

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 29 March 2023
Via MS Teams

AGENDA

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	Shan Morgan, Chair	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 22 February 2023	Shan Morgan, Chair	Approval (Paper)	09:37 5
6.	Matters Arising and Board Actions Summary Check	Shan Morgan, Chair	Information (Paper/Verbal)	09:42 5
7.	Chief Executive's Report	Chris Tidman, Deputy Chief Executive	Information (Verbal)	09:47 20
8.	Patient Story	Carolyn Mills, Chief Nursing Officer	Information (Verbal/paper)	10:07 15
9.	Performance			
9.1	Integrated Performance Report	Angela Hibbard, Chief Finance Officer	Information (Paper)	10:22 45
	COMFORT BREAK			11:07 10
10.	Assurance			
10.1	Gender Pay Gap Report –	Hannah Foster, Chief People Officer	?Information or Approval	11:17 15
10.2	Staff Survey Results	Hannah Foster, Chief People Officer	Information (Paper)	11:32 30
10.3	Audit Committee Update	Alastair Matthews, Non-Executive Director and Committee Chair	Information (Paper)	12:02 5
10.4	Health Inequalities Task and Finish Group update	Chris Tidman, Deputy Chief Executive	Information (Paper)	12:07 15

11.	Information			
11.1	Items for Escalation to the Board Assurance Framework	Shan Morgan, Chair	Discussion (Verbal)	12:22 1
12.	Any Other Business			12.23
	<p>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.</p>			
13.	<p>Date of Next Meeting: The next meeting of the Board of Directors will be held at 09:30 on Wednesday 26 April 2023.</p>			
14.	<p>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.</p>			

Meeting close at 12.30

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

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

MINUTES

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 Kirby	Non-Executive Director
	Professor M Marshall	Non-Executive Director
	Mr A Matthews	Non-Executive Director
	Mrs C Mills	Chief Nursing Officer
	Dame S Morgan	Chair
	Mr T Neal	Non-Executive Director
	Mr J Palmer	Chief Operating Officer
	Mrs S Tracey	Chief Executive Officer
	Mr C Tidman	Deputy Chief Executive Officer
APOLOGIES:	Professor J Kay	Senior Independent Director
	Professor B Kent	Non-Executive Director
IN ATTENDANCE:	Ms S Delbridge	Communications Officer (for item 027.23)
	Ms G Garnett-Frizelle	PA to Chairman (for minutes)
	Mrs M Holley	Director of Corporate Governance

		ACTION
019.23	CHAIR'S OPENING REMARKS	
	The Chair welcomed the Board, Governors and observers to the meeting. Ms Morgan reminded everyone it was a meeting held in public, not a public meeting and there would be an opportunity at the end of the meeting for attendees to ask any questions which should be focussed on the agenda. The Chair's remarks were noted.	
020.23	APOLOGIES	
	Apologies were noted for Professor Kay and Professor Kent.	
021.23	DECLARATIONS OF INTEREST	
	No new declarations of interest were noted.	
022.23	MATTERS DISCUSSED TO BE DISCUSSED IN THE CONFIDENTIAL MEETING	
	The Chair noted that the Board would receive updates at its confidential meeting from the Digital Committee, Finance and Operational Committee, Governance Committee, Integration Programme Board and Our Future Hospitals Programme	

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

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

System Issues

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

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

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

Local issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PUBLIC MEETING OF THE BOARD OF DIRECTORS
22 February 2023
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
158.22	November 2022	Mr Neal asked what the national interpretation was of the ongoing high number of both A&E presentations & Cancer referrals.... Mrs Tracey agreed to look into this further & provide a fuller update in her next CEO's report to the January Board meeting.	ST	January 2023 February 2023	<p>Update January 2023 – Mrs Tracey emailed Mr Neal regarding this question. Further update to January Board. Action ongoing.</p> <p>Update 25.01.23 - Mrs Tracey advised that cancer would be covered in her CEO's report, as well as through the Deep Dive on the Agenda for the January meeting. There was more work to be done regarding A&E presentations and a further update on this would be brought to the February meeting. Action ongoing.</p> <p>Update 22.02.23 – Further information was provided in the Chief Executive's Report on the public agenda. Action ongoing.</p>
159.22	November 2022	It was noted in the Patient Story that blister packs were no longer provided for patients which could lead to hospital admissions for some patients not taking medication correctly as a consequence. The Board requested that this be looked at to see if there was anything that could be done to provide blister packs for patients' medication.	CM	February 2023	<p>Update 14.02.23 – Mrs Mills advised that blister packs were provided by the hospital pharmacies in both Northern and Eastern Services for two weeks for patients who had been admitted already using blister packs, as well as for those patients with a newly identified need. Action complete.</p> <p>Update 22.02.23 – It was noted that the original concern related more to the lack of provision of blister backs by primary care and Mrs Mills advised that there was a differential approach across primary and secondary care, with many community</p>

					pharmacies no longer providing blister packs for new patients and would only do so for a new patient if an existing patient no longer required blister packs. Instead, they would revert to the use of dosage boxes to manage the risk. Ms Morgan asked that more information be sought on the wider position across the system. Action ongoing. Update 21.03.23 – The concerns noted from the November Patient Story have been raised to the Devon ICB for a system wide response. Once received, this will be formally shared with the Board of Directors. Propose to close action.
163.22(1)	November 2022	Professor Kent asked for the next six-monthly safe staffing report to include registered Associate Nurse numbers to differentiate from Registered Nurses.	CM	May 2023	Update 28.12.22 – data requested will be included in next report to May Board. Action ongoing.
163.22(1)	November 2022	Request that next six-monthly safe staffing report should include more detail regarding the Weighted Activity Unit for AHPs in Quartile 4 for Northern and Eastern sites.	CM	May 2023	Update 28.12.22 – detail requested will be included in next report to May Board. Action ongoing.
008.23	January 2023	The carer from the Patient Story presented to Board was noted as being involved in work on a number of initiatives relating to improving process carer involvement with care planning for patients with the Director of Nursing for Eastern services. The outcomes and impact of this work should be looked at in due course by the Patient Experience Committee.	CM	April 2023	Update February 2023 -Next update to April Board. Action ongoing.
014.23	January 2023	Mr Kirby and Mr Neal to review the outcome of the Internal Audit review of the additional evidence collated by the Maternity Team for the CNST submission and liaise with the Chair and Chief Executive to advise whether they were comfortable with the submission.	TN/Ski	March 2023	Update 02.03.23 – TN and SKI reviewed via an MS Teams call prior to submission & were comfortable that evidence was in place. Action complete.
023.23	February 2023	Amendments to the minutes of the January meeting to be made before publication on the public website.	GGF	March 2023	Update 28.02.23 -amendments made. Action complete.
027.23	February 2023	Following discussion regarding the Patient Story presented, it was suggested that the work of the One Devon Partnership and wider stakeholders could be discussed at a Board Development Day – to include elements around patient experience and working in partnership with patients.	MH	March 2023	Update 02.03.23 – Added to the programme for future Board Development Days. Action complete.

Signed:

Shan Morgan
Chair



Agenda item:	8, Public Board Meeting	Date: 29 March 2023		
Title:	Patient Story: Personalised medicine and genomics			
Prepared by:	Sarah Delbridge, Engagement Manager			
Presented by:	Carolyn Mills, Chief Nursing Officer			
Responsible Executive:	Carolyn Mills, Chief Nursing Officer			
Summary:	<p>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.</p> <p>The purpose of presenting a patient story to Board members is:</p> <ul style="list-style-type: none"> • 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 its relevance to the strategic objectives of the Board. 			
Actions required:	The Board of Directors is asked to reflect on the implications of this story and to reflect on its relevance to the strategic objectives of the Board.			
Status (x):	Decision	Approval	Discussion	Information
			X	
History:	<p>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.</p> <p>This patient story is set within the context of the Trust's strategic objectives: of collaboration and partnership, and excellence and innovation in patient care.</p> <p>The Royal Devon is partnered with North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust to host the South West Genomic Medicine Service Alliance – one of seven established across England.</p> <p>The establishment of the NHS Genomic Medicine Service Alliance embeds genomics both into routine care locally and across the whole population the NHS serves in England by bringing together the vital multi-disciplinary clinical leadership and other operational & digital functions that are necessary to make this possible.</p>			

	<p>In this story we hear from Ruth, whose son sadly died in 2019, aged 22, from a rupture in his aorta. Through the support of staff in Somerset, and the South West Genetic Services in place at the time, she found out that she carried a gene that affects the development of the heart.</p> <p>With this knowledge, the family were able to take steps to understand their risk, have life-saving surgery, and proactively manage the potential impact of this gene upon future generations within their family via personalised and targeted interventions.</p>
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its 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		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			X
Other (<i>please specify</i>)			

Agenda item:	9.1, Public Board	Date: 29 March 2023		
Title:	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:	Angela Hibbard, Chief Finance 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 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.			
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)			

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Overview – Executive Themes and Actions to Raise at Board

Overview

This IPR covers the period of **February 2023** which continued the themes of December and January 2022/3 including complex challenges resulting from multiple days of industrial action across the service, infection outbreaks (in particular COVID and then most recently Norovirus), staff workforce challenges and elevated levels of delayed discharges. This maintained extreme pressure on all parts of the Devon Urgent and Emergency Care system. Equally consistent were **the remarkable efforts of our teams to absorb these pressures and to keep our patient population safe**. The month started with RCN industrial action on the 6th and 7th February and was followed by disruption to ambulance services in the same vein through GMB and UNISON action. On each occasion our operational and clinical teams pulled together robust contingency plans that our teams supported brilliantly; and we were grateful for CNO Executive and Trust Director operational leadership throughout. As a result of the continued overall pressures, exacerbated by the complexity of industrial action, we **maintained our command structure at its highest escalation** in order to maintain close oversight of safety, flow, discharge and recruitment processes. At the time of writing we have now completed a further well managed period of BMA led industrial action, led by Trust Medical Directorship and have started to de-escalate following a period of sustained OPEL4 on both sites, triggered by no criteria to reside levels in the North and Norovirus at its highest ever levels in the East. Importantly, throughout these periods of significant operational and clinical challenge, we have been able to be **very proud of our teams for making stepped improvements on our end of year elective and cancer targets, whilst also generating an increasingly robust financial and operational plan for next year**.

Recovering for the Future

February brought a significant increase in activity at our Emergency Departments, Walk in Centres, and Minor Injury Units, with a **6.2% increase in emergency patient presentations to our Northern Services, and a 2.1% increase in Eastern**, in comparison to the longer month of January. Impeded flow within the hospital, arising from a **continuation of the infection prevention & control challenges** experienced the previous month with ongoing prevalence and transmission of both Covid and Norovirus, was reflected in **deteriorations in time to transfer for all Eastern patient pathways, and increases in ambulance handover delays** in both Eastern and Northern Services (Eastern, from 230 to 313 x 30 minute delays, and from 261 to 309 for Northern). **Performance in respect of the four hour ED waiting times standard deteriorated slightly** from 63.5% to 62.6% for Eastern, and from 59.1% to 56.8% for our Northern Services.

We are pleased that the **Sidwell Street Walk in Centre** was able, following a period of significant staffing challenge, to resume opening on Mondays with effect from the end of February. Plans are in place to open on Thursdays, thereby enabling a return to a full 7 day service with effect from April. Same Day Emergency Care activity in Eastern remained high in February with an average of 20.4 attendances per day in February, and combined with continued growth of virtual ward activity which helped to provide organisational resilience to the UEC pressures outlined above. The **reconfiguration of the Trust's Eastern Emergency Department continues at pace**, and at the time of writing the creation of the new ambulance bay is underway.

As part of the Trust's Operational Plan for 2023/24, **improvement plans are being developed to support improved performance in 2023/24 to meet the NHSE ambition of delivery of 76% performance by March 2024**. This improvement is predicated on work with the Devon System on actions to deliver the shared target of 5% No Criteria to Reside and the release of the new financial year's national UEC funding.

As we stand on the cusp of the new financial year, we note that the COVID modelling suggests a significant drop in volumes of patients with COVID in late March / early April followed by a potential further wave across late April into May, potentially of a similar order of magnitude to that seen in late January and early February. Planning will take place through our established command processes and protocols to stand up the required organisational response with the support of our excellent Infection, Prevention and Control team whom have been instrumental through the most recent Norovirus wave.

Overview – Executive Themes and Actions to Raise at Board

Whilst overall volumes of **elective inpatient activity** were able to increase from January to February at both Northern and Eastern sites, when compared to planned elective inpatient activity levels for February, both sites remained under plan which reflected both industrial action and UEC pressures. The volumes of elective daycase activity that were able to be undertaken decreased at both sites when compared to January. However, we continued to forensically pursue our end of year 104 and 78 week patients waiting for treatment targets with the end of February position showing 5 patients waiting longer than 104 weeks for North and 106 waiting longer than 104 weeks for East at the turn of the month. **With the end of year now upon us, we currently anticipate a Trust end of year position of 23 104ww and 747 78ww against our stretched targets of 54 and 1152.** This position includes the long waiting activity lost during industrial action. We continue to keep referral volumes at both sites under close scrutiny, and note that whilst referrals in Northern Services reduced in December, following peaks in October and November, the increase in referrals received during quarter 3 indicate an 11.5% increase upon the first six months of the year.

There has been a continuation of the month on month improvement in volume of longer waiting patients for **cancer treatment** (reducing to 228 for Eastern at end of February, and to 108 for Northern) – at the time of writing this now stands at **253 patients across the whole Trust** which is only just outside the NHSE target for this year. The position continues to improve, reflecting the enhanced leadership arrangements that have been put in place. Our wider performance has seen: an improvement in 2ww performance in both North (to 71.2% in January) and East (to 77.5%); 62 day (GP urgent) target deterioration by c4% in both East and North to 65.6% (East) and 40.3% respectively; and it is clear that theatre and diagnostic capacity remain key challenges. Business cases for CDC funding for mobile endoscopy and two endoscopy suites at Tiverton have been submitted to provide short and long term options for improving these positions. **Diagnostic waiting times performance** for routinely referred patients improved in February for both sites, with 67.4% (Eastern) and 48.0% (Northern) of patients waiting less than 6 weeks; improvements of 3.1% and 4.8% respectively.

The in-year finance position continued to deliver to the revised forecast deficit of £16.8m, a reduction from plan due to the additional deficit support funding from NHSE as notified in month 10. The challenge continues on delivery of recurrent DBV savings and therefore the position is supported by significant non recurrent support which unwinds into the 2023/24 plan. All risks are being managed and there are no concerns about delivering the overall yearend position. The capital programme remains underspent with a surge therefore needed in month 12 to complete expenditure plans. However, this is not out of line with normal years and is less of a final capital push than last financial year.

Collaborating in Partnership

We continue to work with great focus and commitment on our **green to go position** in partnership with System colleagues. However, during the last month there has undoubtedly been more focus on **escalation and challenge** in relation to potential loss of funding packages as we move towards the new financial year as both ICB and Devon County Council are due to make a number of potential adjustments across a range of funding streams. Given that the Northern Site is currently holding a 23% No Criteria to Reside position and Eastern, 12% against a national target of 5% (and peer performance of 4-7%) then it is critical that any removal of funds is avoided in order that we can successfully discharge patients safely whilst also achieving a restoration of our bed base. Our escalations at Executive level underline the importance of this issue and we continue to pursue it through all available channels.

Excellence and Innovation in Patient Care

Triangulation of the performance positions with the quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. In February there were **four serious incidents reported, with two reported in each of Eastern and Northern Services respectively.** There were **two instances of falls resulting in moderate harm in Northern Services, and one in Eastern.** Each are subject to formal investigation processes in order to maximise opportunities for learning

Overview – Executive Themes and Actions to Raise at Board

Whilst remaining within normal variation, we note **slightly elevated rates of pressure damage** within both Northern (January) and Eastern (February) acute services in this IPR. Within Eastern the increase observed is primarily category 2 pressure damage, and is believed to be attributed to escalation and outlying patients. Further investigation is being undertaken within Northern Services to understand causal and contributory factors. The **continued increase in the volume of trauma patients**, particularly within the Trust's Eastern Services, has contributed to continued challenge in scheduling surgery within 36 hours for those patients with a fractured neck of femur. The identification of further Orthopaedic pathways for which surgery can be undertaken at the Nightingale, will in turn support the release of further theatre capacity at Wonford including for trauma patients. Clinical review has been undertaken by the Hip Fracture Lead of all fractured neck of femur cases during the month, and the review of those patients for whom surgery was not possible within 36 hours has not identified any harm arising from the extended wait.

We note that the most recent 3 month weekend SHMI for Northern Services has reduced again to return to be within control limits following a period of brief escalation, which appears to have been driven by coding issues. Despite significant challenges with flow across both Northern and Eastern sites in February, performance in relation to **stroke metrics on both sites has principally either been maintained or improved**. Focussed work continues across both sites to reduce the volume of overdue complaints, reflecting the significant organisational focus on progressing early resolution of complaints in line with PHSO best practice guidance. The CQC well-led inspection has been rescheduled for the latter part of April.

A Great Place to Work

Clearly our people have dealt with **significant operational challenges** both through the front door and due to industrial action during February and we continue to focus on measures that can be put in place to support their **health and wellbeing** through this period of sustained challenge. It is positive to see the vacancy position in the Trust continues to improve, with new recruits considerably exceeding leavers, both in terms of headcount and whole time equivalents. This is demonstrating the success of our focus on the **recruitment pipeline**. We are also seeing that the volume of leavers is decreasing month on month with turnover on a downward trend. The benefit of this will be felt by our staff and patients, with more people able to support patient care and greater staff stability. Sickness has also moved in a positive direction. The trajectories within the IPR predict the continuation of these positive trends.

Data Quality and Reporting

Diagnostics

As previously reported, the implementation of Epic for Northern services in July has resulted in issues affecting both external and internal reporting. This has affected Endoscopy and Physiological Measurement activity and waiting list reporting, but not imaging reporting as that is not currently an Epic module. Last month we reported two remaining issues relating to Echo-Cardiography and Audiology waiting list reporting. These issues have now been resolved. There is one remaining issue in relation to Audiology activity reporting, which is in the process of being resolved, but this is not a metric reported in the IPR.

Cancer waiting times – all known issues have been resolved.

RTT / waiting list reporting (both sites)

Improvements have been made in this area over recent months, with removal of duplicate pathways and missing values. Revised scripting has now been completed to ensure the reporting of a 'single version of the truth' across various reports. This has been a complex project and is now in the final stages, with a number of scripts submitted to the external **LUNA diagnostic data quality tool** to identify and then resolve any remaining issues affecting submission. A review has been undertaken to compare the 'old' script to the new proposed script and aside from resolving data quality issues, the impact on waiting list cohorts / volumes is not expected to be significant, but will ensure that external and internal reporting is consistent. The plan is to submit external reporting on the revised script for March reporting, and will then ensure consistency of reporting going forwards.

Board Scorecard – Looking to the Future

Successes

- Elective & Cancer recovery plans delivering improved end of year positions (clearance of the Northern Cancer Dermatology position)
- Development of financial and operational plan
- Well led and managed Industrial Action period
- Nightingale Hospital SWAOC and Wonford PEOC moving to 90% capacity and utilisation
- Recruitment & retention plans are showing positive results in relation to vacancies
- Mutual aid offered to neighbouring Trusts, whilst maintaining good ambulance handover compared to peer
- Data quality programme now providing greater assurance.

Opportunities

- Delivery of the 2023/4 financial and operational plan
- Insourcing & outsourcing and mutual aid capacity to maintain excellent clearance rate into the new financial year
- Securing of UEC and Demand & Capacity funding to support reduction in patients whom are medically fit to discharge
- Securing of “boots on the ground” support for delivering best value
- Integration of 8 high priority services at our Northern services and commencement of our next stage of the integration programme
- Maximising the use of the protected elective care at the Nightingale to continue driving down long waiters
- Peninsula Acute Sustainability programme & nominated fragile services offers opportunities to improve service collaboration and plan delivery.

Priorities

- Safety of our services with a focus on ED and overall flow
- Staff Health and Wellbeing
- Improvement of approach to ambulance diverts
- Completion of the 2023/4 financial and operational plan
- Delivering year end position against our statutory targets
- Delivering Best Value to meet the demands of our financial and productivity plan
- Reducing the number of Green to Go patients through ICB/Region/National escalation
- Driving of pipeline for recruitment processes to fast-track new starters
- Completion of our detailed Business Informatics plan.

Risk/Threats

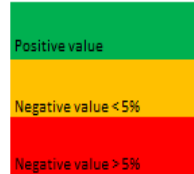
- Continued Industrial action (BMA anticipated 11th -15th April)
- Potential harm from ambulance diverting outside protocol
- Further IP&C complexity from Norovirus + COVID-19
- Local Authority/ICB financial pressures and disruption in funding flows impacting on jointly funded discharge schemes
- Potential loss of confidence in reporting due to data quality issues
- Staffing Resilience in Northern Services – Medical, Nursing, HCA and Ancillary
- Staff Morale with constant pressure and cost of living challenges
- Inability to hit financial targets whilst also reducing waiting lists.

Northern Services Executive Summary

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Jan-23	This Month Feb-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	<i>Vs baseline (2019/20)</i>	106.2%	107.7%	1.5%	72.2%	104%
	Outpatient activity (FU)	<i>Vs baseline (2019/20)</i>	110.2%	111.9%	1.7%	71.0%	75%
	Elective inpatient activity	<i>Vs baseline (2019/20)</i>	41.4%	40.6%	-0.7%	109.9%	104%
	Elective daycase activity	<i>Vs baseline (2019/20)</i>	96.0%	103.6%	7.6%	94.1%	104%
	RTT 18 week performance	<i>Patients seen < 18 weeks vs total incomplete pathways</i>	47.0%	45.0%	-2.0%		92%
	Incomplete pathways	<i>Total count</i>	25219	24990	-0.9%	15664	
	RTT 52+ weeks waited	<i>Total count</i>	3491	3374	-3.4%	1079	
	RTT 78+ weeks waited	<i>Total count</i>	562	458	-18.5%	81	
	RTT 104+ weeks waited	<i>Total count</i>	10	5	-50.0%	0	
	CANCER	2 week referrals	<i>Performance</i>	67.50%	71.20%	3.7%	
28 day faster diagnosis standard		<i>Performance</i>	41.80%	55.80%	14.0%		75%
Urgent GP referral 62 day		<i>Performance</i>	45.28%	40.35%	-4.9%		85%

Domain	Measure/metric	Definition	Last Month Jan-23	This Month Feb-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective inpatient activity +1LOS	<i>Vs baseline (2019/20)</i>	87.4%	95.8%	8.4%	96.7%	
	A&E attendances	<i>Vs baseline (2019/20)</i>	104.0%	118.6%	14.6%	108.7%	
	4 hour wait performance	<i>Patients seen < 4 hours vs total attendances</i>	59.1%	56.8%	-2.3%		95%
	Ambulance handover delays >30 minutes	<i>Total count</i>	261	309	18.4%		
	Average daily number of patients waiting and ready for discharge	<i>Total count</i>					
	Average daily number of patients delayed as awaiting community assessment / referral / bed	<i>Total count</i>					
	Average daily number of patients delayed as awaiting resource / assessment to start care at home	<i>Total count</i>					
	Average daily number of patients delayed as awaiting residential / nursing home bed	<i>Total count</i>					
	6 week wait referral to diagnostic test	<i>completed in 6 weeks</i>	43.2%	48.0%	4.8%	N/A	99%
	DIAGNOSTICS	MRI activity	<i>Vs baseline (2019/20)</i>	104.9%	104.2%	-0.7%	105.4%
CT activity		<i>Vs baseline (2019/20)</i>	125.6%	115.1%	-10.5%	109.8%	
Medical Endoscopy activity		<i>Vs baseline (2019/20)</i>	106.1%	123.0%	16.8%	154.7%	
Non-obstetric ultrasound activity		<i>Vs baseline (2019/20)</i>	102.9%	106.7%	3.8%	126.6%	
Echocardiography activity		<i>Vs baseline (2019/20)</i>	73.9%	75.7%	1.8%	18.7%	



Eastern Services Executive Summary

Eastern Services

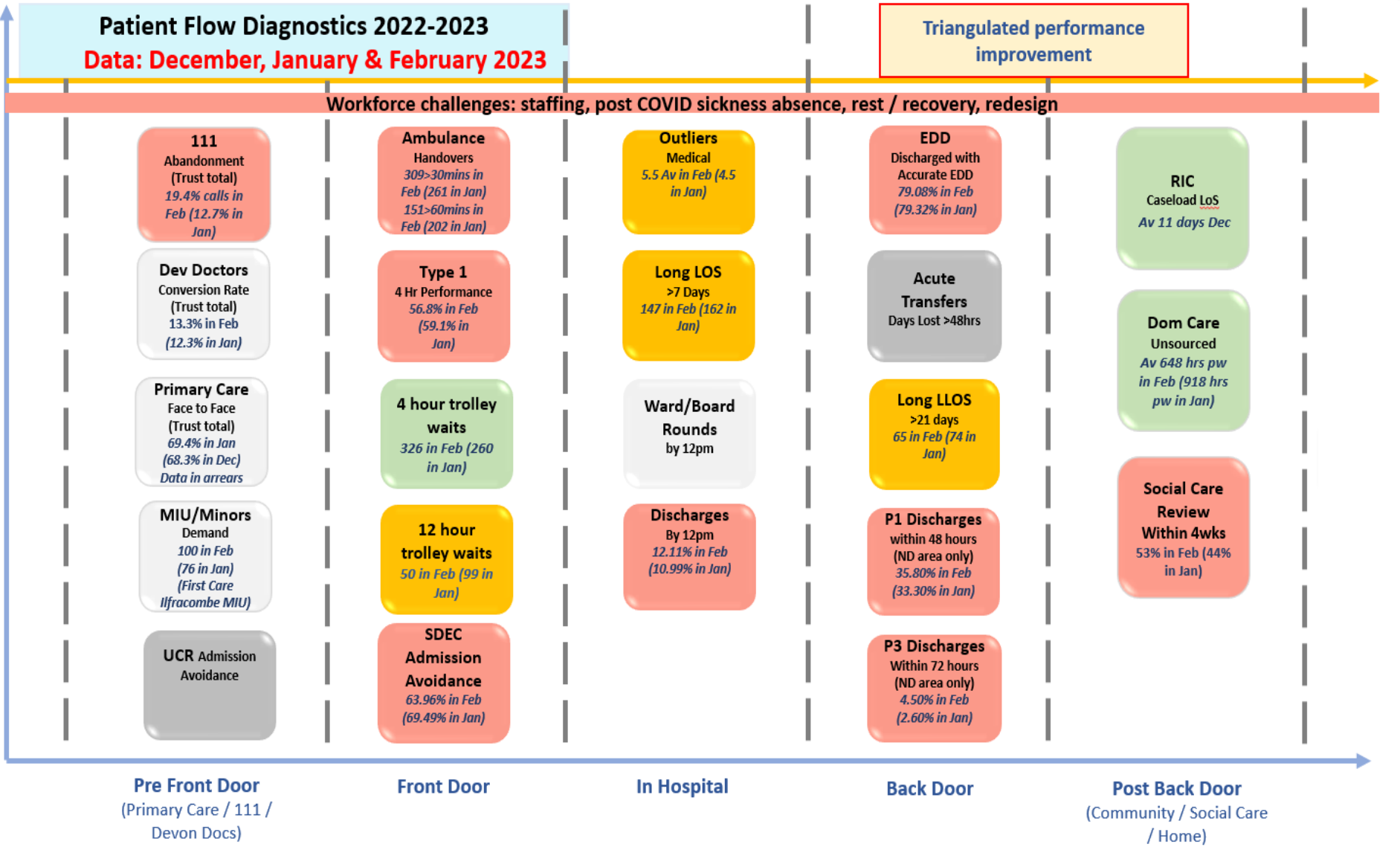
Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Jan-23	This Month Feb-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	91.3%	87.9%	-3.4%	106.3%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	141.1%	145.9%	4.7%	94.6%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	61.9%	66.3%	4.4%	113.3%	104%
	Elective Daycase Activity	vs baseline (2019/20)	104.9%	99.1%	-5.8%	123.8%	104%
	RTT 18 Week performance	Patients seen < 18 weeks vs total incomplete pathways	56.8%	57.1%	0.2%		92%
	Incomplete Pathways	Total count	54270	54824	1.0%	48531	
	RTT 52 Weeks waited	Total count	4449	4236	-4.8%	4633	
	RTT 78 Weeks waited	Total count	765	635	-17.0%	1505	
	RTT 104 Weeks waited	Total count	103	106	2.9%	0	
CANCER	14 Day Urgent	Performance	74.9%	77.5%	2.5%		93%
	28 day faster diagnosis standard	Performance	78.0%	78.2%	0.2%		75%
	Urgent GP referral 62 day	Performance	69.8%	65.6%	-4.2%		85%

Positive value
Negative value < 5%
Negative value > 5%

Domain	Measure/Metric	Definition	Last Month Jan-23	This Month Feb-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1LOS	Vs baseline (2019/20)	89.8%	100.6%	10.8%	116.7%	
	A&E attendances	vs 19/20 baseline	81.8%	87.6%	7.1%	101.7%	
	4 hour wait performance	Patients seen <4hrs vs total attendances	63.5%	62.6%	-0.9%		95%
	Ambulance handover delays >30 mins	Total count	230	313	26.5%		
	Daily Average Green (Medically Fit) Transfer List	Total count	109	87	-25.3%		
	Volume of Average Daily Completed Transfers	Total count	12.6	11.2	-12.5%		
	Average Time to Transfer (Medically Fit to Discharge) - All Transfers	Total count	4.4	5	12.0%		
	Average Weekly Hours Requiring Personal Care Backfill	Total count	994	906	-8.9%		
	UCR: Referrals	Total count	914	746	-22.5%		
	UCR: Length of Stay on Caseload	Total count	14.0	19.0	35.7%		
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	64.3%	67.4%	3.1%		99%
	MRI activity	vs 19/20 baseline	100.2%	103.5%	3.3%	106.3%	
	CT activity	vs 19/20 baseline	104.7%	104.2%	-0.5%	111.5%	
	Medical Endoscopy activity	vs 19/20 baseline	123.3%	102.8%	-20.5%	90.7%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	124.5%	116.1%	-8.3%	84.9%	
	Echocardiography activity	vs 19/20 baseline	193.6%	194.4%	0.8%	76.2%	

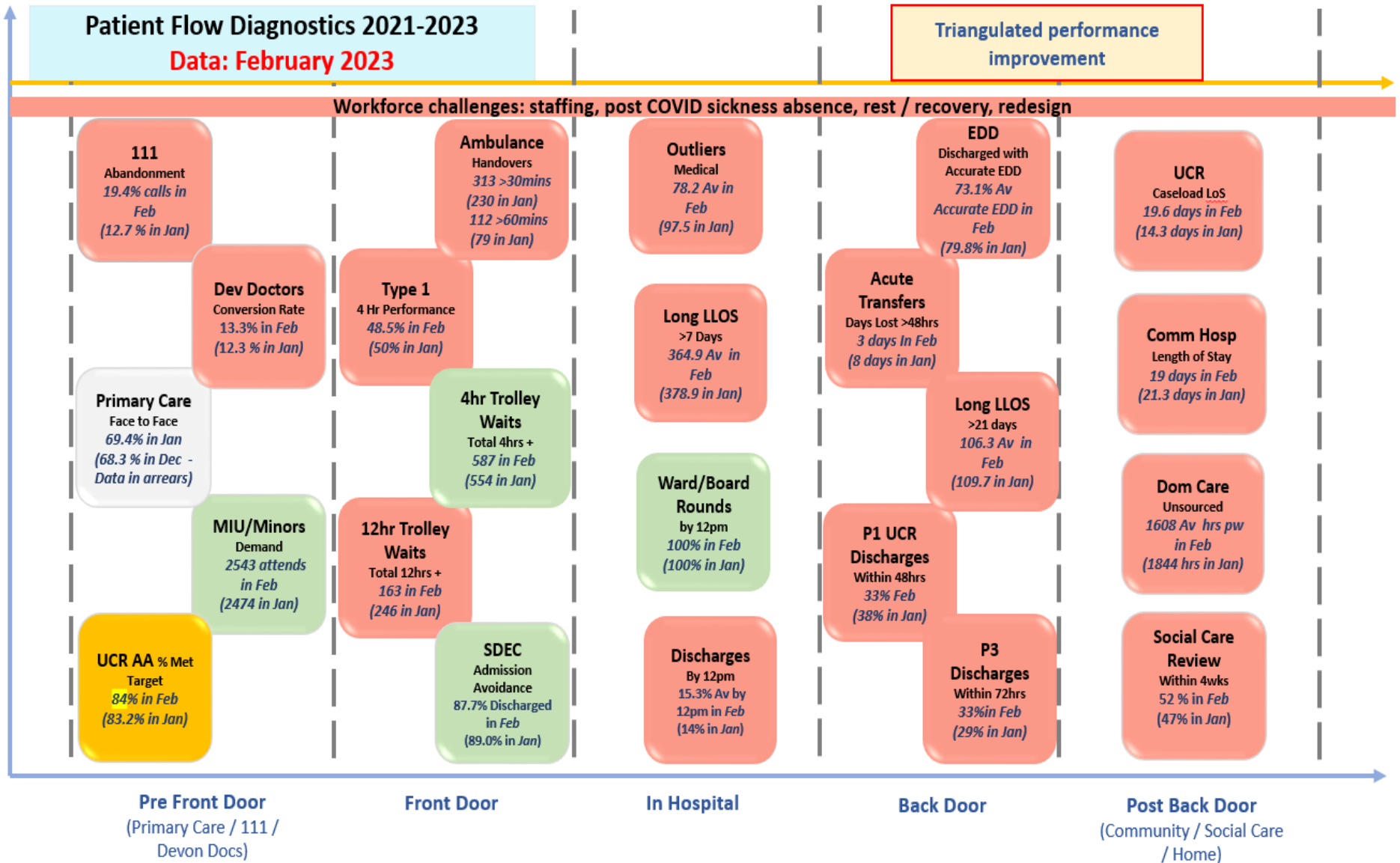
Northern Services Patient Flow Diagnostic

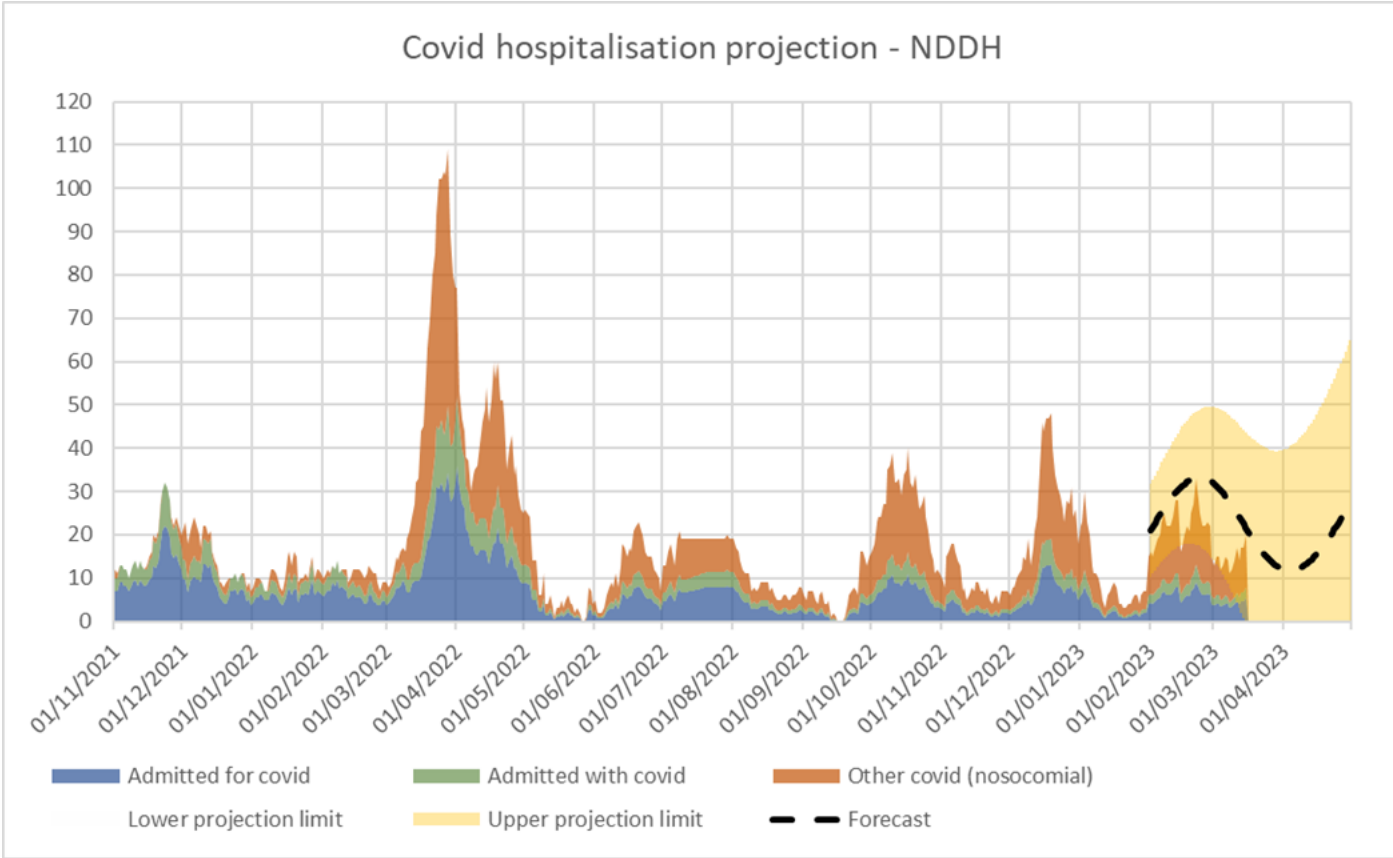


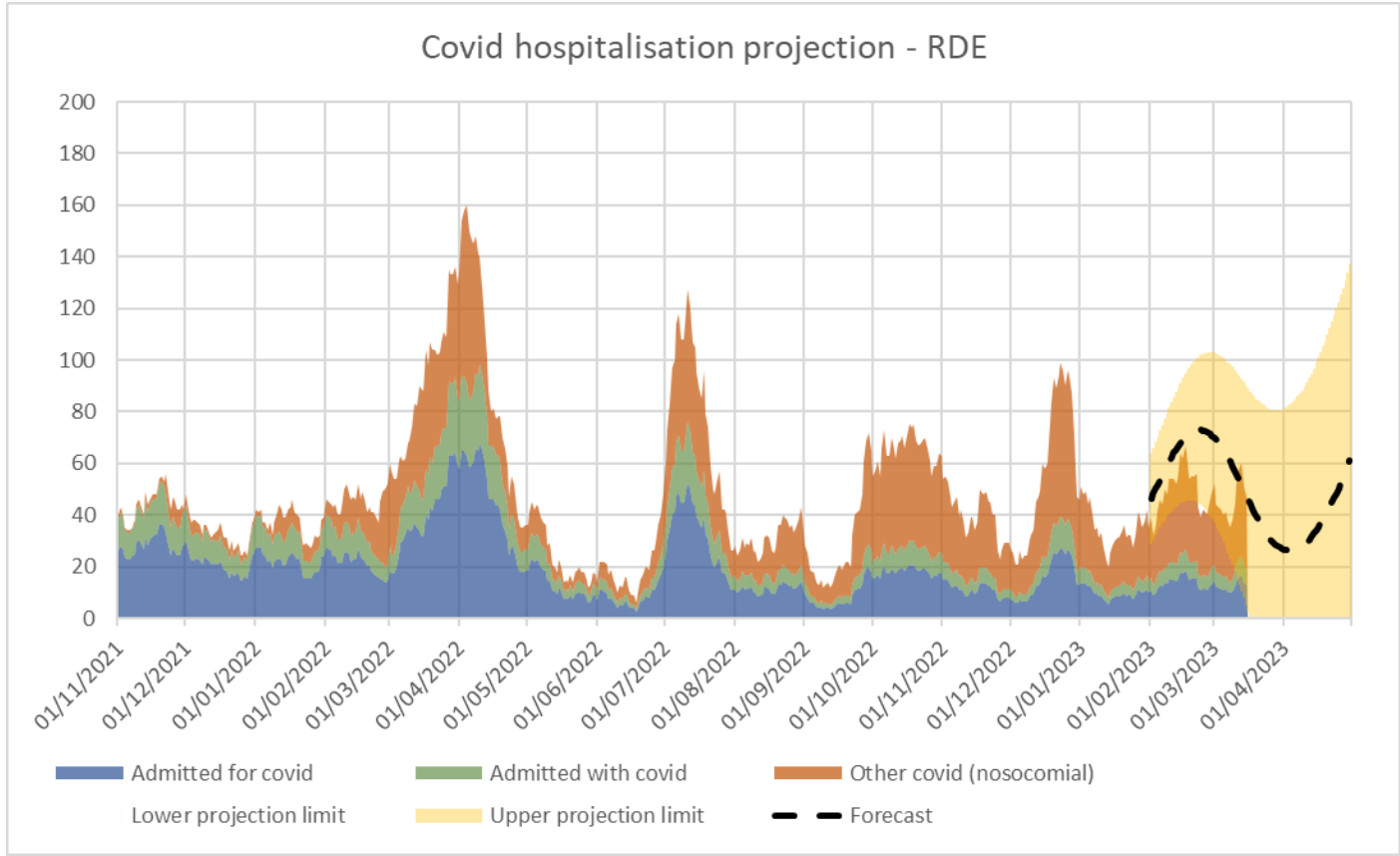
Eastern Services Executive Summary

Eastern Services

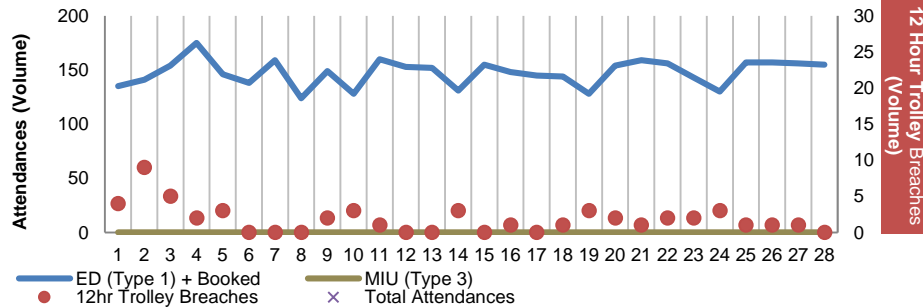
Patient Flow Diagnostic







Report Month - Trust Daily Attendance Profile

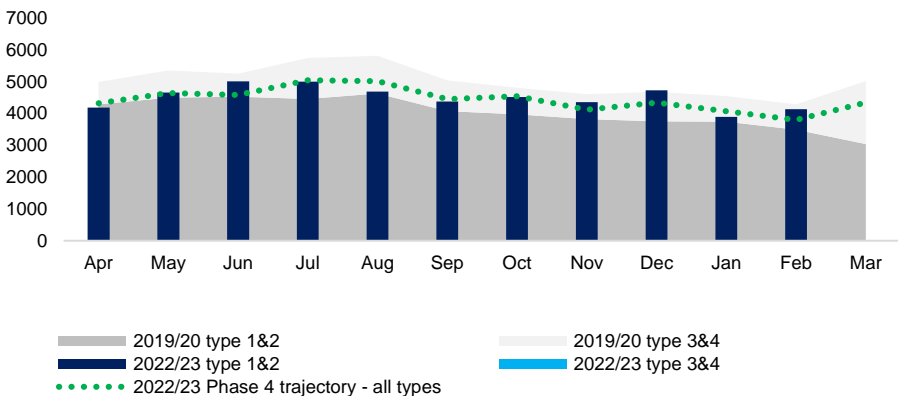


Overall Performance:

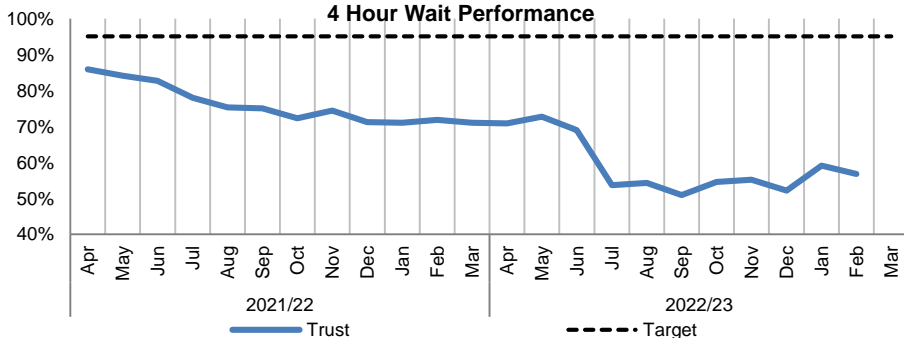
Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	4132	1785	56.80%

- ED remained busy during February with a peak of 175 attendances on the 4th February.
- In February the total average daily hours lost in ambulance handover delays was 410 hours. This was an improvement compared to the 465 hours lost in January. Actions have been put in place to allow SWAST cohorting crews where appropriate.
- Northern Services went into Opel 4 on the 29th January and remained in Opel 4 until the 7th February
- In February the overall number of ED attendances increased by 226 patients when compared to January. The service reported a 2.3% decrease in February against the 4 performance hour target in comparison to January.
- Industrial Action took place within the Ambulance Service on the 6th and 20th February. Contingencies were put in place including increasing staffing numbers within ED on these days with good effect.
- Safety Barometer implemented and live on EPIC.
- A recovery action plan has been developed to improve 4hr performance.

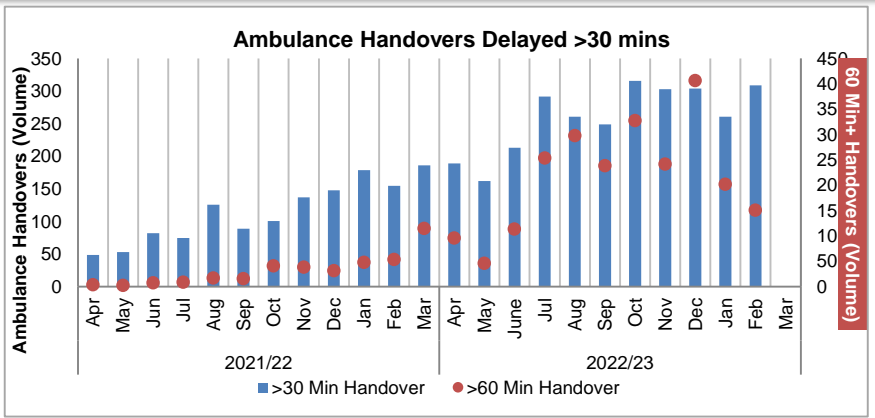
A&E attendances



4 Hour Wait Performance

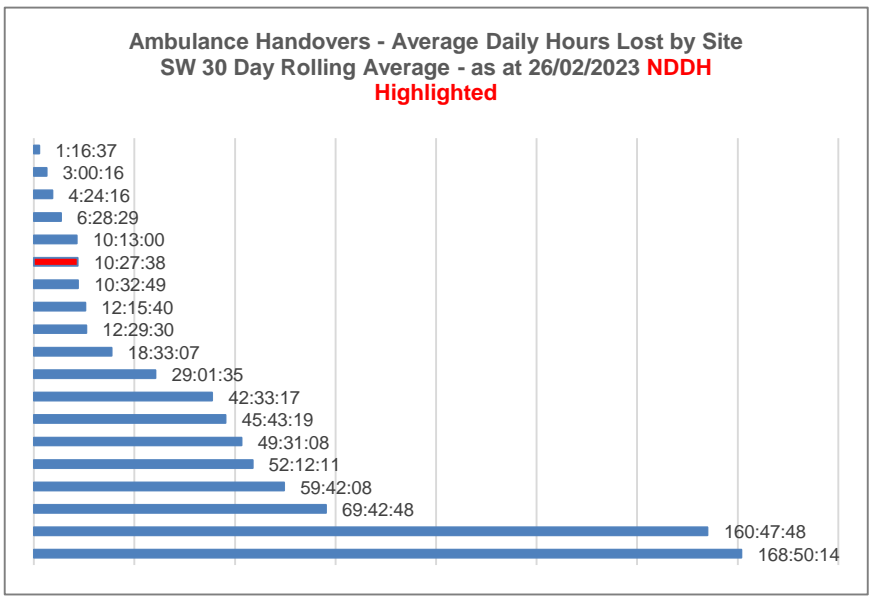


Activity & Flow
Operational Performance
Patient Experience
Quality & Safety
Our People
Finance



Overall Performance:

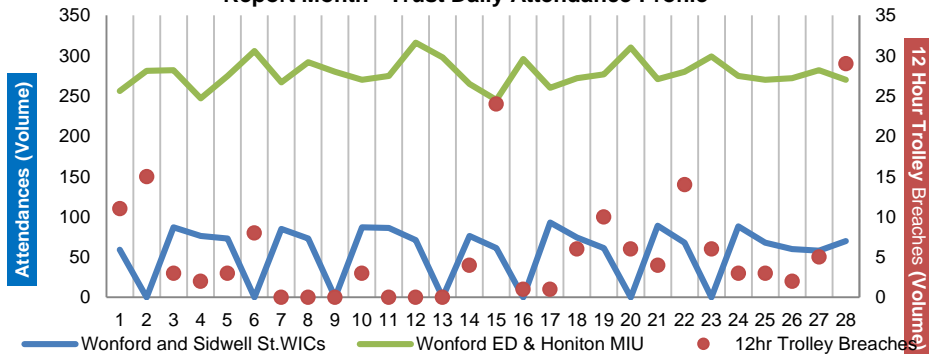
- 60 min handovers decreased by 51 in February (to 151); 30 min handovers increased by 48 (to 309).



Eastern Services Emergency Department

Key metrics relating to activity & performance in urgent & emergency care services

Report Month - Trust Daily Attendance Profile

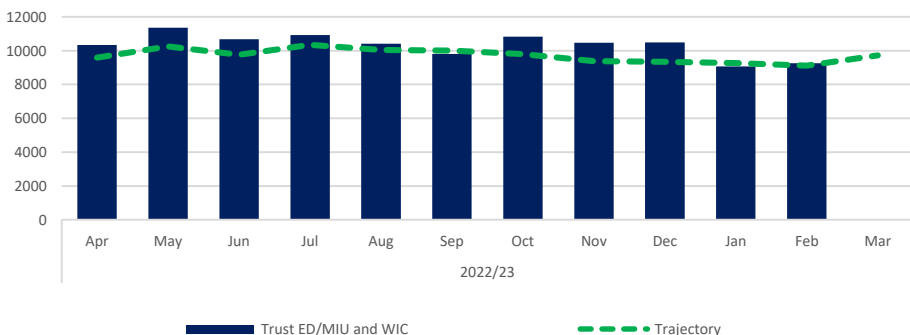


Overall Performance:

Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	6715	3455	48.55%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	9258	3463	62.59%
Total System Performance (including MIUs)	11696	3553	69.62%

- All type performance against the 4-hour target showed a small deterioration from 63.46% in January to 62.59% in February
- 12-hour trolley waits post DTA reduced from 246 in January to 163 in February, this is slightly above the monthly average for 2022/23 (157)

A&E Attendances



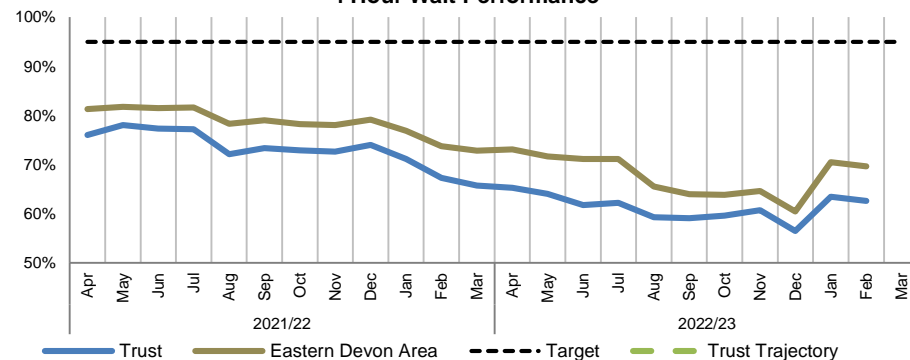
Key drivers:

- Urgent care pressures and restricted flow to beds in the hospital
- Significant increase in IPC occurrences (Covid and Norovirus) complicating flow out of the department and hospital (G2G)
- Reduced capacity at Sidwell Street WIC – closed on Monday and Thursday (blue line on the 'Trust Daily Attendance Profile' chart)
- Current vacancies/sickness in Medical and Nursing teams
- ED Reconfiguration work

To note:

- Sidwell Street WIC reopened on Mondays during February and is now planned to reopen 7 days per week in April
- ED Reconfiguration new reception and waiting room opened on 13 February 2023. HOT/escalation bay lost for one week from 20 February 2023 and will be permanently closed from 13 March 2023
- Minors stream relocated to run out of the old resus bays and the see and treat rooms from 13 February 2023. This is adjacent to the new reception area and waiting room and early indications are that this has supported an improvement in 4-hour performance
- Work to complete the new ambulance bay and relocate minors in low acuity majors space commences in March 2023
- SDEC activity remained high in February with an average of 20.4 attendances per day (20.2 in January) and having a record number of attendances at 39 with a 92.3% discharge rate on 23 February 2023
- Virtual Ward activity grew in February with 155 admissions/144 discharges and a peak number of patients in the virtual ward at 39

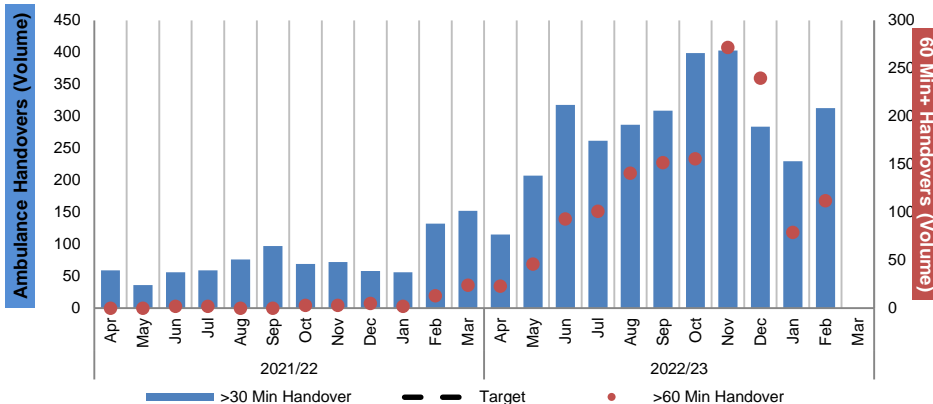
4 Hour Wait Performance



Eastern Services Emergency Department

Key metrics relating to activity & performance in urgent & emergency care services

Ambulance Handovers Delayed >30 mins



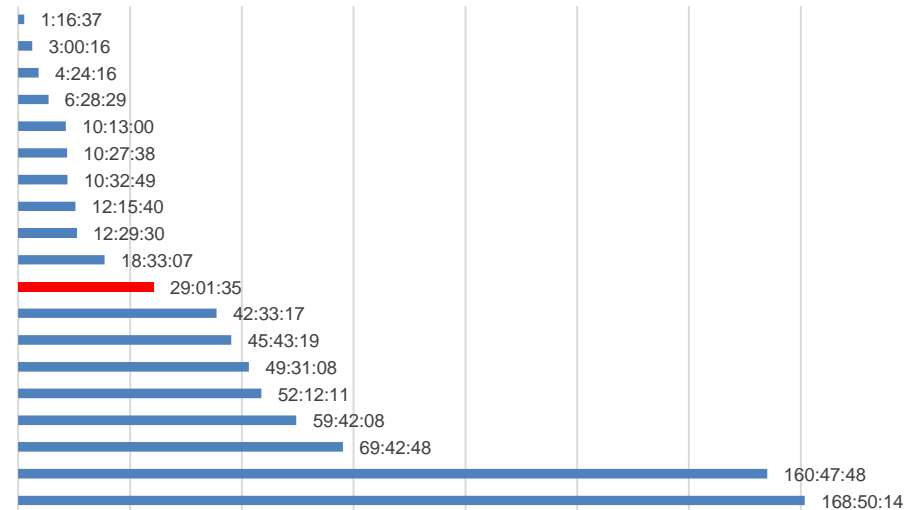
Overall Performance:

- During February 2023 Eastern services received an average of 92 ambulance arrivals per day which was the highest daily average since May 2022
- In total the unvalidated amount of time lost on ambulance handovers was 1,305 hours. As with Northern, the Eastern handover performance compares favourably to other Trusts in the region
- 62.3% of ambulances were handed over within 30 minutes of arrival
- Ambulance handover delays increased in February with 313 in excess of 30 minutes (compared to 230 in January) and 112 in excess of 60 minutes (up from 79 in January)

Actions

- Ongoing recruitment to fill nursing and medical staffing vacancies
- Focus on improving the 15 min to triage performance in ED
- Review of ambulance patients during peak arrival times by senior medical and nursing team to assess suitability to move to waiting room and release ambulance crews
- Close working with SWAST HALO officer to cohort up to 5 crews inside the department when clinically able to facilitate

Ambulance Handovers - Average Daily Hours Lost by Site SW 30 Day Rolling Average - as at 26/02/2023 **RD&E Highlighted**



Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

Trust Urgent Community Response

Admission avoidance and discharge

Activity & Flow

Operational Performance

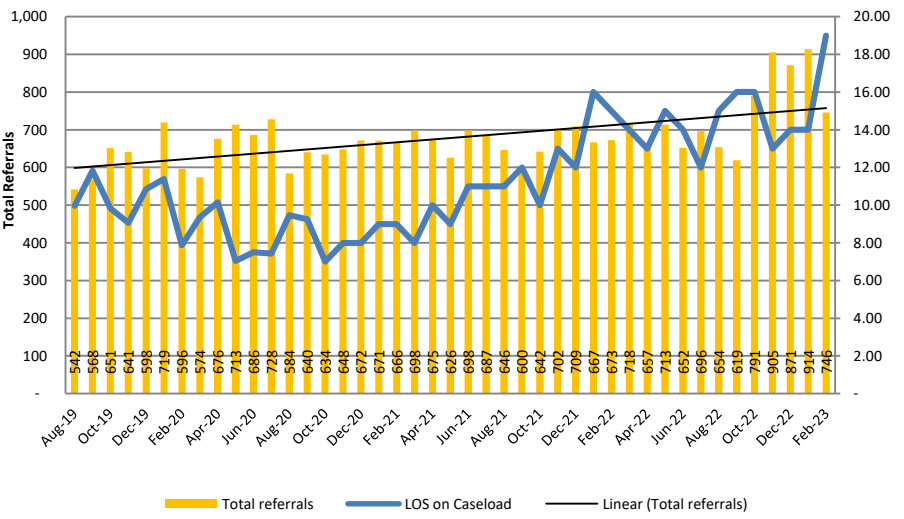
Patient Experience

Quality & Safety

Our People

Finance

UCR Referrals & Length of stay on Caseload



Eastern UCR Demand and Flow Performance

- There were 248 admission avoidance referrals in February compared with 340 in January and 329 in December. Performance against the national 2 hour target in February was 88%.
- The first push pathway from SWAST to UCR was launched in November. Referrals to Eastern services were 9 in February, 14 in January and 14 in December. Drop in referrals in line with overall reduction in referrals. Exploring maximising use of this pathway with SWAST.
- Seeking to understand the increase length of stay in CMO and T&C clusters in particular, both of which have had additional agency support. In February, we had several long standing cases closed as they had been picked up by the additional agency cover by social care. Work to further understand this impact and ACP engaged in reviewing this increase in LOS.

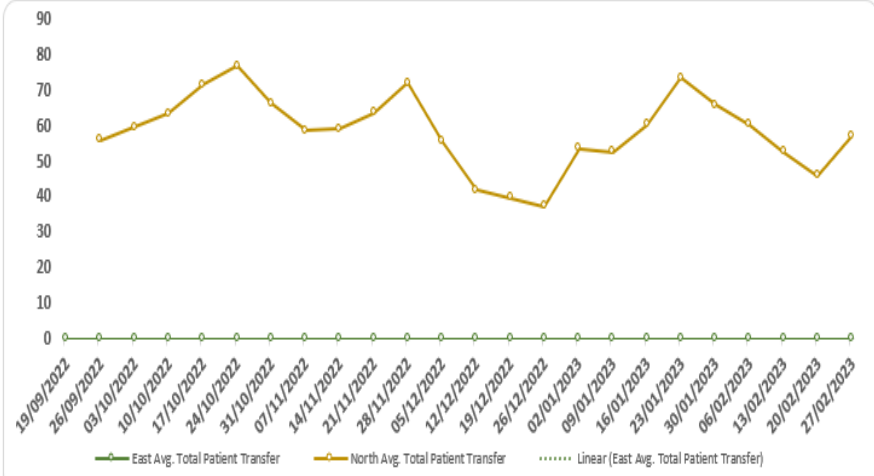
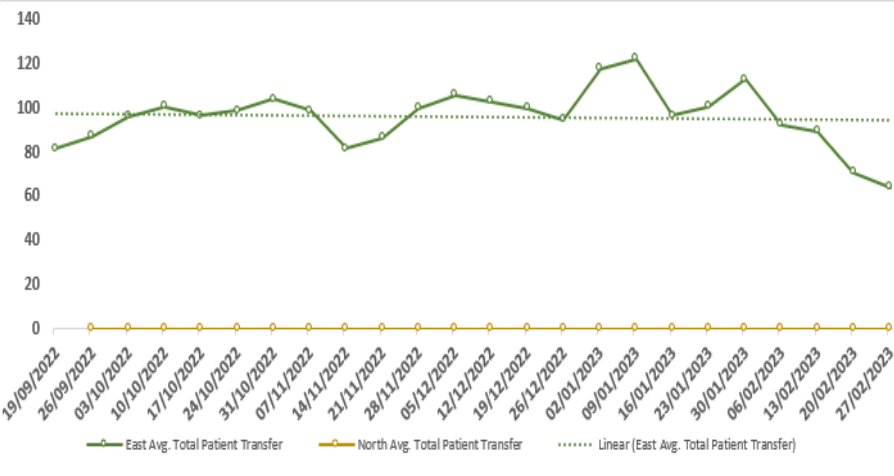
Northern UCR Response and Recovery Programme

- There were 50 referrals in February, with a 92% 2hr response achievement rate
- SWAST referral have remained stable with an average of 18 referrals a month, but further pushes have been made to increase this with days spent in ED educating paramedics - to which we have already seen an increase from this month . Links also made with SWASTs education and triaging team to promote the UCR service
- Working more closely with the STS teams to pull 2hr response work that is being referred directly to them, rather than via the SPoA

Trust Discharge

Daily Average Green (Medically Fit) Transfer List Total - Eastern

Daily Average Green (Medically Fit) Transfer List Total - Northern



Flow

- In Eastern Time to transfer deteriorated across all pathways: from 3.5 days to 3.8 days for Pathway 1, from 6.1 to 8.2 days for Pathway 2 and from 5.6 days to 6.7 days for Pathway 3. This is due to the significant and widespread issues with infections across the system.
- Data quality issues in Northern are being worked through, now with a joined up task and finish group on 'home care' functionality within Epic which should priority Northern to get equity of reporting across Northern and Eastern community teams.
- The Eastern G2G position has been artificially lowered by the number of infection control issues affecting the Wonford and Eastern community sites. The team have managed to work pre-emptively to manage some of these people to be discharged as wards have reopened and keep up with referral numbers and changes daily to individuals fitness to transfer status.
- We are likely to see this number increase again as our infection numbers reduce and wards are opened and the barriers to discharge reduce.
- There are significant risks around the hospital discharge funding in the Devon system and this is being discussed at an Executive level.

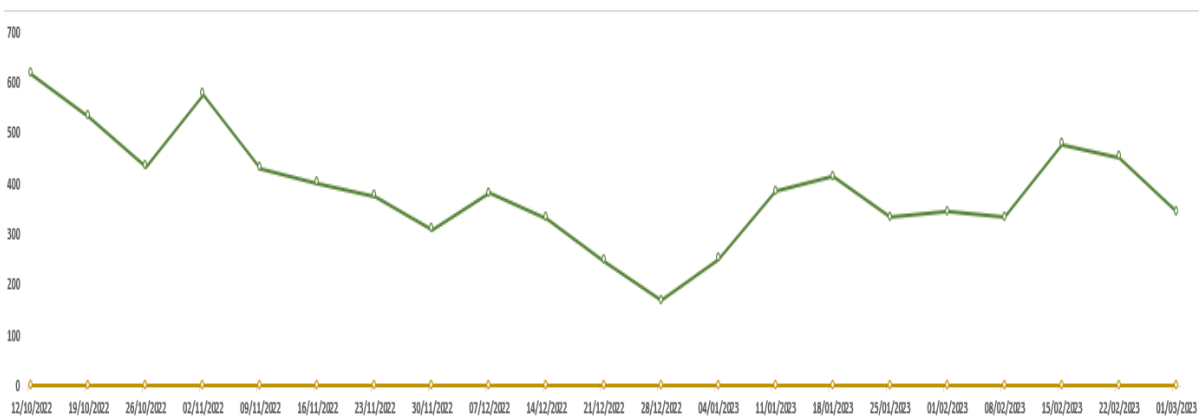
Actions to improve performance and outcomes

- We have maintained good communication with our care home sector to try and increase their awareness. We have also seen an increase in care home closures as Norovirus and COVID circulate in the community.
- Help People Return and Stay Well at Home programme has an equal emphasis on flow and prevention is currently being scoped. Eight workstreams have been identified and the scope and key deliverables are being signed off at the Programme Board in March and will deliver in year improvements across North and East.

Northern and Eastern Community Services Backfill Pre Care Act

Unallocated domiciliary care hours, and waiting list position

Northern: Backfill Pre Care Act and Referral Not Made



Northern Services

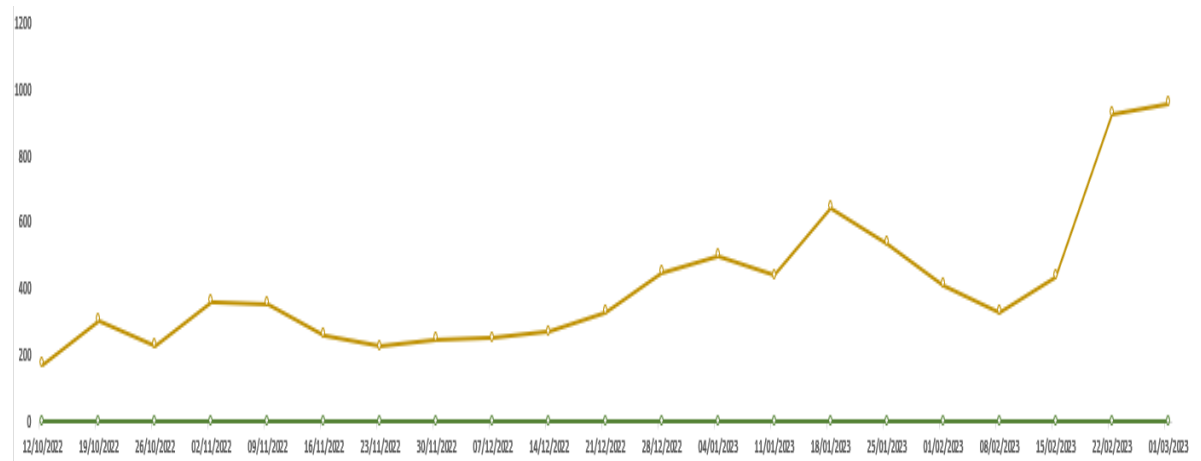
- The Team that complete the majority of our Care Act Assessments have been asked to prioritise the New Cross Live in Care runs
- This equates to 3 patients currently receiving 168 hours a week each as part of the New Cross live in care.
- Increase in demand of people needing Care Act Assessments on P1.
- Twice weekly huddles continue for updates on the UCR patients needing further assessment.

Eastern Services

There has been an increase in the number of cases identified as backfill but awaiting assessment. The following are contributing factors.

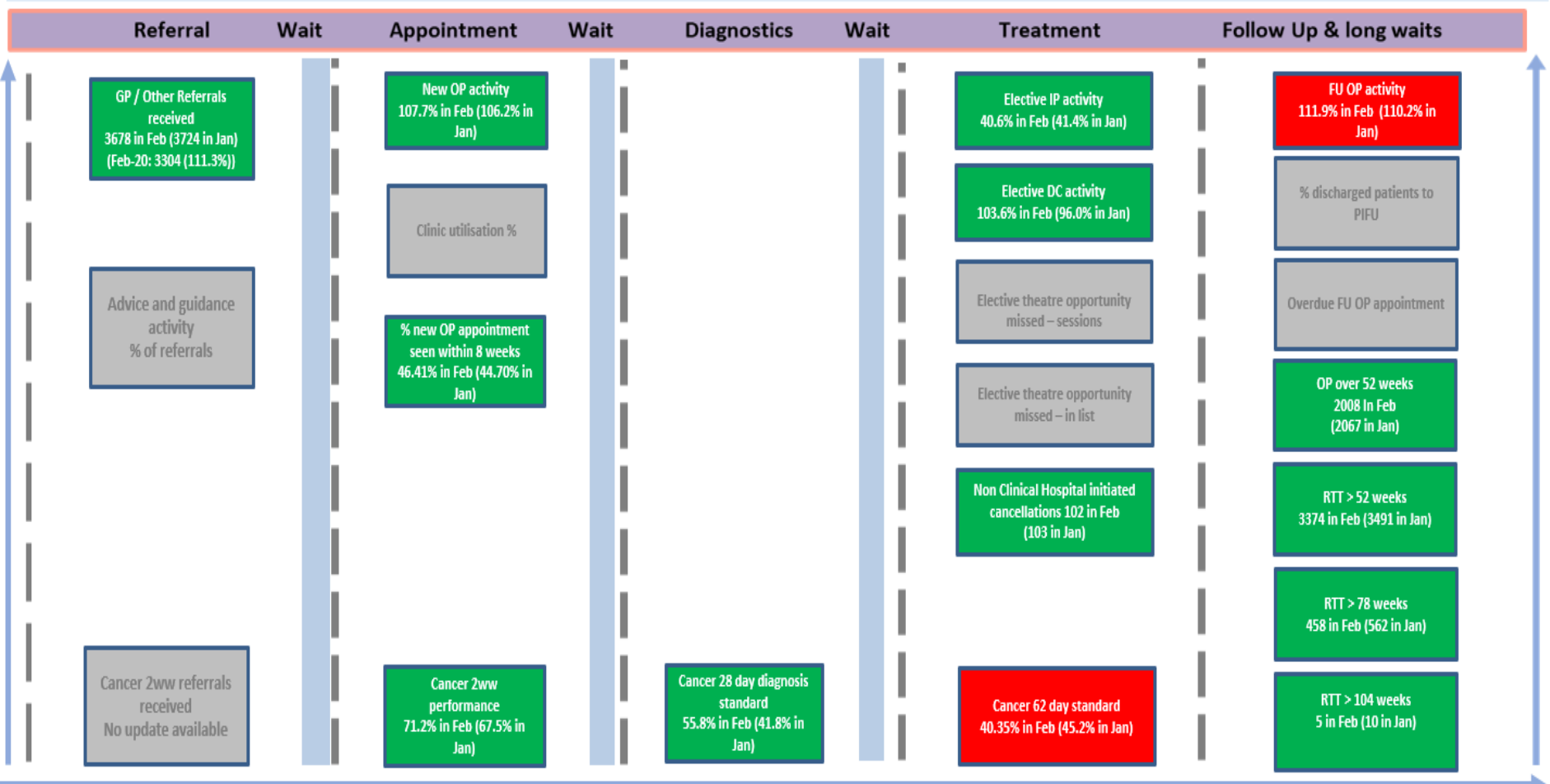
- Increase numbers of P1 transfers out of the acute following additional runs under the D&C (ICB) funds and investment into additional runs made by the ICB with a share of the £200m discharge grant.
- The Trust has been on consistent OPEL 4 with high volume of P1 transfers.
- The clinical capacity to review has been limited due to sickness, vacancies and increases in P1 care capacity.
- The volume of care hours and transfers has outstripped our social care teams capacity to assess for onward care.

Eastern: Backfill Pre Care Act and Referral Not Made



Northern Services Planned Care Metrics 2022-2023

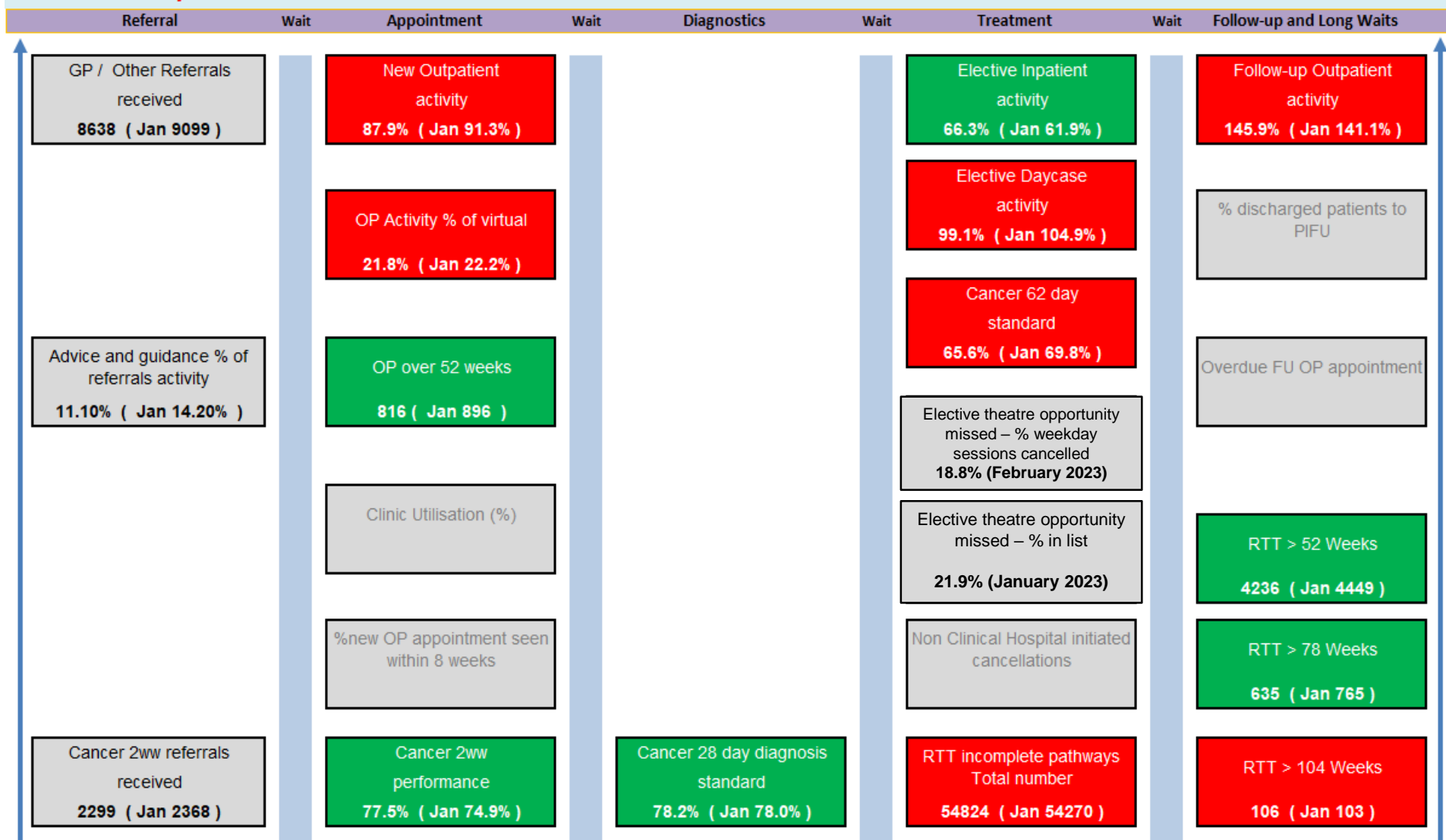
Data: December, January & February 2023



Enabling work streams: Clinical prioritisation, PTL management, Patient support, Validation, Access management processes, Communications + ownership, EPIC build

Improved performance
Challenged performance
Reducing performance

Data : February 2023

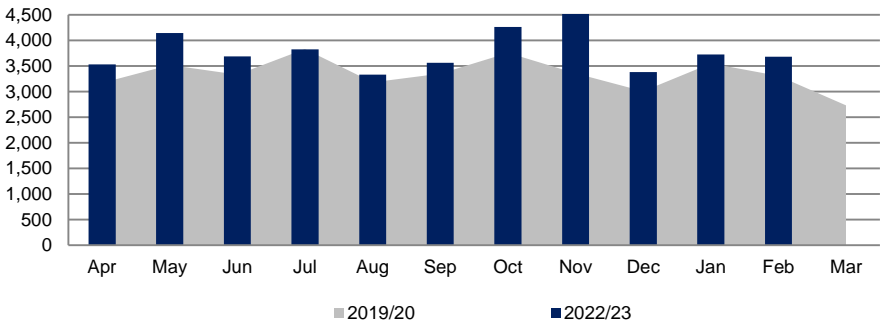


Enabling work streams: Clinical prioritisation, PTL management, Patient support, Validation, Access management processes, Communications + ownership, EPIC build

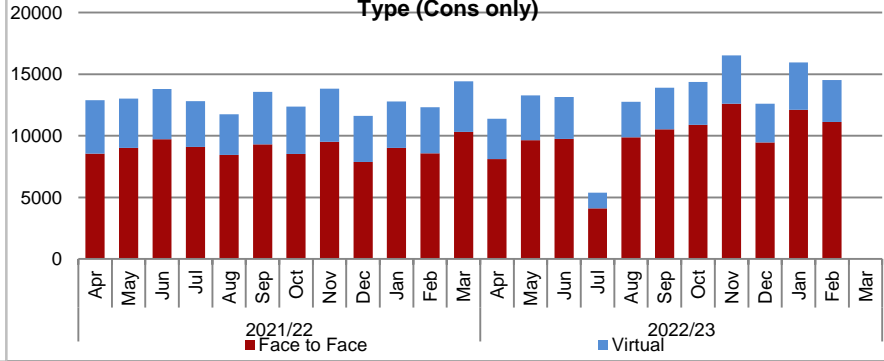
Improved performance	Challenged performance	Reducing performance
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Northern Services Elective Activity- Referrals and Outpatients

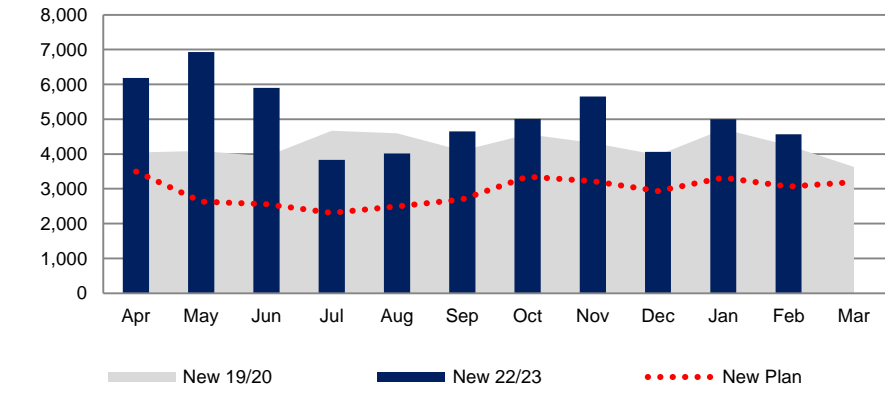
Referrals from All Sources (cons only)



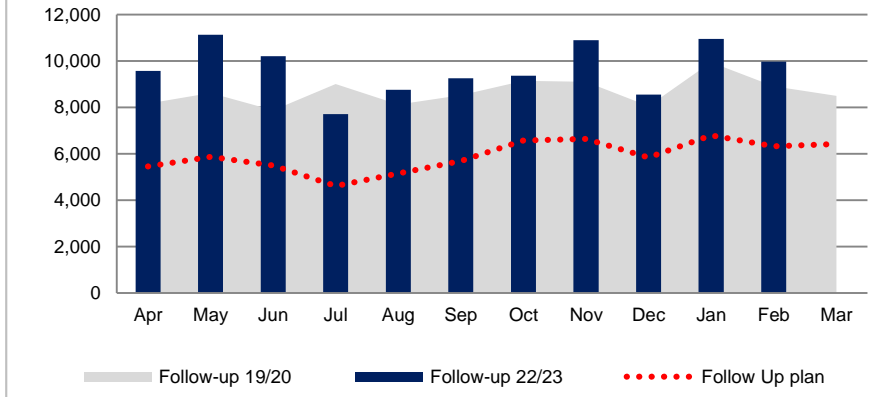
Outpatient Attendances (New and Follow-up) by Appointment Type (Cons only)



Outpatient Activity (NEW)

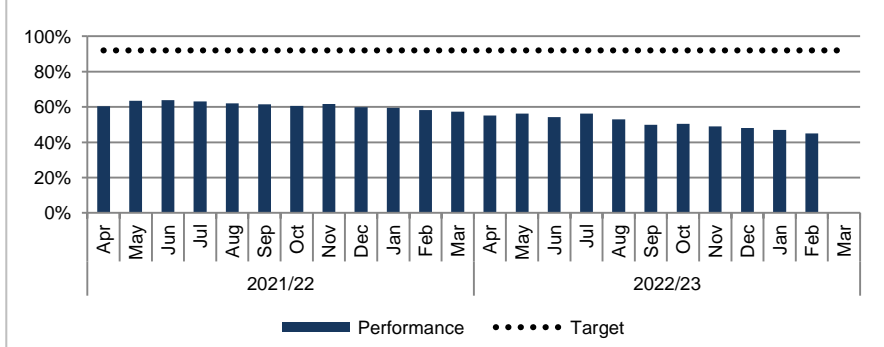


Outpatient Activity (FOLLOW-UP)



- There were a total of 14,535 Outpatients appointments held in February. Of this 14,535, 4568 were New appointments and 9967 were Follow-up appointments.
- 76.5% of appointments were held Face to Face and 23.5% were Virtual appointments.
- There was a slight decline in RTT 18 week performance in February. The focus still remains on reducing the volume of 104 and 78 week waits between now and year end.
- As these numbers reduce focus is moving to 65 weeks wait in line with the national aspiration to have no patients waiting over 65 weeks by March 2024.

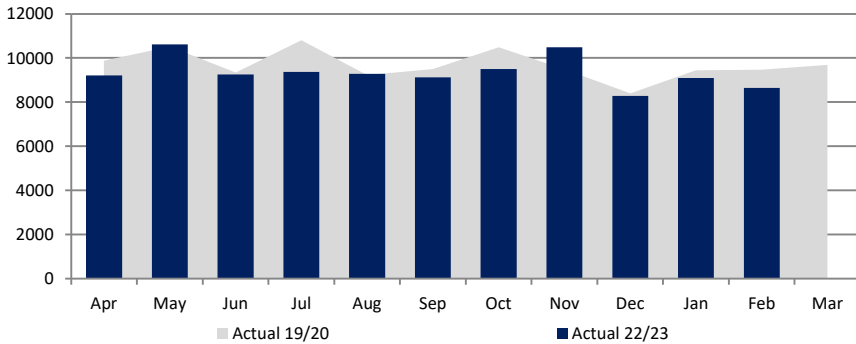
RTT 18 Week Performance



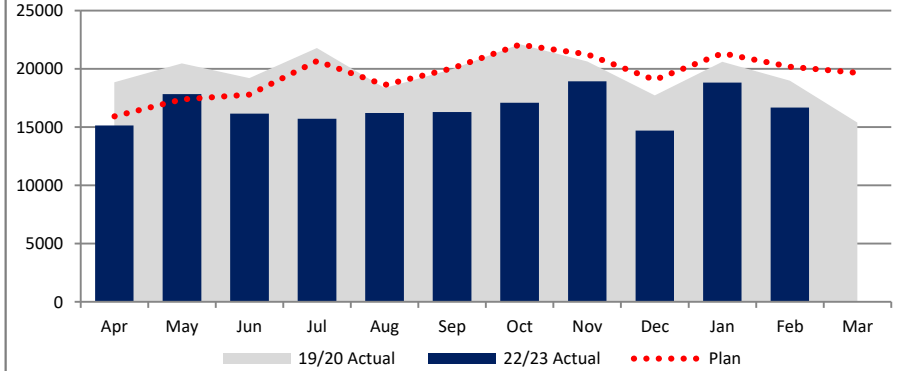
Eastern Services Elective Activity- Referrals and Outpatients

Referrals

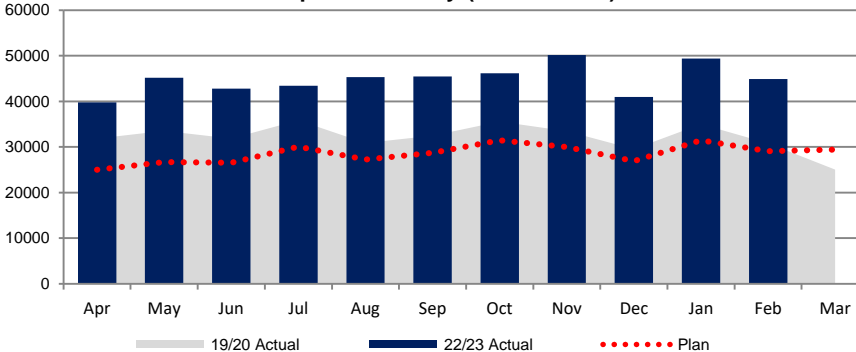
Consultant Led. Excl Community



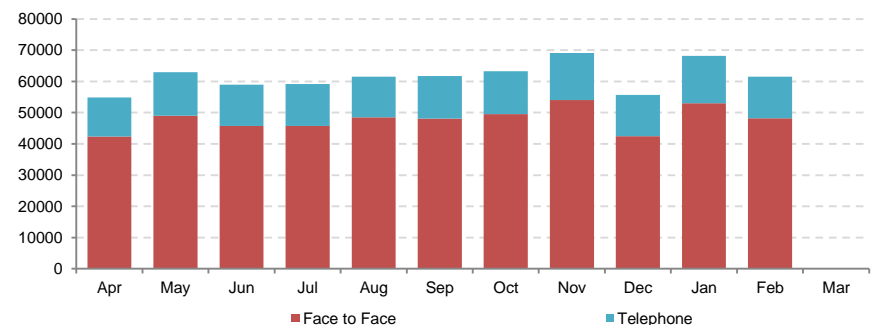
Outpatient Activity (NEW)



Outpatient Activity (FOLLOW-UP)



Outpatient Attendances (New and Follow-up) by Appointment Type

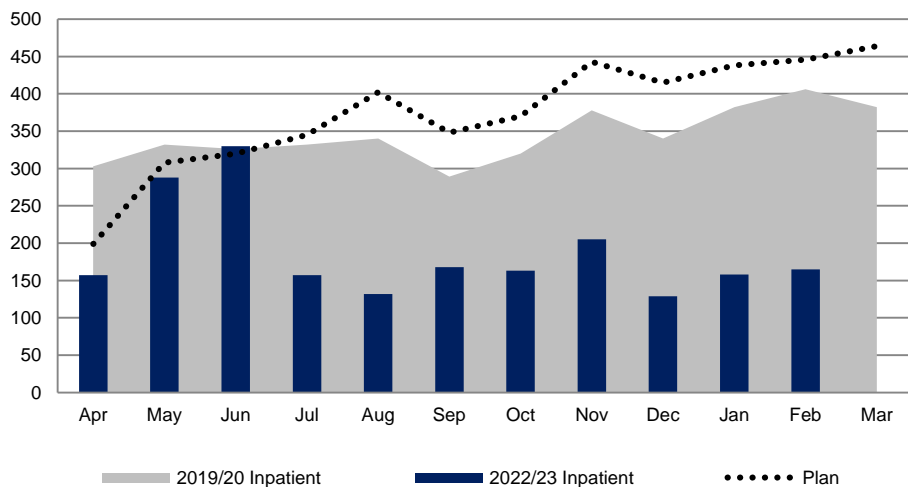


Outpatient new: Was at 88% of 2019/20 activity levels in February, which was a slight reduction from 91% in January. As in previous months, it is surgical specialties in the main that are still showing lower volumes than 2019/20. These specialties will be a major focus of the productivity programme for 2023/24.

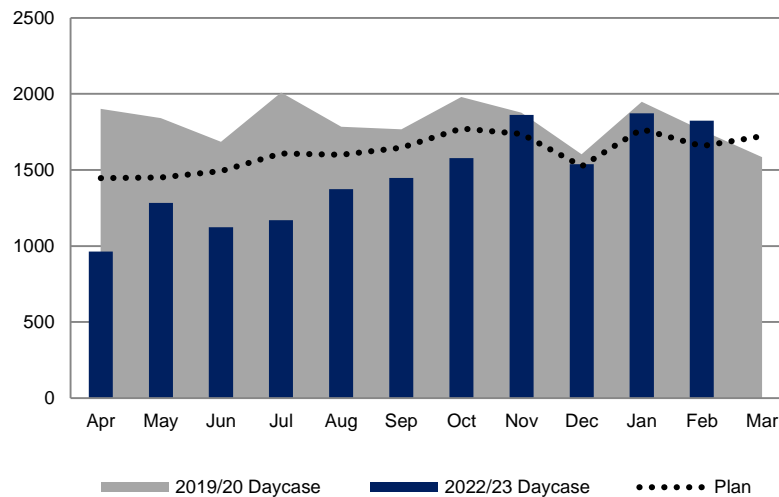
Outpatient follow up: Increased to 146% in February. As previously reported data quality issues (Midwifery in particular) are still present in outpatient follow ups, which is overstating this position. They are in the process of being resolved with the intention to complete before the end of March.

Northern Services Elective Activity- Inpatient and Daycase

Elective Inpatient Activity

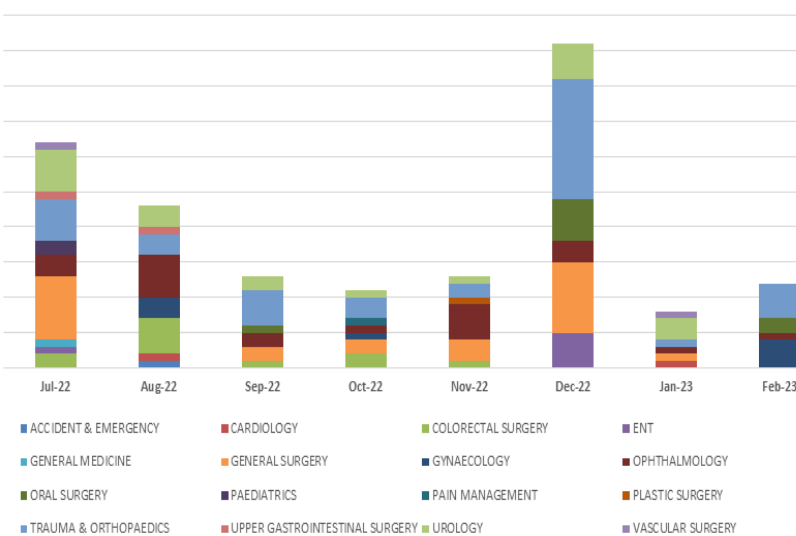


Elective Daycase Activity



- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- On the 1st February Northern Services remained extremely escalated and there was a requirement to escalate into both our Endoscopy and Day Surgery areas.
- Elective Inpatient activity increased during February by 7 and Day case activity decreased from January by 48. There were a number of surgical cases that were required to be cancelled due to Industrial Action that was held on the 6th and 7th February.

Elective Same Day Cancellations - Hospital Initiated (Non-Clinical Reasons)



Activity & Flow

Operational Performance

Patient Experience

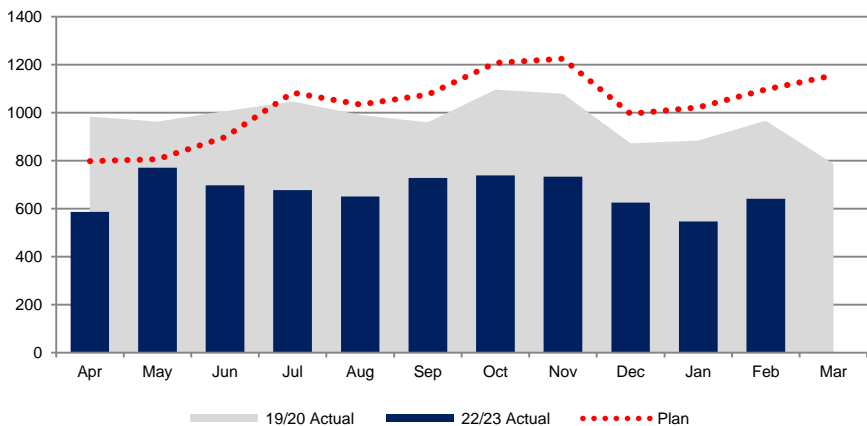
Quality & Safety

Our People

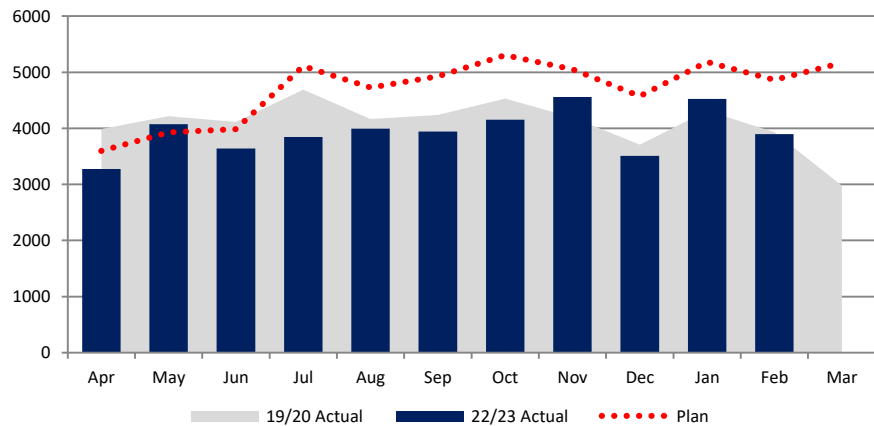
Finance

Eastern Services Elective Activity- Inpatient and Daycase

Elective Inpatient Activity

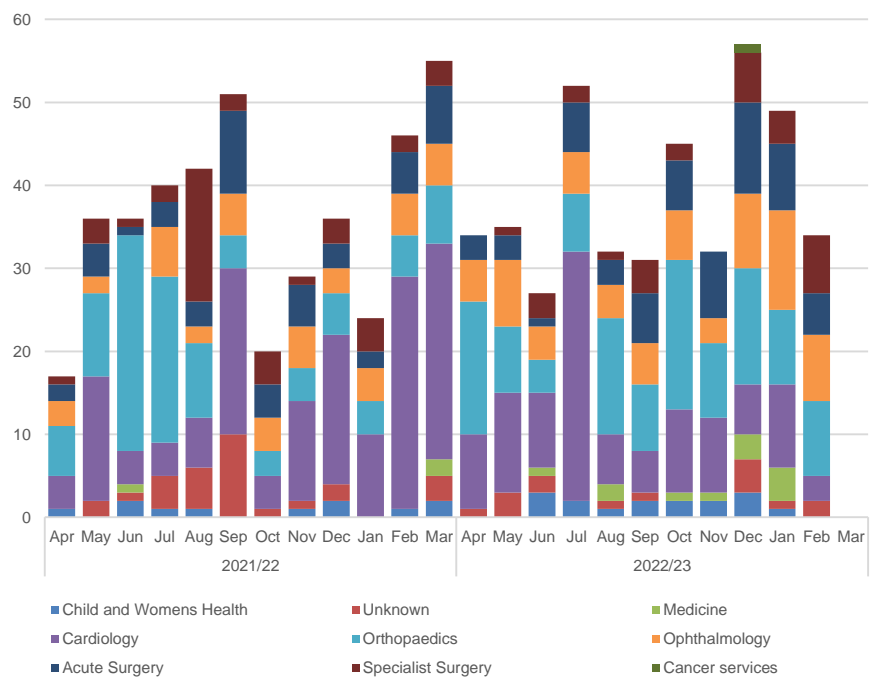


Daycase Activity



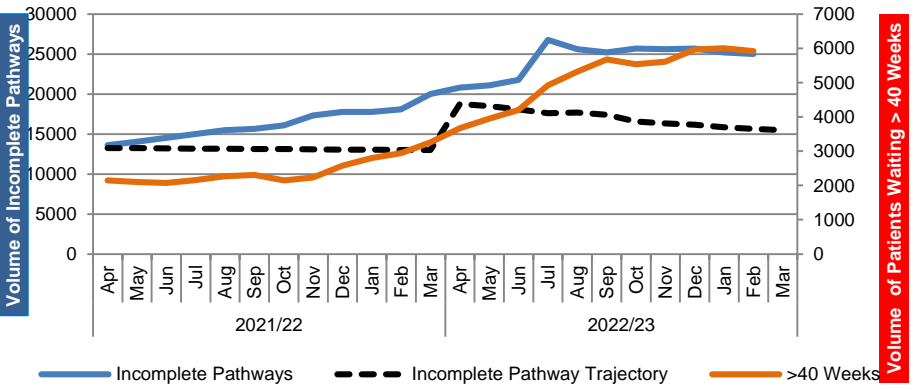
Inpatient activity was 66% of 2019/20 (slight increase on January) and Daycase activity was 99% of 2019/20 (slight decrease on January). Industrial action had a negative impact on elective activity, and Cardiology was particularly affected by emergency pressures.

Elective Same Day Cancellations : Hospital

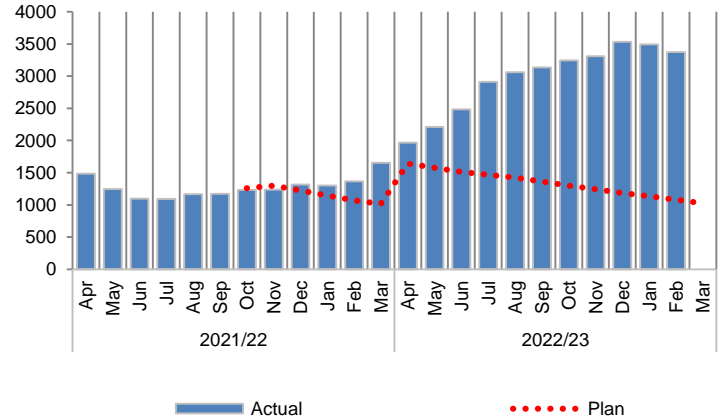


Northern Services Elective Activity- Long Waiting Patients

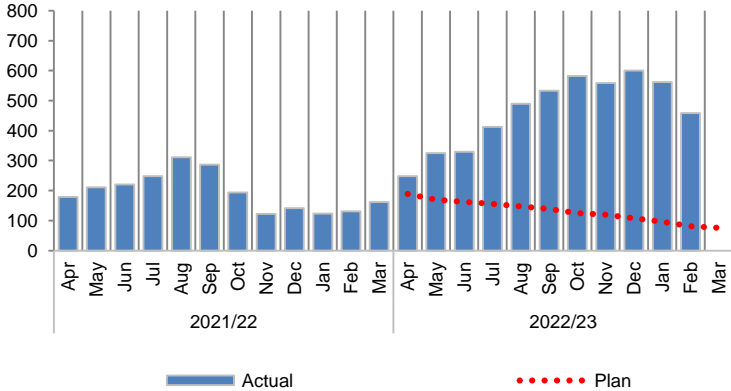
Incomplete Pathways and Longer Waiting Patients



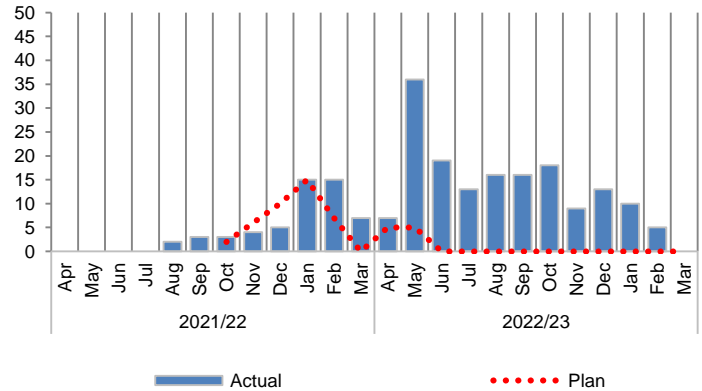
RTT 52+ Weeks Waited



RTT 78+ Weeks Waited



RTT 104+ Weeks Waited



- Twice weekly meetings are being held throughout March with the Divisional Directors to ensure the focus still remains on ensuring that Northern Services meet the target of 0 patients waiting over 104 weeks for treatment by the end of March. Despite 3 days of Industrial Action by junior doctors in March there has been no deterioration of position to date.
- In referral to treatment times the focus still remains on reducing 104 and 78 week waits between now and year end. Actions are in place to ensure non-admitted patients who will breach 78 weeks by the end of March 2023 have a clinic appointment booked, and patients on admitted waiting lists are offered dates for admission.
- It is expected to end the year well under trajectory for patients waiting 78 weeks. The number of patients waiting 78 weeks reduced again in February bringing the total to 488. This is expected to reduce further in March to below 400.

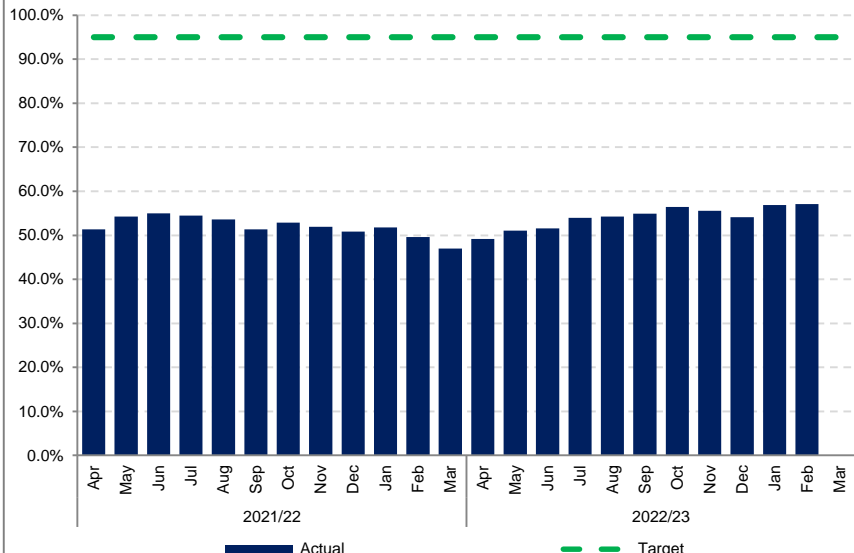
Northern Services Elective Activity- Long Waiting Patients Continued

Specialty	2021/22												2022/23											
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
52+ weeks	T & O	416	327	260	225	221	222	225	244	267	312	344	391	460	522	529	594	590	594	596	552	600	570	522
	Cardiology	8	6	5	1	2	7	12	12	10	10	11	15	13	23	27	37	42	72	92	130	164	168	198
	Ophthalmology	492	393	311	323	458	373	371	367	401	390	336	459	561	632	720	865	824	823	831	800	820	754	675
	Other	425	352	353	366	315	414	438	454	490	436	504	594	694	757	903	1055	1208	1248	1331	1434	1536	1578	1539
	Urology	108	122	118	124	127	134	120	126	119	125	132	153	182	204	235	268	284	284	279	306	326	347	361
	Grand Total	1484	1244	1099	1091	1167	1174	1230	1235	1316	1301	1367	1655	1967	2212	2483	2912	3058	3137	3246	3307	3531	3491	3374
78+ weeks	T & O	47	49	55	51	63	62	42	23	22	41	21	33	65	126	97	114	137	140	130	106	118	104	91
	Cardiology	0	0	0	1	0	1	0	0	0	0	0	0	2	1	0	0	1	1	4	5	4	1	2
	Ophthalmology	72	82	78	93	106	86	45	18	16	19	17	27	44	33	43	58	54	85	116	140	148	151	109
	Other	39	50	58	69	98	90	79	49	72	28	58	62	89	106	134	170	204	238	251	226	240	220	189
	Urology	21	28	28	33	41	39	23	29	29	32	32	37	43	53	50	63	65	62	66	70	78	76	62
	Grand Total	179	211	220	248	311	287	194	122	141	123	131	162	248	325	329	412	471	533	582	559	600	562	458
104+ weeks	T & O	0	0	0	0	0	1	0	0	0	1	0	3	2	28	13	5	6	5	5	1	0	0	1
	Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ophthalmology	0	0	0	0	0	0	0	1	1	5	4	0	1	0	0	1	2	2	1	3	2	0	0
	Other	0	0	0	0	2	1	3	2	3	9	10	3	3	4	1	2	2	4	8	1	7	6	3
	Urology	0	0	0	0	0	1	0	0	0	0	1	0	0	3	4	4	4	5	3	4	3	4	1
	Grand Total	0	0	0	0	2	3	3	4	5	15	15	7	7	36	19	13	15	16	18	9	13	10	5

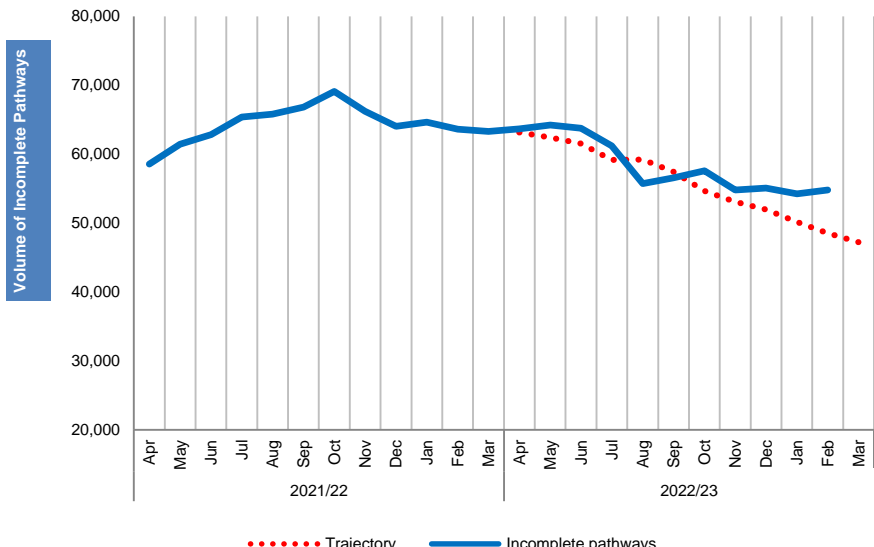


Eastern Services Elective Activity- Inpatient and Daycase

RTT 18 Week Performance



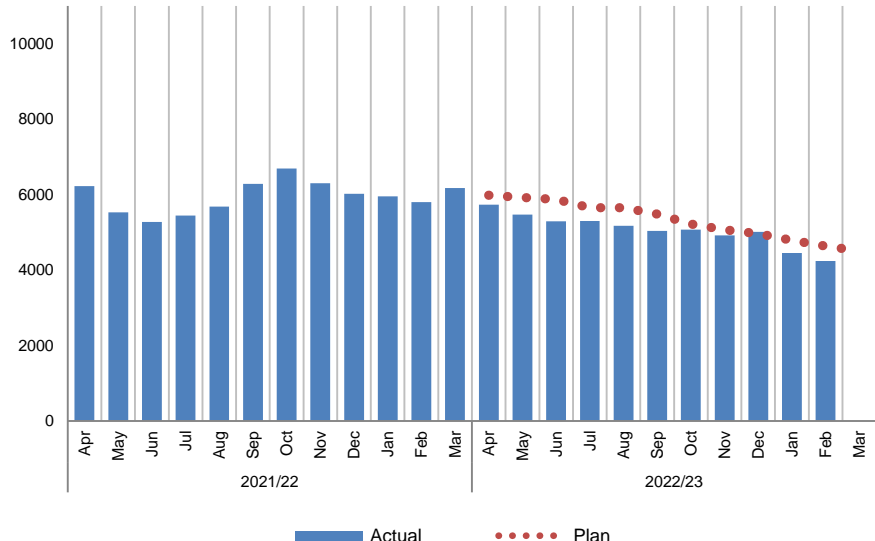
Incomplete Pathways



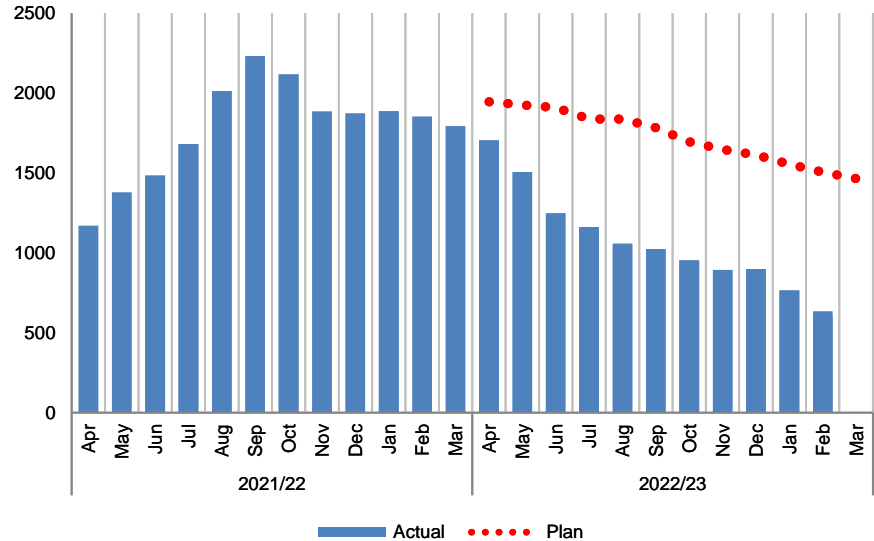
Incomplete pathways continued to reduce, but at a slower trajectory than the first half of the year. A continued reduction is positive, and is expected to continue into the 2023/24 year.

Eastern Services Elective Activity – Long Waiting Patients

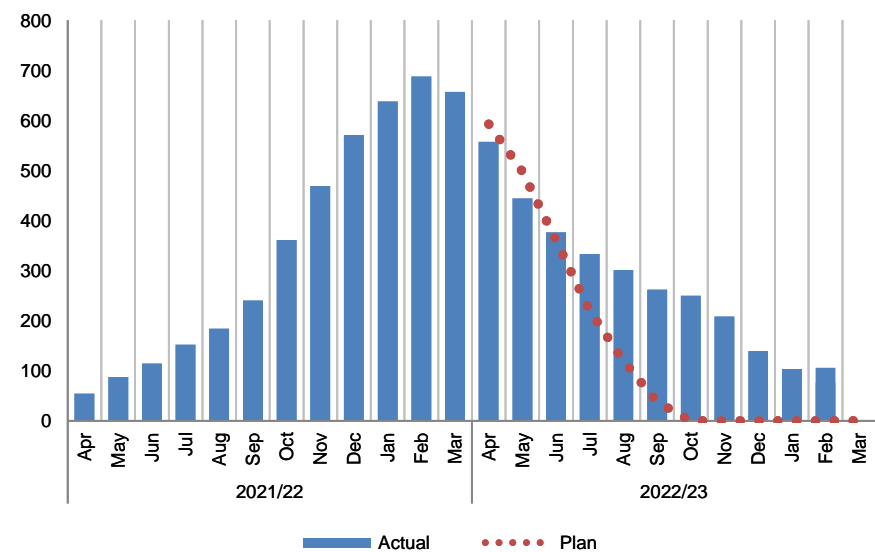
RTT 52+ Weeks Waited



RTT 78 + Weeks Waited



RTT 104+ Weeks Waited



The positive run rate on long waits continues, with reductions across +52, +78 and +104. The Trust continues to be in Tier 1 from a regulatory perspective due to the high volume of long waiting patients but plans are currently being finalised to continue with the positive profile that has been seen in the current year.

Eastern Services Elective Activity- Long Waiting Patients

Specialty	2021/22												2022/23											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
52+ weeks	Orthopaedics	1859	1720	1628	1535	1482	1533	1595	1617	1610	1537	1492	1568	1499	1416	1364	1419	1374	1436	1487	1478	1402	1237	1062
	Cardiology	414	399	417	407	418	491	530	484	442	414	377	416	429	457	487	520	545	482	428	457	489	443	461
	Ophthalmology	1315	1013	941	1046	1212	1399	1489	1456	1610	1404	1365	1608	1345	1164	929	858	688	578	546	452	458	399	390
	Colorectal Surgery	445	437	437	448	455	451	498	514	526	553	517	523	526	593	609	618	546	508	513	535	538	541	558
	Upper GI	80	86	76	81	94	95	114	99	91	102	107	106	104	104	109	113	101	101	127	140	161	152	140
Total	6224	5531	5272	5445	5682	6284	6691	6299	6021	5952	5802	6173	5731	5473	5289	5298	5173	5034	5074	4920	5008	4449	4236	
78+ weeks	Orthopaedics	581	654	697	698	761	810	782	775	843	846	827	820	773	684	584	528	472	457	417	387	339	281	228
	Cardiology	108	111	120	126	152	165	175	137	121	134	138	133	153	149	134	129	130	121	94	113	125	121	96
	Ophthalmology	61	70	91	137	279	384	343	264	246	307	325	331	271	223	155	140	94	77	80	53	64	45	37
	Colorectal Surgery	128	172	175	195	219	233	250	252	260	248	221	183	188	183	149	153	127	119	120	127	127	128	102
	Upper GI	23	22	21	23	34	34	35	29	22	19	21	22	30	22	19	28	22	22	29	32	38	41	37
Total	1170	1377	1483	1679	2013	2231	2117	1884	1873	1887	1853	1791	1704	1505	1248	1162	1058	1023	952	892	899	765	635	
104+ Weeks	Orthopaedics	23	35	47	65	81	114	178	252	340	397	437	445	364	299	261	230	191	162	153	124	72	50	48
	Cardiology	6	12	23	28	25	27	46	51	49	59	63	57	58	45	32	31	22	16	12	14	9	10	10
	Ophthalmology	0	0	0	0	1	4	6	12	18	18	30	24	13	8	2	6	9	8	5	4	5	2	5
	Colorectal Surgery	19	23	28	34	38	41	54	64	75	87	80	75	67	63	46	42	45	42	48	33	26	19	19
	Upper GI	1	2	0	2	3	3	7	4	4	2	2	3	2	4	1	1	0	0	0	3	5	5	4
Total	54	87	114	152	184	240	361	469	571	638	688	657	557	444	376	333	301	262	250	208	139	103	106	

Activity & Flow

Operational Performance

Patient Experience

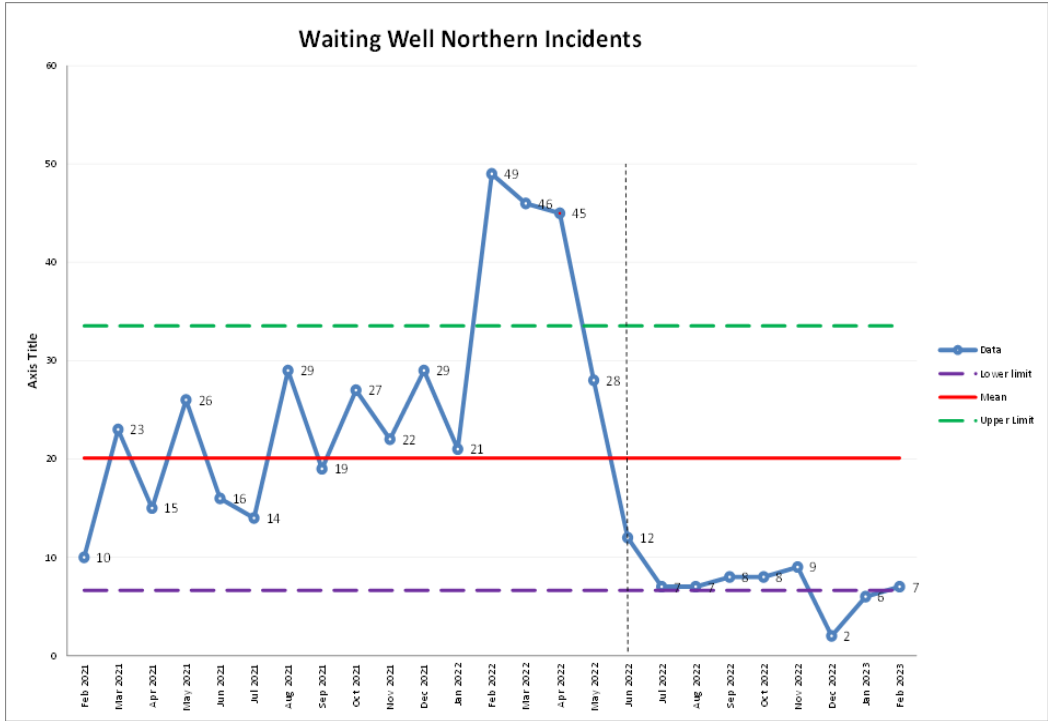
Quality & Safety

Our People

Finance

Northern Services Waiting Well

February 2023 Waiting Well Northern Incidents	None	Minor	Total
Diagnostic request delay	2	0	2
New	0	2	2
Surgery	2	0	2
Follow up delay	0	1	1
Total	4	3	7



There were no moderate, major or catastrophic incidents arising from extended waits for elective treatment reported during February 2023.

Patient survey support key aims

- Identify any patients who no longer want or need to be on a waiting list (patient validation)
- Ensure patients are empowered to seek appropriate help from the health system when needed
- Refer any identified patients that need further community support to local voluntary sector organisation(s)
- The table reflects total activity since the survey was implemented

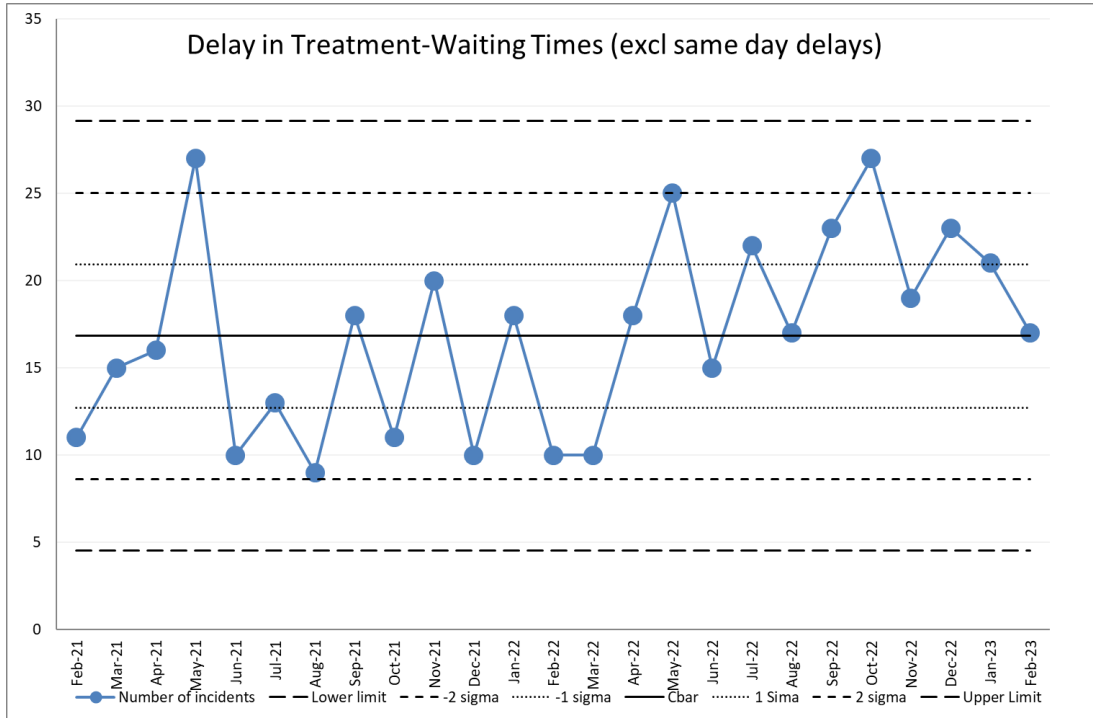
Patients Sent Survey	15271
Completed Survey	11055
No response (all contact methods tried)	2220
Work In Progress	1996
Outcome of completed Surveys	
Remove from WL	1734
Remain on list with clinical review	1306
Remain on list and referred for community lifestyle support and advice	1710
Remain on list	6,305

- Work this month focused on supporting Northern with roll out of survey process. This is now live.
- Improved process for tracking and reporting being developed within epic

Eastern Services Waiting Well

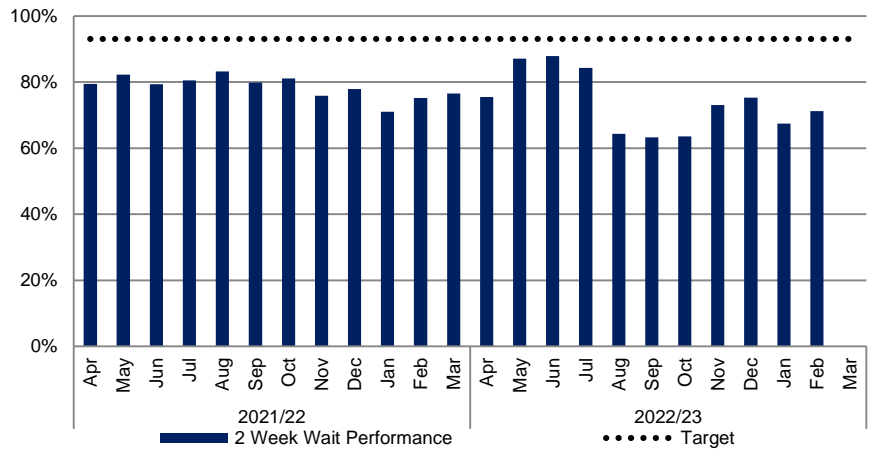
There were no moderate, major or catastrophic incidents arising from extended waits for elective treatment reported during February 2023.

	None	Minor	Moderate	Major	Catastrophic	Total
New	3	5				8
Follow up delay	0	5				5
Diagnostic request delay	1	1				2
Surgery	1	1				2
Total	5	12				17

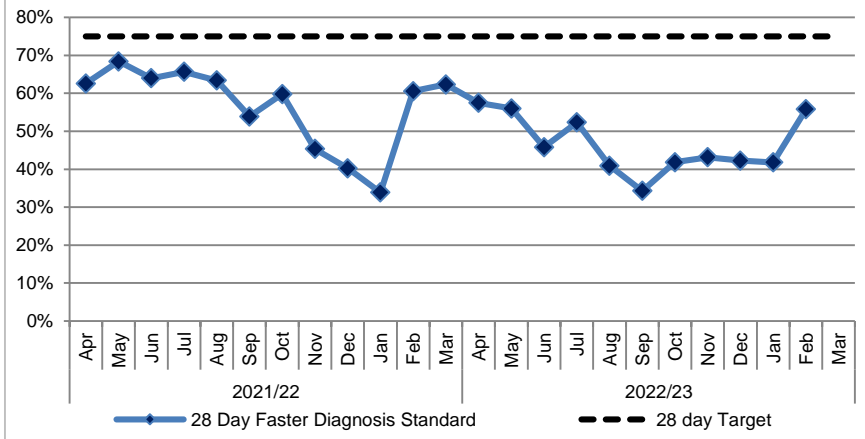


Northern Services Cancer 14 and 28 Day

2 Week Wait Performance



28 Day Faster Diagnosis Standard



2 Week Wait Performance

The significant challenges in the high volume speciality of Dermatology as a result of transition from System1 to Epic have been the main contributor towards the drop in 2 week wait performance observed between August and October. The dermatology position has been recovering due to additional clinical capacity and performance is now 92.3% for February. This improvement can be seen impacting on the overall site position since November with the exception of January. Performance deteriorated in January (67.5%) from 75.3% in December, due to capacity over the Christmas period and industrial action. A number of tumour sites have significant capacity pressures and are below the 14 day target for 1st OPA for January. The largest volumes of breaches were observed in;

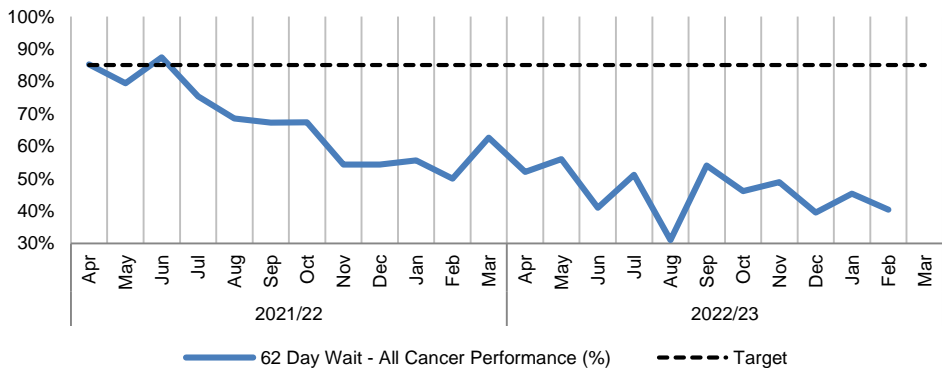
- Urology 34.8% (60 breaches) has the highest volume of 2ww breaches additional haematuria capacity has been delivered and the improved prostate pathway has been launched. Provisional performance for March indicates a significant improvement in performance with part month performance of 82%
- Gynaecology 52% (54 breaches), provisional performance for February and March indicate significant improvement.
- Breast 53.7% (38 breaches), industrial action had a significant impact on breast 2ww capacity which has resulted in a number of breaches.
- All services are working to reduce first out patient waiting times to 7 days .

28 Day Faster Diagnosis Standard

- The 2ww performance is directly impacting on ability to confirm diagnosis within 28 days. The improvement in 2 week wait performance has led to an improvement in the 28 day standard as it is anticipated that this will improve further in March.
- The majority of tumour sites are still struggling to achieve the 28 day faster diagnosis target and actions to support delivery are being monitored as part of the Trust's Cancer Recovery Action Plan via the Northern Cancer Steering group.
- Colorectal faster diagnosis breaches have significantly increased as a result of access to endoscopy for colonoscopy; plans to insource additional endoscopy capacity over and above the current level of insourcing are in place and this is due to commence in April.
- Urology - additional cystoscopy capacity is in place and a new prostate pathway has gone live from the middle of February.
- Skin performance continues to improve.
- Additional diagnostic capacity has been delivered to support improvement in the gynecology pathway, provisional data for February indicates the FDS standard will be achieved going forward.

Northern Services Cancer 62 Day – Proportion of patients treated within 62 days following referral by a GP for suspected cancer

Urgent GP Referral Cancer 62 Day Wait - All Cancers

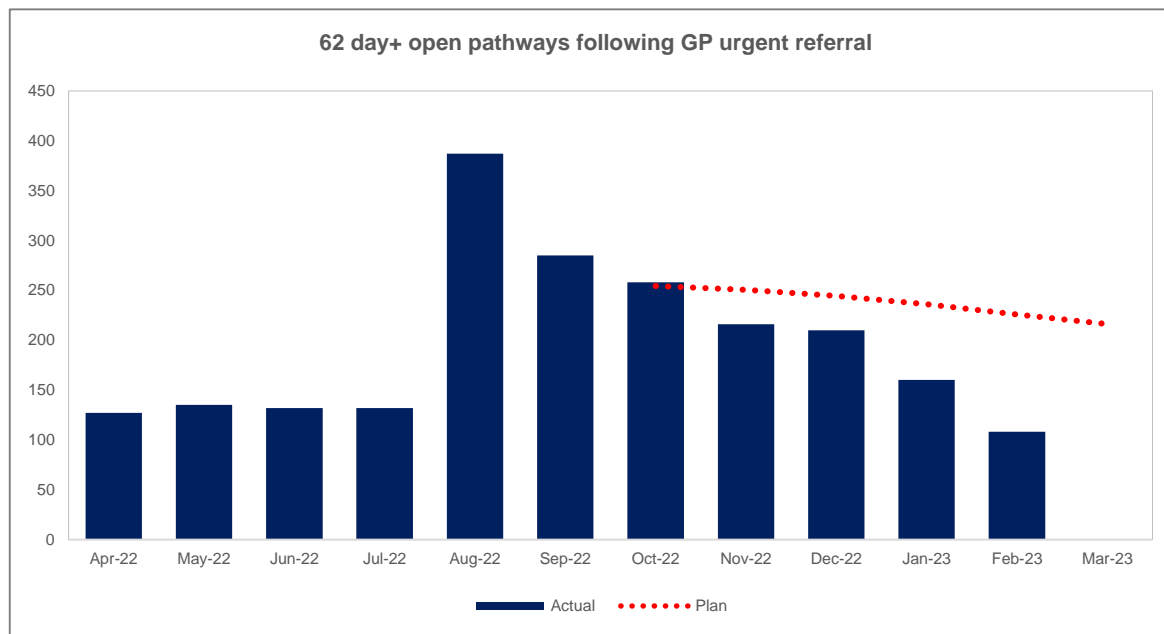


- Data Quality post EPIC implementation has now been resolved and treatment volumes are in line with pre- EPIC baseline.
- Weekly PTL meetings are in place across all tumour sites.
- Extensive validation has resulted in a smaller total PTL size which is emphasizing the 62 day + position.
- The majority of pathway delays are in within the diagnostic phase of the pathway, particularly in Urology and Colorectal tumour sites.
- 62 day performance will improve as a consequence of actions aligned to deliver 28 FDS.
- Capacity remains a pressure for some specialties and Oncology capacity for new patient appointments and treatments are subject to significant capacity constraints
- Every service has an up to date Cancer Recovery Action Plan with specific actions against delivery of each of the national CWT indicators where operational standards are not being achieved, these are monitored at the Northern Cancer Steering Group.

Cancer - 14,31 & 62 Day Wait		Target	2021/22												2022/23											
Performance(%) and Number of Breaches			Apr	Mag	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Mag	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
14 Day	All Urgent (%)	93%	79.44%	82.20%	79.29%	80.49%	83.25%	79.84%	81.06%	75.82%	77.89%	70.96%	75.14%	76.57%	75.44%	87.12%	87.89%	84.31%	64.36%	63.23%	63.50%	72.86%	75.36%	68.28%	72.02%	
	All Urgent (N)		120.0	105.0	148.0	133.0	103.0	150.0	132.0	163.0	159.0	183.0	172.0	190.0	154.0	102.0	86.0	83.0	299.0	285	254	224	156	229	197	
	Symptomatic Breast (%)	93%	6.56%	1.56%	0.00%	8.16%	0.00%	2.17%	0.00%	3.57%	1.75%	3.64%	7.58%	2.67%	8.70%	71.74%	79.31%	100.00%	0.00%	100.00%	100.00%	83.33%	75.00%	35.71%	42.86%	
	Symptomatic Breast (N)		57.0	64.0	40.0	45.0	16.0	46.0	11.0	54.0	56.0	53.0	61.0	73.0	42.0	13.0	12.0	0	1	0	0	2	4	9	12	
31 Day	All Decision To Treat (%)	96%	94.10%	98.98%	94.70%	96.11%	89.36%	86.59%	88.00%	82.22%	88.09%	83.65%	87.25%	84.11%	83.54%	81.80%	76.90%	96.30%	97.37%	97.30%	81.82%	92.86%	80.56%	84.21%	87.14%	
	All Decision To Treat (N)		6.0	2.0	4.0	3.0	6.0	11.0	9.0	16.0	10.0	17.0	13.0	17.0	12.0	17.0	15.0	1	1	1	6	8	14	12	9	
	Subsequent - Surgery (%)	94%	91.60%	94.11%	100.00%	90.00%	66.66%	60.00%	66.66%	91.66%	55.55%	41.66%	75.00%	71.42%	54.54%	20.00%	40.00%	100.00%	100.00%	100.00%	50.00%	60.00%	68.75%	50.00%	66.67%	
	Subsequent - Surgery (N)		2.0	1.0	0.0	1.0	4.0	4.0	3.0	1.0	4.0	4.0	2.0	4.0	5.0	4.0	3.0	0	0	0	3	4	11	6	3	
	Subsequent - Anti-Cancer Drug %	98%	100.00%	100.00%	100.00%	95.65%	83.33%	96.60%	92.59%	100.00%	95.83%	82.60%	90.32%	96.29%	96.15%	92.60%	94.40%	100%	100%	97%	98%	75%	95%	81%	100%	
Subsequent - Anti-Cancer Drug		0.0	0.0	0.0	1.0	5.0	1.0	2.0	0.0	1.0	4.0	4.0	1.0	1.0	2.0	1.0	0	0	1	3	13	3	6	0		
62 Day	All Screening Service (%)	90%	33.30%	0.00%	33.30%	3330.00%	50.00%	44.44%	100.00%	66.60%	100.00%	33.00%	100.00%	28.57%	100.00%	75.00%	100.00%	100%	0%	17%	0%	100%	0%	100%	0%	
	All Screening Service (N)		2.0	1.0	2.0	1.0	1.0	2.5	0.0	1.0	0.5	1.0	3.0	2.5	0.0	1.0	0.0	0	2.5	0.5	0	2	0	2	0	
	Consultant upgrade (%)	90%	72.05%	87.20%	96.25%	89.65%	76.74%	83.60%	67.34%	76.71%	78.73%	73.23%	80.00%	62.00%	57.44%	60.00%	74.50%	66.67%	6.00%	65.22%	75.76%	57.14%	72.73%	68.75%	66.67%	
	Consultant upgrade (N)		9.5	5.5	1.5	4.5	10.0	5.0	8.0	8.5	6.5	8.5	11.0	10.0	10.0	11.0	7.0	6	7143	8	8	13.5	6	5	6	
28 day	28 Ref to diagnosis (%)	N/A	62.60%	68.42%	63.98%	65.65%	63.38%	53.89%	59.82%	45.36%	40.26%	33.89%	60.55%	62.34%	57.47%	56.00%	45.80%	52.34%	40.90%	34.31%	41.83%	43.15%	42.27%	41.82%	55.80%	
	28 day Ref to diagnosis (N)		236.0	204.0	242.0	237.0	229.0	321.0	233.0	394.0	413.0	492.0	292.0	329.0	254.0	268.0	241.0	173.0	263.0	270	395	556	381	327	409	

Northern Services Cancer 62 Day Backlog

Cancer patients awaiting treatment more than 62 days following GP urgent referral



- The number of patients on an active cancer pathway waiting more than 62 days has reduced from 415 at the start of September to 81 at the most recent weekly PTL (13/3/23).
- Both volumes and the percentage of patients waiting over 62 days now demonstrate a decreasing monthly trajectory since August with the current backlog of 81 representing 10.1% of the overall PTL.
- The tumour sites with the largest number of patients waiting over 62 days are Urology (45) and Colorectal (19).

Key actions:

Weekly PTL meetings in place for all tumour sites.

Colorectal

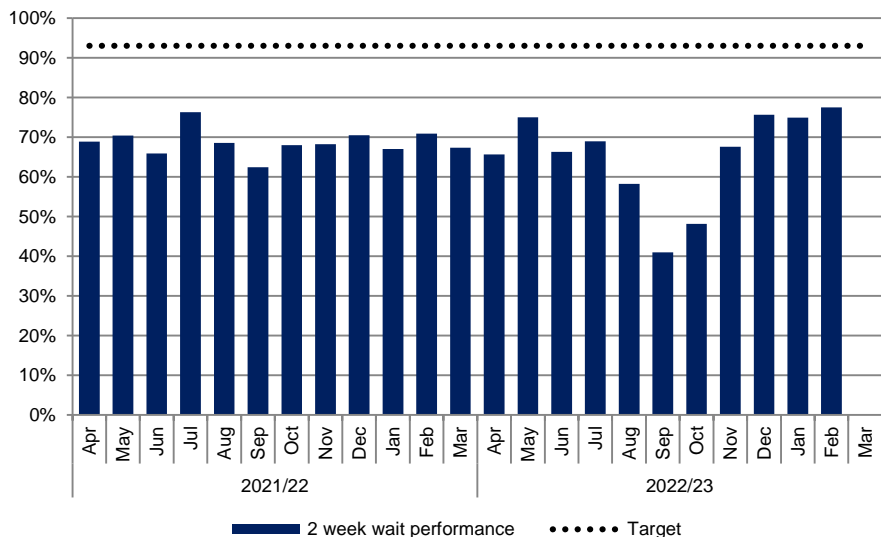
- Endoscopy insourcing in place and further insourcing capacity with additional provider is planned to start in April.
- Locum consultant post out to recruitment

Urology

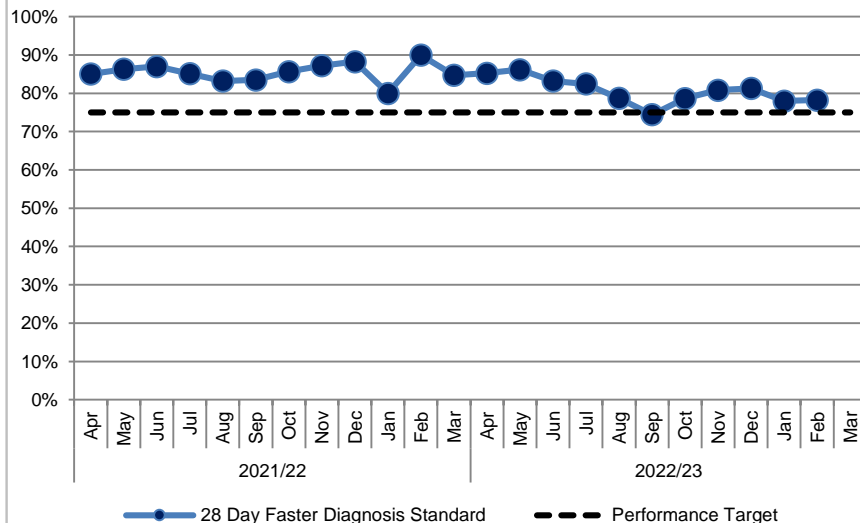
- Locum consultant posts have been filled
- LATP biopsy – Additional capacity agreed, staff training in place to increase the number of staff competent to undertake this procedure.
- Outsourced cystoscopy capacity in place throughout Q4
- Additional Ultrasound capacity aligned with Flexible Cystoscopy capacity has been implemented .
- New prostate pathway commenced in February

Eastern Services Cancer 14 and 28 Day

2 Week Wait Performance



28 Day Faster Diagnosis Standard



2 Week Wait Performance

- Performance has been improving since September, although it remains significantly below target due to an imbalance of demand with available capacity.
- A significant improvement has been maintained in Breast (28.2% in October and 97.5% in February) however it is anticipated we will see a slight decline in performance due to long-term sickness in the team – however an action plan has been developed to create stability in the service.
- Skin has seen a slight decline in performance (92.6% in January and 84.7% in February).
- Lower GI 2WW performance improved slightly (29.2% in January and 32.2% in February). This is due to staff training within the nurse triage team along with capacity across Endoscopy and Radiology (as 2/3 of patients go straight to test).

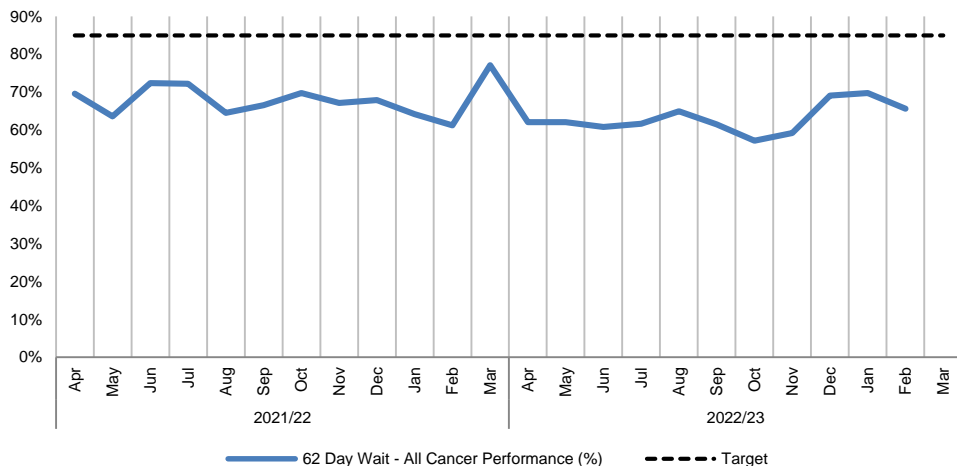
28 Day Faster Diagnosis Standard

- Colorectal performance has significantly improved from January (28.2% in January and 42.5% in February). Additional clinics are being sought to improve capacity – this is routinely monitored and a capacity/demand exercise is currently being undertaken.
- GI currently have 6 of 16 Surgeons on long term absence. Some are due to return in the coming weeks and additional locum support has been sought, and in the process of being delivered. Building on the work the teams have undertaken in mapping pathways, including demand/capacity, we are adding to action plans in relation to how to ensure different parts of these pathways are better in balance. This remains work in progress.
- Endoscopy capacity issues are also impacting the Upper GI performance. The team are still undertaking waiting list initiatives to increase capacity. A proposal for additional capacity is being planned. In addition to current waiting list initiatives, the Endoscopy team have been granted funding for an additional 20 lists until the end of March.

Eastern Services Cancer 62 Day

Proportion of patients treated within 62 days following referral by a GP for suspected cancer

Urgent GP Referral Cancer 62 Day Wait - All Cancers



Performance against the 62 Day Cancer Target declined by 4.2% to 65.6% in February.

Risks & mitigations

- Although the new theatre timetable and clinical prioritisation with the POD are in effect, theatre capacity remains a significant issue (more complex surgeries/Tertiary patients and an increased demand).
- Delays in Urology due to an increase in demand for RALPs (in part due to Tertiary referrals) – a third surgeon is currently undergoing training on robotics. CNS Team are in the process of recruiting which will support and stabilise the service.
- Additional agency staff for Theatres are currently being explored to support increasing theatre activity.
- Sarcoma – More work needs to be undertaken across the system re these pathways and differences in the offers from each Trust. A joint task force is to be convened by ICB to test deliverability of potential for one stop services at the Nightingale.
- Breast – One surgeon off sick is being covered flexibly by the team, treating and managing each other's patients and enabling wait times to be maintained at previous levels.

Cancer - 14, 31, 62 & 104 Day Wait

Performance(%) and Number of Breaches		TARGET	2021/22												2022/23											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
14 Day	All Urgent (%)	93%	68.9%	70.4%	65.9%	76.3%	68.6%	62.5%	68.0%	68.2%	70.5%	67.1%	70.9%	67.3%	65.6%	75.0%	66.3%	69.0%	58.3%	41.0%	48.2%	67.6%	75.6%	74.9%	77.5%	
	All Urgent		650	600	833	514	665	841	702	723	642	622	580	781	760	605	762	763	1027	1434	1253	818	488	553	475	
	Symptomatic Breast (%)	93%	3.7%	14.9%	8.7%	42.0%	30.4%	8.1%	29.0%	11.3%	7.9%	15.8%	35.8%	13.3%	20.9%	35.2%	58.1%	57.4%	62.9%	16.7%	40.5%	72.5%	95.8%	93.9%	100.0%	
	Symptomatic Breast		52	57	63	29	32	57	49	47	58	48	34	65	34	46	18	20	13	30	25	14	1	2	0	
31 Day	All Decision To Treat (%)	96%	96.8%	97.4%	94.2%	94.0%	93.1%	91.5%	95.2%	91.0%	93.2%	92.0%	92.4%	92.9%	88.5%	86.9%	87.9%	85.4%	89.8%	89.5%	92.2%	87.7%	89.4%	77.4%	80.8%	
	All Decision To Treat		9	7	18	18	19	24	14	29	22	23	19	19	31	41	34	37	22	21	18	31	25	60	73	
	Subsequent - Surgery (%)	94%	83.1%	81.9%	77.3%	88.5%	76.5%	87.5%	85.4%	79.5%	72.7%	75.6%	76.5%	62.8%	64.2%	67.1%	76.0%	75.3%	71.2%	61.1%	78.3%	88.3%	82.1%	65.1%	73.4%	
	Subsequent - Surgery		12	15	17	9	16	11	12	16	24	19	19	29	29	26	25	21	17	28	18	11	14	37	29	
	Subsequent - Radiotherapy (%)	94%	99.3%	100.0%	97.1%	99.2%	98.3%	99.2%	100.0%	97.1%	100.0%	97.7%	99.2%	99.1%	100.0%	99.2%	95.9%	98.8%	97.6%	98.6%	99.3%	99.3%	99.1%	100.0%	99.2%	
	Subsequent - Radiotherapy		1	0	4	1	2	1	0	4	0	3	1	1	0	1	4	1	2	1	1	1	1	0	1	
	Subsequent - Anti-Cancer Drug (%)	98%	96.8%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	98.9%	98.6%	97.2%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	98.7%	98.2%
Subsequent - Anti-Cancer Drug		3	1	0	0	0	0	1	1	1	2	0	0	0	1	0	0	2	0	0	0	0	1	2		
62 Day	All Screening Service (%)	90%	0.0%	16.7%	0.0%	0.0%	15.4%	50.0%	100.0%	15.4%	14.3%	33.3%	0.0%	0.0%	12.5%	28.6%	33.3%	0.0%	0.0%	0.0%	0.0%	20.0%	33.3%	0.0%	7.9%	
	All Screening Service		2	5	5.5	3	5.5	4	0	5.5	6	2	5	3	3.5	2.5	2	2	4	1	2	4	2	3.5	17.5	
104 days	Volume of Patients Waiting Longer than 104 Days at Month End		33	42	42	32	45	36	36	38	46	39	37	40	52	53	70	68	58	59	54	84	81	84	81	

Activity & Flow

Operational Performance

Patient Experience

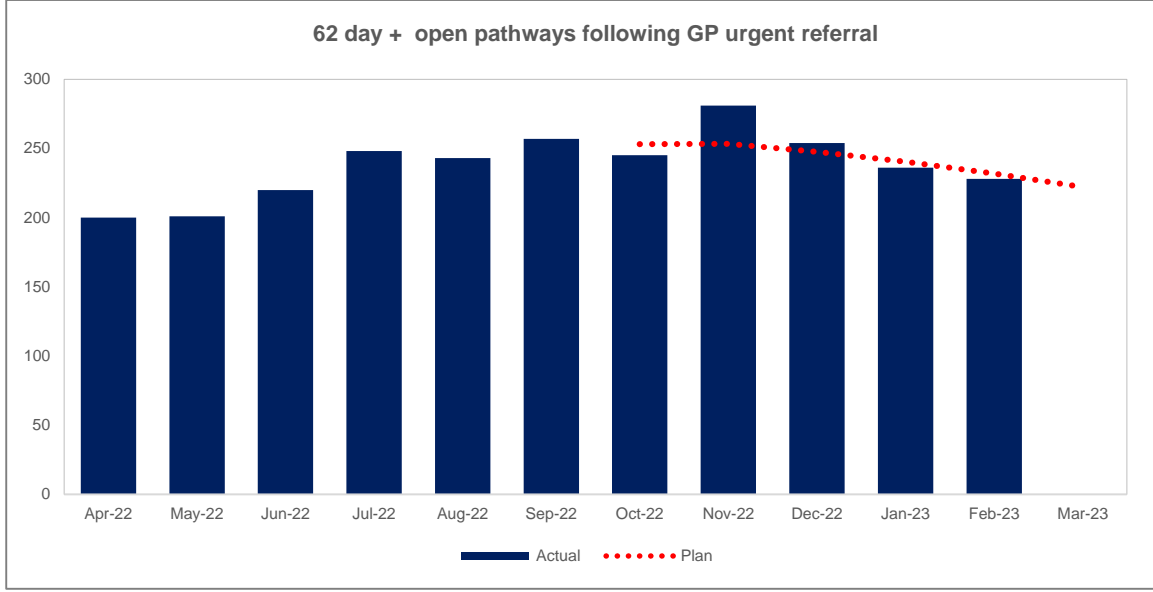
Quality & Safety

Our People

Finance

Eastern Services Cancer 62 Day Backlog

Cancer patients awaiting treatment more than 62 days following GP urgent referral

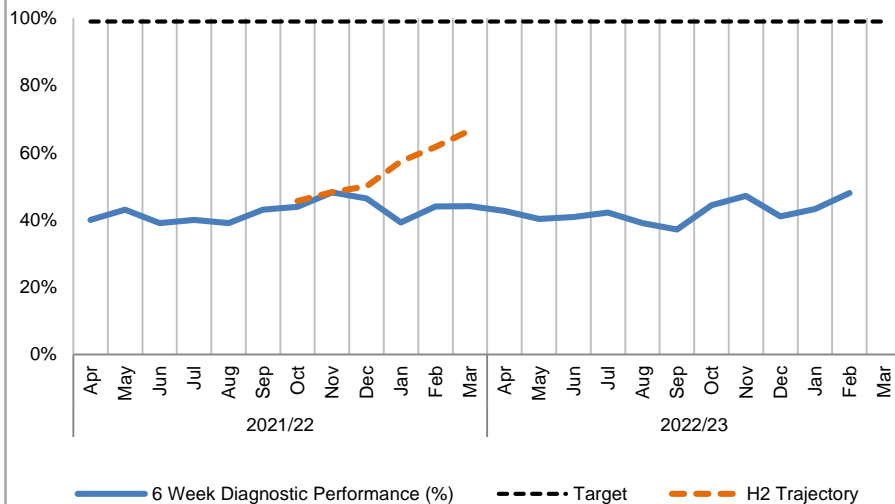


- 10.6% of patients on a cancer pathway at the end of February had waited longer than 62 days for diagnosis and treatment (NHSE benchmark 6.4%; 8.8% Peninsula performance).
- The number of patients waiting for diagnosis and treatment is significantly higher than plan reflecting the impact of increased demand.
- The long waiting trend decrease has continued throughout February with those Patients >62 day showing a steady reduction. The activity described within the submitted trajectory for each tumour site needs to be maintained throughout the coming weeks. This will prevent tip over from >62 day to >104-day cohorts.
- Histology – Experiencing turnaround time delays due to consultant vacancies. Successful recruitment process was conducted resulting in 1 appointment pending a start date in June 2023 and a further two in Nov/Dec 2023. There is a continued use of Waiting List Initiatives in the interim to maintain current position. Additional capital funding to support equipment has been secured via the Peninsula Cancer Alliance.
- Radiology – CT and MRI reporting backlog has reduced by more than 60% as a result of continued outsourcing. Additional lists have successfully reduced Ultrasound breaches. Additional outsourced reporting capacity has enabled quick recovery after deterioration of reporting times over the middle of Feb 2023.
- Endoscopy - Super weekends are routinely planned to increase capacity - 10 lists were delivered in February and a further 20 lists during February and March have been funded by the ICB. Despite this, demand is outstripping capacity. The Trust has submitted a Business Case for CDC funding to deliver a mobile endoscopy suite to be delivered within 6 months as an interim solution. A Business Case for two endoscopy suites at Tiverton has been developed and if supported would facilitate an increase in 2024/25 activity.
- Theatre staffing remains a vulnerability for a range of pathways with regards to keeping all lists running. End of year money will be used to support agency theatre staffing costs to test the agency's ability to deliver regularly and supply staff with the right skills, to see if we can build greater staffing resilience, whilst substantive theatre vacancies remain. This is being requested as part of ERF funding conversations for the forthcoming year, to test deliverability of this and maintain as much theatre time as we can to support all competing requirements.
- High staff turnover in MDT Co-Ordinator team in 2022 has affected CWT data quality due to reduced team capacity. Agency cancer trackers are starting within the next 2 weeks to provide cover while recruitment of permanent staff continues.

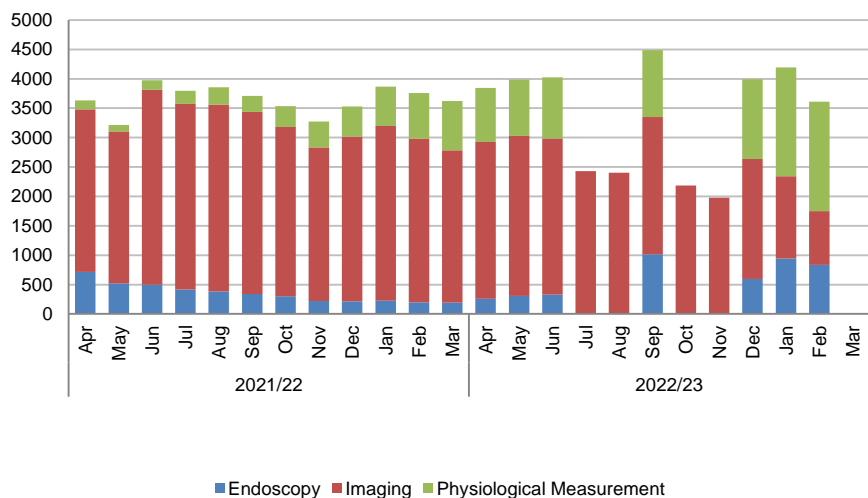
Northern Services Diagnostics - Fifteen key diagnostic tests

Activity & Flow
Operational Performance
Patient Experience
Quality & Safety
Our People
Finance

Total achievement against the 6 week wait from referral to key diagnostic test



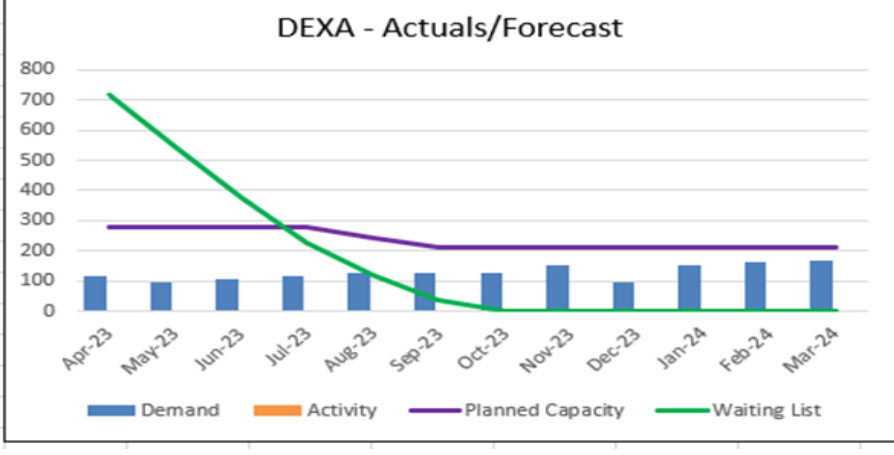
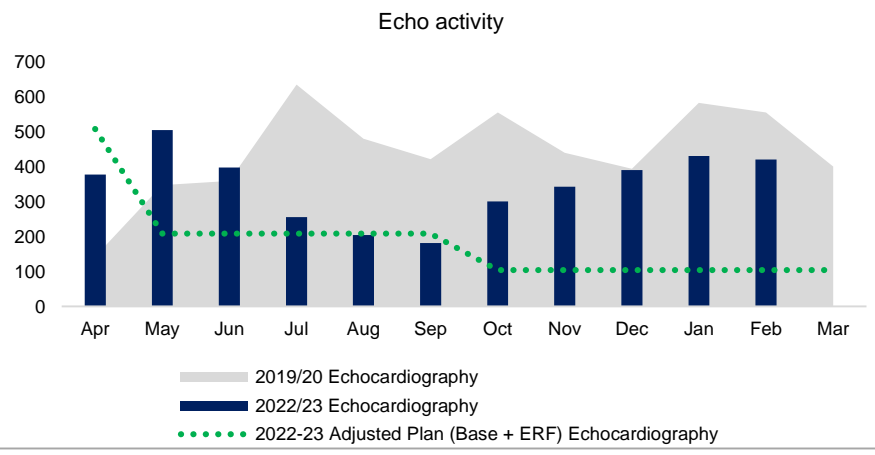
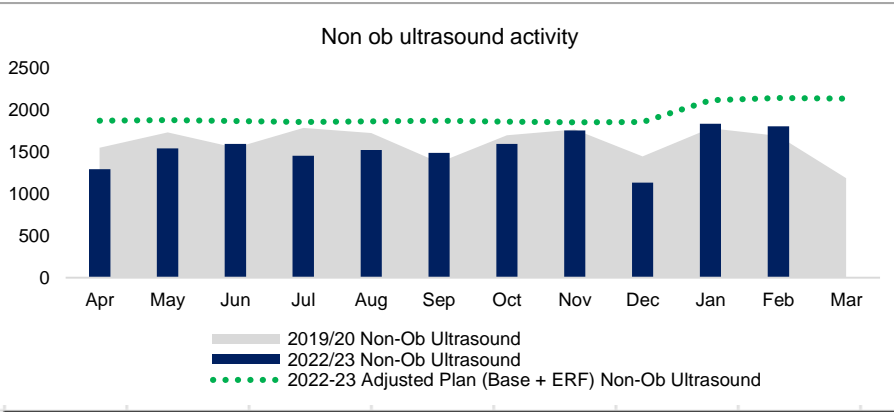
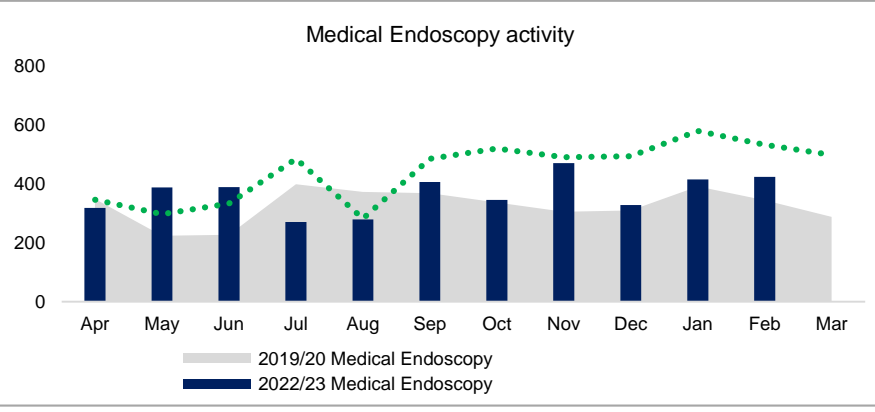
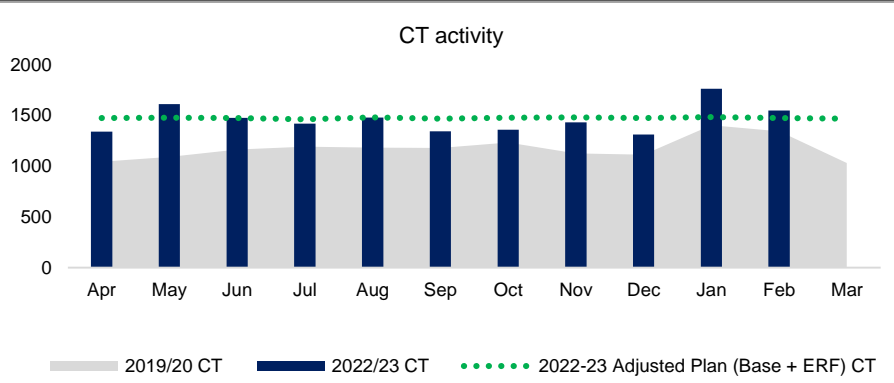
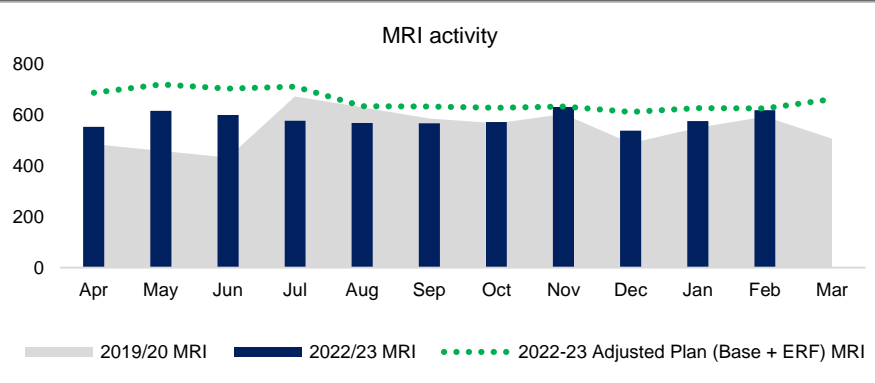
6 Week Diagnostic Breaches by Specialty Group



		Achievement against the 6 week wait from referral to key diagnostic test																							
Area	Diagnostics by Specialty	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
Imaging	Magnetic Resonance Imaging	52.2%	62.2%	47.4%	55.4%	54.8%	59.6%	64.9%	69.5%	62.2%	51.8%	69.1%	74.9%	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%	96.9%	97.6%	
	Computed Tomography	61.3%	68.9%	66.1%	62.2%	64.2%	64.5%	66.1%	61.4%	60.4%	48.0%	56.8%	53.0%	55.6%	55.2%	64.7%	65.2%	56.1%	66.8%	81.9%	76.3%	75.2%	78.4%	87.6%	
	Non-obstetric ultrasound	32.2%	29.6%	24.1%	25.2%	25.4%	28.9%	27.0%	37.6%	35.4%	32.1%	36.1%	40.1%	35.2%	32.9%	30.9%	33.1%	35.2%	35.2%	35.8%	40.9%	36.2%	54.9%	86.1%	
	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	DEXA Scan	12.0%	15.3%	15.5%	12.2%	14.5%	14.6%	12.5%	11.7%	11.9%	10.0%	12.6%	12.4%	11.6%	10.7%	10.5%	11.5%	14.6%	13.8%	14.5%	17.9%	14.3%	15.7%	19.8%	
Physiological Measurement	Audiology - Audiological Assessments	89.9%	97.5%	98.3%	98.3%	99.2%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Cardiology - echocardiography	96.0%	99.6%	96.7%	84.8%	67.6%	67.9%	58.6%	57.5%	53.2%	37.1%	37.6%	36.2%	31.4%	26.6%	28.3%	-	-	-	-	-	27.9%	18.6%	23.0%	
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	90.5%	95.5%	71.2%	56.3%	48.1%	70.2%	86.6%	94.3%	95.5%	81.6%	90.5%	96.4%	96.3%	96.8%	92.5%	-	-	-	-	-	-	97.9%	93.8%	99.1%
	Respiratory physiology - sleep studies	47.5%	57.7%	41.0%	73.9%	89.3%	68.8%	57.8%	50.9%	49.0%	50.4%	32.4%	29.3%	22.5%	34.3%	30.8%	-	-	-	17.4%	-	-	64.8%	52.3%	42.5%
Urodynamics - pressures & flows	23.1%	36.2%	30.4%	21.9%	18.6%	37.7%	49.4%	51.4%	45.1%	44.6%	35.8%	25.9%	20.4%	25.4%	23.3%	-	-	-	1.4%	-	-	39.4%	30.8%	46.2%	
Endoscopy	Colonoscopy	42.9%	38.2%	32.5%	38.7%	35.8%	47.1%	54.7%	51.5%	61.6%	72.3%	85.0%	72.0%	62.3%	48.6%	43.8%	-	-	27.6%	-	-	30.6%	32.7%	34.2%	
	Flexi sigmoidoscopy	46.6%	42.1%	39.3%	40.7%	42.9%	52.5%	55.7%	64.6%	74.4%	70.4%	84.2%	74.6%	64.8%	71.8%	70.3%	-	-	28.5%	-	-	42.9%	30.9%	29.7%	
	Cystoscopy	28.7%	42.4%	41.7%	46.6%	43.8%	55.5%	51.1%	62.6%	59.1%	51.8%	51.9%	63.9%	67.0%	75.6%	73.3%	-	-	59.8%	-	-	74.4%	42.6%	48.4%	
	Gastroscopy	37.3%	41.4%	39.7%	56.9%	49.2%	61.0%	65.9%	81.8%	86.4%	83.7%	87.4%	82.0%	70.9%	61.9%	60.8%	-	-	53.1%	-	-	44.9%	39.1%	41.3%	
Total		38.9%	43.2%	39.4%	40.3%	39.1%	42.7%	43.9%	48.2%	46.4%	39.2%	43.9%	41.1%	42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%	43.2%	48.0%	

Northern Services Diagnostics - Diagnostic activity compared to plan across key diagnostics modalities

Activity & Flow
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In January the Diagnostic DM01 was reported with up to date data from Epic having resolved a number of DQ issues.

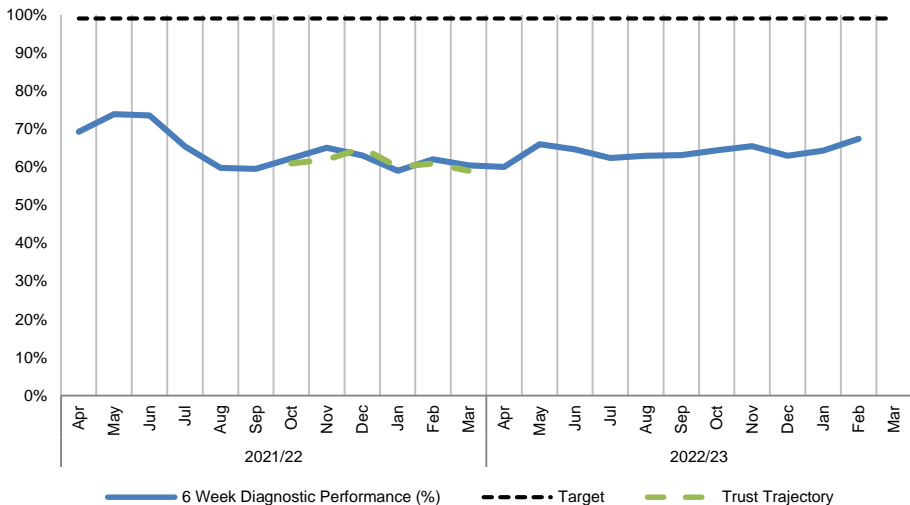
Key issues at modality level:

- **MRI** – Whilst activity is below plan, demand is being met. Additional capacity is planned until the end of March 2023. There has been a recent increase in referrals and we have had to increase inpatient slots to support flow when in OPEL 4 which had meant reducing routine outpatient numbers during this time. Planning for next year sees an increase in capacity to allow for this as well as the increase in demand
- **CT – Non-Cardiac CT** – Whilst activity is below plan it was meeting demand. Since October however there was an increase in 2 week wait referrals which affected this position, this has now stabilized. We have booked a further 16 days of the mobile service before the end of March 2023 to increase capacity. We have increased capacity in planning for 2023/24 to meet demand
- **Cardiac CT** - Additional cardiac CT lists have been taking place since October and will continue to the end of March. CT cardiac lists at RD&E have been agreed, providing an additional 14 scans per session, 3-4 sessions per month, these commenced in early December and will now continue into 2023/24.
- **U/S**- Work with the outsourcing company was suspended for safety reasons. There has therefore been a considerable improvement in the lists however not to the level planned. The suspension of this has also increased the work for the team rescanning some patients
- **DXA** – An SLA is in place with Taunton for one list per month and will continue into 2023/24. Our DXA assistant practitioner is progressing with training and appointment slots are being increased in stages as competencies are met and signed off. This will improve capacity, (see attached trajectory). It is recognised that the trajectory to meet the 6 week standard will take until Sept 2023 but this diagnostic is of low risk.
- **Endoscopy** - Consultant Gastroenterologist vacancies and nursing vacancies & sickness remains a key constraint. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases only. An insourcing provider had been unable to fulfil 2 weekends per month, so an additional provider has been identified and additional capacity will be in place in April. The original insourcing company has also now managed to deliver 2 weekends per month.
- **Echocardiogram** – Inpatient demand for ECG continues to outstrip capacity. Service currently supporting 13 additional lists per month with a total of 11 patients per session. A data cleanse of 1130 patients is being undertaken to rationalize testing following a recent review of inappropriate and duplicate requests throughout Reset week.
- **Sleep studies** - demand continues to see an increase. The service is currently out to recruitment and the team are currently restructuring clinics to allow additional reporting capacity to support these additional diagnostics.

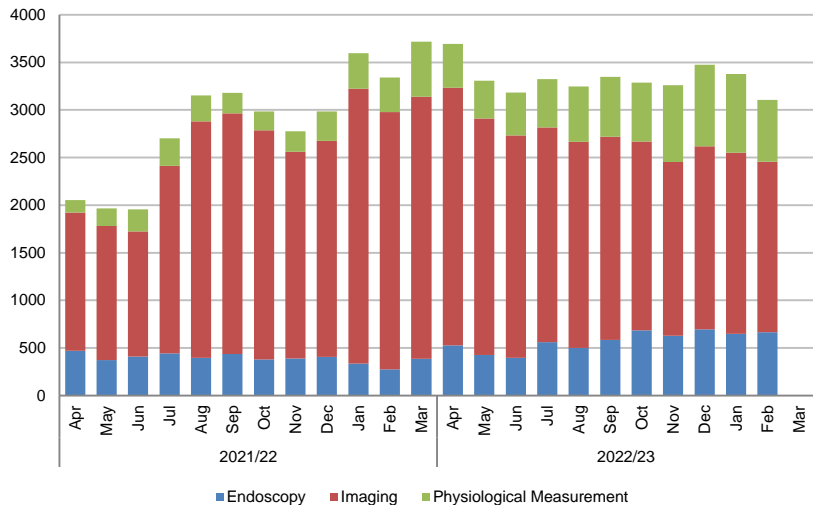
Eastern Services Diagnostics

Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests

6 Week Wait Referral to Key Diagnostic Test



6 Week Diagnostic Breaches by Specialty Group



Area	Diagnostics By Specialty	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Endoscopy	Colonoscopy	67.0%	57.1%	64.7%	66.5%	64.0%	63.5%	58.3%	51.6%	54.9%	53.9%	53.9%	51.2%
	Cystoscopy	88.6%	83.1%	82.8%	95.2%	91.5%	88.9%	93.2%	87.4%	83.5%	88.1%	47.8%	83.1%
	Flexi Sigmoidoscopy	61.6%	59.6%	73.0%	76.2%	74.6%	74.5%	62.2%	51.3%	49.6%	44.8%	82.1%	41.7%
	Gastroscopy	61.7%	57.2%	68.0%	72.4%	56.7%	68.7%	68.0%	69.8%	78.3%	74.8%	74.7%	73.9%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	58.0%	64.3%	73.2%	76.8%	77.1%	81.3%	85.4%	89.5%	92.3%	86.2%	87.9%	83.3%
	DEXA Scan	88.0%	97.8%	97.1%	98.9%	98.4%	98.2%	99.4%	99.2%	98.4%	100.0%	100.0%	100.0%
	Magnetic Resonance Imaging	64.9%	66.3%	73.9%	74.3%	69.6%	69.1%	72.9%	73.7%	75.6%	68.5%	70.7%	76.5%
	Non-obstetric Ultrasound	53.3%	51.6%	55.1%	51.6%	53.1%	52.7%	51.2%	54.5%	56.7%	56.8%	56.6%	60.1%
Physiological Measurement	Cardiology - Echocardiography	88.3%	82.1%	86.2%	80.9%	74.5%	71.4%	72.7%	75.2%	65.0%	66.6%	66.9%	72.6%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	54.5%	52.9%	73.2%	69.6%	72.5%	67.1%	61.2%	55.4%	65.4%	43.2%	49.4%	61.2%
	Respiratory physiology - sleep studies	65.5%	60.6%	67.6%	68.3%	60.0%	58.6%	65.8%	61.4%	63.1%	60.6%	57.8%	57.7%
	Urodynamics - pressures & flows	29.6%	26.0%	30.1%	30.3%	34.5%	28.6%	26.9%	25.7%	33.7%	28.8%	38.5%	32.2%
Total		60.5%	60.0%	66.0%	64.7%	62.4%	63.0%	63.2%	64.4%	65.5%	63.0%	64.3%	67.4%

Activity & Flow

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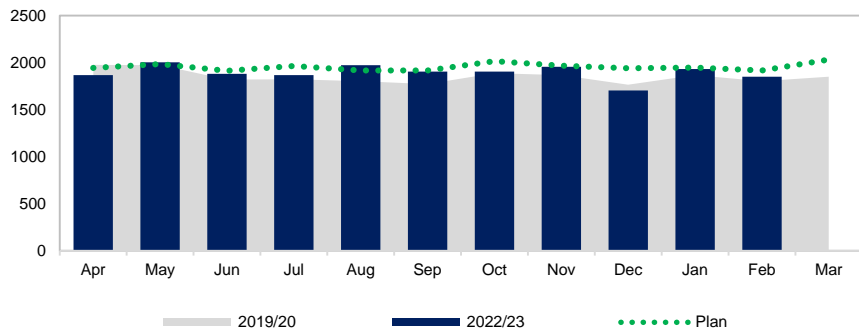
Our People

Finance

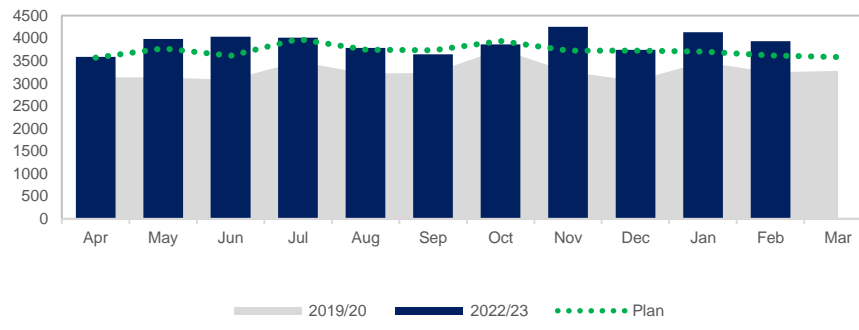
Eastern Services Diagnostics

Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests

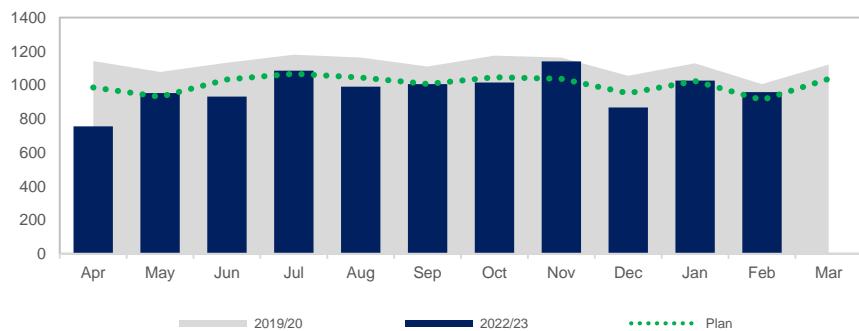
MRI Activity



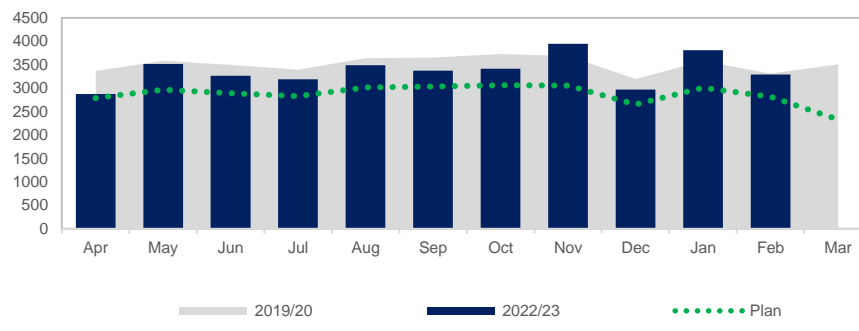
CT Activity



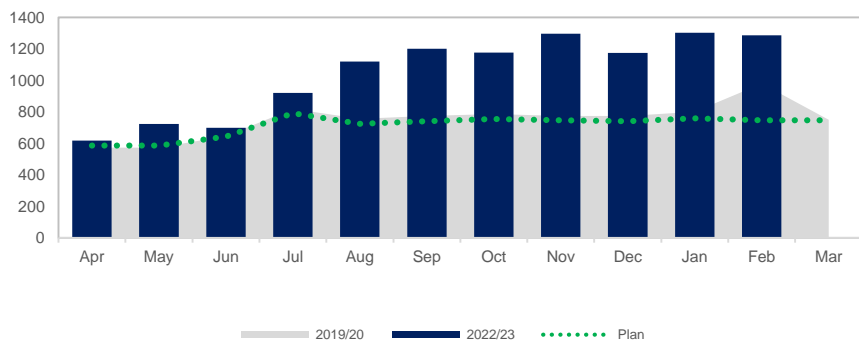
Medical Endoscopy Activity



Non-Obstetric Ultrasound Activity



Echocardiography Activity



At the end of February 67.4% of patients were waiting less than 6 weeks – an improvement of 3.1% from the end of January, reflecting 361 fewer patients with extended waits.

CT

- CT has seen a slight deterioration in position compared to plan and 2019/20 levels
- This has been directly related to unplanned downtime during the month on mobile services which affected approximately 4 days of activity
- The position is being monitored daily, with planned recovery still on track

MRI

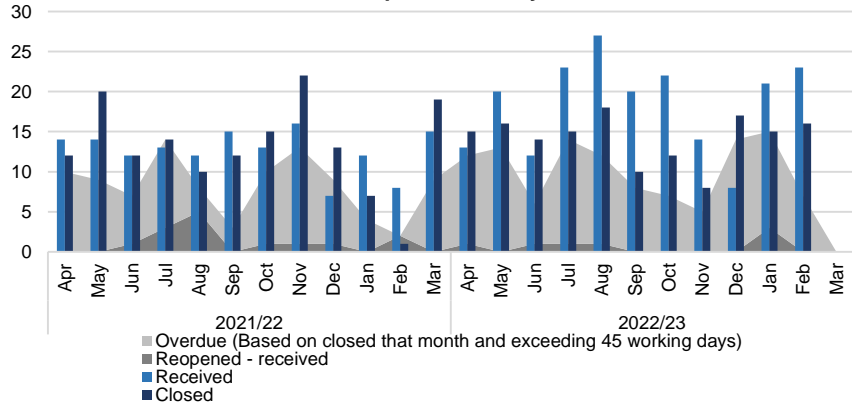
- MR sees an improved position this month compared to January, specifically linked to Cardiac referrals, and is ahead of plan in terms of reduction long waiting patients.
- There are ongoing discussions with Cardiology to explore further planning for MRI cardiac recovery
- The team have reviewed booking rules to ensure full flexibility and scope for non-cardiac MRI patients to attend CDC scanner where appropriate

Non Obstetric US

- US breach trend has improved in February, and whilst behind plan, shows fewer patients waiting longer than 6 weeks than 19/20
- A new MSK consultant has joined the team with new lists now in place
- The non MSK US waiting list has been significantly reduced

Northern Services Patient Experience

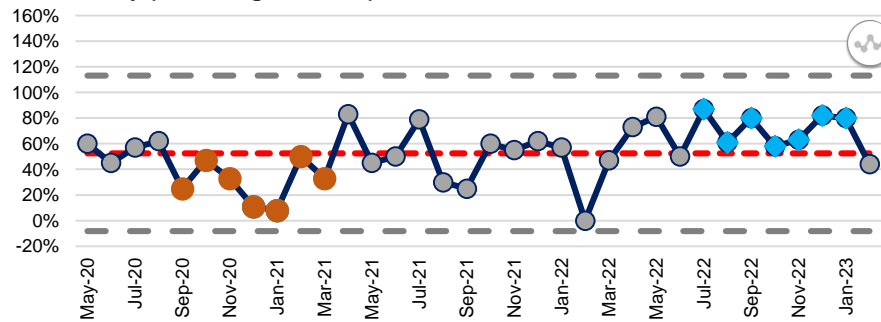
Complaints Activity



Focused work continues to reduce overdue complaints and this is reflected in the continued decrease in > 45 day cases. This is due in part to the significant focus to ensure early resolution where appropriate in line with the Parliamentary & Health Service Ombudsman (PHSO) best practice guidance.

Notification of two PHSO primary investigations was received during February 2023. Both cases are being monitored to see if the PHSO decide to escalate to detailed investigations.

45 Day (Percentage overdue) - 01/05/20 - 01/02/23



Feb-23

Current stage	Closed			
Primary investigations currently open	Dispute resolution requested	Detailed investigations currently open	Number of PHSO investigations closed during month	
Northern	6*	0	0	1

* once case is joint with Eastern services

		2021/22												2022/23											
Month		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Complaints	Complaint received acknowledged within 3 Days	92%	100%	100%	93%	100%	100%	100%	100%	92%	100%	100%	95%	93%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	
Timeliness	45 Day (Percentage overdue)	83%	45%	50%	79%	30%	25%	60%	55%	62%	57%	0%	47%	73%	81%	50%	87%	61%	80%	58%	63%	82%	80%	44%	
	Over 6 Months	17%	0%	0%	7%	0%	0%	7%	9%	8%	0%	0%	5%	7%	25%	0%	0%	0%	20%	0%	0%	0%	13%	0%	

Eastern Services Patient Experience

Activity & Flow

Operational Performance

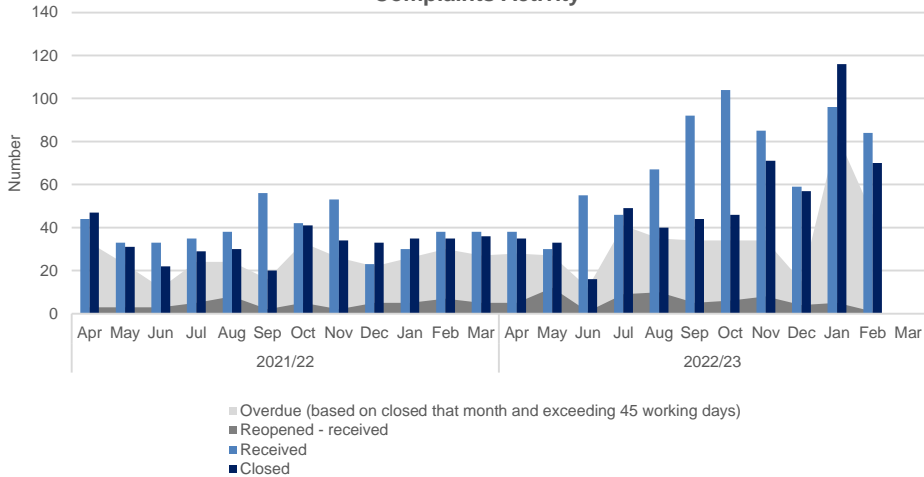
Patient Experience

Quality & Safety

Our People

Finance

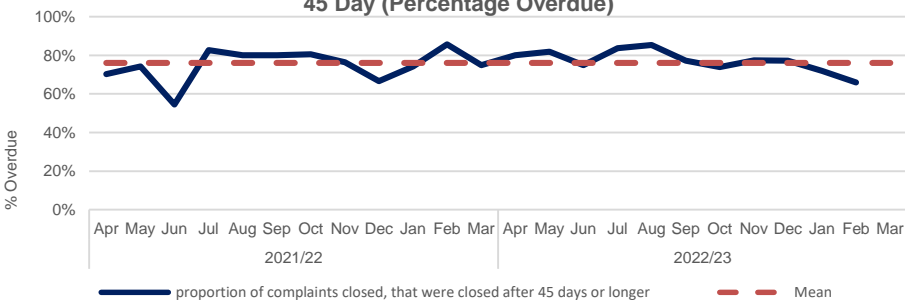
Complaints Activity



In line with the Parliamentary & Health Service Ombudsman (PHSO) best practice guidance, the Patient Experience team are working to resolve appropriate complaints via early resolution. In February 2021 complaints were closed via early resolution.

Work on reducing the backlog of complaints has resulted in a 20% reduction in open complaints across the Royal Devon with trajectories for improvement being monitored through divisional PAF's and the Trustwide Patient Experience Committee.

45 Day (Percentage Overdue)

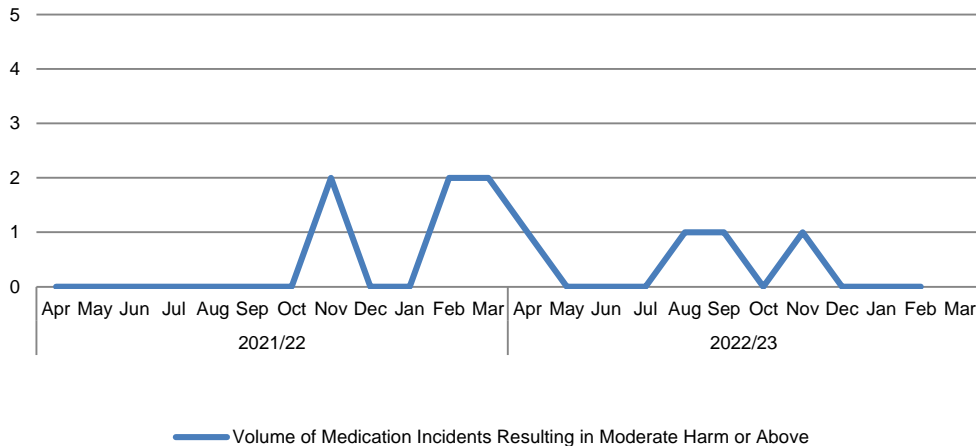


Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
0	6	0	1

Month	2021/22												2022/23										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Complaint received and acknowledged within 3 days	93.88%	94.87%	94.44%	100.00%	96.08%	95.31%	94.12%	96.55%	89.66%	94.59%	95.83%	88.00%	84.78%	69.57%	67.27%	86.99%	97.01%	70.00%	74.00%	86.67%	80.58%	80.00%	81.00%
45 Day (Percentage overdue)	70.21%	74.19%	54.55%	82.76%	80.00%	80.00%	80.49%	76.47%	66.67%	74.29%	85.71%	75.00%	80.00%	81.82%	75.00%	83.67%	85.37%	77.27%	73.91%	77.46%	77.19%	72.00%	66.00%
Over 6 months	2	2	0	4	1	1	4	3	3	6	3	5	11	11	4	12	11	11	16	7	3	21	11

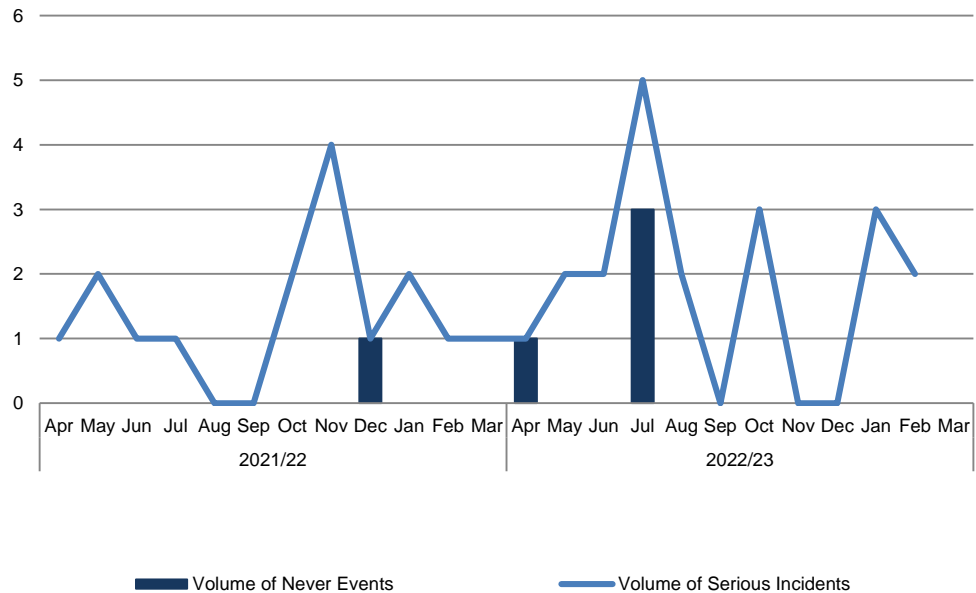
Northern Services Incidents

Medication Incidents - Moderate Harm & Above



In February 2023 there were no medication incidents of moderate harm or above.

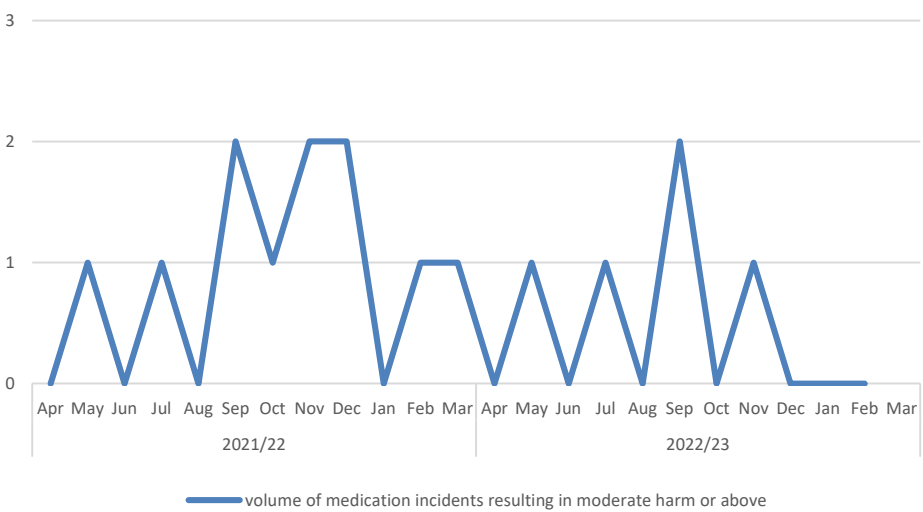
Serious Incidents & Never Events



There were 2 reported serious incidents in February 2023 which are subject to formal investigation to identify learning.

Eastern Services Incidents

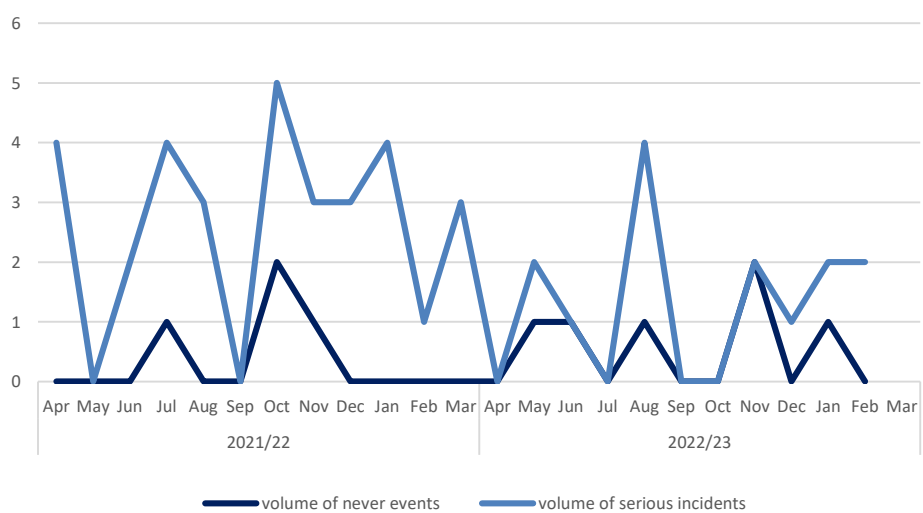
Medication Incidents - Moderate harm and above



Two serious incidents were reported to StEIS during February 2023:

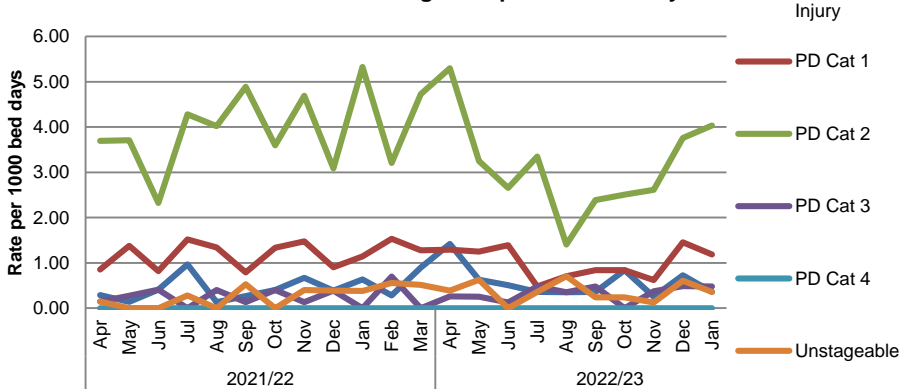
- Missed diagnosis – A mass was not reported from a CT scan. The investigation has commenced.
- Baby transferred to NNU – incident meets the criteria for HSIB maternity investigation

Serious Incidents and Never Events

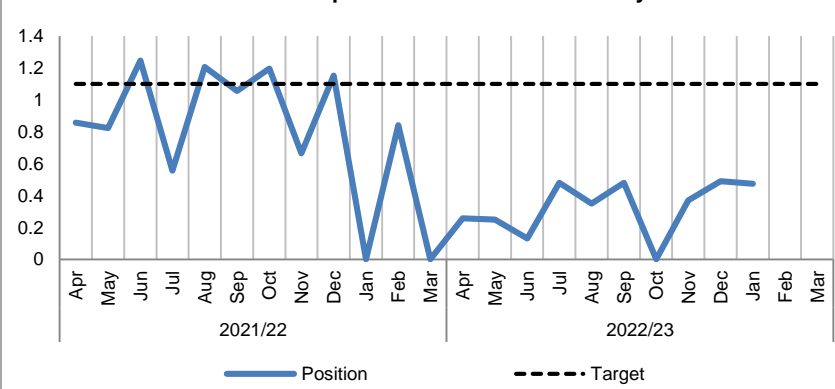


Northern Services Pressure Ulcers – Rate of pressure ulceration experienced whilst in Trust care

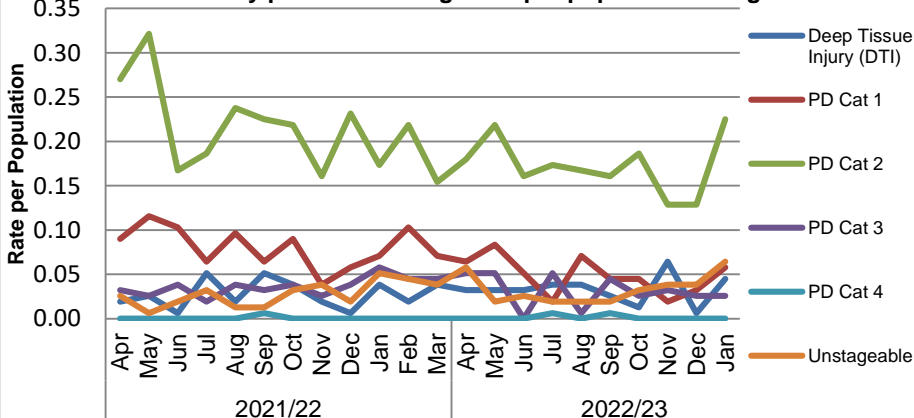
NDHT Pressure damage rate per 1000 bed days



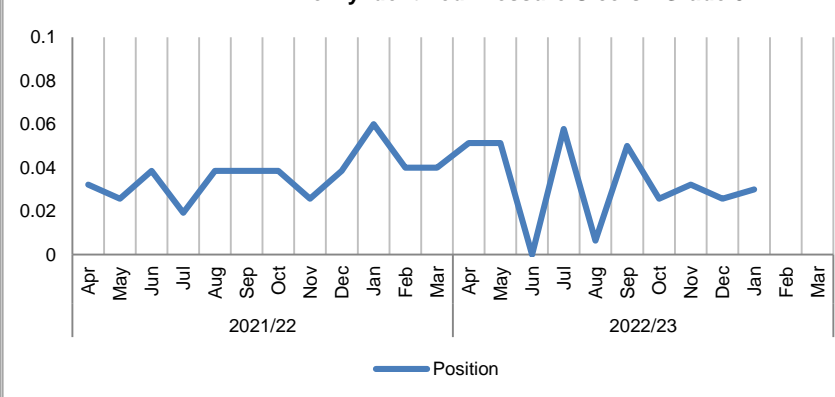
Rate of Grade 3- 4 pressure Sores /1000 bed days Acute



Community pressure damage rate per population and grade



Community Nursing and population: Newly Identified Pressure Ulcers - Grade 3 - 4



- Pressure ulcers remain within normal variation; there are increases noted within acute care. Further investigation is underway to understand causation.
- Pressure ulcers within Community remain within normal variation.



Eastern Services Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care

Activity & Flow

Operational Performance

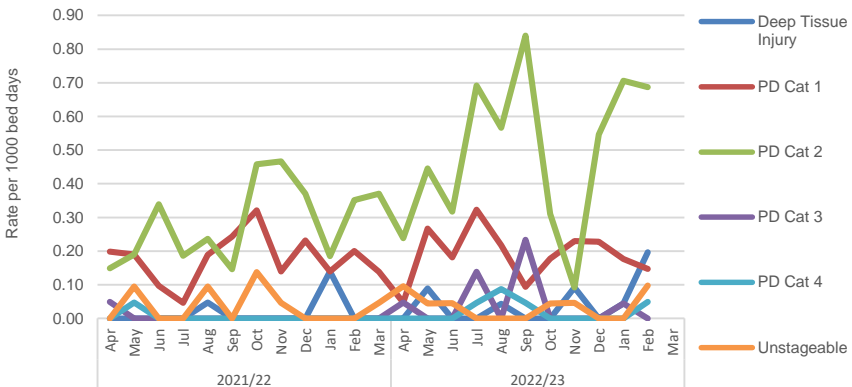
Patient Experience

Quality & Safety

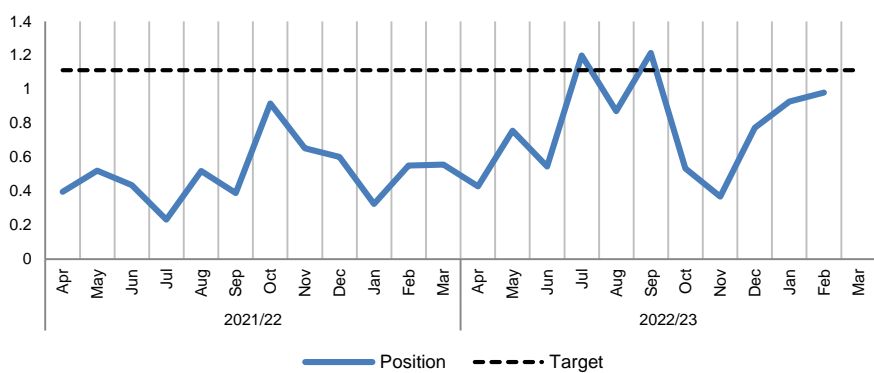
Our People

Finance

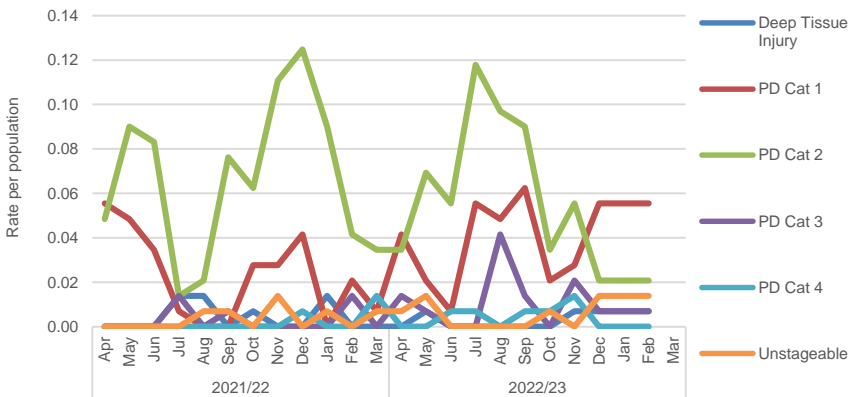
Acute Pressure damage rate per 1000 bed days



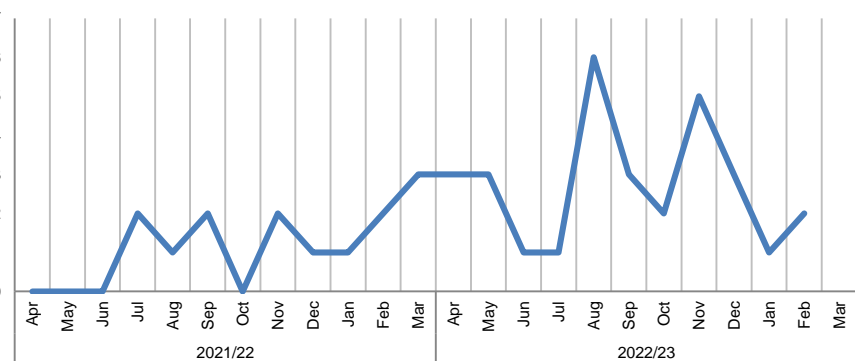
Rate of Grade 1-4 pressure Sores /1000 bed days



Community pressure damage rate per population and grade



Community Caseload: Newly Identified Pressure Ulcers - Grade 3 - 4



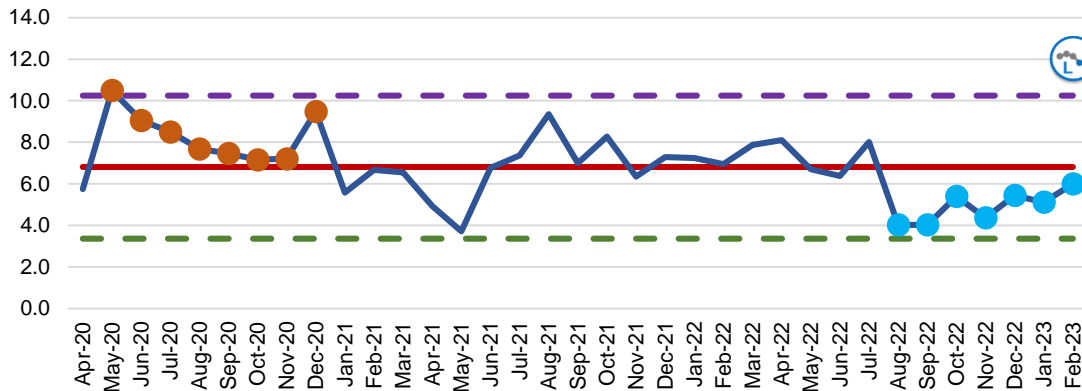
Pressure damage remains within normal variation.

The acute hospital continues to have slightly higher rates around category 2 damage, again this can be attributed to escalation and outlying patients. Levels of significant harm remains static, which indicates that care plans are effective in reducing deterioration once damage has been identified.

Work is complete to standardise the approach to pressure damage recording and investigation across the Trust this will be reflected in next month's report

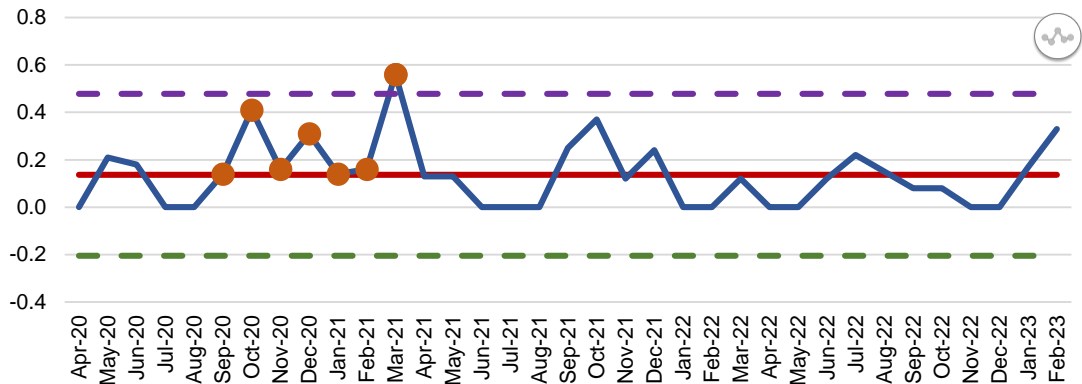
Northern Services Falls – Rate of incidence of falls amongst inpatients and categorisations of patient impact

NDHT - Fall rate per 1000 bed days - 01/04/20 - 01/02/23



- Falls numbers remain within normal variation.
- There were two falls with injuries in February 2023. Both are subject to investigation to identify learning.

NDHT - Harm rate per 1000 bed days (moderate/severe/catastrophic) - 01/04/20 - 01/02/23



There were two falls with injuries in February 2023. Both are subject to investigation to identify learning.

Eastern Services Slip, Trips & Falls

Rate of incidence of slips, trips & falls amongst inpatients and categorisation of patient impact

Activity & Flow

Operational Performance

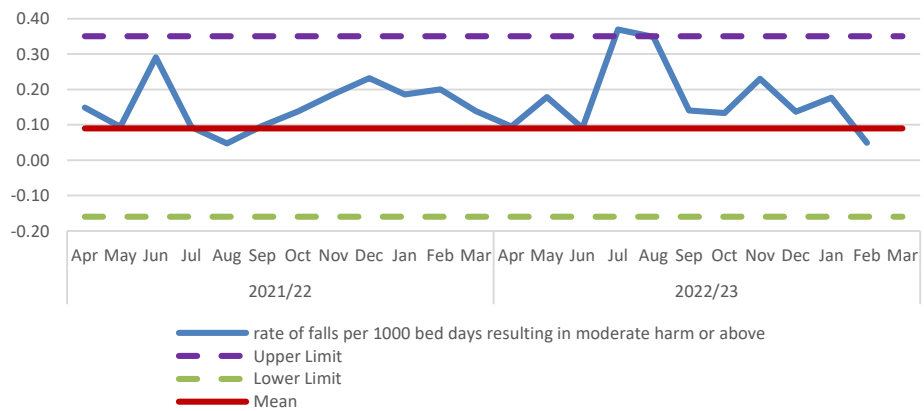
Patient Experience

Quality & Safety

Our People

Finance

RDE Harm rate per 1000 bed days (moderate/major/catastrophic)



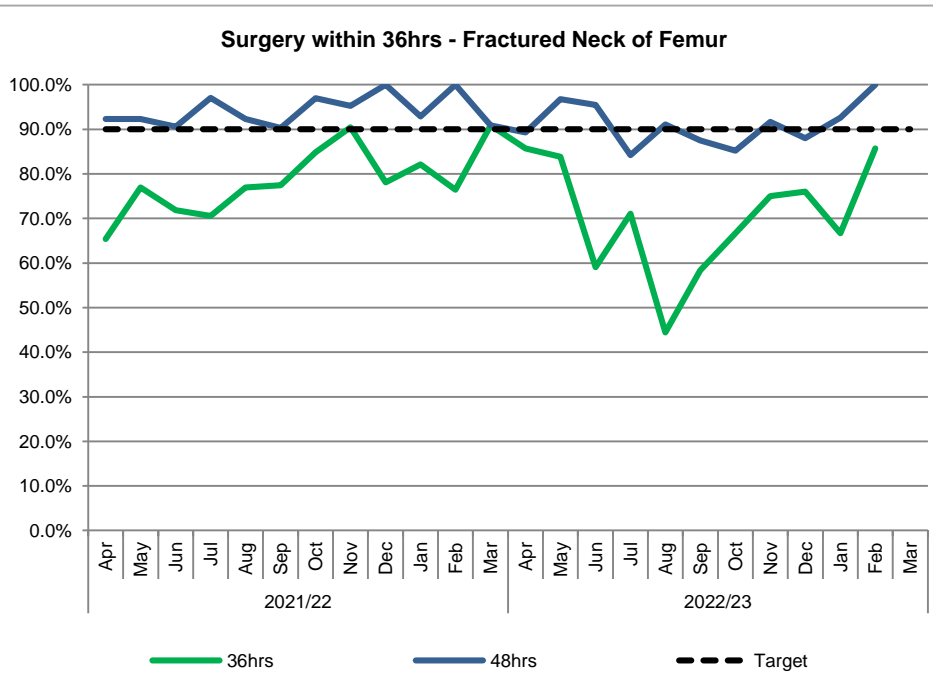
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Falls	116	112	120	110	129	132	162	160	179	143	152	206	167	141	167	269	222	190	225	227	200	189	252	0
Moderate & Severe Falls	3	2	6	2	1	2	3	4	5	4	4	3	2	4	2	8	8	3	3	5	3	4	1	0

- Falls remain within normal variation.
- There was one moderate harm fall reported in February 2023. A patient sustained a fractured hip from an observed fall whilst mobilising independently and slipped to the floor. There are no apparent suboptimal care issues. Falls risk assessment had been completed and appropriate falls prevention strategies were in place. The patient underwent surgical repair and was subsequently discharged home. A concise investigation has commenced.

Northern Services Efficiency of Care – Patients risk assessed for VTE

Northern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23
NDDH	73%	60%	65%	81%	76%	82%	81%

- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.



- In February 2023, 85.7% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 21 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 18 patients received surgery within 36 hours.
- The three patients in total that breached 36 hours were due to lack of theatre time and awaiting space on theatre lists. There is an increasing volume of Trauma admissions being seen impacting on capacity. No patients waited longer than 48 hours; therefore 100% of patients received their surgery within 48 hours.

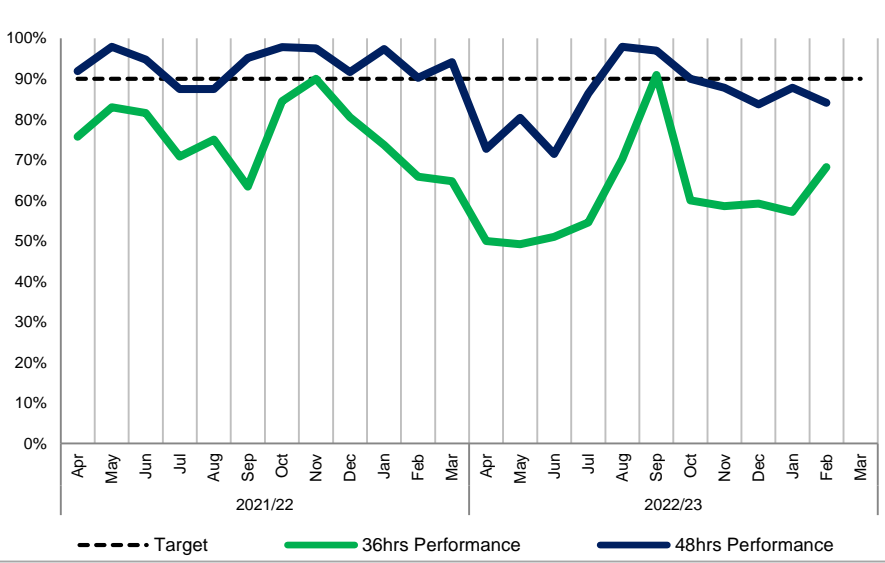
Eastern Services Efficiency of Care

Patients risk assessed for VTE, given prophylaxis, & operated in 36 hours for a fractured hip

Eastern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23
RDE Wonford	76%	75%	73%	72%	81%	88%	80%

- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.

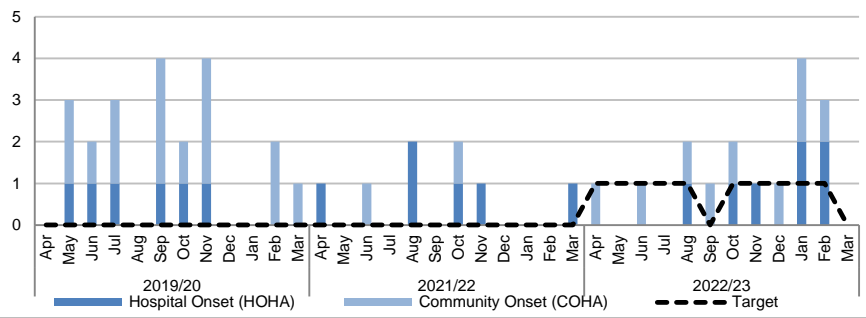
Surgery within 36hrs - Fractured Neck of Femur



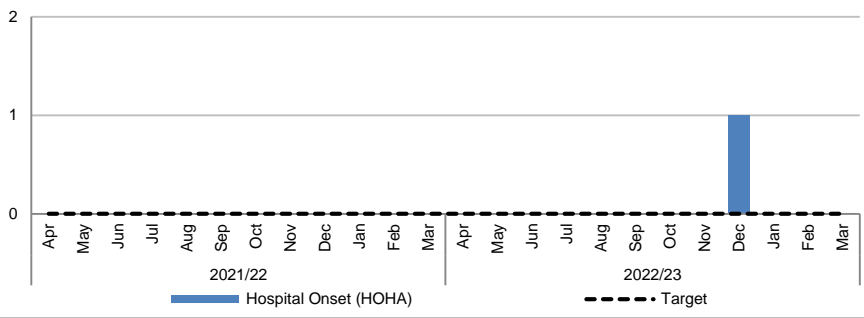
- In February 2023, 68.2% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There were a total of 51 patients admitted, 44 of these patients were medically fit for surgery from the outset and 30 patients received surgery within 36 hours.
- Trauma numbers remain high, with 143 Trauma Patients being admitted in February.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 47 Trauma Patients had their surgery during February in PEOC Theatres, which was to the detriment of elective activity.
- 7 medically fit patients had to wait over 48 hours for their surgery, longest wait was 72 hours.
- The Hip Fracture Lead has reviewed all cases during the month and is confident that the quality of the clinical care remains high and the patients who breached 36 hours, did not come to any clinical harm due to a n extended wait for surgery.
- Work is being actively progressed to increase the volume of Orthopaedic and Spinal activity that can be redistributed to the Nightingale Hospital, to free up theatre capacity on the Wonford site - it is anticipated this could be enacted over the coming months.

Northern Services Healthcare Associated Infection –Volume of patients with Trust apportioned laboratory confirmed infection

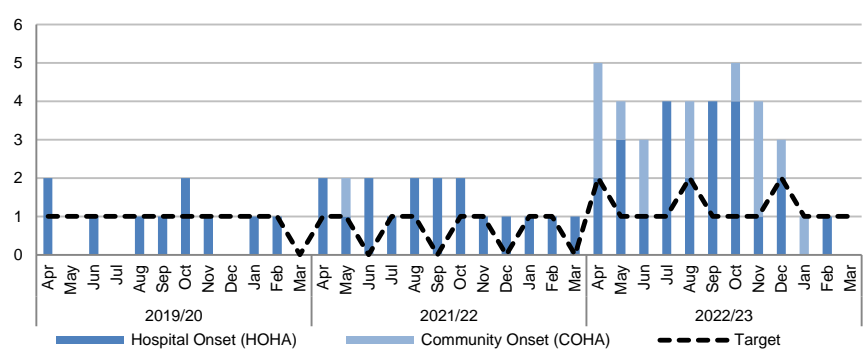
Clostridioides difficile cases



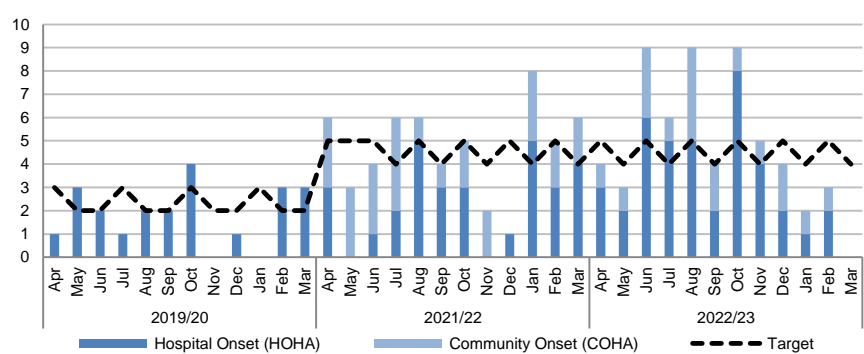
MRSA bacteraemia cases



MSSA bacteraemia cases



E coli bacteraemia cases



Clostridioides difficile (C dif): There were 7 cases of Trust attributed C dif cases in Jan & Feb 2023. Investigation revealed that one case had received a high-risk antibiotic that was not within formulary. Appropriate learning has been shared with the clinical team. The remaining cases have been investigated and no lapses in care were identified.

All other healthcare associated infections remain within normal variation for January and February.

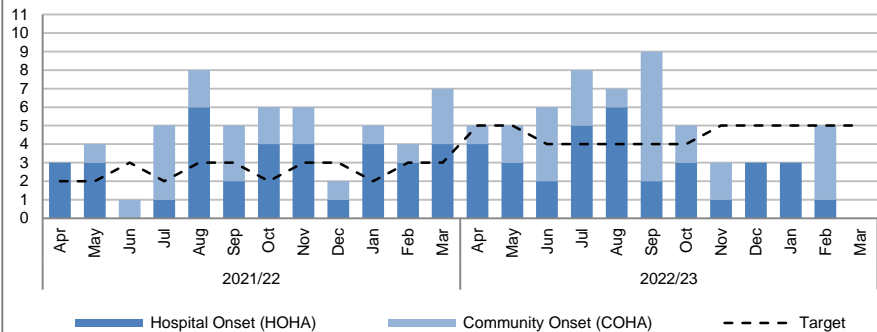
Bacteraemia and C difficile cases are reviewed and discussed at the Infection Prevention and Decontamination Assurance Group.

Eastern Services Healthcare Associated Infection

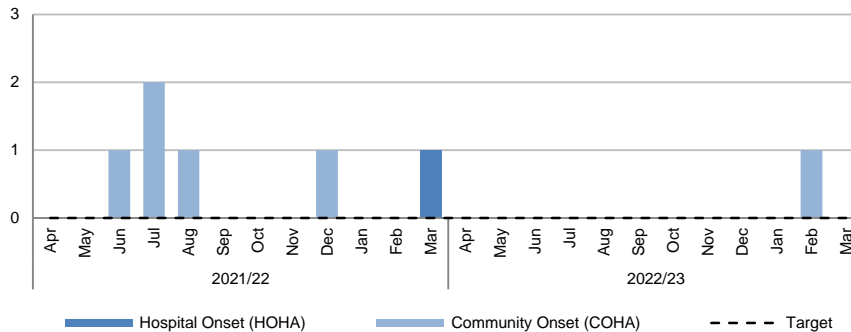
Volume of patients with Trust apportioned laboratory confirmed infection



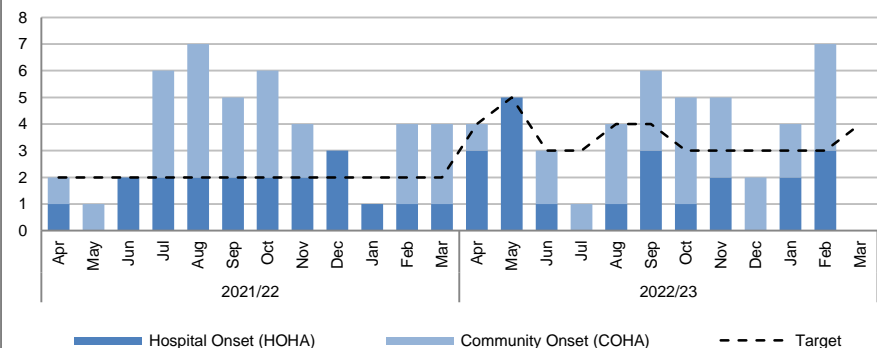
Clostridioides difficile cases



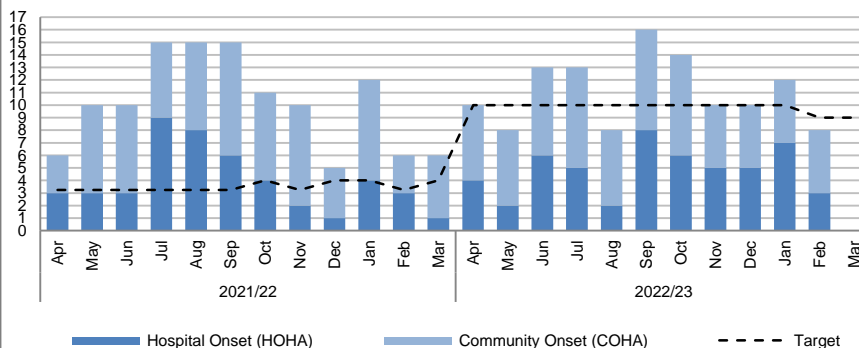
MRSA bacteraemia Cases



MSSA bacteraemia cases



E-coli bacteraemias Cases



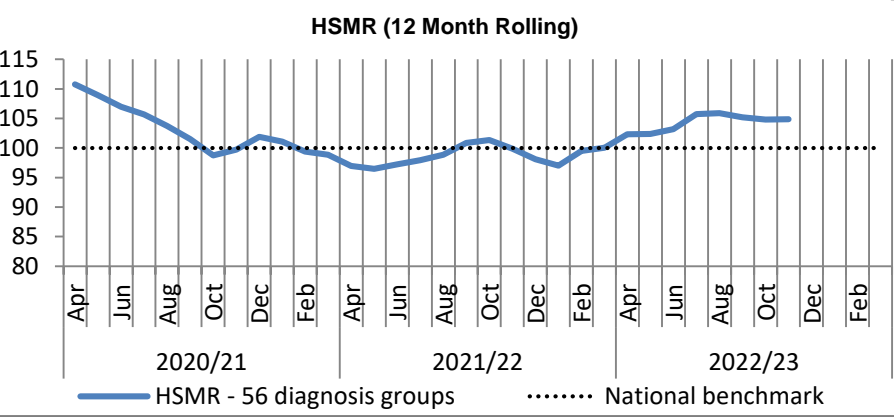
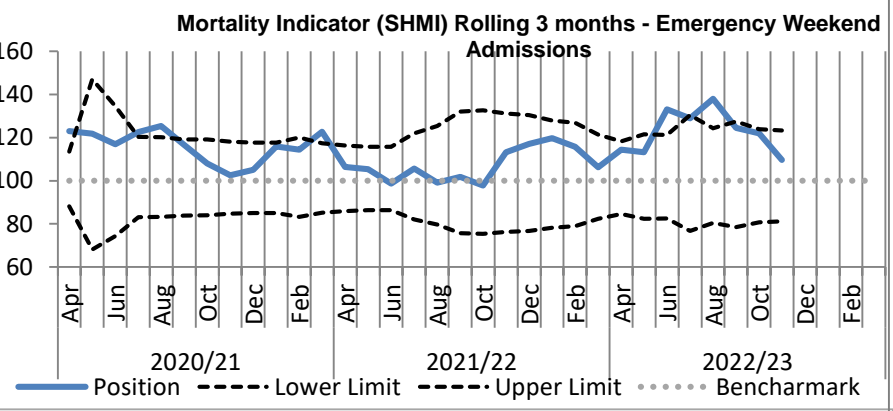
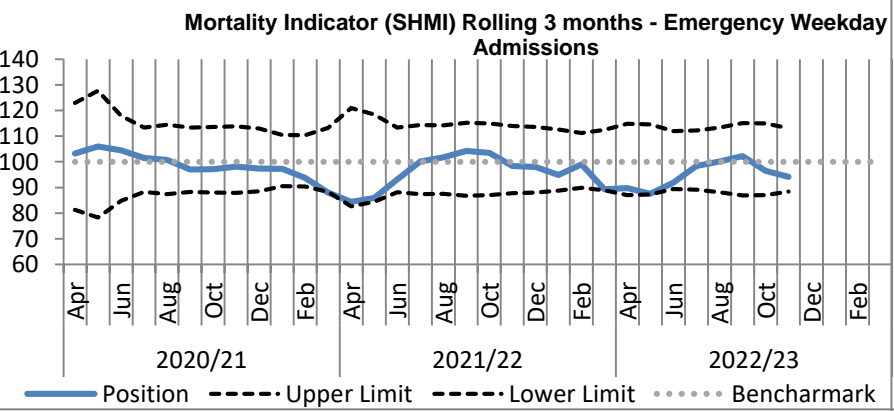
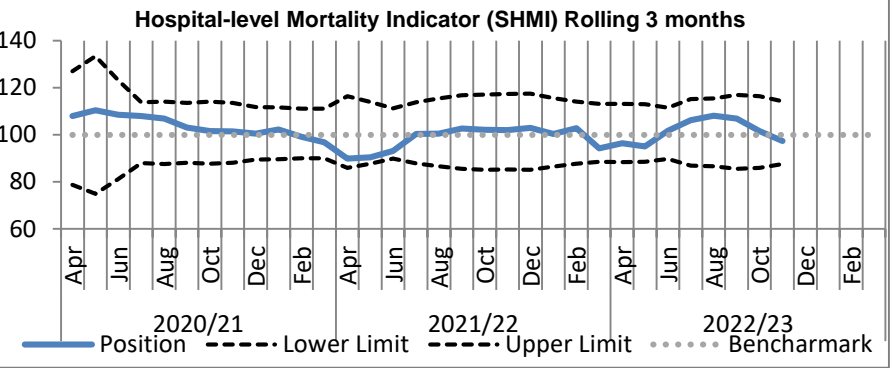
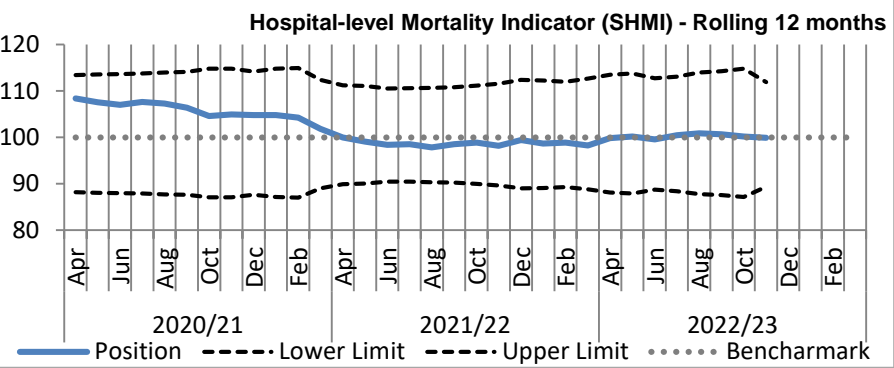
C. difficile – The only hospital onset health care associated (HOHA) case resulted in mild infection and was associated extensive appropriate antimicrobial use. Three of the community onset healthcare associated (COHA) cases were investigated, all were mild infections, associated with recognised risk factors and no new learning identified. The investigation for the fourth case has not yet concluded but is unlikely to identify any new learning.

MRSA bacteraemia – The COHA case was associated with surgical site infection as the source. Had the patient been screened for MRSA this may have identified MRSA carriage prior to surgery and provided the opportunity for suppression therapy prior to procedure. However, it was noted that the type of surgery did not meet the criteria for pre-operative MRSA screening as defined in national screening guidance and reflected in local Eastern Services policy.

MSSA bacteraemia – All HOHA cases have been investigated; One case was a pneumonia following vial respiratory infection with no learning identified. Two were associated with peripheral venous cannulae (PVC) - suboptimal care was identified in one of these cases i.e. a lengthy dwell time with poor documented visual infusion phlebitis assessments. A collaborative QI initiative, led by one of the Infection Prevention and Control Nurses, to improve PVC care and infection awareness is in progress in on one ward. It is anticipated that learning from this collaborative work will be shared with other inpatient areas. Of the four COHA cases one was associated with a catheter associated urinary tract infection and two were associated with skin / soft tissue infection. No learning was identified in these three cases. The fourth COHA case was associated with a tunnelled central venous catheter with extended delay in community based dressing change as a contributor. Liaison with clinical teams & action in place to prevent future potential for infection.

E.Coli bacteraemia – Of the three HOHA cases two were a urinary source, and one of these had a urinary catheter. The third case was associated with a hepatobiliary primary focus. Of the COHA cases three were associated with hepatobiliary tract. Two were associated with catheter associated urinary tract infection and both of these patients had community input. An E.coli bacteraemia full case review is currently underway for care homes examining a cross section of cases to determine where improvement measures can be focused.

Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*

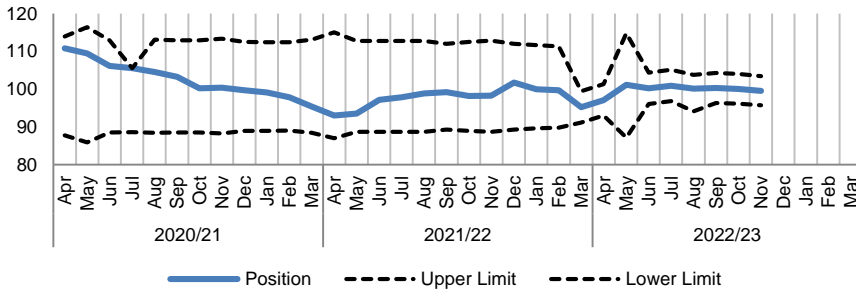


- The overall mortality figures are within national confidence intervals for 12 month and 3 month rolling SHMI and are below all our Peninsula peers. The 12 month HSMR has plateaued and may now be starting to fall.
- The most recent 3 month weekend rolling SHMI has reduced again to be within the control limits following a brief period of escalation, which appears to have been driven by previous coding issues.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians where appropriate.

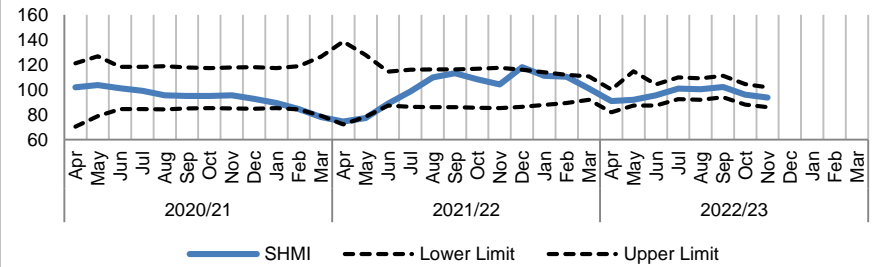
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

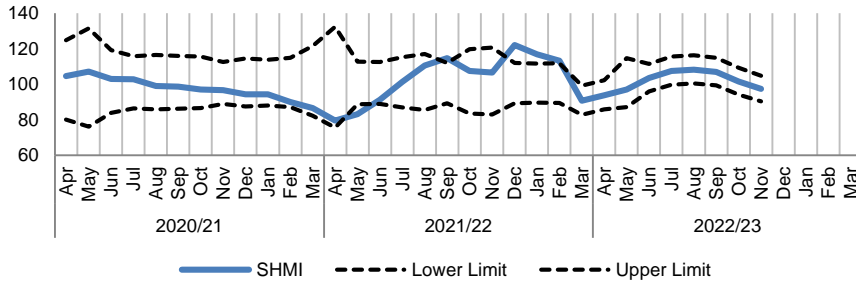
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



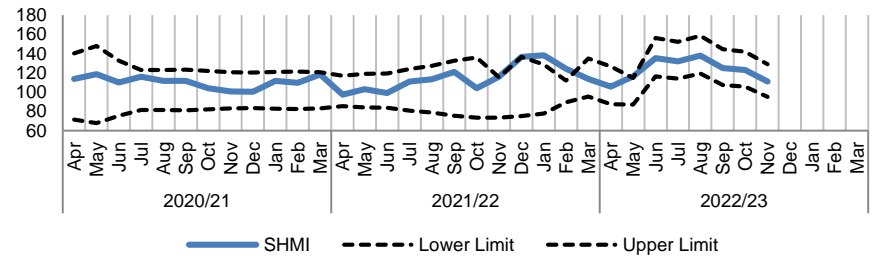
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



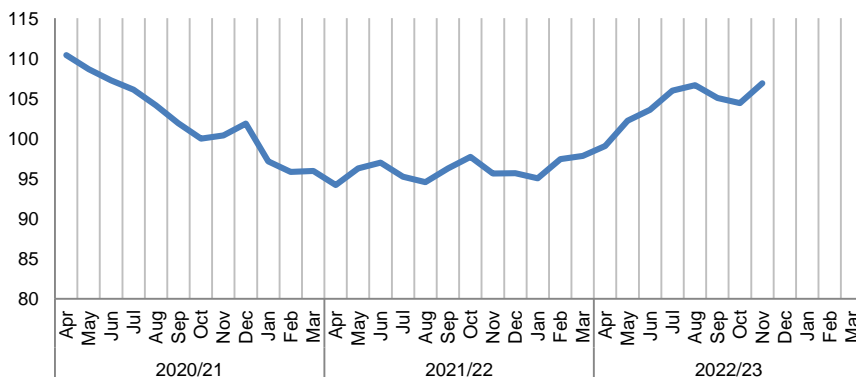
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions

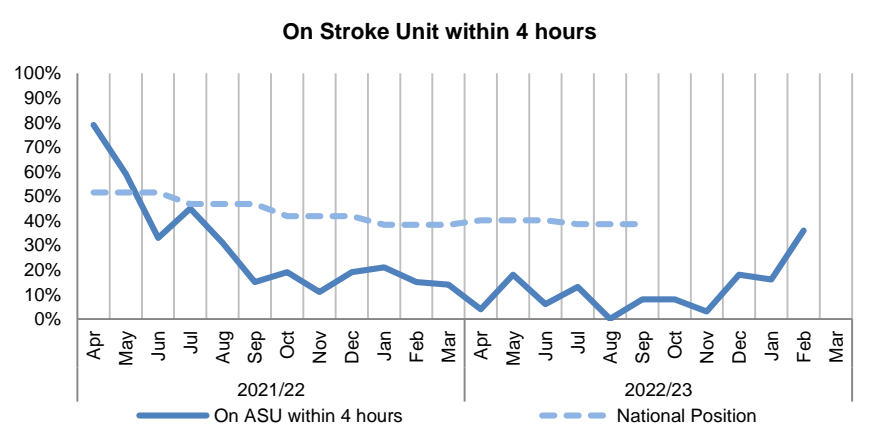
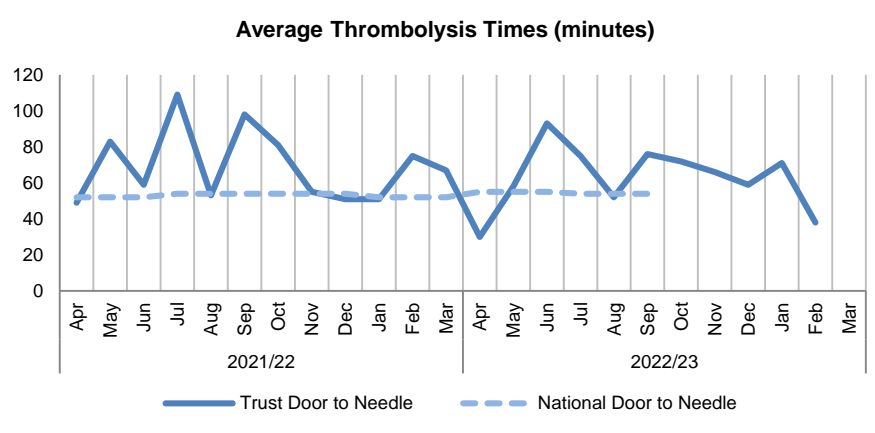
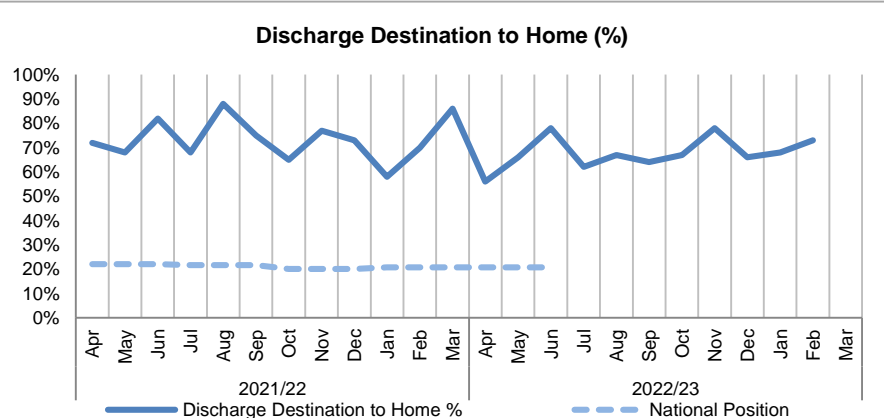
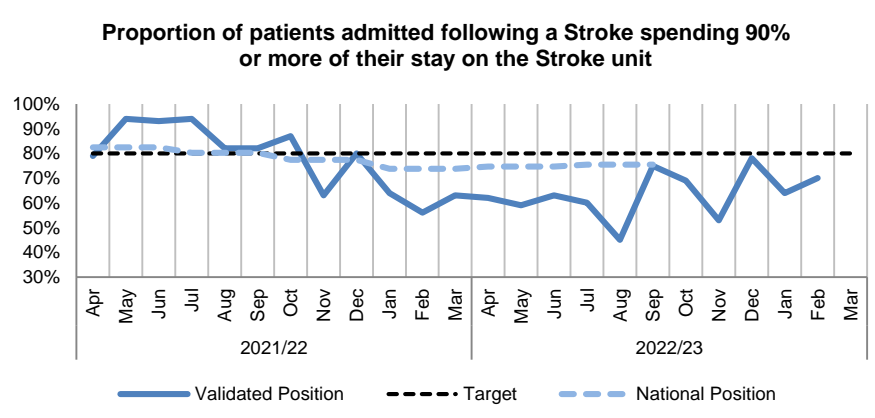


HSMR (12 Month Rolling)



- The SHMI position, remains within the expected range for all metrics
- A review of the HSMR position has been commissioned and a task and finish group is being set up to ensure the methodology used is consistent across sites. The recent increase in 12 month rolling HSMR position is likely driven by a coding delay, alongside data aggregation across sites. A review of HSMR will be taken to the Mortality Review Group and reported onwards to the Safety and Risk Committee.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians where appropriate. No new emergent themes are currently being identified through this process.

Northern Services Stroke Performance – Quality of care metrics for patients admitted following a stroke



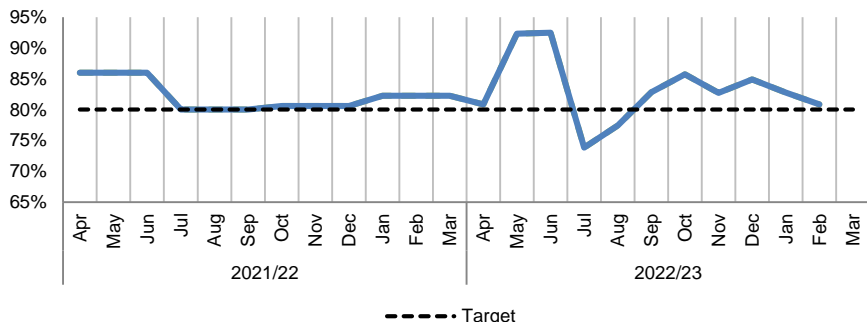
- Across all of the reported metrics, there has been a positive shift in February; however, the position remains challenged and further focussed work to stabilise and sustain improvement remains ongoing.
- 90% stay: Performance against this indicator remains variable due to ongoing challenges with patient flow. The Stroke clinical teams provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group continue to focus on reviewing the ringfencing processes with the site management team.
- Discharge destination: This metric is relatively stable and is above the national average.
- ASU in 4 hours: This target remains challenging due to the high level of occupancy although has shown a positive trend in relation to the February position.
- Thrombolysis times: Thrombolysis time is broadly stable over time. Overall the number of eligible stroke patients for thrombolysis is low

Eastern Services Stroke Performance

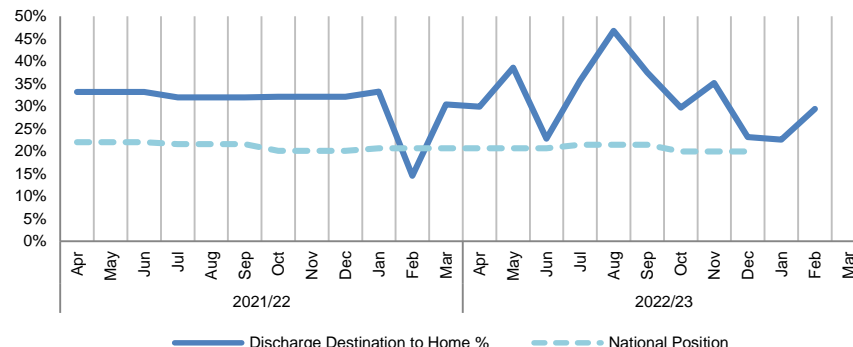
Quality of care metrics for patients admitted following a stroke



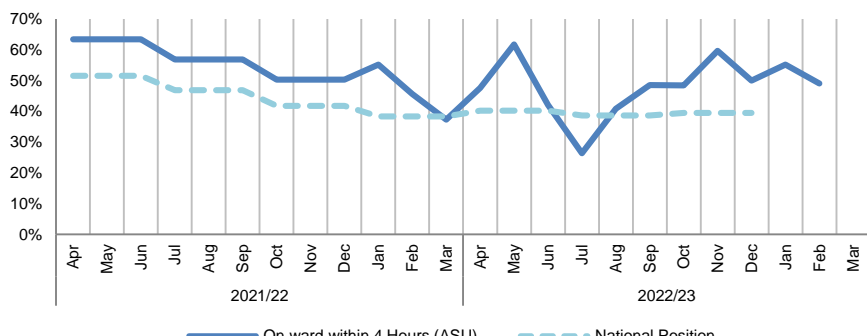
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



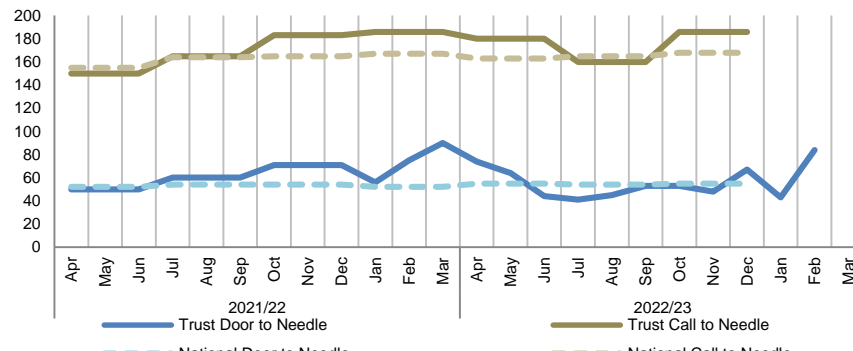
Discharge Destination to Home (%)



On ward within 4 Hours (ASU)

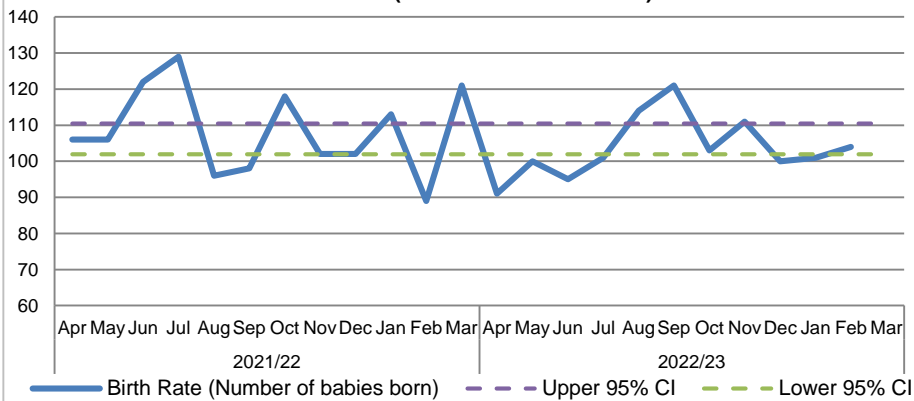


Average Thrombolysis Times (minutes)

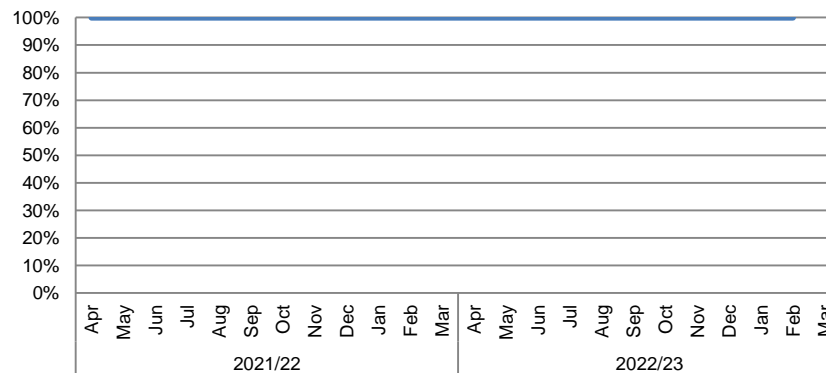


- 90% stay -The proportion of patients admitted spending 90% of their stay on the stroke unit has remained stable in February and is above target. This has been due to the continued concerted effort to try and transfer patients more quickly to the ward. In February 80.9% was achieved against the 90% stay indicator and 49% of stroke patients were transferred to the unit within 4 hours, which is above the national position.
- The proportion of patients for whom their discharge destination is home remains stable
- Other indicators remain positive and are either above, or in-line with the national position.
- The increase in the Trust door to needle time seen in February reflects a very small number of patients experiencing extended delays in Ambulance handovers, which has disproportionately impacted on the aggregate position. These cases have been reviewed by the relevant clinical and governance groups and it is not believed that these delays have contributed to their overall outcomes. Aside from these extended waits all other patients have been seen within the normal timeframe, and in line with the national position.

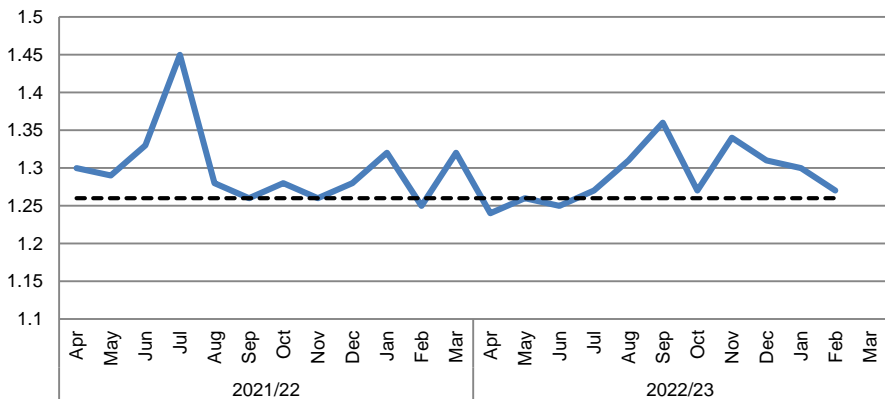
Birth Rate (Number of babies born)



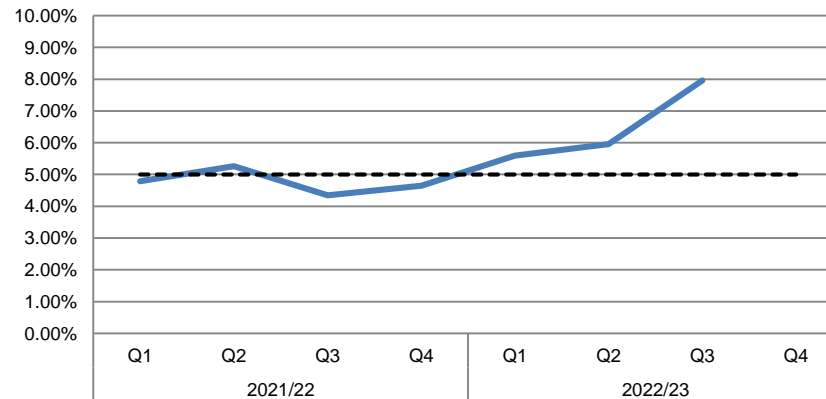
1:1 Care in Labour



Midwife to delivery ratio



Admissions of (term babies) to NNU

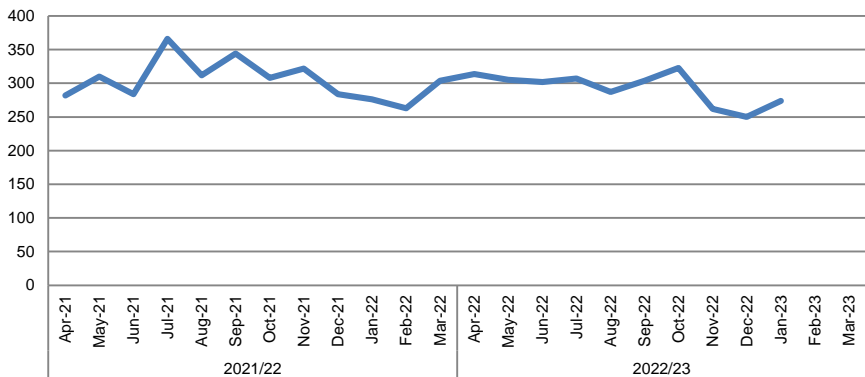


- Admissions of term babies to NNU continues to be linked to lack of a designated transitional care facility.
- All admissions continue to use the ATAIN process to review and no safety concerns have been identified.

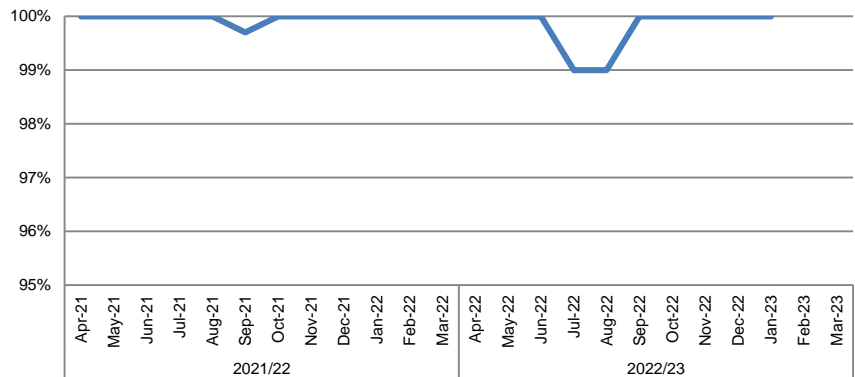
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

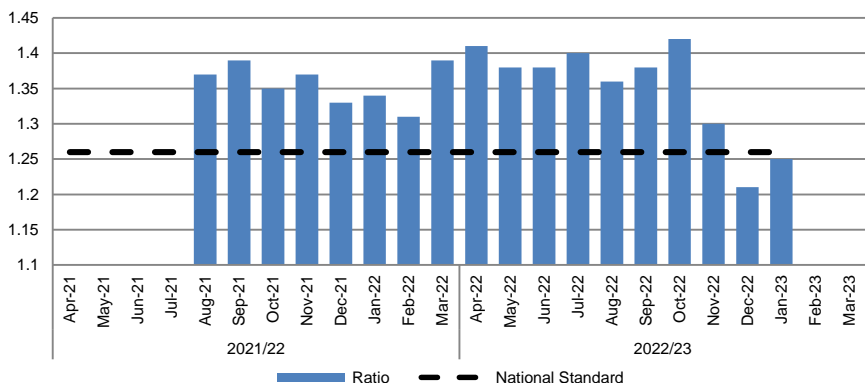
Birth Rate (Number of babies born)



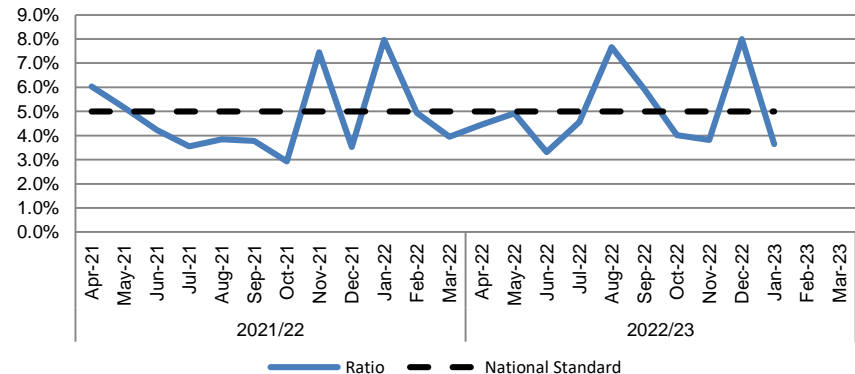
1:1 Care in Labour



Midwife to delivery ratio



Admissions of (term babies) to NNU

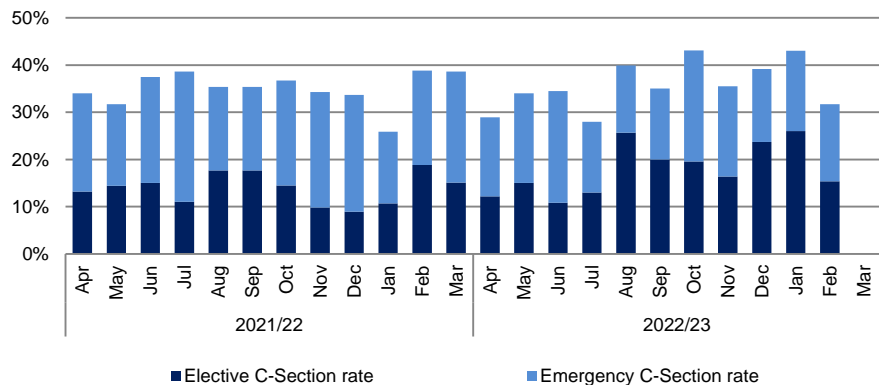


- Admissions of term babies to NNU; All admissions continue to be reviewed through the ATAIN process.
- Birth rate is lower reflecting national trends. This is impacting positively on our midwife to delivery ratio however, the birth rate averages out as the same as last year.

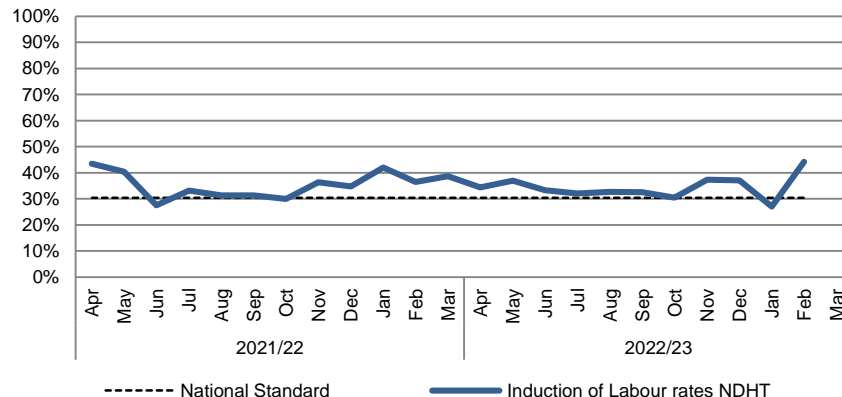
Northern Services Maternity – Metrics relating to the provision of quality maternity care



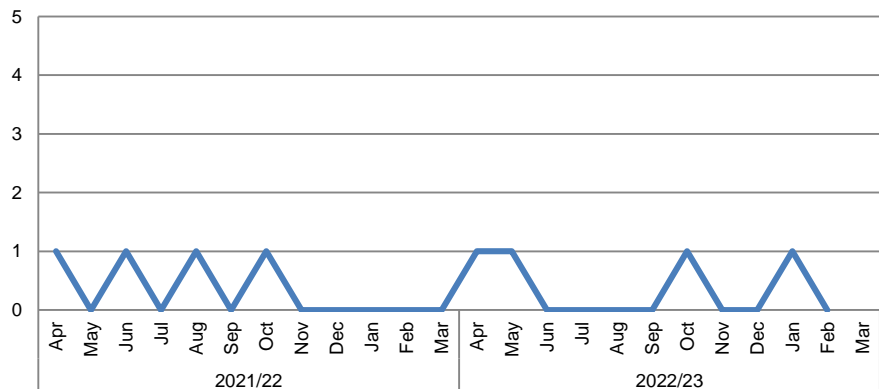
C-Section Rates - Elective & Emergency



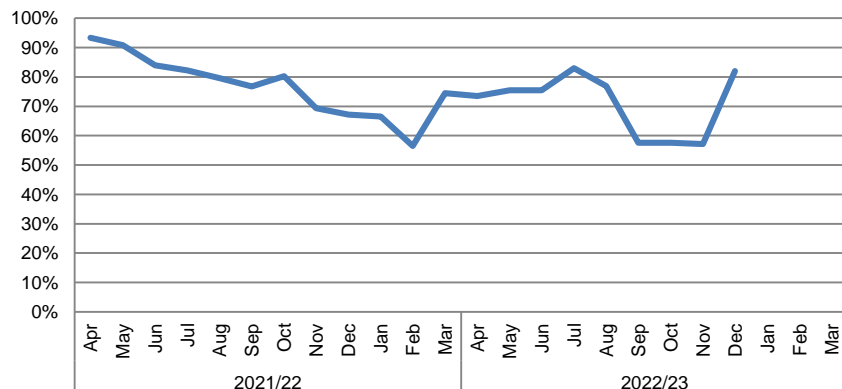
Induction of Labour rates



Still births (includes term & pre-term)



PROMPT Training % (whole team)



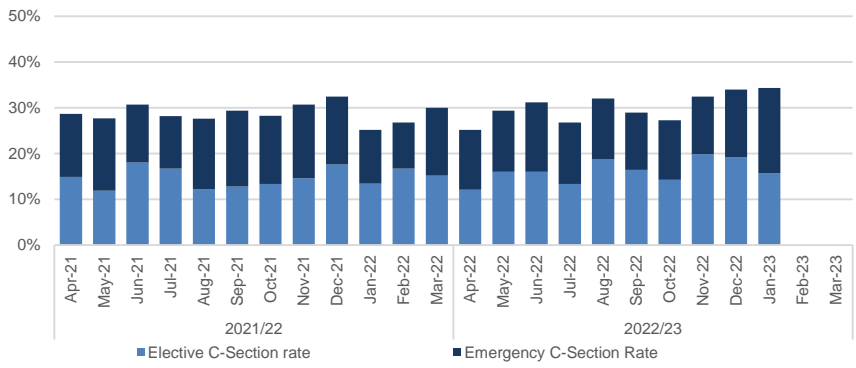
- PROMPT training compliance data not available in January/February 2023.
- Overall compliance from December shows compliance > 99% for each staff group, with the exception of anaesthetics. Targeted works are underway to increase anaesthetic compliance.

Eastern Services Maternity

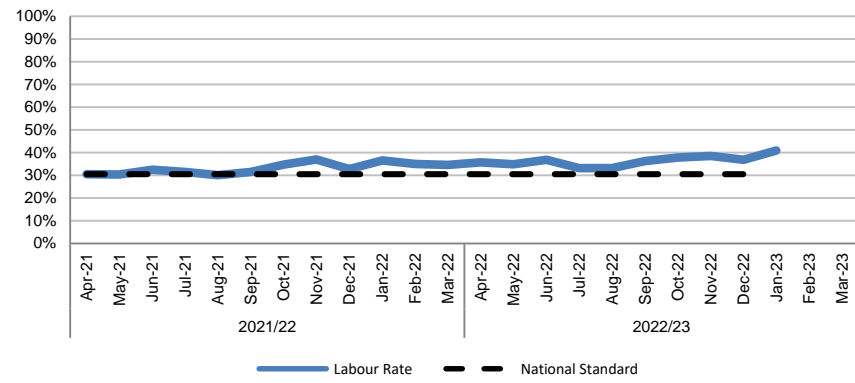
Metrics relating to the provision of quality maternity care

Activity & Flow
Operational Performance
Patient Experience
Quality & Safety
Our People
Finance

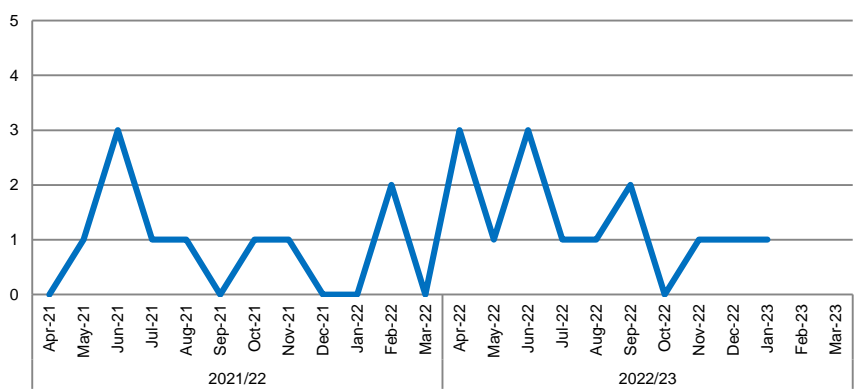
C-Section rates - Elective & Emergency



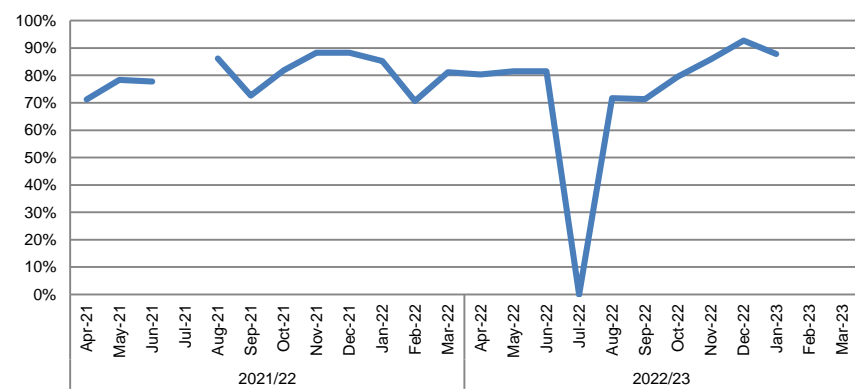
Induction of Labour rates



Still births (includes term & pre-term)



PROMPT Training % (whole team)

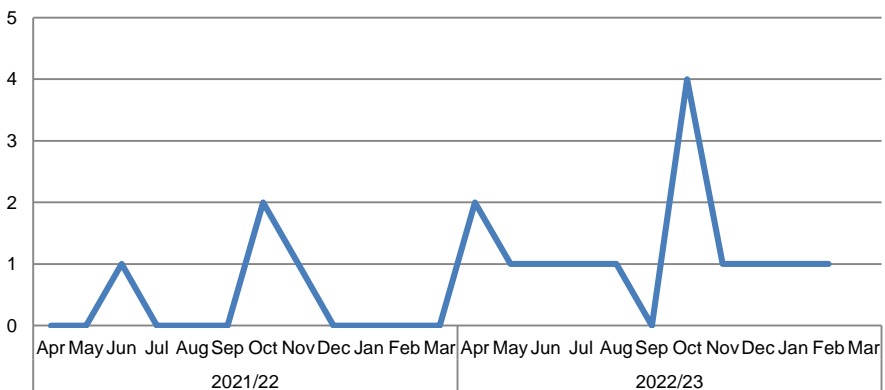


- Induction of labour rates not impacting on rate of physiological birth

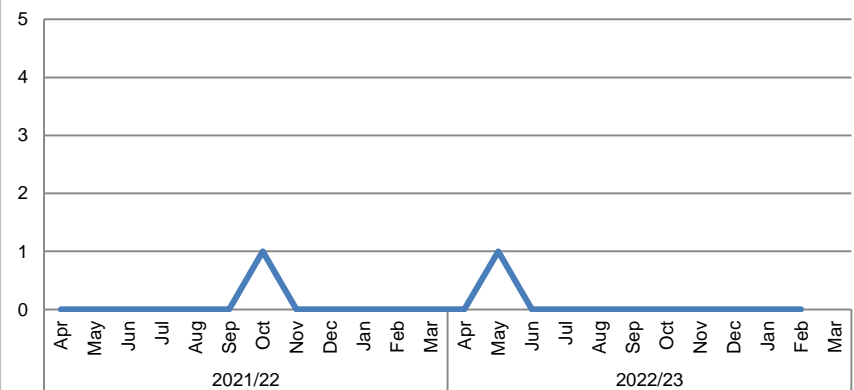
Northern Services Maternity – Metrics relating to the provision of quality maternity care

Activity & Flow
Operational Performance
Patient Experience
Quality & Safety
Our People
Finance

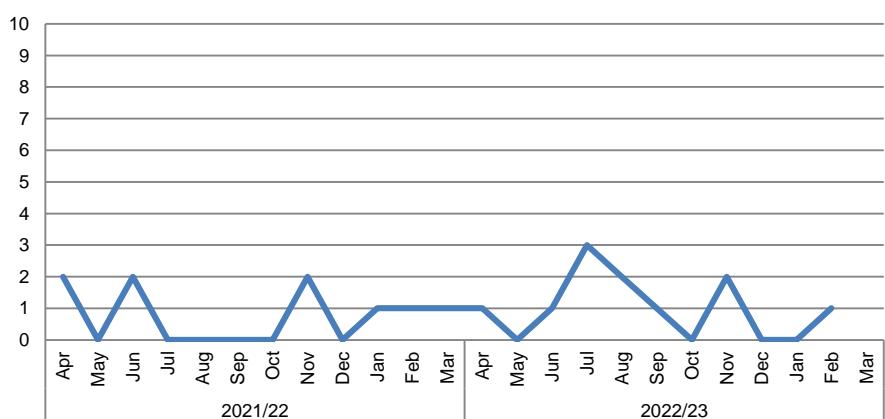
Incidents in current month (moderate and above) (run chart)



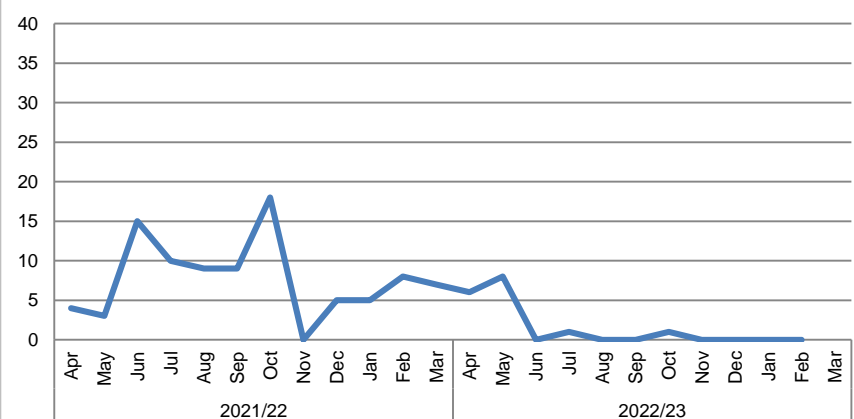
Serious Incidents (run chart)



Complaints Maternity



Compliments Maternity



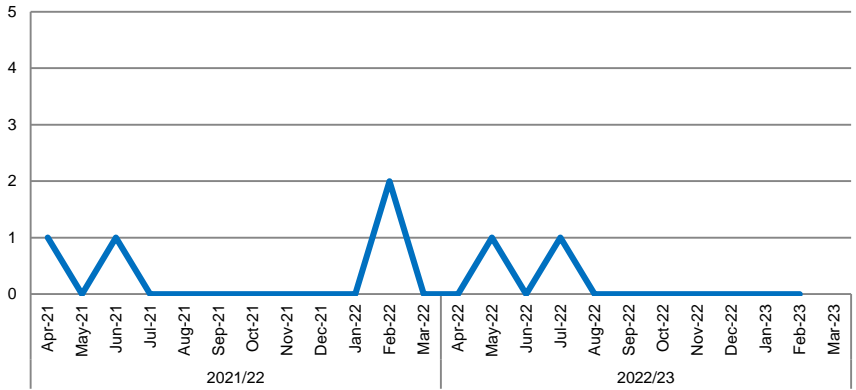
- There was one moderate incident in month which has been referred to HSIB for investigation.

Eastern Services Maternity

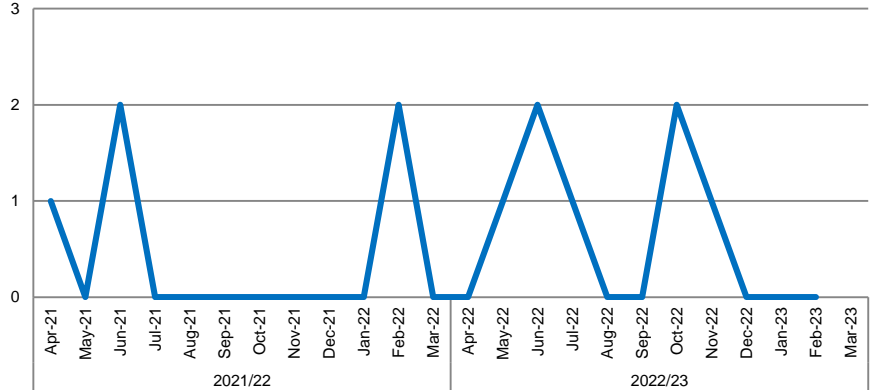
Metrics relating to the provision of quality maternity care



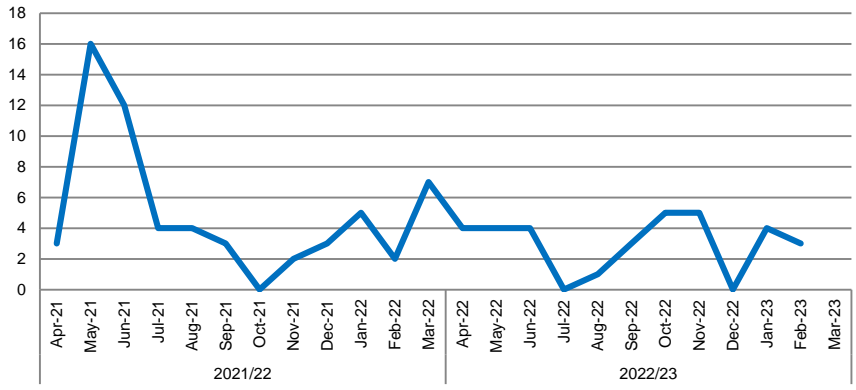
Incidents in current month (moderate and above) (run chart)



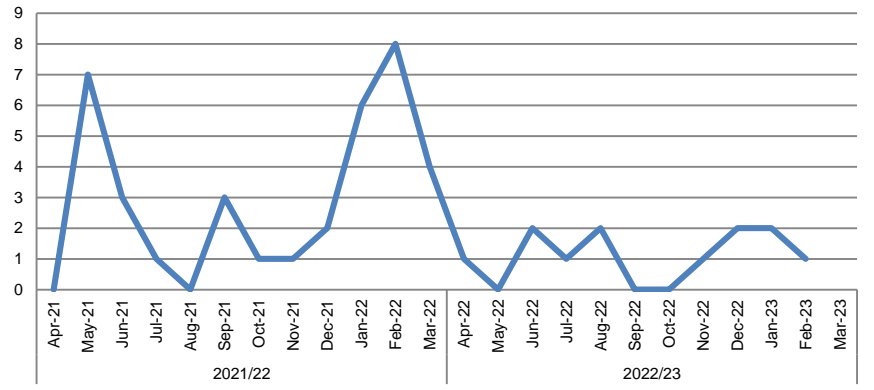
Serious Incidents (run chart)



Complaints Maternity



Compliments Maternity

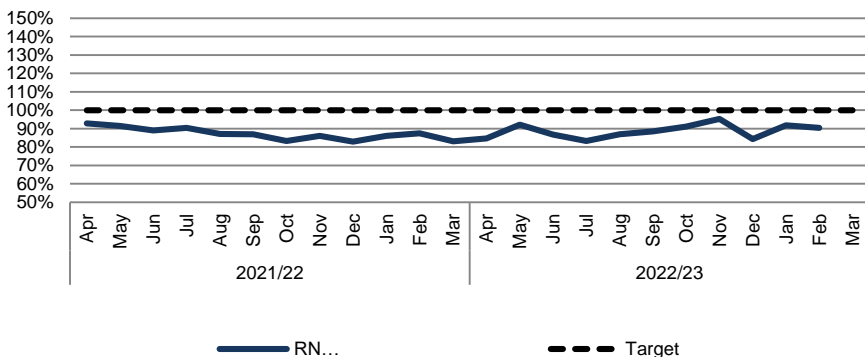


The maternity teams across both Northern and Eastern sites actively engage with the Maternity Voices Partnership (MVP) to review and contribute to the development of maternity services and ensure the voice of women and their families are heard. The maternity team work with the MVP to provide a report through to the Patient Experience Committee.

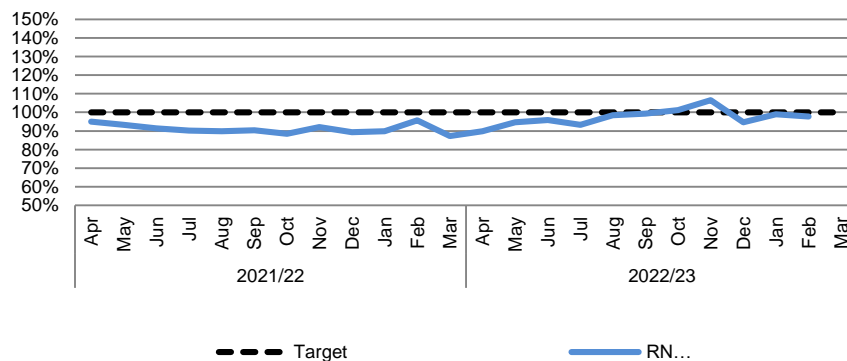
Northern Services Safe Clinical Staffing Fill Rates



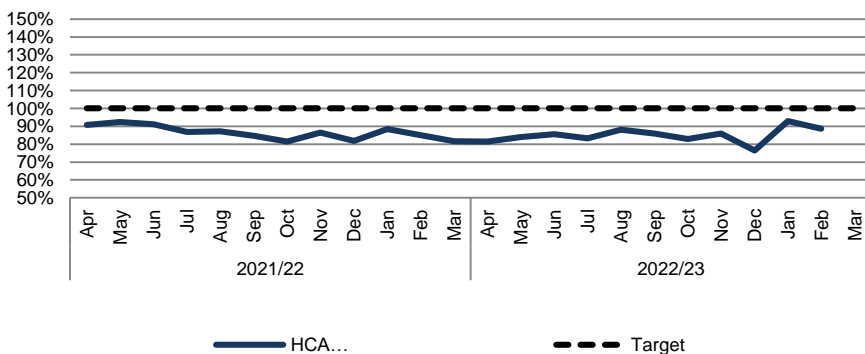
Registered Nurses & Midwives Fill Rate (Day)
Inc. ED & South Molton



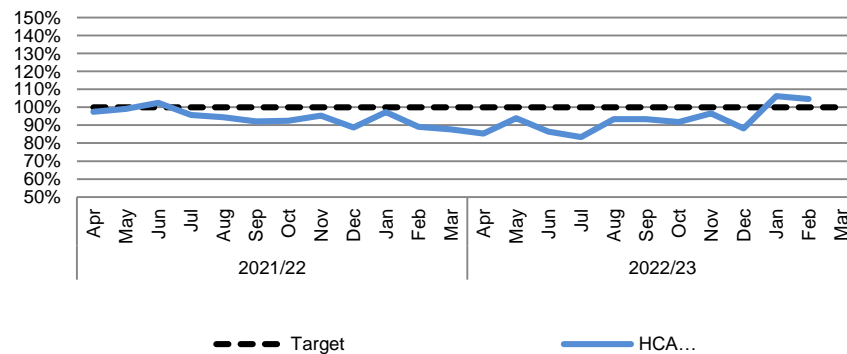
Registered Nurses & Midwives Fill Rate (Night)
Inc. ED & South Molton



HCA Fill Rate (Day)
Inc. ED & South Molton



HCA Fill Rate (Night)
Inc. ED & South Molton

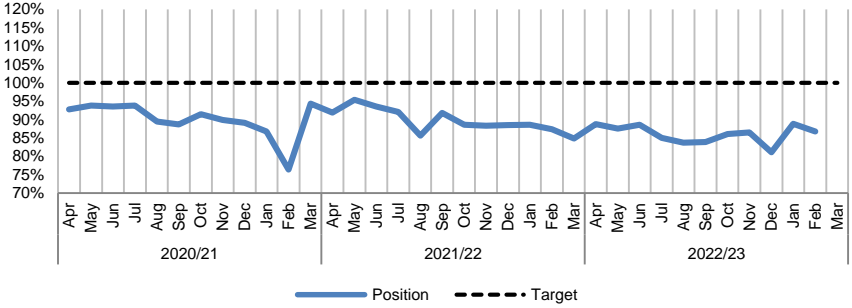


- All clinical staffing rates are > 89%. Daytime fill rates are more challenging due to the availability of temporary staff.
- There were 5 reported incidents relating to low staffing in February with none scoring moderate or above.
- Staffing risks are assessed and mitigated through a number of established processes and strong professional oversight by members of the Senior Nursing and Midwifery teams on a daily basis.

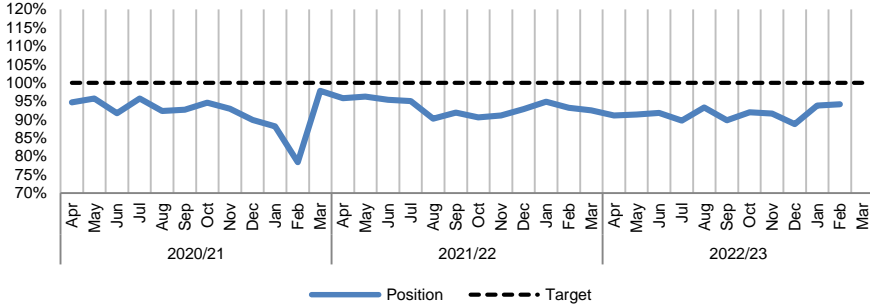
Eastern Services Safe Clinical Staffing – Fill Rate

Proportion of rostered nursing and care staff hours worked, against plan

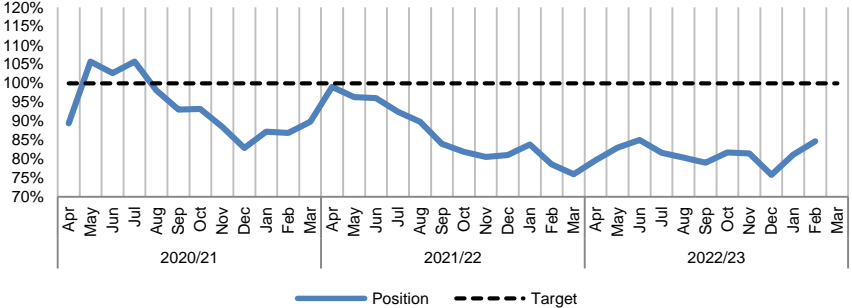
Registered Nurses & Midwives Fill Rate (Day)



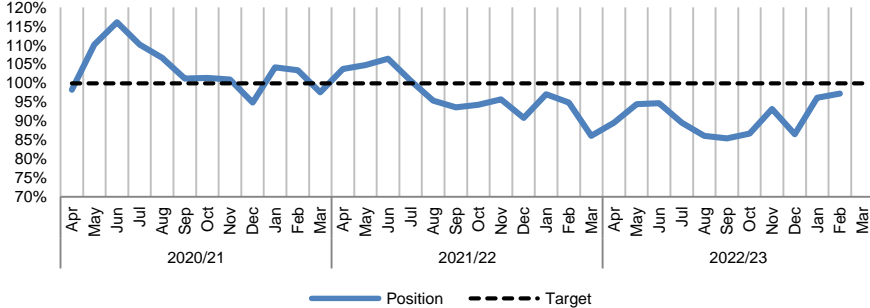
Registered Nurses & Midwives Fill Rate (Night)



Care Staff Fill Rate (Day)



Care Staff Fill Rate (Night)

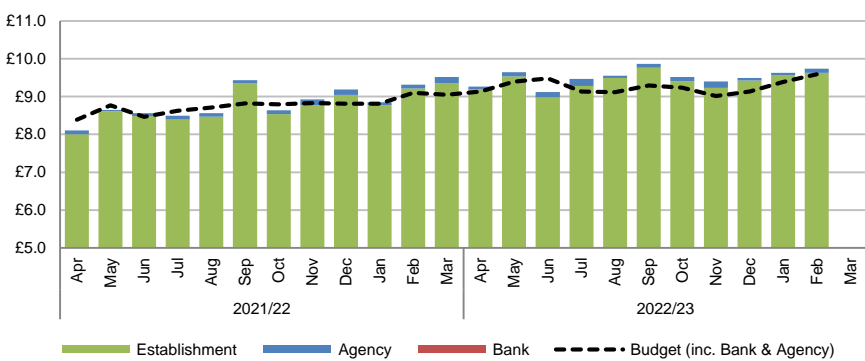


- The average fill rate was 90.7%
- There were 11 incidents reported of staff shortages in February 2023. All incidents were either minor harm (n=5) or no harm (n=6).
- A review of all patient safety incidents which resulted in moderate or greater harm has not identified any incidents where staffing was a causative or contributory factor to patient harm.

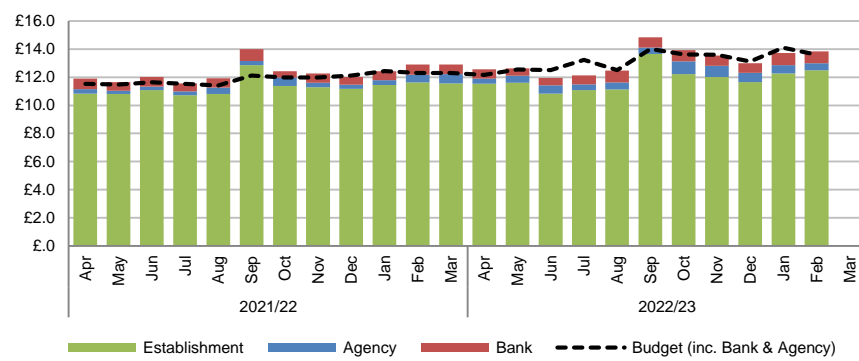
Eastern Services Safe Clinical Staffing

Cost of Medical & Nursing Staffing by month against Budget & reasons for temporary staff

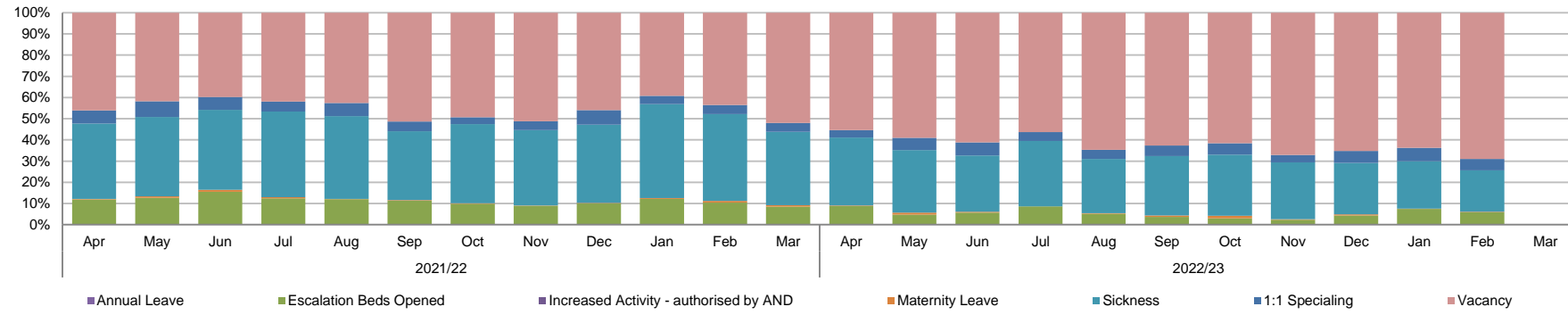
Medical - Staff FTE (£Million)



Nursing - Staff FTE (£Million)

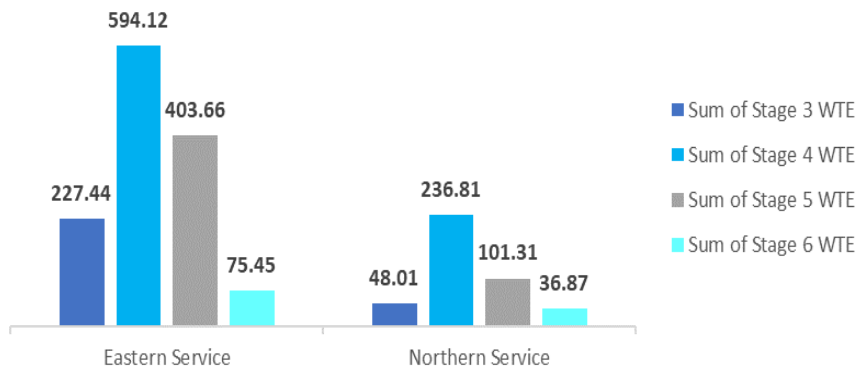
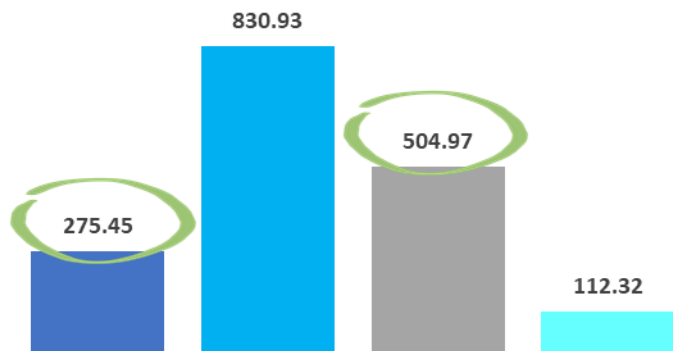


Nursing Reasons for Bank/Agency Usage

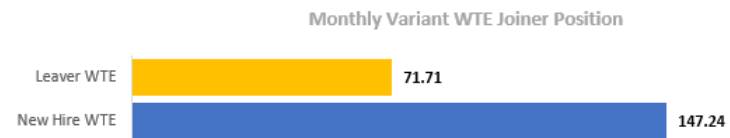
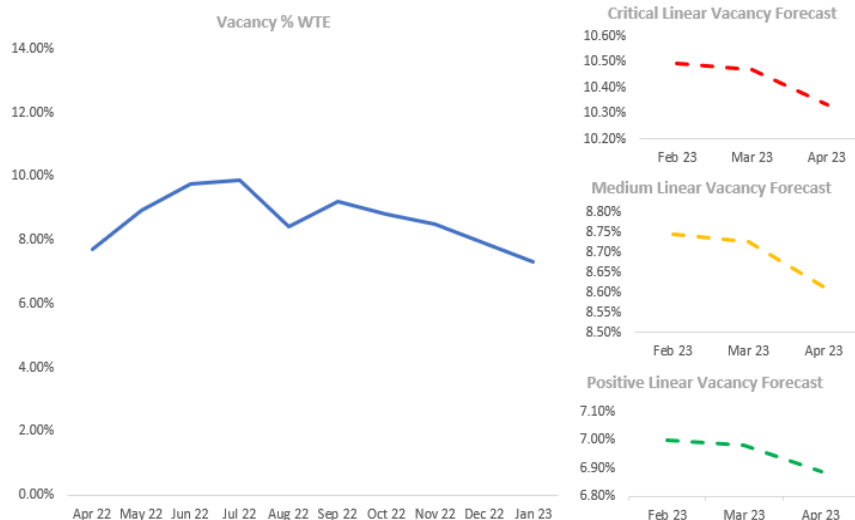


- There continued to be high operational escalation throughout February 2023, which impacted on the use of temporary staffing.
- The number of norovirus cases had a significant impact on the use of escalation beds as flow was restricted due to closed beds.
- Healthcare support worker recruitment continues to improve, and although it remains significant current vacancies are at their lowest since December 2022. Retention still remains a core priority.

Trust Recruitment Update



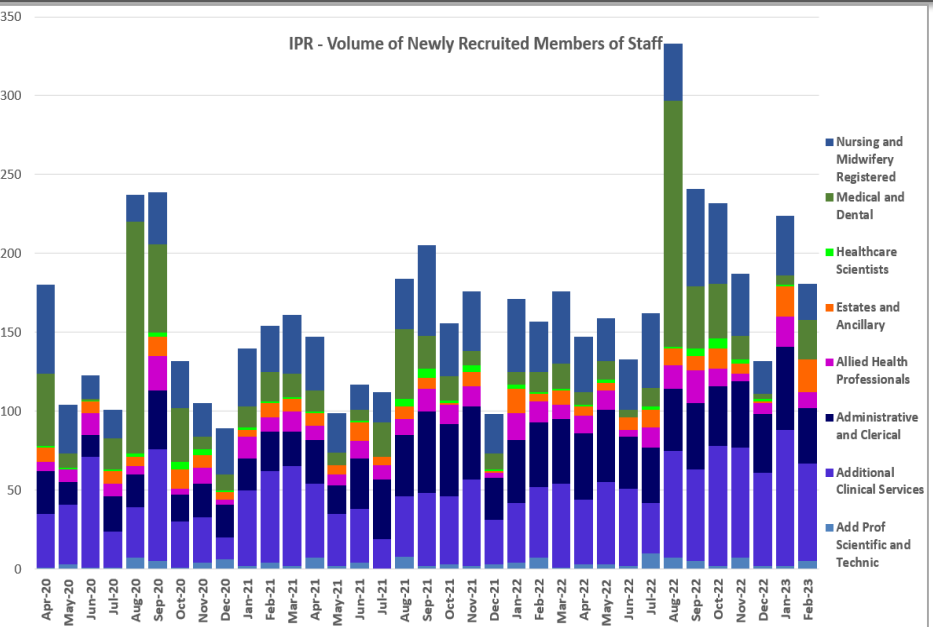
- The overall vacancy rate is 7.30% which is almost 1% lower than our medium forecast last month with the Accelerating Vacancies program showing benefits. North reporting 9.66% down from 11% and the East 6.36% down from 7.03%. This continues to trend in forecasting in the right direction.
- Overall our AfC pipeline is healthy for both the Northern and Eastern sites with activity moving at pace in the right direction. There is ongoing creative attractive and recruitment work with our Hard to Fill roles including some consultant posts.
- We have 535 People in Stage 5 (Pre-Employment Checks) which is a significant decrease on previous months (down from 1000+ due to increase in productivity rather than vacancy level). This highlights the Recruitment Administrative Teams effort to reach this target.
- 129 (112.32 WTE) people are currently scheduled for an upcoming Induction and new start (Data through to end of March).
- 15 IR nurses arrived in February (9 for East and 6 for North) + 1 sonographer. 4 IR nurses and 1 Diagnostic Radiographer arrived earlier this month with another 16 IR nurses and 3 Diagnostic Radiographers due by the end of the month.
- We are now able to report our average time to hire (Advert Approved to Contract Accepted) – This is currently at a Trust average of 68.8 calendar days which is below the National Average and down from last month of 70.3.
- We are highlighting in green in the above graphs that we are not seeing the “wave” as high in Stage 3. This positive activity continues into Stage 5 in reaching a manageable target of 500 or below.
- Our retention of our staff is also trending over the last 4 months in a positive light with leavers reducing and turnover turning to a positive position.



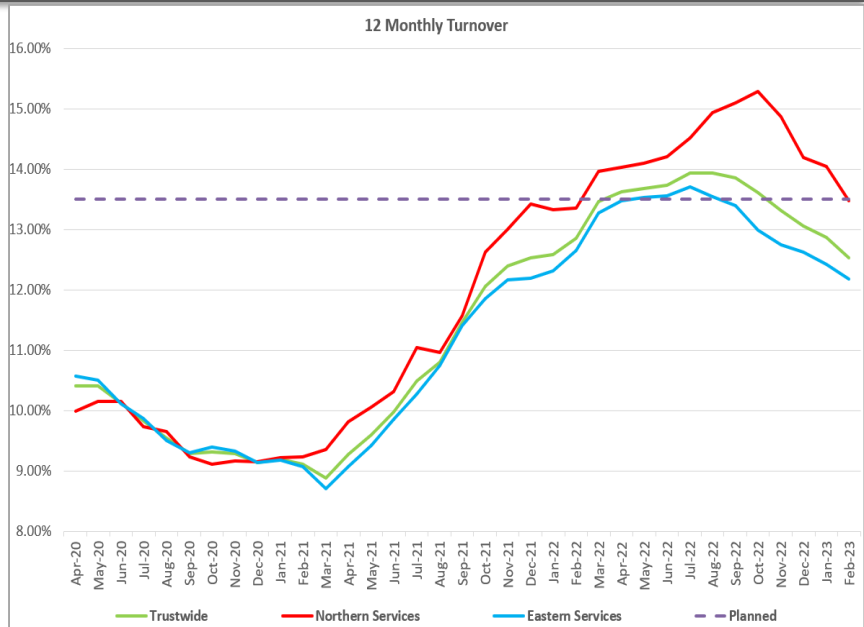
Trust Turnover

Activity & Flow
Operational Performance
Patient Experience
Quality & Safety
Our People
Finance

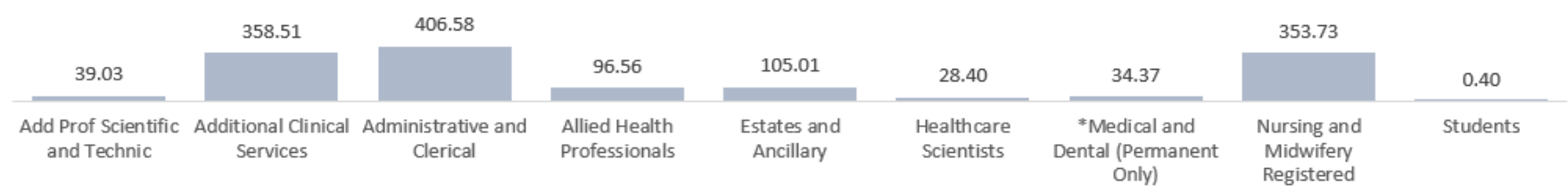
IPR - Volume of Newly Recruited Members of Staff



12 Monthly Turnover



Leavers (FTE) for 12 months to 28th February 2023 - *Permanent and FTC Contracts

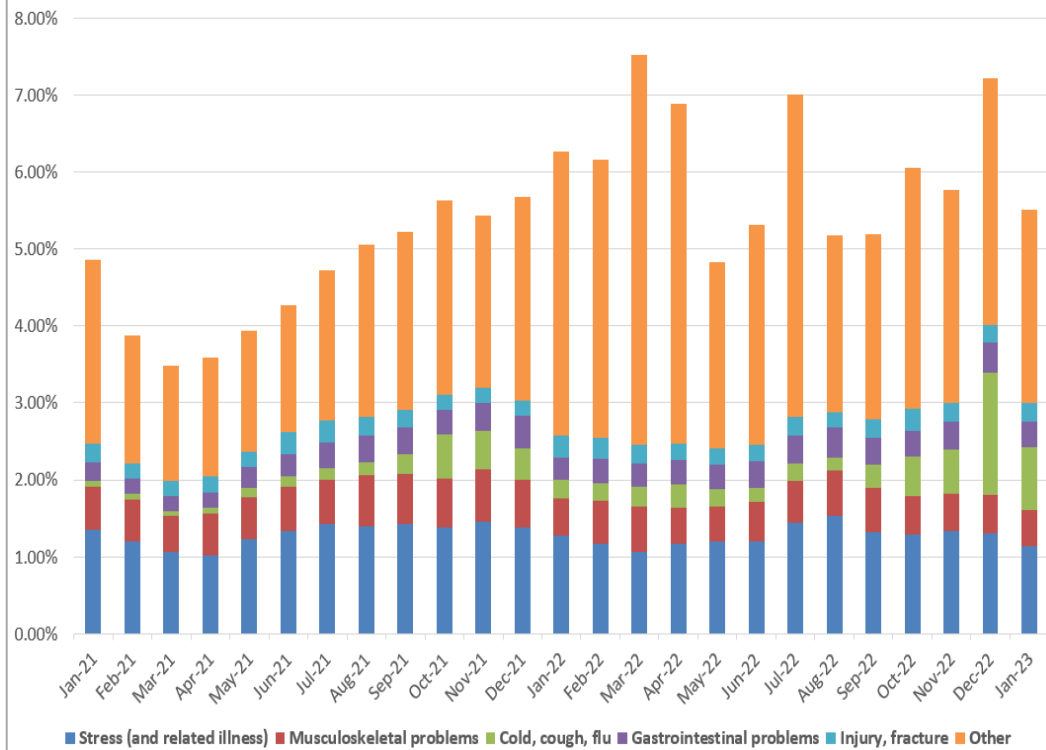


Turnover (data as at end February 2023)

- The overall improving turnover position is reflected across both sites, with the Northern Services rate now dipping under the 13.5% planned rate at February month end.
- The Additional Clinical Services group continues to register a further slight easing of the rate in the East and North, to a shade over 16% compared to 18% in Aug-22. The intensive recruitment to vacancies and retention plans for our HCSWs appears to be gaining some traction.
- For Estates and Ancillary, the increase in the rate to 15% following an improvement in the previous three months underlines the ongoing challenges faced in both recruiting and keeping our vital support staff. Northern Ancillary services turnover did actually improve from 14.5% to 13%; in the East however, where over three quarters of our Ancillary staff are employed, an increase was recorded in February.
- Turnover for Registered Nursing and Midwifery shows a slowly falling, stable position in the East (11.1%); while for Northern the improved position has moved down to 13.2% - from the peak in October at 15.9%.

Trust Sickness Absence

Sickness Absence Rate By Most Common Reasons (plus all Other)



Sickness Absence (Data shown for latest available month: January 2023)

Trust Position

- Following an extremely challenging December with high levels of sickness absence, January saw an improvement as the Trust rate decreased from 7.2% to 5.5%. The Northern Site position was down to 5.22% (from 7.2%) and for Eastern the rate was 5.6% (from 7.2%).
- Using either the medium forecasted rate or the rate for the same month in 2022 as comparatives, January 2023 saw lower sickness than might have been anticipated.
- Cold, Cough, Flu remained a significant factor in sickness recorded in January as did Covid-19 infections, together accounting for around a quarter of all time lost to sickness in the month.
- Anxiety/Stress/Depression was the predominant reason for days lost in January for *all* staff groups, across *both* sites.

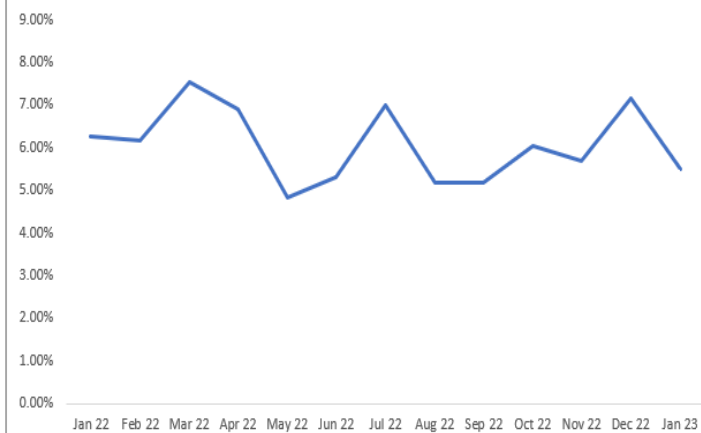
Northern Site Position

- Compared to December, rates of sickness were lower for Estates and Ancillary and Additional Clinical Services, though they remain the groups with the highest monthly rate at 8.4% and 7.3% respectively.
- Registered Nursing and Midwifery at 6.15% down from 7.5%.

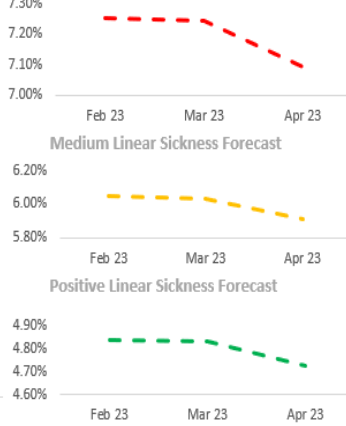
Eastern Site Position

- Additional Clinical Services (8.8%) and Estates and Ancillary (9.8%) saw decreases in the monthly rate, but remain the staff groups most affected by sickness.
- For Registered Nursing, January was a less challenged month for sickness, but the rate remains above 5.5%

Historic Trend Actuals - Sickness %

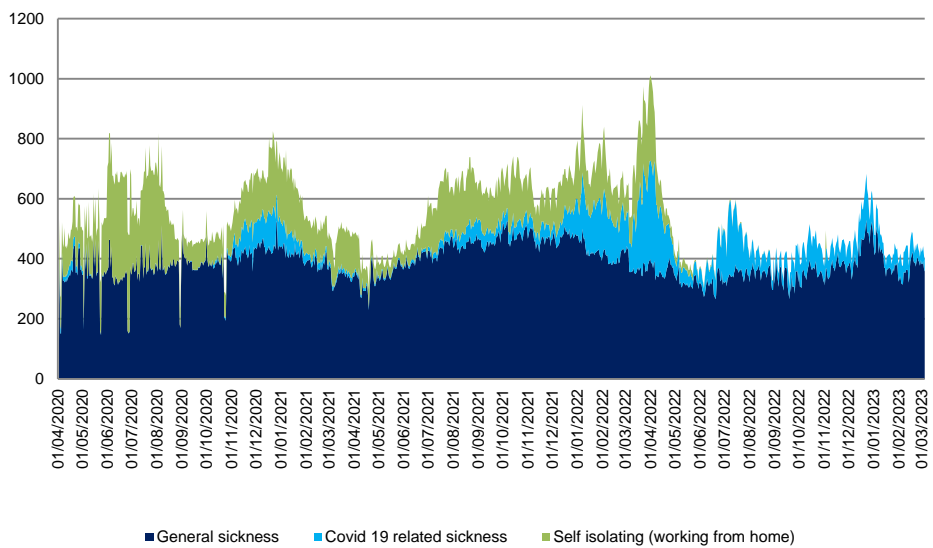


Critical Linear Sickness Forecast

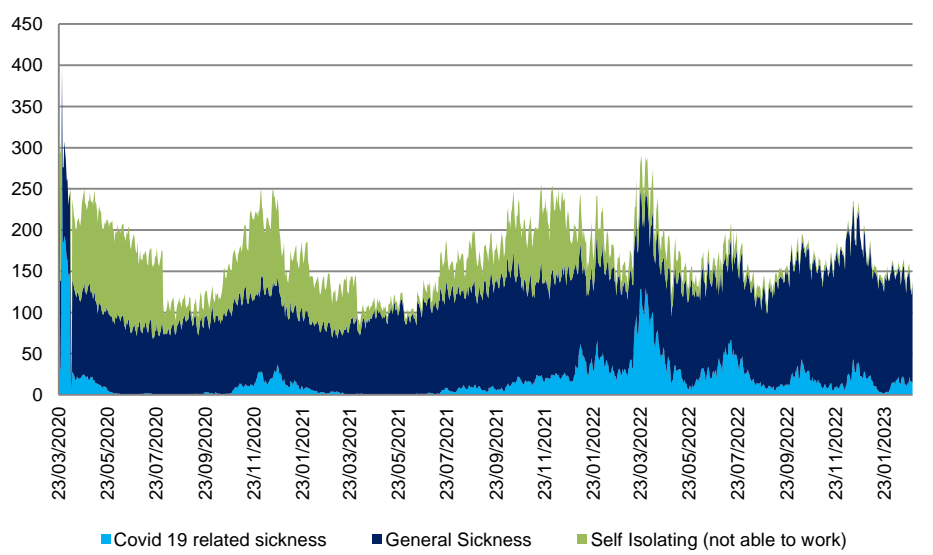


Trust Workforce – Covid related absence

Staff Sickness and Self Isolating – Eastern Services



Staff Sickness and Self Isolating – Northern Services



As at 11th March, the total number of staff in Eastern services with Covid related absence stands at 59. Data from the North similarly shows relatively low and stable numbers (15) recorded since last month's update.

There are currently 13 members of staff with an open sickness episode attributed to Long Covid of which, 11 are located in Eastern Services and the remainder based in the Northern site.

The NHS Digital Foundry system collects vaccination data for our workforce and includes attendances at non trust sites such as primary care/pharmacy settings. As Occupational Health's table below shows, the percentage of staff receiving the Covid booster stands at 61%, level with the 61% recorded as having had the Flu vaccine. These rates are for the RDUH as a whole and cannot be split by north/east. The table below shows 2022 rates for RDUH but 2021 rates for eastern services only.

Using these comparisons based on the monthly ImmForm submission made to NHSE, the overall rate for Covid vaccine uptake is significantly lower this year. The higher levels attained last year can be partly attributed to staff being mandated in early 2022 to have received Covid vaccines, unless medically exempt. This requirement was subsequently removed.

Flu vaccinations are lower this year by 6% and this is attributable in part to the campaign beginning later this year in the North.

The Flu vaccination campaign and Covid Autumn Booster programme have now closed.

	2022 Flu RDUH Total	2021 FLU RDE only	2022 Flu Variance	2022 Covid RDUH Total	2021 Covid RDE only	2022 Covid Variance
Medical and Dental	65%	100%	-35%	69%	88%	-19%
Nursing and Midwifery Registered	63%	75%	-12%	58%	81%	-23%
All other prof qual clinical staff	62%	86%	-24%	64%	84%	-20%
Support to Clinical Staff	59%	57%	2%	56%	76%	-20%
No direct patient care	61%	46%	15%	70%	82%	-12%
Total	61%	67%	-6%	61%	80%	-19%



RDUH Finance Overview

Financial Performance - key performance indicators

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Jan-23	This Month Feb-23	Year End Mar-23	
Income and Expenditure	I&E Surplus / (Deficit) - Total	£'000	-15,638	-16,518	-16,763	
	I&E Surplus / (Deficit) v budget	£'000	0	0	1,500	
	Income variance to budget - Total	£'000	219	220	1,484	See below
	Income variance to budget - Total	%	0.03%	0.02%	0.15%	
	Income variance to budget - Patient Care	£'000	404	246	1,500	FOT includes £1.5m additional allocation to ICB block contract.
	Income variance to budget - Commercial income	£'000	-185	-26	-16	Commercial activities are under-recovered mostly due to car parking, nursery, fertility and catering off-set by increased education and training income.
	Pay variance to budget - Total	£'000	72	251	305	Pay budgets are reduced to reflect undelivered savings and productivity against plan and off-set by allocating reserves for developments that have not yet commenced.
	Pay variance to budget - Total	%	0.01%	0.05%	0.05%	
	Agency expenditure (Inc. COVID expenditure) variance to Plan	£'000	-8,072	-9,082	-9,770	Usage particularly in nursing and medical workforce reflecting vacancies, sickness, Covid impact and ESRF delivery.
	Non Pay variance to budget	£'000	-294	-474	-292	Non pay continues to reflect increased drugs expenditure YTD and FOT not recoverable above block contract income off set by slippage on investments and non-recurrent underspends.
	Non Pay variance to budget	%	-0.11%	-0.16%	-0.09%	
	PDC, Depreciation, Interest Paid / Received variance to budget	£'000	3	3	3	
	PDC, Depreciation, Interest Paid / Received variance to budget	%	0.01%	0.01%	0.01%	
	Cost Improvement Programme - Total Current Year achievement	£'000	14,932	16,300	17,972	
Cost Improvement Programme - Year to date/ Current Year variance to budget	£'000	-12,554	-14,378	-15,963	See report narrative. FOT improvement following review of delivery previously assumed in underspends.	
Capital & Cash	Cash balance	£'000	38,617	49,720	47,135	YTD: Timing of settlement of net working capital, particularly payments to suppliers, capital programme slippage and the impact of late changes to the June plan that was not reflected in the Balance Sheet (£11.4m) FOT: The balance sheet was not updated for the late revenue changes made to the final Annual Plan.
	Cash variance to budget - above / (below)	£'000	9,105	15,413	17,579	
	Better Payment Practice v 95% target - volume	%	92%	92%	92%	
	Better Payment Practice v 95% target - value	%	93%	93%	93%	
	Capital Expenditure variance to plan - Total above / (below)	£'000	-12,065	-13,942	0	See report narrative. There is confidence the programme will recover based on the value of open orders and oversight by the Capital Steering Groups. For reference, £28.1m (36%) of the 21/22 capital programme was delivered in M12.
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-8,387	-9,173	0	As above.
Capital Expenditure variance to plan - PDC above / (below)	£'000	-3,678	-4,769	0	Whilst there is slippage on planned commencement of Diagnostics CDC in East due to delayed approval, capital planning will ensure PDC allocations are fully utilised by year end.	

Key

Total value
Positive variance value
Negative variance value <5%
Negative variance value >5%

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

RDUH Summary Finance position

Trust Commentary

Month 11 Summary Finance Position - YTD

- The Board has approved a deficit plan of £18.3m
- Cumulative deficit of £16.5m achieves plan predominantly by Delivering Best Value slippage being off-set by non-recurrent expenditure underspends.

Month 11 Summary Finance Position - FOT

- The planned deficit of £18.3m continues to be forecast at £16.8m arising from additional ICB allocations.

Risks and Mitigations

- The table opposite sets out the current assessment of gross risk and mitigation opportunities that have been consolidated and assessed on likelihood of materialising.
- Residual risk of £4.0m has been quantified and will be delivered through further non recurrent balance sheet mitigations by year end and is reflected in FOT.

Delivering Best Value (DBV) Programme (To be completed)

- The DBV programme for the year is £33.9m
- £16.3m has been achieved YTD against £30.7m target being £14.4m adverse to plan. The shortfall was covered through other NR slippage and under spends as set out above.
- Current assessment is of delivering £18.0m of the total programme being £15.9m adverse to plan and is reflected in the risks and mitigations table for months 11-12 (with month 1-11 being mitigated within the YTD overall position). Of the forecast shortfall £14.6m for the year relates to productivity opportunity that is affected by current pressures in Urgent and Emergency Care impacting the ability to deliver the elective activity plan. **£7.4m is forecast to be delivered non recurrently.**

Delivering Best Value Programme	Full Year Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	Actual Forecast	Forecast Variance
Divisional CIP	5.5	4.9	5.1	0.2	6.3	0.8
Mycare benefits	1.9	1.7	0.7	-1.0	0.9	-1.0
Productivity	14.6	13.1	0.0	-13.1	0.0	-14.6
Covid Cost Reduction	6.5	6.0	5.4	-0.6	5.6	-0.9
Further Stretch	5.4	5.0	5.1	0.1	5.2	-0.2
Total	33.9	30.7	16.3	-14.4	18.0	-15.9
Recurrent	20.9	18.8	9.6	-9.2	10.6	-10.3
Non-Recurrent	13.0	11.9	6.8	-5.2	7.4	-5.6
Total	33.9	30.7	16.3	-14.4	18.0	-15.9

Consistency with reporting to NHSEI and the Integrated Care System for Devon

- The reporting to NHSEI via the ICS has now brought a renewed focus on consistency of reporting.
- The Board has historically received financial information comparing actual to budget being a flexed version of the plan submitted to NHSEI for the financial year. Whilst this gives the Board assurance of consistency with information provided to internal budget managers, system and national reporting requirements compare actual to fixed plan and when taken in isolation can give the appearance of differential reporting to Board and Regulator.
- The appendices include a reconciliation of the YTD fixed plan to budget and transparency on the variances reported against fixed plan and budget.
- The Board is advised that month 12 is subject to enhanced year end reporting requirements that will impact the availability of some financial information. The draft accounts are due to be submitted on 27th April 2023, being 1 day after the Board meeting. **Whilst the overall SOCI deficit position, DBV and Capital positions will be reported in the IPR as they will not be expected to change, the finalisation of the SOFP and SOCF are impacted and will not be reported as appendices.** The Board should note that the full draft accounts, together with analytical review are scheduled to be reported to the Audit Committee meeting of 4th May 2023.

Data

	Year to Date			Year End Forecast		
	Budget	Actual	Variance Fav / (Adv)	Budget	Actual	Variance Fav / (Adv)
Month 11 2022/23						
Summary Income & Expenditure	£,000	£,000	£,000	£,000	£,000	£,000
Patient Income	779,496	779,742	246	848,682	850,182	1,500
Commercial Income	105,189	105,163	(26)	122,478	122,462	(16)
Total Income	884,685	884,905	220	971,160	972,644	1,484
Pay	(557,635)	(557,384)	251	(611,138)	(610,833)	305
Non Pay	(297,820)	(298,294)	(474)	(326,314)	(326,606)	(292)
Total Expenditure	(855,455)	(855,678)	(223)	(937,452)	(937,439)	13
EBITDA	29,230	29,227	(3)	33,708	35,205	1,497
PDC, Depreciation, Interest & gain from absorption	67,344	67,347	3	57,543	57,546	3
Net Surplus / (Deficit)	96,574	96,574	0	91,251	92,751	1,500
Removal of exceptional items	(113,093)	(113,093)	0	(109,514)	(109,514)	0
Net Surplus / (Deficit) after exceptional items	(16,519)	(16,519)	0	(18,263)	(16,763)	1,500

Delivery Risk	Most Likely £m
Deficit plan	-18.3
Risks	
Overall DBV shortfall	-15.9
ERF cost risk - additional 104wk schemes	-1.5
Additional costs of energy not funded	-1.7
Overspend issues	-5.2
Contractual risk	-1.0
Other issues	-1.6
Gross Risk	-26.8

Mitigations	
Underspending areas	8.2
Balance Sheet mitigations	9.9
Slippage	4.1
Funding / contractual negotiations	6.0
Unidentified mitigations	0.0
Total Mitigations	28.3

Net delivery (risk) / mitigation of planned deficit	1.5
Deficit Forecast	-16.8

Consolidated - Commentary

Capital

- The capital programme for the year is £56.6m and is forecast to be £5.1m higher than plan due to increases in PDC schemes, donations and leases.
- Confirmation has been received that the 2021/22 and 2022/23 IFRS16 impact of leases meeting the criteria will be covered by a central allocation.
- Capital expenditure to M11 was £31.3m; whilst the programme is behind plan there is confidence the programme will recover based on the value of open orders. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.
- To note, £28.1m (36%) of the Royal Devon capital programme was delivered in month 12 last financial year.

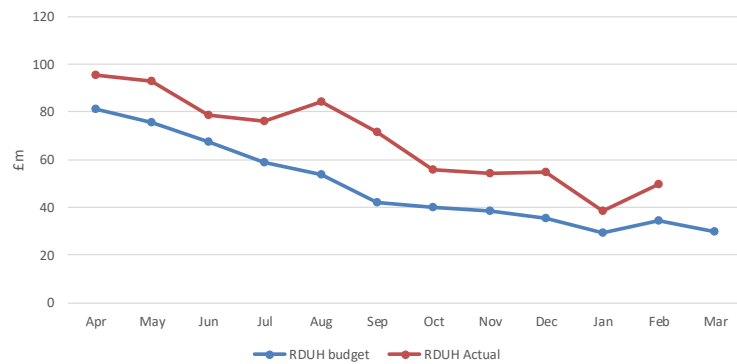
Cash

- Closing cash as at the end of February is £49.7m and is £15.4m higher than plan due to timing of settlement of net working capital, slippage in the capital programme and the impact of late changes to the June plan that was not reflected in the Balance Sheet (£11.4m).
- Forecast cash balance of £47.1m at the end of the year.
- Better Payment Practice of paying 92.6% YTD, of Non-NHS invoices paid within 30 days (target 95%) - this remains challenging due to the level of invoicing within pharmacy and the resourcing needed to reconcile and approve within the pharmacy team.

Data

	Year to Date			Full Year Forecast		
	Plan £'000	Actual £'000	Variance Fav/(Adv)	Plan £'000	Actual £'000	Variance Fav/(Adv)
Capital Funding Sources:						
CDEL	29,044	29,044	0	33,306	33,306	0
Donated	892	535	357	892	1,328	436
Leases	1,919	1,919	0	2,303	2,892	589
PDC	13,361	13,361	0	14,953	19,053	4,100
Total Capital Income	45,216	44,859	357	51,454	56,579	5,125
Expenditure:						
Developments	12,467	8,895	3,572	14,707	15,035	(328)
Equipment	11,871	6,525	2,858	14,918	18,083	(3,165)
Estates projects	6,802	2,760	5,346	6,050	5,041	1,009
Digital	14,076	13,156	2,104	15,221	17,997	(2,776)
Unallocated	0	(62)	62	558	423	135
Total Capital Expenditure	45,216	31,274	13,942	51,454	56,579	(5,125)
Under / (Over) Spend	0	13,585	14,299	0	0	0

Cash balance and Budget



Royal Devon University Healthcare NHS Foundation Trust
Income Statement - Consolidated

Period ending 28/02/2023

Month 11

Income

 Patient Care Income
 Operating Income

Total Income

 Employee Benefits Expenses
 Drugs
 Clinical Supplies
 Non-Clinical Supplies
 Misc Other Operating Expenses
 Services Received

Total Costs
EBITDA

 Profit / (Loss) on asset disposals
 Total Depreciation

Total Operating Surplus / (Deficit)

 Interest Receivable
 Interest Payable
 PDC
 Gain from Transfer by Absorption

Net Surplus / (Deficit)

 Remove donated asset income & depreciation, AME impairment
 and gain from transfer by absorption

Net Surplus/(Deficit) after donated asset & PSF/MRET Income
Year to Date

Budget	Actual	Actual Variance to Budget Fav / (Adv)
£'000	£'000	£'000
779,496	779,742	246
105,189	105,163	(26)
884,685	884,905	220
(557,635)	(557,384)	251
(92,887)	(95,104)	(2,217) 2
(74,347)	(75,374)	(1,027) 3
(16,046)	(15,482)	564 3
(93,593)	(91,034)	2,559 3
(20,947)	(21,300)	(353) 3
(855,455)	(855,678)	(223) 1
29,230	29,227	(3)
0	3	3
(34,687)	(34,687)	0
(5,457)	(5,457)	0
1,360	1,360	0
(2,656)	(2,656)	0
(9,706)	(9,706)	0
113,033	113,033	0
96,574	96,574	0
(113,093)	(113,093)	0
(16,519)	(16,519)	0

Outturn

Budget	Actual	Actual Variance to Budget Fav / (Adv)
£'000	£'000	£'000
848,682	850,182	1,500
122,478	122,462	(16)
971,160	972,644	1,484
(611,138)	(610,833)	305
(100,998)	(104,230)	(3,232)
(80,874)	(82,215)	(1,341)
(17,625)	(16,846)	779
(103,432)	(99,634)	3,798
(23,385)	(23,681)	(296)
(937,452)	(937,439)	13
33,708	35,205	1,497
0	3	3
(43,397)	(43,397)	0
(9,689)	(8,189)	1,500
1,601	1,601	0
(2,882)	(2,882)	0
(10,812)	(10,812)	0
113,033	113,033	0
91,251	92,751	1,500
(109,514)	(109,514)	0
(18,263)	(16,763)	1,500

KEY MOVEMENTS AGAINST BUDGET
Overall achievement against plan

1. NR pay underspends off-set by slippage on Delivering Best Value and reserves.
2. Drugs expenditure not recoverable above block contract income.
3. Under spends linked to lower levels of elective activity and classification within non-pay categories.

Royal Devon University Healthcare NHS Foundation Trust Statement of Financial Position - Consolidated			Year to Date			Outturn			Prior Year	
			Plan £000	Actual £000	Actual Variance Over / (Under) £000	Plan £000	Actual £000	Actual Variance Over / (Under) £000	Mar-22 £000	Actual YTD Movement Incr. / (Dec.) £000
Period ending 28/02/2023 Month 11										
Non-current assets										
Intangible assets	59,036	60,483	1,447	58,263	59,117	854	57,500	2,983		
Other property, plant and equipment (excludes leases)	404,734	391,412	(13,322)	423,476	422,352	(1,124)	392,293	(881)		
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	53,460	52,856	(604)	52,915	53,622	707	1,840	51,016		
Other investments / financial assets	5	5	0	5	5	0	5	0		
Receivables	2,726	2,815	89	2,726	2,726	0	2,725	90		
Total non-current assets	519,961	507,571	(12,390)	537,385	537,822	437	454,363	53,208		
Current assets										
Inventories	13,550	15,190	1,640	13,550	13,550	0	13,275	1,915		
Receivables: due from NHS and DHSC group bodies	17,410	21,771	4,361	17,810	20,605	2,795	29,931	(8,160)		
Receivables: due from non-NHS/DHSC group bodies	18,100	22,382	4,282	16,000	16,000	0	16,575	5,807		
Other assets: including assets held for sale & in disposal groups	0	0	0	0	0	0	0	0		
Cash	34,308	49,720	15,412	29,556	47,135	17,579	88,920	(39,200)		
Total current assets	83,368	109,063	25,695	76,916	97,290	20,374	148,701	(39,638)		
Current liabilities										
Trade and other payables: capital	(9,000)	(3,542)	5,458	(11,000)	(13,516)	(2,516)	(21,284)	17,742		
Trade and other payables: non-capital	(84,140)	(78,511)	5,629	(80,061)	(73,546)	6,515	(84,970)	6,459		
Borrowings	(11,811)	(14,636)	(2,825)	(11,763)	(13,265)	(1,502)	(6,277)	(8,359)		
Provisions	(200)	(217)	(17)	(200)	(217)	(17)	(200)	(17)		
Other liabilities: deferred income including contract liabilities	(10,700)	(17,767)	(7,067)	(10,500)	(8,564)	1,936	(17,649)	(118)		
Total current liabilities	(115,851)	(114,673)	1,178	(113,524)	(109,108)	4,416	(130,380)	15,707		
Total assets less current liabilities	487,478	501,961	14,483	500,777	526,004	25,227	472,684	29,277		
Non-current liabilities										
Borrowings	(104,775)	(104,676)	99	(103,136)	(105,295)	(2,159)	(63,038)	(41,638)		
Provisions	(970)	(931)	39	(970)	(953)	17	(970)	39		
Other liabilities: deferred income including contract liabilities	(1,877)	0	1,877	(1,877)	0	1,877	(1,877)	1,877		
Total non-current liabilities	(107,622)	(105,607)	2,015	(105,983)	(106,248)	(265)	(65,885)	(39,722)		
Total net assets employed	379,856	396,354	16,498	394,794	419,756	24,962	406,799	(10,445)		
Financed by										
Public dividend capital	355,089	349,514	(5,575)	358,468	361,605	3,137	343,514	6,000		
Revaluation reserve	48,956	49,894	938	63,956	63,956	0	49,900	(6)		
Income and expenditure reserve	(24,189)	(3,054)	21,135	(27,630)	(5,805)	21,825	13,386	(16,440)		
Total taxpayers' and others' equity	379,856	396,354	16,498	394,794	419,756	24,962	406,799	(10,445)		
KEY MOVEMENTS										
1 Timing of MYCARE Asset Under Construction (Intangible) and slippage on capital programme (PP&E) forecast to recover by year end										
2 Variance to budget includes £2.0m lease premium adjustment (previously held in deferred income) reducing the lease assets and £1.3m of higher than budget assets largely due to the value of community property leases being higher										
3 Pharmacy and theatre stock level increases										
4 Timing issue - no bad debt risk.										
5 Cash £15.4m higher than plan due to timing of settlement of net working capital and the impact of late changes to the June plan that was not reflected in the Balance Sheet and slippage on the capital programme.										
6 Loans and Leases due in 1 year primarily due to YTD accrued loan interest, a re-analysis of lease liability splits and the value of community property leases being higher than planned.										
7 Deferred income is £7.1m higher than budget and will be released over the course of H2 as expenditure is incurred.										
8 Non-current deferred income of £1.9m relating to the lease premium for Bowmoor House and Noy Scott House that has now been released against the right-of-use asset values for those properties within property, plant and equipment (as per IFRS-16 national guidance).										
9 Reserves are £16.5m higher than plan due to the plan not being updated for the late revenue changes made - £15.4m is the cash benefit.										
10 The FOT cash balance is £17.6m higher than plan - £19.2m as a consequence of the balance sheet not being updated for the late revenue changes made, with the remainder across and improvement in planned deficit of £1.5m.										

Royal Devon University Healthcare NHS Foundation Trust Cash Flow Statement - Consolidated Period ending 28/02/2023 Month 11	Year to Date			Outturn		
	Plan	Actual	Actual Variance Fav. / (Adv.)	Plan	Actual	Actual Variance Fav. / (Adv.)
	£000	£000	£000	£000	£000	£000
Cash flows from operating activities						
Operating surplus/(deficit)	(8,852)	(5,460)	3,392	(9,561)	(8,192)	1,369
Non-cash income and expense:						
Depreciation and amortisation	36,136	34,687	(1,449)	39,665	38,355	(1,310)
Impairments and reversals	3,700	0	(3,700)	3,700	5,042	1,342
Income recognised in respect of capital donations (cash and non-cash)	(245)	(793)	(548)	(268)	(2,291)	(2,023)
(Increase)/decrease in receivables	7,077	2,263	(4,814)	8,777	9,900	1,123
(Increase)/decrease in inventories	(269)	(1,915)	(1,646)	(269)	(275)	(6)
Increase/(decrease) in trade and other payables	(28,510)	(9,332)	19,178	(27,801)	(11,060)	16,741
Increase/(decrease) in other liabilities	(7,201)	200	7,401	(7,488)	(9,084)	(1,596)
Increase/(decrease) in provisions	0	(22)	(22)	0	0	0
Net cash generated from / (used in) operations	1,836	19,628	17,792	6,755	22,395	15,640
Cash flows from investing activities						
Interest received	196	1,360	1,164	203	1,601	1,398
Purchase of intangible assets	(13,039)	(10,524)	2,515	(13,389)	(10,524)	2,865
Purchase of property, plant and equipment and investment property	(37,852)	(38,944)	(1,092)	(43,892)	(49,782)	(5,890)
Proceeds from sales of property, plant and equipment and investment property	0	3	3	0	3	3
Receipt of cash donations to purchase capital assets	391	644	253	850	2,291	1,441
Net cash generated from/(used in) investing activities	(50,304)	(47,461)	2,843	(56,228)	(56,411)	(183)
Cash flows from financing activities						
Public dividend capital received	11,576	6,000	(5,576)	14,954	18,091	3,137
Loans from Department of Health and Social Care - repaid	(635)	(635)	0	(1,270)	(1,270)	0
Other loans received	0	854	854	0	854	854
Other loans repaid	(3,659)	(3,659)	0	(4,606)	(4,606)	0
Other capital receipts	174	0	(174)	174	174	0
Capital element of finance lease rental payments	(5,714)	(6,337)	(623)	(5,796)	(7,493)	(1,697)
Interest paid	(1,836)	(1,381)	455	(1,995)	(1,956)	39
Interest element of finance lease	(469)	(542)	(73)	(513)	(584)	(71)
PDC dividend (paid)/refunded	(5,572)	(5,667)	(95)	(10,830)	(10,979)	(149)
Net cash generated from/(used in) financing activities	(6,135)	(11,367)	(5,232)	(9,882)	(7,769)	2,113
Increase/(decrease) in cash and cash equivalents	(54,603)	(39,200)	15,403	(59,355)	(41,785)	17,570
Cash and cash equivalents at start of period	88,911	88,920	9	88,920	88,920	0
Cash and cash equivalents at end of period	34,308	49,720	15,412	29,556	47,135	17,579

KEY MOVEMENTS

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

Royal Devon University Healthcare NHS Foundation Trust
Capital Expenditure - Consolidated
Period ending 28/02/2023
Month 11

Scheme	Source of Funding	Actual expenditure to date			Total expenditure forecast for the year				Expected Completion Date
		Plan £'000	Actual £'000	Variance slippage / (higher) £'000	Forecast future £'000	Plan £'000	Forecast £'000	Variance slippage / (higher) £'000	
Schemes >= £500k									
MYCARE (Northern)	N CDEL/PDC	10,061	10,062	(1)	399	10,061	10,461	(400)	22/23
ED Reconfiguration	E CDEL	6,269	5,372	897	300	6,871	5,672	1,199	23/24
Estates Infrastructure 22/23	E CDEL	3,746	2,425	1,321	1,803	4,520	4,229	291	22/23
Diagnostics CDC	E PDC	678	0	678	2,047	905	2,047	(1,142)	24/25
Cardiology Day Case Unit	E PDC/DON	3,640	297	3,343	1,680	4,110	1,977	2,133	24/25
Operating leases renewed in 2022/23	N&E CDEL	1,919	778	1,141	1,371	2,303	2,149	154	22/23
Backlog Maintenance	N CDEL	1,535	563	972	915	1,840	1,478	362	22/23
Aseptic Unit	N CDEL	1,700	0	1,700	55	1,700	55	1,645	23/24
Ophthalmology Hub	N CDEL/DON	1,249	760	489	489	1,249	1,249	0	22/23
Equipment	N CDEL	955	732	223	1,705	1,105	2,437	(1,332)	22/23
NHP - OBC Funding	N PDC	971	816	155	244	1,060	1,060	0	22/23
Discharge Lounge	N PDC	0	0	0	2,000	0	2,000	(2,000)	22/23
Surgical Robot	N PDC	0	0	0	1,800	0	1,800	(1,800)	22/23
R14 Genetics NovaSeq 6000	E PDC	362	1,078	(717)	2	714	1,080	(366)	22/23
Digital Histopathology (Eastern)	E CDEL/PDC	0	872	(872)	91	0	963	(963)	22/23
LINAC Replacement	E CDEL	803	512	291	25	836	537	299	22/23
Mortuary	N CDEL	800	65	735	935	800	1,000	(200)	22/23
Nightingale Hospital Accelerator Programme	E CDEL	765	766	(1)	0	765	766	(1)	22/23
MYCARE (Eastern)	E CDEL	1,666	142	1,524	1,457	2,500	1,599	901	22/23
Replacement of Fluoroscopy Room 2 Siemens Artis Zee	E CDEL	586	234	353	30	598	264	334	22/23
Diagnostics Digital Capability - Home Reporting	E CDEL	322	361	(39)	261	360	622	(261)	22/23
Additional Citrix licenses	E CDEL	0	214	(214)	400	0	614	(614)	22/23
Room 9 - X-ray Replacement	E CDEL	0	0	0	540	0	540	(540)	22/23
General Space Moves	N CDEL	0	37	(37)	48	689	85	604	22/23
Staff facilities (creating the environment)	E PDC	223	140	84	378	283	518	(234)	24/25
Endoscopy Expansion	E PDC	0	46	(46)	192	0	238	(238)	23/24
Wi-Fi Refresh	N CDEL	0	0	0	450	500	450	50	22/23
Total Schemes >= £500k		38,250	26,270	11,980	19,618	43,770	45,889	(2,118)	
Schemes <= £500k	N&E CDEL	6,460	5,004	1,456	4,597	7,178	9,601	(2,422)	22/23
Schemes <= £500k	N&E PDC	406	0	406	1,090	406	1,090	(684)	22/23
Schemes <= £500k	N&E DON	100	0	100	0	100	0	100	22/23
Total Capital Expenditure		45,216	31,274	13,942	25,305	51,454	56,579	(5,125)	

Year to date slippage planned to recover by year end ensuring CDEL and PDC allocations are fully utilised.

To note, £28.1m (36%) of the Royal Devon capital programme was delivered in month 12 last financial year.

£5.1m increased expenditure relates to additional income / allocations to plan of £0.4m donations, £0.6m leases covered nationally and £4.1m PDC.

Reconciliation of movements in SOCI Plan to Budget	YTD Fixed Plan (NHSEI reporting)	Adjustments to Plan	YTD Flexed Plan (Board Reporting)	YTD Actual	Actual v Plan Variance (NHSEI Reporting)	Actual v Budget Variance (Board Reporting)	Explanation of adjustments to plan
	£'000	£'000	£'000	£'000	£'000	£'000	
Statement of comprehensive income							
Operating income from patient care activities	747,612	31,884	779,496	779,742	32,130	246	NHSEI pass-through drugs & devices exceeding plan off-sets additional expenditure, in year contract adjustments e.g. additional pay award contributing to expenditure.
Other operating income	91,279	13,910	105,189	105,163	13,884	(26)	£1.6m R&D income - off-sets additional expenditure £3.7m services provided - off-sets additional expenditure £3.4m Income in advance released - off-sets additional expenditure £3.1m training income - off-sets additional expenditure £1.2m contributions to staff costs £0.9m charitable contributions to expenditure
Total Income	838,891	45,794	884,685	884,905	46,014	220	
Employee expenses - Total	(522,399)	(35,236)	(557,635)	(557,384)	(34,985)	251	For the purposes of internal accountability corresponding expenditure budget has been released to ensure appropriate reporting. These adjustments distort variances that are reported through NHSEI and ICS reporting compared to information presented to the Board and it is important the differences are understood.
Operating expenses excluding employee expenses	(325,344)	(7,163)	(332,507)	(332,981)	(7,637)	(474)	
Total Expenses	(847,743)	(42,399)	(890,142)	(890,365)	(42,622)	(223)	
OPERATING SURPLUS/(DEFICIT)	(8,852)	3,395	(5,457)	(5,460)	3,392	(3)	
FINANCE COSTS						0	
Finance income	196	1,164	1,360	1,360	1,164	0	
Finance expense	(2,572)	(84)	(2,656)	(2,656)	(84)	0	
PDC dividends payable/refundable	(9,725)	19	(9,706)	(9,706)	19	0	
NET FINANCE COSTS	(12,101)	1,099	(11,002)	(11,002)	1,099	0	
Other gains/(losses) including disposal of assets	0	0	0	3	3	3	
Share of profit/(loss) of associates/joint ventures	0	0	0	0	0	0	
Gains/(losses) from transfers by absorption	113,026	7	113,033	113,033	7	0	
Movements in fair value of investments, investment property and financial liabilities	0	0	0	0	0	0	
Corporation tax expense	0	0	0	0	0	0	
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	92,073	4,501	96,574	96,574	4,501	0	
Adjusted financial performance							
Surplus/(deficit) for the period/year	92,073	4,501	96,574	96,574	4,501	0	
Add back all I&E impairments/(reversals)	3,700	(3,700)	0	0	(3,700)	0	
Adjust (gains)/losses on transfers by absorption	(113,026)	(7)	(113,033)	(113,033)	(7)	0	
Surplus/(deficit) before impairments and transfers	(17,253)	794	(16,459)	(16,459)	794	0	
Remove capital donations/grants/peppercorn lease I&E impact	734	(794)	(60)	(60)	(794)	0	
Adjusted financial performance surplus/(deficit)	(16,519)	0	(16,519)	(16,519)	0	0	

Agenda item:	10.1, Public Board Meeting	Date: 29 March 2023		
Title:	Gender Pay Gap Report			
Prepared by:	Sharifa Hashem, Joint Inclusion Lead			
Presented by:	Hannah Foster, Chief People Officer			
Responsible Executive:	Hannah Foster, Chief People Officer			
Summary:	This paper contains the gender pay gap reports for both the RD&E and NDHT, as it accounts for the period ending March 2022. A separate Trustwide report has also been included, to act as a point of comparison for next year. This report is a legal requirement for any organisation with 250 or more employees.			
Actions required:	To approve the gender pay gap reports for publishing on the public website.			
Status (x):	Decision	Approval	Discussion	Information
		X		
History:	This paper has been discussed and scrutinised at the People, Workforce Planning and Wellbeing Committee and has been circulated to the Governance Committee membership, before being presented to Board for final approval.			
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its great place to work strategic objective and is also fully in line with the Trust values. This report is also required in order to fulfil the Trusts legal obligations.			

Monitoring Information

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

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

1. Purpose of paper

The purpose of this paper is to present the Gender Pay Gap report for the Trust. Please note that as data is from March 2022, separate reports have been compiled for the former Trusts (RD&E and NDHT), as well as a trustwide report to provide the first set of data in preparation for next years' reporting cycle.

Note that whilst these reports are being presented with a shared cover sheet, they will be split and published as separate entities on the Trust website.

This report fulfils the Trusts legal obligation to produce and comment upon the required data regarding our gender pay gap.

2. Background

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to the earnings of men.

The Trust must both:

- publish their gender pay gap data and a written statement on their public-facing website;
- report their data to government online using the gender pay gap reporting service.

The report was scrutinised by PWPW and a suggestion was made that the ongoing work to review the bandings of Healthcare Support Workers could potentially improve the pay gap moving forward and a discussion took place as to whether this should be included as part of the action plan in the report. It was flagged that whilst there will be a narrowing in actual pay, it would be unlikely that this work would result in a move of these staff from the lower quartile. This has therefore been added as narrative to this cover paper, but has not been included as an action.

3. Analysis

The full analysis of the gender pay gap for each former Trust as well as a combined report can be found within the full reports along with appropriate recommendations and learning from the data.

4. Resource/legal/financial/reputation implications

All statutory reporting is available to the general public and accessible through our website, therefore good progress against our action plans will be essential to ensure improved equity for our staff as well as acting to ensure that any reputational damage is avoided.

5. Link to BAF/Key risks

There are no specific links to gender pay gap in the Board Assurance Framework; however, Equality, Diversity and Inclusion links to a number of the risks, particularly those relating to our workforce.

6. Proposals

It is proposed that the gender pay gap reports are reviewed and accepted by the Board as an accurate record of the gender pay gap for the 12-month period up to 31 March 2022.

Northern Devon NHS Trust

Gender Pay Gap Report (March 2023)

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1. INTRODUCTION

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to the earnings of men.

The Trust must both:

- Publish their gender pay gap data and a written statement on their public-facing website, and;
- Report their data to government online using the gender pay gap reporting service.

This report fulfils the Trusts legal obligation to produce and comment upon the following data with regards the gender pay gap:

- mean gender pay gap;
- median gender pay gap;
- mean bonus gender pay gap;
- median bonus gender pay gap;
- proportion of males and females receiving a bonus payment and proportion of males and females in each pay quartile.

It should be noted that no bonuses are paid within the Trust as part of pay packages; however, for the purposes of the Gender Pay Gap report, ACCEA¹ payments, part of a national scheme are classified as a bonus.

The majority of jobs within the Trust are evaluated using the national Agenda for Change (AfC) job evaluation scheme. This process evaluates the job and not the post holder and makes no reference to gender or any other personal characteristics of existing or potential job holders. Some roles fall outside of AfC, these are Apprentices, Non-Executive Directors (NEDs), medical and dental staff (doctors and dentists) and Very Senior Managers (VSM), which includes Executive Directors and a small number of other senior roles.

The data in this report is based on a snapshot taken on 31st March 2022.

Throughout this report, when data is labelled “2023” this refers to the year of publishing the gender pay gap report (so the data is from 2022). Similarly, references to “2022” refer to the report, published in 2022, but using data from 2021.

The value of this report is in making year-on-year comparisons and benchmarking nationally. The Trust can compare its performance with the results submitted in the previous years report. Data from other organisations that have submitted their data based on the March 2021 snapshot has also been utilised, to widen the scope of this benchmarking exercise.

2. EXECUTIVE SUMMARY

Due to set parameters within the NHS pay structure, there are limited ways in which the Trust can influence the gender pay gap. One key issue that has been identified in this report is in relation to the aforementioned ACCEA payments.

Whilst work was carried out in RD&E in 2019 in relation to ACCEA payments, this is yet to be developed further or implemented in NDHT. It is expected that as and when it is possible to review the scheme, the work to increase the diversity of applicants will result in an impact on the gender pay gap, which is expected to be reported on in the next cycle. The approach

¹ “ACCEA” stands for Advisory Committee on Clinical Excellence Awards

to the 2023 ACCEA awards is yet to be agreed, but it is hoped that the issues of pay equity will continue to be addressed through this cycle.

Another area in which the Trust has some influence over the gender pay gap is with regards to VSM remuneration. The most recent round of annual benchmarking included an analysis of national gender bias, which found that nationally male dominated roles were the highest paid, with female dominated roles with similar levels of responsibility being remunerated at a lower level comparatively. To ensure that this national bias does not further exacerbate the pay gap locally or nationally, the local benchmarking methodology has been adjusted to account for any national bias to ensure the Trust is applying fair pay locally and effectively contributing to a national narrowing of the pay gap.

The Trust continues to take all opportunities to reduce the gender pay gap. Aside from the above there are a number of further actions in place including identifying and removing barriers to progression, with the next steps detailed in section 7 of this report.

Comparison with the previous year's data shows that the pay gap, using both the mean and median average indicators, has remained relatively stable. The percentage comparison between males and females receiving bonus pay has shown a decrease in males receiving bonus payments but not for females. Although the percentage of male consultants receiving bonus payments remains significantly higher than females, the bonus payment gap has reduced positively both in the median and mean pay.

It is nationally recognised that a gender pay gap amongst medical consultants in England exists. A review by UCL academic Professor Dame Jane Dacre Entitled 'Mend the Gap: The Independent review into Gender Pay Gaps in Medicine in England'² was undertaken in late 2020 to understand the reasons and to make recommendations to reduce the pay gap over the medium to long term. Following publication of the report, the Department of Health & Social Care had confirmed that an independent panel would be established to drive forward these recommendations, with the findings from this review having been referenced in the recent HEE's Review Body report on doctors and dentists remuneration.

3. REPORTABLE DATA

The data shown below is that which has been uploaded to the Gender Pay Gap Reporting Service website. There is no opportunity to add explanatory text on the website but this report will be uploaded to the Trust website as part of the reporting requirements.

Women's hourly rate is:	
27.7% LOWER (mean)	22.6% LOWER (median)
Pay quartiles:	
How many men and women are in each quarter of the employer's payroll	
Top quartile	
34.7% MEN	65.3% WOMEN
Upper middle quartile	
16.1% MEN	83.9% WOMEN
Lower middle quartile	
15.2% MEN	84.8% WOMEN
Lower quartile	

² ["System-wide efforts" required to resolve gender pay gap in medicine | UCL News - UCL – University College London](#)

14.7% MEN	85.4% WOMEN
Women's bonus pay is:	
26.5% LOWER (mean)	33.3% LOWER (median)
Who received bonus pay:	
4.5% OF MEN	0.6% OF WOMEN

4. NATIONAL BENCHMARKING

The table below shows the Trusts performance against the most recent official headline pay gap benchmarking, for all employers, from the Office for National Statistics (ONS)³:

	Pay gap based on median average	Pay gap based on mean average
National benchmark	14.9%	13.9%
Human Health Activities	17.0%	20.8%
Hospital Activities	13.3%	21.2%
NDHT	22.6%	27.7%

Commentary

Whilst the Trust's performance against relevant local and national benchmarks continues to be poor, there has been improvement in the median average since last year. Analysis of numbers of staff within respective quartiles shows small changes across all but the low quartile, which remains the same.

The pay gap based on the median average is the most reliable and widely used measure of gender pay equality. When the pay gap is measured using the mean average, this allows "outliers" at either end to distort the measure. The figures above indicate that the NDHT gender pay gap is significantly higher than local and national benchmarks; however, the median gender pay gap has been reduced since last years reporting, with the gap between the Trust and national benchmarking now at 7.7% as opposed to 16.7% in the previous reporting period.

5. COMPARISON WITH PREVIOUS YEAR

Mean average for hourly rate of pay

	2022	2023	% change
Male	£22.34	£23.06	3.22%
Female	£15.98	£16.68	4.38%
% difference	28.47%	27.66%	-0.81%

Median average

	2022	2023	% change
Male	£17.78	£19.21	8.04%

3

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/dataset/annualsurveyofhoursandearningsashegenderpaygaptables>

Female	£14.02	£14.86	5.99%
% difference	21.13%	22.63%	1.50%

Quartiles

Quartile	2022		2023		% change	
	Male	Female	Male	Female	Male	Female
Top	33.6%	66.4%	34.7%	65.3%	1.1%	-1.1%
Upper middle	15.9%	84.1%	16.1%	83.9%	0.2%	-0.2%
Lower middle	13.0%	87.0%	15.2%	84.8%	2.2%	-2.2%
Lower	15.4%	84.6%	14.7%	85.4%	-0.7%	0.7%

Bonus Pay

% receiving bonus pay	2022	2023	% change
Male	5.2%	4.5%	-0.7%
Female	0.7%	0.6%	0.1%

Bonus Pay (mean average)

Mean bonus pay	2022	2023	% change
Male	£10,902.61	£10,168.44	-6.73%
Female	£7,190.72	£7,478.67	4.00%
% difference	34.10%	26.45%	-7.65%

Bonus Pay (median average)

Median bonus pay	2022	2023	% change
Male	£9,048.00	£9,048.00	0.0%
Female	£5,371.58	£6,032.03	12.3%
% difference	40.6%	33.3%	-7.3%

Consultants

Consultants	Male	Female	Total	% Female
2022	78	32	110	29%
2023	82	36	118	31%

Commentary

Comparison with the previous year's data shows that the pay gap, using both the mean and median average indicators, has remained relatively stable. The percentage comparison between males and females receiving bonus pay has shown that there is a decrease in the mean average bonus amount received by males, and an increase in the overall bonus

amount received by females, although the percentage and overall payments received by males is still significantly higher than that received by females.

The summary of consultants in post suggests that gender inequalities with regards to accessing consultant jobs have marginally improved; however, further action is required in line with the aforementioned national report to support female consultant colleagues.

6. SOURCES OF PAY GAPS

The table below shows the gender pay gap by hourly rate for all staff compared to data excluding medical and dental employees:

	NDHT All Staff			NDHT Excluding Consultants		
	Male Hourly Rate	Female Hourly Rate	Gap	Male Hourly Rate	Female Hourly Rate	Gap
Mean average	£23.06	£16.68	27.7%	£19.26	£16.21	15.84%
Median average	£19.21	£14.86	22.6%	£16.83	£14.66	12.89%

Commentary

The pay gap data with medical consultants removed shows a significantly lower gender pay gap, however this is still above national benchmarking. The reason for including this data is to show what has been suspected for some time, which is that medical staff account for a large proportion of the gender pay gap. There is still much work to do to eradicate the pay gap overall.

7. ACTION PLANNING

The Trust recognises that much of the Gender Pay Gap is related to the Clinical Excellence Awards. Although female representation at consultant level continues to improve marginally year on year, the lower level of female consultants continue to impact these figures.

The NHS pay structure means that there are limited ways in which we can directly influence the gender pay gap, with one of the few areas being the ACCEA scheme. Changes in the approach to the awards are due to take place in time for the 2023 cycle, thus supporting greater pay equity. It will be important that this is closely monitored over the coming year to understand any impact this has on our gender pay gap and to inform any further action required.

Along with changes to the approach to the ACCEA awards, the Trust will also continue to progress an extensive cultural development roadmap to improve access to opportunities and support for staff groups who may be facing barriers to progress. This includes the promotion of agile and flexible working, as well as career progression, with programmes aimed at the areas of greatest existing need in our workforce. This work will be monitored through the Trusts newly designed data analytics dashboards.

It is recommended that any actions planned with a view to reducing the gender pay gap are co-ordinated across the whole of the newly formed Royal Devon to ensure consistency of approach.

Royal Devon & Exeter NHS Foundation Trust

Gender Pay Gap Report (March 2023)

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1. INTRODUCTION

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to the earnings of men.

The Trust must both:

- publish their gender pay gap data and a written statement on their public-facing website, and;
- report their data to the government online using the gender pay gap reporting service.

This report fulfils the Trusts legal obligation to produce and comment upon the following data with regards the gender pay gap:

- mean gender pay gap;
- median gender pay gap;
- mean bonus gender pay gap;
- median bonus gender pay gap;
- proportion of males and females receiving a bonus payment and proportion of males and females in each pay quartile.

It should be noted that no bonuses are paid within the Trust as part of pay packages; however, for the purposes of the Gender Pay Gap report, ACCEA¹ payments, part of a national scheme are classified as a bonus.

The majority of jobs within the Trust are evaluated using the national Agenda for Change (AfC) job evaluation scheme. This process evaluates the job and not the post holder and makes no reference to gender or any other personal characteristics of existing or potential job holders. Some roles fall outside of AfC, these are Apprentices, Non-Executive Directors (NEDs), medical and dental staff (doctors and dentists) and Very Senior Managers (VSM), which includes Executive Directors and a small number of other senior roles.

The data in this report is based on a snapshot taken on 31st March 2022.

Throughout this report, when data is labelled “2023” this refers to the year of publishing our gender pay gap report (so the data is from 2022). Similarly, references to “2022” refer to this report, published in 2022, but using data from 2021.

The value of this report is in making year-on-year comparisons and benchmarking nationally. The Trust can compare its performance with the results submitted in the previous years report. Data from other organisations that have submitted their data based on the March 2021 snapshot has also been utilised, to widen the scope of this benchmarking exercise.

2. EXECUTIVE SUMMARY

Due to set parameters within the NHS pay structure, there are limited ways in which the Trust can influence the gender pay gap. One key issue that has been identified in this report is in relation to the aforementioned ACCEA payments.

A review into the consultants ACCEA system made a number of recommendations to ensure a more fair and equitable system. The Royal Devon and Exeter NHS Foundation Trust made changes to the ACCEA cycle in 2019, which prompted a broader application base with the aim of encouraging more women to enter the scheme. Since 2020, and due to COVID the ACCEA schemes have not run on a full application basis, and were run on a more replicative basis in

subsequent years; however, it is clear from the data reported that the changes started in 2019 have had an ongoing impact. The approach to the 2023 ACCEA awards is yet to be agreed, but it is hoped that the issues of pay equity will continue to be addressed through this cycle.

Another area in which the Trust has some influence over the gender pay gap is with regards to VSM remuneration. The most recent round of annual benchmarking included an analysis of national gender bias, which found that nationally male dominated roles were the highest paid, with female dominated roles with similar levels of responsibility being remunerated at a lower level comparatively. To ensure that this national bias does not further exacerbate the pay gap locally or nationally, the local benchmarking methodology has been adjusted to account for any national bias to ensure the Trust is applying fair pay locally and effectively contributing to a national narrowing of the pay gap.

The Trust continues to take all opportunities to reduce the gender pay gap. Aside from the above there are a number of further actions in place including identifying and removing barriers to progression, with the next steps detailed in section 7 of this report.

Comparison with the previous year’s data shows that our pay gap using the median indicator has continued to reduce with a slight increase in the mean indicator. The equality gap with regards who receives bonus pay has closed slightly with the mean indicator but has increased slightly with the median, the pay gap in the average value of bonus pay remains high. The pay gap based on the median average is the most reliable and widely used measure of gender pay equality. When the pay gap is measured using the mean average, this allows “outliers” at either end to distort the measure.

It is nationally recognised that a gender pay gap amongst medical consultants in England exists. A review by UCL academic Professor Dame Jane Dacre entitled ‘Mend the Gap: The Independent review into Gender Pay Gaps in Medicine in England’² was undertaken to understand the reasons behind this and to make recommendations to reduce the gender pay gap over the medium to long term. Following publication of the report, the Department of Health & Social Care confirmed that an independent panel would be established to drive forward these recommendations, with the findings from this review having been referenced in the recent HEE’s review body report on doctors and dentists’ remuneration.

3. REPORTABLE DATA

The data shown below is that which has been uploaded to the Gender Pay Gap Reporting Service website. There is no opportunity to add explanatory text on the website but this report will be uploaded to the Trust website as part of the reporting requirements.

Women's hourly rate is	
22.20% LOWER (mean)	7.01% LOWER (median)
Pay quartiles	
How many men and women are in each quarter of the employer's payroll.	
Top quartile	
32.77% MEN	67.23% WOMEN
Upper middle quartile	
17.78% MEN	82.22% WOMEN
Lower middle quartile	
20.81% MEN	79.19% WOMEN
Lower quartile	

² [“System-wide efforts” required to resolve gender pay gap in medicine | UCL News - UCL – University College London](#)

20.47% MEN	79.53% WOMEN
Women's bonus pay is	
44.38% LOWER (mean)	35.42% LOWER (median)
Who received bonus pay	
4.60% OF MEN	0.53% OF WOMEN

4. NATIONAL BENCHMARKING

The table below shows our performance against the most recent official headline pay gap benchmarking, for all employers, from ONS³:

	Pay gap based on median average	Pay gap based on mean average
National benchmark	14.9%	13.9%
Human Health Activities	17.0%	20.8%
Hospital Activities	13.3%	21.2%
RD&E	7.0%	22.2%

Commentary

The figures above indicate that the RD&E median gender pay gap is significantly lower than local and national benchmarks, however despite very good comparative performance, the Trust will continue to aim to eradicate this gap entirely.

The pay gap based on the median average is the most reliable and widely used measure of gender pay equality. When the pay gap is measured using the mean average, this allows “outliers” at either end to distort the measure.

5. COMPARISON WITH PREVIOUS YEAR

Mean average for hourly rate of pay

	2022	2023	% change
Male	£20.60	£21.61	4.90%
Female	£16.03	£16.81	0.94%
% difference	22.17%	22.20%	0.03%

Median average

	2022	2023	% change
Male	£15.66	£16.52	5.49%
Female	£14.20	£15.36	8.17%
% difference	9.34%	7.01%	-2.33%

Quartiles

Quartile	2022		2023		% change	
	Male	Female	Male	Female	Male	Female

³ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/dataset/s/annualsurveyofhoursandearningsashegenderpaygaptables>

Top	31.50%	68.50%	32.77%	67.23%	1.27%	-1.27%
Upper middle	17.66%	82.34%	17.78%	82.22%	0.12%	-0.12%
Lower middle	22.08%	77.92%	20.81%	79.19%	-1.27%	1.27%
Lower	19.92%	80.08%	20.47%	79.53%	0.55%	-0.55%

Bonus pay

% receiving bonus pay	2022	2023	% change
Male	4.79%	4.60%	-0.19%
Female	0.54%	0.53%	-0.01%

Bonus pay mean average

	2022	2023	% change
Male	£12,740.13	£12,417.83	-2.53%
Female	£6,957.46	£6,907.27	-0.72%
% difference	45.39% (lower)	44.38% (lower)	-1.01%

Bonus pay median average

	2022	2023	% change
Male	£9,048.00	£9,048.00	0%
Female	£5,893.77	£5,893.49	-0.004%
% difference	34.86%	35.42%	0.56%

Consultants

Consultants	Male	Female	Total	% Female
2022	259	138	397	35%
2023	292	163	455	36%

Commentary

Since last year, performance against the median average pay has improved, with the mean pay gap very slightly increasing. There have only been slight changes in the composition of representation in the quartiles, more notably with the top and lower middle quartiles.

As aforementioned, bonus pay is linked to ACCEA awards and therefore impacts on senior medics who are higher earners. This would therefore be linked more directly to performance against the mean average gender pay gap indicator (which is sensitive to changes in the “outliers” i.e. those who are the highest and the lowest earners), as opposed to the indicator based on the median average.

The higher reduction in mean bonus pay for males might suggest that within the consultant staff group, the gender balance of those within ACCEA has improved slightly; however, equality gaps remain. The latest round of ACCEA has been reviewed by Professor David Mabin via the ‘Report on the Local Clinical Excellence Awards – 2019 Round’. This report was a recommendation from last year’s report and covers many areas, including ED&I that were considered during this round. The result of this is a small positive contribution towards the overall gender pay gap reduction.

The summary of consultants in post suggests that gender inequalities with regards to accessing consultant jobs have marginally improved; however, further action is required in line with the aforementioned national report to support female consultant colleagues.

6. SOURCE OF PAY GAP

The table below shows the impact of excluding consultants from our mean and median average gender pay gap indicator, as last year their exclusion significantly impacted the indicators.

	RD&E All Staff			RD&E Excluding Consultants		
	Male Hourly Rate	Female Hourly Rate	Gap	Male Hourly Rate	Female Hourly Rate	Gap
Mean average	£21.61	£16.81	22.20%	£17.35	£16.19	6.69%
Median average	£16.52	£15.36	7.01%	£15.18	£15.09	0.09%

Commentary

Last year, the Trust data analysis showed that our pay gaps were largely being driven by the bonus pay (ACCEA) given to consultants. This year the impact of removing consultants from the average is again significant, with the mean pay gap reducing to less than half the national average and for median rates showing almost no gender pay gap. This demonstrates a positive, but not significant improvement on last year's data.

7. ACTION PLANNING

The Trust recognises that much of the Gender Pay Gap is related to the Clinical Excellence Awards. Although female representation at consultant level has marginally improved since last year, the lower level of female consultants continues to impact these figures.

The NHS pay structure means that there are limited ways in which we can directly influence the gender pay gap, with one of the few areas being the ACCEA scheme. Changes in the approach to the awards are due to take place in time for the 2023 cycle, thus supporting greater pay equity. It will be important that this is closely monitored over the coming year to understand any impact this has on our gender pay gap and to inform any further action required.

Along with changes to the approach to the ACCEA awards, the Trust will also continue to progress an extensive cultural development roadmap to improve access to opportunities and support for staff groups who may be facing barriers to progress. This includes the promotion of agile and flexible working, as well as career progression, with programmes aimed at the areas of greatest existing need in our workforce. This work will be monitored through the Trusts newly designed data analytics dashboards.

It is recommended that any actions planned with a view to reducing the gender pay gap are co-ordinated across the whole of the newly formed Royal Devon to ensure consistency of approach.

**Royal Devon University Healthcare NHS
Foundation Trust**

**Gender Pay Gap Report
(March 2023)**

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1. INTRODUCTION

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to the earnings of men.

The Trust must both:

- publish their gender pay gap data and a written statement on their public-facing website, and;
- report their data to the government online using the gender pay gap reporting service.

This report fulfils the Trusts legal obligation to produce and comment upon the following data with regards the gender pay gap:

- mean gender pay gap;
- median gender pay gap;
- mean bonus gender pay gap;
- median bonus gender pay gap;
- proportion of males and females receiving a bonus payment and proportion of males and females in each pay quartile.

It should be noted that no bonuses are paid within the Trust as part of pay packages; however, for the purposes of the Gender Pay Gap report, ACCEA¹ payments, part of a national scheme are classified as a bonus.

The majority of jobs within the Trust are evaluated using the national Agenda for Change (AfC) job evaluation scheme. This process evaluates the job and not the post holder and makes no reference to gender or any other personal characteristics of existing or potential job holders. Some roles fall outside of AfC, these are apprentices, Non-Executive Directors (NEDs), medical and dental staff (doctors and dentists) and Very Senior Managers (VSM), which includes Executive Directors and a small number of other senior roles. Moving forward apprentices will be ordinarily paid in accordance with annex 21, a pay structure that sits within the Agenda for Change terms and conditions.

The data in this report is based on a snapshot taken on 31st March 2022.

Throughout this report, when data is labelled “2023” this refers to the year of publishing our gender pay gap report (so the data is from 2022).

The value of this report would usually come from making year-on-year comparisons and benchmarking nationally. As this report will be the first since Northern Devon Healthcare Trust and Royal Devon and Exeter Trust merged in April 2023 to form Royal Devon University Healthcare Trust, there is no comparison to previous years figures; however, this report should enable the Trust to compare 2024 reporting with this analysis. Separate reports for the former Trusts have been written to allow comparison to last year’s data.

2. EXECUTIVE SUMMARY

The Royal Devon performance against the median relevant national benchmarks is respectable overall, with the headline gender pay gap being smaller than the median national average and also lower than median averages of industry sectors.

Due to set parameters within the NHS pay structure, there are limited ways in which the Trust can influence the gender pay gap. One key issue that has been identified in this report is in

¹ “ACCEA” stands for Advisory Committee on Clinical Excellence Awards

relation to the aforementioned ACCEA payments, with a large gender pay gap between the Trusts male and female consultants. The approach to the 2023 ACCEA awards is yet to be agreed, but it is hoped that the issues of pay equity will continue to be addressed through this cycle.

Another area in which the Trust has some influence over the gender pay gap is with regards to VSM remuneration. The most recent round of annual benchmarking included an analysis of national gender bias, which found that nationally male dominated roles were the highest paid, with female dominated roles with similar levels of responsibility being remunerated at a lower level comparatively. To ensure that this national bias does not further exacerbate the pay gap locally or nationally, the local benchmarking methodology has been adjusted to account for any national bias to ensure the Trust is applying fair pay locally and effectively contributing to a national narrowing of the pay gap.

The Trust continues to take all opportunities to reduce the gender pay gap. Aside from the above there are a number of further actions in place including identifying and removing barriers to progression, with the next steps detailed in section 7 of this report.

It is nationally recognised that a gender pay gap amongst medical consultants in England exists. A review by UCL academic Professor Dame Jane Dacre entitled ‘Mend the Gap: The Independent review into Gender Pay Gaps in Medicine in England’² was undertaken to understand the reasons behind this and to make recommendations to reduce the gender pay gap over the medium to long term. Following publication of the report, the Department of Health & Social Care confirmed that an independent panel would be established to drive forward these recommendations, with the findings from this review having been referenced in the recent HEE’s review body report on doctors and dentists remuneration.

This report is designed to provide a snapshot of trustwide data across Royal Devon University Healthcare Trust as accurately as possible, noting that some data cleansing in our ESR system is required. This report gives us an indication of how our data will look in the next reporting cycle in our first fully integrated report.

3. REPORTABLE DATA

This year, data for the Royal Devon will not be nationally submitted as this is based on data from prior to the integration. This means that separate reports will be submitted for the former Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Foundation Trust (NDHT).

Below is a snapshot of the current combined dataset across the Trust:

Women's hourly rate is:	
23.64% LOWER (mean)	8.34% LOWER (median)
Pay quartiles:	
How many men and women are in each quarter of the employer's payroll.	
Top quartile	
33.15% MEN	66.85% WOMEN
Upper middle quartile	
17.28% MEN	82.72% WOMEN
Lower middle quartile	
19.32% MEN	80.68% WOMEN
Lower quartile	

² [“System-wide efforts” required to resolve gender pay gap in medicine | UCL News - UCL – University College London](#)

18.76% MEN	81.24% WOMEN
Women's bonus pay is:	
40.36% LOWER (mean)	35.00% LOWER (median)
Who received bonus pay:	
4.58% OF MEN	0.56% OF WOMEN

4. NATIONAL BENCHMARKING

The table below shows our performance against the most recent official headline pay gap benchmarking, for all employers, from ONS³:

	Pay gap based on median average	Pay gap based on mean average
National benchmark	14.9%	13.9%
Human Health Activities	17.0%	20.8%
Hospital Activities	13.3%	21.2%
Royal Devon	8.3%	23.6%

Commentary

Data released by the ONS includes “all employers”, not only those with 250+ employees who are legally required to produce reports such as this one. The data set for benchmarking does not allow for the data to be split by size of organisation and therefore can include very small organisations that are less comparable to the Royal Devon.

The pay gap based on the median average is the most reliable and widely used measure of gender pay equality. It is therefore particularly pleasing that our Trust compares well with the benchmarks, shown above, against this measure.

When the pay gap is measured using the mean average, this allows “outliers” at either end to distort the measure. That the human health & hospital activities benchmark is higher than the national score for this criterion suggests that the sector as a whole is vulnerable to such distortion. It is pleasing, however, that our own result compares favourably with the sector benchmarks.

5. SOURCE OF PAY GAP

The table below shows the impact of excluding consultants from our mean and median average gender pay gap indicator.

	Royal Devon All Staff			Royal Devon Excluding Consultants		
	Male Hourly Rate	Female Hourly Rate	Gap	Male Hourly Rate	Female Hourly Rate	Gap
Mean average	£21.97	£16.78	23.64%	£17.83	£16.20	9.14%
Median average	£16.63	£15.25	8.34%	£16.13	£15.00	7.01%

Commentary

³ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/dataset/s/annualsurveyofhoursandearningsashegenderpaygaptables>

The impact of removing consultants from the average is significant, with the mean pay gap reducing by 14.5%, this also means our mean average is lower than national benchmarking. Excluding consultants has also resulted in a reduction of our median average, thus causing the favourable gap between our average and national benchmarks to widen.

6. PROGRESS WITHIN CRITICAL STAFF GROUPS

The previous section has confirmed that the consultant body remain our critical staff group, for addressing our gender pay gap.

The table below suggests that gender inequalities with regards to accessing consultant jobs still; however, further action is required in line with the aforementioned national report to support female consultant colleagues.

Consultants	Male	Female	Total	% Female
2023	347	199	573	35%

7. ACTION PLANNING

The action plans for the coming year are set out in the reports that have been written for the former Trusts, RD&E and NDHT. From next year the actions will be consolidated as part of a single gender pay gap report.

Agenda item:	10.2, Public Board Meeting	Date: 29 March 2023		
Title:	Royal Devon results from the 2022 NHS Staff Survey			
Prepared by:	Vicky Cook, Staff Engagement Officer Linsey Clements, Head of Employee Experience			
Presented by:	Hannah Foster, Chief People Officer			
Responsible Executive:	Hannah Foster, Chief People Officer			
Summary:	This report analyses the key findings from the 2022 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 Links to a number of 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 (<i>please specify</i>)			

1. EXECUTIVE SUMMARY

- 1.1 This report has been written to provide the Board with an overview of the results from the 2022 NHS Staff Survey for Royal Devon, including analysis of trends, key findings and ongoing plans to further examine and address the results. The response rate has seen a significant decline this year, and is considerably under the national average for similar trusts.

As this is the first time that the survey has been completed for the newly formed Royal Devon, historical comparisons have been made more challenging this year. Some initial analysis of eastern and northern services has been undertaken, with initial reviews indicating greater declines across northern services, whilst eastern services has remained relatively stable.

Whilst it is pleasing to see that our scores remain above both national and regional averages, 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, and that we do not become complacent and continue to strive to improve our results.

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 ICS 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 2022-2023, during which time the Trust was under significant operational pressures. Alongside this, the ongoing recovery work and the continued effects of the pandemic, have combined with other local factors such as the integration and implementation of My Care across northern services. These should be considered contributory factors to the overall landscape in which the survey was conducted.

The 2022 NHS Staff Survey the first as the Royal Devon, which makes comparing to our previous results from the Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT) challenging.

Benchmarked results were issued by the Survey Coordination Centre (SCC) on 21 February 2023 and have been used to extract key findings for this paper. Results were embargoed until 9 March 2023, there are therefore no restrictions on the sharing of the results contained within this paper.

The SCC 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

	2021		2022	
	% Response		% Response	
Royal Devon	Eastern services: 46% Northern services: 51%		37% Eastern services: 36% Northern services: 39%	
				Respondents
				4,672

The national average response rate has seen a slight decline; however, Royal Devon's is more significant, particularly for northern services. The decline is likely to have happened for a number of reasons, including the aforementioned challenging landscape that the survey was conducted in. This includes the impact of My Care and integration challenges, with some northern colleagues sensing a loss of identity. It should also be noted that the number of local action plans that were returned last year was limited, and the trust-wide action plan was difficult to implement, given competing priorities through 2022. This impacted on the 'we said, we did' examples that could be shared with staff.

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.

3.2 People Promise Elements and Theme Scores

A summary of the theme scores for the Trust, and the benchmarking group (Acute and Acute & Community) can be found in the table below. All scores are out of ten. More detailed information, including sub scores can be found in Appendix 2.

People Promise Element / Theme	2021		2022	
	NDHT	RD&E	Royal Devon	Average
We are compassionate and inclusive	7.5	7.4	7.4	7.2
We are recognised and rewarded	6.2	5.9	5.9	5.7
We each have a voice that counts	7.0	6.8	6.7	6.6
We are safe and healthy	6.2	6.1	6.0	5.9
We are always learning	5.3	4.9	4.8	5.4
We work flexibly	6.4	6.0	6.1	6.0
We are a team	6.9	6.7	6.8	6.6
Staff Engagement	7.1	6.9	6.8	6.8
Morale	6.1	5.9	5.8	5.7

This shows that the majority of the element / theme scores are above the national average, however there is one area, the 'we are always learning' element which is considerably below average. This element looks at staff development and appraisals, and a deep dive, reveals that it is the appraisals sub-score that is significantly 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. During the pandemic, the requirements for annual appraisals was moved to 18 months, reflecting the changing priorities during this time and recognising that the appraisal process needed to be agile in its application, in order to deliver effective and safe patient care. As expected, it has taken time for both the new system to embed and also the appraisal compliance

levels to increase, post the 18-month completion extension. The NHS Staff Survey asks staff whether they have had an appraisal in the past 12 months, therefore, it is likely that some of the lower scores seen for this particular question relate back to the 18-month extension offered to Royal Devon staff and managers.

It is recognised that the appraisal system still has areas where improvements are needed to optimise it as development tool, and 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.

When we look at the staff engagement and morale themes, we can see that the results for Royal Devon show us as above average for both. However, when we look at performance against 2021 for the historic organisations (RD&E and NDHT), we can see more significant declines in northern Services, compared to the 2021, with eastern services remaining relatively stable in this area. Furthermore, when we look at the advocacy questions, which make up one third of the overall Staff Engagement score, we can see declines for both localities around recommending the organisation as a place to work or receive care. This is explored further in section 3.5 of this report.

3.3 **Highest and Lowest Scoring Areas (See Appendix 4)**

Top scoring questions

Interestingly, one of the top scoring questions 'If friend/relative needed treatment would be happy with standard of care provided by organisation' also features within the most declined questions (see 3.4).

It is heartening to see that another of the top scoring questions relates to inclusion, with staff with disabilities reporting that the organisation has made reasonable adjustments to enable them to carry out their work. The organisation has continued to make progress against its inclusion commitments, with a dedicated Inclusion team, and key activity, such as the continuation of staff networks, ensuring that staff are given a voice and a space to explore their thoughts and ideas on key topics.

Bottom scoring questions

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

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 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.

Further investigation is required to understand the reasons behind why staff are feeling less informed about the outcomes following incident / near miss reports. Within the incident reporting system, Datix, those logging an incident can choose to remain informed about its progress. It could be that staff are opting out of the updates, and therefore not receiving feedback on changes / actions taken, however this will be explored further with the patient safety team to ascertain any other reasons this may be occurring.

3.4 **Most improved / declined scores**

Most improved questions

It is encouraging to see that two of the five most improved questions relate to the reporting of harassment, bullying, abuse and violence. Whilst disappointing that these incidents are occurring, it is important that they are reported, so that the Trust can take appropriate action.

Less staff are reporting feeling pressure from manager to come to work when not feeling well enough, and this question also features in the top scoring questions. As a result of the pandemic, and subsequent strict infection, prevention and control measures implemented, awareness of the importance of staying off when unwell has been increased amongst all staff, and it is likely this is contributing to the improvement in this area.

Most declined questions

The most declined question is 'If friend/relative needed treatment would be happy with standard of care provided by organisation' which has seen a significant decline; however, it is important to note that as previously mentioned, this question also appears in the top scoring questions, demonstrating that a bigger decline has been seen nationally. Notwithstanding the national picture, this is a key question, linked to advocacy and an important measure of how staff feel about the organisation, and its decline is therefore of concern. A more in-depth review of this question can be found in section 3.5.

Another theme emerging from the most declined questions is around staff feeling confident that the organisation would address concerns about unsafe clinical practice, and that it acts on concerns raised by patients / service users. This is another area where further analysis of the results is needed to understand any clear hotspots for these questions. However, if we think back to some of the bottom scoring questions 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. Another link to this area is Freedom to Speak Up. This team has recently conducted a survey amongst all staff to understand the barriers to speaking up, with a full report due to be published shortly.

3.5 **Staff Engagement – advocacy**

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.

All three of these questions have shown declines since 2021, mirroring the national negative trajectory. We know that staffing levels have continued to be a challenge and operational pressures have not ceased, resulting in difficult working conditions for many staff.

As part of the last People Pulse quarterly survey, we asked staff to provide more detailed feedback on their answers for the questions 'I would recommend my organisation as a place to work and 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'. Staff responding negatively to the questions cited reasons such as lack of senior manager support, staffing levels, not feeling valued, top down decision making, lack of empowerment, bullying, rushed care due to pressures in the system, temporary staff filling vacancies and long waiting times. It is clear that not

only are the reasons behind these results complex, with several different factors contributing to staff responses, but that also this will vary across the different services within the organisation.

It is important that these are further explored with staff, and our plans around engaging with staff to look at the results in more detail and formulate an effective and informed action plan are explored more in section 6.2.

3.6 **ICS benchmarking**

Looking at how we compare at a system level, the results show that Royal Devon (excluding Devon Partnership Trust¹), is the highest scoring trust for seven of the nine People Promise elements / themes across the Devon ICS. Considering that the Trust has undergone significant organisational changes, following the integration in April 2022, remaining a high performing trust within the system should be celebrated.

We know that historically, both NDHT and RD&E were high performing trusts within the system and whilst it is reassuring to see that this has been retained post integration for the Royal Devon, we must continue to focus on areas where we can learn and improve.

3.7 **Equality, Diversity and Inclusion (see appendix 5, 6 and 7)**

3.7.1 **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 5. The Board will receive full analysis through the usual annual reporting cycle.

Comparisons are made more challenging this year, given that we have separate historic results for RD&E and NDHT. What we can see from many of the scores, is a levelling between historic scores following the integration and the move to reporting as a single organisation.

WRES analysis

When looking at the % of staff believing that the organisation provides equal opportunities for career progression or promotion, we can see that the experience of BAME staff has improved. In contrast the experience of white staff has declined; however, despite this, the gap between White staff and BAME staff, although narrowing, is still significant. A number of actions have been taken to improve the experience of BAME staff. This includes increased representation at the Inclusion Steering Group, which has enabled lived experiences to feed into discussions, leading to more meaningful action planning.

WDES analysis

There are no areas where significant changes have occurred.

3.7.2 **Other protected characteristics**

Gender

Gender identity is another demographic captured within the NHS Staff Survey. Our results show that there are limited differences in the experiences of male and female staff within the organisation. We note staff who prefer not to disclose their gender identity are scoring significantly lower across all of the people promise elements / themes. Data is not available for staff who either identify as non-binary or prefer to self-describe due to less than 11 responses being recorded for these options.

¹ Devon Partnership Trust, falls within a different benchmarking group, with other mental health Trusts, so comparisons may not be like for like.

Gender pay gap is also an important measure of experience relating to gender and is provided in a separate report, that is provided to Board and published on our public website.

Sexual Orientation

We can see from our results that there are differing experiences when looking at sexual orientation, with the most significant differences seen amongst staff choosing 'other' or preferring not to say. Whilst the number of staff under the 'other' category are relatively small in number, those preferring not to say represent 6% of the total respondents, higher than the number of both the gay or lesbian and bisexual respondents.

An action has been taken to commission a piece of work to improve reporting on the LGBTQ+ aspects of inclusion to complement the current statutory reporting for race and disability (WRES and WDES) in future.

3.8 Key issues identified

The key points of note and concerns are described below:

- Northern services has seen declines across all 9 People Promise elements / themes and 20 out of the 21 sub-scores.
- Eastern services in comparison shows a much more stable position – seeing improvements across 9 out of the 21 sub-scores.
- Despite remaining above average, significant declines have been seen for key questions around recommending the organisation as a place to work or receive care.
- Appraisals are an area that continues to decline with many questions below average. This is impacting on the 'We are always learning' People Promise element.
- Significant declines seen in staff feeling confident that patients, service users and staff concerns would be addressed.

There is a need to understand the differing experiences between groups of staff (division / department / staff group etc.) to identify specific areas of focus. Further data analysis will enable deep dives to be undertaken to really understand the key issues in more depth.

4. RESOURCE / LEGAL / FINANCIAL / REPUTATIONAL IMPLICATIONS

- 4.1 As the results have only recently become available, a trust-wide action plan from these findings is yet to be developed; however, it is possible that any 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

This year managers and stakeholders have received results earlier in the year with key reports having been made available along with a presentation of our results by our survey contractor, Picker. This additional time will allow for more proactive action planning this year.

At the time of writing, manager and staff listening events are planned for w/c 20 and 27 March 2023. The manager and staff listening events will provide staff with the opportunity to comment further on our results and help shape the development of the trust-wide action plan. Through these events, we'll hear their lived experiences, their barriers to success and their ideas for how we can action positive change across the Trust. The listening 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.

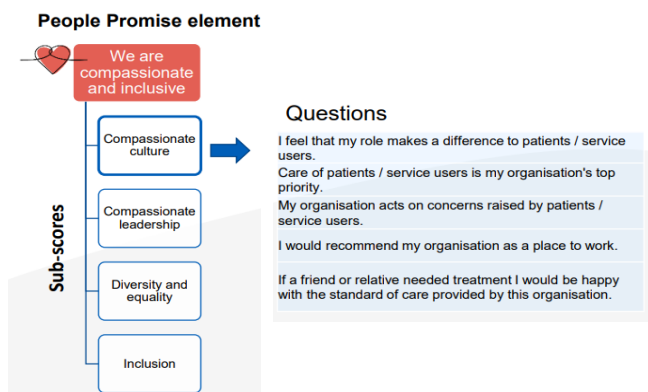
6.2 **Next Steps**

- 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 1 – Summary of People Promise elements / themes

People Promise elements:

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

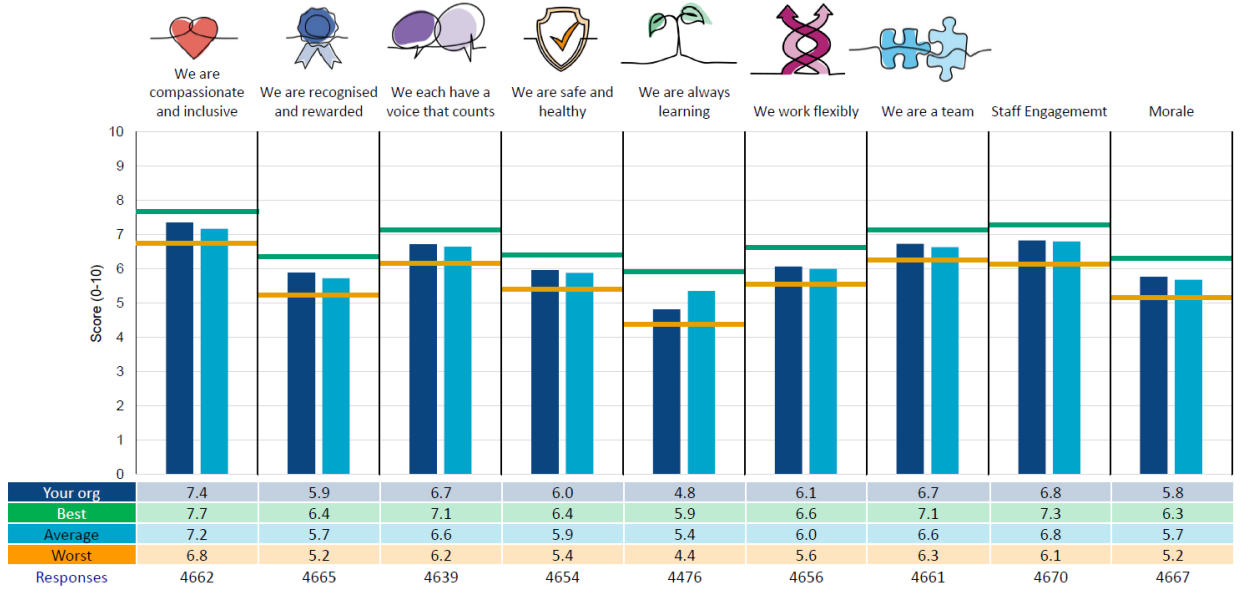


Themes:

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

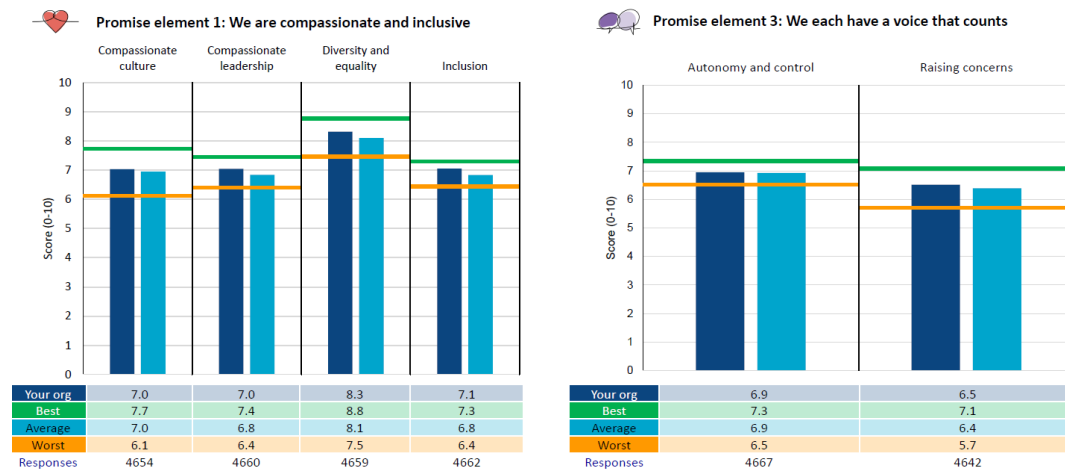
Appendix 2 – Element, theme and sub-scores

Element / theme scores



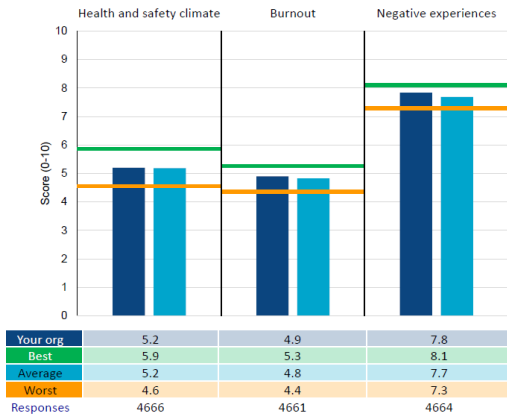
Sub-scores

(N.B. People Promise Element 2 'We are recognised and rewarded' does not have any sub scores)

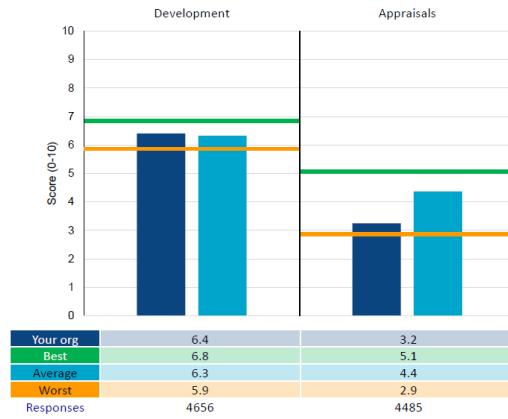




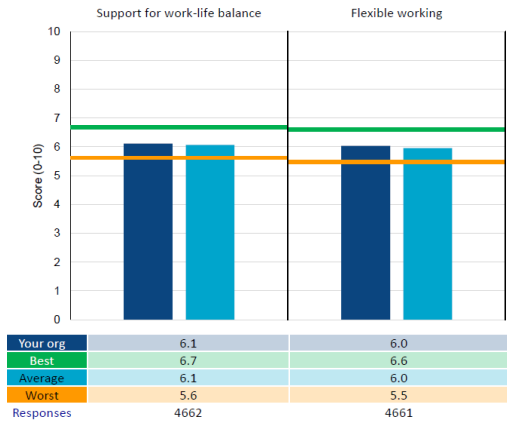
Promise element 4: We are safe and healthy



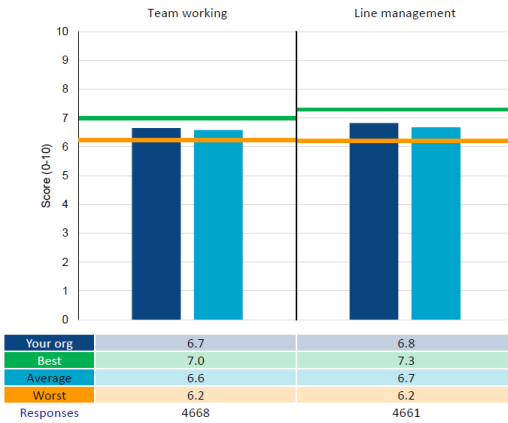
Promise element 5: We are always learning



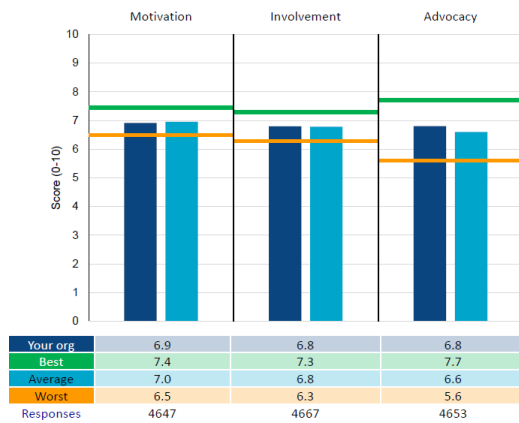
Promise element 6: We work flexibly



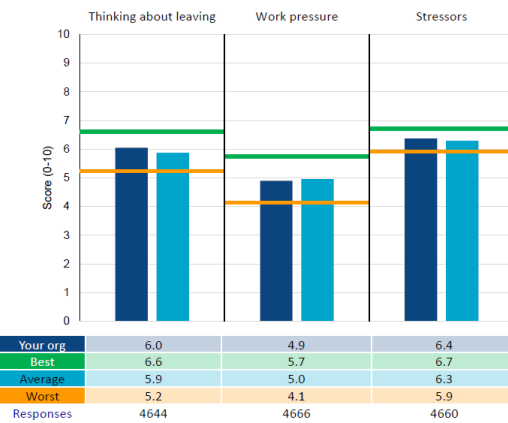
Promise element 7: We are a team



Theme: Staff engagement



Theme: Morale



Appendix 3 – Top / Bottom and Most improved / declined questions

Top scoring questions		Trust	Av. *	Most improved questions		2021	2022
1	If friend/relative needed treatment would be happy with standard of care provided by organisation	69%	61%	1	Not felt pressure from manager to come to work when not feeling well enough	77%	82%
2	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79%	72%	2	Last experience of harassment/bullying/abuse reported	44%	48%
3	Have adequate materials, supplies and equipment to do my work	60%	54%	3	Able to make improvements happen in my area of work	50%	54%
4	Not felt pressure from manager to come to work when not feeling well enough	82%	76%	4	Team members often meet to discuss the team's effectiveness	53%	57%
5	Colleagues are understanding and kind to one another	75%	70%	5	Last experience of physical violence reported	67%	70%

Bottom scoring questions		Trust	Av. *	Most declined questions		2021	2022
1	Received appraisal in the past 12 months	64%	80%	1	If friend/relative needed treatment would be happy with standard of care provided by org	79%	69%
2	Appraisal helped me improve how I do my job	15%	22%	2	Would feel confident that organisation would address concerns about unsafe clinical practice	64%	56%
3	. Feedback given on changes made following errors/near misses/incidents	53%	59%	3	Organisation acts on concerns raised by patients/service users	73%	66%
4	Appraisal helped me agree clear objectives for my work	26%	32%	4	Teams within the organisation work well together to achieve objectives	58%	53%
5	Able to meet conflicting demands on my time at work	40%	43%	5	Satisfied with level of pay	33%	27%

*Average relates to similar Acute and Acute & Community trusts using Picker as their survey contractor (65 of 124 trusts)

Appendix 4 – Staff engagement (advocacy)

	Royal Devon	Eastern services	Northern services	Benchmarking group (Acute and Acute and Community Trusts)
I would recommend my organisation as a place to work*	59.7%	60.1% 2021: 65.0%	58.8% 2021: 67.7%	56.5% 2021: 58.4%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	69.2%	72.0% 2021: 78.4%	62.5% 2021: 72.6%	61.9% 2021: 66.9%
Care of patients / service users is my organisation's top priority	76.1%	77.5% 2021: 80.5%	72.8% 2021: 81.7%	73.5% 2021: 75.5%

Appendix 5 – WRES & WDES information

WRES data

	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months		% of staff experiencing harassment, bullying or abuse from staff in last 12 months		% of staff believing that the organisation provides equal opportunities for career progression or promotion		% of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	
	2021	2022	2021	2022	2021	2022	2021	2022
White – RD&E	20.4%	-	17.1%	-	62.0%	-	6.1%	-
White – NDHT	25.2%	-	20.9%	-	63.0%	-	4.3%	-
White – Royal Devon	-	22.0%	-	20.7%	-	59.1%	-	5.5%
White – Average	26.5%	26.9%	23.6%	23.3%	58.6%	58.6%	6.7%	6.5%
BME – RD&E	27.5%	-	21.1%	-	45.7%	-	15.5%	-
BAME – NDHT	34.8%	-	27.9%	-	44.5%	-	17.3%	-
BAME – Royal Devon	-	28.7%	-	27.4%	-	51.0%	-	16.7%
BAME – Average	28.8%	30.8%	28.5%	28.8%	44.6%	47.0%	17.3%	17.3%

2021 data has been included for both RD&E, NDHT, alongside the 2022 Royal Devon score to indicate direction of travel, as well as the average score for the Acute and Acute and Community benchmarking group to demonstrate how our results compare nationally.

WDES data

	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months		% of staff experiencing harassment, bullying or abuse from manager in last 12 months		% of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months		% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it		% of staff who believe that their organisation provides equal opportunities for career progression or promotion	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
Staff with a LTC or illness – RD&E	26.6%	-	13.8%	-	22.8%	-	43.9%	-	55.7%	-
Staff with a LTC or illness – NDHT	31.6%	-	14.5%	-	21.9%	-	47.8%	-	58.4%	-
Staff with a LTC or illness – Royal Devon	-	28.9%	-	14.3%	-	23.6%	-	48.7%	-	53.5%
Staff with a LTC or illness – Average	32.4%	33.0%	18.0%	17.1%	26.6%	26.9%	47.0%	48.4%	51.4%	51.4%
Staff without a LTC or illness – RD&E	19.4%	-	6.5%	-	11.2%	-	45.3%	-	62.0%	-
Staff without a LTC or illness – NDHT	23.8%	-	7.3%	-	15.7%	-	49.9%	-	63.0%	-
Staff without a LTC or illness – Royal Devon	-	20.4%	-	7.9%	-	14.7%	-	49.3%	-	60.1%
Staff without a LTC or illness – Average	25.2%	26.2%	9.8%	9.9%	17.7%	17.7%	46.2%	47.3%	56.8%	57.3%

WDES data (cont.)

	% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties		% of staff satisfied with the extent to which their organisation values their work		% 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		Staff engagement score (0-10)	
	2021	2022	2021	2022	2021	2022	2021	2022
Staff with a LTC or illness – RD&E	28.3%	-	33.6%	-	76.7%	-	6.7	-
Staff with a LTC or illness – NDHT	24.2%	-	39.4%	-	80.0%	-	6.9	-
Staff with a LTC or illness – Royal Devon	-	23.0%	-	37.3%	-	78.9%	-	6.6
Staff with a LTC or illness – Average	32.2%	30.0%	32.6%	32.5%	70.9%	71.8%	6.4	6.4
Staff without a LTC or illness – RD&E	20.3%	-	43.4%	-	/	-	7.0	-
Staff without a LTC or illness – NDHT	15.4%	-	48.7%	-	/	-	7.2	-
Staff without a LTC or illness – Royal Devon	-	16.0%	-	43.5%	-	/	-	6.9
Staff without a LTC or illness – Average	23.7%	20.8%	43.3%	43.6%	/	/	7.0	6.9

2021 data has been included for both RD&E, NDHT, alongside the 2022 Royal Devon score to indicate direction of travel, as well as the average score for the Acute and Acute and Community benchmarking group to demonstrate how our results compare nationally.

Appendix 6 – Results by gender

People Promise element / theme	Comparator (Organisation Overall)	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
	n=4672	n=3641	n=864	n=9	n=2	n=117
We are compassionate and inclusive	7.4	7.4	7.3	*	*	6.3
We are recognised and rewarded	5.9	6.0	5.9	*	*	4.8
We each have a voice that counts	6.7	6.8	6.7	*	*	5.6
We are safe and healthy	6.0	6.0	6.1	*	*	5.3
We are always learning	4.8	4.9	4.8	*	*	3.5
We work flexibly	6.1	6.2	6.0	*	*	5.2
We are a team	6.8	6.8	6.7	*	*	5.7
Staff Engagement	6.8	6.9	6.8	*	*	5.7
Morale	5.8	5.9	5.7	*	*	4.7

RAG rating percentage difference scale – 0.4 points

Appendix 7 – sexual orientation

People Promise element / theme	Comparator (Organisation Overall)	Heterosexual or straight	Gay or Lesbian	Bisexual	Other	I would prefer not to say
	n=4672	n=4126	n=102	n=89	n=18	n=290
We are compassionate and inclusive	7.4	7.4	7.3	7.4	6.7	6.7
We are recognised and rewarded	5.9	6.0	6.0	5.8	5.3	5.1
We each have a voice that counts	6.7	6.8	6.6	6.5	6.1	6.0
We are safe and healthy	6.0	6.1	6.0	5.7	5.2	5.4
We are always learning	4.8	4.9	4.9	4.7	4.0	4.0
We work flexibly	6.1	6.2	6.1	5.4	5.7	5.4
We are a team	6.8	6.8	6.9	6.6	6.2	6.1
Staff Engagement	6.8	6.9	6.6	6.6	5.9	6.2
Morale	5.8	5.9	5.7	5.7	4.8	5.1

RAG rating percentage difference scale – 0.4 points

NHS Staff Survey Results 2022

Hannah Foster, Chief People Officer
Board of Directors - March 2023



Survey Elements / Themes

People Promise Elements:

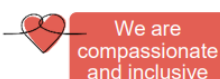
People Promise element	Sub-scores	Questions
Promise 1: <i>We are compassionate and inclusive</i>	P1.1: Compassionate culture	Q6a, Q21a-d
	P1.2: Compassionate leadership	Q9f-i Q15, Q16a-b, Q18
	P1.3: Diversity and equality	Q7h-i, Q8b-c
	P1.4: Inclusion	
Promise 2: <i>We are recognised and rewarded</i>	[No sub scores]	Q4a-c, Q8d, Q9e
Promise 3: <i>We each have a voice that counts</i>	P3.1: Autonomy and control	Q3a-f, Q5b
	P3.2: Raising concerns	Q17a-b, Q21e-f
Promise 4: <i>We are safe and healthy</i>	P4.1 Health and safety climate	Q3g-i, Q5a, Q11a, Q13d, Q14d
	P4.2 Burnout	Q12a-g
	P4.3 Negative experiences	Q11b-d, Q13a-c, Q14a-c
Promise 5: <i>We are always learning</i>	P5.1: Development	Q20a-e
	P5.2: Appraisals	Q19a-d
Promise 6: <i>We work flexibly</i>	P6.1: Support for work-life balance	Q6b-d Q4d
	P6.2: Flexible working	
Promise 7: <i>We are a team</i>	P7.1: Team working	Q7a-g, Q8a
	P7.2: Line management	Q9a-d

Themes:

Themes	Sub-scores	Questions
Staff Engagement	E.1: Motivation	Q2a-c
	E.2: Involvement	Q3c, Q3d, Q3f
	E.3: Advocacy	Q21a, Q21c, Q21d
Morale	M.1: Thinking about leaving	Q22a-c
	M.2: Work pressure	Q3g-i
	M.3: Stressors (HSE index)	Q3a, Q3e, Q5a-c, Q7c, Q9a

The People Promise elements / themes are each made up of sub-scores, providing greater insight into the overall top line results

People Promise element



Sub-scores

- Compassionate culture
- Compassionate leadership
- Diversity and equality
- Inclusion

Questions

- I feel that my role makes a difference to patients / service users.
- Care of patients / service users is my organisation's top priority.
- My organisation acts on concerns raised by patients / service users.
- 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.

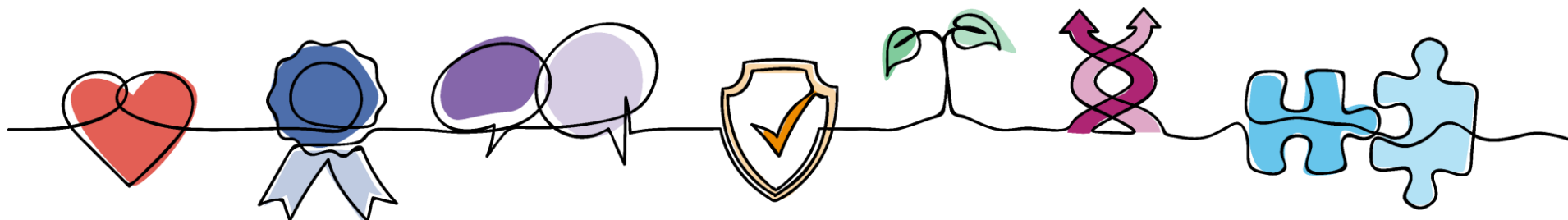
The National Picture

Nationally, a mixed picture has emerged from the 2022 results, with People Promise elements such as 'We are compassionate and inclusive' 'We each have a voice that counts' and 'We are safe and healthy' remaining stable.

'We are always learning' has seen an improvement, whilst a decline is seen in 'We are recognised and rewarded'.

Despite remaining the same as 2021, staff engagement remains lower than 2018-2020, with the advocacy sub-score showing a decline, with less staff recommending their organisation as a place to work, or receive care.

Morale has also declined for a second consecutive year, and is now 0.3 points below its peak in 2020.

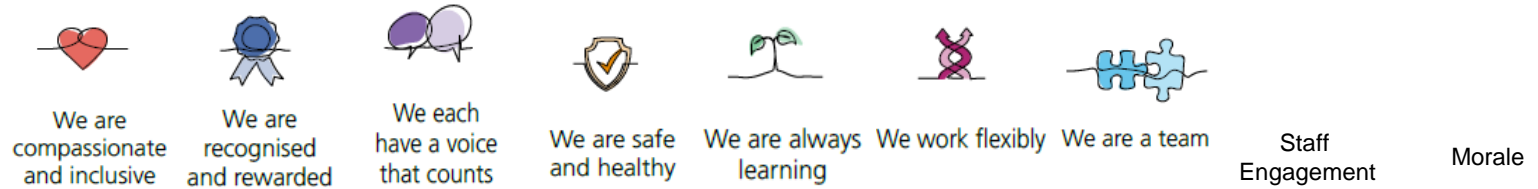


Survey Response Rates

	Royal Devon	Benchmarking group (Acute and Acute & Community Trusts)
Completed Questionnaires	4,672	431,292
Response Rate 2022	37% Eastern services: 36% Northern services: 39%	44%
Response Rate 2021	Eastern services: 46% Northern services: 51%	46%
Survey Mode	Mixed	Variable
Sample Type	Census	Census

Whilst the national response rate for 2022 has seen a decline, the decline seen at the Royal Devon is more significant, particularly given the high response rate seen last year in northern services.

People Promise Element / Themes Scores



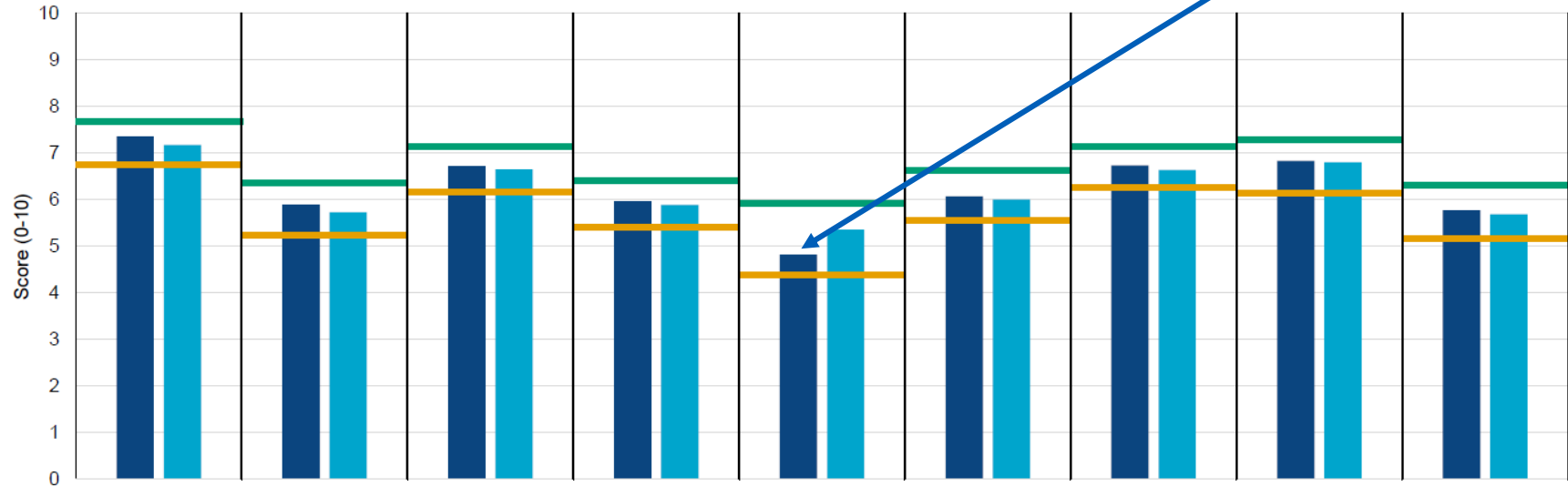
		We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Royal Devon	2022	7.4	5.9	6.7	6.0	4.8	6.1	6.8	6.8	5.8
Eastern Services	2022	7.4	5.9	6.7	6.0	4.8	6.1	6.7	6.9	5.8
	2021	7.4	5.9	6.8	6.1	4.9	6.0	6.7	6.9	5.9
Northern Services	2022	7.4	6.1	6.7	6.0	4.9	6.3	6.8	6.8	5.9
	2021	7.5	6.2	7.0	6.2	5.3	6.4	6.9	7.1	6.1

Scores for Eastern services show a 0.1 point drop across 5 of the 9 people promise elements / themes. The other 4 areas remain stable.

Scores for Northern services have declined across all promise elements / themes, with the most significant declines seen in ‘we each have a voice that counts’, we are always learning’ and ‘staff engagement’ .

How do we compare nationally?

'We are always learning is the only score below average'

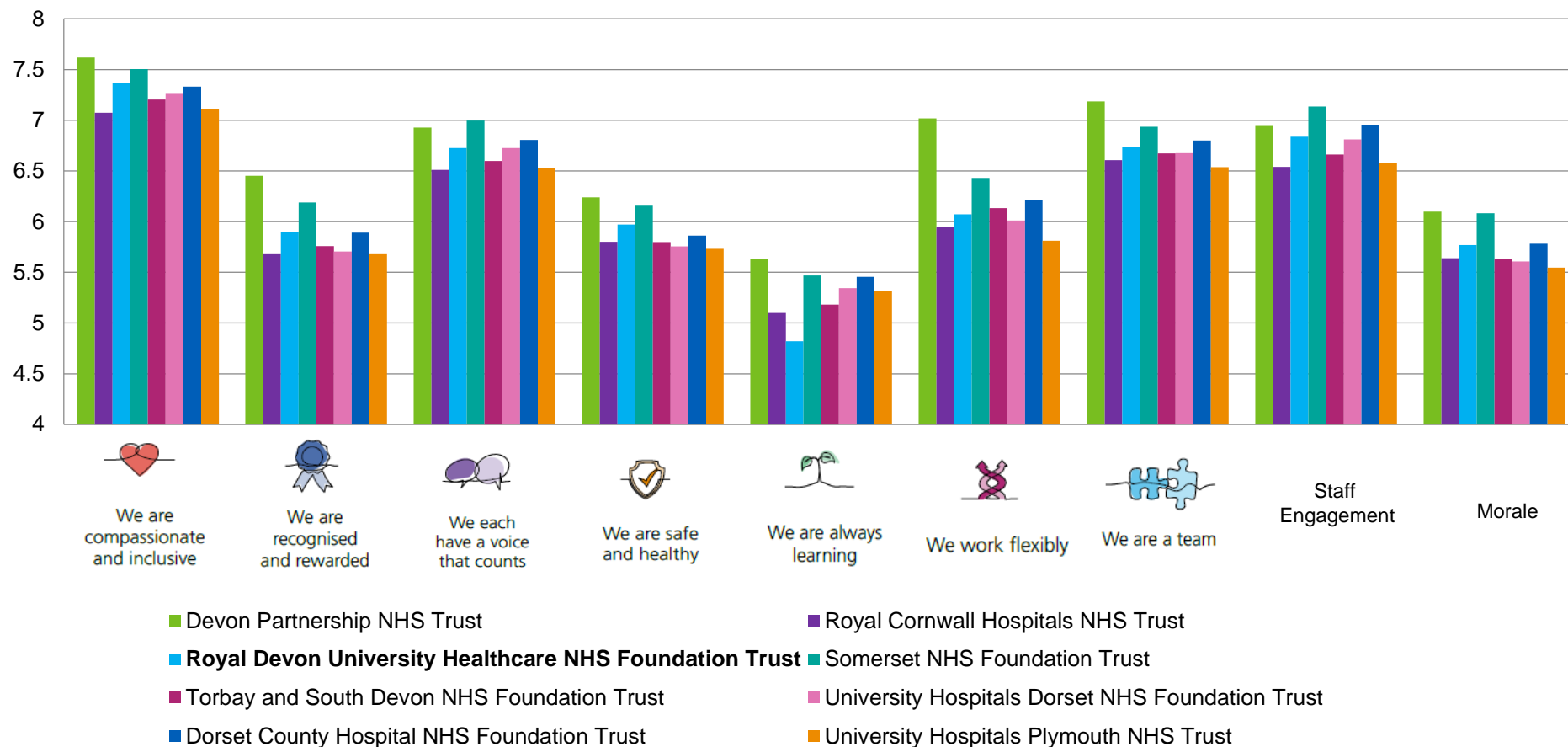


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.4	5.9	6.7	6.0	4.8	6.1	6.7	6.8	5.8
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	4662	4665	4639	4654	4476	4656	4661	4670	4667

Best, average and worst scores relate to the Acute and Acute & Community benchmarking group scores for 2022.

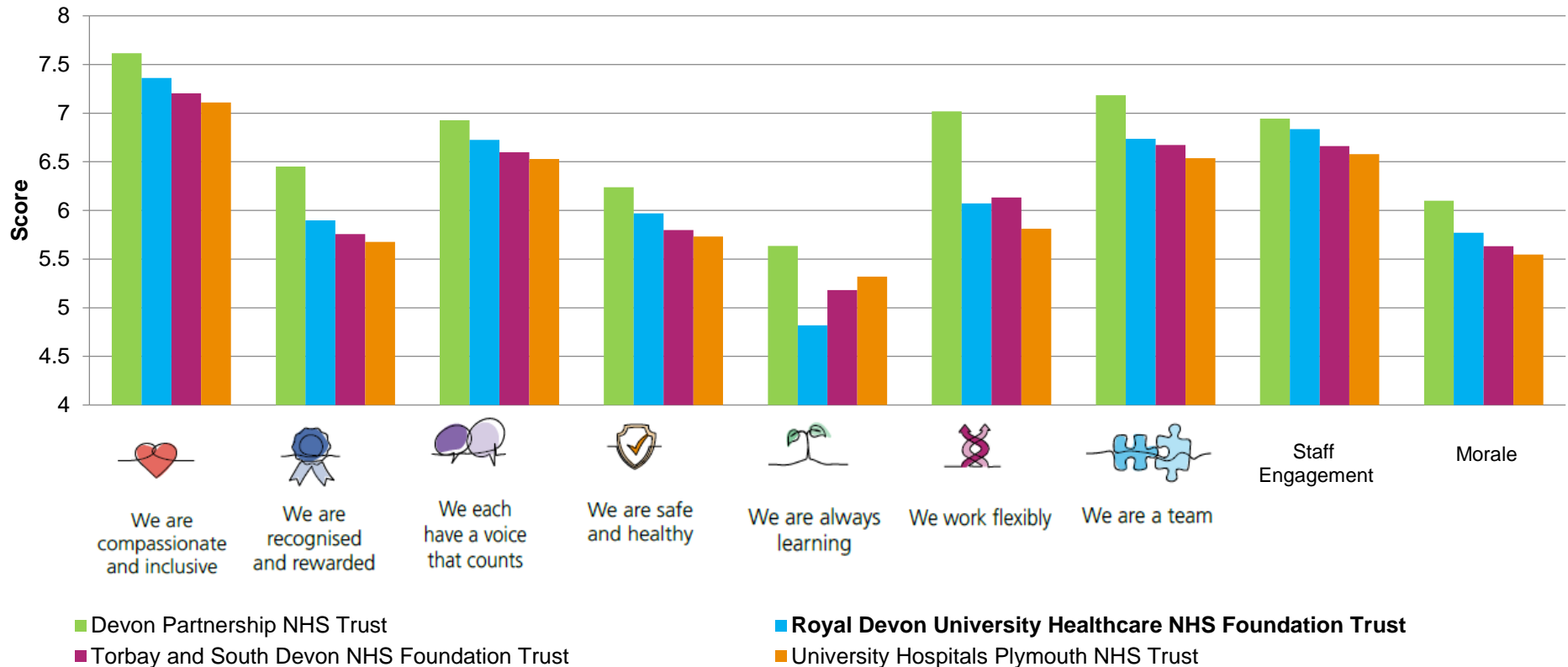
How do we compare at a regional level?

South West Trust Element / Theme Scoring 2022



How do we compare at system level?

Devon ICS People Promise Element / Theme Scoring 2022



Note: Devon Partnership NHS Trust is in a different benchmarking group to the other trusts in the ICS

Deep Dive – Staff Engagement (Advocacy)

	Royal Devon	Eastern Services	Northern Services	Benchmarking Group (Acute and Acute & Community Trusts)
I would recommend my organisation as a place to work	59.7%	60.1% 2021: 65.0%	58.8% 2021: 67.7%	56.5% 2021: 58.4%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	69.2%	72.0% 2021: 78.4%	62.5% 2021: 72.6%	61.9% 2021: 66.9%
Care of patients / service users is my organisation's top priority	76.1%	77.5% 2021: 80.5%	72.8% 2021: 81.7%	73.5% 2021: 75.5%

Significant declines seen across several of the advocacy scores, mirroring the national picture of a negative trajectory for this area

Biggest decline of 10.1% seen for Northern services for ‘If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation’. Eastern services saw a 6.4% decline for this question.

Question Summary

Top scoring questions		Trust	Ave. *
1	If friend/relative needed treatment would be happy with standard of care provided by organisation	69%	61%
2	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79%	72%
3	Have adequate materials, supplies and equipment to do my work	60%	54%
4	Not felt pressure from manager to come to work when not feeling well enough	82%	76%
5	Colleagues are understanding and kind to one another	75%	70%

Bottom scoring questions		Trust	Ave. *
1	Received appraisal in the past 12 months	64%	80%
2	Appraisal helped me improve how I do my job	15%	22%
3	Feedback given on changes made following errors/near misses/incidents	53%	59%
4	Appraisal helped me agree clear objectives for my work	26%	32%
5	Able to meet conflicting demands on my time at work	40%	43%

Most improved questions		2021	2022
1	Not felt pressure from manager to come to work when not feeling well enough	77%	82%
2	Last experience of harassment/bullying/abuse reported	44%	48%
3	Able to make improvements happen in my area of work	50%	54%
4	Team members often meet to discuss the team's effectiveness	53%	57%
5	Last experience of physical violence reported	67%	70%

Most declined questions		2021	2022
1	If friend/relative needed treatment would be happy with standard of care provided by org	79%	69%
2	Would feel confident that organisation would address concerns about unsafe clinical practice	64%	56%
3	Organisation acts on concerns raised by patients/service users	73%	66%
4	Teams within the organisation work well together to achieve objectives	58%	53%
5	Satisfied with level of pay	33%	27%

*Average relates to similar Acute and Acute & Community trusts using Picker as their survey contractor (65 of 124 trusts)

Inclusion

Organisation provides equal opportunities for career progression/promotion:

White staff	All other ethnicities	Staff from all other ethnic groups combined – benchmarking average
59.1%	51%	47%
Staff without a LTC or illness	Staff with a LTC or illness	Staff with a LTC or illness – benchmarking average
60.1%	53.5%	51.4%

Personally experienced discrimination from any of the following: Manager / team leader or other colleagues

White Staff	all other ethnic staff	Staff from all other ethnic groups combined – benchmarking average
5.5%	16.7%	17.3%

Personally experienced harassment, bullying or abuse from manager in last 12 months

Staff without a LTC or illness	Staff with a LTC or illness	Staff with a LTC or illness – benchmarking average
7.9%	14.3%	17.1%

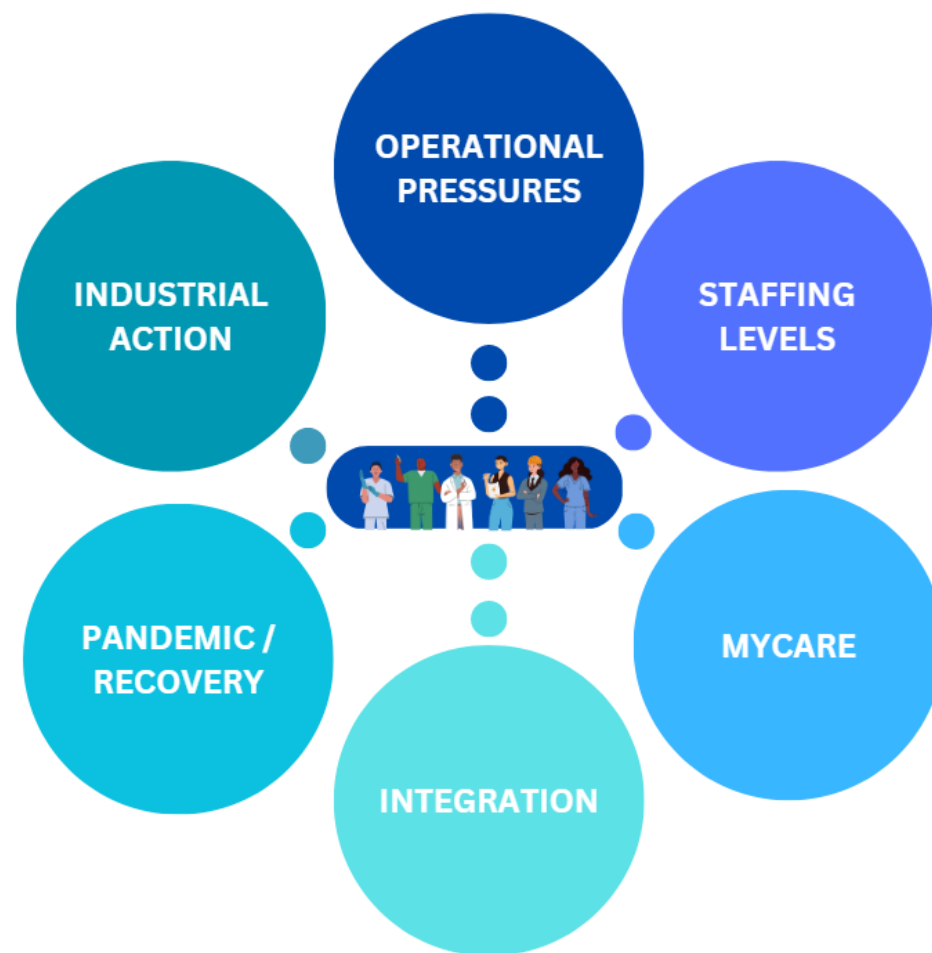
What do we need to think about?

- Scores are above average for many of the questions compared to the acute and acute & community benchmarking group.
- Northern services has seen declines across all 9 people promise elements / themes and 20 out of 21 sub-scores.
- Eastern services in comparison shows a much more stable position, with improvements across 9 out of 21 sub-scores.
- Despite remaining above average, significant declines have been seen for key questions around recommending the organisation as a place to work or receive care.
- Appraisals are an area that continues to see declines with many questions below average. This is impacting on the 'We are always learning' People Promise element.
- Significant declines seen in staff feeling confident that patients / service users / staff concerns would be addressed.

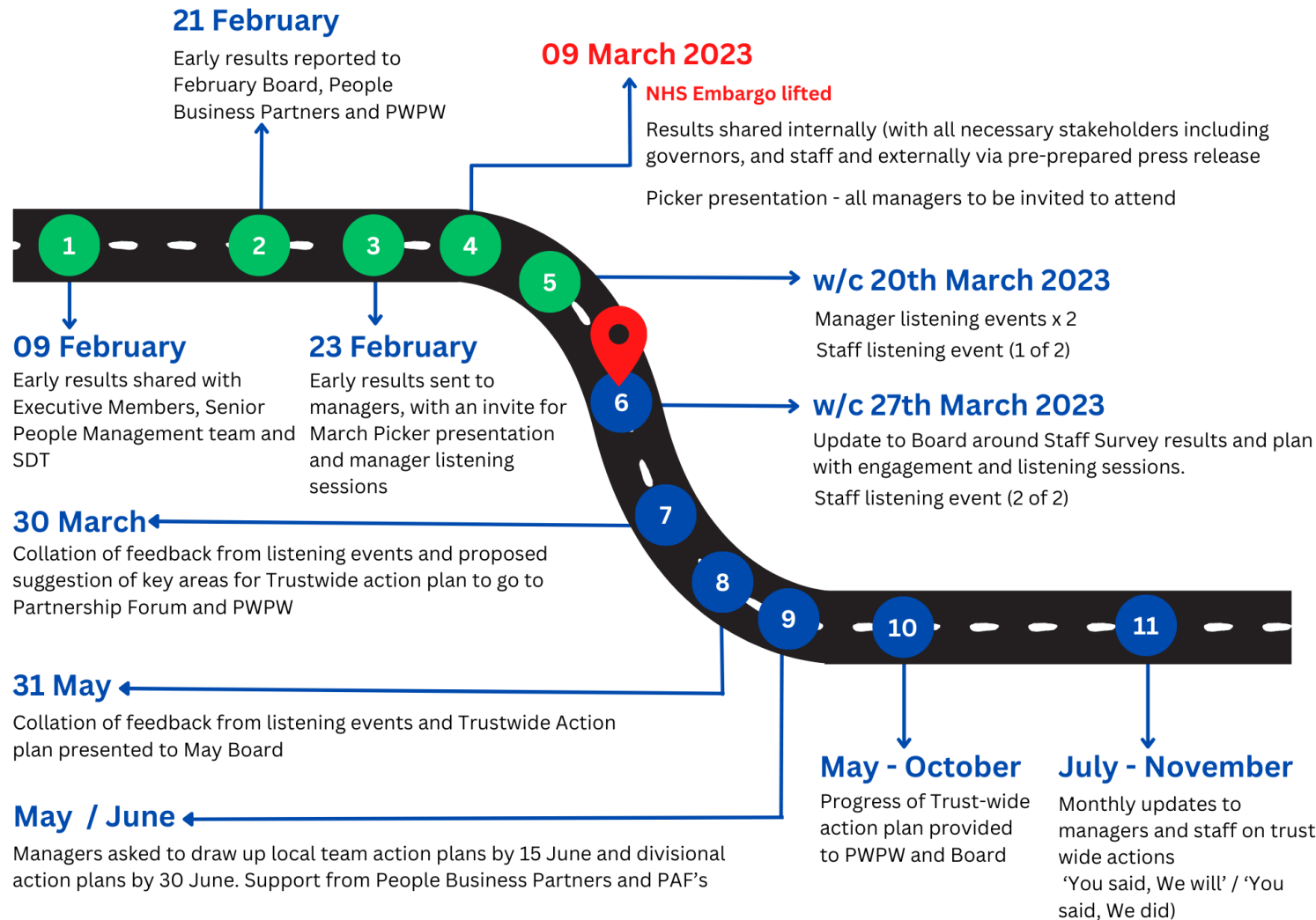
Key factors to consider alongside results

When reviewing the results it is important to consider the local landscape in which the survey was conducted.

New factors such as industrial action that have occurred outside of the survey fieldwork period, should also be considered when reviewing and identifying areas of priority, given their significant impact on staff experience since their onset.



Next Steps



Results have now been shared with all stakeholders, through the sharing of key reports, and presentation of results by our Survey contractor Picker

Manager listening events and the first of two staff listening events have been held

Feedback from the listening events will be collated, and fed into the development of the trust-wide action plan to address the survey results.

Ongoing review of Trust wide action plan with regular updates to managers and staff on progress made

Further work planned to triangulate and analyse the Staff survey, People Pulse survey and other employee experience data

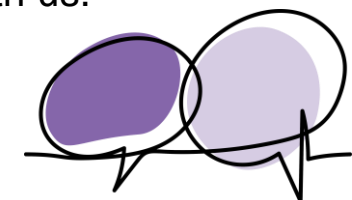
Listening events – engaging with our staff



The manager and staff listening events will provide staff with the opportunity to comment further on our results and help shape the development of the trust-wide action plan.

Through these events, we'll hear their lived experiences, their barriers to success and their ideas for how we can action positive change across the Trust.

Throughout this cycle, it is important to note that the staff survey is only one way of measuring employee experience and will be just one of many tools we use as we move forward to improving the experience of our employees throughout their journey with us.



We each have
a voice that counts

Agenda item:	10.3, Public Board Meeting	Date: 29 March 2023		
Title:	Audit Committee Report			
Prepared by:	Colin Dart, Director of Operational Finance (Northern)			
Presented by:	Alastair Matthews, Non-Executive Director & Chair of Audit Committee			
Responsible Executive:	Angela Hibbard, Chief Financial Officer			
Summary:	A report from the Audit Committee on the key issues arising from the meeting on 27 February 2023.			
Actions required:	It is proposed that the Board of Directors: (i) note the report from the Audit Committee			
Status (*):	Decision	Approval	Discussion	Information
		X		x
History:	The Terms of Reference were last approved at the 25 May 2022 Board to reflect the needs of the new merged Trust.			
Link to strategy/ Assurance framework:	The primary role of the Audit Committee is to conclude upon the adequacy and effective operation of the organisation's overall internal control system. In setting the Internal Audit plan for the year, the Audit Committee seeks to ensure that a programme of work has been put in place to review the risks of the Trust on a regular basis.			

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

1. Purpose of Paper

- 1.1 To provide, as requested by the Board of Directors (Board), a report on the key matters for noting and those for escalation arising from the Audit Committee (AC) at its 23 February 2023 meeting.

A copy of the AC minutes is available for inspection.

2. Background

- 2.1 The primary role of the AC is to conclude upon the adequacy and effective operation of the overall internal control system in both organisations. It is responsible for providing assurance to the Board in relation to the financial systems and controls of the Trusts. The Annual Governance Statements which are included in the Annual Reports review the effectiveness of the systems of internal control. By concurring with this statement and recommending its adoption to the Board, the AC also gives its assurance on the effectiveness of the overarching systems of integrated governance, risk management and internal control.

The meeting was not quorate due to late notification of illness, and there was no Executive representation at the meeting due to the requirement for the CFO and COO to address urgent operational planning issues. The AC agreed to continue the meeting with any decisions being held over for ratification at the next meeting on 4 May 2023.

The CQC had originally planned to be in attendance but had subsequently sent apologies.

3. Analysis

- 3.1 Embedding Audit recommendations into the Governance Committee structure to improve the mechanism for embedding them in the organisation

The AC discussed an action from the previous meeting regarding the above to ensure that Internal Audit recommendations were going through the relevant sub-committees. Following discussions, the AC concluded that there was a process in place that ensured actions were embedded in the Governance structure and Internal Audit committed to ensure the relevant sub-committee was clearly identified in the recommendations database.

Further discussion identified a 'Total Assurance' review undertaken many years ago by Internal Audit mapping where all assurances were being reported. It was agreed to review this piece of work to inform potential future assurance work.

- 3.2 Standards of Business Conduct Policy Communications Plan

Following approval of the policy at the November 2022 meeting, the AC approved the proposed communications plan to accompany the policy launch.

3.3 Self-Assessment against the HFMA ‘Getting the Basics Right’ Checklist

Following presentation of the self-assessment checklist to the AC in November 2022, the AC was presented with an update on the action plan for improvement in the Royal Devon financial control environment.

The AC noted:

- The self-assessment covered 72 questions across 8 domains.
- Consolidation of actions arising resulted in 34 actions to be delivered aligned with the needs of the organisation.
 - 11 actions (32%) had been completed
 - 9 actions (26%) were in progress and on-track
 - 7 actions were in progress but off-track – most related to developing multi-year CIP/DBV schemes, operational planning and refreshing the Long-Term Financial Model
 - 6 actions have not yet commenced that are also not due that relate to training and the new General Ledger
 - 1 action has not commenced and is off-track that relates to the finance manual for the new General Ledger
- The significant work underway to address the weak self-assessment on the CIP / Delivering Best Value domain.
- 33 actions were expected to be completed by the June AC with the final outstanding action due for completion by 30 June 2023

The Committee agreed to receive a further progress update at its next meeting in May 2023.

3.4 Timetable for the Annual Report and Accounts 2022/23

The AC approved the following timetable for the preparation and finalisation of the Annual Report and Accounts for 2022/23:

Date	Meeting / Deadline
24th April 2023	KPMG commence their external audit.
27th April 2023	Trust submission of draft Accounts, PFR and TACS to NHSE.
4th May 2023	Audit Committee to receive a copy of the draft unaudited accounts. (To be distributed by the 28th April).
31st May 2023 (TBC)	Audit clearance meeting – KPMG, Chief Financial Officer, Directors of Operational Finance, members of the senior finance team and Annual Report lead.
7th June 2023	AC meeting – receive audited Accounts, Directors’ Letter of Representation, Annual Report and draft ISA 260 Report from KPMG. The Chair of the AC will be asked to provide either a verbal or written recommendation to approve the Annual Reports and Accounts to the Trust’s Board of Directors.

	(Papers to be distributed by the 1st June).
28th June 2023	The Trust's Board of Directors to meet and approve the Annual Reports and Accounts. Financial statements are signed by the Trust's CEO. (Papers to be distributed by the 21st June).
29th June 2023 (TBC)	KPMG issue signed audit opinions.
30th June	Audited financial statements submitted to NHSEI.

The AC also discussed the clarity required on the timeline for contributors to the preparation of the Annual Report sections and the Quality Report that AC would require to be reviewed by Executive owners before presentation to AC for recommending approval to the Board. The AC noted that detailed guidance and timelines had been issued. AC will complete its detailed read through of the Annual Report and Quality Report for the 7 June AC meeting given the timing for preparation and management review.

The AC noted the Annual Governance Statement will be recommended for approval by the Governance Committee prior to coming to AC for final review.

3.5 Report on the Risk Management Policy

The AC noted that the Risk Management Policy audit is an important contributor to the annual Head of Internal Audit opinion; the annual review of compliance against the policy had been undertaken and the draft report was being finalised for circulation and would be presented to a future AC meeting. There were no immediate concerns raised by Internal Audit.

3.6 Audit Committee Effectiveness Review.

The AC followed up on an area to explore for improvement at the November 2022 meeting regarding 'horizon-scanning' when considering the needs of the 2023/24 internal audit plan.

The AC considered the BAF and corporate risks, the business of sub-committees regarding audit risk and recommendations, the links with the Internal Audit plan/programme for 2023/24 and any gaps the internal and external auditors perceived needed addressing. It was identified that 'Culture Audits' were increasing in popularity and may be a consideration for the future.

3.7 Counter Fraud Interim Report

The AC noted:

- The update on Counter Fraud visibility during International Fraud Awareness week that included a focus on cyber enabled attacks including social engineering techniques;

- Interviews imminent for the lead LCFS appointment for Royal Devon;
- A new Comprehensive Counter Fraud e-learning module has been developed and the launch on Learn+ is imminent. The AC was advised that corporate functions require 100% compliance so will be required to re-take the training on the newer module to ensure everyone is starting at the same educational point;
- After discussion, it was agreed that where an external body refuses to participate in a Counter Fraud investigation that raised potential 'well led' concerns regulatory bodies such as the CQC will be informed.
- The national Fraud exercise report had been received and the number of exceptions were not unusually high compared to previous years.
- The draft 2023/24 Counter Fraud work plan was presented which is risk based and addresses all of the components of the functional standards. The draft plan was approved subject to ratification at the May meeting.

3.8 North Devon GDPR Compliance Update

The AC received an update on progress delivering the IA recommendations and noted:

- The action plan continues to be monitored by the Digital Committee;
- Actions to date had been delivered and the plan was on track for future dates;
- Confidence of management that the remaining actions would be delivered by 31 March 2023 but also the dynamic nature of the toolkit will require responses to new applications and data protection impact assessments after 31 March 2023 that will be tested as part of the next GDPR audit;
- Internal Audit agreed to review and report back an update to the next meeting and also via Digital Committee.

3.9 Internal Audit Interim Report

The AC noted:

- Delivery of 738 days of the total 1,065 planned days for the 2022/2023 Audit and Assurance Plan.
- 9 final reports presented to the Committee (6 satisfactory, 1 limited, 2 were not subject of an assurance rating)
- 4 reports at draft report stage (1 satisfactory, 1 limited, 1 N/A - Management review, 1 with a rating TBC)
- 13 reviews are in progress / planning that will report to the May and June AC meetings.
- From the review of pre-2021 open recommendations commissioned in November 2022, 7 were closed, 14 remained relevant and new dates were agreed, 1 no response.
- ASW achieved the highest conformance rating available from the Chartered Institute of Internal Auditors after their external quality assessment.
- Jenny McCall, Director of Audit and Assurance Services retires on 17th March 2023 and is succeeded by Amanda Lowe. The AC expressed its thanks for the significant contribution internal audit had made to the Trust

under Jenny's leadership.

The AC approved one change to the 2022/2023 Plan – subject to ratification:

- Part 3 of the Post Integration reviews – Post Integration Evaluation and benefits realisation was no longer required and the time allocated was to be used to support other reviews where additional time had been required.

3.10 Audit Strategy and Draft Strategic Audit and Assurance Plan 2023/24 to 2025/26

The AC discussed the paper in detail and explored and challenged the risk areas covered. It was agreed the report would be presented to the May 2023 AC for approval following any final Executive inputs.

3.11 External Audit Progress Report

The AC discussed and noted:

- Audit planning meetings with management had been undertaken and the interim audit work on the two finance systems had commenced;
- Value for Money assessment review of evidence has been scheduled and updates will be provided to AC ahead of the June 2023 deadline;
- Assurance is required regarding an affirmative response by management to relevant technical updates referenced by auditors;
- Clarification of the significant risks that will be tested as part of the audit process – management override of controls, expenditure recognition, land and building valuations.
- Clarification of materiality levels - £23.5m total with a £0.3m reporting threshold to AC.
- Management had commissioned a full valuation of land and buildings for Royal Devon from one valuer to a consistent methodology that would be shared with Auditors for testing with a supporting paper presented to AC in May 2023
- Management had also prepared a paper for calculating the impairment to be reflected in the accounts for the valuation of the Northern EPIC implementation for auditor review. The Board should note that the anticipated impairment value is neutral when considering the Trust's achievement of its financial plan. A supporting paper will be presented to AC in May 2023

4. Representation to the Board

- 4.1 The AC confirms to the Board that it is compliant with its Terms of Reference and that it continues to review the adequacy and effective operation of the Trust's overall internal control system. This report highlights to the Board the key issues from the most recent AC meeting on 7 November 2022.

5. Resource/legal/financial/reputation implications

5.1 No resource/legal/financial or reputation implications were identified in this report.

6 Link to BAF/Key risks

6.1 None identified

7. Proposals

7.1 It is proposed that the Board of Directors **note** the report from the AC.

Agenda Item:	10.4, Public Board Meeting	Date: Wednesday 29 March 2023		
Title:	Health Inequalities Board report			
Prepared by:	Katherine Allen, Director of Stratgy and Jeff Chinnock, Associate Director of Policy and Partnerships			
Presented by:	Chris Tidman, Deputy Chief Executive Officer			
Responsible Executive:	Chris Tidman, Deputy Chief Executive Officer			
Summary:	<p>In August 2022, the Board of Directors requested a Task and Finish Group to explore how the Trust can meet its obligations to reporting Health Inequalities data and how the Trust can support a reduction in health inequalities.</p> <p>The paper is split into two parts: Part A: A briefing on the outputs of the Task and Finish Group Part B: A recommendation of a Health Inequality Board report format and content, which demonstrates progress against the 'Collaboration and Partnership' strategic objective, demonstrates compliance with a requirement to report Health Inequality data on RDUH waiting lists. The format of Part B is proposed to be presented to the Board of Directors bi-annually.</p>			
Actions Required:	The Board is asked to review the T&F Group findings and consider the recommended Board paper on Health Inequalities and Partnership activities			
Status (x):	Decision	Approval	Discussion	Information
			x	x
History:	<p>This document reflects the work undertaken by a board task and finish group on health inequalities.</p> <p>In the Feb Board meeting, Directors heard a patient story about our hi-flow complex patient need project, which is referenced in the workplan, Annex B.</p>			
Link to strategy/ Assurance framework:	Tackling health inequalities is a core component of the Trust's strategic objective on 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 (<i>please specify</i>)			

PART A

Board Health Inequalities Task and Finish Group

1. Purpose of paper

The purpose of this Part A paper is to provide the Board of Directors with a summary of the outputs of the Health Inequalities task and finish group.

2. Background

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. Health inequalities can be experienced by people grouped by a range of different factors including:

- socio-economic status
- geography
- disadvantaged groups
- protected characteristics

These factors often overlap, meaning people can fall into combinations of these categories which can further compound the severity of health inequalities experienced.

Health inequalities can involve differences in:

- health status, for example, life expectancy and prevalence of health conditions
- access to care, for example, availability of treatments
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates or obesity
- wider determinants of health, for example, quality of housing.

The population of Devon experiences some significant differences in health inequalities. For example, a woman born in the Exe estuary area can expect to live 14 more years in good health than a woman born in Ilfracombe; a person born in Kingskerswell can expect to live on average 10 years longer than someone in Ilfracombe.

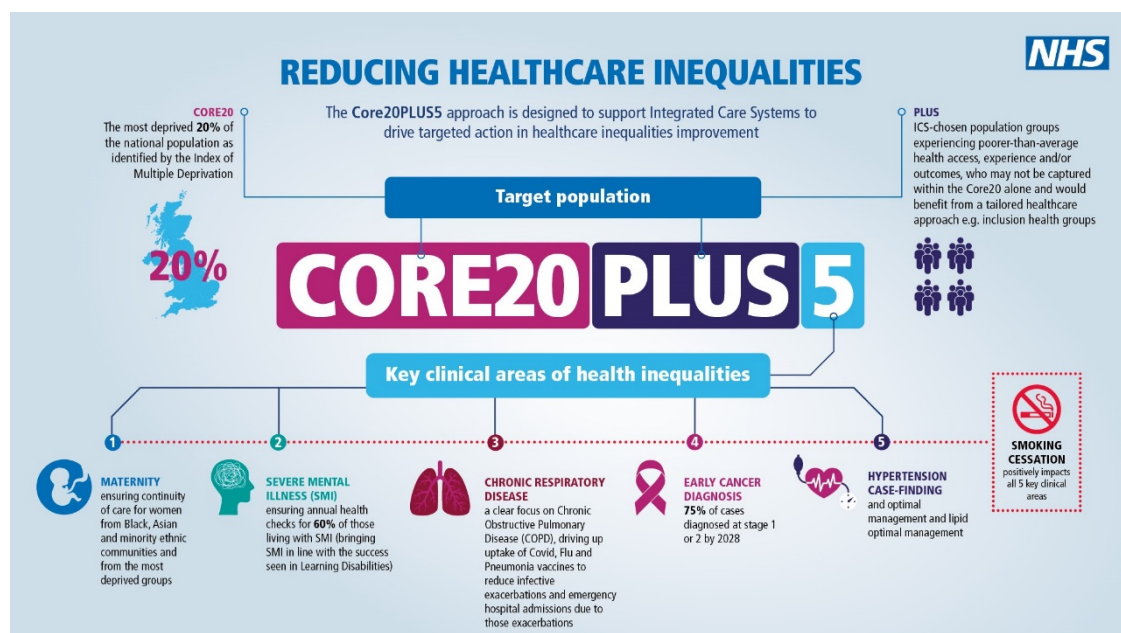
Evidence shows that people's health status is determined by the wider determinants of health such as where they live, their socioeconomic status, their environment, housing etc with only 20% of their status determined by the health services they access.

Although the basis on which the NHS was established remains an NHS freely available to all at the point of delivery, it does not follow that 'all' have equal access or indeed outcomes. Access in itself is determined by a range of factors such as a person's sense of right and entitlement and if that sense is diminished as a result of socioeconomic factors, protected characteristics and/or lived experience then access

cannot be equitable. Recognising this and seeking to understand where inequalities exist in a planned and systematic way has to inform the planning of our services and the wider health system.

In the decade prior to the pandemic life expectancy improvements stalled, health inequalities were large and growing between different parts of the UK, and between the most and least deprived areas within communities.

The pandemic has highlighted these differences and, if anything, has exacerbated these inequalities, with people from the poorest areas suffering disproportionately from COVID-19. As a result, national policy across all sectors, including health, os tp encourage organisations to play a key role in tackling health inequalities. NHS England has developed a Core20PLUS5² framework and evidence-base to support the NHS play its role in tackling health inequalities.



The evidence also shows that health inequalities increases costs to the NHS and taxpayers. The most recent figures put this cost at c.£5 billion per year (2011/2012) and estimates for the Marmot Review indicate that health inequalities lead to:


- productivity losses of £31-33bn per year
- lost tax and higher welfare payments in the range of £20-£32bn per year

² The Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. TyheCore20 refers to the most deprived 20% of the national population; the plus cohort should be identified at local level and include people living with comorbidities; learning disabilities etc; and the five clinical areas of focus which require accelerated improvement including maternity, mental illness, COPD, early cancer diagnosis and hypertension.


Like all public bodies, the Royal Devon is considered an ‘anchor institution’ (see Health Foundation graphic for a summary explanation) and has a responsibility to play a role in tackling health inequalities and prevention.

What makes the NHS an anchor institution?


NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:




Purchasing more locally and for social benefit
 In England alone, the NHS spends £27bn every year on goods and services.




Using buildings and spaces to support communities
 The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners
 The NHS can learn from others, spread good ideas and model civic responsibility.




Reducing its environmental impact
 The NHS is responsible for 40% of the public sector's carbon footprint.



Widening access to quality work
 The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

 References available at www.health.org.uk/anchor-institutions
 © 2019 The Health Foundation.

The following points connect this anchor institution opportunity to our ‘Better Together’ strategy:

- Our Collaboration and Partnership strategic objective is explicit in seeking to work in partnership to “improve the health of our communities”.
- It is aligned to our values of compassion, inclusion and empowerment
- As an anchor institution, Royal Devon has the size and scale to be an effective and important partner to contribute its resources and existing connection with our communities to effectively tackle the wider determinants of health
- Over the longer term our ambition is that our activities and evidence-based interventions will reduce ill-health, the disease burden in the population and ultimately reduce demand and costs
- Our ‘Recovering for the Future’ strategic objective encompasses the requirement to report on and consider the ethnicity and deprivation levels

within our waiting list and develop elective recovery plans that address inequity.

Evidence shows that our clinicians are important influencers in people’s lives on issues such as alcohol intake, smoking, weight control and substance abuse

3. Analysis

3.1 The Board task and finish group on health inequalities

Following a Board discussion in August 2022 on health inequalities and population health management, led by Professor Sheena Asthana, Director of Plymouth Institute of Health & Care Research, a Board task and finish group was established.

The group met three times between November 2022 and March 2023.

The purpose of the task and finish group was to:

- consider the work underway already across the Trust and N&E Devon
- consider the role of RDUH as an anchor institution (in terms of purchasing power, provider of healthcare and major local employer) and identify priorities which could populate a workplan
- agree what the Board needed to receive to ensure awareness and assurance of the activities being undertaken.

The group also oversaw a plan to ensure that the Trust met its reporting requirements on waiting lists, analysed by ethnicity and deprivation; how it could better utilise the functionality of EPIC on health inequalities; examples of good practice on health inequalities in other Trusts/ICSs; how best to link in with primary care; and how to embed a focus on health inequalities in the Trust’s policies, business cases and service changes.

The group membership comprised of:

Role	Name
Deputy Chief Executive (Chair)	Chris Tidman
Director of Strategy	Katherine Allen
NED, RDUH	Carole Burgoyne
Associate Director of Policy & Partnership	Jeff Chinnock
NED, RDUH	Bridie Kent
NED, RDUH	Martin Marshall
Chief Nursing Officer	Carolyn Mills
Chief Clinical Information Officer	Chris Mulgrew
Primary Care representatives	Dr Megan Parkin & Dr James Squire

The outcomes of the task and finish group included:

Health Inequalities Data

Accessing and analysing data on health inequalities is crucial in ensuring appropriate interventions can be targeted and appropriate. While it was recognised that the Royal Devon BI capacity is stretched, the T&F group were made aware of the One Devon Dataset which will be coming online in the first half of 2023 which brings together acute, community, mental health, primary care and social care data.

We also already have access to several sources of deprivation data at ward/community level (local super output areas) which is used when working with partners and communities to agree priorities and evidence-based interventions.

The Health Inequalities waiting list report presented in Part B of this report was approved by the Task and Finish Group as enabling the Trust to meet its requirements under the NHS planning guidance: Trusts are asked to consider the impact of any elective recovery plans on pre-pandemic or pandemic related waiting list disparities in relation to deprivation and ethnic background.

EPIC capabilities and data quality

The group heard that EPIC has the capability to overlay IMD (Index of Multiple Deprivation) and mosaic data (a population segmentation tool) across patient populations i.e. waiting lists. In time this will enable us to see data on how many of our patients smoke, how many with co-morbidities also live in areas of deprivation etc.

This is work in progress and the group recognised that whilst we await the technology capability we should focus on ensuring our data entry was consistent and help people understand why it was important to capture this information.

The T&F group asked the communications team to ensure that health inequalities data (i.e. smoking, alcohol, co-morbidities etc) featured in the upcoming MyCare patient portal campaign and the planned data accuracy campaign.

Embedding health inequalities

The T&F Group considered various options for how the Trust's policies, service change and business cases could best consider the potential impact on health inequalities. There have been times when this impact information is required when submitting bids for national funding and we can expect this to increase.

The government's Health Inequalities Assessment Tool (HEAT) was considered to be too complex and burdensome and the group were updated on progress in developing an internal simplified assessment process that incorporates potential impact on health inequalities alongside consideration of the impact on people with protected characteristics coupled with support for colleagues to complete the assessment.

This tool and approach will be trialled.

Clinical prioritisation

As health inequalities continue to widen, the group discussed the need for an ethical framework behind consideration of clinically prioritising patients and our resources on the basis of health inequalities.

There are health outcome and financial evidence bases for pursuing this approach. Deprived communities experience an [inverse care law](#), which is the perverse occurrence where those who most need health care are the least likely to receive it. The evidence points to social and financial barriers to access as well as policy and funding priorities.

The evidence base around protected characteristics is also compelling, i.e. people with a learning disability experience worse outcomes.

Delayed or reduced care worsens outcomes meaning deprived communities tend to live longer in ill health, increasing the cost to the state of supporting their lives – through health, housing, income support and social care.

The extent to which broader considerations around deprivation status and the wider determinants of health should be considered as a component of clinical assessments and prioritisation was given to our CCIO to take forward to the Clinical Ethics Committee in due course.

Primary care

The group discussed the approach that primary care takes to Health Inequalities, the different incentives linked to QOF (Quality and Outcomes Framework) and the targeted approach taken by primary care to identify patients. It was agreed that a test of change to work on a joint project between acute and primary care in Castle Place would be of benefit and this would be taken forward by the strategy and partnerships team working with Castle Place.

The project aim was agreed to support patients to access virtual appointments through a designated confidential space in Castle Place/Tiverton hospital. It was also noted that currently there is no digital interface between the data held at primary care level and EPIC, although this was in development and scheduled for 2-3 years time.

3.2 Reporting to the Board

The group considered and agreed the information and data that should be provided to the Board on health inequalities. The group proposed that a report should be submitted to the Board twice a year and should include:

- an overview of how the Trust's services were contributing to tackling health inequalities
- an overview of the Trust's contribution to the wider partnership approach to tackling health inequalities
- the contribution the Trust can make to the wider determinants of health through its status as an anchor institution.

The group underlined the need to keep the report separate from the IPR for the time being and a clear link be made between the work undertaken on health inequalities and the corporate strategy and One Devon Integrated Care Strategy.

4. Recommendations

Having reviewed Part A and Part B the Board of Directors is asked to:

- Support the T&F Group's recommendation that it has fulfilled its purpose and terms of reference
- Support the recommendation that the Board receive a bi-annual report (Part B) on health inequalities waiting list data and partnership activities

Specifically, considering Annex A

- Consider the waiting list deprivation and ethnicity data and support the recommendation that the outpatient transformation programme be asked to explore reasons for the extended waits for those from the most deprived areas
- Support the recommendation that the Clinical Ethics Committee take a view on the extent to which health inequalities should be considered as an integral component of clinical assessments.

Specifically, considering Annex B

- Consider the proposal to provide a spotlight on one of the ongoing projects and project outcome reports to ensure the Board are informed of achievements and impact

Part B

Health Inequalities Board Report

1. Purpose of paper

The RDUH is required to meet reporting obligations on equitable elective recovery.

In developing the 'Better Together' strategy and the Collaboration and Partnership objective, the RDUH Board articulated its ambitions to work in partnership with the community to address health inequalities and collaborate to improve health and wellbeing.

Henceforth, this 'Health Inequalities' report will be presented to Board twice a year, a frequency agreed due to the long time-lag of health inequality impact on indicators.

2. Background

Health inequalities and elective recovery

A central part of restoring services following the pandemic has been to increase the scale and pace of NHS action to tackle healthcare inequalities both to protect those at greatest risk and provide more effective (clinically and financially) care.

The 2022/23 NHS national planning guidance set out commitments on preventing illness and tackling healthcare inequalities. Trusts are asked to consider the impact of any elective recovery plans on pre-pandemic or pandemic related waiting list disparities in relation to deprivation and ethnic background.

The guidance highlights and reiterates the five key priority areas and they are presented for assurance in this report in annex A and B as follows:

Annex A

The report contained in Annex A presents an analysis of the Trust's waiting lists by ethnicity and deprivation.

- Priority 1: Restoring NHS services inclusively where performance reports will be broken down by patient ethnicity and IMD quintile, focusing on unwarranted variation in referral rates and waiting lists for assessment diagnostic and treatment pathways, immunisation, screening and late cancer presentations.
- Priority 3: Ensuring datasets are complete and timely to continue to improve data collection on ethnicity, across primary care/outpatients/A&E/mental health/community services, specialised commissioning and secondary care Waiting List Minimum Datasets (WLMDS).

Annex B

The report contained in Annex B describes the partnership work currently underway aimed at achieving the ambitions within the Trust strategy.

- Priority 2: Mitigating against 'digital exclusion' by ensuring providers offer face to face care to patients who cannot use remote services; and ensuring more complete data collection, identifying who is accessing face to face/telephone/video consultations which is then broken down by patient age, ethnicity, IMD, disability status etc.
- Priority 4: Accelerating preventative programmes covering flu and Covid-19 vaccinations; annual health checks for people with severe mental illness (SMI) and learning disabilities; supporting the continuity of maternity carers and targeting long-term condition diagnosis and management.
- Priority 5: Strengthening leadership and accountability by supporting PCN, ICS and Provider health inequalities SROs to access training and wider support offers, including utilising the Health Inequalities Leadership Framework, developed by the NHS Confederation.

As more health inequality reporting requirements and activities develop at provider, Local Care Partnership and ICS level, this report will adjust to accommodate them.

For example, by April 2024, Local Maternity & Neonatal Systems will have aligned their Equality and Equality Action Plans with Integrated Care Systems health inequalities work and each Trust will report progress. Trusts will also be required to report progress against the Core 20+5 and the health inequality elements of the ICS integrated Care Strategy.

Annex A: Health Inequalities (HI) Board reporting: Summary

This report provides a summary of key data and information in relation to RDUH North and East for the following:

1. Restoring NHS services inclusively
2. DNAs in relation to ethnicity and deprivation

RDUH note to reader: The data is provided to RDUH by the NHS Devon BI team using the One Devon dataset. RDUH does not have sufficient BI capacity to be able to yet generate these reports.

IMD 1 is most deprived / IMD 5 is least deprived

Executive Summary

- On the basis of the data presented, there appear to be no significant concerns in relation to ethnicity and waiting times, with the caveat that the numbers concerned are very small.
- It appears that people from more deprived backgrounds are waiting longer in our Eastern and Northern services and that average waits lessen as deprivation decreases. The T&F Group recommend this is explored with individual services.
- The data shows that people waiting over a year in our Northern services are skewed towards the middle deciles. Further work and analysis is required to understand what is driving these differences.
- The data on digital exclusion needs further refinement to ascertain the difference between accessing the use of video technologies, phone and face to face.
- Further work is being done by the health inequalities team and system BI colleagues to understand the anomalies in ethnicity reporting in Northern services. The hypothesis, discussed by the task and finish group, is that this may be an issue linked to the timing of the roll out of EPIC.

Priority 1: Restoring NHS services inclusively (RDU East)

Are patients from Ethnic Minority groups or the most deprived areas waiting longer for their treatment/discharge from a waiting list at

Ethnicity	95 %ile	average	median	max	volume
	0	0.00	0.00	0	1
Asian or Asian British	58	17.65	8.00	88	20
Black or Black British	35	12.33	8.50	43	6
Mixed	53	20.71	11.00	61	7
Not stated	58	19.31	11.00	76	65
Other Ethnic Groups	39	12.06	8.50	46	18
White	72	20.59	10.00	294	2,203
Total	72	20.43	10.00	294	2,320

IMD Quintile	95 %ile	average	median	max	volume
	66	15.59	6.00	85	50
1	84	26.29	18.00	172	105
2	75	20.71	10.00	133	423
3	71	21.83	11.00	294	707
4	67	19.43	9.00	187	742
5	67	17.83	8.00	91	293
Total	72	20.43	10.00	294	2,320

RDU East compared to other patients? (Data from February 23)
 The data shows median and mean (average) waits shown in weeks waited. Median waiting times are generally shorter because the waiting lists are skewed towards a greater volume of patients waiting for putpatient appointments, where waiting times are typically less than elective inpatient or day case waits. It is for this reason that the 95% percentile is an important metric as it indicates the length of wait.

The table on the left shows that waits are not significantly different by ethnic group, although with such small numbers small changes in some ethnic groupings can lead to larger variations in mean waiting times.

The table on the right shows waits by the index of multiple deprivation (IMD) quintile. This shows a higher median and

mean waiting time for patients from areas of greater deprivation compared to patients from areas of lowest levels of deprivation:

- quintile 1, median 18 weeks, mean 26.29 weeks)
- quintile 5, median 8 weeks, mean 17.83 weeks)

Generally, average waits decrease as deprivation falls, which is also true of the 95% percentile waits.

T&F Group recommendation

Initial analysis suggests a link between longer waits experienced by those from the most deprived areas.

We would like to understand the factors which are resulting in this position, i.e. any process, health complexity or access issues.

Priority 1: Restoring NHS services inclusively (RDU North)

Are patients from the most deprived areas waiting longer for their treatment/discharge from a waiting list at RDU North compared to other patients? (Data from February 23)

Waiting time summary by IMD quintile

IMD Quintile	95 %ile	average	median	max	volume
	86	25.15	8.00	90	14
1	82	24.85	11.00	98	68
2	78	21.63	10.00	108	188
3	81	25.40	13.00	99	327
4	83	22.60	11.00	107	208
5	85	21.39	6.50	99	73
Total	81	23.55	11.00	108	878

North data for ethnicity is missing for February but a qualitative analysis is provided. Due to the very small numbers of patients from ethnic minorities

The table above shows that patients from areas of greater deprivation are waiting longer than patients from areas of the lowest level of deprivation

- quintile 1, median 72.5 weeks, mean 78.97 weeks
- quintile 5, median 63.0 weeks, mean 68.73 weeks.

The median length of wait and the 95th percentile increase as deprivation grows, although the mean wait is more mixed.

waiting over 52 weeks on the waiting list (less than 10) there is considerable variation in average waiting times and it is not possible to assess whether there are significant differences by ethnic group.

T&F Group recommendation

Whilst there is not such a stark comparison between IMD 1 & 5 in North, we would still like to understand the factors which are resulting in this position.

Priority 1: Restoring NHS services inclusively (North & East)

When looking at the longest wait patients (over 1 year from referral), are patients from the most deprived areas waiting longer for their treatment/discharge from a waiting list at RDUH compared to other patients? (Data from February 2023)

IMD Quintile	95 %ile	average	median	max	volume
	88	69.21	64.00	92	14
1	123	78.97	72.50	187	86
2	114	74.46	70.00	147	155
3	103	81.33	68.00	987	212
4	101	73.68	68.50	173	147
5	98	68.73	63.00	182	66
Total	110	76.37	68.00	987	680

The table above shows that patients from areas of greater deprivation are waiting longer than patients from areas of the lowest level of deprivation:

- quintile 1, median 72.5 weeks, mean 78.97 weeks
- quintile 5, median 63.0 weeks, mean 68.73 weeks.

The median length of wait and the 95th percentile increase as deprivation grows, although the mean wait is more mixed.

Due to very small numbers of patients from ethnic minorities waiting over 52 weeks on the waiting list (less than 10) they are not reported here as there is considerable variation in average waiting times and it is not possible to assess whether there are significant differences by ethnic group. However, White British patients have a slightly higher mean wait and whilst the 95th percentile waits are fairly consistent across ethnic groups White British again sees a slightly higher wait.

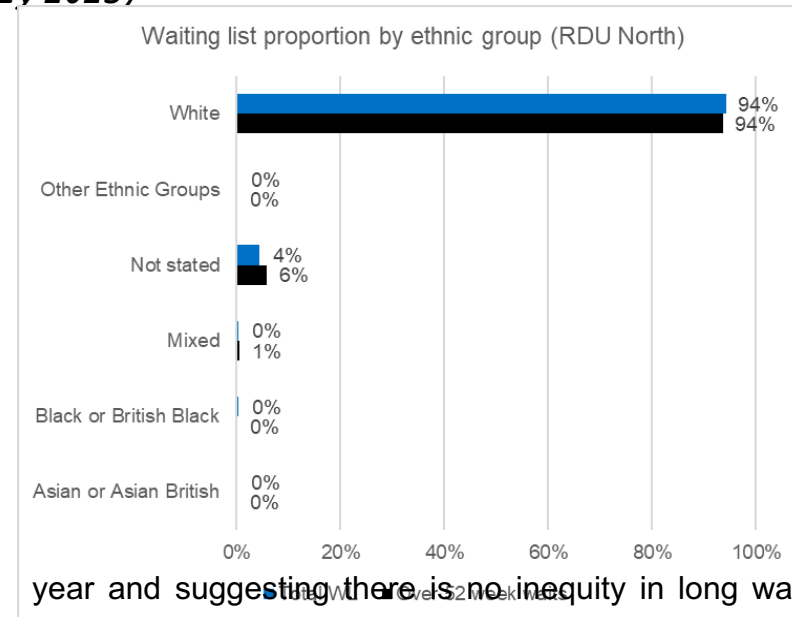
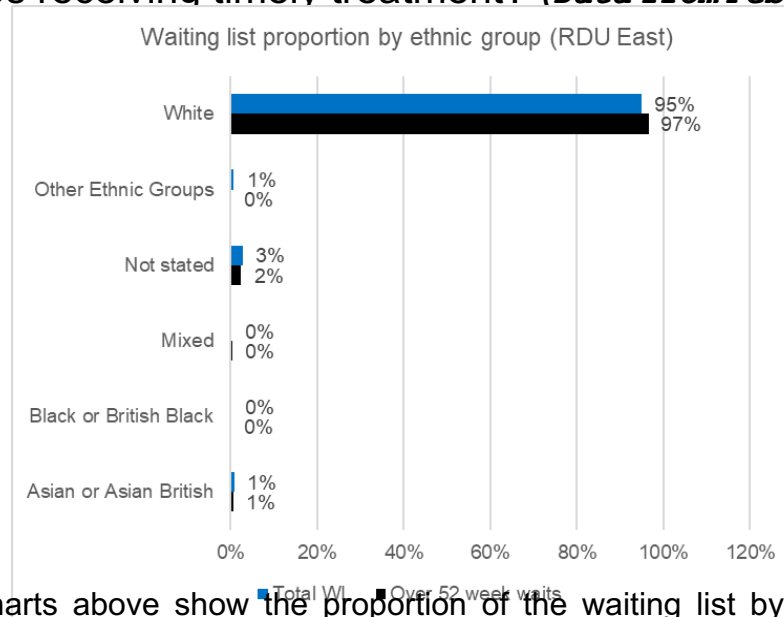
T&F Group recommendation

This table reaffirms there is a link between deprivation and time spent on a waiting list.

As a member of the ICS Health Inequalities programme, the Trust will suggest that we collate a Devon dataset for ethnicity to create a larger sample size.

Priority 1: Restoring NHS services inclusively (ethnicity) (North & East)

Are there a higher proportion of Ethnic Minority or IMD 1-2 patients within the long waiting (52+ week) portion of our waiting list compared to the overall waiting list which might suggest issues with these groups receiving timely treatment? *(Data from February 2023)*



The charts above show the proportion of the waiting list by ethnic group for both the total waiting list and for over 1 year waits for RDU East and RDU North.

There is very little difference for any ethnic group, showing that long waits generally follow the same pattern as waits under 1

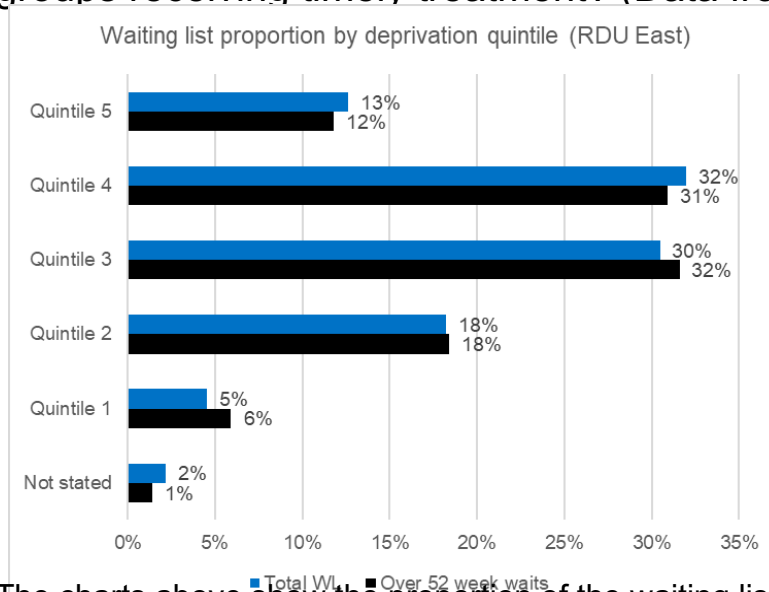
year and suggesting there is no inequity in long waits when viewed by ethnicity.

T&F Group recommendation

As a member of the ICS Health Inequalities programme, the Trust will suggest that we collate a Devon dataset for ethnicity to create a larger sample size.

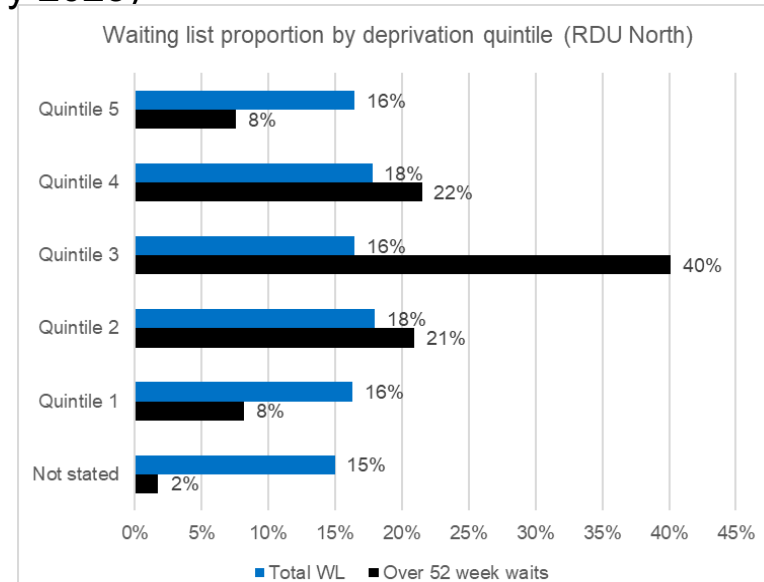
Priority 1: Restoring NHS services inclusively (deprivation) (North & East)

Are there a higher proportion of Ethnic Minority or IMD 1-2 patients within the long waiting (52+ week) portion of our waiting list compared to the overall waiting list which might suggest issues with these groups receiving timely treatment? (Data from February 2023)



The charts above show the proportion of the waiting list by deprivation quintile for both the total waiting list and for over 1 year waits.

For RDUH East, when compared to the total waiting list, patients from the highest area of deprivation (quintile 1) are very slightly more likely to be waiting over 1 year. However, this is not statistically significant and all quintiles are showing similar proportions for the total waiting list and over 1 year waits.



For RDUH North the over 52 week waits are skewed more towards patients from the middle deprivation quintiles, with those in the lowest and highest bands seeing proportionally less long waits.

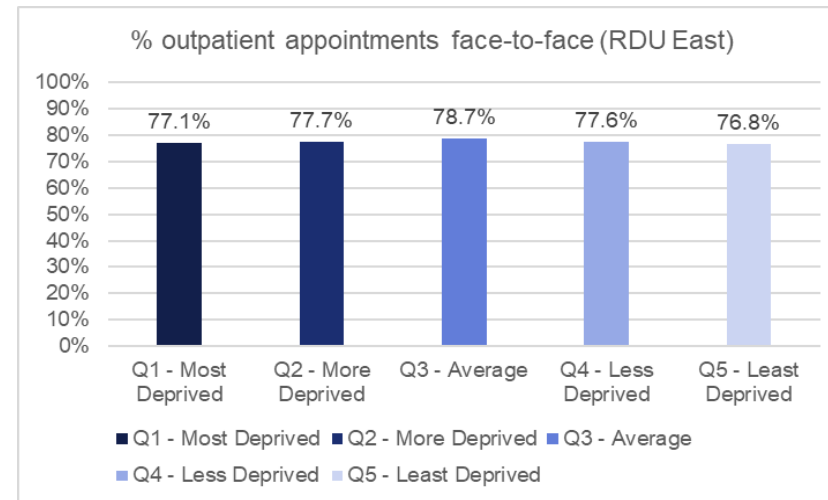
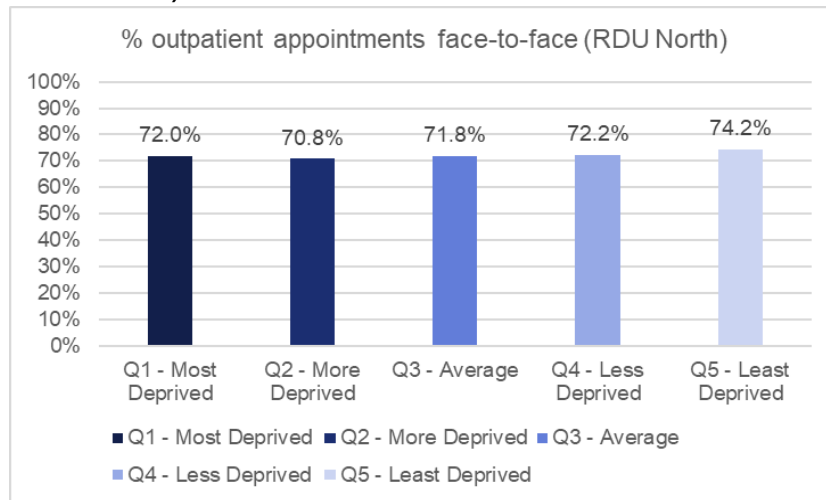
T&F Group recommendation

We were unable to draw any immediate inference from this data. Recommend keeping under review and within the wider health Inequalities elective recovery programme.

Priority 2: Mitigating against 'digital exclusion' (deprivation)

“Ensuring providers offer face to face care to patients who cannot use remote services; and ensure more complete data collection, to identify who is accessing face to face/telephone/video consultations is broken down by patient age, ethnicity, IMD, disability status etc”

Are Ethnic Minority groups or patients from the most deprived backgrounds less likely to be seen using a non face-to-face (F2F) i.e. digital method for their outpatient appointment? (Data is rolling 12 months to 30th Nov 22)



East there is

When looking across deprivation deciles those from most deprived backgrounds (quintiles 1 and 2) are just as likely to receive their outpatient appointment via digital means than those in less deprived backgrounds (quintiles 4 and 5).

For RDU North the highest level of face-to-face appointments are for patients in the least deprived quintile, whilst for RDU

a slightly more even spread through the quintiles and a higher proportion of face-to-face appointments overall.

T&F Group recommendation

The data on digital exclusion needs further refinement to ascertain the difference between accessing via video technologies, phone and face to face and deprivation.

Priority 3: Ensuring datasets are complete and timely

“To continue to improve data collection on ethnicity, across primary care/outpatients/A&E/mental health/community services, specialised commissioning and secondary care Waiting List Minimum Dataset (WLMDS).”

How well do we capture ethnicity for the population of patients on our RTT incomplete pathways waiting list? (RTT data February 23, activity datasets March 22)

RDUH North:
1.59% of patients on our RTT waiting list do not have a deprivation quintile recorded (14 patients), whilst 4.44% are recorded as ‘no stated ethnicity’ (39 patients).

Looking at main activity datasets, 4.6% have no ethnicity recorded in the emergency care dataset (EDCS), with equivalent figures of 9.2% for inpatient SUS data and 13.3% for outpatients. These are all comparatively high numbers compared to other local providers and the national position, and do not include records where ethnicity is recorded as ‘not stated’ which adds a further 6% for inpatient records and 8% for outpatients.

T&F Group recommendation

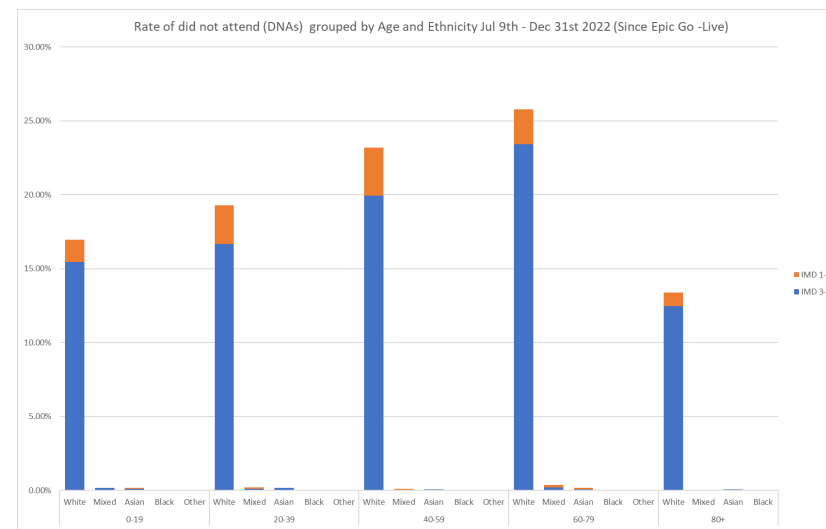
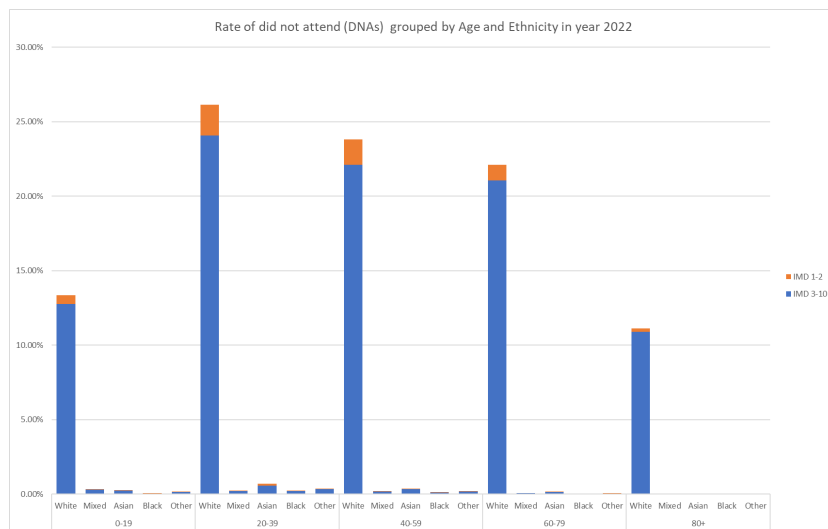
Given the small sample size on ethnicity (as well as other data points in the care record such as smoking status) the T&F Group requested that staff be made aware of the importance of capturing deprivation data entry and include it in the forthcoming EPIC training and data campaigns.

Priority 3: Did Not Attend (North and East)

RDUH East:
2.16% of patients on our RTT waiting list do not have a deprivation quintile recorded (50 patients), whilst 2.80% are recorded as ‘no stated ethnicity’ (65 patients).

Looking at main activity datasets, 1.9% have no ethnicity recorded in the emergency care dataset (EDCS), with equivalent figures of 3.0% for inpatient SUS data and 0% for outpatients. These figures are generally similar to the national position but do not include records where ethnicity is recorded as ‘not stated’ which adds a further 1% for inpatient records and 6% for outpatients.

DNAs have an enormous impact on the healthcare system in terms of increasing both costs and waiting times. The two most commonly cited reasons for DNAs are patients forgetting and clerical errors or communication failures, which mean that the patient was unaware of the appointment. There is also a link between DNA rate and socio-demographic factors; ethnicity and relative deprivation of population.



T&F Group recommendation

This data was difficult to interpret as the ethnicity numbers are so small. There appears a stronger link between age and DNA rather than deprivation or ethnicity. For this reason we suggest that we reduce the reporting frame to deprivation and ask the OPD transformation programme to include a consideration of deprivation within its existing DNA workplan.

Executive Summary

The Task and Finish Group recognised that it currently has only partial visibility of the work undertaken by the Trust on health inequalities and that this needed to be addressed.

Annex B sets out an overview of the health inequalities work planned or underway, grouped into three sections:

- Leading multi-agency action level to address the social determinants of health.
- Tackling inequalities in healthcare provision.
- Harnessing the power of the NHS as a significant local actor.

To develop a growing Board-level awareness of the health inequality and partnership activities at ICS, LCP and place level, it is proposed that the bi-annual report contains a summary of outcomes and progress achieved.

The Policy & Partnerships is a new team within the strategy directorate that exists to help deliver one of the organisation’s key strategic objectives on collaboration and partnerships (“We will work in partnership to improve the health of our communities”), as well as contribute to the delivery of other strategic objectives.

To support the Trust achieve the ambitions set out in the ‘Better Together’ strategy, the scope of the team’s work includes:

- Developing partnerships between providers, primary care, local government, wider public services, the voluntary sector and citizens

to achieve positive outcomes.

Developing place-based partnerships which are fundamental to addressing health and wellbeing, upstreaming prevention and tackling health inequalities.

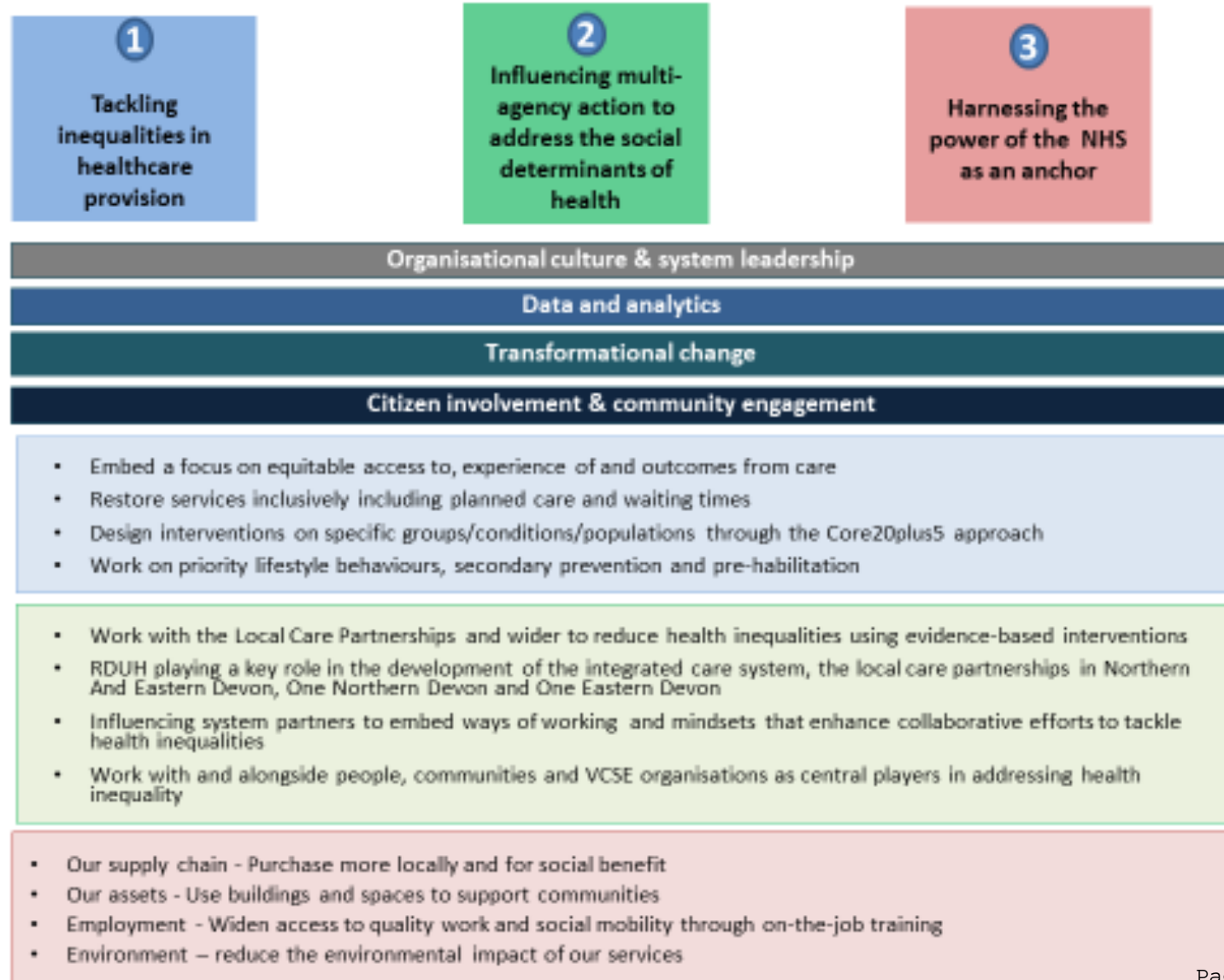
- Addressing health inequalities with our partners, as a provider and anchor institution with evidence-based practice.
- Engaging with communities and voluntary sector organisations to help build community strengths, assets and resilience.
- Synthesising the organisation’s overarching strategy, helping to align the support strategies and analysing key national and regional policy developments

Roles and responsibilities

Chris Tidman	SRO
Katherine Allen	OND Board Member, supervision of work programmes, LCP North Executive attendee
Jeff Chinnock	ELF committee member, Vice Chair of Eastern LCP leadership group; Eastern rep on the ICP
Andrea Beacham	Partnerships Manager North, supervision of OND work programme; Northern rep on the ICP
Lynne Palmer-Mann	Partnerships Manager East, supervision and delivery of ICS-wide Health inequality programmes, i.e. smoking cessation
Grant-funded project managers	External funding is supporting a significant proportion of the projects. The majority of these resources are all managed by the RDUH team.

RDUH Health Inequalities framework

Our work on health inequalities is grouped under three central themes based on the NHSE approach:



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Tackling inequalities in healthcare provision **RDUH Health Inequalities work plan**

Tackling the relative disparities in access to services, patient experience and healthcare outcomes	<ol style="list-style-type: none"> 1. Based on data analytics, put in place a programme to rectify any differences in selected specialties on access and outcomes 2. Analyse patient experience feedback in relation to health inequities data and take remedial actions 3. Work to ensure that planned care and epic roll out promotes digital inclusion for all 4. Analyse uptake of face to face and digital services by protected characteristics and IMD 5. Strengthen links with other local work on digital inclusion in communities 	
Focusing interventions on specific groups/conditions through the Core20plus5 approach	<ol style="list-style-type: none"> 1. Identify interventions in relation to one of the 5 clinical focus areas with clinicians and implement 2. Work with partners to implement core 20+ connectors in x communities 3. Ensure that the Trust continues to contribute to system work on rough sleepers/homelessness 	
Addressing key lifestyle issues	<ol style="list-style-type: none"> 1. Seek to reduce tobacco dependency among inpatients and mothers to be 2. Develop a programme of work to better support secondary prevention in identified specialties 3. Work with existing alcohol services to ensure HI is embedded 4. Support people from deprived communities seek improved cardiac treatment via virtual wards/remote monitoring 	
Restoring services inclusively	<ol style="list-style-type: none"> 1. Report on our waiting lists based on ethnicity and deprivation in line with national guidance and take any remedial action 2. Ensure that all patients on waiting lists are supported appropriately no matter what their background 3. Seek to understand the link between DNAS and seek to provide support to improve attendance 4. Engage senior clinical leaders on how HI issues can be included in clinical decision making 	
Ensuring that health inequalities are considered in service change, projects and policies	<ol style="list-style-type: none"> 1. Work with partners to identify most appropriate means of embedding health inequalities assessments in policies, projects and service change 	

Influencing multi-agency action level to address the social determinants of health

	System change		Place		Person	
North	<ol style="list-style-type: none"> 1. Health equity strategy 2. Core 20 Plus Connector 3. Healthy Ageing Northern Devon 4. NLCP development 5. Poverty Truth Commission 	 	<ol style="list-style-type: none"> 1. One Communities 		<ol style="list-style-type: none"> 1. Healthy Weight & Physical Activity 2. Tackling fuel poverty together 3. High Flow/primary care flow/mental health flow/secondary care flow 	
East	<ol style="list-style-type: none"> 1. VCSE engagement 2. ELCP demonstrator project on ageing 3. ELCP community development 	 	<ol style="list-style-type: none"> 1. Prevention priorities 2. Community development at neighbourhood level 	 	<ol style="list-style-type: none"> 1. Frequent attenders project 2. Social prescribing in ED** 	

Harnessing the power of the NHS as a significant local actor

Addressing the wider determinants of health by leveraging our status as an anchor institution	<ol style="list-style-type: none"> 1. Cost of living crisis 2. Widen access to quality work 3. Use purchasing power to support local economic development and social value 4. Use estates to better support communities' and VCSE 5. Influence local planning issues 6. Wellbeing at Work (Northern Devon only) 7. Supporting the Trust's sustainability plan 	
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T&F Group recommendation

The T&F Group were interested and assured at the structure being applied to the Health Inequalities work and the volume of projects underway with partners. It was also acknowledged that, as an anchor institution, the RDUH is contributing significant resource via the Policy and Partnership team.

The projects in the (green) category of ‘multi-agency action’ are also included in the emerging LCP workplans so there is complete overlap.

The Group recommends that the Board receives a summary of progress and successes in every bi-annual Health Inequalities report. Where appropriate and possible, a patient story will accompany the report.

Progress and successes – March 2023

This section contains updates or significant progress achieved in tackling health inequalities from working in partnership.

One Northern Devon/Northern Local Care Partnership and the Eastern Local Care Partnership

The Northern LCP (NLCP) brings together partners from across health and care in Northern Devon. The NLCP has the benefit of being able to build on the work of the already well established partnership - One Northern Devon (OND). OND was founded in 2008 and is a coalition of willing partners across health, education, government, elected members, business, voluntary sector and charity. NDHT was a founding partner and provides the majority of the administration and project support, including management accounts. OND has three programmes of work that sit under the One Northern Devon partnership – Person, Place & System.

The Person programme aims to enable the delivery of person-centred services and OND has developed a ‘Flow’ approach that it is rolling out pilots, where funding allows, in all parts of the H&SC system – emergency services, community mental health, primary care, secondary care.

The Place programme focusses on working in a place-based way with and in communities. There are 7 'One Communities' in each of the towns in Northern Devon.

The System programme is about co-ordinating collaborative work across system partners, including but wider than health and social care, into the service providers that work in the wider determinants of health (H&SC plus councils, housing associations, education, police, leisure providers, DWP etc).

The Eastern LCP has been in existence since July 2022 and in shadow form for around 12 months prior to this. Unlike the NLCP, there was no pre-existing pan-locality partnership infrastructure in place so the emphasis has been on developing relationships, engaging more strategically with the VCSE sector, and on improving urgent care flow - this is reflected in the work undertaken over the last six months.

The Policy & Partnerships team will lead and coordinate the Trust's engagement with the Local Care Partnerships in North and East and will also continue to play a key role in coordinating the One Northern Devon partnership.

