Royal Devon University Healthcare NHS Foundation Trust

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

At 09:30 on Wednesday 28 June 2023
Exeter College Future Skills Centre, Exeter Airport Industrial Estate, EX5 2LJ

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**	Melanie Holley, Director of Governance	Information	09:33 2
4.	**Matters to be discussed in the confidential Board**	Shan Morgan, Chair	Noting	09:35 2
5.	**Minutes of the Meeting of the Board held 31 May 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 (Paper)	10:07 15
9.	**Performance**			
9.1	**Community Deep Dive**	John Palmer, Chief Operating Officer Zoe Harris, Divisional Director Community Services Anthony Hemsley, Medical Director, Eastern Services	Information (Paper)	10:22 30
9.2	**Integrated Performance Report**	John Palmer, Chief Operating Officer	Information (Paper)	10:52 45
	COMFORT BREAK			11:37 10
10.	**Assurance**			
10.1	**Condition FT4 (Corporate Governance Statement**	Chris Tidman, Deputy Chief Executive	Approval (Paper)	11:47 5
10.2	**Audit Committee**	Alastair Matthews, Non-Executive Director & Committee Chair	Information (Paper)	11:52 5
10.3	**Finance and Operational Committee**	Steve Kirby, Non-Executive Director & Committee Chair	Information (Paper)	11:57 15

10.4	**Governance Committee**	Tony Neal, Non-Executive Director & Committee Chair	Information (Paper)	12:12 5
10.5	**Our Future Hospital Programme Board**	Steve Kirby, Non-Executive Director & Committee Chair	Information (Paper)	12:17 5
10.6	**Board Schedule of Reports –**	Melanie Holley, Director of Corporate Governance	Approval (Paper)	12:22 2
11.	**Information**			12:24
11.1	**Items for Escalation to the Board Assurance Framework**	Shan Morgan, Chair	Discussion (Verbal)	12:24 1
12.	**Any Other Business**			12:25
	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.			
13.	**Date of Next Meeting:** The next meeting of the Board of Directors will be held at 09:30 on Wednesday 26 July 2023.			
14.	The Chair will propose that, under the provisions of section 1(2) of the Admission to Public Meetings Act 1960, the public and press should be excluded from the meeting on the grounds of the confidential nature of the business to be discussed.			

Meeting close at 12:35

Royal Devon University Healthcare NHS Foundation Trust

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

Wednesday 31 May 2023
Exeter College Future Skills Centre, Exeter Airport Industrial Estate, EX5 2LJ/via MS Teams

MINUTES

PRESENT	Mrs H Brazier	Director of Operations, Northern Services (Deputy)
	Mrs C Burgoyne	Non-Executive Director
	Dr K Davies	Medical Director, Northern Services (Deputy)
	Mrs H Foster	Chief People Officer
	Mrs A Hibbard	Chief Financial Officer
	Professor B Kent	Non-Executive Director
	Mr S Kirby	Non-Executive Director
	Professor M Marshall	Non-Executive Director
	Mr A Matthews	Non-Executive Director
	Mrs C Mills	Chief Nursing Officer
	Dame S Morgan	Chair
	Mr T Neal	Non-Executive Director
	Mr C Tidman	Deputy Chief Executive Officer
APOLOGIES:	Professor A Harris	Chief Medical Officer
	Mr J Palmer	Chief Operating Officer
	Mrs S Tracey	Chief Executive Officer
IN ATTENDANCE:	Ms G Garnett-Frizelle	PA to Chair (for minutes)
	Mrs M Holley	Director of Governance

		ACTION
070.23	**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. She asked members of the public to only use the 'chat' function in MS Teams at the end to ask any questions which should be focussed on the agenda and reminded everyone that the meeting was being recorded via MS Teams. Ms Morgan thanked all the Governors attending, both in person and via Teams. **The Chair's remarks were noted.**	
071.23	**APOLOGIES**	
	Apologies were noted for Professor Harris, Mr Palmer and Mrs Tracey.	
072.23	**DECLARATIONS OF INTEREST**	
	Mrs Holley advised that a new declaration had been received for Mrs Mills, who had been invited to become a member of the Devon System Recovery Board. **The Board of Directors noted the new declaration by Mrs Mills.**	

073.23	**MATTERS DISCUSSED TO BE DISCUSSED IN THE CONFIDENTIAL MEETING**	
	The Chair noted that the Board would receive at its confidential meeting a presentation from the Chair of the ICS on the Devon 5 Year Joint Forward Plan, a discussion with the Director of Integrated Adult Social care, Devon County Council on social care pressures, a discussion on the improvement plan, an update on the Peninsula Acute Services work, the Annual Remuneration Committee report for 2022-23 and an NHSE mandated return for the Trust. In addition, the Chair advised that in future all items would be presented at the public Board unless there was a significant reason for them to be presented confidentially.	
074.23	**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 26 APRIL 2023**	
	The minutes of the meeting held on 26 April 2023 were considered and approved subject to the following amendments: Minute number 058.23, page 4 of 17, final paragraph amend to ".. and whether the processes could be changed to remove the ~~efficiencies~~ inefficiencies." Minute number 060.23, page 9 of 17, third paragraph amend to ".. but the system could bid for additional funding through the Section 106 process from the local authority" Minute 060.23, page 10 of 17, first paragraph, action to be added to the action tracker for the Board to discuss further at a future Board meeting expected/acceptable staffing levels and vacancy rates to understand and agree. Minute 062.23, page 13 of 17, penultimate paragraph amend to ""Mrs Mills agreed with previous points about momentum and counselled about delaying too long as this could create ~~more~~ challenges with clinical engagement." Minute 062.23, page 13 of 17, final paragraph to read "Mrs Foster commented that the System Workforce Plan was working to a different timeline to the Trust and the Trust was developing a Workforce Plan that would have trajectories and turnover to support the Clinical Strategy." Minute number 063.23, page 14 of 17, paragraph to be amended to reflect that the Torbay and South Devon NHS Foundation Trust EPIC proposal is subject to their Board decision and procurement process.	
075.23	**MATTERS ARISING AND BOARD ACTION SUMMARY CHECK**	
	The Board of Directors noted and agreed the updates to actions. No further updates were advised. **The Board of Directors noted the updates.**	
076.23	**CHIEF EXECUTIVE OFFICER'S REPORT**	
	Mr Tidman provided the following updates to the Board.	

National Update

- The Trust had received an update on the New Hospital Programme the previous week, welcomed the ongoing commitment to North Devon District Hospital (NDDH) and would work with the programme team to establish when and how the scheme could be progressed. A commitment to early investment to rebuild staff accommodation at NDDH was noted which will support the Trust's ambition to be a great place to work and help with recruitment and retention. A letter was expected within the next week regarding next steps.
- There had been continued focus on reducing waiting times and Devon continued to benefit from the targeted support for systems in Tier 1. The Trust had been asked to be one of 12 national pilot sites to go faster and further using GIRFT methodology. All Trusts had been asked to comply with a best practice administrative checklist which would need sign off by Boards.
- Focus had also continued on reducing ambulance handover delays and Category 2 response times, again with targeted support for systems with the greatest challenges, of which Devon was also one.
- The pay dispute had continued with some professions and the Trust had continued the work to plan and prepare for periods of ongoing industrial action, the latest of which would be the junior doctors strike planned for 14 – 16 June 2023. The settlement for staff on Agenda for Change contracts was due to be paid to staff in arrears in June.
- It was expected that the National Workforce Strategy would be released over the coming weeks.
- NHS England wrote to organisations in May 2023 to officially move the NHS from Covid response to recovery and reducing the national incident level from 4 to 3.

System Issues

- Part of the System recovery plan is accelerating the move towards greater uptake of shared service models across Devon for corporate services which would lead to greater efficiency, but would inevitably lead to concerns amongst affected staff groups. The Trust was committed to being open and transparent regarding the process and the timescales for this.
- The Devon ICS had released its Joint 5 Year Forward Plan which represented a significant move towards a different way of working in the system. Plans from different sectors within health and care had been brought together for the first time in response to the One Devon Integrated Care Strategy.
- Work was continuing on the Peninsula Acute Sustainability Programme, with clinicians working together to develop the future model of healthcare services focussing on medicine, surgery and paediatrics, as well as some fragile services. This work was also looking at how digital healthcare can better support people in their own homes or in remote areas. Good progress was being made, with a shared commitment for change, however careful planning was essential to ensure that all the options would be tested for deliverability.
- The System Chief Executive, Jane Milligan, had recently announced her retirement later this year and plans had started to ensure a smooth transition for her successor in the role.

Local issues

- The Care Quality Commission (CQC) had published their report following the short notice unannounced inspection of the Trust's diagnostic imaging, surgical and medical services at both sites in late 2022, which was in response to the Trust reporting 16 Never Events, as previously reported to and reviewed by the

Board. Diagnostics had been rated as good at both sites, however medicine and surgery were rated as requires improvement in both Northern and Eastern services. Whilst this is disappointing, it was noted that the majority of the issues raised in the report were already known with actions in hand to address them. Overall it was agreed that the report was a fair reflection of the challenges faced by the Trust and teams at the time of the inspection. The report also included positive feedback on patients being treated with kindness and compassion, staff feeling empowered to raise concerns and positive team working, as well as patients being treated according to their needs. The Trust welcomed the feedback and the opportunity to learn and improve.

- The CQC had also undertaken a separate Well-Led inspection in early May looking at the leadership and governance of the organisation. The final report has not yet been received, however the CQC had provided some early feedback; that they saw a cohesive leadership team who worked well together, an open and transparent approach to risks, concerns and issues and a consistent patient-centred approach. There were areas identified for improvement, including the need to continue to embed the work already undertaken on Equality, Diversity and Inclusion. The final report was expected in late June and the Trust should receive its overall rating at that point.
- Selaine Saxby, MP for North Devon, visited the new permanent discharge lounge, the Coronation Suite, at NDDH on 19 May which she shared very positive feedback about. It is hoped that the Coronation Suite will receive its first patients during June 2023.
- The President of the Royal College of Surgeons recently visited Northern surgical services where the clinical excellence being delivered despite the constraints of the current infrastructure was showcased, as well as future plans.
- The Nightingale Hospital had recently undertaken its 1000th hip and knee operation.
- The Trust was beginning to see real benefits from the Workforce Strategy in reducing vacancies and staff turnover.
- One of the Trust's leading diabetes research nurses, Professor Maggie Shepherd had won the prestigious Aster Guardians Global Nursing international award for her work on transforming diabetes care from a field of over 50,000 applicants for the award. This highlighted the strength of the organisation's relationship with the University of Exeter.

Ms Morgan agreed that the Board saw the CQC reports as a focus for action to improve and a session had been set aside to look at the key messages at the next Board Development Day. She added that there was a programme of work in hand to follow-up the outcomes from the reports.

Professor Marshall noted the update about the New Hospital Programme (ND) and said that he had not seen any detail about investment in clinical services over the next seven years. Mr Tidman responded that more would be known on the detail once the letter had been received, but he could give assurances on the rebuild of staff accommodation and that the Trust would be given a lot of support and access to resources to build its business case for clinical services. He believed that, based on what had been said already, the Trust would be able to start building at the latest by 2030, but there was a concern about what could be done in the interim to mitigate risks of the existing estate and that the delay did not become a block to recruiting and retaining staff.

	Professor Marshall asked if there was any indication of whether a consultant strike and how that would be managed. Mrs Foster said that there were indications that the ballot for strike action could be a very close result but it was too early to say whether there would be industrial action. She added that the Trust had handled previous periods of industrial action, for example by junior doctors, well and there was a plan in place to follow-up on lessons learned and best practice at a future Board Development Day. Mr Kirby asked for further detail on how the Trust would be involved in shaping shared services and Mrs Hibbard advised that each of the shared services workstreams had a Senior Responsible Officer within the system with the outputs from this work presented at the weekly Finance and Planning meetings, which are attended by all System Chief Finance Officers and Chief Operating Officers. It is also fed into other relevant workstreams, such as that for HR. The options that would come out of this work would need system-wide as well as organisational approvals, so the Board would have sight of proposals as they developed. Governance around the shared services would need to be a partnership model, with each organisation having sight of the direction of travel of services shared across Devon. The approach aimed to take all organisations to a better position, with better processes and technology. Mr Neal asked if thought had been given to how shared back office services would be managed against integration of those services internally. Mrs Hibbard responded that the Trust needed to deliver the benefits of bringing together its own Corporate Support services as set out in the merger business case and then there would be additionality that could be delivered through bringing services together across Devon. **The Board of Directors noted the Chief Executive's update.**	
077.23	**INTEGRATED PERFORMANCE REPORT**	
	Mr Tidman presented the Integrated Performance Report (IPR) for activity and performance for April 2023 noting the following key points: • April performance was heavily influenced by industrial action by junior doctors immediately following the Easter break and by the nursing staff at the end of the month. • This did have an impact on the momentum of reducing long waits, but this had picked up again during May. • There was an improvement in urgent and emergency care performance, due to decision makers being at the front door and learning will be taken from this. • There was a sustained reduction in ambulance handover delays on both sites, as well as provision of continued system support to neighbouring Trusts. • The staffing position had continued to improve. • It was noted that as it was Month 1 of the new financial year, there were no financial results to report. Ms Morgan thanked Mr Tidman and said that she was grateful for the work that had gone into reshaping the IPR, noting that it was however still a very dense document and suggesting that there might be further steps that could be taken to make it more accessible. Ms Morgan noted that greater detail was now provided on ambulance diverts and the number of bed days that flowed from these diverts, which was helpful.	

	Professor Kent noted the increasing waiting list for cancer services and, mindful of the potential impact of further industrial action on this, asked if there were plans in place to address this. Mr Tidman said that there was a focussed governance and recovery plan in place and the team was working closely with the regional team on how the Trust could improve monitoring and data quality, and looking at more innovative ways of speeding up diagnostics. Whilst there had been improvements in diagnostics, there was also a significant increase in demand. Mrs Brazier added that the proportion of two-week wait referrals was increasing at a different rate to the routine or urgent referrals and this was being looked into. Mr Tidman added that cancer waits were protected as much as possible during periods of industrial action. Professor Kent asked whether there was a case in Northern Devon to look at the current size of the Emergency Department (ED), perhaps as part of the new hospitals programme, given the increases in attendances noted or were there different models that could be explored across Northern services. Mrs Brazier responded that there had been a sustained increase in attendances and ambulance arrivals noted and agreed that other models could be looked at. She added that there was a great deal of work being done across Devon to inform people about the right place to go to access the right service. Professor Kent asked whether data from other coastal areas had been looked at and Mrs Brazier said that it had not, but agreed this was a good suggestion. **Action.** Mr Tidman added that it was important to bear in mind the pressures of exit block and their impact on flow as well. Professor Marshall asked how the Trust compared to others in terms of sickness absence due to stress and Mrs Foster responded that this category did not relate to only work-related stress. She was uncertain how this category broke down in terms of work-related versus other stress/mental health conditions and agreed to look at this. **Action.** Professor Marshall noted the good progress on No Criteria to Reside (NCTR) and asked if patients were being followed up and Mrs Brazier responded that most of these patients would be under the care of health and care teams in the community and would be receiving support. Mr Tidman said that readmission rates over time would be reviewed. Mr Neal suggested that a piece of work should be commissioned through the Governance Committee on this. **Action.** Professor Marshall noted that there was little data specifically related to community services in the IPR and asked if there was a plan to increase this. Mr Tidman advised that a deep dive on community services was planned for the June Board and this would provide an opportunity for the Board to agree what data would be helpful to see relating to community. Professor Marshall asked what proportion of total activity ambulance diverts represented and Mr Tidman said that this was a very small proportion, however patients admitted from out of area tended to stay longer and there was therefore a cumulative effect of taking up bed capacity and the unpredictability was also an issue, as it cut across planning. Mr Kirby asked whether the Trust would be paid for the additional activity from diverts. Mrs Hibbard advised that discussions were ongoing regarding this, although the principle was accepted that the money should follow the patient.	

Mr Kirby asked whether NCTR was on trajectory to get the reduction per month needed to get to 5%. Mr Tidman said that some of this was within the Trust's control and Community Teams were looking at best practice across North and East, with a plan in place to improve interfaces. However, the staffing position in social care would be the greatest determinant and there was greater confidence in the plan for the year for Social Care to award more longer care contracts. He added that he would like to see two to three months of continued improvement before the Board could be more assured that the trajectory could be met.

Ms Morgan asked for an update on funding of support for discharge and social care and was informed that clarity was being sought on the main hospital discharge fund as well as other funding streams that could be drawn on to support the infrastructure for health and social care teams. A letter had recently been sent to Devon County Council (DCC) and the ICB asking for clarity on every funding stream and an update on this would be included in the IPR for June Board. **Action.** Mr Tidman added that there was an agreement in principle for £16m for a hospital discharge fund which awaited DCC Cabinet approval.

Mr Kirby noted that new outpatient attendances appeared low and whilst he understood that industrial action may have contributed to this, he asked if there were other factors. Mrs Brazier responded that industrial action had significantly impacted this as consultants had been pulled out of planned care to cover during the junior doctors' strike. She added that although there were early signs of this starting to recover during May, it was expected it would be further impacted during the next period of industrial action in June. Mrs Hibbard noted that guidance was awaited on how trajectories would be amended to take account of industrial action.

Mr Matthews asked whether there was confidence that the Trust could continue with the level of insourcing and outsourcing in place. Mrs Hibbard responded that discussions were ongoing. Funding was available to continue until June and the risk of continuing beyond that time needed to be understood. There were two elements to this; the first was agency theatre staffing to cover the period until overseas recruits are in place and the second was insourcing to drive additional activity. Both would attract ERF tariff and it would be important to understand whether enough could be earned locally to make that decision and this would be discussed at the Finance and Operational Committee. Mr Tidman said that there was more assurance in the system that there was more grip and control on finance, but less confidence around grip on performance.

Mr Matthews asked for clarification of what was meant by risks to safety in relation to diversion of ambulance outside of protocol. Mr Tidman said that there were strict exclusion criteria when ambulances were diverted and the risk related to patients being diverted inappropriately and having to be returned to another Trust to receive the treatment needed.

Mr Neal asked for clarification of the risk on the scorecard "Devon ICT/Cyber Fragility" and was advised that this would be followed up with Mr Palmer. **Action.**

Mr Neal asked whether any further changes were planned for the maternity dashboard and Mrs Mills responded that the national guidance was reviewed for advice on what the key issues were to be included for the Board, but agreed that she would look at what else might be included to provide more depth. **Action.**

	Mrs Burgoyne asked if the holiday season was factored in as it had a major impact on all hospitals. Mrs Brazier responded that during the summer months there was an increase in minor injuries seen with visitors to the area, but this did not have a major impact on emergency admission rates. Mrs Burgoyne noted that an average of three patients were going through the current North Devon discharge lounge and asked what was being done to increase that number and thereby help flow. Mrs Brazier said that the discharge lounge only had capacity for four chairs, which limited the number of patients who could go through it but efforts were made to maximise its use as much as possible. Mrs Burgoyne noted the issues identified in the report relating to increased presentation of patients with mental health problems and asked if different models were being looked at to help manage this. Mr Tidman responded that Mr Palmer was working closely with colleagues at Devon Partnership Trust (DPT) and Mr Tidman had met with the Chief Executive of DPT where they had discussed amongst other issues, jointly making a case for investment for place of safety and inpatient beds. He added that there was an Executive led Task and Finish Group working across North and East with some good action plans being developed. Dr Davies added that this was an issue that was being discussed, including looking at what measures were available to keep people safe. Mrs Burgoyne suggested that this could also be part of the community response in terms of preventing people presenting. Mr Tidman agreed to take this point away for consideration. **Action.** Ms Morgan said that the Council of Governors were scheduled to have a briefing from DPT and discussion on this issue at their next meeting. Mrs Burgoyne asked what comms messages were going out to patients who were experiencing delays in two-week waits to alleviate any anxiety this may cause. Mrs Brazier said that generally an appointment date would be agreed with patients early on but agreed that communications with these patients was important. Mrs Burgoyne noted the 48% reduction in open complaints and a 55% reduction in complaints open for over six months and commended the work that had been undertaken by teams to achieve this. Mrs Foster said that although there had been a poor response rate to the latest People Pulse survey, the Board would receive a presentation at the June Board which would show a more positive direction of travel. Ms Morgan asked Mr Tidman what were the issues that were of most concern to him at this time. Mr Tidman responded that the main issues for him would the ongoing pressure that everyone was still under and the impact of this on wellbeing and resilience; the possibility of Emergency Departments across Devon being overwhelmed due to lack of flow in the system as a whole and the impact this would have on the ambulance service **No further questions were raised and the Board of Directors noted the IPR.**	
078.23	**FINAL 2023-24 OPERATIONAL PLAN**	
	Mrs Hibbard presented the final 2023-24 Operational Plan to the Board. It was noted that the plan had already been through a great deal of scrutiny and	

	discussion by the Board and had been discussed with the Council of Governors at a Development Day meeting. Development of the plan had been through a collaborative and Devon system-wide approach this year. Mrs Hibbard presented the key points to the Board: • The plan had been discussed in detail by the Finance and Operational Committee and at previous confidential Board meetings before the planned submission. • The whole of the NHS was in a very difficult environment, and Devon had also had underlying challenges for some time which had added to pressure on the system. There were significant numbers of patients waiting for treatment, with some waiting longer than would be wished, as well as a significant underlying deficit which had led to the Devon System and individual acute Trusts within Devon being placed on SOF4 as part of the regulators oversight framework and in Tier 1 for elective, urgent care and cancer. This had brought additional scrutiny both to the organisation and the wider system. • Having worked through the planning guidance, a system deficit of £49m had been agreed as part of a three-year improvement trajectory. It was noted that this would reduce slightly with inflationary pressure support funding. • Industrial action was impacting on ability to deliver and conversations continued with NHS England on how the plan might be amended to take this into account. • The RDUH share of the system deficit was a £28m deficit, after delivery of a savings plan of £60m, made up of £45m of internal savings and the Trust's share of system stretch amounting to £15.6m. • The savings programme contained a productivity element for which there was an income stream, with the remainder focussed on cost reduction and cost avoidance to bring the organisation back to a more sustainable cost base for the future. • The plan contains significant investment in elective services, continuing from the elective recovery fund theme put in place in 2022-23, with the full year effect of those equating to £37m. This allows the Trust to earn additional ERF income of £8.7m. • It was recognised this was a high-risk plan, with a high level of ambition for delivery with a number of conditions to be met to deliver the position. • As a percentage of 2019-20 activity, the measure that NHS England are applying, the plan delivers 108%, which was a significant improvement. • Although the plan delivered an improved position on 104 and 78 week waits, there were still challenges on 65 week waits and work was continuing with the divisions and the national team to identify where they might go harder and faster on this as part of a national pilot. • If plans deliver, the Trust should achieve the urgent care target by the end of the year. • It contained a very high-level calculation of the impact on workforce and work was ongoing to understand what the savings plan would look like in terms of whole-time equivalents. Much of this could be delivered through vacancy, staff turnover and replacement of high cost agency with a more sustainable workforce. However, the impact of the Trust's share of the systems assumptions was recognised and this was being worked through. • It was recognised that monthly improvement of no criteria to reside (NCTR) was needed to get down to 5% to enable the Trust to hold elective ring fences. • Certainty was also needed on how urgent and elective care funding would continue to flow into the Trust to support the Trust's NCTR position.	

	• Work was taking place within the system on acute sustainability with the Acute Provider Collaborative and it would be important as part of the system redesign to focus on sustainability of both workforce and finance to ensure there were sustainable solutions across Devon for challenged and vulnerable services. • Another key assumption for the plan was support for additional capacity to help with delivery of the internal Improvement plan including review of internal resource to ensure it is correctly targeted for this level of ambition. • It was recognised that there was a good run rate of elective clearance and ways of ensuring that this was maintained if there was removal or outsourcing. • Without any intervention there would be a 50-bed gap in both Northern and Eastern services in terms of what has to be delivered in the operational plan. The plan contained interventions that would help reduce the bed gap through focussing on NCTR, enabling holding of ring fences and looking at what else could be done, for example on reducing length of stay. • The financial deficit position of £28m relies on an income base of £985m against a £1bn cost base. • There are two elements to the savings programme; the first is £45m of internal savings and just under £16m as the Trust's share of the system stretch. Internal savings were focused on opportunities relating to clinical activity, data and coding capture to ensure the Trust is being paid for all the activity undertaken, delivering what was agreed in corporate services as part of the integration programme, estates review getting the best value for money. Good work had been undertaken by the Workforce Team with good business cases regarding use of bank and the Nursing Team focus on the process around agency usage which had led to a marked reduction in agency use without impacting safer staffing. • The system share had been apportioned based on where opportunities were and it was acknowledged that there may be realignment across the system once more detailed plans had been worked up to ensure that no individual organisation was adversely impacted and a risk share protocol was in place to support high risk areas. • Delivery of the plan was linked to the SOF4 exit criteria. The three key domains within this were elective recovery, urgent and emergency care and Delivering Best Value savings and productivity plans. • Governance for delivery had been set out through the Delivering Best Value programme and had been extended to cover the whole remit of the improvement plan, with each element supported through Elective Care. Urgent Care and Savings Groups. There would be weekly finance performance meetings and the System Recovery Board. The Board of Directors would receive assurance through the Finance and Operational Committee. • The governance around the System Recovery Board supports the oversight of the regulators and to individual Trust Boards. • There were risks to delivery of the plan, but if the Trust was able to mitigate the majority it would be in a much better position at the end of the financial year. The biggest risk related to delivery of the savings programme, recognising that the target was higher than the Trust had previously managed, but governance had been bolstered and the focus of messaging • In addition, there was uncertainty regarding some income streams including how ERF would be dealt with as a result of industrial action, the new targets relating to community diagnostics centre income and the risks from cost pressures that arise in year.	

	• There was also a risk to ringfencing of elective beds if NCTR failed to improve, as well as a potential impact of savings plans on workforce and on corporate shared services across Devon and staff wellbeing. The Board was advised that there was one change on the plan previously presented to them which related to the final operational trajectory of 78-week waits, which had previously been modelled at 51 patients which had improved to zero. Ms Morgan thanked Mrs Hibbard for the extraordinary work she had undertaken on behalf of the Trust and the strong contribution she continued to make to system level working. She also thanked Mr Palmer and his team for their work on the development of the plan for 2023/24. **The Board of Directors noted the minor amendment to the final 2023-24 Operational Plan as outlined.**	
079.23	**WORKFORCE RACE EQUALITY STANDARD & WORKFORCE DISABILITY EQUALITY STANDARD REPORTS**	

	Mrs Foster presented the Equality Standard reports to the Board, reminding the Board that they had received an annual update on Inclusion work at their last meeting and the data from these reports would start to demonstrate whether that work was gaining traction and helping the Trust achieve its strategy. The Board of Directors were reminded that the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) were mandatory reports which required the approval of the Board of Directors.
	
	Highlights from the reports were noted as:
	• An additional report was required for this year, the Bank WRES and going forward there would also be a Medical WRES. LGBTQ+ and other protected characteristic data was also included.
	• This was the first time the reports had been completed for the integrated Trust.
	• WRES
	  ○ The report noted an increased rate of recruitment of black and minority ethnic staff (BAME).
	  ○ BAME staff reported more confidence in career progression and the data showed that there were no BAME staff who had entered a formal disciplinary process during the period reported.
	  ○ Concerns from the report included the significantly low number of BAME staff in the most senior manager group and the figures relating to bullying and harassment by senior managers and staff colleagues, although it was not clear whether this may in part be due to staff being confident to report this.
	  ○ There was no staff survey data for Bank staff to compare against the Bank WRES data, although it was believed there would be in future.
	• WDES
	  ○ Positive highlights included a reduction in staff feeling pressured to come to work, improvement in staff feeling valued, an increase in the number of staff reporting a disability, and improvements in adjustments being made.
	  ○ Concerns related to bullying and harassment from senior managers and staff colleagues.
	• Sub-scores for lesbian, gay and bi-sexual staff were not as good and this needed to be looked at in more detail to fully understand.	

- Virtually all scores in the reports were above benchmark and whilst it was agreed there was work to be done to continue to improve, it was indication of progress that had been made.

Mrs Foster informed the Board that the Inclusion Strategy was being developed and would be presented to a future Board meeting. She added that future focus would be on the just and learning culture, manager behaviour, and supporting progression.

Mr Neal asked whether there was confidence that the actions would drive the improvements wanted. Mrs Foster responded that data was improving and a plan was in place to get to this point.

Professor Marshall asked whether the perceived diversity of the Board of Directors was a concern. Mrs Foster responded that the senior cohort of staff and the Board did not look as diverse as it might, although not all diversity might be visible. Ms Morgan said that work was in progress to build a platform for future potential Non-Executive Directors which would bring through people who might not ordinarily consider applying for a role on a Board, adding that this was something the Council of Governors had discussed as a concern.

Mr Matthews noted Mrs Foster's comment that virtually all scores were above benchmark and asked what the benchmark was. Mrs Foster advised that the benchmark was the same as that used for the Staff Survey.

Mrs Mills noted that action plans were mentioned in the report and asked what assurance the Board would receive on progress. Mrs Foster advised that all actions would be attached to the inclusion workplan which the Board received regular updates on through the year. Ms Morgan suggested that this could be discussed in more detail at the June Board meeting when the deep dive into the Staff Survey results was presented, with some very specific follow-up actions from the reports presented on WRES and WDES needed. **Action.**

Mrs Hibbard said that the Executive Team had discussed these reports and how to triangulate the outcomes with staff lived experience and it had been suggested issues or areas where further investigation was wanted could be used as a test case to understand how it fits with reality for staff. It was noted that the inclusion networks and Staff Governors provided valuable resource and critical challenge.

Mr Tidman informed the Board that, as part of the Leadership Development sessions, the values conversations had been very helpful. He asked whether there were other organisations that the Trust could learn from. Mrs Foster said that there was a plan regionally to look at learning across organisations.

Mr Kirby noted that there were a high percentage of responses that were "prefer not to say" and asked whether there was confidence that there were mechanisms in place to spot whether there were small groups of "disgruntled" staff within these cohorts. Mrs Foster said there were a number of mechanisms in place and more issues were being identified, and this would start to be reported through the People, Workforce, Planning and Wellbeing Committee.

Ms Morgan asked what level of detail could be drilled down to before it started to compromise anonymity and would "hot spots" for bullying and harassment be

	identifiable. Mrs Foster said that it was difficult to drill down below 12, because it would then be possible to identify teams, however managers have access to information regarding their teams from the staff survey. The deep dive planned for the June Board would look at which areas may be of concern. The aim was to work with managers, divisions and departments to try and improve. Mrs Mills suggested there was an opportunity for the Board to consider how it might work with the NHS England Race Equality Team who could challenge and drill down into data in a way that the Trust may not be able to. Ms Morgan agreed that this suggestion should be followed up at a future Board Development Day. **Action.** Dr Davies commented that some of the medical staff in Northern services had come from abroad and experienced a variety of struggles, adding that the effect of culture on them may be hidden. She asked if there could be a way of looking into this in more detail. Mrs Foster agreed that there were difficulties for nursing and medical staff from overseas and whilst she agreed it was important to flag, she was not sure what capacity there was to provide more than the education and support in place. **The Board of Directors approved the Workforce Race Equality Standard and Workforce Disability Equality Standard Reports.**	
080.23	**SIX MONTHLY SAFE STAFFING REVIEW**	
	Mrs Mills presented the Six-Monthly Safe Staffing review for Nursing and Allied Health Professionals (AHPs). The Board of Directors noted: • There had been no significant changes in skill mix or establishment over the preceding six months. • There had been an overall improving picture of fill rate, supported by reducing sickness absence and vacancies. • Industrial action had posed significant challenges with plans used to move staff to make wards as safe as possible during those periods. • The variance of filled and unfilled shifts on days had improved in this report, compared to the previous six-monthly update presented to the Board. Mrs Mills noted that whilst rates of 10% of unfilled shifts were not ideal, they were manageable. • No regulatory requests regarding staffing had been received during the reporting period. • External benchmarking of the metrics showed no significant variations or concerns. • Information regarding trainees and nurse associates had been included in the report as requested by the Board. • No risks or concerns were raised from the benchmarking for AHPs. • There was an ongoing focus on recruitment and retention and "growing our own staff" in community. • Three staffing risks related to safe staffing for nursing and AHPs were noted. Of these, a proposal was due to be made to the Safety and Risk Committee in May 2023 to close the risk relating to Northern Midwifery Staffing Levels. The risk related to Nursing and Healthcare Support Workforce would be disaggregated for acute and community, as there had been improvements in acute staffing but challenges remained in some community services which it was noted reflected a national issue of attracting staff to work in the community.	

Dr Davies presented the safe staffing report for medical staffing highlighting the following key information:

- Medical staffing remained a key issue across the Trust with particular issues in Northern services. There are six key risks on the Corporate Risk Register relating to medical staffing in Northern Services and these remained challenging, particularly for general medicine.
- Focussed work was underway with HR support to look at these key areas and there had been some recent recruitment successes. Learning will be taken from these successes to see where it can be applied to other areas.
- The report noted a stark difference in exception reporting by junior doctors in Eastern and Northern services. It was believed this related to a gap in North where no Guardian of Safe Working was in post, but a new Guardian had now been appointed and it was hoped that this would improve going forward. Junior doctors were encouraged to exception report to senior doctors, but the role of the Guardian in this area was very important.
- Conversations were ongoing through the Medical Workforce Strategy Group regarding developing metrics for the report which would provide a clearer picture of the position for the Board as there is no framework that could be used. It was noted that this had been delayed as meetings had not taken place due to the recent periods of industrial action.

Professor Marshall asked what grades of junior doctor recruitment were of particular concern and Dr Davies responded that the Medical Staffing Plan covered a spectrum of grades. Professor Marshall said that it was likely that in the near future Trust Grade doctors may move to primary care and asked if this would pose an additional risk to the Trust. Dr Davies advised that it was not clear at this point how many Trust Grade would fit into the category where this would be an option but she would be surprised if large numbers were in the right areas to transfer easily into primary care. Mrs Foster said that she would take an action to have a look at this in more detail. **Action.**

Mr Kirby asked how frequently staffing ratios and skill mix were looked at and Mrs Mills responded that these would be formally reviewed annually as a minimum, however if any issues were identified in the interim period between reviews these would be looked at. She added that the plan was to embed the nurse associate role which had had a variable approach previously in Northern and Eastern services.

Mr Kirby asked for an update on progress of the business case for Northern Medical Staffing that the Board had approved several months ago and was advised that this was actively in train.

Mrs Burgoyne asked whether the picture across community as a whole was being looked at in terms of what might need to be done differently and what a different configuration would look like. Mrs Mills said that by the nature of the teams there was already overlap informally. She added that the Safer Care Nursing Tool Assessment had just been completed for community nursing services and there may be some potential to redesign some services in line with national changes, although Mrs Mills did not have the details yet. She advised that this would be included in the next six-monthly report to the Board.

Mr Neal noted that incidents were referenced in both reports and asked if the detail around the numbers of these could be included for future reports. **Action.**

	Professor Kent asked if it was known how many nurses and AHPs were going through the apprenticeship pipelines and Mrs Mills said that this data was available, together with predictive data on what would be needed and the Strategic Workforce Lead was working closely with the HR Team on this. However, there was work to do to work out a funding stream as this was an expensive route. **The Board of Directors noted the Six-Monthly Safe Staffing Review**	
081.23	**AUDIT COMMITTEE UPDATE**	
	Mr Matthews presented the Audit Committee update from the meeting held on 4 May 2023 and commended the Team for the work they had undertaken to get the accounts out at yearend. The Committee received a number of papers relating to the draft accounts and was comfortable with the approach taken. At its next meeting in early June, the Committee would receive feedback from the Auditors and Mr Matthews would bring a recommendation regarding the Annual Accounts, Annual Report and Quality Report to the June Board meeting. **The Board noted the Audit Committee update.**	
082.23	**FINANCE AND OPERATIONAL COMMITTEE UPDATE**	
	Mr Kirby presented the Finance and Operational Committee update from the meeting held on 11 May 2023. He advised that detailed discussions relating to finance take place at the Committee, but it was not a decision-making group but rather an assurance Committee which would make recommendations to the Board on whether, for example, a business case should be approved. This should not however preclude debate at Board meetings. He noted the following key items that had been areas of focus for the Committee: • Much of the focus of the Committee over the last few months had been on the Operational and Financial Plan development and understanding the risks. • In addition, the Committee had looked in detail at the SOF4 exit plan, as this was a key driver of what the Integrated Care Board (ICB) was coordinating across Devon. • The Committee had scrutinised in detail the governance of and progress towards the new approach to Delivering Best Value (DBV). It was noted that although there were still significant challenges, this approach had let to a much stronger position at this point in the financial year than in previous years, with over three quarters of plans having detailed delivery plans. Ms Morgan thanked Mr Kirby for the work he had put in to developing the Finance and Operational Committee which she noted had quickly become a core Committee of the Board. Mr Tidman said that it was important to understand the interrelationship between the System Recovery Board which looked at progress of all system plans, and the Committee's work to look at both the Trust's internal plans and the Trust's part in system plans, to provide assurance to both the System Recovery Board and the Board of Directors. He noted that whilst the system level work was the right thing to do, the pace to deliver it was very ambitious and it was important to keep the two areas of work demarcated and transparent. Mr Kirby said that he was a member of the Finance and Performance Committee at the ICB and commented that the	

	line of sight that the ICB had of individual Trust CIP delivery performance was very limited. However, it was noted that there was a weekly Finance and Planning meeting in the ICB where each Trust had to provide an update on delivery of internal CIP and from Month 2 reporting this would be underpinned by evidence and there would be escalation from that meeting to the System Recovery Board. Professor Kent asked whether there was confidence that the Improvement Director had capacity to deliver the Improvement Plan. Mrs Hibbard responded that this would be covered in more detail in the confidential meeting regarding the Improvement Director who had been appointed. The Improvement Director was looking at resourcing to see what would be needed, part of which would be clinical backfill to make sure that the right staff could be involved in this work. Assurance regarding this would be brought back through the Finance and Operational Committee, so there would be visibility on this at the public Board. **The Board noted the Finance and Operational Committee update.**	
083.23	**GOVERNANCE COMMITTEE UPDATE**	
	Mr Neal presented the Governance Committee update from the meeting held on 20 April 2023 with the following key points highlighted: • The Committee had reviewed the quarterly update on progress towards compliance with evidential requirements from the Ockenden report and the report had been appended to the paper circulated to the Board. • The Committee had reviewed its Terms of Reference and presented them to the Board for approval. • Professor Marshall would be taking over as Chair of the Governance Committee after the next meeting scheduled for June 2023. Mrs Mills advised the Board that, with regard to the delivery plan for maternity and neonatal services, the Trust had received a further report that had actions split by Trusts, ICBs and NHS England. A maternity strategy outlining how the Trust will deliver against those actions will be brought back to a future Board meeting. **Action.** Ms Morgan thanked Mr Neal for the report and for his work chairing the Committee. **The Board of Directors noted the update and approved the revised Terms of Reference.**	
084.23	**INTEGRATION PROGRAMME BOARD UPDATE**	
	Mr Matthews presented the Integration Programme Board update from the meeting held on 23 May 2023 and noted: • Operational integration was planned to happen this year and it was clear at the meeting that this is starting to move forward. • There were still some areas that needed to be addressed, for example access to systems, that would be critical to a smooth transition for staff. Work will be done to address this over the next few months. • There is a checklist in place of all elements that need to be addressed over the coming months. • There is not yet a satisfactory understanding of how in doing the operational merger work on the clinical pathways would be optimised and opportunities maximised, however work was underway to fully work this through.	

	Mr Tidman commented that while there had been a focus on the eight high priority services, other services had naturally come together. Operational integration would be an enabler for teams to come together and make change, and the work of the Operational Services Integration Group and Clinical Pathway Integration Group would be very closely linked. He added that a more detailed update on this was planned for the next Integration Programme Board meeting. Mrs Mills said that the eight high priority services were now nine, with renal services added, and they were those with the greatest risk relating to resilience and equity of services and leadership, but some of this would start to be addressed as divisional integration brought teams together. She added that there was a great deal of data that had been collected as part of the Clinical Strategy development and this had shown areas that were high performing on both sites and areas of learning. Mrs Mills commented that although this was a complex piece of work, she was confident that the pieces would all come together over time, but there would be incremental progression as divisional structures were agreed. Mr Tidman informed the Board that the post-integration lessons learned meetings had now been diarised. The meetings would take a best practice approach, with the opportunity for the Trust to share lessons it had learned and would provide an objective analysis of what the Trust had done well and "even better if". **The Board of Directors noted the Integration Programme Board update and approved the revised Terms of Reference presented.**	
085.23	**OUR FUTURE HOSPITAL PROGRAMME BOARD UPDATE**	
	Mr Kirby presented the Our Future Hospital Programme Board update from the meeting held on 18 May 2023 and advised that Mr Tidman's remarks under the Chief Executive's report had overtaken business conducted at the meeting. Mr Kirby advised that the Trust now awaited a letter from the centre confirming exactly what was being approved and a timeframe. A great deal of preparatory work had already been undertaken which had helped to keep people engaged with the programme. He noted that the Programme Director was also currently acting into the role of Estates Lead for the Trust and this may need to be reviewed with possibly some additional support needed going forward as work on the programme increases over coming months. Mr Neal noted the issues related to the Medical Records storage facility on site which had recently been condemned and the need to find hew space for the Epic Team, as they were originally only located in the Tennis Court building until March 2023, with the plan to locate other teams in this building ahead of the demolition of Chichester and Munro buildings. He asked whether there were any potential solutions being considered. Mr Tidman said that with regard to Medical Records, options were to co-locate the records in a central store or an off-site solution. This work would look at bringing all records, including those not currently stored in the facility at NDDH together into one facility. Mr Tidman added that there was possibly capacity to take some of the Northern records into the Eastern facility. Options would be explored further and the Board would receive an update through the Programme Board. Ms Morgan commented that it was hoped that the Trust would have received the letter from the centre by the time of the June Board meeting, but the Board could	

	take reassurance that it was to receive funding shortly for staff accommodation which demonstrated commitment to the site. **The Board of Directors noted the update.**	
086.23	**ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORKS**	
	Ms Morgan asked if Board members had picked up any new risks for escalation to the Board Assurance Framework or current risks that needed to be expanded. Ms Morgan suggested that it would be helpful to review the workforce risks, following Professor Marshalls point about the potential for senior clinicians exiting the Trust to join GP practices. **Action.** Mr Kirby asked that Risk 9 should be reviewed once the letter from the centre regarding the Our Future Hospital Programme had been received, as if there were to be a delay to 2030 this would have consequences for the estates, recruitment and other areas. **Action.** **The Board of Directors noted the comments.**	
087.23	**ANY OTHER BUSINESS**	
	No other business was raised by Board members.	
088.23	**PUBLIC QUESTIONS**	
	The Chair invited questions from members of the public and Governors in attendance at the meeting. Mrs Sue Matthews had emailed through a number of questions as she had had to leave the meeting early. Question 1 – figures relating to the cost of clinical staffing for Northern Devon, by Medical, Nursing, Reasons for Band and Agency usage are not included whereas they are for Eastern Devon. Can these details be provided for comparison? It was agreed that a written response would be provided to answer this question. **Action.** Question 2 – what additional support is being provided to RDUH from Devon Partnership Trust, given the increase in mental illness concerns for patients attending ED at the Royal Devon and Exeter and North Devon District Hospitals. Do they provide seconded staff to manage complex or disturbed patients? Mrs Brazier advised that support was provided on both sites by Devon Partnership Trust through the Psychiatric Liaison Team. The Team undertake assessments and provide support working collaboratively with the Trust in ED. Question 3 – is ED being used as a place of safety for Devon and Cornwall Constabulary officers? Mrs Brazier confirmed that ED was a place of safety, although Devon Partnership Trust had a formal place of safety but this was often not available. Ms Morgan	

asked if the intent of the Devon and Cornwall Constabulary was known and Mrs Brazier responded that she was not aware of what this may be.

Mrs Penwarden, deputy Lead Governor, thanked the Non-Executive Directors for keeping a focus on mental health and community services, both of which were areas of particular interest for Governors.

Mrs Sweeney said that one of the quality priorities identified for this year was support for patients with mental health issues. Mrs Sweeney also advised that a successful Members meeting had recently been held in North Devon supported by North Devon Governors. The meeting had included presentations on digital including digital poverty, hospital at home, the North Devon estate and funding. She had noted particularly that there were no negative comments about the integration from members of the public, although there was a slightly different view from staff some of whom felt that there had not been the movement of staff between sites that had been hoped for. Ms Morgan thanked Mrs Sweeney for her feedback and noted the staff comments which underlined the need for intensive implementation of plans over the coming year.

Mr Dunster noted that the most common reason for sickness absence noted in the Integrated Performance Report, at 50%, was the category "Other" and asked if it was known what this category covered and what was being done to address this. Mrs Foster said that this category covered a number of reasons not covered under other categories. She added that the Trust's Managing Sickness Absence policy was used to manage sickness absence, with trigger points and gateways identified for managers, including length of absence, duration and frequency of absence and processes to be followed, including return to work interviews with staff.. Mr Dunster asked if data was broken down by department or division and Mrs Foster advised that all teams could see their data and managers would be able to see patterns of sickness absence. She confirmed that staff who were off sick longer than one week required a certificate from their GP. Ms Morgan asked whether the data allowed identification of potential "hot spots" for sickness absence and Mrs Foster said that the data allowed departments and divisions to see information relating to their teams in real time and could pick up any potential problems quite quickly. Data was also monitored through the People, Workforce, Planning and Wellbeing Committee.

Mrs Kay Foster asked whether the Non-Executive Directors felt they had their finger on the pulse of what was happening in the community. Ms Morgan responded that Covid restrictions had limited opportunities for the Non-Executives to engage with teams, but a new programme of site visits by the Non-Executives had recently restarted with the plan being to visit both acute and community services across Northern and Eastern services during June and July. The Non-Executives would then revisit those sites later in the year. Mrs Hibbard added that there was also a plan underway for the Executive Team to also restart visits. Mr Tidman informed the meeting that a deep dive on community services was planned for the public Board meeting in June which would provide a focus for the Board.

Dr McElderry asked whether there was a plan to hold Board meetings in the North Devon area and was informed that there was a programme of Board meetings, Board Development Days and Council of Governor meetings over the course of the year and it was hoped to hold the September Board meeting in North Devon.

	There being no further questions, the meeting was closed.	
089.22	**DATE OF NEXT MEETING**	
	The date of the next meeting was announced as taking place on Wednesday 28 June 2023.	

PUBLIC MEETING OF THE BOARD OF DIRECTORS
31 May 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**
043.23(2)	March 2023	Mrs Foster to look at inclusion of absolute establishment data in the IPR in future iterations.	HF	~~April 2023~~ ~~May 2023~~ July 2023	**Update 21.04.23**- The metrics within the 'Our People' section of the IPR are currently under review, with meetings having taken place to discuss requirements moving forward. The team are now reviewing these requests and will be developing a proposal for the CPO to review, including timescales in the coming weeks. **Action ongoing.** **Update 23.05.23** – Work is continuing on this. Next update to July Board. **Action ongoing.**
060.23	April 2023	A discussion to take place at a future Board meeting regarding acceptable levels of vacancy and what the expected vacancy rate would be if the expectation was not to be at 100% recruitment. (Action added after May Board meeting as it had been missed initially).	HF	July 2023	**Update due July 2023**
066.23	April 2023	A paper to be presented at a future Board meeting outlining items that were presented to Board meetings but did not have a mandated timing to review and therefore currently sat outside the Board Schedule of Reports.	MH	June 2023	**Update 11.05.23** – The Board Schedule of Reports was circulated to the Executive Directors for review & comment. Board Schedule of Reports will be represented to the June Board meeting. **Action ongoing.**
074.23	May 2023	A number of amendments to be made to the minutes of the April public Board of Directors meeting.	GGF	June 2023	**Update 01.05.23** – amendments made. **Action complete.**
077.23(1)	May 2023	Data regarding ED attendances in other coastal areas to be reviewed, to see if similar increases in attendances had been seen and if there was any learning for the Trust from their experiences.	JP	July 2023	**Update due July 2023**

077.23(2)	May 2023	Following a question from Professor Marshall, Mrs Foster to look at the category for stress for sickness absence in terms of how this was broken down into work-related and other stress/mental health issues and provide an update.	HF	July 2023	**Update due July 2023**
077.23(3)	May 2023	Work to be commissioned through the Governance Committee to look at readmission rates over time, following a question from Professor Marshall about follow-up for patients discharged with NCTR.	MM/MH	August 2023	**Update due August 2023**
077.23(4)	May 2023	A letter had been sent to DCC and the ICB requesting clarity on all funding streams (including the main hospital discharge fund) to support discharge and social care and the June IPR would contain an update on this.	JP	June 2023	**Update 21.06.23** – Update included in the IPR. **Action complete.**
077.23(5)	May 2023	Mr Palmer to be asked to provide clarification regarding the risk on the IPR scorecard relating to "Devon ICT/Cyber Fragility".	JP	June 2023	**Update 21.06.23** – The identified risk within the scorecard relating to Devon ICT / Cyber Fragility, was a reference to a Trustwide network outage experienced by another Devon provider on 24 May 2023, which resulted in their IT Business Continuity Plan being invoked. Ambulances were diverted to neighbouring providers across the peninsula for all patients with the exceptions of major trauma, and stroke and thrombectomy patients. **Action complete.**
077.23(6)	May 2023	Mrs Mills to review whether there was any further information for inclusion on the maternity dashboard to provide more depth, although it was noted that the national guidance was reviewed for the key issues to be included for the Board.	CM	June 2023	**Update 13.06.23** – Maternity & Neonatal reporting is being reviewed & aligned within the Devon LMNS System (all acute providers) as set out by NHS England's Perinatal Quality Surveillance model (2020) & the Maternity & Neonatal 3 year delivery plan (2023). This will strengthen Trust Board Maternity & Neonatal oversight into operational safety and the quality of these services. **Action complete.**
077.23(7)	May 2023	Mrs Burgoyne noted the work that was being done across North and East looking at the increased presentation of patients with mental health problems and what measures were available to keep people safe and suggested that this should also be considered as part of the	CT	July 2023	**Update due July 2023**

		community response as well. Mr Tidman agreed to take this away for consideration.			
079.23	May 2023	Specific follow-up actions from the reports on WRES and WDES to be developed and the Board to receive assurance on progress through the inclusion workplan to which they would be attached. More detail on this would be discussed at the June Board with the presentation of the deep dive into the Staff Survey results.	HF	~~June 2023~~ July 2023	**Update 21.06.23** – Presentation of deep dive into Staff Survey results deferred to July Board. **Action ongoing.**
079.23	May 2023	Following a suggestion from Mrs Mills that the Board could consider how it might work with the NHS England Race Equality Team to challenge and drill down into WRES and WDES data, it was agreed that this should be added to the plan for a future Board Development Day	HF/MH	June 2023	**Update 21.06.23** – Added to the plan for future Board Development Days. **Action complete.**
080.23(1)	May 2023	Mrs Foster to look at what numbers of Trust Grade doctors would fit into the category where they would have an option to move into Primary Care to assess what level of potential risk there may be to the Trusts.	HF	July 2023	**Update due July 2023**
080.23(2)	May 2023	Mr Neal asked if more detail around the exact number of incidents being reported could be included in future Safe Staffing Reports to Board.	CM/Aha	November 2023	**Update 13.06.23** – Detail regarding the exact number of incidents will be included within the next six-monthly Safe Staffing reports to Board. **Proposal to close.**
086.23(1)	May 2023	Workforce risks on the BAF to be reviewed following discussion about the potential for senior clinicians to exit the Trust to join GP practices	HF	July 2023	**Update due July 2023**
086.23(2)	May 2023	Risk 9 to be reviewed once the letter from the centre had been received regarding the Our Future Hospital Programme, to look at consequences for estates, recruitment and other areas if there is a delay for the programme until 2030.	CT	July 2023	**Update due July 2023**
088.23	May 2023	A written response to be provided to questions submitted to the Board by Mrs Sue Matthews	CM	June 2023	**Update June 2023** – Responses to two questions answered at the May Board meeting sent to Mrs Matthews. The third question being reviewed by Mrs Mills. **Action ongoing.**

Signed:

Shan Morgan
Chair

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Agenda item:	8, Public Board Meeting	**Date:** 28 June 2023
Title:	Patient story: Ensuring accessibility of our facilities	
Prepared by:	Bethany Hoile, Engagement Coordinator	
Presented by:	Carolyn Mills, Chief Nursing Officer	
Responsible Executive:	Carolyn Mills, Chief Nursing Officer	
Summary:	Patient stories reveal a great deal about the quality of our service provision, the opportunities we have for learning and the effectiveness of systems and processes to manage, improve and assure service quality. The purpose of presenting a patient story to Board members is to: • Set a patient focussed context to the meeting, bringing patient experience to life and making patient's stories accessible to a wider audience • To support Board members to triangulate patient experience with reported data and information • For Board members to reflect on the impact of the lived experience for these patient(s) and carer(s) and its relevance to the strategic objectives of the Board.	
Actions required:	The Board of Directors is asked to reflect on the implications of this story for patients and carers and to reflect on its relevance to the strategic objectives of the Board.	

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

History:	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. Patients are at the heart of Trust services and by building on existing good practice, the Trust strives to continue to deliver and redesign our services and facilities around our patients' needs. This patient story serves to bring to life the positives and areas for improvement when accessing the RD&E Wonford site as a carer of a young child with disabilities. Ruth is parent carer of Rosie, age 7, who is disabled. As a frequent visitor to the RD&E Wonford site to attend appointments with Rosie, Ruth describes how, as Rosie has grown older, there are no longer suitable toilet facilities available for her at the hospital.

	For those with profound and multiple learning disabilities, as well as physical disabilities that limit mobility, standard disabled toilets do not provide adequate facilities i.e. changing benches or hoists, and most are too small to accommodate more than one person. In the story, Ruth describes the benefits that having a Changing Places toilet facility would bring for all disabled patients and visitors at the hospital. As a result of Ruth raising the request for a Changing Places toilet facility, work is now underway to transform a current disabled toilet at the RD&E Wonford site into a Changing Places toilet. Ruth has been invited to be involved in the project. A Changing Places toilet was also installed at the NDDH site in April 2022. This patient story exemplifies the commitment outlined in our 2022-25 Patient Experience strategy to provide fair & inclusive access and opportunities for all who use Royal Devon's services. The Trust's current work on this commitment includes a new partnership with AccessAble to produce detailed access guides for all patient facing areas across our sites. AccessAble does not rate or judge the accessibility of a site, but simply explains what is available, so that patients and visitors can be better informed about the facilities across our sites, such as the availability of Changing Places toilets. This creation of service user access guides at Royal Devon will significantly enhance patient experience by providing patients and visitors, including those with disabilities, with the accessibility information they need before visiting.
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 *(please specify)*			

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	9.1	Date: 28.6.2023
Title:	Community Deep Dive	
Prepared by:	Zoe Harris, Divisional Director, Community Services John Palmer, Chief Operating Officer	
With contributions from:	Ned Brown, Divisional Business Manager Emma Bagwell, Associate Director of Nursing Sophie Markevics, Associate Director of Therapy Lee Baxter, Assistant Director of Health and Social Care Eastern Stella Doble, Assistant Director of Health and Social Care Northern Janine Rudling, HR Business Partner Trust Directors Keri Storey, Head of Adult Social Care, Devon County Council	
Presented by:	John Palmer, Chief Operating Officer, Zoe Harris, Divisional Director, Community Services, Dr Anthony Hemsley, Trust Medical Director, Eastern Services	
Responsible Executive:	John Palmer, Chief Operating Officer	
Summary:	The Board commissioned a Community Deep Dive in May 2023. In response this paper covers: • Overview of current strategic position; • Overview of the Community Division services; • Working in partnership with key stakeholders; • Relevant national guidance in relation to community service provision; • Current organisational position against national targets; • Risks and Issues; and • Community Priorities for 23/24.	
Actions required:	The Board is asked to **NOTE** the Community Services Deep Dive and **AGREE** to receive a further Community Strategy in October 2023 following consideration of the Clinical Strategy in July.	

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

History:	The Royal Devon and Exeter NHS Foundation Trust (RDE) acquired the Community Services for Eastern Devon from Northern Devon Healthcare Trust (NDHT) in 2017. Following a successful 6 month pilot of integration

	in May 2023 the Trust's Operational Services Integration Group supported the recommendation from the pilot evaluation to formally integrate the Community Division.
Link to strategy/ Assurance Framework:	Community Services is one of the key services included within the draft Clinical Strategy and have a key part to play in unlocking the Financial and Operational Plan for 2023/24.

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			

Community Division Deep Dive

1. Purpose of paper

The Board commissioned a Deep Dive of Community Services in March 2023. This paper covers:

- Overview of current strategic position;
- Overview of the Community Division services;
- Working in partnership with key stakeholders;
- Relevant national guidance in relation to community service provision;
- Current organisational position against national targets;
- Risks and Issues; and
- Community Priorities for 2023/24.

2. Background

Introduction

This Deep Dive follows on from the Cancer Services Deep Dive (part 1) in January 2023 which gave Board members a fuller appreciation of the depth of the service and its immediate and longer term challenges. Following this Deep Dive, members requested that we pursue a similar approach for Community Services and in response we were able to facilitate an input from our Social Services colleagues in the last Board cycle. This input was really well received and this Deep Dive paper continues the journey of providing insight into integrated System working across public services, albeit with a closer focus on the services that we directly provide.

Members are used to seeing our community services through three particular lenses:

- their contribution to supporting the management of patient flow as laid out in our monthly IPR **(figures 1 and 2)**;
- their combined support for delivery of the Winter Plan through the last two annual cycles, embodied in the Help People Home Without Delay Programme; and
- most recently in relation to the service's materiality to the delivery of our overall financial and operating plan No Criteria to Reside target of 5% (the achievement of which will deliver the bed base needed).

Figure 1 – Northern Services patient flow dashboard April 2023 data

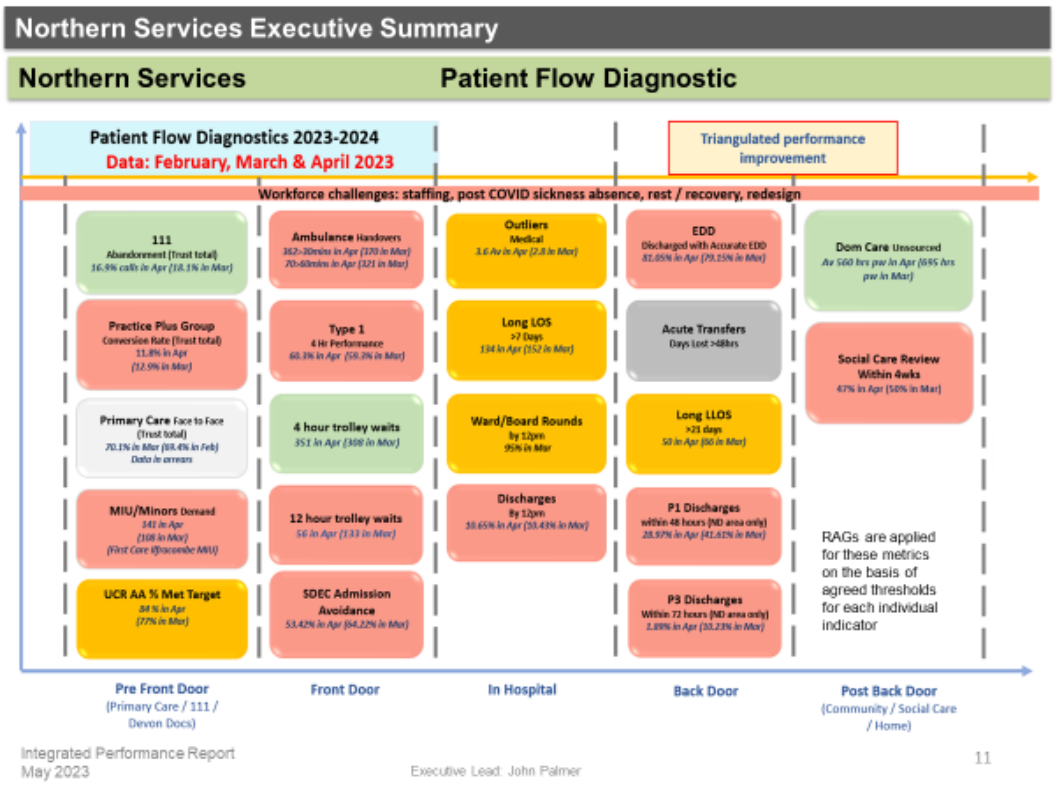
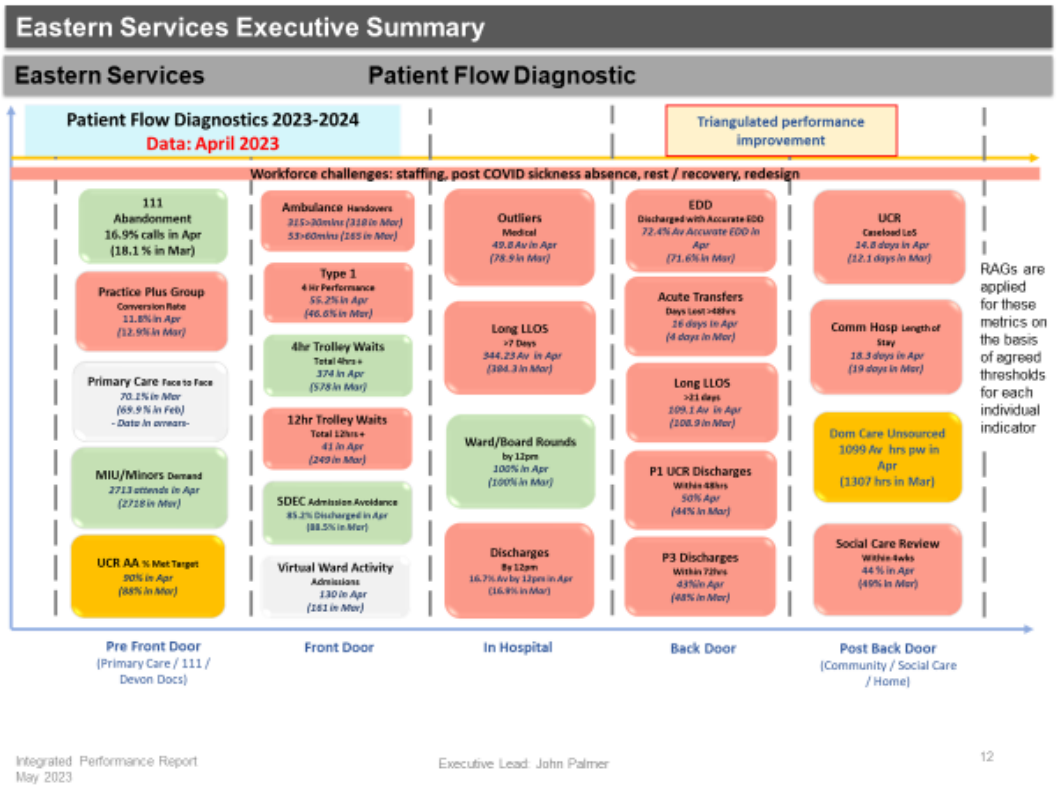


Figure 2 – Eastern Services patient flow dashboard April 2023 data



The Board has also had recent discussions in relation to the Primary Care delivery element of the service, given that we do directly manage a single GP practice in Tiverton.

Each of these activities occupies an important position in terms of delivering our Financial and Operational Plan for 2023/4. In broad terms:

- **Patient flow** – the worsening of primary care indices in relation to 111, OOHs and face to face services alongside very challenging shifts in availability of domiciliary care has had a negative impact on our ability to avoid admission and manage down length of stay within our care system and strongly challenged our community services and we have responded with a number of funded mitigations through UEC and Discharge funds;
- **Help People Home Without delay** – The development and implementation of Help People Home Without Delay has consolidated and enhanced Urgent Care Response team capability and connections with other services in order to hold the No Criteria to Reside position at just over intended Winter Plan levels; and
- **No Criteria to Reside** – NCTR in general terms this year has proved amenable to improvement with the support of the ICB – this being fundamental to delivery of a bed target that needs to be at 5% across Eastern and Northern Services by September, equating to 35 and 14 beds held respectively (currently at 11.6% vs 10.9%).

Essential as these services are, the capability of the service is much broader than this and embraces a wide range of services beyond those which are typically covered in the Integrated Performance Report – we have therefore attempted to lay out as much overview of these services as possible below. As the organisation focuses more and more strongly on the key targets within the financial and operating plan it will become plain that the continued development of robust community and primary care services is absolutely key to us securing delivery of our sentinel UEC and Elective Recovery targets.

Strategic intent

Before moving into the detail of our services, it is important to reflect on some of the strategic elements that need to be under consideration over the course of the five year clinical strategy period. As described above, much of our work over the last two years has been focused on mitigating the deleterious effects of COVID-19 on our care system which has had an immense impact on both primary and social care, as well as mental health services.

Our response to these pressures was to make prophylactic investments (in October 2021) in our acute pathways to prepare for additional pressures that have exhibited clearly in our pre hospital, hospital and post hospital patient flows. Whilst these investments have allowed for a degree of mitigation, our approach from here now needs to reach for higher ground, rather than the continuation of a coping strategy. The recently agreed integration of the community services function following its successful Winter Pilot will also support this aim.

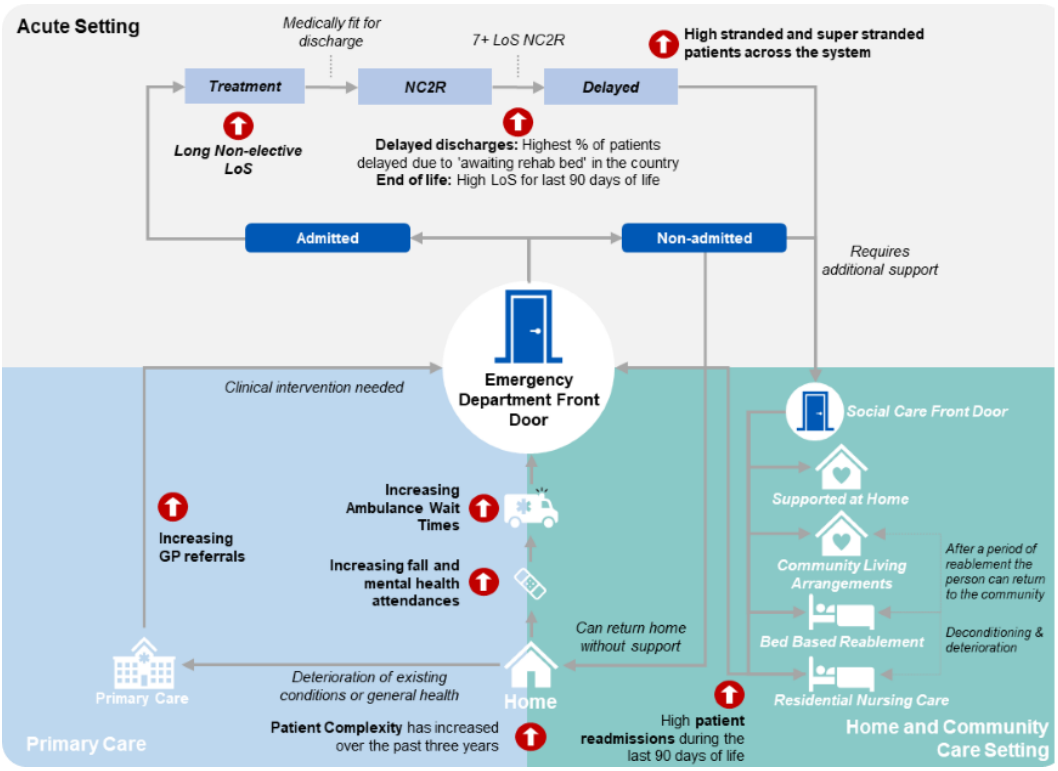
We draw our emerging thoughts about our next steps from the following:

- recent analyses conducted by the Nuffield Trust, King's Fund nationally and Health Foundation;
- recent experience locally of insights provided by our limited provision of primary care services;
- findings from UEC analysis conducted by Deloitte on behalf of the Integrated Care System **(figure 3)**; and
- the first draft of our Clinical Strategy and its section on primary and community care.

The Health Foundation has recently published findings on the strategic need for Trusts to act as **Anchor Institutions** for partner organisations in delivering population healthcare. Given the in depth work that we are currently conducting at all of our interfaces with primary care, social care and mental health services (in addition to the bilateral and trilateral Trust relationships within the ICS) it seems important for us to be take our responsibility as the largest public service organisation in Devon seriously and to seek to act as an anchor point for collaboration.

In particular, recent experience suggests that primary care pressures remain acute and are creating provider risks (and potential exits) within Devon. Whilst we do not have a strategic intent to become a primary care provider at scale **we are currently identifying and mitigating risks across the wider System in support of the ICS** and this work will need to develop further.

Figure 3 – Deloitte's Devon level analysis of flow challenges



Very recent work undertaken by Deloittes as part of System working, makes it clear that there are **opportunities for improving (mainly geriatric medicine) length of stay**, and therefore bed occupancy and utilisation within the acute system through pursuit of integrated

pathways in end of life care; frailty; and falls. Even when we factor in our population factors, then it is suggested that there are improvements that can be made – this would require thoughtful consideration of community service developments and also perhaps the reorientation of some our service models to have a greater community input. Expansion of virtual ward infrastructure, repurposing of bedded capacity towards our P2 deficit and attachment of peripatetic resources in health and social care to Primary Care Networks are all service designs that ought to come under our consideration.

Whilst the **Clinical Strategy** is yet to be completed, the intent indicated by our clinicians is to:

- Work with local partners to optimise pathways and make care as seamless as possible;
- Build community capacity to reduce acute bed occupancy; and
- Support and broaden our community workforce.

The Strategy will also include an intent to develop a broader approach to both population health and within that services that are focused on prevention. The Strategy will focus on how we can fulfil both aims through well-developed data and its use for risk stratification of our patient population.

The strategic underpinnings laid out here will be developed into a more developed Community Strategy by the Autumn, but in summary, current emerging direction in summary is to:

- Deliver the Financial and Operational targets prescribed for the service in 2023/4 with No Criteria to Reside 5% prioritised;
- Embrace the opportunity to develop into an anchor institution for primary, community and mental health services to maximise our ability to deliver through collaboration with the wider NHS and local Public Services;
- Risk assess the primary care landscape and consider appropriate infrastructure and service designs to ensure this risk is appropriately managed;
- Adopt best practice insights from Deloitte's UEC insights and seek to generate integrated service response and designs to improve LoS within the financial year;
- Develop an approach to the delivery of population health improvement through a focus on data driven risk stratification that will guide current services and help us to develop integrated pathways and service designs; and
- Continue to develop the primary and community care input into the Clinical Strategy to support its presentation to Board later in the year.

3. **Overview of Community Services**

The Royal Devon and Exeter NHS Foundation Trust (RDE) acquired the Community Services for Eastern Devon from Northern Devon Healthcare Trust (NDHT) in 2017. The Community Division was created alongside the existing acute Divisions; Medicine, Surgery and Specialist Services.

Figure 4 – Service geographical coverage

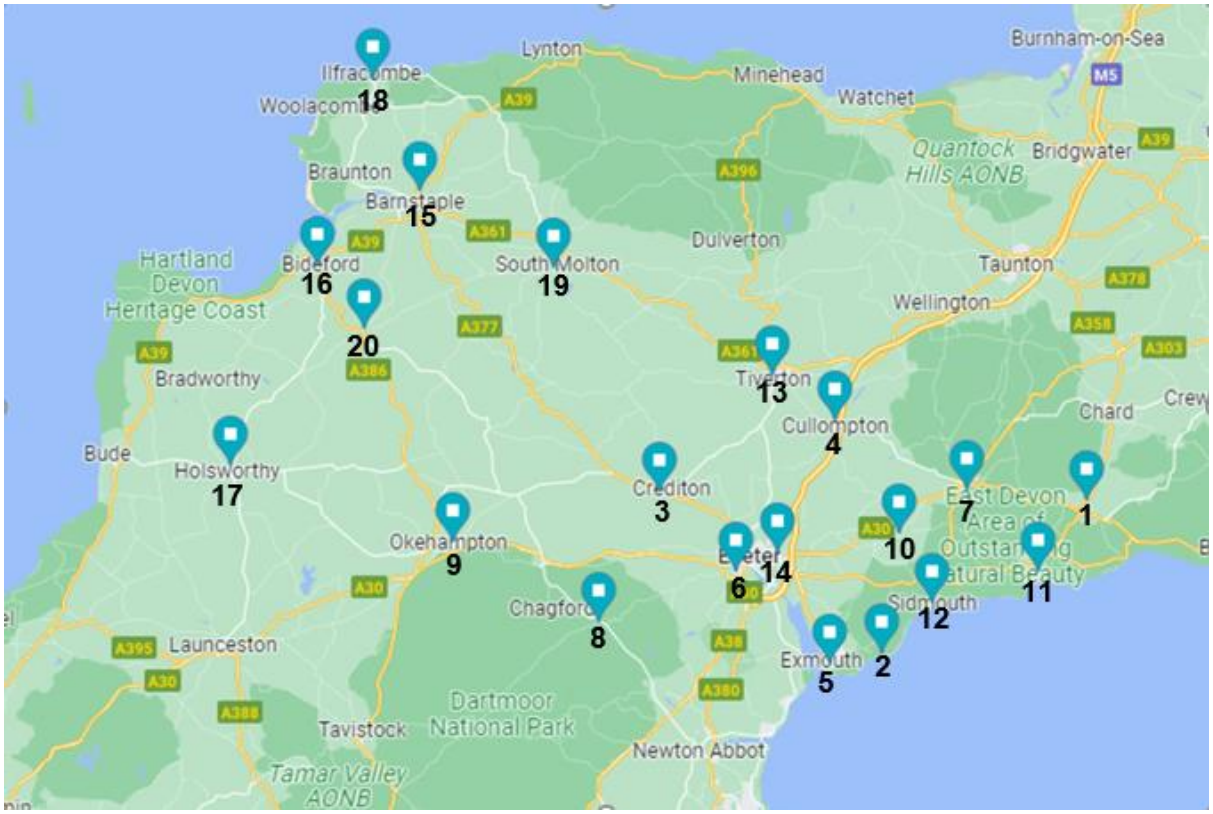
The Community Division spans 10 geographical clusters; developed around market towns and GP practices and where possible are aligned to PCNs. There are some differences in how the clusters operate based on the local community, geography, and size.

Our teams work to rehabilitate patients in their own homes, avoid unnecessary hospital admissions, and promote health, wellbeing and independence. We also provide specialist end of-life care.

There are over 1600WTE (>2000 headcount) of staff working within the Community Division, working over 2000 square miles to serve a population of 615,000. The Community Division budget is mostly non-pay and totals to £61m (see **figure 7**). The teams deliver over 24 different services and specialities (**figure 6**) within people's homes and community settings.

Some core services such as community nursing, rehabilitation, social care (DCC) and urgent community response functions are managed and coordinated within each geographical cluster. Other specialist services such as musculoskeletal physiotherapy, podiatry, phlebotomy are managed and coordinated centrally in a hub and spoke model. We are care for more than 10,000 patients across our community caseloads, complete over 1250 home care visits every day and hold on average 118 speciality outpatient clinics every day across our community sites.

Figure 5 – Community Sites



1. Axminster
2. Budleigh
3. Crediton
4. Cullompton (Culm Valley)
5. Exmouth
6. Franklyn
7. Honiton
8. Moretonhampsted
9. Okehampton
10. Ottery St Mary
11. Seaton
12. Sidmouth
13. Tiverton
14. Exeter Community Hospital (Whipton Budlake and Poltimore)
15. Barnstaple Health Centre
16. Bideford
17. Holsworthy
18. Ilfracombe
19. South Molton
20. Torrington

Figure 6 – Service functions

Royal Devon University Healthcare Trust employees	
Castle Place GP Practice	Community Nursing
Hospital Discharge Teams (SPOA, Pathfinder and Social Care)	Out of hours Community nursing
Outpatient Clinics Support Team	Community Rehabilitation Team including Neuro Rehab
Urgent Care Response & Response and Recovery	Pulmonary Rehab
Community Parkinson's Nurse Specialist Service	Care Home Teams (education / safeguarding)
Lymphoedema	Lower Limb Therapy Service (LLTS)
Homeless & Inclusion project	Long Covid (Eastern and Northern)
Expert moving and handling and ILC (Independent Living Centre) (County Wide service)	ME/Chronic Fatigue Service (Eastern and Northern)
Ambulatory	MSK Physiotherapy
Phlebotomy	Podiatry
Community Hospital Inpatient staff for Tiverton (32 beds), Sidmouth (24 beds) Exmouth (16 beds)	
Devon County Council employees	
Care Direct Plus - includes safeguarding teams, OTs, Arranging Support teams, Assessment and Review teams	Preparing for Adulthood Team
Reaching for Independence Service for people with disabilities	In house disability respite Unit Greenfields
Social Care Reablement	In house Residential Home Woodland Vale
Disability and Older people day services	Disability Professional Lead

Figure 7 – Financial position; Cluster level budget position and aggregate

Row Labels	Budgeted WTE	Full year budget (1)
Area Wide Services	125.54	4,027,844.00
Area-Wide Services (Home Based)	74.34	3,630,079.00
Barnstaple Cluster	49.34	1,992,232.00
BLIS Cluster	76.52	3,282,504.00
Community - General	0.00	0.00
Community Admin	23.04	724,148.00
Community Inpatient Nursing	0.00	7,847.00
Community Medical	0.00	179,508.00
Community Podiatry	28.38	1,361,884.00
Exeter Central and East	102.15	3,803,697.00
Exeter Central and West	115.85	4,421,111.00
GP Service (Community Hosp)	42.61	2,126,051.00
Home Based Services CMO	103.06	3,773,311.00
Home Based Services Exeter	0.00	0.00
Home Based Services HOSM	111.58	4,110,801.00
Home Based Services SAS	181.65	6,355,583.00
Home Based Services TCU	195.50	7,321,964.00
Home Based Services WEB	150.74	5,367,473.00
MSK (Community Hospitals)	68.88	2,994,765.00
Specialist Services	25.33	1,070,532.00
Torridge Cluster	108.36	4,703,845.00
Grand Total	**1,582.87**	**61,255,179.00**

Row Labels	Budgeted WTE	Actual WTE	WTE Variance	Full year budget (1)
Pay	1,582.87	1,374.88	207.99	62,237,857
Non-pay				4,692,358
Non-patient income				- 5,675,036
	1,582.87	**1,374.88**	**207.99**	**61,255,179**

Following the establishment of the integrated Trust, the Northern and Eastern community teams came together under single Divisional Director leadership in November last year. This was a pilot to strengthen the close working between our community teams, in order to help us manage the Winter Plan period as effectively as possible and to better coordinate the very significant service footprint laid out above. In May 2023 the Trust's Operational Services Integration Group supported the recommendation from the pilot evaluation to permanently integrate the Community Division following a positive review of the pilot period.

4. Working in partnership

Empowering our local clinical and integrated health and social care operational leaders, they work collaboratively and creatively with our primary care networks, voluntary care sector groups, mental health at a place and neighbourhood level. Working in partnership at local level will be key not only for meeting the ambitions of the NHS Long Term Plan, but also to addressing wider issues and inequalities.

The recently published Fuller Report is focusing our 15 Primary Care Networks, CSMs, Clinical Matrons and AHP leaders to work together in a more integrated way – by reviewing and implementing the recommendations which look to further enhance how local health and social care systems maximise their capacity to better coordinate care for patients.

Relationships with the ICS are mostly through the locality teams and the evolving Local Care Partnership. A Devon wide Hospital Discharge Transformation Programme will enable an intelligent review of complex discharge pathways to ensure we are sharing and embedding consistent processes and best practice in order to deliver the discharge to assess model within the agreed £16m financial envelope.

5. Relevant national guidance in relation to community service provision

Community Rehabilitation

The Community Rehabilitation Team (CRT) is a core service within the Community Division. Each CRT is multidisciplinary comprised of Occupational Therapists (OTs), Physiotherapists (PT), Rehabilitation Nurses and Support Workers. The teams are operationally led by Therapy Managers and clinically led by Advanced Practitioners (APs) and Clinical Leads.

The CRT have a vital and pivotal role in supporting individuals in the community with short or long term injury or illness offering assessment, advice and tailored rehabilitation.

Community Rehabilitation support the strategic goal, defined in the NHS Long Term Plan (2019), to improve upstream prevention. The challenges CRT face are well described in the RightCare: Community Rehabilitation Toolkit (NHS RightCare; 2020) including how rehabilitation practice is commissioned and insufficient workforce to meet the demand.

NHS England are currently drafting the “Community Rehabilitation Model” which is due to be published this year. National engagement events suggest that the focus of the model will be on admission avoidance and pathway 1 discharge; which will require additional investment to ensure necessary upstream prevention work can continue to stem future demand to acute services.

Recruitment and retention remain a significant challenge and the following work is improving the position; band 5 OT and PT rotations between acute and community, apprentices, clinical champion roles, and embedding the professional pyramids.

Examples of innovation in Community Rehabilitation in 2022/2023:

- Developed and embedded Clinical Champion roles across Division to provide expert advice and support with complex assessment, intervention and case management, share evidence based updates and develop and deliver training and education for Band 5 and 6 therapists.

- Co-produced Strength and Balance Exercise Pathway. Individuals who are at an increased risk of falls now have access to an NHS based Strength and Balance class with seamless transfer into a 6 week (ICS funded) evidence based exercise class provided by external exercise providers.

- Falls Practitioner Role to deliver Falls Prevention and Awareness Training for Care Home Staff. In 6 months the Falls Practitioner has developed the training package, connected with 37 care homes, delivered 43 training sessions to 275 care home staff (n=802 ; total number of care home residents impacted).

Prevention

Community Services are well placed to take a lead on prevention; we have prioritised four workstreams under the banner of Prevention as part of the Help People to Return and Stay Well at Home programme.

All four workstreams (End of Life, Virtual Core Group meetings, Falls and Frailty and ‘One Town’ infrastructure) are involved with the identification and proactive management of people living with Frailty. Focusing on Frailty in this aligns with the NHSE and ICS guidance (including NHS Long Term Plan 2019, One Devon Joint Forward Plan, 2023) and it is, as described earlier, one of Deloitte’s 6 identified strategies.

Frailty accounts for significant healthcare utilisation; 73% of all hospital admissions in the 75+ population have a diagnosis of frailty (ICS Devon – Healthy Ageing Commissioning Handbook, 2022).
Key Frailty Prevention activities include:

- **Utilising a Population Health Management Approach:** with a focus on data driven risk stratification and an understanding of the wider determinants of health;
- **Frailty prevention:** Primary care, social prescribers, and the voluntary, community, and social enterprise (VCSE) sector all have key roles to play in preventing, reducing, or halting frailty and promoting healthy ageing;
- **Comprehensive geriatric assessment (CGA) with evidence for increased survival, health, independence, and a reduction in healthcare utilisation:** CGA cycles should be embedded in all services that interact with older people and should follow three "I Steps":
    - Information gathering stage;
    - Intervention stage; and
    - Information sharing. Care and support plans should be offered to the patient and (with consent) shared with health and social care providers in the locality.

Our next steps will focus on developing Alternatives to Admission (Admission Avoidance) from People's Homes – building on the Urgent Community Response model and working in partnership with Virtual Ward team we are developing pathways for the following cohorts of patients:

- Deteriorating patients (on existing community caseloads);
- Patients discharged from Respiratory Early Supported Discharge Team;
- Patients discharged from UCR caseload; and
- Patients in last 12 months of life.

We are anticipating that we will be able to start rolling out these pathways by Autumn 2023 in preparation for Winter 23/24.

Community Nursing

The Community Nursing Service comprises of a range of professionals including registered nurses, healthcare assistants (HCAs), Community Matrons, phlebotomists and administrators across the Community Nursing teams.

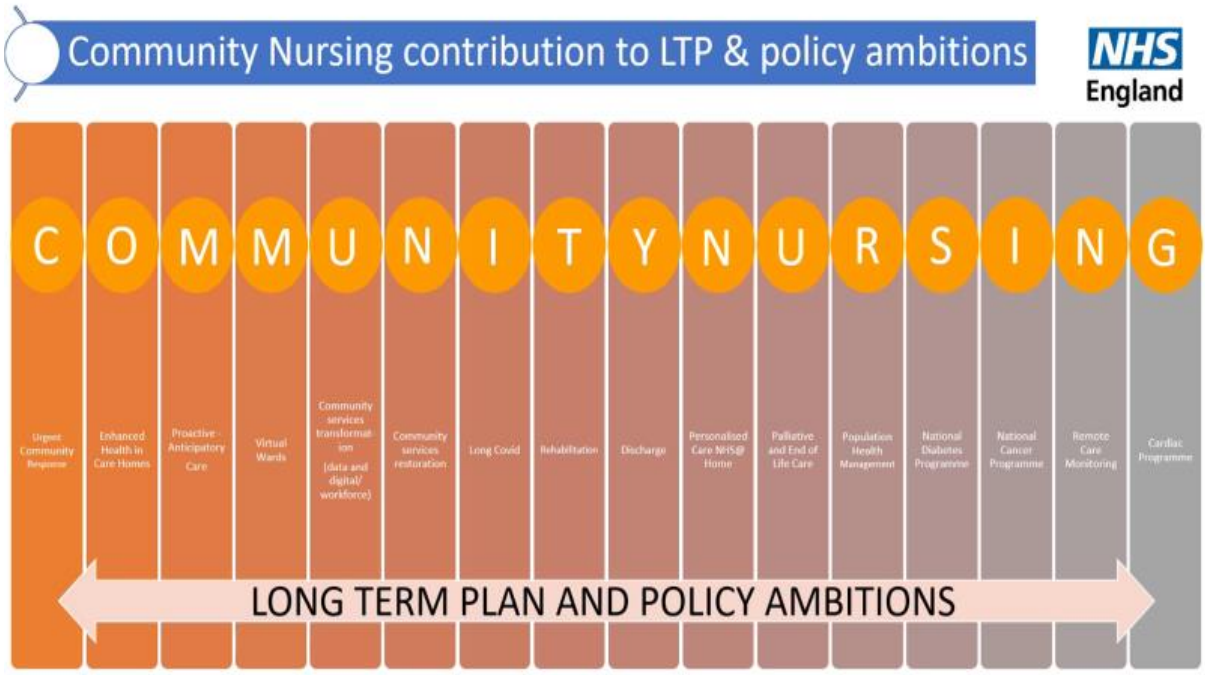
Community Nurses support individuals to remain in their own homes by providing holistic patient centred care for complex health conditions. This includes advanced care planning and appropriate escalation plans.

Community Matrons provide expert, intensive care management for patients with complex conditions, proactively support patients to reduce avoidable hospital admissions, and support hospital discharge arrangements.

The national Community Nursing Plan sets out an ambition to:

- Deliver the NHS Long Term Plan;
- Develop a clinical strategy to include community; and
- Fully utilise the skills of the community nursing team and Increase the skills and capacity of the workforce in order to meet the growing needs of the communities.

Figure 8 – Community Nursing contribution to the Long Term Plan (LTP)



A significant element of the national community nursing plan is the creation of the Community Nursing Safer Staffing Tool which will be used to capture information from the Community Nursing caseload by categorising complexity and demand on Community Nursing services. We will triangulate the data with the utilisation report from epic and health roster to review how we can prioritise more time to carry out a holistic and valuable assessment and treatment plan to those patients who are most vulnerable.

The Associate Director of Nursing is focused on improving staffing levels and redesigning the Community Nursing Workforce to ensure it is fit for the future. Extensive actions can be summarised from the following themes:

- **Maximise use of the national community nursing plan:**
  Raise awareness, align it to local policies, networking to understand and share best practice.
- **Understand and respond to the nuance of the community nursing workforce challenges:**
  Comprehensive risk assessment, immediate mitigations, apprenticeships, rotational posts, internal transfer programme, recruitment campaigns.
- **Maximise the skillset and effectiveness of our community nursing teams:**

Promote delegation of care and administration to Healthcare workers and carers; scope current skills and competence by July 2023; develop a rotational clinical skills program to promote upskilling by January 2024; update Career pathways for Community Nursing Staff and make recommendations through the annual staffing review process in December 2023.

Figure 9 – SW Community Nursing Plan

Community Hospital in-patient units

There are 88 community hospital beds across 4 community hospital inpatient units; South Molton (16), Sidmouth (24), Exmouth (16), Tiverton (32)

Community Hospital inpatients units support Individuals who have a focused rehabilitation need that cannot be met in their home environment or who require on-going monitoring but do not need an acute bed.

The model of rehabilitation offered in the community hospitals is described as intermediate care includes a strength-based and goal setting approach. Criteria lead discharge both for transfer into and discharge out of community hospitals will empower teams to improve morning discharges and occupancy levels.

In Eastern we are reviewing the current medical cover arrangements which in part are in house, and some sites it's through a service level agreement with primary care. In future we are considering more Nurse/Advanced Clinical Practitioner led units.

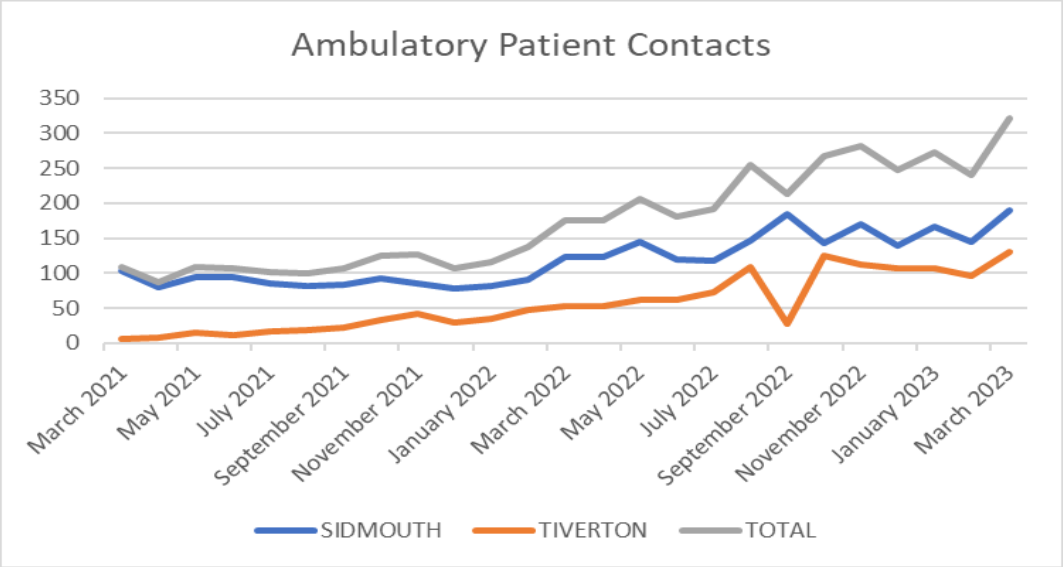
Ambulatory Care – Eastern Services

This service has expanded by transferring activity previously delivered in acute specialties to community and nurse led settings. In April 2020, as activity started to increase there were 58 patient contacts in the service. This has increased by 438% in three years with 312 patient contacts in April 2023 **(figure 10)**. The service provides infusions and transfusions to people who require them to manage long term conditions, including cancer care, as well as

supportive management for people pre-operative care. This prevents hospital admissions and enables conservative management in the community. The service of 7WTE receives referrals from primary and secondary care.

The Eastern Ambulatory Care team, responding to incidents in the Northern services have completed a benchmarking report that identifies several risks that are being mitigated and the clinical team are working through priorities to align governance and clinical processes.

Figure 10 – Ambulatory Patient Contacts



Ambulatory Care is central to the roll out of the Acute Hospital at Home (virtual ward) and is acting as a training hub for other teams in the management of infusions and transfusions. It receives admission avoidance referrals from acute admission areas and has the potential for further expansion subject to funding and space. The service is also exploring opportunities with the Nightingale Community Diagnostics Hub and the potential to provide these as part of an outreach service. With the number of people aged 65+ with four or more diseases set to double by 2035[1], the service is well placed to provide conservative and ongoing management for patients closer to home and reducing remand on acute specialties.

Chronic Fatigue and Long COVID-19 rehabilitation services

These services work across north and east Devon and have an MDT including Medics, Specialist Nurses and Occupational Therapists. The Chronic Fatigue caseload is relatively small at 328 with 3.7WTE staff and is delivered remotely via online consultations. The Long COVID Assessment Service receives referrals from primary and secondary care and is meeting the national target of all patients being seen within 6 weeks (currently at 25 days, June 2023). The service continues to receive referrals from patients who had COVID in the earlier days of the pandemic and receives additional non-recurrent funding from NHSE in

[1] https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

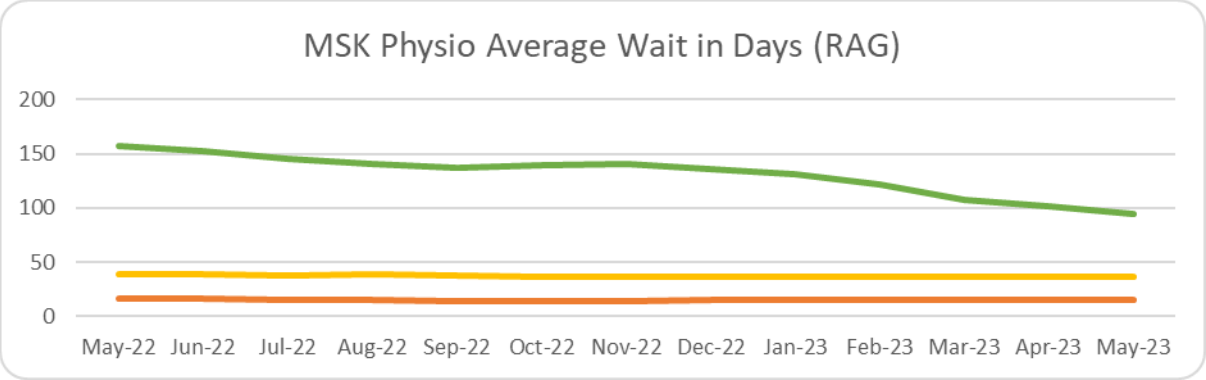
recognition that this is a new disease. The service participates in regular reviews and regional forums and is somewhat exposed to changes in national policy.

There has been an increase in the number of patients presenting at the Trust with “severe” ME that the current rehabilitation service is not set up to manage. These patients typically require novel management through a medical led MDT and inpatient care. The current community rehabilitation service is working with medical leads to scope out a potential future service model.

Musculoskeletal (MSK) Physiotherapy

Community MSK comprises three services employing ~68WTE staff. The three services are MSK Physio, Extended Scope Physiotherapists (ESPs) and First Contact Practitioners (FCPs). MSK Physio and ESPs provide rehabilitation to patients in outpatient settings across Eastern Devon. FCPs provide first contact physiotherapy and is commissioned separately by Primary Care Networks (PCNs) in the Eastern Locality under the NHSE Additional Roles Reimbursement Scheme.

Figure 11 – MSK Physio Average Wait in Days



MSK physios completed nearly 46,000 patient contacts last financial year and have made significant gains in recovering from the pandemic with waiting times reduced to near pre-pandemic levels in most areas and this is due to the additional investment from the Elective Recovery Fund. The service is meeting the national targets[2] for wait times for urgent patients and is on track to meet the target for non-urgent patients before the end of the financial year. The service has supported orthopaedic recovery with more complex post-operative patients being referred for rehab following hip and knee replacement surgery.

The FCP programme[3] has been a significant success with the Local Medical Committee (LMC), representing PCNs from across the locality, requesting more input due to the benefit of reducing demand on primary care. Following a successful pilot in 2020, the service has expanded from 6.5WTE to 18WTE in the past two years. A recent service evaluation found

[2] NHS England » An improvement framework to reduce community musculoskeletal waits while delivering best outcomes and experience
[3] https://www.england.nhs.uk/gp/expanding-our-workforce/first-contact-physiotherapists/

that following a consultation with an FCP physio, 80% of patients did not see another clinician for the same presenting issue in the three months following that appointment. This demonstrates significant benefit to primary care, MSK physio and orthopaedics as the highly specialist physiotherapists are better able to support conservative management in the community.

Podiatry

Community Podiatry is a highly specialist service with a caseload of ~10,000 patients. The caseload for podiatry has increased by 20% in the last 12 months due to significantly more incoming referrals than discharges. A majority of patients seen by Podiatry require podiatry care due to complex comorbidities including diabetes and remain on the caseload due to the nature of long-term condition management including preventing hospital admissions and amputations.

Last financial year the Podiatry Service completed nearly 30,000 individual patient contacts, of which 73% were high risk and complex cases that include diabetes mellitus, critical limb ischaemia, symptomatic peripheral arterial disease and severe immunosuppression. Podiatrists and Podiatry Assistants provide care in clinics across Eastern Devon including rotating into the acute diabetic foot clinic (as part of the Macleod Diabetes and Endocrine Centre at Wonford) and also deliver domiciliary care visits to those most at need.

Nationally diabetes is increasing and with this and other complexities the projected caseload is due to double over the next 5 years without intervention.

The community podiatry service is currently going through a period of transformation to enable the service to protect those highest risk patients and reduce hospital admissions and amputations. This has involved revising the access criteria to the service to review and discharge patients with a lower podiatry need. The plans are progressing through the organisational and ICB governance frameworks and implementation is on track to begin in September 2023. Due to the national shortage of qualified podiatrists the service has been an organisational leader in developing clinical apprenticeships and from September 2024 the service will have five apprentices across 3 years.

Castle Place Practice

Castle Place Practice is a general practice surgery in Tiverton with a patient list of ~14,000. The Trust acquired the practice in 2018 following strategic discussions regarding the opportunities of vertical integration. This integration took place prior to the NHS Long Term Plan in 2019 that stimulated structural changes to general practice including the formation of Primary Care Networks and greater investment in non-medical roles[4].

This practice employs ~41WTE and has a broad MDT that includes GPs, practice nurses, Advanced Nurse Practitioners, HCAs, pharmacists, care coordinators, and advanced

[4] https://www.longtermplan.nhs.uk/areas-of-work/primary-care/

physiotherapists and mental health clinicians provided by other RDUH services and Devon Partnership Trust. Last financial year the practice delivered ~80,000 individual appointments of which nearly 70% were face to face.

There is a large amount of constructive support and development working taking place in support of the practice with the full engagement of the Division and this forms a significant element of the work programme in this financial year.

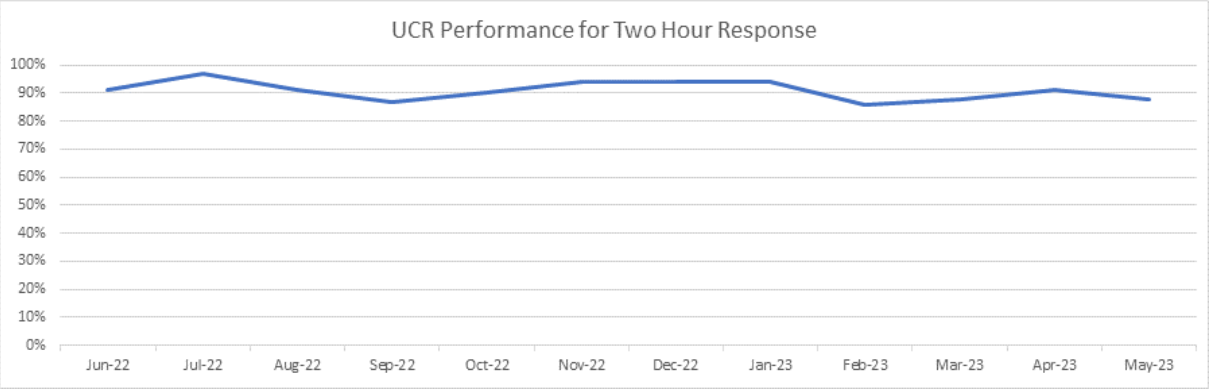
Considerations for the future relationship with primary care remain ongoing at a strategic and operational level given the ongoing challenges of resilience being experienced across primary care in Devon. Successful examples of vertical integration in Wolverhampton have been achieved through a significant strategic decision to integrate with successful practices at scale provide one model; and support models such as Primary Care Support Units have proved useful as intermediate measures in the integrated Scottish and Welsh Systems at regional level. As our approach to risk assessing primary care develops, our lessons from integrating with Castle Place Practice will be helpful in informing next steps.

6. Current organisational position against national targets

There are three national targets aligned to Community Services. These are:

Achievement of over 70% 2 hour Admission Avoidance Response (NHSE UCR standards 2022) for the Urgent Community Response function in the community. This target is derived from the national Ageing Well programme which introduced 7 days working from 8am to 8pm for the UCR teams to support admission avoidance. The trust is consistently performing at over 80% for this target (**figure 12)**.

Figure 12 – UCR 2 hour admission avoidance performance



UCR Discharge Destination which measures the number of patients in out of hospital settings. In May 2023 77% of patients within the UCR service remained at home (independently or with a package of care), 16% transferred to a bedded setting and 7% passed away at home. We are performing above the national average for UCR outcomes, but continue to drive improvement through:

- Collaborative working with AHAH (Virtual Ward) team to develop clinical pathway for admission to Virtual Ward from patients own homes.
- Plan to introduce self-referral pathway into UCR by Autumn 2023 (aim to reduce calls to 999/111 and crisis admission to ED for targeted cohort of 'at risk' patients).
- SWAST BI to share Care Home conveyance data to enable targeted localised actions plans (including focused Falls Practitioner/ Palliative Care Facilitator input to Care Homes and Advanced Care Planning for residents).

No Criteria to Reside (NCTR) 5% which includes a focus on performance of discharge across simple and complex discharge pathways (described in **figure 13** below) once a patient is clinically ready to leave hospital or no longer requires acute bedded medical care.

Figure 13 – Discharge Pathways description

Pathway 0 – patients who can be discharged from hospital and do not require community support.

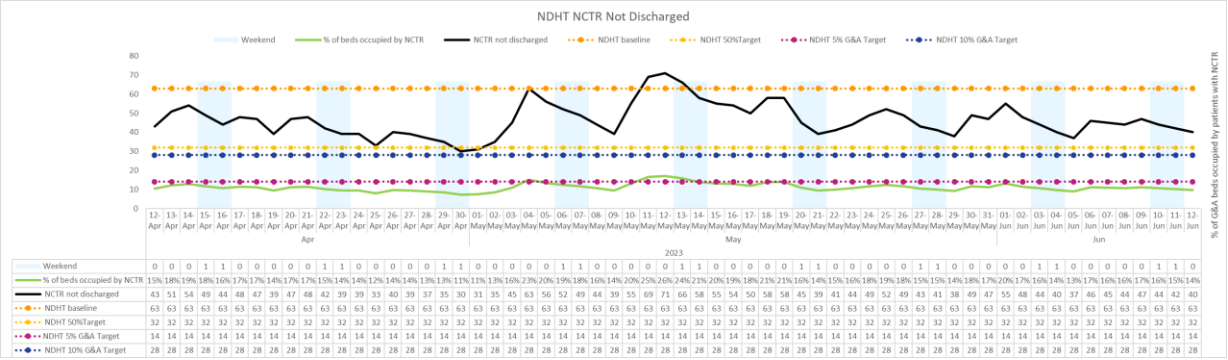
Pathway 1 – patients who require short term support to safely return home, being assessed for any medium to longer term needs in a home setting. UCR predominantly support this cohort of patients.

Pathway 2 – patients who require a short stay in bedded non acute setting (either a care home or community hospital) to increase their independence before returning home.

Pathway 3 – patients who have had a life changing event and require an assessment and support to move into a care home straight from hospital.

Delivery of the Trust NCTR target of 5% is the key to unlock the 23/24 operational plan to ensure we have adequate bedded capacity to manage unscheduled demand and protect ring fenced elective capacity for the recovery plan.

Figure 14 – Northern NCTR (May data)

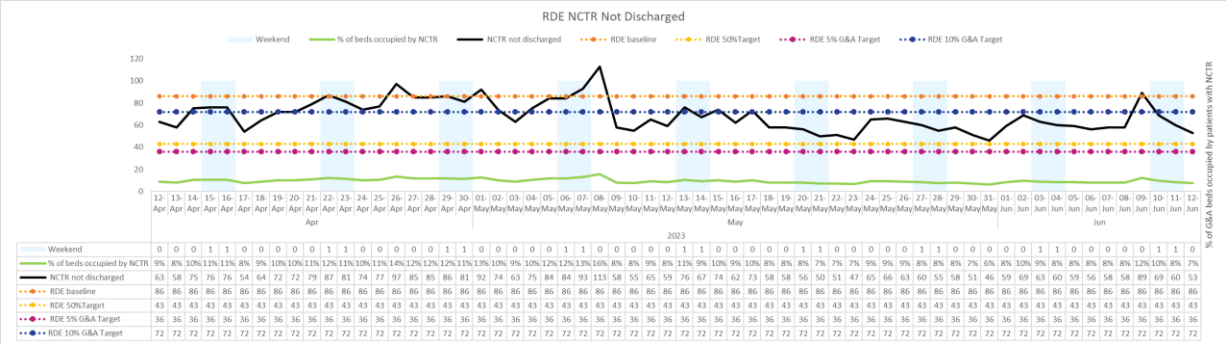


As seen in the current Integrated Performance Report and in **figures 14 and 15**, the Trust stands just shy of its trajectory for NCTR on the way to 5%, but the impact of Industrial

Action will worsen this position and it will be important to maintain focus on its delivery and to continue enlisting the support of partners (ICS and DCC to support us in this endeavour).

In addition to these targets, there is a South West regional focus on recovering the community waiting list position which is in part, due to the impact of the COVID-19 pandemic. Within the South West the Devon providers have one of the overall smallest waiting lists nationally, however, carry a disproportionate number of long waits across both cohorts of patients. Following a period of understanding and rectifying data quality issues we will be clarifying an improvement trajectory to reduce waiting list volume by 30% by Q4 of 23/24.

Figure 15 – Eastern NCTR (May data)



7. People

Vacancies

In February 2023, vacancies were at 16.7% in Eastern and 15.9% in Northern compared with 7.4% and 7.7% in October 2021 for Eastern and Northern, respectively. This hides outliers such as 37% Registered Nurse (Community Nursing) in Cullompton and 35% for UCR Support Workers in Crediton, Moreton Hampstead and Okehampton. Northern community have the same workforce vacancy challenges, with teams which are smaller and therefore vacancy represents a higher % rate.

There are local factors that mean Community Services is in an especially difficult position. The rurality of many of the areas that the Division covers is a challenge due to the costs of travel. Devon has an older populational profile with average age for the community in Eastern and Northern Devon ranging between 48.4 and 51.4 years, compared to the national average of 40.1 years. In East Devon, the 65+ age range set to grow over the next 10 years growing from 30.1% of the population in 2017 to 32.5% of the population in 2027. This is important to note because there are more older people who need care from Community Services and there are fewer working age people to provide that care.

The Division has agreed the following priorities via the Trust's Strategic Resourcing Group:

- Community Nurse recruitment (inpatient hospital and community);

- Urgent Community Response/Response and Recovery Support Worker recruitment; and
- Occupational Therapists & Physiotherapists (“Therapies”).

The following actions have been identified to respond to the above priorities:

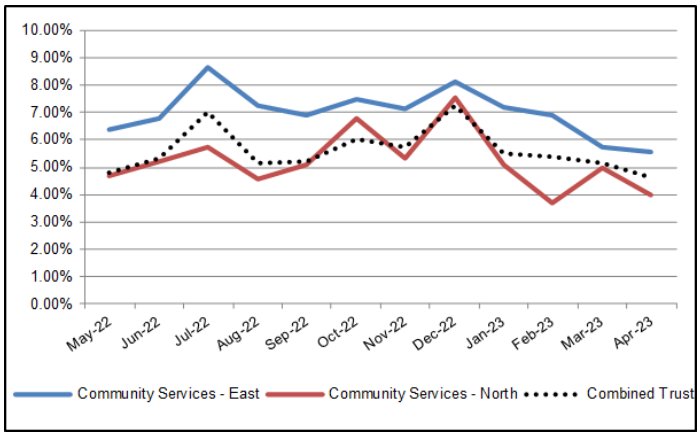
- Engaging with central marketing and resourcing teams to deliver profession focussed recruitment campaign (Community Nursing commence April 2023, AHP due to commence);
- Development and review of marketing materials including community nursing and AHP brochure, developing careers stories and profiles;
- Continued Divisional engagement with Trust wide events for registered and unregistered nursing roles;
- Developing community nursing rotational post between community and medicine services;
- Commencing Community Nursing based apprenticeships;
- Engagement and participation in Trust People focussed pilots including, stay conversations pilot, streamlining application form for UCR Support Workers;
- Exploring RRP opportunities for UCR Support Workers;
- Review UCR Support Worker job descriptions to be consistent with the expectations and standards of other Support Worker roles within the Trust;
- Attending careers events internally and with local colleges; and
- Utilising advertising platforms such as social media, Total Jobs and Indeed to raise the profile of community services.

Health and wellbeing activity

Sickness Absence

The Division’s Sickness absence % monthly rate (FTE) remains above the Trust average **(figure 16)**. Community Services is consistent with the Trust trend for sickness absence reasons, with Anxiety/Stress/Depression/Other psychiatric illnesses consistently being the highest reason, on average, for sickness absence, with absence rates for infectious diseases and cold/cough/flu fluctuating due to seasonal illnesses and infections.

Figure 16 – Sickness absence activity



Health & Wellbeing

It is recognised from feedback such as the NHS Staff Survey, that the increased absence, particularly for reason of metal health can be linked to the staffing position within our services. With the significant vacancies that are held within teams, as noted above, our people continue to work hard to meet the need of our communities, working extended and additional hours to do so. The development of the Divisional people plan has been development and the actions within this (related to recruitment and retention) will also impact health and wellbeing of our people.

Actions include analysing people trends (employee support and resolution team), Divisional engagement with sickness absence surgeries, engagement with civility at work activity and freedom to speak up, encourage learning in forums, promotions of breaks and flexible working.

A Divisional Health & Wellbeing Champion group was re-energised in March 2023, bringing together champions from across the Division to represent their peers with requests for additional support that teams feel make a difference. This has resulted in further communication of the health and wellbeing offerings, an opportunity to take forward community specific actions (for example, community listening cafes) and increased uptake of mental health awareness training.

The Divisional People Plan has been developed to specifically set out activity and actions the Division will undertake to address a number of workforce challenges. The actions require cross-functional engagement to respond to key milestones of the employee journey and experience within the Division, from attraction of the role, 'stay conversations', enabling a learning culture, providing opportunities and career pathways to support attraction and development, and celebrate the work of our colleagues. The action plan is separated into themes: recruitment, retention, workforce programmes, and staff engagement – the majority of which will have an impact and response to the results and learning identified from the NHS Staff survey results.

8. Risks and Issues

The Community Division has a strong governance framework embedded to ensure that escalations from local cluster governance meetings are brought to the monthly Divisional Governance Group for support of mitigations and direction.

With the implementation and of the new risk policy and the application of the risk thresholds, we currently have two risks on the Divisional risk register.

Community Operational Activity Current Risk Score – 10

On average, around 900 visits are made to patients' homes each day and the average active caseload for the Division is 11000 patients.

This risk assessment captures the main hazards which may be encountered during the course of community work but all staff is also responsible for dynamically risk assessing their environment and taking appropriate actions to remain safe as far as reasonably practicable.

HSE guidance states there is no legal requirement to conduct a specific, separate risk assessment for lone workers. However, we have a duty to include risks to lone workers in a general risk assessment. The Lone Working Risk Assessment in now encompassed within the Community Staff Activity Risk Assessment.

There is a piece of work to standardise the use of lone worker devices to help further mitigate the risk.

Community Service Division Site Health & Safety Risk Assessments - Current Risk Score 12

This encompassed a suite of standard risk assessments for staff activity within Trust sites. These are site specific for each Trust site and reviewed annually.

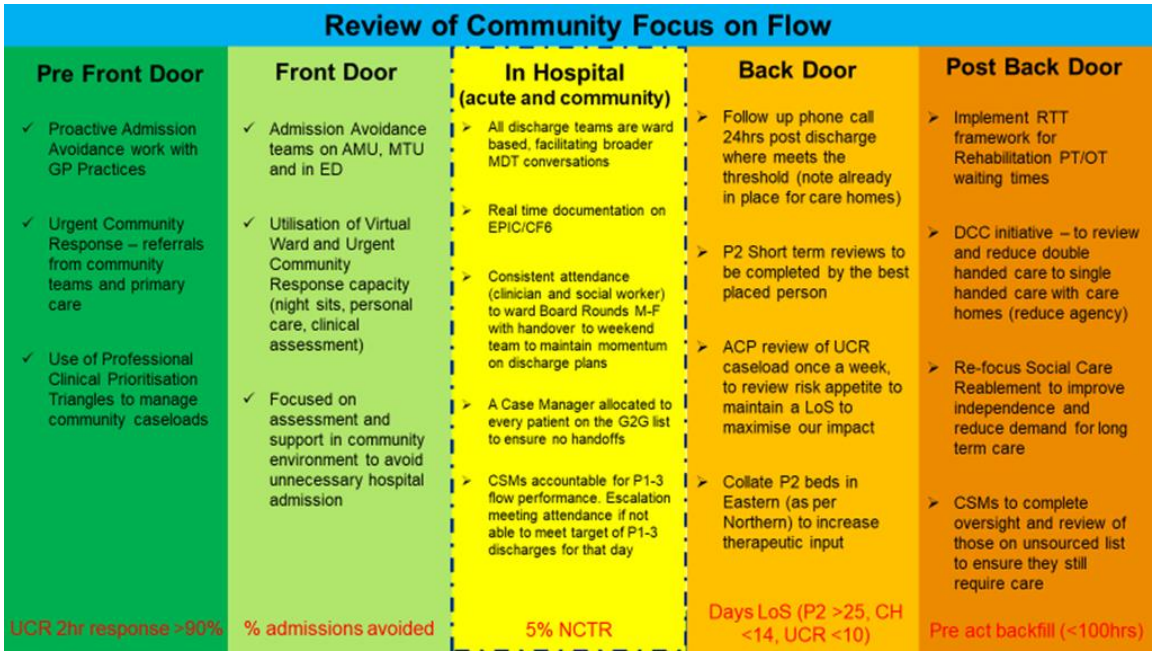
In addition, due to the nature of the autonomy of community roles, we have the following operational risks that we review to ensure we continue to support our staff to feel safe and supported at work.

9. Community Priorities for 23/24

The priorities for the service over the course of this financial and operational plan cycle are to:

- Achieve efficiency improvements for pathways 1, 2, 3 (in parallel with Pathway 0 improvement) to achieve the No Criteria To Reside (NCTR) 5% target at both acute hospitals. Within this we will continue to drive the Hospital Discharge model from within the **Help People Home** programme **(figure 17)**.
- Deliver our people plan which includes recruitment, retention and development of our workforce.
- Formal integration of the Community Division which will bring more opportunities to share and spread best practice, drive consistency with local flexibility to meet the needs of the different populations, and further develop the prevention focused Stay Well at Home model.

Figure 17 – Help People Home model



10. Conclusion and next steps

This paper highlights the breadth, depth and opportunity within the Community Division of the Trust and the partnership working it depends upon. The intention of producing and sharing this paper for Board has been to deepen the Trust Board's understanding of the Community Division and to gain a steer on our direction of travel.

Whilst the focus in the here and now is on achieving the 5% No Criteria to Reside NCTR target to unlock the potential of the 23/24 plan, the future strategy for the function and the organisation has to be focused on reducing length of stay. Our intuition and the available evidence base suggest that this will be best achieved by a strong focus on out of hospital service and integrated service designs and pathways; greater focus on data driven risk stratification and models of preventative care; and a full embracing of our role as an anchor institution to support primary, community and mental health services across our geography.

11. Recommendations

The Board is asked to **NOTE** the Community Services Deep Dive and **AGREE** to receive a further Community Strategy in October 2023 following consideration of the Clinical Strategy in July.

Agenda item:	9.2		Date: 28 June 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:	John Palmer, Chief Operating 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)			

Royal Devon University Healthcare NHS Foundation Trust

Contents

Overview – Executive Themes and Actions to Raise at Board

This IPR covers the period of May 2023 which opened with the end of Industrial Action at the end of April and the organisation's CQC well-led review. The month of May had less complexities than previous months in terms of prevailing service pressures, but did contain three Bank Holidays (including an additional day for the Coronation) and half-term leave which of course has had an impact on activity in month That being said, the month saw the organisation holding relatively closely to its operational and financial trajectories within the Financial and Operational Plan. This month, we have continued to seek to align the Integrated Performance Report with the Financial and Operational Plan for 2023/4 and this is reflected in the overarching scorecard at the beginning of the document which clearly shows our delivery against our key operational and financial targets in month, and the distance to travel remaining for year end delivery. In particular financial and Delivering Best Value updates are now included as intended. Unfortunately we have had two data quality issues to manage in the course of April and May which are detailed below – both declared openly, transparently and with neither patient nor performance impact beyond reporting errors; and both regularised swiftly with NHSE engagement.

Recovering for the Future

The Trust wide operational performance dashboard for May shows clearly that we continued to make positive progress on **elective recovery**, All three long waiting domains of 65, 78 and 104 week waiting patients improved and we maintained a positive position against trajectory. As we have moved into June and shortly into July, despite the loss of more activity through further Industrial Action, we are maintaining close to trajectory performance and are confident of a 0 104ww position by the end of July. This will be a very symbolic achievement for our teams.

For **cancer services**, we were just outside trajectory for our 62 day waiting target partly driven by the significant clinical challenges we continue to manage in colorectal and urological services. We should however note within the Trust wide percentage that Northern Services were just short of the national target of 6.4% in May and have since established a positive trend which has brought the service to compliance (under 6%) in June. The Trust exceeded its in month trajectory for both Northern and Eastern Services on the Faster Diagnosis Standard and it should be noted that we fell just short of compliance with the actual end of year target. Importantly, we are also now very close to a reporting solution for our Cancer Outcomes and Dataset backlog.

Urgent care performance saw the Trust sitting just behind the planned trajectory for both Type 1 and Types 1-3 targets, but actually there was a drop in Eastern Services performance against Type 1 and also ambulance handover performance in May. This dip in performance is explained by a combination of episodic diverts absorbed during this period and the ongoing reconfiguration works in ED as well as a significant increase in attendances (which both sites experienced). In the here and now diverted ambulances should become better managed through the catchment change recently adopted; and the ED works are shortly coming to completion, which provides the opportunity for performance improvement.

Outside of the financial and operational plan targets, **Diagnostics performance** was static against the 6ww target overall in May, but in the areas where we have planned trajectories for this year it is only medical endoscopy that is off plan, with mitigations in place for both Sites in the form of mobile capacity for Eastern and outsourcing/insourcing provision for Northern Services.

Overview – Executive Themes and Actions to Raise at Board

The Trust implemented a **new financial ledger from 1st April 2023** and despite significant preparation there have been a number of issues experienced. In the main these have been resolved, but there is a resultant backlog in order and invoice authorisation. Focus has been on ensuring clinical supplies are maintained to avoid any disruption to services. This is reflected in the low level of better payment practice code invoices in the first two months of the year and will also be seen in the month 3 figures. Recovery actions are being worked through to address the backlog. It is expected that we will return to previous levels by month 5. Focus remains on maintaining clinical supply but also smaller suppliers. We have however, been able to validate the Trust wide financial position. Overall **we remain on plan for month 2**, but with an under delivery on our DBV programme which is in part recoverable in future months but offset through underspends due to lower than planned activity levels. There is more work to do in month 3 to provide assurance on the remaining gap on our savings programme.

Collaborating in Partnership

The Board received an excellent presentation from Devon County Council colleagues in the last cycle and this month it is receiving a **deep dive of community services** that will cover further ground in detail. The Executive escalations made to DCC and ICB on discontinuity of funding streams has now received a clear response from Jane Milligan and this will provide more certainty and less disruption in terms of booking agency activity for the rest of the year. The IPR reflects that the early stabilisation of funding streams did have a positive impact on care hours lost in May and we will aim for this to continue towards the middle of the year. May's **No Criteria to Reside** financial and operation plan performance was positive against planned trajectory in month but currently the impact of Industrial Action has pushed us behind plan. This position should normalise over the next two weeks and in the meantime we will be seeking to finalise the UEC funding position for this year which remains the one outstanding funding area for clarification by the ICS.

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 May there were no medication incidents across the Trust and one moderate harm fall in Northern and four in Eastern Service. Overall falls remain within normal variation. One of these harms is subject to investigation processes in order to maximise opportunities for learning. **There was one Serious Incident in Eastern Services (a pathway error) in May and no Never events reported in either Service.**

A Great Place to Work

Across the Trust, we continue to see a positive picture in many of our people metrics, with **turnover and sickness levels continuing to reduce and vacancy rates remaining below the planned level**. Recruitment activity remains positive; however, the number of candidates awaiting pre-employment checks is increasing, putting additional pressure on the recruitment team, with time to hire having also increased. It is possible that this could be attributed to the number of Bank Holidays throughout May 2023.

Overview – Executive Themes and Actions to Raise at Board

Data quality and reporting

The last data quality update reported to the Board and included in the IPR was in the April 2023 report, which reported on the successful resolution of known material data quality issues. Within the last month two new issues have been identified and summarised below:

Cancer 62 day consultant upgrade

This metric is part of a suite of supplementary Cancer metrics, performance against which is monitored internally across the Trust and reported to NHSE, but does not form part of the core suite of Cancer metrics that are reported through the IPR or tracked on a weekly basis through the Tier 1 process. It has been identified that incomplete data has been submitted to NHSE since August 2022. Between August 2022 and May 2023, only Northern data was being submitted to NHSE as opposed to Trust wide data covering Eastern and Northern. This issue has been corrected prospectively and retrospectively (re-submitted to NHSE) and additional control / review measures have been put into place.

RTT monthly data

RTT performance is reported and submitted to NHSE through weekly and monthly submissions. In recent months there have been concerted efforts to improve business intelligence scripts to correct logic errors such as duplicate patients, incorrect start dates etc. and these improvements and progress have been reported in the IPR. This was successfully completed in March, with revised data being submitted through the weekly process from April onwards, but it has been identified that the work to align the monthly submission was still in progress and so the date submitted in the monthly reports for April and May have been overstated for long waits, which is also the data source used for the IPR.

The work to resolve this issue has now been completed, and so the April and May RTT positions have been corrected in this report and going forward the weekly and monthly scripts will align. The May monthly submission to NHSE has been updated and a request made to resubmit the April position. This issue has also been reported to the ICB and to NHSE. A briefing was provided to the Finance and Operational Committee and a number of additional process / control improvements have been implemented, including commencing a review of other data sets with daily, weekly, monthly outputs. This issue affected reporting only, and the scripting improvements made were to align with internal monitoring within the EPR. No patients have been impacted by this issue.

RTT metric	April IPR	Restated April position in May IPR	Variance	% Variance
104+	29	17	*12*	*41%*
78+	690	646	*44*	*6%*
65+	2,715	2,672	*43*	*2%*
Total incomplete*	83,894	75,530	*8,364*	*10%*

* Total incomplete pathways are not shown on Trust wide dashboard but are shown individually on Eastern and Northern performance dashboards.

Balanced Scorecard – Looking to the Future

Successes

- Positive visit from NHSE SW Regional Director (E with N to follow)
- Completion of Invited Service Review programmes in Cardiology and Spinal Services
- Well led and managed Industrial Action periods
- Recruitment & retention plans are showing positive results in relation to vacancies
- Provision of a postcode catchment change to support neighbouring Trusts whilst maintaining ambulance handover performance
- ICS clear letter response on partnership funding flows
- Appointment of an Improvement Director to drive performance against financial and operational plan
- Secured funding for insourcing & outsourcing and mutual aid capacity to maintain excellent clearance rate.

Opportunities

- Delivery of the 2023/4 financial and operational plan
- TIF bid for elective infrastructure to resubmit
- TIF bid for data layer investment to be submitted
- Rapid implementation of the Northern Services Acute Medicine Model
- 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
- Initiation of the integration programme, OSIG and CPIG
- Development of UEC tier 1 plan / Winter Plan
- Delivery of tier 1 cancer against clarified exit criteria
- Delivery of tier 1 elective recovery plan and clearance of patients waiting 104wws
- GIRFT further and faster programme.

Priorities

- Safety of our services with a focus on ED and overall flow
- Staff Health and Wellbeing
- Improvement of approach to Devon UEC
- Delivery of the 2023/4 financial and operational plan and improvement approach
- Delivering Best Value to meet the demands of our financial and productivity plan
- Reducing the number of NCTR patients through ICB/Region/National escalation
- Completion of our detailed Business Informatics plan and data layer.
- Standardisation of job planning and leave planning.

Risk/Threats

- Continued Industrial action (June 14-17th just completed; July 13 – 18th for Junior Doctors)
- Potential request for extension beyond August 2023 to temporary ambulance catchment change
- Delays in sign off of remaining UEC funding for this year
- Potential loss of confidence in reporting due to continued 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 balance delivery across financial and operational plan
- Primary care fragility

Trust Executive Summary

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Apr-23	This Month May-23	vs Prior month	FOP Trajectory	National target	FOP EOY target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	2672	2556	-116	2346		868
	RTT 78 Weeks waited	Total count	646	607	-39	485		0
	RTT 104 Weeks waited	Total count	17	14	-3	8		0
	Cancer - Over 62 day waiters	Total count	303	292	-11	263		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	8.8%	9.0%	0.2%			6.40%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	75.6%	74.4%	-1.2%	70.9%	75%	75%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	56.7%	54.8%	-1.8%	58.3%		70%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	64.6%	63.2%	-1.4%	66.5%	95%	76%
	No criteria to reside	Average daily count	119	116	-3	122		49
	No criteria to reside	NCTR as a % of occupied beds	11.6%	11.2%	-0.4%	12.1%		5%
Trust Financial Plan Metrics	Financial performance: I&E surplus / (Deficit)	Year to date position £000	(5,757)	(8,678)		(8,678)		(28,000)
	Delivering Best Value financial savings delivery	Year to date position £000	1,581	3,523		4,567		60,300

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Apr-23	This Month May-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	*Vs baseline (2019/20)*	94.2%	105.4%	11.2%	107.9%	104%
	Outpatient activity (FU)	*Vs baseline (2019/20)*	109.3%	132.0%	22.7%	93.1%	75%
	Elective inpatient activity	*Vs baseline (2019/20)*	50.8%	57.8%	7.0%	85.7%	104%
	Elective daycase activity	*Vs baseline (2019/20)*	95.7%	106.0%	10.3%	103.8%	104%
	RTT 18 week performance	*weeks vs total Incomplete pathways*	48.0%	49.0%	1.0%		92%
	Incomplete pathways	*Total count*	25571	25103	-1.8%	23858	
	RTT 52+ weeks waited	*Total count*	3338	3382	1.3%	2766	
	RTT 65+ weeks waited	*Total count*	1303	1307	0.3%	1069	
	RTT 78+ weeks waited	*Total count*	284	285	0.4%	164	
	RTT 104+ weeks waited	*Total count*	0	1	0.0%	0	
CANCER	2 week referrals	*Performance*	74.6%	85.5%	10.9%		93%
	28 day faster diagnosis standard	*Performance*	72.0%	69.4%	-2.6%	55.9%	75%
	Urgent GP referral 62 day	*Performance*	57.4%	61.0%	3.6%		85%
	Cancer - Over 62 day waiters	*Total count*	46	49	6.5%	81	
	Cancer - % 62 day waiters against total open pathways	*% patients over 62 days against open pathway*	6.3%	6.7%	0.4%		

Domain	Measure/metric	Definition	Last Month Apr-23	This Month May-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	*Vs baseline (2019/20)*	112.6%	96.8%	-15.8%	76.8%	
	A&E attendances	*Vs baseline (2019/20)*	112.0%	116.0%	4.0%	89.2%	
	4 hour wait performance	*Patients seen <4 hours vs total attendances*	58.7%	63.6%	4.9%	62%	95%
	Ambulance handover delays >30 minutes	*Total count*	362	289	-20.2%		
	Residual no criteria to reside	*Average daily count*	44	50	13.6%	43	
	Residual no criteria to reside	*NCTR as a % of occupied beds*	14.7%	16.9%	2.2%	16.5%	
DIAGNOSTICS	6 week wait referral to diagnostic test	*% of diagnostic tests completed in 6 weeks*	53.0%	52.4%	-0.6%	N/A	99%
	MRI activity	*Vs baseline (2019/20)*	144.0%	147.3%	3.2%	131.2%	
	CT activity	*Vs baseline (2019/20)*	146.2%	150.0%	3.8%	146.5%	
	Medical Endoscopy activity	*Vs baseline (2019/20)*	114.9%	177.7%	62.7%	185.0%	
	Non-obstetric ultrasound activity	*Vs baseline (2019/20)*	97.9%	97.6%	-0.3%	88.5%	
	Echocardiography activity	*Vs baseline (2019/20)*	366.4%	164.8%	-201.6%	165.7%	

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary

Eastern Services Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Apr-23	**This Month May-23**	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	85.5%	**92.5%**	7.0%	111.2%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	134.8%	**145.4%**	10.6%	112.5%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	58.2%	**64.6%**	6.4%	85.4%	104%
	Elective Daycase Activity	vs baseline (2019/20)	94.6%	**106.5%**	12.0%	112.2%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	52.9%	**54.5%**	1.5%		92%
	Incomplete Pathways	Total count	52073	**51463**	-1.2%	54972	
	RTT 52 Weeks waited	Total count	3833	**3736**	-2.5%	2864	
	RTT 65 Weeks waited	Total count	1369	**1249**	-8.8%	1277	
	RTT 78 Weeks waited	Total count	362	**322**	-11.0%	321	
	RTT 104 Weeks waited	Total count	17	**13**	-23.5%	8	
CANCER	14 Day Urgent	Performance	72.2%	67.6%	-4.7%		93%
	28 day faster diagnosis standard	Performance	76.8%	76.0%	-0.7%	55.9%	75%
	Urgent GP referral 62 day	Performance	60.3%	67.2%	6.9%		85%
	% 62 day waiters against total open pathways	62 day waits as a % of total pathways	9.5%	9.6%	0.1%		
	Count of open pathways over 62 days	Total count	257	243	-5.4%	182	

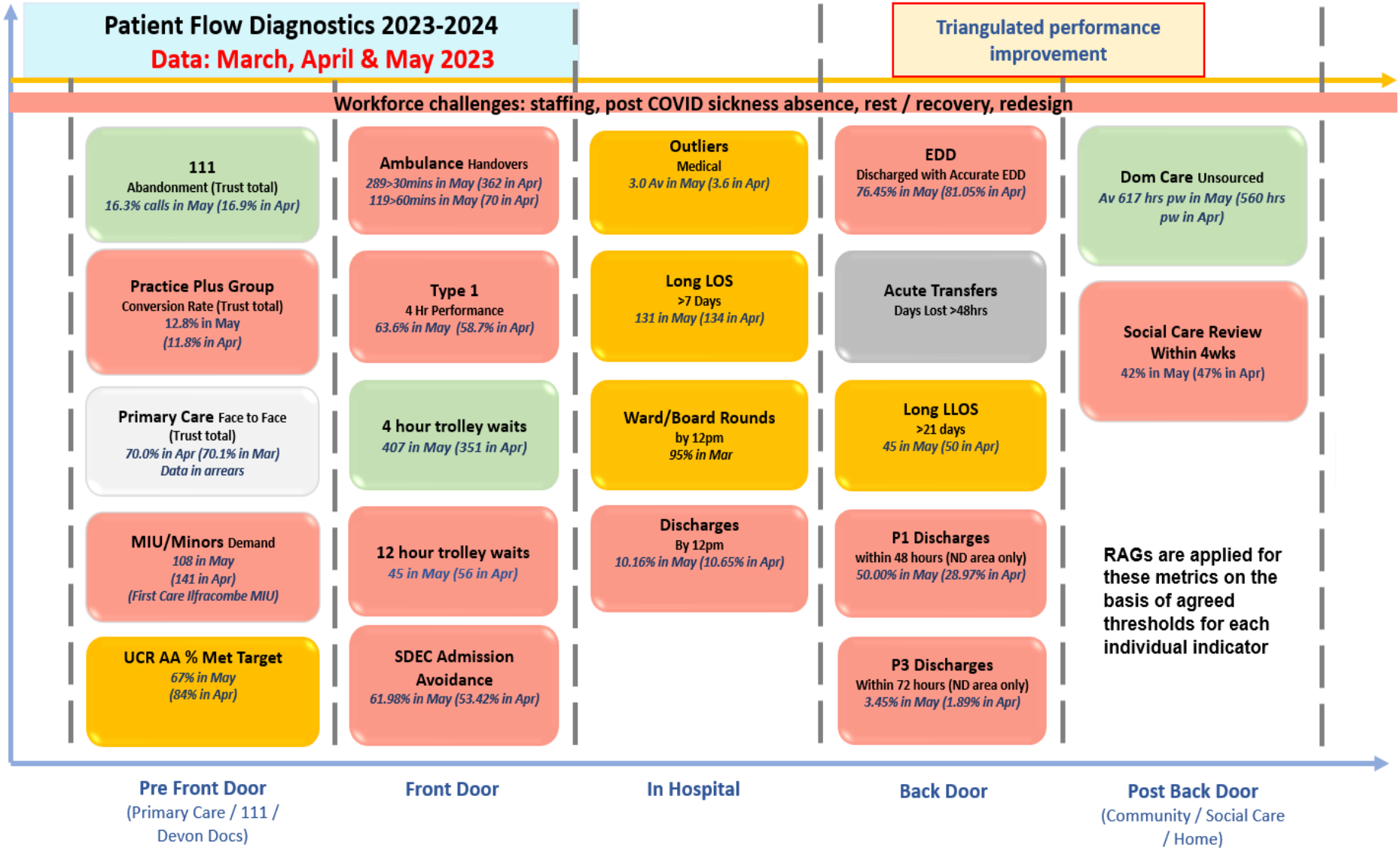
Domain	Measure/Metric	Definition	Last Month Apr-23	**This Month May-23**	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	98.3%	**108.1%**	9.9%	86.6%	
	A&E attendances	vs 19/20 baseline	82.7%	**87.8%**	6.1%	87.0%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	55.2%	**49.1%**	-6.2%	55.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	67.5%	**63.0%**	-4.6%	67.5%	95%
	Ambulance handover delays >30 mins	Total count	315	**337**	6.5%		
	Residual : No Criteria to Reside count	Average Daily count	75.0	**66.0**	-13.6%	79	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	10.2%	**8.8%**	-1.4%	10.5%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	63.6%	65.4%	1.8%		99%
	MRI activity	vs 19/20 baseline	98.7%	100.1%	1.3%	100.8%	
	CT activity	vs 19/20 baseline	120.7%	130.8%	10.1%	127.0%	
	Medical Endoscopy activity	vs 19/20 baseline	73.1%	84.0%	10.9%	90.1%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	96.6%	105.1%	8.5%	98.0%	
	Echocardiography activity	vs 19/20 baseline	195.8%	215.7%	19.9%	209.6%	

Positive value

Negative value < 5%

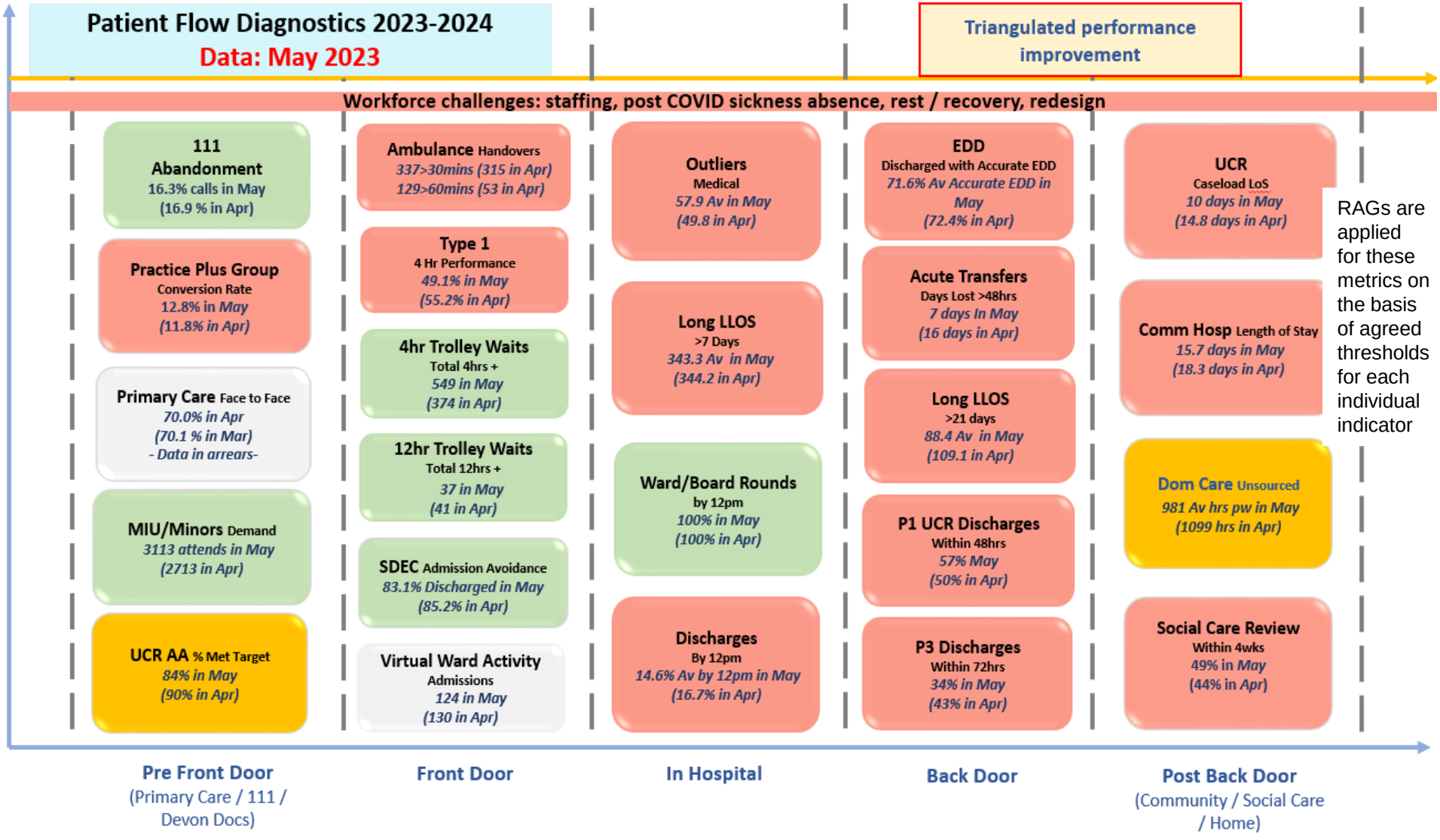
Negative value > 5%

Northern Services Patient Flow Diagnostic



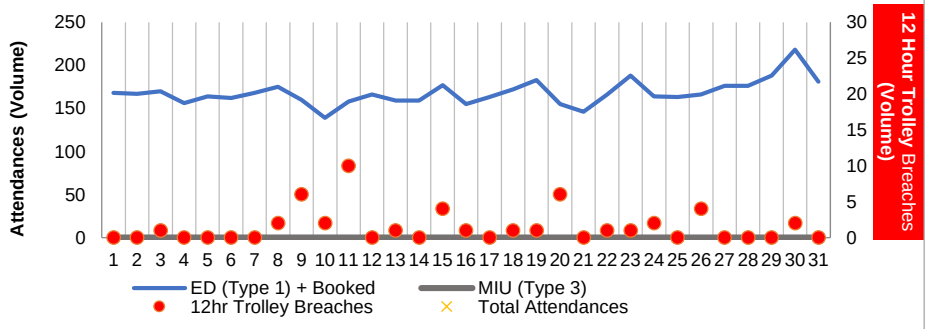
Eastern Services Executive Summary

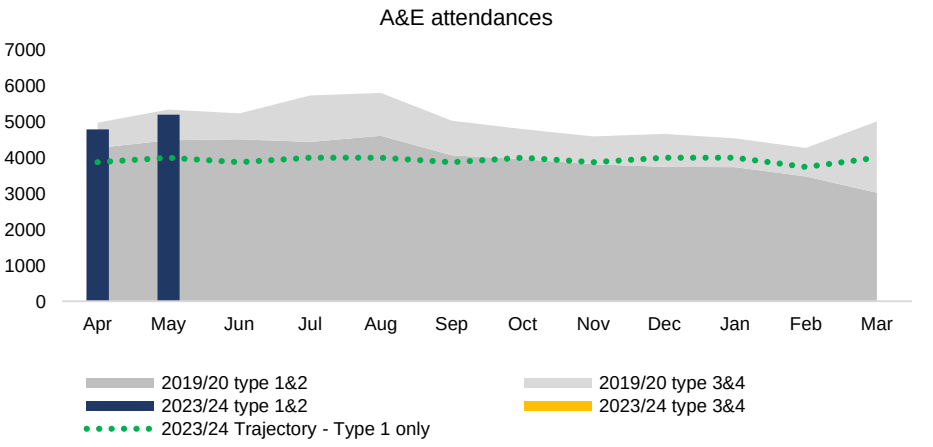
Eastern Services Patient Flow Diagnostic

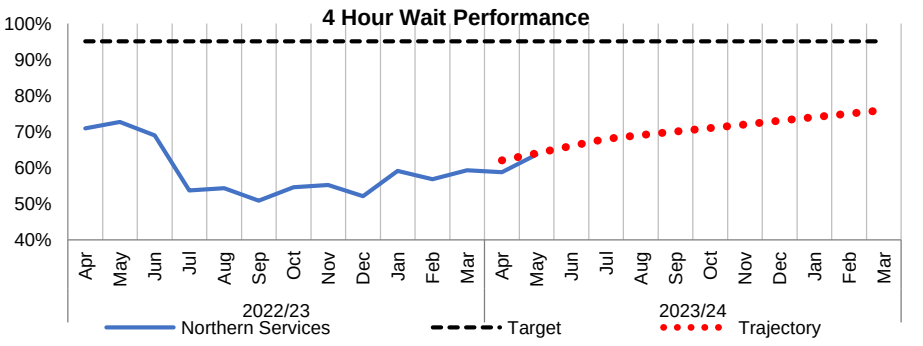


RAGs are applied for these metrics on the basis of agreed thresholds for each individual indicator

Northern Services Emergency Department – *key metrics relating to activity & performance in urgent & emergency care services*





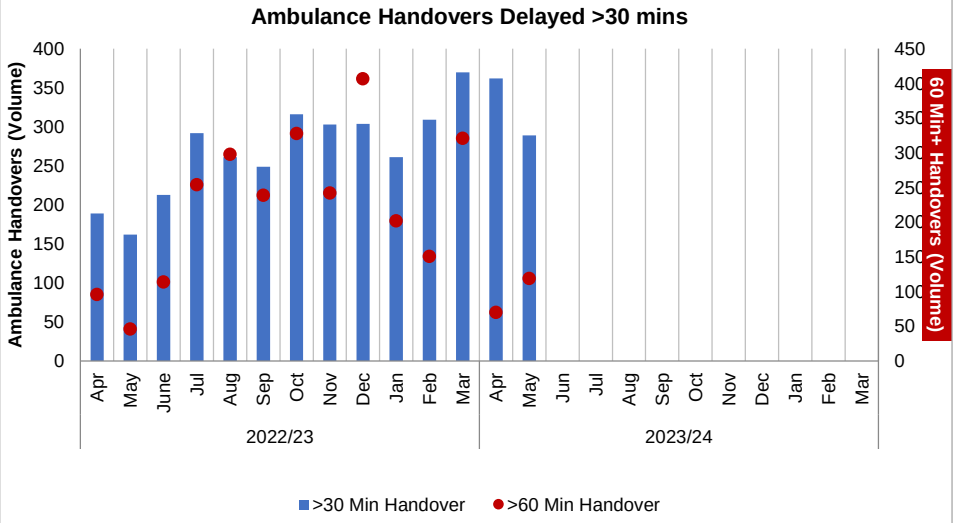


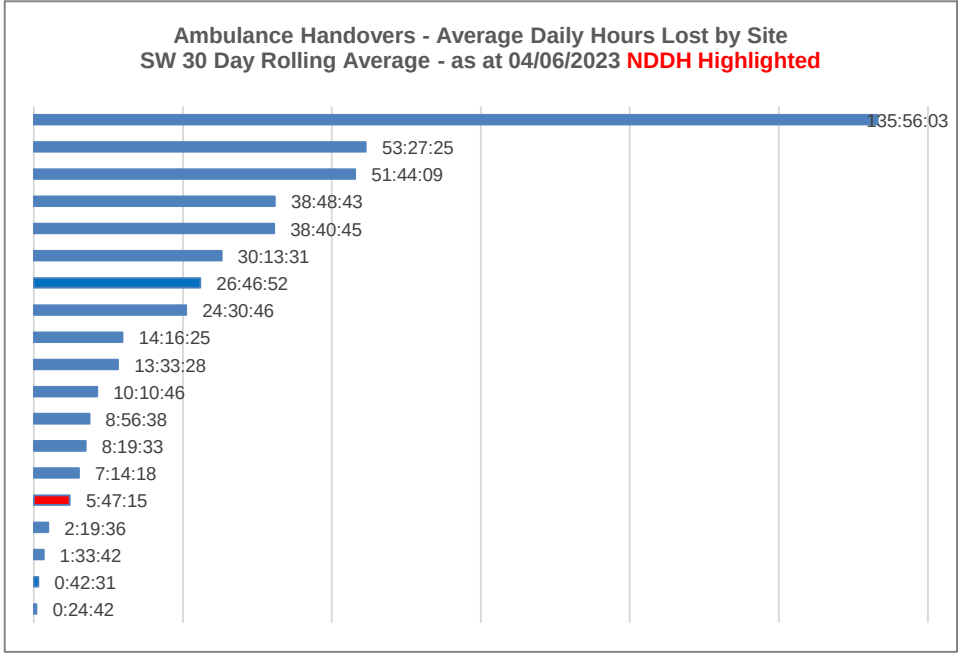
Overall Performance:

Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	5208	1894	63.6%

- ED saw an increase in attendances in May with a peak of 218 attendances on the 30th May.
- In May the total daily hours lost in ambulance handover delays was 353 hours. This is an increase in comparison to the total daily hours lost in April.
- In May the overall number of ED attendances increased by 417 patients against April. The service reported a 4.9% increase in May against the 4 hour target in April. It is notable that both ambulance arrivals and self presentations have increased.
- The number of 4-Hour breaches reduced from 1906 in April to 1894 in May.

Northern Services Emergency Department – *key metrics relating to activity & performance in urgent & emergency care services*

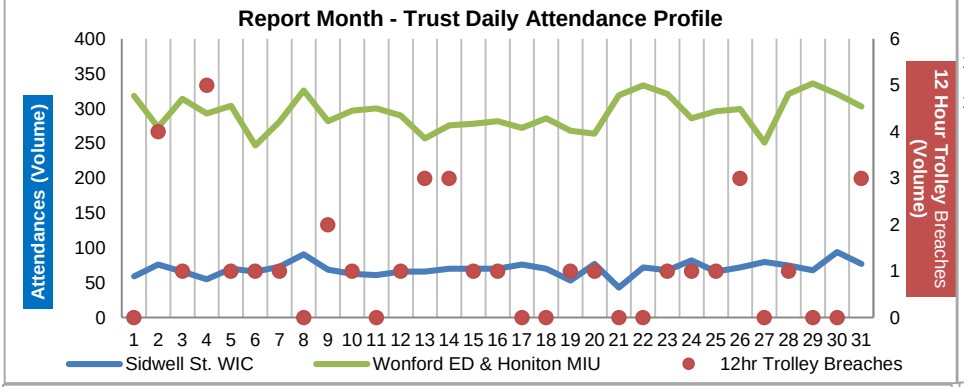


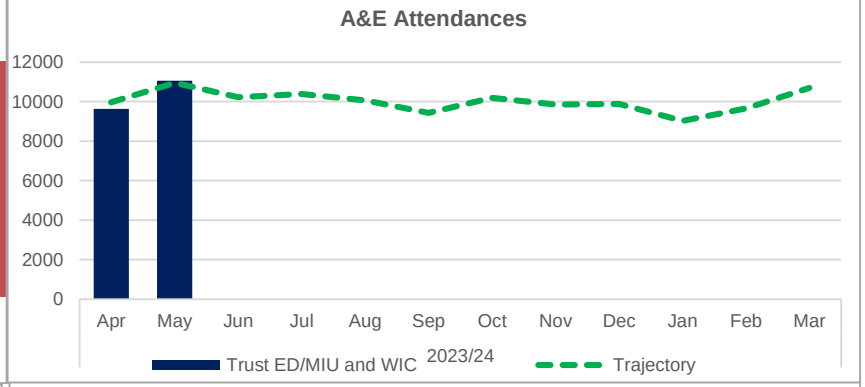


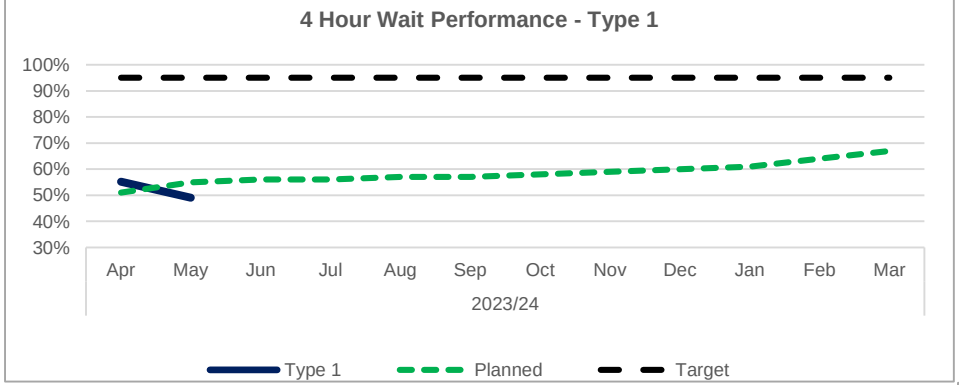
60 min handovers increased by 49 in May, 30 min handovers decreased by 73.

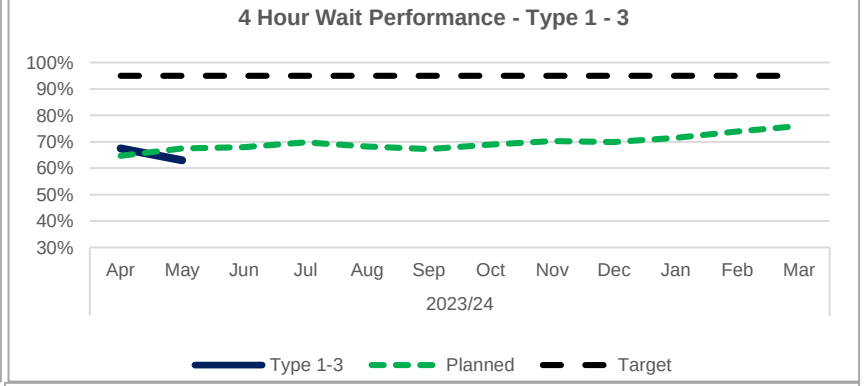
Eastern Services Emergency Department

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









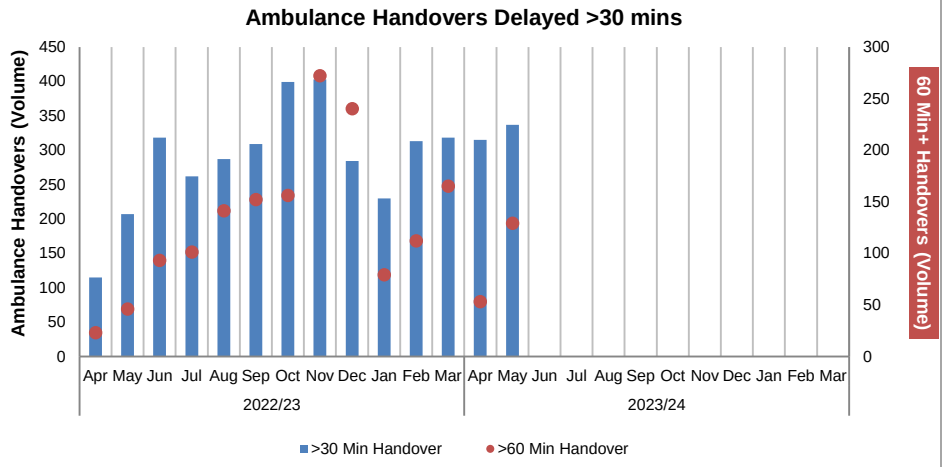
Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	79511	4051	49.05%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	11064	4098	62.96%
Total System Performance (including MIUs)	13112	4238	67.68%

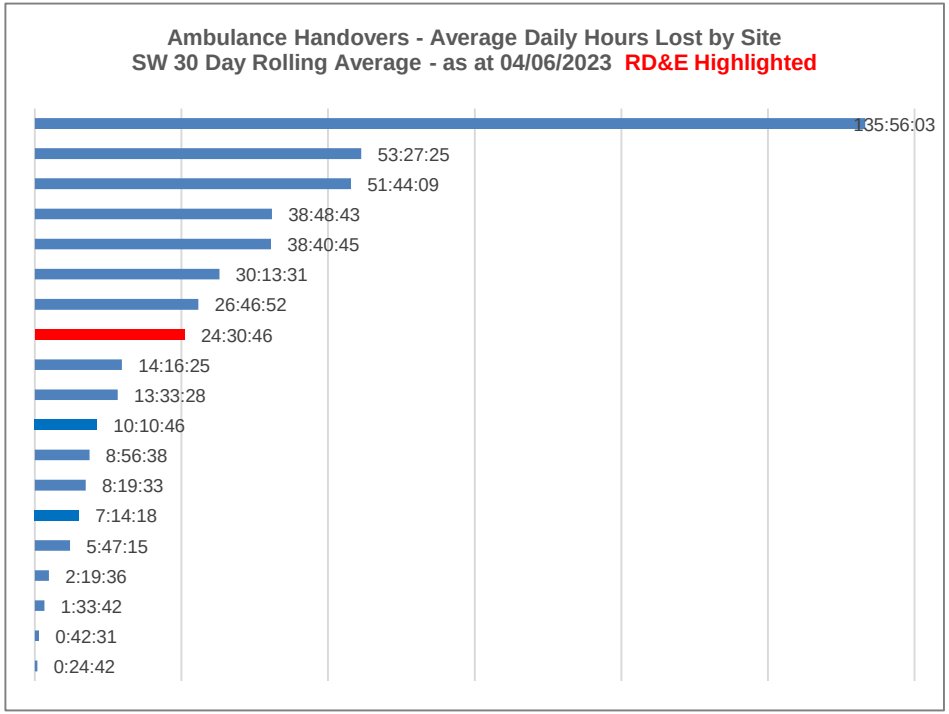
Overall Performance:

- All Type - 4 hour performance deteriorated from 67.55% in April to 62.96% in May
- ED Type 1 4 hour performance deteriorated from 55.22% in April to 49.05% in May 2023. The total accumulative time lost post DTA increased from 3,024 hours lost from DTA to transfer/discharge in April to 4,169 hours in April 2023
- The average number of ED attendances per day was 256 across May 2023 representing a high level of demand

Eastern Services Emergency Department

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





Actions being taken to improve performance

- The temporary relocation of minors to the 3 old resus bays and the see and treat rooms was implemented when the new entrance and reception opened on 13 February to improve patient flow and 4 hour performance for self-presenting patients
- Minors / LAM Flip work commenced Monday 20 March 2023 and has a revised completion date of the 7 July 2023. Once complete the permanent reconfiguration of minors and majors will improve patient flow and performance.
- Recruitment into ED nursing and medical workforce to reach baseline WTEs to fill current rotas.
- Focus on safety and improvements to initial time to triage (% of patients assessed within 15 mins of arrival for ambulance arrivals and walk ins)
- Working with the ICB on Low Acuity Attenders and option to explore GP streaming and location.
- Task and finish group to reduce attendances of specialty expected patients to ED.
- Implementation of Trust Internal Professional Standards.
- Focus on mental health demand (Exec discussions on-going and medicine have agreed a temporary pathway for mental health patients.
- Working with the ICB to implement a pilot of ED e-triage
- SDEC activity saw an increase in May, up 2.7% on April with a week day average of 24 attendances per day. Admissions from SDEC remain steady at 16.9%.
- Virtual Ward saw 153 admissions (124 Eastern & 29 Northern),139 discharges and a peak number of patients of 34. Activity underway to build up maximising occupancy.

Overall performance

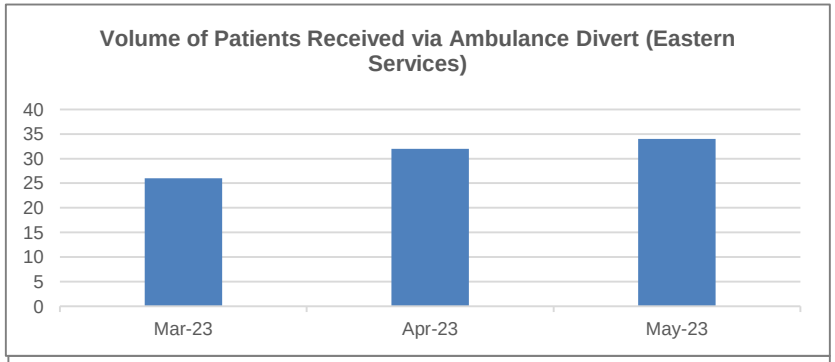
- Trust OPEL 3 status throughout May 2023.
- The impact of hospital pressures on patient flow out of ED and resulted in an increase in >60 min handover delays from 53 in April to 129 in May 2023.

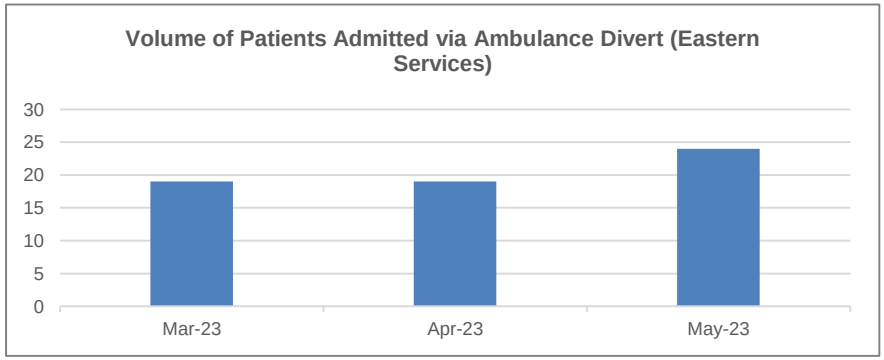
Actions being taken to improve performance

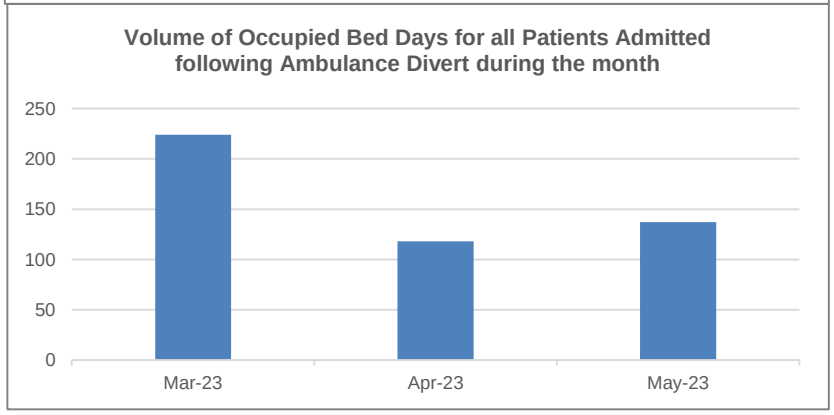
- Monthly ambulance handover meetings established with SWAST to review processes and improvements
- Regional Hospital Handover Data Quality Task & Finish Group
- Devon Ambulance Cell and ICB Eastern locality top 5 system priorities to improve ambulance handover delays; MH pathways, specialty expected patients to ED, GP streaming, ED e-triage and ambulance handover data validation.

Trust – Provision of System Support for UEC

	Number of Requested Diverts	Number of Diverts Agreed	Number of Diverts Declined	Number of Diverts Requested by UHP	Number of Diverts Requested by T&SD	Number of Diverts Requested by Others
January 2023	18	10	8	7	10	1
February 2023	4	2	2	2	1	1
March 2023	23	17	6	18	0	5
April 2023	19	18	1	14	4	1
May 2023	29	20	9	18	11	0







A postcode catchment change commenced on 13th June and will run until the end of August.. Ambulances from PL7, PL21 & TQ13 will attend RDE to support reduced demand in partnering Trusts

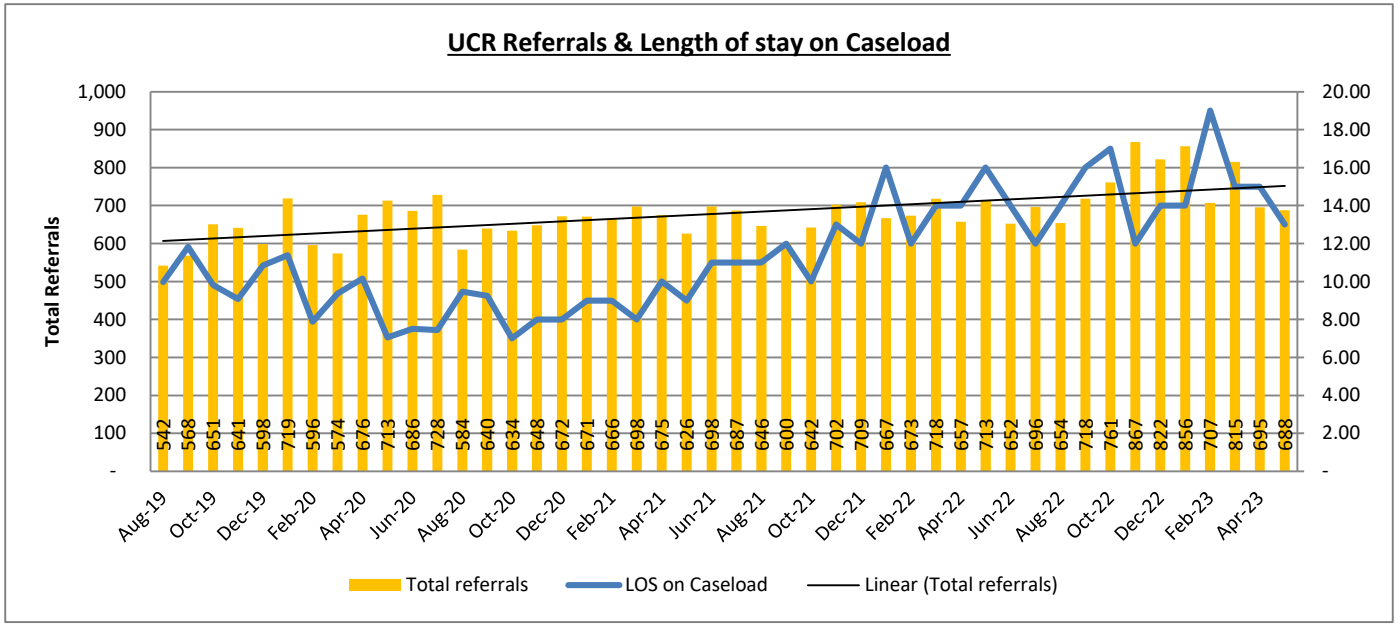
Trust – Provision of System Support for Planned Care

	Number of Mutual Aid Requests				
	Received	Completed	Declined	Ongoing	Under Consideration
April 2023	2		2		
May 2023	3		2		1

	Number of Mutual Aid Requests				
	Made	Completed	Declined	Ongoing	Under Consideration
April 2023	1				1
May 2023	0				

Trust Urgent Community Response

Admission avoidance and discharge



UCR Demand and Performance

- Demand for UCR (admission avoidance and supporting discharge) decreased slightly from April into May and remains below the November – January peak in activity. In the three months to end of May 2023, there has been a 4% increase in the number of referrals compared with the same period last year.
- Average length of stay has improved to 13 days compared with 15 days in March and April 2023. This improvement is due to a significant improvement in backfill due to a number of new providers entering the market with increased capacity to provide ongoing care and supported by the 7 day stay reviews that are now embedded within clusters.
- The number of referrals are coming in are at a steadier state over the last 2 months.

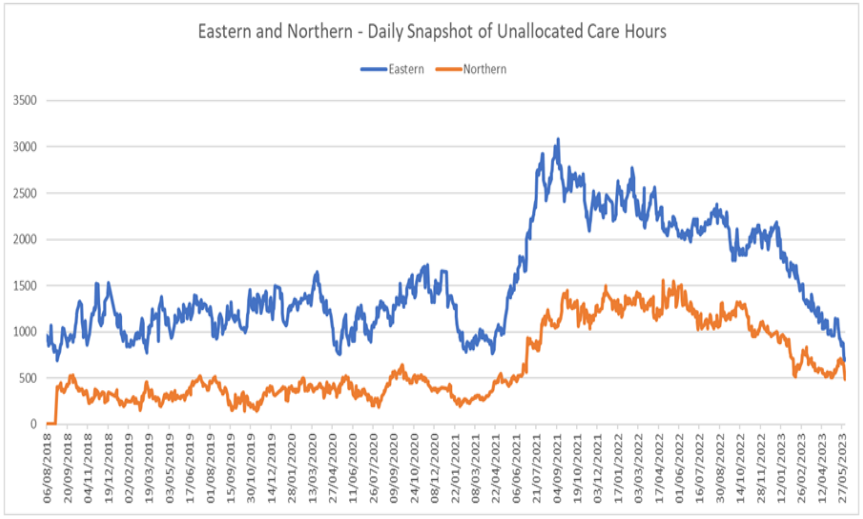
- There were 328 admission avoidance referrals in May, 63 of which needed a two hour response. 91% of these referrals were responded to within two hours which is commendable against a national target of 70%.

- SWAST referrals into UCR were down by 59% with 17 referrals in May. Work in collaboration with SWAST is being scoped to look at targeted work with care homes who are high SWAST callers and shadowing opportunities for UCR clinicians into SWAST emergency operating centre to help make improvements. The issue of minimal referrals from SDWAST is shared with all providers across the South West and there is significant interest and motivation to intercept more referrals from SWAST to reduce the demand to the Emergency Departments.

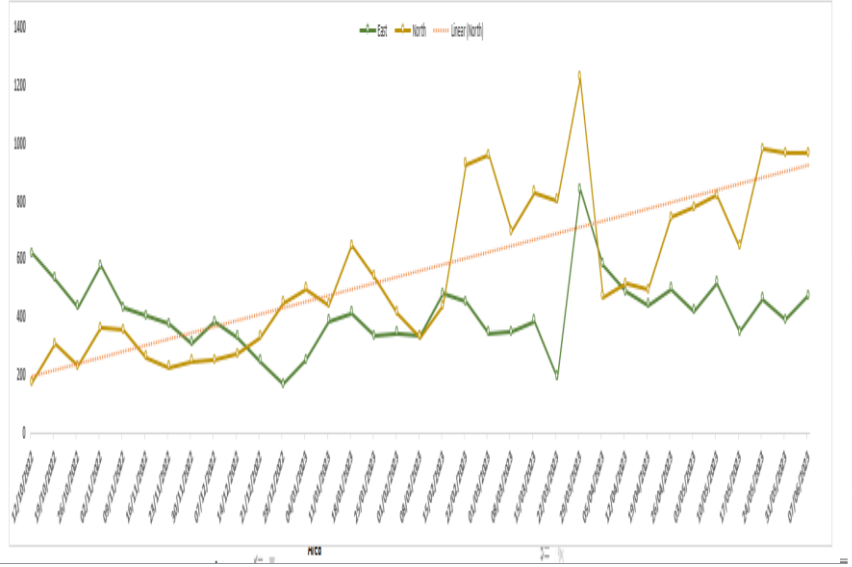
Northern and Eastern Community Services Unallocated and Backfill

Unallocated domiciliary care hours, and backfill position

Unallocated Hours - Post Care Act



Backfill Pre Care Act with onward Referral Not Made



Overall - Unallocated Hours

Unallocated hours are the number of care hours yet to be provided for in the market after the social care assessment (patients awaiting package of care). Total unallocated care continued its downward trend and is a significantly improving position. This is due to the improvement in the market position across Northern and Eastern due to ongoing work by the DCC market management team to stimulate the market and expand provision with new care agencies online.

Eastern – Pre Care Act Backfill

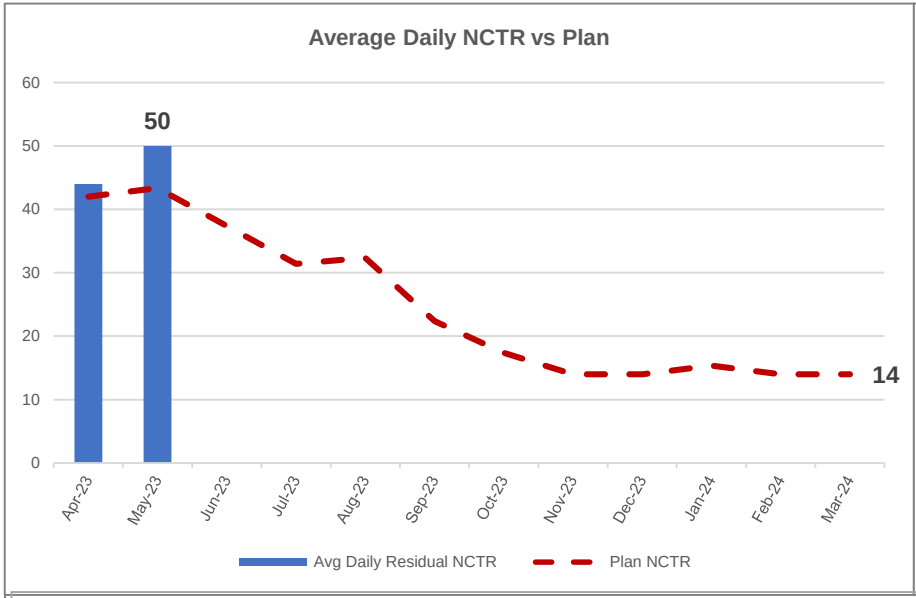
Eastern position remains stable. Social care staff capacity in Community teams to progress care act assessments remains challenged. Actions taken to address this and to enable a more timely care act assessment are; maximising use of agency and peripatetic team, mutual aid for areas with intense challenge and ongoing wider recruitment work with central DCC function. There is a constraint with the national shortage of social care staff.
Community Service Managers remain focused on this through weekly reviews of performance with UCR teams.

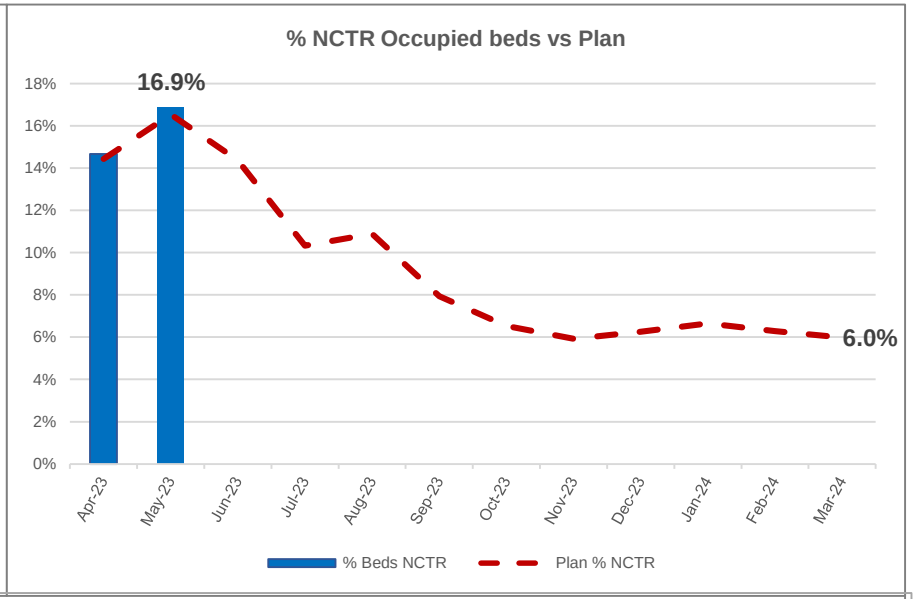
Northern – Pre Care Act Backfill

Northern position has deteriorated as we have shifted social care capacity from the community into the hospital setting to improve which, whilst it is a more proactive approach to reduce delays and make better decisions for discharge pathways, it has impacted our ability to complete the review work in the community. Actions to address this and mitigate the risk are; Hospital Discharge Team to set an improvement trajectory and agree an action plan in order to achieve this.

Northern Services No Criteria to Reside

Patients with no criteria to reside as a proportion of occupied beds





Pathway 0

P0 position is steadily improving as measures implemented to improve the position take effect.

Actions to Improve Performance

- The early identification of P0 patients at board round is contributing to improve the position to discharges before 12
- Live data reports from EPIC assist fast MDT decision making allowing decisions to be made earlier in the day
- The Bronze role to assist with process of escalation of any blockages is fully embedded with live data for visibility and MDT team oversight
- Awaiting results of Peer review to identify areas for improvement across all pathways

Pathways 1 - 3

Average Time To Transfer for May on Pathway 1 was 2.5 days, Pathway 2 was 7 days and Pathway 3 was 7.5 days. This is an improved performance across all Pathways, with significant improvement on Pathway 1 and 3. This coincides with the increased attendance at board rounds by the Hospital Discharge team.

NCTR position

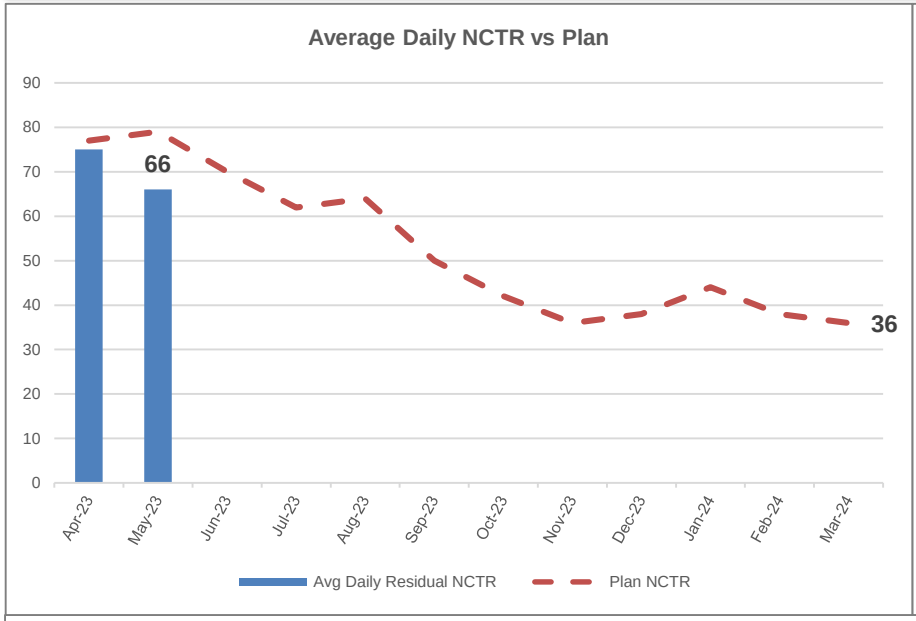
Despite the improved churn of the P1-3 list as described above, the overall NCTR position deteriorated in May.

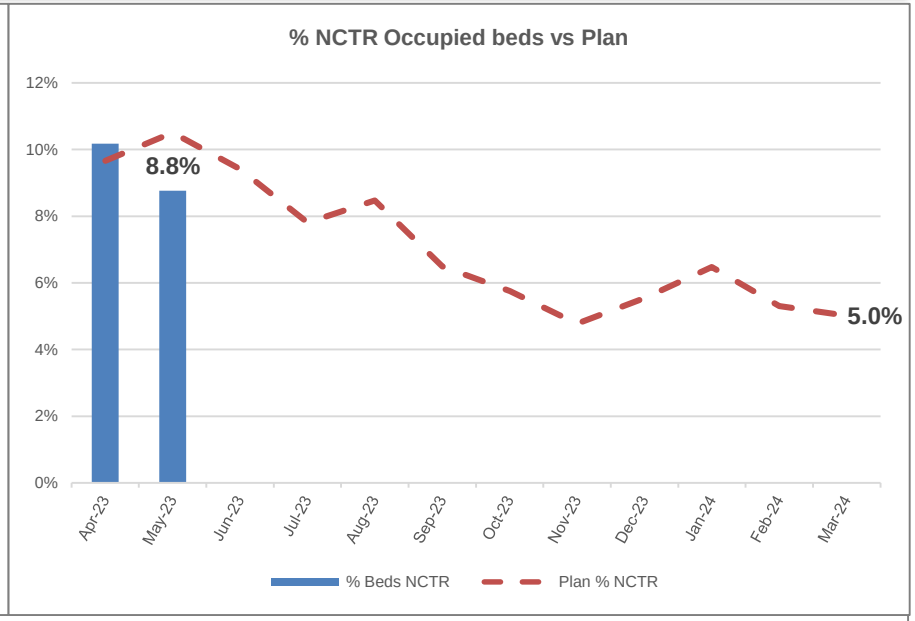
Actions to Improve Performance

- Continue to embed the integrated Hospital Discharge Team (health and social care) with accommodation being sought for a transfers of care hub at the acute
- Refined and improved the P2 pathway for patients having a short term care home stay – this has streamlined decision making leading to increased occupancy of beds
- Reviewed daily forum meeting which reviews patients waiting for care to be more action focused and enabling quick escalation of delays
- Working on better coordination / communication between short term services and the community teams – looking at improved decision making in short term services to reduce care and support where no longer required

Eastern Services No Criteria to Reside

Patients with no criteria to reside as a proportion of occupied beds





Pathway 0 (focus on morning discharge)

Actions being taken to improve performance include

• Criteria Led Discharge utilising the EPR is now in place on a number of wards across Eastern Hospitals. Further roll out to follow.

• Afternoon Huddles have been piloted on 4 acute and community wards, with EPR development to facilitate review of Board Round actions. A recommendation will be made at the end of June to roll out across acute and community wards, with a focus on discharge

• Road to Wellbeing (R2WB) – launched beginning of June. Kenn and Bovey starting their 'Fit for summer' programme which encompasses all aspects of R2WB

Pathways 1 – 3

The national target of 2 days time to transfer for Pathway 1 was achieved. Time to transfer for Pathway 2 (5 days) and Pathway 3 (6 days) continues to be our focus for improvement. Actions for further improvement include:

- Review of Community Hospital model to ensure we are supporting the right cohort of people in order to get timely transfers and the right outcomes.
- Urgent Emergency Care (UEC) funding allocation to reinvest in the 1:1 care provision available in care homes for the most complex cases which has previous yielded great results for Pathway 3 patients.

NCTR position

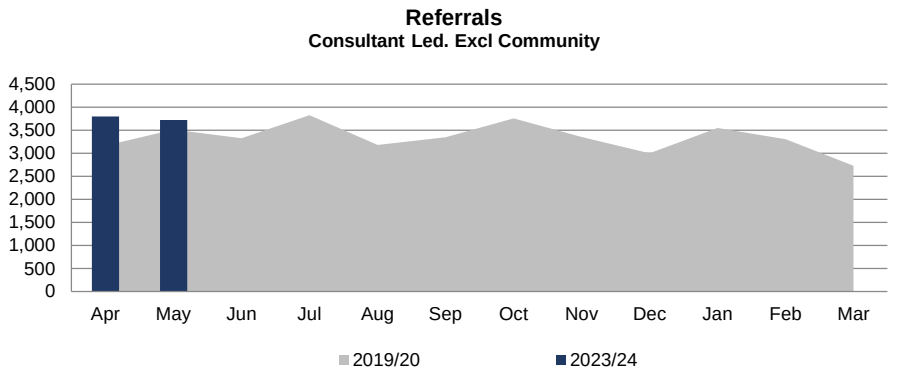
This is an improving performance due to a number of factors – better throughput from UCR teams to market, more integrated Hospital Discharge Team delivering a more effective model, additional Demand and Capacity funded agency runs.

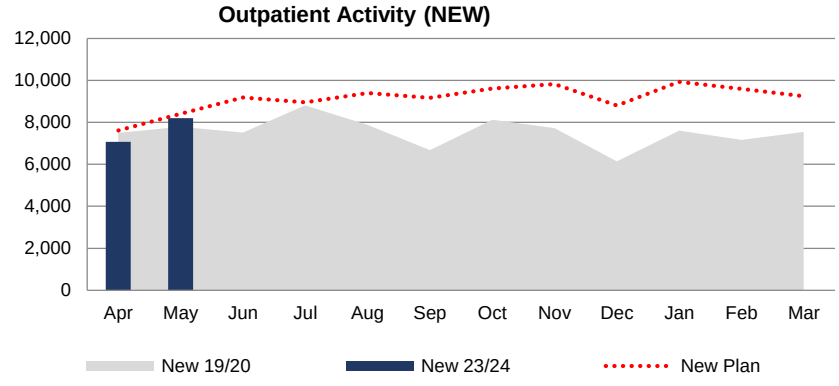
Actions to Improve performance

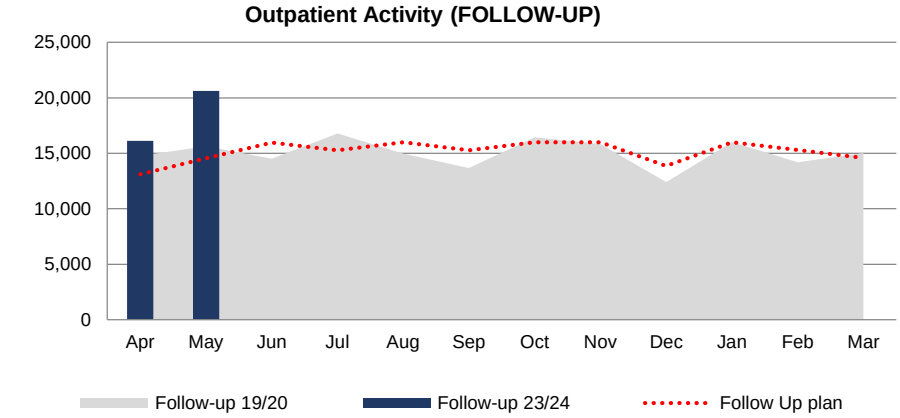
• Senior Community representation are included in the Devon wide hospital discharge transformation programme that will be reviewing best practice and value for money across Pathways 1, 2, 3 now that the Hospital Discharge monies have been confirmed.

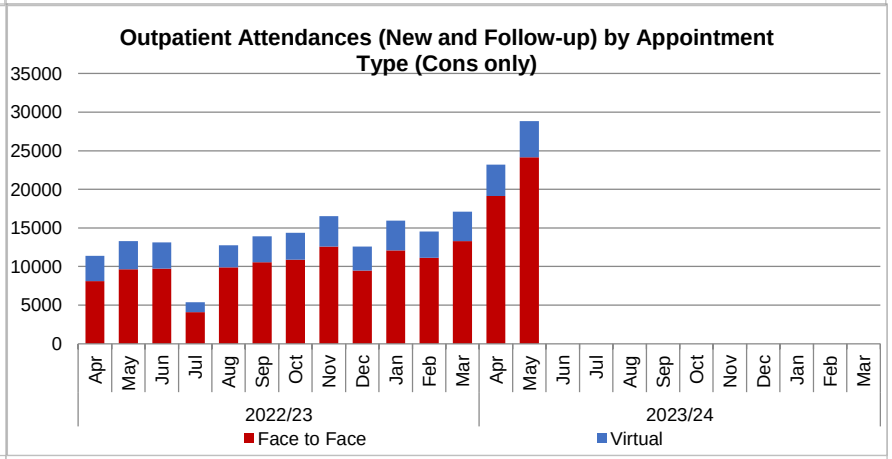
• Continue to engage in the UEC bidding opportunity to bring back the 1:1 support scheme and Live in carer model – both of which support more efficiency for pathways 2 and 3.

Northern Services Elective Activity- Referrals and Outpatients

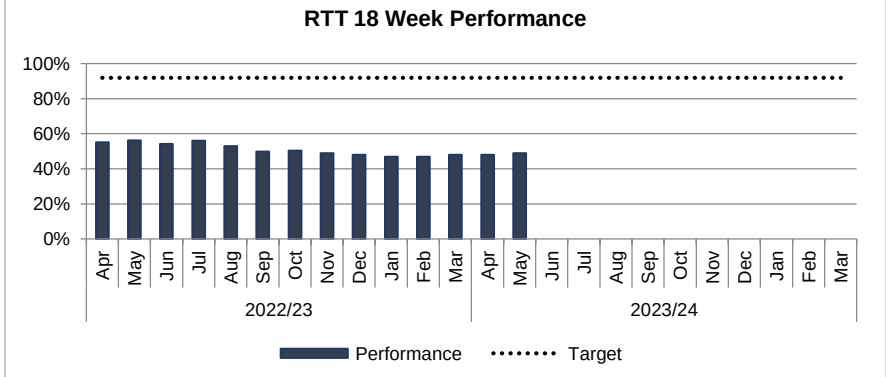




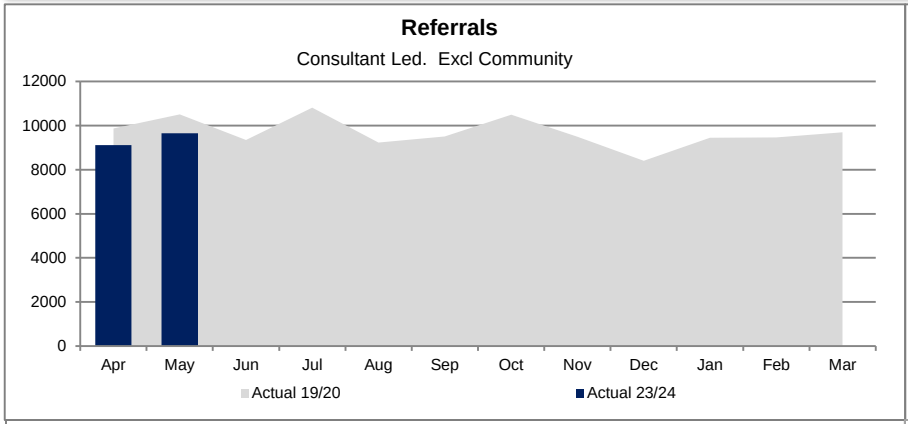


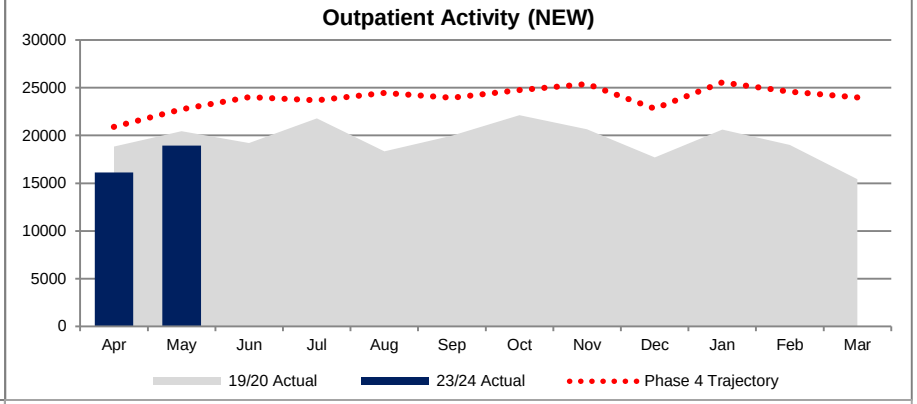


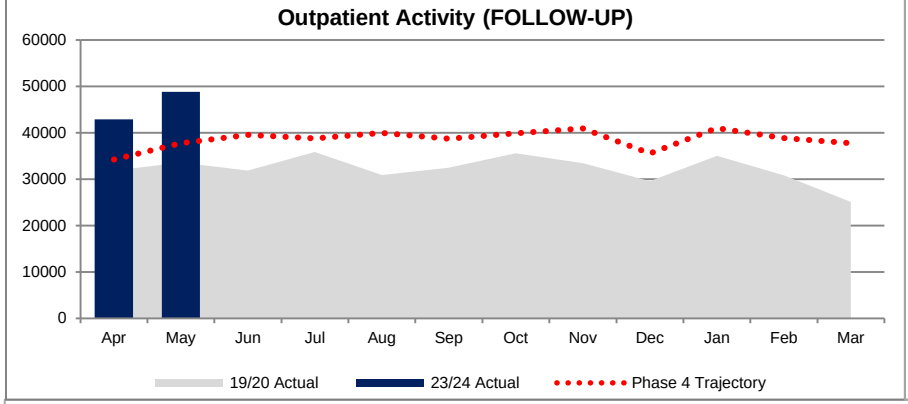
- There were a total of 28,826 Outpatients appointments held in May. Of this 28,826, 8,207 were New appointments and 20,619 were Follow-up appointments.
- 83.77% of appointments were held Face to Face and 16.23% were Virtual appointments.
- There was a slight increase in RTT 18 week performance in May.
- 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.

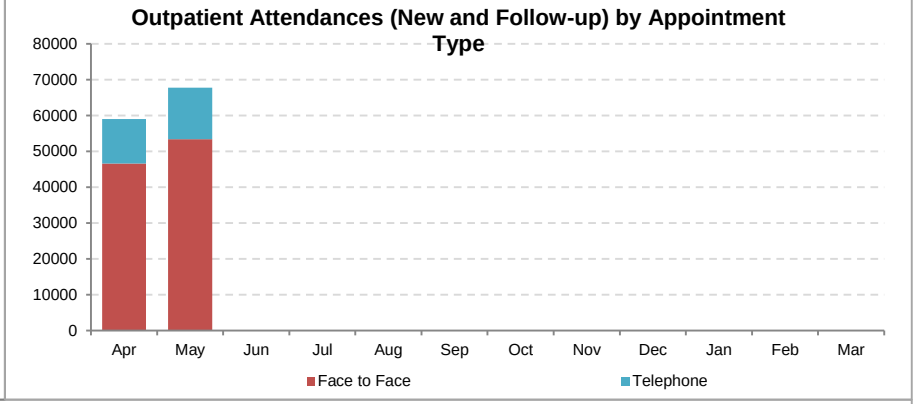


Eastern Services Elective Activity- Referrals and Outpatients







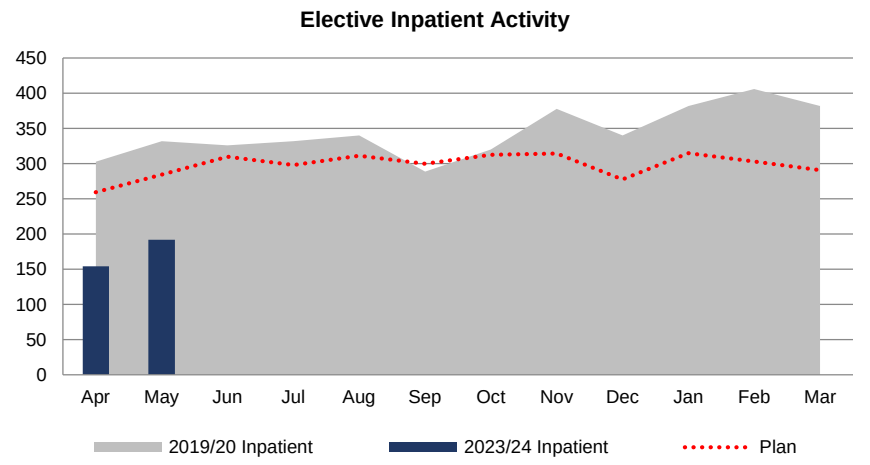


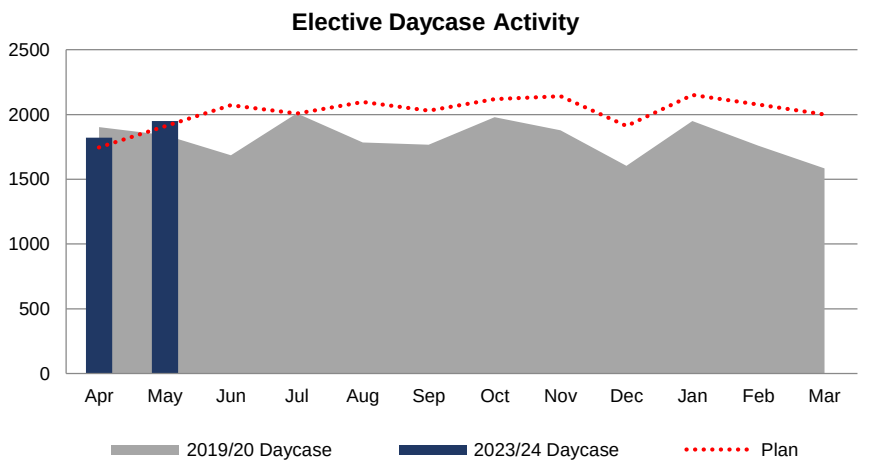
Outpatient new:
April activity was 93% of 2019/20 volumes. This was an increase on April volumes, but less than planned activity of 111% for the month. With some exceptions (Ophthalmology Dermatology and Rheumatology), most specialties were below 2019/20 volumes in May, which is partly explained by the additional bank holiday, which wouldn't have been present in previous years and was not considered within the operating plan. The position reflects an uplift on May 2022 activity (87%), but shows further work is needed to meet planned levels.

Outpatient follow up
May activity was 145% of 2019/20, which was higher than plan. One of the biggest drivers was the continued high volume of midwifery activity being counted, which is a data quality issue and is still in the process of being corrected.

Outpatient procedures: The new and follow up activity above includes both attendances and procedures. Under the 2023/24 operational planning guidance all outpatient procedures are eligible as part of the 103% activity target, but outpatient follow up attendances are not. For May, outpatient procedures were 115% of 2019/20, which is a significant improvement on the 88% in May 2022.

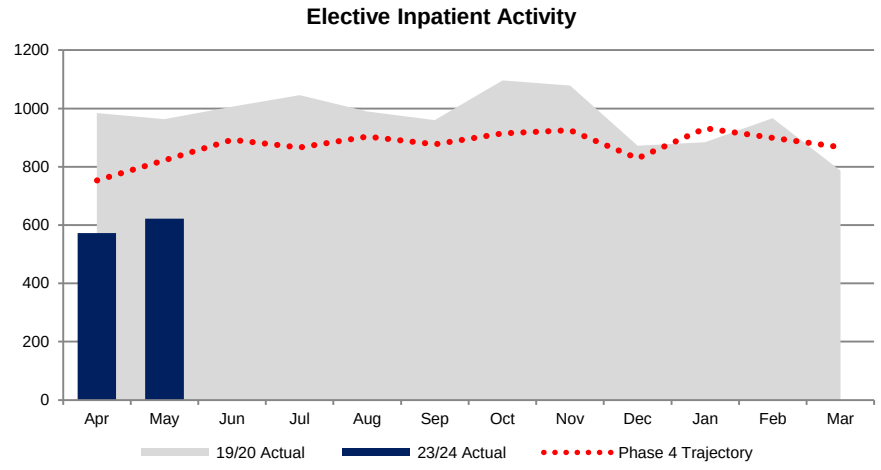
Northern Services Elective Activity- Inpatient and Daycase

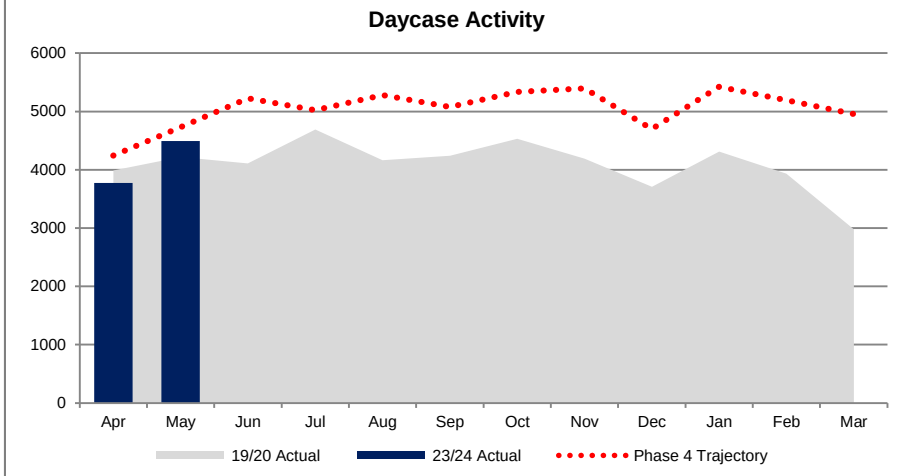




- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient increased during May by 38 and Daycase activity increased during May by 129, despite having three Bank Holiday Monday's within the month..

Eastern Services Elective Activity- Inpatient and Daycase



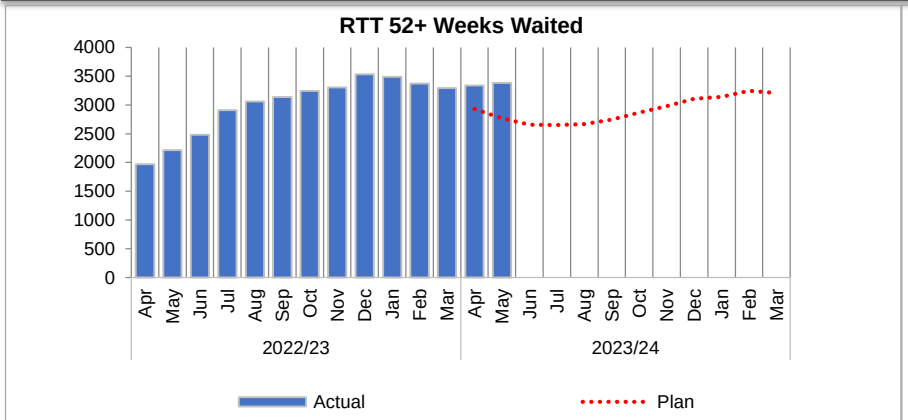


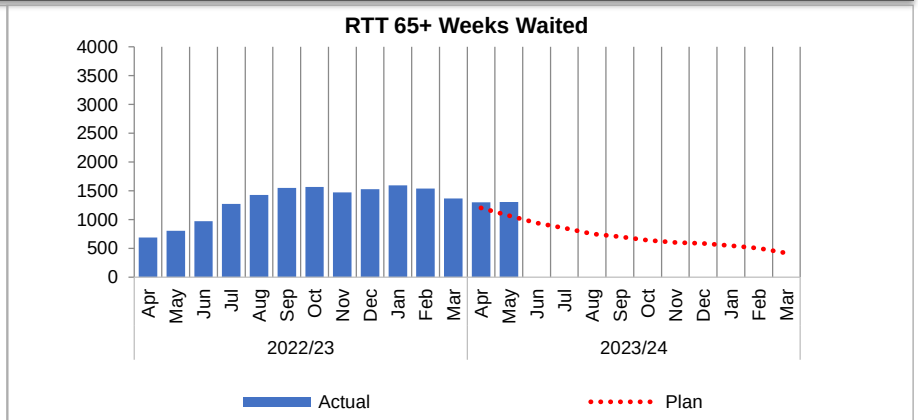
- Daycase activity was 107% of 2019/20, which is a positive trend compared to May 2022 (97%) but below planned levels of 112%. Inpatient activity was below 2019/20 levels and below planned levels.

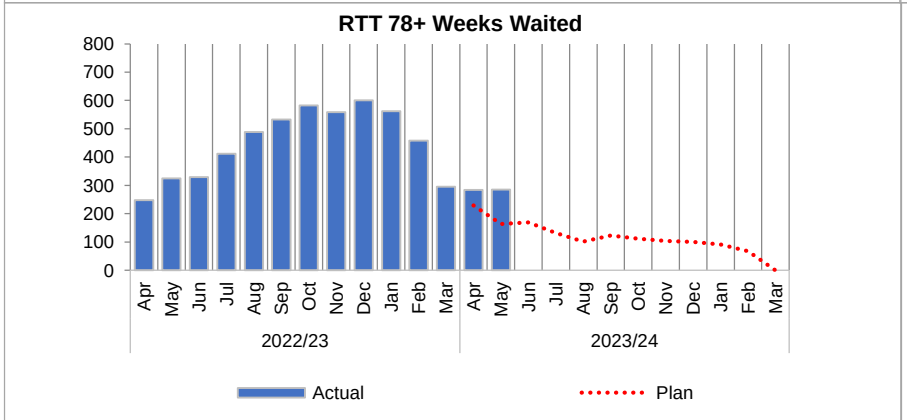
- Looking at Daycase and Elective Inpatient activity combined, the majority of services that were under 2019/20 volumes for elective activity were above 2019/20 volumes for non-elective activity, suggesting the continued displacement of elective activity for unplanned emergency work (Trauma and Cardiology in particular).

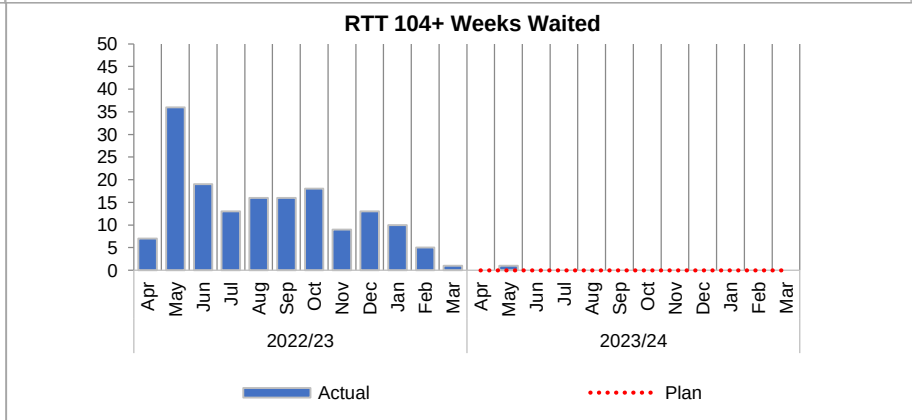
- Other contributing factors for the underperformance include unforeseen loss of 6 surgeons across Eastern surgery due to injury, sickness and other reasons, and difficulties with attracting and retaining locums due to temporary nature of posts funded through ERF. Proposals have been put forward and supported by the Trust in respect of a more sustainable approach for ERF but require agreement across the ICS. One of the mitigating actions put in place in respect of the above is the approval of extension of insourcing services for a 6 month period to give a further boost to elective recovery.

Northern Services Elective Activity- Long Waiting Patients



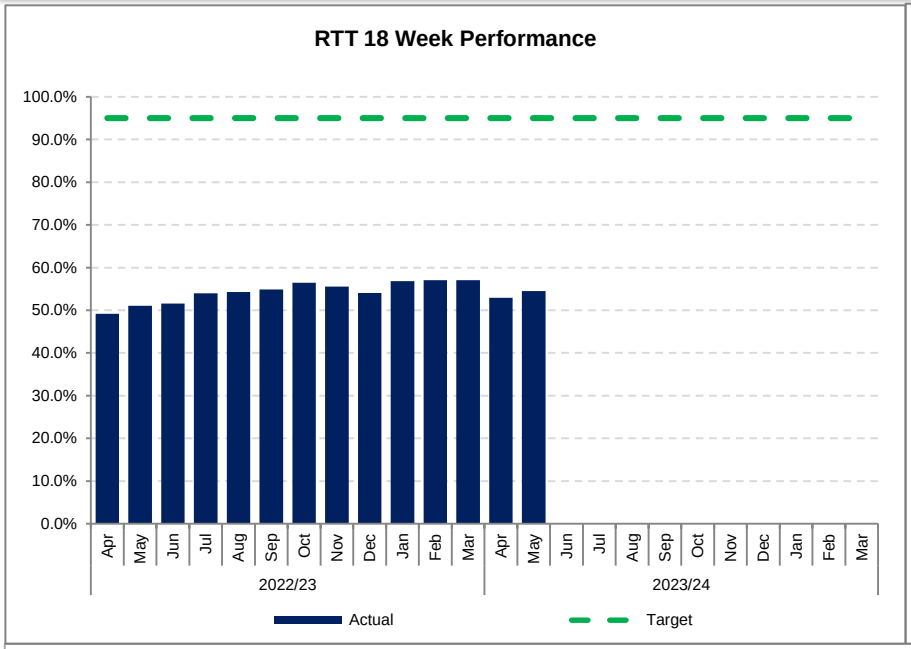


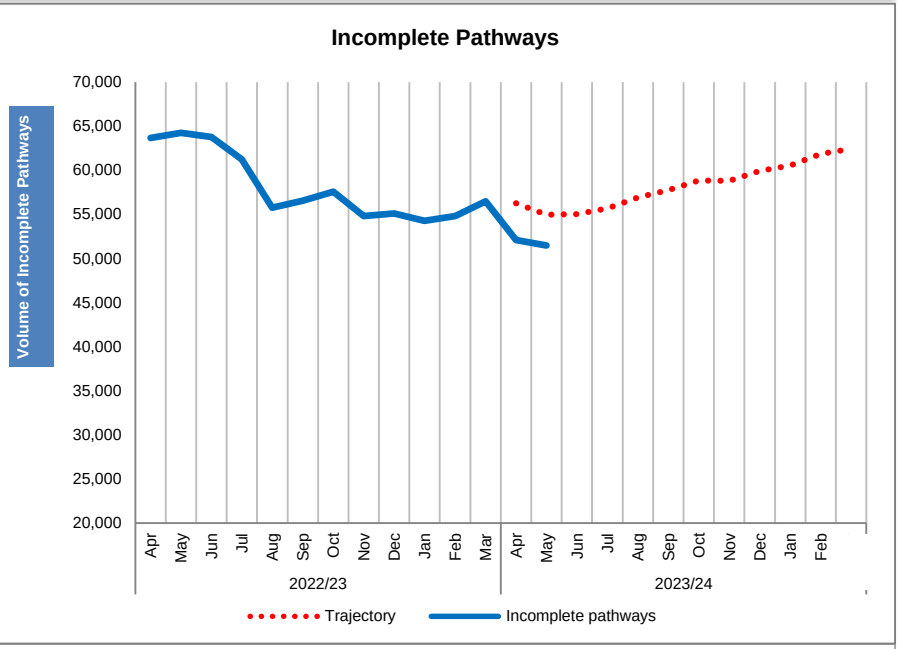




- Regular meetings are being held to ensure that the focus remains on the number of patients waiting both 78 and 52 weeks. In addition to focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support longer term and sustainable reductions in waiting times.
- There are significant efforts being made to reduce the number of patients not yet seen by 52 weeks to help reduce the overall pathway.

Eastern Services Elective Activity- Inpatient and Daycase





RTT performance improved slightly on the April position, which was negatively affected by industrial action. The incomplete pathway position has improved in April and May, with the biggest driver being the outcome of a review of the RTT scripting to remove duplicate patients – this has resulted in the position being adjusted for April and May only, but will continue on this same basis going forward. This adjustment has improved the position compared to previous months and is favourable against plan.

52+ weeks: continues to show a positive trend but is currently above plan.

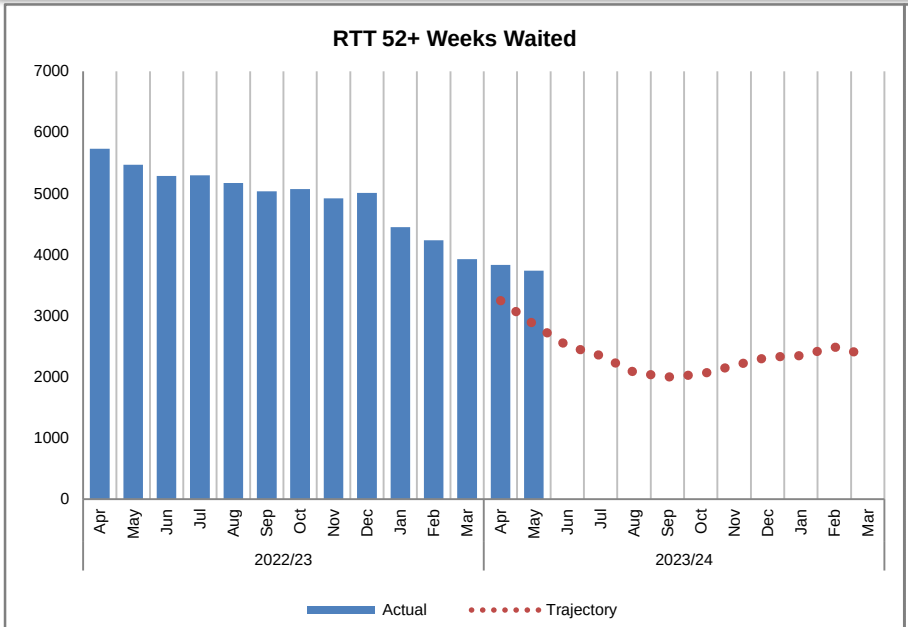
65+ weeks: continues to show a positive trend and is currently on plan.

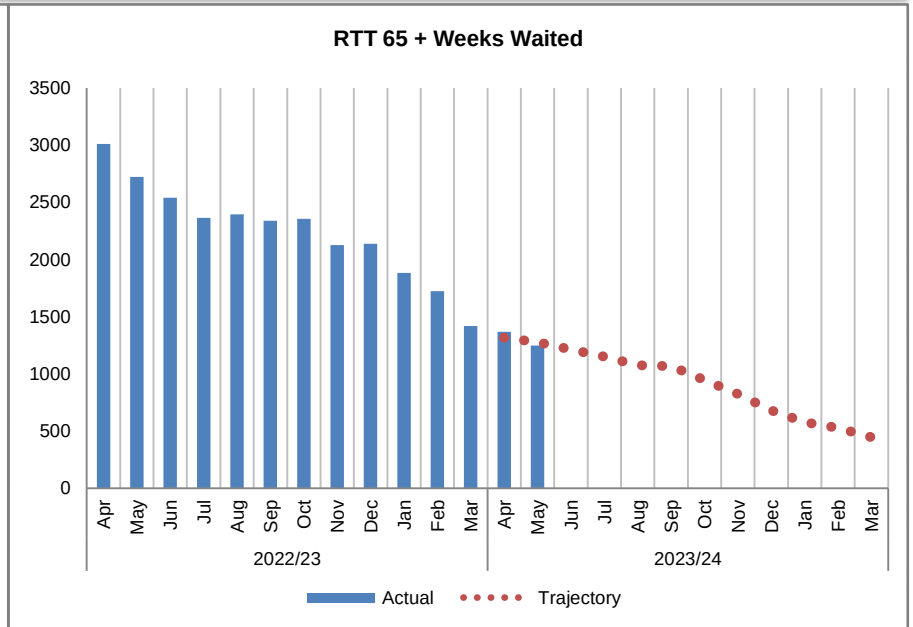
78+ weeks: continues to show a positive trend and is currently on plan.

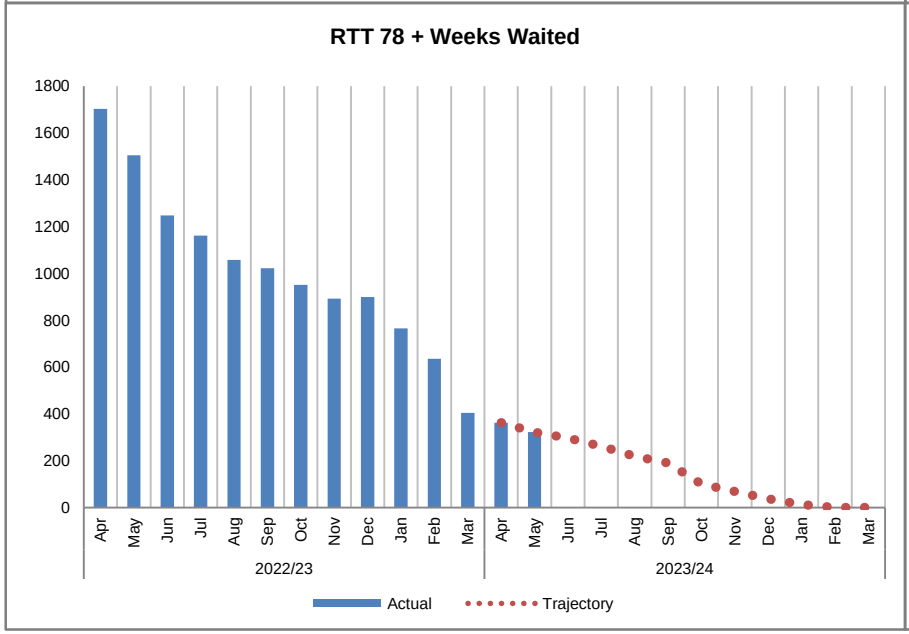
104+: continues to show a positive trend and is slightly being plan.

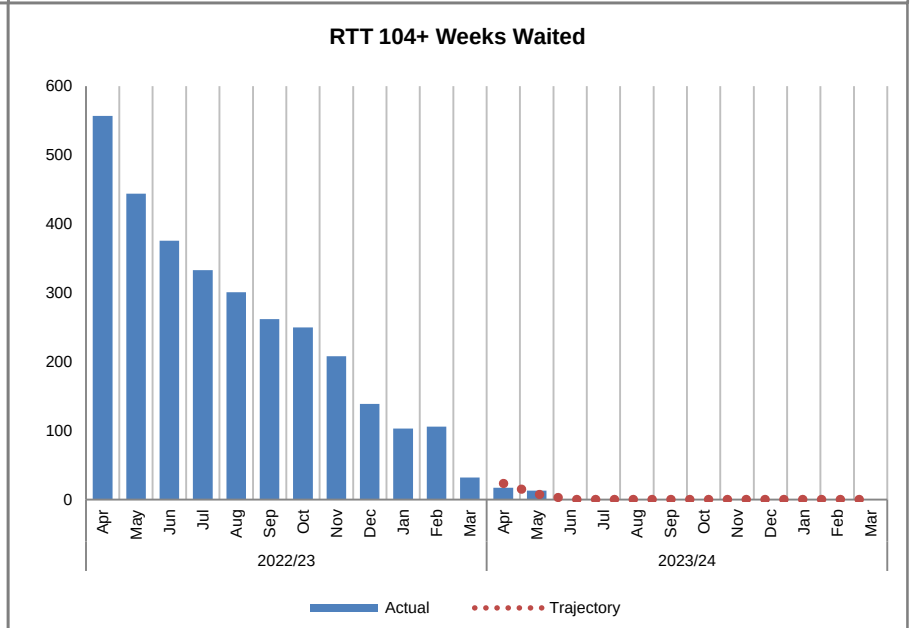
The industrial action in April has had a knock on effect in May and further industrial action in June means there are further challenges ahead. The run rate trends for all cohorts are positive, and for the longest waits the greatest challenges remain in surgery where complex procedures can only be performed by a limited number of clinicians, and is a service that has been struggling with consultant absence for varied reasons. The confirmation of extending insourcing arrangements for a further 6 months will provide a boost to the service and should enable the continuation of reductions in long waits across all waiting categories.

Eastern Services Elective Activity – Long Waiting Patients



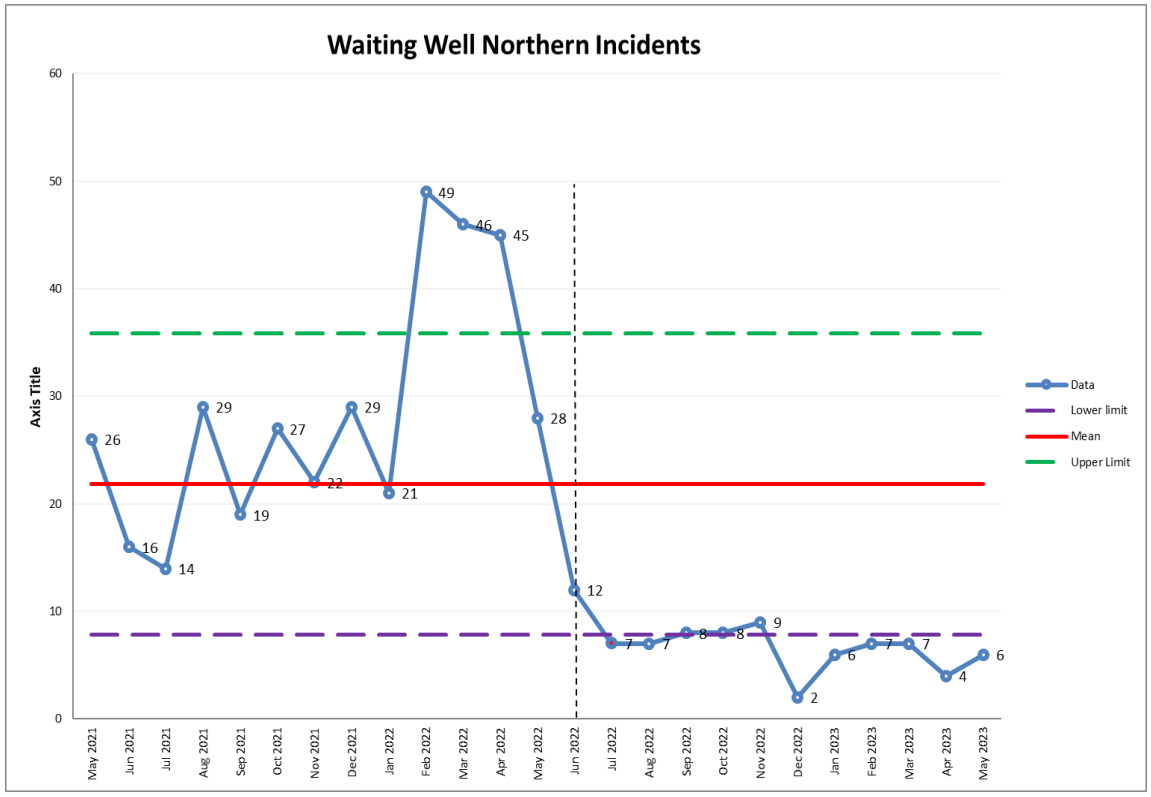






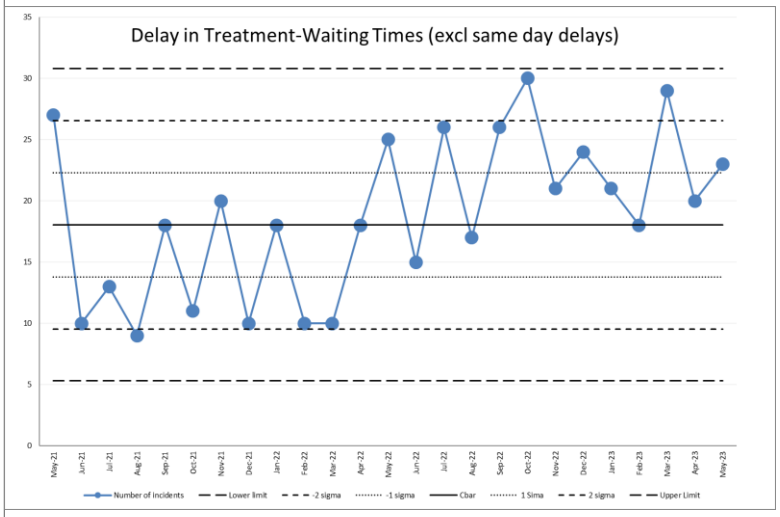
Northern Services Waiting Well

May 2023 Waiting Well Northern Incidents	None	Minor	Total
Follow up delay	2	1	3
New	1	1	2
Surgery	1	0	1
Total	4	2	6



Eastern Services Waiting Well

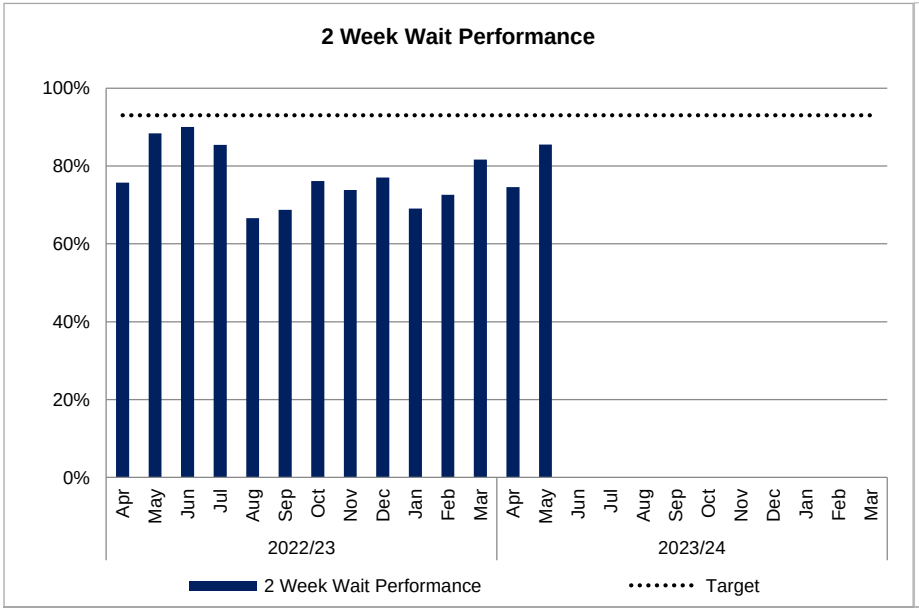
Across the same time period in Eastern 24 incidents were reported for May 2023, these are broken down by the level of harm against stage of pathway below.

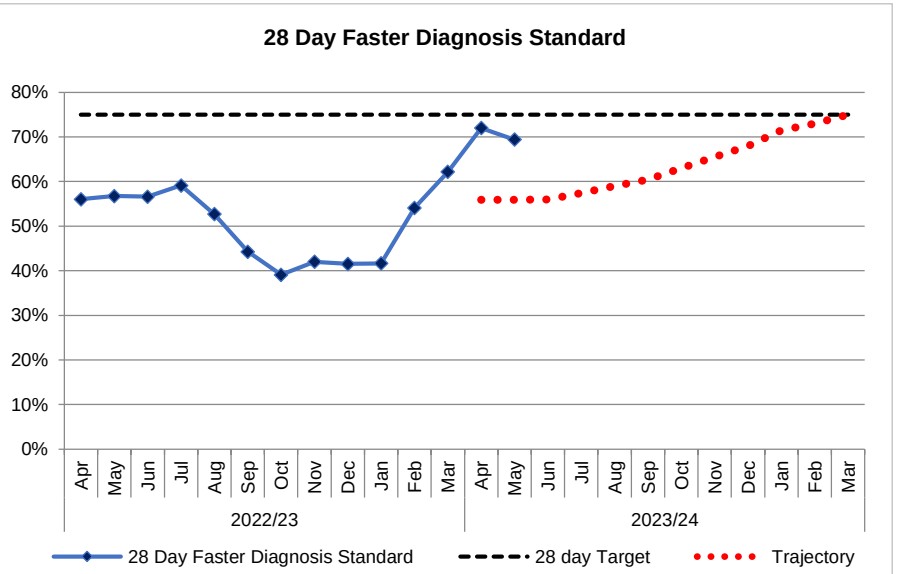


	None	Minor	Moderate	Major	Catastrophic	Total
Follow up delay	6	5		1		12
New	4	2				6
Surgery	2	1				3
Diagnostic request delay	3	0				3
Total	15	8	0	1	0	24

There was one incident reported as major harm by ophthalmology. A delay in receiving the second in a course of three injections resulted in the condition progressing to the point where further treatment would not be beneficial. This case is currently under review by the Division.

Northern Services Cancer 14 and 28 Day





2 Week Wait Performance

Performance is generally on an improving trajectory with provisional performance for May at 85.5% from 74.6% in April. 2WW performance remains challenged in some tumour sites, the impact of bank holidays and industrial action through April and May have added additional capacity pressures which have proved challenging to fully mitigate. The highest volumes of breaches in May are observed in:

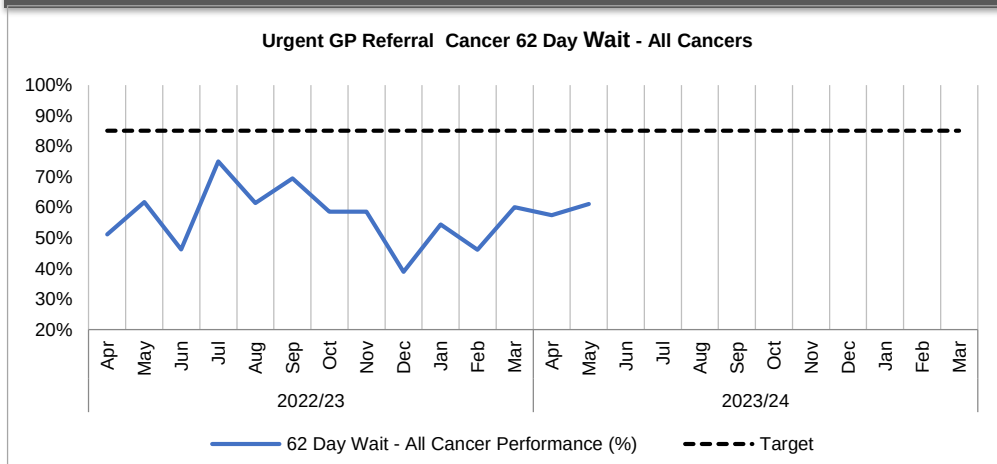
- Lower GI 33 breaches (83%) - staffing across the colorectal team remains under significant pressure, this combined with increasing volumes of referrals into the LGI service (20% increase in 2ww referrals since last year) has caused delivery of the 2ww target to be challenging. A significant amount of additional activity is being delivered to mitigate this position on a weekly basis. Locum and substantive consultant posts are out to advert, a provisional interview date for the substantive post is scheduled in July.
- Urology 20 breaches (72%), - staffing pressures within the team have contributed to limited capacity to accommodate additional 2ww activity. Actions are in place to mitigate this position, June performance is currently 87%, with the rapid prostate pathway 1st OPA booking around 7 days.
- Non-site Specific 19 breaches (17.4%) - bank holidays through May have significantly impacted this low volume service, additional clinics have been scheduled to reduce waiting times, which are now back within 14 days.
- Average waiting times for 1st OPA have improved to 10 days in May from 12 days in April.

- All services are working to reduce first out patient waiting times to 7 days.

28 Day Faster Diagnosis Standard

- FDS performance demonstrates an improving trajectory over the last 3 months from 42% in January to 72% in April, the current May position is 69.4%, however it is anticipated this will improve prior to submission. Performance remains below the national target (75%), but is now above Q1 improvement trajectory threshold (67.5%) and ahead of the submitted trajectory. Action plans to support the delivery of this are being monitored as part of the Trust's Cancer Recovery Action Plan via the Northern Cancer Steering group with specific actions to improve waiting times for first outpatient appointments and diagnostic turn around times. The highest volumes of breaches in May are observed in:
  - Lower GI, 116 breaches (36.6%) This reflects service pressures and a very challenging endoscopy waiting time position, despite additional capacity through insourcing.
  - Gynae, 32 breaches (61%), service pressures for 2ww and hysteroscopy impact on 28 day waiting times for gynae, additional capacity and staffing plans in place.
  - Skin, 23 breaches (89%). Performance has significantly improved in recent months and is above target, but a number of patients do breach where diagnostic biopsies are taken prior to excision.
  - Urology, 23 breaches (64.62%). Performance has improved significantly over the last few months from 23% in February due to pathway improvements.

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



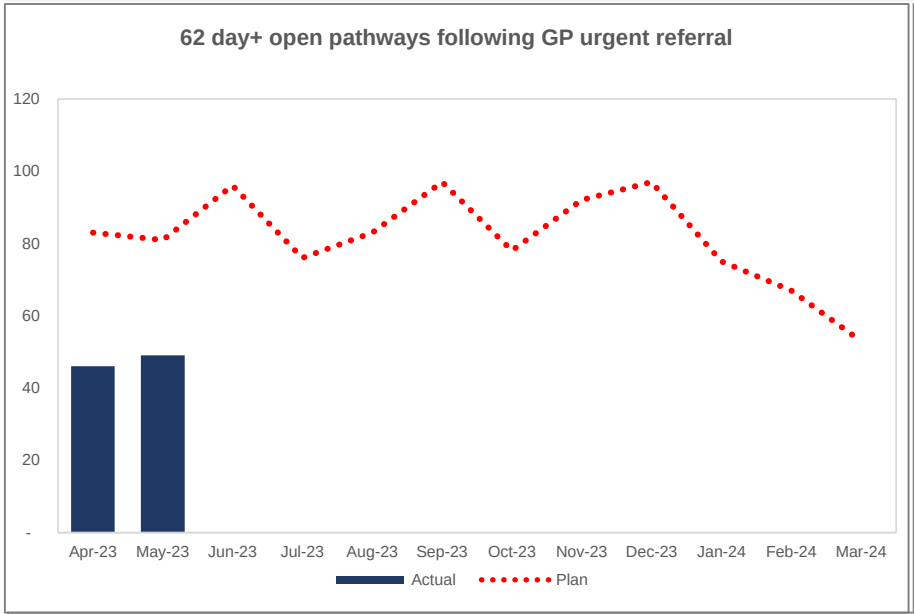
- Performance against the 62 day target is improving in line with an improved backlog position, current (unvalidated) performance for May is 61% from 57.4% in April. The majority of pathway delays are within the diagnostic and staging phase, particularly for Urology and Colorectal tumour sites.
- The largest volume of breaches for May are in Urology (13) and Colorectal (8)
- 62 day performance will improve with actions aligned to deliver 28 FDS and 2WW performance and maintaining a PTL backlog below 6.4%.
- Capacity remains a challenge across some specialties including Oncology where currently there are delays for new patient appointments and treatments.
- Patients are monitored throughout their 62 day pathway regularly and weekly site specific PTL meetings are in place for all tumour sites.
- 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.

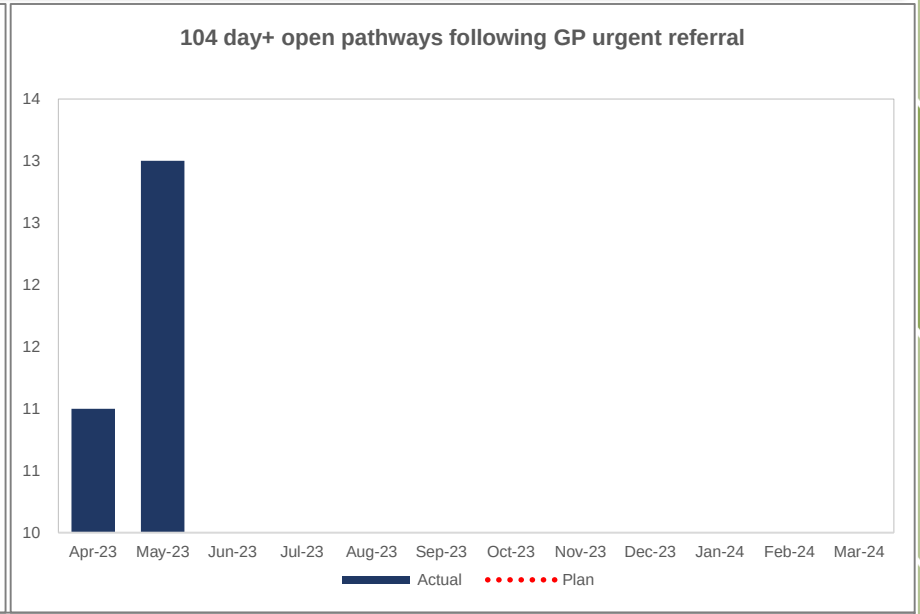
Cancer - 14,31 & 62 Day Wait

Performance(%) and Number of Breaches		Target	2022/23 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 Apr	May
14 Day	All Urgent (%)	93%	75.75%	88.40%	90.01%	85.38%	66.59%	68.77%	76.15%	73.84%	77.04%	69.09%	72.62%	81.61%	74.61%	85.53%
	All Urgent (N)		154.0	98.0	90.0	76.0	294.0	282	186	214	138	217	190	146	193.0	126.0
	Symptomatic Breast (%)	93%	8.70%	71.74%	80.33%	100.00%	0.00%	100.00%	100.00%	81.33%	75.00%	35.71%	42.86%	58.62%	67.86%	88.89%
	Symptomatic Breast (N)		42.0	13.0	12.0	0	1	0	0	2	4	9	12	12	10.0	2.0
31 Day	All Decision To Treat (%)	96%	84.42%	86.67%	75.76%	83.72%	78.72%	90.00%	87.14%	90.00%	78.33%	82.61%	92.86%	89.04%	89.86%	86.02%
	All Decision To Treat (N)		12.0	10.0	16.0	7	10	6	9	6	13	12	4	8	7.0	13.0
	Subsequent - Surgery (%)	94%	60.00%	33.30%	33.30%	1.00%	100.00%	100.00%	50.00%	60.00%	76.92%	60.00%	38.46%	68.75%	63.64%	23.53%
	Subsequent – Surgery (N)		4.0	2.0	4.0	0	0	0	3	4	3	6	8	5	4.0	13.0
	Subsequent - Anti-Cancer Drug %	98%	60.00%	33.30%	33.30%	100%	100%	97%	88%	77%	93%	78%	100%	96.15%	88.24%	100.00%
	Subsequent - Anti-Cancer Drug		4.0	2.0	4.0	0	0	1	3	13	3	8	0	1	2.0	0.0
62 Day	All Screening Service (%)	90%	100.00%	66.67%	100.00%	100%	0%	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	20.00%
	All Screening Service (N)		0.0	1.0	0.0	0	0	0	0	0	0	0	0	0	0.0	4.0
	Consultant upgrade (%)	90%	62.79%	60.00%	75.47%	54.17%	72.22%	55.56%	76.92%	61.54%	72.97%	64.29%	74.00%	69.70%	64.52%	70.59%
	Consultant upgrade (N)		8.0	11.0	6.5	5.5	5	8	6	5	5	5	3.5	5	5.5	10.0
28 day	28 Ref to diagnosis (%)	N/A	56.04%	56.76%	56.61%	59.11%	52.68%	44.25%	39.08%	42.00%	41.54%	41.66%	54.10%	62.17%	71.99%	69.41%
	28 day Ref to diagnosis (N)		244.0	275.0	256.0	119.0	212.0	344	452	551	380	451	358	317	186.0	227.0

Northern Services Cancer 62 Day Backlog

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





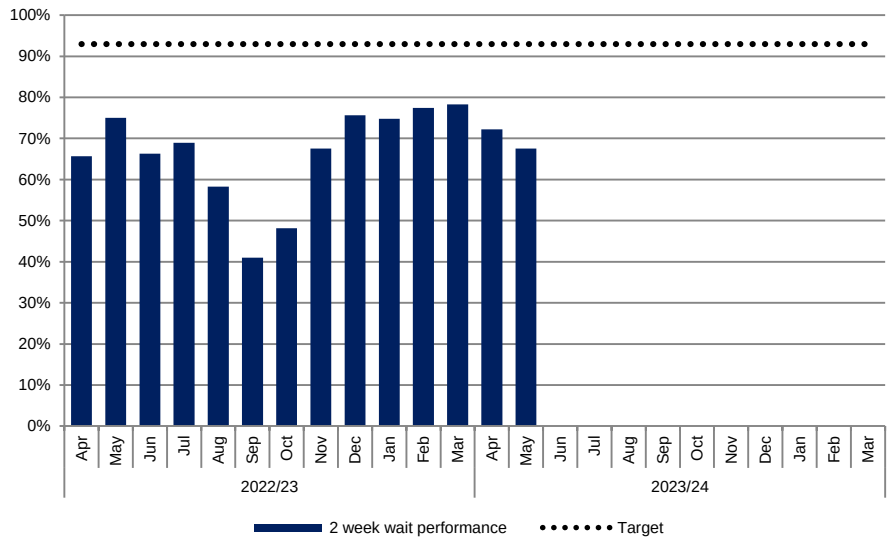
- The number of patients on active cancer pathways waiting more than 62 days has reduced from 395 (29.3%) at the start of September to 36 (5.2%) at the most recent weekly PTL (12/06/2023) which is significantly better than trajectory and is now under the nationally recommended backlog threshold of 6.4%.
- The tumour sites with the largest number of patients waiting over 62 days are Urology (10 – 10.5%) and Colorectal (10 – 4.9%); these numbers have been consistently reducing since January (from 72 Urology and 42 Colorectal).
- There are 8 patients (12/6/23) that remain on a cancer pathway over 104 days, next steps are in place for all these patients and further reduction in this position is anticipated over the coming weeks. While the end of month snap shot for May (13) indicates a higher volume than April (11), this has since reduced and maintains a general downward trajectory.

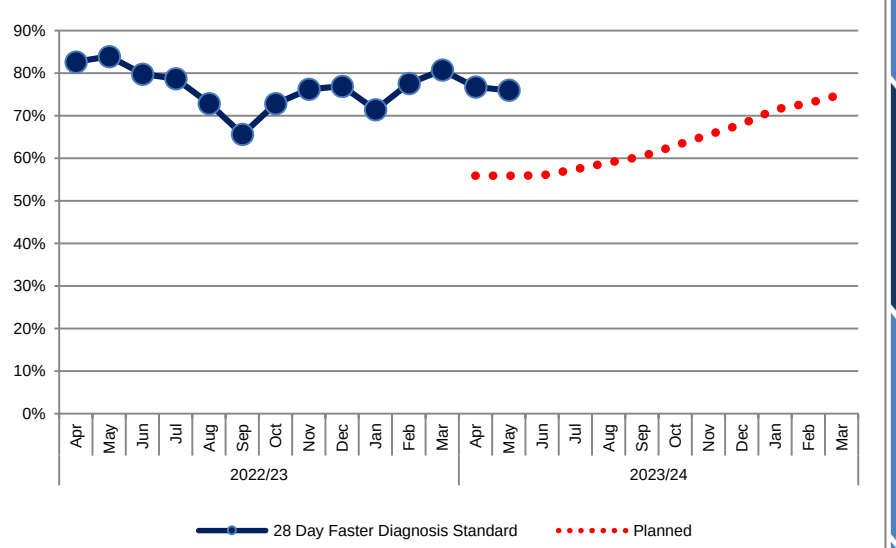
Key actions:

- Weekly PTL meetings in place for all tumour sites with action logs and formal escalation process in place.

- Colorectal - Substantive and Locum consultant posts out to advert
- Endoscopy - insourcing/weekend lists remain in place and further insourcing capacity with additional provider has now commenced, TNE service planned to start in July.
- Urology - Revised prostate pathway commenced in February and under regular review, further work underway to streamline staging investigations.

Eastern Services Cancer 14 and 28 Day

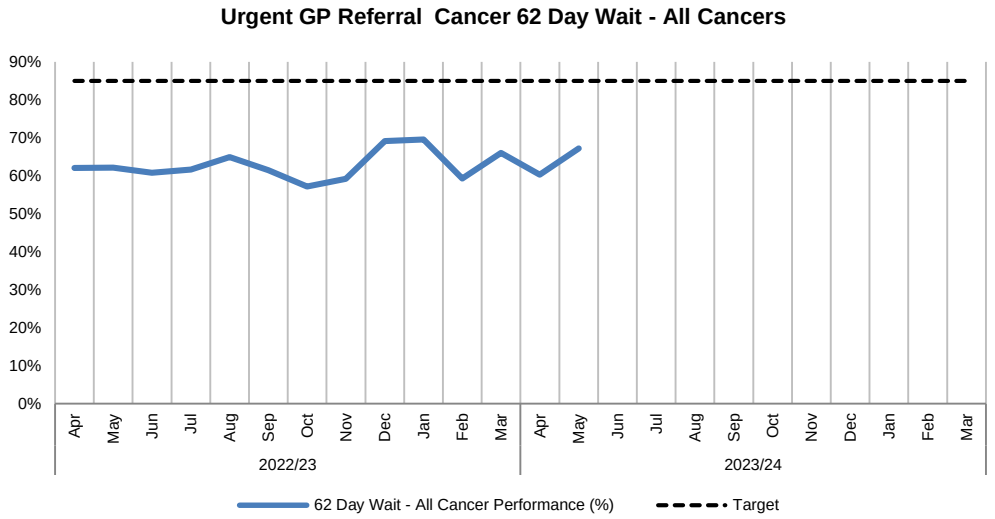




- Endoscopy capacity continues to impact 2WW Performance (Straight to Test) and 28 Day Performance. The mobile unit at Tiverton is planned for August '23 which will increase capacity and therefore in time improve the 2WW position for Lower GI specifically. Further expansion at Tiverton is planned for August 24.
- Gynaecology 2WW performance remains challenged due to an imbalance of demand/capacity (increased demand during a period of Leave/Absence etc.) however this is being rectified with additional WLI for both PMB and Hysteroscopy clinics. Super Saturdays are planned to continue reducing the current backlog.
- Urology continue to fail to meet the 28 Day target for Prostate, however a redesign of process and a workforce restructure within the CNS Team are underway to support this pathway, moving triage to the CNS Team and additional TP Biopsy capacity to be included. Interviews are underway for the Band 8a CNS. It is noted that recovery is reliant on Radiology and Histology and quick turnaround times.
- Upper GI patients awaiting a Telephone appointment are currently waiting approx. 4 weeks – therefore delaying their pathway overall. The team are seeking additional capacity. Escalated to Clinical Director for Cancer.
- Breast are currently maintaining performance by cross-covering (due to continued Consultant absence) – however are currently out to recruit for a Locum post to protect the current position as well as the wellbeing of the Team. The Northern team are supporting the service by treating patients on the periphery of the borders.
- Skin performance is currently maintained using WLI and good-will of Consultants. However spikes in referrals (up to 280 per week) have been noticed in May/June. AI is due to start in August 23.

Eastern Services Cancer 62 Day

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



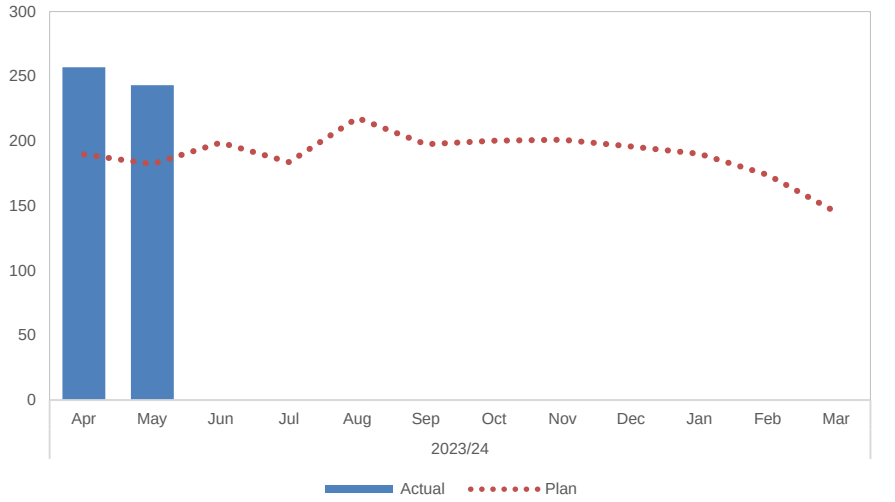
- Although there is an increase in performance from April, the diagnostic phase specifically; Endoscopy, Histology, Bone Scans and CT Guided Biopsy are particularly impacting pathways. Work is underway to address the Bone Scan delays across both North and East (significant impact on Prostate pathways).
- Oncology appointments across most Specialities are struggling for capacity, particularly in Lung i.e. 3 weeks for an OPA pre-Treatment.
- Theatre capacity remains challenged due to capacity. Additional Saturday lists have been sought for Urology.
- Still awaiting the outcome of the ERF request for 2 substantive Colorectal Consultants, which would support On Call Rota and provide additional Theatre capacity through cover.

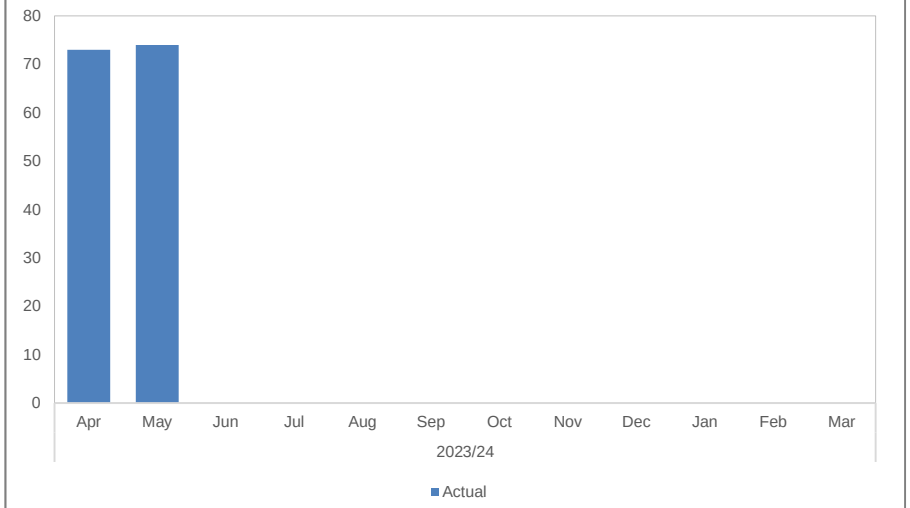
Cancer - 14, 31, 62 & 104 Day Wait

	Performance(%) and Number of Breaches	TARGET	2022/23 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 Apr	May
14 Day	All Urgent (%)	93%	65.6%	75.0%	66.3%	69.0%	58.3%	41.0%	48.2%	67.6%	75.6%	74.8%	77.4%	78.3%	72.2%	67.6%
	All Urgent		760	605	762	763	1027	1434	1253	818	488	559	470	550	552	762
	Symptomatic Breast (%)	93%	20.9%	35.2%	58.1%	57.4%	62.9%	16.7%	40.5%	72.5%	95.8%	93.9%	100.0%	91.4%	94.6%	91.2%
	Symptomatic Breast		34	46	18	20	13	30	25	14	1	2	0	5	2	3
31 Day	All Decision To Treat (%)	96%	88.5%	86.9%	87.9%	85.4%	89.8%	89.5%	92.2%	87.7%	89.4%	78.5%	86.7%	88.7%	86.5%	86.7%
	All Decision To Treat		31	41	34	37	22	21	18	31	25	72	40	34	32	45
	Subsequent - Surgery (%)	94%	64.2%	67.1%	76.0%	75.3%	71.2%	61.1%	78.3%	88.3%	82.1%	63.9%	73.0%	66.7%	75.9%	67.7%
	Subsequent - Surgery		29	26	25	21	17	28	18	11	14	44	30	34	19	31
	Subsequent - Radiotherapy (%)	94%	100.0%	99.2%	95.9%	98.8%	97.6%	98.6%	99.3%	99.3%	99.1%	100.0%	98.3%	99.3%	98.1%	98.5%
	Subsequent - Radiotherapy		0	1	4	1	2	1	1	1	1	0	2	1	2	2
	Subsequent - Anti-Cancer Drug (%)	98%	100.0%	98.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	98.9%	97.6%	96.8%	100.0%	100.0%
	Subsequent - Anti-Cancer Drug		0	1	0	0	2	0	0	0	0	1	3	4	0	0
62 Day	All Screening Service (%)	90%	12.5%	28.6%	33.3%	0.0%	0.0%	0.0%	0.0%	20.0%	33.3%	0.0%	28.6%	12.5%	0.0%	26.8%
	All Screening Service		3.5	2.5	2	2	4	1	2	4	2	2.5	5	7	2	15
104 days	Volume of Patients Waiting Longer than 104 Days at Month End		52	53	70	68	58	59	54	84	81	84	81	62	73	74

Eastern Services Cancer 62 Day Backlog

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





Off trajectory;

- **Urology** – Challenged due to a group of RALP referrals and late tertiary transfers. A request for Mutual Aid support was unsuccessful. A new clinic has been introduced in a referring centre with an Eastern Consultant to support streamlining of the pathway and review the appropriateness of referrals. Additional capacity (Super Saturdays) will support the reduction of the RALP backlog. Third RALP surgeon is currently in training and is due to be signed off in Q2 FY 23/24. Talks continue with an insourcing company (currently Clinician to Clinician) to potentially provide additional capacity at the Eastern site.

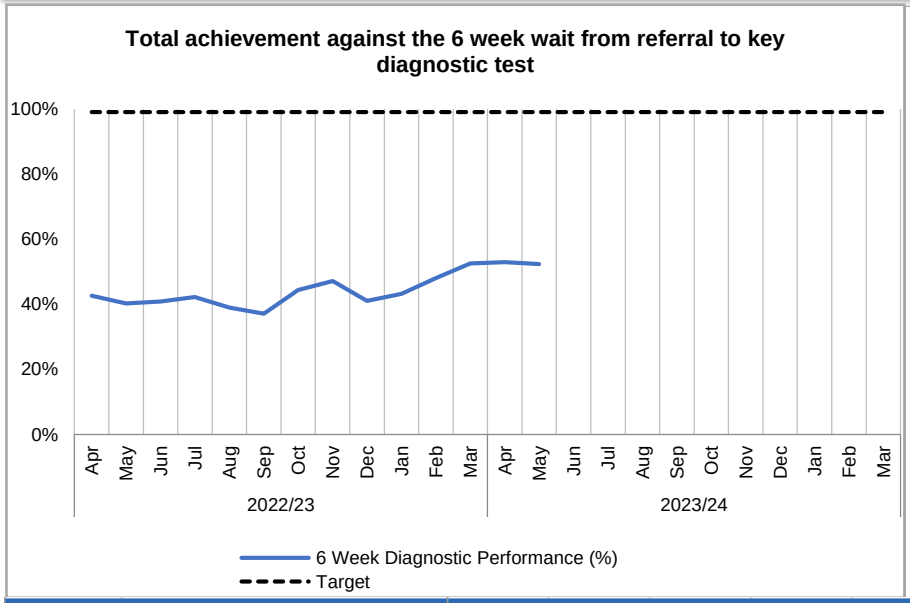
- **Lung** - Increased number of long waiting patients; work underway within the tumour site to review processes with Radiology to support streamlined working. There are issues with Oncology clinic capacity – currently 3 week wait for appointment prior to treatment.

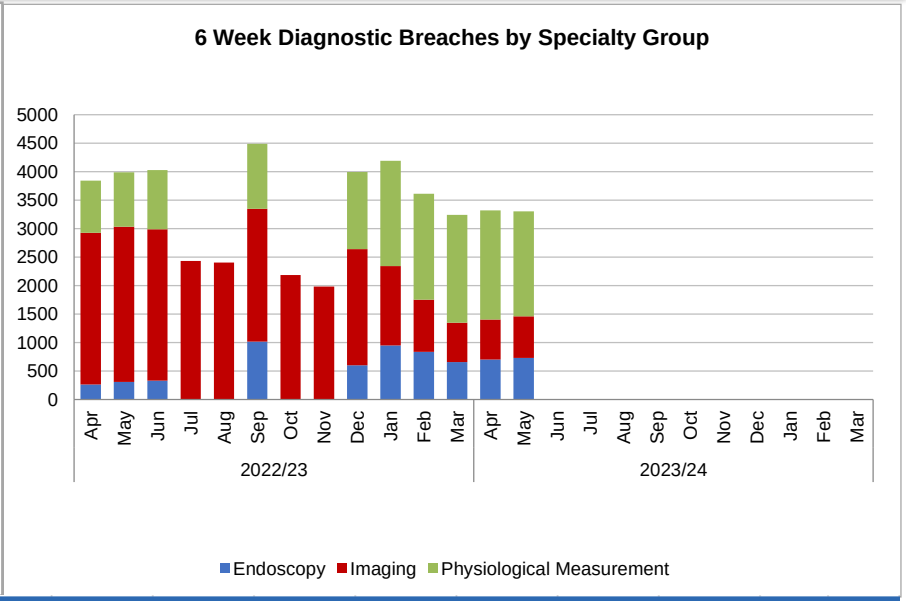
- **Upper GI** - have a higher than expected number of long waiting patients, in part due to a number of patients waiting approx. 4 weeks for their first OPA. Additional capacity is being considered.

- **Colorectal** - remains challenged with long waiting patients due to delays in Endoscopy (plans in place) and theatre capacity (plans in place).

- **Gynaecology** - are noted to have an increased number of long waiting patients. Most of which have a TCI in place (delayed in part due to waits for Hysteroscopy) with some patients referred from tertiary sites close to 62 Days.

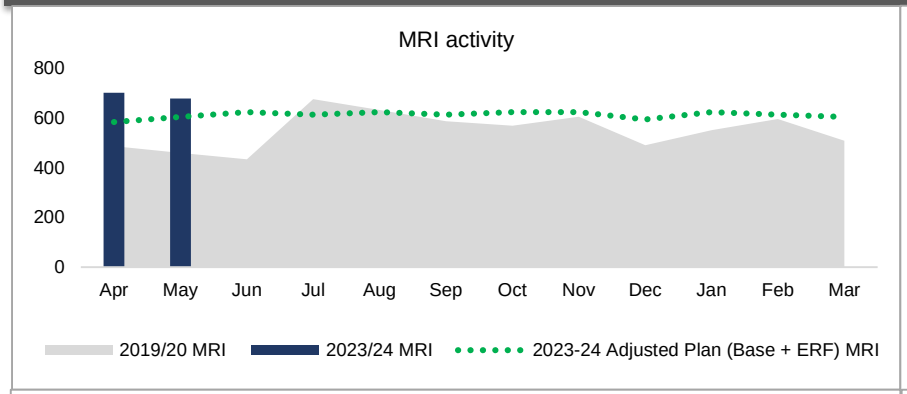
Northern Services Diagnostics - *Fifteen key diagnostic tests*

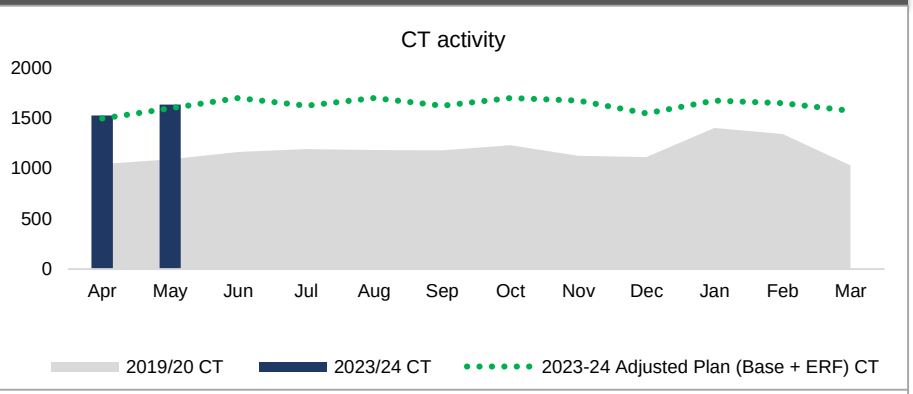


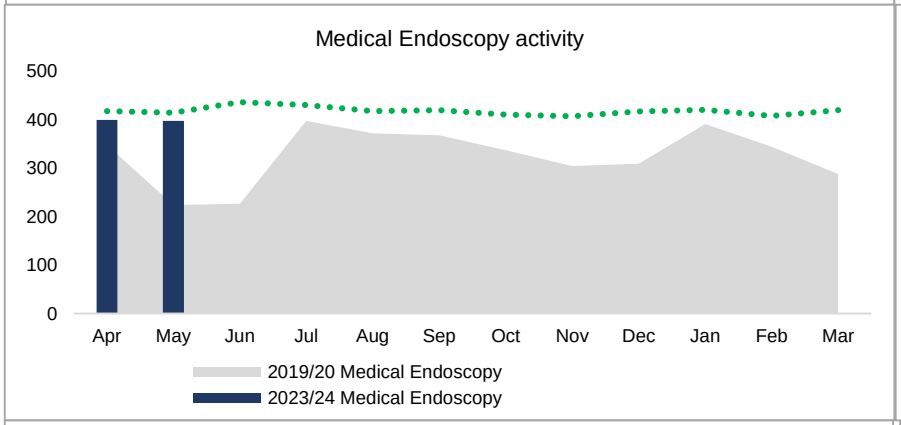


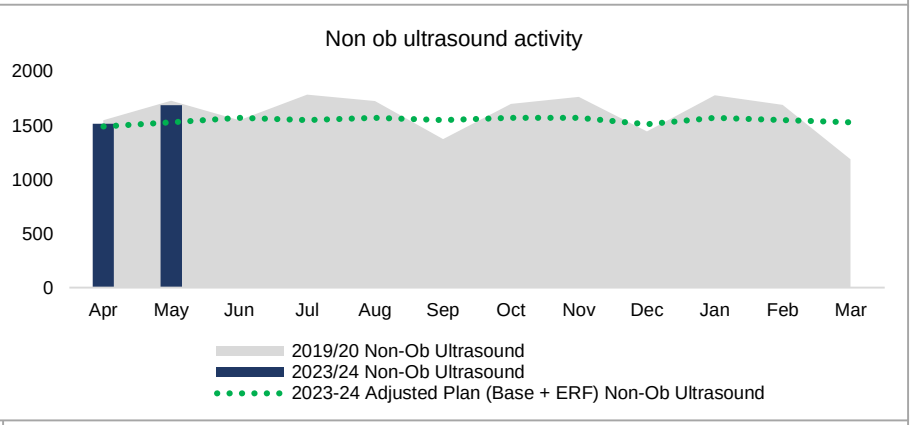
		Achievement against the 6 week wait from referral to key diagnostic test													
Area	**Diagnostics by Specialty**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-23**
Imaging	Magnetic Resonance Imaging	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%	96.9%	97.6%	98.4%	97.7%	98.5%
	Computed Tomography	55.6%	55.2%	64.7%	65.2%	56.1%	66.8%	81.9%	76.3%	75.2%	78.4%	87.6%	95.3%	95.6%	94.3%
	Non-obstetric ultrasound	35.2%	32.9%	30.9%	33.1%	35.2%	35.2%	35.8%	40.9%	36.2%	54.9%	86.1%	88.1%	85.9%	80.6%
	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DEXA Scan	11.6%	10.7%	10.5%	11.5%	14.6%	13.8%	14.5%	17.9%	14.3%	15.7%	19.8%	27.8%	29.2%	27.9%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%							100.0%	100.0%	99.1%	97.3%	94.8%
	Cardiology - echocardiography	31.4%	26.6%	28.3%						27.9%	18.6%	23.0%	23.4%	25.2%	24.4%
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	96.3%	96.8%	92.5%			88.5%			97.9%	93.8%	99.1%	96.3%	91.2%	97.2%
	Respiratory physiology - sleep studies	22.5%	34.3%	30.8%			17.4%			64.8%	52.3%	42.5%	26.4%	28.6%	41.7%
	Urodynamics - pressures & flows	20.4%	25.4%	23.3%			1.4%			39.4%	30.8%	46.2%	35.7%	27.9%	51.5%
Endoscopy	Colonoscopy	62.3%	48.6%	43.8%			27.6%			30.6%	32.7%	34.2%	39.5%	37.7%	36.8%
	Flexi sigmoidoscopy	64.8%	71.8%	70.3%			28.5%			42.9%	30.9%	29.7%	40.1%	42.8%	39.0%
	Cystoscopy	67.0%	75.6%	73.3%			59.8%			74.4%	42.6%	48.4%	83.3%	81.3%	88.9%
	Gastroscopy	70.9%	61.9%	60.8%			53.1%			44.9%	39.1%	41.3%	48.2%	41.9%	37.6%
Total		42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%	43.2%	48.0%	52.5%	53.0%	52.4%

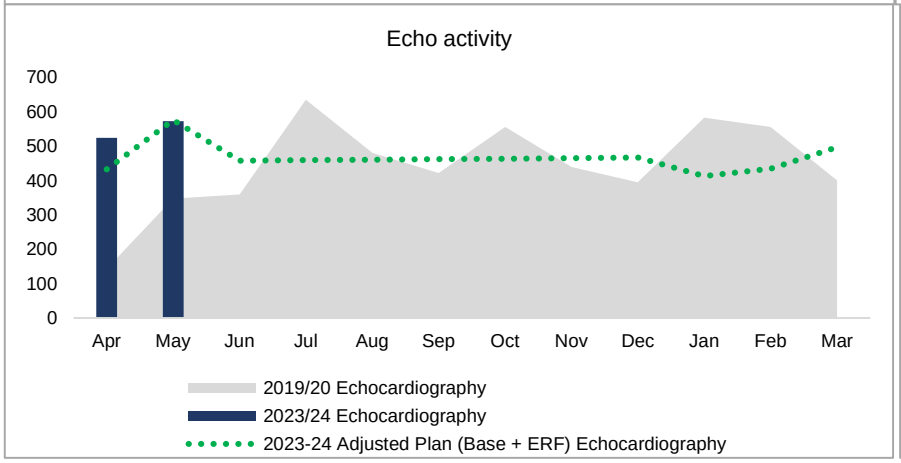
Northern Services Diagnostics - *Diagnostic activity compared to plan across key diagnostics modalities*











Northern Services Diagnostics

Key issues at modality level:

Although both total waiting list size and the number of patients waiting over 6 weeks for diagnostic tests have reduced, unfortunately this has not made an impact of the performance percentage.

- **MRI –** At present MRI is at 98.5% patients seen within 6 weeks the increase in capacity from 1st April with the mobile service is supporting maintaining this position.

- **CT – Non-Cardiac CT –**We have increased capacity in planning for 23/24 to meet demand and currently at 98% of patients seen within 6 weeks.

- **Cardiac CT** - CT cardiac lists were agreed at RD&E providing an additional 14 scans per session, 3-4 sessions per month. As a result of this increase in capacity the number of patients receiving their Cardiac CT scan has improved significantly from 39.1% at the end of January to 86.5% in May 2023. Due to a decline in Eastern performance Northern capacity for cardiac CT at RD&E has been reduced from 4 sessions in July to 1.5 sessions and it is expected a similar reduction for August. We continue to work with our colleagues to align resources and monitor performance but this reduction in capacity will result in a decline in performance for Northern CT cardiac scans. To compound this position we have also seen a referral increase of 50 patients above predicted demand for April and May 2023.

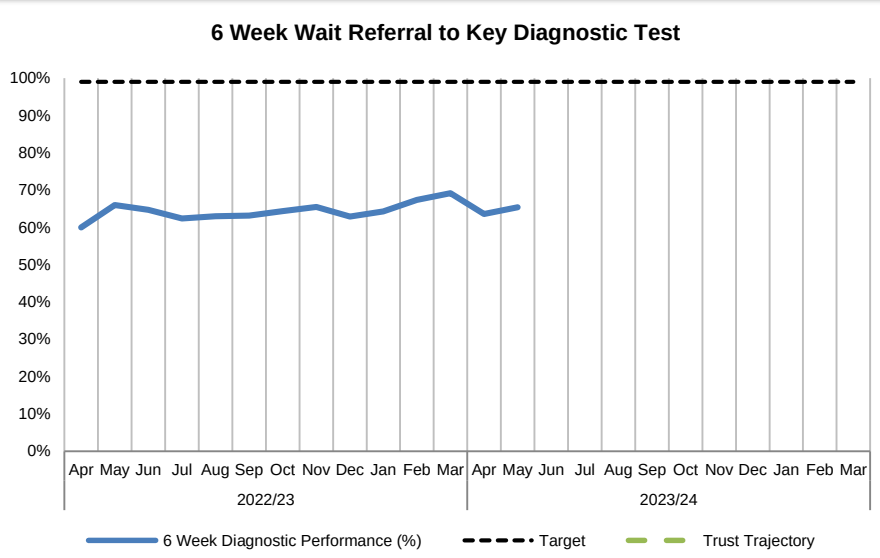
- **U/S-** We have been able to continue to provide some internal lists over weekends to continue to improve performance. We are also looking at outsourcing options available to maintain and continue to improve this position, and have now requested some capacity (initially 200 scans) at the Eastern CDC and await to hear an outcome. Ultrasound has moved from 36% of patients being seen within 6 weeks in January 2023 to 82% in May 2023 but we still have some recovery to achieve.

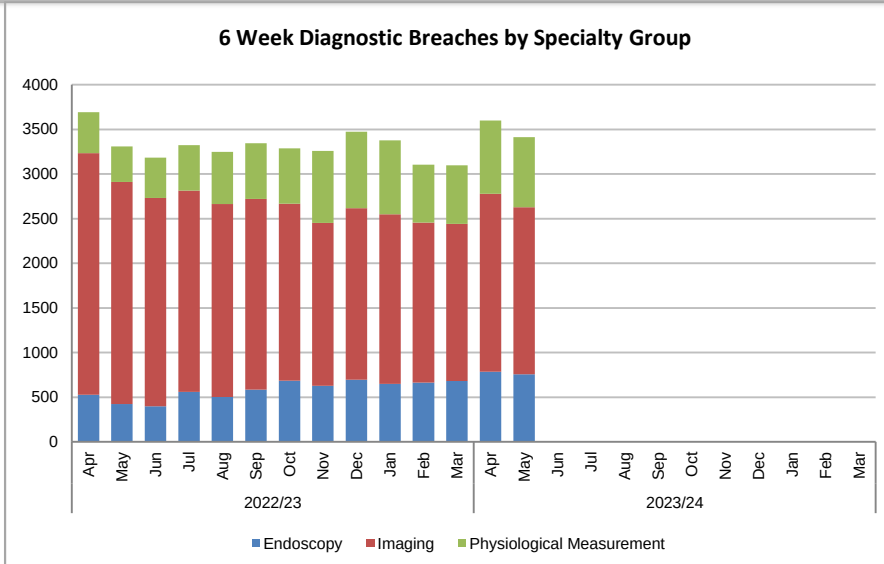
- **Endoscopy** -Consultant Gastroenterologist vacancies and nursing vacancies & sickness remains a key constraint. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases. To further increase capacity an additional provider has been identified and additional capacity is expected in June. The original insourcing company has also now managed to deliver 2 weekends per month.
-
- **Echocardiogram** – Despite increasing the capacity the Inpatient demand for ECG continues to outstrip capacity. The service is currently supporting 13 additional lists per month with a total of 11 patients per session. A Task and Finish group commenced on the 13th March to identify discrepancies in the waiting list. An additional of Physiology support is due to start from mid April which will be provided by the current locum.
-
- **Sleep studies –** Additional capacity has been identified across clinics and 2 CNS will commence report training in May. Bi weekly Monday clinics will commence from the 17th April seeing an additional 4-5 patients per clinic

- **DXA –** DXA improvement now being seen with 28% performance in May 2023 from 19.17% in Feb 2023. Since the previous IPR; total waits have continued to be reduced in line with the trajectory, this is still reliant on 2 individual staff members. The contract with Taunton for one list per month will continue for 23/24.

Eastern Services Diagnostics

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

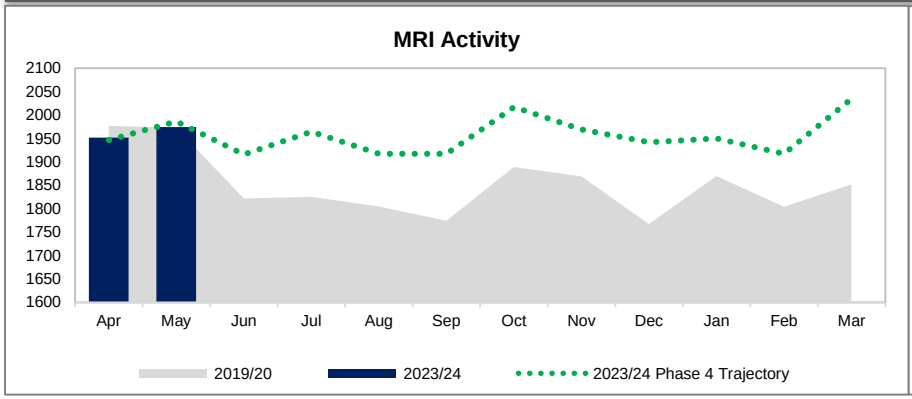


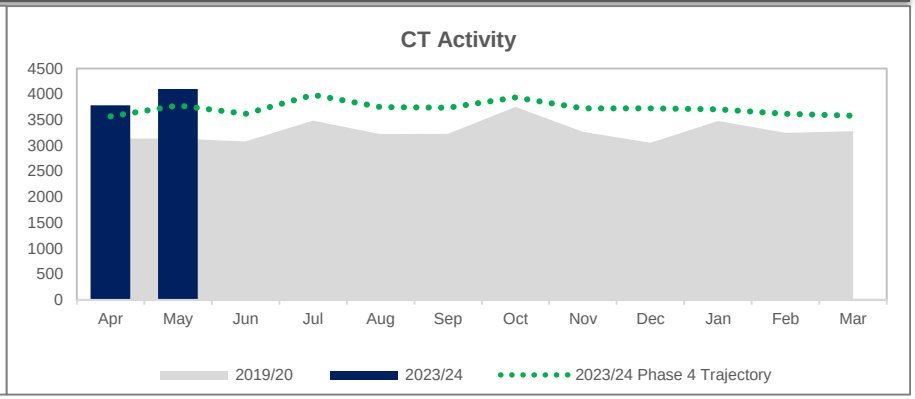


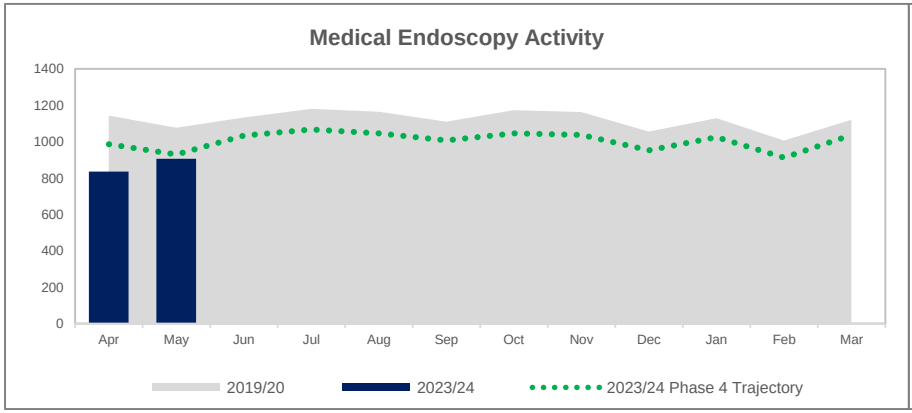
Area	Diagnostics By Specialty	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Endoscopy	Colonoscopy	66.5%	64.0%	63.5%	58.3%	51.6%	54.9%	53.9%	53.9%	51.2%	53.0%	50.1%	49.2%
	Cystoscopy	95.2%	91.5%	88.9%	93.2%	87.4%	83.5%	88.1%	47.8%	83.1%	83.2%	75.2%	73.6%
	Flexi Sigmoidoscopy	76.2%	74.6%	74.5%	62.2%	51.3%	49.6%	44.8%	82.1%	41.7%	50.4%	51.1%	54.5%
	Gastroscopy	72.4%	56.7%	68.7%	68.0%	69.8%	78.3%	74.8%	74.7%	73.9%	73.5%	66.3%	70.3%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	76.8%	77.1%	81.3%	85.4%	89.5%	92.3%	86.2%	87.9%	83.3%	84.6%	82.5%	79.5%
	DEXA Scan	98.9%	98.4%	98.2%	99.4%	99.2%	98.4%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%
	Magnetic Resonance Imaging	74.3%	69.6%	69.1%	72.9%	73.7%	75.6%	68.5%	70.7%	76.5%	73.4%	66.6%	68.8%
	Non-obstetric Ultrasound	51.6%	53.1%	52.7%	51.2%	54.5%	56.7%	56.8%	56.6%	60.1%	66.4%	59.9%	63.8%
Physiological Measurement	Cardiology - Echocardiography	80.9%	74.5%	71.4%	72.7%	75.2%	65.0%	66.6%	66.9%	72.6%	66.3%	61.7%	66.1%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	69.6%	72.5%	67.1%	61.2%	55.4%	65.4%	43.2%	49.4%	61.2%	75.1%	59.3%	62.1%
	Respiratory physiology - sleep studies	68.3%	60.0%	58.6%	65.8%	61.4%	63.1%	60.6%	57.8%	57.7%	66.4%	65.5%	60.7%
	Urodynamics - pressures & flows	30.3%	34.5%	28.6%	26.9%	25.7%	33.7%	28.8%	38.5%	32.2%	37.8%	36.8%	36.8%
Total		64.7%	62.4%	63.0%	63.2%	64.4%	65.5%	63.0%	64.3%	67.4%	69.2%	63.6%	65.4%

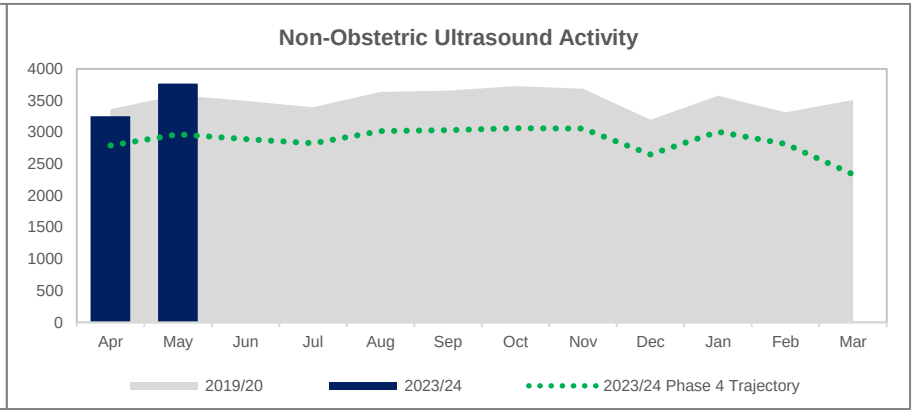
Eastern Services Diagnostics

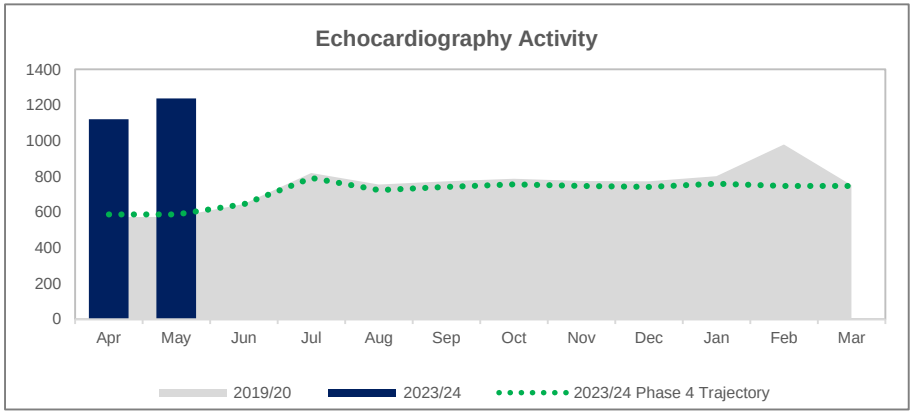
Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests











Eastern Services Diagnostics

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

At the end of May, 65.4% of patients were waiting less than 6 weeks – an improvement of 1.8% from the end of April.

CT

- The overall waiting list is improving, however there has been increased number of breaches for May, which is as a result of reduced activity over the bank holidays and unplanned staff sickness on the CDC mobile resulting in 24 patients being cancelled
- The Northern services cardiac CT position has seen an improvement by utilising capacity on the CDC mobile. Therefore, due to a slightly deteriorating position for Eastern services, some capacity during July and August will be utilised for these services reducing Northern services additional cardiac CT capacity via the CDC in order to balance waiting times across the Trust. This will be reviewed early August to determine if this should continue into September.

MRI

- The breach position has returned to expected levels during May.
- The MRI non-cardiac waiting list has started to decrease, however the breaches are expected to rise, peaking in July and thereafter reducing once again if demand continues as predicted.
- There has been an improved overall breach recovery position

Non Obstetric Ultrasound

- US waiting list and breaches show an improved position for both MSK and General US despite reduced activity due to unplanned sickness of 2 key staff and annual leave over half term.
- Following agreement at the Planned Care Group on 7th June 2023, from next month, all therapeutic Non-obstetric Ultrasound imaging, e.g. MSK injections, will be excluded from the DM01 return in line with national reporting requirements. By way of an example, this approach would have removed 464 breaching patients this month, resulting in reporting only 569 US breaches. Therefore, from next month the Non-obstetric Ultrasound breach number will significantly reduce. The management of the US waiting list will remain the same and patients will still be offered appointments within 6 weeks as they are now where possible, imaging turnaround times are expected to continue as is with MSK list capacity increasing over the summer as previously reported.

Dexa

- Dexa has no breaches to report for this month.

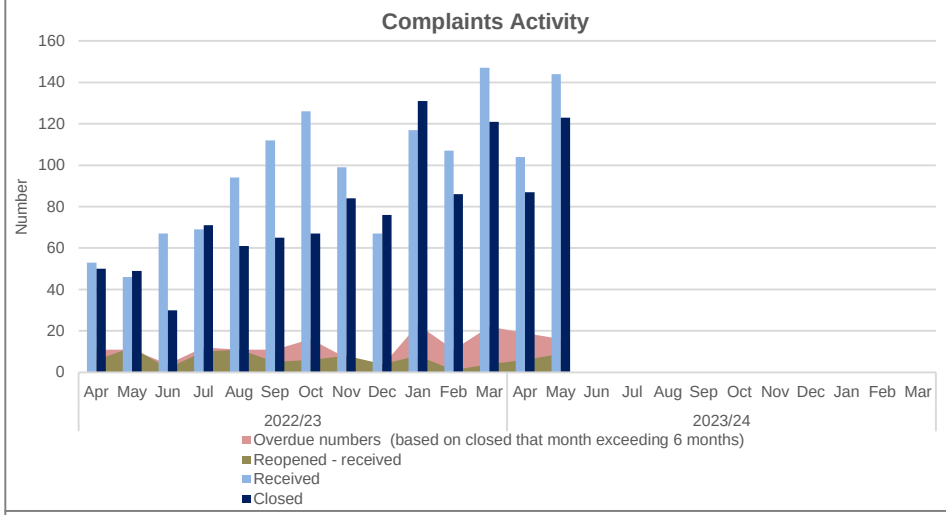
Endoscopy

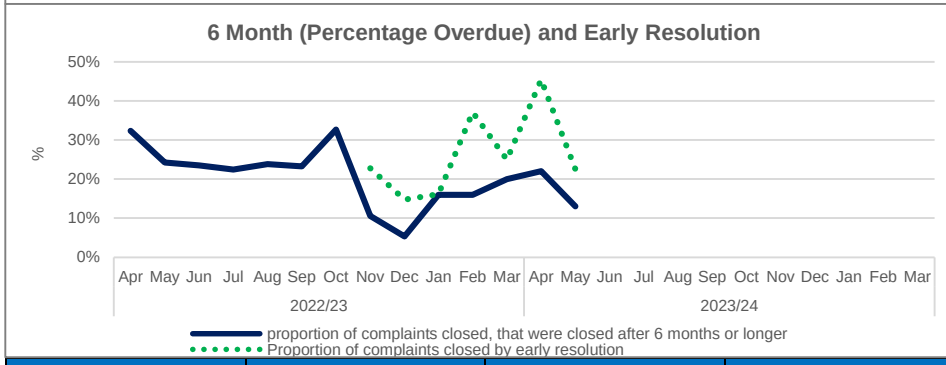
- The endoscopy team continue with the super weekends to increase capacity.
- Along with this, ERF funding is utilised to fill in-week gaps in the rota where possible to ensure that maximum activity is achieved. A focus is currently being prioritised on the longest waits, a number of which are likely to be removed from the waiting list following the Access Policy.
- A business case to secure CDC funding for a mobile lab (1 suite) from August 2023 has been approved. This will bridge the gap until a permanent solution is in place. This is revenue funding only and capital is required for groundworks which has been secured via an alternative route. The business case for a permanent facility at Tiverton (additional 2 suites) has also been approved by the national panel with plans to progress underway

Respiratory Physiology

- Recovery plan developed
- Agency staff member recruited
- Awaiting equipment purchase through capital to increase test capacity

Trust Patient Experience



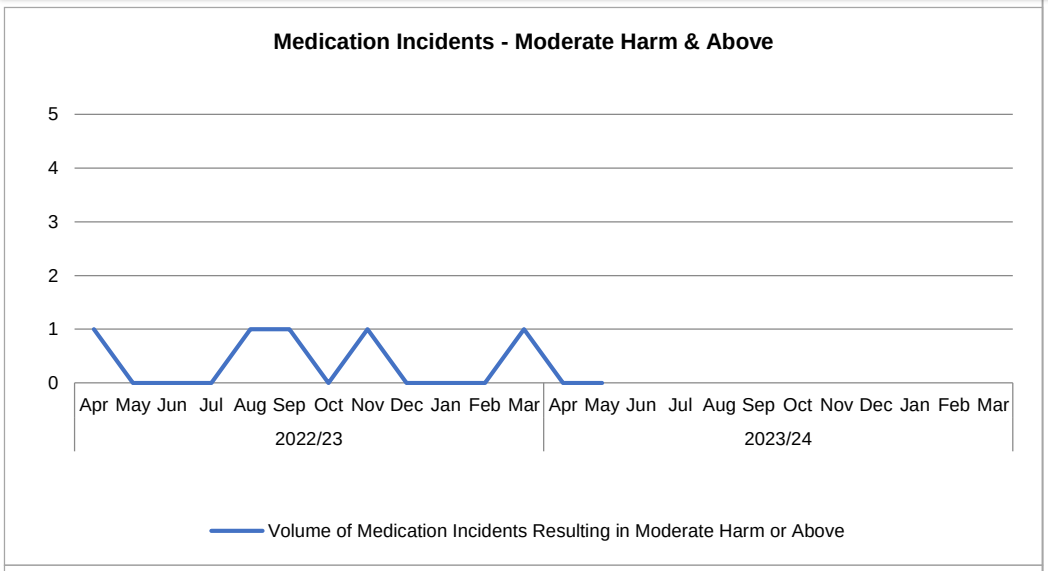


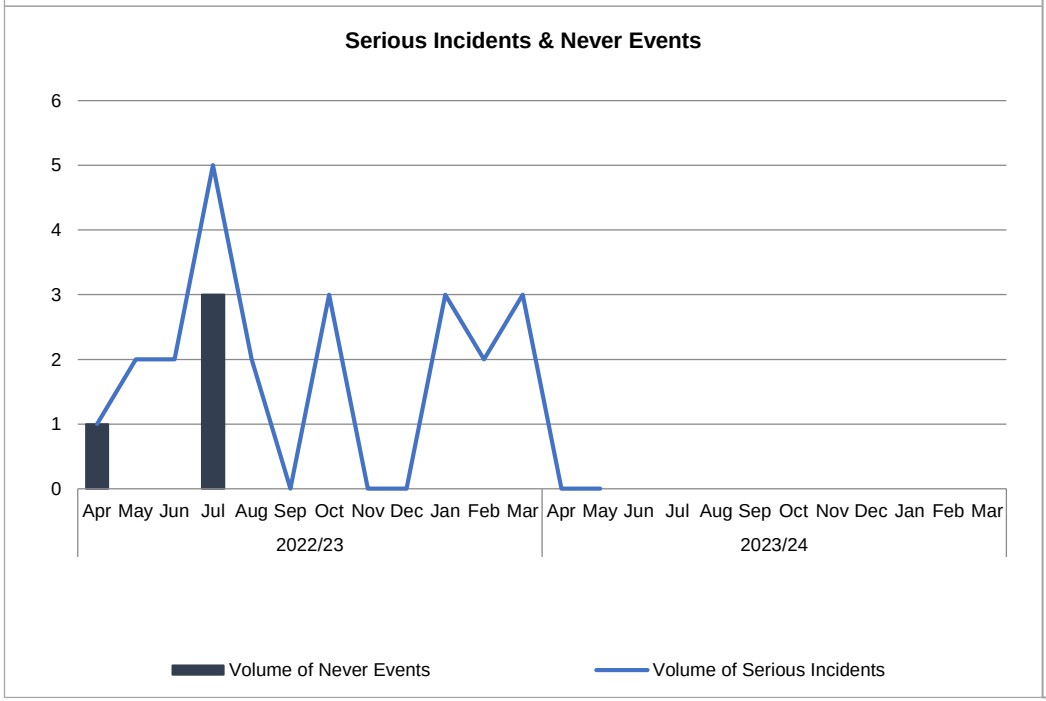
- The metrics presented in this slide have been changed to reflect the trust wide key performance indicators for complaints handling that reflect the new NHS complaints standards, which were launched in April 2023.
- The standards support an early resolution approach to complaints and as we move to embed the standards, early resolution cases should be expected to increase and complaint investigations over 6 months should decrease.
- During May, 26 complaints were closed by early resolution which although is a reduction when compared to the previous month, remains on an upwards trajectory of improvement.
- There was an increase in complaints received in May and an increase in complaints closed when compared to the previous month.
- 2 new primary investigations were received from the PHSO during May, the primary review will determine whether further investigation is required.
- 'Communication' remains the main theme throughout complaints and the Patient Experience Committee have commissioned a deep dive into understanding this overarching theme.
- Regular complaints huddles with the divisions across both sites continue to review complex cases and provide support.

Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
2	15	2	2

	2022/23												2023/24	
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Complaint received and acknowledged within 3 days	88.89%	84.79%	67.27%	93.50%	96.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%
Over 6 months (no of complaints open at end of month)	12	16	4	12	11	13	16	7	3	22	14	23	13	20
Complaints closed in month by early resolution								27	15	21	32	31	36	26

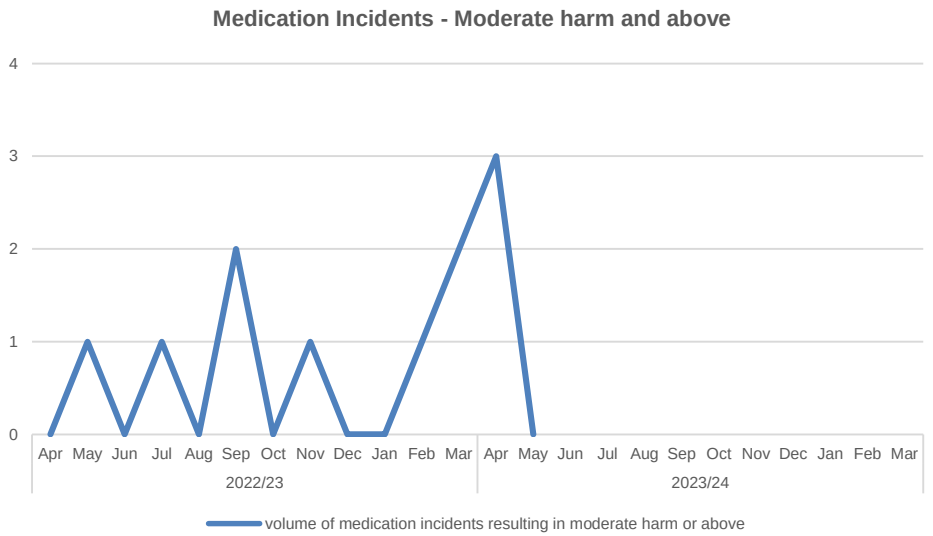
Northern Services Incidents

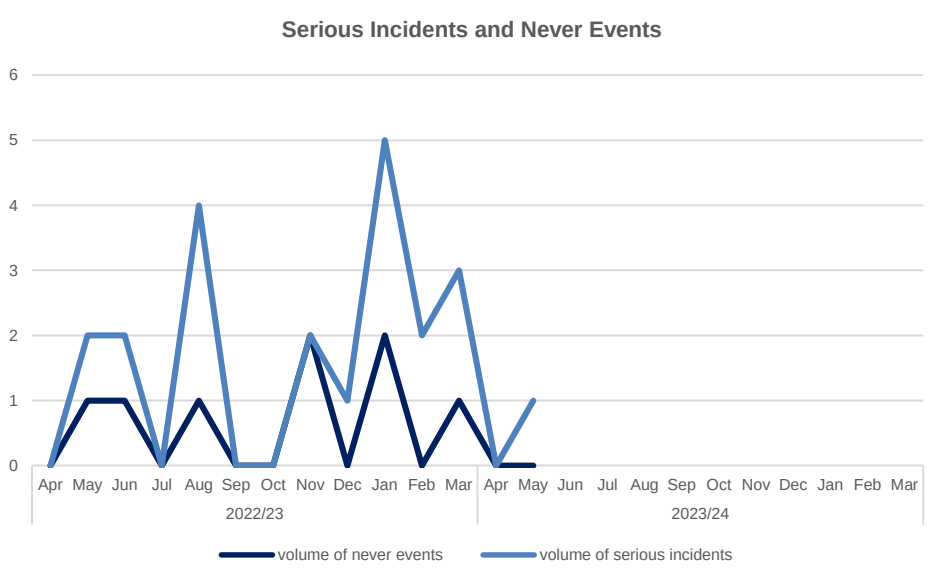




- In May 2023 there were no medication incidents resulting in moderate harm or above; there were no serious incidents or never events.

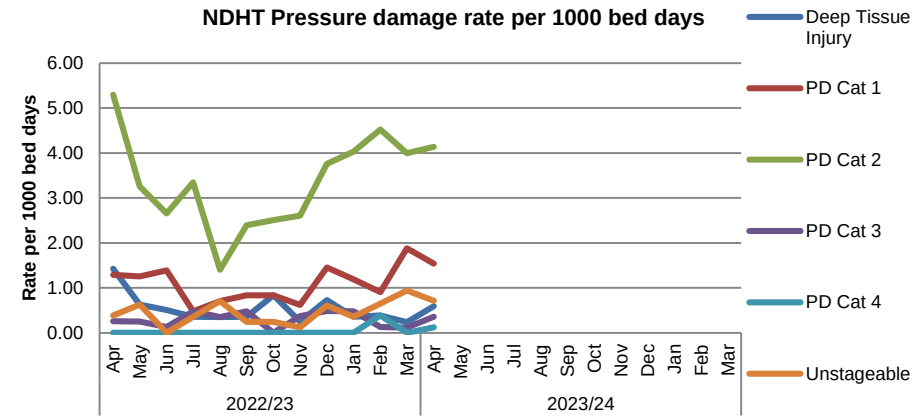
Eastern Services Incidents

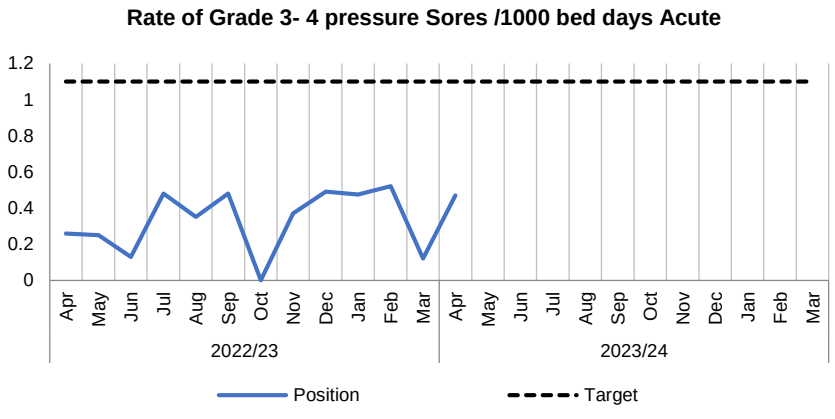


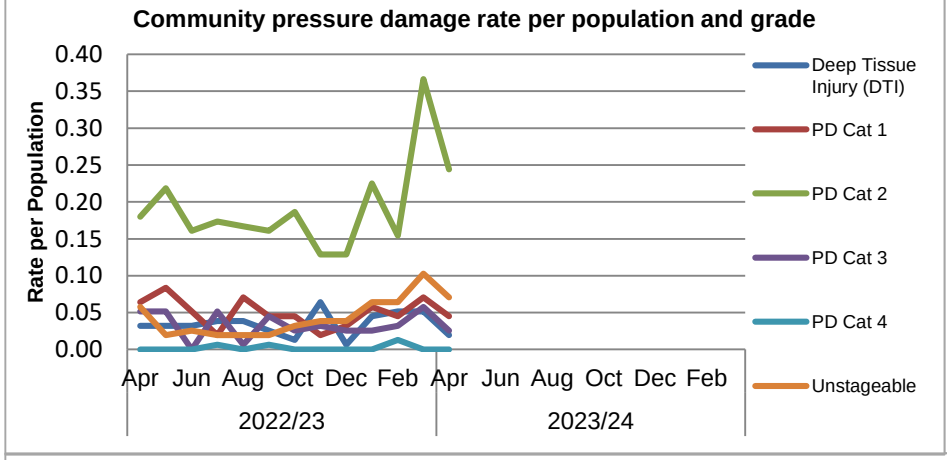


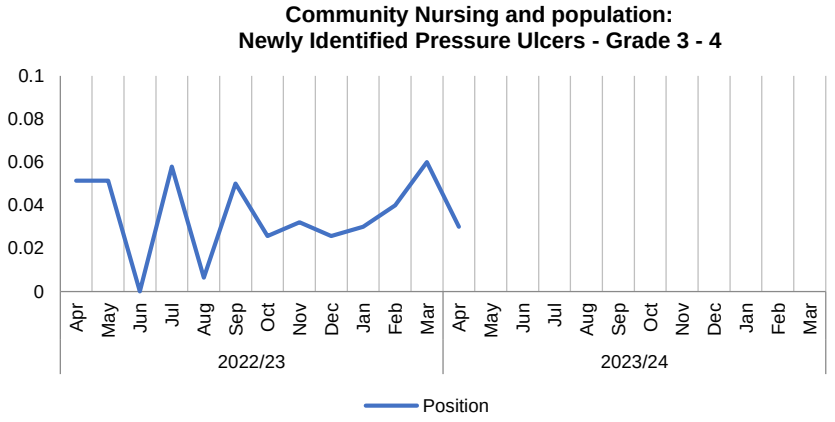
- There was one serious incident reported in May 2023. This is a pathway error SI which is currently reported as moderate harm. The formal investigation has commenced.

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









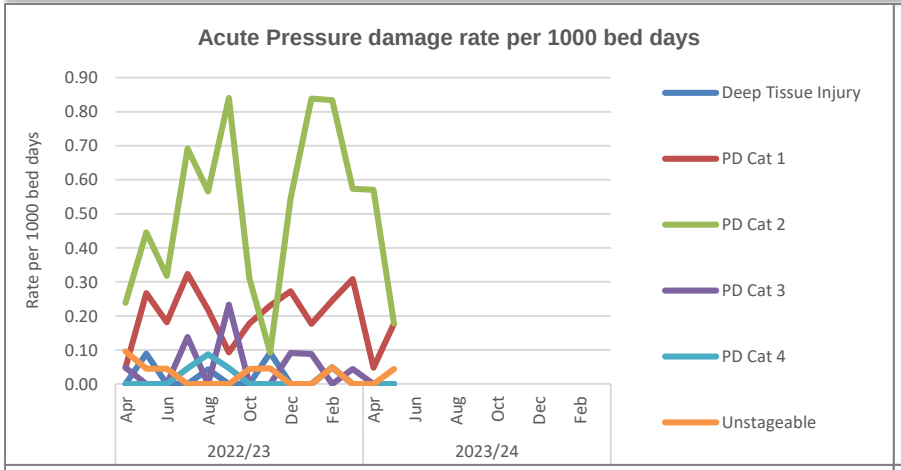
NB The April Pressure Ulcer data has not been fully validated due to absence within the team.

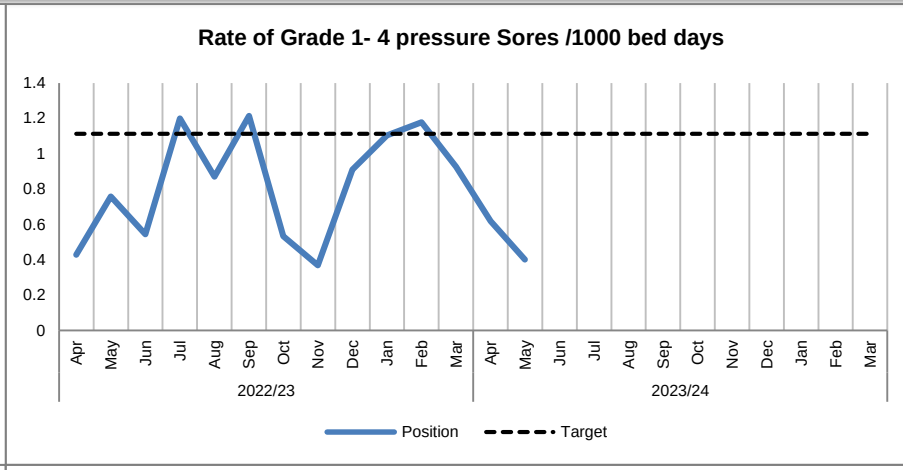
- The recent increase in Category 2 pressure damage in the Acute has plateaued and the Community Cat 2s have reduced. The fluctuation of Category 3/4s is likely to be related to the unvalidated data which will may still contain duplicate or non healthcare acquired incidents. A Category 4 pressure ulcer was reported in the Acute and has been escalated for formal investigation.

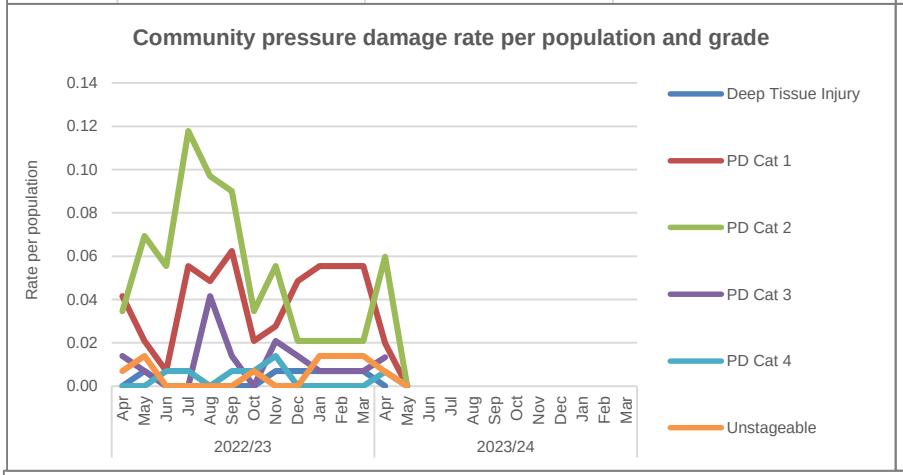
- The pressure ulcer prevention QI project continues to be implemented across the NDDH and now includes Tarka, Victoria, Capener and Glossop. April's data indicates a 12.5% reduction in pressure damage incidents on Capener Ward in the first month after starting the project.

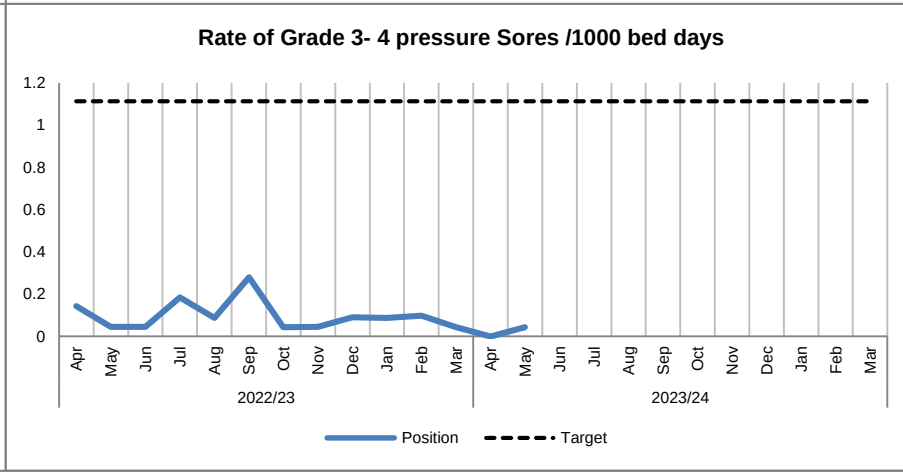
Eastern Services Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care



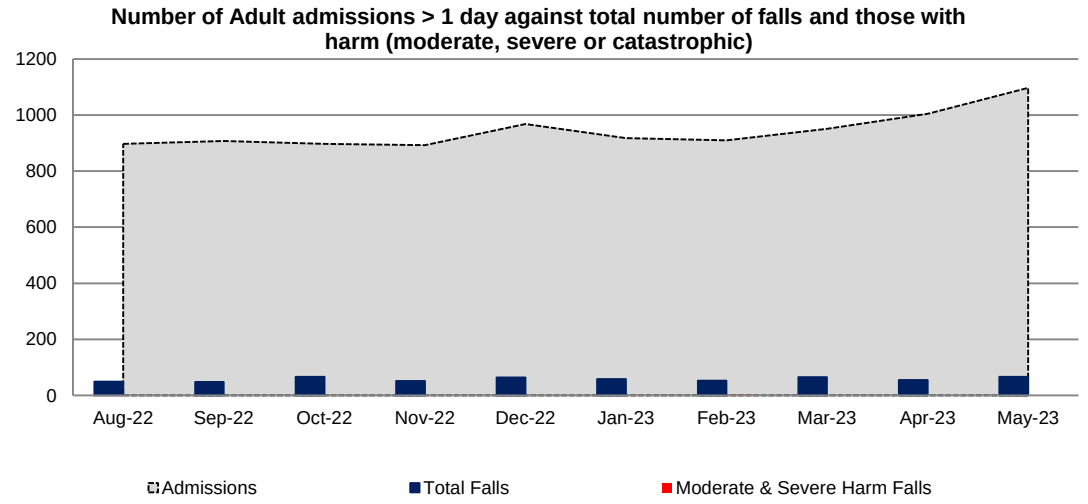




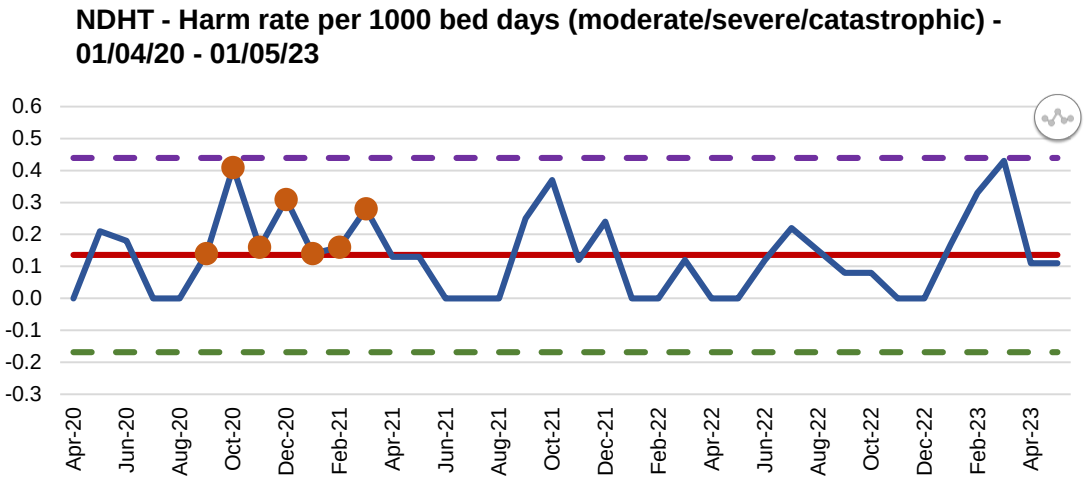


- The unstageable or suspected DTI injury data has been amended following validation, across all areas for previous months.
- Pressure ulcer harm remains low across all areas. There is a continuing improvement in inpatient areas, across all categories from a above expected rate in February 2023.
- In the community setting there are two category 4 incidents, with one escalated for investigation, learning has been identified and action taken. CQUIN 12 has been adopted by the Trust - this measures assessment and care planning for pressure ulcer prevention for all inpatients. Education to admission areas and wards will continue to ensure assessments are timely and complete.

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



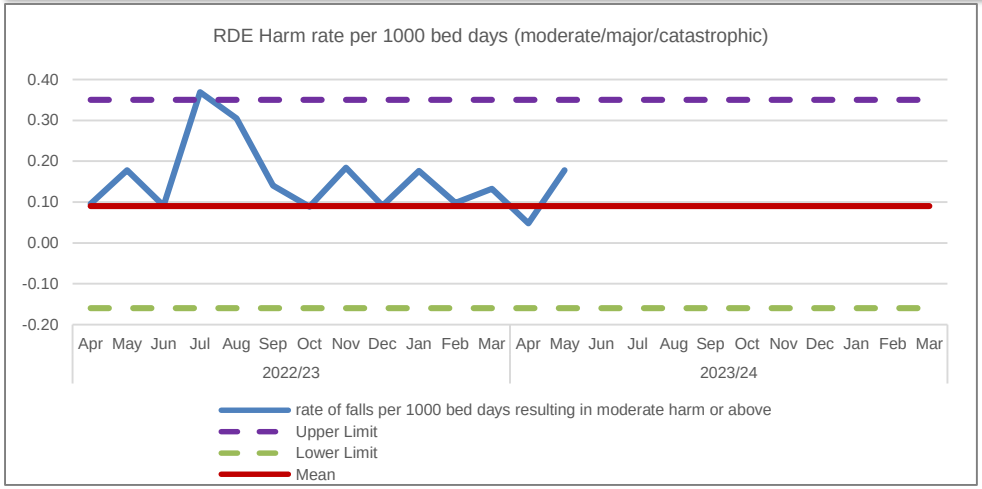
Month	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Admissions	897	907	897	893	968	918	910	951	1004	1097
Total Falls	49	48	66	52	64	58	53	65	55	67
Moderate & Severe Harm Falls	2	1	1	0	0	2	3	2	1	1



- Falls remain within normal variation in May 2023.
- There was one fall with injury which will be investigated for further learning.

Eastern Services Slip, Trips & Falls

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



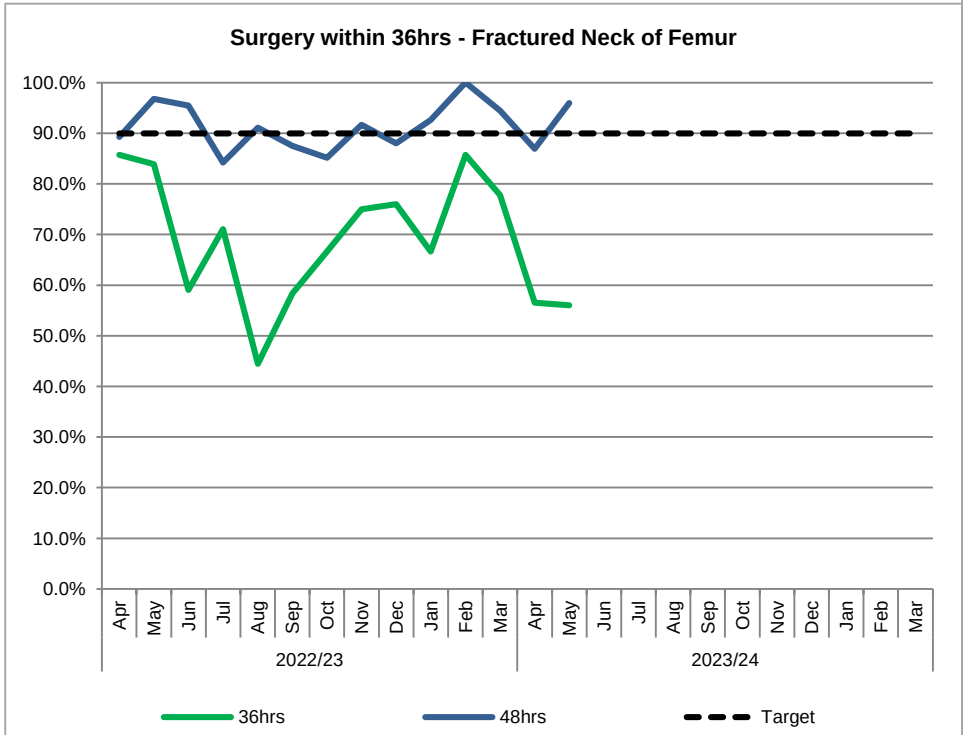
Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Falls	167	141	131	160	143	151	160	154	137	157	148	161	134	113
Moderate & Severe Fall	2	4	2	8	7	3	2	4	2	4	2	3	1	4

- Falls remain within normal variation.
- All patients who experienced a moderate harm fall were able to mobilise independently (some with mobility aids).
- All of the falls reported were unobserved. In three cases this was to preserve patient dignity.
- Appropriate investigation or review has commenced in all cases.
- In one case this has identified that the falls risk assessment had not been completed in line with Trust policy prior to the fall.
- No other potential sub-optimal care issues have been identified in the incident report or initial reviews.

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	Apr-23	May-23
NDDH	73%	60%	65%	81%	76%	82%	78%	77%	76%

- 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.



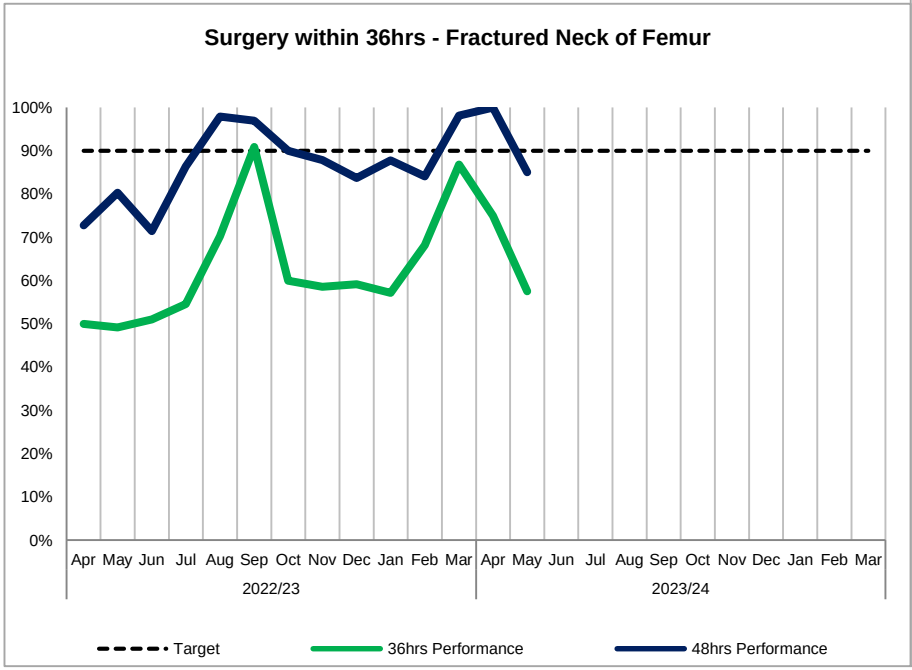
- In May 2023, 56% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 25 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 14 patients received surgery within 36 hours.
- The 11 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. One patient waited longer than 48 hours; therefore 96% 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

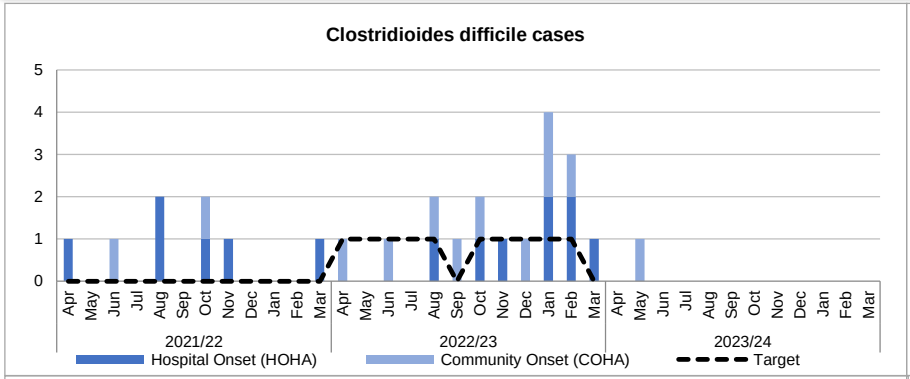
Eastern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
RDE Wonford	76%	75%	73%	72%	81%	88%	87%	82%	79%

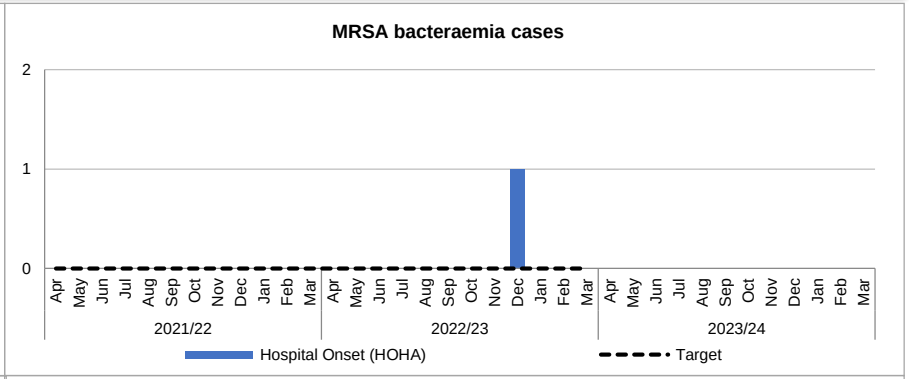
- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.

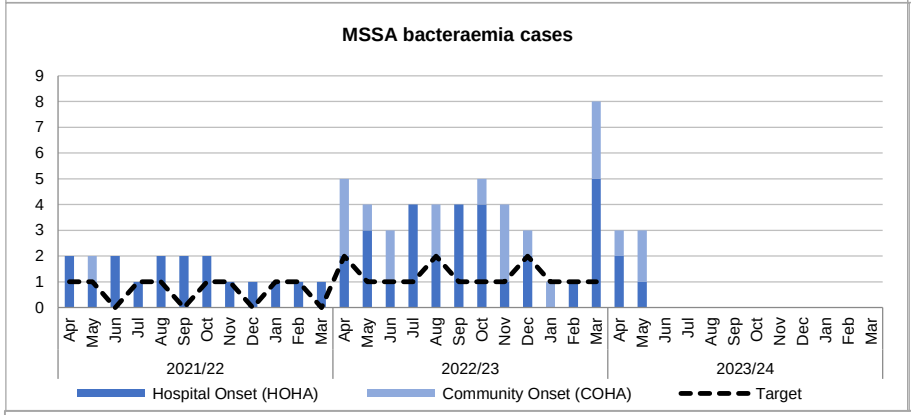


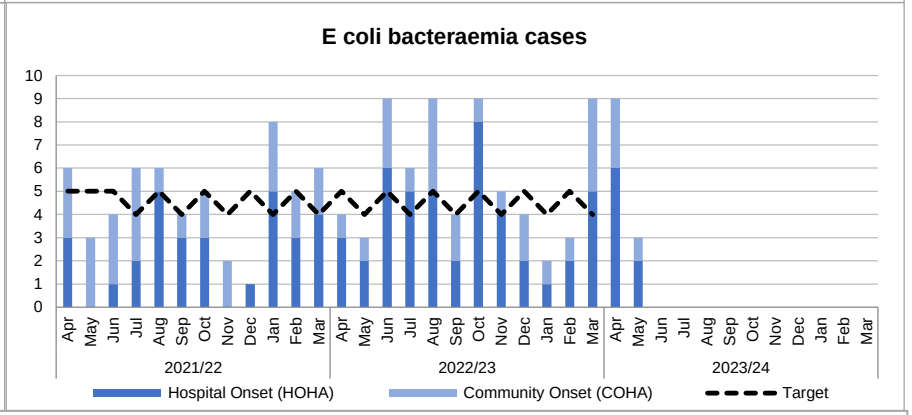
- In May 2023, 57.5% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There were a total of 52 patients admitted with a FNOF, 40 of these patients were medically fit for surgery from the outset and 23 patients received surgery within 36 hours. Six medically fit patients had to wait longer than 48 hours for surgery, therefore 85% of patients received surgery within 48 hours. The main reason for delay was awaiting space on theatre lists.
- There were a total 0f 127 trauma patients being admitted in May.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 50 Trauma Patients had their surgery during May in PEOC Theatres, which was to the detriment of elective activity.
- 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 an 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.

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









The following healthcare associated infections remain within normal variation for May 2023:

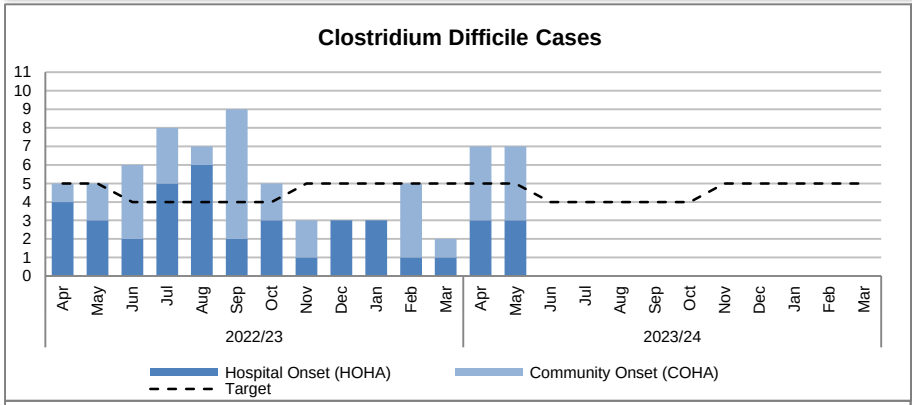
- Methicillin resistant Staphylococcus aureus (MRSA)
- Methicillin sensitive Staphylococcus aureus (MSSA)
- Escherichia coli (E coli)
- Clostridioides difficile (C dif)

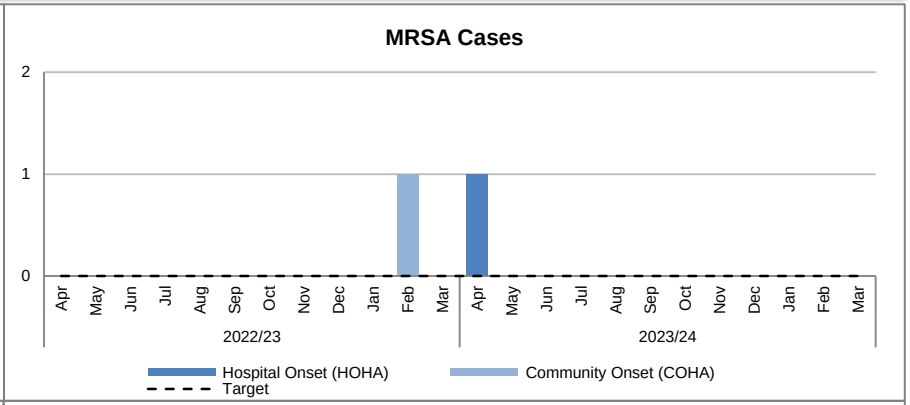
Bacteraemia and C difficile cases are reviewed and discussed at the Infection Prevention and Decontamination Assurance Group.

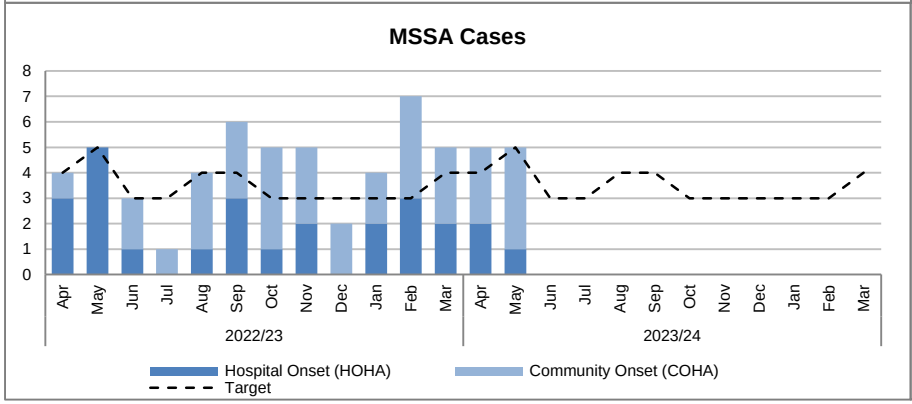
2023-24 Trust objectives for MSSA, E coli and C dif have been set for the Trust. Northern monthly figures will be compared to northern average rates for 2022-23.

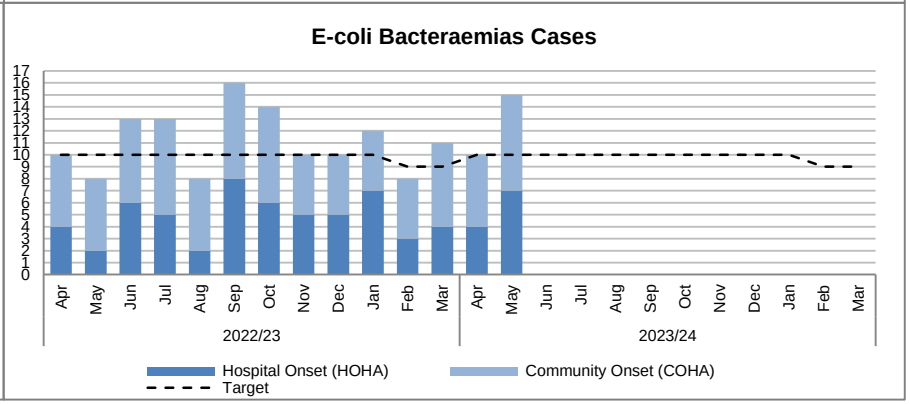
Eastern Services Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection









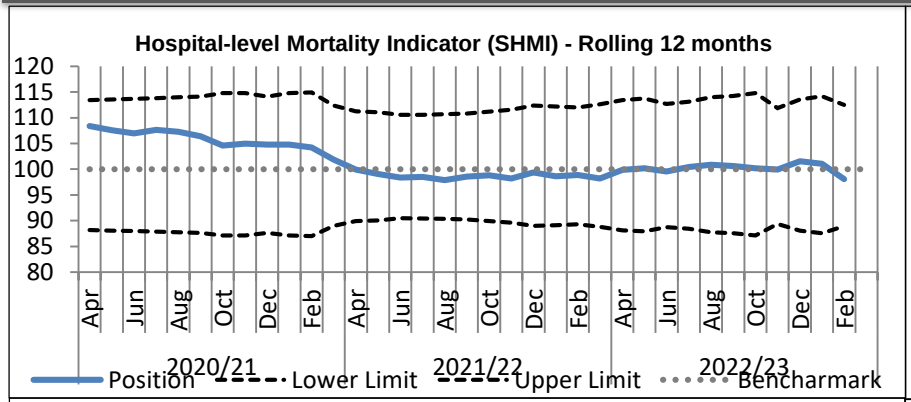
Cdiff – All seven cases have been reviewed, one was deemed avoidable due to inappropriate duration of antibiotics, feedback had been provided to clinical areas involved. All other cases received antibiotics in line with Trust guidance if required. Ongoing review demonstrates poor documentation of symptoms and management of c.diff in the patient record. This has been escalated to the relevant teams/clinicians.

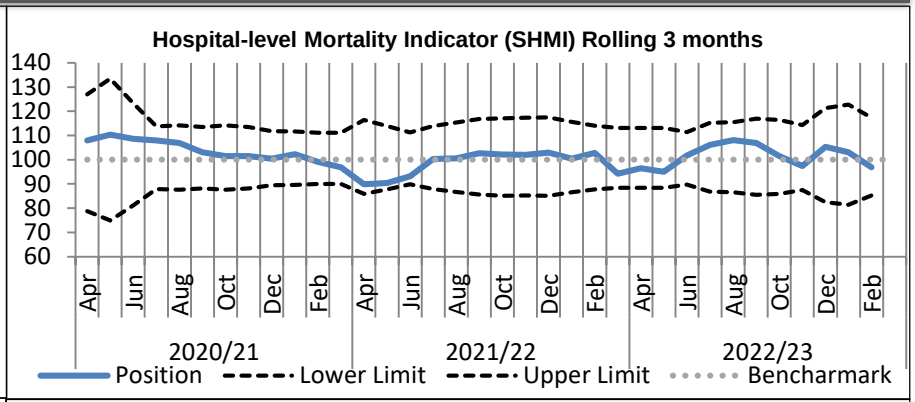
MRSA bacteraemia – Nil

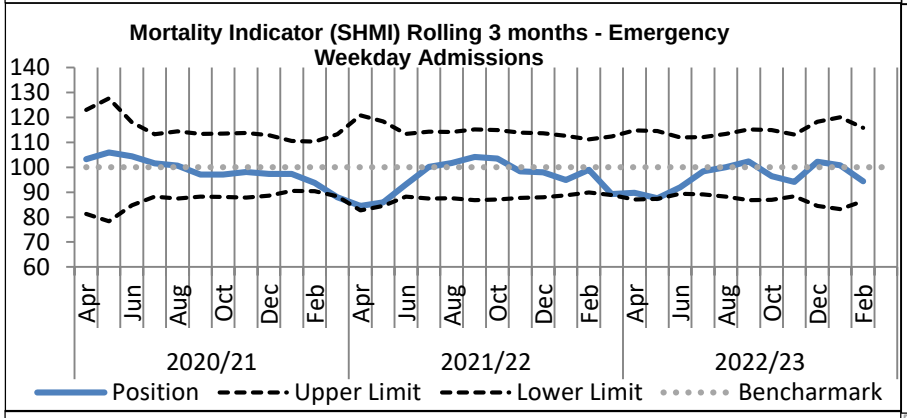
MSSA bacteraemia – The HOHA case and four COHA cases have been in receipt of full case investigation. No Trust learning was identified which would prevented these cases. In one COHA case earlier commencement of antimicrobial therapy may potentially have averted bacteraemia. Three of the cases, unrelated, involved patients who had not followed recommended treatment plans.

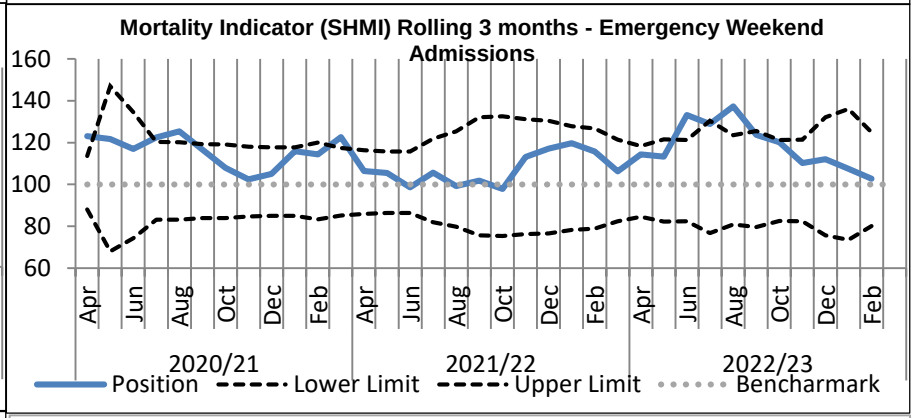
***E.coli* bacteraemia –** Seven HOHA cases and eight COHA cases. Targeted surveillance identified four with urinary source of which one involved a catheter. A further two cases noted hepatobiliary source, four gastrointestinal, three unknown, one respiratory and one associated with a diabetic foot ulcer infection. A targeted approach to gram negative bacteraemia (GNB) case analysis, has allowed focus on S.aureus bacteraemia since 2021. Whilst GNB rates, trends & themes are fed back via mandatory and voluntary routes within the Trust and wider healthcare system, further review of how best to approach the GNB ambition is being revisited currently in order to best direct resource to reduce HCAI cases.

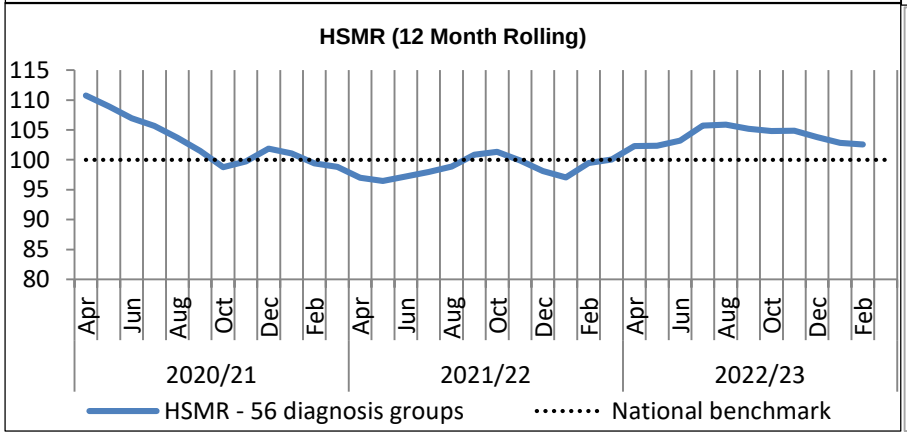
Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*









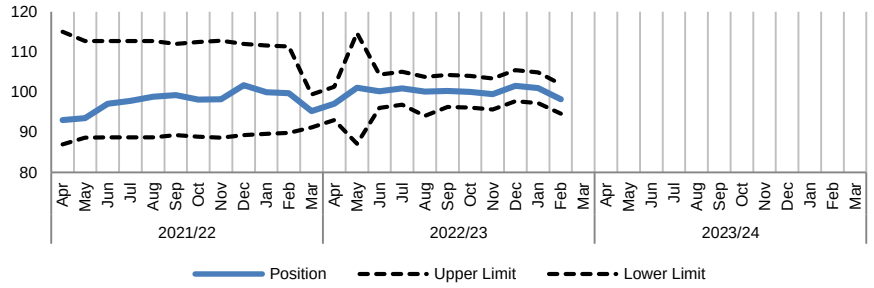


- The overall mortality figures are within national confidence intervals for 12 month and 3 month rolling SHMI and are below all our Peninsula peers. The 12 month HSMR has continued to fall.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians, where appropriate.

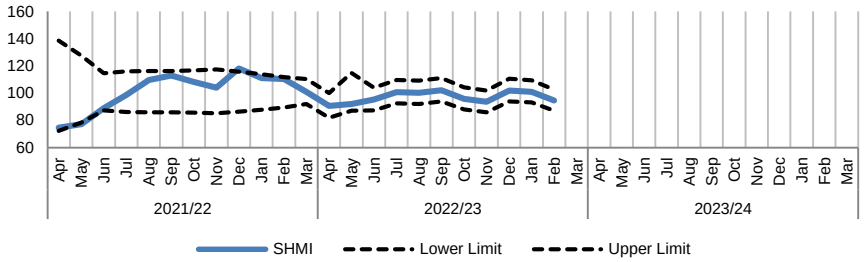
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

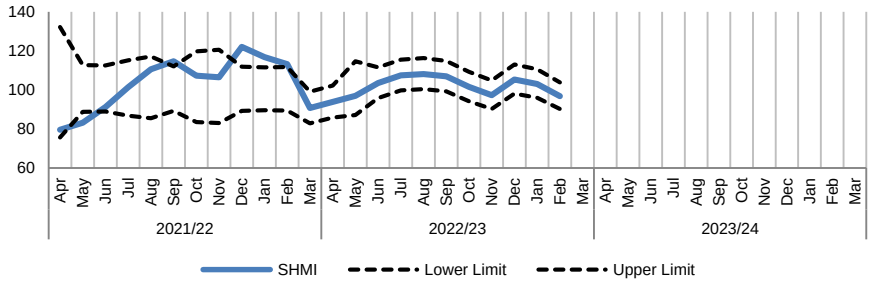
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



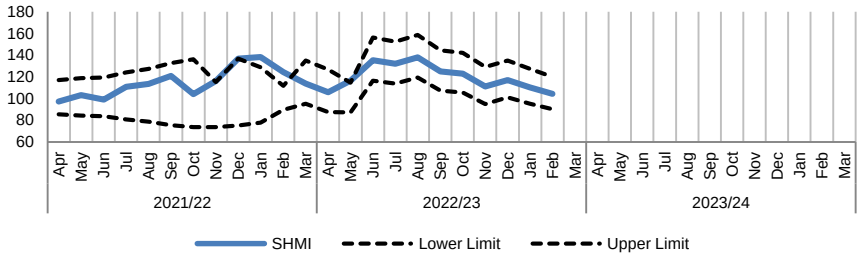
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



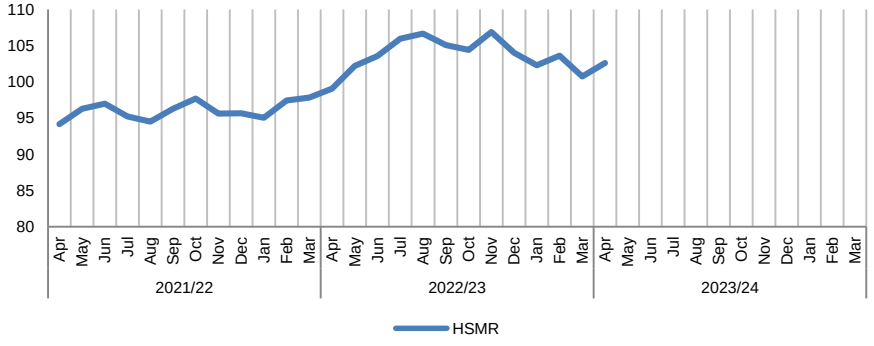
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions

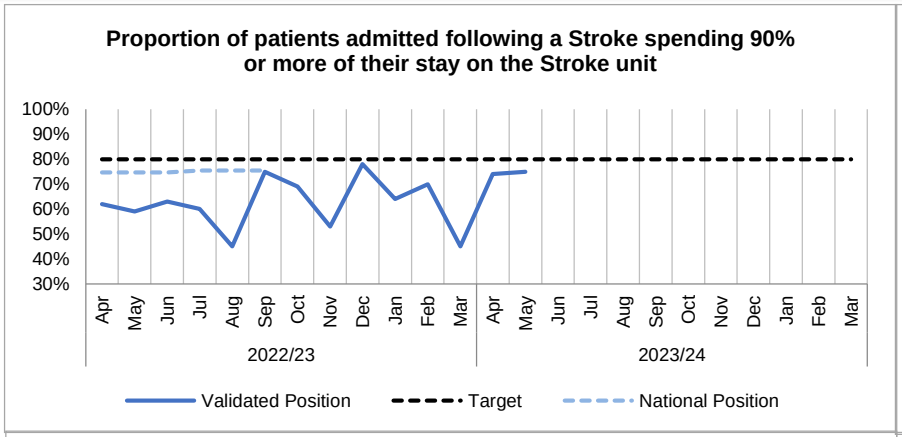


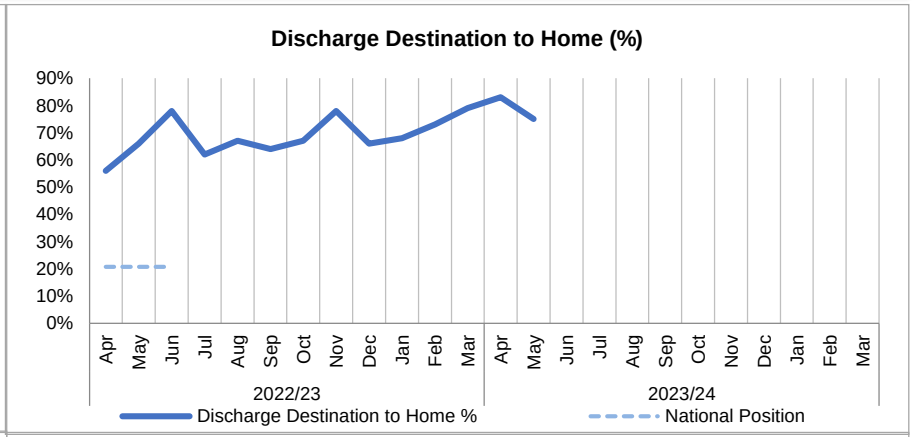
HSMR (12 Month Rolling)

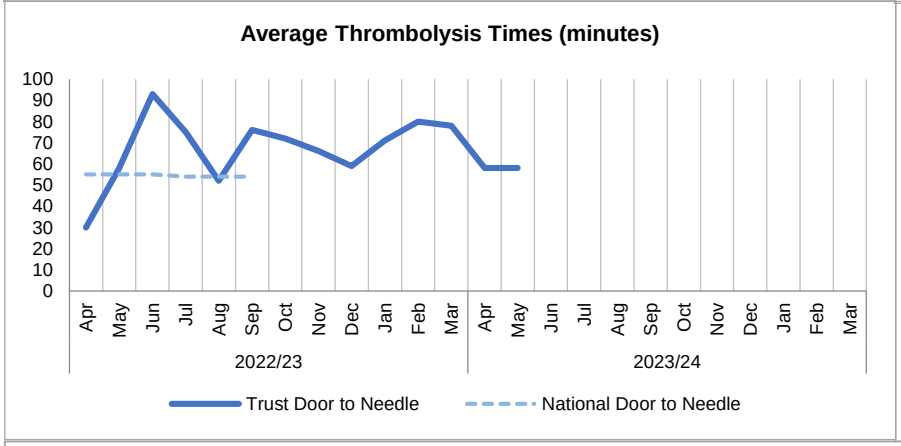


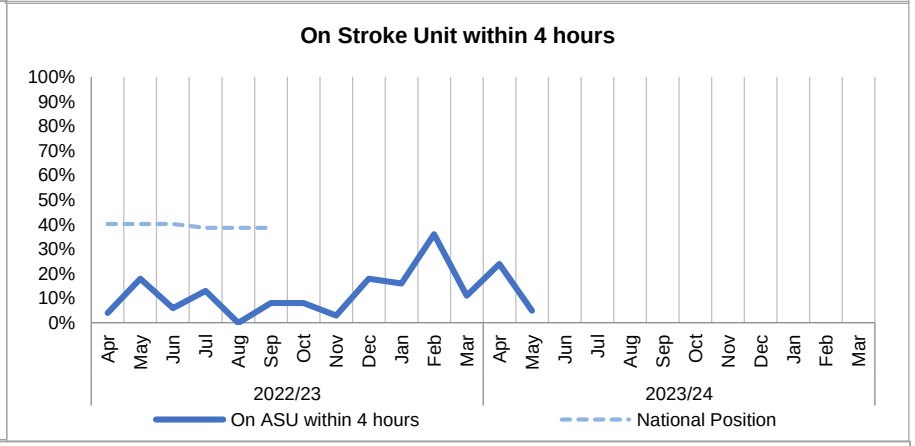
- The SHMI position remains within the expected range for all metrics and demonstrate a continued downward trend.
- The HSMR position remains stable on a rolling 12 month basis.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality 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*







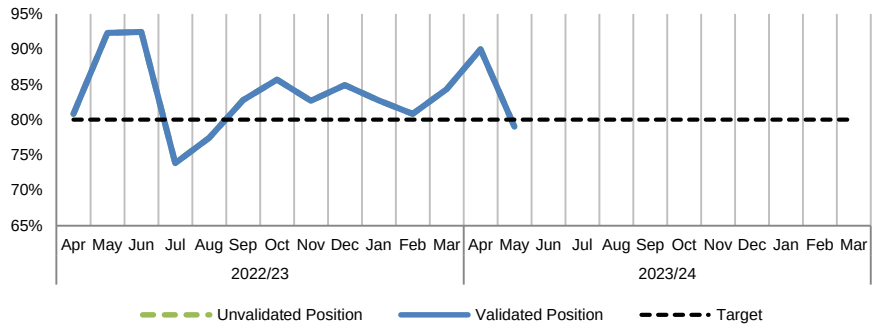


- 90% stay: Performance against this indicator remains variable due to ongoing challenges with patient flow. The Stroke clinical teams provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group continue to focus on reviewing the ringfencing processes with the site management team; In May there has been a sustained improvement in this position compared to the previous months, narrowly missing the target but performance achieved is in line with the national average.
- Discharge destination: This metric is relatively stable and is above the national average.
- Thrombolysis times: Thrombolysis time is broadly stable over time. Overall the number of eligible stroke patients for thrombolysis is low
- ASU in 4 hours: This target remains challenging due to the high level of occupancy and although a positive trend had started to emerge over previous months, there has been a deterioration seen in May's position.

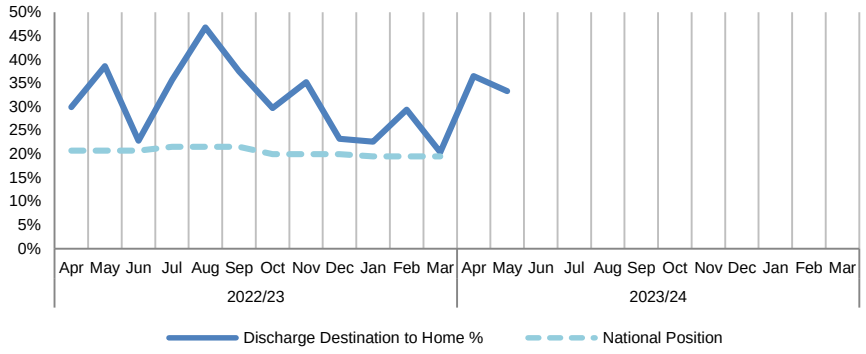
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

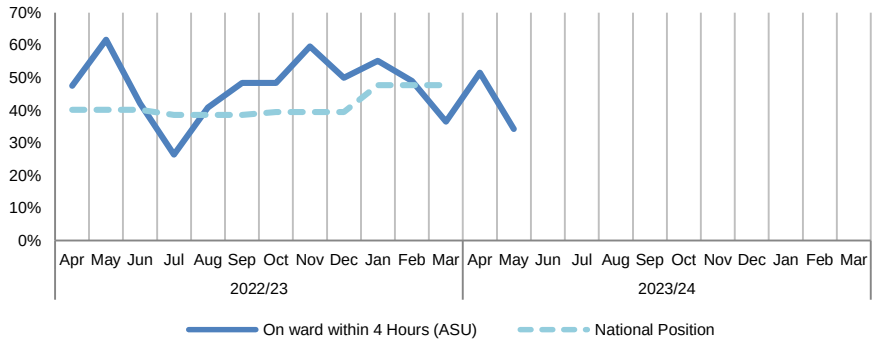
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



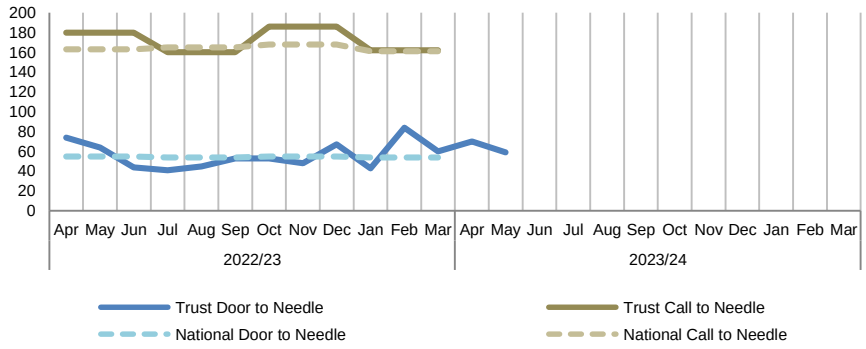
Discharge Destination to Home (%)



On ward within 4 Hours (ASU)

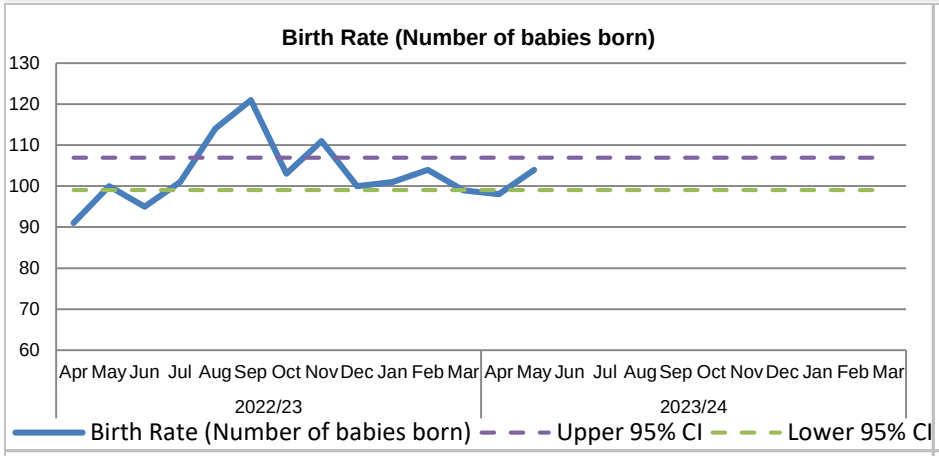


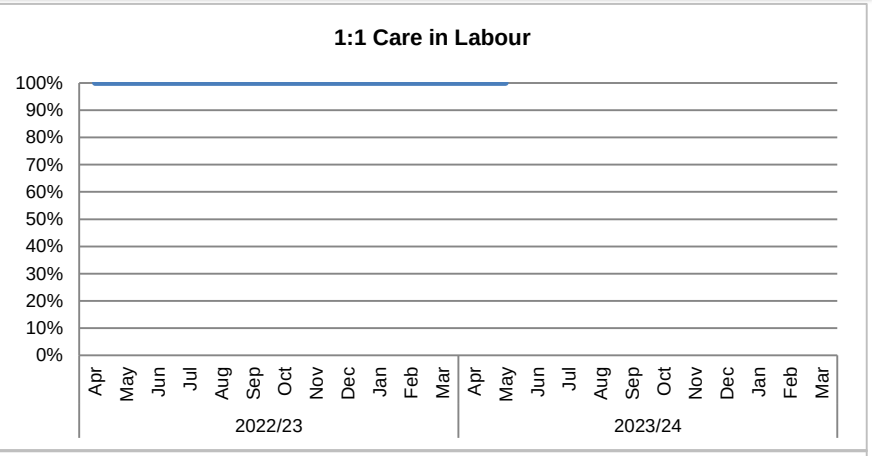
Average Thrombolysis Times (minutes)

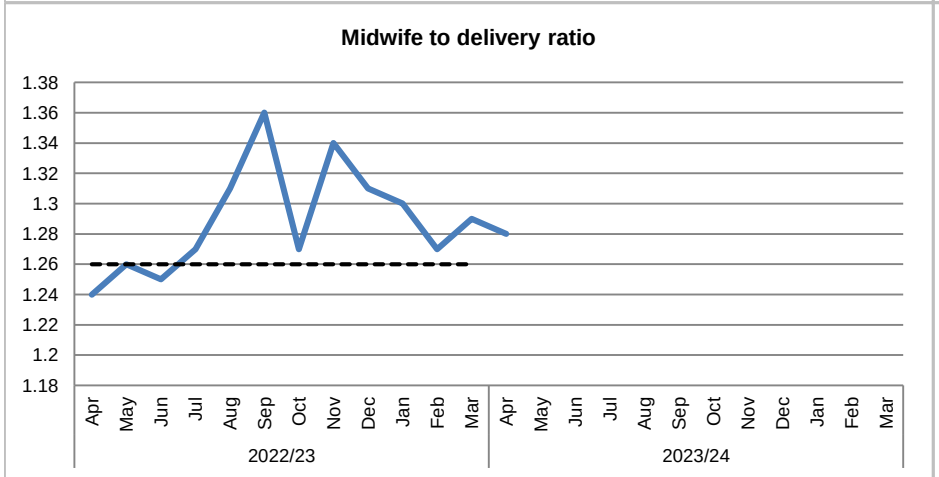


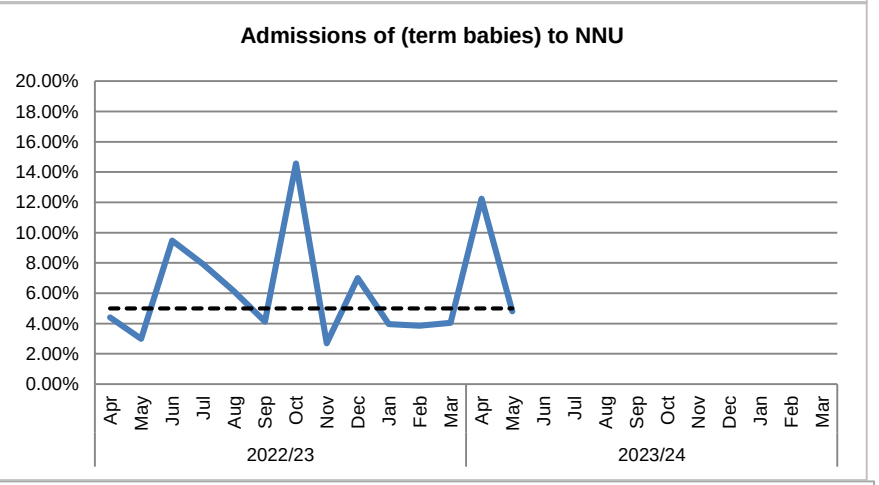
- 90% stay -The proportion of patients admitted spending 90% of their stay on the stroke unit has decreased in May and has dipped to one percent below target at 79%. Also in May 34.3% was achieved against the on ward within 4 hours target indicator.
- The proportion of patients for whom their discharge destination is home remains stable.
- Average Thrombolysis times remain stable and in-line with the national position.

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





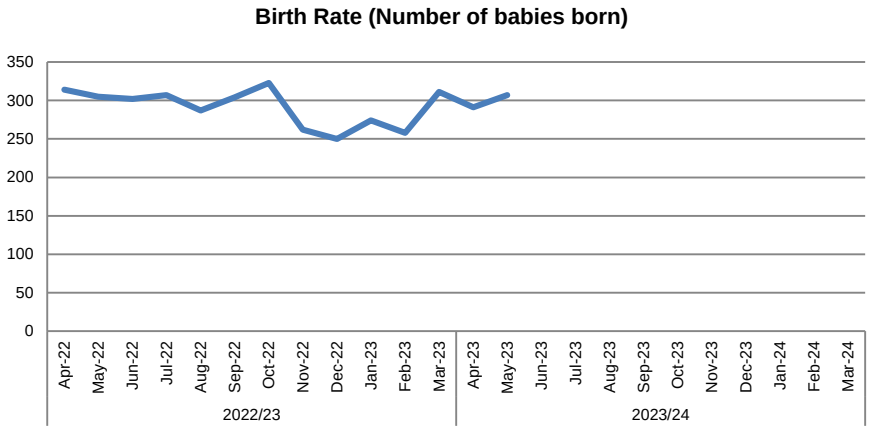


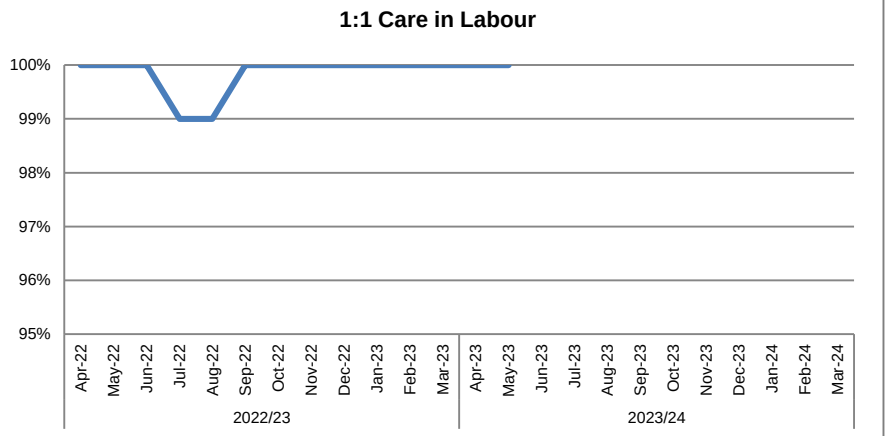


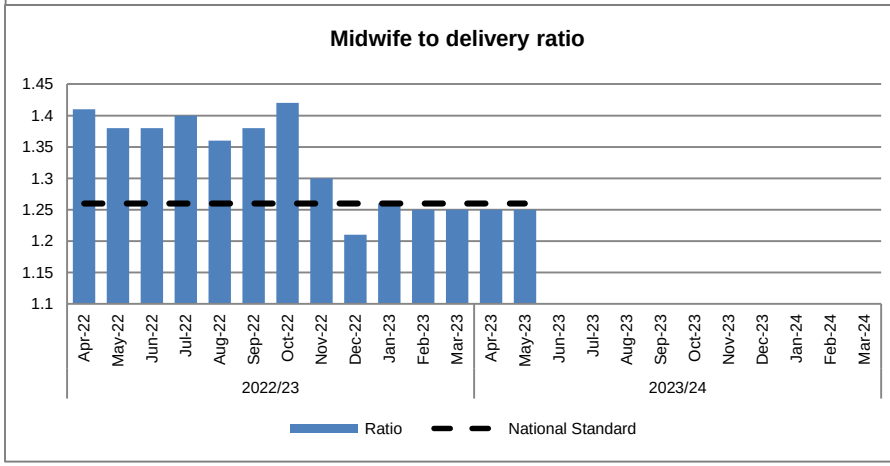
- Term admissions to NNU all reviewed via ATTAIN process. No safety concerns identified.

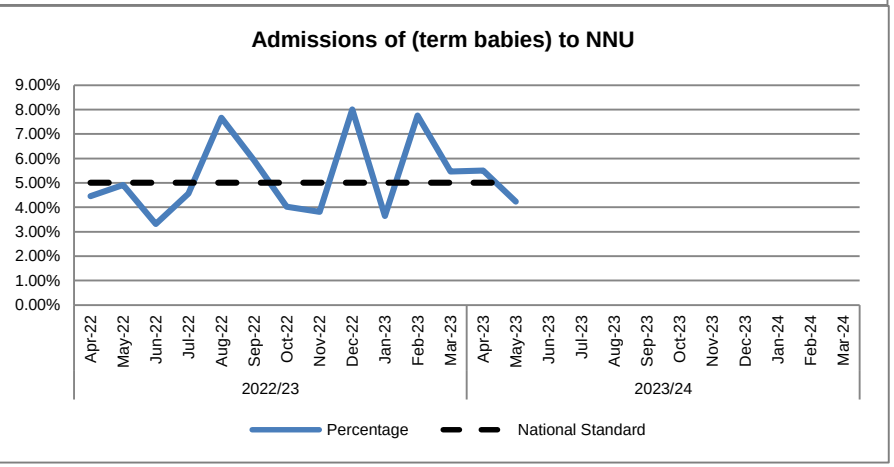
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



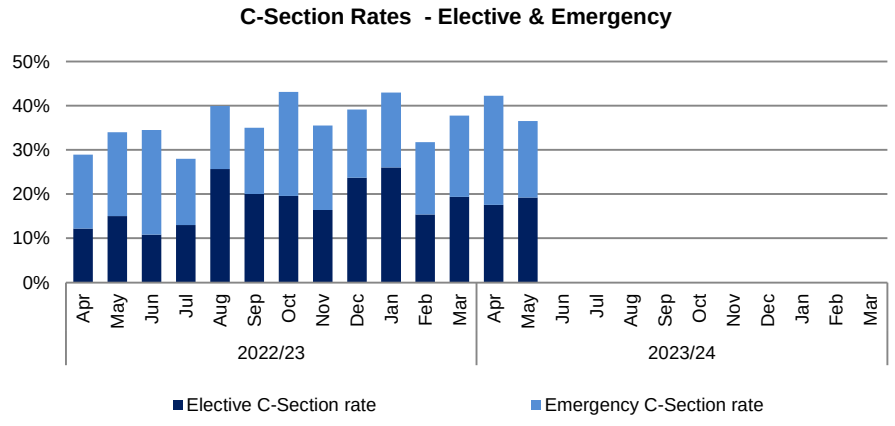


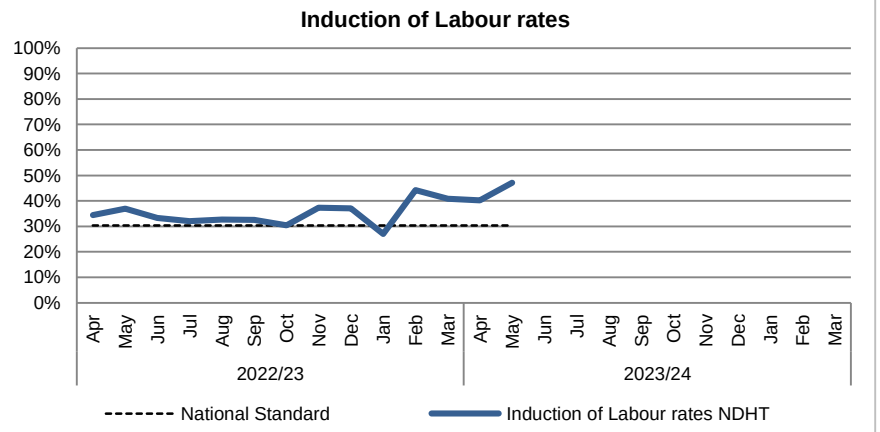


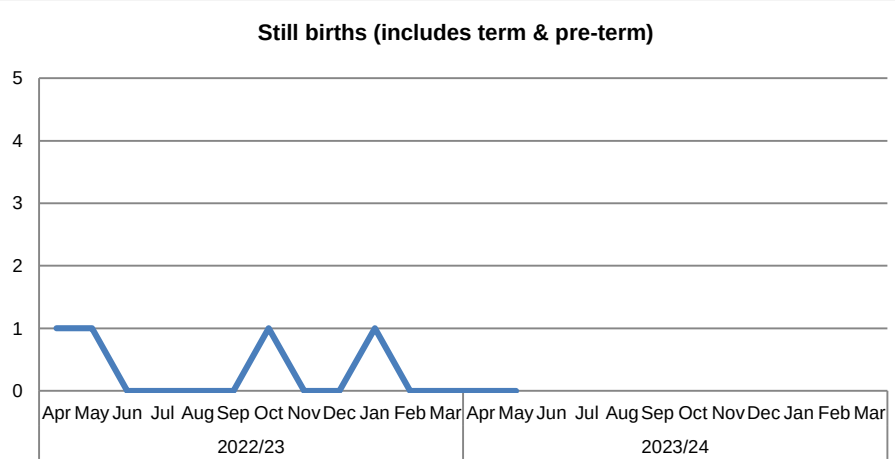


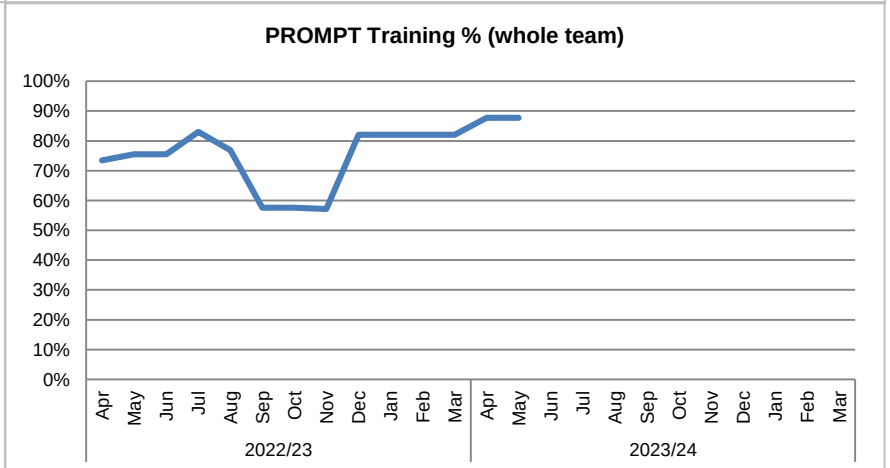
The step change in the Midwife to Delivery ratio in November 2022 is due to a change in the way midwifery ratio is calculated. Allowance for Annual leave and sickness is now no longer factored

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





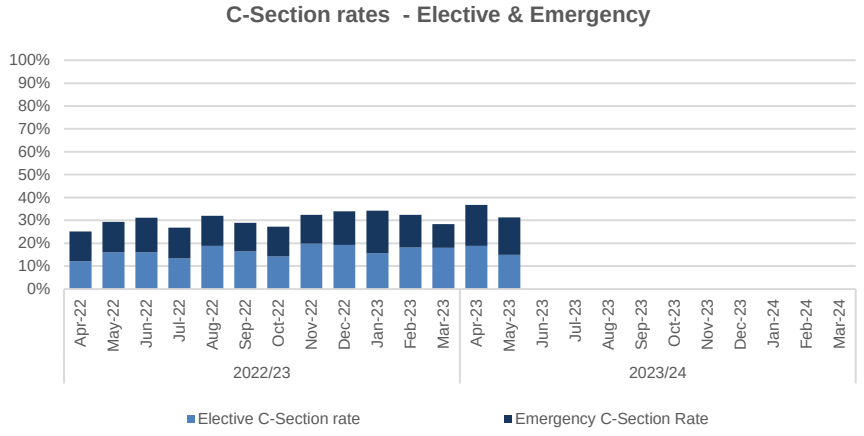


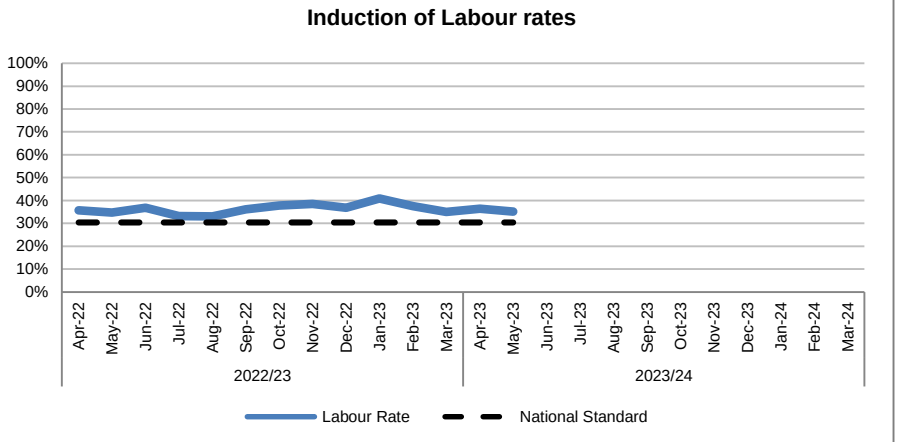


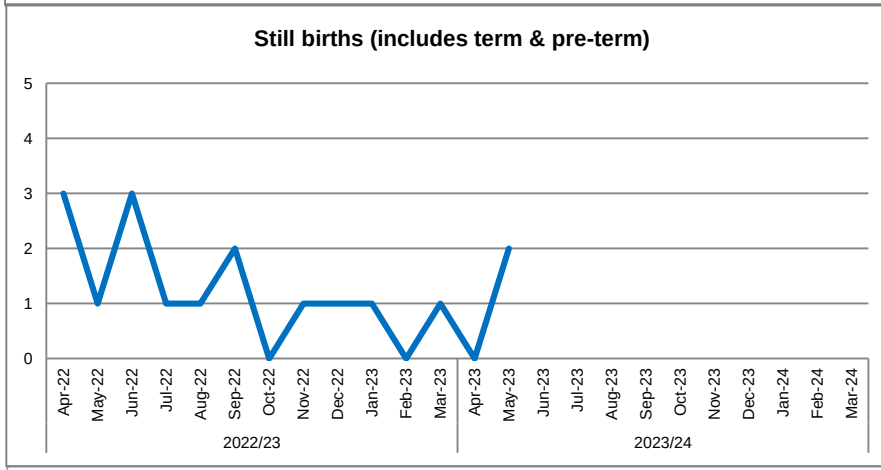
- Induction of labour rates are increasing in line with the National picture. To note there has been no increase in adverse outcomes and no increase in C/S as a result indicating effective care planning

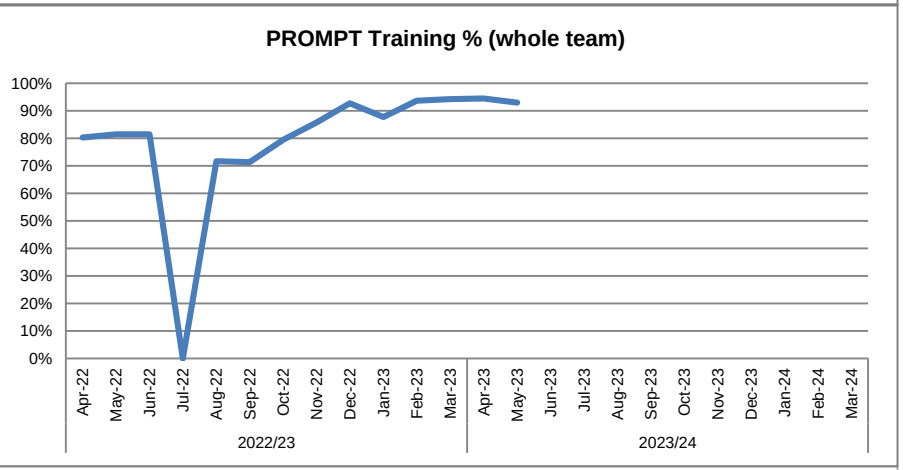
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



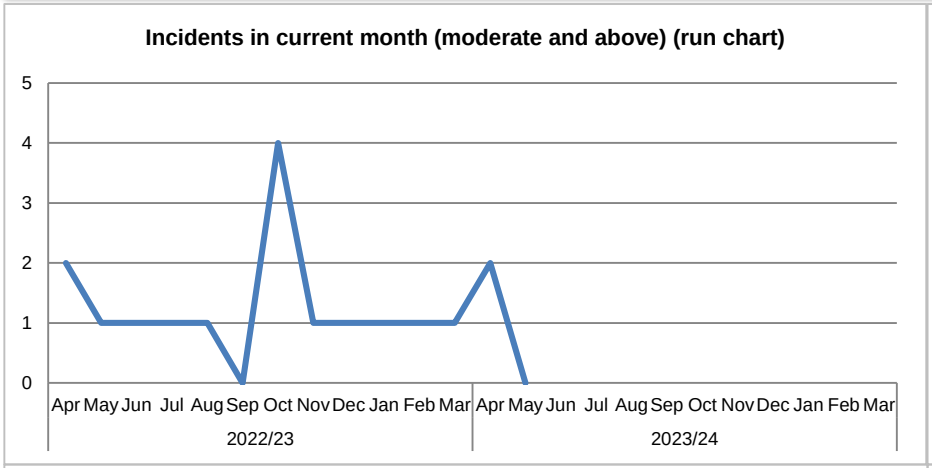


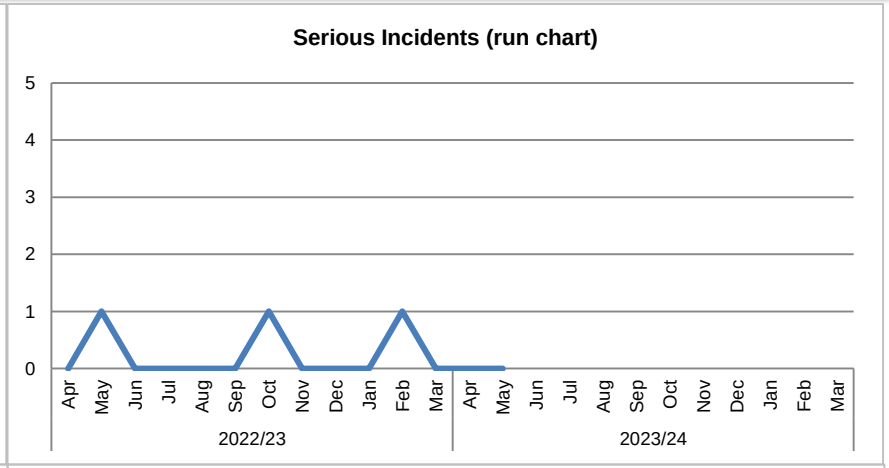


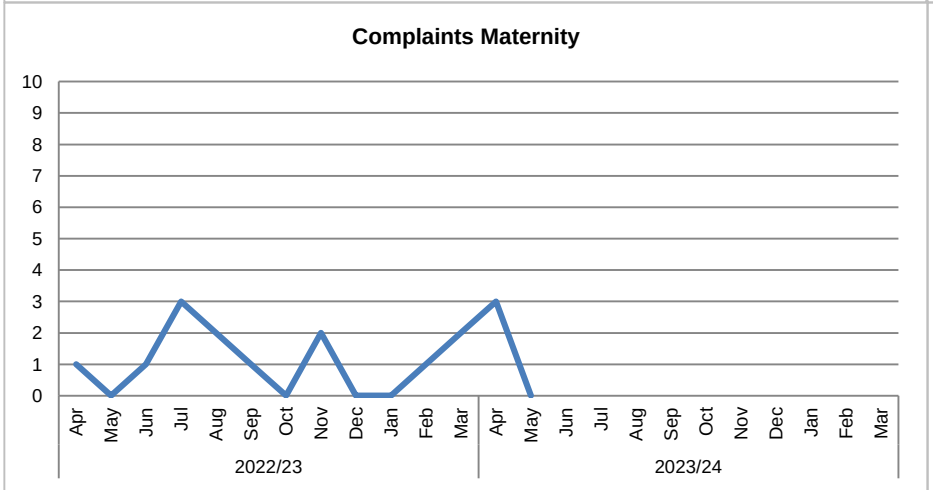


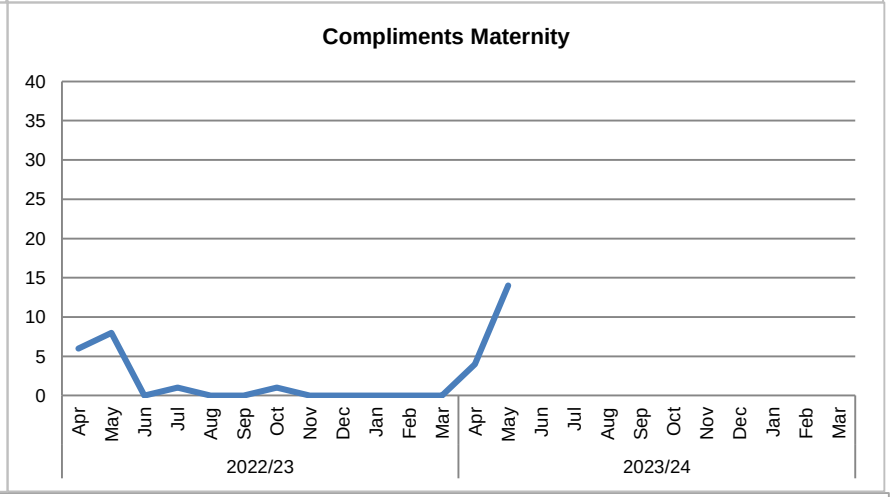
- Induction of labour rates across RDUH are increasing in line with the National picture. To note there has been no increase in adverse outcomes and no increase in C/S as a result indicating effective care planning

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





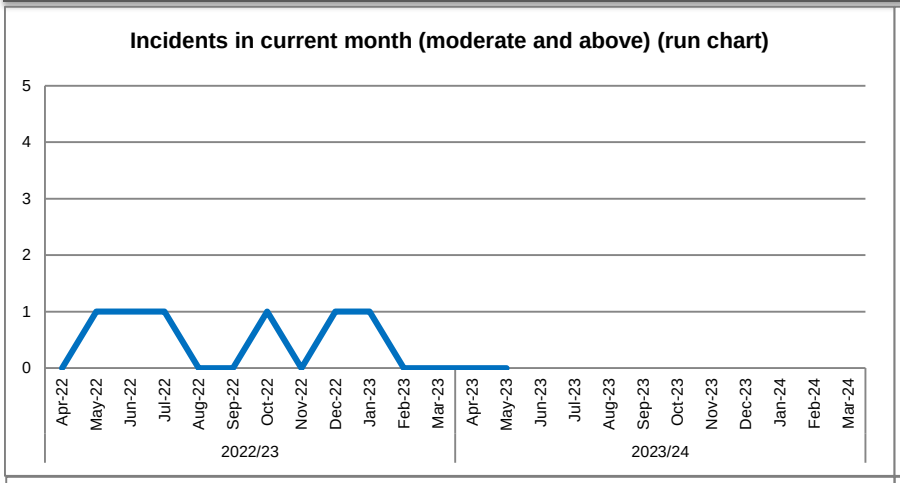


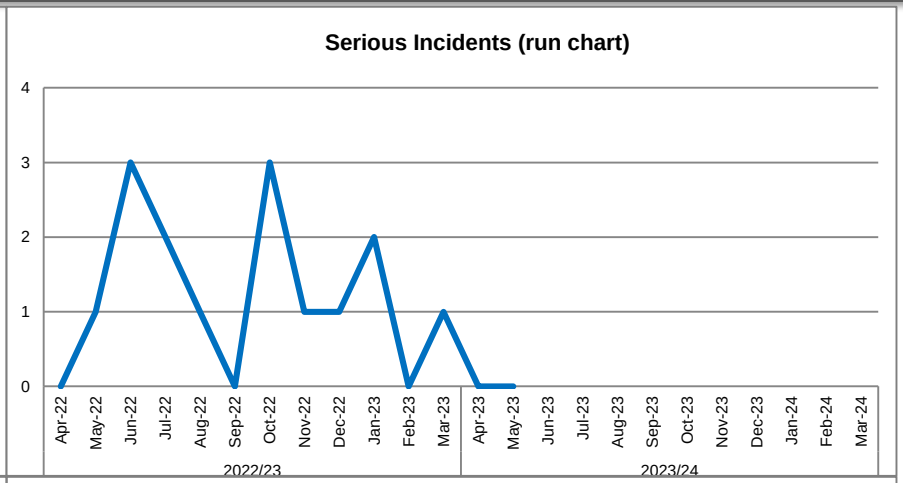


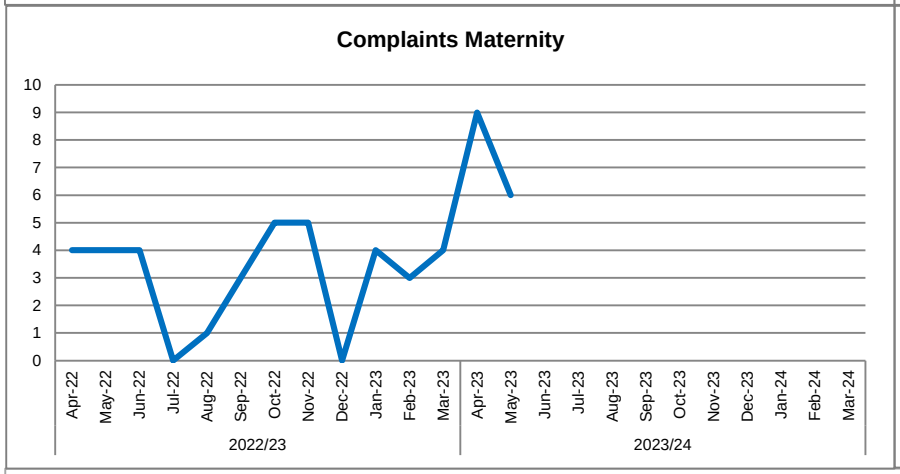
- There were no moderate or above incidents in month
- There were no complaints in month and compliments increased. The service continues to work closely with the Maternity and Neonatal Voices Partnership to support feedback and learning from experience.

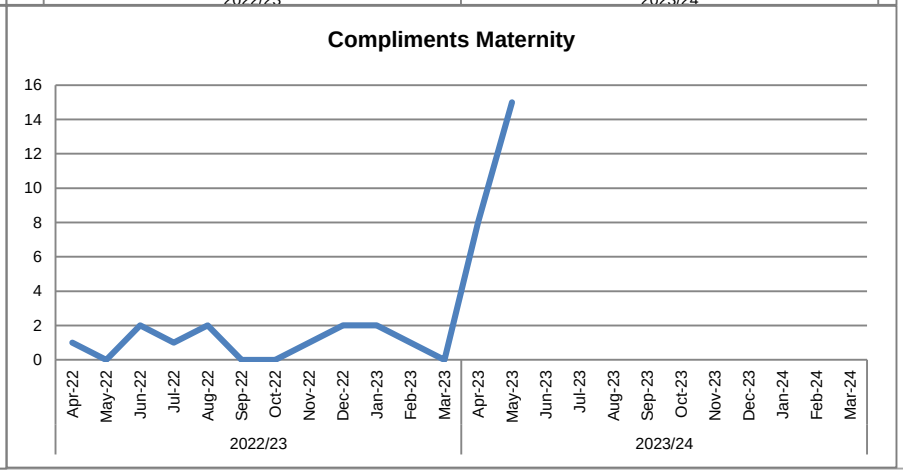
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



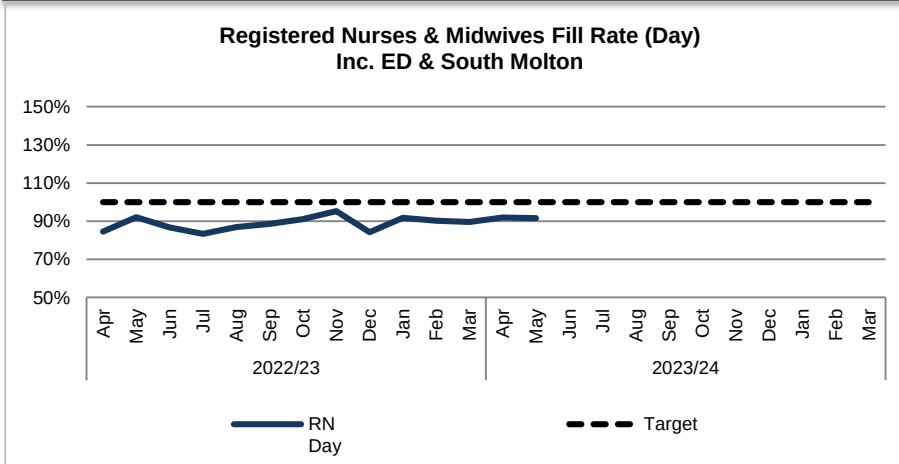


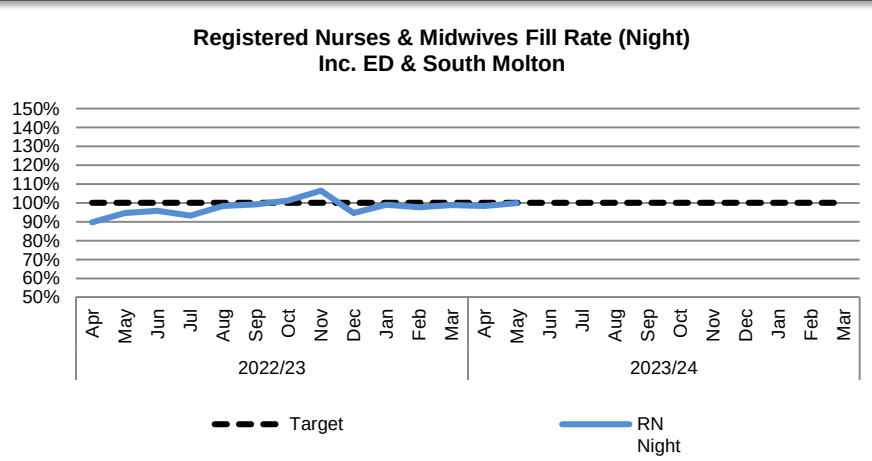


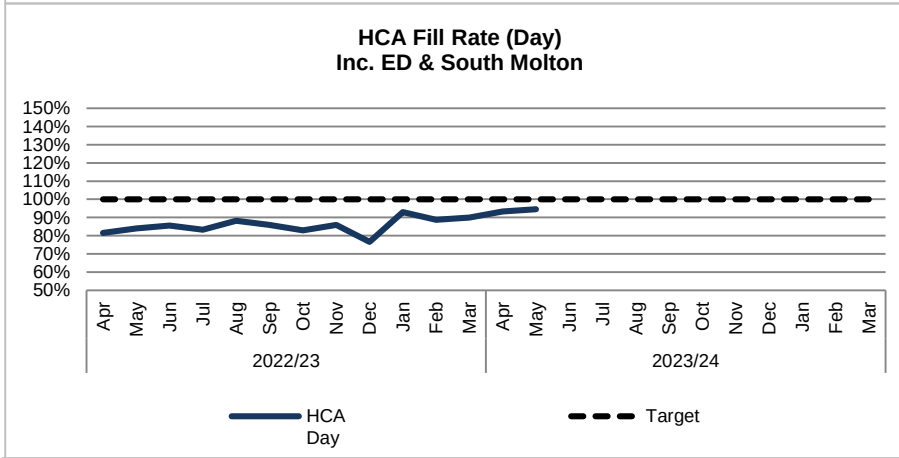


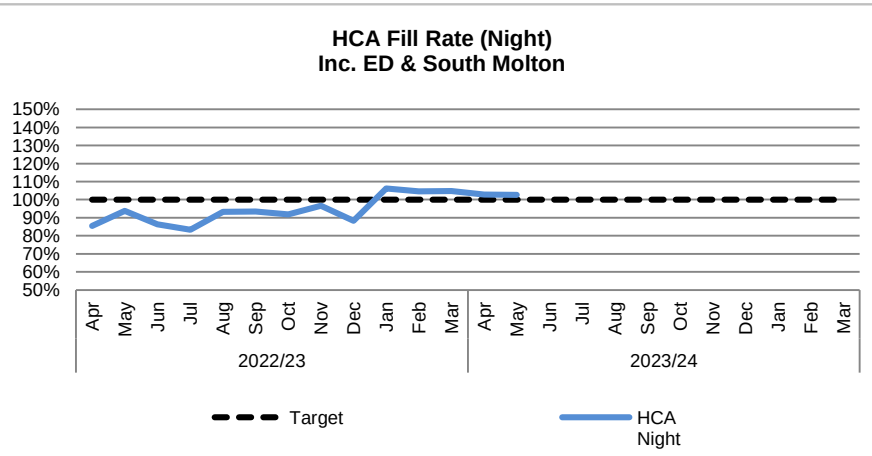
- There were no moderate or above incidents in month
- Complaints in month have reduced. The service is working to embed early resolution and encourage feedback for learning.
- Compliments increased significantly in month due to increased efforts to promote service user feedback. The service continues to work closely with the Maternity and Neonatal Voices Partnership to support feedback and learning from experience.

Northern Services Safe Clinical Staffing Fill Rates





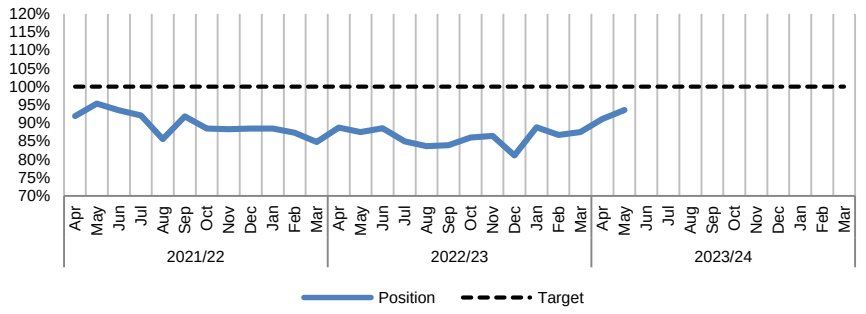


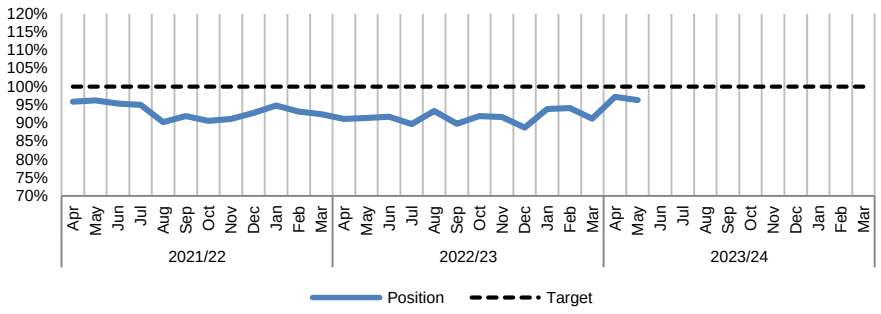


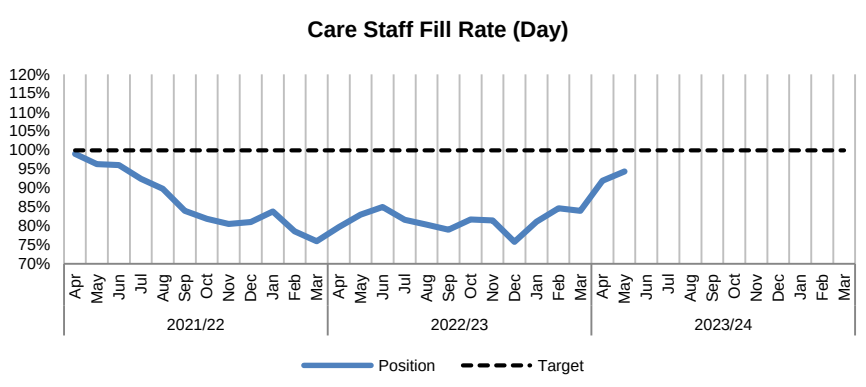
- All clinical staffing fill rates remain 92% or above. Daytime fill rates are more challenging due reduced availability of temporary staff.
- There were 6 reported incidents relating to low nursing and midwifery staffing in April with none scoring moderate or above.
- Staffing risks are assessed and mitigated through a number of established processes and strong professional oversight by members of the Senior Nursing and Midwifery teams on a daily basis.

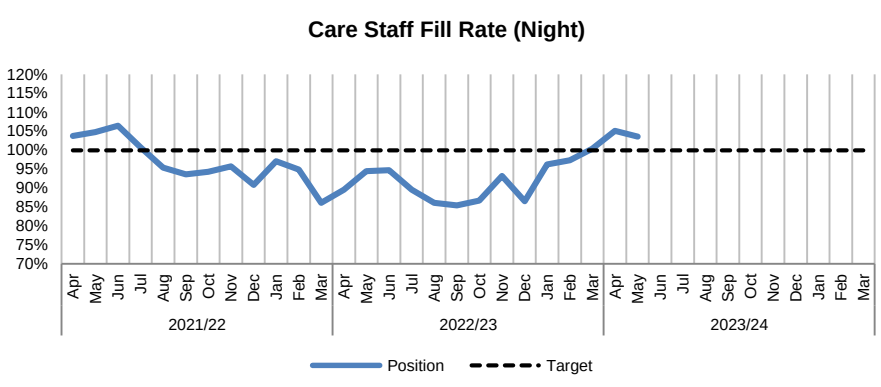
Eastern Services Safe Clinical Staffing – Fill Rate

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





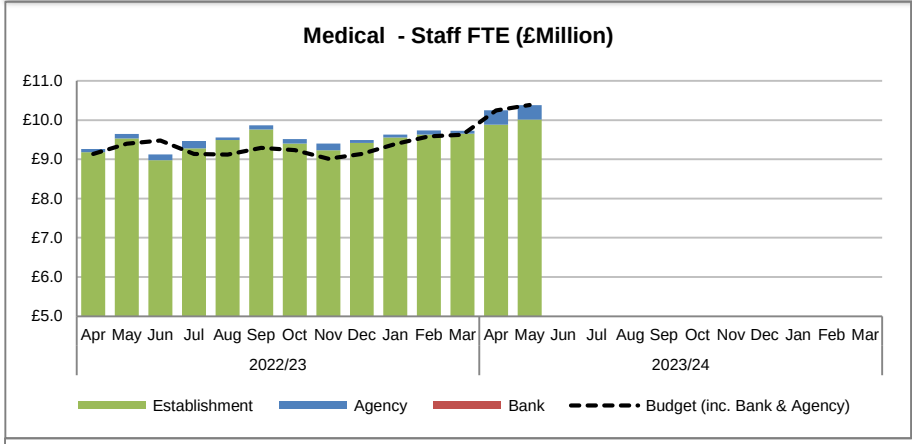


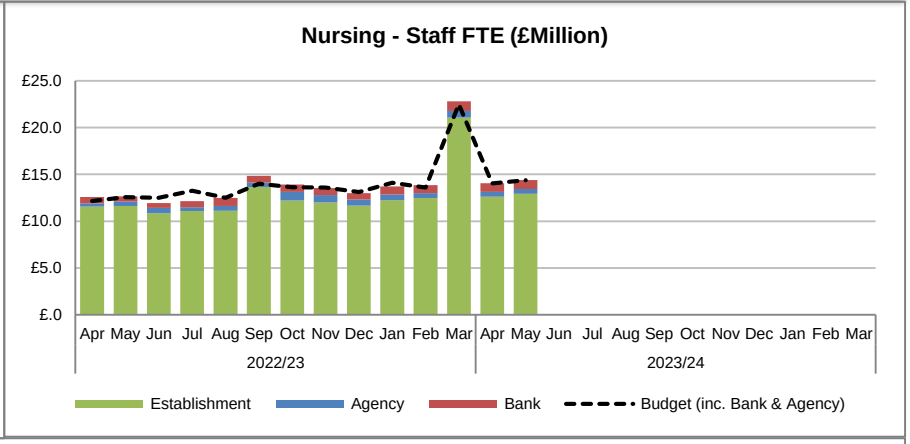


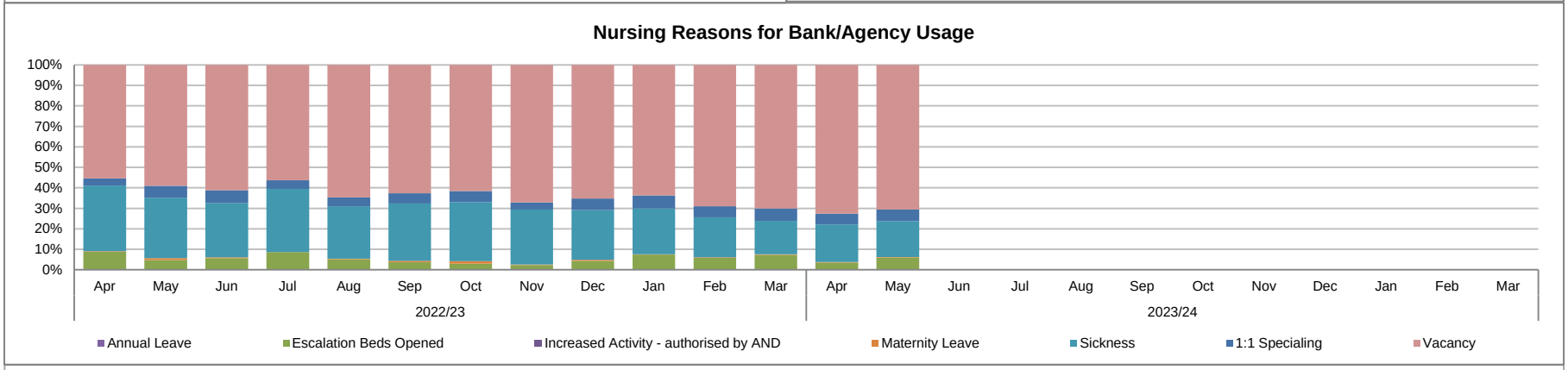
- Eastern services had an average fill rate of 97% in May 2023
- 16 incidents of staff shortage were reported in May 2023 (9 no harm and 7 minor harm). Review of these incidents highlights a theme of high patient acuity impacting on required staffing levels.
- All patient incidents which resulted in moderate harm or greater were reviewed. None of these incidents identified staffing as a contributory or causal factor.

Eastern Services Safe Clinical Staffing

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

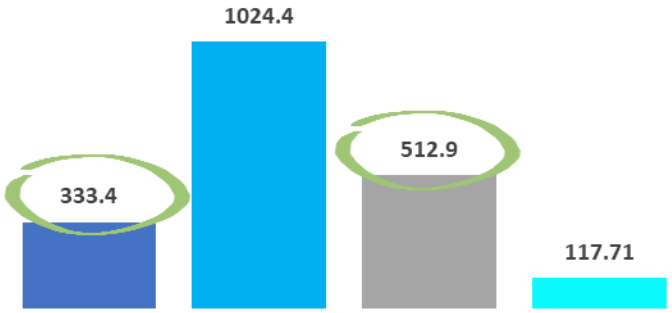


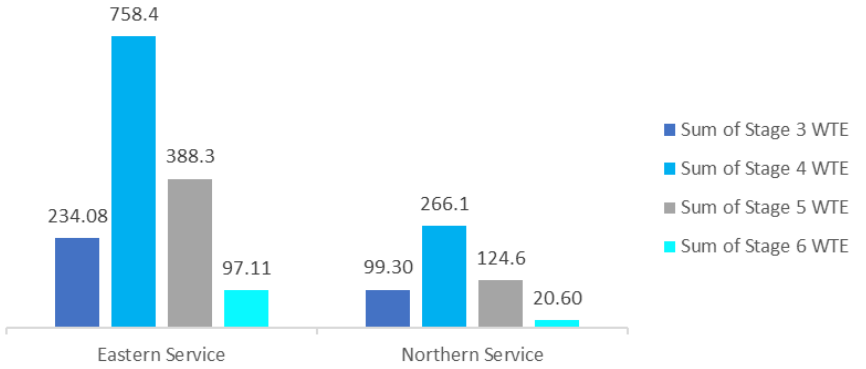




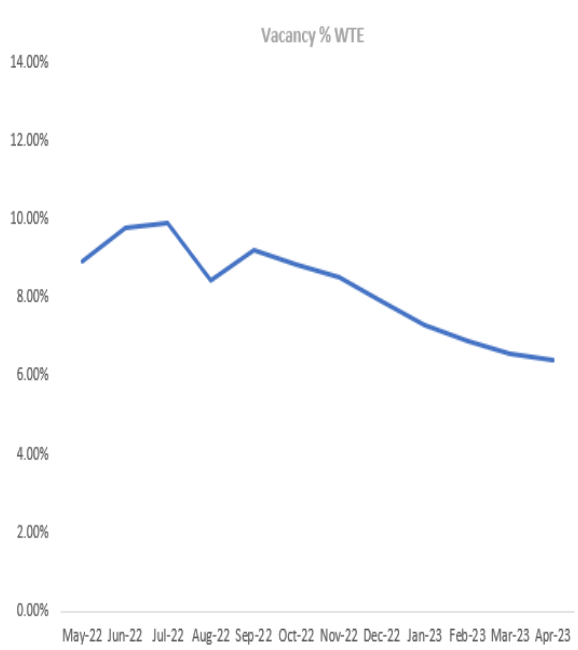
- There continues to be high demand for 1:1 staffing due to patients with complex needs or significant risk factors.

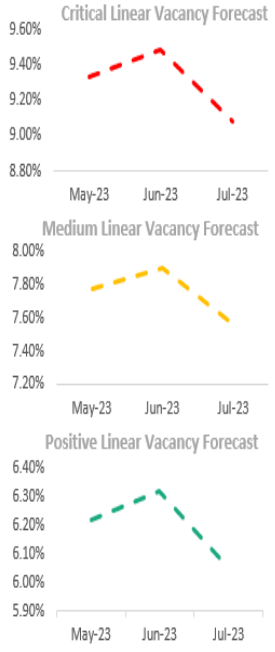
Trust Recruitment Update

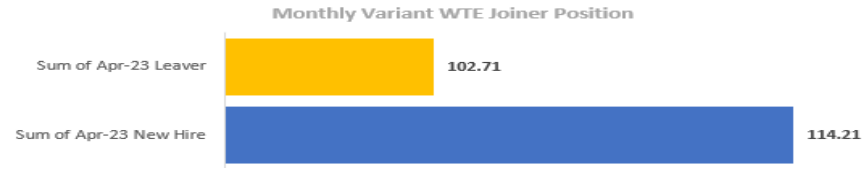




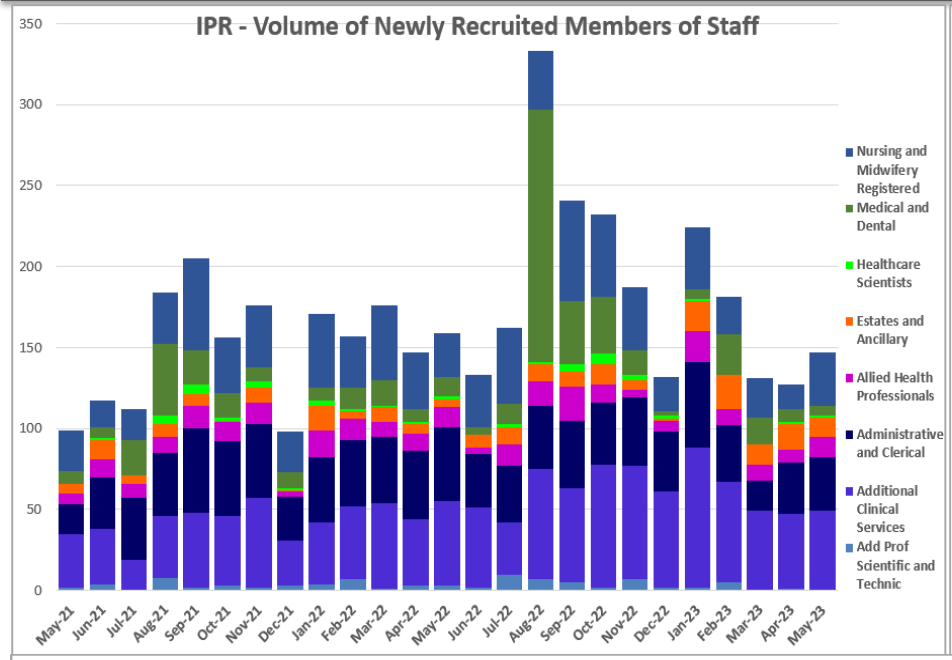
- Overall recruitment activity is in a healthy position, though with 594 people in stage five (pre-employment checks) we are now just above the manageable level for these administrative tasks.
- We have seen our Time to Hire (TTH – Time from Advert Published to Contract Offered) increase to 72.2 for the Trust (an increase in 4 calendar days); although the three bank holidays in May could have contributed to this and the figures noted above.
    - Additional Clinical Services (82.2), Healthcare Scientists (81.5) and Nursing & Midwifery Registered (79.1) all have TTH outside of acceptable thresholds.
    - Additional Professional Scientific and Technical (59.9) and Administrative & Clerical (59) should both be commended for the current TTH.
- We are currently seeing higher numbers of candidates in the pipeline for interviewing and shortlisting in the Northern Service (266.05wte).
- The top three staff groups in terms of number of job applications are Administrative & Clerical, Additional Clinical Services and Nursing & Midwifery Registered.
- We have seen over 7000 unique visits in the last month to Career Gateway, with top searches being ‘nurse’, ‘manager’ and ‘doctor’.
- The Royal Devon’s external website is our greatest recruitment attraction tool, with over 50% of applicants coming from this source, with Career Gateway job alerts second and NHS Jobs third.
- In the east 20 international nurses (higher numbers due to delays in April) and 6 radiographers arrived in May. 20 more nurses have already arrived in June, with a further 13 nurses and 1 radiographer due by the end of the month.
- In the north 5 international nurses, 1 radiographer and 1 occupational therapist are due to arrive in June 2023.
- The overall vacancy picture remains stable and below the planned rate of 7%.

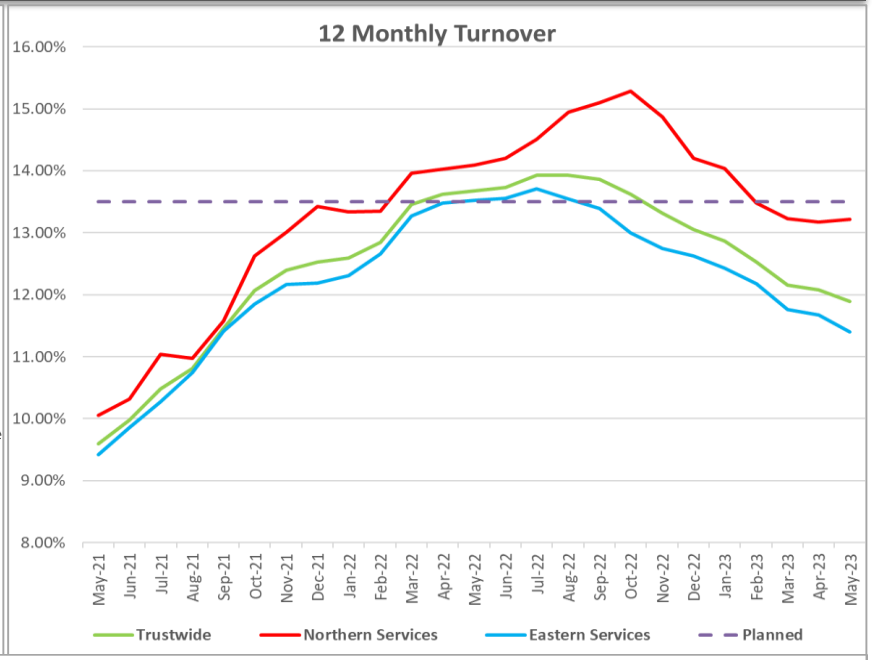


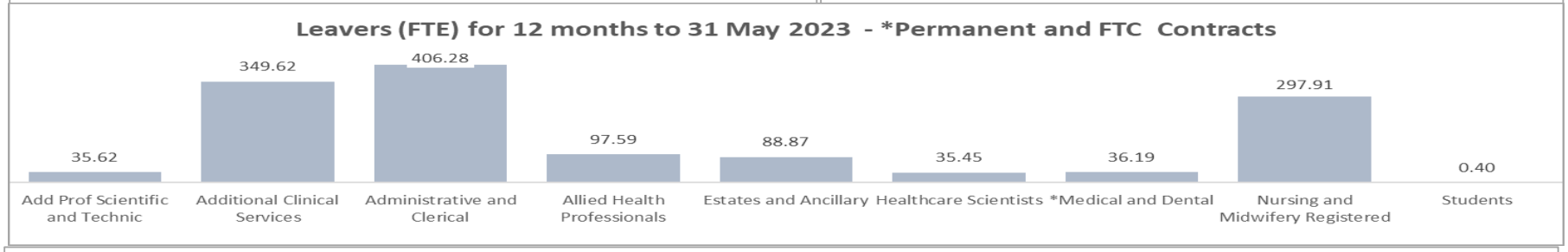




Trust Turnover



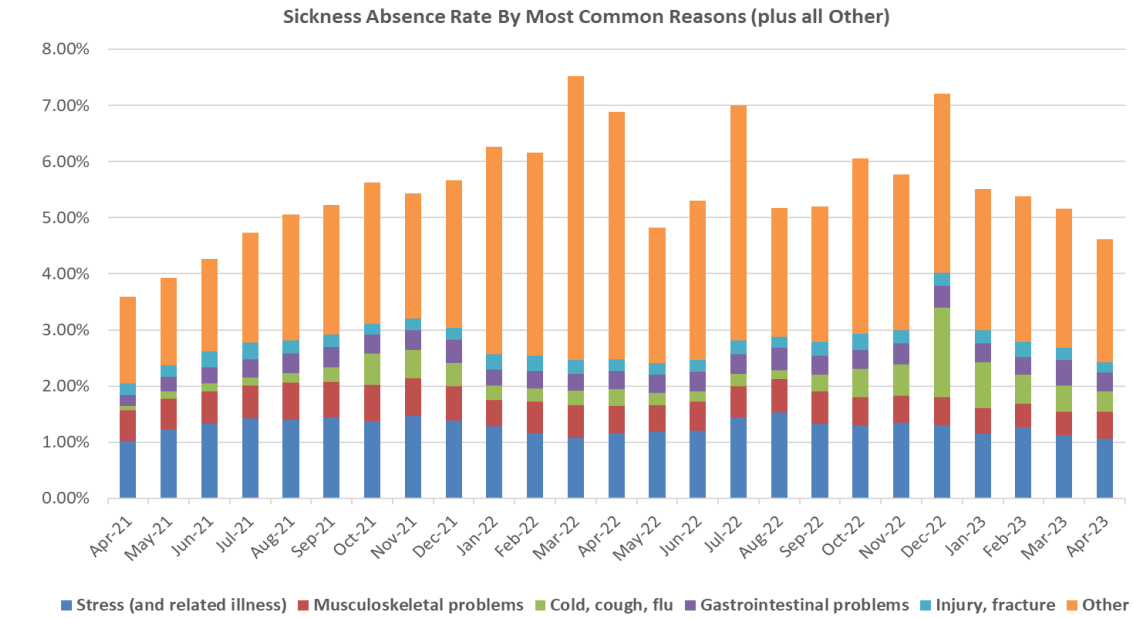


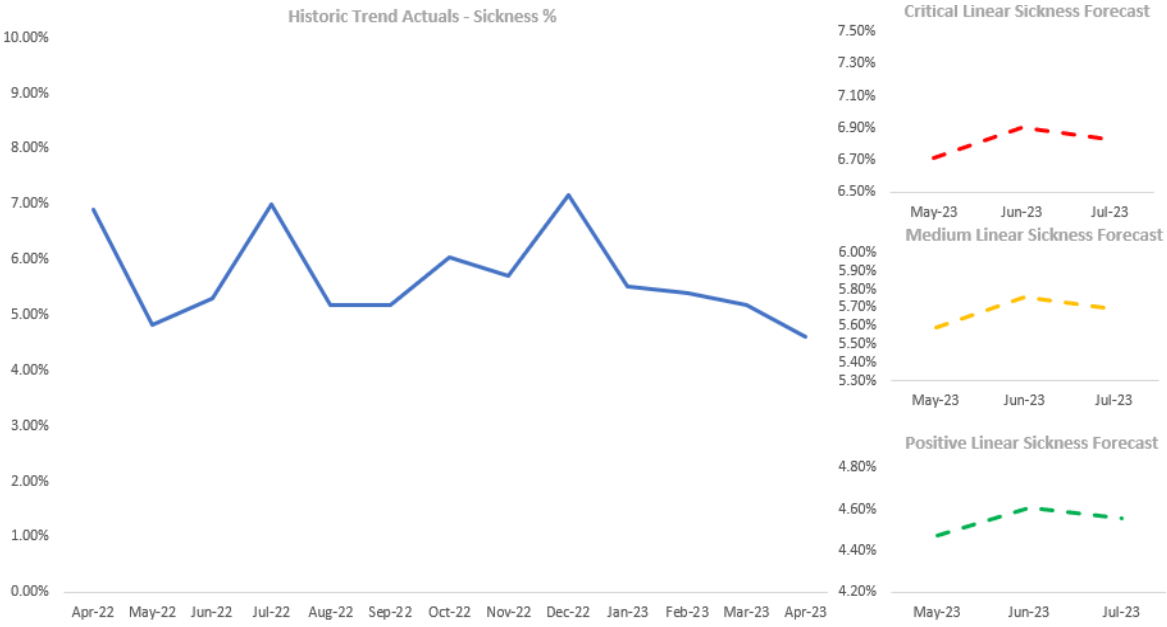


Turnover (data as at end-May 2023)

- Trustwide turnover continues to fall to 11.9% at the end of May 2023.
- The ongoing turnover reduction in the east continues with the rate having reduced to 11.4%.
- The improvement in turnover for northern services has slowed in the past three months, with the rate having plateaued at 13.2%. Ongoing retention work continues including review of exit interview data and with the support of the pastoral care roles with the People Development team.
- Additional Clinical Services (ACS) and Estates and Ancillary remain the workforce groups of prime concern for turnover in the east at 16.7% and 14.2% respectively.
- For northern the ACS (14.9%) and Admin and Clerical (14.5%) groups are above the planned rate of 13.5%.

Trust Sickness Absence





Sickness Absence (Data shown for latest complete month: Apr-23)

- The sickness rate continues to fall month on month with the overall rate of 4.61% for April 2023 the lowest recorded over the past year.
- This is also reflected on both the Eastern and Northern sites each with their lowest rates over the past 13 months.
- For the corresponding month last year the rate was over 2% higher at 6.89%.
- The impact of colds, cough, flu and COVID-19 infections continued to diminish, though still accounted for around 20% of sickness in the month.
- Compared to March 2023 the proportion of days lost to anxiety/stress/depression/other psychiatric illnesses increased slightly (from 21.8% to 23.0%)
- All workforce groups showed a decrease in sickness absence in April 23, inline with the lowering overall rate.
- Additional Clinical Services (ACS) and Estates and Ancillary were still over the planned rate of 6%, though both saw decreases with Estates and Ancillary below the 8% for the first month since Sep-22. ACS were at 7.2% the lowest recorded rate since May-22.
- For Registered Nursing and Midwifery monthly sickness fell below 5% for the first time in over a year.

RDUH Summary Finance position

Financial Performance - key performance indicators

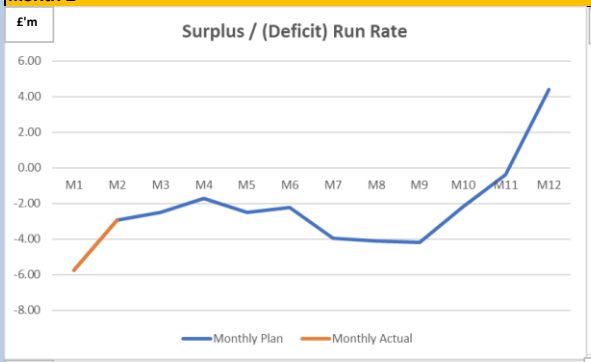
Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	This Month May-23	Narrative	Forecast Mar-24	Narrative
Income and Expenditure	**I&E Surplus / (Deficit) - Total**	£'000	**-8,678**		**-28,035**	
	I&E Surplus / (Deficit) v budget	£'000	**0**		**0**	Forecasting will commence in month 3 together with a refresh of risks and mitigations.
	Income variance to budget - Total	£'000	**-1,894**		**172**	
	Income variance to budget - Total	%	**-1.14%**		**0.02%**	
	Income variance to budget - Patient Care	£'000	**-28**	NHS England drugs and devices.	**0**	
	Income variance to budget - Operating income	£'000	**-1,866**	£0.2m Research & Development income £0.2m Education and Training £0.3m catering and Car Parking £0.4m contributions to employee costs £0.8m other Review to understand issues and reflect in future forecasting.	**172**	Includes £0.1m income from donations.
	Pay variance to budget - Total	£'000	**-1,126**	Overall impact of £1.1m adverse to plan (£0.6m strike action, £0.5m DBV slippage) NHSE returns have been completed to collect cost and activity impacts of strike action. Any recovery is not reflected in the YTD position and would be a future benefit if national funding was available.	**0**	
	Pay variance to budget - Total	%	**-1.03%**		**0.00%**	
	Agency expenditure variance to Plan	£'000	**-204**	Planned expenditure in net of Delivering Best Value savings target. £2.7m expenditure YTD is £0.7m less than month 2 2022/23.	**0**	Agency plan for the year is £15.1m
	Agency expenditure variance to agency limit	£'000	**828**	Agency limit YTD is £3.6m	**6,224**	Agency limit for the full year is £21.4m
	Non Pay variance to budget	£'000	**3,014**	Activity impact of strike action. Review to be undertaken to consider the full year impact.	**-72**	Off-sets favourable variance in operating income. Neutral adjustment when calculating reported financial position.
	Non Pay variance to budget	%	**4.76%**		**-0.02%**	
	PDC, Interest Paid / Received variance to budget	£'000	**6**		**0**	
	PDC, Interest Paid / Received variance to budget	%	**0.00%**		**0.00%**	
	Capital Donations variance to plan - technical reversal	£'000	**0**		**-100**	Off-sets favourable variance in operating income. Neutral adjustment when calculating reported financial position.
	Delivering Best Value Programme - Total Current Year achievement	£'000	**3,523**	YTD variance largely driven by non-delivery against Epic benefits, detailed delivery plans to be finalised by the end of June. Peer review requested for Epic benefits not expecting to deliver in year. Governance forum for Epic benefits to be established.	**60,296**	Full year internal requirement of £44.7m with £15.6mrequired from ICB schemes. £11m risk to internal forecast position. To mitigate against this risk corporate services requested to ensure full delivery against target (£900k shortfall to date), £4.4m of non recurrent finance adjustments expected to be detailed by the end of June and further opportunities are being sought. Risk of ICB schemes being quantified.
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	**-1,043**	DBV schemes variance to plan: (£0.4m) Income adverse (£0.5m) Pay adverse (£0.1m) Non pay adverse	**0**	
Capital & Cash	Cash balance	£'000	**53,279**	Trade payables are £15.2m higher than outturn as a consequence of issues following the implementation of the new finance system. The cash benefit is off-set by other movements in working capital.	**14,694**	
	Cash variance to budget - above / (below)	£'000	**9,906**		**0**	
	Better Payment Practice v 95% target - volume	%	**36%**	Issues with the new finance system. Actions to resolve include focus on sufficient authoriser capacity; daily bank runs and support to pharmacy, increase finance capacity to address post-implementation vacancies. Additional capacity is significantly reducing the volume and value of uncoded invoices and we are planning to have addressed the backlog in the next 3 weeks.	**87%**	All endeavours will be targeted to minimise the impact on suppliers. Recovery to 95% cumulatively remains the aspiration though likely to fall short. Planning for incremental improvement to recover the in-month 95% of value target by month 5.
	Better Payment Practice v 95% target - value	%	**56%**		**87%**	
	Capital Expenditure variance to plan - Total above / (below)	£'000	**-4,029**	Capital expenditure to M02 was £1.5m; £4.0m less than assumed in plan. Whilst the programme is behind plan, there is confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.	**2,550**	Forecast capital expenditure of £75.7m fully utilises the CDEL and PDC allocations forecast in 2023/24.
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	**-887**	Slippage across a number of schemes expected to recover.	**100**	Donation for medical equipment.
	Capital Expenditure variance to plan - PDC above / (below)	£'000	**-3,142**	Slippage on commencing schemes with expectation to recover: £1.5m Endoscopy capacity £1.0m Cardiology Day case Unit £0.7m Community Diagnostics	**2,450**	£1.4m additional Endoscopy allocation. £1.1m New Hospital Programme allocation.

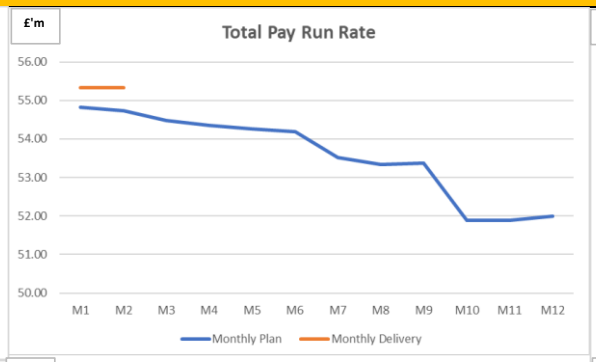
Key

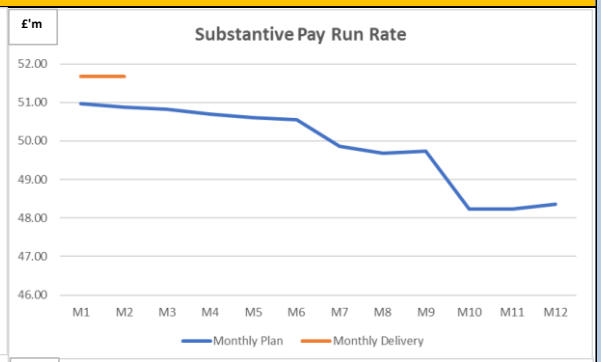
Total value
Positive variance value
Negative variance value <5%
Negative variance value >5%

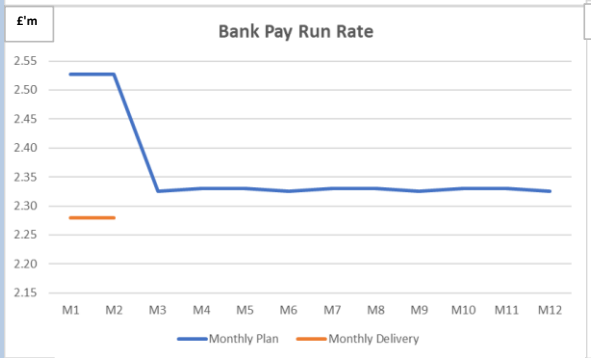
RDUH Finance Overview

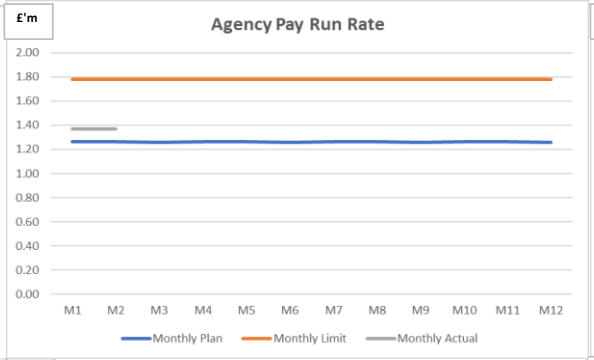
Royal Devon University Healthcare NHS Foundation Trust
Charts
Period ending 31/05/2023
Month 2

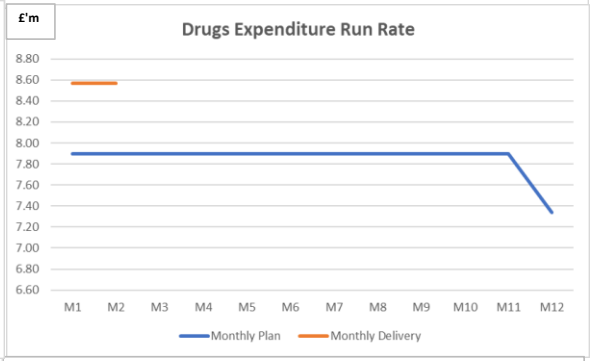


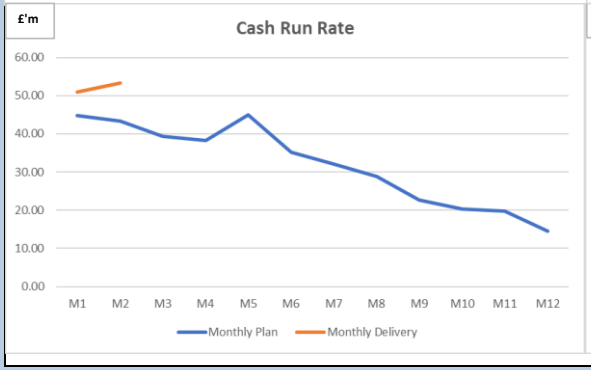


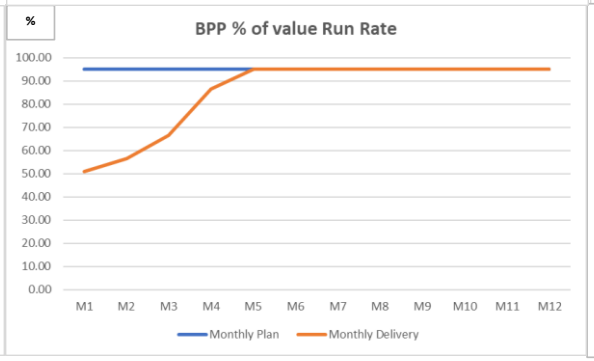












Forecasting
Forecasting will commence from month 3 reporting.

BPP
Issues with the new finance system. Actions to resolve include focus on sufficient authoriser capacity; daily bank runs and support to pharmacy, increase finance capacity to address post-implementation vacancies. Additional capacity is significantly reducing the volume and value of uncoded invoices and we are planning to have addressed the backlog in the next 3 weeks.

Planning for incremental improvement to recover the in-month 95% of value target by month 5.

RDUH Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Income Statement Period ending 31/05/2023 Month 2	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Actual Variance to Budget Fav / (Adv) £'000		Outturn Budget £'000	Outturn Actual £'000	Outturn Actual Variance to Budget Fav / (Adv) £'000
Income							
Patient Care Income	147,361	147,333	(28)		883,336	883,336	0
Operating Income	18,766	16,900	(1,866)	1	113,438	113,610	172
Total Income	**166,127**	**164,233**	**(1,894)**		**996,774**	**996,946**	**172**
Employee Benefits Expenses	(109,522)	(110,648)	(1,126)	2	(642,861)	(642,861)	0
Services Received	(5,982)	(4,370)	1,612	3	(35,963)	(33,776)	2,187
Clinical Supplies	(15,018)	(12,946)	2,072	3	(90,000)	(77,502)	12,498
Non-Clinical Supplies	(2,902)	(2,681)	221	3	(15,428)	(15,726)	(298)
Drugs	(15,798)	(17,138)	(1,340)	3	(94,212)	(102,918)	(8,706)
Establishment	(2,496)	(3,166)	(670)	3	(13,141)	(18,846)	(5,705)
Premises	(4,323)	(3,974)	349	3	(25,538)	(23,988)	1,550
Depreciation & Amortisation	(6,760)	(6,738)	22	3	(42,010)	(42,010)	0
Impairments (reverse below the line)	0	0	0	3	0	0	0
Clinical Negligence	(5,304)	(5,372)	(68)	3	(26,520)	(26,520)	0
Research & Development	(1,680)	(1,940)	(260)	3	(9,012)	(17,240)	(8,228)
Operating lease expenditure	(315)	(515)	(200)	3	(1,690)	(1,690)	0
Other Operating Expenses	(2,745)	(1,469)	1,276	3	(14,847)	(8,217)	6,630
Total Costs	**(172,845)**	**(170,957)**	**1,888**		**(1,011,222)**	**(1,011,294)**	**(72)**
EBITDA	**(6,718)**	**(6,724)**	**(6)**		**(14,448)**	**(14,348)**	**100**
Profit / (Loss) on asset disposals	0	0	0		0	0	0
Interest Receivable	422	422	0		1,431	1,431	0
Interest Payable	(458)	(452)	6		(2,642)	(2,642)	0
PDC	(2,052)	(2,052)	0		(12,308)	(12,308)	0
Net Surplus / (Deficit)	**(8,806)**	**(8,806)**	**0**		**(27,967)**	**(27,867)**	**100**
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	128	128	0		(68)	(168)	(100)
Net Surplus/(Deficit) after donated asset & PSF/MRET Income	**(8,678)**	**(8,678)**	**0**		**(28,035)**	**(28,035)**	**0**

KEY MOVEMENTS AGAINST BUDGET
Overall achievement against plan

1. £0.2m Research & Development income, £0.2m Education and Training, £0.3m catering and Car Parking, £0.4m contributions to employee costs £0.8m other. Review to understand issues and reflect in future forecasting.

2. £0.9m Variances across all staff groups on substantive and bank. Medical pay reflects impact of strike action. NHSE returns compiled to collect cost and activity impacts of strike action. Any recovery is not reflected in the YTD position and would be a future benefit if national funding was available.

3. Activity impact of strike action. Review to be undertaken to consider the comparison with plan run rate at month 7 2022/23 and full year impact.

RDUH Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Statement of Financial Position Period ending 31/05/2023 Month 2	Year to Date				Outturn			Prior Year	
	Plan	Actual	Actual Variance Over / (Under)		Plan	Actual	Actual Variance Over / (Under)	Mar-23	Actual YTD Movement Incr. / (Dec.)
	£000	£000	£000		£000	£000	£000	£000	£000
Non-current assets									
Intangible assets	57,853	57,098	(755)	1	53,333	53,333	0	58,621	(1,523)
Other property, plant and equipment (excludes leases)	423,196	418,791	(4,405)	1	451,271	458,523	7,252	421,298	(2,507)
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	52,408	53,387	979	2	61,184	61,184	0	54,580	(1,193)
Other investments / financial assets	5	5	0		5	5	0	5	0
Receivables	2,726	3,329	603	2	2,726	2,726	0	3,303	26
Credit Loss Allowances	0	(228)	(228)	2	0	0	0	(228)	
Total non-current assets	**536,188**	**532,382**	**(3,578)**		**568,519**	**575,771**	**7,252**	**537,579**	**(5,197)**
Current assets									
Inventories	13,550	15,195	1,645	2	13,550	13,550	0	15,624	(429)
Receivables: due from NHS and DHSC group bodies	17,810	40,045	22,235	2	17,810	17,810	0	39,891	154
Receivables: due from non-NHS/DHSC group bodies	16,000	19,830	3,830	2	16,000	16,000	0	21,090	(1,260)
Credit Loss Allowances	0	(771)	(771)	2	0	0	0	(796)	25
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0	0	0
Cash	43,373	53,279	9,906		14,494	14,494	0	46,033	7,246
Total current assets	**90,733**	**127,578**	**36,845**		**61,854**	**61,854**	**0**	**121,842**	**5,736**
Current liabilities									
Trade and other payables: capital	(11,000)	(6,000)	5,000	2	(11,000)	(11,000)	0	(6,615)	615
Trade and other payables: non-capital	(79,849)	(111,891)	(32,042)	3	(79,850)	(79,449)	401	(96,708)	(15,183)
Borrowings	(13,638)	(16,855)	(3,217)	2	(15,000)	(15,000)	0	(16,676)	(179)
Provisions	(200)	(295)	(95)	2	(200)	(295)	(95)	(295)	0
Other liabilities: deferred income including contract liabilities	(12,551)	(12,515)	36		(10,500)	(10,500)	0	(17,892)	5,377
Total current liabilities	**(117,238)**	**(147,556)**	**(30,318)**		**(116,550)**	**(116,244)**	**306**	**(138,186)**	**(9,370)**
Total assets less current liabilities	**509,683**	**512,404**	**2,949**		**513,823**	**521,381**	**7,558**	**521,235**	**(8,831)**
Non-current liabilities									
Borrowings	(104,881)	(102,672)	2,209	1	(102,440)	(102,440)	0	(102,694)	22
Provisions	(970)	(1,276)	(306)	2	(970)	(1,276)	(306)	(1,276)	0
Other liabilities: deferred income including contract liabilities	0	0	0		0	0	0	0	0
Total non-current liabilities	**(105,851)**	**(103,948)**	**1,903**		**(103,410)**	**(103,716)**	**(306)**	**(103,970)**	**22**
Total net assets employed	**403,832**	**408,456**	**4,852**		**410,413**	**417,665**	**7,252**	**417,265**	**(8,809)**
Financed by									
Public dividend capital	356,902	361,604	4,702	2	382,645	389,797	7,152	361,604	0
Revaluation reserve	63,956	52,381	(11,575)	2	63,956	63,956	0	52,385	(4)
Income and expenditure reserve	(17,025)	(5,529)	11,496	2	(36,188)	(36,088)	100	3,277	(8,806)
Total taxpayers' and others' equity	**403,833**	**408,456**	**4,623**		**410,413**	**417,665**	**7,252**	**417,266**	**(8,810)**

KEY MOVEMENTS

1. Slippage on capital programme forecast to recover by year end
2. The plan was based on a forecast outturn balance sheet at month 7 2022/23 that was significantly different ay year end as shown; the YTD balance sheet being more reflective of outturn than plan. FOT variances will be reviewed for month 3 reporting and will show a significant variance to plan in many areas.
3. Trade payables are £15.2m higher than outturn as a consequence of issues following the implementation of the new finance system. An action plan is in place.

RDUH Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Cash Flow Statement Period ending 31/05/2023 Month 2	Year to Date Plan £000	Year to Date Actual £000	Year to Date Actual Variance Fav. / (Adv.) £000		Outturn Plan £000	Outturn Actual £000	Outturn Actual Variance Fav. / (Adv.) £000
Cash flows from operating activities							
Operating surplus/(deficit)	(6,718)	(6,724)	(6)		(14,448)	(14,348)	100
Non-cash income and expense:							
Depreciation and amortisation	6,760	6,738	(22)		42,010	42,010	0
Impairments and reversals	0		0		0	0	0
Income recognised in respect of capital donations (cash and non-cash)	0		0		(842)	(942)	(100)
(Increase)/decrease in receivables	0	1,003	1,003		0	3,351	3,351
(Increase)/decrease in inventories	0	429	429		0	0	0
Increase/(decrease) in trade and other payables	221	13,131	12,910	1	222	222	0
Increase/(decrease) in other liabilities	0	(5,377)	(5,377)		0	0	0
Increase/(decrease) in provisions	0		0		0	0	0
Net cash generated from / (used in) operations	**263**	**9,200**	**8,937**		**26,942**	**30,293**	**3,351**
Cash flows from investing activities							
Interest received	422	422	0		1,431	1,431	0
Purchase of intangible assets	(200)	0	200		(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(5,368)	(2,155)	3,213		(54,660)	(57,210)	(2,550)
Proceeds from sales of property, plant and equipment and investment property	0	0	0		0	0	0
Receipt of cash donations to purchase capital assets	0	0	0		842	942	100
Net cash generated from/(used in) investing activities	**(5,146)**	**(1,733)**	**3,413**		**(55,387)**	**(57,837)**	**(2,450)**
Cash flows from financing activities							
Public dividend capital received	0		0		25,743	28,193	2,450
Loans from Department of Health and Social Care - repaid	0		0		(1,270)	(1,270)	0
Other loans received	0		0		0	0	0
Other loans repaid	0		0		(5,174)	(5,174)	0
Other capital receipts	0		0		0	0	0
Capital element of finance lease rental payments	(128)	(116)	12		(8,828)	(8,828)	0
Interest paid	(371)	0	371		(3,978)	(3,978)	0
Interest element of finance lease	0	(105)	(105)		0	(630)	(630)
PDC dividend (paid)/refunded	0	0	0		(12,308)	(12,308)	0
Net cash generated from/(used in) financing activities	**(499)**	**(221)**	**278**		**(5,815)**	**(3,995)**	**1,820**
Increase/(decrease) in cash and cash equivalents	**(5,382)**	**7,246**	**12,628**		**(34,260)**	**(31,539)**	**2,721**
Cash and cash equivalents at start of period	**48,754**	**46,033**	**(2,721)**		**48,754**	**46,033**	**(2,721)**
Cash and cash equivalents at end of period	**43,372**	**53,279**	**9,907**		**14,494**	**14,494**	**0**

KEY MOVEMENTS

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

RDUH Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Capital Expenditure Period ending 31/05/2023 Month 2	Year to Date			Full Year Forecast		
Scheme	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**
Capital Funding:						
Internally funded	2,107	1,221	886	31,074	31,074	(0)
PDC	3,461	319	3,142	25,743	28,193	(2,450)
Donations/Grants	0	0	0	842	942	(100)
IFRS 16	0	0	0	15,488	15,488	0
Total Capital Funding	**5,569**	**1,540**	**4,029**	**73,147**	**75,697**	**(2,550)**
Expenditure:						
Equipment	540	181	359	17,528	14,219	3,309
Estates Backlog/EIP	523	172	351	7,316	6,624	692
Estates Developments	362	196	166	10,102	6,849	3,253
Digital	271	59	212	4,162	7,465	(3,303)
Our Future Hospital	0	123	(123)	0	1,060	(1,060)
ED	411	427	(16)	6,165	6,165	0
Cardiology Day Case	1,187	171	1,016	7,432	7,432	0
CDC Nightingale	733	22	711	4,400	4,400	0
Endoscopy	1,541	3	1,538	11,122	12,512	(1,390)
Diagnostics - Northern Schemes	0	0	0	3,797	3,797	0
Digital Capability Programme	0	0	0	1,123	1,123	0
Other	0	185	(185)	0	0	0
Unallocated	0	0	0	0	4,051	(4,051)
Total Capital Expenditure	**5,569**	**1,540**	**4,029**	**73,147**	**75,697**	**(2,550)**
Under/(Over) Spend	**0**	**0**	**(0)**	**(0)**	**0**	**(0)**

Capital expenditure to M02 was £1.5m; £4.0m less than assumed in plan. Whilst the programme is behind plan, there is confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.

Forecast capital expenditure of £75.7m fully utilises the CDEL and PDC allocations forecast in 2023/24.

RDUH Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
Delivering Best value
Period ending 31/05/2023
Month 2

Delivering Best Value Finance Report Month 2		RAG	Year to Date Plan £000s	Year to Date Actuals £000s	Year to Date Variance £000s	Forecast Plan £000s	Forecast Delivery £000s	Forecast Variance £000s	Narrative
Recurrent DBV									
	Clinical Productivity - Activity		917	917	0	13,100	13,100	0	
Clinical Activity	Data quality, coding & capture		833	483	-350	5,000	5,000	0	Year to date variance due to phasing of opportunties identified Plans in place for £4,400k but additional scoping due to be completed in June to ensure full value delivered in year
Corporate Services	Corporate Services - Integration		167	38	-129	2,000	2,000	0	Further YTD benefit expected in month 3 once new finance ledger has embeded. Identified plans currently £900k short of target. Work ongoing to quantify further opportunties for estates & facilities, medical, nursing and operations to mitigate against this
Other Income Opportunities	Overseas visitor income		0	0	0	200	200	0	Potential £150k risk review of position at Q1 to assess opportunity
	Other Trustwide Income		0	0	0	0	0	0	
Estate Review	Leased Estate DBV		0	0	0	200	200	0	Awaiting detailed plans, potential £200k risk as initial view not identified any opportunity due to contract renewal dates
Workforce	Temporary Workforce		538	362	-176	5,200	5,200	0	Agency spend £176k more than plan impacted by industrial action Route to cash proposed through substantive pay budget
	Supporting colleagues return to work		0	0	0	500	500	0	
Epic	Epic Optimisation		963	0	-963	5,800	5,800	0	High level opportuntiies of £2.2m full year effect scoped as per report to DBV Board. Work ongoing to define underlying plans & assess in year impact expected to be complete by end of June.
Procurement	Procurement		83	119	36	500	500	0	Current plans suggest a potential over delivery
Pharmacy	Medicines		50	49	-1	300	300	0	Value of opportuntiies being scoped greater than traget, potential for over delivery
Transformation	Transformation		0	0	0	400	400	0	Detailed plans currently suggest in year delivery of £82k
Covid	Covid Costs		433	433	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		333	333	0	2,000	2,000	0	
	Total Recurrent DBV		**4,317**	**2,734**	**-1,583**	**37,800**	**37,800**	**0**	
Non recurrent DBV									
Estate Review	Profit on disposal		0	0	0	500	500	0	Awaiting completion of financial appraisal
Workforce	Non clinical vacancy controls		167	167	0	1,000	1,000	0	
Pharmacy	Medicines		0	163	163	0	0	0	
Finance Adjutsments	NR Balance Sheet		0	459	459	4,500	4,500	0	Detailed plans have been delayed due to finance ledger implementation. Issues identified through the budget setting process pose a potential risk to delivery.
	Capital charges review		0	0	0	400	400	0	Detailed plans delayed due to financial audit update expected on anticpated delivery at the end of June
	Funding arrangements for transfer of care		83	0	-83	500	500	0	
	Total Non-Recurrent DBV		**250**	**789**	**539**	**6,900**	**6,900**	**0**	
	Total DBV		**4,567**	**3,523**	**-1,044**	**44,700**	**44,700**	**0**	

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.1, Public Board Meeting		**Date:** 28 June 2023	
Title:	Corporate Governance Statement			
Prepared by:	Melanie Holley, Director of Governance,			
Presented by:	Chris Tidman, Deputy Chief Executive			
Responsible Executive:	Suzanne Tracey, Chief Executive			
Summary:	In accordance with the Risk Assessment Framework all NHS Trusts are required to make a declaration to NHSEI on the Corporate Governance Statement.			
Actions required:	Link to status below and set out clearly the expectations of the Board when considering the paper.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
		x		
History:	The Corporate Governance Statement (condition FT4) was last presented to the Board of Directors on 29th June 2022.			
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		
NHS Improvement	x	Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

1. Purpose of paper

To advise the Board of Directors of the Corporate Governance Statement (Condition FT4) which requires sign off by the Board of Directors (BoD) that the Trust has undertaken a self-certficiation and has complied with the required governance arrangements as set down by NHS Improvement (NHSI).

2. Background

The Trust is required annually to declare to NHSI compliance with Condition FT4, Corproate Governance Statement.

FT4 is about systems and processes for good governance and NHS providers must make a Corporate Governance Statement under the condition as to current and future compliance.

The BoD is required to respond "confirmed" or "not confirmed" for each statement, setting out any risks and mitigating actions planned for each one recorded as "not confirmed".

The Trust is not required to return the completed self-certification to NHSI unless requested to do so. NHSI retains the option each year of contacting a select number of Trusts to ask for evidence of self-certification, either by providing the completed templates or relevant board papers and minutes recording sign-off. However, the Trust is required to publish its self-assessment by 30th June on its website.

3. Analysis

Following a request from the Board of Directors in 2022, a review of the statements and supporting evidence within the Corporate Governance Statement has been undertaken by the Audit Committee (AC) on 7 June 2023.

The AC reviewed each individual statement and evidence and provided scrutiny as well as making suggestions of additional evidence that could be offered. (Please see attached slide deck).

The Audit Committee recommended approval to the Board of Directors that a response of "confirmed" could be applied to each of the statements.

4. Resource/legal/financial/reputation implications

Completion of the Corporate Governance Statement by the 30 June is a Reglatory (NHSI) requirement.

5. Link to BAF/Key risks

None identified.

6. Proposals

The BoD is asked to approve sign off the declarations of the Corporate Governance Statement required by NHSI.

It is proposed that a response of "confirmed" is given for each of the statements.

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Corporate Governance Statement 2022/23

Melanie Holley
Director of Governance
7 June 2023
Audit Committee

1. Corporate Governance Statement – The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS:

- Annual Governance Statement (part of the Annual Report)
- Strategic Plan
- Internal Audit Programme
- External Visits and Inspections
- Board Assurance Framework (BAF)
- Head of Internal Audit Opinion
- 2 Year Operational Plan
- Care Quality Commission (CQC) Well Led Inspection May 2023
- Operational Plan Board Effectiveness Review, Steve McManus review (April 2016)
- Board Well Led self assessment (November 2022)

2. Corporate Governance Statement – The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

- Compliant with NHS England (NHSE) monthly monitoring requirements
- Compliant with NHSE standards and requirements
- No regulatory action
- Board has good and timely visibility of NHSE requirements (NHSE newsletters) and formal changes are reported through Board, i.e. change in compliance framework to Single Oversight Framework
- NHSI Compliance-Internal Audit 2023 (significant rating)

3. Corporate Governance Statement – The Board is satisfied that the Licensee has established and implements:
(a) Effective Board and Committee structures

- Commissioned programme of Internal Audit (3 year programme)
- Output from Internal Audit Reports
- Governance Performance System, reviewed by the Board twice during 2020 (Governance Lite)
- CQC Well Led Review 2023
- NHSI Compliance Internal Audit 2023 (significant rating)
- BAF Internal Audit 2023 (significant rating)

3. Corporate Governance Statement – The Board is satisfied that the Licensee has established and implements:
(b) Clear responsibilities for its Board, for Committees reporting to the Board and for staff reporting to the Board and those Committees

- Board Standing Financial Instructions/ Scheme of Delegation
- New Executive Director structure implemented Jan 2021
- Job Descriptions for Exec + Non Exec Directors
- Governance Performance System Terms of Reference
- Risk Management Policy (reviewed and updated April 2023)
- Remuneration Committee Principles
- Workforce Planning Baseline Assessment
- People & Workforce Strategy as an enabler to the clinical strategy (forthcoming)
- Workforce Plan (forthcoming)
- Board equality reporting (WRES/WDES/Bank WRES/Gender Pay Gap/Inclusion Annual Review)
- Constitution Review (Board of Governors)
- Effectiveness Review of the Strategic Delivery Group (SDG) 2018

3. Corporate Governance Statement – The Board is satisfied that the Licensee has established and implements:
(c) Clear reporting lines and accountabilities throughout its organisation

- Trust organisational diagram
- New Executive Director structure implemented Jan 2021
- Governance Performance System (Structure and Reporting Framework)
- Internal Audit review
- CQC Well Led Review 2023
- Workforce Planning Baseline Assessment
- People & Workforce Strategy as an enabler to the clinical strategy (forthcoming)
- Workforce Plan (forthcoming)
- Succession planning
- Senior Management Review – revised Senior Management Structure
- Integration
- Management of change (for integration overseen by Integrated Programme Board report to Board)

4. Corporate Governance Statement – The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively

- Integrated Performance Report (IPR)
- Governance Performance System
- Internal Audit programme
- External Audit
- Benchmarking, i.e. National Patient and Staff surveys
- Reference cost index
- Getting It Right First Time (GIRFT)
- Model Hospital
- CQC Use of Resources Review 2019
- CQC Well Led Review 2023
- Delivering Best Value (DBV)
- Finance and Operations Committee
- Improved workforce data and intelligence
- Very Senior Manager benchmarking

4. Corporate Governance Statement – The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations

- Schedule of Board Reporting incorporates:
  - Integrated Performance Report
  - National Patient Survey, National Staff Survey
  - Reports from Governance Performance System (including Governance Committee and Audit Committee)
  - Clinical Safe Staffing review and report
  - Guardian of Safe working Report
  - Board Assurance Framework
  - Annual Complaints Report
  - Risk Management framework

4. Corporate Governance Statement – The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions

- Governance Performance System (reports from Governance Committee to the Board)
- Annual Internal Audit assessment of compliance CQC outcomes
- Internal Audit (CQC outcomes reviewed as part of all outcomes)
- Routine reporting to the Board of Directors – IPR
- Positive quarterly engagement meetings with CQC
- "Good" rating CQC Inspection April 2019 – needs updating when 2023 CQC Well Led report published
- External visits – Maternity Insight, Royal College visits, GIRFT
- Safe staffing reporting
- National HR & OD Review

4. Corporate Governance Statement – The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
(d) For effective financial decision making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern)

- Board schedule of reports
- Routine Reporting to Board – IPR
- Reports from Governance Committee and Audit Committee to Board
- Reports from the Finance and Operational Committee to Board
- HFMA grip and control checklist – action plan reviewed via Audit Committee
- Frequency of meetings in Governance Performance System, i.e. Board meets monthly with additional development days and info. circulated by email, Governance Committee bi-monthly
- Internal and External Audit programme
- ISA260 KPMG 2022
- Delivering Best Value (DBV)
- Finance and Operations Committee

4. Corporate Governance Statement – The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
(e) To obtain and disseminate accurate, comprehensive, timely and up-to-date information for Board and Committee decision making

- Robust Information Management System
- Information Governance Steering Group
- Data Security and Protection Toolkit
- Internal Audit annual data quality review
- Capacity and Demand modelling
- Peer Review/accreditation process (external visits reported through Governance Committee)
- Peer review of data quality and business intelligence processes through external contracted review, and peer review from similar NHS organisation in another ICS
- Improved workforce data and intelligence

4. Corporate Governance Statement – The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence

- Board Assurance Framework
- Corporate and Divisional Risk Registers
- Risk Management Policy, compliance reviewed annually both internally and by Internal Audit
- Risk Management training
- Annual Planning process
- Speciality and Divisional Governance Structure
- Safety and Risk Committee

4. Corporate Governance Statement – The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery

- Annual Report process
- Performance Assurance Framework
- IPR
- Governance Performance System
- External visits reporting through Governance Committee
- Internal and External Audit
- Delivering Best Value board, encompassing delivery of the RDUH improvement plan covering all SOF4 exit criteria, including elective, UEC and financial performance
- Workforce plan (forthcoming)
- Improved workforce data and intelligence

4. Corporate Governance Statement – The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
(h) To ensure compliance with all applicable legal requirements

- Risk Management Strategy
- Governance Performance System (Safety and Risk Committee, Health and Safety Group, People, Workforce Planning and Wellbeing Group)
- NHS Resolution
- Health and Safety Reports and Health and Safety legal register

5. Corporate Governance Statement – The Board is satisfied that systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided

- New Exec Director structure implemented Jan 2021
- Executive + NED Job Descriptions
- Executive + NED yearly appraisals
- Composition of Board (skills analysis)
- CQC Well Led Review May 2023
- Remuneration Committee – succession planning
- Board Development
- Exec development and coaching
- Executive and Specialist Recruitment team

5. Corporate Governance Statement – The Board is satisfied that systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations

- Escalation of issues (via IPR)
- Safe Staffing review
- Quality Report
- Thematic seminars (Board Development)
- Annual Complaints Report
- Board of Directors Hierarchy of Priorities
- Integrated Performance Report
- CQAT (Care Quality Assessment Tool)
- Workforce Planning Baseline Assessment
- Accelerating getting our vacancies filled programme
- "Good" rating CQC Inspection April 2019 – needs updating once 2023 CQC Well Led Report published
- Monthly Patient story at Board

5. Corporate Governance Statement – The Board is satisfied that systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (c) The collection of accurate, comprehensive, timely and up-to-date information on quality of care

- Monthly IPR
- Annual and Quality Reports
- Patient Survey
- Revised approach to Patient Experience with the development of a Patient Experience strategy
- Peer Review /External visits reports to Governance Committee
- "Good" rating CQC Inspection April 2019 – needs updating once 2023 CQC Well Led Report published
- CQAT
- Non Executive Director Safety visits (report to GC)

5. Corporate Governance Statement – The Board is satisfied that systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (d) That the Board receives and takes into account accurate, comprehensive, timely and up-to-date information on quality of care

- Monthly IPR Reports to Board
- Annual and Quality Reports
- 'Demonstrating Differences' examples of changes made as a result of patient feedback included in the IPR
- Evidence of changes:
  - Mandatory training compliance increase
  - Staffing reviews lead to change
  - Nutrition/hydration
  - Safe staffing reporting

5. Corporate Governance Statement – The Board is satisfied that systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account, as appropriate, views and information from these sources

- Staff survey and People Pulse Survey
- Patient Survey
- Staff conversations
- Annual Quality Report process
- Exec Observe & Support
- ICS
- Freedom to Speak Up Guardians and reporting
- NED Maternity Champions
- Learning from compliments, and learning from complaints and concerns raised through Whistleblowing, feedback from the CQC
- Members Say Events / Open Day
- Council of Governors
- NED and Governor attendance at development/service improvement
- What went well event better if
- Staff webinars
- Inclusion Steering Group
- Incident Review Group & Staff Incident Review Group

5. Corporate Governance Statement – The Board is satisfied that systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate

- Job Descriptions
- Governance Performance System
- Whistleblowing Policy
- Review of incidents, complaints, claims (Incident Review Group)
- National Audits
- Outcomes from CQC Inspections
- Freedom to Speak Up Guardians and appointment of a Lead Freedom to Speak up Guardian
- My Care
- Our Charter
- Promoting a Positive Working Environment Policy
- Cultural Dashboard
- Cultural Development Roadmap

6. Corporate Governance Statement – The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provided licence

- JDs/Job Specs.
- Monitoring of workforce data included in IPR
- Work of People, Workforce, Planning and Wellbeing Committee
- Safe Staffing Review
- ICS People Plan
- Composition of Board
- New Executive Director structure implemented Jan 2021
- Senior Management Review – revised Senior Management structure
- Fit and Proper Persons and pre-employment checks for other staff
- Succession planning
- Workforce planning baseline assessment
- Accelerating getting our vacancies filled programme
- Strategic Resources Group
- Executive and Specialist recruitment team

7. Training of Governors – The Board is satisfied that during the financial year most recently ended, the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role

- Development sessions at Council of Governors + Development Days
- Comprehensive induction of new Governors
- Trust is a member of NHS Providers
- Governors attend NHS Providers training events and national network events
- Governors attend regional COG development meetings

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Royal Devon University Healthcare NHS Foundation Trust

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "FT4 declaration"

Financial Year to which self-certification relates | **2022/23**

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	Response	Risks and Mitigating actions
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	Through the collaborative agreement with the Royal Devon and Exeter NHS FT a review has been undertaken of the corporate governance culture and structure and amendments made to improve the viability and transparancy of the governance process. Through this review process and the changes made the Board has received sufficient assurance that the principles, systems and standards of good corporate governance are applied and operating effectively evidenced by: * Annual Governance Statement * Strategic Plan * Internal Audit Programme * External Visits and Inspections * Board Assurance Framework (BAF) * Head of Internal Audit Opinion * 2 Year Operational Plan * Care Quality Commission (CQC) Well Led Inspection May 2023 * Operational Plan Board Effectiveness Review, Steve McManus review (April 2016) * Board Well Led self-assessment (November 2022)
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Evidence considered by the Board includes: * Compliant with NHS England (NHSE) monthly monitoring requirements * Compliant with NHSE standards and requirements * No regulatory action * Board has good and timely visibility of NHSE requirements (NHSE newsletters) and formal changes are reported through Board, i.e. change in compliance framework to Single Oversight Framework * NHSI Compliance-Internal Audit 2023 (significant rating)
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	The Board has confirmed compliance with these requirements by considering evidence including: **A) Effective board and committee structures** * Commissioned programme of Internal Audit (3 year programme) * Output from Internal Audit Reports * Governance Performance System, reviewed by the Board twice during 2020 (Governance Lite) * CQC Well Led Review May 2023 * NHSI Compliance Internal Audit 2023 (sgnificant rating) * BAF Internal Audit 2023 (significant rating) **B) Clear responsibilities** * Board Standing Financial Instructions/ Scheme of Delegation * New Executive Director structure implemented Jan 2021 * Job Descriptions for Exec + Non Exec Directors * Governance Performance System Terms of Reference * Risk Management Policy (reviewed and updated April 2023) * Remuneration Committee Principles * Workforce Planning Baseline Assessment * People & Workforce Strategy as an enabler to the clinical strategy (forthcoming) * Workforce Plan (forthcoming) * Board equality reporting (WRES/WDES/Bank WRES/Gender Pay Gap/Inclusion Annual Review * Constitution Review (Board of Governors) * Effectiveness Review of the Strategic Delivery Group (SDG) 2018 **C) Clear reporting lines and accountabilities** * Trust organisational diagram * New Executive Director structure implemented Jan 2021 * Governance Performance System (Structure and Reporting Framework) * Internal Audit review * CQC Well Led Review May 2023 * Workforce Planning Baseline Assessment * People & Workforce Strategy as an enabler to the clinical strategy (forthcoming) * Workforce Plan (forthcoming) * Succession Planning * Senior Managment Review - revised Senior Mangement Structure * Integration * Management of change (for integration overseen by Integrated Programme Board report to Board)

4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	**Confirmed**	The Board has received sufficient assurance to evidence that there are effective systems and processes to meet this requirement as evidenced by: **A) Compliance with licensee's duty** * Integrated Performance Report (IPR) * Governance Performance System * Internal Audit programme * External Audit * Benchmarking, i.e. National Patient and Staff surveys * Reference cost index * Getting It Right First Time (GIRFT) * Model Hospital * CQC Use of Resources Review May 2019 * CQC Well Led Review 2023 * Delivering Best Value (DBV) * Finance and Operations Committee * Improved workforce data and intelligence * Very Senior Manager benchmarking **B) Timely and effective scrutiny and oversight** * Schedule of Board Reporting incorporates: * Integrated Performance Report * National Patient Survey, National Staff Survey * Reports from Governance Performance System (including Governance Committee and Audit Committee) * Clinical Staffing review and report * Guardian of Safe Working report * Board Assurance Framework * Annual Complaints Report * Risk Management framework **C) Compliance with healthcare standards** * Governance Performance System (reports from Governance Committee to the Board) * Annual Internal Audit assessment of compliance CQC outcomes * Internal Audit (CQC outcomes reviewed as part of all outcomes) * Routine reporting to the Board of Directors – IPR * Positive quarterly engagement meetings with CQC * "Good" rating CQC Inspection April 2019 - needs updating when 2023 CQC Well Led report published * External visits - Maternity Insight, Royal College visits, GIRFT * Safe staffing reporting * National HR & OD Review
			D) Effective financial decision making * Board schedule of reports * Routine Reporting to Board – IPR * Reports from Governance Committee + Audit Committee to Board * HFMA grip and control checklist - action plan reviewed via Audit Committee * Frequency of meetings in Governance Performance System, i.e. Board meets monthly with additional development days and info. circulated by email, Governance Committee bi-monthly * Internal and External Audit programme * ISA260 KPMG 2022 * Delivering Best Value * Finance & Operations Committee **E) Obtain and disseminate information:** * Robust Information Management System * Information Governance Steering Group * Data Security and Protection Toolkit * Internal Audit annual data quality review * Capacity and Demand modelling * Peer Review/accreditation process (external visits reported through Governance Committee) * Peer review of data quality & business intelligence processes through external contracted review, and peer review from similar NHS organisations in another ICS * Improved workforce data and intelligence **F) Identify and manage material risks** * Board Assurance Framework * Corporate and Divisional Risk Registers * Risk Management Policy, compliance reviewed annually both internally and by Internal Audit * Risk Management Training * Annual Planning process * Speciality and Divisional Governance Structure * Safety and Risk Committee
			G) Generate and monitor delivery of business plans * Annual Report process * Performance Assurance Framework * IPR * Governance Performance System * External visits reporting through Governance Committee * Internal and External Audit * Delivering Best Value board, encompassing delivery of the RDUH improvement plan covering all SOF4 exit criteria, including elective, UEC and financial performance * Workforce plan (forthcoming) *Improved workforce data and intelligence **H) Compliance with legal requirements** * Risk Management Strategy * Governance performance system (Safety & Risk Committee, Health & Safety Group, People, Workforce Planning and Wellbeing Group) * NHS Resolution * Health & Safety Reports and Health & Safety and legal register

5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	**Confirmed**	The Board has confirmed compliance with these requirements by considering evidence including: **A) Capability at Board level** * New Exec Director structure implemented Jan 2021 * Executive + NED Job Descriptions * Executive + NED yearly appraisals * Composition of Board (skills analysis) * CQC Well Led Review May 2023 * Remuneration Committee – succession planning * Board Development * Exec development and coaching * Executive and Specialist Recruitment team **B) Timely and appropriate quality of care decisions** * Escalation of issues (via IPR) * Safe Staffing review * Quality Report * Thematic seminars (Board Development) * Annual Complaints Report * Board of Directors Hierarchy of Priorities * Integrated Performance Report * CQAT (Care Quality Assessment Tool) * Workforce Planning Baseline Assessment * Accelerating getting our vacancies filled programme * "Good" rating CQC Inspection April 2019 - needs updating once 2023 CQC Well Led report published * Monthly Patient story at Board **C) Comprehensive, timely and uptodate information** * Monthly IPR * Annual and Quality Reports * Patient Survey * Revised approach to Patient Experience with the development of a Patient Experience Strategy * Peer Review /External visits reports to Governance Committee * "Good" rating CQC Inspection April 2019 - needs updating once 2023 CQC Well Led report published * CQAT * Non Executive Director Safety visits (report to GC) **D) Receives and takes into account accurate, comprehensive, timely and uptodate information** * Monthly IPR to Board * Annual and Quality Reports
			* Demonstrating differences examples of changes made as a result of patient feedback included in the IPR * Evidence of changes - Mandatory training compliance increase - Staffing reviews lead to change - Nutrition / hydration **E) Actively engages on quality of care with patients, staff and other relevant stakeholders** * Staff survey and People PUlse Survey * Patient Survey * Staff conversations * Annual Quality Report process * NED Maternity Champions * Council of Governors * Exec Observe & Support * ICS * Freedom to Speak Up Guardians and reporting * Learning from compliments, and learning from complaints and concerns raised through Whistleblowing, feedback from the CQC * Members Say Events / Open Day * NED and Governor attendance at development/service improvement * What went well event better if * Staff webinars * Inclusion Steering Group * Incident Review Group & Staff Incident Review Group **F) Clear accountability for quality of care throughout** * Job Descriptions * Governance Performance System * Whistleblowing Policy * Review of incidents, complaints, claims (Incident Review Group) * National Audits * Outcomes from CQC Inspections * Freedom to Speak Up Guardians and appointment of a Lead Freedom to Speak Up Guardian * My Care * Our Charter * Promoting a Positive Working Environment Policy
			* Cultural Dashboard * Cultural Development Roadmap
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**Confirmed**	The Board is satisfied that there are robust systems in place to ensure compliance with the conditions of the NHS provider licence as evidenced by: * JDs/Job Specs * Monitoring of workforce data included in IPR * Work of People, Workforce, Planning and Wellbeing Group * Safe Staffing Review * ICS People Plan * Composition of Board * New Executive Director structure implemented Jan 2021 * Senior Management Review - revised Senior Management structure * Fit and Proper Persons and pre-employment checks for other staff * Succession planning * Workforce planning baseline assessment * Accelerating getting our vacancies filled programme * Strategic Resources Group * Executive and Specialist Recruitment team

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature	**Signature**
Name Shan Morgan	**Name** Suzanne Tracey

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A

Worksheet "Training of governors" | **Financial Year to which self-certification relates** | 2022/23

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Shan Morgan	**Name**	Suzanne Tracey
Capacity	Trust Chair	**Capacity**	Chief Executive Officer
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A:

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.2, Public Board meeting		Date: 28 June 2023	
Title:	Audit Committee Report			
Prepared by:	Colin Dart, Director of Operational Finance (Northern)			
Presented by:	Alastair Matthews, 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 7 June 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 *specify* 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 *(please specify)*			

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 7 June 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 Trust. The Annual Governance Statement which is included in the Annual Report 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 quorate.

3. Analysis

3.1 Self-assessment against the HFMA 'Getting the Basics Right' checklist

The AC received a verbal update that continued to provide assurance of good progress being made particularly noting 2023/24 accountability letters had been issued to Divisions. All actions were due to be completed by 30 June 2023 and a formal report will be provided to the July 2023 meeting.

3.2 Update on external audit appointment process

The AC noted the commencement of engagement with the Council of Governors (CoG) regarding the process to appoint external auditors. The AC chair will commence engagement at the CoG meeting on 8 June 2023.

3.3 Review of Corporate Governance Statement

The AC received and reviewed the Annual Corporate Governance Statement and noted:

- In accordance with the Risk Assessment Framework all NHS Trusts are required to make a declaration to NHSE on the Corporate Governance Statement (CGS).
- At the June 2022 Board of Directors meeting, it was agreed that the CGS would be reviewed by the Audit Committee before presentation to the Board for approval.
- The proposed self-certification declarations were reviewed and it was noted the Trust is not required to submit these to NHS England (NHSE) unless requested to so.
- The Director of Governance had reviewed the declarations and evidence

to support compliance.
- The CGS is required to be approved and submitted to NHSE by 30 June 2023

The AC reviewed the self-certification evidence and noted additional evidence to be included and agreed to recommend the annual Corporate Governance Statement for approval by the Board at its meeting on 28 June 2023.

3.4 **Losses and Special Payments Register**

The AC received the annual losses and special payments register and noted:
- The responsibility of AC for reviewing the Register
- Separate registers were maintained by North and East sites due to the separate finance ledgers.
- One register would be maintained for the 2023/24 financial year.
- The total value of losses and special payments was £935k (£322k North and £613k East) – a total increase of £573k (£249k North and £329k East).
- North - the most material increase was the £271k loss of cash through fraud previously reported.
- East – the most material issues related to £103k increase in non-recovery of healthcare costs from individual overseas visitors where non-reciprocal arrangements are not in place; £136k increase in stores losses for expired/obsolete drugs stocks and £187k ex-gratia payments, the most material being for lease car VAT recovered by the Trust and refunded to employees.

The AC noted the report and agreed to receive a half yearly update in future to include lessons learned that informed improvements in the control environment.

3.5 **Final Head of Internal Audit Opinion (HoIAO) for 2022/23**

The AC received an update on further assurance work since the Committee received the draft opinion being:
- Updated context regarding CQC
- Final reports and those issued in draft
- 3rd party assurances – ESR qualified opinion from PWC on IT controls

The AC noted the 'significant assurance' final HoIAO which had considered factors such as System Oversight Framework rating in segment 4 (SOF4), financial outturn delivery in line with agreed financial plans, robust governance and internal controls demonstrated though the Internal Audit work programme.

The AC noted the opinion included draft reports of which the assurance rating would not change on finalising and does not affect the overall opinion. It was also noted that whilst the opinion remained 'significant assurance', the achievement of this level was not as clear cut as in previous years.

3.6 **Draft Annual External Auditor's Report and ISA260 Report**

The AC received and noted the

- The annual auditor's report is a public document that summarises the work performed and provides a detailed review of the Trust's actions to deliver Value for Money.
- The ISA260 report provides a detailed overview of the work performed in the audit year and the conclusions reached.
- These documents are the conclusion of the external audit procedures with finalised reports provided at the signing of the accounts.

3.7 **Auditor's Annual Report (AAR)**

The AC noted:

- The AAR is published alongside the accounts.
- The audit is substantially completed.
- Issue of an unqualified opinion on the Trust's accounts meaning the accounts give a true and fair view of the financial performance and position of the Trust is expected.
- KPMG did not find any significant inconsistencies between the content of the annual report and their knowledge of the Trust.
- KPMG are not reporting any significant weaknesses in the arrangements the Trust has in place to achieve value for money.
- There are no other issues to report in the public interest.
- Value for Money ("VFM") conclusion includes the previously highlighted risk assessment of one significant risk over financial sustainability, primarily due to the Trust's underlying deficit.

3.8 **ISA260 Year End Report**

The AC noted the audit was not fully complete although matters communicated in the report were not expected to change materially pending signature of the audit report.

- There were no control deficiencies.

The various accounting matters reviewed by AC at it's May meeting and reported last month (property valuation, EPIC valuation etc) had been reviewed by the auditors with no matters arising.

Horizon Scanning – emerging issues to consider for audit plans and assurance work

3.9 The AC discussed and identified:

- Direction of travel on Shared Services across Devon, either as host or customer together with ongoing assurance requirements.
- Focus on systems and the Trust's role within the system.
- Contribution to Population Health Mnagement.
- Promoting self-care and shared care in a different way (individuals and communities)

- ICB AC chairs – reflections on how assure Trusts contribution to system wide priorities within existing audit allocations

The AC agreed to consider the direction of shared services and the related assurance that may be required in more detail at its July 2023 meeting.

3.10 **Internal Audit Interim Report**

The AC noted:

- Delivery of 1,012 days (95%) of the total 1,065 planned days for the 2022/2023 Audit and Assurance Plan at 26 May 2023.
- 3 final reports presented to the Committee (1 significant, 1 satisfactory and 1 moderate)
- 4 reports at draft report stage (2 satisfactory, 1 satisfacory/limited and 1 management review not requiring a rating)
- 13 reviews were work in progress with 9 currently scheduled to be presented to the July 2023 meeting.
- An uddate that an audit of the Delivering Best Value (DBV) process and governance was rated as 'significant' assurance and noted a separate review of delivery is scheduled in the 2023/24 audit programme.

The AC chair expressed concern at delays in draft reports being issued and it was agreed that information be expanded and presented to future meetings in the form of how each audit is progressing against the timefames set out in the protocol agreed between ASW and Management.

The AC noted that the Data Quality report remained draft and requested receipt outside of the meeting to ensure the AC is fully informed in making its recommendations on the Quality Report to the Board. AC was informed that there were no significant matters raised in the draft report and the rating was Satisfactory.

3.11 **IM&T Business Continuity / Disaster Recovery**

The AC was informed of a draft report with a split rating - Eastern services as 'satisfactory' and Northern services as 'limited'.

The AC will consider the report more fully when it is presented to the July 2023 Committee.

3.12 **DSPT Information Governance – Part 1 review of 2022/23 submission**

The AC received an update from the Chief Medical Officer (CMO) on the above review that had received a 'moderate' rating and noted:

- This is the first part of a two part process.
- NHS Digital criteria informs the basis of the report and the evidence to be provided and the rating is prescribed by NHS Digital – which differs from the standard Internal Audit ratings.

- The comparative position has improved though there remain issues in the North.
- The SIRO is aware of the issues and a plan is in place.

- Resourcing issues are being addressed in the North by transferring capacity and progressing opportunities for integrating but acknowledged this process was impacted by a recruitment process required for an overarching digital lead.

The AC noted the update and was assured actions were being tracked through the Digital Committee including challenge to delivery milestones.

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 June 2023.

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.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.3 Public Board Meeting		Date: 28 June 2023	
Title:	Finance and Operational Committee board Update			
Prepared by:	Angela Hibbard, Chief Finance Officer			
Presented by:	Steve Kirby, Non-Executive Director & Programme Board Chair			
Responsible Executive:	Angela Hibbard, Chief Finance Officer John Palmer, Chief Operating Officer			
Summary:	This is an update paper to give the Board of Directors assurance on the financial and operational business undertaken through the Finance Committee and to recommend any decisions for full board approval			
Actions required:	To approve the following items as recommended by the Finance and Operational Committee: **It is proposed that the Board of Directors approve the following items recommended for approval by the committee** **• 6 month extension to ERF insourcing/Outsourcing** All other items are for noting			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
		X		**X**
History:	The Finance and operational Committee was held on 15 June 2023 with a detailed meeting pack to support agenda items. The meeting was quorate.			
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		
NHS Improvement		Finance	X
Service Development Strategy		Performance Management	X
Local Delivery Plan		Business Planning	X
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

1. Purpose of paper

To provide, as requested by Board of Directors, a report on matters arising from the Finance and Operational Committee (FOC) at the meeting held on 15 June 2023. A full copy of the approved FOC minutes is available upon request.

2. Background

FOC has been revised in its role to provide additional assurance to the Trust Board of Directors through the public and confidential Board meetings. The committee is for assurance only and there is no decision-making authority in the terms of reference. However, the committee scrutinises any issues to enable clear recommendation to be made to the Board of Directors.

Items received for information are by exception to enable a greater level of assurance behind the financial, data quality and operational issues reported in the IPR.

3. Updates

3.1 Assurance Updates

2023/24 Financial position by exception

The committee received an update on the implementation of the new financial ledger and procurement system. It was recognised that there were a number of challenges with the system in terms of issues with workflows impacting on authorisation of orders and invoices impacting operational teams and the speed of the system creating timeout and lost processing time.

Work is ongoing with Unit 4 to fix the issues and a plan being worked up to clear the backlog that has accumulated over this time. This will be visible through the poor better payment practice code performance detailed in the IPR and the trajectory for improvement.

The team were assured that the month 2 position was complete at Trust level but recognised some issues with coding resulting in more work needed to align at an individual budget level. Once issues have been resolved and the system reporting is developed, a full post project evaluation will be commissioned to take lessons learned for future non-clinical system implementations.

The month 2 position was reported as on plan with an under delivery of Delivering Best Value managed through underspends in non-pay linked to reduced levels of activity.

2023/24 Operational performance by exception

The committee received an update on the operational position at month 2, impacted upon due to industrial action which resulted in the position being behind plan. Adjusting for this, productivity was close to target at 93% against a 94% trajectory.

Long waits at 104weeks are forecast to be eliminated by early July but slightly off plan for 78 weeks and 65 weeks.

The Trust remains in Tier 1 for cancer but with clear exit criteria now set out and there is confidence in the direction of travel.

Urgent and Emergency care remains under pressure being off trajectory at both sites and the no criteria to reside position also being behind plan impacting on flow.

Improvement Plan delivery

The committee received an update on the delivery of the improvement plan which mirrored the operational position outlined above. Further work is being undertaken by the Improvement Director to set up the PMO structure to ensure granular capture and reporting of all operational recovery plans.

The Delivering Best Value savings plan reported that detailed plans are now developed for £33.5m in-year against a £45m target. Of these plans £31.7m is recurrent. Month 2 delivery is reporting a £1m shortfall with £3.5m delivered against a target of £4.6m which equates to 77% of the target delivered in the first two months. The Committee noted areas of under-delivery as follows:

- Data capture and coding – timing issue and is recoverable.
- EPIC – administrative savings have been approved and vacant posts need to be removed from budgets for month 3.
- Temporary workforce – a significant amount of work has been undertaken to achieve a reduction in agency spend however there is a variance due to industrial action.
- Corporate services

The Committee noted the continued forecast for delivery of the internal plan and action to be taken to mitigate any shortfall to the target including any non-recurrent benefit. The Committee was reminded how phasing of the plan increases throughout the year. It was agreed more detail would be brought to the committee next month on the plan phasing and how this impacts the full year effect of delivery.

The Committee noted the stocktake and risk profile which is an improving position. Previously there had been 20 schemes marked as red, 5 amber and 4 green and this has moved to 14 red, 5 amber and 10 green.

The committee also received an update on the £59.5m system stretch of which the Trust's share is £15.6m. All system PIDs have been developed into plans on a page which has enabled more detailed work on how schemes will deliver. There are currently £28.9m (49%) schemes identified. The main area of risk is around new models of care as no plans have been developed to date and it will not deliver in-year and, therefore, there are ongoing discussions to agree how any slippage can be managed. It has been agreed that any new opportunities will go towards mitigating the shortfall of the overall target.

The committee were given assurance on the process and the focus on identifying mitigations to address the gap. Assurance was also given on the commitment from Executive Directors to deliver the savings in corporate areas.

Data Quality

Data quality internal audit report – satisfactory assurance had been given by internal audit compared to limited assurance the previous year. This reflects progress made and further work to be undertaken. However, the committee also heard an update of two new data quality reporting issues that had been identified:

- Cancer 62 day consultant upgrade reporting – this is a secondary cancer target and does not feature fully in the IPR or Tier 1 reporting. It was identified that Eastern data had not been submitted since August 2022 however this has now been corrected and submitted to NHSE with improvements made to control processes.
- RTT – there are two RTT submissions (weekly WLMDS and a monthly submission) however it was identified that script improvements had not been made to the monthly submission therefore there is a discrepancy between the weekly and monthly submissions. An extension has been requested so this can be corrected prior to the submission of May data and re-submission of April data. It was noted that this affects what has been reported in the IPR.

Both these issues were reporting issues only and there was no impact on patient care as a result.

Assurance was given on the work to identify and reconcile any remaining data reports where there are daily, weekly and monthly feeds to ensure all information is pulling format single data source with a unified set of scripts to avoid any other potential issues. A more detailed briefing was provided to the committee following the meeting.

3.2 Emerging Issues and items for information

Finance Strategy and long-term view of ERF – the committee was presented with an early draft of the finance strategy which is being developed for presentation to the Board in July as an under pinning enabling strategy to the Trust. The timing links to the outstanding actions of the coming together of the two Trust and sits ahead of some of the strategic development of the ICS. However, the finance strategy used the Devon wide ICS as the fundamental baseline position for the Trust which drives the key financial assumptions in the proposed financial framework. The strategy aims to provide a framework by which multiyear decision making can be made moving away from annual planning cycles, recognising the savings and investment required together to ensure delivery against the ICS financial recovery. Part of the strategy is how the Trust could use the ERF funding in a more substantive way to build resilient capacity with more cost-effective solutions. More detail will be provided on the ERF business case in the confidential meeting.

It was recognised that the strategy fits well into the system model but that this would need to be replicated by each organisation to ensure alignment across the system. It was felt that engagement would be needed with other partners ahead of the board presentation to ensure this is undertaken collaboratively.

Overall the committee supported the approach, particularly on the ERF but recognised that this needed underpinning by the system wide ERF model that is under development. Therefore, formal recommendation on the ERF substantive element would need to be reinforced with this view and supported by system partners.

The committee gave feedback on building the link with workforce, the rural subsidy for North Devon and timing of multiyear savings programmes to strengthen the content.

Presentation will be made to the Board of Directors on these issues in July.

Elective care priority checklist

A checklist was presented following the ask from NHS England to all Trust Boards to formally review their position against a national checklist on elective and cancer recovery objectives for 2023/24, and to provide Board assurance as to the Trust's position, in a similar manner as in Autumn 2022. The committee was unable to accept the position as presented and further work was undertaken outside of the committee to refine the response.

By delegation the committee approved the reiterated checklist for submission. For visibility and information this is shown in appendix 1.

Robotics Business Case

The Trust Board previously approved investment in robotics surgery in Northern and Eastern services funded by NHS England through a high-level business case process.

The Finance and Operations Committee formally received the full detailed business case and retrospectively approved to underpin the original decision taken.

Out of Committee Approval Process

The committee recognises the fast pace at which some decisions are needed due to links to national priorities or short-term funding opportunities. To avoid retrospective approval, a formal process has been agreed where a minimum number of committee members will be convened at short notice outside of the formal FOC dates to allow debate and approval with delegated authority from the committee. This will then

provide a clear audit trail on decision making and assurance on the process to the Trust Board of Directors.

3.3 Items for Trust Board of Directors approval

Elective Recovery – 6-month extension to In/Outsourcing above plan

The FOC received a paper outlining a proposal for a 6-month extension to the current insourcing (glanso orthopaedic capacity) and outsourcing (theatre agency staffing) which is supporting the current rate of elective recovery and has mitigated in part some of the impact of industrial action. The cost of the additional activity is £3.7m but attracts ERF income to cover costs. There were some issues of under performance against productivity in months 1 and 2 highlighted which were known and being mitigated resulting in the additional activity being additional to the operating plan and therefore subject to additional ERF earning above the 108% threshold already assumed. The risks on ERF are around the treatment of activity lost during industrial action as well as the risk of overall system delivery. As a national solution is being sought on the impact of IA on ERF the system delivery was felt to be understood and managed through the elective recovery board. Due to the urgency on timing, the case is being presented to the triple lock ICS/NHSE process alongside the committee scrutiny. It was agreed in future that the approval should be prior to ICS presentation or through the 'out of committee' approval process.

The committee recommend to the board for approval.

Data Architecture Business Case

To be presented in the confidential Finance Committee.

3.4 Items carried over to next month

NIHR research bid,

4. Resource/legal/financial/reputation implications
5.

The Trust as well as the wider Devon ICS has set out a challenging operational and financial plan for delivery in 2023/24. The risks of this were set out at planning stage but with a commitment to the high level of ambition.

5. Link to BAF/Key risks

Although the BAF was not explicitly reviewed this month no new issues were noted that would impact on the current BAF scores.

6. Recommendations

It is proposed that the Board of Directors approve the following items recommended for approval by the committee

- 6 month extension to ERF insourcing/Outsourcing

The board is asked to note the following:

- The exception updates on the finance and operational year to date performance
- The delivery against the improvement plan including delivering best value savings plan
- The data quality issues raised
- The progress on the development of the finance strategy
- The approval under delegated authority of the Elective checklist
- The retrospective approval under delegated authority of the Robotics full business case (supporting the previous Board approval)
- The out of committee approvals process agreed by the committee to strengthen fast paced decision making

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:		**Date: June 2023**
Title:	Board Assurance on Elective Care Recovery 23/24	
Prepared by:	John Palmer, Chief Operating Officer, Heather Brazier, Director of Operations (Northern Services) Sally Dootson, Director of Operations (Eastern Services), and Operational leads spanning both Northern and Eastern sites	
Presented by:	John Palmer, Chief Operating Officer	
Responsible Executive:	John Palmer, Chief Operating Officer	
Summary:	NHS England has asked all Trust Boards to formally review their position against a national checklist on elective and cancer recovery objectives for 2023/24, and to provide Board assurance as to the Trust's position, in a similar manner as in Autumn 2022. Members of the Finance & Operational Committee have been asked, on behalf of the Trust's Board of Directors, to review and approve the Trust's self-assessment position on the checklist to enable onward submission to NHS Devon ICB and NHSE. Following discussion at the Finance & Operational Committee on 15 June 2023, it was agreed that sign-off of the proposed finalised submission, reflecting Committee members' feedback, would be undertaken by the Chair of the Finance & Operational Committee (Vice Chair of the Board of Directors), and formally reported to the Board of Directors' meeting on 28 June 2023, for information.	
Actions required:	Board members are invited to both note the content of the self-assessment, and the governance route through which it has been considered within the Trust.	
Status (x):	**Decision**	**Approval** / **Discussion** / **Information**
		x /	/
History:	The letter attached at appendix 1 lays out the request from NHSE, which has been followed up by the ICB in support.	
Link to strategy/ Assurance framework:	Elective care provision is a fundamental part of the Trust's strategic objectives, particularly the objective to deliver an equitable recovery and capacity for further change. The risk to the Trust's ability to meet new demand for elective services, including for cancer, and to provide required levels of activity to address the waiting list backlog due to unscheduled care demands and capacity is noted as a principal risk within the Trust's Board Assurance Framework.	

Monitoring Information

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

Care Quality Commission Standards	Outcomes		
NHS Improvement	✓	Finance	
Service Development Strategy		Performance Management	✓

Local Delivery Plan		Business Planning	
Assurance Framework	✓	Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

1. Purpose of paper

This paper outlines the background to the nationally requested Board Elective Care Priorities Self-Assessment for 2023/24, outlined in the Board meeting on 31 May 2023, and to which the Trust's Board of Directors agreed to delegate authority to the Trust's Finance & Operational Committee to sign off the self-assessment on behalf of the Trust's Board.

Following review by members of the Trust's Financial & Operational Committee at its meeting on 15 June, and successful incorporation of their feedback, this paper now incorporates the content of the finalised self-assessment to which the Finance & Operational Committee gave Chair's action to sign off on their behalf and to report to the Trust's Board of Directors on 28 June. In addition to the finalised content of the self-assessment, this paper also outlines the governance route by which the paper has been considered, reviewed and approved by the Trust.

2. Background

In a manner similar to the request received in Autumn 2022, NHS England, through its most senior officials, has requested that all Trusts undertake a self-assessment against pre-defined criteria relating to elective and cancer recovery. These criteria, included within **(Appendix 1**), are advised as in support of the following three key performance deliverables and metrics

- Virtually eliminate waits of >65 weeks by March 2023
- Continue to reduce the number of cancer patients waiting over 62days
- Meet the 75% cancer FDS ambition by March 2024.

3. Analysis

This is now a recognised process and has been prepared in line with the approach undertaken in Autumn 2022, which was accepted as a suitable response by NHSE.

The agreed approach to sign off given the rapid request for turnaround, has incorporated the following steps

- Advising the Trust's Board of Directors of the publication of the letter included in Appendix 1, at its Board meeting on Wednesday 31/05/2023

- Agreement that the Board of Directors formally delegate authority to the Finance & Operational Committee to review the self-assessment at its meeting on 15/06/2023 and approve the finalised submission
- Preparation of the draft self-assessment to support initial discussion at Finance & Operational Committee on 15/06/2023
- Provision of feedback from Finance & Operational Committee members at its meeting on 15/06/2023, to support further detail being incorporated.
- Agreement at the Finance & Operational Committee meeting on 15/06/2023 that sign off of the proposed finalised submission, reflecting Committee members' feedback, would be undertaken by the Chair of the Finance & Operational Committee (Vice Chair of the Board of Directors)
- Formal reporting of the finalised self-assessment (attached at Appendix 2), within the report from the Finance & Operational Committee to the Board of Directors on 28/06/2023, so that all Board members are sighted on the contents of the agreed finalised self-assessment.

The ICB are providing oversight of this process and have indicated their agreement to allow us some additional time to observe our governance process against their timetable which initially requested submission on 01 June 2023.

4. Resource/legal/financial/reputation implications

Successful delivery of the Trust's Financial and Operational Plan commitments, including those in relation to elective recovery, are of key import to the Trust's reputation.

5. Link to BAF/Key risks

Elective care provision is a fundamental part of the Trust's strategic objectives, particularly the objective to deliver an equitable recovery and capacity for further change. The risk to the Trust's ability to meet new demand for elective services, including for cancer, and to provide required levels of activity to address the waiting list backlog due to unscheduled care demands and capacity are noted as principal risks within the Trust's Board Assurance Framework.

6. Proposals

Members of the Board of Directors are invited to both note the content of the finalised self-assessment, and the governance route through which it has been considered within the Trust.

Appendices

Appendix 1	**Elective Care 2023/24 Priorities Letter, 23 May 2023, NHS England**
Appendix 2	**Elective Care 2023/24 Priorities – Board Checklist – RDUH Final Draft – June 2023**

To:
- NHS acute trusts:
  - chairs
  - chief executives
  - medical directors
  - chief operating officers

cc.
- NHS regional directors
- Cancer alliance managing directors
- ICB chief executives

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

23 May 2023

Dear Colleagues,

Elective care 2023/24 priorities

Thanks to your continued focus and effort on elective care and cancer recovery we have managed, through the exceptional efforts of your teams, to drive a significant reduction in the number of long waiting patients over recent months.

Despite a very challenging environment, where ongoing industrial action has seen planned care particularly hard hit, the number of patients waiting over 78 weeks has decreased from 124,911 in September 2021 to 10,737 at the end of March 2023, and the number of patients with urgent suspected cancer waiting longer than 62 days has decreased from a peak of 33,950 last summer to 19,023 at the end of March 2023.

We now look ahead to further reduction in 78 week waits, following the disruption from industrial action and delivering our next ambitions, as set out in Operational Planning Guidance, of virtually eliminating 65 week waits, reducing the 62-day backlog further, and meeting the Faster Diagnosis Standard, by March 2024. This letter sets out our priorities, oversight and support for the year ahead as well as including a checklist for trust boards to assure themselves across the key priorities (annex 1).

First, we should acknowledge the progress made over the last year or so:

- Since the beginning of February 2022, the NHS has treated more than 2m people who would otherwise have been waiting 78 weeks by the end of March 2023 (ie: the “cohort”).
- The number of patients waiting 65 weeks has reduced from 165,885 in September 2021 to 95,001 in March 2023.

- The cancer 62 day backlog has reduced year-on-year for the first time since 2017.
- The NHS has seen a record 2.8 million referrals for urgent suspected cancer, with the early diagnosis rate now higher than before the pandemic.
- In February 2023, the NHS achieved the faster diagnosis standard (FDS) for the first time since it was created.

Your leadership, collaboration with colleagues and across providers, innovation and tenacity has led to these improvements for patients and should give confidence for the future, despite the continued complexity of the environment that we are all working in.

Recognising the challenges and the complexity you are all dealing with, we thought it would help to set out the key priorities for the year ahead:

1. **Excellence in basics**
   - Maintaining a strong focus on data quality, validation, clinical prioritisation and maximising booking rates have contributed massively to our progress. We need to retain a clear focus on these things.

2. **Performance and long waits**
   - Continue to reduce waits of over 78 weeks and those waiting over 65 weeks.
   - Make further progress on the 62-day backlog where this is still required in individual providers, whilst pivoting towards a primary focus on achieving the Faster Diagnosis Standard.
   - To support this, we have reviewed and refreshed our tiering approach to oversight, so that we can be sure that we are focusing on those providers most in need of support. This refresh has been communicated to tiered providers.

3. **Outpatients (productivity actions annex 2)**
   - We know there is massive potential in our outpatient system to adjust the approach, engage patients more actively and significantly re-focus capacity towards new patients.

4. **Cancer pathway redesign**
   - In 2023/24 Cancer Alliances have received a funding increase to support implementation of priority changes for lower GI, skin and prostate pathways (included in annex 1). All trusts should now have clear, funded plans in place with their Alliance for implementation.

5. **Activity**

- Ensure that the increasing volume of diagnostic capacity now coming online is supporting your most pressured cancer pathways. ICBs have been asked to prioritise CDC and acute diagnostic capacity to reduce cancer backlogs and improve the FDS standard, as set out in the letter from Dame Cally Palmer and Dr Vin Diwakar.
- Generally, we all need to see a step up in activity over the coming months, as we recover from the ongoing impact of industrial action.

6. **Choice**

- A major contributor to our collective progress over this last year has been the way organisations and systems have worked together to accelerate treatment for long waiting patients. This includes work with the Independent Sector (IS) who have stepped up to help in this endeavour. We know this will continue to be important this year and we encourage all systems and providers to crystalise their plans to work together (including IS) early in the financial year to give us the best chance of success.
- We expect that patient choice will be an increasingly important factor this year, as set out in the Elective Recovery Plan, with some technological advances to support this. We will communicate this more fully when plans have been finalised.

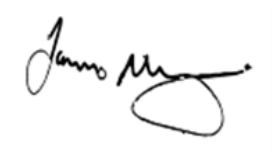
Moreover, it is crucial that we continue to recover elective services inclusively and equitably.

- Systems are expected to outline health inequality actions put in place and the evidence and impact of the interventions as part of their planning returns. Disaggregated elective recovery data should support the development of these plans.
- A collective effort is needed to continue to address the recovery of paediatric services. Provider, system, and regional-level elective recovery plans should set out actions that will be put in place to accelerate CYP recovery and ensure that elective activity gap between CYP and adults is reduced, a best practice toolkit has now been published to help achieve this.
- Systems are expected to continue to recover specialised service activity at an equitable rate to that of less complex procedures, ensuring a balance between high volume and complex patient care requirements.

Included with this letter is the board checklist (annex 1). This tool has been designed to be the practical guide for boards to ensure they are delivering against the ambitious objectives set out in the letter above.

Thank you again for all your efforts since the Elective Recovery Plan was published. Together, we have made laudable progress in reducing long waits and transforming services, as set out in the plan. We can all take confidence in this as we move on to the next stages of the recovery plan and continue to improve care for patients. If any support is required with these actions, please let us know.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England

Sir David Sloman
Chief Operating Officer
NHS England

Dame Cally Palmer
National Cancer Director
NHS England

Professor Tim Briggs CBE
National Director of Clinical Improvement
NHS England

Chair
Getting It Right First Time (GIRFT) programme

Annex 1: Board checklist

We ask that boards review the checklist below to assure plans to deliver our elective and cancer recovery objectives over the coming year. There is national support available in each of these areas, please contact england.electiverecoverypmo@nhs.net to discuss any support needs.

The three key performance deliverables and metrics we need to focus on are:

- Virtually eliminate waits of >65w by March 2024
- Continue to reduce the number of cancer patients waiting over 62d
- Meet the 75% cancer FDS ambition by March 2024

	Assurance statement	Support/materials
1	**Excellence in basics**	
	Has any patient waiting over 26 weeks on an RTT pathway (as at 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set?	
	Are referrals for any Evidence Based Interventions still being made to the waiting list?	Release 3 will be published on 28 May. It focuses on the following specialties: breast surgery, ophthalmology, vascular, upper gastrointestinal surgery, cardiology, urology, and paediatric urology
2	**Performance and long waits**	
	Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)?	
	Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024?	
3	**Outpatients**	
	Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatient first activity to take place?	NHSE GIRFT guidance

	Assurance statement	Support/materials
	Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way, to support with diagnostic flow and treatment pathways?	Validation toolkit and guidance NHS England » Validation toolkit and guidance published on 1st December 2022
4	**Cancer pathway re-design**	
	Where is the trust against full implementation of FIT testing in primary care in line with BSG/ACPGBI guidance, and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care?	Using FIT in the Lower GI pathway published on 7*th* October 2022 BSG/ACPGBI FIT guideline and supporting webinar
	Where is the trust against full roll-out of teledermatology?	Suspected skin cancer two week wait pathway optimisation guidance
	Where is the trust against full implementation of sufficient mpMRI and biopsy capacity to meet the best practice timed pathway for prostate pathways?	Best Practice Timed Pathway for Prostate Cancer
5	**Activity**	
	Are clear system plans in place to prioritise existing diagnostic capacity for urgent suspected cancer activity?	Letter from Dame Cally Palmer and Dr Vin Diwakar dated 26 April 23.
	Is there agreement between the Trust, ICB and Cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reductions and FDS performance?	
	How does the Trust compare to the benchmark of a 10-day turnaround from referral to test for all urgent suspected cancer diagnostics?	

	Assurance statement	Support/materials
	Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery? Are patients supported to optimise their health where they are not yet fit for surgery? Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met? 1. Patients should be screened for perioperative risk factors as early as possible in their pathway. 2. Patients identified through screening as having perioperative risk factors should receive proactive, personalised support to optimise their health before surgery. 3. All patients waiting for inpatient procedures should be contacted by their provider at least every three months. 4. Patients waiting for inpatient procedures should only be given a date to come in for surgery after they have had a preliminary perioperative screening assessment and been confirmed as fit or ready for surgery. 5. Patients must be involved in shared decision-making conversations.	NHS England » 2023/24 priorities and operational planning guidance NHS England » Revenue finance a contracting guidance for 2023/24 Perioperative care pathways guidance
	Where is the trust/system against the standards of 85% capped Theatre Utilisation and 85% day case rate?	
	Is full use being made of protected capacity in Elective Surgical Hubs?	
	Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy?	https://future.nhs.uk/NationalCommunityDiagnostics/groupHome
	Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op tests where this offers the fastest route for those patients??	

	Assurance statement	Support/materials
6	**Choice**	
	Are you releasing any Mutual Aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region?	www.dmas.nhs.uk
	Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24?	
7	**Inclusive recovery**	
	Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care	
	Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?	
	Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?	CYP elective recovery toolkit

Supporting guidance and materials are available on the Elective Recovery Futures site: https://future.nhs.uk/ElectiveRecovery

Annex 2: Outpatients (OP) productivity action

As set out in the 2023/24 Priorities and Operational Planning Guidance, systems are expected to deliver in line with the national ambition to reduce follow-ups by 25% against the 2019/20 baseline by March 2024. To note this excludes appointments where a procedure takes place. Further technical guidance (that covers other exclusions) is here.

Expected actions

In order to work towards achieving the 25% follow-up reduction target, trusts are expected to focus on the following within the first quarter of the year:

- Embed OP follow-up reduction in trust governance mechanisms
- Engage with clinical leads for specialties about the significance of the 25% follow-up reduction target, building on GIRFT guidance
- Review clinic templates to ensure they are set up to enable a 25% reduction in follow-up appointments
- Validate patients waiting for follow-ups to identify any who do not need to be seen
- Ensure continued and expanded delivery of patient initiated follow up (PIFU) in all major OP specialties, particularly accelerating uptake in specialties with the longest waits (ENT, gynaecology, gastroenterology and dermatology)
- Ensure patients who no longer need to be seen in secondary care are appropriately discharged, in line with clinical guidelines
- Work to reduce appointments that are missed by patients (DNAs), in line with NHS England guidance, including by:
  - Understanding the most common reasons why patients miss appointments, building on available national support
  - Making it easier for patients to cancel or reschedule appointments they don't need eg through sending a response to an appointment reminder
- Local analysis of patients on multiple pathways or those with multiple follow-ups.
- Consider conducting a retrospective clinical review of a sample of OP follow-up activity in at least two specialties with the longest waits, to identify where an alternative pathway of care could have been used (eg discharge, PIFU, appointment met through alternate means).

Payment

Reducing OP follow-ups is incentivised by the NHS payment scheme, where follow-up appointments are covered by a fixed payment element, and first appointments are covered by a variable element.

Support available

Competing priorities will always make it difficult to focus on making these changes. Continued support will be available through:

- Data packs for each tiered trust, and top ten other trusts with high OP follow up reduction opportunity
- Clinically-led conversations with tiered trusts from National Clinical Directors, GIRFT clinical leads, and OP clinical leads
- Operational support to amend clinic templates
- Support to improve equity of access through the national Action on Outpatients programme.

	Elective Care 2023/24 Priorities: Board Checklist		
	The three key performance deliverables and metrics we need to focus on are: • Virtually eliminate waits of >65w by March 2024 • Continue to reduce the number of cancer patients waiting over 62d • Meet the 75% cancer FDS ambition by March 2024		

	Assurance statement	Support/materials	Trust Assurance Response
1	**Excellence in basics**		
	Has any patient waiting over 26 weeks on an RTT pathway (as at 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set?		**Yes there are a proportion of patients not validated in the last 12 weeks; and yes, the date of last PAS validation has been recorded within WLMDS.** • The Devon Referral Support Service (DRSS) Patient Choice Survey is currently validating patients down to 35 weeks and working towards 26 weeks. Two thousand patients are validated each week by survey. • Waiting List Minimum Data Set (WLMDS) does submit Date of Last PAS validation. Currently DRSS survey date is not recorded but an amendment is planned. • Summary position for validation of patients 26 weeks on an RTT pathway (as at 31st March 2023):

	Assurance statement	Support/materials	Trust Assurance Response
			For **Eastern Services** - of 9230 patients on PTL, 1113 not validated within 3 months. For **Northern Services** - of 6934 patients on PTL, 986 not validated within 3 months
	Are referrals for any Evidence Based Interventions still being made to the waiting list?	Release 3 will be published on 28 May. It focuses on the following specialties: breast surgery, ophthalmology, vascular, upper gastrointestinal surgery, cardiology, urology, and paediatric urology	**Yes, some referrals for EBI are still being made, but in small numbers.** • DRSS are currently the gatekeepers for this process. Procedures on EBI List 1 are rejected. Procedures on EBI List 2 / 3 require review. • The Trust has an internal process to review consultant to consultant referrals and a change has been submitted to the Epic team to develop a report that can monitor and process any of the EBI interventions through Blueteq.
2	**Performance and long waits**		
	Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)?		**Yes, plans (Financial and Operational plan) are in place for there to be no 104wws by 18th July 2023; and no 78 weeks by end of March 2024 (though the latter may accelerate dependent upon further Industrial Action).**
	Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024?		**No, the RDUH Financial & Operational Plan includes a stepped reduction of 65ww to 868 by end of March 2024, but this may be improved dependent on Industrial Action and further additional mitigations.**

	Assurance statement	Support/materials	Trust Assurance Response
3	**Outpatients**		
	Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatient first activity to take place?	NHSE GIRFT guidance	**Yes, a clear plan is in place, but it provides a 15% reduction on 22/23 outturn given the size of our historic backlog.** • To achieve our plan we have put the DrDoctor process in place. Go Live starts imminently with pain management, then spinal, potentially followed by respiratory and cardiology: work is in place to interface the DrDoctor communications with Epic. • We have an active Patient Initiated Follow Up (PIFU) programme that will allow more focussed follow up and create capacity for more new appointments. Model Hospital in March had us at 3.4% (Quartile 3) and significant progress is expected in the next few months (Risks remain around EPIC reporting of PIFU and QGQ concerns).

	Assurance statement	Support/materials	
	Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way, to support with diagnostic flow and treatment pathways?	Validation toolkit and guidance NHS England » Validation toolkit and guidance published on 1st December 2022	**Yes, we do book patients in well ahead of time and have maintained a focus on this throughout the ten week challenge and the following NHSE tier 1 arrangements.** • Our booking teams complete a technical validation at point of referral entry to our EPR and a second administrative yes validation as they work through waiting lists to book appointments for patients. • The teams strive to book appointments a minimum of 4 weeks ahead for first appointments - with a good number of specialties booking to 5-6 weeks ahead too. • Our **Northern Services team** provide a weekly summary update via e-mail to all Divisional Directors on booking performance by specialty – this includes any narrative for those specialties where booking is less than 6 weeks. • **Both Northern & Eastern Services** participate in the Waiting Well validation initiative – contact is led by DRSS to survey patients (digitally and paper-based) waiting 26 weeks or more for their first appointment; to offer them choice and access to community support while they wait for care. This initiative directly supports our ongoing waiting list validation for New not-yet-seen patients. • Our aim is to offer patients referred on a 2 week wait pathway an appointment within 7 days to support timely diagnostic and treatment.

	Assurance statement	Support/materials	Trust Assurance Response
4	**Cancer pathway re-design**		
	Where is the trust against full implementation of FIT testing in primary care in line with BSG/ACPGBI guidance, and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care?	Using FIT in the Lower GI pathway published on 7*th* October 2022 BSG/ACPGBI FIT guideline and supporting webinar	**The Trust is close to full implementation.** • The guidance is fully implemented in **Eastern Services** and partially in N**orthern** Services with a protocol for qfit <10 and normal blood. • There remains ongoing work on this pathway by the cancer services team where certain patients are being reviewed by the clinical team if they feel it appropriate. It is envisaged that this will be complete within the next 2 months.
	Where is the trust against full roll-out of teledermatology?	Suspected skin cancer two week wait pathway optimisation guidance	**The Trust is close to full roll out.** • Teledermatology is utilised Trustwide. Patients are referred with imaging which is used for triage. There is a plan to trial AI at the end of the year.
	Where is the trust against full implementation of sufficient mpMRI and biopsy capacity to meet the best practice timed pathway for prostate pathways?	Best Practice Timed Pathway for Prostate Cancer	**The Trust is within the day 9 biopsy target.** • Best Practice Timed Pathway (BPTP) for prostate requires mpMRI and biopsy to be delivered by day 9 after referral. • **Northern Services:** Steps are aligned to the pathway however timeframes are not yet met but are improving following capacity review. With a new clinical lead, this work remains ongoing. Current waits are 7 days for OPA following referral. MRI within a further 7 days and biopsy if appropriate within 7 days of this. Further engagement with radiology and clinical teams is planned and the number of ringfenced MRI slots need to be reviewed to meet growing demand (June 23). A benefit of the pathway redesign has been to reduce the number of MRI inappropriate referrals. There are 5 ring fenced slots for patients emerging from

	Assurance statement	Support/materials	Trust Assurance Response
			clinic for MRI. • **Eastern Services**: 80% of patients are CNS triaged straight to MRI 16% receiving MRI by day 9. Waiting times for biopsy post MRI is between 7 and 10 days. There is a demand and capacity piece of work to look at urology and to design a process of ring fencing slots to meet current and future requirements. Workforce plans will increase capacity for biopsies later in the year.
5	**Activity**		
	Are clear system plans in place to prioritise existing diagnostic capacity for urgent suspected cancer activity?	Letter from Dame Cally Palmer and Dr Vin Diwakar dated 26 April 23.	**Yes, the Trust is a major System provider of Community Diagnostic Services through its Community Diagnostic Centre (CDC) at the Nightingale Hospital, as well as continued use of the independent sector at North Devon.**
	Is there agreement between the Trust, ICB and Cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reductions and FDS performance?		**No, but this is an explicit System discussion within the terms of Cancer Tier 1 oversight and the Cancer Alliance Work Programme – and is being monitoring through the System level Nightingale Hospital Programme Board.**
	How does the Trust compare to the benchmark of a 10 day turnaround from referral to test for all urgent suspected cancer diagnostics?		**The Trust compares variably against the 10 day turnaround target and in line with peer.** **<u>Radiology</u>** • For **Northern Services**, this is not being achieved at present. Waits for CT and MRI are currently at 17 days. Ultrasound waits are at 14 days. Capacity in northern services will continue to increase using insourcing capacity in FY 23/24. • For **Eastern Services**, Breast is fully compliant, as is USS across tumour sites. Waits for CT and MRI range from 11 to 18 days across tumour sites.

	Assurance statement	Support/materials	Trust Assurance Response
			Endoscopy • **Northern Services** average waiting times are from 23 to 35 days. This is due to improve with additional insourcing resource in 2023/2024. • **Eastern Services** average waiting times are from 13 to 24 days; no further improvements are anticipated in the short term. There are plans for a mobile unit which will offer further capacity from August / September 2023 and a permanent facility which has been approved which will offer further capacity from 2024/2025. **Histopathology** • **Northern Services** turnaround times are 77% within 7 days and 91% within 10 days. • **Eastern Services** turnaround times are 52% in 7 days and 68% within 10 days and is expected to improve due to pathway transformation and recruitment 3 new consultants starting in July 2023 and Jan 2024. This position reflects results for all patients, as it is not currently possible to identify reports for cancer patients but a working group is reviewing this pathway. Turnaround times for cancer patients should be better than average as they are prioritised ahead of routine tests.

	Assurance statement	Support/materials	Trust Assurance Response
	Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery? Are patients supported to optimise their health where they are not yet fit for surgery? Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met? 1. Patients should be screened for perioperative risk factors as early as possible in their pathway. 2. Patients identified through screening as having perioperative risk factors should receive proactive, personalised support to optimise their health before surgery. 3. All patients waiting for inpatient procedures should be contacted by their provider at least every three months. 4. Patients waiting for inpatient procedures should only be given a date to come in for surgery after they have had a preliminary perioperative screening assessment and been confirmed as fit or ready for surgery.	NHS England » 2023/24 priorities and operational planning guidance NHS England » Revenue finance contracting guidance for 2023/24 Perioperative care pathways guidance	**In the Trust, Northern services are well advanced and are working with Eastern Services and across a wider network to implement these plans.** 1. In **Northern Services** there are currently 2 patient groups where we are screening for **peri-operative risks** as early as listing - complex abdominal wall reconstructions and elective orthopaedic inpatients. We also have a small pilot, where the coordinator is seeing Orthopaedic patients straight from the orthopaedic interface team; this is at the point of referral to the orthopaedic surgeon, so very early in the process. In **Eastern Services** there is currently a trial for some clinics involving one-stop clinics where patients can be offered screening and assessment at the point of listing are being trialled. Outside of this early screening and health optimisation is taking place much closer to the time of surgery (up to 12 weeks prior to surgery). 2. The pre-operative assessment process allow us **to triage the risk of the patient** and get patients either triaged to an on line assessment and questionnaire, a face to face or a high risk pathway. Assessment includes a range of checks that allow teams to assess risk for surgery and whether a patient needs further actions or guidance before surgery. At this point they will also signpost patients to various activities, guidance re weight management, smoking, BMI etc. Personalised support takes place in the two groups above (complex abdominal wall reconstruction and the interface Orthopaedic department). In **Northern Services** an App called

	Assurance statement	Support/materials	Trust Assurance Response
	5. Patients must be involved in shared decision-making conversations.		MyMobility is used for orthopaedic patients. We are also looking in to surgery schools. We have a joint school already and pre-assessment leads are looking at more generic models that we could roll out en masse. 3. **Patients waiting more than 35 weeks are contacted via Waiting Well every 3 months.** Work is underway with EPIC to review how Mychart can better support this. Currently there are pre-assessment capacity constraints which means that preliminary preassessment is not possible ahead of patients being offered a date for admission though this is the aim. In the meantime patients are pre-assessed ahead of admission and in the case of patients being unfit, re-booking takes place and theatre capacity is not wasted. 4. **The involvement of patients in shared decision-making conversations is already in place.** There are various stages at which this occurs. Our surgeons are good at discussing risks/ benefits and implications of not having surgery. Pre op nurse clinics also go through this and patients, adding another layer to the informed consent process. For high risk patients, they will see our pre op consultants and additional information will be obtained, followed by quality conversations with patients regarding risk/ benefits/ not having surgery.

	Assurance statement	Support/materials	Trust Assurance Response
	Where is the trust/system against the standards of 85% capped Theatre Utilisation and 85% day case rate?		**The Trust is operating just below both 85% targets.** • **Eastern Services**: Achieving 82% utilisation rate and 84.9% BADs day case rate at present. Full theatre utilisation improvement programme underway. • **Northern Services**: 82% utilisation 93.4% Day case rates at present. Weekly process in place to actively monitor lists for assurance all lists are being fully booked. Utilisation project for specific specialties underway.
	Is full use being made of protected capacity in Elective Surgical Hubs?		**The Trust has protected capacity in the Nightingale Hospital, which is a protected surgical hub and it is currently maintaining an over 85% utilisation rate.** • Current list utilisation at SWAOC is between 80-90% over the next scheduled 6 weeks and this now a consistent position. The in list efficiency is between 100%-120% depending on the orthopaedic sub specialty session i.e. we are operating at GiRFT standards or above. There is potential for this to be impacted by IA if consultants are recalled to base Trusts to cover junior doctor rotas. • With the introduction of further sub specialties the 10% - 20% of flexible session (whose available for ad-hoc sessions) will be reduced and there will be a need to review the allocation of sessions based on waiting list need.

	Assurance statement	Support/materials	Trust Assurance Response
	Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy?	https://future.nhs.uk/NationalCommunityDiagnostics/groupHome	**The Trust has these standards in development. The national optimal utilisation standards for the key diagnostic tests relate to CDCs and have been agreed with the relevant national clinical advisors.** Activity rates are captured for the Nightingale but are currently presented as follows: • Between inhouse and CDC capacity (including mobiles spokes) the Trust has funded capacity for 23/24 that will continue to utilise CT/MR and US scanners up to 7 days a week. Breach positions for CT/MR and US are all on plan for recovering as projected. National optional utilisation standards are met, this is variable per list depending on activity type (for example cardiac, procedures etc). • **Echo** – inpatient and outpatient investigation are currently booked to 45 minutes intervals, this is reflected on the Epic Snapboard. The only exclusions to this are patients with congenital problems and stress/bubble echos. • **Endoscopy** – currently book service lists between 10 and 12 points operator dependant and training lists at 8 points.

	Assurance statement	Support/materials	Trust Assurance Response
	Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op tests where this offers the fastest route for those patients??		**The Nightingale CDC has hit its build and operationally live targets throughout its life.** • We are continuing to work with independent providers to fully utilise all available capacity at the CDC on the CT and MR scanners, while working on the development of services and extending to 6/7 day working longer term on all scanners where appropriate. • We are also exploring with the EPIC team to design a solution to facilitate a text messaging reminder service for all outpatient diagnostic imaging appointments. • The CDC estates work is on track to deliver diagnostic clinical activity within the agreed dates. The CDC is not currently a 7 day service. • SWAOC is on site with the CDC and has priority access to the required imaging to support the surgical post op and intras operative pathways undertaken at the unit. Eastern locality patients have access to the CDC, as do other locality patients with sessions under taken by Eastern, Southern and Northern, however for the latter two there are more local options. Patients that attend SWAOC from outside the Eastern locality will have had their pre-op work up in their base Trusts prior to transfer. Although out of locality pre op is being developed to support.
	Assurance statement Support/materials		
6	**Choice**		
		www.dmas.nhs.uk	

	Assurance statement	Support/materials	Trust Assurance Response
	Are you releasing any Mutual Aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region?		**Yes, RDUH is currently part of live tier 1 elective recovery activities to support Devon wide treatment of long waiting patients.** • **Northern Services** are supporting spinal and knee orthopaedic activity. • **Nightingale** is a system asset and so already provider potential capacity to the Devon ICS Trusts. Musgrove Park Hospital (Somerset NHSFT) currently utilise 1 list per week at SWAOC. • We are not currently using DMAS as established Mutual Aid pathways are in place with providers outside Devon with pre agreed capacity, DMAS will be used where new requirements are identified over and above this; a Trust MA team is being established to support and should be in place by end July.
	Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24?		**All IS capacity is secured through the Devon ICS; most of it commissioned on a short term basis; and most of its usage is within the scope of the Financial and Operational Plan.**
7	**Inclusive recovery**		
	Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care		**Yes, our recovery plans are geared to recover services equitably.** • All elective care accounts for urgency. P1 and P2 patients, irrespective of commissioned route will be treated as first priorities. Long wait patients, firstly over 104 weeks and then over 78 weeks, will then be given an equivalent priority and then treated in turn re P category and length of wait. • We have a Clinical Prioritisation Group who also step in weekly

	Assurance statement	Support/materials	Trust Assurance Response
			to help arbitrate re urgency and priority, if there is insufficient capacity for whatever reason.
	Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?		**No, we have not agreed this explicitly.** • These data are being developed comprehensively in support of our clinical strategy which is due in our Board in Q3. Previous work on the long term elective recovery plan and ten week challenge have developed some potential service innovations, but there is more work to do to fold this into operational planning with our Local Authority public health colleagues. • The Board does review periodically health inequality aspects of elective care
	Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?	CYP elective recovery toolkit	**No, we have not agreed this explicitly, although some dedicated lists have been provided and we are participating in GIRFT led prioritisation processes to develop our practice.**
Supporting guidance and materials are available on the Elective Recovery Futures site: https://future.nhs.uk/ElectiveRecovery			

Signed by		
	Steve Kirby	**Chris Tidman**
	Vice Chair	**Deputy Chief Executive Officer**
	Date: 21 June 2023	**Date: 21 June 2023**

Agenda item:	10.4, Public Board Meeting		**Date: 28 June 2023**	
Title:	Governance Committee (GC) Report			
Prepared by:	Jacky Gott, Assistant Director of Governance			
Presented by:	Tony Neal, Chair of the GC and Senior Independent Director (SID)			
Responsible Executive:	Suzanne Tracey, Chief Executive Officer			
Summary:	A report by exception from the Governance Committee			
Actions required:	For noting			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				x
History:	The last Governance Committee Report was presented to the Board of Directors on 31 May 2023.			
Link to strategy/ Assurance framework:	The Governance Committee reviews and monitors the Corporate Risk Register and identifies and escalates operational risks which it considers could have strategic significance and which the Board might consider placing on the Board Assurance Framework.			

Monitoring Information

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

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

1.	**EXECUTIVE SUMMARY**
1.1	To provide, as requested by the Board of Directors (Board) a report by exception, from the Governance Committee following the meeting on 15 June 2023.
2.	**BACKGROUND**
2.1	The Governance Committee is responsible for ensuring that effective governance is embedded in the organisation and that risks associated with compliance and legislation and regulatory standards are identified and mitigated. It provides assurance to the Board that the Trust has effective systems of internal control in relation to risk management and governance.
2.2	The Governance Committee Chair, on behalf of the Governance Committee, is responsible for reporting back to the Board, in line with the Board's Schedule of Reports after each meeting of the GC, issues by exception.
2.3	A copy of the approved Governance Committee minutes is available for inspection pursuant to the Governance Committee's terms of reference.
3.	**ANALYSIS**
3.1	In line with the schedule of reports, the Governance Committee receives exception reports from the relevant sub committees each time they meet. As of the date of this report, the Governance Committee is assured from the reports that the sub-committees continue to function effectively.
3.2	The Governance Committee (GC) raises the following matters for information with the Board: **a) Clinical 'View from the Bridge'**: Adrian Harris, Chief Medical Office (CMO) provided the clinical view from the bridge providing an update on the current industrial action (IA) by Junior Doctors which had resulted in further patient cancellations and will have had an impact on patient experience and their outcomes. Adrian reported that the Trusts operational pressures were markedly better than in recent weeks. In particular the improved staffing/vacancy position as a result of successful nursing recruitment was acknowledged as having a positive impact on workforce morale. Adrian advised of the newly agreed ambulance diverts from selected PL and TQ postcodes to support University Hospitals Plymouth with their patient flow challenges. The GC discussed the concerns that this could have a detrimental impact on Royal Devon's ability to manage its own emergency admissions and recovery plans. The diverts are expected to be in place for a period of 10 weeks and the GC were assured that there were sufficient plans to review progress and impact during this time across the system. **b) External Invited service review updates:** • **Cardiology service (Eastern) –** the GC received an update from John Palmer, Chief Operating Officer and the Medical Services Divisional Triumvirate on the position of the action plan. Assurance was provided that good progress had been made and it was agreed that the remaining actions will be monitored through to completion by the Cardiology Transformation Group. • **Spinal services (Eastern) –** an update on the progress of the action plan was provided to the GC by Nicola Du'Gay, Divisional Director, who noted the significant work undertaken by the service and the improvements made. The GC agreed that the actions were now complete and can be closed.

The GC discussed how it would continue to seek assurance regarding these services and approved a proposal for the Non-Executive Directors to schedule visits to both Departments

c) Divisional Governance updates for Medical services (Eastern) and Medical services (Northern) – the GC received comprehensive updates from both the Medical Services Divisions, represented at the meeting by the Medical Services Divisional Triumvirates. The GC discussed and noted the examples of outstanding practice and commended the divisions on their achievements despite the challenges over the past year. The common themes across both localities were noted, in particular the delays in investigations due to investigator availability and the increased prevalence in Violence and Aggression issues. The GC received assurance all of the areas of concern raised within the reports have management actions in place to address the issues.

d) Responding to and Learning from Deaths (LfD) Q4 2022/23 Update – Dr Mark Daly, Mortality Lead, provided the GC with an update on the continued work to review the weekend admission alert. While the larger scale review of the statistical data and coding is ongoing, some recent analysis has shown that patients admitted to Northern services at the weekend are more likely to be in the 85+ age group; have greater comorbidity; are frailer and are more likely to be coded as having specialist palliative care input. Service provision levels both in the community and in the acute setting may be contributing to the different profile of patients admitted at weekends in the north. Less healthcare of the elderly input into care planning; less developed admission avoidance services; and less medical cover for residential homes have all been suggested as contributing factors. A more detailed summary of the statistical analysis will be presented to the next GC in August.

The GC were also provided with an update on the medical examiner and Structured Judgement Reviews and were assured that the learning was being fed back into the Divisions.

e) Freedom to Speak Up Guardian (FTSUG) Update – Melanie Holley, Director of Governance, provided a verbal update on the ongoing work of the FTSUGs who remain active in supporting staff to raise concerns and the plans underway to recruit to the Lead Guardian vacancy. A fuller report will be provided to the GC in December.

f) Bi-annual Legal Services report – Katie Bamber, Interim Head of Legal Services presented the GC with an update report. The GC noted the breadth of the caseload within Legal Services, and in particular the continued steady increase in claims and inquest activity. Assurance was provided By Katie Bamber that the Royal Devon is not an outlier, no concerns have been raised via the Coroner, and that this increase is replicated nationally, supported by data from the NHS Resolution. The GC received assurance that trends and learning from claims and inquests are fed back to Divisions. It was agreed that going forwards the bi-annual legal reports would feed into the Safety and Risk Committee to support the triangulation of information for the Insight element of the Patient Safety Strategy.

g) Internal Audit (IA) update report – Phil Rogers, Assistant Director of Audit & Assurance Services presented the report to GC, noting that the report has also been presented to the Audit Committee last week. The GC noted the position of theIA Programme.

h) Clinical Effectiveness Committee – Adrain Harris, CMO, presented the CEC report to the GC:

- **Service development - Skin Analytics Artificial Intelligence (AI) Teledermatology Pilot (Northern & Eastern Services) –** the GC were advised that Skin Analytics is partnering with the Royal Devon to pilot an artificial intelligence (AI) powered teledermatology service designed to enable the Trust to safely and efficiently triage patients on suspected skin cancer pathways. The GC noted the significant clinical developments in Artificial Intelligence and robotic surgery which are resulting in increasing numbers of new procedures being developed and considered by the CEC.

- The GC noted that the Medicine Management Group and Mental Health Steering Groups were now fully integrated across Northern and Eastern services.

- **National Clinical Audit – Reporting –** the GC were provided with assurance that the CEC had received an update on the position of the National Clinical Audit Programme across the Trust. It was highlighted that there have been some delays in National audit reports being reported at Specialty and Divisional Governance meetings thus impacting the final reporting to CEC, in part due to non-essential meetings being stood down, or repurposed to enable clinical staff to focus on patient care and incident management responses, during periods of operational pressures, thus exacerbating delays in routine reporting. Despite these delays, Adrian Harris provided the GC with assurance that CEC are aware of the reports that are outstanding and that the audits are triaged and prioritised. The GC were advised that a new Datix Cloud system for Clinical Audit will be implemented from June 2023, which will monitor and report on the Clinical Audit programme across the Trust. This will also facilitate the first combined Trust Clinical Audit Programme. The difficulties in achieving NICE Technology Appraisals (TAs) compliance was noted, particularly in Oncology, and the associated commissioning implications being discussed at an ICB level were noted by the Committee.

i) People, Workforce Planning & Wellbeing Committee – Hannah Foster, Chief People Officer, presented the PWPW report to the GC:

- **Wellbeing of Staff / Increased Occupational Health Referrals –** the GC were advised of the following key points:
    - The number of referrals to occupational health was raised, with an increase of nearly 50% in the previous month. This is resulting in a small increase in waiting times; however, referrals are still being triaged within KPI.
    - Despite a decrease in sickness absence overall, the Trust is seeing a rise in the number of stress and anxiety cases with increased instances where the cause is not work related as well as an increase in work related causes.
    - There has been a rise in staff safeguarding referrals involving issues outside of the workplace, requiring support from a number of teams including the safeguarding team. The occupational health team are undertaking a detailed analysis of these cases and signposting into support services where possible. The team have also been targeting support to some of the areas where there have been particular challenges.

- **Exit data –** the GC heard about how the introduction of a new, consistent Trustwide process for capturing exit survey data has been delayed due to data protection concerns with the preferred system. An alternative plan is now being pursued, utilising an alternative system that is already in use within the Trust (Smart Survey). A consistent exit data collection process across the Trust will provide a better understanding of where retention issues may be so that appropriate action can be taken.

- **Reduction in vacancy rate** – the GC noted that the reduction in vacancy rate is being felt on the ground by staff and whilst there are still issues in some areas, there was a general sense that the staffing position is better than it has been for a long time. There

was also feedback via the PWPW that there had been a positive impact on the wards, with clinical staff beginning to re-embed supervision and management time into their schedules.

- **Safe staffing** – the GC noted the update from the PWPW regarding the 6-monthly safe staffing report for Nursing, Midwifery and Allied Health Professionals (AHPs), which has already been presented to Board on the 31st May 2023. This detailed report provided assurance that staffing levels have been safe between October 2022 and March 2023 across both the Northern and Eastern locations. The work to reprofile health care support workers, with these roles now being aligned with new job descriptions that will either take them automatically to a band 3, or will put them on a career path to work towards a band 3 was highlighted to the GC as having a positive impact on retention.

- **People policies** – the GC noted that the work to update and align People policies across Eastern and Northern services continued. The GC are due to receive an update on the work undertaken by Project Simplify at the next GC in August.

j) **Safety & Risk Committee** – Carolyn Mills, Chief Nursing Officer, presented the S&RC report to the GC:

- **Ophthalmology (Northern services) risk and harm review –** the GC were provided with an update on the harm review commissioned by the S&RC in April 2023 to provide assurance on the level of harm that patients may/may not be experiencing whilst waiting for treatment. Harm review audits were undertaken across the five sub-specialities which are considered to be the highest risk for reduction or loss of sight. The GC were assured that for the small number (7%) of patients that were considered at high risk of potential harm (i.e. harm may not have yet been realised), Face to Face ophthalmology reviews are currently taking place as a priority.

- **NatSIPPs Task & Finish (T&F) Group –** the GC received an update on the progress of the T&F group, formed with the purpose of overseeing the implementation of the National Safety Standards for Invasive Procedures version 2 (NatSSIPs 2) published in January 2023. The initial meeting of the NatSSIPs 2 T&F Group was held on May 11 2023 and aimed at defining the scale of the NatSSIPs 2 project and setting the framework for further development. The group have identified three settings where NatSSIPs processes are relevant but with differing levels of risk and operational impact:
    1. Theatre style lists (including radiology, cardiology, pain, etc) for which the NatSSIPs processes were primarily designed. For theatres, there will be an important evolution of process as NatSSIPs 2 places more emphasis on multi-disciplinary team work and patient involvement with a more functional approach to utilising checklists, rather than the previous emphasis being on the checklists themselves. This will require more cultural than system change and the importance of developing effective communication strategies was highlighted.
    2. Procedures performed in outpatient clinics where procedures may be performed by a solo practitioner in a high paced clinic. Ensuring that a system is generated in collaboration with clinicians that meets the safety requirements of NatSSIPs 2 whilst still maintaining high productivity is necessary but challenging. It is most likely that there will be some impact on productivity in implementing NatSSIPs 2 in this setting.
    3. One-off procedures performed in other settings such as on the wards or in the Emergency Department (ED). It was flagged that the NatSSIPs process is new to many of these settings and in time-pressured environments such ED there is significant potential to create a system that will become inhibitory and result in a bypass of these safety processes.

	The GC were assured that the local Integrated Care Board is included in the NatSSIPs 2 Group and is planning a region-wide peer support group for implementing NatSSIPs 2. The Trust will therefore be linking with this work to ensure that Royal Devon complements regional approaches and gains insight from other Trusts. **k) Corporate Risk Register (CRR) bi annual report –** Jacky Gott, Assistant Director of Governance presented the report to the GC, which summarised the outcome of the review of the risks on the CRR, and the updates to the new Risk Management Policy. The GC noted the requirement within the policy for the GC to review Quality Impact Assessments (QIAs) and update the schedule of reports to include a quarterly report from the Trust Delivery Group on any relevant QIAs. It was noted that GC will not need to review QIAs completed as part of the 2023-24 Operational Plan which will be reviewed and escalated via the Delivering Best Value to the Finance and Operational Committee (FOC), and then onto the Board. **l) Chair of the GC** – the GC in June marked the end of Tony Neal's chair ship of the GC,. The GC acknowledged the significant contribution made by Tony Neal to the GC and the overall Governance Performance System, and thanked him for his support and guidance during the integration, pandemic and beyond. Martin Marshall has been appointed as the new Chair of GC.
4	**RESOURCE / LEGAL / FINANCIAL / REPUTATIONAL IMPLICATIONS**
4.1	No resource/legal/financial or reputation implications were identified in this report.
5.	**LINK TO BAF / KEY RISKS**
5.1	The Governance Committee reviews the Corporate Risk Register twice a year and identifies and escalates risks as appropriate to the Board of Directors that the Joint Governance Committee considers may be strategic and therefore the Board of Directors might consider escalating to the Board Assurance Framework.
6.	**PROPOSALS**
6.1	It is proposed that the Board of Directors notes the report from the Governance Committee.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.5, Public Board Meeting		**Date: 28 June 2023**	
Title:	Our Future Hospital Programme Board Update			
Prepared by:	Zahara Hyde, Our Future Hospital Programme Director			
Presented by:	Steve Kirby, Non-Executive Director & Programme Board Chair			
Responsible Executive:	Chris Tidman, Deputy Chief Executive Officer			
Summary:	This is an update paper to summarise the current position and implications for the Board of Directors assurance in respect of the Our Future Hospitals programme.			
Actions required:	The Board of Directors are asked to note the current position statement of the Our Future Hospitals Programme.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				X
History:				
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		
NHS Improvement		Finance	X
Service Development Strategy	X	Performance Management	
Local Delivery Plan	X	Business Planning	X
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

New Hospital Programme Update

After much delay, Steven Barclay announced in Parliament on 25/05/23 the confirmation of the Government commitment to delivering 40 new hospital building programmes by 2030, with an investment of £20bn. He noted that the ambition to eliminate dangerous RAAC (a type of aerated concrete) from 8 hospitals in England by 2030 meant that a number of hospitals would not be started until 2030. He reiterated that this would be a rolling programme of investment. North Devon District Hospital was one of those named as potentially delayed until 2030.

The New Hospital Programme (NHP) letter sent to the Royal Devon Trust CEO on 07/06/23 confirmed that the Trust remains one of the proposed New Hospital Programme builds at the NDDH site. It also stated that our allocation of funding has increased from the "original envelope to a range of between £520m to £660m gross, costed at a programme mid-point of 2028." This increased envelope was a result of the work that Mott MacDonald and McKinsey completed in their 'Deep Dive' of the NDDH site in October 2022, the report of which has now been received. There is no suggestion in the generic letter of delay in delivering our programme – and this mirrors what every cohort 3 and 4 Trust has received. It also includes some key assumptions which are the basis for the NHP claim to be able to deliver 40 hospitals by 2030. These include an assumption of a 20% productivity gain from the new Hospital 2.0 design and bed numbers base-lined at 2022-23 levels. It is important to note that the pledge of extra capital funding is only feasible if the Trust can meet the Treasury test around affordability.

One major positive is that, for our programme, it has been made clear that they expect us to progress our enabling works – i.e. the re-provision of the on-site staff accommodation at NDDH. This is very welcome and the seed funding application to develop the detailed design and financial case was submitted on 19th June as requested. NHP have indicated that enabling works seed funding is within their local budgetary control.

No indication of expectation for our use of the revised funding envelope has been shared other than to adopt hospital 2.0 principles, reduce refurbishment and bring our proposed solution closer to `the "minimum viable product" (MVP). This phrase has been used a lot to describe standardised investment criteria against a common set of principles.

Next Steps

We now have a new programme contact at NHP whom we hope to meet in the next couple of weeks.

We are expecting a visit from the senior management of NHP in early July but no dates/schedule have been confirmed.

Our short term focus will be on securing enabling works seed funding to accelerate the residences build, whilst starting a reappraisal of options against the Hospital 2.0 criteria and the revised funding envelope. We will also continue to refine the original business case we submitted, anticipating that delays in the wider programme (due, for example, to delays in working up complex new greenfield site proposals, public consultations, planning and judicial reviews and cost escalation etc) may present an opportunity for smaller, more 'nimble' and easier/quicker to implement schemes to be accelerated if required.

Another focus will be to ensure that there is a robust communications plan put in place to reassure staff and stakeholders that the programme is still going ahead and enabling works will be delivered in the meantime to support recruitment and retention.

Risks

The NHP response creates a level of risk for the Trust.

1. There is already inevitable delay from the programme hiatus, with further delays expected due to there being no published specifications for Hospital 2.0 apart from 100% single rooms.
2. The early projects and especially the RAAC hospitals, which are total rebuilds, consume more than the allocated share of the budget leaving less for the remainder.
3. The political future of the programme is unclear with at least one general election prior to this building being delivered – if not two.

The Trust has limited control over risks in 2 and 3, but as part of our Estates Strategy we have considered with clinicians the high priority risks to delivering on our future model of care. The mitigating projects are listed below.

They were assumed to be enabling for the original OFH project implementation but this assumption may not be true after the options reappraisal.

Identification of capital to meet these needs is key to mitigating the risks caused by the delay.

Clinical (link to strategy	Deliverable (link to strategy)	Estates Project	Priority	Delay Mitigation	Estimated Cost
Elective Care (D3)	Replacement of critical estate in theatres and the vanguard (returned Jan 2028); capacity for 2027+ growth	Our Future Hospital	H	Convert CSSD into 2 theatres; create a new CSSD (new build/internal relocation) *	Ca. £10m-£15m depending on CSSD relocation Ca £6m
Patient flow	Increase ambulatory care pathways; reduce NEL IP demand	Co-locate and expand MAU/frailty assessment/ virtual ward assessment/SDEC	H	Master-planning of main tower L1 underway	Ca. <£3m
Local Acute & Emergency Care (D1)	Co-located UTC	Our Future Hospital	H	Maintain MIU/explore front door/111 streaming models	Ca. £8m
Local Acute Care & Elective (D1-D3)	Expand ITU bed base	Our Future Hospital	H	Options to be explored for alternative ITU provision	Ca £3m
Acute & Urgent Care (D1)	Increase IP bed base - pop growth	Our Future Hospital	H	Repurpose Trinity suite back to ward space (if can be vacated below)	Ca. £2.5m
Non-clinical space	Relocate any non-clinical services into admin space on/off site	On-site re-provision of admin space on disused oil bund	H	Creation of additional on-site admin space to vacate Trinity and respond to growth/staff need Option identified using disused Oil Bund area; possible multi storey build option on tennis courts	Ca. £2.5m for Oil Bund Ca £2.5m for 2- or 3-storey build on Tennis Court Area
Diagnostics	Additional MRI	Our Future Hospital	H	2 floor extension to main tower for additional MRI	Ca. £6m Does not include scanning equipment

* Plus build of additional theatre and endoscopy suite if delay significantly beyond 2028 (short term Tiverton expansion supporting)

Summary

The Board is asked to note the emerging position for the New Hospital Programme, in particular the positive news about the support for progressing with the replacement of the residences. However, attention is also drawn to the need for interim capital investment of up to £50m to ensure critical services are not lost if there are lengthy delays and slippage in the Programme.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.6, Public Board Meeting		**Date: 28 June** 2023	
Title:	Review of the Board Schedule of Reports			
Prepared by:	Melanie Holley, Director of Governance			
Presented by:	Melanie Holley, Director of Governance			
Responsible Executive:	Suzanne Tracey, Chief Executive			
Summary:	The Board is asked to review and approve the Schedule of Reports for 2023/24 to ensure it receives the correct reports at the right time during the course of the year in order to conduct its business effectively.			
Actions required:	For the Board to review and approve the Board Schedule of Reports 2023/24			
Status (*):	**Decision**	**Approval**	**Discussion**	**Information**
		x		
History:	The Board Schedule of Reports is reviewed annually.			
Link to strategy/ Assurance framework:				

Monitoring Information

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

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

1. Purpose of paper

The purpose of this paper is for the Board of Directors (BoD) to review and approve the Schedule of Reports for 2023/24 to ensure it receives the correct reports at the right time during the course of the year in order to conduct its business effectively.

2. Background

The Schedule of Reports was reviewed at the April Board of Directors meeting and further review was requested. The Schedule was circulated for review by the Executive Team. Two items have been added to the Schedule (highlighted in pink on the attached reports).

3. Analysis

The Schedule of Reports is attached. The Board is asked to review the schedule to ensure it accurately reflects the business the Board must transact. Some minor changes are indicated as highlighted in yellow.

4. Resource/legal/financial/reputation implications

None.

5. Link to BAF/Key risks

None.

6. Proposals

The Board is asked to approve the draft Schedule of Reports for 2023/24.

Apr-23

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

BOARD OF DIRECTORS REPORTS SCHEDULE FOR 2023/24

	April	May	June	July	August	Sept	October	November	December	January	February	March	*Frequency*	*Responsible Exec*	Comment
Policy & Strategy															
~~Annual Report & Quality Report update~~ agreed at Board 27.04.22 that this would no longer be needed as reports going through Audit Committee															Remove
~~Annual Accounts - Draft~~ as above, agreed to be removed from workplan 27.04.22															Remove
Annual Report & Quality Report - Approval			✓										*Annually, as required - C*	*Chief Executive / Chief Nursing Officer*	
Annual Accounts - Approval			✓										*Annually, as required - C*	*Chief Finance Officer*	
Budget Setting Update											✓		*Annually, as required - C*	*Chief Finance Officer*	
Budget												✓	*Annually, as required - C*	*Chief Finance Officer*	
Operational Plan - approval of draft											✓		*Annually, as required - C*	*Chief Finance Officer*	
Operational Plan - approval of final												✓	*Annually, as required - C*	*Chief Finance Officer*	
Presentation of final operating plan in public board		✓											*Annually for approval -P*	*Chief Finance Officer*	
Operational Capacity & Resilience Plan							✓						*Annually for approval -P*	*Chief Operating Officer*	
Towards Inclusion	✓			✓			✓			✓			*Quarterly - P*	*Chief Executive*	
Treasury Management Policy approval								✓					*Bi-Annually (next due Nov 2023) - C*	*Chief Finance Officer*	Approved November 2021 - date of next review November 2023
Performance															
Integrated Performance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*Every Month - P*	*All*	
NIHR CRN SWP Annual Report and Annual Plans				✓									*Annually as required - P*	*Chief Medical Officer*	
Assurance															
Six Monthly Safe Staffing Review		✓						✓					*Bi-Annually P*	*Chief Medical Officer / Chief Nurse*	
Annual Complaints Report to the Board						✓							*Annually - P*	*Chief Nursing Officer*	Presentation changed from January to September meeting - requested by CM 10.08.22. Awaiting confirmation of whether permanent or one year only move
Annual Review of Register of Directors Interests	✓												*Annually, ahead of production of Annual Report - P*	*Chief Executive / Director of Governance*	
Annual Sustainability & Development Plan										✓			*Annually - P*	*Deputy Chief Executive*	
Audit Committee Report		✓	✓	✓				✓			✓		*Quarterly - P*	*Chief Finance Officer / Chair of AC*	update to each Board meeting following a Committee meeting: so Feb, May, July, November plus possible additional meeting June if needed for Ann Accts
Board Assurance Framework	✓			✓			✓			✓			*Four times a year - P*	*Chief Executive/Director of Governance*	Presentation of BAF updates & Corporate Roadmap updates aligned; to be presented quarterly. (As agreed at Board Oct 22)
Clinical Negligence Scheme for Trusts for Maternity return to NHS Resolution		✓											*Annually - P*	*Chief Nursing Officer*	

Corporate Risk Register	✓												*Annuallly (to coincide with the last quarterly review of the BAF)-P*	*Chief Executive/Director of Governance*	
Corporate Governance Statement			✓										*Annually P (required by NHSI)*	*Chief Executive/Director of Governance*	To be approved by Board by 30 June each year
Corporate Roadmap Update	✓			✓			✓			✓			*Quarterly - P*	*Deputy Chief Executive*	Presentation of Corporate Roadmap updates & BAF updates aligned: to be presented quarterly. (As agreed at Board Oct 22)
Corporate Trustee meeting								✓					*Annually - separate mtg*	*n/a*	
Digital Committee	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*After each meeting - P*	*Non-Executive Director Chair*	
Finance & Operational Committee	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*Monthly - P*	*Non-Executive Director Chair*	FOC changed to monthly meeting
Gender Pay Gap Report												✓	*Annually - P*	*Chief People Officer*	
Improvement Plan against SOF4 Criteria		✓				✓						✓	*Twice a year - C*	*Chief Finance Officer*	Presented to May Board, then at six month intervals
Governance Committee Report	✓		✓		✓		✓		✓	✓	✓		*Quarterly - P*	*Non-Executive Director Chair*	Update to each Board meeting following a Committee meeting: so Feb, April, June, August (or Sept if no August Board), Oct, Dec (or Jan if no Dec Board)
~~Guardian of Safe Working Hours quarterly report~~														*Chief Medical Officer*	Removed from Board Schedule of Reports after May Board meeting (25.05.22). Going forward to be presented to PWPW & twice annually Alaric/James Hobbs to provide information to be included in the Safe Staffing Report for Board
Infection Control Annual Programme				✓									*Annually - P*	*Chief Nursing Officer*	
Infection Control Annual Report				✓									*Annually - P*	*Chief Nursing Officer*	
Integration Programme Board reports	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	*Monthly - P*	*Non-Executive Director Chair*	Added as a monthly report
Items for escalation to the BAF	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	*Monthly - P & C*	*All*	
Operational Plan - Condition G6 and Condition CoS7 self-certs		✓											*Annually - C*	*Chief Finance Officer*	To be approved by Board by 31 May each year
~~My Care Programme update~~													*Monthly - C*	*Chief Medical Officer*	ND MyCare Programme Board meeting monthly until Sept 2022 - Go Live July 2022. Last formal update to Sept Board, after which it will reported through Digital Committee.
~~Medical Appraisal & Revalidation Report~~													*Annually - P*	*Chief Medical Officer*	From 2022 will no longer come direct to Board - instead presentation to JGC then reported to Board through JGC report September (email J Hobbs
Our Future Hospitals Programme Board	✓		✓		✓		✓		✓			✓	*Bi-monthly as required - P*	*NED Committee Chair*	-Updated March 2023 - meetings changed to bi-monthly
People Plan Update	✓						✓						*Bi-Annually (April & October) - P*	*Chief People Officer*	October presentation to include Annual Partnership Working & Staff Voice Presentation
Remuneration Committee Report			✓										*Annually, as required - C*	*Non-Executive Director Chair*	
Research & Development Annual Report						✓							*Annually - P*	*Chief Medical Officer*	
Staff Survey Results												✓	*Annually - P*	*Chief People Officer*	
WRES/WDES Reports		✓											*Annually P*	*Chief People Officer*	
Information															
Review of schedule of reports	✓												*Annually - P*	*Chief Executive/Director of Governance*	