Arguably, tackling these socioeconomic determinants of health are more the responsibility of the Integrated Care Board and Devon County Council, however, as a large acute and community provider, we have an important contribution to make. As such, we continue to focus our smoking prevention work in areas of high deprivation and are working with partners in primary, mental health and voluntary services to support earlier diagnosis for minority groups. An example of this is a new primary care outreach service in a community centre within Ilfracombe, which is improving access to routine healthcare assessments, including colorectal cancer testing, for homeless and vulnerable people.

Over the course of this year the Trust will pilot activity on blood biopsies and one-stop diagnostic pathways in the Nightingale Community Diagnostic Centre which will start to bring together functions that could build into a much stronger offer for Early Stage Cancer Diagnosis.

[1] **UK health inequalities: 20,000 more cancer cases a year in the most deprived areas** – Cancer Research UK 2020 https://news.cancerresearchuk.org/2020/09/30/uk-health-inequalities-20000-more-cancer-cases-a-year-in-the-most-deprived-areas/

[2] Devon County Council Strategic Plan 2021-2025 https://www.devon.gov.uk/strategic-plan/the-best-place/tackling-inequality-and-poverty/#:~:text=Poverty%20and%20equality%20in%20Devon,'

6. Summary, conclusions and recommendations

6.1. Summary and conclusions

This paper has provided the second phase of the cancer services deep dive. An overview of 2023/24 showed the year to be one in which important infrastructure such as leadership, data quality and governance were consolidated, enabling the Trust to get a greater grip and oversight of cancer services. This, alongside considerable investment from the Elective Recovery Fund and the activity increase it afforded, enabled the Trust to exit from tiering, which has provided more time to focus on developing our cancer services. There were also notable capital developments over the past 12 months such as the Endoscopy Mobile Unit in Tiverton, expansion of the Urology Investigations Unit in Ottery St Mary and addition of two surgical robots, which will all provide essential capacity to bring down waiting times.

The performance section outlined national cancer priorities and the actions in place to achieve them, as well as cancer performance at a Trust and tumour site level. Despite some encouraging improvements in 2023/24, such as the recovery of the Dermatology 2ww position, improvements in endoscopy waiting times and the delivery of the 28-day faster diagnosis standard, our baseline performance remains challenged in a number of tumour sites which underlines the need to maintain a very strong organisational focus on cancer outcomes.

This paper also described the complex work being undertaken to address shortfalls in cancer reporting, with good progress being made in 23/24 and further significant developments planned this year.

Our most recent patient survey also provided some assurance that the Trust continues to see encouraging patient feedback from cancer patients, with all areas scoring as or above expected compared the national averages.

Considering the improvements made in 2023/24 and the remaining performance challenges, it is clear that there is still a great deal to do, in order to meet future increases in demand, to recover waiting times and support our staff. In addition to the many actions being managed well within operational teams, the following can be drawn out as strategic priorities for addressing cancer performance over the next three years.

1. Investment into Oncology staffing to meet rising demand for highly complex and rapidly evolving services and to protect the wellbeing of our staff.
2. Additional theatre capacity to address backlogs in many services but principally Urology, Breast, Head & Neck, Sarcoma, Colorectal and Gynaecology.
3. Continued increase of diagnostic capacity.
4. Investment into staffing in diagnostics to improve turnaround times across Radiology and Histology
5. Additional outpatient clinic capacity, coterminous with diagnostic facilities in order to broaden the range of our one-stop cancer services.
6. Implementation of best practice timed pathways which remove demand on outpatient services
7. Additional estate for delivery of Oncology and Haematology treatments
8. As part of our ongoing journey to integrate our Northern and Eastern sites, explore opportunities to ensure MDTs are well-led, well-supported and have sufficient time to carry out their essential role in cancer care.
9. Epic has brought considerable challenges and opportunities to cancer services. The immense power of Epic must be harnessed to improve care, drive clinical research and make functions such as MDTs as streamlined and effective as possible.
10. Address the challenges of clinical leadership in cancer care through fairly remunerating leadership posts, providing sufficient time to do the jobs well and through making it clear that transforming our cancer care, not just performance, is a high priority for the RDUH.

11. Whilst this paper has covered many complex topics in considerable detail, for thousands of patients who experience our cancer services each year, the warmth and kindness of our staff in supporting people when they most need it, are among the most treasured things our patients take with them, long after their cancer journey has ended.

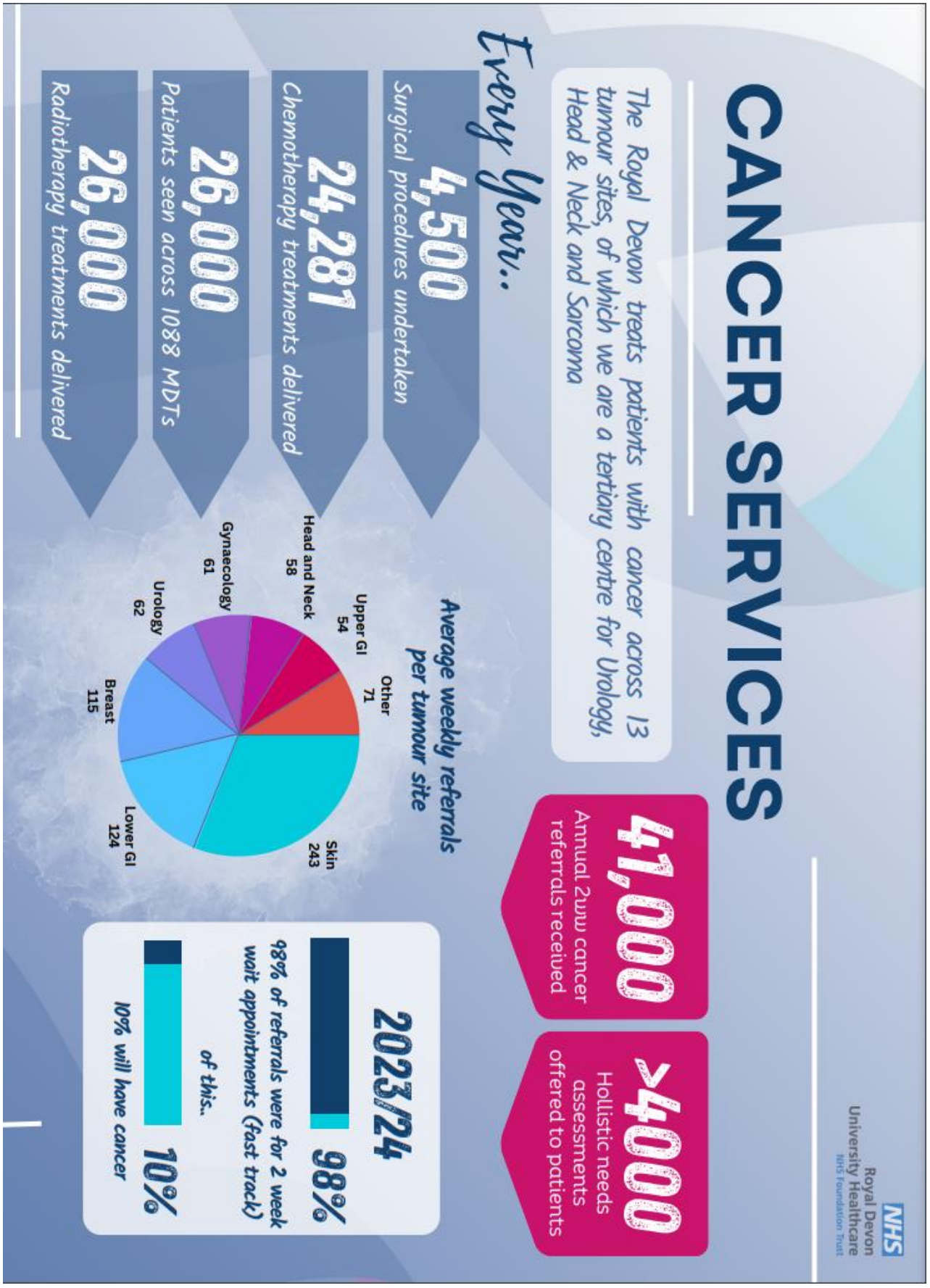
6.2. Recommendations

The Board of Directors is asked to note and discuss the contents of this deep dive, including exiting from the tiering regime, the progress in our underpinning infrastructure and performance improvement in some key areas. Equally, the challenging position with relation to cancer performance, as well as the important areas to tackle highlighted by our clinical colleagues, such as data, morale and the importance of research should be noted.

Cancer will continue to be a significant focus in order to reduce waiting times, restore our performance and support our excellent clinical teams. The Trust will build upon the consolidation seen in 23/24, tackling these challenges through redesign, clinical and operational leadership and carefully considered investment proposals over the next three years.

7. Appendices

7.1. Appendix 1 – infographic of cancer in numbers



7.2. Appendix 2 – Letter from NHSE Cancer Improvement Visit 2022

Dear John, Adrian and Zoe,

Recommendations from cancer improvement visit 14-15 November 2022
Thank you to you and your teams for hosting a two-day cancer improvement visit in November. The visit was on invitation from the Cancer Services Programme Director, following our 2019 visit and subsequent follow up reviews. It was good to see some progress in relation to governance and pathway improvement work, the appointment of Zoe Harris and more recently Mike Hannemann, which has greatly strengthened the cancer management team. The established joint Clinical Cabinet has created a good forum to be able to further develop the governance surrounding cancer services across both sites. However, there are some important areas identified in this report where there is no evidence of visible development and investment into key areas of cancer services.

The purpose of the visit was to meet with some of the clinical teams to understand their key challenges and opportunities for improvement. We have identified five overarching themes with recommendations as per the high-level feedback given at the visit, along with some specific highlights from clinical discussions. We propose that the Trust reviews these recommendations and incorporates into the overarching plan for cancer:

1. The priority of cancer in the Trust

We heard from John how cancer is one of the key priorities for the Trust and we met hard- working individuals and teams across both sites over the two days, who clearly strive to improve and deliver cancer services. However, we were concerned about the executive

and non-executive oversight and visibility of and to cancer services clinical teams. We were not able to clearly identify the forums that are available for these teams to escalate issues, however, we understand that there are some key executive led forums where cancer is discussed. It would be helpful for the Trust to provide further detail of these forums when developing the action plan against the recommendations.

i. Cancer team leadership

This has been strengthened since our 2019 visit with the addition of Zoe and Mike, who are working well with cancer lead nurses Tina Grose and Rebecca Stuckey. ***However, this team needs support to successfully deliver these important roles across the organisation; this includes effective escalation processes and response***. We understand that Zoe's role includes additional management/leadership responsibility for community services across both sites but considering the current challenges, ***we recommend the Trust considers Zoe's role as solely focussing on cancer services delivery across the organisation***. The Trust has found it challenging to fill the Cancer Clinical Director role over the years but have been successful with Mike's appointment. We commend the Trust on allocation of four job planned sessions but ***recommend this role to be at Associate Medical Director level with leadership training available*** as this would signal the importance of this clinical leadership role and the influence it holds across the organisation and divisional structures.

ii. Space and capacity

Clinical space was highlighted as an issue in most of the teams that we met. We did not see a clear long-term strategy for cancer and the evolution and expansion of services, including tertiary services and estate requirements are not aligned. ***Clinical space requires review to include the ability of clinical nurse specialists and registrars to see patients alongside consultants, where required.***

The surgical on-call rotas and job plans are severely restricting surgeons to deliver cancer pathways, this was particularly obvious for lower GI and urology. This is exacerbated by restricted theatre space; lower GI surgeons described only having one theatre list per fortnight for elective activity, including cancer. At the 2019 visit we noted *'theatre capacity is insufficient for 10 colorectal*

consultants' and this situation appears to be even more challenged. Theatre capacity is insufficient for the urology team who also have not seen an improvement over a significant period. ***We recommend on-call, job planning, and theatre capacity is reviewed to enable adequate surgical capacity at Eastern site for key challenged specialties.***

We heard that oncology buildings are old, tired, and too small to manage services and one of the chemotherapy units, installed as a temporary building 15 years ago. It is encouraging that the Tiverton Endoscopy proposal has been approved, although, this will not be suitable for some Northern patients to travel with bowel preparation. Northern endoscopy services are not JAG accredited due to space restrictions preventing single sex accommodation and extended waiting times. There is a dermatology capital bid for Heavitree, although expansion at the Tiverton site would also offer operating space and space for poly clinics which would maximise capacity and enhance training. Pathology departments are old, and a bigger space is required to facilitate improved working conditions and enable staff training, which is essential for future proofing of these services. ***We recommend an estates appraisal is conducted to explore options to modernise and increase space for cancer services delivery, including use of community facilities.***

iii. R&D cancer portfolio

We heard that there has been a significant cut in cancer research. This year the Trust R&D has allocated only 8% for cancer, with higher priority being given to ED and acute medicine. This is not comparable with similar sized organisations. Research opportunities for novel molecular treatments for patients, including treatments that would release capacity, e.g. requiring three cycles versus six cycles of chemotherapy, cannot be realised and patient experience is also being compromised. ***We recommend this be reviewed and cancer research be given a more comparable priority within the organisation.***

2. Epic

The implementation of Epic has had significant investment in time and money, and we are concerned that this has been at the detriment of other services and priorities. We heard from all teams of the adverse impact on delivery due to technical logistics, organisational focus and priority, data quality issues and data capture. Clinical time has been adversely impacted due to the implementation and the difficulties experienced, requiring time to be spent on manually submitting information. There are also examples of duplication of processes when nurse specialists order tests and results are sent across the team and need to be reviewed. RDUH is one of the only Trusts in England who are unable to capture and report staging data; these data are an important metric for cancer management and outcome measurement.

The pathology team have welcomed Epic, although noting this has replaced an old IT system; however, it has enabled a marked shift in their IT capabilities. The Cancer Clinical Director illustrated the potential in being able to extract and present data quickly and opportunities for future use. However, we would like to stress that the reporting issues related to Epic remain a concern and it does not currently enable confidence in Trust reporting. We are aware of at least three reporting incidents this year which occurred because of the Epic implementation in the North, but impacted across the organisation, resulting in additional clinical and managerial resources being allocated. Furthermore, it is impacting on an adverse reputation for the organisation, resulting in additional regional focus and national scrutiny. We would want to understand how Epic implementation issues are captured on the Trust risk register and how adverse incidents relating to Epic are reported on and discussed at board level, including the impact on the reputation of the organisation.

3. Staff Morale

We witnessed a passion to deliver optimal and timely care for patients across your clinical teams; however, the teams shared deep frustrations associated with long standing challenges that do not seem to have been addressed. We were struck by the low morale of teams at RDUH; dedicated teams who want to do the best for their patients but are unable to. We heard feedback from teams who were concerned about the impact of service constraints on their patients and one comment made was impactful: *'patients are working around the service rather than RDUH having a patient centred service'.* Furthermore, we were not clear on feedback mechanisms into teams following

Datix reports; this is important for quality assurance and learning.

The teams we met with would welcome the opportunity to talk to the executive team and have a platform to escalate their concerns and issues to work on solutions; ***we recommend the executive team consider how they could engage with cancer services teams, for example, a 'Board to ward' scheme or a Board sponsor to service.***

There are challenges in recruitment and retention of administration staff, and **we *would encourage the executive team to engage this staff group and ask how they can be supported in their roles and develop within the organisation***. Furthermore, we ***recommend agreed mechanisms are in place to proactively manage pump priming funding***, including agreed milestones for timely evaluation and notice for fixed term roles.

4. Collaboration

We observed varied evidence of collaboration, for example, across dermatology, pathology, and radiology. Whereas some services appear to operate independently at each site, for example, the lower GI teams. ***We would recommend the Trust reviews opportunities for further collaboration across all teams***. In some areas, we felt that increased collaboration between the clinicians and managers would enable enhanced service developments. ***Furthermore, clarity from executives on roles and responsibilities and clear governance for escalation for divisional teams and cancer triumvirate is required.***

5. System opportunities and support

There are many areas that the Trust requires support and strategic input from the Devon System. We are cognisant of the impact of service delivery in Torbay has on the organisation and ***would encourage the ICS conduct a review of cancer services at speciality level*** as many of the services are already supporting Torbay, for example urology, lower GI and skin. Tele-dermatology is well-established, and we heard the Eastern team wanted to expand on this but the proposal to LMC was rejected due to impact on primary care teams. We have asked the team to resubmit this proposal and seek ICS support to resolve.

6. Themes from Specialities:

i. Lower GI

Capacity and infrastructure: Increased demand, referral quality and compliance with the referral proforma in relation to FIT and frailty assessment is an issue across the organisation. We understand there is no clinical lead for Eastern services and the team are clearly frustrated by the challenges they are experiencing which is impacting on their ability to deliver timely cancer pathways. We heard that there was a rapid piece of improvement work being undertaken in Eastern over the next two weeks to review capacity, demand, and skill mix requirements across the cancer pathway. ***We recommend that this work includes the issues raised by the team at the visit and is fed through to Cancer Cabinet and Divisional governance, to include action plans for resource requirements and improvement work, and to support the appointment of a new clinical lead for the Eastern Service.*** The Eastern team stressed issues relating to pension tax and their inability to provide additional capacity due to this. We understand that the division is exploring solutions for this issue as have been achieved in other organisations.

Investment and service development: The team noted the challenges in providing a tertiary service, along with local patients. We are aware of the loss of the intestinal service and the team were frustrated by the lack of service development, including reduced research and no minimally invasive surgery, such as robotics. Both sites have issues accessing CT Colonography. The team highlighted that patients are presenting later with more advanced disease and pathway delays increases the requirement for re-imaging and there are long waits for follow up cancer surgery, such as stoma closures/reversals.

ii. Urology

We witnessed team passion to deliver a quality service, but severe concerns were expressed regarding the impact of long waits for their patients.

Capacity and infrastructure: Increased demand and challenges with referral quality are slowing patient pathways and adding additional burden to the teams. Loss of consultants in North Devon and Torbay has impacted on the team. As with lower GI, the urology service needs a clear long-term strategy as the evolution of tertiary services and service development requirements has not kept pace, including estates capacity. The team advised that they have tried remodelling service delivery to adapt to the needs of the service but stated that they are moving the bottlenecks around; CNS teams noted further opportunities with additional capacity and have submitted a bid for service development. ***We recommend an urgent system-wide capacity review to ensure the service can deliver the capacity required.***

Investment and service development: We understand that the Eastern team have one robot with a high throughput of cases, ***we recommend the Trust reviews this and seeks support for a second robot in line with size of the service(s).*** The team manage capacity by displacing other non-cancer work but note that this can cause other difficulties and the team noted that their benign waiting list is one of the worst in England. MDT standards of care are in place in Eastern and plan to be shared with the Northern team.

iii. Dermatology

We noted good team working across the two sites and the positive input from the executive team in response to recent issues in the North due to challenging Epic implementation.

Capacity and infrastructure: Increased demand, with a high conversion rate of cancers and patient flows from Somerset is impacting on the waiting times for non-cancer dermatology. There has been a reduction in consultant capacity, particularly in the North. The team encourage GPs with specialist interests and extended roles, and nursing staff to support capacity and run peripheral clinics; the team also provide support to Torbay. ***We recommend the Trust works with system leads to build a sustainable skin cancer service, including an estate review, but also ensuring capacity is used optimally across primary and secondary care***.

Investment and service development: The team have provided GP education and support with good engagement and attendance. The MDT is virtual, managed well, supported by preparation in line with MDT streamlining.

iv. Oncology

Capacity and infrastructure: Patients are living with cancer for longer and need more support from oncology and clinical teams. The oncology team aim to see patients within two weeks to commence treatment, although this is currently not possible due to capacity challenges. The service has six high scoring risks on corporate and divisional risk registers, across consultant oncologist staffing, nursing, and ability to meet Cancer Waiting Times (CWT) for treatment (Eastern site) and shared risks relating to haematology, pharmacy and research and trials. The teams have experienced additional administrative difficulties with the implementation of Epic, which they are managing alongside other systems for prescribing and radiation simulation. We note the shortage of MDT Coordinators but would ***recommend the Trust supports MDTs to capture staging information*** as this would support oncology patient management.

We heard about challenges in retaining experienced nursing staff due to high attrition rate; new nursing staff have been leaving after 18 months or so of on the job training due to the pressure of the role and the banding of the posts. We acknowledge the Trust has subsequently put in a temporary resolution to address the banding but ***recommend this is reviewed and supportive measures put in place to address banding and workforce issues longer term.***

Investment and service development: We were concerned to hear the impact of increased NICE technology appraisals and the difficulties the teams envisage in delivering these new regimes to patients. We are aware of the forthcoming specialist commissioning letter and the request for data to support modelling of capacity and demand; the teams will need support to be able to gather these data from information systems. ***We recommend a plan for a long-term review for oncology services to ensure more agile and more sustainable services***; this work will be strengthened if developed at System and Alliance level with collaboration with the different commissioning organisations.

v. Pathology and Radiology

Capacity and infrastructure: Pathology and radiology teams are using skill mix opportunities and it was good to hear plans for newly qualified staff and apprentices joining the radiology teams next year. It was encouraging to hear that the Trust have granted approval for recruitment to turnover for diagnostic services and the Health Education England increase in training posts. ***We recommend and support the Cancer Clinical Director to review MDT streamlining opportunities and reduce the burden of MDTs meetings on pathology and radiology teams.***

The radiology team noted the impact of increased referrals and the focus on the front end of the pathways, while capacity is also required to support interval scanning for patients living with cancer. There are internal targets for urgent suspected cancers of seven days for imaging and 48 days for reporting (Eastern) and 14 days (Northern). The Eastern team are currently unable to meet their internal standards. It was good to hear about the radiology navigator about to start in Northern and the plan to recruit two for Eastern services; ***it is recommended that these posts are taken forward and the roles evaluated*** to ensure administrative processes do not delay the pathway for patients. The pathology teams noted there was variation in clinical practice and turnaround times which they plan to standardise.

Investment and service development: The radiology teams highlighted information governance restrictions on home reporting and the pathology team noted network and connectivity issues with the new scanners which limits electronic sharing of slides. ***We recommend these two issues are reviewed and resolution support is provided.***

It is good to hear that the CDC received national approval; this will support service development and plans for one-stop pathways for lung and lumps and bumps. ***We would recommend the trust embraces the opportunity to model the radiology capacity and reporting timelines to ensure effective alignment to MDT and support the delivery of the 'one-stop' clinics that have been disrupted through recent years.***

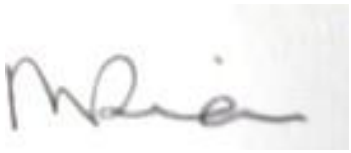
This report aims to capture the key points from the visit and is by no means exhaustive. We have not prioritised the recommendations but would encourage this and can support this process with you, in conjunction with systems leads. We would recommend that the report is shared with Devon ICS leads who were unable to join the visit.

This review was by invitation of the Trust, however, in view of the Trust entering Tier 1 for Cancer Services and SOF 4 as an organisation and system, we would recommend follow up support to gain traction and review progress against the recommendations. We recommend that this support offer forms part of the overall improvement piece within the SOF 4 process.

Finally, we would like to give thanks to you and your teams for making themselves available throughout the visit and for their engagement and openness.

Please let us know if you would like to discuss any content of this letter. Yours

sincerely,



Michelle Dixon
Regional Head of Cancer/Deputy SRO

Lisa Brown
Regional Cancer Improvement Lead

7.3. Appendix 3 – Letter from NHSE Follow Up Cancer Improvement Visit 2023

Dear John, Adrian and Ivor,

On behalf of the visiting team, we would like to extend our thanks once more to you and your teams for facilitating our follow up cancer improvement visit last month. We were humbled by the engagement of the clinical teams who came to meet us, in person and virtually and thankful for their time and for the open and honest conversations we had.

Overall, we were pleased that teams felt there had been an improvement since our visit last year and it was good to hear of the closer alignment and visibility of cancer to the Trust board. There has been a notable shift in the organisation, including an improvement in the morale of the teams. The most notable change in team was the Eastern Colorectal team; despite the fact they face considerable similar issues in relation to nursing and theatre capacity, the team appeared more cohesive and positive with a new clinical lead. Dermatology and urology teams commented that they had felt more support from the Trust and articulated the plans to address capacity challenges.

It was also positive to hear about the increased support for research from the Trust Executive Team and hope this will continue to ensure the Trust maximises opportunities to participate in commercial trials, ensure equity of access across the trust and embed the required clinical capacity for trials into job plans.

There are some considerable challenges faced by many of the teams we met; in particular, the oncology team continue to face significant challenges, most notably capacity pressures which are related to workforce shortages, space restrictions. The current IT system capability is adding additional burden on the department. It was encouraging to hear about the progress on the digitalisation of histopathology that had been made since our last visit.

The major challenge facing the urology team appears to be the establishment of the on-call rota and the integration work with North Devon and Torbay; this is compounded by the gaps in the consultant workforce and is a complex challenge, although the team were hopeful for resolution and implementation in the next couple of months.

A major theme facing all teams is workforce challenges and the tension between financial pressure and new additional restrictions against the needs of the services, including future sustainability. We heard some good examples of work underway to maximise skill mix and career development and proactive local training, 'growing' staff from within the area where it is a challenge to secure external applicants. Examples include training of non-medical endoscopists, and new administrative roles to release clinical capacity. Recruitment of oncologists externally is extremely challenging and in the next couple of years, there will be a group of newly qualified oncology registrars available for roles. Whilst the first stage of the oncology business case for investment was approved by the Trust, the holistic business case will need revisiting to ensure there is sufficient workforce to deliver a safe and sustainable oncology service across the organisation.

We appreciate the financial challenges that requires a recruitment freeze at present but would recommend the Trust ensure the newly established recruitment processes work smoothly and prioritise areas where it is most challenging to recruit into so that this temporary position does not adversely impact on future sustainability. The urology team described the gaps in senior clinical workforce and the workforce model changes which will release consultant capacity; some of this is underway, for example the development of Advanced Clinical Practitioner role in North Devon. We also heard from the dermatology team about the trainee and nurse role developments.

Furthermore, we encourage the Trust to agree robust procedures for short term funded posts, ensuring that there are clear mechanisms to collate evidence of the impact of the posts and support

longer term investment and job security for people working in these roles. This was flagged by the urology and colorectal teams, and it was clear that this was having an impact on morale and wellbeing of staff.

We know that theatre staffing has been a considerable challenge for you and impacted on elective surgery. It was good to hear the plans you are implementing on overseas recruitment and to hear of the initial improvements within theatres.

We look forward to receiving the plans for the new structure for the cancer management team as we have been able to see the progress with the increased capacity and focus in this area. Our recommendation from 2022 to review the status of the clinical lead for cancer in terms of the Assistant Medical Director (AMD) role remains; this is a key strategic role within the Trust, working across divisional structures and therefore, the seniority level should be recognised. We also heard from oncology and diagnostics about AMD role gap and requirement for sufficient job planned time to do the clinical leadership role.

Capital development remains a challenge, particularly evident with theatres but also clinical space. We heard that colorectal consultants had less than one main theatre session per week which is insufficient and a risk to retention. We understand the challenges with capital funding for theatres, the extensive work that has taken place to improve efficiency and that the remaining area for exploration is for 6-7 day working. We encouraged teams to consider further options with Northern and community sites. Space is a general theme on the Northern site, including for oncology, endoscopy, dermatology.

It was good to hear that there had been progress for endoscopy with the Tiverton site, although concerning to hear about the difficulties surrounding the indemnity certificate for the PFI. It would be helpful to understand what support the ICB, Alliance or Region could provide to resolve this issue.

The Northern team have implemented a Trans Nasal Endoscopy service which has released endoscopy capacity; there are opportunities to establish this in Exeter with some capital investment. The dermatology team told us of Trust support and plans to utilise the Heavitree site and the Nightingale to establish a one-stop skin cancer service for patients in Exeter. However, we urge the Trust to consider how best to serve the needs for North Devon patients as the current clinic space is cramped. The skin radiotherapy machine is broken which is resulting in patients to travelling to Taunton for treatment or increasing surgical treatments as patients may not be able to tolerate daily travel to Taunton for radiotherapy. This issue is also impacting on trial recruitment. The teams were unsure of Trust plans to resolve this or how this fit into the Trust capital replacement process.

The key recommendations in this letter are to ensure priority for:

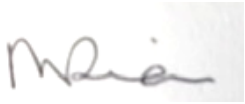
- continued research investment, including job planning to support,
- recruitment processes, including fixed term contracts and targeted areas where recruitment and retention is challenged
- Maintain and promote strength of cancer management structure, including review of Lead Clinician status as previously recommended.
- With the challenges associated with space; capacity and equipment, ensure robust processes in place to allocate use of capital funding available and to continue to seek further opportunities.

We will continue to work closely with your cancer operational teams and maintain the oversight and support through the fortnightly challenged tumour site meetings. If in the meantime we can support the organisation any further, please do not hesitate to contact us directly.

Thank you again to you and your teams for their engagement and openness in working with us.

Yours sincerely,

Lisa Brown
Regional Cancer Improvement Lead



Michelle Dixon
Regional Head of Cancer/Deputy SRO

7.4. Appendix 4 - Overview of cancer performance measurement

The NHS Constitution outlines what patients can expect and their rights when they are referred on a cancer diagnosis and treatment pathway.
Cancer waiting times (CWT) measure NHS performance against these national NHS Constitution Standards, as well as a number of other metrics. These measures are used by local and national organisations to monitor the timely delivery of services to patients.

From October 2023, the two-week wait target, from referral to first consultant appointment, was removed and the remaining cancer standards were consolidated into the following three overarching targets:

- ***28-day*** *wait from receipt of urgent referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of urgent referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer*
- ***31-day*** *wait from Decision to Treat (DTT)/Earliest Clinically Appropriate Date (ECAD) to treatment of cancer*
- ***62-day*** *wait from receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer*

Although the two-week wait target is no longer nationally reported, it is still currently measured inhouse as a useful indicator for how quickly patients are seen post referral and as the first step within 28-day and 62-day pathways. A graphic overview of cancer target measurement is shown below.

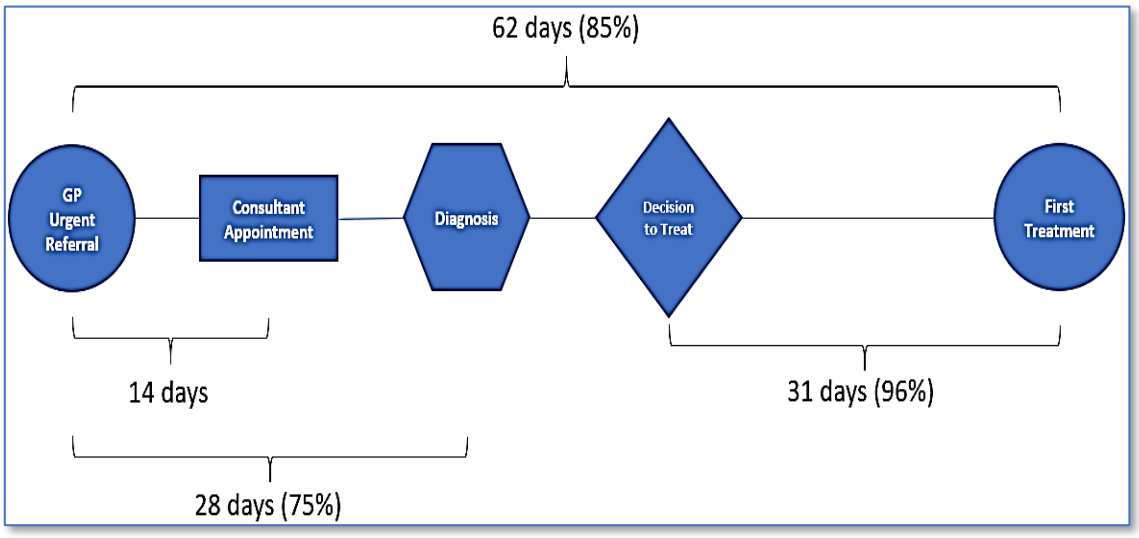


Figure 11: Cancer waiting time targets

7.5. Appendix 5 - Tumour site performance and further information

7.5.1. 2-week waits & 28-day standards

	Eastern		Northern		Trust
Combined Referral Site	**Pts Seen**	**Performance**	**Pts Seen**	**Performance**	**Performance**
EXHIBITED (NON-CANCER) BREAST SYMPTOMS	43	56%	21	81%	64%
BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	11	82%	3	100%	86%
BREAST CANCER	408	66%	159	87%	72%
SERIOUS NON-SPECIFIC SYMPTOM CLINIC	11	73%	14	57%	64%
CHILDRENS CANCER	7	71%			71%
GYNAECOLOGICAL CANCERS	211	52%	72	97%	63%
HAEMATOLOGICAL MALIGNANCIES	9	89%	5	100%	93%
HEAD AND NECK CANCERS	252	79%	22	91%	80%
LOWER GASTROINTESTINAL CANCERS	350	75%	157	96%	81%
LUNG CANCER	37	86%	12	92%	88%
SARCOMAS	103	62%	1	0%	62%
SKIN CANCERS	699	69%	249	98%	76%
TESTICULAR CANCER	14	86%	2	100%	88%
UPPER GASTROINTESTINAL CANCERS	153	79%	17	76%	79%
UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	182	69%	100	57%	65%
Total	**2490**	**69%**	**834**	**88%**	**74%**

Figure 12: Two-week wait performance across tumour sites (Jan 2024 snapshot)

	Eastern		Northern		Trust
Combined Referral Site	**Pts Seen**	**Performance**	**Pts Seen**	**Performance**	**Performance**
EXHIBITED (NON-CANCER) BREAST SYMPTOMS	41	95%	22	95%	95%
BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	13	46%			46%
BREAST CANCER	378	90%	156	95%	91%
SERIOUS NON-SPECIFIC SYMPTOM CLINIC	11	45%	10	30%	38%
CHILDRENS CANCER	7	71%			71%
GYNAECOLOGICAL CANCERS	156	53%	85	56%	54%
HAEMATOLOGICAL MALIGNANCIES	12	50%	3	33%	47%
HEAD AND NECK CANCERS	211	79%	24	71%	78%
LOWER GASTROINTESTINAL CANCERS	361	55%	154	49%	53%
LUNG CANCER	48	75%	11	45%	69%
SARCOMAS	114	49%			49%
SKIN CANCERS	686	86%	263	92%	88%

	Eastern		Northern		Trust
Combined Referral Site	Pts Seen	Performance	Pts Seen	Performance	Performance
TESTICULAR CANCER	8	88%			78%
UPPER GASTROINTESTINAL CANCERS	156	73%	17	65%	72%
UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	118	47%	113	46%	46%
Total	**2320**	**74%**	**858**	**72%**	**73%**

Figure 13: 28-day performance across tumour sites (Jan 2024 snapshot)

Eastern site

Urology is one of our most challenged tumour sites (**Figure 12, Figure 13**), with its lower performance linked to turnaround times for Histology tests and Radiology multiparametric MRI, as well as waiting times for TP Biopsy. Further to this, regional on-call pressures in the Urology service have led to a reduction in the ability to provide additional activity. A review is currently under way of the 'referral to TP results pathway' to identify potential solutions which could shorten the time from referral to diagnosis, which includes Cancer Nurse Specialist-led referral triage service for all prostate referrals.

Gynaecology performance (**Figure 12, Figure 13**) is challenged due to a national increase in two-week wait referrals combined with long-term staff sickness. However, additional activity, funded by the Cancer Alliance, is in place to clear the backlog of patients waiting. In addition, outsourcing is in place to reduce the hysteroscopy backlog, also funded by the Cancer Alliance and planned to commence from March 2024. Further capacity increase is also expected due to an additional Gynaecology Oncology Consultant starting in March 2024. The team is also reviewing the potential for a one-stop service at the Nightingale.

Lower GI performance (**Figure 12, Figure 13**) has improved with the increase in endoscopy capacity provided in Tiverton. The consultant workforce has increased, with successful recruitment in January 2024 of two permanent ERF funded posts. This will provide the additional capacity needed to implement a new on-call rota in April 2024, which will release specialist cancer Consultants for consistent access to theatre.

Sarcoma performance (**Figure 12, Figure 13**) is impacted by a complex diagnostic pathway. Delays to ultrasound are under review and work is underway to introduce a one-stop pathway at the Nightingale, with a potential to go live in July 2024.

Histology and Radiology services are utilising outsourcing to improve test result turn-around times, which is being supported by funds from the Cancer Alliance. However, the average wait for MRI is currently two weeks due to capacity constraints (particularly impacting prostate patients), twice the target turnaround of seven days.

Dermatology referrals have stabilised following exceptional seasonal highs in the summer, however there is now a backlog of patients waiting for treatment, which will impact upon future 31-day and 62-day performance. The Cancer Alliance has now funded six additional weekend lists to reduce the treatment backlog. The team is also exploring the potential for a 'See & Treat' service at the Nightingale, to reduce the inevitable impact that this will have.

Northern site
Over the last four months, the average wait to first appointment across all tumour sites has been less than nine days, following a successful improvement programme earlier in the year, however, teams continue to work towards an internal target of seven days to first appointment.

The improvement in time to first appointment has had a direct impact on 28-day performance which saw a significant improvement from 41% in January 2023 to 79% in December 2023 and slightly lower 72% in January 2024.

Challenges with diagnostic turnaround times for Endoscopy, Radiology and Pathology continue to have an impact on 28-day FDS across all tumour groups. Endoscopy waiting times have significantly reduced over the last year but now continue to improve, facilitating improving performance in both Lower and Upper GI. Approval is awaited for a planned extension to the NDDH endoscopy unit which will create capacity in the form of an additional procedure room. Further to this, a new consultant has joined the Lower GI team and will support with cancer activity following a period of induction. Pathway review work is also underway with the team to identify further areas of improvement for patient experience and pathway efficiencies.

Gynaecology performance (**Figure 12, Figure 13**) has been challenged over recent months, with delays for Hysteroscopy and Histopathology. However, the additional Hysteroscopy Waiting List Initiatives (WLIs) running between December 2023 and March 2024, funded by the Cancer Alliance, have had a positive impact. Further pathway improvement work is underway following an internal deep dive review.

Urology performance remains challenged due to staffing pressures, but finalisation of the UAN discussions and on-call arrangements will support future planning. A review into the Bladder pathway is due in quarter one of 2024/25 which will support future areas for improvement.
Work to improve turnaround times within Radiology and Histopathology continues. This includes additional WLI activity within Histopathology, additional outsourcing for Radiology activity and a three-month pilot to outsource 24-hour Radiology reporting, funded by the Cancer Alliance.

7.5.2. 31- and 62-day standards

	Eastern		Northern		Trust
Combined Referral Site	**Pts Seen**	**Performance**	**Pts Seen**	**Performance**	**Performance**
BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	4	100%			100%
BREAST CANCER	182	75%	18	83%	76%
GYNAECOLOGICAL CANCERS	39	97%	13	69%	90%
HAEMATOLOGICAL MALIGNANCIES	33	97%	5	80%	95%
HEAD AND NECK CANCERS	29	90%	2	100%	90%
LOWER GASTROINTESTINAL CANCERS	50	82%	13	100%	86%
LUNG CANCER	49	96%	5	100%	96%
SARCOMAS	4	100%			100%
SKIN CANCERS	144	51%	37	62%	54%
THYROID/ENDOCRINE	4	75%			75%
UPPER GASTROINTESTINAL CANCERS	34	97%	13	100%	98%
UROLOGICAL CANCERS	159	77%	33	94%	80%
Total	**731**	**77%**	**139**	**83%**	78%

Figure 14: 31-day performance across tumour sites (Jan 2024 snapshot)

Eastern site

Theatre capacity remains a significant challenge across all specialties, however a new theatre schedule is due in April 2024, which will improve access issues for cancer specialties. The greatest affected are Lower GI (complex procedures) and Urology, with waiting times for surgery currently at six to eight weeks. Additional theatre agency staff have been funded by Cancer Alliance to support staffing pressures in theatres until March 2024, and there is currently a proposal to the Trust to continue the use of these agency staff through to June 2024 using ERF funding.
There are delays in Oncology outpatients (pre-treatment) for Lung and Head & Neck, due to consultant vacancies, with patients being booked according to clinical priority to reduce the risk.

There are significant challenges within Radiotherapy due to staffing vacancies (a national issue) combined with an increase in demand, which has seen waits increase for initial outpatient treatment appointment to five weeks. Staff are currently working considerable overtime to support delivery of the service.

The service re-advertised for Consultant Oncologists (3 WTE vacancies) and interviewed in January 2024 – with one successful candidate recruited.

Performance in Breast is recovering and a locum consultant has been in place to support sickness absence within the team. A review of the Breast Screening pathway is underway to explore opportunities to improve performance in this pathway.

There are plans to introduce additional capacity for SLNB procedures at Heavitree Hospital at the end of February 2024, which will improve performance for skin cancer patients requiring this procedure from Plastic Surgery.
The Urology team is undertaking a number of additional insourcing weekend robotic operating lists to reduce the current backlog of RAPNs and RALPs. There is potential of a mutual aid request from UHP for RAPNs.
Skin 31 and 62-day performance has been affected by the increase in referrals over the summer, and the resulting impact on capacity to deliver treatment procedures. Additional activity to recover this position is planned in February and March.

Northern site
The delays at the front end of the pathways, coupled with delays with diagnostic and staging radiology turnaround times, including PET scans provided by Alliance Medical, impact on achievement of 62-day performance.
Challenges within the oncology workforce, especially for Breast, are leading to delays which impact 31 and 62-day performance.
Sickness in the Skin workforce has limited available capacity, however additional WLIs, as well as outsourced treatment lists funded by the Cancer Alliance, have mitigated the impact.
Delays with genomic tests provided by South West Genomic Laboratory Hub impacts on treatment times, most significantly for Lung patients. A working group has been established to review this and minimise delays.

7.6. Appendix 6 – Overview of tumour site key challenges, mitigating actions planned and an assessment of where additional support will be required

Tumour site	Performance against targets (Jan 24)			Pathway Plans	Problem to solve	Requirements for delivery of plans	Will the recovery plans achieve target performance?
		East	North				
Urology (tertiary service)	2WW 28-day 31-day 62-day	69.40% 45.30% 76.16% 32.31%	57.00% 47.22% 91.67% 42.86%	Reviewed March 2023	Histology turnaround time (N&E) Multiparametric MRI turnaround time and capacity (N&E) Theatre capacity and robotic theatre capacity (E) Insufficient consultant capacity (N&E) and middle grade capacity (N) Insufficient microwave ablation capacity (E) System on-call approach – hot/cold site (N&E)	Investment in Pathology workforce Investment in oncology workforce CNS led prostate pathway Demand and capacity review for theatres for specific gaps Turnaround times review for histology and radiology Fully established workforce	28d and 62d will improve from current level with the current plans. **28d, 31d and 62d targets will likely not be reached without additional diagnostic and theatre capacity**.
Dermatology	2WW 28-day 31-day 62-day	68.67% 86.30% 48.85% 67.29%	97.59% 92.02% 65.85% 100.0%	Reviewed March 2023	Insufficient outpatient clinic capacity (E) Insufficient procedure room capacity (N&E) Lack of procedure training for nurses (E) Insufficient medical workforce (N&E) Reliance on outsourced capacity (N) Lack of capacity for complex procedures (N)	Buttercup capacity (quantity to be agreed) 1 additional procedure room/week (E) 2 consultants and 1 ACP (E) Increased use of AI pathway (E) Review of BCC pathway approach D&C review (N&E)	28d, 31d and 62d will improve from current level with current plans. **31d and 62d targets will not be reached without additional medical workforce capacity**
Lower GI	2WW 28-day 31-day 62-day	74.64% 54.60% 80.00% 26.92%	95.51% 47.97% 100.0% 75.00%	Reviewed March 2023	Endoscopy capacity insufficient for demand (N&E) Insufficient theatre capacity for complex cases Lower performance with bowel Screening (N&E) Pathology turnaround time (N&E) Radiology turnaround time (N&E)	2 additional CNS posts (CA funded) (E) Permanent Tiverton unit build Review of colorectal pathway (N) Approval for one additional endoscopy room (N)	28d and 62d will improve from current level with the current plans. **28d and 62d targets will not be met without solution to delayed patients on the screening pathway and diagnostic capacity**
Gynae	2WW 28-day 31-day 62-day	51.66% 53.90% 97.50% 34.62%	97.22% 56.10% 60.00% 75.00%	Reviewed March 2023	Insufficient hysteroscopy capacity (E) Capacity to handle increased 2WW referrals (E) Insufficient clinical workforce (nurse and medical) (E) Pathology turnaround time (N&E) Delays with interventional radiology procedure (N)	Buttercup capacity (outpatient and diagnostic) Additional finance for procedure kit Pathway review in line with best practice timed pathway (N) Investment in pathology and radiology	28d and 62d targets should be met with current plans, with 31d target already recently being met
Breast	2WW 28-day 31-day 62-day	65.69% 89.45% 75.14% 61.67%	87.34% 94.84% 81.25% 72.00%	Reviewed March 2023	Capacity to handle increased 2WW referrals (Breast Care Unit) Risk to on stop clinics due to reduced radiology workforce (N&E) Oncology reduced workforce (maternity leave) (N&E)	Additional Consultant Radiographer Funding for Breast Care Unit	28d, 31d and 62d targets should be met with current plans.
Upper GI	2WW 28-day 31-day 62-day	79.08% 73.72% 87.88% 72.22%	77.78% 62.50% 100.0% 100.0%	No – 2022 (no clinical lead)	No clinical cancer lead (E) Additional clinic capacity (E) Additional procedure room capacity (E) 3 WTE vacancies – gastroenterologists (E) Delays with interventional radiology procedure (N) Endoscopy capacity insufficient for demand (N)	Clinical lead Additional Gastroenterologists TNE at Buttercup (E) Full implementation of TNE service inhouse (N)	28d and 62d targets should be met with current plans, with 31d target already being met.
Head & Neck (tertiary service)/Thyroid	2WW 28-day 31-day 62-day	78.88% 79.33% 85.71% 35.29%	90.91% 70.83%	Reviewed March 2023	Additional theatre capacity for diagnostic and treatment (E) Additional medical workforce (OMFS/ENT) Pathology turnaround time (N&E) Radiology turnaround time (N&E)	2 additional theatre sessions/week 0.5WTE OMFS shared with Torbay	28d, 31d and 62d targets should be met with current plans.
Sarcoma (tertiary service)	2WW 28-day 31-day 62-day	61.76% 49.12% 100.0% 66.67%		Reviewed March 2023	CT/US guided biopsy capacity (E) Additional theatre capacity (E)	Buttercup capacity	28d target should be met with current plans. **31d and 62d targets will not be achieved without additional theatre capacity.**
Brain/Central Nervous System	2WW 28-day	81.82% 54.55%		Reviewed March 2023	Reduced reliance on OP with 'straight to test' for MRI (E)	Understanding of what this means for our pathway given UHP is tertiary centre	28d, 31d and 62d targets should be met with current plans.
Lung	2WW 28-day 31-day 62-day	83.78% 74.47% 93.48% 73.08%	91.67% 45.45% 100.0% 75.00%	Reviewed March 2023	CT/US guided biopsy capacity (E) Molecular histology turnaround time (Bristol pathway) (N&E) No clinical cancer lead Radiology capacity, including interventional procedures (N) Anticipated increase in demand due to upcoming roll out of TLHC	Commissioning of molecular in-house testing (N&E) Clinical lead Investment in radiology capacity and workforce Map and work through impact of TLHC Programme of work	28d, 31d and 62d targets should be met with current plans.
Oncology & Haematology	28-day 31-day 62-day	50.00% 93.75% 20.00%	33.33% 75.00% 50.00%	Reviewed March 2023	Insufficient Radiotherapy workforce Workforce issues across the board & no clinical lead (N&E) Increase in demand due to planned new NICE TAGS (N&E)	**Review of oncology workforce structure and capacity (likely funding requirements)** Recruit a Clinical lead	**Oncology requires significant funding and workforce increase to meet service demand and support the highly challenged team**

Agenda Item:	11.2, Public Board Meeting	**Date: 20 March 2024**
Title:	Final Health Inequalities Strategy	
Prepared by:	Katherine Allen, Director of Strategy, Chris Tidman, Deputy Chief Executive	
Presented by:	Chris Tidman, Deputy Chief Executive	
Responsible Executive:	Chris Tidman, Deputy Chief Executive	
Summary:	This paper sets out the Trust's final health inequalities strategy following presentation of a draft version in January. This strategy describes the role we play in tackling health inequalities as a care provider, a partner and an anchor institution. The themes of feedback on the draft from the Board have been incorporated into the final version, namely – describing the interventions that will have the most impact more clearly; emphasising coastal deprivation; emphasising health inequalities in children; describing the link between this strategy and the Trust's clinical strategy and clarifying the governance with the emergent LCPs. The strategy sets out a 2 year workplan and a proposal that the Board receive a bi-annual report on progress, combining with the existing health inequalities data report.	
Actions Required:	The Board is asked to consider and approve the final RDUH health inequalities strategy.	

Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
		x		

History:	The development of this strategy followed the publication of the Devon ICB Joint Forward Plan and Integrated Care Strategy which indicated an important role for providers in tackling health inequalities. It also encompasses the NHSE Health Inequalities statement requirements on NHS providers. The Board previously commissioned a Task and Finish group on understanding how best the Trust can contribute to reducing Health Inequalities and this, alongside other key contributions from individual board members, has helped shape the strategy. The Board has previously received two reports on health inequalities, largely focussed on the equitable recovery of our waiting times.
Link to strategy/ Assurance framework:	Tackling health inequalities is a core component of the Trust's strategic objective of collaboration and partnerships.

Monitoring Information

Care Quality Commission Standards	Outcomes		
NHS Improvement		Finance	
Service Development Strategy	✓	Performance Management	
Local Delivery Plan	✓	Business Planning	✓
Assurance Framework	✓	Complaints	
Equality, diversity, human rights implications assessed			✓
Other *(please specify)*			

BETTER TOGETHER

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Health inequalities Strategy

2024-2029

January 2024

“In England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining. In particular, lives for people towards the bottom of the social hierarchy have been made more difficult.”

Professor Sir Michael Marmot, “Health equity in England: The Marmot Review 10 years on”, 2021

“Prevention, population health management and tackling health inequalities are not a distraction from the immediate priorities: indeed, they are the key to sustainable solutions to those immediate performance challenges”.

“There will never be a perfect time to shift the dial toward focusing more on preventative services and interventions. It is easy to argue - especially in the current climate of financial constraints and performance issues - that addressing these issues should be something we consider when the current pressures have died down. But that has always been the case.”

“The truth is, unless we make the change, the continual focus on improving flow through acute hospitals will simply channel more and more of an older and increasingly unhealthy population into acute hospitals, which will never be large or efficient enough to cope.”

The Hewitt Review: an independent review of integrated care systems, 2022

Health inequalities strategy 2024-29

Contents

1. Introduction

Welcome to the first Health Inequalities strategy developed by the Royal Devon, which is an enabling strategy of our Better Together strategy.

Chronic, persistent and unacceptable health inequalities result in poorer health, reduced quality of life, higher costs of care and early death for many people. Marginalised and deprived populations experience health outcomes far worse than the general population. They experience exclusion from services, and economic and social marginalisation.

This strategy has been developed in a context of a twin-demic of Covid recovery and cost of living poverty crisis as well as an NHS challenged to address the imbalance of supply and demand for care. There is a growing body of national policy and evidence suggesting NHS providers have a key role in tackling health inequalities.

The Royal Devon University Healthcare NHS Foundation Trust's health inequalities strategy outlines the evidence-based and partnership contribution we can make as an NHS provider to tackling health inequalities.

To ensure our approach is rooted in the needs of our local community and our Trust priorities we have organised our work on tackling health inequalities into three areas: Royal Devon as a healthcare provider; Royal Devon as a partner; and Royal Devon as an anchor institution.

As a healthcare provider we will adapt our services to ensure inclusion and support the Trust's clinical strategy's intention to shift to targeted, preventative interventions to support better health and reduced health inequalities; we will work with partners on the wider determinants of health; and as an anchor institution within our communities, we will use our capabilities and economies of scale to positively influence people's lives through our employment of 16,000 people and our procurement policies as well as the way we deliver care.

This strategic approach enables a framework to align the multiple initiatives across the Trust which influence health inequalities, such as research and development, sustainability, workforce and digital. And, importantly, our methodology is one which starts with asking people to describe the issue in their own words so that the data gathering, solution and activities remain focused on solving the right problem.

This strategy has the following vision and objectives:

Health inequalities vision:

Reducing health inequalities through involvement, insight and partnerships

Health inequalities objectives:

Royal Devon will

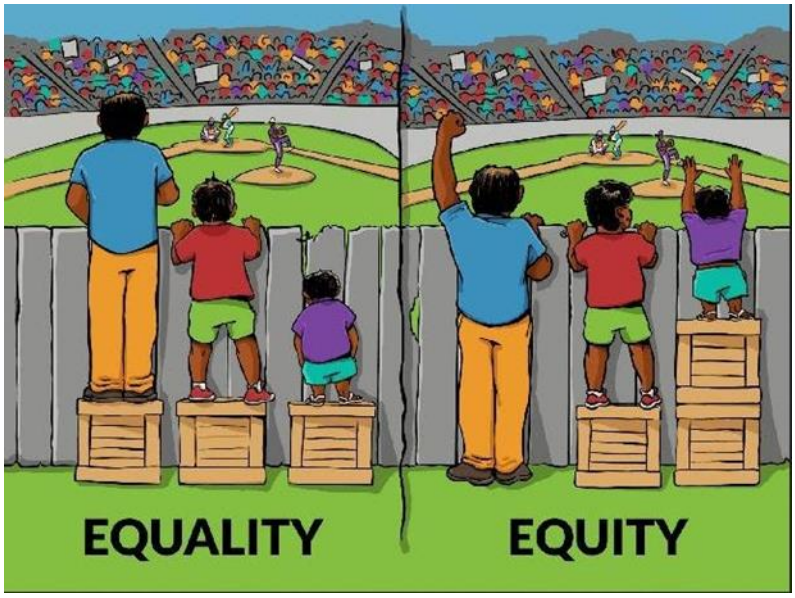
- Use its role as a **provider of healthcare** to reduce health inequalities
- Use its role as a **partner** to reduce health inequalities
- Use its role as an **anchor institution** to reduce health inequalities

2. Definitions

Health inequalities are differences in health across the population, and between different groups in society, that are systematic, unfair and avoidable. They are caused by the conditions in which we are born, live, and work and which influence our opportunities for good mental and physical health.

Inclusion health is a term favoured by public health and Devon County Council to describe a policy agenda that aims to redress the extreme health and social inequities among the most vulnerable and marginalised in a community.

Equality means treating everyone the same or providing everyone with the same resource, whereas equity means providing services relative to need.



Most health inequality strategies recognise that reducing the steepness of the social gradient in health involves actions which are universal, but with a scale and intensity matched to the level of disadvantage: this is known as **proportionate universalism**.

Wider determinants Wider determinants are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.

The wider determinants of health are interlinked: for example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food. This means some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care.

Core 20+5 is an approach designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement. There is a version for adults and children. **Core20** is the most deprived 20% of the population as measured by the index of multiple deprivation; **Plus** are those ICS-chosen groups experiencing poorer than average health access and/or outcomes who may not be captured within the Core20 and who would benefit from tailored healthcare approaches i.e. inclusion health groups; 5 refer to the key clinical areas of health inequalities.

For adults they are **maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension** with smoking cessation recognised as a common positive intervention for all. For children the **5** are **asthma, diabetes, epilepsy, oral health and mental health**. Devon is using Core20+5 to segment the population to prioritise attention and resources. See appendix A for the Core20+5 explainer).

3. Strategic context and evidence base

3.1 Clinical data on health inequalities and impact on NHS demand

Health inequalities have always existed but the evidence from multiple sources indicates they are worsening. In both the 2020 Health Equity Study, authored by Sir Michael Marmot, and the evidence base to the NHS England major conditions strategy (2023) there is confirmation that improvement in life expectancy has stalled and the deprivation gap in life expectancy is widening and driven by preventable and manageable disease. 42% of the burden of poor health is attributable to modifiable risk factors (see figure 1).

The Covid-19 pandemic exacerbated inequality and highlighted the unequal impact of the disease on different population groups, some of whom were not previously thought to be an at-risk group. The success of specific strategies to target homeless people and ethnic minorities with vaccination support are examples where adapting the service delivery model makes a positive difference to people's health and wellbeing.

The current UK 'cost-of-living crisis' is further worsening the socio-economic inequalities that drive many health disparities. The disease groups in figure 1 contain many of the areas where this strategy and the community services element of the clinical strategy (see section 3.4) overlap and where joint prevention strategies and targeting approaches will be effective.

There is a 10 year gap in life expectancy between the most and least deprived, driven by modifiable risk factors

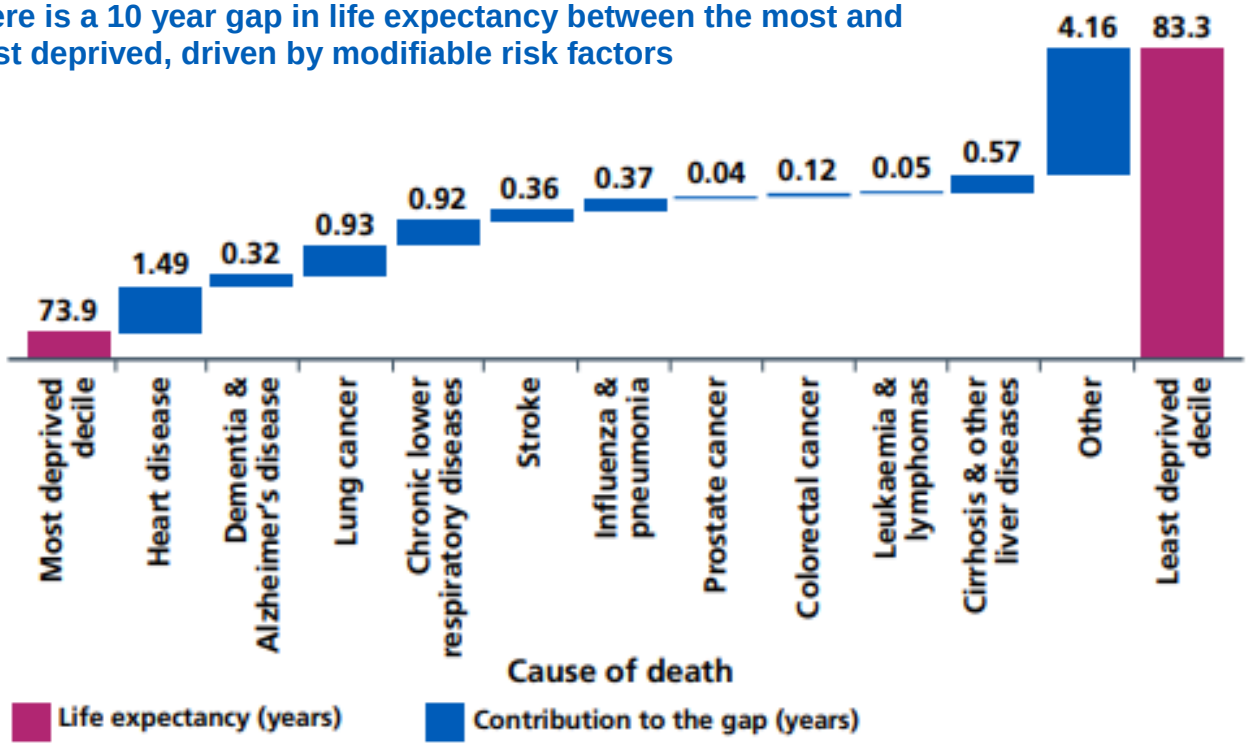
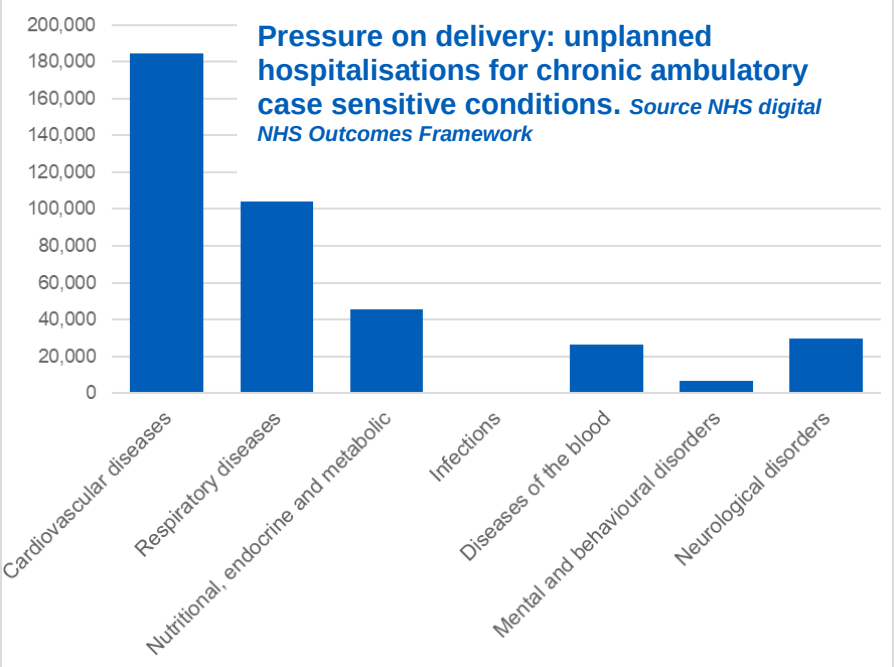


Figure 1: NHS England health inequality analysis, 2023

The demand presenting to the NHS has led policy leaders to examine the impact of health inequality and deprivation on admissions to hospital. Figure 2 shows the correlation between emergency admissions for hypertension, respiratory and mental health. Those three conditions are three of the five identified in Core 20+5 as being more prevalent in deprived communities.

This data indicates an evidence base for prioritising the areas to target based on the known impact on demand from certain disease groups.



Summary findings

- CVD and respiratory diseases are the leading causes of emergency admissions for chronic ambulatory care sensitive conditions.

  There is a strong demographic bias in terms of who gets admitted to hospital.

- Prevalence of LTCs increases risk of admission and complexity of cases.

- Multi morbidity exacerbates pressure on delivery. Prevalence is higher and onset earlier in those living in more deprived areas.

Figure 2: Failure to manage preventable conditions may exacerbate pressure on operational delivery. Nuffield Trust analysis of ambulatory care sensitive conditions and admissions, 2022

Royal Devon's catchment has a North and South seaboard and the Chief Medical Officer's report in 2021 highlights the substantially higher burden of physical and mental health conditions in coastal communities. The report highlights four main points, which resonate with local leaders and communities in Devon:

1. *"older, retired citizens – who have more and increasing health problems – often settle in coastal regions but without the same access to healthcare as urban inland areas. In smaller seaside towns, 31% of the resident population was aged 65 years or over in 2019, compared to just 22% in smaller non-coastal towns*
2. *difficulties in attracting NHS and social care staff to peripheral areas is a common issue. The report found coastal communities have 14.6% fewer postgraduate medical trainees, 15% fewer consultants and 7.4% fewer nurses per patient than the national average, despite higher healthcare needs*
3. *an oversupply of guest housing has led to houses in multiple occupation (HMOs) which lead to concentrations of deprivation and ill health. Directors of public health and local government leaders raise concerns about the challenges of poor quality but cheap HMOs,*

encouraging the migration of vulnerable people from elsewhere in the UK, often with multiple and complex health needs, into coastal towns

4. *the sea is a benefit but also a barrier: attracting NHS and social care staff to peripheral areas is harder, catchment areas for health services are artificially foreshortened and transport is often limited, in turn limiting job opportunities. The least wealthy often have the worst health outcomes."*

3.2 National policy context

Reducing health inequalities is one of the main priorities of the NHS Long-Term Plan, refreshed in the NHS at 75 update in 2023. The Health and Care Act 2022 enshrines this priority in legislation by stating that addressing health inequalities in outcomes, experience and access is one of the four core aims of an integrated care board (ICB).

In response to the continuing rise of chronic ill-health, NHS policy (NHS@75 report) shifts the focus to the following:

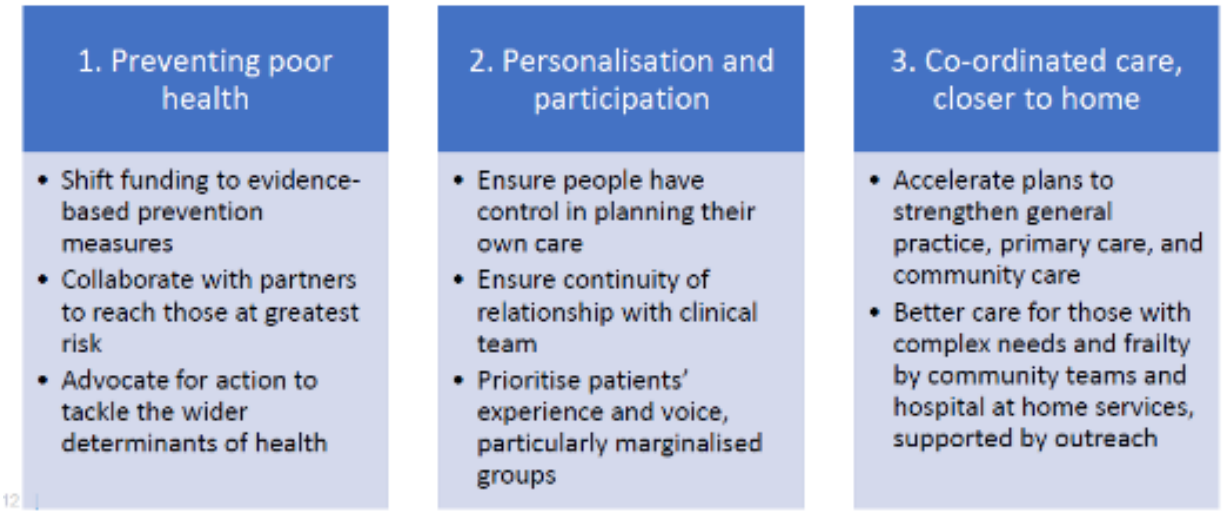


Figure 3: summary of the NHS&75 report, 2023

The NHS Long-Term Plans have signalled the intent to focus on health inequality, inclusion and prevention with the operating plans committing to ring-fenced budgets for prevention allocated to each ICS. This policy draws from the evidence that focusing upstream on modifiable behaviours means more people living longer in better health, which reduces the costs of that care. There is a risk that in a NOF 4 ICS, this ringfenced investment may be stalled- however, section 5 sets out the economic case for this investment.

The NHS England Health Inequality statement, published in 2023 sets out the responsibilities of NHS providers. To fulfil duties of service provision in ways which comply with the NHS Act 2022, Royal Devon is required to:

- Understand healthcare needs including by adopting population health management approaches, underpinned by working with people and communities.
- Understand health access, experience and outcomes including by collecting, analysing and publishing information on health inequalities set out in the Statement.

- Publish information on health inequalities within or alongside annual reports in an accessible format.

- Use data to inform action including as outlined in the Statement.

Trust Boards are expected to use health inequality data to inform strategy development, policy options review, resource allocation, service redesign, service delivery decisions and service evaluations. These obligations are included in the delivery plan supporting this strategy (section 5).

3.3 Financial case for prevention and health inequalities

The Healthcare Financial Management Association report 'Health Inequalities: establishing the case for change' from May 2023 draws together the evidence indicating that inequalities in health can drive demand for NHS services. Avoidable differences between population groups can impact the prevalence of conditions, and the ability and willingness of people to seek treatment prior to crisis and care costs increase the less planned the care.

At a time of intense demand on the NHS, significant financial pressure, and critical workforce shortages often means providers favouring a response to the immediate presenting problem rather than thinking about the long-term repeat presentations.

It is therefore an explicit medium-term aim of this strategy to have developed a business case for investing in targeting health inequality as a way of reducing demand on our NHS services (see section 5).

Serving a population which has more healthy years in retirement age will reduce the complexity and volume of healthcare need, providing the return on investment of interventions. Marmot links poor health to loss of economic productivity and higher welfare spend which creates the alignment to wider health and wealth policies across national and inter-governmental policy. Levelling Up and Local Government policies, as expressed via Local Plans, increasingly recognise the link between health, housing, skills, employment, crime, environment and the need for commitment from all partners to tackle these root causes of deprivation to ensure the health and wealth of a local area.

Making the case for longer term change to tackle health inequalities during a period of extreme pressure for the NHS, with short term recovery targets, is challenging. For this reason the workplan supporting delivery of this strategy recognises the need to target areas using the available evidence base; approach in ways with proven benefit and in partnership with the communities impacted. The evaluation which demonstrates impact will underpin delivery. This evidence is crucial to develop effective partnerships, maintain stakeholder buy-in and make the business case for sustainable funding.

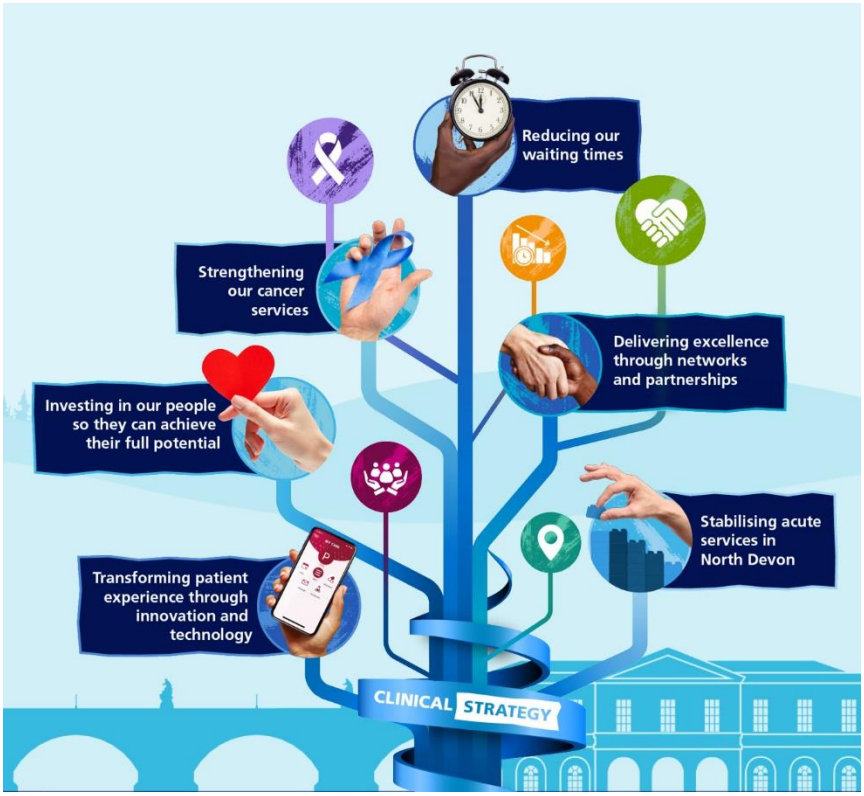
3.4 RDUH strategy: Better Together

The Better Together strategy was developed to support the integration of two Trusts following the creation of the Royal Devon in 2022. The Better Together strategy has a mission that signals a clear shift towards preventing ill health through targeted intervention: "*Working together to help you to stay healthy and to care for you expertly and compassionately when you are not*".

One of the key drivers of the merger rationale was to address health inequalities across North and East Devon and to ensure access to healthcare and outcomes were equitable.

As described within the 'Collaboration and Partnership' strategic objective, the Trust is committed to being a collaborative partner with patients and stakeholders as well as with other providers, primary care, the ICS, local government, wider public services and the voluntary sector and using our combined expertise and data to make decisions that address health inequalities. Working in partnership is central to reducing health inequalities. Only 20% of someone's health is directly influenced by the NHS, the greatest influence is from someone's socio-economic context and influencing these wider determinants requires effective partnerships.

The clinical strategy (pictured in the graphic) has six objectives which this strategy will support.



Clinical strategy theme	Health inequality strategy response
Transforming patient experience through innovation and technology	We will use our digital capability to improve access to specialist healthcare for marginalised groups – for example through wearables and diagnostics in community settings.
Investing in our people so they can achieve their full potential	As an anchor institution and the largest employer in Devon, the NHS has the resources to significantly improve the health outcomes of our employees through training, development and fulfilment.
Strengthening our cancer services	A health inequalities approach to cancer would emphasis the need to target certain communities and demographics to reduce late diagnosis. There is a link between late diagnosis and health inequality/deprivation.
Reducing our waiting times	Equitably. There is a national link between deprivation and longer waiting times. The Health Inequalities board report and annual statement will demonstrate the extent to which we are managing this risk.
Delivering excellence through networks and partnerships	The entire basis of this strategy is one of encouraging a multi-agency effort involving central government, the NHS and local government working in close partnership, harnessing the contribution of the voluntary, statutory and private sectors to have the greatest impact in tackling health inequalities.
Stabilising acute services in North Devon	This objective is important to ensuring the continued access to local acute services to the population of Northern Devon, which has pockets of extreme deprivation and barriers to access.

Also within the Trust's clinical strategy is a commitment to develop the capacity and capability of our community services. This includes improved discharge pathways as well as supporting a range of physical or digital interventions delivered either directly or by partners that build wellness and independence. As well as improving health outcomes overall and delivering better value for money for the taxpayer, this form of early intervention helps to break the cycle of services not meeting people's needs and disadvantaged citizens experiencing worse health outcomes. A key area of overlap between this strategy and the community service element of the clinical strategy is presented in figure 4.

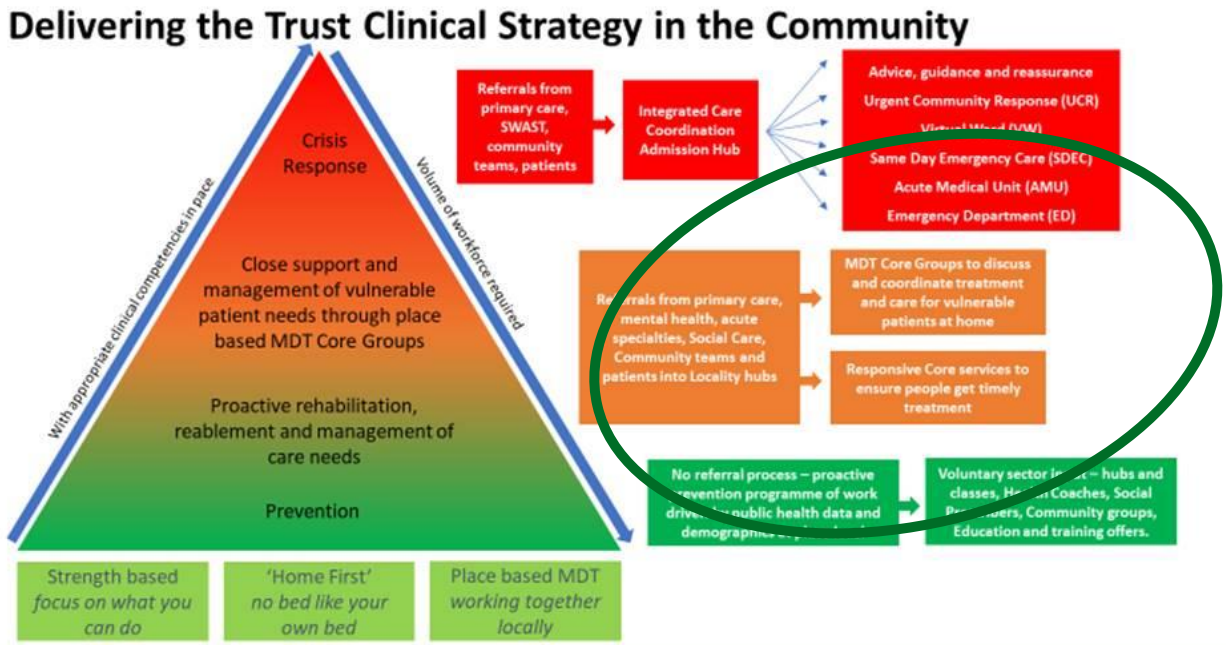


Figure 4: Showing the link between the RDUH clinical strategy: community services and the Health Inequality strategy

4. Health inequalities data

In recent years the depth of data and analytical capabilities have significantly increased in recognition that narrowing the inequality gap requires better data and insight. There are four main categories of data which will be accessed to support delivery of this strategy, working with our local care partnerships.

- **Population Health** data (called population health management) joins up data across local health and care partners and enables population segmentation and risk stratification. This gives practitioners insight into the holistic needs of different population groups and the drivers of health inequalities. Partners can identify a local 'at risk' cohort and create the evidence base for the targeted action needed. PHM means using data, evidence and knowledge in all forms to create local intelligence that aids decision-making.

- **National data platforms**. NHS England has invested in several data platforms to support the use of data in guiding local decisions to reduce the health inequality gap. The health inequalities improvement dashboard focuses on Core20+5 data and is contained within NHS National Data Platform (the Foundry) which identifies significant health inequalities statistical analysis and suggests actionable insights.

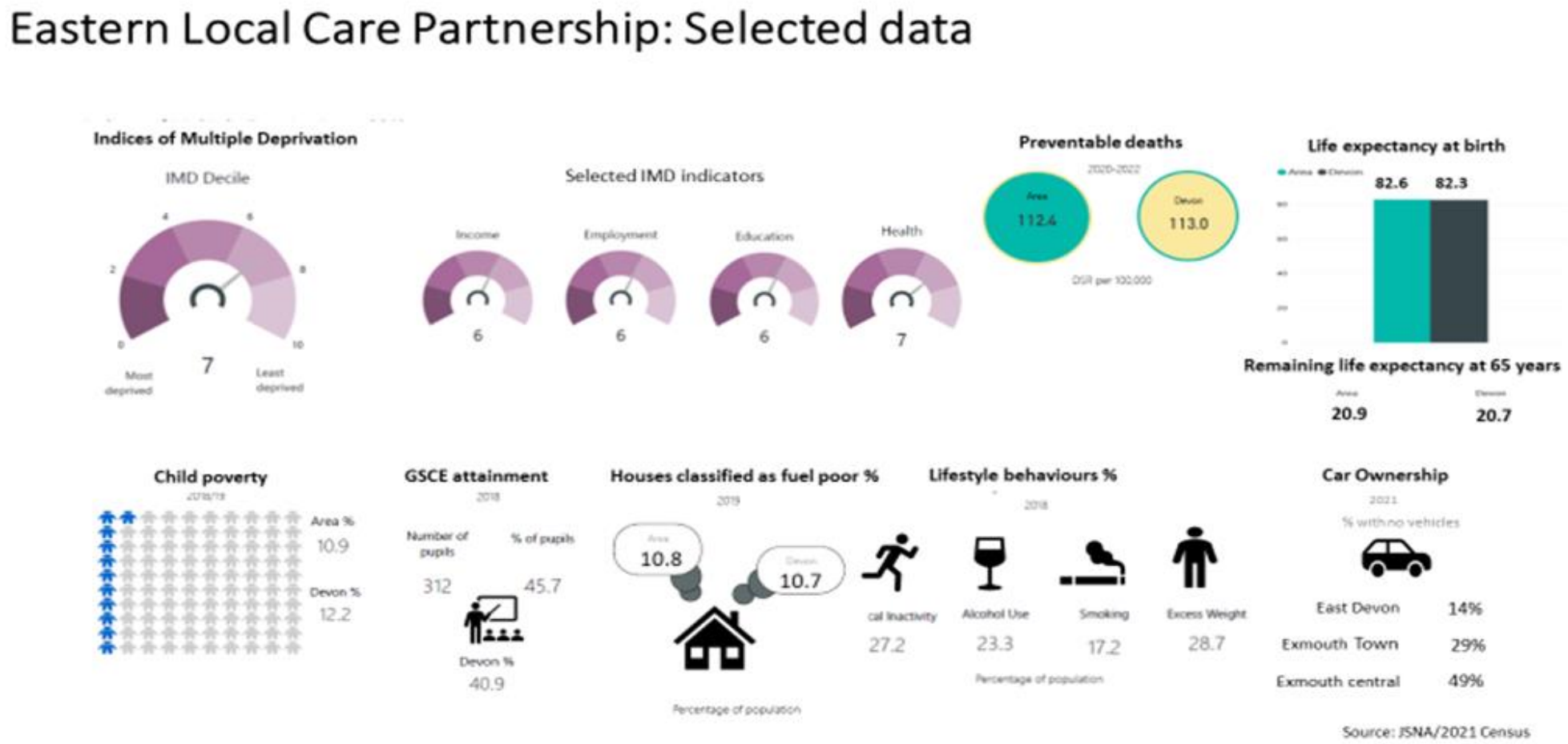
- **Local data capabilities**. The RDUH's EPIC electronic patient record has the functionality to record and report risk factors for health and healthcare inequalities across our acute and community patient caseload. It's health determinant tool also has the analytical power to combine data sets to indicate trends and patient cohorts. There are clear opportunities to use this data to inform and prioritise our health inequalities work as well as to collaborate on further research with partners.

- Our police, council and charity partners also collect data for example on anti-social behaviour, place of safety; housing supply, fuel poverty, evictions and housing standards; and gaps in community resilience respectively. Data sharing agreement to enable the overlay with health data will guide and target the interventions to reduce health inequalities and enable effective partnership working.

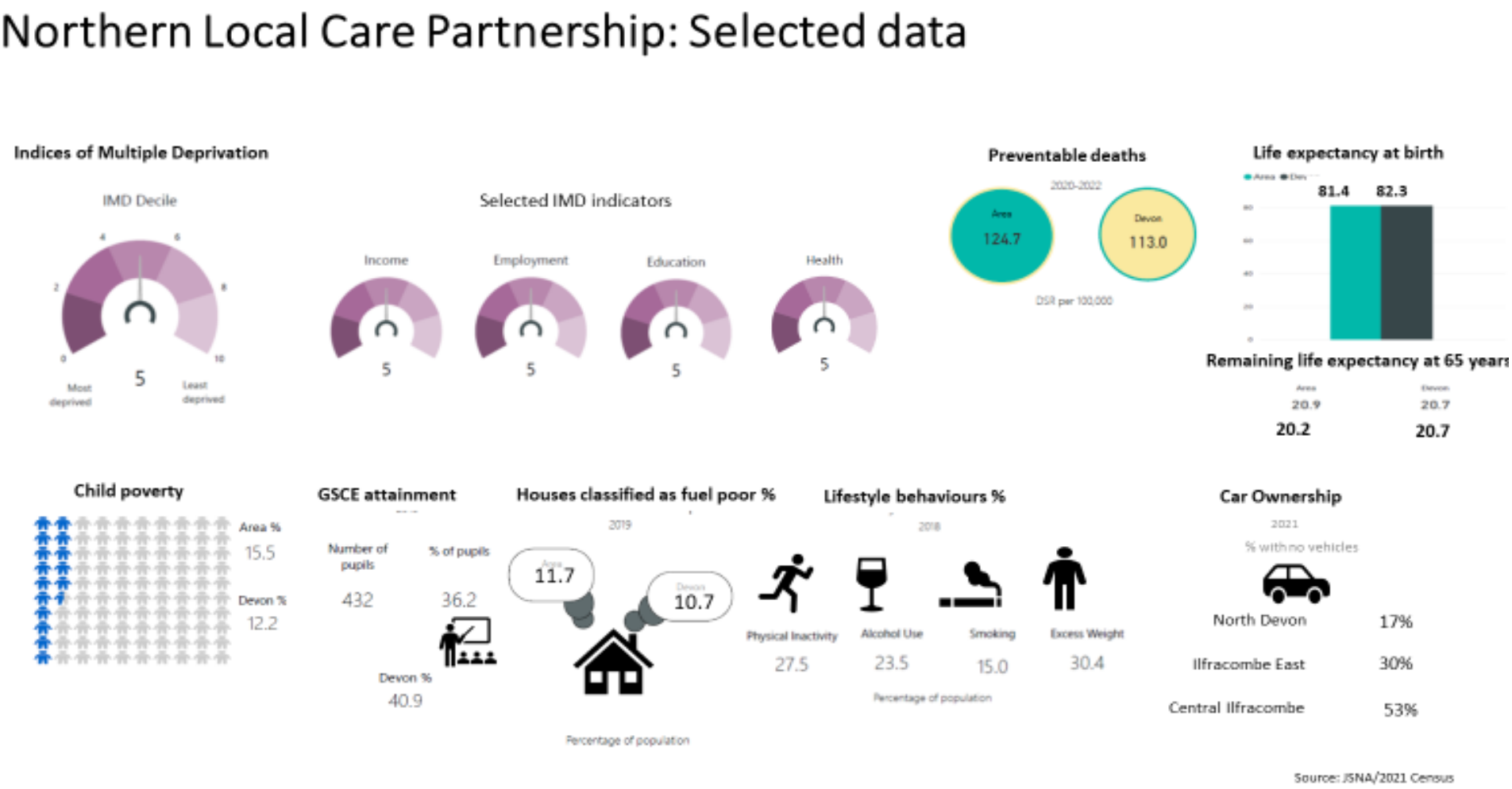
- **Neighbourhood qualitative data**. We will take concerted steps to understand the lived experience of people who are impacted by health inequalities. It is only be listening to the lived experience that services can understand how they must adapt their provision models to mitigate disadvantage and deprivation.

4.2 The data on health inequalities in North and East Devon

The following snapshots of East and North Devon show the type of data that will be commonly used to stratify risk, segment the population and plan interventions.



Whilst these are a narrow selection of data, the comparison between North and East reveals stark comparative differences between health outcomes, particularly in child poverty, educational attainment, fuel poverty and car ownership, which have implications for Devon in addressing health inequalities.



4.3 Using the data on health inequalities in North and East Devon

There is no shortage of data and often the key challenge is translating knowledge into meaningful action and impact, particularly when tackling the wider determinants of health requires an alignment of the priorities of all partners.

However, as the fuel poverty case study below shows, health inequalities are structural, multi-factorial and influence the service delivery of most public sector organisations. The approach summarised below is expanded in section 6.

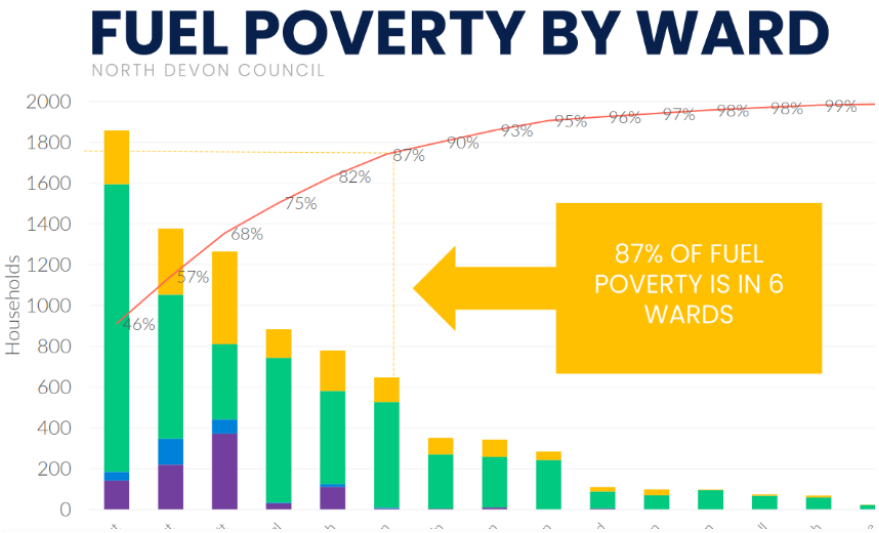
A. Understanding the impact of fuel poverty and aligning priorities

The table below shows how partners articulate the impact health inequalities is having on their service delivery and outcomes.

Fuel poverty is an issue in most rural areas. For example, Torridge has 12.4% of homes in fuel poverty compared to 11% nationally. Cold homes cause excess deaths and they exacerbate conditions such as arthritis – costing the NHS £2.5bn a year	Fuel poverty becomes a priority for the NHS
Children in fuel poor households have poorer educational outcomes and are more likely to miss school due to ill-health or be socially excluded.	Fuel poverty becomes a priority for Schools, Councils, Employers and local businesses maintaining local skills pipeline, Mental Health and the NHS
Fuel poor houses are often rented accommodation. Occupants have lower wages and more likely to feel insecure in their accommodation	Fuel poverty becomes a priority for District Councils, employers and the voluntary sector / charities supporting those being evicted
Rural homes are often older and poorly uninsulated	Fuel poverty becomes a climate issue for Devon

B. Identifying those impacted

Segment the population and gather all available data on each segment, i.e. low income, private rental, health conditions and use partner data if appropriate, i.e. from Energy Saving Trust, EPC ratings, Dept of Work and Pensions.



C. Stratify data and agree priorities

Share and use the data to stratify the population and agree priorities.

D. Act!

Locate and discuss the impacts with the target population. Agree interventions. Do the interventions and evaluate impact with partners and people.

5. The Royal Devon's role in tackling health inequalities

The Royal Devon's role in tackling health inequalities is in three objectives:

- As a provider of care
- As a partner
- As an anchor institution

This section explains how the Trust will convert its strategic intent into a series of deliverables for each objective. This is summarised on the 'Strategy on a Page' overleaf.

5.1 RDUH as a provider of healthcare tackling health inequalities

Objective	Development work: Year 1	Work programme: Year 2 onwards	Outcomes
Use our role as a **healthcare provider** to reduce health inequalities	*As per NHSE Statement.....* • **Understand healthcare needs**. Develop data capabilities: EPIC, PHM, One Devon Dataset, JNSA. Alongside community and partner engagement • **Understand health access**, experience & outcomes • **Collect, analyse and publish** health inequalities information at Board (biannual recovery report and NHSE HI statement) • **Publish** information on HI in annual report • **Use** data/evidence to inform action	• RDUH Core 20+5 delivery programme launched in CVD and diabetes • EPIC-PHM etc combined dataset • Elective recovery – HI input to outpatient transformation, digital inclusion, virtual/remote care delivery • Urgent care recovery – HI input to high intensity users (+High Flow), social prescribing and community connectors • Maturity of personalised care, make every contact count, value-based care and effective	**More years in better health (QALY + SHMI)** **North and East service integration levels up**

Year 1 will focus on building the evidence base. RDUH has the capability through its data analytics and highly-skilled, multi-professional clinical teams who are in contact with 100,000s of patients to risk stratify and understand the needs of its patient population. There is a robust evidence base behind 'make every contact count' to indicate the positive influence clinicians have on the healthy wellbeing behaviours of patients. Whilst it is recognised that asking about lifestyle issues such as alcohol intake and smoking takes time and adds more of a data collection burden for clinicians, the utility of the data and the impact of the conversation on the patient can be profound.

For Year 2, by using the data collected, Royal Devon can then begin to mitigate some of this inequity. Having achieved a dataset, the population groups can be segmented and targeted for a differential approach to care provision that meets their needs.

With improved data and targeted investment from the ICB and NHS grants, we will also begin to explore the priority areas of Core20+5, elective recovery and urgent and emergency care.

Health inequalities strategy on a page

Vision	Objective	Development work: Year 1	Work programme: Year 2 onwards	Outcomes
Reduce health inequalities through involvement, insight and partnership working	Use our role as a **healthcare provider** to reduce health inequalities	As per NHSE Statement…. • **Understand healthcare needs**. Develop data capabilities: EPIC, PHM, One Devon Dataset, JNSA. Alongside community and partner engagement • **Understand health access**, experience & outcomes • **Collect, analyse and publish** health inequalities information at Board (biannual recovery report and NHSE HI statement) • **Publish** information on HI in annual report • **Use** data/evidence to inform action	• RDUH Core 20+5 delivery programme launched for both adults and children - targeting CVD and diabetes • EPIC-PHM etc combined dataset • Elective recovery – HI input to outpatient transformation, digital inclusion, virtual/remote care delivery • Urgent care recovery – HI input to high intensity users (+High Flow), social prescribing and community connectors • Maturity in make every contact count, value-based care and effective interventions as NHS	**More years in better health (QALY + SHMI)** **North and East service integration levels up**
	Use our role as a **partner** to reduce health inequalities	• Participate in strong **One Northern Devon** partnership and contribute resources and effort to a shared prevention workplan • Support the development of **One Eastern Devon** to same partnership model as OND • Support maturity of **LCPs** as the ICS delegates more functions to local place level • Support delivery of the RDUH community strategy, particularly prevention • Establish DPIAs with partners to enable joint action	• Pursue joint prevention, regeneration and Levelling Up partnership initiatives • **North** - focus on local priorities: mental health, fuel poverty, high intensity user, social prescribing, homelessness, cost of living • **East** - focus on local priorities: mental health, loneliness, homelessness • Partner economic case for health inequality improvement programmes	**Services have adapted to people's needs** **Improved health outcomes** **& Reduced cost of delivery**
	Use our role as an **anchor institution** to reduce health inequalities	• Map all the health inequality opportunities and activities across RDUH functions i.e. apprenticeships (social mobility), Green Plan, Digital, Estates, Finance and Procurement and clinical models of care delivery • Publish progress in line with the NHSE statement and equality legislation	• Secure sustainable funding for health inequalities improvement initiatives • Benchmark the health inequality anchor activities with cost/benefit analysis • RDUH and District Council Local Plan alignment	**RDUH has net +ve impact on the socio-economic health and wealth of Devon**

5.2 RDUH working in partnership to tackle health inequalities

Objective	Development work: Year 1	Work programme: Year 2 onwards	Outcomes
Use our role as a **partner** to reduce health inequalities	• Participate in strong **One Northern Devon** partnership and contribute resources and effort to a shared prevention workplan • Support the development of **One Eastern Devon** to same partnership model as OND • Support maturity of **LCPs** as the ICS delegates more functions to local place level • Support delivery of the **clinical strategy, particularly community services and prevention** • Establish DPIAs with partners to enable joint action	• Pursue joint prevention, regeneration and Levelling Up partnership initiatives • **North -** focus on local priorities: mental health, fuel poverty, high intensity user, social prescribing, homelessness, cost of living • **East: -** focus on local priorities: mental health, loneliness, homelessness • Partner economic case for health inequality improvement programmes	**Services have adapted to people's needs** **Improved health outcomes** **& Reduced cost of delivery**

The establishment of the ICSs and place-based partnerships (local care partnerships) in legislation offers RDUH an opportunity to accelerate efforts to tackle heath inequalities given the mandate set out in the legislation and in NHSE guidance.

In addition we are a founding member of the One Northern Devon partnership board which takes membership from all local partners and has agreed a programme of work aimed at tackling local health inequality priorities. This approach is being replicated with One Eastern Devon and we will continue to take on a leadership role within all these partnership fora going forward.

This objective also defines RDUH's role in supporting delivery of the programmes within Devon's Joint Forward Plan and the Local Care Partnership workplans (North and East). The alignment between the ICS's Joint Forward Plan and RDUH's Better Together strategy is contained in appendix B.

5.3 RDUH as an anchor institution

Objective	Development work: Year 1	Work programme: Year 2 onwards	Outcomes
Use our role as an **anchor institution** to reduce health inequalities	• Map all the health inequality opportunities and activities across RDUH functions i.e apprenticeships (social mobility), Green Plan, Digital, Estates, Finance and Procurement and clinical models of care delivery • Publish progress in line with the NHSE statement and equality legislation	• Secure sustainable funding for health inequalities improvement initiatives • Benchmark the health inequality anchor activities with cost/benefit analysis • RDUH and stakeholder alignment, i.e. District Council Local Plans	**RDUH has net +ve impact on the socio-economic health and wealth of Devon**

Employing a 16,000 strong professionally diverse workforce; caring for 600,000+ local residents; and spending £1billion on the provision of healthcare makes the Royal Devon an anchor institution within the community of Devon (see figure 6).

The RDUH will use this status to positively impact the local economy, society and economy through:

- purchasing more locally wherever possible
- using social value measures in commissioning and procurement
- ensuring access to work, and making sure that job roles are high quality

- supporting families to live healthy, sustainable lives
- supporting the wider transition to a net zero economy, helping to reduce emissions and improve air quality

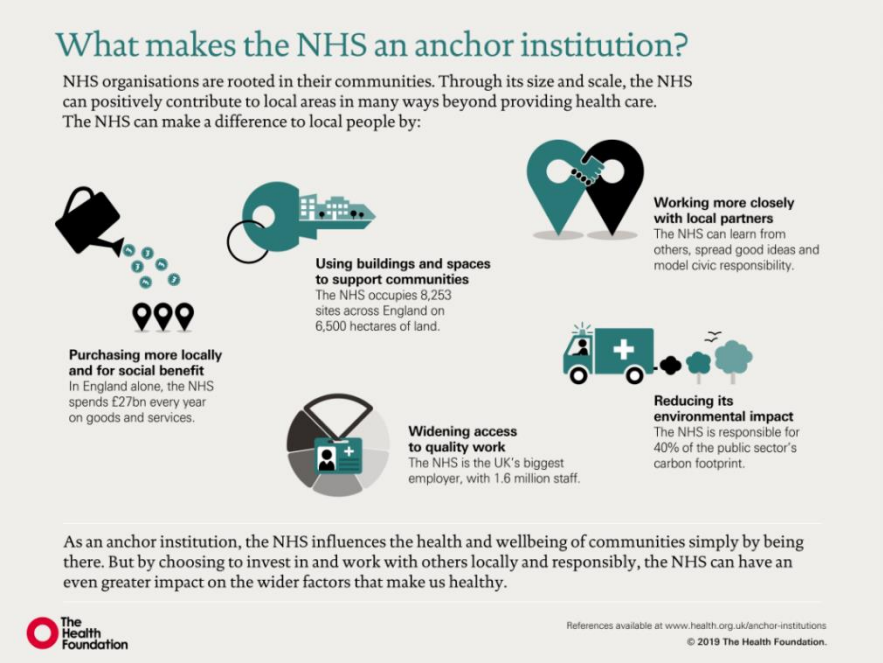


Figure 6: Health Foundation definition of an NHS anchor institution

Anchor institutions also tend to have more corporate professional resources which are essential to supporting partnership work and momentum, i.e. bid writers for grants, accountants, IG specialists for DPIAs, administrators to take meeting minutes and so on. Royal Devon offers these services as contributions when working in partnership.

6. Governance and programme management

The governance of health inequalities work is complex, matrix and system-wide. It also differs across projects and within each of the objectives of this strategy.

Three layers of governance are emerging with the new ICS architecture: initiatives that are implemented at system level (i.e. recovering waiting times equitably, smoking); at place level (i.e. high intensity users); and at person level (i.e. homelessness, apprenticeships).

Each area has its own appropriate governance and reporting structures.

Within the NHS England statement there is an expectation that the Royal Devon quantifies its impacts and publishes its activities to improve health inequality. The following governance structure details the process to support assurance of compliance with the 'statement'.

6.1 Trust governance to support delivery and prioritisation of this strategy

RDUH Board	Approves and monitors delivery of health inequality strategy. Receive bi-annual reports charting progress in delivering the three objectives of this strategy. All reports will align to the requirements of NHS England Health Inequalities statement
Strategic Trust Delivery Group	STDG will receive the report ahead of Board and validate impact, benefit and progress of the activities.
Joint N&E Operational Board	Trust Director members of our OB are also members of each LCP. N&E Devon localised updates will be presented to Ops Board containing update on Local workplans, health inequality projects, prevention, anchor institution activities and relevant grant funded projects.
One Northern Devon / One Eastern Devon	Coalition of willing partners who meet to agree local priorities and programmes across health, economy, environment. Membership of all health bodies, councils, police, fire, business, education, VCSE, third sector.
Strategy and Partnership team	Delivery of a workplan which includes: • RDUH health inequality strategy delivery (and support to community strategy) • One Northern Devon + North LCP workplans • One Eastern Devon + East Devon LCP workplans • ICS workplans i.e. smoking (secondary prevention)

As the Local Care Partnerships develop and take responsibility for more local commissioning functions and decisions, this governance will evolve and in some cases merge with the strong partnership forums already in existence – One Eastern Devon and One Northern Devon.

During this transition the Health Inequalities strategy delivery reports and requirements under the NHSE Health Inequalities statement, i.e. waiting list report by deprivation and ethnicity will report to Trust Delivery Group, relevant sub-committee and Board of Directors.

6.3 Resources to deliver the strategy

Firstly, there is a huge interest in addressing health inequalities amongst our clinicians, and in understanding what our data is telling us. EPIC also gives us a data repository. This dataset coupled with the curiosity of our clinicians is a natural resource that we are able to tap into.

To support this, Royal Devon has a small internal team of health inequality practitioners who support the delivery of this strategy and the One Northern and Eastern Devon workplans. This team maintains the partner relations and community networks which provide the infrastructure and coalitions required and ready to work in partnership on the wider determinants of health.

Investment is also available through our Local Care Partnerships. For example, through securing external grant income, One Northern Devon oversees a budget of between £0.5-£1m, wholly discharged on projects targeted at health inequalities and prevention.

As Integrated Care Boards (ICBs) have a statutory duty to reduce health inequalities, as defined in the Health and Care Act 2022 and are allocated ringfenced funding, we will need to ensure that this duty is maintained.

7. Conclusion

The NHS is uniquely placed to make a strong contribution to reducing health inequalities.

Due to the level of health inequality in our communities and the impact this has on the complexity and demand approaching our NHS services, working with partners on ways to tackle the root causes has become our core business.

We are already mid-flight in delivering this strategy. This strategy condenses all of the data, expertise, research and depth of partner relationships that Royal Devon has invested in over many years. We have generated a positive reputation as a constructive partner who works collectively and shares expertise to address the challenges facing our communities.

This strategy sets out a realistic and achievable framework for RDUH to demonstrate that addressing health inequalities can contribute to resolving some of the demographic, demand and financial challenges facing the NHS.

As society's expectations and demands on the NHS become more complex and intense, this strategy offers a way of meeting those expectations through personalisation, co-production and supporting the empowerment and resilience of local people.

Appendix A: NHSE and national evidence base

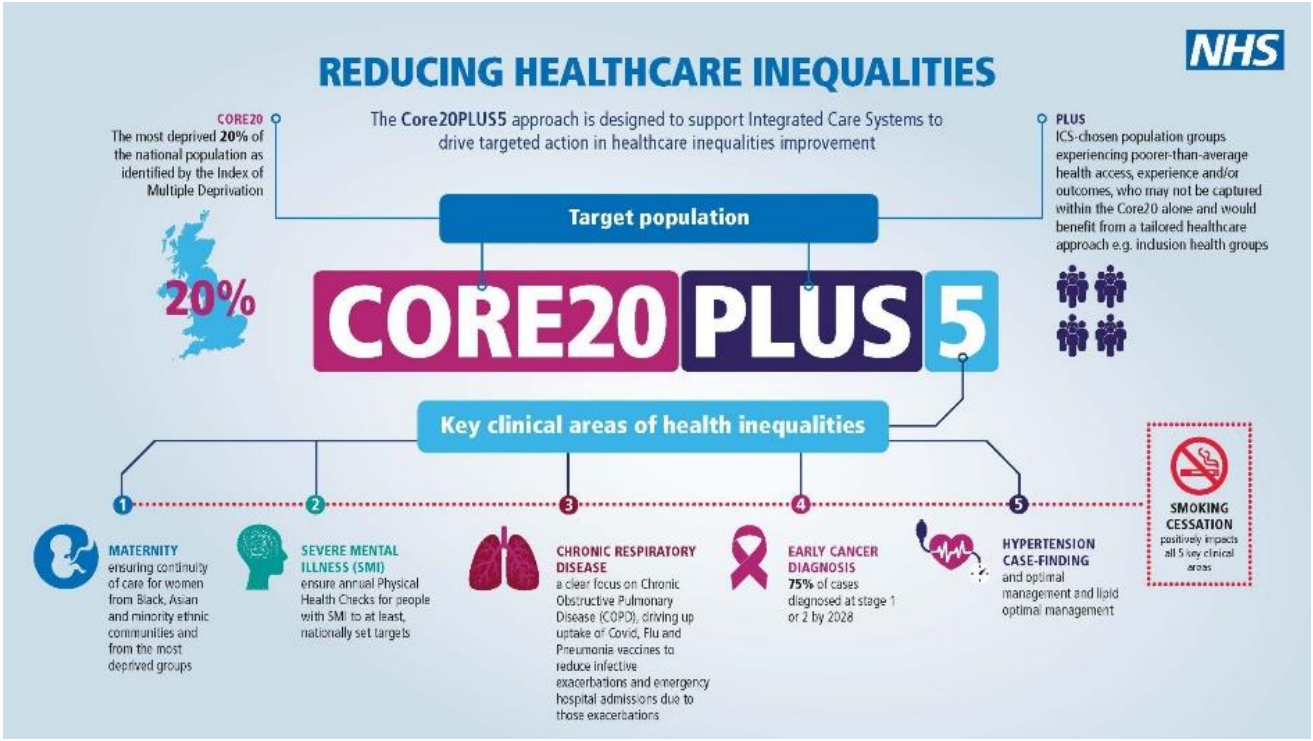
Further reading: the NHSE health inequalities statement and obligations, 2023

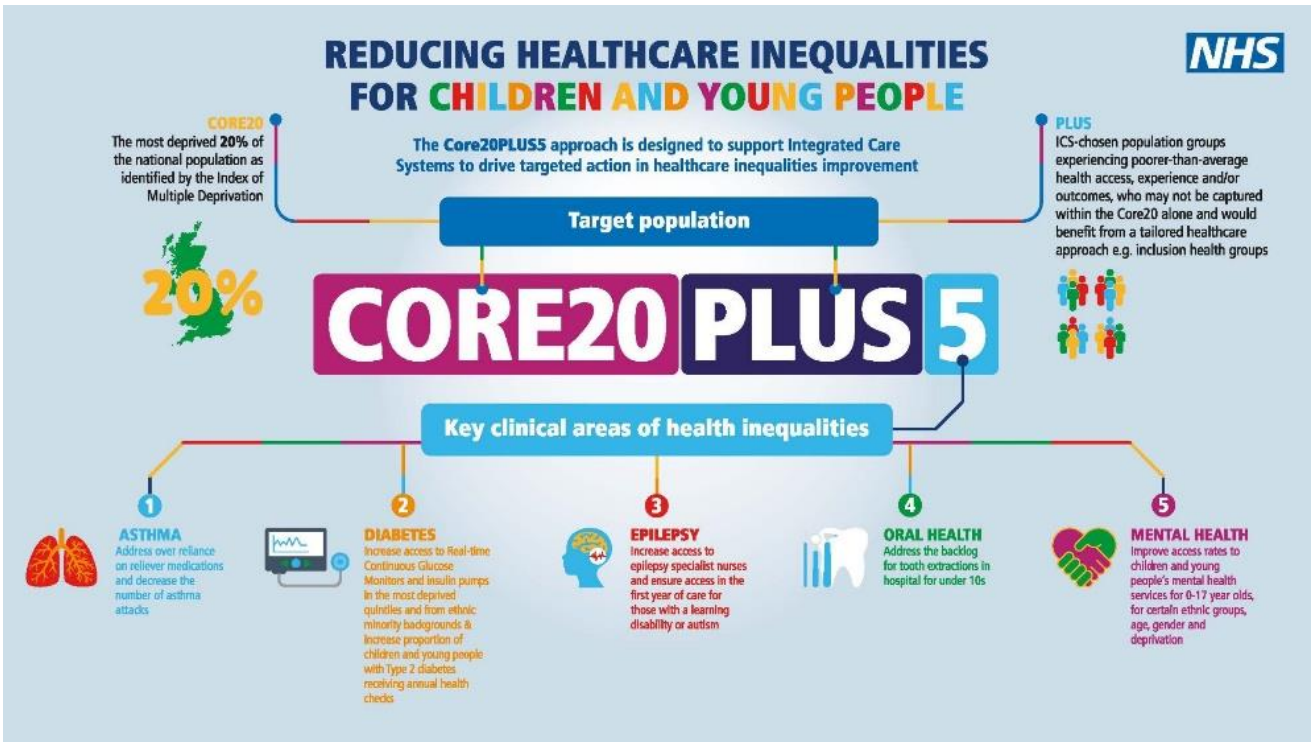
Statutory basis for addressing health inequalities

The NHS is mandated to consider health inequalities as a result of its legal duties and the regulatory framework in which it operates.

- The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.
- Public Sector Equality Duty (s.149 Equality Act 2010)
- Social Value Act 2013
- The right of everyone to the highest attainable standard of physical and mental health has been recognised formally in the UK since 1976 when the Government approved the International Covenant on Economic, Social and Cultural Rights (ICESCR).
- Health and Care Act 2022 committed to reduce inequalities between patients with respect to their ability to access health services, and the outcomes
- The Care Quality Commission's (CQC) strategy (2021) outlines a commitment to supporting and enabling health and care providers and wider systems to reduce health inequalities within services and the wider population, for the first time.
- NHS England and NHS Improvement's *System oversight framework 2021/22* onwards, commenced the ICS focus on improving population health and tackling unequal access, experience and outcomes.
- 2023 NHS England statement on health inequalities NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)
- Core20+5 (overleaf)

Core20+5 for adults and children





Appendix B: Strategic alignment

The alignment between the ICS's Joint Forward Plan and RDUH's Better Together strategy

ICS delivery programme	Better Together strategic objective • **C**ollaboration and Partnership • **A** great place to work • **R**ecovering for the future • **E**xcellence and Innovation	RDUH enabling strategy
Acute service sustainability	C A R E	Clinical strategy Digital strategy People strategy Finance strategy
Housing	C	Health inequalities strategy
Community development and learning	C	Health inequalities strategy
Employment	C A	People strategy Health inequalities strategy
Health protection	E	Clinical strategy
Suicide prevention	C	Health inequalities strategy
Primary and community care	C	Clinical strategy Health inequalities strategy
Mental Health, Learning Disability and Neurodiversity	C R	Clinical strategy Health inequalities strategy
Children and young people	R E	Clinical strategy Health inequalities strategy

ICS enabling programme	Better Together strategic objective	RDUH enabling strategy
Climate Change	C A R E	Green Plan Estates strategy Digital strategy Clinical strategy
Population health	C R E	Clinical strategy Transformation strategy Health inequalities strategy

		Digital strategy Data strategy
System development	C	Better Together Transformation strategy Digital strategy
Workforce	A R	People strategy
Digital and data	C A R E	Digital strategy Data strategy Clinical strategy
Estates and infrastructure	A R E	Estates strategy Green Plan Clinical strategy Digital strategy
Finance	R	Finance strategy Transformation strategy
Communities and involvement	C R	Health inequalities strategy Digital strategy Clinical strategy (+ communications, engagement and marketing strategy)
Research, innovation and improvement	R E	Digital strategy Transformation strategy Green Plan
Equality, diversity and inclusion	C A	People strategy Digital strategy

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	11.3, Public Board Meeting		**Date: 20 March 2024**	
Title:	Devon Joint Forward Plan Refresh			
Prepared by:	Jenny Turner, Programme Director, NHS Devon			
Presented by:	Chris Tidman, Deputy Chief Executive			
Responsible Executive:	Chris Tidman, Deputy Chief Executive			
Summary:	Summary of the refresh of the Joint Forward Plan (JFP) for Devon, which has been written in collaboration with partners across the system, is attached. The JFP describes how the health and care sector plans to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.			
Actions required:	Link to status below and set out clearly the expectations of the Board when considering the paper.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				x
History:	The first Joint Forward Plan for Devon was published in July 2023 and is due for refresh in April 2024. Integrated Care Boards and partner trusts are required to publish a refreshed JFP before the start of each financial year, setting out how they intend to exercise their functions in the next five years.			
Link to strategy/ Assurance framework:				

Monitoring Information

Please *specify* CQC standard numbers and tick ✓other boxes as appropriate

Care Quality Commission Standards	Outcomes		
NHS Improvement		Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

Refreshed Joint Forward Plan for Devon

March 2024

Introduction

1. The first Joint Forward Plan (JFP) for Devon was published in July 2023 and is due to be refreshed for April 2024. Integrated Care Board (ICBs) and their partner trusts are required to publish a refreshed JFP before the start of each financial year, setting out how they intend to exercise their functions in the next five years. This draft is being presented to the Board for information, the final version will be presented to the NHS Devon Board for approval at its meeting in March 2024.

2. This is a refresh of the Joint Forward Plan for Devon written in collaboration with partners across our system. It describes how the health and care sector plans to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.

3. The JFP (attached as an Annex to this report) reflects the work that is happening across the wider Devon system, in the health and care sectors and beyond, and demonstrates how this work aligns with the strategic goals in the Strategy and how it will deliver the required improvements in health and wellbeing.

4. The Joint Forward Plan reflects an intention to work in collaboration and partnership to deliver our system ambitions, but it is important to acknowledge that statutory duties remain with individual organisations. There are some specific statutory duties that the Integrated Care Board needs to deliver as part of its statutory function, that must be met through the JFP, and these duties are incorporated throughout the plan.

5. Development of the Integrated Care Strategy and the Joint Forward Plan was informed by analysis of extensive public feedback about health and care (collected across system partners) between 2018 and 2022 and direct engagement in production the plan with Overview and Scrutiny committees, Health and Wellbeing Boards and system partners including VSCE and Healthwatch representatives.

Feedback on the 2023/24 JFP

6. Feedback has been received on the JFP from a variety of sources including Trust Boards, Health and Wellbeing Boards, senior system leaders and NHS England (NHSE). Programme leads have been provided with the feedback relevant to their individual programmes for consideration when refreshing their plans.

7. On the plan overall, it was felt that it was too long, did not link programmes to the ICS aims, did not create links between the programmes and our overall ambition, did not articulate priorities and did not explain the difference the plan would make

to the people of Devon. But it did clearly articulate a strategic link to the Devon Integrated Care System (ICS) objectives and the programme plans were clear.

Refreshed JFP for 2024/25

8. The plans outlined in the JFP have not significantly changed from the version published in 2023 although the structure of the plan has been amended and the content reduced in response to feedback.

9. The refreshed plan is structured around three themes/priorities: Healthy People; Healthy, safe communities; and Healthy, sustainable system.

10. The content of each programme plan has not materially changed from the version published in July.

11. New content for each programme describes: their key achievements in 2023/24, what people in Devon will see as a result of the programme and shows which of the ICS aims the programme supports delivery of. We have removed the programme detailed action plans and milestones.

12. There is an immediate requirement to recover both the financial and performance position for Devon to ensure that we have a sustainable system going forward. This will require improvement in both financial and operational performance, access and quality of care. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4 and their longer term objectives to transform the way we work together across our system so that it is healthy and sustainable in the future.

Recommendations

13. The Board is asked to:

- Note the refreshed Devon Joint Forward Plan

Jenny Turner
Programme Director
5 March 2024

Contents

One Devon

Foreword

We are excited to publish this refresh of our Devon 5-Year Joint Forward Plan (JFP), which demonstrates a different way of working within the Devon system, bringing together plans from across different sectors within health and care in response to the One Devon Integrated Care Strategy. Local Authorities and the NHS have agreed that they will work together and be held jointly responsible for delivering the plan.

The Strategy sets out the key challenges for our Integrated Care System, known as One Devon health and care system, and a set of strategic goals aimed at tackling these challenges over the next five years. Over the last 12 months, system partners have been working to ensure that they take account of the Strategy in their planning and delivery of services, in a way that ensures alignment between health and other sectors. The Devon 5-Year Joint Forward Plan brings together the strategies and plans that are in place or in development across our system, in individual organisations, in collaboratives and in system programmes, into a single over-arching Plan and has aligned these to the strategic goals set out within the Integrated Care Strategy.

We are pleased to be able to describe some of the key achievements across Devon that shows how the programmes we are working on together are making a difference for people who live and work in Devon. We should also recognise that the last 12 months have been challenging for public sector services. NHS partners have been delivering plans to support both NHS Devon and partner NHS trusts moving out of segment 4 of the NHS Oversight Framework and Local Authority partners have been managing their own significant operational and financial pressures. The JFP recognises this context and the need to ensure that our system recovery is prioritised in the early years of the Plan and that we earn the autonomy we need to deliver transformational change.

The JFP does not cover everything that we are doing across our system – it includes priorities in areas of wider social and economic importance, such as housing and employment, as we know that their impact on health and wellbeing is significant, and these are areas where we need to develop our collaborative working.

Sarah Wollaston **Steve Moore**

Health and Wellbeing Board Opinions

To be updated if requested by H&WBs

There has been ongoing engagement with the three Devon Health and Wellbeing Boards throughout development of the Joint Forward Plan. Each of the Boards has submitted a formal opinion on the extent to which the JFP reflects their Health and Wellbeing Strategy, which is reproduced below.

Torbay Council

By consensus [Health and Wellbeing Board] Members resolved that:

1. the draft Joint Forward Plan takes proper account of the Joint Local Health and Wellbeing Strategy;
2. the minutes of the Board meeting on the 9 March 2023 will constitute the response in writing of the Health and Wellbeing Board and its opinion in respect of (1).

This opinion has been confirmed as unchanged in relation to the final published JFP.

Plymouth City Council

Plymouth's HWB has been engaged throughout the process of development of the JFP and has been consulted, with the opportunity to raise questions and highlight potential omissions.

The Plymouth HWB endorses the Plan and is assured that it takes account of the current health and wellbeing strategy for Plymouth. The focus on inequalities in access and in outcomes is welcomed, and we look forward to seeing the shift in resources required to deliver on this aim.

Devon County Council

The Devon Health and Wellbeing Board has been engaged throughout the process of development of the JFP and has been consulted on each formal draft, raising questions and highlighting potential omissions.

The DCC HWB is happy to endorse the Plan and is assured that it takes account of the current health and wellbeing strategy for Devon.

One Devon

Introduction

#OneDevon

Purpose of 5-Year Joint Forward Plan

The plan is structured around three themes: **Healthy People; Healthy, safe communities; and Healthy, sustainable system** and sets out our vision and ambition for the next five years and describes the programmes of work that we will be delivering.

This is a refresh of the Joint Forward Plan for Devon written in collaboration with partners across our system. **It describes how the health and care sector plans to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.** This JFP reflects the work that is happening across the wider Devon system, in the health and care sectors and beyond, and demonstrates how this work aligns with the strategic goals in the Strategy and how it will deliver the required improvements in health and wellbeing.

The JFP **brings together many strategies and plans** that already exist or are in development across the system, including, but not limited to: Joint local health and wellbeing strategies, Local authority strategies (eg: adult social care strategies); Local Care Partnership (LCP) objectives; Provider trust strategies; Provider collaborative priorities, AHP strategy and our Recovery plan.

The Devon 12 challenges

1. An ageing and growing population with increasing long-term conditions, co-morbidity and frailty
2. Climate change
3. Complex patterns of urban, rural and coastal deprivation
4. Housing quality and affordability
5. Economic resilience
6. Access to services, including socio-economic and cultural barriers
7. Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas
8. Varied education, training and employment opportunities, workforce availability and wellbeing
9. Unpaid care and associated health outcomes
10. Changing patterns of infectious diseases
11. Poor mental health and wellbeing, social isolation, and loneliness
12. Pressures on health and care services (especially unplanned care)

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One Devon

One Devon's Integrated Care Strategy on a page

Our Vision	**Equal chances for everyone in Devon to lead long, happy and healthy lives**			
Our Aims	**Improving outcomes in population health and healthcare**	**Tackling inequalities in outcomes, experience and access**	**Enhancing productivity and value for money**	**Helping the NHS support broader social and economic development**
Our Strategic Goals	One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money			
	Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities across Devon and reduce suicide deaths across all ages	People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.	People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.	People in Devon will be provided with greater support to access and stay in employment and develop their careers.
	We will have a safe and sustainable health and care system.	Everyone in Devon will be offered protection from preventable diseases and infections.	People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.	Children and young people will be able to make good future progress through school and life.
	People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.	Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place	We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.	We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
	Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death and disability	The most vulnerable people in Devon will have accessible, suitable, warm and dry housing	We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.	Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people
	Children and young people (CYP) will have improved mental health and well-being	In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.		Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably
	People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.			

About Devon

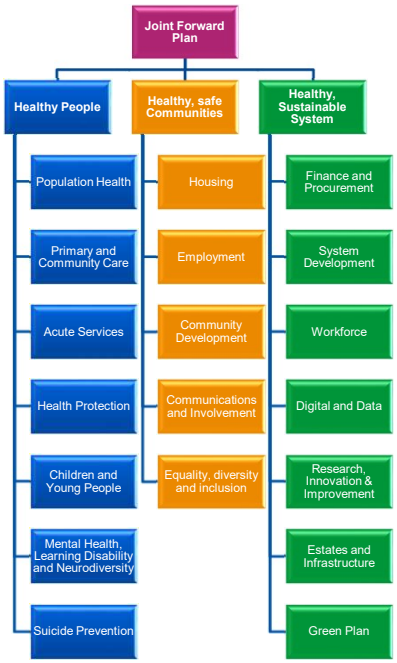
Devon is a complex system, with many different arrangements across deliver functions and geographies. Elements of the plan are delivered across a range of provision including:

- Two unitary authorities (Plymouth City Council and Torbay Council)
- One county council (Devon), with 8 district councils,
- 121 GP practices, in 31 Primary Care Networks
- Devon Partnership Trust (DPT) and Livewell South West (LWSW) provide mental health services
- Four acute hospitals – North Devon District Hospital and the Royal Devon and Exeter Hospital, both managed by the Royal Devon University Healthcare NHS Foundation Trust (RDUH), Torbay and South Devon NHS Foundation Trust (TSDFT) and University Hospitals Plymouth NHS Trust (UHP)
- One ambulance trust – South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Dental surgeries, optometrists and community pharmacies
- A care market consisting of independent and charitable/voluntary sector providers
- Many local voluntary sector partners across our neighbourhoods

One Devon

Developing a sustainable future for health and care in Devon

- The JFP describes how the Integrated Care System plans to deliver health and care services that meet population need and are sustainable in response to the Integrated Care Strategy.
- The JFP is underpinned by a **three key themes** that reflect the system priorities, and foster conditions for successful enabling functions.
- Each theme is supported by a series of programme plans that articulate how the JFP will be delivered in the short, medium and long-term
- The programme plans encompass both **delivery** of services and the requirements to **enable** success.



One Devon

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Delivering a sustainable future for health and care in Devon

- In order to develop a sustainable future for the health and care services in Devon, we need to **recover our system, stabilise services and deliver long term sustainable improvements**.
- Each programme plan describes:
  - The programme **ambition**
  - The **difference** the programme will make to the people of Devon
  - **Achievements** delivered in 2023/24
  - **Short term objectives** to improve performance and reduce costs (recovery)
  - **Medium term objectives** to stabilise and improve services
  - **Longer term objectives** to transform services for a sustainable future
  - Which of the **ICS aims** it supports, providing a golden thread throughout the plan.

Improving outcomes in population health and healthcare

Tackling inequalities in outcomes, experience and access

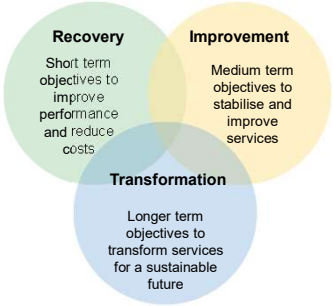
Enhancing productivity and value for money

Helping the NHS support broader social and economic development

Ambition

Achievements **Impact**

Objectives



One Devon

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To be updated

Getting the system in balance – NHS recovery

Financial and Performance Position

- There is an immediate requirement to **recover both the financial and performance position for Devon** to ensure that we have a sustainable system going forward.
- Devon ICB and xx of our acute hospital trusts are in section 4 of the NHS National Oversight Framework (NOF4). Exit from NOF 4 will require to **improvement in both financial and operational performance, access and quality of care.**
- **Our financial challenge for next year is:**

Metric	2024/25
65+ Week waits	
78+ Week waits	
104+ Week waits	
A&E 4 Hours	
Cancer Faster Diagnostic	
System Financial Plan	
Workforce	

Our Approach to Recovery

- The JFP includes how we are approaching system recovery. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4.
- Each NHS organisation will drive recovery within their own organisation supported by working together across organisational boundaries to implement system-wide solutions where most effective to do so.
- Diagram showing approach

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Plymouth to be updated

Getting the system in balance – local authority recovery

Torbay

Torbay's approach to adult social care is a collaboration Torbay Council, Torbay and South Devon NHS Foundation Trust, and our VCSEs enabling a comprehensive and focused approach to enhancing the well-being and independence of our community. Our integrated partnership aims to strengthen care and support and is aligned to Torbay's clear strategic vision of maximising people's choices and enabling them to live a fulfilling life in their own community. Torbay's vision is supported by system-wide transformation and guided by the values of the Adult Social Care Strategy and the Devon 5-year Joint Forward Plan. To support the accomplishment of our goals, Torbay has key objectives:

- Increasing independence, choice, and control through strategic shaping and oversight of Torbay's market with a focus on building independence through support for living and partnership with the VCSE sector and communities.
- Hospital discharge, supported by the expertise of Adult Social Care, is a seamless and personalised transition aimed at ensuring individuals return home with the necessary support, reablement, and community resources to foster independence and holistic well-being.
- Adult Social Care, transformed by data, technology, and digital improvements, enhances service accessibility, efficiency, and personalisation, ensuring a responsive and tailored approach to meet the diverse needs of our community members.
- Efficiency and innovation ensuring that Torbay's resources are optimally utilised, achieving better value for money while maintaining high-quality services and enhancing the well-being of individuals in our community.
- In embracing these objectives and vision, Torbay remains dedicated to the continual improvement of adult social care services, fostering a community where individuals thrive with autonomy, support, and a collective commitment to well-being.

Plymouth

Plymouth City Council faces significant financial risks, given the continuing forecast shortfall, uncertainty about resourcing from central government, the wider economic environment and the council's comparatively low levels of financial reserves. Savings plans totalling £25.8m have been developed across the authority for 2023/24, with further work ongoing around future years. The council is experiencing significant pressures post-Covid with increasing acuity of need and cost pressures within both children's and adult social care.

A recovery and transformation programme is in place for adult social care, which focuses on a number of key areas:

- Improving access to advice, information and support to neighbourhoods, through a network of health and wellbeing hubs, our community capacity builders and community assist offer
- Early intervention and reablement to provide enabling support for our most vulnerable and their unpaid carers
- Focussed review and reassessment programme led by Livewell Southwest
- Development of new model of care for working age adults, including targeted work on transition pathways and specialist housing provision in the city
- Remodelling of our homecare market to deliver a neighbourhood model, reducing travel across the city, supporting our net zero carbon agenda
- Reshaping of our existing care home market to increase specialist dementia capacity
- Supporting providers of health and care to recruit, develop and retain a workforce for the future through our Health and Skills Partnership.

Devon

Our overriding focus is to meet the needs of the young, old and most vulnerable across Devon and we will work closely with our One Devon partners to support and develop the local health and care system, to help support the local economy, improve job prospects and housing opportunities for local people, respond to climate change, champion opportunities and improve services and outcomes for children and young people, support care market sustainability, and address the impacts of the rising cost of living for those hardest hit.

With key local partners we will continue to quality assure, benchmark and improve how we do things so we can continue to deliver vital local services and improve outcomes for the people of Devon as efficiently and effectively as we can with a focus on strengthening partnerships and evidencing.
Delivery of the savings and improvement programme will not be easy, but the level of commitment from teams, working together as one organisation, and the level of assurance that has been involved in the budget-setting process, mean that the 2024/25 budget is as robust as possible and will deliver best value for the people of Devon.

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Our Joint Forward Plan

Our Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Our Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Our Themes	Healthy People	Healthy, safe communities	Healthy, sustainable system	
Our Programmes	Population Health	Housing	Recovery, Finance and Procurement	
	Primary and Community Care	Employment	System Development	
	Acute Services	Community Development	Workforce	
	Health Protection	Communications and Involvement	Digital and Data	
	Children and Young People	Equality, diversity and inclusion	Research, Innovation and Improvement	
	Mental Health, Learning Disability and Neurodiversity		Estates and Infrastructure	
	Suicide Prevention		Green Plan	

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One Devon

One Devon

Healthy People

#OneDevon

Healthy People

Some of our key challenges in Devon relate to the health and well-being of people.

- We have **an ageing and growing population with increasing long-term conditions, co-morbidity and frailty,** the Devon population is older than the overall population of England we have a disproportionately small working age population relative to those with higher care needs.
- Significant inequalities exist across One Devon, with people living in deprived areas and certain population groups, experiencing significant health inequalities as a result. People living in more deprived areas have **poorer health outcomes caused by modifiable behaviours and earlier onset of health problems** than those living in the least deprived communities. This leads to lower life expectancy and lower healthy life expectancy in these communities, coupled with higher and earlier need for health and care services. The proportion of the population providing **unpaid care is increasing**, with higher levels of the One Devon population caring for relatives, both the physical and mental health of carers can suffer as a result.
- The Covid-19 pandemic has **changed the pattern of infectious disease** and along with increasing levels of healthcare associated infections and the risks posed by anti-microbial resistance. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and contribute further to health inequalities.
- Our population experiences **poorer than average outcomes in relation to some measures of mental health and wellbeing.** Suicide rates and self-harm admissions are above the national average, anxiety and mood disorders are more prevalent, there are poorer outcomes and access to services for people with mental health problems.

To address these challenges, we have set the following strategic objectives:

- Every suicide should be regarded as preventable and we will save lives by adopting a zero suicide approach in Devon, transforming system wide suicide prevention and care.
- People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.
- Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability
- Children and young people (CYP) will have improved mental health and well-being
- People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.
- People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.
- Everyone in Devon will be offered protection from preventable infections.
- Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place

One Devon

15 |

Acute Services

Our Vision

We will work together across our local NHS organisations to deliver **high quality, safe, sustainable and affordable services** as locally as possible improving patient outcomes and experience. We will ensure that addressing health inequalities are a focus of all our work and that the whole population of Devon is able to access the care they need. We will make sure people access the right service at first time through **effective navigation** around the care system; people with a care need should be seen by **the right professional, in the right setting, at the right time**.

What Devon will see

- Services stabilised in the short-term with increased productivity, maximised capacity and best practice adopted and embedded
- Reduction in waiting times for elective surgery
- Services sustained in the medium term delivering high quality clinical outcomes for the whole population and consistently meeting agreed performance targets
- Faster access to diagnostics
- Services transformed in the longer term working as one joined-up system of services without organisational barriers and improved equity of access for all
- Increase in cancers diagnosed at stages 1 and 2
- Improved A&E waiting times and ambulance response times
- Easier navigation around our urgent care system
- Improved access to urgent treatment centres
- Increased working with services in Cornwall to ensure that together we deliver the best possible services to patients

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
• Improve productivity and efficiency of all acute services through optimising of pathways and developing a common and shared workforce model	☑	☑	☑
• Reduce the number of long waiting patients for elective care and return to waits of less than 18 weeks by 2027 by increasing productivity, maintaining high quality services, reducing health in equalities and maximising elective capacity in Devon.	☑	☑	☑
• Stabilise acute services that are fragile	☑		
• Transform acute services to ensure workforce, clinical and financial sustainability	☑	☑	☑
• Increase diagnostic capacity including Community Diagnostic Centres	☑		
• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with 75% early diagnosis ambition	☑	☑	☑
• Improve A&E waiting times so that no less than 72% of patients are seen within 4 hours by March 2025	☑		
• Improve category 2 ambulance response times to an average of 30 minutes by March 2025	☑		
• Improve effective navigation around the urgent care system including implementation of a care co-ordination hub and spoke model for healthcare professional	☑		
• Enhance the role of community urgent care to manage demand for urgent care through Urgent Treatment Centres	☑	☑	☑

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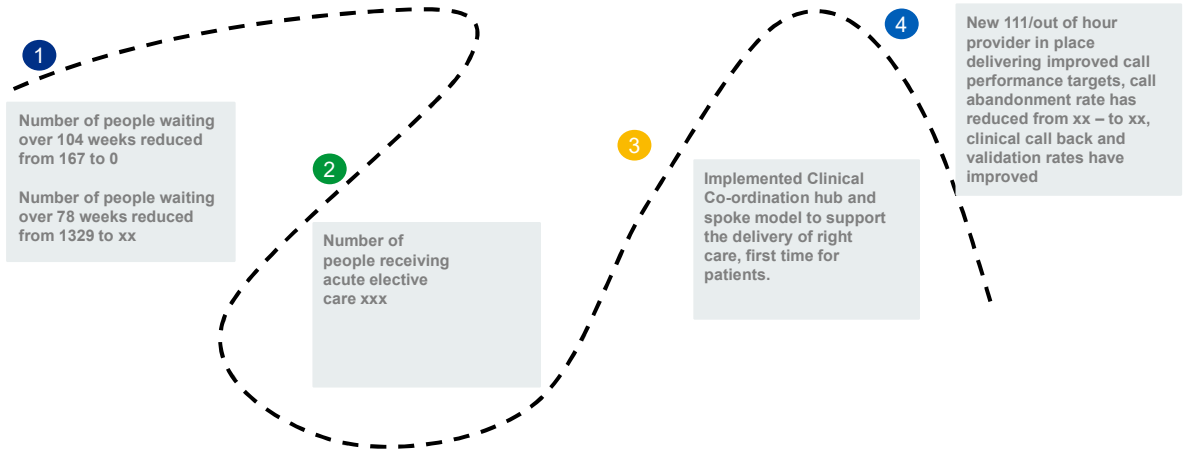
What we have achieved in 2023/24



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Primary and Community Care

Our Vision

Our vision is to deliver an integrated model of care across our communities to support all people (including carers and families) to be as healthy and independent as possible in their own homes and able to access the right care when they need it. This integrated health and care offer, which includes primary care, community services, social care, the independent sector and the voluntary and community sector, will ensure that we meet people's needs in a way that matters to them and that supports them to stay living safely at home in their community, retaining their independence for as long as possible, living the life they want to lead.

What Devon will see

- People will experience a more multi-disciplinary. personalised and strength-based approach by services that focuses on keeping people connected and supported in their own communities
- People will receive services that are aimed at preventing poor health
- People will know what services are available in their community and how to access them
- People will be able to access services on the same day (when clinically appropriate) when they have an urgent need
- People will be able to have access to specialist support in the community where appropriate
- People will be able to remain living at home, independently for longer
- GP practices will be more resilient and able to meet clinically appropriate demand

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
• We will develop a **collaborative** approach to working across communities. By 2025, we will have effective collaborative mechanisms in place for primary care, community services, voluntary and community services and independent social care providers.	☑		
• We will have an **integrated** approach, neighbourhood approach focussed on PCN boundaries. By 2025, we will have developed integrated ways of working that encompass primary care, community services, mental health, social care, voluntary and community services and acute services working as part of a multi-disciplinary team to jointly deliver services	☑		
• By 2025, We will develop our **same day** services so they can consistently meet people's urgent needs and avoid emergency admission to hospital. This includes pro-actively identifying people at high risk of admission, virtual wards, timely access to general practice and community pharmacy services, urgent community response, social care support and access to specialist support.	☑		
• By 2026, each PCN will adopt an integrated, **proactive** approach, with a focus on prevention and early intervention. PCNs will use population health data to support the identification of the people that are most likely to benefit from this approach.	☑	☑	
• By 2025, we will have developed consistent, robust pathways for End of Life and falls and frailty, so people are able to access the right, expert input to support them at home. By 2026, we will have developed outreach models to hospital **specialists** are supporting professionals in the community to look after people in their own homes.	☑	☑	
• By 2026, people will be **easily able to understand** what community-based services are available and how to access them. By 2024, we will have implemented the consistent use of the Joy App by social prescribers across 100% of PCNs.	☑	☑	
• A **personalised** approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (end of life, frailty and dementia)	☑	☑	☑
• By 2028, we will have **resilient, sustainable and high-quality general practice** which is able to meet clinically appropriate demand, offer timely access, operate at scale and have a planned approach to managing change.	☑	☑	☑
• We will **maximise the potential of pharmacy services**; by 2028 we will have increased service resilience and improved patient access, safety and quality of care.			
• Local authorities will meet their Care Act duties by ensuring a **sufficient care market**	☑	☑	☑
• Innovative **extra care and supported living schemes** will be developed to provide people with greater independence and support them to remain in their own homes	☑	☑	☑
• By 2028 the ICB will have commissioned **sufficient dental services** to ensure all disadvantaged groups have access to a routine dental check-up, every 24 months for adults and 6-12mths for children, as well as enough capacity to meet demand for urgent care	☑	☑	☑

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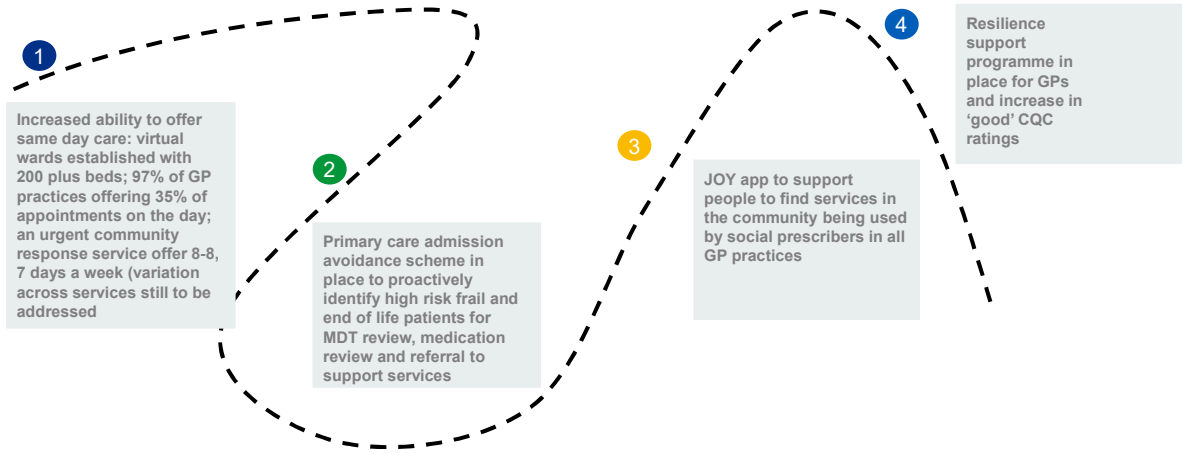
What we have achieved in 2023/24



One Devon

Mental Health

Our Vision

Work together to improve the mental health of our population by improving care and support for people with mental illness across Devon; we commit to improving life opportunities for people who have mental ill health. People with mental illness, carers, staff and our communities will co-produce, lead and participate to deliver our shared purpose; we commit to engage, listen and act with intent and integrity to improve the mental health and wellbeing for the people of Devon.

What Devon will see

- Adults who have serious mental illness can get an annual physical health check, and, if they need it, support to improve their physical health.
- People of all ages experiencing mental health crisis will be able to get the help they need as early as possible without needing to go to A&E.
- People of all ages will have access to 24/7 mental health advice and support via 111.
- People with an Eating Disorder will get timely access to more onward care and support
- More children and young people will get access to timely and co-ordinated mental health support
- People will have a timely dementia diagnosis and planned onward care and support.
- Adults and older adults with severe mental illness will get help with their health and social care needs including housing and physical health as close to home as possible.
- People of all ages who need to admitted to hospital for treatment of a mental illness will be treated in a hospital in Devon whenever it is clinically safe.
- People of all ages who need mental health care get treatment within 4 weeks of referral.

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
1.) More women and families get help early in development of perinatal mental health need *(access to increase from 1,115 LTP target and wait time baseline to be established in 2024/25)*.	☑	☑	☑
2.) More adults and older adults with serious mental illness will have a complete physical health check which leads on to each person having a meaningful action plan and access to follow up care as needed *(TBC access in 2024/25 and pilot evaluation and roll out.)*	☑	☑	☑
3.) More people (of all ages) will have access to treatment within 4 weeks *(Community Mental Health- establish baseline and improvement plan of 10%, increase IAPT access to achieved the LTP target for 2023/24, 32,474)* and a larger proportion of support will be delivered by VCSE *(establish baseline and improvement plan of 10%)*.	☑	☑	☑
4.) People (of all ages) experiencing mental health crisis will be able to get the help they need as early as possible. In 2024/25 this includes 111 option 2 'going live' (all age), increasing call handling performance for telephony-based service offers *(dropped calls and hold times)* and increasing access to non-ED crisis response services *(establish baseline access levels to non-acute offer and increase access by 10%)*.	☑	☑	
5.) Devon will sustainably eliminate inappropriate out of area bed use for adults and older adults who need hospital admission for acute mental ill health. (*zero new admissions by 2024/25*)	☑		
6.) People will have a timely dementia diagnosis and planned onward care and support *(at least 66.7% of prevalence diagnosed and wait times from referral to treatment/ diagnosis in a specialist team will decrease)*	☑	☑	☑
7.) More children and young people will have timely, co-ordinated access to NHS funded mental health support care and treatment including through mental health support teams in schools. (linked to 3. establish baseline, performance improvement plan and data quality improvement plan)	☑	☑	☑

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What we have achieved in 2023/24

1. **NHS Talking Therapies:** NHS Talking Therapies in Devon service are achieving 101% of the planned access level whilst recovery and wait times continue to achieve the national standards.
2. **Dementia Diagnosis:** Over the last 6-months there has been consistent improvement in the number of people diagnosed with dementia. Devon is convening system workshop to develop a collaborative response to dementia.
3. **Physical Health Checks for People with Severe Mental Illness:** Since 2020/21, access to physical health checks for people with severe mental illness has grown by 252%. Whilst Devon remains 'short' of the target significant and consistent progress is being achieved.
4. **Inappropriate Out of Area Acute Mental Health Admissions (IOOAP):** Nationally IOOAP have been increasing over the last six months, whilst Devon has continued to achieve significant and sustained progress towards eliminating IOOAP
5. **Improving Access for children and young people:** Between September 2022 and September 2023 8% more children and young people accessed mental health services.
6. **Early Intervention in Psychosis:** services now have a consistent service specification and across Devon the national wait time standard is now being achieved. Together, we are developing a system approach to the needs of people who are in an 'At Risk Mental State'.
7. **Perinatal Mental Health:** Devon is 'on track' to achieve the national ambition for at least 1,115 women and people giving birth accessing perinatal mental health support in 2023/24.

One Devon

Learning Disability and Autism

Our Vision

The Learning Disability and Autism Partnership reviewed up to 30 different national strategic documents, Acts and legislation that are associated with the system provision of health and social care for Learning Disabilities and Autistic People (LDAP). As a system we agreed that for our approach to have value and commitment to the people we serve, we would reduce those strategies to a number of measurable described and defined pledges. Those pledges will be co-owned through an integrated governed system - mobilised, monitored and overseen in the Learning Disability and Autism Partnership.

What Devon will see

- Our vision is that autistic people get the support and opportunities they need to lead full and happy lives. As partners, we will work to improve services, reduce waiting lists, support the removal of barriers for autistic people of all ages and their families/carers, through improving training and awareness, such as Oliver McGowan, provision of meaningful support, assessment and diagnosis, early identification and reducing the reliance on inpatient care through community services
- The empowerment of people and families to work with us as partners in making sure people get the best care and support possible. We want to find more ways to bring this to life in the work of the innovations we support. Reaching out to those communities, that are difficult to engage due to rurality and culture, hearing more balanced views and increasing opportunities to co produce.
- Opportunities to increase the number of our adult working age community into meaningful employment
- A reduction in health inequalities and improvement in health outcomes for people with a learning disability and autistic people delivered through actions and learning.
- Collaborative working, with system ownership, shared outcomes and examples of good practice and innovation, led by expertise and clinical knowledge and experience.
- Housing and Accommodation: A new model of delivery for people with learning disabilities and autism, including those with the most complex needs. Housing-based needs share five common principles of providing the best living environment; a clear common pathway for delivery; ensuring better life outcomes and making best use of financial resources to create sustainable housing and services over the long-term
- Golden thread of reasonable adjustments to access all services across Devon

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Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
• Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 as well as continue to improve the accuracy and increase size of GP Learning Disability registers.	☑	☑	☑
• Reduce reliance on Mental Health locked and secure inpatient care, while improving the quality of Mental Health inpatient care, so that by March 2028 (in line with national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an Mental Health inpatient unit	☑	☑	☑
• Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028	☑	☑	☑
• Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance	☑	☑	☑

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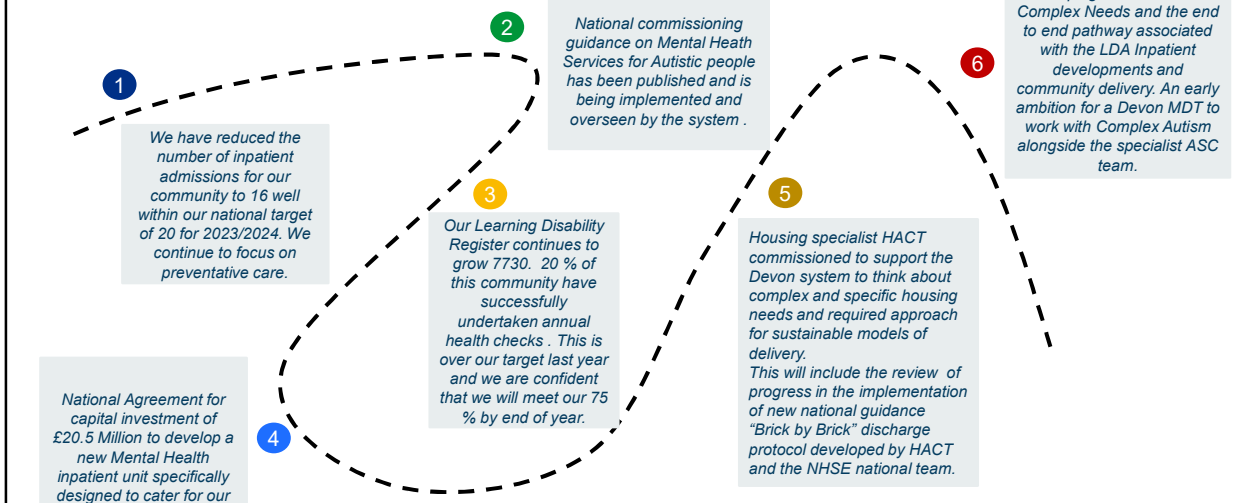
What we have achieved in 2023/24



One Devon

Children and Young People and Women's Health

Our Vision

Our vision is to create an Integrated System and Care Model for Children and Young People (CYP) that supports all aspects of their health (including mental health) and wellbeing, for children and their families so that they can make good future progress through school and life. Our work spans from birth, through transition to young adults. We will ensure that Maternity and Neonatal care is safe, equitable, personalised and kind, delivered through a positive culture of respect, learning and innovation. We will work effectively in an integrated and equitable way within and across health, care and education and will achieve this by sharing information, providing access to care, advice and knowledge and adopting a strength-based approach.

What Devon will see

Using our collective resources, **we will create, inclusive, accessible and sustainable services** and settings where children can learn and achieve their potential in life.

We will meet the **requirements of the Core20PLUS5 by proactively addressing health inequalities, working collaboratively with communities and the voluntary sector** to shift to a child and family driven approach, ensuring that safeguarding is a golden thread.

We will **ensure safe birth and optimise the first 1000 days of a child's life** and **enable the early identification of issues** for children.

We will ensure that **transition for young people into adulthood** and achieving their potential will be focus for every relevant pathway.

Our approach will be informed by **joint use of high-quality data and information**.

We will **listen to our communities** to truly understand the needs of children and young people and their families, women and birthing people.

The needs of CYP with Special Education Needs and Disabilities (SEND) are a specific focus for our health, care and education system, so that we can respond effectively to the weaknesses identified through inspection and the challenges experienced by our children and families.

We will **identify and set steps for improvement within these key priorities**:

1. Waiting list recovery and transformation: acute and community
2. Integrated approach to support vulnerable children and young people with Complex Needs
3. Improve women's health and maternity care
4. Strengthen our data and intelligence
5. Embed co-production in all our work

One Devon

Our objectives

Which ICS Aim(s)

Objectives – Children and Young People	Year 1-2	Year 3-4	Year 5+
• Services for children who need **urgent treatment and hospital care** will be delivered as close as possible to home. There will be a recognition on the potential impact and harm for CYP and their families whilst on waiting lists for paediatrics within acute, community and surgery procedures. By the transformation of pathways to better prioritise the use of clinical capacity, waiting times will steadily improve across the next five years.	☑	☑	☑
• Through implementation of the neurodiversity offer by, 2027 children and families with **neurodiverse, emotional and communication needs** will be able to access services and be supported across health, care and education, preventing crisis and enabling them to live their best life (incl. wait list recovery for community services).	☑	☑	
• Through our work to improve outcomes for children with **long term conditions**, we are focussing on reducing health inequalities by understanding differences for our Core20PLUS5 populations. • To address significantly poorer outcomes for **care experienced children and young people**, we will tackle issues affecting access and equity of care.	☑	☑	☑
• We will fulfil our statutory safeguarding responsibilities under 'Working Together to Safeguard Children' (2018) and respond to the local safeguarding children partnership priorities; to ensure that the health needs of all **vulnerable children** are identified and met by 2028.	☑	☑	
• **Family Hub and Early Help models** will be developed across Devon ICS and in each local area by 2026, working with Local Authorities and other key partners to collaborate, identify and ensure a joined-up approach is taken to meet the needs of babies, children, young people and families across Devon at an earlier stage through a more holistic approach.	☑		
• The **Special Education Needs and Disabilities (SEND)** of children and families will be prioritised across the Devon ICS. SEND reforms will be embedded across the three Local Authorities to address the weaknesses identified through the Torbay, Devon and Plymouth Local Area Inspection's within the mandated timeframes for each local area.	☑	☑	
Objectives – Women's Health and Maternity	**Year 1-2**	**Year 3-4**	**Year 5+**
• Through a 5 year **maternity and neonatal** delivery plan, maternity care will be delivered safely and will offer a personalised experience to women, birthing people and their families. Maternity and neonatal workforce will be inclusive, well trained and fit for the future. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme.	☑	☑	
• We will work collaboratively with System Partners to establish and deliver responsive, data led, inclusive and accessible services to meet the health needs of young girls and women across their life cycle through local implementation of the national **Women's Health Strategy.** Women's Health hubs will be developed and implemented across Devon ICS by 2025.	☑		

One Devon

What we have achieved in 2023/24

1. Achieved a reduction in **waiting times** with no 104+ week waits for children and young people within acute settings.
2. **Co-produced integrated neurodevelopmental assessment pathway (INAP)** which, when launched, will help to make the request for assessment clearer and consistent for referrers including primary care, education, parents and young people.
3. Developed a **needs assessment for speech, language and communication needs (SLCN)** that will inform how we commission and provide SLT services, getting help to children earlier.
4. Training has been delivered to over 1000 professionals around **complex trauma and the effects on communication and language development** within two age ranges; pre birth and the early years and older children / adolescents.
5. Over 500 staff are trained with the knowledge and skills to care for **children with asthma**, with our first schools achieving accreditation through the Asthma Friendly Schools programme.
6. **Special Education Needs and Disabilities (SEND) graduated response in Torbay** has been implemented across all schools, helping children and families to get the help and support sooner.
7. By working collaboratively with a range of stakeholders, **an antenatal education model** has been developed to provide free, consistent and evidence-based information to support choice for all women, birthing people and families in Devon.
8. **Formation of the Devon wide Family hubs working group** to bring together our key partners to share, collaborate and join up our work to better meet the needs of babies, children, young people and families across Devon.

One Devon

Population Health

Our Vision

As the Integrated Care System develops, there will be an increasing focus on improving the health of the population: shifting the allocation of resources from treatment to prevention, increasing access to services and reducing health inequalities. This will require changes throughout all parts of the system and, in particular, in the way the ICB carries out its roles as both a commissioner and a system convenor and facilitator. These changes will be in embedded in the ICS development programme as we move to a longer term focus.

What Devon will see

- Devon ICB will lead system partners to increase their focus on population health and ensure that all decisions are made with an understanding of the impact on population health and health inequalities
- There will be a co-ordinated programme of work across all parts of the system focused on improving population health
- We will improve the way that we share and use data to support what we do
- There will be an expert Population Health Team who can support others to deliver the programme and share and learn from their experiences
- Improved performance against Core20+5 targets
- Everyone working in Health and Social Care will have the skills, tools and knowledge to deliver change (including using the PHM approach)
- We will work together as Anchor Organisations to support social and economic development

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
Our LCPs and Provider Collaboratives will have the support and evidence base they need to deliver change at local level and will be empowered to make decisions with their populations on an ongoing basis	☑	☑	☑
Ensure delivery of Core20+5 deliverables (including adult and CYP) in line with national reporting requirements	☑	☑	☑
Implement co-ordinated prevention plans in priority areas including CVD, diabetes and respiratory	☑	☑	☑
Develop the ICB and NHS partners as Anchor Organisations by March 2025	☑		
Support the implementation of new ways of working focused on population health by April 2025	☑		

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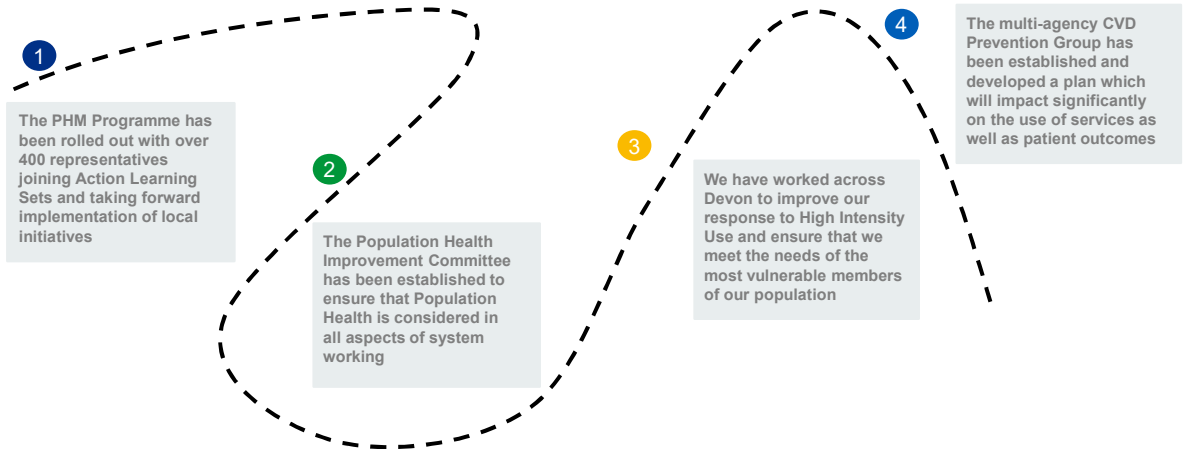
What we have achieved in 2023/24



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Health Protection

Our Vision

Protecting our population from preventable diseases, hazards and infections. This is set within the context of new and emerging threats, including antimicrobial resistance and climate change. Diseases disproportionately impact on our most vulnerable communities. We also know that some communities in Devon are less likely to access preventative services, and yet are more likely to experience the severe consequences of diseases and infections.

What Devon will see

Reduced health care associated infections. Working collaboratively across organisational boundaries, to drive forward further reductions in healthcare associated infection across the whole system.

- **Effective antimicrobial use** Deliver the UK 5-Year Action Plan for Antimicrobial Resistance (2019-2024) which has a strong focus on infection prevention and control..

Improve uptake of cervical & breast screening Supporting vulnerable and underserved populations.

Improved vaccination uptake Focusing on MMR, the 4-in-1 pre-school booster and school-age immunisations and working to reduce health inequalities.

100% offer to eligible cohorts for influenza and Covid vaccination programmes Working to reduce health inequalities.

A system that can respond to health protection incidents Pathways in place for key pathogens and communities.

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA) and community onset community associated (COCA) occurrences of HCAIs	☑	☑	☑
Ensure effective antimicrobial use in line with NICE guidance and the Start Smart Then Focus principles to optimise outcomes, reduce the risk of adverse events and to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection	☑	☑	☑
Providers must demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes – with particular focus on Devon's priority populations (CORE20PLUS5) for children and young people (CYP) and adults and aim to achieve at least the uptake levels for influenza of the previous seasons for each eligible cohort, and ideally exceed them where applicable.	☑	☑	☑
Vaccine coverage of 95% of two doses of MMR by the time the child is five, with particular focus on Devon's priority populations (Core20PLUS5) for CYP	☑	☑	☑
Vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is five, with particular focus on Devon's priority populations (Core20PLUS5) for CYP	☑	☑	☑
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon's priority populations (CORE20PLUS5) for CYP	☑	☑	☑
Halt the decline in cervical screening coverage and then to improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon's priority populations (Core20PLUS5) for Adults	☑	☑	☑
Work closely with NHS England commissioner to support the delivery of the upcoming national campaign to increase breast screening uptake and reduce inequalities coverage (NHS England and provider led) with focus on Devon's priority populations (Core20PLUS5) for Adults	☑	☑	☑
Addressed the commissioning and delivery gaps identified in the 2022 South West Gap Analysis Action Plan Tool for Health Protection Frontline Services to ensure that Devon has pathways in place for key pathogens and capabilities and can respond effectively to health protection related incidents and emergencies across different communities in Devon	☑	☑	☑

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What we have achieved in 2023/24

1. The Peninsula Antimicrobial Resistance Group has been established.

   Reduction strategies are in place for healthcare associated infections across NHS Devon

2. Excellent uptake in care home residents of flu and COVID vaccinations, increased co-administration, continued focus on vulnerable populations and inequalities and success in outreach accessibility.

3. The multi-agency Devon Maximising Immunisation Uptake Group has been established with an initial focus on MMR uptake. A dashboard has been developed to review data at ICS, locality, practice and school level.

4. A new school age immunisation provider is now in place across the ICS with positive relationships being built and plans in place to improve uptake across all immunisations.

5. West Devon breast screening programme has secured new static site in central Plymouth - will be available Mar/Apr24.

6. Data analysis undertaken to identify GP practices with lowest coverage for cervical cancer screening .
   Support packages for targeted work with practices and underserved cohorts such as learning disability developed.

7. The GAAP tool has been developed and measures being taken to strengthen assessment and treatment pathways in outbreaks across all target settings.

One Devon

Suicide Prevention

Our Vision

Our vision in Devon is for all suicides to be considered preventable and that suicide prevention is everyone's business. The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate for all areas of Devon, Plymouth and Torbay so that they are in line with or below the England average.

What Devon will see

- **Partners across Devon, Plymouth and Torbay working together to support wellbeing and build suicide safer communities.**
- **Suicide prevention is considered everyone's business**
- **Targeted suicide prevention for people at most risk of suicide**
- **Community awareness and skills in suicide prevention is increased through suicide prevention training**
- **People bereaved by suicide are supported in compassionate and timely manner**
- **People are supported at times of crisis**

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Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
• Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets out local delivery priorities for the year	☑	☑	☑
• Local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards	☑	☑	☑
• Local suicide prevention leads to present local suicide prevention action plans and suicide rates for whole of the ICS area to NHS Devon Suicide Prevention Oversight Group	☑	☑	☑
• Devon ICS to prioritise provision of appropriate suicide prevention training to relevant workforces and the wider population to continue to expand system knowledge of suicide and suicide prevention	☑	☑	☑
• Devon ICS to prioritise the ongoing provision of a suicide bereavement service and a real-time suspected suicide surveillance system, coordinated across the whole of Devon	☑	☑	☑

One Devon

What we have achieved in 2023/24

1. Local Suicide Prevention action plans 2023/24 have been agreed for Devon, Plymouth and Torbay
2. The local action plans have been presented to NHS Devon Suicide Prevention Oversight Group and have/planned to be presented to Health and Wellbeing Boards
3. Suicide prevention training has been delivered to 440 people since 1st April 2023
4. In the last 12 months, Suicide bereavement support has been provided to 364 individuals and 14 organisations

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Healthy, safe communities

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Healthy, safe communities

Some of our key challenges relate the wider determinants of health in our communities

- Devon has **complex patterns of urban, rural and coastal deprivation**, **hot**spots of urban deprivation are evident, with the highest overall levels in Plymouth, Torbay and Ilfracombe. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by lower wages, and a higher cost of living.
- Housing is **less affordable in Devon, and the age and quality** of the housing stock poses significant challenges in relation to energy efficiency and issues associated with excess heat, excess cold and damp.
- **Varied education, training and employment opportunities, workforce availability and wellbeing** is impacting on success later in life for children, the health of our economy and our ability to deliver high quality, safe services.
- **Access to health and care services varies significantly across Devon**, both in relation to geographic isolation in sparsely populated areas, as well as socio-economic and cultural barriers. Poorer access is evident in low-income families in rural areas who lack the means to easily access urban-based services. Poorer access is also seen for people living in deprived urban areas, certain ethnic groups and other population groups, where traditional service models fail to take sufficient account of their needs.

To address these challenges, we have set the following strategic objectives:

- The most vulnerable people in Devon will have accessible, suitable, warm and dry housing
- In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.
- People in Devon will be provided with greater support to access and stay in employment and develop their careers.
- Children and young people will be able to make good future progress through school and life.
- We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
- Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people

One Devon

Employment

Our Vision

Our vision in Devon is to create a supportive and inclusive employment landscape where those facing significant barriers, can access meaningful employment opportunities and career development. Focused on empowering the most vulnerable groups, including young people transitioning into adulthood, those with disabilities, mental health conditions, or other health-related employment barriers, and residents from the most deprived communities, we aim to harness the health and social care sector as an inclusive employment destination. This approach not only supports those in need of assistance but also strengthens our workforce, ensuring a healthier, more prosperous community for all.

What Devon will see

Youth unemployment reduced: we will see a significant reduction in the number of young people who are Not in Employment, Education or Training (NEET), especially among those from complex backgrounds and health related barriers to progression, leading to more young people transitioning smoothly into adulthood with stable careers and education paths.

Disability and health barriers overcome: we will see enhanced employment rates and career progression among individuals with disabilities or mental health challenges, reflecting a more inclusive and equitable job market.

Inclusive employment: we will see individuals from the most vulnerable and deprived communities overcoming barriers to employment, leading to a decrease in poverty levels and an increase in community resilience and economic stability.

Inclusive health and social care workforce: we will see a robust and diversified health and social care sector, with a workforce enriched by the inclusion of individuals from varied backgrounds, enhancing the quality and accessibility of care services.

Flexible and appropriate employment opportunities for carers: We will see unpaid carers supported to remain in employment or re-enter the labour market.

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
Seek to reduce level of 16-18-year-olds Not in Education Employment and Training ('NEET') in Devon by 1% by 2027	☑	☑	☑
Reduction in number of individuals with a disability or mental health need who are unemployed compared to the national average by 4% by 2027	☑	☑	☑
Build on resources developed across the local authorities and wider partners to support more vulnerable people into employment, working closely with DWP and wider health partners.	☑	☑	☑
Unpaid carers will be supported to remain in or re-enter employment	☑	☑	☑

One Devon

What we have achieved in 2023/24

1. Creation of a new 'Talented Me' partnership across Devon, refreshing joint working around employment, training and skills for those who are part of the County's corporate parenting responsibilities.
2. Joint work with DWP around additional work coaches and joint working around broader youth employment through the Youth Hub provision in Plymouth and Exeter.
3. Engagement with the Carers forum around supported employment and additional support options
4. Delivery of additional supported internship provision across the area, with 100 additional placements supported for individuals with a health-related barrier during the year.
5. Ongoing work between DWP and ICB partners are health and work-related provision, with a focus on additional provision and capacity in 2024 onwards.

One Devon

Housing

Our Vision

Devon's vision is to foster a thriving community through the provision of high-quality, affordable, and sustainable housing. This vision encompasses improved health outcomes via enhanced living conditions, increased availability of specialist housing for the most vulnerable, greater independence for the elderly and disabled through suitable housing options, accessible and affordable housing for key workers and the broader population, and a robust approach to effectively preventing homelessness.

What Devon will see

- **Support for people with health conditions caused, or exacerbated, by poor housing conditions:** Residents will benefit from better health outcomes due to improved housing conditions. This includes homes that are warm, dry, and free from mould, which are crucial factors in preventing health issues.
- **Increase in the availability of specialist housing:** The availability of specialist housing will increase, particularly for vulnerable groups such as those with complex learning disabilities and autism. This expansion will include wheelchair-accessible and supported accommodation, addressing specific needs and promoting inclusivity.
- **More people living independently in their own homes:** There will be a noticeable enhancement in the independence and quality of life for the elderly and disabled in Devon. This improvement will be supported by a range of suitable housing options and necessary adaptations, located in sustainable areas.
- **Effective homelessness prevention:** Devon will see a reduction in homelessness, supported by comprehensive systems aimed at addressing the root causes. These systems will include strong support networks, providing essential help to those in need.
- **An increase in the supply of affordable and accessible housing:** There will be an increase in high-quality, affordable housing, including for key health and care workers and the wider population in high-demand areas. This will help address housing affordability and accessibility issues.

One Devon

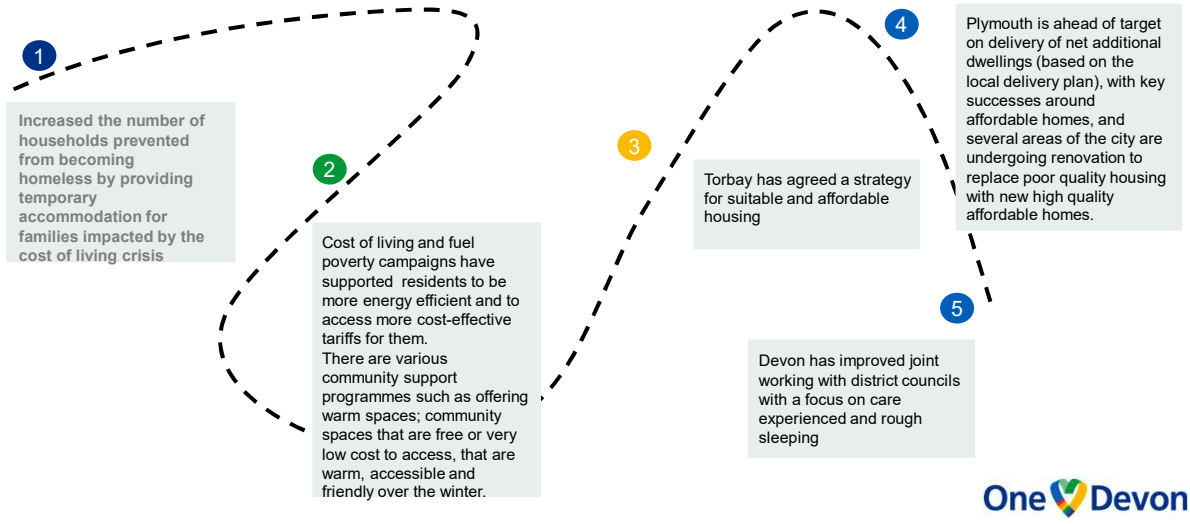
Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
By 2025, we will establish processes to systematically identify vulnerable groups with chronic conditions such as children and young people with asthma, living in substandard housing and direct them to appropriate support services.	☑	☑	☑
By 2028, our aim is to decrease health issues arising from poor housing conditions. This will be achieved by increasing referrals of those living in inadequate housing to a variety of health, social, and VCSE support services.	☑	☑	☑
By 2025, we will implement processes to identify vulnerable individuals in poor quality housing on admission and discharge. This will improve the efficiency of admission/discharge planning and enhance the referral process for additional support.	☑	☑	☑
By 2028 the ICS will work to ensure that Local Plans reflect the needs of older people and those with health conditions, to support the delivery of suitable housing	☑	☑	☑
We will reduce homelessness in Devon, through the implementation of comprehensive support systems, and the expansion of support services. Specific targets include: • Ensuring no family stays in B&B accommodation for more than six weeks. • Achieving a 10% reduction in the number of households in temporary accommodation. • Increasing the success rate of preventing homelessness by 30%. • Offering accommodation to 100% of individuals who sleep rough.	☑	☑	☑

One Devon

What we have achieved in 2023/24



One Devon

Community Development

Our Vision

Communities are strong, resilient, inclusive and connected, where people support one another in an environment that promotes health and wellbeing

What Devon will see

- **A collaborative system that supports the VCSE and community groups to maximise the health and wellbeing of their local citizens through people led change.**
- **People have multiple opportunities to influence the decisions that affect their health & wellbeing - 'no decision about me without me'**
- **A learning culture that challenges, examine and reflect on our community development practice, providing accountability, reassurance and protection**
- **Community partnerships have identified their local priorities and goals**
- **A strategic framework as an ICS approach to building health capacity in communities with communities**
- **Cross-sector partnerships established to enable collaborative working in communities**
- **Community partnerships will have Identified existing assets (incl. networks, forums and community activities) so they can harness these to tackle gaps in local provision**
- **Communities will have a greater sense of purpose, hope, mastery and control over their own lives and immediate environment**

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
• By 2028, local communities, and particularly disadvantaged groups, will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – 'no decision about me without me'		☑	☑
• By 2028, local communities will work in partnership to bring about positive social change by identifying their collective goals, engaging in learning and taking action to bring about change for their communities.	☑	☑	☑
• By 2028, a community development workforce will be supported, equipped and trained to agreed standards, code of ethics and values-based practice	☑	☑	☑
• By 2028, Local Care Partnerships will have integrated the role of community partnerships into their infrastructure and planning to ensure the communities of Devon are an equal partner both at system and local level		☑	☑

One Devon

What we have achieved in 2023/24

1. Setting up and developing community partnership infrastructure and relationship building including co-producing plans and activities with the VCSE sector
2. Devon-wide Community Learning & Development Steering Group set up and co-chairs appointed to steer, support and report on the JFP priority
3. LCP arrangements in place to oversee and deliver the work at locality level
4. Prevention & Health Inequalities funding used at LCP level to support the Community Development workforce

One Devon

Communication and involvement

Our Vision

Through inclusive and meaningful involvement, we will work in partnership with Devon's people and communities so that health and care services meet the needs of our population. We will champion involvement through a culture of ongoing conversations and collaboration, so that we act on what we hear and continue to build trusted relationships with a shared purpose

What Devon will see

Good involvement will directly contribute to NHS Devon's ability to deliver safe, high quality and efficient services by:

Improving safety, experience and performance through ongoing and continuous feedback and quality improvement.

Improving health outcomes and reducing health inequalities for local populations by understanding lived experiences and designing services that meet people's needs.

Better planning and decision making as the voices of patients, service users, communities and staff are heard and that their insights influence change.

Confidence and trust with the public given a focus on transparency and the provision of clear public information about vision, plans and progress.

Understanding barriers to access which impact on the efficiency and sustainability of services and work together in solutions to address them.

Improving efficiency and sustainability by prioritising resources to where they have the greatest impact based on the needs, knowledge and experience of communities.

Improving value for money and use of NHS resources as people have the right services to meet their needs which reduces the need for further, additional care or treatment.

Reducing risks of legal challenges In line with section 14Z45(2) of the 2006 Act, which, if we fail to meet, can result in substantial costs and delays to transformation as well as damage to relationships, trust and confidence between organisations, people and communities.

Improving accountability by ensuring decisions in the NHS are transparent and clear to the public, patients and staff.

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
Strategic Communications Group - Develop a system approach to communications, working with professionals from all system partners to support consistent communications, involvement, collaboration, sharing of best practice, and co-production	☑	☑	☑
Involvement Operational Group - Develop a system approach, working with professionals from all system partners to support consistent involvement practice, collaboration, sharing of ways of working and resources and genuine co-production.	☑		
Develop the One Devon involvement platform to be the single online space for the One Devon Partnership, focussing on engagement and involvement with people and communities, including the One Devon Citizens Panel. This will be achieved by ensuring a Local Care Partnerships are all actively using the platform to support local engagement work	☑	☑	
Develop an involvement identity to be used by the One Devon Partnership to raise the profile of and awareness of involvement activity undertaken by system partners across Devon	☑	☑	
Establish Healthwatch Devon Plymouth Torbay as part of NHS Devon ICB governance to enable them to provide appropriate scrutiny to the ICB involvement work, whilst continuing to provide insight and intelligence to inform decision making at all levels of the ICB.	☑		
Work with the Integrated Care Partnership (ICP) and the Voluntary Community and Social Enterprise (VCSE) sector, to deliver engagement on behalf of the ICB and to provide insights from, and connection to, local people and communities	☑	☑	☑
Work in partnership with JFP programmes by providing expertise and guidance on working with diverse and vulnerable communities, building a continued dialogue with all people and communities in Devon, supporting delivery of the principles for best practice co-production, involvement and consultation, and holding the accountability of adherence to legal duties around involving people and Overview and Scrutiny Committees (Devon, Plymouth and Torbay)	☑	☑	☑

One Devon

What have we achieved so far?

People and communities' involvement

One Devon

Equality Diversity and Inclusion

Our Vision

NHS Devon will be a great place to work where staff will feel valued and have a strong sense of belonging. As an organisation we will champion diversity as our route to innovation and improved performance. We will tackle health inequalities by working hand in hand with local populations and our partners to understand barriers to care and designing services that have the needs of everyone at their core

What Devon will see

Equality, Diversity and Inclusion (EDI) are essential components of effective health and social care. Good EDI practices ensure that services meet people's needs, give value for money and are fair and accessible to everyone. EDI means people are treated as equals, get the dignity and respect that deserve, and differences are celebrated. Some specific benefits also include:

Improving innovation and value for money

- New perspectives and different ideas that come from a diverse workforce support innovation.
- Diversity results in better decision making and therefore improves financial performance.
- Efficient services that better meet peoples' needs and keep people in good health can reduce the need for costly and prolonged care further down the line.

Improved workforce recruitment and retention

- An inclusive working environment, that encourages everyone to bring their own ideas forward helps employees feel valued, appreciated, and encouraged.

Improving health outcomes and reducing health inequalities

- Equality and diversity help us overcome barriers to care so we can design services that meet the needs of everyone.
- Inclusive services provide better outcomes and experience and therefore help to tackle health inequalities.

Building our reputation

- Equality and Diversity ensures we meet the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 which in turn builds trust with local communities and helps build our reputation as a positive and inclusive place to work.

Delivering better care

- When staff feel valued with a sense of belonging, they are likely to provide better care to patients.

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
Develop inclusive approaches to recruitment that encourage diverse populations to work for NHS Devon so that we can build a more diverse workforce that is reflective of Devon's local population with an initial focus on race and ethnicity (4% to 8%) LGBTQ+ (1% – 3%) and people with a disability (5% – 20%). This will build a culture where our people feel valued, heard and able to be their best selves at work	☑	☑	☑
Continue to support our leaders to champion the benefits of equality and diversity and represent EDI at a Board, Executive and Senior Leadership level	☑	☑	☑
Work with HR to further develop an NHS Devon Staff Network that is representative of our communities with a focus on; Providing peer support for our colleagues. Creating a reference point when undertaking inclusion initiatives. Seeking support and resourcing with campaigns	☑	☑	☑
Identify opportunities through the NHS Devon governance review to embed EDI to ensure we are learning and developing through an EDI lens through the Organisation Change process	☑	☑	☑
The EDI programme will celebrate diversity, raise awareness of discrimination, and involve our staff and communities on the EDI priorities that develop through our work. We will do this through targeted and effective integrated communications opportunities.	☑	☑	☑
Through an involvement campaign, ensure staff recruited via the International Recruitment Hub, are well supported in their roles and deliver a campaign that celebrates our diverse workforce, tackles racism and builds cohesion in the community	☑	☑	☑
Deliver inclusive involvement in collaboration with the People and Communities Strategy to support the ICB and ICS key aim of tackling inequalities in outcomes, experience and access.	☑	☑	☑
As part of the Organisation Change Programme deliver inclusive Recruitment training to Executives, Senior Leadership Team and recruiting managers to ensure people are aware of their biases when recruiting to their teams.	☑	☑	☑
As a system, work collaboratively to agree shared EDI priorities and work collectively on achieving a shared vision, with an initial focus on the six high impact actions in the NHS England EDI Improvement Plan.	☑	☑	☑

One Devon

What have we achieved so far?

Equality Diversity and Inclusion

One Devon

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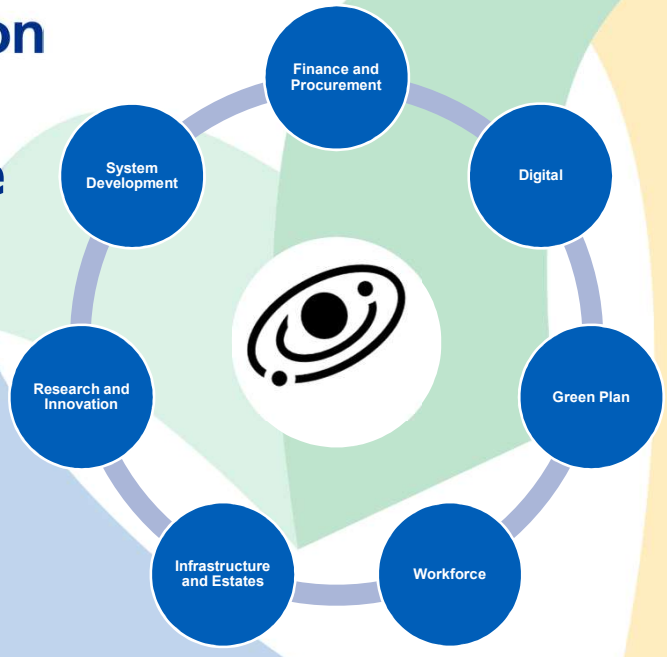
One Devon

Healthy, sustainable system

#OneDevon

One Devon

Healthy, sustainable system



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Healthy, sustainable system

Some of our key challenges relate to how we work together as a system

- There is an immediate requirement to stabilise the financial position and recover activity, to improve operational performance, access and quality of care. In order to achieve both, we need to transform the way we **work together across our system** so that it is healthy and sustainable in the future.
- The **financial challenge** facing all our health, social care and wellbeing partners is significant. Lower salaries and higher housing costs, with rising bills for energy, fuel. food and other costs in the One Devon area will increase the impact of the cost of living crisis. People and communities already experiencing higher levels of poverty will be disproportionately affected.
- **Climate change** poses a significant risk to health and wellbeing and is already contributing to excess death and illness in our communities, due to pollution, excess heat and cold, exacerbation of respiratory and circulatory conditions and extreme weather events.
- An older age profile and more rapid population growth in Devon, coupled with the impacts of the Covid-19 pandemic and current 'cost of living' crisis, are contributing to **increased demand for health and care services**. The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.

To address these challenges, we have set the following strategic objectives:

- We will have a safe and sustainable health and care system.
- People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.
- People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.
- We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.
- We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.
- Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably

One Devon

Finance and Procurement

Our Vision

A financial framework that supports **integrated and collaborative working arrangements**, through the Devon Operating Model, that will **deliver better experience and outcomes for the people of Devon and greater value for money**. We will enhance every patient experience through delivering **maximum value and the best quality service through our collective procurement and supply chain excellence**.

What Devon will see

Recurrent balanced financial position by 2025/26.
With a financial framework that:
- supports collaborative working
- reflects the Devon Operating Model and delegation of budgets to LCPs and provider collaboratives.
- promotes innovative funding models and pooled budget arrangements.

Movement of funds into prevention.

A commitment to shared services, doing things once for Devon or the wider Peninsula where it makes sense to do so.

Patients will see the healthcare services they need are delivered on time and of the best quality.

Clinicians will be equipped with the goods and services they need to deliver world-class care.

Taxpayer will see the NHS is achieving value for every pound spent and delivering government priorities such as sustainability, NetZero and eradicating modern slavery.

Suppliers will find the NHS is easier to do business with, with opportunities to develop more innovative solutions to meet NHS and government challenges

One Devon

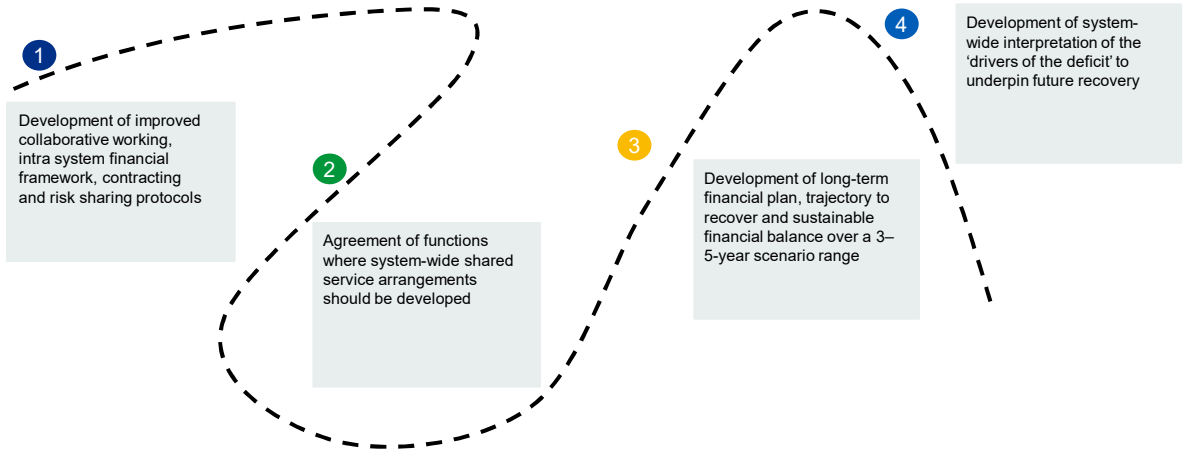
Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
Implement agreed shared service arrangements to increase efficiency and productivity and reduce costs	☑		
Delivery of 2024/25 recovery and Cost Improvement Programmes both organisational, strategic collaborative, and structural	☑		
Commence reprioritisation of funding upstream towards prevention and health inequalities		☑	☑
Take on formal delegation of specialised commissioning functions	☑		
Deliver corporate ICB right-sized for RCA (Running Cost Allowance) allocations	☑		
Deliver the long-term financial plan to achieve sustainable financial balance by system and by organisation	☑	☑	
Reduce total procurement cost by driving 'at scale' procurement delivery; enabling greater efficiency and effectiveness through the potential to standardise and minimise unwarranted variation	☑		
Improve supplier management by increased collaboration to leverage scale and value attained through our supplier base through a single voice for categories	☑		

One Devon

What we have achieved in 2023/24



One Devon

Estates and Infrastructure

Our Vision

To ensure that our estates and infrastructure are fit for purpose and located within the right places.

What Devon will see

- A redeveloped the **acute hospital estate** through the funds available via the New Hospital Programme
- A **community services and mental health estate** with more specialist services outside of the traditional hospital setting
- **Development of the primary care** to integrate primary care with community service developments
- A roadmap for estates and facilities activity to reach **Net Carbon Zero by 2040**
- **Estates and facilities contracts** that leverage buying power for providers on behalf of the ICS
- **One Public Estate** opportunities are maximised
- Estates and facilities expertise **working in collaboration** across the ICS to ensure efficiency, skill sets and joint delivery programmes remain optimal

One Devon

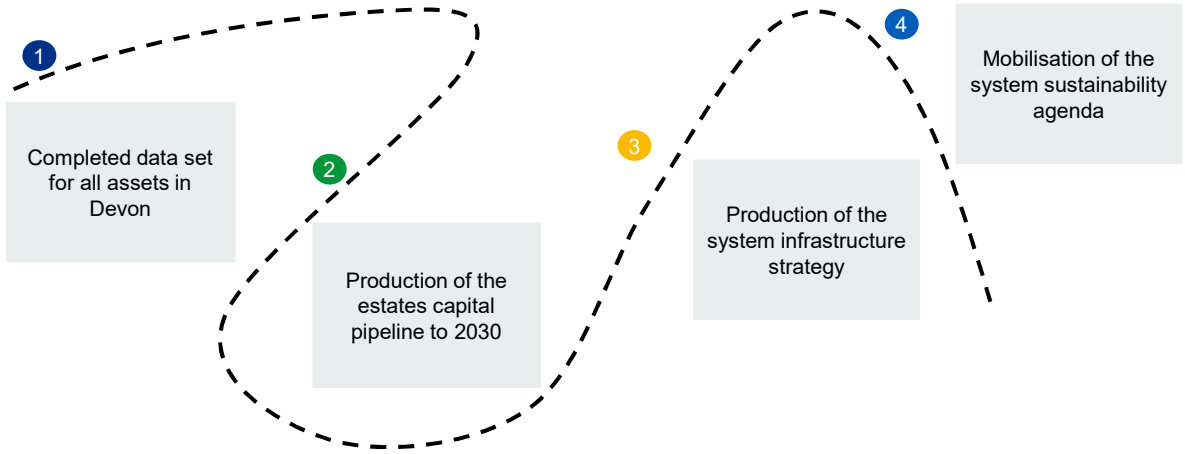
Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
Undertake strategic review of the ICS-wide health estate	☑		
Develop an investment plan and a five-year capital prioritisation pipeline	☑		
Develop a cross-matrix team that can support the delivery of estates and facilities at an ICS-wide level	☑		
Deliver a public facing ICS Estates Strategy	☑		
Categorise all of the estate into 'core, flex and tail' and agree strategies for each site or development opportunity	☑		
Prioritise funding allocations while taking advantage of national funding review outcomes and TIF funding	☑		
Integrate provider service departments where possible to create resilience, efficiencies and succession planning	☑		
Commence delivery of the implementation plans that shall support each area of the Estates Strategy	☑		

One Devon

What we have achieved in 2023/24



One Devon

System development

Our Vision

The Integrated System Development Programme aims to strengthen integrated and collaborative working in One Devon, to enable partners to implement innovative ways to collectively tackle our shared challenges improving the access to effective health and care for people in Devon.

What Devon will see

System Partners will collectively own the delivery of the Programme, actively involving communities and people with lived experience, and will adopt five core principles to underpin all of our work together:

- Learn by doing
- Prioritise and implement
- Shared purpose
- Trust & collaboration
- System focus

An innovative approach to reset the way we work together and apply learning will fundamentally change mindsets and improve the outcomes and experience for people across Devon. As a result the Programme will primarily support recovery of services and care in the short term and achievement of the overarching strategic goal outlined in the 5-Year Integrated Care Strategy:

One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money.

By 2026/7 we will have: adopted a single operating model to support the delivery of health and care across Devon and will have achieved thriving ICS status.

An increased role for provider collaboratives – undertaking some functions currently performed by the ICB and making better joint use of total provider capacity.

An increased role for Local Care Partnerships – bringing partners together at 'place' to improve population health and reduce health inequalities.

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
• a strong shared purpose across system partners, Local Care Partnerships and provider collaboratives will support delivery of our Devon Plan achieving thriving ICS Maturity Assessment standards	☑		
• levels of trust and collaboration between system partners, Local Care Partnerships and provider collaboratives will have increased achieving thriving ICS Maturity Assessment standards	☑	☑	☑
• a 'learn by doing' approach will be embedded within our culture of improvement achieving thriving ICS Maturity Assessment standards	☑	☑	☑
• system partners, Local Care Partnerships and provider collaboratives will be consistently implementing priorities achieving thriving ICS Maturity Assessment standards	☑	☑	
• a unified system focus will be demonstrated by all system partners, Local Care Partnerships and provider collaboratives achieving thriving ICS Maturity Assessment standards		☑	☑

One Devon

What we have achieved in 2023/24

One Devon

Workforce

Our Vision

We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.

What Devon will see

- Innovative and effective solutions that enables the attraction, recruitment and retention of talent across our health and care providers, reducing duplication and streamlining processes.
- Our Devon 2035 workforce vision brought to life and informing strategic workforce planning which will identify new roles and ways of working, informing our talent supply pipelines with national, regional and local training & education providers
- Our One Devon Workforce Strategy Themes and Principles embedded into workforce planning and service transformation and delivery
- 

One Devon

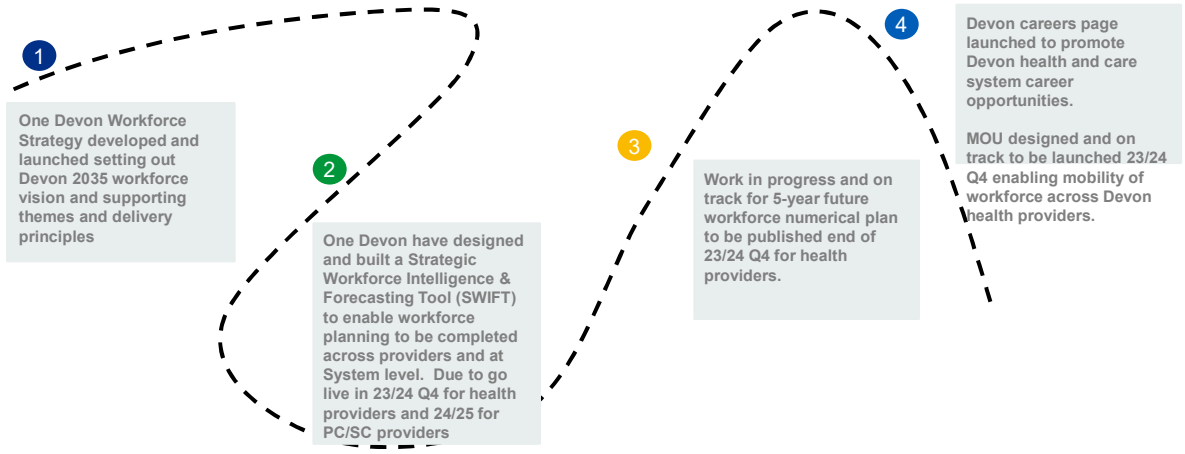
Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
• **Objective 1 - Strategic workforce planning embedded at System level.**	☑	☑	☑
• **Objective 2 - System level attraction solutions in place that source new talent and position Devon System as an employer of choice.**	☑	☑	☑
• **Objective 3 - Development of new roles and new ways of working embedded across Devon ICS.**	☑	☑	☑

One Devon

What we have achieved in 2023/24



One Devon

Digital

Our Vision

Through investment we will make the most of advances in digital technology to help people stay well, prevent ill health, provide care, better support our staff in their roles and enable the delivery of sustainable, effective and efficient services. People will only tell their story once, First contact will be digital where appropriate and more advice and help will be available online.

What Devon will see

Digital Citizen: Empower citizens to take ownership of their wellbeing and care, through digital technology and contact across the system. Digital will offer new ways of delivering care to help citizens manage their care at home.

Electronic Patient Records (EPR) & Operational Systems: The convergence to common digital solutions that meets the information sharing and workflow needs of the various organisations across the ICS.

Devon and Cornwall Care Record (DCCR): DCCR will allow information to be available across care settings and coordination of care through specific functionality such as read/write for key flags and care plans.

Business Intelligence & Population Health Management: A cross-system intelligence function to support operational and strategic conversations, as well as building platforms to enable better clinical decisions. This will necessitate linked data, accessible by a shared analytical resource that can work on cross-system priorities.

Unified and Standardised Infrastructure: Levelling-up and consolidation of infrastructure, to support future enterprise scale digital systems such as Shared EPRs, digital technologies for citizens and also agile and frictionless cross-site working and support experience for the workforce.

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2 24/25 to 25/26	Year 3-4 26/27 to 27/28	Year 5+ 28/29+
▪ Number of eligible citizens connected to the NHS App increased to support national target of 75% of people registered by 2024.	☑		
▪ Standardisation of GP practice websites achieved within 2025.	☑		
▪ Achieve planned Virtual Ward bed targets by April 2024 across the TSDFT, UHP and RDUH	☑		
▪ EPRs implemented in TSDFT and UHP by 2026	☑	☑	
▪ Peninsula PACS solution for the clinical network procured and implemented by 2025	☑		
▪ Peninsula LIMS solution for the clinical network procured and implemented by 2025	☑		
▪ Re-procurement of GP EPR clinical system by 2024	☑		
▪ Remaining core health and care organisations connected to the Devon and Cornwall Care Record by 2028	☑	☑	
▪ Additional functionality of the Devon and Cornwall Care Record scoped and implemented by 2028	☑	☑	☑
▪ Develop PHM architecture and reporting by March 2025	☑		
▪ Develop an ICS data platform and associated reporting, linked to EPR implementation and national developments including the Federated Data Platform by 2026	☑	☑	
▪ Work collaboratively with regional ICS teams to develop the regional secure data environment to support future research	☑		
▪ Data centre rationalisation subject to business case approval	☑	☑	☑
▪ Non-pay contract savings	☑	☑	☑

One Devon

What we have achieved in 2023/24

1
- ✓ ICS Devon developed 'GP in the Cloud' remote working solution for GP locums short-listed for a HSJ award
- ✓ Devon and Cornwall Care Record – hospices connected, first tranche of care homes/domiciliary care providers connected

2
- ✓ Early business case completed for IT services target operating model
- ✓ Early business case completed for IT Shared Service Desk
- ✓ Digital TEP developed in DCCR and in pilot stage

3
- ✓ DPT procured and implemented an Electronic Patient Record.
- ✓ TSDFT and UHP achieved sign-off of OBC for a new Electronic Patient Record
- ✓ Business case completed on expanding the capability and implementation of Robotic Process Automation within the ICS.

4
- ✓ Digitising Social Care programme performed higher than the national average and expected to hit target of 80% care home and domiciliary care providers with a digital social care record.
- ✓ Successfully bid for cyber security funding
- ✓ Successfully bid for funding to support virtual wards, point of care testing, remote monitoring and digital neighbourhoods

One Devon

Research and Innovation

Our Vision

We will work together to promote research and innovation to enhance the productivity of the Health and Care System, strengthen how we attract and retain our workforce and increase inward investment into the system. By doing this we will improve population health, prevent ill health and reduce inequalities. As we develop as a system we will spread research, learning and innovation into other rural and coastal regions in the UK and globally.

What Devon will see

- Increased collaboration between health and social care and academic partners across the South West Region to increase opportunities for research and innovation and make best use of shared assets. This will include streamlined processes for governance and the innovation pipeline.
- A research engaged workforce with an increased level of skills and an understanding of the benefits of research and how everyone can participate
- Increased inward investment from research and commercial partners
- An increased evidence base on what can make an impact in improving population health, preventing illness and reducing inequalities.
- Increased patient and public participation in all stages of the research pathway
- Rapid implementation of interventions with demonstrated effectiveness.
- Increased alignment of research and innovation activity with the priorities of the health and care system with a specific focus on population health

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
Build and strengthen networks at local, system, regional and national level by March 2025	☑		
Promote research and increase patient sign-up with demonstrable increase by end 2026	☑	☑	
Ensure all system workplans are underpinned by robust evidence of research and innovation by March 2025	☑		
Develop capacity and capability by having an ICB RII Team in place by April 2024	☑		
Develop underpinning structure and governance mechanisms including evaluation and links to Value-Based Approach principles by end of March 25	☑		

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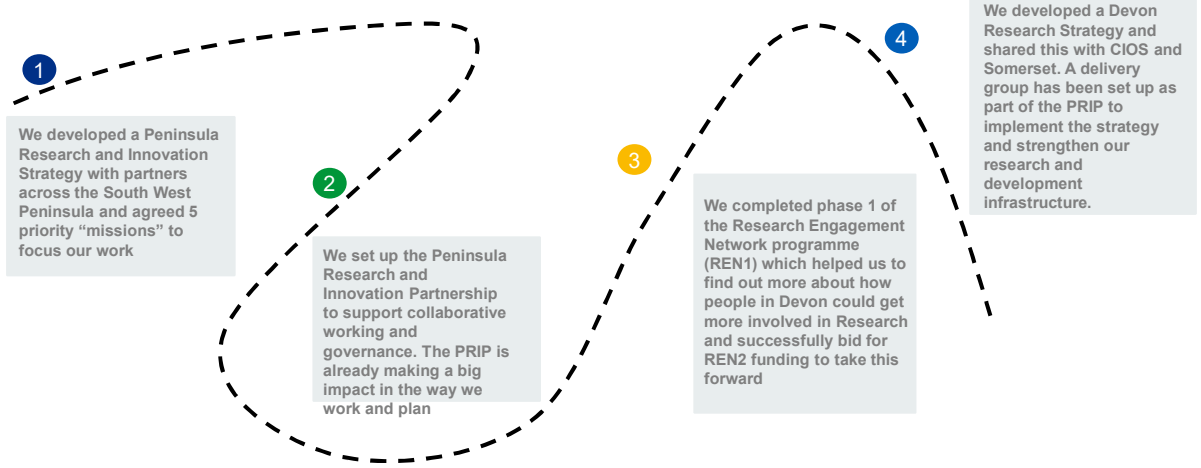
What we have achieved in 2023/24



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Green Plan

Our Vision

We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities

What Devon will see

- A system that plays a significant contribution to the NHS target to achieve net zero emissions by 2040 with an interim target of 80% reduction by 2028-2032.
- A workforce that understands the Green ambitions of Devon ICB and knows how it can make an active contribution.
- A system that buys locally where possible and promotes the Devon Pound.
- Data collection that shows the current position across all partners
- A revised and refreshed ICS Green Plan in 2025.
- A programme tracker for each NHS organisation in Devon to enable an understanding of performance and risk areas.

One Devon

Our objectives

Which ICS Aim(s)

Objectives	Year 1-2	Year 3-4	Year 5+
More Devon ICB staff will make greener journeys to work.	☑	☑	☑
Devon ICB will be a paper free organisation by 2028		☑	
More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners		☑	

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What we have achieved in 2023/24

1. Mobilisation of an ICS-wide working group consisting of all the Trust Sustainability and Energy Managers with consultancy support to stimulate collaboration and to start on agenda alignment.
2. An executive level training session for the system Estates Directors who in NHS Devon typically hold accountability for the Green Plan work
3. An external review of Trust, ICB and ICS obligations with a summary output of mandatory and statutory obligations alongside guidance of what is expected from each NHS organisation within the ICS.
4. Additional grant funding from NHSE to promote the Green Agenda in Devon.

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Delivering the Joint Forward Plan

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Delivery, Governance and Assurance of the JFP

Delivery

The JFP will be delivered through system architecture that includes:

- Primary care networks and collaboratives
- Local care partnerships
- Provider collaboratives
- System level transformation programme boards

Assurance

- The ICS Outcomes framework will be used to monitor progress towards the strategic goals
- Progress towards delivery of ICS strategic goals will be assured by the One Devon Partnership
- Delivery of JFP work programme milestones will be monitored through system programme infrastructure with assurance provided to the NHS Devon Board
- The System Recovery Board will drive delivery of the recovery plans

Engagement

- Development of the Integrated Care Strategy and the Joint Forward Plan was informed **by analysis of extensive public feedback** about health and care (collected across system partners) between 2018 and 2022 and **direct engagement** in production the plan in 2023 with Overview and Scrutiny committees, Health and Wellbeing Boards and system partners including VSCE and Healthwatch representatives.
- Programme leads have engaged with relevant stakeholders in the refresh of their plans and targeted engagement by programmes with people and communities will inform delivery.

Statutory Duties

- The JFP reflects an intention to work in collaboration and partnership to deliver our system ambitions, but it is important to acknowledge that **statutory duties** remain with individual organisations.
- There are some specific statutory duties that the Integrated Care Board needs to deliver as part of its statutory function, that must be met through the JFP, and these duties are incorporated throughout the plan and referenced in appendix A.

Annual refresh

- On-going work with system partners and programme leads to refresh each year

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Accountability

Our Vision	One Devon Partnership	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Our Aims	One Devon Partnership NHS Devon	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Our Strategic Goals	One Devon Partnership	Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities across Devon and reduce suicide deaths across all ages	People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.	People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.	People in Devon will be provided with greater support to access and stay in employment and develop their careers.
		We will have a safe and sustainable health and care system.	Everyone in Devon will be offered protection from preventable diseases and infections.	People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.	Children and young people will be able to make good future progress through school and life.
		People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.	Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place	We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.	We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
		Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability	The most vulnerable people in Devon will have accessible, suitable, warm and dry housing	We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.	Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people
		Children and young people (CYP) will have improved mental health and well-being	In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.		Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably
		People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.			
JFP Programmes	NHS Devon/ Local Authorities/ Programme Boards	Mental health, learning disability and neurodiversity; Women and Children	Acute Services Sustainability; Primary and Community Care; Housing	Community Development and Learning; Employment	Health Protection; Suicide Prevention
JFP Programmes		System Development; Workforce	Digital and Data; Estates and Infra-structure; Finance and Procurement	Communications and Involvement; Research, Innovation & Improvement; Equality, Diversity and Inclusion	Green Plan; Population Health

ICS outcomes framework

The framework is available via an interactive dashboard with 'drill down' ability to highlight inequalities and drive local action

It offers of breakdowns of information at three ICS 'tiers' (system, LCP and PCN), two local authority 'tiers', and inequalities (socio-economic, geographic, personal characteristics, clinical factors)

It aligns with other frameworks (NHS, public health, Adult Social Care Outcomes Framework, health and wellbeing board)

Some narrative (qualitative) measures

Ongoing co-design process with strategic commissioning partnership to ensure fitness for purpose

Flexibility in terms of addition of new indicators

Indicators

- Admissions Following Accidental Fall
- Deaths in usual place of residence
- Total Carbon Emissions (kt CO2)
- NHS and LA Attributable Carbon Emissions (kt CO2)
- Deaths attributable to air pollution
- Index of Multiple Deprivation
- Access to Community Facilities
- Rough sleepers per 1,000 households
- Average house price to FT salary ratio
- Households in temp accommodation
- Supply of key worker housing
- Fuel poverty
- One Devon Cost of Living Index
- Community/Business investment
- Experience of navigating services
- Waiting Times
- Support from local organisations to manage own condition
- Digital exclusion risk index (DERI)
- Unified digital infrastructure
- Healthy Life Expectancy at birth
- Gap in Healthy Life Expectancy at birth
- Under 75 mortality rate from preventable causes (persons <75yrs)
- Global Burden of Disease: Top 10 Causes (DALYs) and Top 10 Modifiable Risk Factors (DALYs)
- Children achieving a good level of development at the end of Reception
- 16-17 year olds not in education, employment or training (NEET)
- Employment of people with mental illness or learning disability
- Workforce diversity (employment profile vs Devon by EDI characteristics)
- Uptake/coverage of local authority Carer Support Services
- Unpaid Carers Quality of Life
- Carers Social Connectedness
- MMR vaccine uptake (5 years old)
- Flu vaccine uptake (at risk individuals)
- Covid-19 vaccination rates
- Children and young people accessing mental health services
- Coverage of 24/7 crisis MH support
- Suicide rate
- Social Prescribing Uptake Rates
- Access to CYP eating disorders services
- Avoidable admissions for ambulatory care-sensitive conditions
- Patient Activation Measures
- Access to dentists / pharmacy / optometry / primary care
- Vacancy Rate for ICS Organisations
- Financial sustainability
- Unified approach to procurement and commissioning
- Community empowerment/volunteering

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APPENDICES

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APPENDIX A
Universal NHS commitments
Statutory Duties

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National NHS objectives 2023/24

To be updated when available

Area	Objective
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

ICB core functions and statutory duties

Our NHS statutory duties	How we will meet our duties
Describe health services the ICB proposes to arrange to meet needs	This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an Operating Plan that provides more detail about the planned performance of services.
Duty to promote integration	The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each programme describes how system partners are working together to deliver joined up services.
Duty to have regard to wider effect of decisions	The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood
Implementing any JLHWS	There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan.
Financial duties	The national financial framework sets requires a collective responsibility to not consume more than the agreed share of NHS resources. Slides 37- 42 outline how we plan to achieve system balance.
Duty to improve quality of services	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality and that we have robust mechanisms in place to intervene where quality and safety standards are not being met or are at risk. We have developed robust metrics to measure the impact of the plan through our outcomes framework and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system.
Duty to reduce inequalities	One of our system aims is 'tackling inequalities in outcomes, experience and access' and two of our strategic goals focus on the top five risk factors and causes of death and disability. A third strategic goals explicitly states that we want 'everyone to have an equal opportunity to be healthy and well'. To achieve this the JFP programmes outline how they will contribute to reduce inequalities, particularly in relation to Core20PLUS5 and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families. To support this work, the Population Health programme has been developed.
Duty to promote involvement of each patient	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal 'People in Devon will be support to stay well at home, through preventative, proactive and personalised care'. Specifically, the Primary and Community Care programme describes how it will use the comprehensive model of personalised care to deliver this ambition.
Duty to involve the public	Our Working with People and Communities Strategy sets out our principles for involving local people. The communications and involvement programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.
Duty to enable patient choice	We support patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which supports patient choice at the point of referral into secondary care.

ICB Core Functions and Statutory Duties

Our NHS Statutory Duties	How we will meet our duties
Duty to obtain appropriate advice	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.
Duty to promote innovation	We work closely with the South West Academic Health Science Network to ensure we are cognisant of innovation and best practice. The Research and Innovation programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
Duty in respect of research	We work closely with the South West Academic Health Science Network to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
Duty to promote education and training	Our Joint Forward Plan has three strategic goals related to education and training including – school readiness, supporting people to access and stay in employment and ensuring we have people with the right skills within our system. The Children and Young people delivery programme focuses on this whilst the employment and workforce enabling programmes outline how they will support these ambitions.
Duty as to regard to climate change etc	Our Green Plan programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040.
Addressing the particular needs of children and young people	Our plan includes two specific strategic goals on children and young people and the children and young people programme outlines the wide programme of work.
Addressing the particular needs of victims of abuse	Serious violence has a devastating impact on lives of victims and families, instils fear within communities and is extremely costly to society. NHS Devon has a domestic abuse and sexual violence (DASV) strategy that outlines actions to improve the health response to victims and perpetrators who are staff or patients in Devon. Over the last two years much has been achieved (eg: a network of DASV champions, robust DASV policies, commissioning of an Interpersonal Trauma Primary Care service, due to commence in April 2023). Locally, compliance with the Duty with be monitored through the Safeguarding and Vulnerable People Steering Group, which will report quarterly to the Quality and Performance Committee and updates regarding Duty activity will be included in safeguarding reports to the System Quality and Performance Group.

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APPENDIX B
Glossary

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Glossary (A-C)

Abbreviation	Meaning
A&E	Accident and Emergency
A&G	Advice and Guidance
ABCD	Asset-based-community-development
ACE	Adverse Childhood Experience
ACS	Ambulatory Care Sensitive
A-EQUIP model	Advocating and Educating for Quality Improvement
AHC	Annual Health Checks
AHSN	Academic Health Science Network
AMR	Antimicrobial resistance
ARC	Applied Research Collaboration
ARRS	Additional Roles Reimbursement Scheme
ASC	Adult Social Care
B&B	Bed and Breakfast
BFI	Baby Friendly Initiative
BMI	Body Mass Index
BPTP	Best Practice Timed Pathway
C. diff	Clostridium difficile
C2C	Clinician to Clinician
CAS	Clinical Assessment Service
CFO	Chief Finance Officer
CHC	Continuing Healthcare
CIC	Community Interest Company
CIOS	NHS Cornwall and Isles of Scilly
CIP	Cost Improvement Programme
CLD	Community learning and development
CMO	Chief Medical Officer
COCA	Community onset community associated
Core20PLUS5	The most deprived 20% of the national population PLUS the 5 ICS chosen population groups experiencing poorer than average health access, experience and/or outcomes that may not be captured in the core 20.
CPD	Continued Professional Development
CQC	Care Quality Commission
CRGs	Clinical Referral Guidelines
CRN	Clinical Research Network
CSDS	Community Services Data Set
CT	Computerised tomography
CTR	Care and Treatment review
CUC	Community Urgent Care
CVD	Cardiovascular disease
CYP	Children and Young People

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Glossary (D-I)

Abbreviation	Meaning
DASV	Domestic abuse and sexual violence
DCCR	Devon and Cornwall Care Record
DDR	Dementia Diagnosis Rate
DMBC	Decision-Making Business Case
DNA	Did Not Attend
DOS	Directory of Services
DPT	Devon Partnership NHS Trust
DSR/C(E)TR Policy	Dynamic Support Register (DSR) and Care (Education) and Treatment Review C(E)TR policy
DWP	Department for Work and Pensions
EBI	Evidence-Based Interventions
Ecosia	Search engine that uses the advertising revenue from searches to plant trees
ED	Emergency Department
EDI	Equality, diversity and inclusion
EHCP	Education, health and care plan
EHCS	Emergency Healthcare Plan
EPC	Energy Performance Certificate
ePHR	Electronic Patient Held Record
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
EQIA	Equality and Quality Impact Assessment
ERF	Elective Recovery Fund
G&A	General and Acute
GIRFT	Getting it right first time national programme, designed to improve the treatment and care of patients through in-depth review of services
GRAIL	Healthcare company focused on saving lives and improving health by pioneering new technologies for early cancer detection
HbA1C	Haemoglobin A1c (HbA1c) test measures the amount of blood sugar (glucose) attached to your haemoglobin
HCAI	Healthcare associated infections
HEE	Health Education England
HEI	Higher Education Institution
HI	Health Inequalities
HR	Human Resources
HVLC	High Volume Low Complexity
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board (NHS Devon)
ICP	Integrated Care Partnership (One Devon Partnership)
ICS	Integrated Care System (One Devon)
Immedicare	Telemedicine service providing 24/7 NHS video-enabled clinical support for care homes nationally
IPS	Individual Placement Support
IUCS	Integrated Urgent Care Service

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Glossary (J-N)

Abbreviation	Meaning
JCP	Job Centre Plus
JFP	Joint Forward Plan
JLHWS	Joint Local Health and Wellbeing Strategy
JOY app	Real-time directory and case management tool that enables GPs and other health and social care professionals to easily refer into local services, helping to create a more joined-up system for service users.
JSNA	Joint Strategic needs Assessment
L&D	Learning and Development
LA	Local Authority
LCP	Local Care Partnership
LD	Learning Disability
LDA	Learning Disability and Autism
LDAP	Learning Disabilities and Autistic People
LeDer	Learning from Lives and Deaths (People with a Learning Disability and Autistic People)
LES	Local Enhanced Services
LGBTQ+	Lesbian, gay, bisexual, transgender, queer (sometimes questioning) plus other identities included under the LGBTQ+ umbrella
LIMS	Laboratory Information Management System
LMNS	Local maternity and neonatal system
LOS	Length of Stay
LPA	Local Planning Authorities
LTC	Long term condition
LTP	Long Term Plan
MD	Medical Director
MDT	Multi-disciplinary team
MECC	Making every contact count
MH	Mental Health
MHLDN	Mental Health, Learning Disability and Neurodiversity
MHST	Mental Health Support Teams in Schools model
MIS	Maternity Information System
MMR	Measles, mumps, and rubella
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant Staphylococcus aureus
MSW	Maternity Support Worker
NCTR	No criteria to reside
NEET	Not in employment, education, or training
NHP	New Hospitals Programme
NHSE	NHS England
NHSEI	NHS England and NHS Improvement
NICE	National Institute for Health and Care Excellence
NOF / NOF4	NHS Oversight Framework / NHS Oversight Framework segment 4
NOS	National Occupational Standards
NPA	National Partnership Agreement

Glossary (N-S)

Abbreviation	Meaning
NPDA	National Paediatric Diabetes Audit
NSS	Non-site specific
Ofsted	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
OP	Outpatient
OPFU	Outpatient Follow Up
ORCHA	Organisation for the Review of Care and Health Apps
OSC	Overview and Scrutiny Committee
PACS	Picture Archiving and Communication System
PASP	Peninsular Acute Sustainability Programme
PAU/CAU	Paediatric/Children's assessment unit
PCBC	Pre-Consultation Business Case
PCN	Primary Care Network
PHE	Public Health England
PHM	Population Health Management
PIFU	Patient-Initiated Follow-Up
PS	Property Service
PTL	Patient tracking list
RDUH	Royal Devon University Healthcare NHS Foundation Trust
RII	Research, improvement and innovation
rtCGM	Real time continuous glucose monitoring
RTT	Referral to Treatment
SABA inhalers	Short-acting beta agonists
SAI	School-aged immunisation
SCORE Culture surveys	Anonymous, online tool that can be used to gain insight into a team's safety culture to help the team identify strengths and weaknesses and start to drive genuine improvement
SDEC	Same Day Emergency Care
SEMH	Social Emotional Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SET	Senior Executive Team
SIAG	System Improvement Assurance Group
SIC ODN	Surgery in Children Operational Delivery Network
SLCN	Speech and Language Communication Needs
SLT	Speech and Language Therapist
SMART objectives	Specific; Measurable; Achievable; Realistic; Timebound

Glossary (S-Z)

Abbreviation	Meaning
SOP	Standard Operating Procedure
SRM	Supplier Relationship Management
SRP	System Recovery Programme
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stopping overmedication of people with a learning disability, autism or both
Suicide Safer Communities	https://www.every-life-matters.org.uk/suicide-safer-communities/
SW	South West
SWAHSN	South West Academic Health Science Network
SWAST	South Western Ambulance Service NHS Foundation Trust
THRIVE	The THRIVE Framework for system change is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families.
TIF	Tech Innovation Framework
TLHC	Targeted Lung Health Check Programme
TSDFT	Torbay and South Devon NHS Foundation Trust
UCR	Urgent Community Response
UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
UHP	University Hospitals Plymouth NHS Trust
UKHSA	UK Health Security Agency
VBA	Value-Based Approach
VCSE	Voluntary, Community and Social Enterprise
VW	Virtual Ward
WRES	Workforce Race Equality Standard

Agenda item:	Item 12.1		Date: 20th March 2024	
Title:	Royal Devon 2023 NHS Staff Survey Results			
Prepared by:	Sajjad Iqbal, Associate Director of Wellbeing, Inclusion & Employee Experience and Alex Tait, Executive Support Manager			
Presented by:	Hannah Foster, Chief People Officer			
Responsible Executive:	Hannah Foster, Chief People Officer			
Summary:	This report analyses the key findings from the 2023 NHS staff survey, highlighting key issues arising and sharing the proposed plan to address the findings.			
Actions required:	It is requested for this paper to be discussed and accepted.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
			x	
History:	The NHS staff survey is completed on an annual basis and is a crucial method of gathering feedback from our people on a wide range of indicators in relation to our organisation.			
Link to strategy/ Assurance framework:	Links to the 'great place to work' strategic objective, the people and culture strategy and several BAF risks (detailed in the report)			

Monitoring Information

Please *specify* CQC standard numbers and tick ✓other boxes as appropriate

Care Quality Commission Standards	Outcomes		
NHS Improvement		Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework	✓	Complaints	
Equality, diversity, human rights implications assessed			✓
Other *(please specify)*			

1. EXECUTIVE SUMMARY

1.1 This report has been written to provide the Board with an overview of the results from the 2023 NHS Staff Survey for Royal Devon, including analysis of trends, key findings, and ongoing plans to further examine and address the results.

Note that the slides from the presentation that was provided at the Board Development Day earlier in the month have been included as an appendix (Appendix A) with minor additions. The Board will have therefore already had sight of the majority of these slides, however for transparency, following the embargo being lifted, it was felt that it was important to share the information with the public board. There is no need for Board members to re-read this deck; however, can be referred to when reviewing the content of this paper. A selection of these slides will be used during the Board of Directors meeting.

The key findings from the survey are as follows:

- The survey response rate has seen a decline of 2% this year and remains below the national average for similar trusts.
- The Trust has improved on 63 out of 97 metrics compared to previous years data and remained similar on 33 out of 97, leaving a decline in only one metric.
- When benchmarking against the Picker comparator of acute and acute and community trusts, the Royal Devon is performing better than or similar to 89/100 similar organisations.
- We have improved on all nine of the People Promise themes compared to previous years data across both Eastern and Northern Services.

Our aspiration, as set out in our 'Better Together' strategy, is to make the Royal Devon a great place to work. As such, we want to ensure that we are performing at the highest level we can, that we do not become complacent and that we continue to strive to improve the experience of our people.

It is important to note that the NHS Staff Survey data sits within a wider set of both quantitative and qualitative based intelligence, including the quarterly People Pulse Survey, monthly workforce dashboard and the ICB cultural dashboard, all of which contribute to Board reporting and help us to measure our progress against the great place to work objective.

Analysis of hard metrics, for example attrition rates, and softer metrics such as those relating employee experience, enable us to take a holistic approach to understand what is working well, whilst remaining agile and responsive. This approach enables us to support changing of plans, where the intelligence suggests the desired impact is not being achieved. Work is ongoing to ensure that information reflects the most current position to allow the triangulation of intelligence, to support decision making and action planning. Additionally, we have begun to share greater intelligence with managers, to inform and empower them to understand where the improvements are needed within their areas and enable them to respond appropriately.

2. BACKGROUND

2.1 The NHS has experienced unprecedented challenges in recent years and the effects of these continue to be felt, not only here at the Royal Devon, but across the country. The NHS Staff Survey took place in the third quarter of 2023-2024, during which time the Trust was under significant operational pressures and there was national industrial action

taking place within the NHS. These should be considered contributory factors to the overall landscape in which the survey was conducted.

Results were embargoed until 7th March 2023, there are therefore no restrictions on the sharing of the results contained within this paper.

We have used two sets of data to provide our analysis for this report. Our provider Picker was commissioned by 62 acute and acute community trusts organisations to run their survey. This report presents our results in comparison to those organisations. In addition, the Survey Coordination Centre benchmarking reports provide an overview of our position compared to 124 English acute and acute & community trusts. These reports allow us to understand our performance compared to other trusts at both a national and local level.

3. ANALYSIS

3.1 Response rates

	2022	2023	
	% Response	% Response	Respondents
Royal Devon	**37%** Eastern services: 36% Northern services: 39%	**35%** Eastern services: 34% Northern services: 38%	4,640

***This data comes from Picker and benchmarks are based on Acute and Acute & Community Trusts**

Picker do not provide an analysis or percentage breakdown of respondents by staff group division etc; however, we have been able to calculate the distribution of these responses using the raw data they provided.

Of the responses received, the highest proportion came from specialist services in the east, with a high number of responses also coming from administrative and nursing staff groups trustwide. Further work will be undertaken to understand the percentage response rates by both division and staff group, which will provide a clearer picture of engagement within each area.

Royal Devon's lower response rate remains challenging, and a plan has been developed to address this from a corporate perspective as well undertaking a deep dive into response rates throughout the organisation to better understand local issues that may be impacting on survey completion.

It is important that we can demonstrate the positive changes that have happened as a result of staff sharing their feedback, in order to encourage staff to engage and share their views on an ongoing basis. This is explored in further detail later in this paper.

3.4 People Promise Elements and Theme Scores (See Appendix A)

A summary of the theme scores for the Trust is taken from the National Survey Coordination Centre (SCC) and can be found in the table below. All scores are out of ten and more detailed information can be found in Appendix A.

People Promise Element/Theme	2022	2023	Average
We are compassionate and inclusive	7.4	7.5	7.2
We are recognised and rewarded	5.9	6.2	5.9
We each have a voice that counts	6.7	6.8	6.7
We are safe and healthy	6.0	6.3	6.1

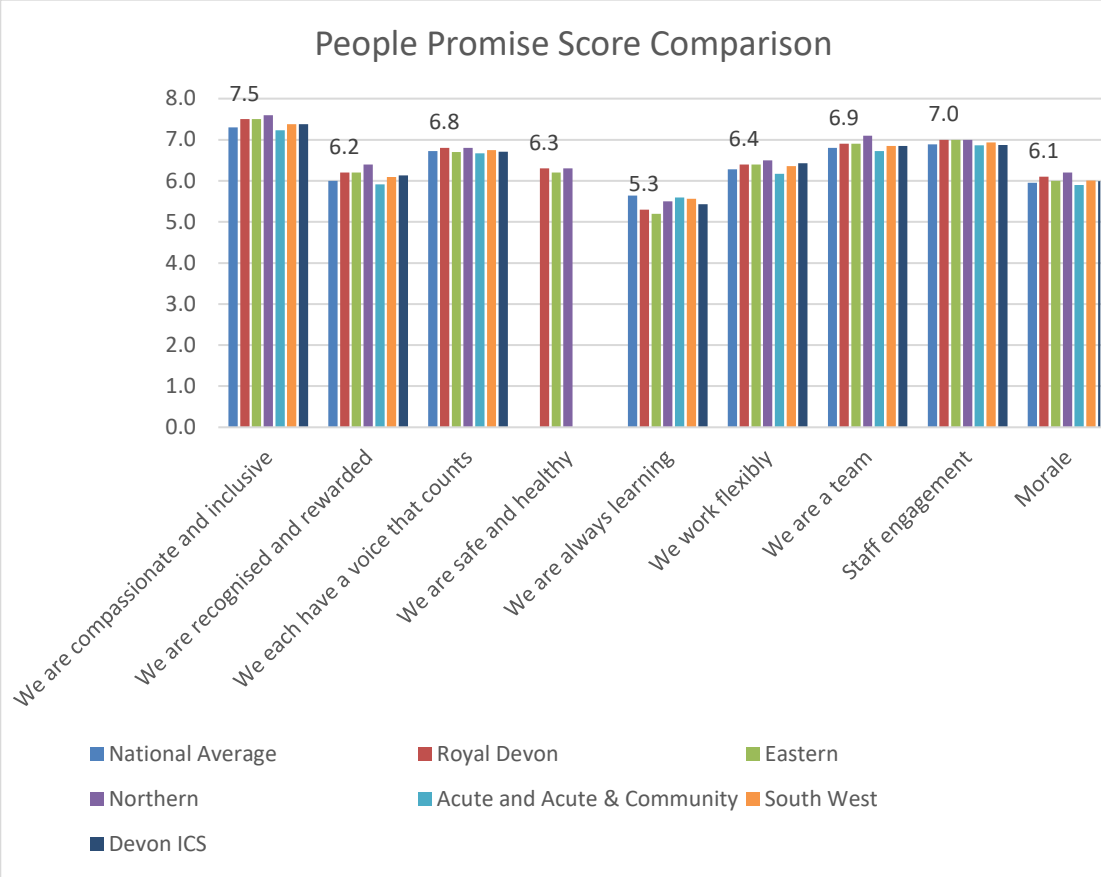
We are always learning	4.8	5.3	5.6
We work flexibly	6.1	6.4	6.2
We are a team	6.8	6.9	6.7
Staff engagement	6.8	7.0	6.9
Morale	5.8	6.1	5.9

This shows that the majority of the element / theme scores are above the national average; however, despite a 0.5-point increase compared to last year, the 'we are always learning' element remains below average. This element looks at staff development and appraisals, and further examination, reveals that it is the appraisals sub-score that, despite improvement, remains below average.

Appraisals have been an area of concern for some time and the Royal Devon launched a new trust-wide learning management system (Learn+) in 2022, including appraisals. It is recognised that the way in which appraisals are undertaken requires further improvement to ensure that the process offers real value to staff. An improvement workstream is underway to review the appraisal process, identifying ways that the experience of both appraisees and appraisers can be enhanced, including a Trustwide programme of gathering feed that has recently been commenced to understand the views from managers and employees.

3.5 People Promise Comparison Locally, Regionally and Nationally

The Royal Devon benchmarks well in relation to the people promise when we compare scores with the national average, the acute and acute community average, the southwest average, and the Devon ICS average. With the exception of the 'we are always learning,' element we are either on a par or ahead in all areas.



***This data comes from the SCC**

3.6 **Highest and Lowest Scoring Areas (See Appendix A)**

Top scoring questions

It is positive to see that the top scoring question 'If friend/relative needed treatment would be happy with standard of care provided by organisation' rates so highly; however, we are mindful that this still means that approximately a third of colleagues would be unsatisfied with the care provided and we would like to understand the reasons for this.

It is also heartening to see that another of the top scoring questions relates to welfare with staff positively reporting that their manager takes an interest in their health and wellbeing. The organisation has continued to make progress in this area, with the introduction of training for managers on health and wellbeing conversations as well as the continuation of mental health first aid training for managers.

Bottom scoring questions

As in 2022, three of the five bottom scoring questions continue to relate to appraisals. As discussed in section 3.2, appraisals are an area that has seen poor performance for some time, and there are many reasons contributing to this, which are explored in the narrative above.

Again, The Trust is some way behind the Picker average for staff reporting that feedback is given on changes made following near misses/incidents. Encouragingly, the results show that staff are stating that they are encouraged to report errors/near misses/incidents; however, it is clear from the results, that the feedback loop still doesn't appear to be being closed in all circumstances, and that staff are not receiving clear feedback on the changes being made as a result of their incident reports.

Work will continue in partnership with the patient safety team to ascertain any other reasons this may be occurring.

We have been made aware by our contractor Picker that they have experienced a data collection issue for questions 13a-d. This impacts one of our bottom 5 scores, 'Last experience of physical violence reported'. We have been advised that our score could slightly decrease further for this question.

3.7 **Most improved / declined scores (See Appendix A)**

Most improved questions

Although as noted appraisals are an area of continued concern, it is worth noting that the single most improved score for the Trust is in relation to staff who indicate they have received an appraisal in the last 12 months. This has increased by 12%, from 64% in 2022 to 76% in 2023. It is also positive to note that three of the most improved scores are related to colleagues' perceptions on the pressures of work and ability to do their jobs well and all have improved by 5% or more. Over the last 12 months the Trust has invested significantly in improving its staffing position through recruitment and retention programmes and the resultant low vacancy levels are likely to be contributing to the improvement in this area.

Most declined questions

The most declined question is 'Last experience of physical violence reported' which has seen a significant decline and as noted above due to a data collection issue could decline further when revised scores are provided for these questions.

It is striking that another of our most declined questions is around staff feeling secure on raising concerns about unsafe clinical practice. There appears to be a concern from staff about speaking up and reporting formally. This is another area where further analysis of the results is needed to understand any clear hotspots for these questions. However, we also have another bottom scoring question around feedback provided post incidents, it is likely that these results are linked. When the action taken as a result of an incident is not clear, there is a risk that staff could have less confidence that the organisation would not address concerns raised. Staff Incident Review Group members are sharing intelligence of not reported incidents that have been brought to their attention with a view to looking for themes and hotspots, ways to act and also exploring how to build confidence in Trust reporting and speaking up processes.

Greatest Differences Between Northern and Eastern Services

		Comparator (Organisation Overall)	Royal Devon - Eastern Services	Royal Devon - Northern Services		Percentage point difference
Q	Description	n = 4640	n = 3227	n = 1413		
q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	71.7%	74.0%	66.4%		7.6%
q5a	Have realistic time pressures	27.5%	25.3%	32.3%		7.0%
q4a	Satisfied with recognition for good work	60.2%	58.4%	64.2%		5.8%
q3i	Enough staff at organisation to do my job properly	31.6%	30.0%	35.3%		5.3%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	45.8%	44.3%	49.5%		5.2%
q3f	Able to make improvements happen in my area of work	56.9%	55.3%	60.5%		5.2%
q6d	Can approach immediate manager to talk openly about flexible working	73.1%	71.6%	76.5%		4.9%
q9c	Immediate manager asks for my opinion before making decisions that affect my work	62.7%	61.3%	65.9%		4.6%

***This data comes from Picker**

3.8 **Staff Engagement – Advocacy (Appendix A)**

The staff engagement score is made up of three sub-sections: motivation, involvement, and advocacy.

The advocacy sub-score consists of three questions:

- Care of patients / service users is my organisation's top priority.
- I would recommend my organisation as a place to work.
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

Last year, this was an area of concern for the Trust, as in 2022 all three of these questions showed a decline in score. This year, data from the SCC shows improvements across all of the advocacy scores, mirroring the national picture of a positive trajectory for this area.

3.9 **Morale**

The morale score is made up of three sub-scores:

- Thinking about leaving sub-score
- Work pressure sub-score
- Stressors sub-score

This year data from the SCC shows improvements across all of the advocacy scores and the Trust remains above the benchmarking average.

Results from quarters 2 and 4 of the People Pulse Survey showed a decline in morale which is in contradiction to the quarter 3 staff survey results. The Employee Experience team will be further evaluating these results to better understand these findings.

3.10 **Sexual Safety**

Sexual safety is a new component that has been added to the 2023 survey. As such there is no benchmark information available; however, the data provides some key insights in the context of the number of surveys returned (4,640):

1. 418 members of staff experienced unwanted behaviour of a sexual nature from patients/service users, their relatives, or members of the public.
2. 140 members of staff experienced unwanted behaviour of a sexual nature from other colleagues.
3. Total numbers of staff who have experienced unwanted behaviour of a sexual nature: 558**.**

The survey questions do not ask for an indication of when the unwanted behaviour has taken place, so we are unclear over what timeframe colleagues are reporting. Regardless of this, when viewed in this way, these numbers are significant and support a need for the work being undertaken by the sexual safety task & finish group. The group have previously raised concerns and questions about affected staff numbers, and this is the

first indication as to the size of the problem the Trust may be facing. The task and finish group have an executive sponsor and Board will be kept regularly updated on the work of group through the assurance and governance process.

3.11 **Regional Comparison on Recommendation of Place to Work**

Looking at how we compare at a regional level, the Royal Devon appears in the second quartile for staff agreeing or strongly agreeing that they would recommend the Trust as a place to work. This score has seen a 4.1% increase year on year.

Trust	2019	2020	2021	2022	2023		Change 2022 to 2023 (p. points)	Chan to 2 po
North Bristol Trust	69.0%	72.3%	62.6%	62.2%	70.9%		8.7%	1
Somerset FT					69.3%		-	
Royal United Hospitals Bath FT	64.4%	73.5%	65.4%	62.6%	67.9%		5.3%	3
University Hospitals Bristol and Weston FT		72.4%	63.2%	60.1%	67.4%		7.3%	
Dorset County Hospital FT	69.9%	71.8%	66.3%	60.9%	66.3%		5.4%	-3
Royal Devon University Healthcare FT				59.6%	63.7%		4.1%	
University Hospitals Dorset FT			61.9%	56.2%	63.4%		7.2%	
Salisbury FT	68.2%	69.8%	56.4%	50.3%	60.1%		9.8%	-8
Great Western Hospitals FT	57.8%	64.8%	53.4%	53.3%	59.6%		6.3%	1
University Hospitals Plymouth Trust	61.5%	65.7%	54.9%	51.5%	57.8%		6.3%	-3
Torbay and South Devon FT					57.3%		-	
Royal Cornwall Hospitals Trust	57.6%	62.7%	53.3%	47.9%	56.9%		9.0%	-0
Gloucestershire Hospitals FT	59.5%	64.3%	52.5%	43.0%	46.4%		3.4%	-1

***We have taken this information from the HSJ who conducted an analysis of the data available from the SCC**

3.12 **Equality, Diversity, and Inclusion (See Appendix A)**

WRES and WDES

The NHS Staff Survey includes data used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Some of the key points are listed below, with a full summary of the data in Appendix A. The Board will receive full analysis through the usual annual reporting cycle.

WDES analysis

WDES staff survey 2022/23 comparison

	2022		2023		Difference 22/23		Differenc disabled/n	
	Disabled	Non	Disabled	Non	Disabled	Non	2022	2
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	28.9%	20.4%	25.3%	19.3%	-3.6%	-1.1%	-8.5%	-(
% of staff experiencing harassment, bullying or abuse from manager in the last 12 months	14.3%	7.9%	12.8%	6.6%	-1.5%	-1.3%	-6.4%	-(
% of staff who experience harassment, bullying or abuse from other colleagues	23.6%	14.7%	23.4%	12.3%	-0.2%	-2.4%	-8.9%	-1
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	48.7%	49.3%	50.9%	49.5%	2.2%	0.2%	0.6%	-(
% of staff who believe their organisation provides equal opportunity for career progression or promotion	53.5%	60.1%	56.5%	63.9%	3.0%	3.8%	6.6%	7
% of staff who felt pressure from their manager to come to work, despite feeling not well enough to perform their duties	23.0%	16.0%	22.1%	15.2%	-0.9%	-0.8%	-7.0%	-(
% of staff who were satisfied with the extent to which the organisation values their work	37.3%	43.5%	39.0%	48.9%	1.7%	5.4%	6.2%	9
% of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	78.9%		78.5%		-0.4%			
Staff engagement (0-10)	6.6	6.9	6.7	7.1	0.1	0.2		

This data is from the 2022 and 2023 staff surveys and will form a part of the 2024 WDES report due Ma

The vast majority of metrics have improved compared to 2022 with the exception of a 0.4% reduction of disabled staff feeling that the Trust has made adequate adjustments to enable them to carry out their work.

The most significant improvements have been for disabled staff experiencing harassment, bullying or abuse from patients, relatives, or members of the public and both disabled and non-disabled staff feeling the Trust provides equal opportunity for career progression or promotion. Reporting incidences of harassment, bullying or abuse at work has increased for both disabled and non-disabled staff yet this year the figure is higher for disabled staff compared to 2022. Staff engagement score has also increased for both disabled and non-disabled staff.

In the context of these improvements there have been mixed results in the gap between the experiences of disabled and non-disabled staff when compared to last year's data. The gap has increased for staff who experience harassment, bullying or abuse from other colleagues, equal opportunity for career progression or promotion and feeling satisfied with the extent to which the organisation values their work. The gap has decreased most notably for staff who experience harassment, bullying or abuse from both patients, relatives, or members of the public and from their managers.

WRES Analysis

WRES staff survey 2022/23 comparison

	White	BME
2022	4317 (92.4%)	316 (6.8%)
2023	4219 (90.9%)	364 (7.8%)

	2022		2023		Difference 22/23		Difference White/BME	
	White	BME	White	BME	White	BME	2022	2023
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	22.0%	28.7%	20.1%	28.1%	-1.9%	-0.6%	-6.7%	-8.0%
% of staff who experience harassment, bullying or abuse from other colleagues	20.7%	27.4%	14.9%	20.1%	-5.8%	-7.3%	-6.7%	-5.2%
% of staff who believe their organisation provides equal opportunity for career progression or promotion	59.1%	51.0%	62.5%	57.6%	3.4%	6.6%	8.1%	4.9%
% of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	5.5%	16.7%	5.8%	14.9%	0.3%	-1.8%	-11.2%	-9.1%

There have been significant improvements for all ethnicities in regard to staff experiencing harassment, bullying or abuse from other colleagues and believing their organisation provides equal opportunity for career progression or promotion. These improvements have been greater for BME staff than for white staff meaning a reduction in the gap in staff experiences of White and BME staff when comparing 2022 and 2023 data.

There has also been an improvement in the number of staff who experience harassment, bullying or abuse from patients, relatives, or members of the public, although this improvement is smaller for BME staff and as a result the gap between ethnicities has widened compared to 2022 data.

Additional inclusion data can be found in Appendix A.

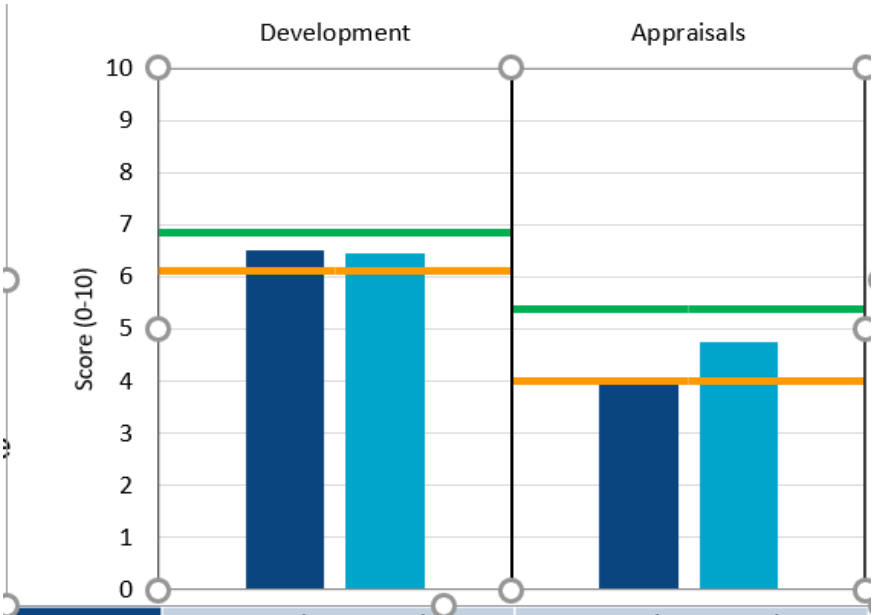
3.13 **Progress Against Areas of Focus From the 2022 NHS Staff Survey**

The following three areas were identified as areas of focus from the 2022 survey.

- The ‘we are always learning’ element of the staff survey, due to it being the only area where the Trust was lower than average.
- the noticeable drop in the northern scores against the year before.
- colleagues experience of their line management.

We Are Always Learning

The ‘we are always learning section of the survey is broken into two sections (development and appraisal). Our overall score is impacted by being significantly below the national average in relation to appraisals. Over the last 12 months significant work, including drop-in sessions to give feedback on the appraisal process has been undertaken by the People Development team and we can see that improvements to scores are beginning to show. This area of work will continue to be monitored closely and reported on regularly.

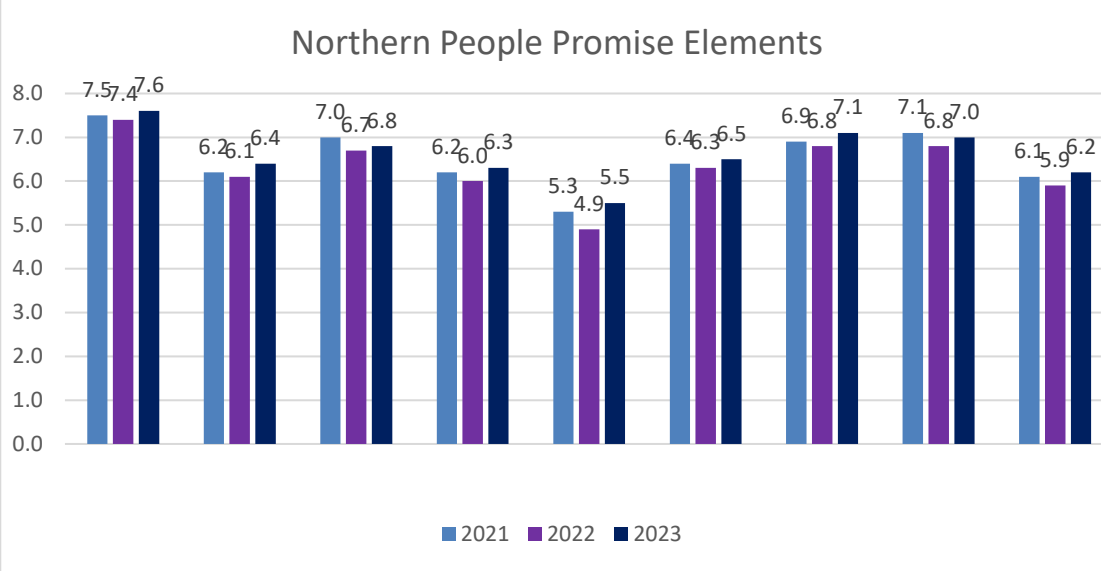


Your org	6.51 (6.4 in 2022)	4.05 (3.2 in 2022)
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99
Responses	4613	4396

***The data comes from the SCC**

Northern Scores

Northern scores in 2022 had declined considerably when compared to 2021; however, results for 2023 have shown that scores for all People Promise elements have improved.



***This data comes from Picker**

Colleagues Experience of Their Line Management (See Appendix A)

Since the results of the 2022 survey were published there has been a focus to drive improvement of colleagues' experience of their line management. Further analysis of the 2023 survey reveals:

- Overall line manager scores have increased Trustwide; however, there are still some groups of staff who report a consistently poorer experience of their line managers, compared to the Trust average.
- Northern services colleagues report higher scores than those in eastern services.
- Colleagues at band 2, 3 and medical and dental colleagues at all grades report a consistently poorer experience of their line managers, compared to the Trust average.
- Colleagues at bands 6, 7, 8a, and 8b report a more positive experience in comparison to the Trust average with those at 8c having mixed responses to the questions.
- The experience of colleagues at 8d has improved from being below the Trust average to being above the Trust average this year.
- Significantly poorer experience is reported for manager questions for estates and facilities staff.
- Poor levels of experience are reported for staff aged 16-20, 51-65 and 66+.
- Improved levels of experience are reported for staff identifying as gay or lesbian, compared to the other sexual orientation groups, including heterosexual or straight; however, staff preferring not to say their sexual orientation or choosing 'other' show less positive staff experience.
- The most improved areas of experience were:
    - 4.5% in immediate manager takes a positive interest in my health and wellbeing.
    - 3.1% increase in immediate manager gives clear feedback on my work.
    - 3.1% increase in immediate manager helps me with problems I face.

3.17 **Summary**

There are significant positives in the 2023 survey results:

- Trustwide improvements in all people promise areas which is a key metric for 'a great place to work' strategic objective
- 0.5-point improvement in the 'we are always learning' people promise domain.
- Improvements in all three advocacy questions, including 'care of patients / service users is my organisation's top priority.'
- All three advocacy questions are also above the average for the benchmarking group.

- Following a decline in score last year, scores for northern services have increased in all people promise areas, with seven out of nine scores now exceeding the 2021 score.

Areas for improvement:

- Low survey response rate.
- 'We are always learning' domain still below average compared to the benchmarking group despite improvement.
- Appraisals continue to be a theme in the bottom scoring questions.
- Questions about speaking up and reporting of violence and aggression appear in the most declined and lower scoring questions.
- Although scores have improved, the experience of line managers has remained lower for band 2 and medical and dental staff compared to the rest of the organisation.
- Experiences of discrimination, harassment, bullying, or abuse were much higher for ethnic minority staff and those with a disability or long-term condition when compared with white staff and those without a disability or long-term condition.

4. RESOURCE / LEGAL / FINANCIAL / REPUTATIONAL IMPLICATIONS

4.1 As the results have only recently become available, a trustwide action plan from these findings is yet to be developed; however, it is possible that actions may have financial or resource implications.

There are elements of the staff survey that highlight room for improvement. The NHS Staff Survey results are in the public domain and any decline in performance could have reputational implications.

5. LINK TO BAF / KEY RISKS

5.1 The NHS Staff Survey is directly referenced as a source of assurance in two of the risks on the current Board Assurance Framework (BAF).

6. PROPOSALS

6.1 **Progress to Date**

Alongside communications to the general public, managers and stakeholders have received results with key reports having been made available along with a presentation of our results by our survey contractor, Picker. At the time of writing, manager, and staff 'Over to You' sessions are planned for April 2024. The manager and staff events will provide staff with the opportunity to comment further on our results and help shape the development of the trustwide action plan. Through these events, we will hear their lived experiences, their barriers to success and their ideas for how we can action positive change across the Trust. The engagement events further reiterate the importance of ensuring that the identification of priorities, recommendations and action planning is an

inclusive and representative process, engaging staff in the process of improvement planning, to act on the feedback they shared during the survey.

Discussion of the survey results has also taken place at the March Board development day with clearly identified priority areas for review this year.

- Understanding the referrer scores for the Advocacy sub-score and using this insight to drive improvements in this area.
- Working in real time with Staff Survey Results, People Pulse data, learning from leavers data and other qualitative and quantitative data to provide better insight into potential hotspots within the Trust, as well providing a more agile in the moment response.
- Increasing response rate to the Staff Survey and the People Pulse Survey.
- Continued focus on colleagues' experience of line management.

6.2 **Next Steps**

- presentation of results at trust-wide meetings.
- engagement with Staffside and Partnership Forum.
- formal reporting at relevant committees.
- divisional and departmental engagement, including development of action plans with support of people business partners.
- A trust-wide action plan will be created to address key areas of concern / priorities identified following review of the results, alongside feedback from our staff listening events. The plan will then be monitored along with other employee experience metrics, through the bi-annual great place to work report to Board, with delivery of the action plan monitored through the People, Workforce Planning and Wellbeing Committee. Regular updates will be provided to staff, using the 'you said, we did / we will model where possible.
- Divisional and department level action plans will be created to look at detailed findings in each of these areas, and actions to address these. Divisional Directors will be held accountable for delivery of these plans through Performance Assurance Framework (PAF) meetings.

Appendix A

Royal Devon University Healthcare
NHS Foundation Trust

NHS Staff Survey Results 2023

Initial findings from the National Staff Survey

Hannah Foster, Chief People Officer
Board of Directors

20th March 2024

Background

Royal Devon University Healthcare NHS Foundation Trust

The 2023 NHS Staff Survey was open for staff to complete between October and November 2023.

The National Staff survey results were embargoed until Thursday 7th March 2024

A summary of results is provided along with a review of the following priority improvement areas identified from the 2022 NHS Staff Survey results:

- the ‘we are always learning’ element of the staff survey, due to it being the only area where the Trust was lower than average;
- the noticeable drop in the northern scores against the year before; and
- colleagues experience of their line management.

Headline Results

Royal Devon University Healthcare NHS Foundation Trust

Areas to Celebrate…

- Trustwide improvements in all people promise areas which is a key metric for ‘A Great Place to Work’ strategic objective
- 0.5-point improvement in the ‘we are always learning’ people promise domain.
- Improvements in all three advocacy questions, including ‘care of patients / service users is my organisation's top priority’.
- All three advocacy questions are also above the average for the benchmarking group.
- Following a decline in score last year, scores for northern services have increased in all people promise areas, with seven out of nine scores now exceeding the 2021 score.

Areas for Improvement…

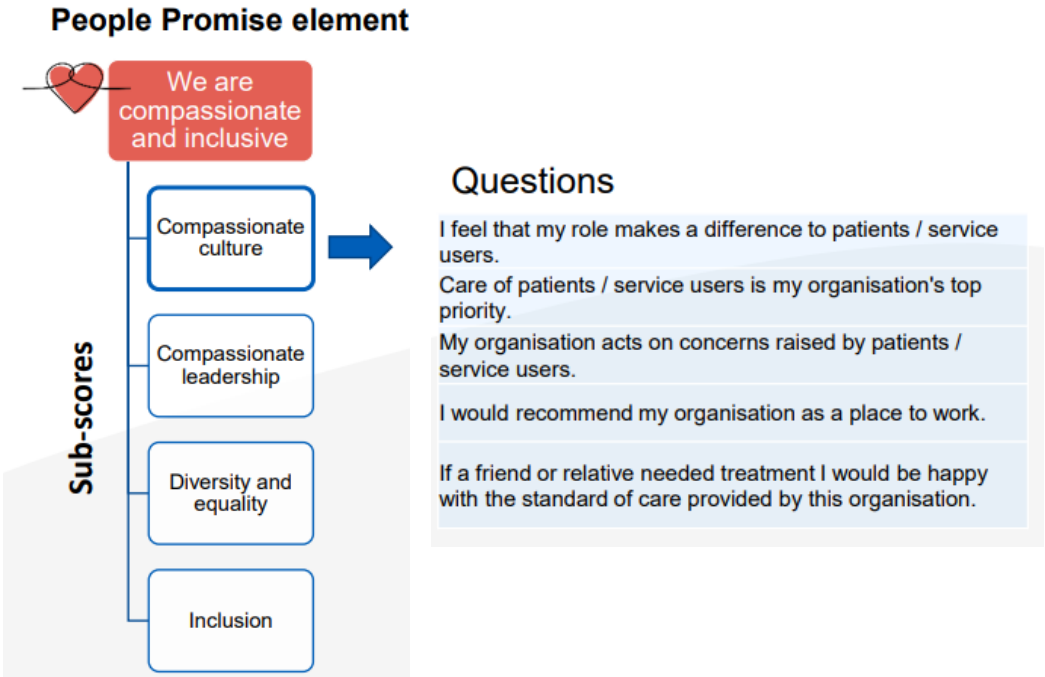
- Low survey response rate.
- ‘We are always learning’ domain still below average compared to the benchmarking group despite improvement.
- Appraisals continue to be a theme in the bottom scoring questions.
- Questions about speaking up and reporting of violence and aggression appear in the most declined and lower scoring questions.
- Although scores have improved, the experience of line managers has remained lower for band 2 and medical and dental staff compared to the rest of the organisation.
- Experiences of discrimination, harassment, bullying or abuse were much higher for ethnic minority staff and those with a disability or long-term condition when compared with white staff and those without a disability or long-term condition.

People Promise Elements

Royal Devon University Healthcare
NHS Foundation Trust

People Promise element	Sub-scores	Questions
Promise 1: *We are compassionate and inclusive*	P1.1: Compassionate culture P1.2: Compassionate leadership P1.3: Diversity and equality P1.4: Inclusion	Q6a, Q21a-d Q9f-i Q15, Q16a-b, Q18 Q7h-i, Q8b-c
Promise 2: *We are recognised and rewarded*	[No sub scores]	Q4a-c, Q8d, Q9e
Promise 3: *We each have a voice that counts*	P3.1: Autonomy and control P3.2: Raising concerns	Q3a-f, Q5b Q17a-b, Q21e-f
Promise 4: *We are safe and healthy*	P4:1 Health and safety climate P4:2 Burnout P4:3 Negative experiences	Q3g-i, Q5a, Q11a, Q13d, Q14d Q12a-g Q11b-d, Q13a-c, Q14a-c
Promise 5: *We are always learning*	P5.1: Development P5.2: Appraisals	Q20a-e Q19a-d
Promise 6: *We work flexibly*	P6.1: Support for work-life balance P6.2: Flexible working	Q6b-d Q4d
Promise 7: *We are a team*	P7.1: Team working P7.2: Line management	Q7a-g, Q8a Q9a-d

Themes	Sub-scores	Questions
Staff Engagement	E.1: Motivation E.2: Involvement E.3: Advocacy	Q2a-c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	M.1: Thinking about leaving M.2: Work pressure M.3: Stressors (HSE index)	Q22a-c Q3g-i Q3a, Q3e, Q5a-c, Q7c, Q9a



Survey Response Rates

Royal Devon University Healthcare NHS Foundation Trust

	Royal Devon	Eastern Services	Northern Services	Benchmarking Group*
Completed Questionnaires	4640	3227	1413	
Response Rate 2023	**35%**	**34%**	**38%**	**46%**
Response Rate 2022	37%	36%	39%	44%
Response Rate 2021		46%	51%	46%

***This data comes from Picker and benchmarks are based on Acute and Acute & Community Trusts**

People Promise Element / Themes Scores

Royal Devon University Healthcare NHS Foundation Trust

		 We are compassionate and inclusive	 We are recognised and rewarded	 We each have a voice that counts	 We are safe and healthy	 We are always learning	 We work flexibly	 We are a team	Staff Engagement	Morale
Royal Devon	2023	**7.5**	**6.2**	**6.8**	**6.3**	**5.3**	**6.4**	**6.9**	**7.0**	**6.1**
	2022	7.4	5.9	6.7	6.0	4.8	6.1	6.8	6.8	5.8
Eastern Services	2023	**7.5**	**6.2**	**6.7**	**6.2**	**5.2**	**6.4**	**6.9**	**7.0**	**6.0**
	2022	7.4	5.9	6.7	6.0	4.8	6.1	6.7	6.9	5.8
Northern Services	2023	**7.6**	**6.4**	**6.8**	**6.3**	**5.5**	**6.5**	**7.1**	**7.0**	**6.2**
	2022	7.4	6.1	6.7	6.0	4.9	6.3	6.8	6.8	5.9

Scores for Eastern services show an improvement across 8/9 people promise elements / themes with one remaining the same.

Scores for Northern services have improved across all promise elements / themes.

For the Trust overall the most improved scores are for ‘We are always learning’ with a 0.5-point improvement.

***This data comes from Picker.**

How do we compare nationally?

Royal Devon University Healthcare
NHS Foundation Trust

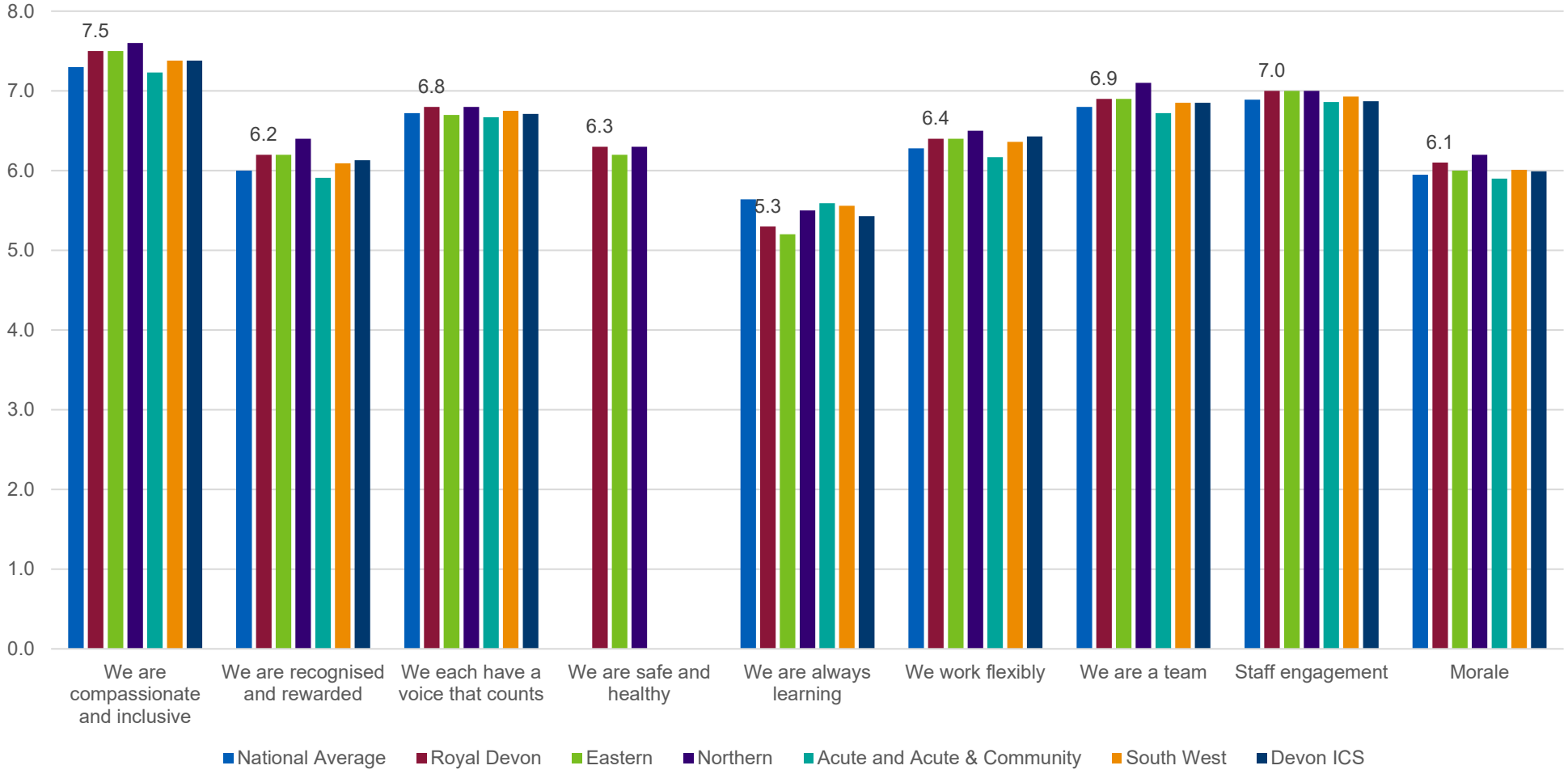
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.49	6.21	6.77	6.21	5.29	6.35	6.92	6.97	6.07
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	4627	4621	4593	4594	4392	4609	4622	4627	4631

- Best, average and worst scores relate to the Acute and Acute & Community benchmarking group scores for 2023.
- Despite a 0.5-point improvement, ‘we are always learning’ remains the only people promise area that is below the national average.

***This data comes from the Survey Coordination Centre.**

People Promise Comparison Locally, Regionally and Nationally

Royal Devon University Healthcare
NHS Foundation Trust



***This data comes from the SCC**

Question Summary

Royal Devon University Healthcare NHS Foundation Trust

	Top scoring questions	Trust	Ave. *
1	If friend/relative needed treatment would be happy with standard of care provided by organisation	72%	63%
2	I can eat nutritious and affordable food at work	63%	55%
3	Immediate manager takes a positive interest in my health & well-being	76%	70%
4	Satisfied with recognition for good work	60%	54%
5	Colleagues are polite and treat each other with respect	77%	71%

	Most improved questions	2022	2023
1	Received appraisal in the past 12 months	64%	76%
2	Satisfied with level of pay	27%	35%
3	Never/rarely exhausted by the thought of another day/shift at work	36%	42%
4	Enough staff at organisation to do my job properly	26%	32%
5	Able to meet conflicting demands on my time at work	40%	45%

	Bottom scoring questions	Trust	Ave. *
1	Feedback given on changes made following errors/near misses/incidents	52%	60%
2	Appraisal helped me improve how I do my job	19%	26%
3	Received appraisal in the past 12 months	76%	83%
4	Appraisal helped me agree clear objectives for my work	30%	36%
5	Last experience of physical violence reported	67%	71%

	Most declined questions	2022	2023
1	Last experience of physical violence reported	72%	67%
2	Would feel secure raising concerns about unsafe clinical practice	74%	72%
3	Feedback given on changes made following errors/near misses/incidents	53%	52%
4	Feel trusted to do my job	91%	90%
5	There are opportunities for me to develop my career in this organisation	56%	55%

***This data comes from Picker and benchmarks are based on Acute and Acute & Community Trusts**

Staff Engagement (Advocacy)

Royal Devon University Healthcare NHS Foundation Trust

	Royal Devon	Eastern Services	Northern Services	Benchmarking Group (Acute and Acute & Community Trusts)
I would recommend my organisation as a place to work	**63.4%** 2022: 59.7%	**62.7%** 2022: 60.1%	**64.9%** 2022: 58.8%	**60.5%** 2022: 56.5%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	**71.7%** 2022: 69.2%	**74.0%** 2022: 72.0%	**66.4%** 2022: 62.5%	**63.3%** 2022: 61.9%
Care of patients / service users is my organisation's top priority	**77.0%** 2022: 76.1%	**77.6%** 2022: 77.5%	**75.6%** 2022: 72.8%	**74.8%** 2022: 73.5%

Improvements can be seen across all of the advocacy scores, mirroring the national picture of a positive trajectory for this area.

The biggest improvement seen for ‘I would recommend my organisation as a place to work’, with a 6.1% increase for northern services and a 2.1% increase for eastern services.

The scores for both questions relating to treatment increased and are above the average for the benchmarking group.

***The data comes from the National Survey Coordination Centre with a northern and eastern breakdown from Picker.**

Morale

Royal Devon University Healthcare NHS Foundation Trust

	Royal Devon	Eastern Services	Northern Services	Benchmarking Group (Acute and Acute & Community Trusts)
Thinking about leaving sub-score	**6.3** 2022: 6.1	**6.3** 2022: 6.1	**6.4** 2022: 6.1	**6.1** 2022:5.9
Work pressure sub-score	**5.4** 2022: 5.0	**5.3** 2022: 4.9	**5.5** 2022: 5.1	**5.3** 2022: 5.0
Stressors sub-score	**6.5** 2022: 6.4	**6.5** 2022: 6.4	**6.6** 2022: 6.4	**6.4** 2022: 6.3

The Trust has improved on all sub-scores compared to last years and remain above benchmarking. The greatest improvement is for the work pressure subscore with a 0.4 increase for both Eastern and Northern services.

Thinking about leaving sub-score questions	I don't often think about leaving this organisation
	I am unlikely to look for a job at a new organisation in the next 12 months
	I am not planning on leaving this organisation
Work pressure sub-score questions	Able to meet conflicting demands on my time at work
	Have adequate materials, supplies and equipment to do my work
	Enough staff at organisation to do my job properly

Stressors sub-score questions	Always know what work responsibilities are
	Involved in deciding changes that affect work
	Have realistic time pressures
	Have a choice in deciding how to do my work
	Relationships at work are unstrained
	Receive the respect I deserve from my colleagues at work
	Immediate manager encourages me at work

***The data comes from the National Survey Coordination Centre with a northern and eastern breakdown from Picker.**

Sexual Safety

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Two new questions have been asked this year around sexual safety. As the questions are new, there is no previous year benchmark, however, we can see how we benchmark against similar organisations.

	Question	Royal Devon Result	Benchmarking Group (Acute and Acute & Community Trusts)
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91%	92%
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	97%	96%

In the context of the number of surveys returned (4,640), this means that:

1. 418 members of staff experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public.
2. 140 members of staff experienced unwanted behaviour of a sexual nature from other colleagues.
3. Total numbers of staff who have experienced unwanted behaviour of a sexual nature: 558.

When viewed in this way, these numbers are significant with regard to the sexual safety task & finish group work that is going on. The group have previously raised concerns and questions about affected staff numbers, and this is the first indication as to the size of the problem the Trust may be facing.

Regional Comparison On Recommendation Of Place To Work

Royal Devon University Healthcare NHS Foundation Trust

Trust	2019	2020	2021	2022	2023		Change 2022 to 2023 (p. points)	Change 2019 to 2023 (p. points)
North Bristol Trust	69.0%	72.3%	62.6%	62.2%	70.9%		8.7%	1.9%
Somerset FT					69.3%		-	-
Royal United Hospitals Bath FT	64.4%	73.5%	65.4%	62.6%	67.9%		5.3%	3.5%
University Hospitals Bristol and Weston FT		72.4%	63.2%	60.1%	67.4%		7.3%	-
Dorset County Hospital FT	69.9%	71.8%	66.3%	60.9%	66.3%		5.4%	-3.5%
Royal Devon University Healthcare FT				59.6%	63.7%		4.1%	-
University Hospitals Dorset FT			61.9%	56.2%	63.4%		7.2%	-
Salisbury FT	68.2%	69.8%	56.4%	50.3%	60.1%		9.8%	-8.1%
Great Western Hospitals FT	57.8%	64.8%	53.4%	53.3%	59.6%		6.3%	1.8%
University Hospitals Plymouth Trust	61.5%	65.7%	54.9%	51.5%	57.8%		6.3%	-3.7%
Torbay and South Devon FT					57.3%		-	-
Royal Cornwall Hospitals Trust	57.6%	62.7%	53.3%	47.9%	56.9%		9.0%	-0.7%
Gloucestershire Hospitals FT	59.5%	64.3%	52.5%	43.0%	46.4%		3.4%	-13.1%

***This information is taken from an analysis carried out and published by the HSJ using SCC data**

WDES Staff Survey 2022/23 Comparison

Royal Devon University Healthcare NHS Foundation Trust

	2022		2023		Difference 2022/23		Difference disabled/non	
	Disabled	Non	Disabled	Non	Disabled	Non	2022	2023
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	28.9%	20.4%	25.3%	19.3%	-3.6%	-1.1%	-8.5%	-6.0%
% of staff experiencing harassment, bullying or abuse from manager in the last 12 months	14.3%	7.9%	12.8%	6.6%	-1.5%	-1.3%	-6.4%	-6.2%
% of staff who experience harassment, bullying or abuse from other colleagues	23.6%	14.7%	23.4%	12.3%	-0.2%	-2.4%	-8.9%	-11.1%
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	48.7%	49.3%	50.9%	49.5%	2.2%	0.2%	0.6%	-1.4%
% of staff who believe their organisation provides equal opportunity for career progression or promotion	53.5%	60.1%	56.5%	63.9%	3.0%	3.8%	6.6%	7.4%
% of staff who felt pressure from their manager to come to work, despite feeling not well enough to perform their duties	23.0%	16.0%	22.1%	15.2%	-0.9%	-0.8%	-7.0%	-6.9%
% of staff who were satisfied with the extent to which the organisation values their work	37.3%	43.5%	39.0%	48.9%	1.7%	5.4%	6.2%	9.9%
% of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	78.9%		78.5%		-0.4%			
Staff engagement (0-10)	6.6	6.9	6.7	7.1	0.1	0.2		

***This data is from the 2022 and 2023 staff surveys and will form a part of the 2024 WDES report due May 2024**

WDES Staff Survey Continued

Royal Devon University Healthcare NHS Foundation Trust

The majority of metrics have improved compared to 2022 except for a 0.4% reduction of disabled staff feeling that the Trust has made adequate adjustments to enable them to carry out their work.

	Disabled	Non-disabled
2022	1156 (24.7%)	3480 (74.5%)
2023	1246 (26.9%)	3288 (70.9%)

The most significant improvements have been for disabled staff experiencing harassment, bullying or abuse from patients, relatives or members of the public and both disabled and non-disabled staff feeling the Trust provides equal opportunity for career progression or promotion. Reporting incidences of harassment, bullying or abuse at work has increased for both disabled and non-disabled staff yet this year the figure is higher for disabled staff compared to 2022. Staff engagement score has also increased for both disabled and non-disabled staff.

In the context of these improvements there have been mixed results in the gap between the experiences of disabled and non-disabled staff when compared to last year's data. The gap has increased for staff who experience harassment, bullying or abuse from other colleagues, equal opportunity for career progression or promotion and feeling satisfied with the extent to which the organisation values their work. The gap has decreased most notably for staff who experience harassment, bullying or abuse from both patients, relatives or members of the public and from their managers.

Board membership

As of 27/02/2024 Board membership is 46.7% non-disabled, 6.7% disabled with 46.7% not declaring a disability status on ESR. This 46.7% unknown is 7 board members which is an increase of the 6 unknown from 2023 reporting.

WRES Staff Survey 2022/23 Comparison

Royal Devon University Healthcare NHS Foundation Trust

	2022		2023		Difference 22/23		Difference White/BME	
	White	BME	White	BME	White	BME	2022	2023
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	22.0%	28.7%	20.1%	28.1%	-1.9%	-0.6%	-6.7%	-8.0%
% of staff who experience harassment, bullying or abuse from other colleagues	20.7%	27.4%	14.9%	20.1%	-5.8%	-7.3%	-6.7%	-5.2%
% of staff who believe their organisation provides equal opportunity for career progression or promotion	59.1%	51.0%	62.5%	57.6%	3.4%	6.6%	8.1%	4.9%
% of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	5.5%	16.7%	5.8%	14.9%	0.3%	-1.8%	-11.2%	-9.1%

Board membership

As of 27/02/2024 Board membership is 86.7% White with 13.3% not declaring an ethnicity on ESR. Due to small numbers this 13.3% is only 2 board members but shows an increase of 6.6% with an unknown ethnicity compared to 2023 reporting

We can see from the above that there have been significant improvements for all ethnicities in regard to staff experiencing harassment, bullying or abuse from other colleagues and believing their organisation provides equal opportunity for career progression or promotion. These improvements have been greater for BME staff than for white staff meaning a reduction in the gap in staff experiences of White and BME staff when comparing 2022 and 2023 data.

There has also been an improvement in the number of staff who experience harassment, bullying or abuse from patients, relatives or members of the public, although this improvement is smaller for BME staff and as a result the gap between ethnicities has widened compared to 2022 data.

	White	BME
2022	4317 (92.4%)	316 (6.8%)
2023	4219 (90.9%)	364 (7.8%)

***This data is from the 2022 and 2023 staff surveys and will form a part of the 2024 WDES report due May 2024**

Inclusion - 2023

Royal Devon University Healthcare NHS Foundation Trust

Organisation provides equal opportunities for career progression/promotion:

White staff	All other ethnicities	Staff from all other ethnic groups combined – benchmarking average
62.5%	57.6%	49.6%

Staff without a Long-Term Condition or illness	Staff with a Long-Term Condition or illness	Staff with a Long-Term Condition or illness - benchmarking average
63.9%	56.5%	51.5%

Personally experienced discrimination from any of the following: manager / team leader or other colleagues

White Staff	All other ethnicities	Staff from all other ethnic groups combined - benchmarking average
5.8%	14.9%	16.2%

Personally experienced harassment, bullying or abuse from manager in last 12 months

Staff without a Long-Term Condition or illness	Staff with a Long-Term Condition or illness	Staff with a Long-Term Condition or illness - benchmarking average
6.6%	12.8%	15.9%

More detailed information will be presented in the WRES & WDES reports due May 2024. It is worth noting that in these respective indicators there has been an improvement in all with the exception of White staff who have reported an increase in the experience of discrimination

***The data comes from the National Survey Coordination Centre**

Royal Devon
University Healthcare
NHS Foundation Trust

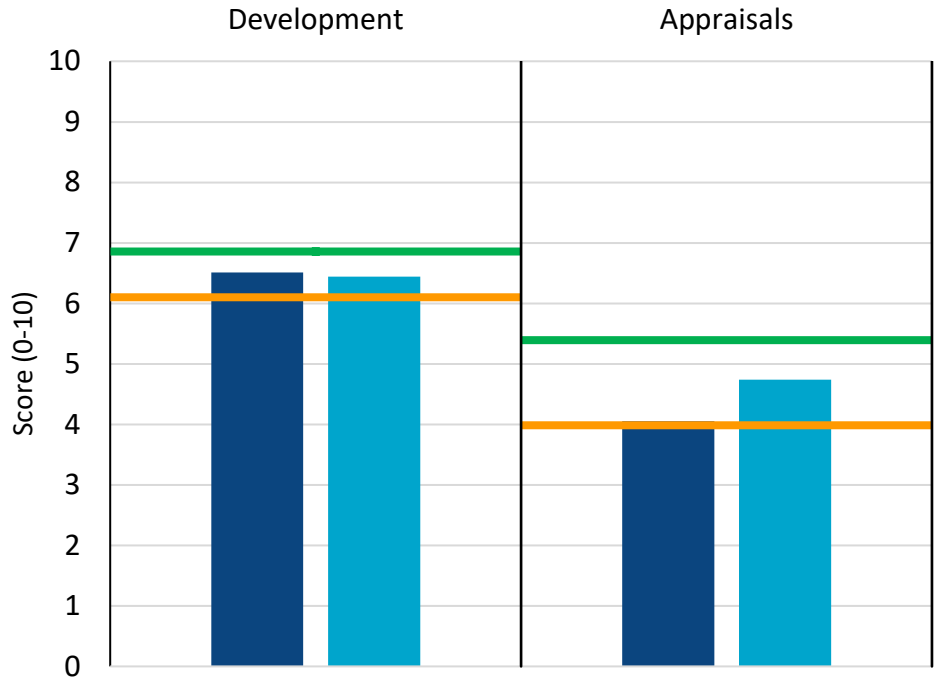
Progress Against Areas of Focus From the 2022 NHS Staff Survey

We Are Always Learning

Royal Devon University Healthcare NHS Foundation Trust

The ‘we are always learning’ section of the engagement survey is broken into two sections (development and appraisal).

- The Trust is slightly above the national average for development scores.
- However, significantly below national average in relation to appraisals impacting our overall ‘we are always learning’ score.
- We have seen an improvement in those receiving an appraisal in the last 12 months compared to 2022 staff survey data, however, this is still below average being one of our five bottom scoring questions along with ‘Appraisal helped me improve how I do my job’ and ‘Appraisal helped me agree clear objectives for my work’.
- One of the most improved questions related to having received an appraisal in the past 12 months.

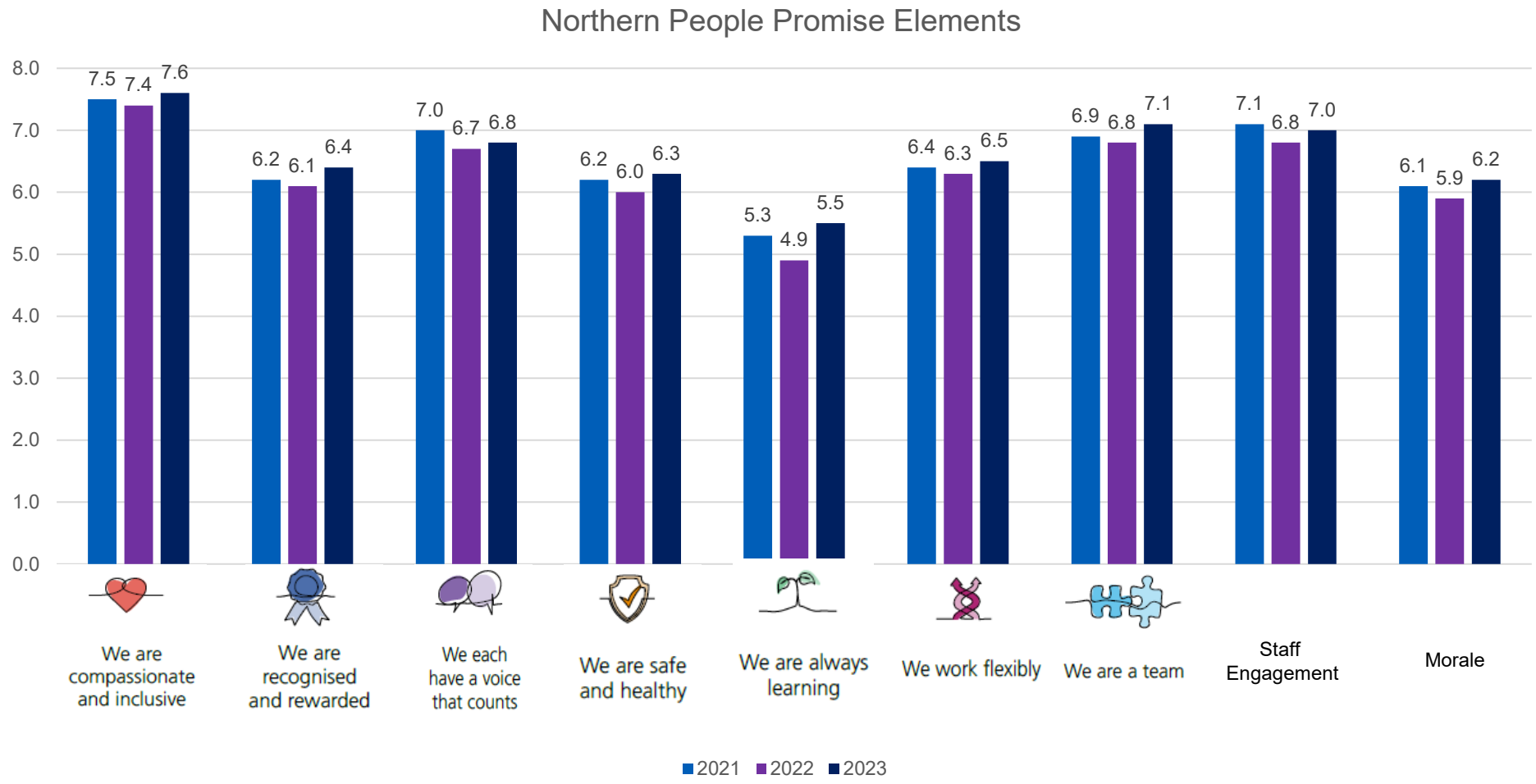


	Development	Appraisals
Your org	6.51 (6.4 in 2022)	4.05 (3.2 in 2022)
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99
Responses	4613	4396

***The data comes from the National Survey Coordination Centre**

People Promise Element / Themes Scores

Royal Devon University Healthcare NHS Foundation Trust



*This data comes from Picker.

Staff Experience of Line Managers 2023 Overview

Royal Devon University Healthcare NHS Foundation Trust

Further analysis undertaken about how staff experience their line managers showed:

- Overall line manager scores have increased Trustwide, however, there are still some groups of staff who report a consistently poorer experience of their line managers, compared to the Trust average.
- Northern services colleagues report higher scores than those in eastern services
- Colleagues at band 2, 3 and medical and dental colleagues at all grades report a consistently poorer experience of their line managers, compared to the Trust average.
- Colleagues at bands 6, 7, 8a, 8b and 8d report a more positive experience in comparison to the Trust average with those at 8c having mixed responses to the questions
- Significantly poorer experience for manager questions for estates and facilities staff.
- Poor levels of experience for staff aged 16-20, 51-65 and 66+.
- Improved experience for staff identifying as gay or lesbian, compared to the other sexual orientation groups, including heterosexual or straight; however, staff preferring not to say their sexual orientation or choosing ‘other’ show less positive staff experience.

Staff Experience of Line Managers

		2022	2023	
		Comparator (Organisation Overall)	Comparator (Organisation Overall)	
Section	Description	n = 4672	n = 4640	
YOUR MANAGERS	Immediate manager encourages me at work	72.5%	75.0%	+2.5%
	Immediate manager gives clear feedback on my work	63.3%	66.4%	+3.1%
	Immediate manager asks for my opinion before making decisions that affect my work	59.9%	62.7%	+2.8%
	Immediate manager takes a positive interest in my health & well-being	71.7%	76.2%	+4.5%
	Immediate manager values my work	73.8%	75.6%	+1.8%
	Immediate manager works with me to understand problems	70.0%	73.0%	+3.0%
	Immediate manager listens to challenges I face	73.2%	75.8%	+2.6%
	Immediate manager cares about my concerns	72.7%	75.2%	+2.5%
	Immediate manager helps me with problems I face	67.4%	70.5%	+3.1%

***This data comes from Picker.**

Staff Experience of Line Managers By Pay Band

Section	Q	Description	Comparator (Organisation Overall)	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D
			n = 4640	n = 442	n = 815	n = 452	n = 717	n = 847	n = 701	n = 224	n = 75	n = 40	n = 13
YOUR MANAGERS	q9a	Immediate manager encourages me at work	75.0%	63.9%	71.9%	75.7%	75.6%	79.3%	82.3%	77.2%	85.3%	72.5%	92.3%
	q9b	Immediate manager gives clear feedback on my work	66.4%	61.3%	66.9%	66.6%	67.6%	69.5%	72.1%	66.1%	72.0%	60.0%	92.3%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	62.7%	46.1%	57.4%	64.8%	61.0%	65.2%	73.9%	68.8%	80.0%	75.0%	76.9%
	q9d	Immediate manager takes a positive interest in my health & well-being	76.2%	68.8%	76.3%	76.3%	75.7%	79.7%	82.0%	79.0%	86.7%	80.0%	84.6%
	q9e	Immediate manager values my work	75.6%	67.1%	73.8%	76.0%	74.6%	78.6%	82.8%	78.6%	85.3%	70.0%	84.6%
	q9f	Immediate manager works with me to understand problems	73.0%	62.5%	71.1%	73.5%	73.3%	75.9%	81.2%	76.8%	80.0%	75.0%	92.3%
	q9g	Immediate manager listens to challenges I face	75.8%	67.7%	74.6%	75.0%	75.8%	78.6%	81.9%	81.7%	82.7%	72.5%	92.3%
	q9h	Immediate manager cares about my concerns	75.2%	66.1%	72.9%	75.4%	75.2%	78.7%	81.4%	80.8%	86.7%	75.0%	84.6%
	q9i	Immediate manager helps me with problems I face	70.5%	64.5%	71.6%	71.9%	71.1%	72.9%	74.1%	72.3%	73.3%	65.0%	92.3%

Section	Q	Description	Comparator (Organisation Overall)	M&D Consultant	M&D Foundation Dr.	M&D Junior Doctor	M&D SAS Doctor
			n = 4640	n = 178	n = 19	n = 59	n = 41
YOUR MANAGERS	q9a	Immediate manager encourages me at work	75.0%	61.6%	57.9%	66.1%	68.3%
	q9b	Immediate manager gives clear feedback on my work	66.4%	40.7%	52.6%	52.5%	51.2%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	62.7%	61.0%	36.8%	52.5%	63.4%
	q9d	Immediate manager takes a positive interest in my health & well-being	76.2%	57.4%	68.4%	57.6%	63.4%
	q9e	Immediate manager values my work	75.6%	65.5%	68.4%	60.3%	68.3%
	q9f	Immediate manager works with me to understand problems	73.0%	59.3%	63.2%	59.3%	63.4%
	q9g	Immediate manager listens to challenges I face	75.8%	63.8%	63.2%	62.7%	70.7%
	q9h	Immediate manager cares about my concerns	75.2%	61.6%	68.4%	62.7%	60.0%
	q9i	Immediate manager helps me with problems I face	70.5%	54.2%	57.9%	64.4%	52.5%

***This data comes from Picker.**

Although year on year there have been some improvements for band 2 colleagues, they still report a significantly poorer experience of line managers. This is also the case for medical and dental staff. Band 3 experience has declined year on year.

Mixed picture for band 8c staff, with significantly lower scores for feedback and support-based questions.

Band 8d experience has improved year on year.

Those in amber reflect the mid-range score (up to three percentage points above or below the Trust average).

Staff Experience of Line Managers By Division

Section	Description	Comparator (Organisation Overall)	185 Community Services Division	185 Corporate Services Division	185 Estates and Facilities Division	185 Medical Service Division	185 Nightingale Division	185 Operational Services Division	185 Research & Development Division	185 Specialist Services Division	185 Surgical Services Division
		n = 4640	n = 546	n = 472	n = 202	n = 456	n = 36	n = 45	n = 88	n = 886	n = 491
YOUR MANAGERS	Immediate manager encourages me at work	75.0%	81.5%	76.7%	66.2%	67.0%	77.8%	75.6%	83.0%	74.1%	71.1%
	Immediate manager gives clear feedback on my work	66.4%	73.0%	65.6%	60.9%	58.0%	75.0%	66.7%	78.4%	64.7%	62.5%
	Immediate manager asks for my opinion before making decisions that affect my work	62.7%	65.1%	68.6%	51.3%	55.7%	61.1%	66.7%	73.9%	61.1%	56.2%
	Immediate manager takes a positive interest in my health & well-being	76.2%	82.2%	79.0%	68.2%	68.4%	83.3%	75.6%	87.5%	75.9%	69.9%
	Immediate manager values my work	75.6%	82.2%	77.3%	69.5%	66.2%	77.8%	73.3%	84.1%	75.8%	71.2%
	Immediate manager works with me to understand problems	73.0%	78.5%	74.4%	62.4%	66.7%	69.4%	68.9%	86.4%	72.1%	68.2%
	Immediate manager listens to challenges I face	75.8%	79.3%	79.0%	67.3%	69.5%	69.4%	77.8%	78.4%	75.8%	70.5%
	Immediate manager cares about my concerns	75.2%	78.6%	77.4%	66.5%	66.6%	75.0%	77.8%	85.2%	76.6%	69.2%
	Immediate manager helps me with problems I face	70.5%	76.0%	72.2%	62.9%	63.7%	75.0%	71.1%	73.9%	69.5%	65.8%

Section	Description	Comparator (Organisation Overall)	415 Clinical Support & Specialist	415 Corporate	415 Medicine	415 Surgery
		n = 4640	n = 586	n = 339	n = 201	n = 287
YOUR MANAGERS	Immediate manager encourages me at work	75.0%	77.2%	77.0%	78.1%	76.1%
	Immediate manager gives clear feedback on my work	66.4%	70.0%	69.0%	69.7%	66.1%
	Immediate manager asks for my opinion before making decisions that affect my work	62.7%	67.9%	65.1%	63.2%	64.4%
	Immediate manager takes a positive interest in my health & well-being	76.2%	79.1%	79.9%	73.1%	77.1%
	Immediate manager values my work	75.6%	78.9%	76.7%	75.1%	76.4%
	Immediate manager works with me to understand problems	73.0%	76.0%	77.2%	73.0%	74.6%
	Immediate manager listens to challenges I face	75.8%	80.1%	77.3%	77.3%	77.5%
	Immediate manager cares about my concerns	75.2%	78.9%	77.9%	76.6%	75.4%
	Immediate manager helps me with problems I face	70.5%	75.3%	72.0%	68.0%	73.1%

Poorest experience of line managers for Eastern Estates and Facilities staff and Northern Surgical division (although this has improved from last year).

Improvements made for Eastern Specialist Services and Community Services compared to last year.

Declining scores when compared to Trust overall for Eastern Corporate, Medical and Surgical Services and Northern Corporate Services compared to last year.

Those in amber reflect the mid-range score (up to three percentage points above or below the Trust average).

***This data comes from Picker.**

Staff Experience of Line Managers By Staff Group

Royal Devon University Healthcare NHS Foundation Trust

Section	Description	Comparator (Organisation Overall)	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
		n = 4640	n = 145	n = 709	n = 1588	n = 530	n = 156	n = 164	n = 299	n = 1048
YOUR MANAGERS	Immediate manager encourages me at work	75.0%	71.0%	72.9%	74.4%	83.7%	60.8%	73.8%	63.1%	79.0%
	Immediate manager gives clear feedback on my work	66.4%	60.0%	65.5%	67.7%	71.6%	57.9%	66.5%	45.3%	70.4%
	Immediate manager asks for my opinion before making decisions that affect my work	62.7%	60.0%	58.2%	62.5%	70.3%	43.3%	63.0%	58.1%	66.5%
	Immediate manager takes a positive interest in my health & well-being	76.2%	72.4%	73.5%	78.0%	84.5%	66.0%	72.0%	58.9%	78.6%
	Immediate manager values my work	75.6%	73.1%	73.7%	75.3%	84.6%	65.1%	75.6%	65.0%	77.7%
	Immediate manager works with me to understand problems	73.0%	69.0%	71.5%	72.6%	82.6%	59.9%	73.2%	60.1%	76.0%
	Immediate manager listens to challenges I face	75.8%	73.8%	73.8%	75.4%	84.3%	64.9%	77.4%	64.4%	78.4%
	Immediate manager cares about my concerns	75.2%	73.1%	72.1%	75.4%	83.7%	62.5%	79.3%	62.3%	77.8%
	Immediate manager helps me with problems I face	70.5%	68.3%	71.9%	69.7%	79.4%	60.5%	66.5%	56.2%	72.8%

The following staff groups report the poorest experience of line managers:

- Estates and Ancillary (some improvement year on year however still a poor experience compared to rest of Trust)
- Medical and Dental (some improvement year on year however still a poor experience compared to rest of Trust)
- Additional Professional, Scientific and Technical (some improvement year on year however still a poor experience compared to rest of Trust)
- Additional Clinical Services (some improvement year on year however still a poor experience compared to rest of Trust)
- Those in amber reflect the mid-range score (up to three percentage points above or below the Trust average).

***This data comes from Picker.**

Staff Experience of Line Managers By Age

Royal Devon University Healthcare NHS Foundation Trust

Section	Description	Comparator (Organisation Overall)	16-20	21-30	31-40	41-50	51-65	66+
		n = 4640	n = 25	n = 612	n = 989	n = 1138	n = 1746	n = 80
YOUR MANAGERS	Immediate manager encourages me at work	75.0%	68.0%	77.1%	78.9%	76.8%	71.5%	66.3%
	Immediate manager gives clear feedback on my work	66.4%	76.0%	67.9%	67.7%	67.2%	64.5%	65.0%
	Immediate manager asks for my opinion before making decisions that affect my work	62.7%	58.3%	61.4%	67.2%	65.9%	58.9%	56.3%
	Immediate manager takes a positive interest in my health & well-being	76.2%	72.0%	75.6%	78.8%	78.6%	73.8%	71.3%
	Immediate manager values my work	75.6%	64.0%	75.5%	78.3%	78.4%	73.0%	70.0%
	Immediate manager works with me to understand problems	73.0%	68.0%	76.9%	76.0%	75.5%	68.8%	68.8%
	Immediate manager listens to challenges I face	75.8%	76.0%	78.6%	78.5%	78.4%	72.2%	70.0%
	Immediate manager cares about my concerns	75.2%	72.0%	79.2%	78.3%	77.6%	70.9%	70.0%
	Immediate manager helps me with problems I face	70.5%	64.0%	74.0%	72.7%	73.2%	66.8%	67.5%

- Staff from the youngest and two oldest staff groups report the poorest experience of managers compared to the Trust average. 16-20 and 66+ age groups experience has declined year on year. It is possible that this could reflect generational differences in terms of ways of working and expectations.
- ‘Immediate manager gives clear feedback on my work’ is the only question for which the 16-20 age group scored slightly higher than the Trust average.

***This data comes from Picker.**

Staff Experience of Line Managers By Sexual Orientation

Royal Devon University Healthcare NHS Foundation Trust

Section	Description	Comparator (Organisation Overall)	Heterosexual or straight	Gay or Lesbian	Bisexual	Other	I would prefer not to say
		n = 4640	n = 4103	n = 93	n = 103	n = 25	n = 277
YOUR MANAGERS	Immediate manager encourages me at work	75.0%	75.4%	82.8%	79.4%	68.0%	66.1%
	Immediate manager gives clear feedback on my work	66.4%	67.1%	75.3%	63.7%	60.0%	54.0%
	Immediate manager asks for my opinion before making decisions that affect my work	62.7%	63.9%	59.8%	60.8%	48.0%	47.8%
	Immediate manager takes a positive interest in my health & well-being	76.2%	77.0%	82.8%	78.6%	64.0%	63.8%
	Immediate manager values my work	75.6%	76.4%	80.6%	77.5%	68.0%	64.0%
	Immediate manager works with me to understand problems	73.0%	73.5%	80.6%	78.4%	72.0%	62.0%
	Immediate manager listens to challenges I face	75.8%	76.4%	82.8%	79.6%	64.0%	65.7%
	Immediate manager cares about my concerns	75.2%	75.7%	81.7%	80.6%	68.0%	64.2%
	Immediate manager helps me with problems I face	70.5%	71.2%	76.3%	71.8%	56.0%	59.3%

- Staff identifying as gay or lesbian show improved staff experience, when compared to the other sexual orientation groups, including heterosexual or straight.
- Staff preferring not to say their sexual orientation or selecting ‘other’ show less positive staff experience.
- The experience of bisexual colleagues has improved since the previous year.
- Colleagues identifying as ‘other’ have reported declining experience since the previous year.

***This data comes from Picker.**

Summary of Headline Improvements

Royal Devon University Healthcare NHS Foundation Trust

- The Trust has improved on 63/97 metrics compared to previous years data and remained similar on 33/97.
- Royal Devon is performing better than or similar to 89/100 similar organisations*.
- We have improved on all of the nine People Promise themes compared to previous years data across both Eastern and Northern Services.
- Royal Devon is now performing better than the average for eight of the nine people promise elements.

Historical trend

Similar to previous year on 33

Better on 63

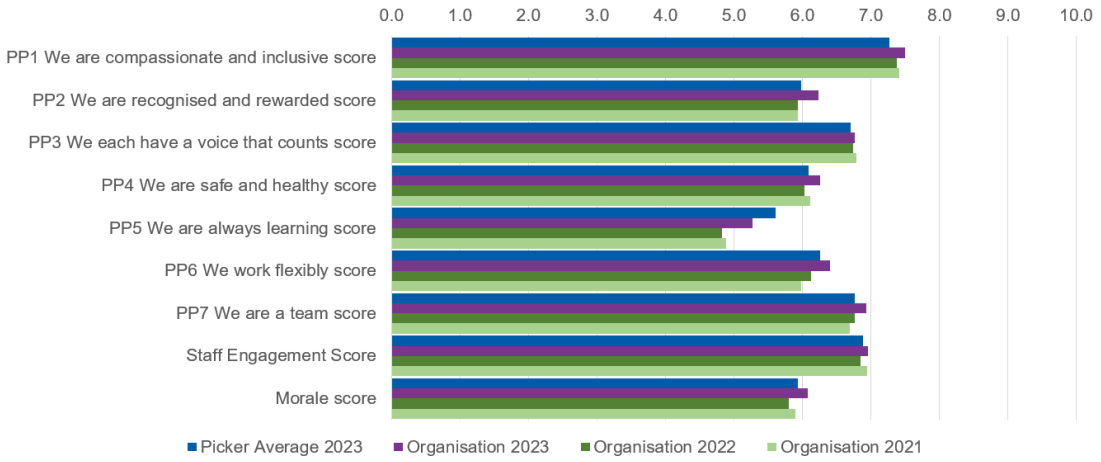
Worse on 1

Trust vs. similar organisations

Similar to average on 25

Better on 64

Worse on 11



***This data comes from Picker and benchmarks are based on Acute and Acute & Community Trusts**

Royal Devon
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Next Steps

Next Steps – Communication and Engagement

Royal Devon University Healthcare NHS Foundation Trust

As results have been released today, engagement is just beginning. This is planned to take place through several forums including:

- communications to the general public, stakeholders and all staff & managers within the Trust (following the embargo being lifted today);
- presentation of results at trust-wide meetings;
- engagement with Staffside and Partnership Forum;
- formal reporting at relevant committees;
- four ‘Over to you’ Manager and staff sessions to be held Trustwide in March and April 2024;
- tailored reports have been provided to managers for their areas;
- divisional and departmental engagement, including development of action plans with support of people business partners;
- focused executive discussion.

Next Steps

Royal Devon University Healthcare NHS Foundation Trust

In addition to the full engagement plan, there will be a further opportunity to analyse national data now that the embargo has been lifted. This will focus on:

- Further analysis of questions and narrative in relation to appraisals, speaking up and living our value of empowerment;
- reviewing response rate in more detail, including by department, division and staff group;
- analysis of the questions feeding into the ‘we are always learning’ people promise domain;
- trend analysis of the written feedback received;
- development of Trustwide actions in response to the feedback from the engagement in partnership with the executive team;
- monitoring of Trustwide actions through the People, Workforce Planning and Wellbeing Committee and the Board;
- divisional and departmental action plans will be monitored through the Trust Performance Assurance Framework (PAF).

Action Plans

Royal Devon University Healthcare NHS Foundation Trust

Action plans will be put in place at all levels of the Trust in response to the results of the staff survey. These are broadly as follows:

Divisional Actions

- Divisional leads develop their plans with support from people business partners
- Monitoring will be through divisional Performance Assurance Framework (PAF)

Trustwide Actions

- Developed in response to feedback from ‘Over to you’ Manager and staff sessions
- Delivery will be in partnership with Executive Team
- Monitoring will be through PWPW and Board

Executive Actions

- Strategic actions with specific areas of focus (to be agreed at Board Development Day)

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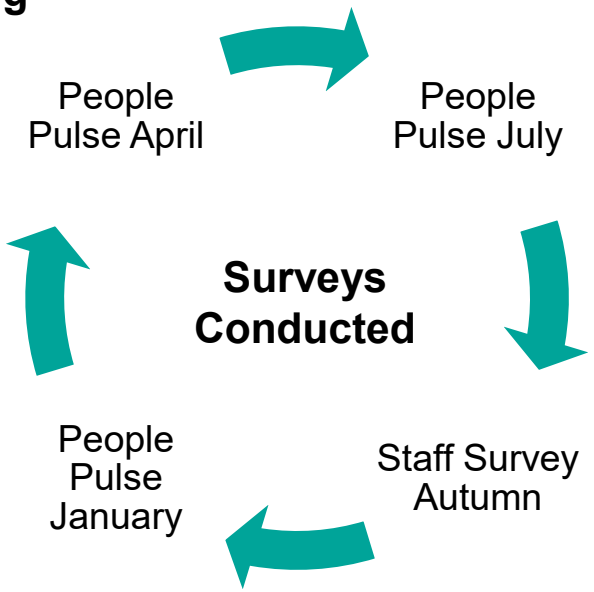
Data Cycle and Governance

Employee Experience Data Cycle

NHS
Royal Devon University Healthcare
NHS Foundation Trust

NHS People Pulse Monitoring

- Survey conducted
- Results available immediately as locally available
- Analysis of data to understand any significant changes requiring action
- Data included in cultural dashboard to enable benchmarking
- Cultural dashboard shared with Board and results included in all staff comms



NHS Staff Survey Monitoring

- Survey conducted
- Results released to managers, staff & reviewed by Board
- Action plans developed at all levels of the Trust
- Actions undertaken & monitored through governance structure
- You said, we did to demonstrate the actions taken from previous years survey

Quantitative information via Workforce dashboards e.g. turnover, attrition, demography, wellbeing, Violence & Aggression reporting

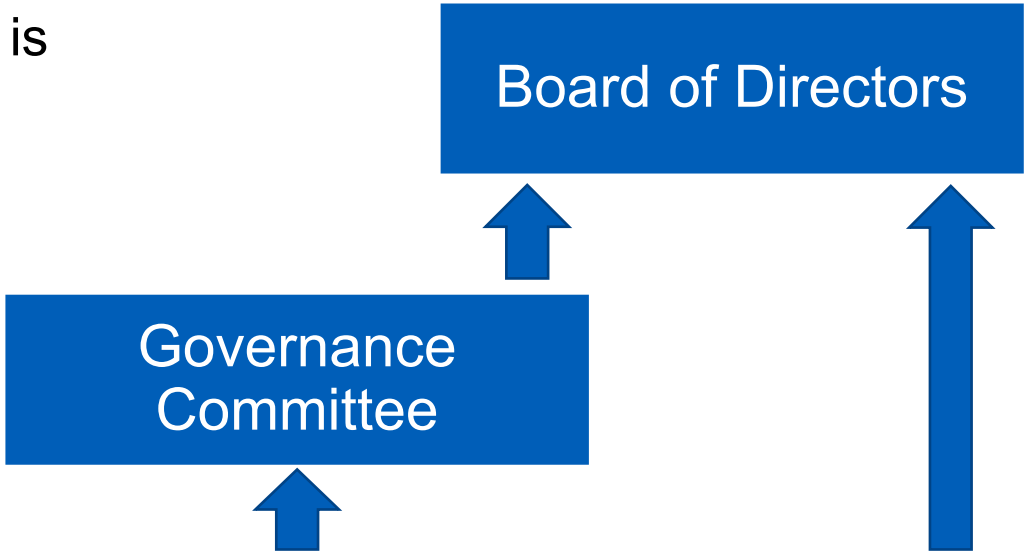
Qualitative information e.g. FTSU, Staff incident review group, webinars, staffside , staff networks, exit questionnaires

Understanding the experience of our people to inform actions

Governance & Monitoring

Royal Devon University Healthcare NHS Foundation Trust

Employee experience data is used to inform and give assurance/ escalate risk through the following committees / groups



Performance Assurance Framework	People, Workforce Planning & Wellbeing	Inclusion Steering Group
• divisional experience data • divisional action plans • appraisal compliance	• trustwide actions • cultural development roadmap • other metrics as indicators of progress	• Inclusion plan actions and outcomes • equality reporting (WRES, WDES, Gender Pay Gap)

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2022 Survey Actions

Trustwide Action Plan Overview

NHS
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Trustwide Engagement Colleague Feedback	Action
The appraisal/PDR system does not help me to improve how I do my job, nor make me feel valued. **The appraisal needs to be less onerous – we (both managers and staff) need protected time for completing it.**	• Review the existing Learn+ Appraisal scheme, with a view to simplifying the tool
We have severe workload and capacity issues in some departments, which means conflicting demands, in some cases a cause of burnout. **We need manageable workloads.**	• We will continue to ask managers to prioritise filling vacancies in patient facing roles. • We will pilot staff retention initiatives, used at similar Trusts or external organisations
I am a manager and I want to feel empowered.	• Living the value of empowerment will be encouraged and supported by changing how we work and adopting a coaching culture
In order to reset after Covid-19 and projects like MyCare and integration, we need protected time to prioritise our health and wellbeing.	• Continued focus on ensuring staff can take regular breaks • Continue programme of rest space improvements • Provide training on wellbeing conversations • Run line manager idea generation sessions

Executive Action Plan Overview

Royal Devon University Healthcare NHS Foundation Trust

Area of Focus	Action
Focus on areas of poorer employee experience	• Review of additional qualitative data in Northern Surgery, Facilities & Estates, Additional Prof Scientific and Technical staff and Medical staff to assess local action plans and provide assurance that the right actions are being taken. • Where appropriate agree additional key actions with divisional/professional leads and oversee delivery.

Inclusion and behaviour	• Inclusion strategy and delivery plan to be discussed and developed at the Board Development Day, including finalising a proposal for the Equality Delivery Standard (EDS).
	• Approval of inclusion strategy and delivery plan to Board of Directors.
	• Undertake proactive, frequent and direct engagement on inclusion. Specifically:
	  ○ Leadership group work
	  ○ #NHS75
	  ○ Heads of Department Forum on an ongoing basis

Improving response rates in Survey and People Pulse	• Lead a campaign on the importance of staff voice.
Understanding the metric of receiving treatment	• Analysis of additional data relating to this metric to understand which staff groups areas are reporting negatively. • Once further analysis has been completed, consideration to be given to potential actions including additional education and support where required.

Progress on ‘You Said We Did’

Royal Devon University Healthcare NHS Foundation Trust

Undertaken a full audit of the current appraisal process, with a view to making changes from the feedback received in the new financial year.

Driving your career launched to help employees to drive and own their career development within the organisation.

several line management and leadership development programmes have been rolled out over the past year, including a new manager induction. This is planned to continue with a line manager training programme now designed and due to be rolled out in the coming months.

10 executive inclusion commitments have been agreed upon, including agreement that every executive director will have an inclusion objective as part of the annual appraisal process.

The accelerating filling our vacancies and retention programmes have successfully resulted in record low vacancy rates, paired with a continuing downward trend in turnover. This will have positively impacted workload and capacity

Executive Inclusion Commitments

Royal Devon University Healthcare NHS Foundation Trust

1. Openly talk about our concerns around exclusion in our work environment and whilst we have made progress, to openly talk about the ‘frozen tier’ and our commitment to address it;
2. Transparently share experiences and stories of exclusion that have been shared with us, use them as a catalyst for change and continue to call out all exclusive behaviour;
3. Name sexual harassment and lack of racial diversity as cultural concerns for our organisation impacting on the psychological safety of our people;
4. Support the violence and aggression work as it develops, recognising its connection to exclusion and psychological safety;
5. Endorse and promote the new inclusion policy statement and use it to inform decision making;
6. Ensure all strategies and integration plans are genuinely reviewed for equity risks and equality impact;
7. Review career progression metrics in our own professional areas, including demographic factors to determine areas where there is a lack of progression;
8. Support embedding the inclusive recruitment objectives into all recruitment process (much of this is in the process but not driven as a necessity);
9. Every executive director to be an executive sponsor of a network and/or a reciprocal mentor;
10. Undertake the Inclusive Leadership Programme and ensure all our reports/senior colleagues do the same.

Additionally each Exec will have an inclusion objective set as part of the annual appraisal cycle related to their area of accountability.

Royal Devon
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Driving Up Response Rates

Driving Up Response Rates

Royal Devon University Healthcare NHS Foundation Trust

The Employee Experience team have undertaken a piece of work to better understand and support the driving up of response rates for the 2024 National Staff Survey.

Planned actions for the 2024 survey include the following:

- Regular ‘you said we did’ comms;
- Engagement and experience cafes undertaken throughout the Staff survey live period;
- Leaflets and in person conversations to address myths;
- Attending team meetings to discuss the staff survey;
- Providing incentives for completion;
- Walking the floor, throughout the staff survey live period.

Driving Up Response Rates

Royal Devon University Healthcare NHS Foundation Trust

To support increased response rates in 2024, it is recommended that executive directors;

- Take responsibility for encouraging completion of the staff survey within their respective areas;
- Ensure their senior management team, attend sites and support this throughout the staff survey live period;
- Support senior clinical staff to undertake clinical work, whilst frontline colleagues are released and given time within their working hours to complete the survey.

These actions were reported by partner organisations to be the most successful in driving up response rates.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	12.2, Public Board Meeting		Date: 20 March 2024	
Title:	Care Quality Commission Maternity Inspection Reports for Royal Devon University Healthcare NHS Foundation Trust			
Prepared by:	Will Denford, Executive Support Officer Carolyn Mills, Chief Nursing Officer			
Presented by:	Carolyn Mills, Chief Nursing Officer			
Responsible Executive:	Carolyn Mills, Chief Nursing Officer			
Summary:	The Care Quality Commission carried out a short notice announced inspection of the RDUH maternity services on the 29th and 30th November 2023. The inspection focused on the domains of 'Safe' and 'Well-Led'. The Trust has received an overall rating of 'Requires Improvement'. The CQC reports note both areas of good practice and common themes of improvement for the Trust which will be addressed through a dedicated CQC maternity action plan.			
Actions required:	The Board is asked to note the content of the Care Quality Commission Maternity Inspection Reports for RDUH.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
			X	**X**
History:	The CQC inspected the Northern and Eastern maternity services on the 29th and 30th November 2023, as part of the CQC's national maternity inspection programme. Following final factual accuracy checks, the RDUH CQC reports were officially released on 15th March 2024.			
Link to strategy/ Assurance framework:	The issues discussed within this paper are key to the Trust achieving its strategic objectives and link with Risk 8: *Risk of a significant deterioration in quality and safety of care.*			

Monitoring Information

Please *specify* CQC standard numbers and tick ✓other boxes as appropriate

Care Quality Commission Standards	Outcomes	All	
NHS Improvement		Finance	
Service Development Strategy		Performance Management	X
Local Delivery Plan		Business Planning	
Assurance Framework	X	Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

1. Purpose of paper

1.1 The purpose of this paper is to present to the Board of Directors the Care Quality Commission's (CQC) Maternity Inspection Reports for the Royal Devon University Healthcare NHS Foundation Trust (RDUH).

2. Background

2.1 The CQC carried out a short notice announced inspection of the RDUH maternity services on the 29th and 30th November 2023, as part of the CQC's national maternity inspection programme.

The national maternity inspection programme aims to give the CQC an up-to-date view of hospital maternity care across the country and to understand what is working well to support learning and improvement at both a local and national level.

2.2 The inspection reviewed two aspects of the maternity service: Safe and Well-Led. This inspection did not rate the domains of: Effective, Caring, Responsive, or Use of Resources.

2.3 Following final factual accuracy checks, the RDUH CQC reports were officially released on 15th March 2024.

Please see Appendix 1 (Northern services) and Appendix 2 (Eastern services) for the full reports.

3. Summary of RDUH CQC Maternity Inspection Reports

3.1 The overall organisational rating has remained at 'Requires Improvement', not altering the existing overall CQC rating for the Royal Devon.

3.2 The ratings for each site for maternity services and for the two domains of safety and well-led, recognising that the scope of the inspection has changed since maternity services were inspected on both sites, were unchanged for safety and moved from Good to Requires Improvement for well-led.

3.3 Although the Trust is disappointed with the overall outcome, the reports provide a constructive and comprehensive sense of the areas for ongoing improvement within the Trust's maternity services.

3.4 The CQC reports note common themes of improvement required at both North Devon District Hospital and Royal Devon and Exeter Hospital, including:

- triage assessment processes and call handling
- training compliance
- cleanliness
- record-keeping
- staffing levels, supervision and staff development
- and management of risk and performance

3.5 The inspection reports also acknowledge a number of areas of good practice throughout the services, including:

- visible and supportive leaders
- a clear vision

- an open culture
- and good engagement with women and partner organisations to improve services

3.6 The information from these reports is set in the context of the recent feedback received from the CQC national maternity services patient survey results.

3.7 Immediate actions were taken following the November CQC inspection to strengthen triage services for RDUH.

3.8 An improvement plan is being developed and will be submitted to the CQC by the 10th of April to address the areas for improvement raised within the reports; delivery of actions will be monitored through divisional governance processes and the Safety and Risk Committee, with oversight & assurance of progress through the Governance Committee (Board committee) and the Board of Directors.

Audit South West will be commissioned to undertake a review of evidence to support completion of the actions at an appropriate time.

4. Resource/legal/financial/reputation implications

4.1 Following completion of RDUH's CQC inspection of maternity services and the Royal College of Obstetricians and Gynaecologists guidance on triage in maternity services (published in Nov 2023); a deficit in midwifery staff needed to provide a 24/7 triage service to ensure compliance with both regulatory and Royal College guidance has been identified. To be fully compliant with the guidance will require an investment in midwives and maternity care support workers of £759,000 (full year).

4.2 Failure to deliver on the findings raised within the CQC maternity inspection reports has a regulatory and reputation risk as a provider of safe & well-led maternity services across Devon.

5. Link to BAF/Key risks

5.1 The findings within the CQC maternity inspection reports link with BAF Risk 8: *Risk of a significant deterioration in quality and safety of care.*

6. Proposals to Board

6.1 The Board of Directors is asked to receive the CQC maternity inspection reports and note the approach to oversight and governance of the to be developed CQC maternity action plan.

Care Quality Commission

Royal Devon University Healthcare NHS Foundation Trust

North Devon District Hospital

Inspection report

Raleigh Park
Barnstaple
EX31 4JB
Tel: 01271322577
www.northdevonhealth.nhs.uk

Date of inspection visit: 29 and 30 November 2023
Date of publication: N/A (DRAFT)

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

Our findings

Overall summary of services at North Devon District Hospital

Requires Improvement 

Pages 1 to 3 of this report relate to the hospital and the ratings of that location, from page 4 the ratings and information relate to maternity services based at North Devon District Hospital.

We inspected the maternity service at North Devon District Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

North Devon District Hospital provides maternity services to a population of 165,000.

Maternity services include an outpatient department, antenatal and postnatal ward (Bassett), labour ward, and one maternity theatre. Between April 2022 and March 2023, 1,240 babies were born at North Devon District Hospital.

We will publish a report of our overall findings when we have completed the national inspection programme.

We carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well led key questions.

Our rating of this hospital stayed the same. We rated it as Requires Improvement.

- Our rating of Requires Improvement for maternity services did not change ratings for the hospital overall. We rated safe as Requires Improvement and well led as Requires Improvement.

We also inspected one other maternity service run by Royal Devon University Healthcare NHS Foundation Trust. Our report is here:

Royal Devon & Exeter Hospital (Wonford) – https://www.cqc.org.uk/location/RH801

How we carried out the inspection

We provided the service with 2 working days' notice of our inspection.

We visited the Labour ward / Delivery Suite, and the antenatal and postnatal ward.

We spoke with 9 midwives, 2 support workers and 1 woman who was using the service.

We reviewed 12 patient care records, 5 observation and escalation charts and 7 medicines records.

Following our onsite inspection, we spoke with senior leaders within the service. We also looked at a wide range of documents including standard operating procedures, guidelines, meeting minutes, risk assessments, recent reported incidents as well as audits and action plans. We then used this information to form our judgements.

Our findings

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Maternity

Requires Improvement ➔➔

Our rating of this service stayed the same. We rated it as requires improvement because:

- Staff did not always have access to standardised risk assessment tools for telephone triage or in-person triage. The service relied on individual clinical judgement to remove or minimise risks to women and birthing people. Staff inconsistently complied with processes used to identify and act upon women and birthing people at risk of deterioration.
- Midwifery staffing levels did not always match the planned numbers and tools used to dynamically monitor and adjust staffing levels were not being used effectively by leaders, which put the safety of women, birthing people, and babies at risk.
- Records were not always completed fully in particular Modified Early Warning Scores (MEWS) and incident forms.
- Staff did not always recognise and report incidents. Opportunities to learn from or to take action to improve safety were sometimes missed.
- Leaders did not operate effective governance systems. They did not always manage risk, issues, and performance well.
- Regular baby abduction drills were not being carried out by staff.
- The approach to service delivery and improvement was reactive. The audit systems were inconsistent in implementation and impact, which limited effective planning processes and impacted on the management of risks.

However:

- There were enough doctors employed to meet the needs of the service.
- The service managed infection risks well. The environment was suitable, and the service had enough equipment to keep women, birthing people, and babies safe.
- Staff understood the service's vision and values, and how to apply them in their work.
- The service engaged well with women, birthing people, and the community to plan and manage services.
- Women and birthing people could access the service when they needed it and did not have to wait too long for treatment. All staff were committed to improving services continually.

Is the service safe?

Requires Improvement ➔➔

Our rating of safe stayed the same. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Maternity

Staff were required to complete professional obstetric multidisciplinary training (PROMPT) training once a year. The trust target was 90% for PROMPT training, as of October 2023, 86% of junior obstetricians, 89% of consultant obstetricians, and 91% of midwives were compliant with yearly PROMPT training.

Records in October 2023 showed 86% of midwives and 86% obstetricians had completed cardiotocograph (CTG) fetal heart monitoring training against a trust target of 85%. There was an emphasis on multidisciplinary training leading to better outcomes for women and birthing people and babies. Cardiotocograph meetings were held regularly with the opportunity for staff to discuss CTGs for learning purposes. Ninety one percent of midwives had completed neonatal life support training.

Staff we spoke with reported that changes to their IT systems had made it difficult to monitor staff training records. Where leaders had identified staff non-compliance, we were told staff were sent reminder emails, so they knew when to renew their training. Managers had access to an electronic reporting system to view staff training compliance. However, we were not assured that systems and processes in place were effective enough to give leaders proper assurance about training compliance.

Staff we spoke with reported they were given limited time away from clinical duties to complete mandatory training, staff were given 3 days per year.

Safeguarding

The trust had not carried out a baby abduction drills to ensure staff responded effectively in the event of an abduction. Most midwifery staff were up to date with training on how to recognise and report abuse, and knew how to care for at-risk women, birthing people, and their families to protect them from harm.

The hospital had not practised what would happen if a baby was abducted within the 12 months before inspection. Staff could not recall when the last baby abduction drill had taken place, and no data was submitted to show one had been recently completed. When asked for further information, the trust told us there was no evidence of a recent baby abduction drill at North Devon District Hospital. While the security of the unit had not been tested, during our inspection we noted ward areas were secure, and doors were monitored.

Staff followed safe procedures for children visiting the ward.

Staff mostly kept up to date with training specific to their role on how to recognise and report abuse. Despite an additional request, compliance for level 3 safeguarding adults was not received for medical staff, which meant the trust could not be assured medical staff had the appropriate skills to safeguard vulnerable adults. However, 96% of midwifery staff had completed safeguarding adults' level 3 against a trust target of 85%. Training records sent to us in December 2023 showed that 83% of midwifery staff and 75% of medical staff had completed Level 3 safeguarding children.

Staff we spoke with could give examples of how to protect women and birthing people from harassment and discrimination, including those with protected characteristics under the Equality Act (2010). Staff could identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Information could be shared through the Child Protection Information System (CPIS). Staff asked women and birthing people about domestic abuse. Where safeguarding concerns were identified women and birthing people had birth plans with input from the safeguarding team.

Staff we spoke with could explain safeguarding procedures, how to make referrals and how to access advice. The service had a safeguarding team who staff could turn to when they had concerns. Care records detailed where safeguarding concerns had been escalated in line with local procedures.

Cleanliness, infection control and hygiene

The service managed infection risks well. Staff used equipment and control measures to protect women and birthing people, themselves, and others from infection. They kept equipment and the premises visibly clean.

Maternity service areas were clean and had suitable furnishings which were well-maintained. Wards had recently been refurbished to the latest national standards.

The service generally performed well for cleanliness and staff followed infection control principles including the use of personal protective equipment (PPE).

Leaders completed regular infection prevention and control and hand hygiene audits. We received evidence of hand hygiene audits carried out for July to September, and November 2023 in all maternity areas showing the service compliance with hand hygiene as mostly 100% with only 2 months having episodes of reporting hand hygiene at 90%. However, the service reported a drop in the compliance rate for hand washing before an aseptic task as it was reduced September 2023 to 25%. Data showed cleaning audits were carried out weekly with compliance consistently above 90% for all months.

Staff told us they regularly cleaned equipment after contact with women and birthing people and we found equipment was visibly clean.

Environment and equipment

The environment design, maintenance and use of facilities and premises kept people safe. Staff were trained to use equipment. Staff managed clinical waste well.

Staff carried out daily safety checks of specialist equipment. Records showed that resuscitation equipment outside maternity theatres was checked daily. From 1 to 29 November 2023, adult resuscitation trolleys checklist audits showed staff checked the equipment at every shift, although there were 2 days when this had not been completed.

Staff regularly checked birthing pool cleanliness and the service had a contract for legionella testing of the water supply.

The design of the environment followed national guidance. Call bells were accessible to women and birthing people if they needed support and staff responded quickly when called. The maternity unit was fully secure with a monitored entry and exit system.

The service had enough suitable equipment to help them to safely care for women, birthing people, and babies. For example, in the birth centre there were pool evacuation nets available in both birthing pool rooms, and on the day assessment unit there was a portable ultrasound scanner, cardiotocograph machines and observation monitoring equipment.

Staff disposed of clinical waste safely. Sharps bins were labelled correctly and not over-filled. Staff separated clinical waste and used the correct bins. They stored waste in locked bins while waiting for removal.

Maternity

Assessing and responding to risk

Staff did not always have access to standardised risk assessment tools, and the service relied on staff clinical judgement in order to remove or minimise risks to women and birthing people. Staff inconsistently complied with processes used to identify and quickly act upon women and birthing people at risk of deterioration, this included electronic fetal monitoring during labour.

There was no formal risk assessment tool for maternity triage. The service relied on staff clinical experience to risk assess women and birthing people over the phone and on arrival. This meant there was a risk where opportunities to prevent or minimise harm could be missed. The service did not ensure women and birthing people were prioritised and seen in a timely manner according to clinical need.

There was no dedicated call handling system or answerphone message for women and birthing people attempting to access triage by telephone. The trust did not actively monitor call drop off rates, where women and birthing people called without getting through. Women and birthing people were required to contact labour ward or antenatal ward if they needed assistance, with a reliance on staff working in those areas to handle the calls in addition to their other job requirements; this meant a risk of delays accessing vital information or advice in the event of an emergency. We escalated this to the trust after the inspection and asked them to provide us with assurance that triage provision was safe. Following this, the trust diverted phone calls to a mobile phone carried by a registered midwife to reduce the risk of calls being missed. The trust provided an action plan to set up one dedicated triage phone number for the Royal Devon University Healthcare NHS Foundation Trust where calls could be handled by a dedicated triage midwife.

Leaders and staff did not monitor waiting times to make sure women and birthing people could access emergency services when needed and received treatment within agreed timeframes and national targets. Arrival times for both midwifery and medical reviews were not easily accessible to staff, which increased the risk that women and birthing people were not assessed in a safe and timely manner. Patient notes did not clearly show if women and birthing people had been seen by a midwife or a doctor. Following the inspection, the trust shared plans to optimise the electronic patient records system and install a digital triage whiteboard to ensure better oversight of patient journey and women and birthing people could receive treatment within agreed timeframes.

Staff did not always escalate concerns when there were signs that the condition of women and birthing people could be deteriorating. Staff used a nationally recognised Modified Early Warning Score (MEWS) tool to identify women and birthing people at risk of deterioration and direct staff when escalation may be appropriate. The trust had completed a recent audit between August and October 2023 of 10 records to check they were fully completed and escalated appropriately. The audit looked at maternity records from this hospital and maternity services at North Devon District Hospital. The audit showed 50% of MEWS charts were completed and that 50% of women with abnormal scores had been escalated correctly. This meant the service could not be assured all women at risk of deterioration were escalated appropriately. However, during the inspection we reviewed 5 MEWS records and found evidence staff had completed 4 MEWS records escalating concerns to senior staff where appropriate.

The audit also found that 4 out of 10 Newborn Early Warning Trigger and Track (NEWTTs) charts were completed fully, 5 babies who had abnormal NEWTT scores were escalated appropriately. Staff used the fresh eyes approach to carry out fetal monitoring. Following additional information requests the trust provided a recent review as well as a historical audit completed in 2021. The recent document audit showed 3 of 10 cases had received hourly fresh eyes. The results

suggested staff were not following best practice. Therefore, the trust could not be assured fresh eyes were completed regularly or were being completed by staff in accordance with Saving Babies Lives version 3, July 2023, element 4 “effective fetal monitoring during labour”. Ineffective and inconsistent monitoring processes increased the risk of delays to treatment and may result in serious harm to women, birthing people, and their babies.

The trust had a programme of repeated audits to check surgical safety compliance. Surgical safety WHO theatre checklist audits showed consistent non-compliance with step 1 where staff were required to complete a sign in step to ensure all preparations have been made for the surgery and that it was safe to give anaesthesia. The average compliance from months September to November 2023 was 73%. This may not be enough to ensure the service is safe.

The service had 24-hour access to mental health liaison and specialist mental health support. Staff explained when and how they could seek assistance to support women and birthing people with mental health concerns. Staff completed, or arranged, psychosocial assessments and risk assessments for women and birthing people thought to be at risk of self-harm or suicide.

Staff shared key information to keep women and birthing people safe when handing over their care to others. The care record was on a secure electronic care record system used by all staff. Each episode of care was recorded by health professionals and was used to share information between care givers.

Shift changes and handovers included all necessary key information to keep women, birthing people, and babies safe. The trust completed 2 safety huddles each shift to ensure all staff were up to date with key information. Each member of staff had an up-to-date handover sheet with key information. Staff used a Situation, Background, Assessment, and Recommendation tool (SBAR) to handover care. SBAR audits completed by the trust between September and November 2023 showed 10 sets of random notes were reviewed per month; overall 100% of cases had a situation, background and recommendation section completed and 93% had the assessment section completed.

Staff completed newborn risk assessments when babies were born using recognised tools and reviewed this regularly.

Staff completed risk assessments prior to discharging women and birthing people into the community and made sure third-party organisations were informed of the discharge.

Midwifery Staffing

Staffing levels did not always match the planned numbers; tools to adjust staffing levels in response to pressures were not being used effectively by leaders putting safety at risk. Staff were not supported in their work with annual appraisals.

The service reported maternity ‘red flag’ staffing incidents in line with the National Institute for Health and Care Excellence (NICE) guideline 4 ‘Safe midwifery staffing for maternity settings’. A midwifery ‘red flag’ event is a warning sign that something may be wrong with midwifery staffing. The service did not actively monitor and report red flags involving ward coordinators’ supernumerary status in line with the maternity incentive scheme 2022 safety action 5. On the day of inspection, we saw the coordinator was not supernumerary and was working clinically throughout the day, which impacted their ability to monitor and respond to staffing pressures, acuity, and capacity.

Inconsistencies were identified in the reporting ofred flags and use of staffing acuity tools. Between November 2022 and November 2023, the trust reported 11 red flag incidents. Separate data was provided which identified 513 red flag

incidents over the 12 months until December 2023. Of these incidents 504 were reported as delays in continuation of induction of labour, which may indicate there were not enough staff to manage inductions of labour safely. Following a request for further assurance the service implemented a risk assessment tool used to aid the prioritisation of women and birthing people requiring inductions.

The National Reporting and Learning System (NRLS) data for the service did not specify time delay for perineal repair, meaning it was not clear how long women had to wait before receiving care. The impact of this was the service was not fully assured repairs were done in a timely way. Waiting longer than 60 minutes for perineal repair was nationally recommended as a reportable 'red flag' incident. Between dates 12 December 2022 and 11 March 2023 we identified 5 out of 301 trust wide incidents where women required suturing following a 3rd or 4th degree tear during a vaginal delivery, but no times were given to indicate if there was a delay due to staffing availability.

Managers did not consistently support midwifery staff to develop through regular, constructive clinical appraisal of their work and evidence provided on 29 November 2023 showed 203 out of 387 (52%) of midwifery staff across both maternity locations had received their appraisal.

Managers regularly reviewed the number and grade of midwives, midwifery assistance needed for each shift in accordance with national guidance. They completed a maternity safe-staffing workforce review in line with national guidance in January 2021. This review recommended 70.3 whole-time equivalent (WTE) midwives compared to the funded staffing of 67.7 WTE, a shortfall of 2.6 WTE staff.

The Annual Staffing Review Maternity 2023 reported 6.5% absence rate for midwives in September. Budgets for staffing showed a deficit of 0.3 WTE variance for registered midwifery staff and a deficit 2 WTE for midwifery care assistants.

Staff were required to regularly update a staffing tool used to dynamically risk assess staffing to ensure there was a safe staffing establishment and skill mix allocation. However, during the inspection, managers were not consistently updating this due to high levels of staffing pressure, which meant opportunities to reallocate staffing could have been missed.

Managers requested bank staff familiar with the service and made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training, and experience to keep women, birthing people, and babies safe from avoidable harm and provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had access to medical staff with a variety of skills and availability. There were enough medical staff to keep women and birthing people and babies safe. The medical staff matched the planned number. The service had low vacancy rate of 1.3 WTE vacant full-time consultants and was 4.3 WTE over budget full-time middle-grade doctors.

Managers could access locums when they needed and made sure locums had a full induction to the service before they started work. Some locum cover was required to support with the resident on-call rota. Locums on duty during the inspection told us they were well supported and confirmed how they received a comprehensive induction.

Doctors carried out a twice daily ward round. The service always had a consultant on call during evenings and weekends. However, some staff told us it was sometimes difficult to have women and birthing people reviewed in triage in a timely manner if doctors were deployed for other activities.

Managers told us medical staff were supported to develop through regular, constructive clinical supervision of their work, however evidence provided did not clearly identify how many medical staff had received their appraisal.

Records

Staff kept detailed records of women and birthing people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Women and birthing people's notes were comprehensive, however some staff noted difficulties switching between inpatient and outpatient versions of the electronic patient records. Staff were able to access both sets of records but some reported feeling more confident than others. The trust used a combination of electronic records. Our inspectors reviewed 5 electronic records whilst on site and found they had all been completed. This contrasted with internal audits completed in June 2023 showing MEWS records had not been completed correctly.

When women and birthing people transferred to a new team, there were no delays in staff accessing their records. Records were stored securely. Staff locked computers when not in use and stored paper records in locked cabinets.

Medicines

Controlled drugs were not regularly checked, and medicine used in emergency treatment was not always available increasing the risk of medication errors and delays. Systems to ensure safe management and storage of medicines did not always function as intended.

Staff did not always store or manage all medicines and prescribing documents. Controlled drugs were not always checked regularly in line with trust policy, we found 6 instances at the North Devon District Hospital site between October and November 2023 when daily controlled drug checks had not been recorded. Additionally, we found that medicine required in an emergency was not always easily available, which increased the risks of treatment delays. For example, grab-boxes for emergency treatment of eclampsia were missing medicines to treat it. We escalated this immediately to staff on the day of inspection who rectified it.

Staff provided advice to women and birthing people about their medicines. The service used electronic prescription charts for medicines that needed to be administered during admission. The pharmacy team supported the service and reviewed medicines prescribed.

The clinical room where the medicines and records were stored was locked. Medicines were in-date and stored at the correct temperature at the time of inspection. However, we found 11 instances where fridge temperatures were recorded as outside of the required range over the previous month with limited evidence of action following this variation.

Staff followed national practice to check women and birthing people had the correct medicines when they were admitted, or they moved between services. Medicines recorded on digital systems for the 7 sets of records we looked at were fully completed, accurate and up to date.

The service used an electronic prescribing system. Midwives could access the full list of midwives' exemptions, so they were clear about administering within their remit. However, during the inspection staff told us they could not always prescribe on the electronic system. During the site inspection we did identify a woman who had been given prescribed medications but there were missed doses of the prescribed medicines without explanation as to why medications had not been administered.

Incidents

Staff did not always recognise and report all incidents. The system and processes for staff to follow were not always completed in a timely manner. There was limited evidence of learning from events or action taken to improve safety.

Not all incidents were reported by staff as there were discrepancies noted in the reporting data. For example, incidents reported did not describe how long women and birthing people had to wait for 3rd and 4th degree perineal repair, removing the trusts' ability to accurately ensure these were reported as red flags where appropriate. A MEWS audit carried out in June 2023 identified only 25% of women and birthing people had been escalated correctly when required. However, no failure to escalate incidents were reported between December 2022 and April 2023. Additionally, actions following this audit identified the need for a new MEWS observation chart to be used by the service, however there was no completion date for this.

We reviewed 15 incidents reported in the 6 months before inspection, but the service had not always made effective changes following these incidents.

We reviewed incidents and found that managers investigated 3 serious incident investigations and found women, birthing people, and their families had been involved in these investigations. It was not clear if managers followed duty of candour in all incidents as this was not stated in the reviews. Data showed the initial 72-hour reviews were not dated or documented clearly, which did not support rapid identification and resolution of gaps in care.

Managers documented the ethnicity of women and birthing individuals involved in incidents as part of the incident review process to assist in identifying events related to health inequalities, where ethnicity may have played a role. However, ethnicity was not explored within the incidents provided by the trust as a possible contributory factor.

There was not always evidence that changes had always been made following feedback. For example, findings from a Health and Safety Investigation Branch (HSIB) report December 2022 recommended the trust made improvements, including the timely assessment for women and birthing people with a risk of rupture of membranes; however, there was no proforma or standardised risk assessment during our inspection, which indicated this recommendation had not been started.

Staff told us they were involved in feedback and learning as part of the incident review process. For example, additional training following a medicines incident.

Incidents were reported by staff and reviewed by leaders who graded them based on severity and harm levels. Any incidents graded above low were then reviewed within 72 hours by the senior leadership team with staff given the opportunity to discuss the incident for learning purposes. Weekly governance meetings were completed to discuss recent incidents and ensured external organisations were notified as required. We found feedback was shared with staff and families and the final reported actions were documented electronically.

Maternity

Trust incident data showed there were 24 incidents open for more than 60 days. These included 6 that were reported in April and May 2023, and 4 were awaiting manager review. Slow incident reviews impacted on timely improvements to care provision, which was a safety risk.

Minutes from perinatal mortality review tool (PMRT) meetings were inconsistent. For example, a review completed in February 2023 did not report any issues however the case did have identified historical complications which may have impacted on the outcome. Additionally, actions were not always documented despite being discussed in the meetings. Further, minutes from August 2023 showed women and birthing peoples' concerns were not always documented, sensitive discussions were completed in the wrong language, and a bereaved mother had not been treated with compassion and kindness. Despite actions being identified as common themes the service had not been included these themes in the actions.

Is the service well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders were visible and supported staff. Leaders had the skills and abilities to run the service, however their ability to accurately understand and managed the priorities and issues the service faced was limited by systems used to monitor service provision.

Leaders were visible and approachable in the service for women and birthing people and staff. Leaders were well respected, approachable, and supportive. Staff told us they were well supported by their line managers, ward managers and matrons. The executive team visited wards on a regular basis. Staff told us they saw the executive team regularly and spoke of how accessible and encouraging they were.

The service was supported by maternity safety champions and non-executive directors.

Leaders supported staff to develop their skills and take on more senior roles. Leaders encouraged staff to take part in leadership and development programmes to help all staff progress.

Leaders had the skills and abilities to run the service, they understood and managed the priorities and issues the service faced. However, leaders' ability to respond to challenges in the service was limited by the lack of oversight and monitoring of the internal systems, in particular triage waiting times and induction of labour processes were not routinely reviewed to ensure women could access care within an appropriate timescale. Following the inspection staff were required to complete an induction of labour delay risk assessment twice a day during the handover process to ensure women and birthing people were prioritised more effectively.

Vision and Strategy

Maternity

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The trust had developed the vision and strategy in consultation with staff at all levels in 2023 and covered a 3-year plan. The strategy identified key priorities which included: listening to women and birthing people to provide personalised care, retaining, and supporting staff, culture, and leadership, and improving compliance with national maternity safety initiatives such as the Clinical Negligence Scheme for Trusts (CNST) and the Saving Babies Lives care bundle.

Leaders had considered the recommendations from the Ockenden 2020 and 2022 reports on the review of maternity services, plans to revise the vision and strategy to include these recommendations had been made but had not been implemented by 2023 showing a slower than expected response time.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of women and birthing people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women and birthing people, their families and staff could raise concerns without fear.

The service had quality improvement projects in progress focused on staff satisfaction and wellbeing. For example, recent culture surveys had been completed by the service to identify and implement improvements in staff culture. Leaders told us they believed staff who were well supported would be able to provide higher quality care to the women and birthing people they worked with.

The service had an open culture where women and birthing people, their families and staff could raise concerns without fear. Women and birthing people, relatives, and carers knew how to complain or raise concerns. All complaints and concerns were handled fairly, and the service used the most informal approach that was applicable to deal with individual complaints. The service clearly displayed information about how to raise a concern in women and birthing people and visitor areas. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints, identified themes, shared feedback with staff and used learning to improve the service. This was a fixed agenda item on each regular team meeting. Staff could give examples of how they used feedback to improve daily practice. Staff knew how to acknowledge complaints, and women and birthing people received feedback from managers after the investigation into their complaint.

The maternity staff survey 2022 reported staff felt involved in deciding changes which affected work and their immediate manager was supportive. The survey also reported staff did not always have access to adequate materials, supplies and equipment required for work. During the inspection we found items were not always available or in date. Ggrab bags used for pre-eclampsia did not contain all the items required to treat the condition and required items from other areas of the hospital. As a response to these, the trust implemented methods to discuss equipment and supply shortages including suggestion boxes and team reviews.

There were quarterly team building and social events, 1-to-1 conversations with managers, and surveys to support staff wellbeing. Staff we spoke with were positive about the department and its leadership team and felt able to speak to leaders about difficult issues and if things went wrong.

Staff we spoke with told us they worked in a fair and inclusive environment. The Workforce Disability Equality Standard (WDES) is a set of measures which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. For the measure for staff with medical conditions reported more harassment, bullying or abuse, had limited opportunities for career progression and felt pressured to return from a period of sickness before they were ready. This was worse than the national average, however staff with a disability felt their employer had made reasonable adjustments to support them at work which was better than the national average.

Workforce Race Equality Standard (WRES) data collected as part of the NHS Staff Survey results for staff from all other ethnic groups were notably different to results for white staff, indicating poorer experiences for staff from all other ethnic groups. The results showed a higher proportion of staff from all other ethnic groups experienced harassment, bullying or abuse from staff and patients, relatives, or the public in the last 12 months. As well as a higher proportion of staff from ethnic minority groups experiencing discrimination at work within the last 12 months, with a lower proportion of staff believing the organisation provided equal opportunities for career progression.

Results from the CQC Maternity Survey 2023 showed the service scored ‘about the same’ as other trusts in all areas and ‘better than expected’ in relation to raising concerns.

Governance

Leaders did not operate effective governance systems. They did not always manage risk, issues, and performance well. They did not consistently monitor the effectiveness of the service.

Maternity services were part of the clinical support and specialist services division. The service was managed by the divisional director in collaboration with the associate director of midwifery and clinical lead for obstetrics. There was a head of midwifery and a deputy head of midwifery (however this post was vacant at the time of the inspection). The associate director of midwifery reported to the divisional director operationally and professionally to the chief nurse.

Staff did not have access to up-to-date policies reducing their ability to plan and deliver high quality care according to evidence-based practice and national guidance. Leaders monitored policy review dates on a tracker and reported there were 91 of 234 policies out of date at the time of inspection. In response to concerns we raised following the inspection, the trust provided an action plan to review and implement updated policies with a target date of 31 March 2024 starting with those they deemed as high risk.

Leaders regularly held meetings to maintain oversight of the trust and its governance processes. Where applicable the service worked with external partner organisations. Decisions made at meetings were shared with frontline staff via leadership channels. Leaders monitored key safety and performance metrics through a comprehensive series of well-structured governance meetings.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The service used a variety of methods to share learning with staff including case study discussions during practical obstetric multi-professional training (PrOMPT) sessions, direct feedback, and

support for those involved in serious incidents, information shared through line managers, and updates via internal communications such as email. Staff understood their role within the wider team and took responsibility for their actions. They knew how to escalate issues to the clinical governance meetings and divisional management team. Information was shared back to sub-committees and all staff.

Management of risk, issues, and performance

The approach to service delivery and improvement was reactive. The audit was inconsistent in their implementation and impact, which limited effective planning processes and the management of risks. Risk registers and action plans were used, but there was a lack of pace for progress.

The local audit programme was not sufficient to monitor and improve performance over time. The trust had not recognised this risk as part of their maternity services active risk register submitted December 2023. We received limited evidence audits were being regularly completed, and where completed audits were based on insufficient patient sample sizes. For example, triage assessment, CTG monitoring and fresh eyes audits. Staff we spoke with reported that the trust did not complete SBAR or sepsis audits. Following our inspection, the service provided evidence that SBAR audits were completed but did not provide evidence of sepsis audits.

Recent results from audits showed poor staff compliance with guidelines, and no evidence of action taken by leaders to improve. This showed audits were not effective.

The service also participated in relevant national clinical audits. Clinical outcomes were worse than the national average compared with data from National Health Services Digital (NHSD) Maternity Dashboard. Data from August 2023 showed babies with an APGAR score of between 0 and 6 was in the higher than expected with 22 per 1000 births. This was above the national average of 13 per 1,000 births. The number of 3rd or 4th degree tears at delivery was in the upper quartile, with 35 per 1000 births compared to 24 per 1000 births nationally. This metric has been higher than the national average for the past 6 months and had seen a steady increase from 24 per 1000 births in February 2023. The service was aware tears during vaginal delivery were higher than national averages, however, there were no action plans to reduce risk of 3rd or 4th degree tears at delivery at the time of the inspection.

Women and birthing people who were current smokers at booking was 11% which was higher than the national average of 9%. Data collected for current smokers at delivery failed the data quality checks and were therefore not available for August 2023. It was unclear why data had failed, and what the service had done to rectify this.

According to the trusts “Meeting in Public of the Board of Directors of The Royal Devon University Healthcare NHS Foundation Trust 25 January 2023” The trust reviewed the presentation for Clinical Negligence Scheme for Trusts (CNST) and sign-off the evidence presented for compliance for Year 4 (2022). The audit report showed 7 out of 10 actions were compliant. Plans to improve compliance had been implemented and leaders were confident they would achieve higher compliance in 2024.

The service kept a live maternity risk register which identified midwifery and specialist midwives’ vacancy rate, midwifery staff training, and safeguarding provision as their highest risks. These risks were mitigated by a live action plan, actions were signed off once completed. Data shows vacancy rates had improved.

Risks were identified through the incident management system and were reviewed and recorded in meeting minutes for the monthly risk assurance meeting. The leadership team took action to make change where risks were identified.

There were plans to cope with unexpected events. They had a detailed local business continuity plan. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Information Management

The service collected data to analyse, however key information used to evaluate performance and outcomes was not being collected. The information systems were integrated and secure. Staff could find the data they needed to make decisions.

The service collected data, but key performance indicators were missing from the maternity dashboard, such as ward coordinator being supernumerary as well as other metrics missing described as “reported monthly” making it more difficult to monitor. This was not sufficient to effectively monitor and improve services. The service had a live dashboard of performance which was accessible to senior managers.

The information systems were integrated and secure**.** All IT systems were password protected, and paper-based patient records were stored securely.

Engagement

Leaders collected information on women, birthing people, and staff. They worked with public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women and birthing people.

The service had links with the local Maternity and Neonatal Voices Partnership (MNVP). Leaders worked with the MNVP to help make decisions about care in maternity services. The MNVP reported a positive working relationship with the trust but had experienced different levels of engagements between hospitals. In particular, MNVP members told us there was less engagement at North Devon District Hospital compared with the trusts’ other locations. Maternity and Neonatal Voices Partnership leaders described difficulties in attending board meetings due to time limitations. A patient experience committee meeting was held quarterly where patient feedback could be discussed with the trust.

Leaders understood the needs of the local population. Where possible the trust had set up outpatient hubs offering additional locations where women and birthing people could attend appointments. Services at these locations included intermittent auscultation where concerns may be identified and referrals for women to attend the local hospital were made.

The service always made available interpreting services for women and birthing people and collected data on ethnicity. Picture books were available to support communication for individuals who may be unable to read translated languages.

Learning, continuous improvement and innovation

Evidence of quality improvement and innovation was limited. However, there was some limited evidence that staff were committed to continually learning and improving services.

The trust was involved in a limited number of improvement projects. In October 2023, the maternity governance group reported the second part of a staff culture survey had been completed with the plan to improve staff culture. Staff had

also completed unconscious bias training in an attempt to address some of the inequalities experienced by people from ethnic minority groups. Training included the use of medical mannequins with darker skin tones. The trust had identified additional areas where services could be improved, work on these areas was in various stages of completion at the time of the inspection.

Leaders had taken the opportunity to discuss issues identified as part of the staff survey to engage with and encouraged staff to find solutions for the identified issues.

Areas for improvement

Action North Devon District Hospital MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Maternity

- The service must ensure risks are mitigated, including but not limited to ensuring staff have access to an evidence-based standardised risk assessment and prioritisation tool for maternity triage. Regulation 12(2) (a)(b)
- The service must ensure staff comply with systems for the accurate interpretation and escalation of electronic fetal monitoring and is regularly audited. Regulation 12 (2) (a) (b)
- The service must ensure systems are used to effectively monitor and manage women and birthing people requiring an induction of labour, in particular, that checks are carried out within a safe timeframe in line with national guidance. Regulation 12(2) (a)(b)
- The service must ensure staff are compliant with up-to-date safeguarding adults' level 3 training. Regulation (12 (2)(c)
- The service must ensure effective governance and oversight of audits and action plans developed to improve performance. Regulation 17 (1) (2) (a) (b)
- The service must ensure there are effective systems in place to identify, monitor and manage incidents and risks in a timely way. Regulation 17 (2) (a)
- The service must ensure staff have access to up-to-date policies and guidance. Regulation 17 (2) (d)
- The service must ensure labour ward coordinators maintain their supernumerary status in line with the maternity incentive scheme 2022 safety action 5. Regulation 18 (1)

Action the trust SHOULD take to improve:

- The service should ensure the security of the unit is reviewed in line with national guidance. In particular staff's ability to respond to a baby abduction.
- The service should review use of acuity tools to ensure accurate monitoring and response to staffing pressures.
- The service should aim to ensure recommendations made from Ockenden 2020 and 2022 are considered and changes made are made so within a timely manner.

Maternity

- The service should ensure medicines are stored, managed, prescribed, and administered safely.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and 3 other CQC inspector. The inspection team was overseen by Carolyn Jenkinson, Deputy Director of Secondary and Specialist Care. Additionally, the team comprised of 2 Registered Midwifery advisors and one Obstetric Consultant advisor.

Royal Devon University Healthcare NHS Foundation Trust

Royal Devon & Exeter Hospital (Wonford)

Inspection report

Barrack Road
Exeter
EX2 5DW
Tel: 01392411611
www.rdehospital.nhs.uk

Date of inspection visit: 29 and 30 November 2023
Date of publication: N/A (DRAFT)

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

Our findings

Overall summary of services at Royal Devon & Exeter Hospital (Wonford)

Requires Improvement 

Pages 1 to 3 of this report relate to the hospital and the ratings of that location, from page 4 the ratings and information relate to maternity services based at Royal Devon and Exeter hospital.

We inspected the maternity service at Royal Devon and Exeter hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

Maternity services include an outpatient department, labour ward / delivery suite, triage, midwifery led unit, antenatal & postnatal wards and one maternity theatre. Between April 2022 and March 2023 approximately 3497 babies were born at the Royal Devon and Exeter hospital.

This location was last inspected under the maternity and gynaecology framework in 2016. Following a consultation process CQC split the assessment of maternity and gynaecology in 2021. As such the historical maternity and gynaecology rating is not comparable to the current maternity inspection and is therefore retired. This means the resulting rating for Safe and Well-led from this inspection will be the first rating of maternity services for the location. This does not affect the overall Trust level rating.

We will publish a report of our overall findings when we have completed the national inspection programme.

We carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well-led key questions.

Our rating of this hospital went down. We rated it as Requires Improvement because:

- Our rating of Requires Improvement for maternity services changed the ratings for the hospital overall. We rated maternity as Requires Improvement in safe and well led.

We also inspected one other maternity location run by Royal Devon University Healthcare NHS Foundation Trust. Our report is here:

The North Devon District Hospital– https://www.cqc.org.uk/location/RH801

How we carried out the inspection

We provided the service with 2 working days' notice of our inspection.

We visited labour ward / delivery suite, triage, midwifery led unit, antenatal & postnatal wards and one maternity theatre.

We spoke with 15 midwives, 4 doctors, 5 support workers, 2 women and birthing people. We received no responses to our give feedback on care posters which were in place during the inspection.

Our findings

We reviewed 12 patient care records, 5 Observation and escalation charts and 10 medicines records.

Following our onsite inspection, we spoke with senior leaders within the service; we also looked at a wide range of documents including standard operating procedures, guidelines, meeting minutes, risk assessments, recent reported incidents as well as audits and action plans. We then used this information to form our judgements.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Maternity

Requires Improvement

We rated it as requires improvement because:

- The service had issues with sickness absence. Staffing levels did not always match the planned numbers putting the safety of women and birthing people and babies at risk.
- Staff did not always use equipment and control measures to protect women and birthing people, themselves, and others from infection. Some equipment and areas of the premises were not always visibly clean.
- Leaders did not operate effective governance systems. They did not always manage risk, issues, and performance well. They did not consistently monitor the effectiveness of the service. Though staff were committed to improving services, they did not always have the skills and resources to do so. The service did not always manage incidents well and learn lessons from them.
- Staff were overdue completion of maternity mandatory training, including safeguarding and role specific training, putting women and birthing people and babies at risk.

However:

- Staff assessed risks to women and birthing people and kept good care records. They managed medicines well.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values, and how to apply them in their work.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff felt respected, supported, and valued. They were focused on the needs of women and birthing people receiving care.
- Staff were clear about their roles and accountabilities.
- The service engaged well with women and birthing people and the community to plan and manage services.
- People could access the service when they needed it and did not have to wait too long for treatment and all staff were committed to improving services continually.

Is the service safe?

Requires Improvement

Mandatory training

The service provided mandatory training in key skills to all staff; however, not everyone had completed mandatory training updates or their role specific training.

Most staff were up to date with their mandatory multi-disciplinary PrOMPT (Practical Obstetric Multi-Professional Training) Study Day East (MPSD) training. Records showed 93% of midwifery staff, and 90% of maternity support workers were compliant, meeting the service compliance rate of 90%.

Maternity

Medical staff received and kept up to date with their mandatory training. Ninety three percent of consultants had completed all mandatory training courses, 87% of junior medical staff and 91% of anaesthetist's had completed their required mandatory training courses. The service education team had a proactive plan regarding the mandatory training for junior medical staff as their placements in the maternity department were only 12-weeks long.

The mandatory training met the needs of woman and birthing people and staff. Training included cardiotocograph (CTG) competency, skills, and drills training, the MPSD training included adult life support and basic neonatal life support training.

Training was up-to-date and reviewed regularly. There was an emphasis on multidisciplinary training leading to better outcomes for woman and birthing people and babies. Training included personalised care and an e-learning package for the National Bereavement Care Pathway.

Seventy-eight per cent of staff had completed fetal monitoring cardiotocograph training, below the services target of 85%, and fetal Growth Assessment Protocol (GAP) compliance October 2023 reported by the service as 36% below the service compliance rate of 85%. The service told us that 134 midwives were now out of compliance with GAP and stated there was insufficient time within the current study day provision for staff to complete this training. No further action plans have been provided by the service as to how this would be addressed. This meant the service could not be assured staff had the appropriate skills to keep women and birthing people safe.

Staff we spoke with reported that changes to their IT systems had made it difficult to monitor staff training records. Where leaders had identified staff non-compliance, we were told staff were sent reminder email alerts, so they knew when to renew their training. Staff we spoke with reported they had limited time away from clinical duties to complete the training. They were given 3 days per year and could not complete all the training because of staffing pressures. Infection prevention data provided by the service showed infection prevention & control level 2 annual training for registered staff in women & child health 80% below the trust compliance level of 85%.

Safeguarding

The service provided mandatory training to all staff however not everyone had completed their mandatory safeguarding training to the appropriate level.

Staff had not always kept up to date with training specific to their role on how to recognise and report abuse. The service told us the compliance rate for this training was 85%, however, training records sent to us in December 2023 showed 73% of maternity ward and labour ward registered staff had completed level 3 safeguarding children yearly training. Seventy-six per cent of maternity outpatient registered staff had completed Level 3 safeguarding children.

Medical staff level 3 safeguarding children level 3 compliance sent to us showed 27% compliance. A representative of the service told us they had identified errors in the mapping of training and from September 2023. The service confirmed they had provided the correct training information regarding staff child protection training. We had requested data relating to staff compliance for level 3 safeguarding adults training however this was not received for medical staff and midwifery staff. The lack of oversight suggested the service was not reasonably assured staff had the appropriate skills to safeguard children and vulnerable adults.

However, staff we spoke with could give examples of how to protect women and birthing people from harassment and discrimination, including those with protected characteristics under the Equality Act (2010). Staff could identify adults

and children at risk of, or suffering, significant harm and worked with other agencies to protect them, lateral checks would be made, and information could be shared via the Child Protection Information System (CPIS). Staff asked women and birthing people about domestic abuse. Where safeguarding concerns were identified women and birthing people had birth plans with input from the safeguarding team.

Staff we spoke with could explain safeguarding procedures, how to make referrals and how to access advice. The service had a safeguarding team who staff could turn to when they had concerns. Care records detailed where safeguarding concerns had been escalated in line with local procedures.

The hospital had not practised what would happen if a baby was abducted within the 12 months before inspection. Staff could not recall when the last baby abduction drill had taken place, and no data was submitted to show one had been recently competed. The baby abduction policy was expired from July 2023. When asked for further information the trust told us there was no evidence of a recent baby abduction drill at Royal Devon and Exeter hospital. While the security of the unit had not been tested, during our inspection, we noted that ward areas were secure, and doors were monitored.

Staff followed safe procedures for children visiting the ward.

Cleanliness, infection control and hygiene

The service did not always manage infection risks well. Staff used did not always use equipment and control measures to protect women and birthing people, themselves, and others from infection. Some equipment and some areas of the premises were not always visibly clean.

Maternity clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Wards had recently been refurbished to the latest national standards.

However, we found store cupboards used by the antenatal & postnatal ward, triage, and the birthing centre to be disorganized, overstocked, and cluttered. We saw medical items had been left on the floor open inside a black bin type bag. Staff were unable to advise as to why this was there. We found a bag labelled ‘infant feeding grab bag’ on the cupboard floor, next to boxes of open items. Worktops were cluttered with boxes and other items.

Intravenous fluids (IV’s) had been stored within general store cupboards. Trolleys were found to be disorganized and over stocked. A yellow mop and yellow bucket were found to be stored in a birthing centre room bathroom inappropriately.

We observed the service using fabric cubical curtains; however, these did not have labels or information stating when they had been hung or when they should be replaced this was raised during the inspection with the matrons.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly.

The service generally performed well for cleanliness from the audit results the service have provided.

Staff followed infection control principles including the use of personal protective equipment (PPE). Leaders completed regular infection prevention and control and hand hygiene audits. We received evidence of hand hygiene audits carried out for months July, August, and September 2023 in all maternity areas. Results showed compliance being 94% July, 95% August, and 97% September above the service 85% compliance.

Data showed that cleaning audits were carried out weekly and between months October and November 2023, compliance was consistently above 98%. Staff told us they regularly cleaned equipment after contact with women and birthing people, equipment was visibly clean; however, we did not see evidence that cleaning had occurred, for example by using “I am clean stickers”. We saw fetal heart monitoring machines which we were told had been cleaned and were ready to use, however, on inspecting the probes two machines each had one probe that we found to be dirty, and the stand for the CTG machine was found to have paint clearly peeling off and rust. These matters were escalated to the matrons during the inspection as a matter of concern.

We found baby resuscitaire on the birthing / triage area had been reported as clean but was found to be dusty, this was raised with staff at the time. Bed sheets, bath towels and blankets were found to be stored at the side of the door of the triage office uncovered.

We found a used orange mop and bucket had been left in a bathroom on the birthing centre inappropriately stored.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment mostly kept people safe. However, staff did not always carry out checks of specialist equipment. Staff managed clinical waste well.

Call bells were accessible to women and birthing people if they needed support and staff responded quickly when called.

The design of the environment followed national guidance. The maternity unit was fully secure with a monitored entry and exit system.

Staff carried out daily safety checks of specialist equipment. However, we found the labour ward post-partum haemorrhage (PPH) trolley was not tamper proof, and drugs could be removed from the trolley without staff’s knowledge.

Records showed the resuscitation equipment on labour ward was not checked daily. From 1st to 29th November 2023 adult resuscitation trolleys checklist showed staff had not checked the equipment daily, there were 11 days when this had not been completed. We found resuscitation equipment (bag and mask) which had expired in January 2019 in a birthing room on labour ward. We found multiple packets of pairs of expired gloves, dressing packs, oral suction catheters, venepuncture blood collection vials, cannulas, and several items from “resuscitaire top up” box which we raised at the time of inspection with matrons.

Records showed that in the labour ward drug refrigerator, containing temperature sensitive medications did not have daily checks completed 7 days September 2023, 5 days October, 01 November – 18 November 4 days daily checks were not completed. Triage APN21 ward drug refrigerator, did not have daily checks completed, 17 days September 2023, 18 in days October 5 days October, -18 November on 12 days daily checks were not completed.

Staff regularly checked birthing pool cleanliness and the service had a contract for legionella testing of the water supply.

The service had suitable facilities to meet the needs of women and birthing people's families. The birth partners of women and birthing people were supported to attend the birth and provide support.

Maternity

The service had enough suitable equipment to help them to safely care for women and birthing people and babies. However, we found that on triage, and the birthing centre there were no suction units although suction points were available and built in. One mobile suction unit was found to be stored next to the adult resuscitation trolley at the postnatal ward area, this equipment was shared with triage and the birthing centre.

In the birth centre there were pool evacuation nets in all rooms and on the day assessment unit there was a portable ultrasound scanner, cardiotocograph machines and observation monitoring equipment.

The service had a mobile unit with a screen that could be used for women or birthing people wishing or needing to use sign language services.

Over the last 12 months the trust had to temporarily suspend maternity services twice due to there being a shortage of equipment.

Staff disposed of clinical waste safely. Sharps bins were labelled correctly and not over-filled. Staff separated clinical waste and used the correct bins. They stored waste in locked bins while waiting for removal.

The bereavement suite was based on the labour ward and had separate access. However, it was not sound proofed. If families were on the labour ward, they were in a room that was not sound proofed despite national guidance advising rooms being used as for the bereaved should be sound proofed.

Assessing and responding to risk

Staff completed and updated risk assessments and took action to remove or minimise risks. However, staff did not always identify nor quickly act upon women and birthing people at risk of deterioration.

There was a dedicated telephone line for access to triage, using a mobile telephone. However, there was no answer machine or divert on the phone if staff were unable to answer calls. This meant there was a risk women and birthing people may not be able to access information, advice or support in an emergency.

Leaders and staff monitored waiting times to make sure women and birthing people could access emergency services when needed and received treatment within agreed timeframes and national targets. Arrival times were recorded in the electronic care record and on a whiteboard in the triage team office. Following the inspection, the trust shared plans to optimise their electronic patient records system and install a digital triage whiteboard to ensure better oversight of patient journey to ensure women and birthing people could receive treatment within agreed timeframes.

Staff did not always escalate concerns when there were signs the condition of women and birthing people could be deteriorating. Staff used a nationally recognised Modified Early Warning Score (MEWS) tool to identify women and birthing people at risk of deterioration and direct staff when escalation may be appropriate. The trust had completed a recent audit between August and October 2023 of 10 records to check they were fully completed and escalated appropriately. The audit looked at maternity records from this hospital and maternity services at North Devon District Hospital. The audit showed that 50% of MEWS charts were completed. The results audit identified 50% of women or birthing people with abnormal scores had been escalated correctly. The service did not have a reasonable level of assurance all women or birthing people at risk of deterioration were escalated appropriately. However, during the inspection we reviewed 5 MEWS records and found evidence staff had completed 4 MEWS records escalating concerns to senior staff where appropriate. The audit found 4 out of 10 Newborn Early Warning Trigger and Track (NEWTT) charts were completed fully, 5 babies who had abnormal NEWTT scores were escalated appropriately.

Maternity

Staff used the fresh eyes approach to carry out fetal monitoring however, leaders did not have access to audit data on how effectively staff monitored women and birthing people during labour having continuous cardiotocograph (CTG). The audit had used a sample of 30 patients between June and November 2023 and showed 7 out of 30 cases had received hourly fresh eyes and 24 out of 30 had received hourly CTG assessments. Due to the small sample size of 30 women or birthing people over 5 months, the service could not ensure the effective use of fresh eyes audit. This raised concerns about whether leaders could promptly act on the results in accordance with Element 4 of "Saving Babies Lives" version 3, dated July 2023, which focuses on "effective fetal monitoring during labour." Such uncertainties increased the risk of undesirable outcomes, including serious harm to both women, birthing people, and their babies.

Staff knew about and dealt with any specific risk issues. Staff reviewed care records from antenatal services for any individual risks.

The trust conducted routine audits to assess compliance with surgical safety protocols. According to WHO audits on surgical safety, the organisation demonstrated full compliance with step 1, achieving an average of 95% compliance, while also maintaining 100% compliance in the remainder of the audit from June to November 2023.

The service had 24-hour access to mental health liaison and specialist mental health support. Staff explained when and how they could seek assistance to support women and birthing people with mental health concerns. Staff completed, or arranged, psychosocial assessments and risk assessments for women and birthing people thought to be at risk of self-harm or suicide.

Staff shared key information to keep women and birthing people safe when handing over their care to others. The care record was on a secure electronic care record system used by all staff involved in the woman or birthing person’s care. Each episode of care was recorded by health professionals and was used to share information between care givers.

Shift changes and handovers included all necessary key information to keep women and birthing people and babies safe. The trust completed 2 safety huddles each shift to ensure all staff were up to date with key information. Each member of staff had an up-to- date handover sheet with key information. Through both our observations on the day of the inspection as well as staff accounts, we found there was no standardised way to handover such as the nationally recommended information sharing tool such as SBAR, which describes the Situation, Background, Assessment, Recommendation for each person. Staff told us during the inspection SBAR audits were not in place and we did not see SBAR forms in use during the inspection. However, following our inspection we received a SBAR review completed by the trust for the period September, October and November 2023, where 10 sets of random notes were reviewed to per month, this evidenced overall, 80% of the sets of notes had not been signed or dated. The service also provided information that showed an SBAR tool was available on the electronic patient care record.

Staff completed newborn risk assessments when babies were born using recognised tools and reviewed this regularly.

Staff completed risk assessments prior to discharging women and birthing people into the community and made sure third-party organisations were informed of the discharge.

The triage waiting area was seen to be clean and to have plenty of seating, however a significant amount of the area was obscured from the view of the receptionist and others, the service had recognised the risk and put measures in place to ensure that if someone would need urgent assistance, they could be seen, and support provided.

Midwifery Staffing

Maternity

The service had issues with sickness absence. Staffing levels did not always match the planned numbers putting the safety of women and birthing people and babies at risk.

The service reported maternity 'red flag' staffing incidents in line with National Institute for Health and Care Excellence (NICE) guideline 4 'Safe midwifery staffing for maternity settings. A midwifery 'red flag' event is a warning sign that something may be wrong with midwifery staffing. Between November 2022 and November 2023, the trust reported 11 red flag incidents. Data provided following our inspection showed 654 red flag incidents in the first 3 quarters of 2023, 646 of these incidents were reported as delays between admission for induction of labour and beginning the process.

National Report and Learning System (NRLS) data did not specify time delay for perineal repair meaning it was unclear how long women and birthing people had to wait before receiving care, and the service could not be fully assured women and birthing people were not waiting longer than 60 minutes which should be being flagged as a red flag. Between 12/12/2022 and 11/3/2023 we identified 5 out of 301 incidents of women and birthing people required suturing following a 3rd or 4th degree tear, but no times were given to indicate if there was a delay. Recent audit data suggests 50% of MEWS had been completed, which indicates a level of under reporting. Data submitted to NRLS following March 2023 data had not been submitted as part of the right category.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. They completed a maternity safe staffing workforce review in line with national guidance in April2021. This review recommended 180.25 whole-time equivalent (WTE) midwives, which was then uplifted to 206.2 WTE following the Ockenden report.

The Annual Staffing Review Maternity 2023 maternity reported 6.5% absence rate for midwives in September. Budgets for staffing showed a -0.25 WTE (80.30/80.05 WTE) variance for registered midwifery staff and -1.89 WTE (19.89/18.00 WTE) for midwifery care assistants. On the day of inspection, we noted that the coordinator was not supernumerary and was working clinically throughout the day affecting their ability to monitor and respond to staffing pressures, acuity, and capacity.

Staff were required to regularly update a staffing tool used to dynamically risk assess staffing in order to ensure there was a safe staffing establishment and skill mix allocation. However, during the inspection managers were not consistently updating this when prompted due to high levels of staffing pressure, meaning opportunities to reallocate staffing recourses could have been missed.

Managers requested bank staff familiar with the service and made sure all bank and agency staff had a full induction and understood the service.

Managers did not consistently support midwifery staff to develop through regular, constructive clinical supervision of their work and evidence provided on 29th November 2023 showed 203 out of 387 or 52% of midwifery staff across site had received their appraisal.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training, and experience to keep women and birthing people and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

Maternity

The service had a good skill mix and availability of medical staff. There were enough medical staff to keep women and birthing people and babies safe. The medical staff matched the planned number. The service had no vacancies for consultants and met establishment for middle tier medical staff during the day. There was 0.5 WTE vacancy for the on-call rota, meaning some locum cover was required to support with the on-call resident rota. They carried out a twice daily ward round.

Sickness rates for medical staff fluctuated over the past 12 months but decreased from 4.64% in May 2023 to 1.75% in August 2023.

Managers could access locums when they needed additional medical staff and made sure locums had a full induction to the service before they started work.

The service had a good skill mix and availability of medical staff on each shift and reviewed this regularly. The service always had a consultant on call during evenings and weekends. Managers told us medical staff were supported to develop through regular, constructive clinical supervision of their work. Eighty-eight per-cent of medical staff had received an annual appraisal.

The trust had not completed an audit of the maternity triage unit to review waiting times following a request for a medical staff member to attend, however staff told us it was sometimes difficult to have a patient reviewed in a timely manner as the doctors were not always available.

Records

Staff kept detailed records of women and birthing people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Women and birthing people's notes were comprehensive, however some staff noted difficulties using the inpatient and outpatient versions of the electronic patient records. Staff were able to access both sets of records but some reported feeling more confident than others. We reviewed 5 electronic records and found records were clear and complete.

When women and birthing people transferred to a new team, there were no delays in staff accessing their records. Records were stored securely. Staff locked computers when not in use.

Medicines

The service did not always use systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Women and birthing people had electronic prescription charts for medicines which needed to be administered during their admission. We reviewed 10 prescription charts and found staff had correctly completed them.

Staff reviewed each woman's medicines regularly and provided advice to women and birthing people and carers about their medicines. The pharmacy team supported the service and reviewed medicines prescribed. These checks were recorded in the prescription charts we checked.

Staff did not always store or manage all medicines and prescribing documents safely. Controlled drugs were not always checked regularly with 6 instances between October and November 2023 where medicines had not been checked.

The clinical room where the medicines and medicine records were stored was locked; however unregistered staff were able to access these areas as well as the drugs fridge and drug safe. Not all medicines reviewed were in date and stored at the correct temperature. Staff monitored and recorded triage fridge temperatures. However. we found 47 instances where fridge temperatures September 2023 and December 2023 were unchecked. During this same period some temperatures were recorded as outside of their range with limited evidence of action following this variation other than repeat temperature check and reset.

The service used an electronic prescribing system. Midwives could access the full list of midwives' exemptions, so they were clear about administering within their remit.

Staff followed national practice to check women and birthing people had the correct medicines when they were admitted, or they moved between services. Medicines recorded on digital systems for the 7 sets of records we looked at were fully completed, accurate and up to date.

Incidents

Staff did not always recognise and report incidents. When concerns were raised or things went wrong, the approach to reviewing and investigating causes was too slow. There was little evidence of learning from events or action taken to improve safety, managers shared learning from incidents to prevent re-occurrence of similar incidents.

Staff knew what incidents to report and how to report them. However, they did not have time to complete incident reporting. Staff could describe what incidents were reportable and how to use the electronic reporting system. We reviewed 8 incidents reported in the 3 months before inspection and found them to be reported correctly. We could not triangulate all of the incidents with systems used by the service therefore, leaders could not be assured that staff raised concerns and reported incidents and near misses in line with trust policy.

Not all incidents were reported by staff as there were discrepancies noted in the reporting data. For example, incidents reported did not describe how long women and birthing people had to wait for 3rd and 4th degree perineal repair, removing the services ability to accurately ensure these were reported as red flags where appropriate. A trust MEWS audit carried out in June 2023 identified only 25% of women and birthing people had been escalated correctly where required. However, no failure to escalate incidents were reported between December 2022 and April 2023. Additionally, actions following this audit identified the need for a new MEWS observation chart to be implemented, however there was no completion date and no update had been completed.

Managers reviewed all incidents reported to the online incident reporting system at weekly huddles attended by band 8 midwives, quality and safety matron, governance lead, head of midwifery and governance lead obstetrician, to identify immediate actions and allocate any investigations required. Incidents which progressed to a 72-hour report or full investigation were reviewed at the monthly speciality governance meeting.

Managers investigated incidents thoroughly. They involved women and birthing people and their families in these investigations. Managers reviewed incidents potentially related to health inequalities.

Managers shared learning with their staff about never events that happened elsewhere. The service had a 'learning from incidents' midwife who was responsible for sharing learning from incidents with staff.

Maternity

Staff reported serious incidents clearly and in line with trust policy. Staff understood the duty of candour. They were open and transparent and gave women and birthing people and families a full explanation if and when things went wrong. Governance reports included details of the involvement of women and birthing people and their families in investigations and monitoring of how duty of candour had been completed.

There was evidence changes had been made following feedback. The service created action plans based on recommendations from serious incident reviews by the Health and Safety Investigation Branch (HSIB) now known as Maternity and Newborn Safety Investigation (MNSI). The action plans showed all the findings of the HSIB reports were acknowledged and where required managers implemented appropriate actions. Staff were also involved in feedback and learning as part of the process.

The maternal incident report review process required staff to fill out an electronic incident report which was then graded by governance team with any graded at or above moderate to be escalated to senior team and safety and risk team/ chief nurse as required. Notifications were sent to MNSI and MBRRACE where required and weekly governance meeting to discuss incident reports from previous week. Incidents graded at or above moderate were required to have a 72-hour review, duty of candor was completed and hot debrief was completed for staff involved. Further investigations were completed with families kept informed of investigation progress. Feedback was shared with staff and families and the final report and actions were documented electronically and tripartite meetings were then offered.

Trust incident data showed there were 24 incidents which were open for more than 60 days, and these included 6 that were reported between April to May 2023, 4 of which were waiting for a manager to complete the review. Therefore, we were not assured that incidents were reviewed within safe time frames.

We reviewed minutes from the services perinatal mortality review tool (PMRT) meetings which showed the service used a multidisciplinary approach to the reviews. However, we found that actions were sometimes overlooked, or gradings in care could not be completed due to lack of obstetric attendance at PMRT reviews for Royal Devon and Exeter hospital. For example, minutes from August 2023 showed the women and birthing peoples notes did not always record the woman or birthing persons perspectives on care. The PMRT report acknowledged common themes from the PMRT reviews however actions were not included in the report's actions.

We also reviewed submissions to the Perinatal Mortality Review Tool dated February 2023. In the initial summary of both reports, the relevant history of care and issues identified under social circumstances, and past obstetric history the report stated nothing significant identified however we known risk factors had been omitted.

In addition, minutes from the November 2023 PMRT meetings showed that not all cases were graded prior because of lack of obstetric input. Report 2 echoed report one with lack of information under these headings, but further on contained details of previous obstetric and medical history. Therefore, we were not assured that the hospitals PMRT process was robust or that incidents were appropriately reviewed was followed in line with the Health & Social Care Act (2008) regulation 20 Duty of Candour. The maternity dashboard showed 5 baby loses April 2023 – November 2023 however the service provided a copy of the services summary PMRT report which showed 11 baby losses. We have requested all copies of these PMRT's from the service, but they were not provided.

Is the service well-led?

Requires Improvement

Maternity

We rated it as requires improvement.

Leadership

Leaders were visible and supported staff. Leaders had the skills and abilities to run the service however their ability to accurately understand and managed the priorities and issues the service faced but were limited by systems used to monitor service provision.

Leaders were visible and approachable in the service for women and birthing people and staff. Leaders were well respected, approachable, and supportive. Staff told us they were well supported by their line managers, ward managers and matrons. The executive team visited wards on a regular basis. Staff told us they saw the executive team regularly and spoke of how accessible and encouraging they were.

The service was supported by maternity safety champions and non-executive directors.

They supported staff to develop their skills and take on more senior roles. Leaders encouraged staff to take part in leadership and development programmes to help all staff progress.

Leaders had the skills and abilities to run the service, they understood and managed the priorities and issues the service faced. They had responded to challenges to quality and sustainability within the service and had plans to manage them. However, leaders' ability to respond was limited by audit systems.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The trust had developed the vision and strategy in consultation with staff at all levels in 2023 and covered a 3-year plan. The strategy identified key priorities which included: listening to women and birthing people to provide personalised care, retaining, and supporting staff, culture, and leadership, and improving compliance with national maternity safety initiatives such as the Clinical Negligence Scheme for Trusts (CNST) and the Saving Babies Lives care bundle.

Leaders had considered recommendations from the Ockenden 2020 and 2022 reports for the review of maternity services. The service had plans to revise the service vision and strategy to include recommendations however the service had not fully implemented changes in 2023 showing a slower than expected progression.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of women and birthing people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women and birthing people, their families and staff could raise concerns without fear.

Many quality improvement schemes revolved around staff satisfaction and wellbeing, recent culture surveys had been completed by the service to identify and implement improvements in staff culture. Leaders told us they believed staff who were well supported would be able to provide higher quality care to the women and birthing people they worked with.

The service fostered an open culture. Women and birthing people, their families, and staff could raise concerns without fear. Clear channels were established for women, and birthing people, relatives, and caregivers to express complaints or raise concerns. All feedback was addressed utilising the most appropriate and least formal methods available. Information on how to raise concerns was prominently displayed in women and birthing people's areas as well as visitor spaces. Staff understood the complaint policy and were adept at handling such matters.

The maternity staff survey 2022 reported staff felt involved in deciding changes which affected work and their immediate manager was supportive. The survey also reported staff did not always have access to adequate materials, supplies and equipment required for work. During the inspection we found items were not always available or in date grab bags used for pre-eclampsia did not contain all the items required to treat the condition and required items from other areas of the hospital. As a response to these, the trust implemented methods to discuss equipment and supply shortages including suggestion boxes and team reviews.

There were quarterly team building and social events, 1-to-1 conversations with managers, and surveys to support staff wellbeing. Staff we spoke with were positive about the department and its leadership team and felt able to speak to leaders about difficult issues and if things went wrong.

Staff we spoke with told us they worked in a fair and inclusive environment. The Workforce Disability Equality Standard (WDES) was a set of measures which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. For the measure for staff with medical conditions reported more harassment, bullying or abuse, had limited opportunities for career progression and felt pressured to return from a period of sickness before they were ready. This was worse than the national average, however staff with a disability felt their employer had made reasonable adjustments to support them at work which was better than the national average.

Workforce Race Equality Standard (WRES) data collected as part of the NHS Staff Survey results for staff from all other ethnic groups were notably different to results for white staff, indicating poorer experiences for staff from all other ethnic groups. The results showed a higher proportion of staff from all other ethnic groups experienced harassment, bullying or abuse from staff and patients, relatives, or the public in the last 12 months. As well as a higher proportion of staff from ethnic minority groups experiencing discrimination at work within the last 12 months, with a lower proportion of staff believing the organisation provided equal opportunities for career progression.

The CQC Maternity Survey questionnaires were sent out between April and August 2023, responses were received from 201 people at Royal Devon University Healthcare NHS Foundation Trust. The CQC Maternity Survey 2023 reported mothers in labour and birth, staff caring for them, and care in hospital responded as “about the same” compared to other trusts.

Managers investigated complaints and identified themes and shared feedback with staff and learning was used to improve the service. This was a fixed agenda item on each regular team meeting. Staff could give examples of how they used women and birthing people's feedback to improve daily practice. Staff knew how to acknowledge complaints and women and birthing people received feedback from managers after the investigation into their complaint.

Governance

Maternity

Leaders did not operate effective governance systems. They did not always manage risk, issues, and performance well. They did not monitor the effectiveness of the service.

Maternity services were part of the clinical support and specialist services division. The service was managed by the divisional director in collaboration with the associate director of midwifery and clinical lead for obstetrics. There was a head of midwifery and a deputy head of midwifery (however this post was vacant at the time of the inspection). The associate director of midwifery reported to the divisional director operationally and professionally to the chief nurse. Staff did not have access to up-to-date policies reducing their ability to plan and deliver high quality care according to evidence-based practice and national guidance. Leaders monitored policy review dates on a tracker and reported there were currently 91 of 234 out of date. In response to concerns we raised following the inspection, the trust provided an action plan to review and implement updated policies with a target date of 31 March 2024, starting with those they deemed as high risk. They provided further information that the 234 guidelines were across site and included duplication of guidance as merging of documents was occurring as they became out of date. At the time of inspection, 39 of 135 guidelines were out of date.

Leaders regularly held meetings to maintain oversight of the trust and its governance processes. Where applicable worked with external partner organisations. Decisions made at these meetings would then be shared with frontline staff via leadership channels. Leaders monitored key safety and performance metrics through a comprehensive series of well-structured governance meetings.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The service used a variety of methods to share learning with staff including case study discussions during practical obstetric multi-professional training (PrOMPT) sessions, direct feedback, and support for those involved in serious incidents, information shared through line managers and updates through internal communications such as email. Staff understood their role within the wider team and took responsibility for their actions. They knew how to escalate issues to the clinical governance meetings and divisional management team. Information was shared back to sub-committees and all staff.

Management of risk, issues, and performance

The approach to service delivery and improvement was reactive. was Audits were inconsistent in their implementation and impact, which limited effective planning processes and the management of risks. Risk registers and action plans were used, but there was a lack of pace for progress.

The local audit programme was not sufficient to monitor and improve performance over time. The trust had not recognised this risk as part of their maternity services active risk register submitted December 2023. We received limited evidence audits were being regularly completed or were based on limited patient sample sizes for, triage assessment and audit system, CTG monitoring and fresh eyes, SBAR audits. Staff we spoke with reported the trust did not complete SBAR audits or Sepsis audits. Additionally, gaps were identified through medicine records and fridge temperature checks outside of temperature ranges were not followed up.

Discrepancies were presented with regards to red flags, inconsistent use of staffing acuity tools as well as audit systems and their implementation, which tended to rely on small sample sizes. This impaired leaders' ability to effectively plan processes and manage risks.

Maternity

The service participated in relevant national clinical audits. Clinical outcomes were not in line (worse than) with the national average data from NHSD maternity Dashboard showed as of August 2023 babies with an Apgar score of between 0 and 6 was in the upper quartile with 22 per 1000 births. This was above the national average of 13 per 1,000 births.

National clinical audits also showed women who were current smokers at booking was 11.1% which was higher than the national average of 9% nationally. Additionally, data collected for women who were current smokers at delivery, failed the data quality checks and were therefore not available for august 2023.

According to the trusts "Meeting in Public of the Board of Directors of The Royal Devon University Healthcare NHS Foundation Trust 25 January 2023" The trust reviewed the presentation for Clinical Negligence Scheme for Trusts (CNST) and sign-off the evidence presented for compliance for Year 4. The Board noted there were still two separate returns presented, one for Northern services and one for Eastern, but for Year 5, this would have been amalgamated into one return. The audit report included evidence up to November 2023 and showed 4 out of 10 were compliant.

The service kept a live maternity risk register which identified insufficient midwifery and specialist midwives, and told us they use of band 2 support workers to provide theatre cover including training and vacancy rates, midwifery staff training and safeguarding provision as their highest risks. These risks were mitigated by a live action plan, actions are signed off to confirm steps had been taken to mitigate the risks.

Risks were identified through the incident management system and were reviewed and recorded in meeting minutes for the monthly risk assurance meeting. The leadership team took action to make change where risks were identified.

There were plans to cope with unexpected events. They had a detailed local business continuity plan. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Healthcare Safety Investigation Branch (HSIB) now known as the Maternity and Newborn Safety Investigations (MNSI) share findings with organisations with the opportunity to identify areas of learning from their findings and change that may impact in different circumstances, the service received a report June 2023 which reaffirmed the service was experiencing delays in care, delays in inductions, and immediate emergencies in labour were not always managed in line with national guidance. MNHI also reported the service Modified Early Warning Score (MEWS) chart was not in line with national guidance, leading to a lack of recognition of emerging or changing risk, and failure to escalate concerns although no affecting the outcomes in the two cases reported.

Caesarean section data provided showed 15 category 2 emergencies September 2023- December were longer than the target time of 75 minutes with one taking 230 minutes from decision to knife to skin, the service have not provided any plans on how to mitigate these delays with emergency caesarean sections.

Information Management

The service collected data to analyse, however key information used to evaluate performance and outcomes was not being collected. The information systems were integrated and secure. Staff could find the data they needed in order to make decisions.

The service collected data; however, key performance indicators were missing from the data added to the dashboard such as ward coordinator being supernumerary meaning it was not sufficient to effectively monitor and improve services at the time of inspection. They had a live dashboard of performance which was accessible to senior managers.

The information systems were integrated and secure**.** All IT systems were password protected and paper-based patient records were stored securely.

Data or notifications were consistently submitted to external organisations as required.

Engagement

Leaders collected information on women, birthing people and staff. They worked with public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women and birthing people.

The service had links with the local Maternity and Neonatal Voices Partnership (MNVP). Leaders worked with the MNVP to help make decisions about care in maternity services. The MNVP reported a positive working relationship with the trust but had experienced different levels of engagements between hospitals. MNVP leaders described a limited ability to attend board meetings due to time limitations. A Patient Experience Committee Meeting was held quarterly where patient feedback could be discussed with the trust. The MNVP contained 2 split chairs, a co-chair, 4 vice chairs with a total of 84 paid hours shared between them.

Leaders understood the needs of the local population. Where possible the trust had set up outpatient hubs offering additional locations where women and birthing people could attend appointments. Services at these locations included intermittent auscultation where concerns may be identified and referrals for women to attend the local hospital were made.

The service always made available interpreting services for women and birthing people and collected data on ethnicity. Picture books were available to support communication for individuals who may be unable to read translated languages. The triage and birthing centre had a mobile screen that could be used to connect to language services including sign language.

Learning, continuous improvement and innovation

Evidence of quality improvement and innovation was limited. However, there was some limited evidence that staff were committed to continually learning and improving services.

The trust was involved in a limited number of improvement projects. In October 2023, the maternity governance group reported the second part of a staff culture survey had been completed with the plan to improve staff culture. In addition to this the trust supported staff by supplying them with QR codes which staff could scan to access guidelines. Staff had also completed unconscious bias training in an attempt to address some of the inequalities experienced by ethnic monitory groups. Training included the use of medical mannequins with darker skin tones. The trust had identified additional areas where services could be improved, work on these areas was in various stages of completion at the time of the inspection.

Leaders had taken the opportunity to discuss issues identified as part of the staff survey to engage with and encouraged staff to find solutions for the identified issues.

Maternity

Areas for improvement

Action Royal Devon and Exeter hospital MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Maternity

- The service must ensure staff are up to date safeguarding adults' level 3 training. Regulation 12(1)(2) (c)
- The service must ensure women and their babies are effectively risk assessed and staff act upon women, birthing [people and babies at risk of deterioration. Regulation 12(2) (a)(b)
- The service must ensure systems are in place to effectively monitor and manage women and birthing people requiring an induction of labour and caesarean section, in particular, that they are carried out within a safe timeframe in line with national guidance. Regulation 12(2) (a)(b)
- The service must ensure risks are mitigated. Regulation 12(2) (a)(b)
- The service must ensure staff comply with systems for the accurate interpretation and escalation of electronic fetal monitoring and this is regularly audited. Regulation 12 (2) (a) (b)
- The service must ensure staff have access to up-to-date policies and guidance. Regulation 17 (2) (d)
- The service must ensure effective governance and oversight of audits and action plans are developed to improve performance. Regulation 17 (1) (2) (a) (b)
- The service must ensure there are effective systems in place to identify, monitor, manage and learn from incidents including baby loss and risks in a timely way. Regulation 17 (2) (a)
- The service must ensure ward coordinators maintain their supernumerary status in line with the maternity incentive scheme 2022 safety action 5. Regulation 18 (1)

Action the trust SHOULD take to improve:

- The service should ensure the security of the unit is reviewed in line with national guidance. In particular staff's ability to respond to a baby abduction.
- The service should aim to ensure recommendations made from Ockenden 2020 and 2022 are considered and changes made are done so within a timely manner.
- The service should ensure medicines are stored, managed, prescribed, and administered safely.
- The service should risk assess the need for suction units to be available and in working order in triage, triage 4 bedded bay and the birthing centre.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and 4 other CQC inspector. The inspection team was overseen by Carolyn Jenkinson, Deputy Director of Secondary and Specialist Care. Additionally, the team comprised of 2 Registered Midwifery advisors and one Obstetric Consultant advisor.