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

AGENDA

As of 23/11/2023

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 1 November 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**	Paul Roberts, Interim Chief Executive Officer	Information (Verbal)	09:47 20
8.	**Community Strategy**	Lynsey Webb, Associate Medical Director for Community Services) Zoe Harris, Divisional Director Community Services	Information (Paper)	10:07 45
9.	**Patient Story**	Carolyn Mills, Chief Nursing Officer	Information (Paper)	10:52 15
	COMFORT BREAK			11:07 10
10.	**Performance**			
10.1	**Integrated Performance Report**	Hannah Foster, Chief People Officer	Information (Paper)	11:17 45
11.	**Policy & Strategy**			
11.1	**Health Inequalities Performance Report**	Chris Tidman, Deputy Chief Executive Officer Katherine Allen, Director of Strategy	Information (Paper)	12:02 30
	LUNCH BREAK			12:32 45

12.	**Assurance**			
12.1	**Surveys** • NHS England National Cancer Patient Experience Survey 2022	Carolyn Mills, Chief Nursing Officer	Information (Paper)	13:17 5
12.2	**Six Monthly Safe Staffing Review**	Carolyn Mills, Chief Nursing Officer Adrian Harris, Chief Medical Officer	Information (Paper)	13:22 15
12.3	**Audit Committee Report**	Alastair Matthews, Non-Executive Director & Committee Chair	Information (Paper)	13:37 5
12.4	**Finance & Operational Committee**	Steve Kirby, Non-Executive Director & Committee Chair	Information (Verbal)	13:42 15
12.5	**Integration Programme Board**	Alastair Matthews, Non-Executive Director & Programme Boa	Information (Paper)	13:57 5
12.6	**Our Future Hospital Programme Board**	Steve Kirby, Non-Executive Director & Programme Board Chair	Information (Paper)	14:02 5
12.7	**Approval of Changes to Standing Orders**	Melanie Holley, Director of Governance	Approval (Paper)	14:07 5
13.	**Information**			14:12
13.1	**Items for Escalation to the Board Assurance Framework**	Shan Morgan, Chair	Discussion (Verbal)	14:12 1
14.	**Any Other Business**			14:13
	At the conclusion of the formal part of the agenda, there will be an opportunity for members of the public gallery to ask questions on the meeting's agenda. Where possible, questions should be notified to members of the Corporate Affairs team before the meeting. Every effort will be made to give a full verbal answer to the question but where this cannot be done, the Chair will ask a director to make a written response as soon as possible.			
15.	**Date of Next Meeting:** The next meeting of the Board of Directors will be held at 09:30 on Wednesday 31 January 2024..			
16.	The Chair will propose that, under the provisions of section 1(2) of the Admission to Public Meetings Act 1960, the public and press should be excluded from the meeting on the grounds of the confidential nature of the business to be discussed.			

Meeting close at 14:23

Royal Devon University Healthcare NHS Foundation Trust

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

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

MINUTES

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

155.23	**CHAIR'S OPENING REMARKS**	
	The Chair welcomed the Board, Governors and observers to the meeting. Ms Morgan reminded everyone it was a meeting held in public, not a public meeting and asked members of the public to only use the 'chat' function in MS Teams at the end to ask questions focussed on the agenda and reminded everyone that the meeting was being recorded via MS Teams. Ms Morgan thanked all the Governors attending, both in person and via Teams. **The Chair's remarks were noted.**	
156.23	**APOLOGIES**	
	Apologies were noted for Mrs Burgoyne.	
157.23	**DECLARATIONS OF INTEREST**	
	Mrs Holley informed the Board that the following declaration had been received for Professor Kent: • Board member and Treasurer of the Phi Mu Chapter of Sigma (nursing organisation) **The Board of Directors noted the declaration.**	
158.23	**MATTERS DISCUSSED TO BE DISCUSSED IN THE CONFIDENTIAL MEETING**	
	The Chair noted that the Board would receive at its confidential meeting updates on Finance and Operational Committee, Our Future Hospitals Programme Board and the Peninsula Acute Sustainability Programme.	

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

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

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

<u>System Issues</u>

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

<u>Local issues</u>

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

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

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

	Ms Morgan commented that on a recent visit to ED it had been made clear that the Trust had a different policy in place relating to moving patients onto trolleys within ED rather than them remaining in the ambulance which would give a different view of data. Mr Roberts said that he had been asked to arrange a meeting with the Chief Executives, Chief Operating Officers and Chief Medical Officers of the three acute Trusts to look at and agree a way of assessing risk in ED that is fair, reasonable and evidence based. Professor Kent asked what confidence there was around additional staffing and whether thought had been given to potential knock on effects on some services, such as rehabilitation, of some of the plans outlined. Mr Palmer said that there was reasonable confidence regarding additional staffing with a market available to bid into. He added that much of the funding that was being bid for was for out of hospital services which should manage more of the issues Professor Kent identified than in previous years. Mr Matthews asked whether the plan was working to the baseline of 92% occupancy and Mr Palmer said that the bed base had been modelled for both 93% and 95% occupancy, but that given the experience of the previous two years the commitment was to a plan based on 99% occupancy. Mr Matthews asked what the assumption was regarding No Criteria to Reside in the plan and was advised that this was that the organisation would still deliver the financial and operational plan it had agreed to deliver, including the ambition to get to 5% on both sites. Mr Matthews noted that there had been a disappointing level of take up for vaccinations last year and asked how this would be addressed. Mrs Mills advised that work had been ongoing over the last three months to set up the vaccination plan for this winter working with OH and vaccination teams to make it as easy as possible for staff to have vaccinations. This was being monitored on a weekly basis. Mr Neal noted the risks covered in the plan were comprehensive and asked for clarification of the process that would be used for monitoring and how frequently they would be reviewed. In particular, he noted that there was still a 14-bed gap on a worst case day and asked how that would be managed. Mr Palmer responded that there would be regular meetings throughout Winter for holding to account, including weekly meetings with the system with regular review of risks, which would be reported through the IPR. With regard to the 14-bed gap, Mr Palmer advised that he was hoping that the Trust would have access to some additional funding that had not yet been allocated within the system. November, February and March would be the most challenging months with the greatest variation, and if additional funding was not made available, then the plan would be to ask for short term episodic resource and it was also hoped to get a release to sustain current monthly resource for supporting people at home to continue through Winter. Professor Marshall asked to what extent the plan had been developed in partnership with general practice. Mr Palmer advised that detailed conversations had already taken place with Devon Partnership Trust and there were efforts to establish a different working relationship with the GP body to develop the conversation on how to better collaborate. Ms Morgan suggested that the interface between primary and secondary care and how to improve it should be added to the agenda for a future Board Development Day. **Action.** Mr Kirby asked whether assumptions had been built in about ability of other Trusts to deal with winter pressures. Mr Palmer said that there was an ongoing expectation within the system that the Trust would act as an anchor institution for Devon and in that context the Trust would scale up things that could be done across the system, would robustly support	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Royal Devon University Healthcare NHS Foundation Trust

PUBLIC MEETING OF THE BOARD OF DIRECTORS
1 November 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**
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~~ ~~September 2023~~ ~~October 2023~~ ~~November 2023~~ December 2023	**Update 19.07.23** – Further work is required to understand acceptable vacancy levels, due to the multifaceted nature of this area that requires balancing of operational & financial plans. It would also be helpful to understand thresholds used in other organisations & their rationale to make an informed decision. It is proposed that a paper is presented to the next Board meeting to propose a recommendation based on the above factors, with a view that maximum & minimum tolerated vacancy levels could be reflected in the relevant IPR charts. **Action ongoing.** **Update 21.09.23** – Due to close links with the long term workforce plan, this is going to be included in the wider strategic update in October 2023, along with our gap analysis against the Long Term Workforce Plan. **Action ongoing.** **Update October 2023** – strategic update deferred from October to November Board. Due date changed. **Action ongoing.** **Update 16.11.23** – The strategic update is now being taken in a different format at the Board Development Day in December. The vacancy information will therefore need to be

					separated out, re-worked and brought to Board. Request that this is added as a matter arising at December Board. **Action ongoing.**
077.23(1)	May 2023	~~Data regarding ED attendances in other coastal areas to be reviewed, to see if similar increases in attendances had been seen and if there was any learning for the Trust from their experiences.~~ Updated action added following Board meeting in September 2023 to give thought to the national allocation formula given the increase in demand for Northern Services noted in the briefing paper circulated.	~~JP~~ Execs	~~September 2023~~ November 2023	**Update 20.07.23** – Initial analysis indicates comparable patterns of growth in type 1 ED attendances in other coastal healthcare systems, at levels in excess of type 1 growth observed nationally. Opportunities for learning from other systems being explored. **Action complete.** **Update 26.07.23 –** Following a further update at the July Board from Mr Palmer, it was agreed that the information with a breakdown of ED attendances and any coastal implications should be circulated to the Board and the ICS for information. **Action ongoing** **Update 21.09.23** – Updated briefing paper incorporating ED attendance trend data to August 2023 circulated. **Action complete.** **Update 27.09.23** – Following discussion at September Board, it was agreed that Mr Palmer would provide wording for an additional action to be added following feedback from Board members that thought would need to be given to formula given the increase in demand for Northern Services in particular noted in the briefing paper circulated. **Action ongoing.** **Update 25.10.23** – Executive consideration in train about next available opportunity to submit representation for recognition of increased demand within the national allocation formula. **Action ongoing.**

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. **Action ongoing.** **Update 28.06.23** – The Board agreed that this action should be kept open until presentation of the next six-monthly report in November 2023 to ensure that it was completed. **Action ongoing.** **Update 22.11.23** – Detail regarding the exact number of incidents has been included within the NMAHP and Medical six-monthly safe staffing reports on the November agenda.
099.23(1)	June 2023	Following a discussion about length of stay for stroke patients and whether delay in admission to the Acute Stroke Unit impacted length of stay and further impacted where patients were discharged to in the community, the Board was advised that the Acute Peninsula Sustainability review was looking at this and this could be brought to a future meeting.	CT	~~September 2023~~ ~~October 2023~~ November 2023	**Update 19.07.23** – Briefing note to be distributed by September 2023. **Action ongoing.** **Update 21.09.23** – The Acute Provider Collaborative has identified stroke as a fragile service and data/KPIs are being collected on all peninsula services. A briefing on stroke will be contained within this in due course. A briefing note on RDUH's North and East stroke performance is being prepared for the Board. **Action ongoing.** **Update 26.10.23** – Delayed due to operational pressures on stroke team. Briefing note to be circulated during November. **Action ongoing.**
141.23(4)	September 2023	Finance and Operational Committee asked to look at the increase in agency use against the other factors such as the reduction in vacancy rates not making sense in more detail and report back to Board in a FOC update.	AHI	October 2023	**Update 18.10.23 –** looking for a deep dive to be taken to the Delivering Best Value Board which can be used to feedback to the FOC for assurance. Will also link to urgent action

					needed on financial recovery as part of FOC November update. **Action ongoing.** **Update 18.11.23** – Focus on agency usage built into the financial recovery response and will be monitored through the data pack tracking process against the enhanced pay controls. Detailed analysis undertaken on a divisional basis by the CFO with a set of key lines of enquiry issues to support the divisional review to the enhanced pay controls. Considering the focus on this as part of the Financial Recovery Programme, the recommendation is to close. **Proposal to close.**
159.23	October 2023	Amendment requested to minute number 141.23, September Board.	GGF	November 2023	**Update 02.11.23** – Requested amendment made. **Action complete.**
160.23	October 2023	Mrs Foster to circulate a briefing to the Board to demonstrate whether increased referrals to Occupational Health (OH) for mental health issues were helping to avoid/reduce staff sickness absence.	HF	November 2023	**Update 28.11.23** – Briefing circulated to Board. It is difficult without significant research & resources to respond to this question with specific evidence. However in the paper shared with Board in October we saw that 219 of 800 (27%) of all referrals related to mental health/psychological related issues. Additionally OH records indicate that around 2.3rds of those receiving mental health related support are in work & not on sick leave. Beyond referrals there are a number of psychological support tools in our OH service that are accessible at a team/employee level without referral e.g mental health first aiders, TRIM, employee assistance programme. We know from the IPR that rate of stress & related illness has been relatively stable around 23.24% of all sickness in recent months & as indicated in original paper this has not grown significantly in recent months, despite

					referrals increasing 30% over the last three years. Looking at this it can be drawn that three areas indicate the board can have a level of confidence that OH services are helping support prevention of staff sickness- the fact that a significant proportion of those accessing OH mental health services are in work & not on sick leave for mental health related reasons; that our rate of MH related illness has been relatively stable despite increase in MH prevalence in wider society; that our rate of MH related illness has been relatively stable despite a 30% increase in mental health related referrals to the service. **Action complete.**
162.23(1)	October 2023	Consideration to be given for a future Board meeting to receive a Patient Story that explored other reasons for delayed discharge, where there were more complex reasons such as not having a social care package available for a patient.	CM	January 2024	**Update 22.11.23** – The 2024 schedule for Patient Stories is currently in development & it has been agreed that another story on discharge will be incorporated into next year's schedule. **Action complete.**
162.23(2)	October 2023	Discharges before 12 o'clock reported in the IPR to be tracked over several months to see if the Discharge Improvement Plan was having an impact.	JP	April 2024	**Update 22.11.23** – To be incorporated within Operational Update to Finance & Operational Committee in April 2024. **Proposal to close.**
162.23(3)	October 2023	As part of the Board's Christmas visits, an element to be incorporated to sample how many patients were waiting to be discharged and understand the reasons for the delay.	All	December 2023	
163.23	October 2023	The interface between primary and secondary care, including how it might be improved, to be added to the list of topics for discussion at a future Board Development Day.	MH	November 2023	Added to the list of items for future Board Development Days. Action complete.
167.23	October 2023	Future presentation of the BAF should include a "clean" copy of the master BAF (ie without track changes).	MH	January 2024	**Next update due Jan 24**
167.23	October 2023	Discussion of the BAF, informed by a detailed discussion by the Executive Team, to be added to the agenda for a future Board Development Day. To include review of whether the risks were the right risks, and whether plans were mitigating the risks.	MH	November 2023	Added to the list of items for future Board Development Days. Action complete.

168.23	October 2023	Mrs Mills to discuss with Mrs Burgoyne about what other data currently presented to the Patient Experience Committee would be helpful to share with the Board and how best to do this.	CM	November 2023	**Update 22.11.23** – Mrs Mills has contacted Mrs Burgoyne to discuss other potential Patient Experience datasets to be shared with Board. It has been agreed that the Quarterly Patient Experience report to the Patient Experience Committee will be shared with the Board moving forward. **Action complete.**
173.23(1)	October 2023	A tabletop exercise to be planned to look at the flags from the Letby case and explore how the Trust would have responded to similar flags to test processes.	MH	January 2024	**Next update due Jan 24**
173.23(2)	October 2023	The responses to the questions from NHSE relating to the Letby case to be amended to include reference to evidence from staff surveys to support that staff know how to raise concerns and that Board members received assurance from staff through discussions on walkarounds.	MH	November 2023	Report amended to reflect staff surveys. **Action complete.**

Signed:

Shan Morgan
Chair

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	8, Public Board Meeting	Date: 29 November 2023
Title:	Community Services Development Plan – Implementing the Clinical Strategy	
Prepared and Presented by:	Zoe Harris Divisional Director, Community Services Dr Lynsey Webb, Associate Medical Director, Community Services John Palmer, Chief Operating Officer	
Responsible Executive:	John Palmer, Chief Operating Officer	
Summary:	The Board commissioned a Deep Dive of Community Services in March 2023, which was presented at Trust Board in June. A further request was made for a Community Development Plan to be presented at Trust Board in October. This paper covers: • an update on progress from some of the key themes covered in the June Board; • an update on the community services contribution to Winter Planning; • a laying out of the strategic themes that the community services development plan is based on; • a proposal for the future care model for delivery; • an approach to implementing this model; and • proposed Board approvals in six key domains.	
Actions required:	The Board is asked to **DISCUSS** and **APPROVE**: • The Community Services Development Plan; • The Care Delivery Model; and the • Six key proposals outlined.	

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 Clinical Strategy and has a key part to play in unlocking the Financial and Operational Plan for 2023/24, and the strategic objective to deliver an equitable recovery and capacity for further change.

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 Services Development Plan – Implementing the Clinical Strategy

1. Background

Introduction
This Community Services Development Plan follows the Community Deep Dive paper in June 2023 which gave Board members a comprehensive appreciation of the variety and depth of community services and the partnership working arrangements to support effective service delivery.

Summary of Deep Dive discussion at Trust Board in June 2023
The focus of the discussion at Trust Board in June was focused both:

- **internally** with a desire to shift the focus of service delivery from hospital to home;
- and **externally**, to work highly collaboratively with partners recognising that 'community' should be viewed in its broadest sense.

Following this Deep Dive, members requested the Community leadership team to return to Board in Autumn 2023 to present a plan to implement the clinical strategy in the community.

With the recent appointment of the Associate Medical Director for Community Services, more initiatives and pathways are being joined up across the organisation, including virtual ward pathways, dementia strategy development and medical oversight for complex patient presentations in the community.

The establishment of the strengthened leadership team is a good moment to bring forward this move to action in relation to community services. There is an appreciation of the challenging financial recovery position that the organisation now faces, but this paper aims to show that these services can make a contribution to the whole strategy of the organisation, including efficiency, productivity and cost saving.

This paper therefore covers:

- an update on progress from some of the key themes covered in the June Board;
- an update on the community services contribution to Winter Planning;
- a laying out of the strategic themes that the community services development plan is based on;
- a proposal for the future care model for delivery;
- an approach to implementing this model; and
- proposed Board approvals in six key domains.

2. Progress of key themes identified from Trust Board in June 2023

Following on from the last Board paper, the following progress has been made:

2.1 Pathway 2 short stay Care Home Rehabilitation Beds

The Devon Hospital Discharge Transformation Programme has focused on improvements to pathways 1, 2 and 3 to ensure an efficient and cost-effective model within the Devon Integrated Care Board (ICB) and Devon County Council (DCC) £16m financial envelope for discharge. Modelling for Pathway 2 beds has been developed using the 'Improving Patient Flow between Acute, Community and Social Care' (IPACS) model. Modelling for North has confirmed a requirement of 20 Pathway 2 beds and for Eastern 40 Pathway 2 beds.

The ICB is leading the procurement of block booking arrangements for care home beds and best practice will be utilised to maximise efficiency and effectiveness of this bedded capacity. The ICB has funded primary care to oversee these patients, however funding has not been made available for the community services. A risk assessment and options paper has been escalated to the ICB for support in order to ensure we have the capacity to utilise the Pathway 2 bedded capacity most effectively and efficiently (these escalations have also been underlined in our recent Board communications to the system regarding plan refresh and through our UEC tier 1 arrangements).

2.2 Partnership working with Devon Partnership Trust

We continue to work closely with our partners in DPT, including the newly appointed Chief Operating Officer. We have recently agreed to develop a common approach to:

- Winter Planning, dovetailing with Mental Health's Summer Plan (which is actually their highest point of annual activity);
- partnership working with Devon County Council, given that the discussions about enabling P2 discharge pathways are exactly mirrored in securing supported access to Older People's Mental Health beds; and
- Management of complex patients through our ED and Medicine pathways, which may include some organisational development activities between the two organisations.

2.3 Primary Care integration and support

We noted in the previous Board cycle that there is evidence to suggest that by improving integration between primary and secondary care, elderly and frail patients are able to stay in their homes for up to 9 months longer than they would otherwise. Across Eastern services, there is currently less than twenty hours per week of community input to primary care from the Healthcare for the Older Person consultant team due to the demands of the acute inpatient service and large inpatient bed base.

This is inadequate to support primary care when considering our patient demographic and geography.

To try and mitigate this, we recognise Castle Place Practice offers us a unique opportunity to develop and test collaborative pathways between primary and secondary care, best utilising our limited resource. Work has recently started to look at early rehabilitation interventions after long term condition diagnosis; this is in collaboration with the UCR support workers and rehabilitation Advanced Clinical Practitioners (ACPs) and fits with our ambition to have an increased focus on prevention and self-care. The practice is also working on a pilot of virtual integrated appointments with secondary care to support patients who would not be able to travel to the acute trust for assessment. This helps improve equity of access to specialist care and affords educational opportunities to both clinicians.

We will take the learning from this pilot activity and consider how it could be applied to other practices or clusters of practices. More broadly, the Trust has engaged with the ICB to risk assess Primary Care infrastructure in Devon and to consider new service models such as a **Primary Care Support Unit** to avoid service failure within the sector. A **dynamic risk assessment** is being completed and we will continue to engage with system partners to develop a solution to mitigate the risk of fragile practices.

2.4 Community hospital function

A multi-disciplinary team working group has been reviewing the function of our community hospital beds and looking at alternative models that may offer increased productivity and enhanced patient experience. Supported through the Trust's Clinical Effectiveness Committee, the Trust has taken on the provision of out of hours medical cover for community hospitals and Mardon Neurorehabilitation Centre and by April 2024 we will have an improved clinical operating model in hours. The revised clinical model will incorporate changes to the staffing model, patient criteria and rehabilitation model. This new clinical model enables more focused rehabilitation, succession planning, enhanced continuity of care, a more diverse MDT skill mix and an increasingly flexible model of care which is future proofed for integration with virtual ward, community assessment hubs and urgent community response (UCR).

2.5 Scaling up Virtual Ward

The Virtual Ward model is integrated across Northern and Eastern Services with clinical oversight being provided by Acute Physicians from the Trust's Eastern Services. The team have enhanced senior decision-making capacity through having a dedicated virtual ward registrar and GP recruitment. They have also developed strong links with specialist nurses to help improve continuity and longer-term patient follow-up. Focusing on reducing variability in existing management pathways is also key to maximising efficiency, including but not limited to cardiology (Heart failure and

Non-ST Elevation Myocardial Infarction), as well as acute kidney injury (AKI) and Chronic Obstructive Pulmonary Disease (COPD). Pathways to better support frail patients and those requiring palliative care support are also in development.

As the Virtual Ward concept grows, increased engagement with speciality clinicians will help further support the necessary cultural shift and success of both initiatives to reduce pressure on acute care and move care closer to home wherever possible.

3. Community Winter Planning

At the Trust Board meeting in October the Winter Plan was shared. The Trust's Community Services are well positioned to:

- Continue to work in partnership with primary care, social care and communities to support people to remain well at home.
- Identify escalation and deteriorating presentations early and respond in order to avoid unnecessary hospital admissions.
- Track patients who are admitted to hospital, and support them home as soon as possible, assessing any medium to longer term needs in their home environment.

Key actions the community are taking to ready ourselves for increased pressure and demand through winter include;

Working with Medicine to **further develop virtual ward pathways and establish the care coordination hub**. A community Advanced Clinical Practitioner (ACP) is inreaching into the Acute Medical Unit (AMU) currently which is driving more referrals to UCR, we are confident this is the right approach and the right patients will be identified. We are also piloting direct admission from the front door of the acute hospital to Sidmouth community hospital and reviewing options to provide a step up function from the community straight into a community hospital.

Complete **demand and capacity modelling** with the ICB for discharge pathways 1, 2, 3 which has highlighted a gap in both Pathway 1 support worker provision and a gap in MDT resource to support the additional 56 ICB commissioned Pathway 2 beds. The capacity that would be needed has been quantified and mitigations of not having the resource has been risk assessed, and formally escalated to the ICB for consideration.

Implementing and ensuring full utilisation of the **Urgent Emergency Care (UEC) funded schemes**; the short term Live in Carer model and the 1:1 support for patients in care homes.

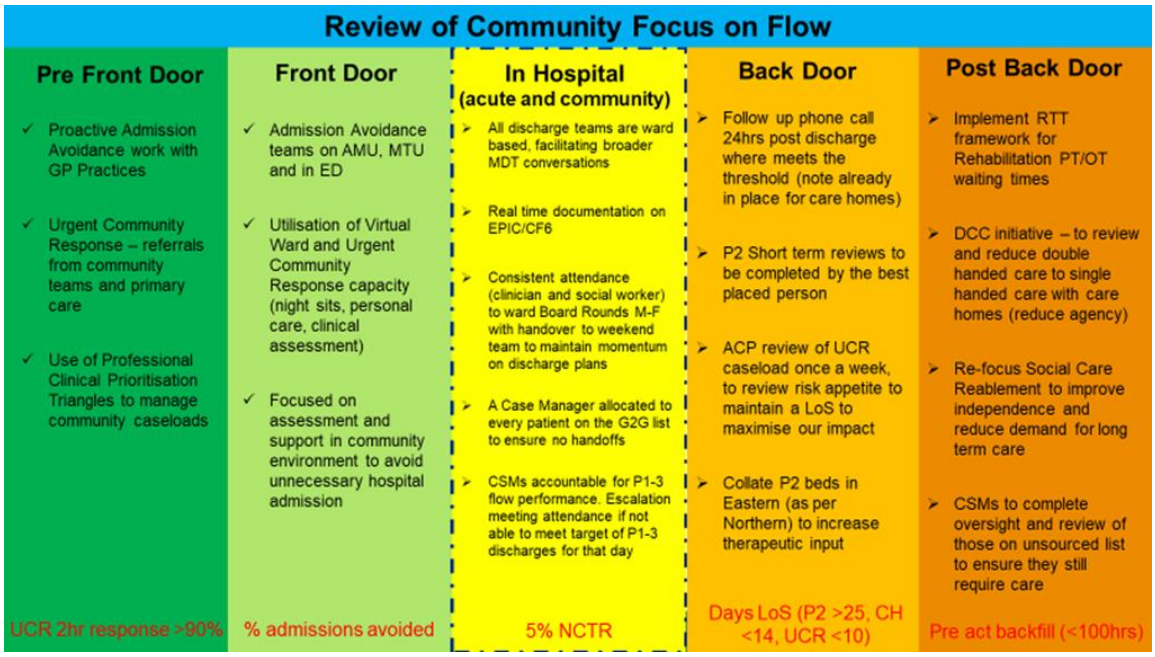
In addition, as described in the last community board paper, we continue to focus on the **four Community Division Priorities** as laid out in **figure 1.**

Figure 1 – Community Division priorities

Priorities 1 (NCTR) and 4 (community waiting lists) are national targets. Priorities 2 (End of Life) and 3 (Falls and Frailty) are derived from the Deloitte findings and the Devon UEC action plan. The Integrated Performance Report this month also includes detailed updates on End of Life and Falls and Frailty priorities.

All of the above priorities are reported and supported through the Trust's Help People to Return and Stay Well at Home programme as laid out at **figure 2**.

Figure 2 – Help People to Return and Stay Well at Home Programme



4. Strategic considerations

This Community Services Development Plan aims to support delivery of the Trust's clinical strategy, published in October 2023. It also seeks to align with the One Devon (ICS) strategies; Community First (2022) and Five Year Forward View (2023). The Plan therefore aligns with the following objective of the Trust Clinical Strategy:

- Working with local partners to optimise community pathways;
- Building community capacity to reduce acute bed occupancy.

In scoping this work we have been careful to weigh the evidence base from the Devon ICS, NHS Confederation, British Medical Journal and the Joint Needs Risk Assessment and take from these the following observations:

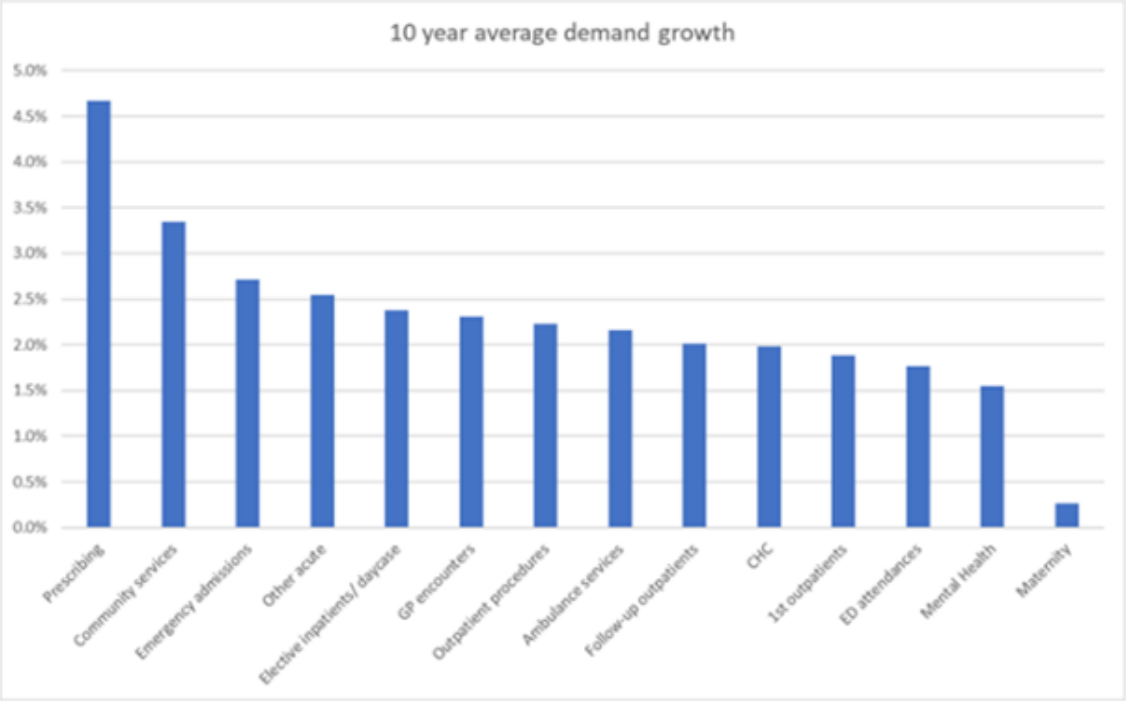
From the One Devon: Community First Strategic Framework; 2022:

- The ageing population and increase in people living with multiple co-morbidities is projecting significant growth for community services of 3.4% annually, equating to 17.9% in the next five years;
- the inability of our current 'acute focused' healthcare model and bed base to meet that increased demand; and
- the unsustainable cost of the bedded care model for patients who do not have a bed-based need, and the challenged financial position of the Devon system.

From a recent independent review of NHS spending by NHS Confederation and CF[1] findings that:

- those areas that spent relatively less on community care in terms of population need have seen higher-than-average levels of hospital and emergency activity, compared to those spending relatively more
- on average, systems that invested more in community care saw 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates,
- the reduction in acute demand associated with this higher community spend could fund itself through savings on acute activity (circa 31% RTI).

Figure 3 – Predicted demand growth by service area 2022-2023



From BMJ findings that:

Preventing health problems reduces pressure on acute services [2]and a review of international studies suggests that previous investments in prevention have had a significant long-term social return on investment. Around £14 of social benefit for every £1 spent across a broad range of areas.

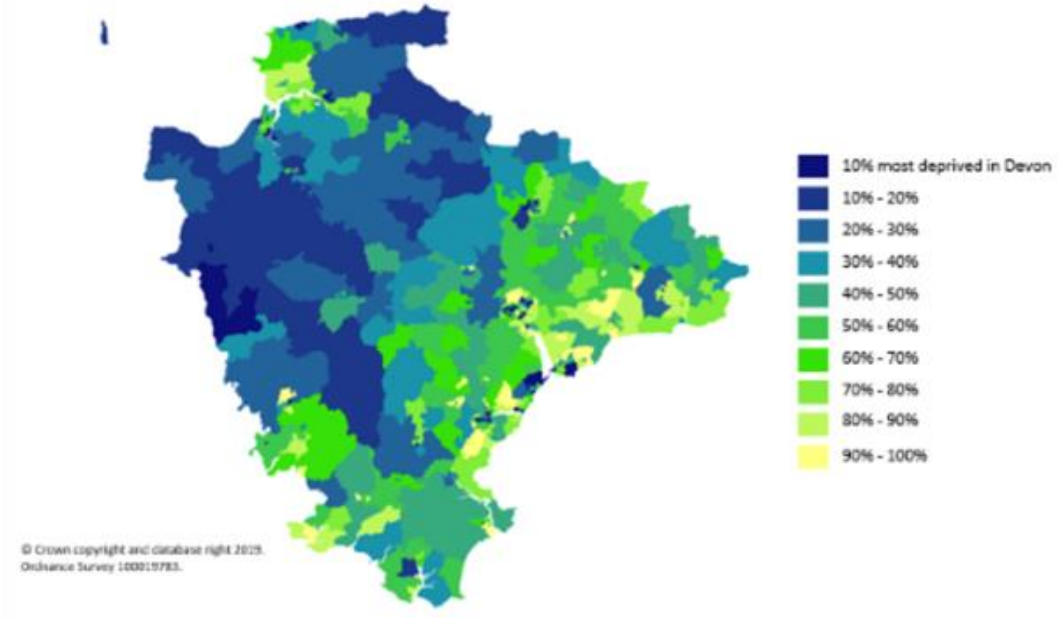
[1] https://www.nhsconfed.org/publications/unlocking-power-health-beyond-hospital

[2] 1. Masters et al., Return on investment of public health interventions: a systematic review, BMJ, 2017 - the return on investment estimate is a median of a review of published interventions worldwide (and not just limited to health interventions), and is total social return and is therefore not only healthcare savings.

And from Section 3 of the NHS White Paper 'Prevention is better than cure' (2018):

The ambition to support people to 'live well in the community'; when people do have health and care needs these should be picked up early and managed effectively. Improving the population's health and preventing illness and disease is key to reducing health inequalities and is at the heart of the NHS Long Term Plan. People from more deprived backgrounds are more likely to have long term health conditions and suffer poor health. Deprivation has to be a significant concern for areas in Devon as demonstrated in **figure 4** below.

Figure 4 – Deprivation in Devon (Joint Strategic Needs Assessment, JSNA, 2021)



Our own conclusion from these findings is that it is imperative that we as a system increase our focus on and funding in prevention if we are to turn the tide on the stalling of life expectancy, improve health outcomes, address health inequalities, and critically help reduce demand on our heath and care system.

However, a significant cultural change is required to shift from our current reactive model to a proactive organisation with a focus on prevention and self-care, recognising the benefits of this may take years to come to fruition but will have long lasting implications for the population of Devon.

5. The new Community Model of Care

In light of these findings, we have worked up the Plan with the following vision and within this we have embedded our proposed care delivery model.

Figure 5 – Community Services Development Plan vision

Our vision in the Community

To support more people to remain well at home, by focusing resource and efforts on prevention, working collaboratively and sharing our skills to empower people and their communities to live as independently as possible at home.

The new Community model of care will enable the Trust to achieve the goal described in the Clinical strategy:

We will work with our partners to provide joined-up, high-quality care to help keep people well at home and reduce the need for hospital admission.

The Plan has been influenced by learnt experience, feedback from patients, conversations with health and social care teams, and key partners. The predominant focus of our collective efforts and resource will be on prevention; supporting people to stay well at home with proactive support from local voluntary sector groups and communities.

The Care Delivery Model

The new model of care will be underpinned by:

- Supported self-management
- Home first approach
- Place based MDT working.

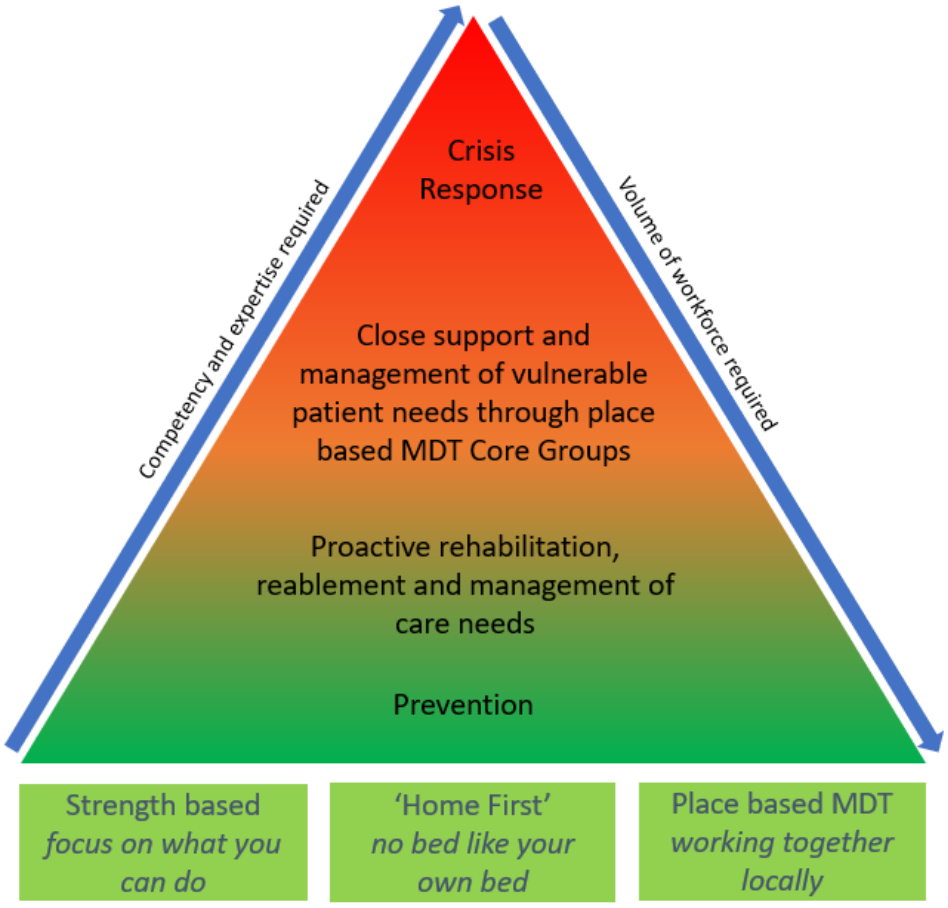
(A) Supported Self-Management

NHSE published guidance earlier this year on supported self-management which includes:

- peer support enabled through trusted relationships;
- education to support people to develop knowledge skills and confidence to manage their own health care effectively; and
- health coaching to support people to make more informed and conscious choices about their health, so they can be active participants in their care.

The evidence for this approach supports an increased likelihood that people will adopt behaviours that positively contribute to their health and wellbeing. A study from the Health Foundation suggests that if patients who currently feel least able to manage their conditions were supported to manage them as well as those who feel most able, this could prevent 436,000 emergency admissions to hospital and 690,000 attendances at A&E each year.

Figure 6 – RDUH Community Services Model of Care Delivery



(B) Home First

Ensuring that we always explore and exhaust all options of supporting people in their own home environment, where people are more independent and familiar with their surroundings, before alternative bedded care is considered. The discharge to assess approach which is embedded within our organisation, helps to minimise over prescription of care.

(C) Place based MDT working

The Fuller Stocktake report (2022) highlighted the benefits of integrating teams and shifting towards a more psychosocial, holistic model of care with a realignment of the

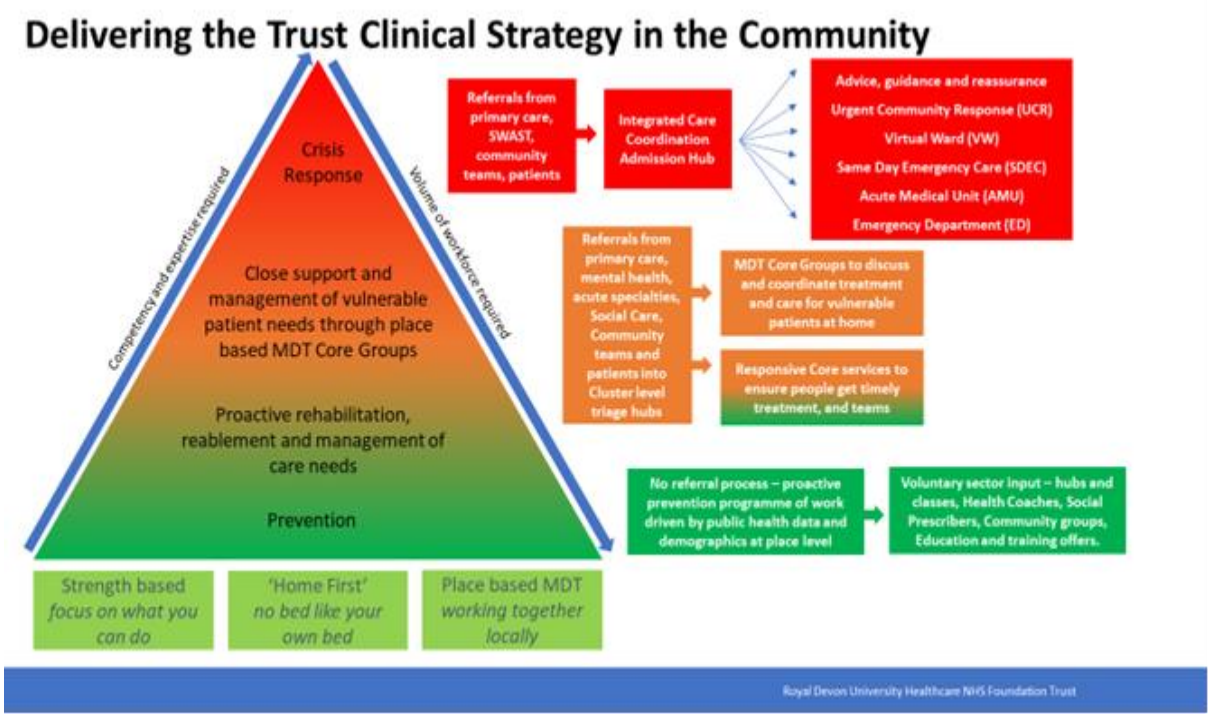
wider health and care system to a population-based approach. The advantages of a placed based MDT include:

- Understanding and working with communities and developing in-depth understanding of local needs (which we recognise even across North and East Devon vary considerably between localities);
- Joining up and co-ordinating services around people's needs which in turn will drive service transformation;
- Collectively focusing on wider determinants of health whilst mobilising local communities and building community leadership; and
- Supporting quality and sustainability of local services.

Delivery of the Model

We have carefully considered delivery of the model across the following domains of prevention, proactive rehabilitation, close support and crisis response.

Figure 7 – Delivering the Model of Care and hence the clinical strategy



Prevention

Prevention is everyone's business and the Health Creation[3] Alliance encourages Board level sign up to mainstream the community partnership approach, with the RDUH acting as the anchor institution, walking humbly in the space where community and voluntary sectors have been doing this work for generations. Community teams continue to engage, educate, share skills and strengthen partnerships with community groups, voluntary care sector, social prescribers and health coaches in order to drive the prevention agenda with the broadest community perspective.

What we will do differently: Building on a strong foundation, we will protect and direct more resource to focus on prevention within localities teams to ensure that communities are equipped and supported, to utilise population health data, reduce inequalities and empower people to utilise self-care management techniques to manage their own health. Every locality across North and East Devon has an integrated prevention plan informed by population health management data focusing on local priorities.

Proactive Rehabilitation

Rehabilitation and engagement in activity are widely recognised as critical components of long term mental and physical health. NHS England's 2022/23 Priorities and Operational Planning Guidance required that systems must improve capacity in post urgent community response services to support flow and patient outcomes including avoiding deterioration into crisis again or unnecessary admission.

Leading on from the directive to be responsive following urgent community response, NHSE recently published *Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge* (2023). This outlines four key priorities which offer opportunity to use existing resource and target new capacity to do both prevention and stabilisation following hospital discharge to stem the readmission probability.

What we will do differently: The population of North and East Devon will have access to a consistent Proactive Rehabilitation Model that is meeting national standards.

[33] https://thehealthcreationalliance.org/wp-content/uploads/2022/07/THCA-HALN-learning-from-community-response-to-COVID_19-FINAL.pdf

Figure 8 – Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge (2023)

Close Support

Re-establishing and defining effective Core Group models within each GP practice has been a focus of the Help People Return and Stay Well at Home programme. There is a standard terms of reference which includes a diverse MDT including voluntary sector, social care, mental health, primary care and community teams. Their focus is identifying those whom are frail, vulnerable and at risk, and in their last 12 months of life. This weekly MDT discussion facilitates more coordinated and response care and support, and is a model that can be further developed as the locality teams further integrate and embed at place level.

What we will do differently: Every locality and GP practice will consistently have a weekly core group meeting to proactively identify patients who are frail, vulnerable and at risk and in the last 12 months of life to put in place support to keep people

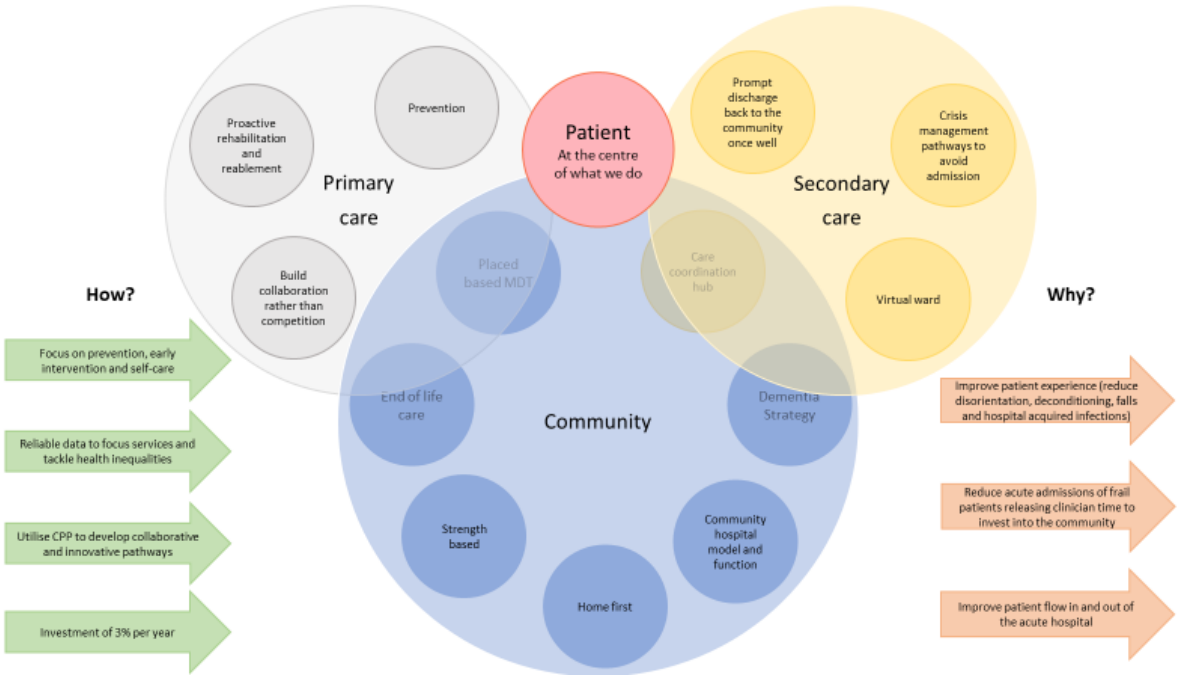
well and at home. Increased Geriatrician capacity will be utilised to improve the interface between acute, community and primary care.

Crisis Response

Ensuring that we continue to embed the home first approach, even when someone finds themselves in crisis, is important. Making full use of the support and response that has supported people through the community model of care. The Urgent Community Response service has developed from the NHSE national ageing well programme to now work much more closely to intercept referrals from South West Ambulance Service (SWAST) and share skills and resource with the evolving virtual ward and front door pathways.

What we will do differently: Develop an integrated Care Coordination hub, with an increasingly blended 'front door team' and consistent UCR function across North and East that receives and responds to referrals to prevent more hospital admissions.

Figure 9 – Care Coordination Hub



6. Proposals for Board sponsorship

In order for us to deliver the Community Services Development Plan and its Care Delivery Model as part of the Clinical Strategy, the Board are asked to support and approve the following six developments.

Proposal one – Bend Investment towards Community Services

Whilst recognising the current and foreseeable financial circumstances and realities of financial recovery, we are looking for Board appetite and support to shift our budgets to resource a more preventative focus on out of hospital services over time.

The Long Term Financial Model laid out by the Devon ICS and supported by our Financial Strategy might be a vehicle for working this through in the same way that other health services have adopted programme budgeting and marginal analysis to reprofile towards lower cost, higher public value service provision.

Proposal two – Embed new Rehabilitation model; focusing on prevention of falls and management of frailty

A model based on national guidance and best practice, driven by a robust demand and capacity model to prioritise prevention in the community setting.

The new rehabilitation model will deliver:

- Early and proactive identification of individuals to maximise opportunities for primary prevention.
- Cultural change; embedding 'person centred' and establishing 'person – led' care.
- Seamless pathways of care for patients across traditionally held organisational boundaries, maximising efficiency and reducing duplication whilst enhancing an integrated and strength-based approach.
- Utilising digital solutions for earlier identification of deconditioning/ enhanced frailty to enable early intervention.

Proposal three – Create an MDT Care Coordination Hub

The creation of a co-located MDT Care Coordination Hub working across Northern and Eastern Services. This hub will be formed through networking existing front door and admission avoidance services together in a coordinated and structured way across Eastern and Northern Services.

Community UCR teams will become more closely integrated to the Virtual Ward and higher levels of clinical oversight will mean patients who would have been previously conveyed to hospital can be managed within their own homes. Alongside the financial benefits of reduced admissions, patients will have an improved experience

being managed in familiar environments with reduced risks of disorientation and hospital acquired deconditioning. The further development would be for admission avoidance and discharge to be two sides of one coin, both effective and efficient to ensure acute bedded capacity is used proportionately. Clinicians working up this idea have identified that the care co-ordination hub offers the potential to help improve care home support to try and reduce the 1500 emergency admissions from care homes seen each year across North and East Devon.

Proposal four – Pilot Community Assessment Treatment Units/Frailty Hubs

Establishment of **Community Assessment Treatment Units** which will also act as **Frailty Hubs** and provide an **acute hospital avoidance function** and step up option from primary and community care to non-acute bedded assessment and care.

Proposal five – Integrate more with Primary Care; focusing on health inequalities and End of Life identification and support.

- Exploration of understanding and improving health inequalities at neighbourhood level; using EPIC to look at deprivation, risk stratification and outcomes, and developing locality level plans in partnership with primary care networks.
- Development of chronic disease and crisis management pathways that promote patients staying in their own environment as long as possible, using Castle Place Practice to pilot and test models.
- More collaborative working to help build relationships and shared goals and creating a culture shift away from competition between providers.
- Develop existing Core Groups to facilitate closer MDT working (incl Geriatricians) to identify and support our most vulnerable patients. This will enhance patient experience and allow more individualised, holistic care and reduce unnecessary admissions, especially in those patients in the last year of life.

Proposal six – Develop the current draft overarching Dementia strategy

To encompass acute and community services, recognising that one in three individuals develop dementia in their lifetime, costing the UK 25 billion pounds per year. [4] We will work in partnership with Primary Care, Social Care teams, Devon Partnership Trust, community groups, and volunteers to deliver innovative, community based, personalised care for people living with dementia. The aim will be to promote health and independence at home and prevent illness and unplanned admissions. We will help ensure that people living with dementia get the best care in the most appropriate place, including care at the end of life in their own home.

[4] Statistics about dementia - Dementia Statistics Hub

7. Conclusion and next steps

Nationally Community services have historically been low profile across the NHS, however it is increasingly becoming evident that a strong focus on out of hospital service and integrated service designs and pathways is the transformation required for the future of healthcare.

This paper is hopeful and describes where and how we need to focus our efforts in order to deliver the Trust clinical strategy in the community setting effectively. However, we recognise there is more modelling to do to be better driven by data. A final reflection is that these actions alone will not be enough, there remains a significant cultural shift required to be championed and supported at board level to change the culture by changing the conversation from ‘the acute and our hospitals’ to ‘the integrated organisation’.

8. Recommendations

The Board is asked to **DISCUSS** and **APPROVE**:

- The Community Services Development Plan (appendix 1)
- The Care Delivery Model; and the
- Six key proposals outlined.

There is a thorough appreciation as stated at the outset of the paper of the current financial recovery challenge the organisation faces. However, a steer on these three elements would enable the Community senior leadership team to work up detailed plans which will be progressed through the Operational Planning process for 24/25 and in the three to five years thereafter.

Appendix 1 – Community Services Development Plan

Community Services Development Plan					
Lead - Zoe Harris, Divisonal Director. SRO - John Palmer, Chief Operating Officer					
Ref	**Action**	**Deliverable**	**Timeline**	**Lead**	**Exec support**
1	**UEC Action Plan**	Continue to deliver the community elements to the Urgent Emergency Care (UEC) action plan; No Criteria to Reside, End of Life and Falls and Frailty. NCTR 5% target - Pathway 1 - improved productivity of UCR Support Workers, and support from the ICB to increase capacity identified through the demand and capacity modelling (identified shortfall of 34wte). - Pathway 2 - block booked Pathway 2 beds, which is a more efficient and effective model to support patients through a short term care home stay - Pathway 3 - full utilisation of the UEC funded schemes including 'Live in Carer' model and the 1:1 support for people with more complex needs in a care home End of Life - Early identification of people in the last 12 months of life - Improved holistic support to people and their carers/families through upskilling staff - Improved compliance and record of Advanced care planning conversations - Reducing admissions to hospitsal in the last 90 days of life Frailty and Falls - Identifying care homes who have greatest need of support, education and training - Reducing falls related hospital admissions (and reduced length of stay, if they are admitted)	Apr-25	Zoe Harris	COO
2	**Services Model of Care Delivery**	Implement the Community Services Model of Care across the community division and in partnership with system partners.	Apr-25	Zoe Harris	COO
3	**Bend investment from acute to community services**	Using programme budgeting and marginal analysis, bend investment towards community services to shift our budgets to resource a more preventative focus on out of hospital services over time.	April-25/26	Zoe Harris	COO
4	**Embed new Rehabilitation model - focusing on prevention of falls and**	Develop and embed a new Rehabilitation Model based on national guidance and best practice, driven by a robust demand and capacity model to prioritise prevention in the community setting.	Dec-24	Zoe Harris	CNO
5	**Develop a Care Coordination Hub**	Integrate community and front door admission avoidance functions (incl VW and UCR), contributing to the sustainable implementation of the system Care Coordination 'hub' model and the local 'spoke' model.	Oct-24	Lynsey Webb	CMO
6	**Pilot Community Assessment Treatment Units/Frailty Hubs**	Establish Community Assessment Treatment Units which will also act as Frailty Hubs and provide an acute hospital avoidance function and step up option from primary and community care to non-acute bedded assessment and care.	Mar-25	Lynsey Webb	CMO
7	**Integrate more with Primary Care - focus on health inequalities and End of Life identification and support.**	Exploration of understanding and improving health inequalities at neighbourhood level; using EPIC to look at deprivation, risk stratification and outcomes, and developing locality level plans in partnership with primary care networks. January '25. Development of chronic disease and crisis management pathways that promote patients staying in their own environment as long as possible, using Castle Place Practice to pilot and test models. Pilot from March '24. More collaborative working to help build relationships and shared goals and creating a culture shift away from competition between providers. From October '23 onwards. Develop existing Core Groups to facilitate closer MDT working (incl Geriatricians) to identify and support our most vulnerable patients. This will enhance patient experience and allow more individualised, holistic care and reduce unnecessary admissions, especially in those patients in the last year of life.	Mar-25	Lynsey Webb	CMO
8	**Dementia strategy**	Working in partnership (with Primary Care, Social Care teams, Devon Partnership Trust, community groups, and volunteers) to review and finalise the draft dementia strategy and to finalise the dementia strategy. September '24. Embed the strategy to deliver innovative, community based, personalised care for people living with dementia. March '25.	Mar-25	Zoe Harris and Lynsey Webb	CNO

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	9, Public Board Meeting	**Date:** 29 November 2023
Title:	Patient Story: Cancer care with the Royal Devon	
Prepared by:	Bethany Hoile, Communications and 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:	This patient story serves to bring to life the lived experience of receiving treatment for breast cancer at the Royal Devon. This story is set within the context of the Trust's strategic objective to strengthen cancer services and continue to deliver improvements in cancer pathways and diagnostic waiting times. Sarah was diagnosed with primary breast cancer in June 2021. Sarah had initial surgery in August, but further analysis of the breast tissue showed the cancer was more extensive than first thought. Sarah then had chemotherapy, a double mastectomy and lymph node removal in January 2022 and radiotherapy in April 2022. Sarah continues to receive six monthly infusion treatments to help strengthen her bones. Sarah's care spanned a number of services including surgery, oncology, radiotherapy, community nursing and primary care. In her story, Sarah discusses the good care she received from the various services and highlights the positive benefit of being able to refer to clinical

	results, reports and appointments through EPIC. Sarah reflects on two areas which she found difficult during her treatment pathway which might have been made easier to manage through a conversation: firstly at the start of her treatment explaining that her treatment pathway may evolve and change over time, and then towards the end of her treatment pathway how it might feel having had such frequent contact with clinicians for over a year to then be discharged. Sarah found being discharged from care daunting after having such frequent contact/care over the preceding year. The National Cancer Patient Experience Survey (CPES) monitors progress on cancer care and provides information to drive local quality improvements. 2022 was the first year that RDUH has been recognised as an integrated Trust. The Trust scored highly within expected ranges, including patients being treated with dignity and respect in hospital. Nationally, cancer care, as with other elective services, is subject to increasing impact of demographic pressures on demand, workforce constraints, and the impingement of urgent care on bed capacity. As a result of these pressures, delays in cancer treatment have increased. However, the Trust was able to declare zero 104 week waits at the end of August 2023 and moved out of national tiering for cancer with effect from 20 September 2023. Our clinical strategy, published October 2023, describes in further detail how the Royal Devon intends to strengthen our cancer services.
Link to strategy/ Assurance framework:	**BAF Risk 8** - Risk of a significant deterioration in quality and safety of care

Monitoring Information

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

Care Quality Commission Standards	Outcomes	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:		Date: 29 November 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:	Hannah Foster, Chief People 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 October 2023 which saw further **Industrial Action** (IA) from the BMA for consultant and junior doctor action between the 2-5h October. Once again this period generated further disruption and delays to service provision. Our staffing body continued to show immense respect to colleagues exercising their rights of representation and despite the more challenging nature of this round of overlapping action, remarkably we were able to staff most of our shifts safely with rostered staff and volunteers. We noted in the last two IPRs the significant challenge we have to recover our Financial and Operational plan delivery against trajectories as we implement the Winter Plan and whilst this certainly remains the case, we have restored activity levels in September and October that have avoided precipitous worsening of our elective trajectories. The IPR in this cycle includes the second iteration of our scorecard for **National Operating Framework exit criteria**, which has been under even greater consideration in recent days as the Board has made its response to the ***"addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take"*** letter and guidance received from Amanda Pritchard, Chief Executive of NHSE. Our response to the national call to action, our NOF process and the balanced scorecard all reflect the need for us to continue triangulating between our grip on **financial recovery**; **tier 1 processes**, our applied work on **never events**; and our **continued support for the system in terms of UEC and elective capability**, including the Nightingale.

Recovering for the Future

A call to action on financial recovery was launched in the last week of October, setting out the improvement needed on our rate of spend to recovery the deteriorating financial position. However, this was too late in the month to have a major impact on the month 7 reported position. The spend in month 7 did not worsen overall and was in line with month 6 but it was still above our plan and so this has led to a further deterioration of our financial position. The month 7 **variance from plan now stands at £17m** taking our **year to date deficit to £38.5m**. However, this includes the cost incurred to cover industrial action throughout the year and the lost income for the activity that needed to be cancelled. The government has announced the release of existing central NHS funds to offset this and we will benefit from this income when it is released. But this alone does not solve our level of financial challenge and we have regrettably needed to put a number of additional controls in place around pay and non-pay to bring us closer to our **target yearend deficit of £28m**. These controls will feel difficult for all and we will need to make some very hard decisions over the coming months as we balance our limited financial resources. We will do this with a safety lens at all times, ensuring that we do not make decisions that compromise the safety of our patients. We know that we face a difficult road to financial recovery but if we are unable to regain control of our financial position the longer term impact on our patients will be greater.

Urgent care performance saw the Trust sitting behind the planned trajectory for both Type 1 and Types 1-3 targets but with an improvement month on month to 52.7% and 62.7% respectively. It is notable that Northern Services improved by almost 3% in month which is a trend continuing into November. We continue to maintain a forensic drive on flow improvement through **UEC tier 1** by focusing on daily discharge by 12pm, discharge lounge optimisation, minors performance and overnight breaching and we are maintaining a strong focus on out of hospital activity. We have just initiated **GP streaming** on both sites and look forward to the potential 20 GP workforce starting to fill early evening shifts over the course of the next month. Ambulance handover has seen a further deterioration in 30 and 60 minute delays, however, the new **X-CAD system** has been installed in both sites' EDs in the course of the last two weeks and early signs are that data accuracy will be much improved and that performance for both SWAST and our ED teams will improve as a result. Our **NCTR position continues to be exposed on both sites**, but particularly for Northern Services. This is why we have escalated underfunding for P1 and P2 pathways in both our **letters to the ICB on 25th October and 22nd November 2023** emphasising that continuity of funding in these areas would have an evidenced based positive impact on our position. Further to consideration of our Winter Plan last month at Board and the discussions relating to bed and funding gap, we are expecting imminently a response from the ICB in relation to **UEC funding slippage**.

Overview – Executive Themes and Actions to Raise at Board

The Trust wide operational performance dashboard for October shows that our hopes for **increased elective activity levels** have been maintained which is just about offsetting the worst impacts of Industrial Action in order to maintain an improvement trajectory month on month for our 78 week waiting trajectory, but it is notable that both 65 and 52 week positions have fallen off slightly. We are able to confirm that we have **no 104 week waiting patients** at the end of October which illustrates a stabilisation of our position and the fact that we are now booking beneath 90 weeks. We indicated last month that we were undertaking a **final validation of our long waiting patient cohorts** and a check of our **clinical outcoming processes** with the support of NHSE and the ICB and overseen by the Financial and Operational Committee. Having completed an absolutely **forensic review** we have added a small cohort of patients waiting over 78 weeks to our overall waiting list with a net impact of only six patients joining the waiting list from January. This reflects the immense efforts of our operational and clinical teams to prioritise and book treatment for long waiting patients over the last eight weeks. We are hugely grateful to our teams for identifying and declaring this issue and addressing it so rapidly. We also continue to drive a significant amount of collaborative activity through the **One Devon Assurance Board and GIRFT** that has seen the recent sign off of a **system wide Spinal Service** with our support as hosts; has strengthened the development of the Cardiac Day Case Unit and its associated revenue case through collaboration with Torbay and South Devon NHS Foundation Trust; and continues to support the potential for the Nightingale to support orthopaedic long wait demand from University Hospitals Plymouth. We continue to benefit from excellent **clinical leadership** in taking on these system wide elective challenges.

For **cancer services**, we saw small deteriorations in month in relation to our 62 day waiting target and against the Faster Diagnosis Standard where we sit just off national compliance. We **remain vulnerable on our 2 week wait performance** which is principally driven by the huge demand spike in dermatology over the last six months and our regionally agreed support to colleagues in Taunton. We are very focused on our three most **fragile services: dermatology, oncology and urology** and continue to work closely with the regional team on these risks. We will be receiving the regional team on site in Exeter on the 28th November and look forward to further close working with them on these services in particular.

Outside of the financial and operational plan targets, **Diagnostics performance** has improved against the 6 week DMO1 target overall, reflecting a reduction in patients waiting and every modality operating above plan. The improvement team continues to work on a detailed forward trajectory for these services to match those in our other prioritised domains.

Collaborating in Partnership

Members will remember that we committed to bringing forward our **Community Strategy in this Board cycle** following the strategic paper reviewed in July and the **Winter Plan** signed off in September. We also indicated that the Trust's Interim Chief Executive had written to the ICB with a proposal to build further on our Winter Plan with a range of potential further commitments that will continue to grow our most successful in and out of hospital services such as Virtual Ward, Same Day Emergency Care as well as seeking to support system interventions like the Care Coordination Hub. As mentioned above, we now expect an imminent response on access to UEC funding slippage; we have underlined in detail the exposure that we are carrying on Winter Plan and NCTR to reside in our response to the ***"addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take"*** letter; and we are very pleased to have on the agenda today the follow up proposals for a **Community Services Development Plan (a real drive beyond strategy to action)** which demonstrates great potential for out of hospital service development if we can raise our sights to multiple year resource strategies in line with the organisation's long term Finance Strategy.

Overview – Executive Themes and Actions to Raise at Board

Excellence and Innovation in Patient Care

Triangulation of the performance positions with the safety and quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. Given the very focused financial recovery and implementation of cost control measures we are putting in place, then it is essential that **strong quality and safety measures** are in place to ensure that our approach is intelligent and proportionate. For this reason, the CMO and CNO are occupying significant leadership roles in the financial recovery and have put safety checks and balances into all of the major financial recovery workstreams.

Four serious incidents occurred in the Trust in October and investigation processes have initiated. There were five falls with moderate harm, three of which were unobserved whilst patients were self-mobilising. Falls reviews undertaken thus far have not identified sub-optimal care for these patients. There has been a continued **increase in the volume of complaints** received in October (142, compared to 126 last October). Positively, the volume of **complaints closed in October (152) was the highest volume achieved since April 2022**. 20% of these were closed through early resolution, again an important process improvement. We continue to see low levels of healthcare acquired pressure damage. In terms of mortality metrics, HSMR remains stable and is reducing on a 12 month rolling basis to July 2023; and SHMI is within expected range for all metrics.

The CNO and CMO have been undertaking a series of review activities to ensure that reflection, learning and training are taken from **never events**. The consolidated report on this will be coming to the December cycle of the Safety & Risk Committee. It is also important to note that the **annual CNST Maternity Services review** will be coming forward for its annual review in the January 2024 Board cycle.

A Great Place to Work

The most recent workforce data continues to show **decreasing levels of vacancies and a continued reduction in turnover**; however, it is unfortunate that the **levels of temporary staffing usage continues to exceed the planned levels**. With vacancy levels continuing on a downward trend and increasing financial pressures across the Trust and the wider system, the Trust has taken steps to begin to reduce general recruitment activity, instead focusing this resource on how we can **convert temporary staffing to more cost effective and sustainable substantive positions**. We are continuing to see an increase in sickness absence, however, it is not unusual to see an increase in the approach to the winter, with viruses increasing in the general population. To support our staff to stay well at work, the Trust has engaged in a comprehensive **Winter Wellness campaign**, including our usual offer of Flu and COVID-19 vaccines to all frontline staff. The December IPR will see the new workforce reporting including clearly picture of establishment against plan and temporary workforce spend.

Balanced Scorecard – Looking to the Future

Successes

- Well led and managed Industrial Action periods (despite dual running)
- Recruitment & retention plans continue to show positive results in relation to vacancies
- Maintenance of elective recovery and quartile 1 level performance from Nightingale SWAOC, CDC and CEE
- Agreement of elective collaboration on spinal services with ICS business case on agenda for support
- Agreement of orthopaedic services support for neighbouring Trusts at system level through Nightingale
- Positive TIF review of Cardiac Day Case Unit with maintenance of capital funding and recognition of TSDT collaboration
- National Nursing Awards and HSJ awards in team of the year (oncology) and green initiatives (ED and anaesthetics)

Opportunities

- Delivery of the 2023/4 financial and operational plan
- Progressive offer to ICB to go further on Winter Plan measures.
- TIF bid for hybrid vascular theatre business case
- GIRFT bid for cardiology 7 day working in development in collaboration with TSDT
- Continued implementation of the Northern Services Acute Medicine Model
- Completion of OSIG phase 1 planning phase and Initiation of the Management of Change consultation in support of OSIG on 27.11.2023 with staff side support
- Delivery of Winter Plan and development of Community Services Development Plan
- Continuation of Elective Recovery tier 1 plan to clear 78 and 65ww patients + GIRFT further, faster
- Learning from Never Events programme of activity.

Priorities

- Response to national call to action on financial plan and delivery of financial recovery
- Delivery of the 2023/4 financial and operational plan and focus on NOF exit criteria
- A focus on ED and overall UEC flow
- Staff Health and Wellbeing
- Delivery of Devon ICS UEC funding streams
- Reducing the number of NCTR patients through ICB/Region/National escalation (particularly Northern)
- Completion of our detailed Business Informatics plan and data layer
- Standardisation of job planning and leave planning.

Risk/Threats

- Financial challenge and urgent response required
- Continued Industrial action
- Balancing Devon System support with demands of UEC and Elective Recovery Tier 1 performance
- Access to UEC funding slippage to support Devon Winter Plan.
- Potential loss of confidence in reporting due to continued data quality issues (though improving confidence)
- Staffing Resilience in Northern Services
- Staff Morale with constant pressure and cost of living challenges
- Inability to balance delivery across financial and operational plan
- Primary care and Social Care fragility during Winter period
- Challenge of taking and applying learning from Never Events.

Financial & Operational Exit Criteria Measures

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

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

One Devon

Trust Executive Summary

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Sep-23	This Month Oct-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	1974	1980	6	1550		710
	RTT 78 Weeks waited	Total count	440	399	-41	211		0
	RTT 104 Weeks waited	Total count	8	0	-8	0		0
	Cancer - Over 62 day waiters	Total count	291	294	3	278		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	7.9%	8.1%	0.2%			6.4%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	71.0%	67.1%	-3.9%	72.1%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	52.3%	52.7%	0.5%	62.6%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	61.8%	62.7%	0.9%	69.5%	95%	76.0%
	No criteria to reside	Average daily count	117	125	8	59		50
	No criteria to reside	NCTR as a % of occupied beds	11.2%	11.8%	0.6%	6.0%		5.3%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(28,956)	(38,521)		(21,566)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	20,559	24,230		20,439		60,300

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

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Sep-23	This Month Oct-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	*% baseline (2019/20)*	120.5%	109.8%	-10.7%	118.4%	104%
	Outpatient activity (FU)	*% baseline (2019/20)*	142.3%	128.4%	-13.8%	97.3%	75%
	Outpatient procedures	*% baseline (2022/23)*	209.0%	163.5%	-45.5%	164.7%	
	Elective inpatient activity	*% baseline (2019/20)*	62.6%	58.4%	-4.2%	97.7%	104%
	Elective daycase activity	*% baseline (2019/20)*	118.1%	107.6%	-10.5%	107.0%	104%
	RTT 18 week performance	*Patients seen <18 weeks vs total incomplete pathways*	51.6%	51.1%	-0.4%		92%
	Incomplete pathways	*Total count*	23971	23280	-2.9%	22827	
	RTT 52+ weeks waited	*Total count*	2538	2335	-8.0%	2868	
	RTT 65+ weeks waited	*Total count*	967	950	-1.8%	795	
	RTT 78+ weeks waited	*Total count*	190	175	-7.9%	111	
	RTT 104+ weeks waited	*Total count*	0	0	100.0%	0	
CANCER	2 week referrals	*Performance*	86.3%	90.0%	3.6%		93%
	28 day faster diagnosis standard	*Performance*	72.5%	78.1%	5.6%	63.0%	75%
	Urgent GP referral 62 day	*Performance*	78.0%	61.6%	-16.4%		85%
	Cancer - Over 62 day waiters	*Total count*	47	46	-2.1%	78	
	Cancer - % 62 day waiters against total open pathways	*days against open pathway*	6.2%	6.2%	0.0%		

Domain	Measure/metric	Definition	Last Month Sep-23	This Month Oct-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	*% baseline (2019/20)*	107.5%	106.4%	-1.0%	80.2%	
	A&E attendances	*% baseline (2019/20)*	124.5%	124.2%	-0.3%	101.0%	
	4 hour wait performance	*Patients seen <4 hours vs total attendances*	59.6%	61.9%	2.3%	71%	95%
	Ambulance handover delays >30 minutes	*Total count*	371	448	20.8%		
	Residual no criteria to reside	*Average daily count*	39	47	20.5%	17	
	Residual no criteria to reside	*NCTR as a % of occupied beds*	13.3%	15.7%	2.5%	6.5%	
DIAGNOSTICS	6 week wait referral to diagnostic test	*% of diagnostic tests completed in 6 weeks*	*55.5%*	*58.7%*	3.3%	N/A	99%
	MRI activity	*% baseline (2019/20)*	*116.9%*	*133.1%*	16.2%	109.5%	
	CT activity	*% baseline (2019/20)*	*137.1%*	*140.5%*	3.3%	137.9%	
	Medical Endoscopy activity	*% baseline (2019/20)*	*133.7%*	*156.1%*	22.4%	122.0%	
	Non-obstetric ultrasound activity	*% baseline (2019/20)*	*116.9%*	*102.5%*	-14.4%	92.5%	
	Echocardiography activity	*% baseline (2019/20)*	*116.4%*	*102.9%*	-13.5%	83.5%	

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary

Eastern Services Operational Performance Dashboard

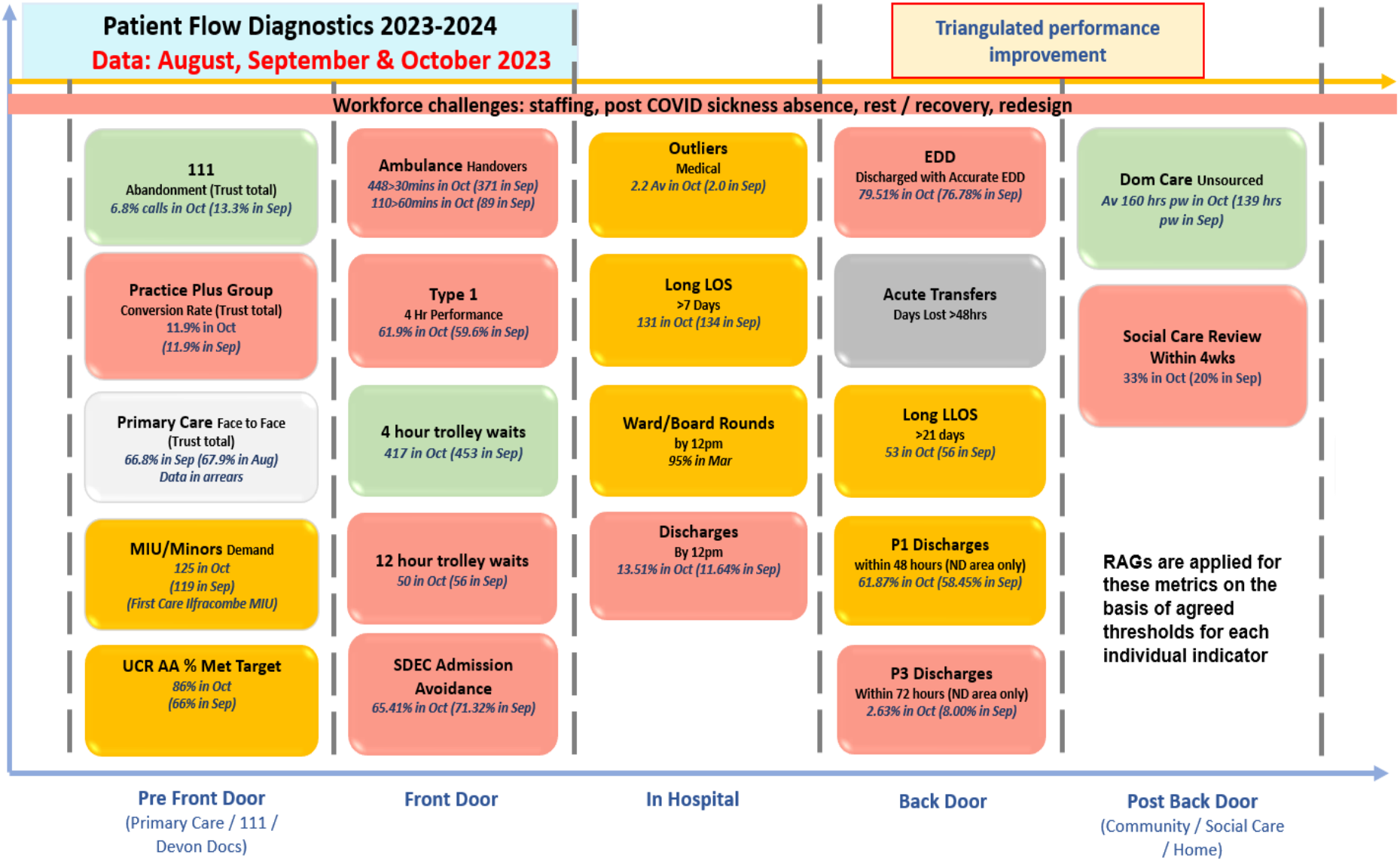
Domain	Measure/Metric	Definition	Last Month Sep-23	This Month Oct-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	97.1%	**94.9%**	-2.2%	90.7%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	126.3%	**129.9%**	3.6%	120.6%	75%
	Outpatient Procedures	vs baseline (2019/20)	117.0%	**106.0%**	-11.0%	100.8%	
	Elective Inpatient Activity	vs baseline (2019/20)	55.9%	**53.5%**	-2.4%	82.0%	104%
	Elective Daycase Activity	vs baseline (2019/20)	106.8%	**114.5%**	7.7%	118.0%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	56.4%	**54.6%**	-1.8%		92%
	Incomplete Pathways	Total count	55112	**54147**	-1.8%	58836	
	RTT 52 Weeks waited	Total count	2892	**2982**	3.1%	2047	
	RTT 65 Weeks waited	Total count	1007	**1030**	2.3%	755	
	RTT 78 Weeks waited	Total count	250	**224**	-10.4%	100	
	RTT 104 Weeks waited	Total count	8	**0**	-100.0%	0	
CANCER	14 Day Urgent	Performance	47.0%	44.7%	-2.3%		93%
	28 day faster diagnosis standard	Performance	70.5%	63.5%	-7.1%	75.1%	75%
	Urgent GP referral 62 day	Performance	63.2%	57.2%	-6.0%		85%
	% 62 day waiters against total open pathways	62 day waits as a % of total pathways	8.4%	8.6%	0.2%		
	Count of open pathways over 62 days	Total count	244	248	1.6%	200	

Domain	Measure/Metric	Definition	Last Month Sep-23	This Month Oct-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	105.6%	**109.8%**	4.2%	98.1%	
	A&E attendances	vs 19/20 baseline	88.9%	**93.1%**	4.7%	83.3%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	47.4%	**47.0%**	-0.4%	58.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	62.7%	**63.0%**	0.2%	68.9%	95%
	Ambulance handover delays >30 mins	Total count	434	**470**	7.7%		
	Residual : No Criteria to Reside count	Average Daily count	78.0	**78.0**	0.0%	42	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	10.4%	**10.3%**	-0.1%	5.8%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	61.4%	59.8%	-1.6%		99%
	MRI activity	vs 19/20 baseline	109.4%	112.1%	2.8%	106.8%	
	CT activity	vs 19/20 baseline	128.3%	113.1%	-15.2%	104.9%	
	Medical Endoscopy activity	vs 19/20 baseline	98.8%	100.8%	1.9%	89.1%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	99.4%	97.5%	-1.9%	82.2%	
	Echocardiography activity	vs 19/20 baseline	151.6%	148.9%	-2.8%	96.1%	

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

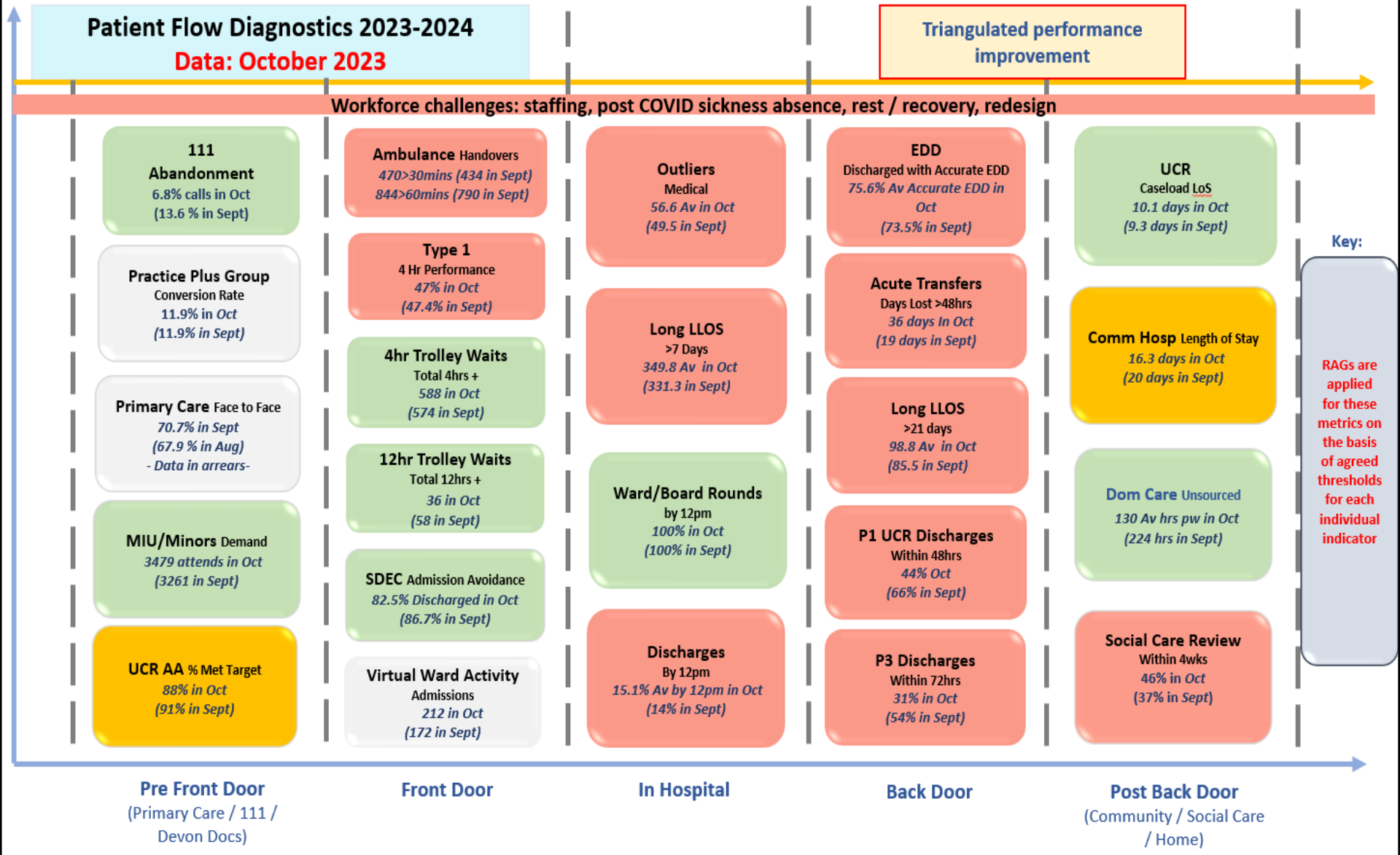
Northern Services Executive Summary

Northern Services Patient Flow Diagnostic

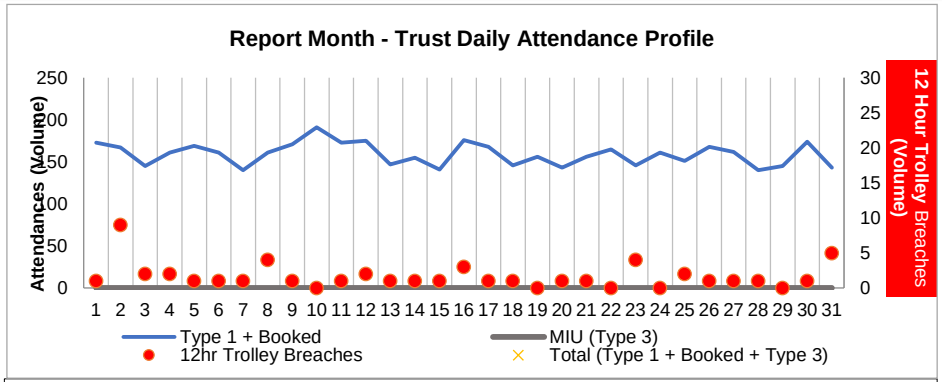


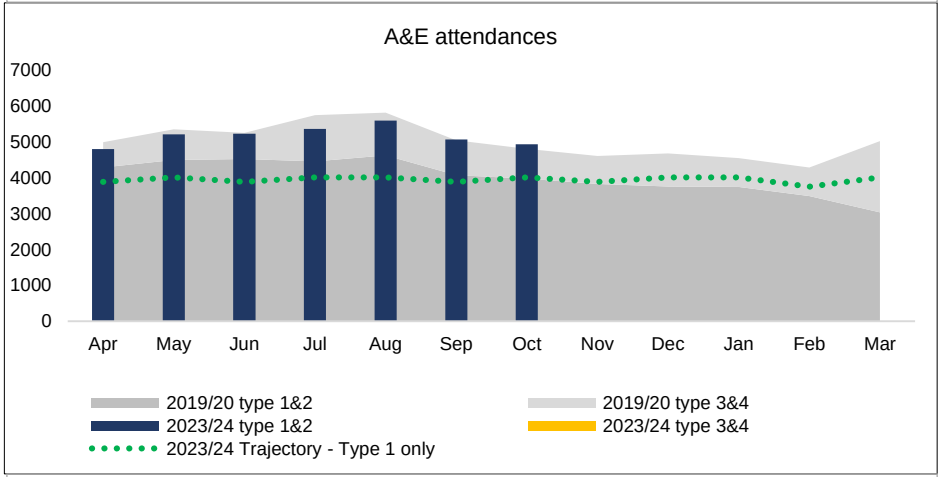
Eastern Services Executive Summary

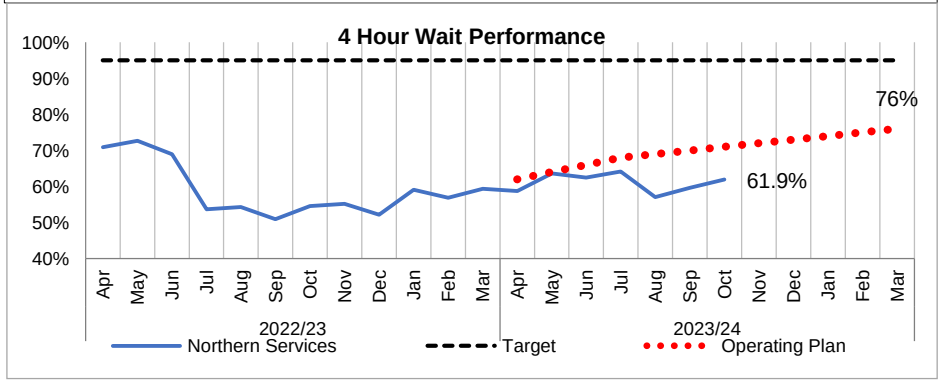
Eastern Services — Patient Flow Diagnostic



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



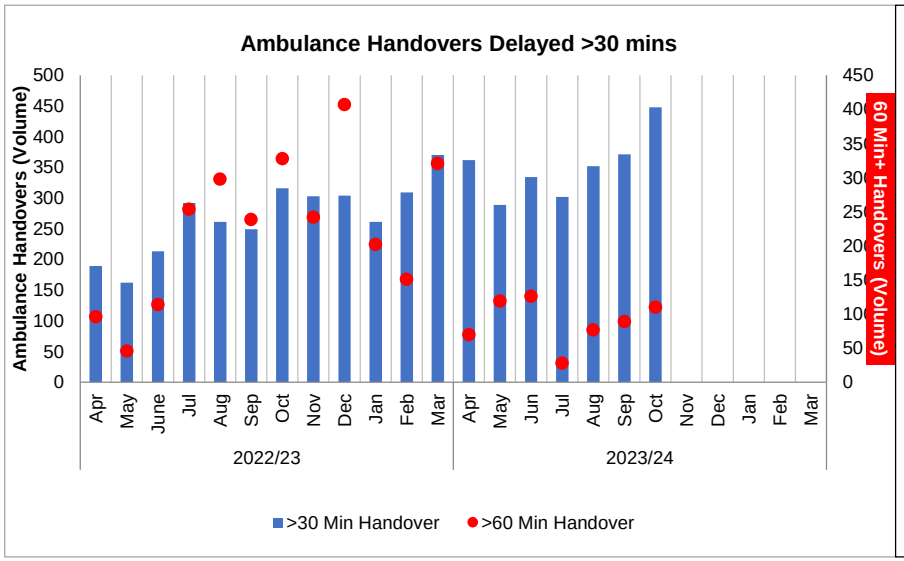


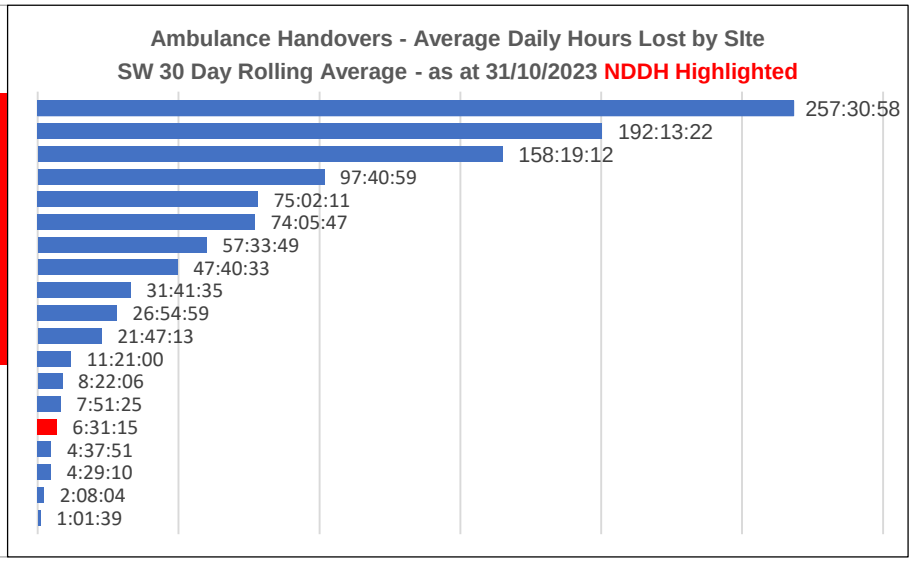


Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	4930	1877	61.9%

- There was a decrease of 134 attendances in October compared to September. However, this was still a 9.4% increase against attendances in October 2022. ED saw an decrease in attendances in October with a peak of 191 attendances on the 10th October.
- An action plan is in place with actions to support improvement in 4 hour performance.
- The service reported a 2.3% increase in October against the 4 hour target in September.
- The number of 4-Hour breaches decreased from 2039 in September to 1877 in October.
- MIU activity in Ilfracombe MIU (Fri-Mon) has not been included within activity and performance to date but is to be included (date yet to be confirmed). The ED team are working with the subcontracted service suppliers to do this.
- Plans are in place to complete a test of change for 24/7 board co-ordination and also to streamline ambulance handover process to reduce handover delays >15mins.

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

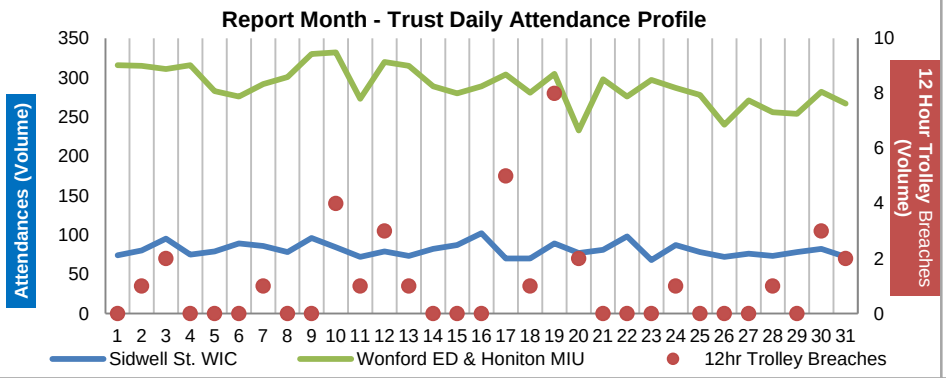


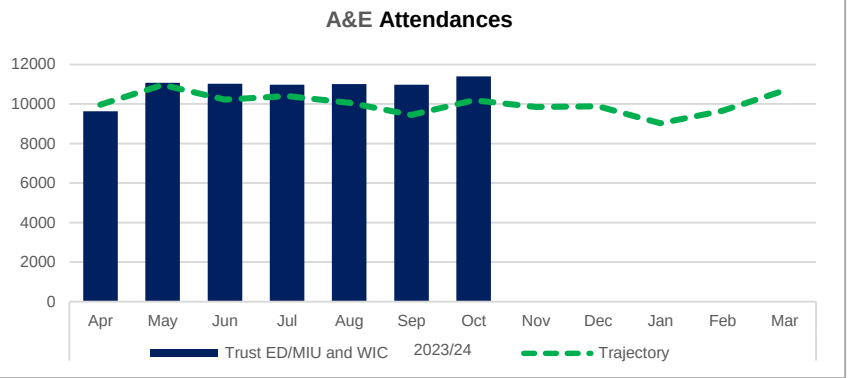


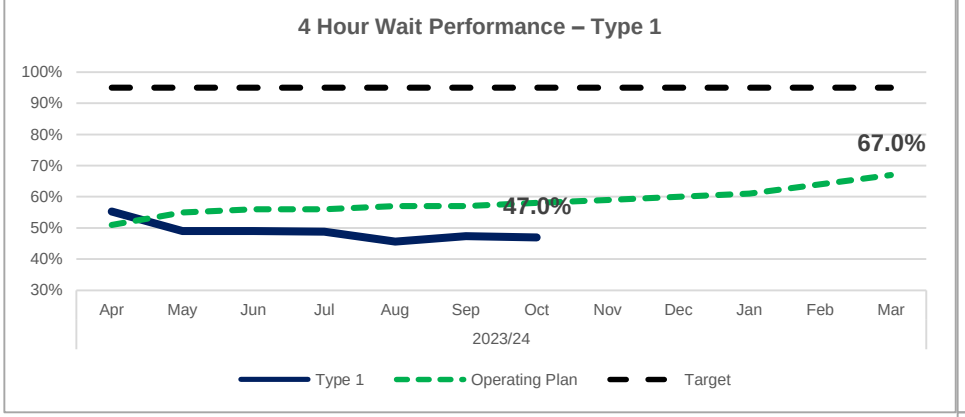
- 60 min ambulance handovers increased by 21 in October, 30 min handovers increased by 77
- XCAD, The new SWAST ambulance trading system has been implemented in Northern Services. This is expected to provide more accurate ambulance handover times. However, we are currently looking at reviewing out handover process as we have seen some problems on our side and SWAST with the new application in place. This is being done in conjunction with reset week.

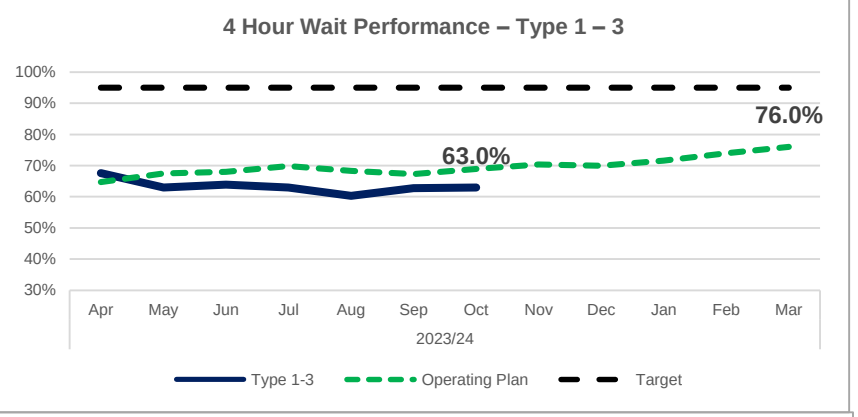
Eastern Services Emergency Department

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









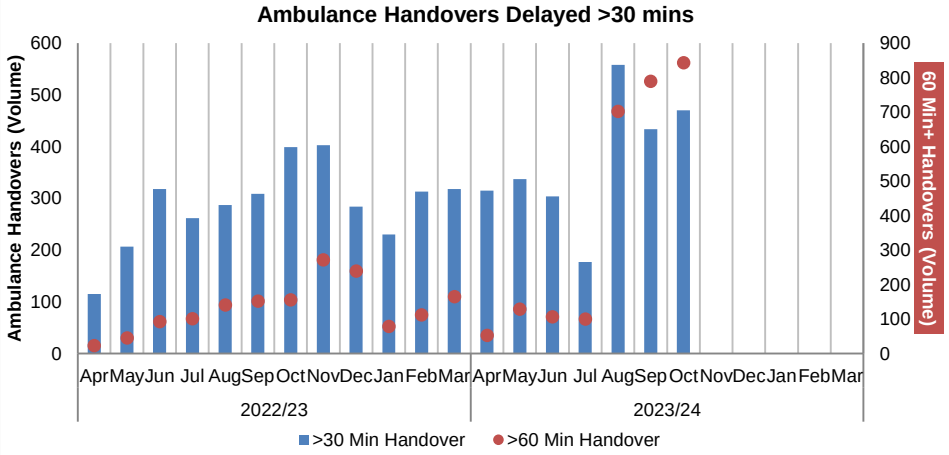
Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	7917	4196	47.00%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	11396	4221	62.96%
Total System Performance (including MIUs)	13915	4390	68.45%

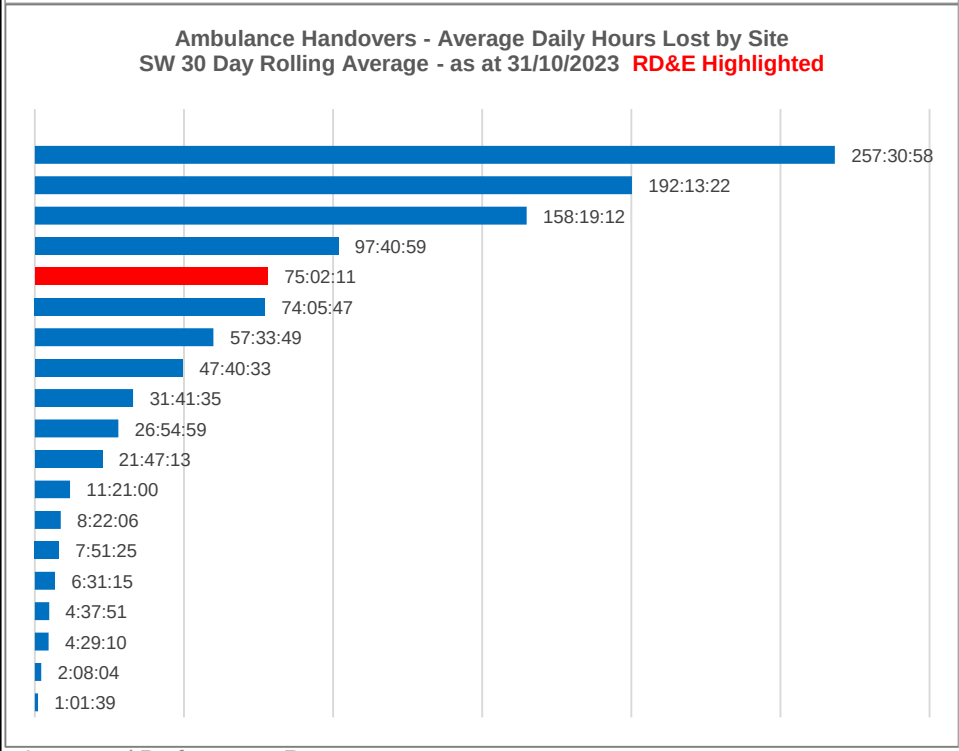
Overall Performance

- October has seen the highest volume of attendances to A&E so far for 2023, with 11,396 attendances, which is 11.8% above planned levels, or an average of 39 more patients per day.
- All Type - 4 hour performance increased from 62.7% in September to 63.0% in October 2023 (Eastern All Type trajectory for October 69.0%).
- ED Type 1 - 4 hour performance decreased from 47.4% in September to 47.0% in October (Eastern Type 1 trajectory for October 58%).
- Type 1 daily attendance figures were on average 255 per day, representing continued high demand.

Eastern Services Emergency Department

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





Actions being taken to improve performance

- UEC Simulation Modelling being undertaken with Deloittes.
- Task and finish group to reduce attendances of specialty expected patients to ED.
- Focus on improvements to initial time to triage (proportion of patients assessed within 15 mins of arrival for ambulance arrivals and walk ins), including potential to introduce E-Triage.
- Implementation of Trust Internal Professional Standards launched on 14/11/23.
- GP Streaming to reduce minors' attendances and improve performance across 18 GPs is due to be launched on 22/11/23.
- Focus on mental health patient pathways.
- Introduction of Minors Working Group to oversee action to improve minors performance, including Nurse Practitioner Test of Change.
- Extension of Safety Huddles to include evening review with On-Call Teams.

Focus on ambulance reporting

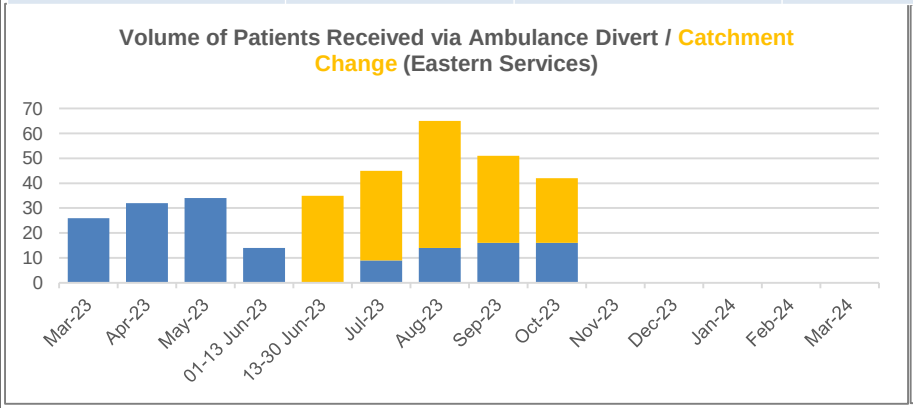
- Monthly ambulance handover meetings have been established with SWAST to review processes and improvements.
- Regional Hospital Handover Data Quality Task & Finish Group is in place.
- Devon Ambulance Cell and ICB Eastern locality top 5 system priorities to improve ambulance handover delays; MH pathways, specialty expected patients to ED, GP streaming, ED e-triage and ambulance handover data validation.
- ICB/SWAST implementation of X-CAD hospital ambulance arrivals screens and scoping the possibility of reactivating the dual pin sign off to improve ambulance handover times.
- Completion of current phase of ED reconfiguration at the end of November will move ambulance arrivals back to new ambulance entrance (from current temporary entrance), improving ambulance flow.

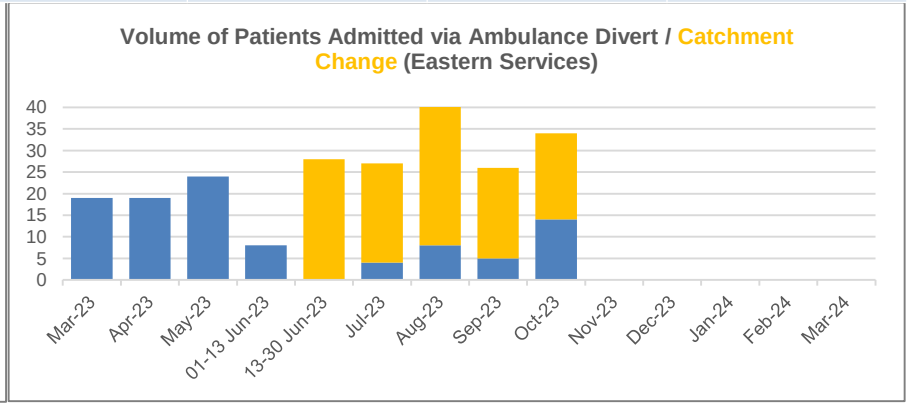
Providing safe alternatives to admission

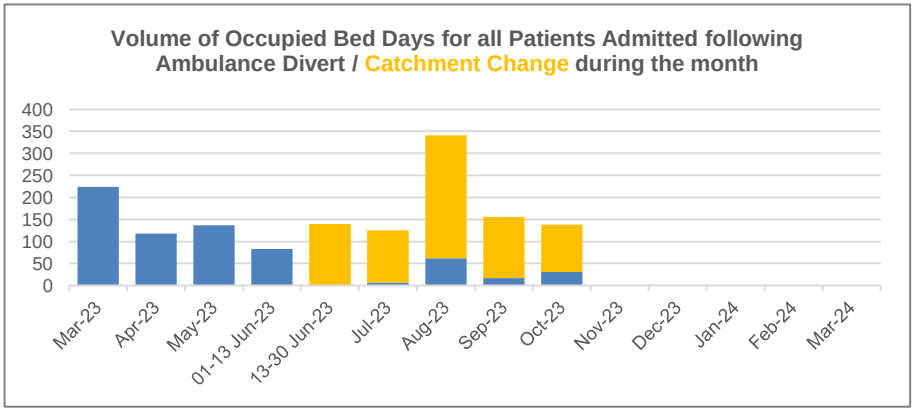
- SDEC activity maintained activity levels at 613 (compared to 611 in September), though discharge rate reduced slightly to 82.5%.
- The virtual ward saw 255 admissions (212 Eastern & 43 Northern), up 24% on the previous month.
- The peak number of patients on one day was 54 and the daily average improved by 34% to 43 (from 32 in September).
- Plan agreed to accelerate bed capacity by December 2023.

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	27	21	6	21	2	4
April 2023	19	18	1	14	4	1
May 2023	29	20	9	18	11	0
June 2023	7	2	5	4	2	1
July 2023	0	0	0	0	0	0
August 2023	11	8	3	4	4	3
September 2023	8	5	3	2	0	6
October 2023	19	8	11	14	2	3







Trust – Provision of System Support for Planned Care

Number of Mutual Aid Requests received by RDUH					
	Received	Completed	Declined	Ongoing	Under Consideration
Apr-23	2		2		
May-23	3		2	1	
Jun-23	2	1		1	
Jul-23	1		1		
Aug-23	3		2		1
Sep-23	2			1	1
Oct-23	3			1	2

Number of Mutual Aid Requests made by RDUH					
	Made	Completed	Declined	Ongoing	Under Consideration
Apr-23	1				1
May-23	0				
Jun-23	0				
Jul-23	0				
Aug-23	0				
Sep-23	0				
Oct-23	0				

Community Services - Priorities

In response to requests for content in the IPR which is more representative of our community services, this month's report has been augmented with additional information. Feedback from the Board of Directors would be most welcome and future iterations will be tailored accordingly.

Reduce NCTR

- Increasing admission avoidance activity and maintain 2hr response performance
- Reducing pathway 1,2&3 discharge delays
- Improving % of patient facing time (productivity)
- Fully utilising all UEC funded schemes (live in carer model and the 1:1 support for people in care homes)

Improve End of Life experience

- Early identification of those in the last 12 months of life – flagged on Epic
- Upskilling community teams to provide holistic support to people and their carers/families
- 100% compliance of advance care planning conversations
- Reducing unnecessary hospital admissions in the last 90 days of life

Reduce falls related admissions and manage frailty

- Identifying care homes who have greatest need of support, training and education
- Reducing falls related hospital admissions (and length of stay if they are admitted)

Reduce community waiting lists

- Improving data quality/validation
- Confirming targets and setting improvement trajectories
- Supporting teams around different ways of working, ensuring full utilisation of skills, expertise and capacity

The Community Division has four key priorities which align with the Devon system Urgent Emergency Care action plan. These priorities also support the balance of focus on both helping people to stay well at home, avoid unnecessary hospital admissions and enable people to safely return home from hospital as soon as possible. Information showing the range of work ongoing in each of these four priority areas is shown in the following pages.

Trust - Community Services - Improve End of Life Experience

Key deliverables

- Reduction in LOS for patients of anyone who was admitted to hospital in the last 90 days of their life
- Reduction in number of patients admitted to hospital within the last 90 days of their life with 3 or more admissions

Achievements for October

- **End of Life Flag –** A flag is now available on Epic in order to identify patients who are in the last 12 months of their life. This will help inform clinician discussion.
- **Advanced Care Planning (ACP) and Treatment Escalation Plan (TEP) training –** Training is now complete in all community nursing teams and has now been extended to Rehabilitation and Urgent Community Response teams.

Key focus areas for next month

1. Establish Key Performance Indicators to monitor and track assignment of ACPs and the impact this has on hospital length of stay and admission of patients at the end of their life into ED. The team continues to build on recording of ACPs being completed and conversation being offered. This is also supported by the Place of Death Audit. A report build is currently being scoped by the Epic team to capture admission information into ED.
2. A meeting with Marie Curie has been arranged to review opportunities around bereavement visits. This will include a review of e-learning packages available specifically to support bereavement conversations. Following this, a task and finish group will be established with key EOL leads to support this work.

Metric	Baseline	Region	Aug-23	Sep-23
Identified End of Life or in the Last Year of Life who died in their preferred place	30%	Planned	30%	30%
	Actuals	Eastern	37%	50%
		Northern	14%	38%
Patients with 3 or more admissions aged 75+ years in last 90 days of life	11%	Planned	11%	11%
	Actuals	Eastern	10%	6%
		Northern	13%	0%
Length of Stay of patients aged 75+ years admitted within last 90 days of life	17 Days	Planned	17	17
	Actuals	Eastern	13	12
		Northern	20	13

Trust – Community Services – Reduce Falls related Hospital Admissions and Manage Frailty

Key deliverables

- Reduction in hospital length of stay of frail patients over 75 years of age

Achievements for October

- **Change control requests to support metrics/reporting –** Approved by Homecare group, data will be available to support the measurement of KPIs to monitor falls admissions. This is due to be available for use in December.
- **Review and alignment of NICE guidance has been completed –** This will support identification of individuals who are at risk of osteoporosis, frailty and falls.
- **Time to Transfer rate (TTT) –** An initial "pull" of data has been undertaken to review baseline information to support UEC metric measurement for those patients who are over 75 years of age, frail and medically optimised. A team is also reviewing this data to support those with the longest number of days medically optimised and where they would benefit from an advanced care planning conversation linking with end of life workstream leads.
- **Falls prevention training in care homes –** Additional training has been identified to support Care Home staff to use equipment in event of a non injurious fall. A phased rollout is being implemented.

Key focus areas for next month

1. Define referral process for local services – This will help to align the care coordination hub and locality triage hub workstreams and to define associated referral processes.
2. Ring-fence "step up" beds in community hospitals based on the demand and capacity modelling for emergency admission avoidance – A proposal to ring fence 4 beds at Sidmouth Hospital is being finalised with a view to commencing a test of change in November.
3. To review relevant NICE guidance compliance in line with the clinical effectiveness tool.
4. To discuss fracture liaison pathway with the ICB.
5. Development of metrics and data collection – This includes the improved reporting of falls incidences and to improve the criteria for when to Datix falls incidences.

Trust - Community Services - Reduce Waiting Lists

Community Waiting List Numbers

	Podiatry	Rehab	Weight management	MSK	Continence (Adults only)	Tissue viability	Community nurses	UCR	Neuro rehab	New born hearing	Home oxygen	SLT	Dietetics
September	2561	3943	1308	3893	8	8	499	44	15	106	7	408	216
October	2341	2690	1169	4075	8	8	581	60	10	148	7	405	256
% change in month	8.6%	31.8%	10.6%	-4.7%	0.0%	0.0%	-16.4%	-36.4%	33.3%	-39.6%	0.0%	0.7%	-18.5%
March 2024 target	**2177**	**3352**	**1112**	**3309**	**7**	**7**	**424**	**37**	**13**	**90**	**6**	**347**	**184**

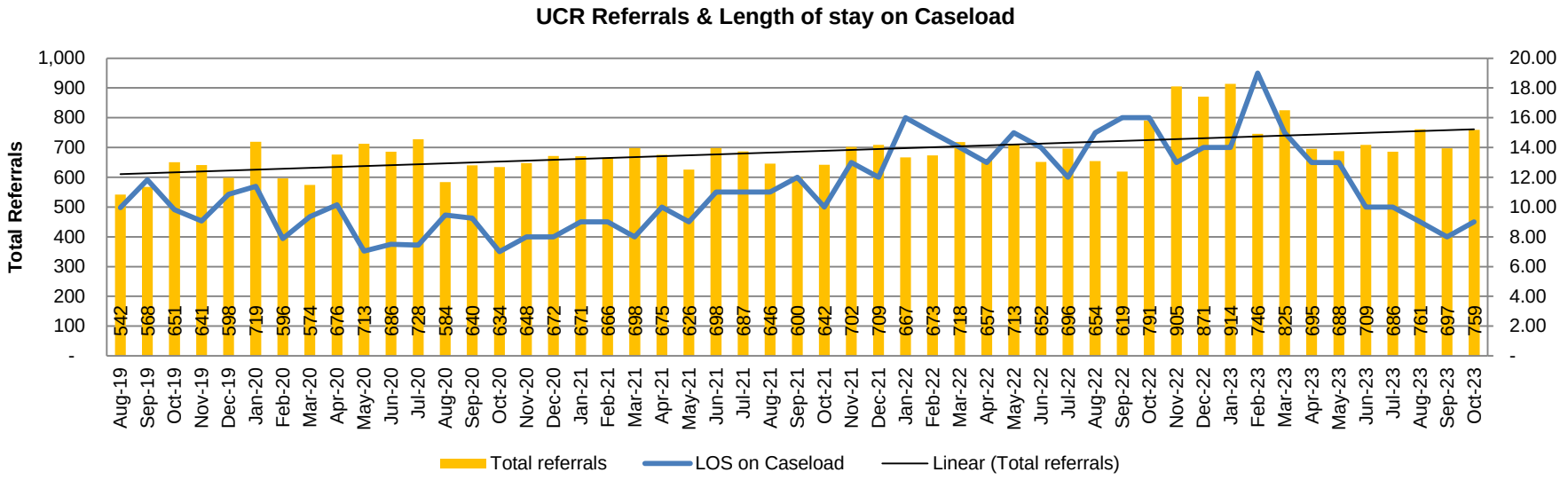
* Target based on 15% reduction on the Sept 2023 position

So far in 2023/24 we have:

1. Worked with BI to establish the community waiting lists by service
2. Ensured inclusion of both North & East data
3. Established a target of 15% reduction from the September 2023 position
4. Started detailed validation of data for services particularly focusing on:
   - Long waiting patients
   - Those with no order or appointment booked
5. Both waiting list and validation progress will be monitored through the Division's Performance Review meeting (PAF)

Trust – Community Services - Urgent Community Response

Admission avoidance and discharge



Urgent Community Response (UCR) Demand and Performance

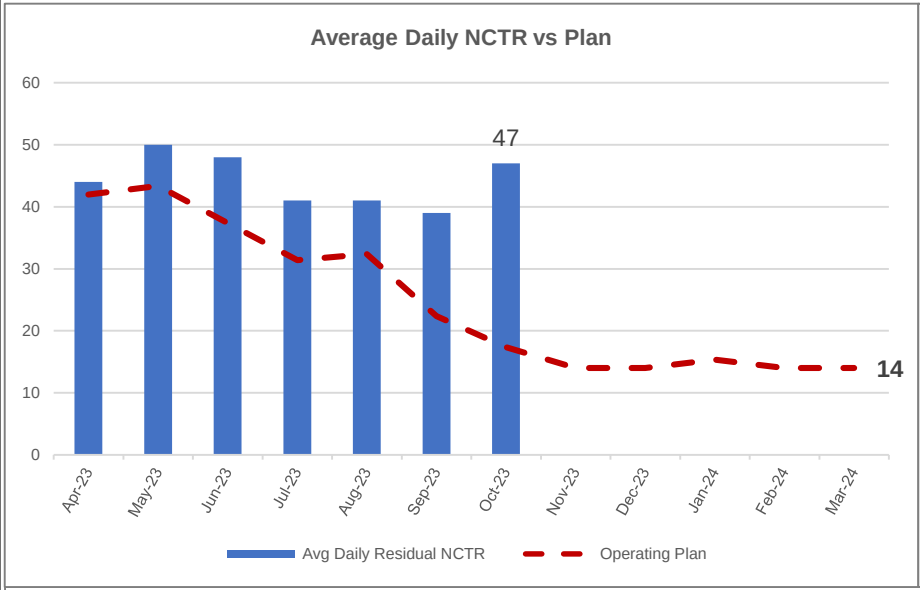
- Demand for UCR (admission avoidance and supporting discharge) slightly increased from September to October.
- In October, there were 362 community admission avoidance referrals. We continue to surpass the national target (75%) with 88% of the urgent referrals being responded to within 2 hours.
- Length of stay on the caseload has significantly improved and this is largely down to improved market capacity for domiciliary care, which enables UCR teams to discharge patients onto long term care providers in a more timely way.

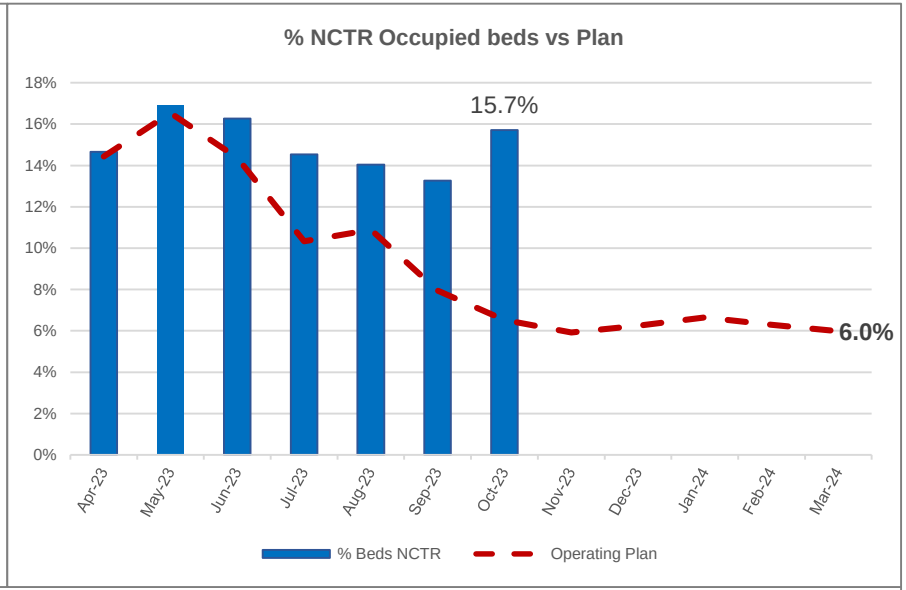
Future developments for UCR

- For the month of October there were 33 accepted referrals from SWAST to UCR and 22 accepted SWAST referrals for UCR 2hr response.
- The Care Coordination Hub pilot over winter will support more effective use of existing pathways and greater integration of UCR and Virtual Ward pathways.

Northern Services Reduce No Criteria to Reside

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





Actions to Improve Performance

Pathway 0

- Medically optimised part of board rounds and updated daily, alongside Expected Date of Discharge (EDDs) and criteria led discharges
- North Discharge Lounge open 7 days a week and utilisation is increasing, saving 50 bed days in August and supporting 33% before midday for discharges from core beds
- North discharge pathway mapping in partnership with ICB now completed and system work underway to improve Pathway 0.
- Acute Hospital at Home (Virtual Ward) supporting admission avoidance in the Emergency Department (ED).

Pathway 1

- Weekly meetings between operational and to review utilisation and maximise face to face contact time
- Audit to ensure case manager allocated, estimated length of support is recorded and reviews of care are completed within the first 24hrs

Pathway 2

- Daily monitoring to maximise capacity across north and east to achieve 95% use of 1:1 support to care homes and live in care pathways
- Daily review of the waiting list to ensure strengths based approach is taken and all opportunities to support people 'home first' are taken

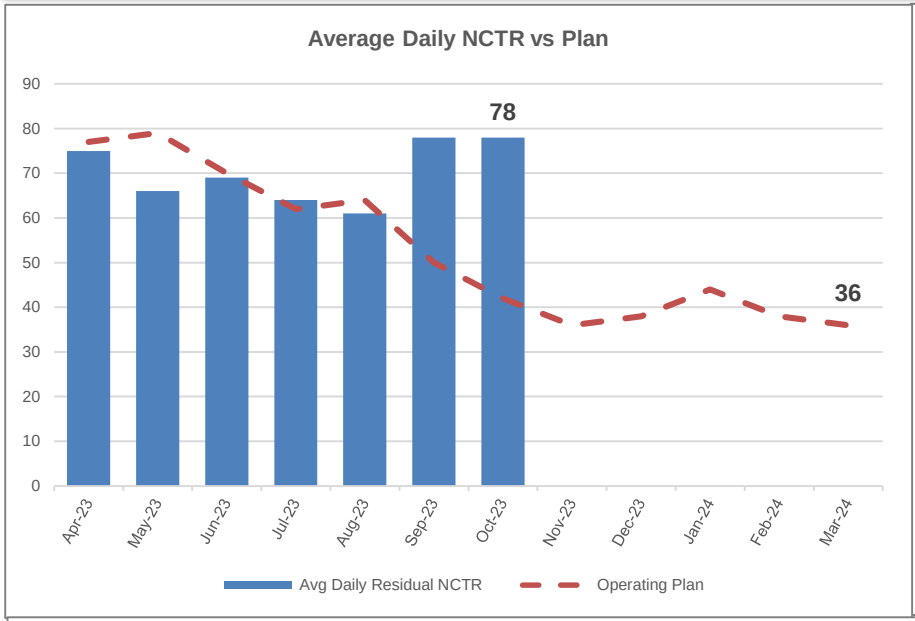
Pathway 3

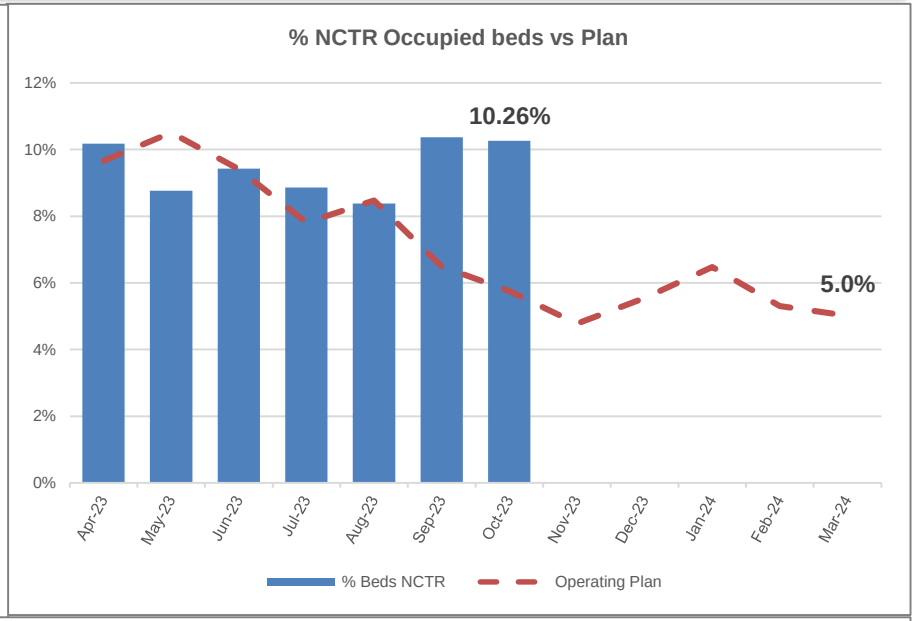
- Engagement session with acute staff around expectations of those who can access long term bedded care straight from a hospital setting, to reduce long term placement from an acute hospital environment

In November, Devon ICB are supporting a 2 week focus on driving down the number of NCTR patients.

Eastern Services Reduce No Criteria to Reside

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





It is acknowledged that the 'No Criteria to Reside' (NCTR) remains a key priority for Community services. The past two months has seen the highest volume of NCTR patients so far in 2023 therefore is an area of continued key focus and planning. Current actions to improve performance include:

Pathway 0 – (No needs)

- Criteria Led Discharge utilising the EPR is now in place on a number of wards across Eastern Hospitals. Roll out continues.
- Focus on increasing the use of the discharge lounge for Pathway 0 patients. In October, the discharge lounge saw 922 patients, of which 37% were received before midday (the highest monthly volume so far).

Pathway 1 – (Package of Care)

- Weekly meetings between operational and clinical meetings to review productivity and maximise percentage of patient contact time continue.
- Audits are carried out to ensure that a case manager is allocated to each patient, estimated length of support is recorded and reviews of care are completed within the first 24hrs of allocation.

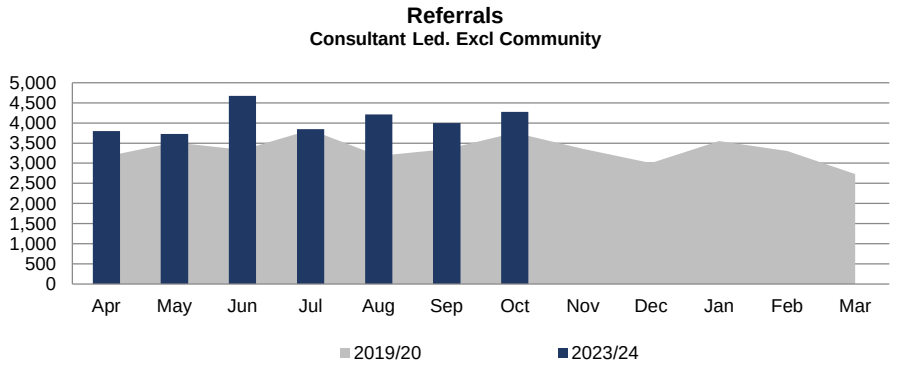
Pathway 2 – (Community bed/short term rehabilitation)

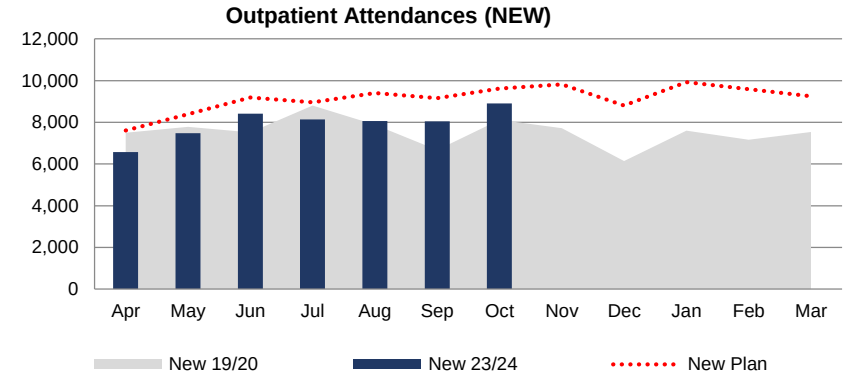
- Daily monitoring is in place to maximise capacity across north and east in order to achieve 95% use of 1:1 support to care homes and live in care pathways
- Daily review of the waiting list is carried out to ensure strengths-based approach is taken and all opportunities to support people 'home first' are taken

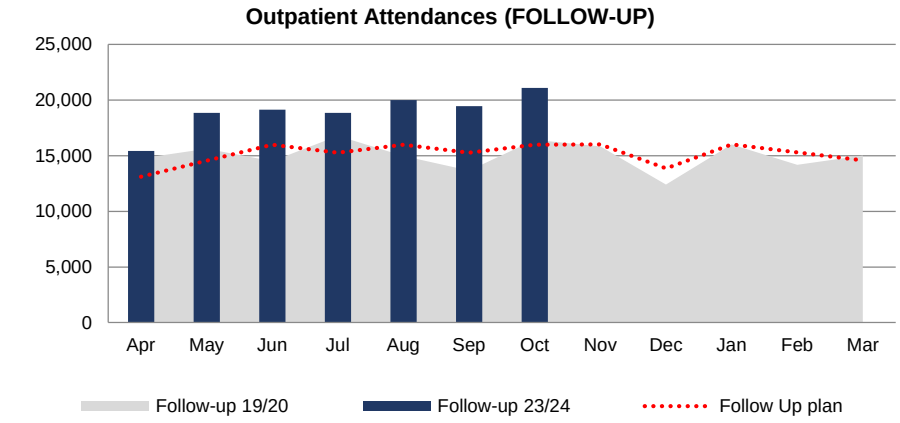
Pathway 3 – (Residential/Nursing bed)

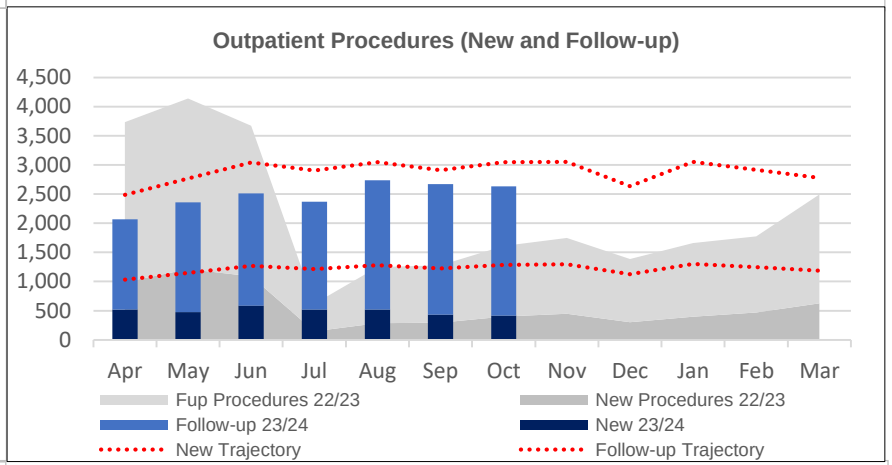
- Engagement session is planned with acute staff to clarify the expectations of those who can access long term bedded care straight from a hospital setting. The purpose of this is to reduce long term placements from an acute hospital environment.

Northern Services Elective Activity- Referrals and Outpatients

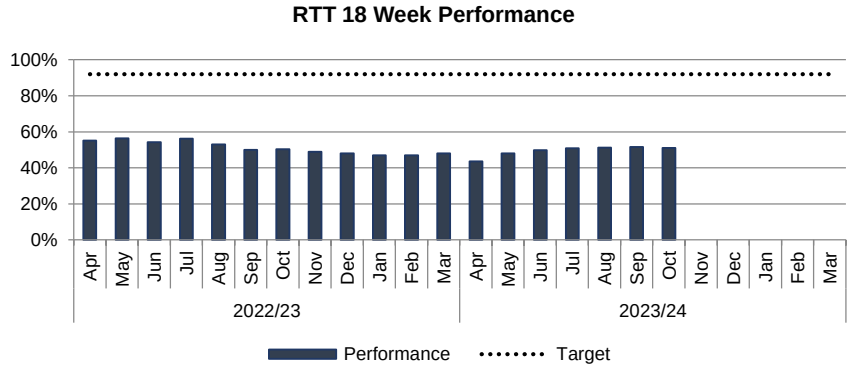




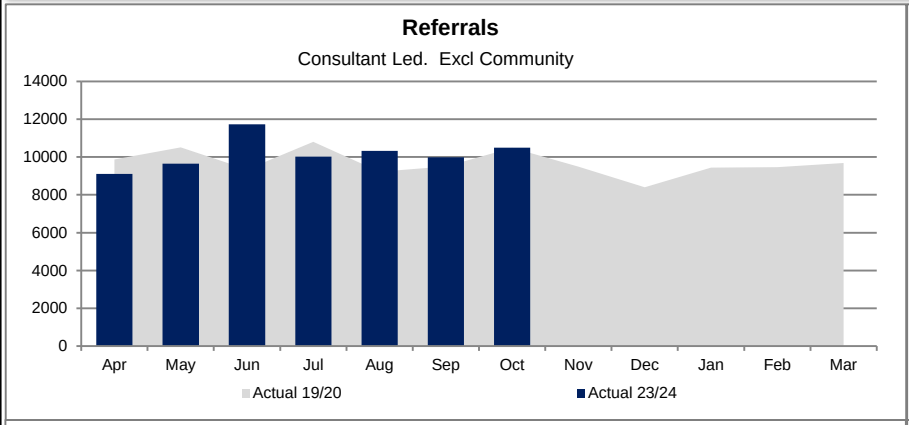


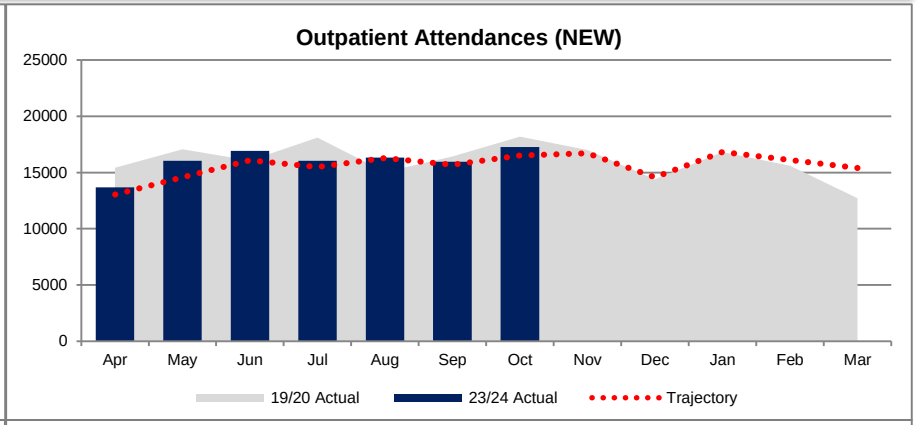


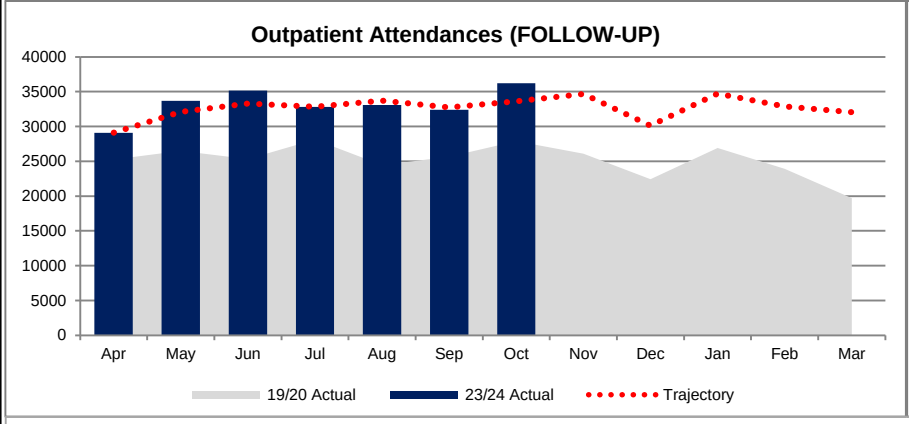
- There were a total of 30,014 Outpatients appointments in October. Of this 8,913 were New appointments and 21,101 were Follow-up appointments. Work is underway to reduce follow-up activity.
- 76.8% of appointments were held Face to Face and 23.2% were Virtual appointments in October.
- There was a slight decline in RTT 18 week performance in October.
- **Outpatient follow-up**: activity was above 2019/20 volumes and in line with planned volumes for September. Explanations for the higher volume of activity vs 2019/20 relates to the differences in activity data capture relating to the implementation of a new electronic patient record since 2019/20. However, it has also been established that some new OP activity is being reported inaccurately as follow up and not all procedures have been captured within reporting. The income workstream within Financial Recovery Programme is currently in progress with correcting this.

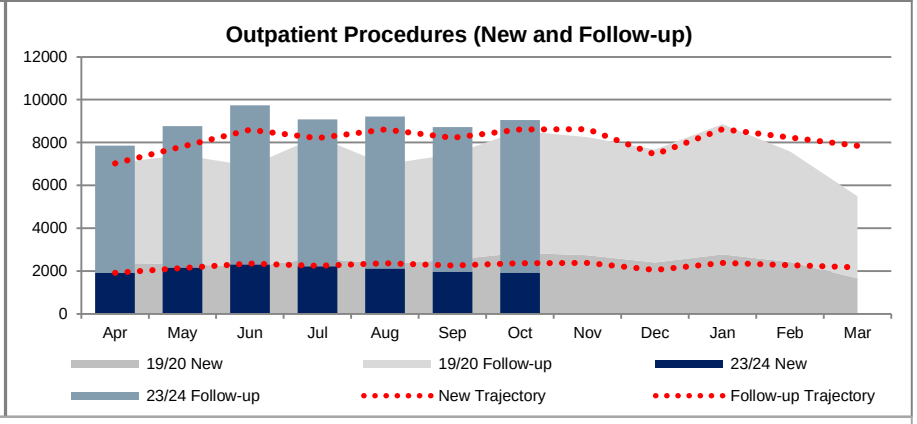


Eastern Services Elective Activity- Referrals and Outpatients









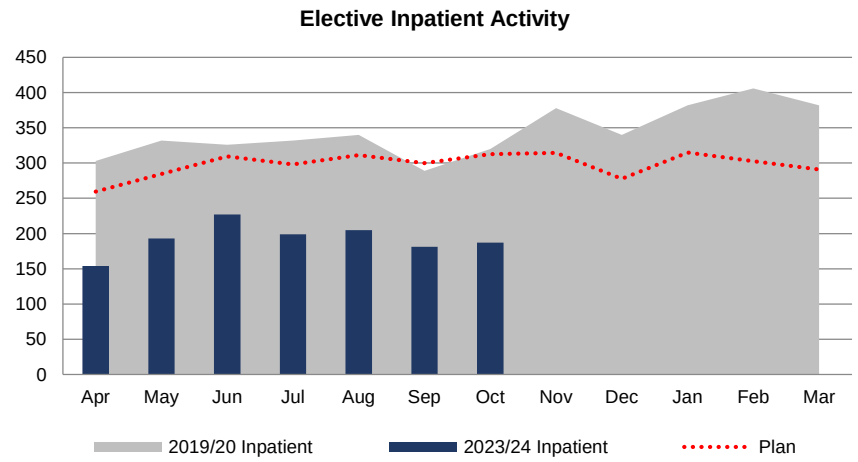
New Outpatient attendances: were ahead of plan in October but 95% of 2019/20 volumes, which is a slight deterioration on September levels.

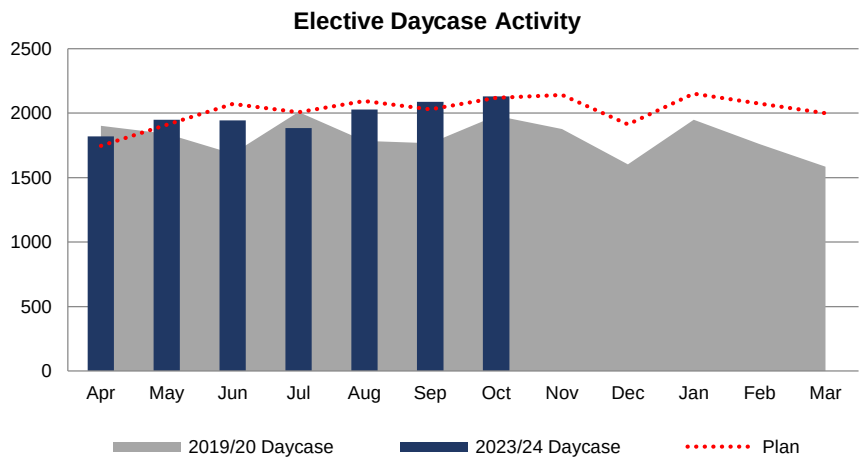
Follow up Outpatient attendances: were ahead of both plan in October and equivalent levels of activity in 2019/20.

Outpatient procedures: were ahead of plan in October and 106% of 2019/20 volumes. The data quality capture programme is focussing on recording all outpatient procedures that are undertaken, and the expectation is that volumes will continue to increase throughout the remainder of the financial year.

Industrial action continued in October but is currently paused nationally, with no industrial action in November to date.

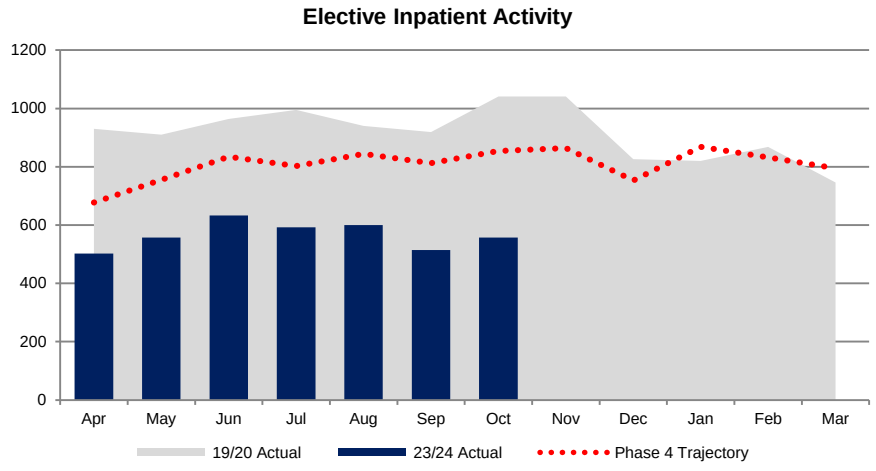
Northern Services Elective Activity- Inpatient and Daycase

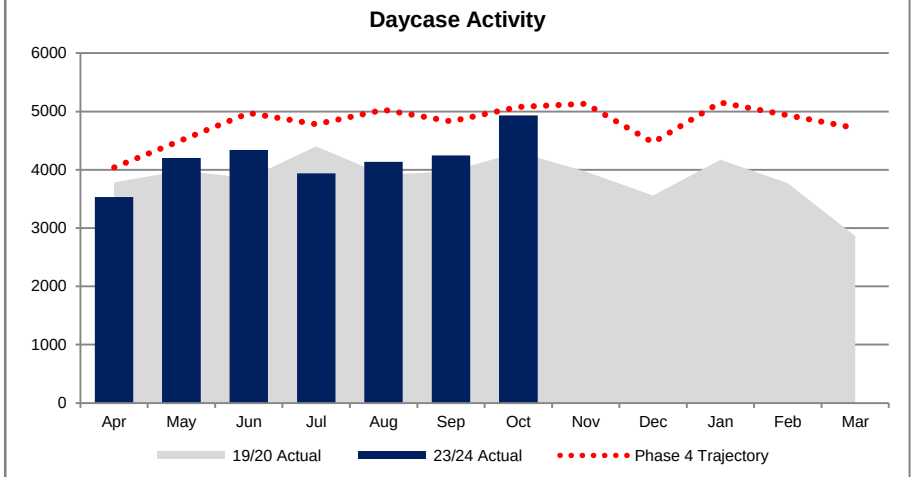




- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient increased during October by 6 and Daycase activity increased during October by 43.

Eastern Services Elective Activity- Inpatient and Daycase



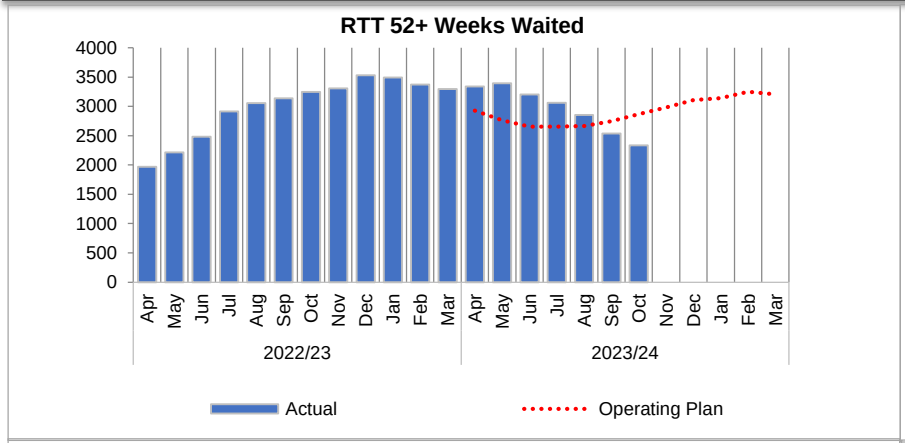


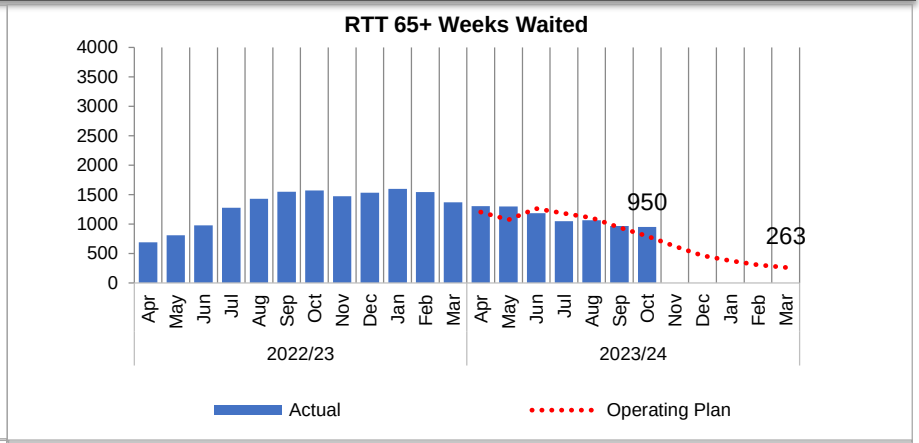
- Eastern services continues to be lower than 2019/20 volumes for inpatient activity for higher than 2019/20 volumes for daycase. Daycase activity was the highest volume of activity year to date and 115% of 2019/20 levels, but marginally short of planned levels.

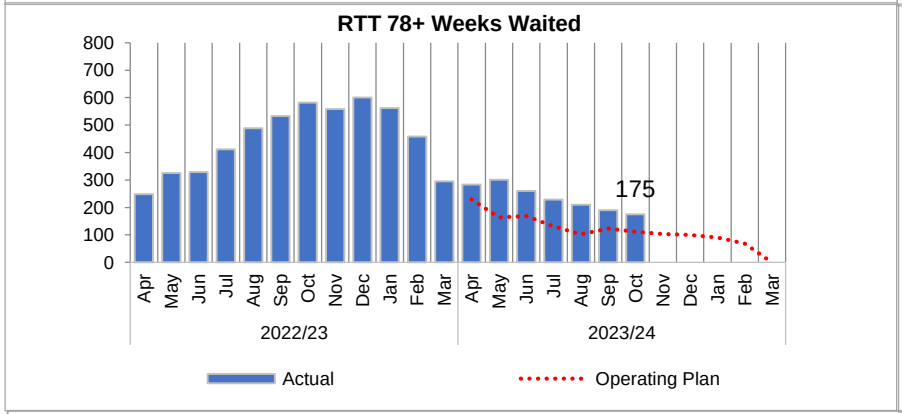
- Industrial action continued in October but has currently been paused nationally for consultants and junior doctors and there has been no industrial action to date in November.

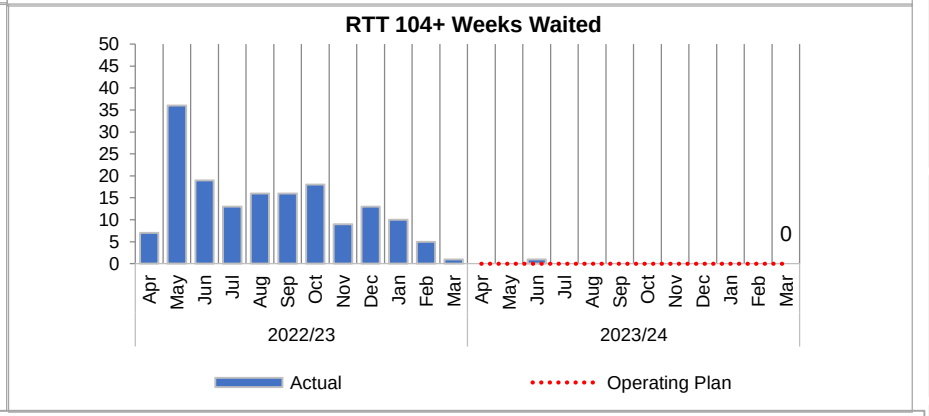
- Work is currently underway as part of the activity data capture programme to review all regular day and daycase activity to ensure the appropriate classification is used. This is likely to result in an increase in daycase activity during the remainder of the financial year, but a further update will be provided when changes have been made.

Northern Services Elective Activity- Long Waiting Patients



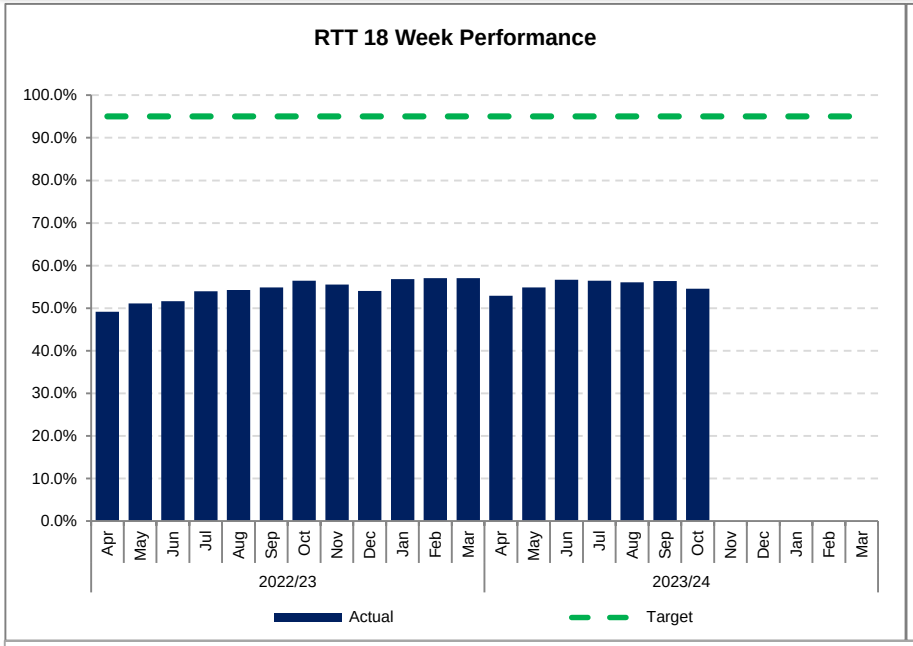


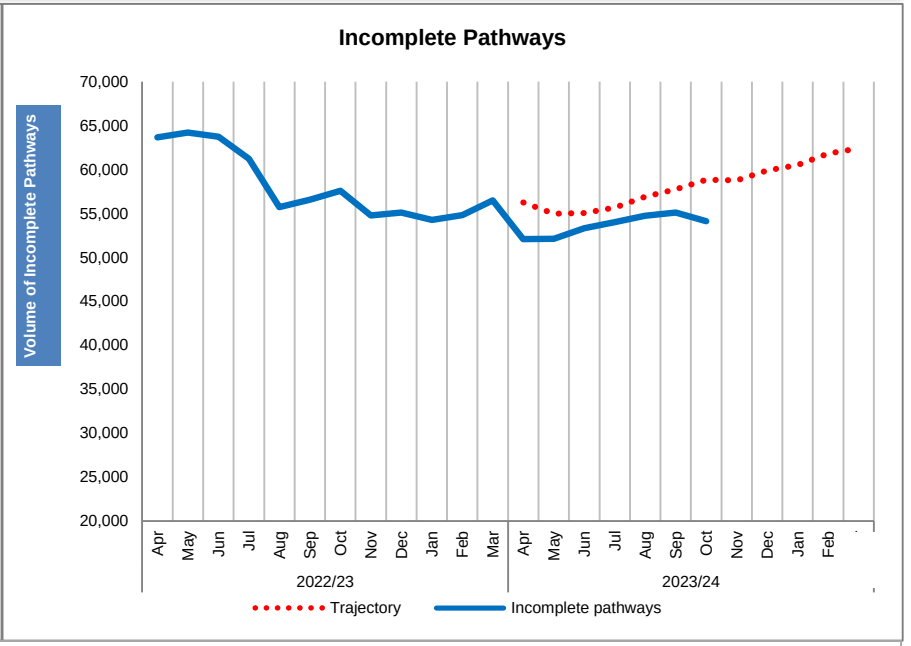




- Regular meetings are being held to ensure that the focus remains on the number of patients waiting 78, 52 and 43 weeks for a first appointment. In addition to focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support longer term and sustainable reductions in waiting times.
- We continue to remain on track to achieve the target of 0 patients waiting 104 weeks.
- The impact of these efforts is beginning to be seen as the number of patients waiting over 78 weeks at the end of September reduced to 175 in October despite ongoing industrial action by junior doctors and consultants.

Eastern Services Elective Activity- Inpatient and Daycase



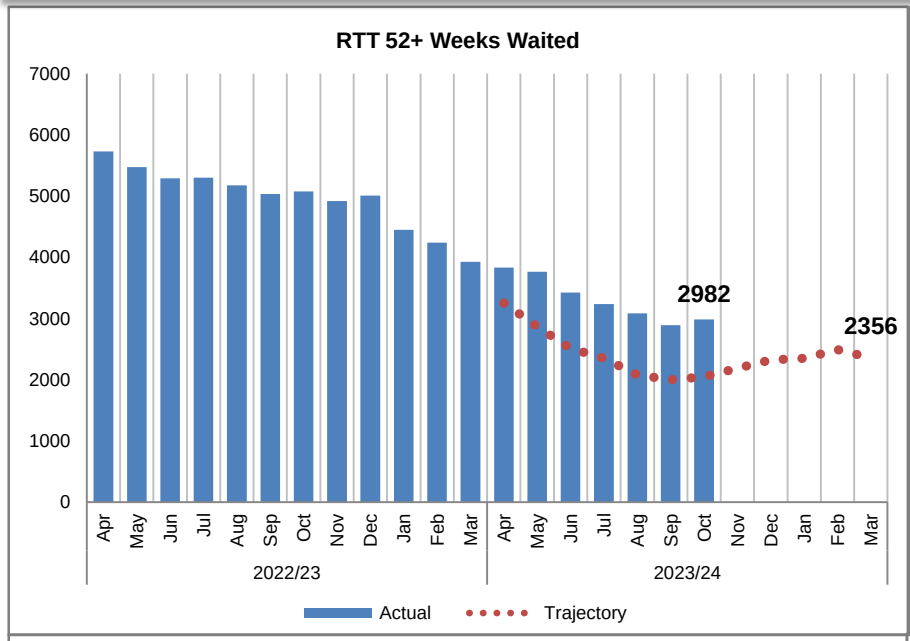


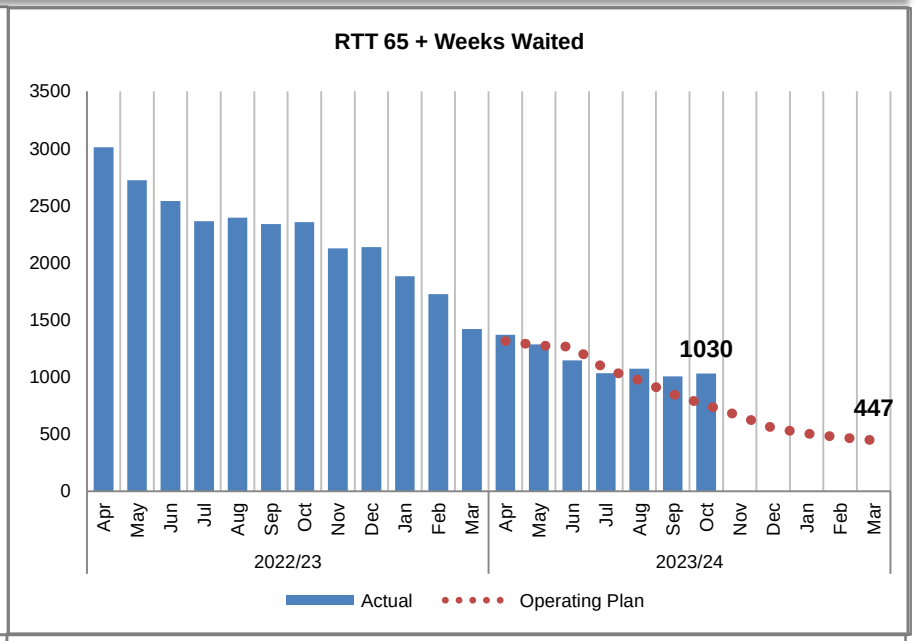
Total incomplete pathways: have fallen between September and October and continue to be below trajectory despite the ongoing industrial action year to date.

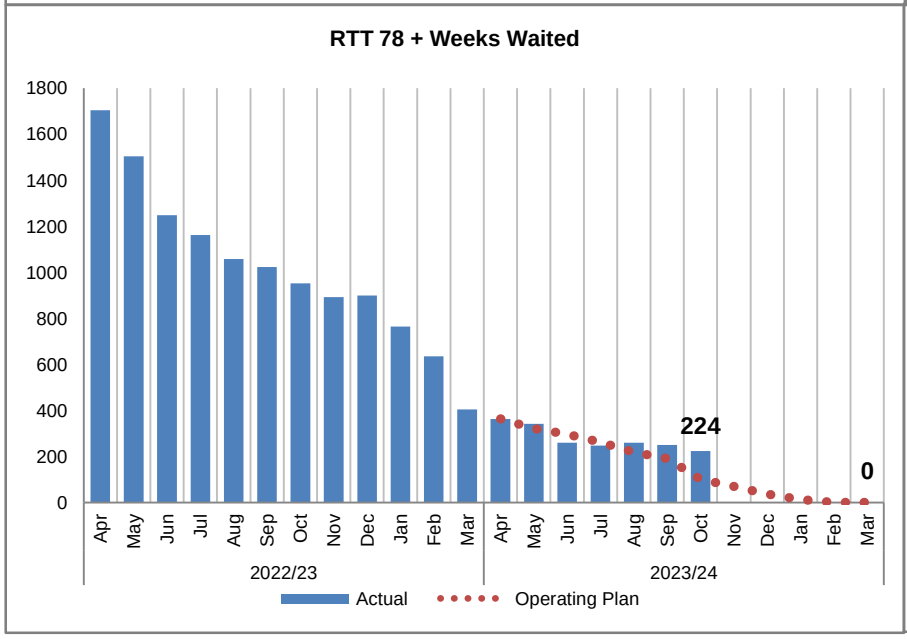
Long wait positions for 52ww+ and 65ww+ increased between September and October, and remain above planned levels, with ongoing industrial action remaining the major factor. The 78+ position improved month on month.

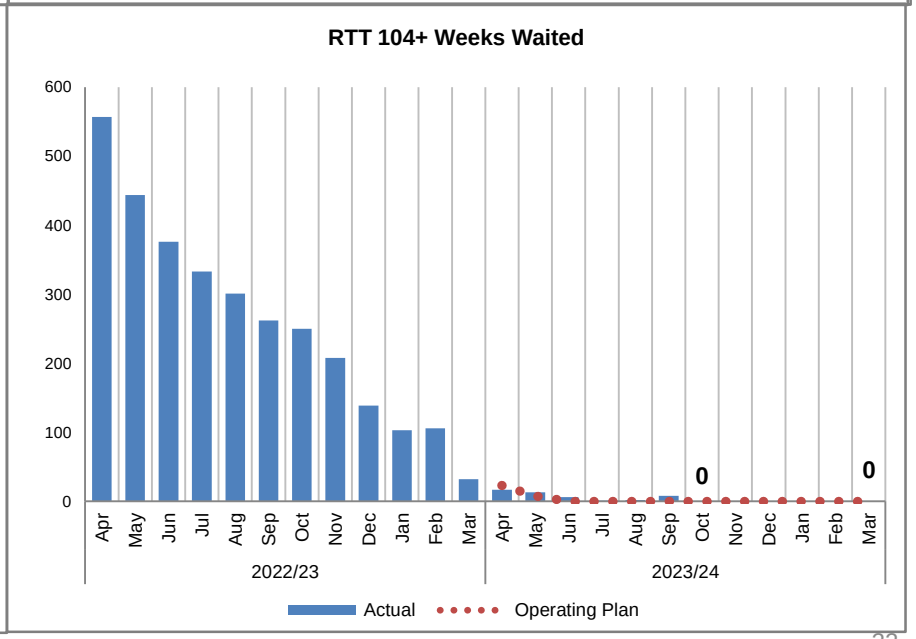
104ww+: In a significant achievement, the 104ww+ position was reported as 0 in October, compared to 557 in April. This is in line with trajectory and is testament to the hard work undertaken by teams.

Eastern Services Elective Activity – Long Waiting Patients



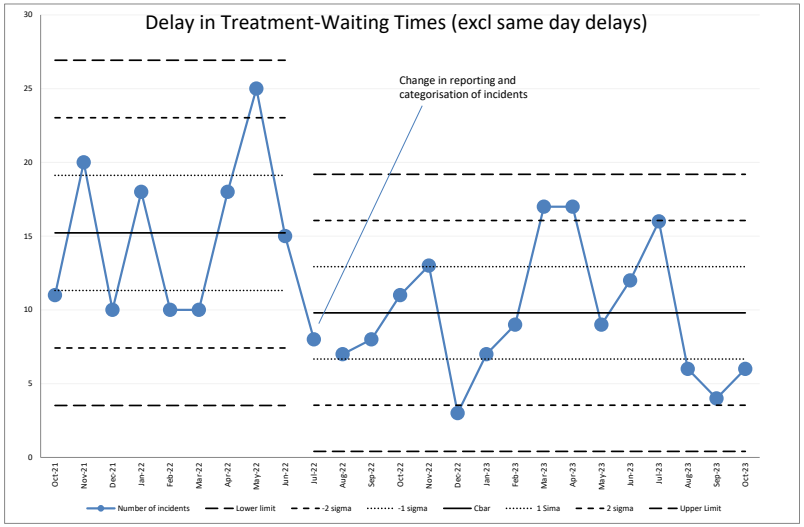






Northern Services - Waiting Well

In Northern Services six incidents were reported for October 2023, these are broken down by the level of harm against stage of pathway below.



October 2023

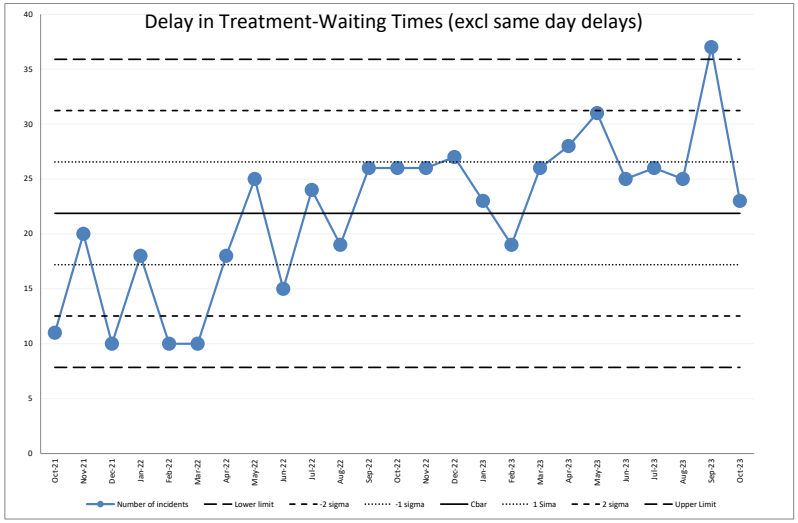
	None	Minor	Moderate	Major	Catastrophic	Total
New	2					2
Diagnostic request delay	1					1
Follow up delay			1	1		2
Surgery	1					1
Total	4	0	1	1	0	6

The major harm follow-up delay relates to ophthalmology services, and a delay in appointment which has resulted in reduced visual acuity. This has been declared as a serious incident and is subject to investigation.

The moderate harm delay to follow up relates to an historical delay, identified through a complaint. They are requesting that the Trust reviews if appropriate follow-up has occurred for their relative since a procedure 20 years ago.

Eastern Services Waiting Well

Eastern services reported 23 incidents in October 2023, these are broken down by the level of harm against stage of pathway below.



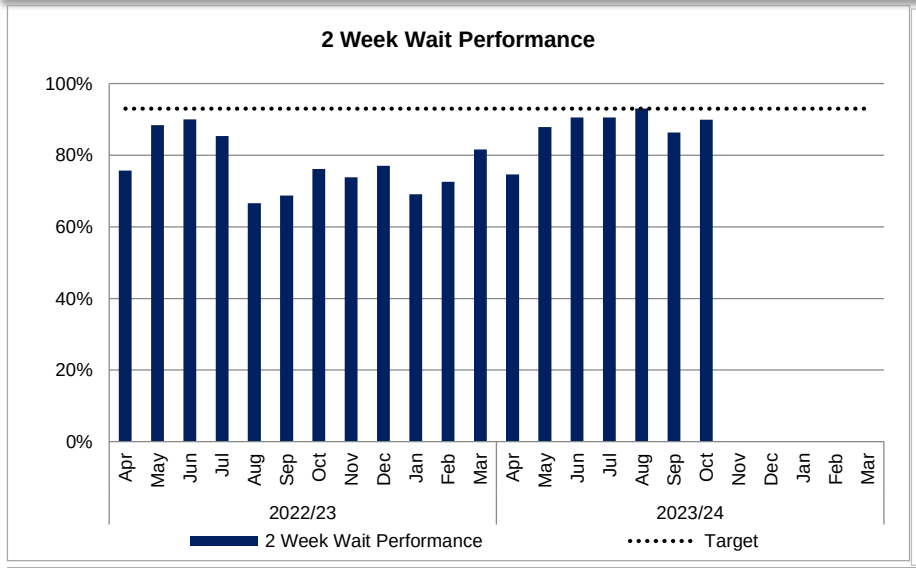
October 2023

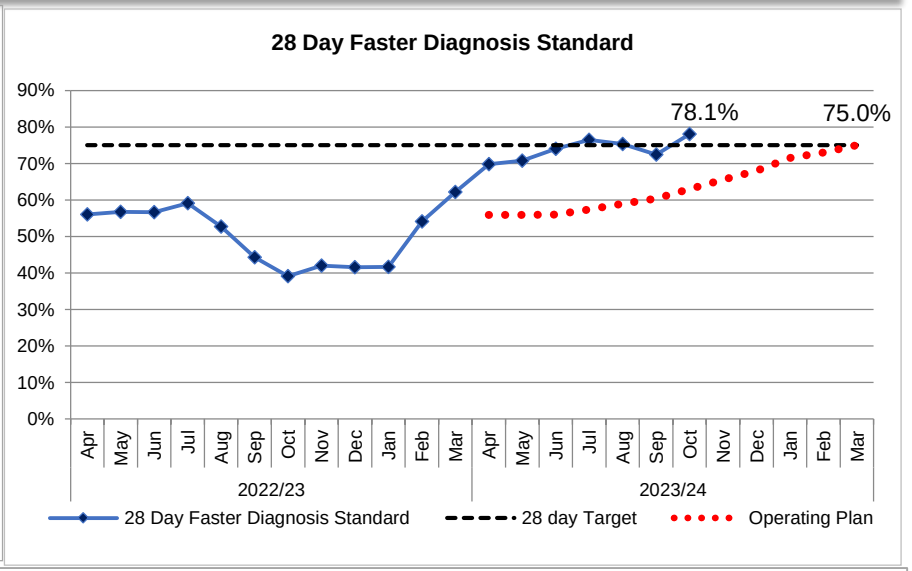
	None	Minor	Moderate	Major	Catastrophic	Total
New	1	7	5			13
Follow up delay	3	1	1			5
Surgery	2					2
Diagnostic request delay		3				3
Total	6	11	6	0	0	23

The moderate harm follow up delay reported was for a patient requiring endoscopy which was expected to be performed within three months, however the appointment took place eleven months later. This is currently under investigation to identify the reason for the delay, and the impact for the patient.

There were five “New” moderate incidents reported, which were identified through the cardiology waiting list audit. These are currently subject to clinical review – which will establish if harm has been realised or if further investigation is required.

Northern Services Cancer 14 and 28 Day





2 Week Wait Performance
Submitted 2ww performance for September deteriorated from 93.1% in August to 86.3% in September, however the general trend is an improving one, unsubmitted October data demonstrates an improved position of 90%. The 2ww target has how been removed (from October) from CWT reporting as an operational target.
The highest volumes of breaches in September are observed in:

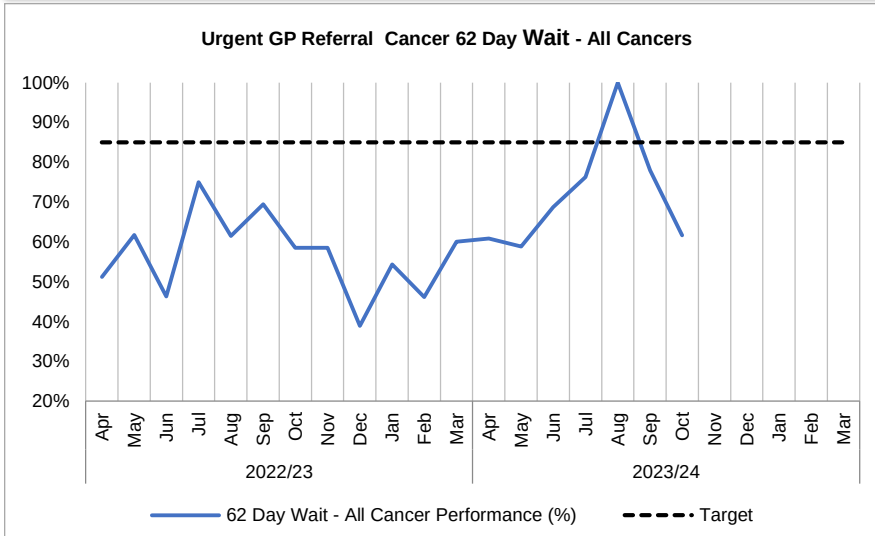
Skin – 57 breaches (80.9%) additional WLI were delivered in month to support recovery, October performance is currently 96%
Breast - 14 breaches (91%), increased referrals and support for some Eastern patients lead to a challenged 2ww position in September and October, however this position is expected to improve in November.

Average waiting times for 1st OPA in September were 9.3 days across all tumour sites, October data suggests a improvement to 8.9 days.
All services are working to reduce first out patient waiting times to 7 days.

28 Day Faster Diagnosis Standard
FDS performance is also improving with significant increase in performance over the last 6 months from 42% in January to 76.5% in July. August and September performance deteriorated slightly to 75.3% and 72.5% respectively. Unvalidated FDS performance for October demonstrates an improving position of 76.3% which is above the 75% standard and submitted improvement 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 September are observed in:

- Lower GI, 70 breaches (57.8%) This reflects service pressures and endoscopy waiting times, significant additional clinical activity including endoscopy insourcing is currently being delivered to maintain current performance. TNE service is now live and will improve waiting times going forward. Work has started to scope straight to test pathway.
- Gynae, 40 breaches (59.6%), service pressures for 2ww OPA and hysteroscopy impact on 28 day delivery for gynae, additional capacity and staffing plans are in place.
- Urology, 22 breaches (69.4%). Current service pressures including diagnostic and pathology turn around times are impacting on delivery of 28 days. Staffing pressures with in the service mean that delivery of operational targets will be challenging over the next few months, local and regional discussions are on-going.

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 generally improving in line with an improved backlog position.
- The position for August is due to be refreshed with November's submission as validation issues resulted in submitted performance of 100%, however this is anticipated to be 66.4% once the refresh is completed.
- September's submitted position of 78% demonstrates continued improvement, however October data suggests a deterioration in performance for the 62 day GP referral pathway to 66%.
- The majority of pathway delays are within the diagnostic and staging phase, particularly for Urology which accounts for 4 of 13.5 breaches in September. Recent delays in diagnostics and particularly PSMA PET scans have contributed to a higher number of breaches in Urology.
- 62 day performance will improve with actions aligned to deliver 28 FDS, 2WW performance and maintaining a PTL backlog below 6.4%.
- Capacity remains a challenge across some specialties including Oncology for both new patient appointments and treatments.

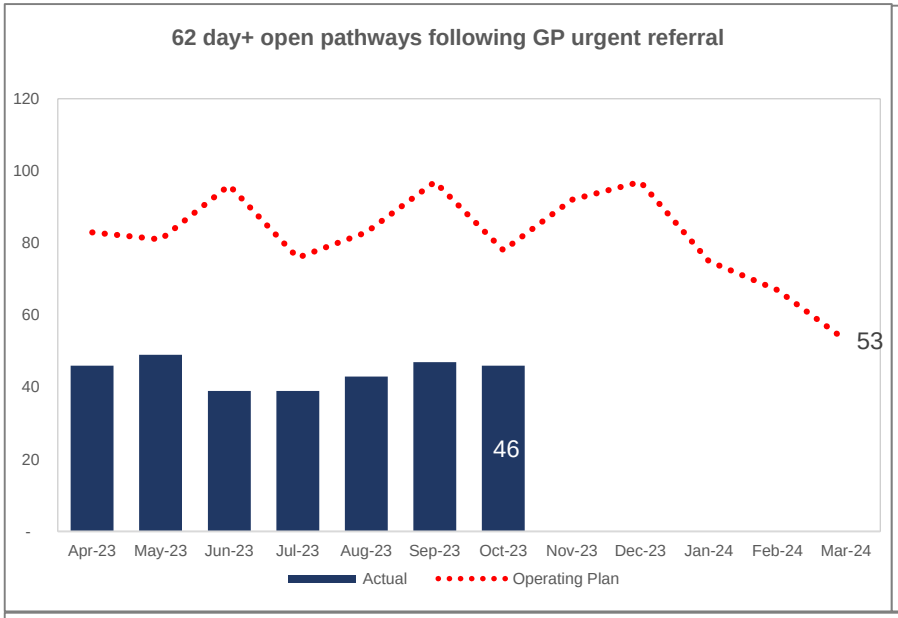
Please note for all 2 week, 28 day, 31 day, and 62 day cancer waiting times indicators, the most recent month's position is unvalidated, and reflects data that are not yet submitted nationally. These data will be refreshed in next month's report.

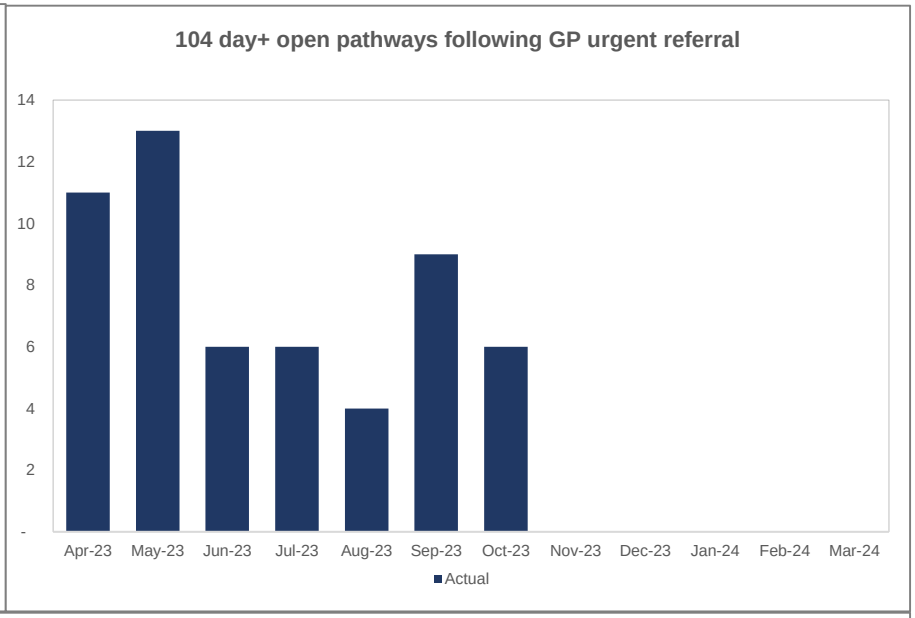
Cancer - 14,31 & 62 Day Wait

Performance(%) and Number of Breaches		Target	2022/23 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 Apr	May	Jun	Jul	Aug	Sep	Oct
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%	74.67%	87.88%	90.50%	90.58%	93.05%	86.31%	89.95%
	All Urgent (N)		154.0	98.0	90.0	76.0	294.0	282.0	186.0	214.0	138.0	217.0	190.0	146.0	193.0	103.0	84.0	79.0	60.0	109.0	95.0
	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%	90.48%	53.33%	72.22%	53.33%	88.89%
	Symptomatic Breast (N)		42.0	13.0	12.0	0.0	1.0	0.0	0.0	2.0	4.0	9.0	12.0	12.0	9.0	2.0	2.0	7.0	5.0	7.0	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%	91.36%	90.54%	97.53%	88.57%	95.56%	86.90%	90.09%
	All Decision To Treat (N)		12.0	10.0	16.0	7.0	10.0	6.0	9.0	6.0	13.0	12.0	4.0	8.0	7.0	7.0	2.0	8.0	2.0	11.0	11.0
	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%	71.43%	35.71%	82.35%	58.33%	87.50%	83.33%	85.71%
	Subsequent – Surgery (N)		4.0	2.0	4.0	0.0	0.0	0.0	3.0	4.0	3.0	6.0	8.0	5.0	4.0	9.0	3.0	5.0	1.0	2.0	1.0
	Subsequent - Anti-Cancer Drug %	98%	60.00%	33.30%	33.30%	100.00%	100.00%	96.67%	87.50%	76.79%	92.50%	78.38%	100.00%	96.15%	89.47%	90.00%	100.00%	84.21%	100.00%	100.00%	93.33%
	Subsequent - Anti-Cancer Drug		4.0	2.0	4.0	0.0	0.0	1.0	3.0	13.0	3.0	8.0	0.0	1.0	2.0	1.0	0.0	3.0	0.0	0.0	1.0
62 Day	All Screening Service (%)	90%	100.00%	66.67%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	N/A	N/A	N/A	N/A	N/A	33.30%	0.00%	20.00%	0.00%	44.44%	0.00%
	All Screening Service (N)		0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	2.0	0.5	2.5	1.0
	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%	64.86%	76.47%	82.14%	86.11%	100.00%	79.17%	85.33%
	Consultant upgrade (N)		8.0	11.0	6.5	5.5	5.0	8.0	6.0	5.0	5.0	5.0	3.5	5.0	6.5	4.0	5.0	2.5	0.0	5.0	5.5
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%	69.81%	70.76%	74.00%	76.46%	75.35%	72.45%	78.05%
	28 day Ref to diagnosis (N)		244.0	275.0	256.0	119.0	212.0	344.0	452.0	551.0	380.0	451.0	358.0	317.0	224.0	262.0	240.0	186.0	211.0	227.0	171.0

Northern Services Cancer 62 Day Backlog

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



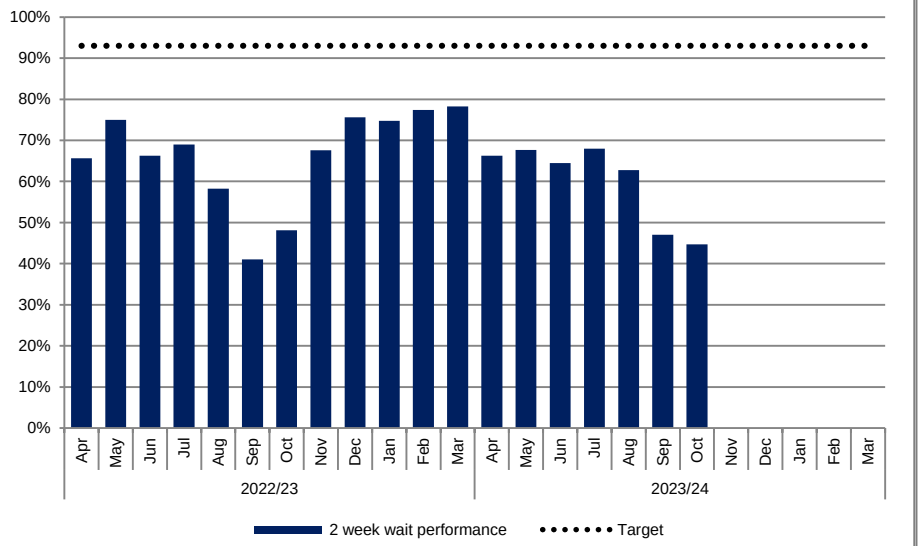


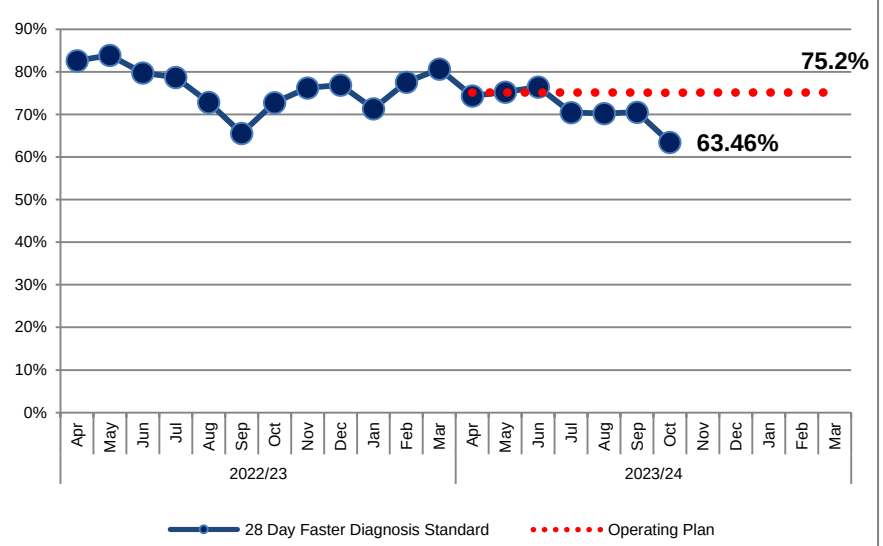
- The number of patients on active cancer pathways waiting more than 62 days has reduced from 395 (29.3%) at the start of September 2022 to 35 (4.9%) at the most recent weekly PTL (13/11/2023) which is significantly better than trajectory and remains under the nationally recommended backlog threshold of 6.4%.
- The position has been largely static over the last few months due to capacity pressures within some specialties and increases in diagnostic turnaround times.
- The tumour site with the largest number of patients waiting over 62 days is Colorectal (13 – 7.6%).
- There are 7 patients (13/11/2023) that remain on a cancer pathway over 104 days, this volume of patients has also remained static over the last few months, however all patients have next steps planned.

Key actions:

- Weekly PTL meetings in place for all tumour sites with action logs and formal escalation process in place.
- Colorectal - Substantive consultant appointed with start date agreed in Feb 2024
- Endoscopy
    - insourcing/weekend lists remain in place.
    - TNE service has commenced.
    - Endoscopy unit expansion case is underdevelopment.
    - The first cohort of patients have been booked in to the Tiverton mobile unit for procedures in October. Five patients per week are having their diagnostic at Tiverton.
- Urology - Revised prostate pathway commenced in February and under regular review, further work underway to streamline staging investigations.
- Work to improve Radiology and Pathology waiting times has been initiated.
- Ongoing WLIs required in some specialties to maintain current performance.

Eastern Services Cancer 14 and 28 Day





Performance across the East continues to decline – this is influenced by loss of activity during Bank Holidays and industrial action, combined with an increase in 2WW referrals. Of particular note is the loss of capacity in Dermatology. The service accounts for a third of all 2ww and 28 day activity and deterioration in performance in this area affects overall performance.

- Dermatology – The service is challenged by increased seasonal referrals, as well as reduced capacity caused by consultant sickness. In addition the team were providing Mutual Aid support to Taunton up to the end of October 2023. This has seen 2ww performance fall from 74.3% in August to 4.9% in September. WLI clinics have been provided where possible. Clinics have started for the AI pilot, and although they have yet to have the intended impact on demand it is anticipated that they will as use of the service increases over the trial period.

- Endoscopy – An interim mobile unit has been delivered to Tiverton. A 7 day a week colonoscopy service went live on 16/10/23 and is scheduled to run for 12 months in order to cover both Eastern and Northern longest waits. The permanent new build solution of 3 endoscopy suites at Tiverton will then take over in August 2024. There is a risk to the timescales for delivery of the plan in relation to the Tiverton site (PFI) and the financial deliverability.

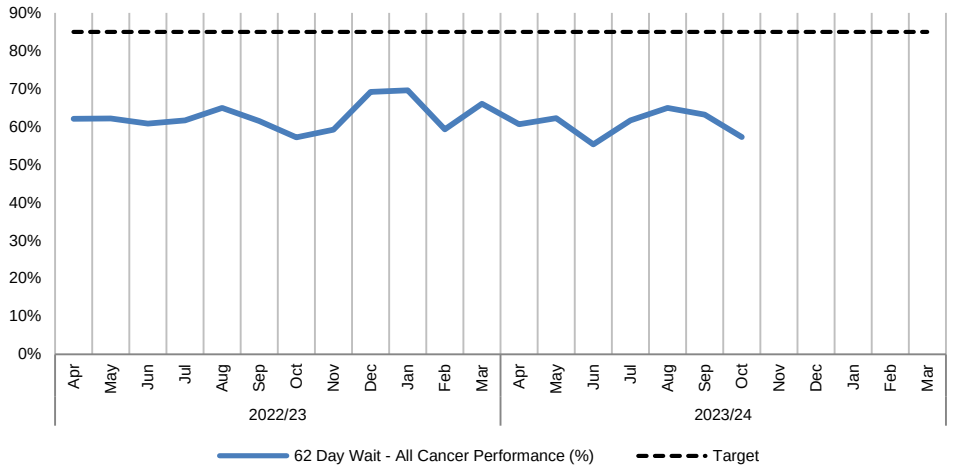
- Gynaecology – Significant workforce challenges are expected in the coming months. Gynae-Oncology consultant has been appointed and will join the team by April 2024. WLIs are being undertaken to minimise the impact on performance.

- Urology – A third RALP surgeon has been signed off within the team. Currently experiencing an increase of RARCs which impacts the RALP capacity.

- Upper GI – Currently holding 3 consultant vacancies and out to advert for 1 WTE. There are 3 registrars who will rotate into an acting up consultant role for 12 months to support gaps in the rota due to maternity leave. This will start on 23/10/23 with the first registrar on a 3 month rotation. Consultant job plans flexed to provide additional activity to Bowel Cancer Screening.

Eastern Services Cancer 62 Day

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



- Oncology appointments across most specialities are struggling for capacity, with extended waits for an OPA pre-treatment due to staffing.
- Theatre capacity remains challenged, as does theatre staffing, which has impacted on the ability to deliver extra sessions at weekends.
- Two ERF consultants are currently out to advert in Lower GI, interviews set for January 2024.
- Growth in skin referrals combined with a fall in capacity have increased waiting times.

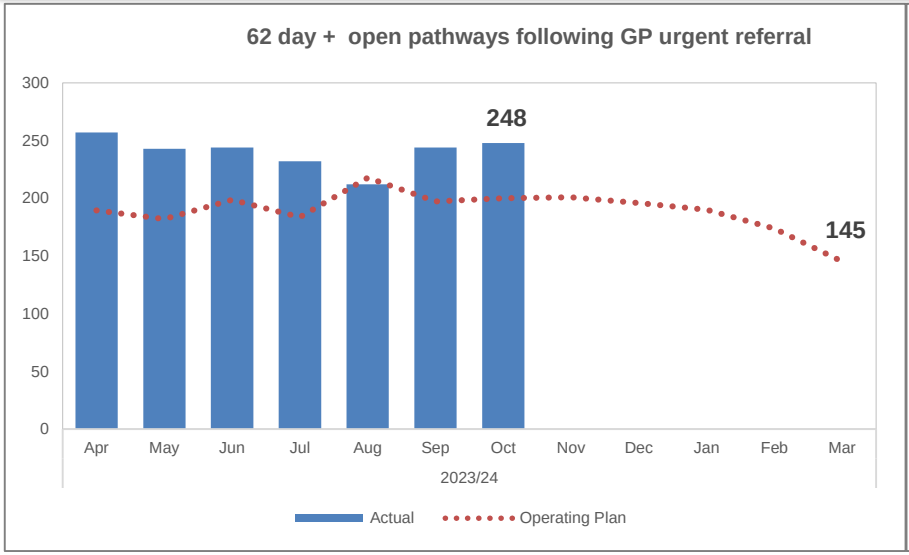
Please note for all 2 week, 28 day, 31 day, and 62 day cancer waiting times indicators, the most recent month's position is unvalidated, and reflects data that are not yet submitted nationally. These data will be refreshed in next month's report.

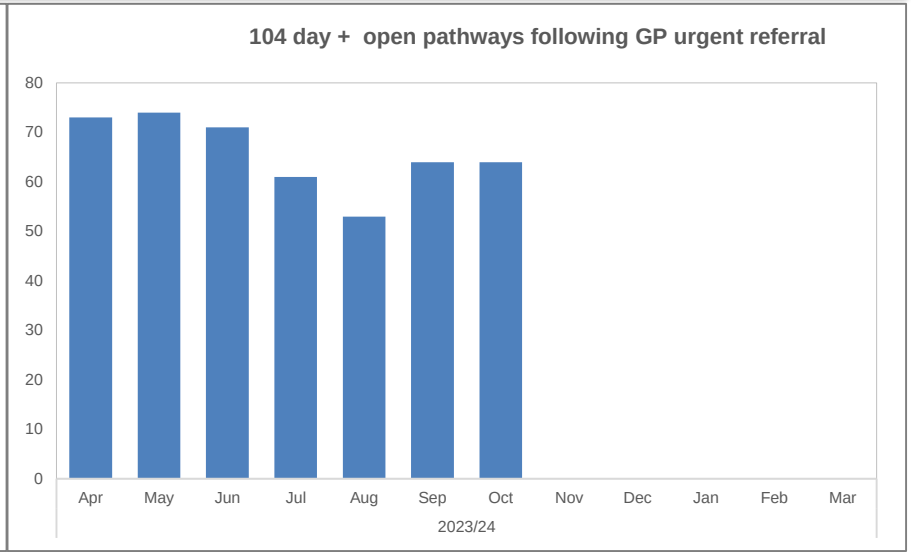
Cancer - 14, 31, 62 & 104 Day Wait

	Performance(%) and Number of Breaches	TARGET	2022/23 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 Apr	May	Jun	Jul	Aug	Sep	Oct
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%	66.2%	67.7%	64.5%	68.0%	62.7%	47.0%	44.7%
	All Urgent		760	605	762	763	1027	1434	1253	818	488	559	470	550	734	758	969	853	923	1297	1403
	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%	92.1%	91.2%	79.3%	78.8%	52.3%	78.1%	91.7%
	Symptomatic Breast		34	46	18	20	13	30	25	14	1	2	0	5	3	3	6	7	21	7	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%	87.3%	85.2%	89.7%	89.2%	85.4%	75.5%	80.2%
	All Decision To Treat		31	41	34	37	22	21	18	31	25	72	40	34	35	47	34	37	52	68	71
	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%	76.2%	68.9%	67.9%	84.5%	67.5%	76.7%	66.3%
	Subsequent - Surgery		29	26	25	21	17	28	18	11	14	44	30	34	20	32	35	16	27	27	32
	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%	97.6%	97.9%	96.8%	97.7%	99.1%	99.3%	100.0%
	Subsequent - Radiotherapy		0	1	4	1	2	1	1	1	1	0	2	1	3	3	4	3	1	1	0
	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%	100.0%	100.0%	98.9%	98.7%	99.0%
	Subsequent - Anti-Cancer Drug		0	1	0	0	2	0	0	0	0	1	3	4	0	0	0	0	1	1	1
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%	15.0%	22.2%	37.5%	0.0%	26.3%	0.0%
	All Screening Service		3.5	2.5	2	2	4	1	2	4	2	2.5	5	7	3	8.5	7	7.5	13	7	17
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	71	61	53	64	64

Eastern Services Cancer 62 Day Backlog

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





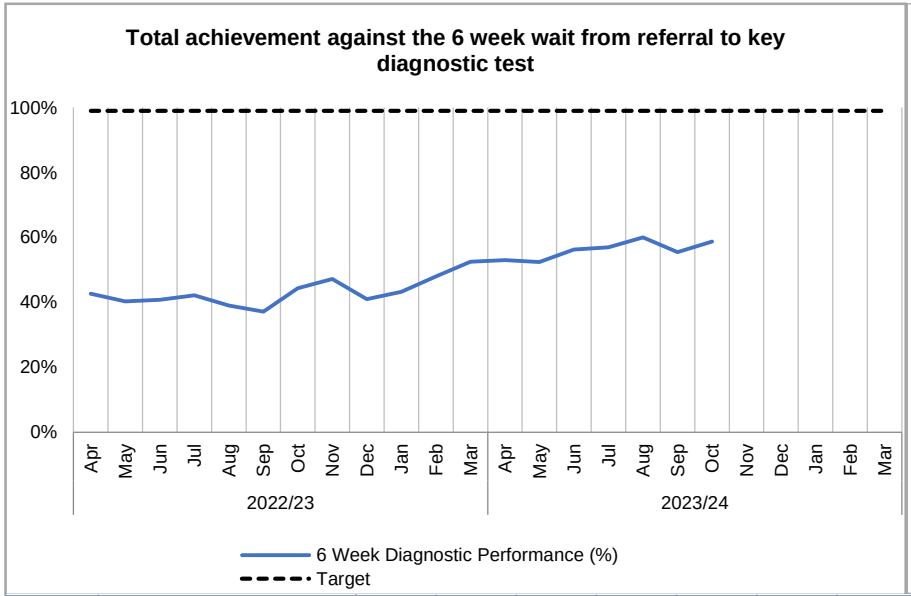
Key updates

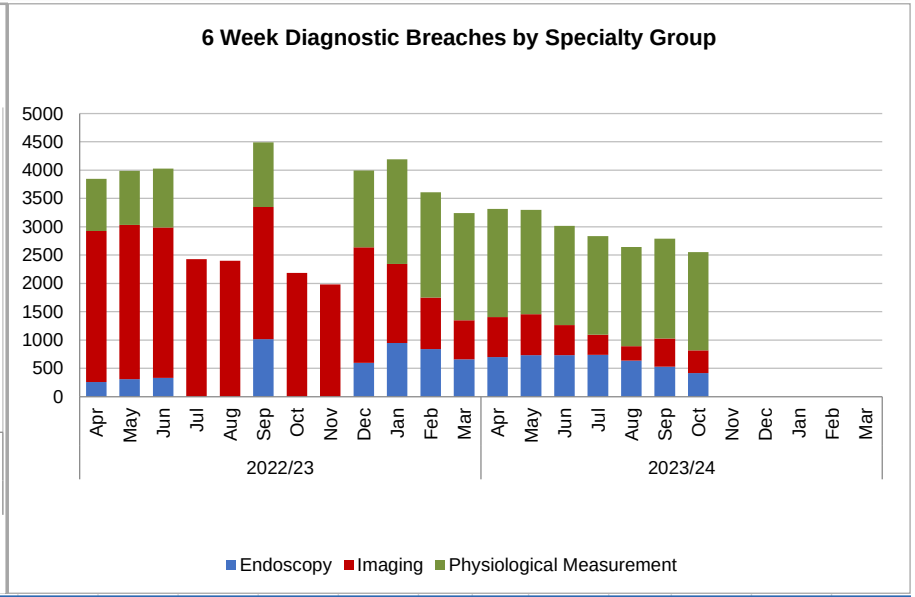
- Histology – Two dissection practitioners are about to qualify to practice independently, which is expected to improve turnaround times. Two new histopathologists will join the department in January 2024.
- Radiology – CT and MRI turnaround times have deteriorated following industrial action. Continued outsourced reporting capacity is being employed to support recovery, and funding has been secured to continue to support additional activity throughout the year. For CT-guided biopsy, interventional radiology mitigations include the appointment of two new consultants in he coming months.
- Urology – Challenged due to RALP referrals and late tertiary transfers. Third RALP surgeon was signed off at the end of August 23. Ability to provide additional weekend lists is inhibited by theatre staffing challenges
- Colorectal – remains challenged with long waiting patients due to delays in Endoscopy (due to improve with Tiverton development) and theatre capacity.
- Gynaecology – Significant workforce challenges are expected in the coming months. Gynae-Oncology Consultant has been recruited to start in April 24. WLIs are being undertaken to minimise the impact on performance.
- Skin – higher than expected seasonal increase in 2WW referrals has put significant pressure on the service, combined with annual leave/industrial action and Consultant sickness has led to an imbalance of demand/capacity. WLI is already in action. Also providing mutual aid to Taunton until end October 23. Solutions to provide additional physical capacity are being explored.

Key priorities for the month

- **Upper GI –** Substantive 1 WTE consultant Gastroenterologist post out to advert (3 WTE Vacancy)
- **Histology/Radiology –** WLI to continue to support multiple pathways
- **Skin –** WLI to achieve previous 2WW performance. GPSI to work with team for 12 months
- **Colorectal -** Substantive 2 WTE consultant Lower GI surgeon posts out to advert – interviews scheduled for January.

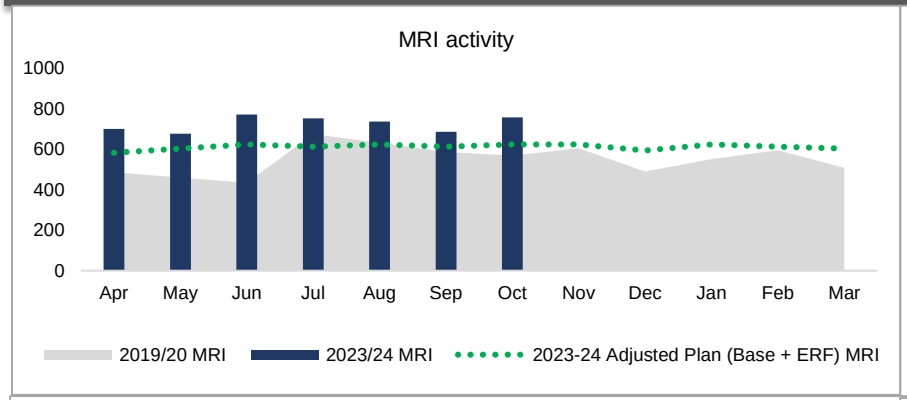
Northern Services Diagnostics - *Fifteen key diagnostic tests*

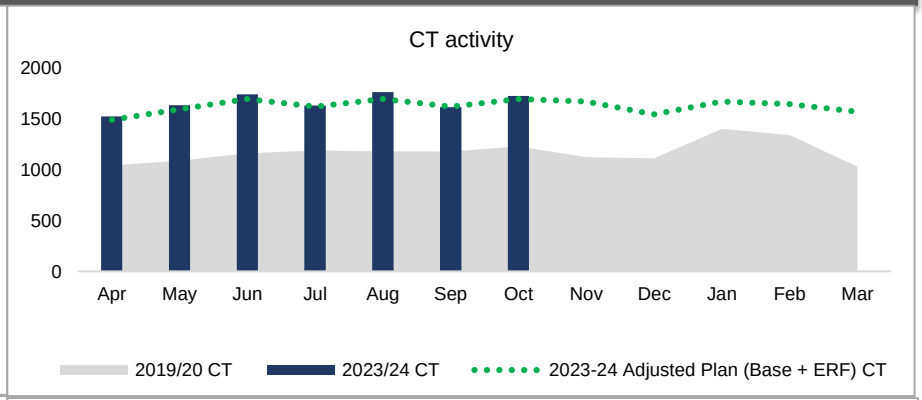


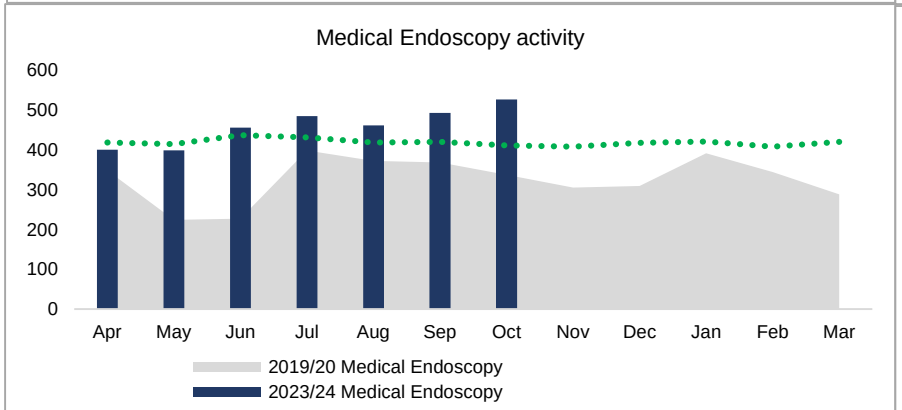


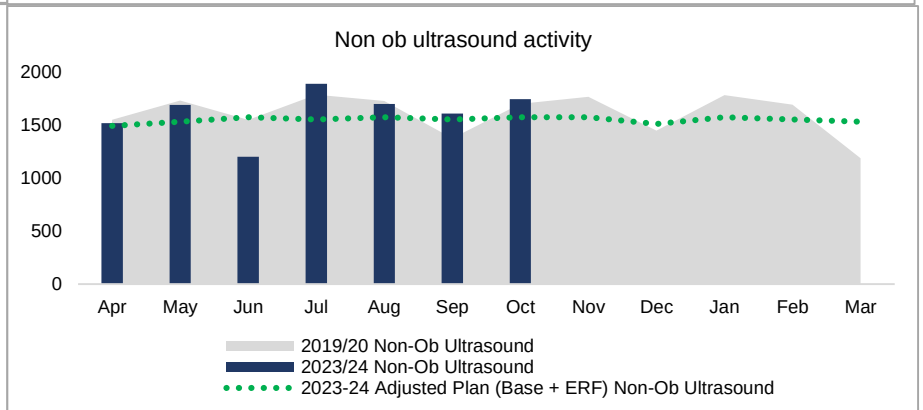
		Achievement against the 6 week wait from referral to key diagnostic test																	
Area	Diagnostics by Specialty	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Imaging	Magnetic Resonance Imaging	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%	96.9%	97.6%	98.4%	97.7%	98.5%	98.9%	99.2%	99.4%	99.1%	99.0%
	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%	95.9%	93.2%	90.9%	83.1%	85.8%
	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%	85.7%	92.0%	96.1%	76.7%	79.3%
	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%	37.0%	49.5%	60.3%	49.8%	64.7%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%							100.0%	100.0%	99.1%	97.3%	94.8%	97.7%	93.5%	94.7%	98.6%	99.7%
	Cardiology - echocardiography	31.4%	26.6%	28.3%						27.9%	18.6%	23.0%	23.4%	25.2%	24.4%	28.2%	27.4%	27.8%	22.5%	25.1%
	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%	98.9%	93.2%	96.8%	72.2%	77.6%
	Respiratory physiology - sleep studies	22.5%	34.3%	30.8%			17.4%			64.8%	52.3%	42.5%	26.4%	28.6%	41.7%	42.9%	39.1%	31.0%	32.8%	35.2%
	Urodynamics - pressures & flows	20.4%	25.4%	23.3%			1.4%			39.4%	30.8%	46.2%	35.7%	27.9%	51.5%	37.5%	53.8%	47.7%	24.2%	20.0%
Endoscopy	Colonoscopy	62.3%	48.6%	43.8%			27.6%			30.6%	32.7%	34.2%	39.5%	37.7%	36.8%	34.6%	27.9%	32.4%	34.1%	38.3%
	Flexi sigmoidoscopy	64.8%	71.8%	70.3%			28.5%			42.9%	30.9%	29.7%	40.1%	42.8%	39.0%	44.9%	34.7%	44.3%	42.5%	67.9%
	Cystoscopy	67.0%	75.6%	73.3%			59.8%			74.4%	42.6%	48.4%	83.3%	81.3%	88.9%	91.8%	80.2%	86.7%	85.0%	74.2%
	Gastroscopy	70.9%	61.9%	60.8%			53.1%			44.9%	39.1%	41.3%	48.2%	41.9%	37.6%	40.9%	40.7%	45.7%	41.5%	53.2%
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%	56.3%	56.9%	59.8%	55.5%	58.7%

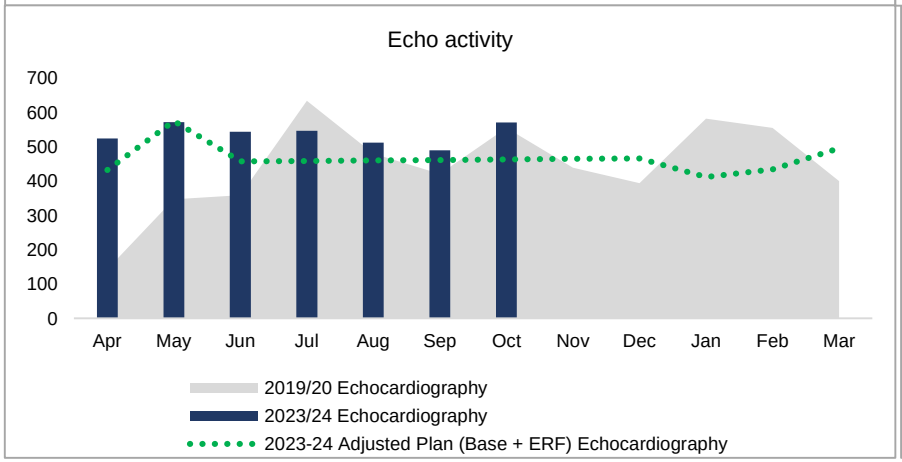
Northern Services Diagnostics - *Diagnostic activity compared to plan across key diagnostics modalities*









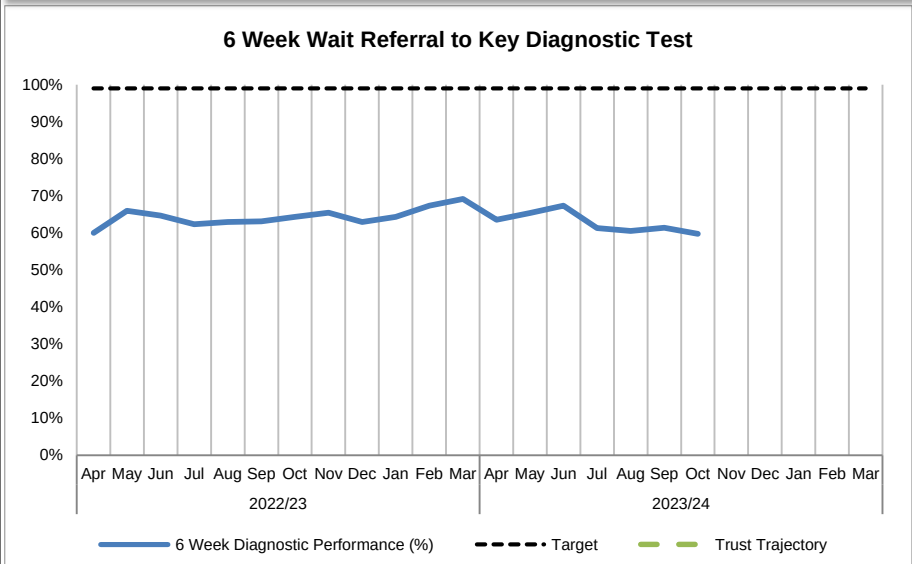


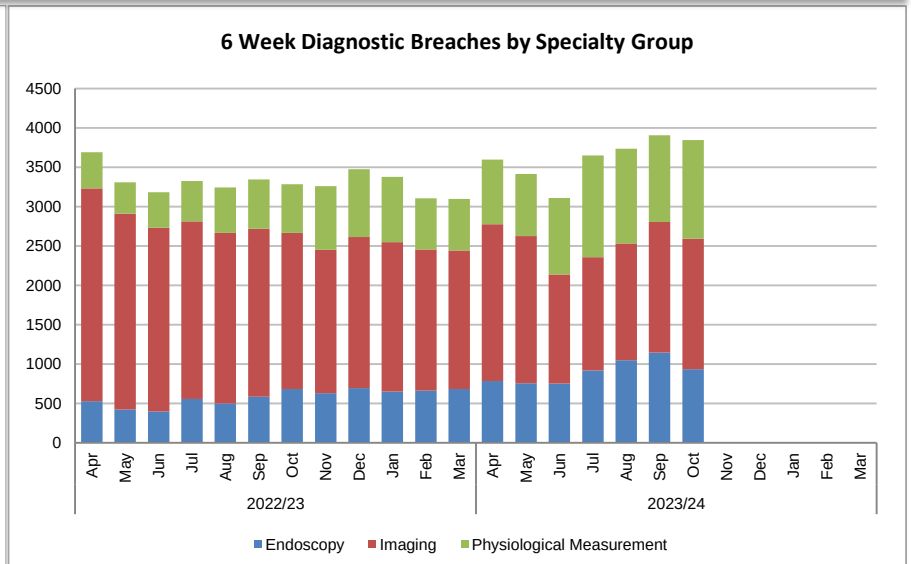
Northern Services Diagnostics

- **MRI –** MRI activity is above plan and performance is being maintained.
- **CT – Non-Cardiac CT –**We have increased capacity in planning for 23/24 to meet demand and currently at 96% 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 had 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. We continue to work with our colleagues across site to align resources and monitor performance to ensure equality for our patients but this reduction in capacity will result in a decline in performance for Northern CT cardiac scans. We have moved from 89% at the beginning of July to 60% mid November. Extra cardiac CT lists on the mobile CT van are in the process of planning but should enable a further 7 weekend lists from November 2023 to March 2024 which is potentially capacity for up to 144 patients. Staffing these extra lists is however very challenging.
- **Mon obstetric ultrasound -** We have been able to continue to provide some internal lists over weekends to continue to improve performance. Some capacity at the Eastern CDC has been requested and we are awaiting to hear. This has been delayed slightly by sickness absence in the Eastern team impacting on U/S services. Outsourcing was sourced for September and will continue in October for Soft tissue scans which will reduce the longer waiters(soft tissue scans), longer term we have a sonographer who will be training in this area, course commencing in February 2024
- **Endoscopy** -Consultant Gastroenterologist vacancies remains a key constraint, one new consultant started in-post in early October. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. A trans nasal endoscopy service has been insourced since September (one day per week). This has increased gastroscopy capacity and has indirectly support improvement in colonoscopy and sigmoidoscopy as regular lists will be preserved for these diagnostic procedures.
- **Echocardiogram** – Despite increasing the capacity the Inpatient demand for ECG continues to outstrip capacity. Funding has been secured from NHS England which will be used to recruit an additional Echo-cardiographer to carry out Inpatient Echo's.
- **Sleep studies –** Additional capacity has been identified across clinics, nurses will carry out additional lists and a new member of staff will be joining in November, when capacity is expected to increase by 9 slots per week.
- **DXA –** DXA improvement continues in line with although this is still reliant on 2 individual staff members. The contract with Taunton for one list per month continues for 23/24. We will see a short drop in performance as a member of staff is required to attend jury service however we are planning appointments to minimise the impact as much as possible.
- Barium Enema and Electrophysiology activity and performance is to be added to DM01 diagnostic performance.
- As part of the Trust's Improvement Programme, a diagnostic improvement workstream has been commenced and efforts are being made to equalise waits across both sites.

Eastern Services Diagnostics

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

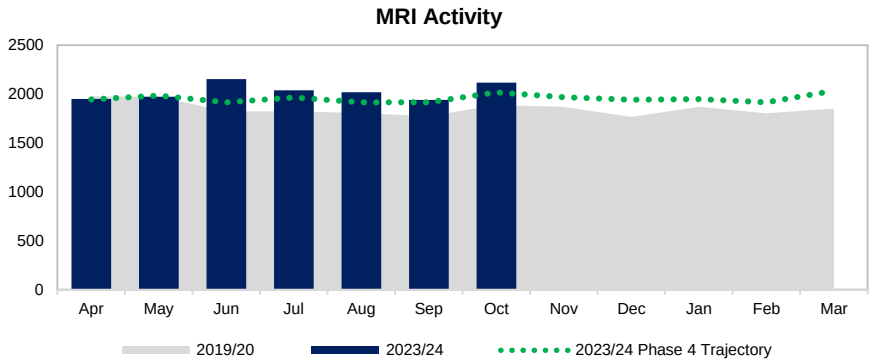


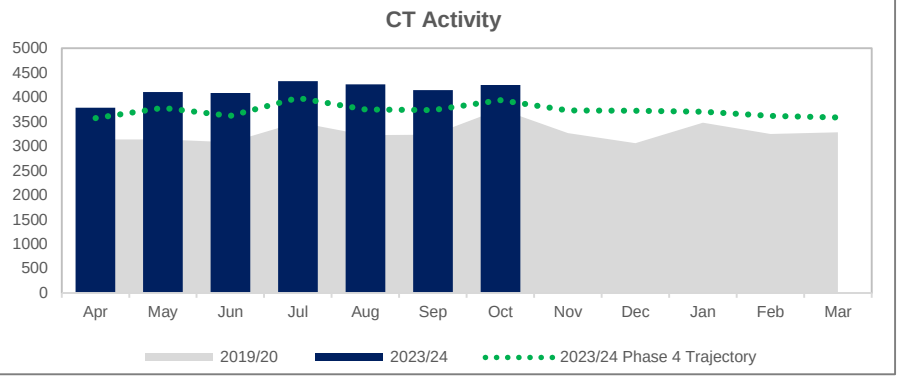


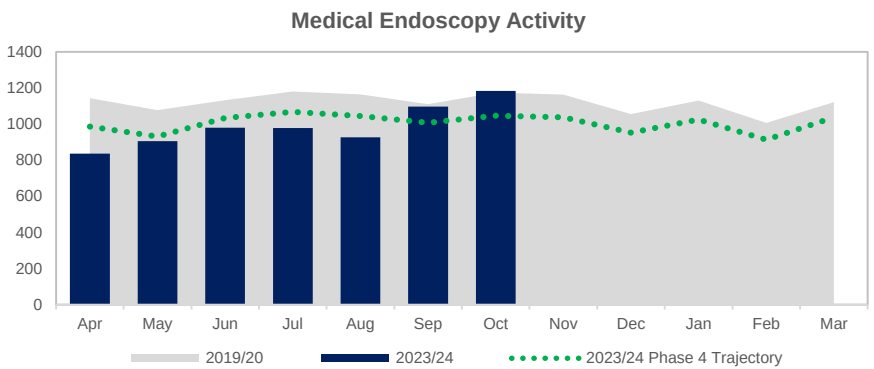
Area	Diagnostics By Specialty	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Endoscopy	Colonoscopy	54.9%	53.9%	53.9%	51.2%	53.0%	50.1%	49.2%	53.1%	41.9%	48.2%	38.1%	51.8%
	Cystoscopy	83.5%	88.1%	47.8%	83.1%	83.2%	75.2%	73.6%	73.5%	76.5%	57.9%	59.4%	55.4%
	Flexi Sigmoidoscopy	49.6%	44.8%	82.1%	41.7%	50.4%	51.1%	54.5%	51.4%	43.4%	42.6%	33.7%	43.4%
	Gastroscopy	78.3%	74.8%	74.7%	73.9%	73.5%	66.3%	70.3%	97.4%	69.8%	66.3%	57.9%	58.0%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	92.3%	86.2%	87.9%	83.3%	84.6%	82.5%	79.5%	77.4%	76.5%	81.5%	99.8%	99.0%
	DEXA Scan	98.4%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%
	Magnetic Resonance Imaging	75.6%	68.5%	70.7%	76.5%	73.4%	66.6%	68.8%	72.8%	69.8%	69.3%	72.0%	65.9%
	Non-obstetric Ultrasound	56.7%	56.8%	56.6%	60.1%	66.4%	59.9%	63.8%	70.9%	70.4%	66.6%	70.2%	69.1%
Physiological Measurement	Cardiology - Echocardiography	65.0%	66.6%	66.9%	72.6%	66.3%	61.7%	66.1%	58.8%	43.2%	44.7%	48.0%	46.4%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	65.4%	43.2%	49.4%	61.2%	75.1%	59.3%	62.1%	67.6%	41.5%	37.5%	78.5%	39.8%
	Respiratory physiology - sleep studies	63.1%	60.6%	57.8%	57.7%	66.4%	65.5%	60.7%	61.4%	53.9%	47.0%	44.4%	45.5%
	Urodynamics - pressures & flows	33.7%	28.8%	38.5%	32.2%	37.8%	36.8%	36.8%	27.3%	29.2%	21.3%	20.0%	24.1%
Total		65.5%	63.0%	64.3%	67.4%	69.2%	63.6%	65.4%	67.4%	61.3%	60.6%	61.4%	59.8%

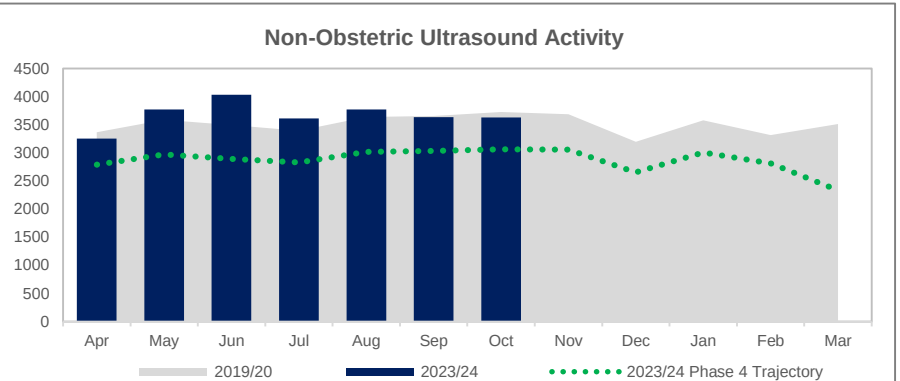
Eastern Services Diagnostics

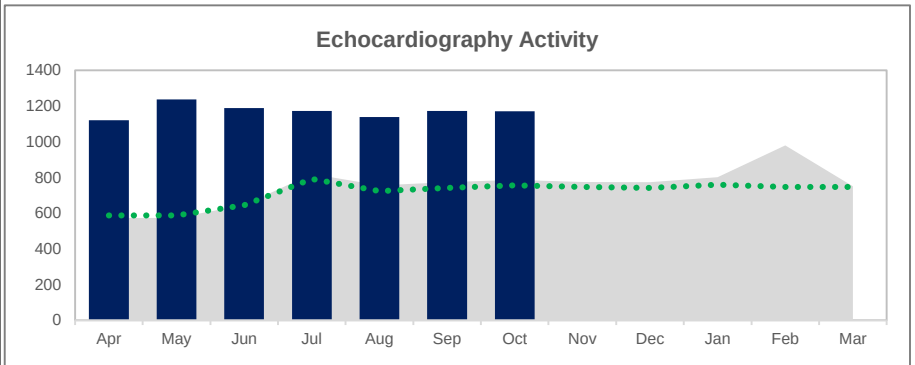
Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests











Eastern Services Diagnostics

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

At the end of October 59.8% of patients were waiting less than 6 weeks, representing 94 fewer patients waiting longer than 6 weeks than at the end of the previous month.

CT

- During the month of October the CT waiting list continued in a downward trend, contributing to a reduction in the waiting list by c750 patients since waits peaked in the summer. All patients whose wait is longer than circa 6 weeks continue to require CT cardiac imaging.
- Breaches over 6 weeks reached their lowest point over the past 18 months, reducing by 84% since a peak in mid-August 2023, to an end of month position of 40 patients breaching.

MRI

- MR capacity continues to be a challenge with waiting list trajectories on an increasing trend. Following a validation of waits, a number of patients were identified as not being correctly moved from the active list to planned; this resulted in a decrease of around 200 patients on the DMO1 waiting list in October.
- Increasing IP numbers are currently contributing to MR OP waiting lists.
- The longest waiting patients for non-cardiac MR are currently waiting up to 28 weeks. Length of waits for cardiac MR have remained high but stable over the past year. The team are currently refreshing demand and capacity analysis to understand where the problem areas lie and which to focus on. In addition, they are exploring opportunities for further capacity, although staffing this would be challenging. Work on implementation of a patient text reminder service is also progressing well and is hoped to be in place within the next 4-8 weeks in order to reduce DNAs.

Non Obstetric Ultrasound

- The ultrasound waiting list remains stable with trajectories showing a gentle decline
- Musculoskeletal ultrasound breaches show a worsening position with numbers expected to remain over 1200 for the remainder of the year. Demand and capacity modelling is being reviewed with help from the Business Intelligence team to inform actions to address this issue.

Dexa

- Dexa bookings are being managed within 6 weeks with no breaches

Endoscopy

- Focus continues to be around prioritising our longest waits and planned overdue patients and we are working towards clearing all the planned overdue patients by the end of the calendar year.
- We are continuing to maximise the total number of points per list working with the clinical lead to bring points back to pre-covid / pre epic numbers on all lists. We have commenced postal bookings in attempt to book out to 6 weeks and utilise all available capacity.
- The waiting list is being kept up to date with patients being removed following being sent the waiting well survey letter that is sent out centrally.

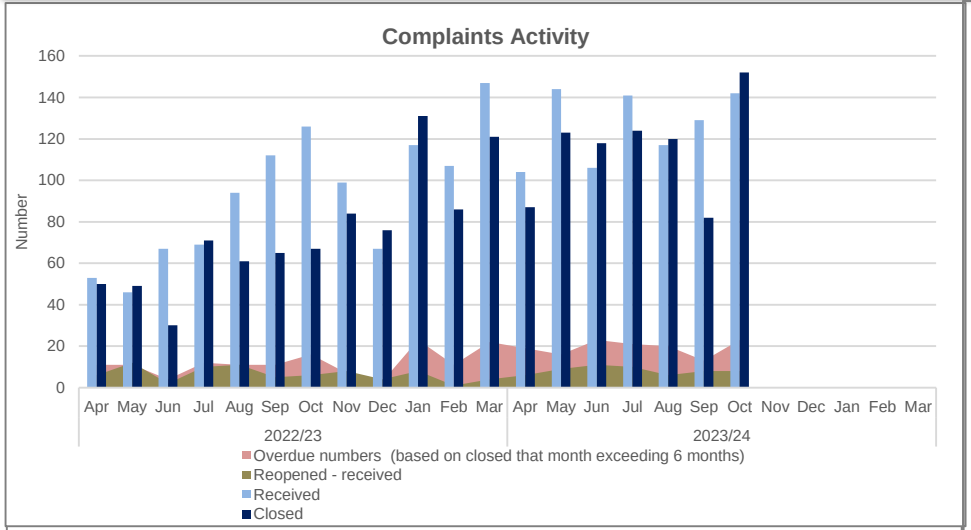
Echocardiography

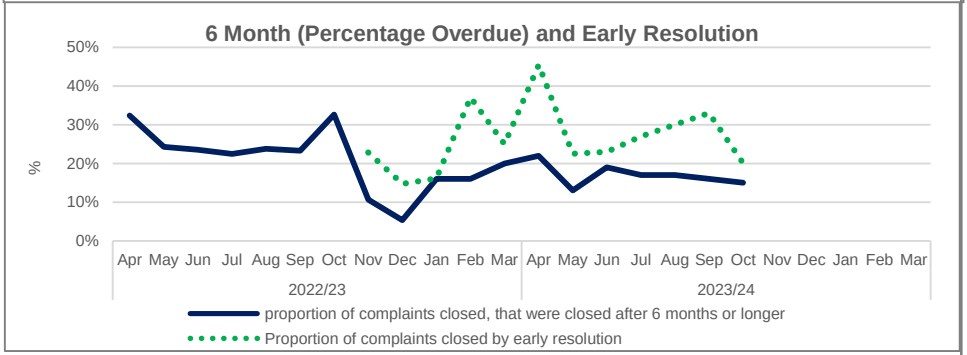
- Demand has increased further on a previously high level with performance remaining challenged. Despite ongoing weekend physiologist clinics, the number of breaches has increased.
- Three band 6 posts were recruited to, with postholders commencing in the New Year. A Business Case is being developed to increase the resource in Cardiology; this includes an increase in the number of echo physiologists.
- An echo task and finish group, led by a member of the consultant team, is working on both protocols to better support the service through more efficient triage, and workflows in Epic to enable this. Additionally, clinical advice for valve surveillance intervals at the outpatient Epic request is being explored.

Respiratory physiology

- Neurophysiology has increased the volume of sleep studies to address long wait patients which has resulted in a rapid recovery of the waiting list – now 6 patients >52 weeks.

Trust Patient Experience





There continues to be an increase in complaints received in October and this remains on an increasing trajectory. Despite this during October 152 complaints were closed which is the highest recorded activity of closed complaints since April 2022. 20% of complaints closed were closed by early resolution (within 14 working days) and 5% of complaints open at month end have exceeded 6 months.

Compliance with complaint acknowledgement has been static at 91% over the past 2 months, and reopened complaints remains in a static position at 18.

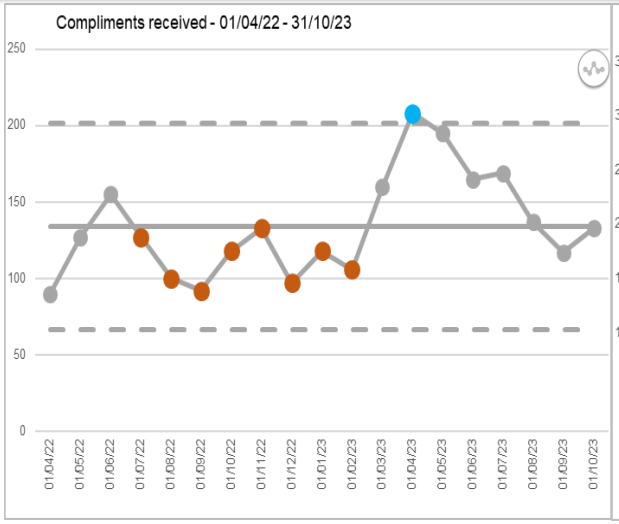
Overdue complaints are monitored through the divisional PAF meetings, and at weekly complaints huddles between divisions and corporate services.

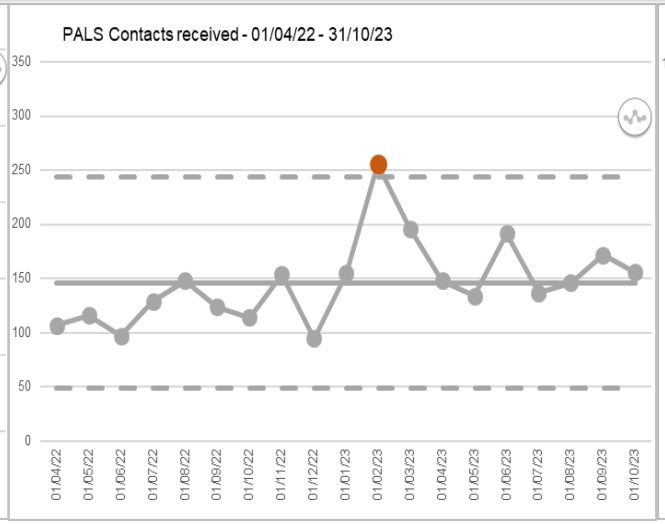
One new primary investigation was received from the PHSO during October, the primary review will determine whether further investigation is required. One investigation was closed by the PHSO in October. Following investigation it was found to be partly upheld with no further actions identified for the Trust.

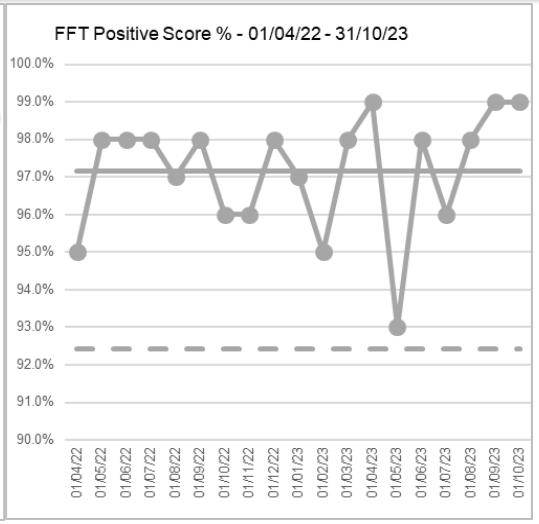
Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
1	14	4	1

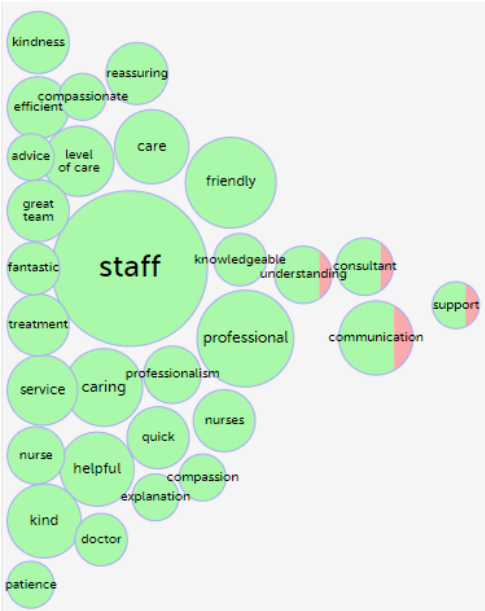
	2022/23												2023/24						
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Complaint received and acknowledged within 3 days	88.89%	84.79%	67.27%	93.50%	96.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%	98.00%	92.00%	91.00%	95.00%	91.00%
Number of open complaints at month end												356	360	386	350	367	364	406	390
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	18	14	15	22	19
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27	33	36	27	31
Over 6 months (%)	32.35%	24.24%	23.53%	22.45%	23.81%	23.26%	32.65%	10.61%	5.36%	16.00%	16.00%	20.00%	22.00%	13.00%	19.00%	17.00%	17.00%	16.00%	15.00%

Trust Patient Experience









Care Opinion feedback published October 2023 / Visualisation

There were 1537 friends and family test responses received across the Trust during October, resulting in a 98.5% positive position.

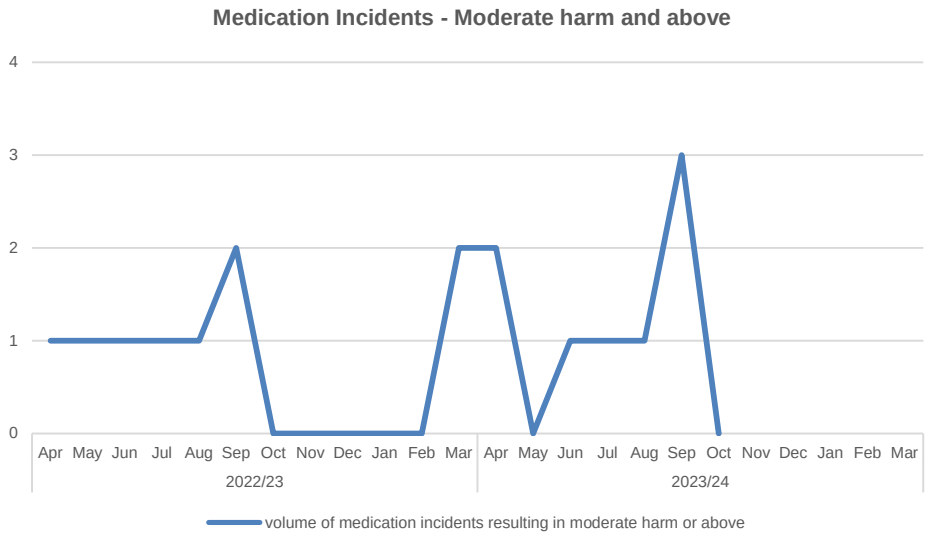
Care Opinion is a tool that generates real time feedback from service users. During October 110 stories were told across the Trust, of those 15 had a critical element, 5 were not rated as received through NHS choices, 90 (81%) were positive stories. The system is planned to be rolled out (advanced subscription) by end of March 2024 across the trust which will connect staff with service users in real time. Usage of Care Opinion across the trust may explain the declining numbers (133) of compliments logged and recorded.

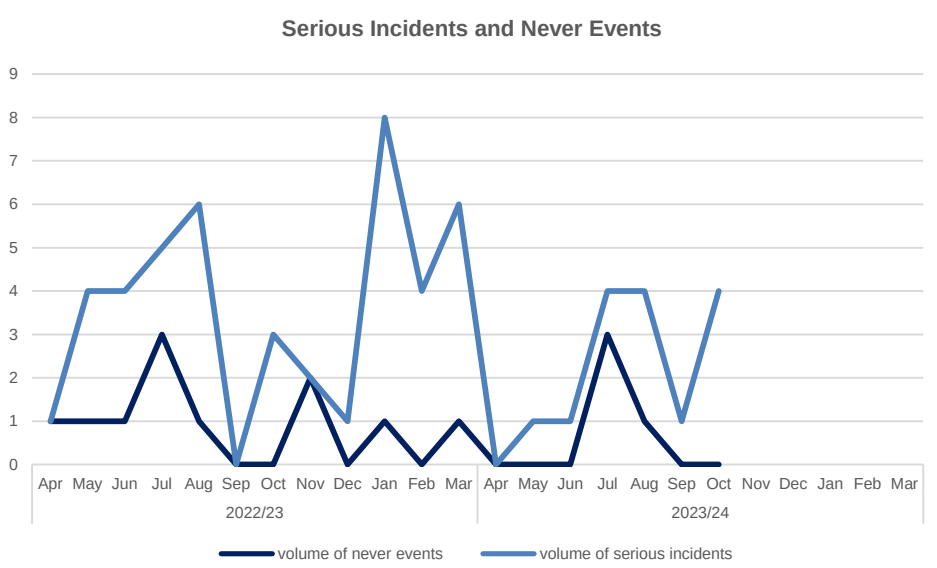
Analysing the main themes from October remains consistent with themes reported in previous months, and wider patient experience metrics. Communication remains the main theme throughout, values and behaviours of staff is the second most reported theme, which triangulates with PALS and Care Opinion data received.

The Patient Experience Team are leading a trust wide project with an aim to improve communication with service users with key project outcomes expected by February 2024.

Interactive link: https://careopinion.org.uk/visualisations/8da9f8cf-4424-4b99-86da-cadce342364a

Trust Incidents





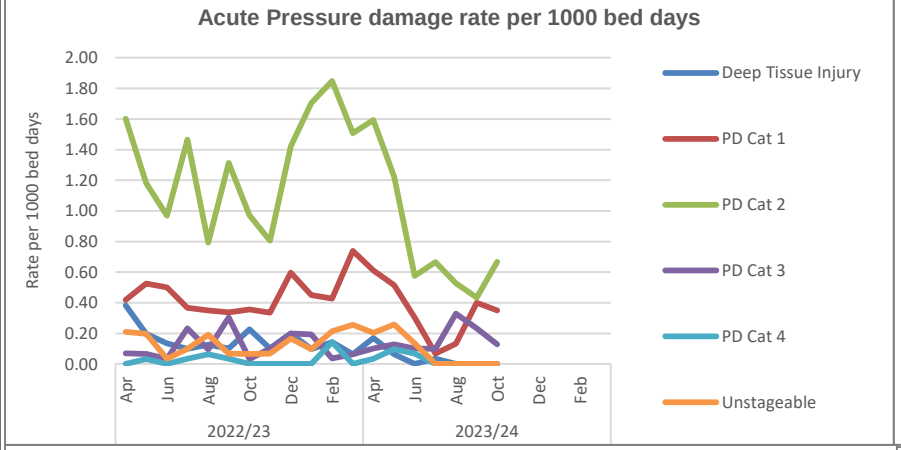
The Trust reported four Serious Incidents in October 2023, which is within normal variation.

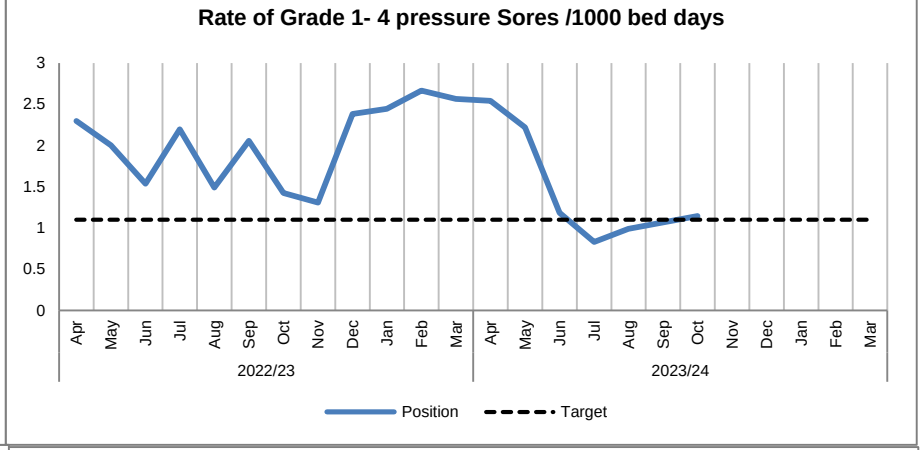
- Two incidents were identified through the cardiology waiting list audit, and investigations have commenced.
- One incident was a pathway error, which resulted in a delay to diagnosis and investigation has commenced.
- The fourth incident was a transfer to a neonatal unit meeting HSIB criteria.

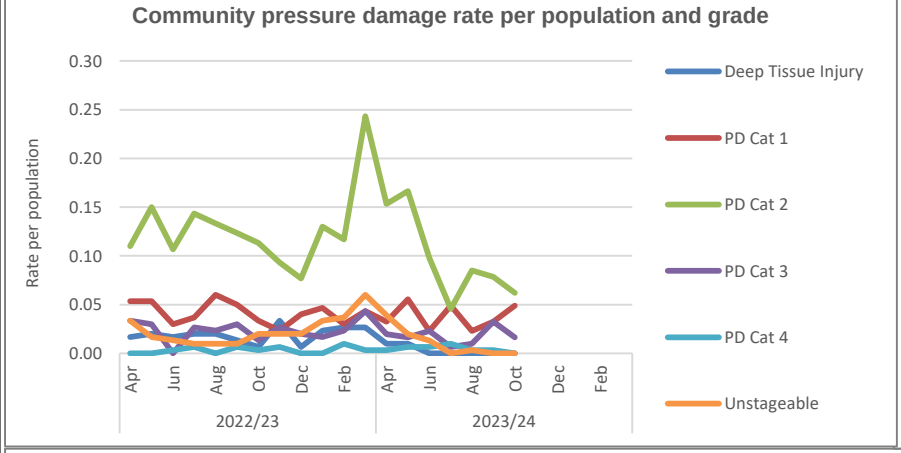
None of the serious incidents met Never Event criteria.

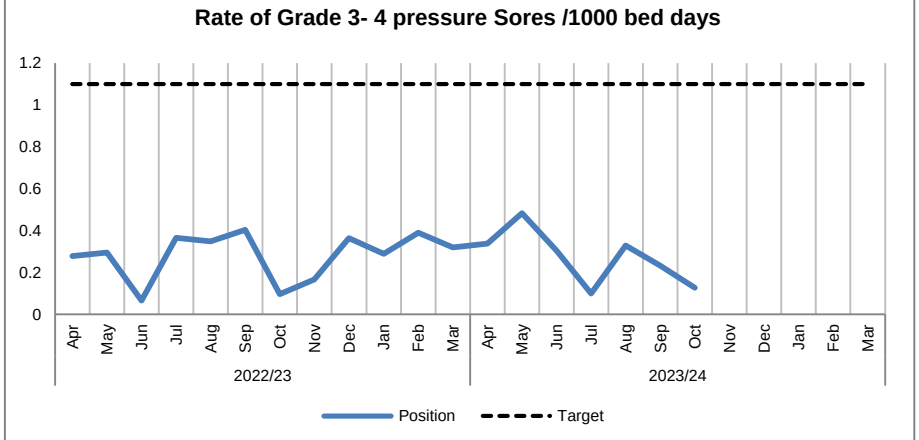
Trust Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care









The Trust continues to report low levels of healthcare acquired pressure damage. The service is experiencing operational pressures which is impacting on our ability to increase targeted improvement work, particularly with community services. We are about to commence recruitment, which should return service levels to their planed establishment.

Eastern services identified two incidents of category 3 pressure damage, one of these was in community services, and a round table will be undertaken to identify learning.

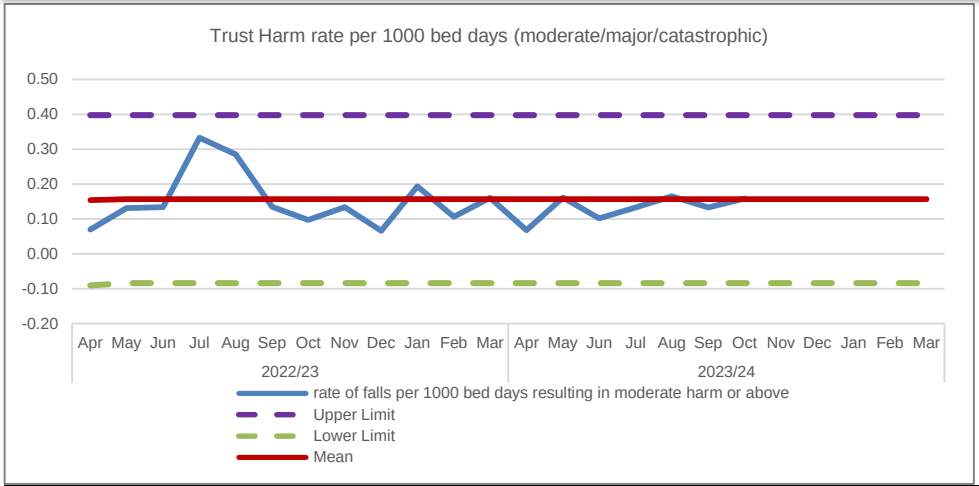
Northern services have sustained their improvement across medicine and surgery, with some areas reporting no pressure ulcers.

There were no category four pressure ulcers identified within the Trust in October 2023.

Work has been undertaken to redesign our approach to investigating pressure ulcers in line with the Patient Safety Incident Response Framework (PSIRF). This should improve our learning response and support our Pressure Ulcer Prevention Strategy.

Trust Slip, Trips & Falls

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

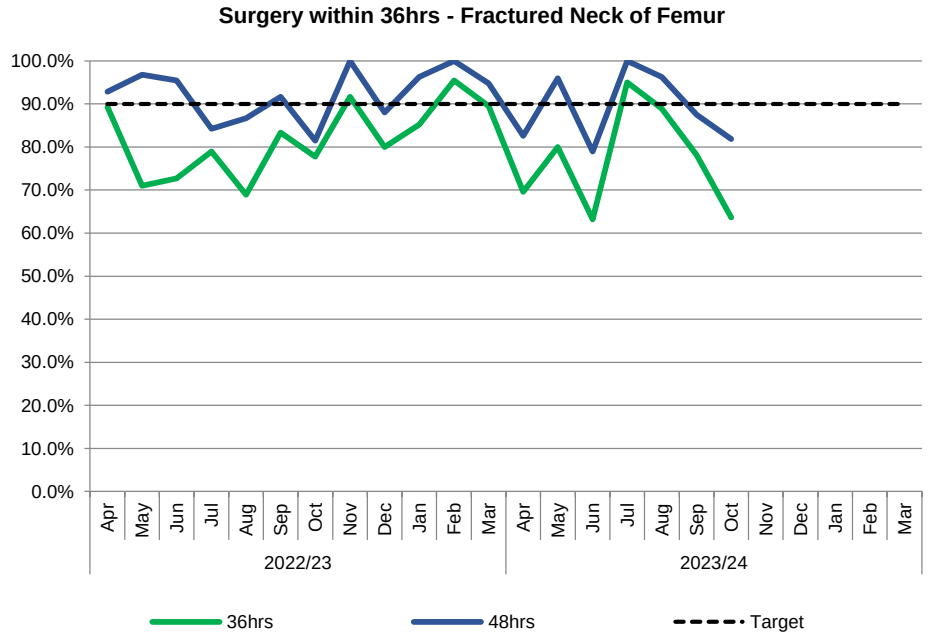


Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Falls	232	200	226	236	194	203	228	206	204	221	203	227	186	184	167	195	191	198	152
Moderate & Severe Falls	2	4	4	10	9	4	3	4	2	6	3	5	2	5	3	4	5	4	5

- Falls with harm remain within normal variation. All five falls reported in October 2023 were moderate harm. Three were unobserved falls whilst patients were self mobilising. Reviews have has not identified sub-optimal care issues contributing to falls.

Northern Services Efficiency of Care – *Patients risk assessed for VTE*

Northern Services	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Aug-23	Sep-23	Oct-23
NDDH	82%	78%	77%	76%	71%	82%	82%	83%



- 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 October 2023, 63.6% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 22 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.

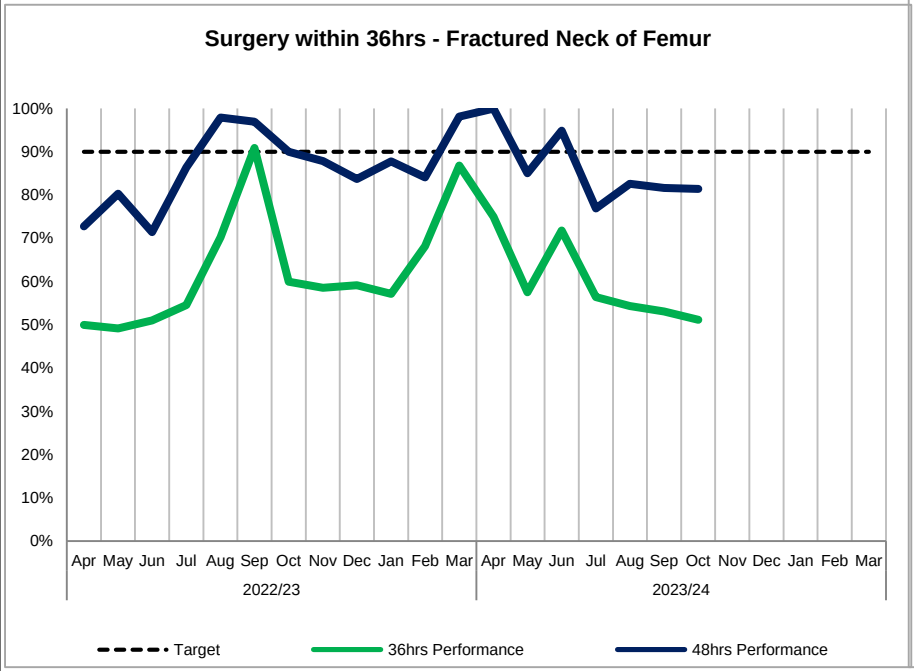
- The eight patients in total that breached 36 hours were due to lack of theatre time and awaiting space on theatre lists. There is an increasing volume of Trauma admissions being seen impacting on capacity. Four patients waited longer than 48 hours; therefore 81.8% of patients received their surgery 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	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Aug-23	Sep-23	Oct-23
RDE Wonford	88%	87%	82%	79%	87%	83%	83%	85%

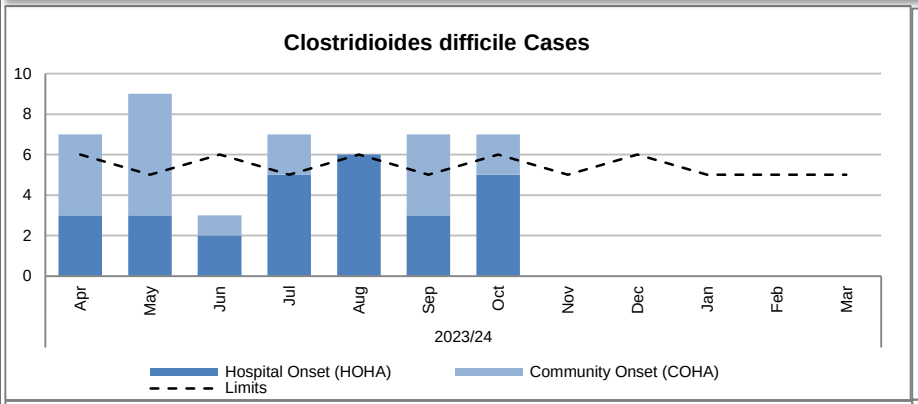
- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.

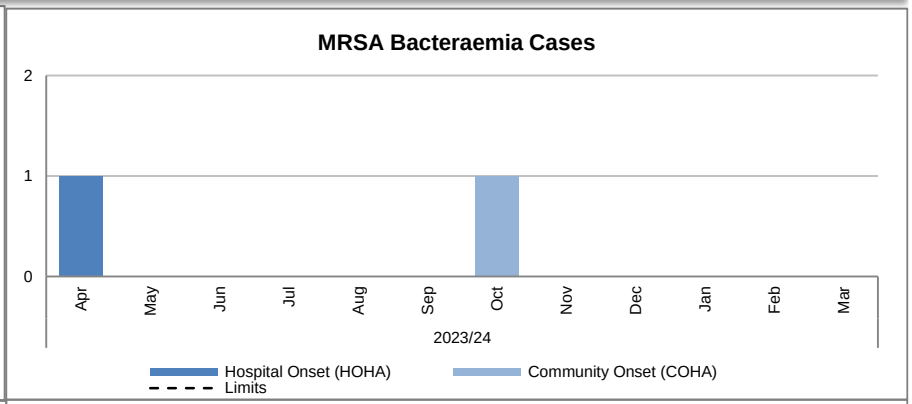


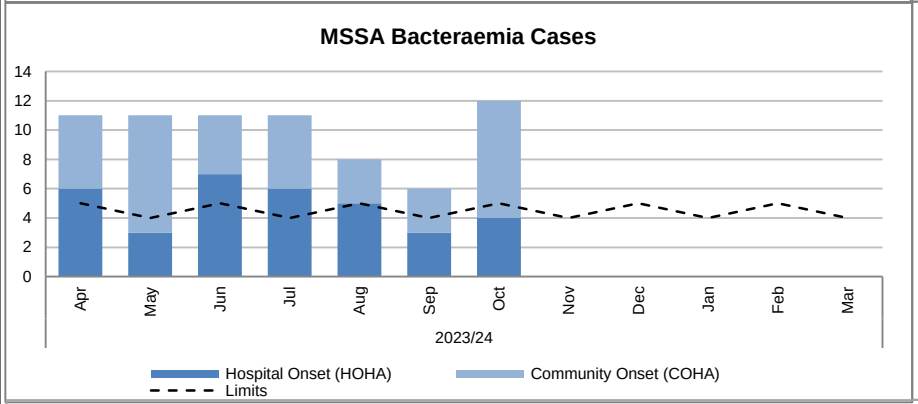
- In October 2023, 51% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There was a total of 45 patients admitted with a FNOF, 43 of these patients were medically fit for surgery from the outset and 22 patients received surgery within 36 hours. Eight medically fit patients had to wait longer than 48 hours for surgery, the reason for delay was awaiting space on theatre lists.
- There was a total of 161 trauma patients admitted in October, with two days seeing 10 and 11 trauma patients being admitted, which is extremely high.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 68 Trauma Patients had their surgery during October in PEOC Theatres, which was to the detriment of elective activity. The high trauma numbers in October resulted in a significant number of elective cancellations.
- 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.
- Additional elective work has now moved to SWAOC for Foot and Ankle, Soft Tissue Knees and in October Spinal – this is additional work and therefore has not freed up any additional specific trauma space within PEOC. Within PEOC Theatres there are lists designated to accommodate trauma patients, however, due to the peaks of trauma admissions and the inability to predict demand, elective patients do get cancelled.

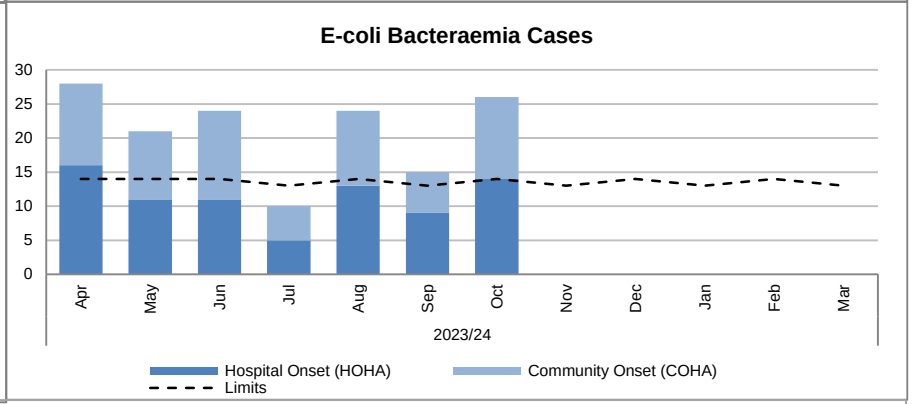
Trust - Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection









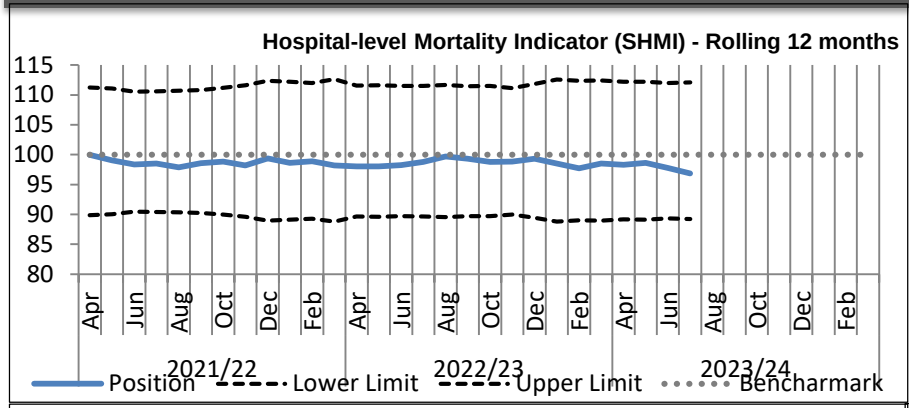
C.diff – Whilst above NHS Standard Contract threshold trajectory, the Trust has comparatively lower rates of healthcare associated C.diff than both the national and regional average.

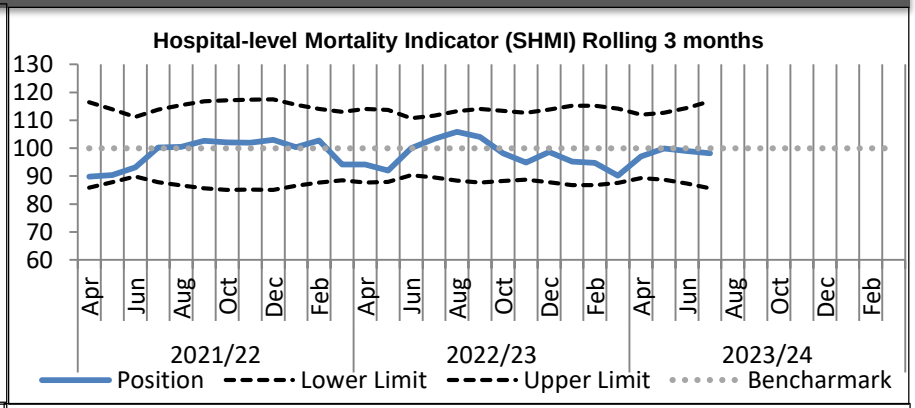
MRSA – All cases of MRSA bacteraemia this year were attributed to skin/soft tissue source and deemed unavoidable following through MDT review. A Devon wide programme of work is currently in progress to review MRSA screening and decolonisation regimes. This includes consideration to the addition of patients for whom surveillance has identified locally recognised higher risk factors.

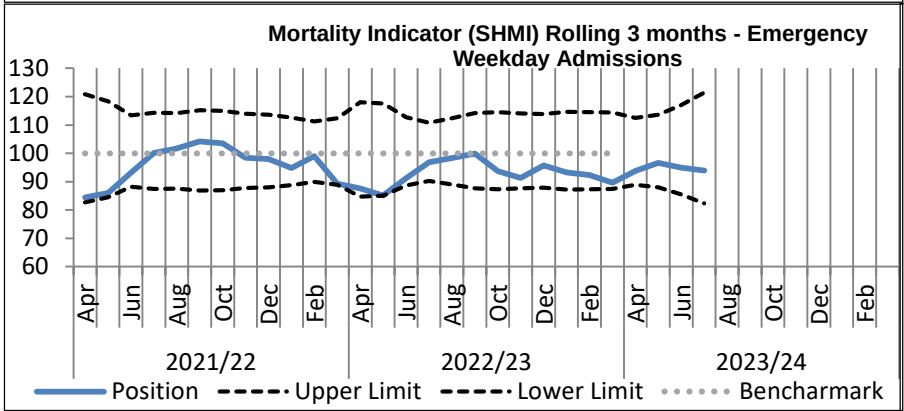
MSSA and E.coli – High rates persist for both total cases and those healthcare associated. Infection prevention focus is targeted at avoidable intravascular device associated infection with increased education, awareness and real time feedback. This is supported within the NHS England Southwest MSSA bacteraemia improvement group. A Trust wide Gram negative bacteraemia improvement plan has commenced with measurable actions to be monitored through the Infection Prevention & Decontamination Assurance Group.

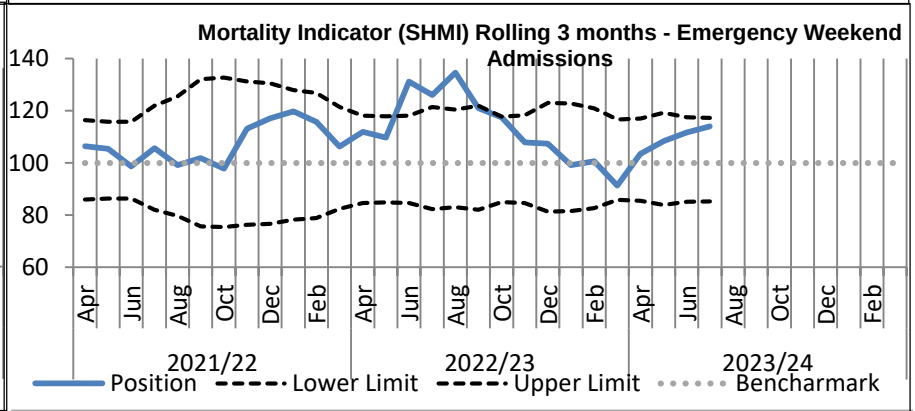
Work to align infection prevention and control to the patient safety incident response framework is still underway. A proportionate response to healthcare associated infection, rather than routine case by case review, will allow resource to be better allocated to shared learning actions within emerging divisional safety event review groups and aid contribution to clinical improvement forums.

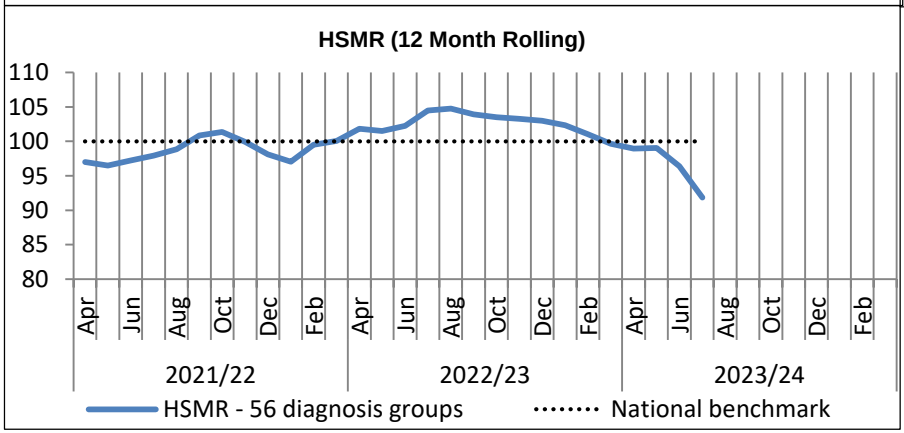
Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*









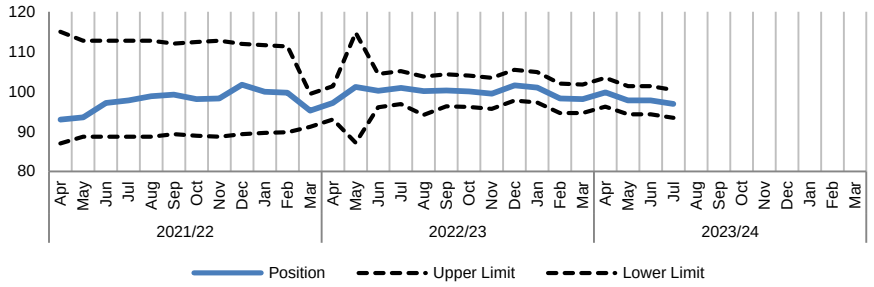


- The SHMI position remains within the expected range for all metrics
- The HSMR position remains stable and reducing on a rolling 12 month basis to July 2023
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians where appropriate.
- No new emergent themes are currently being identified through this process.

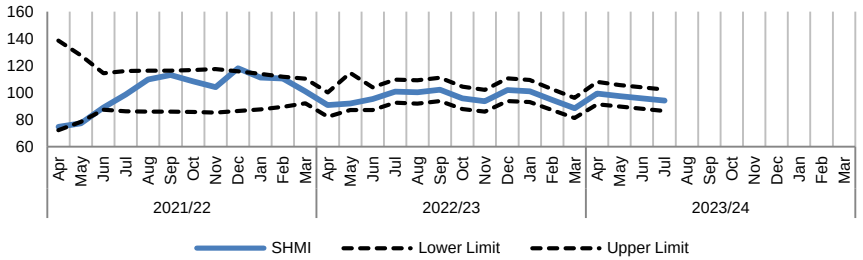
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

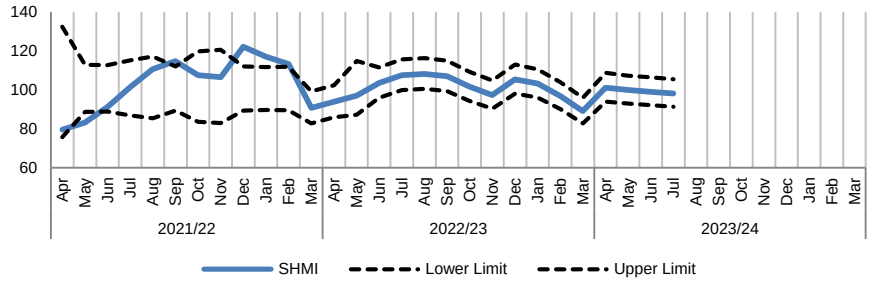
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



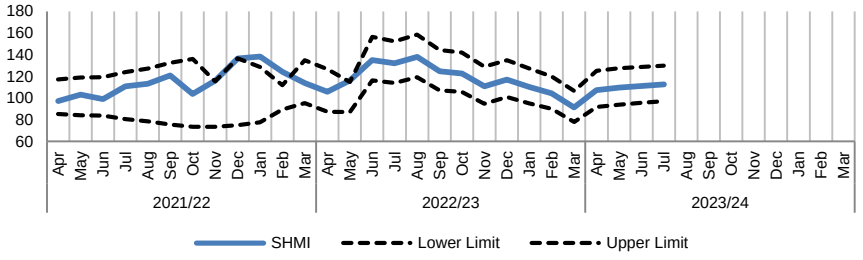
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



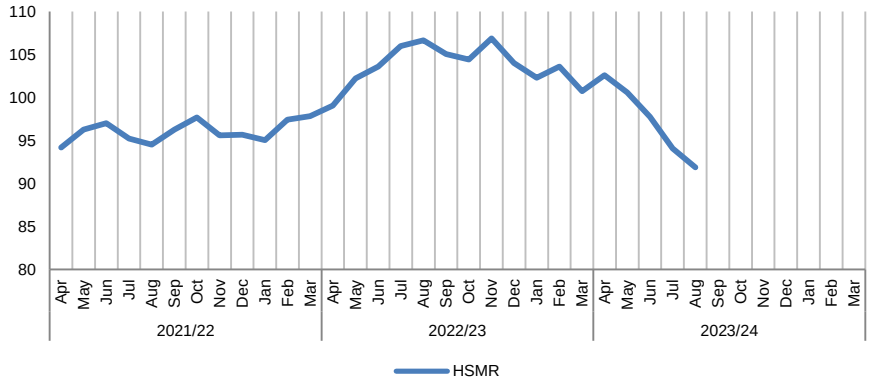
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions



HSMR (12 Month Rolling)



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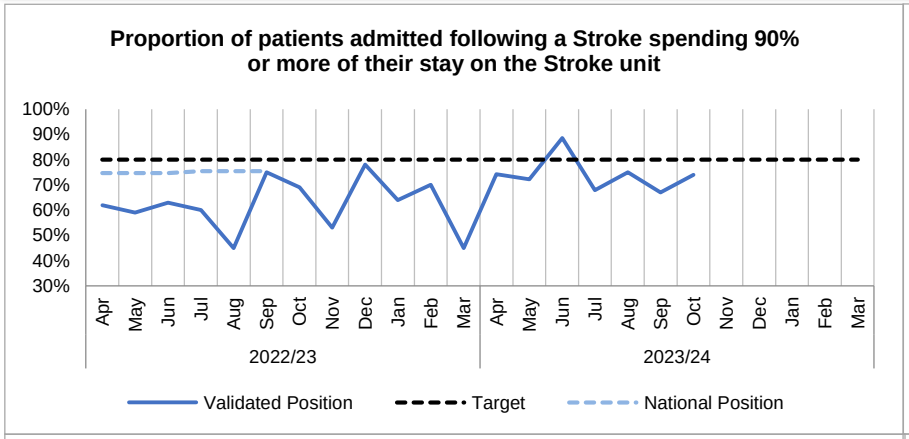
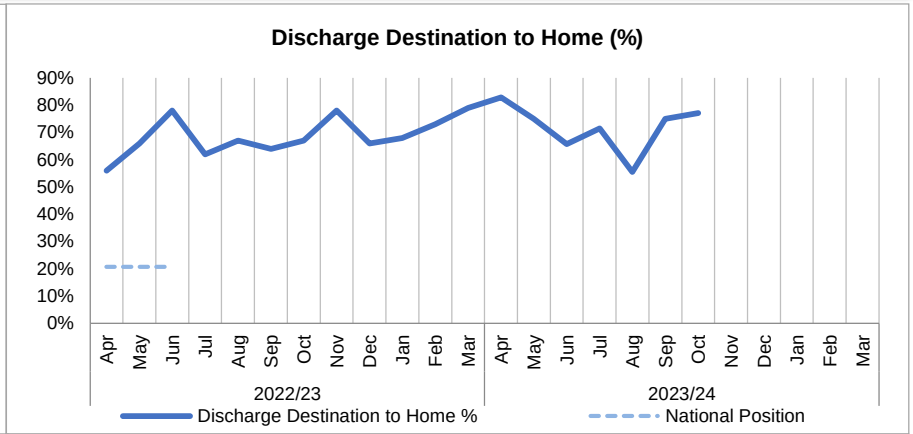
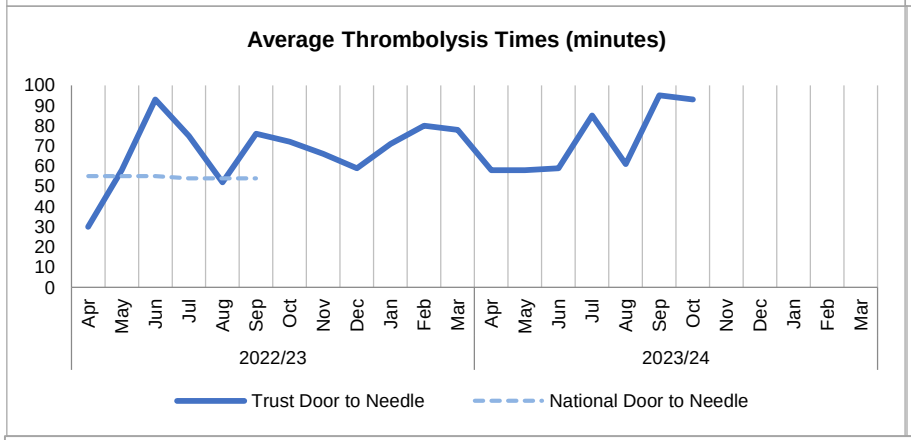
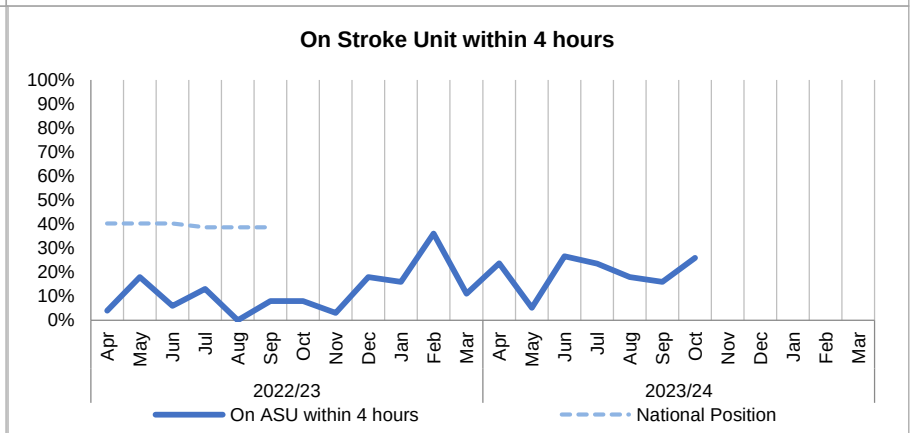
- No new emergent themes are currently being identified through this process.

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







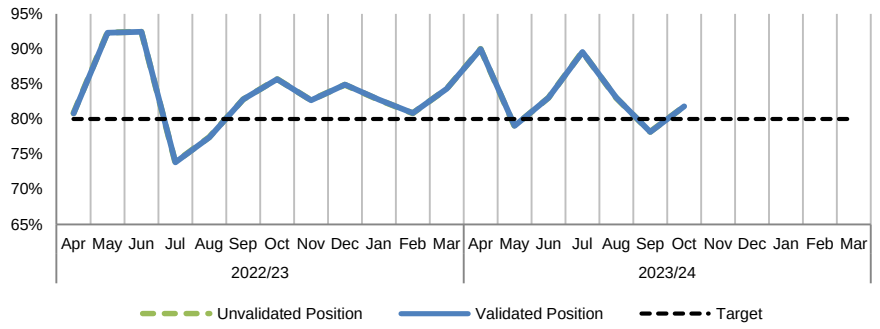


- 90% stay: Performance against this indicator continues to show a more stable position across the last five months, achieving 74% in October. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group continue to focus on reviewing the ringfencing processes with the site management team.
- Discharge destination: This metric is relatively stable and is above the national average.
- Thrombolysis times: Thrombolysis time is broadly stable over time. Overall the number of eligible stroke patients for thrombolysis is low. In a recent letter received from NHS England South West, it confirms that the RDUH is the highest performing Trust in the South West Peninsula and is above the national position from April to June 2023.
- ASU in 4 hours: This target remains challenging due to the high level of occupancy but demonstrates an improved position in October 2023.

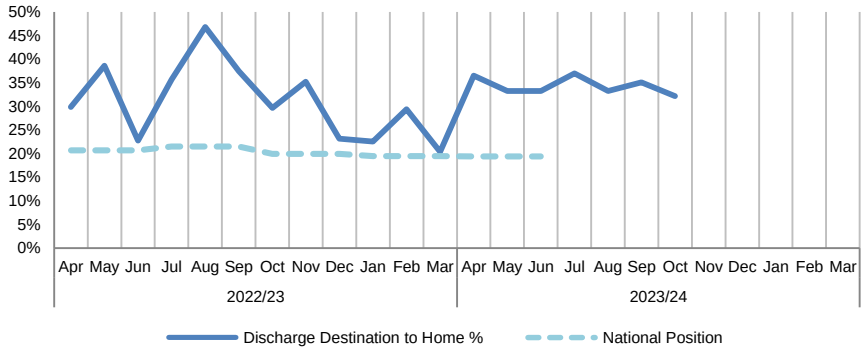
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

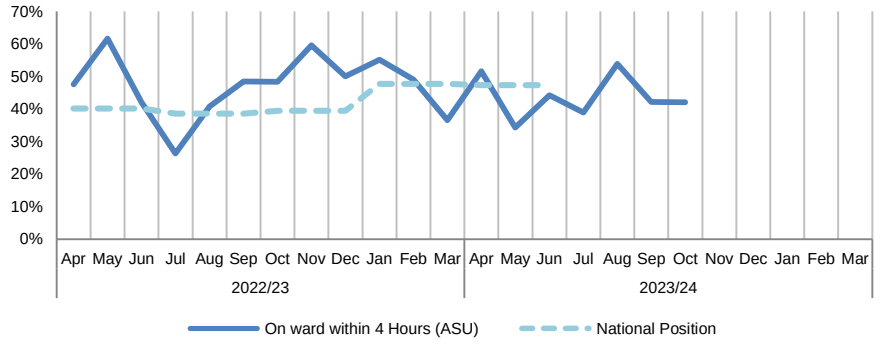
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



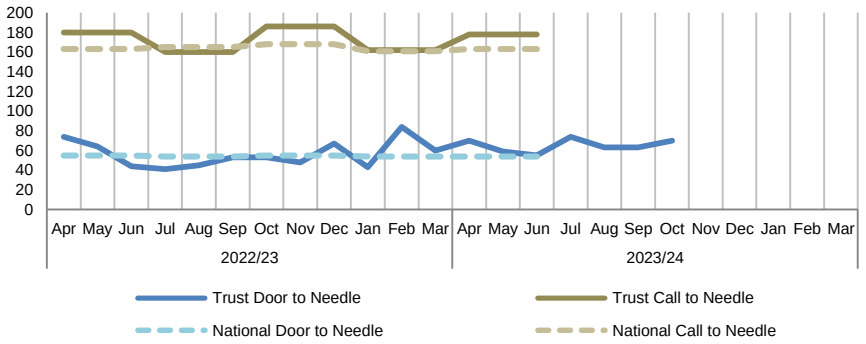
Discharge Destination to Home (%)



On ward within 4 Hours (ASU)

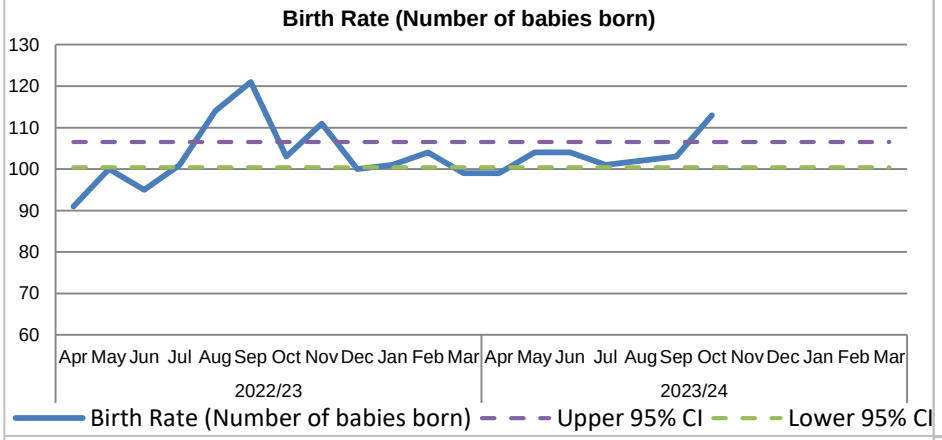


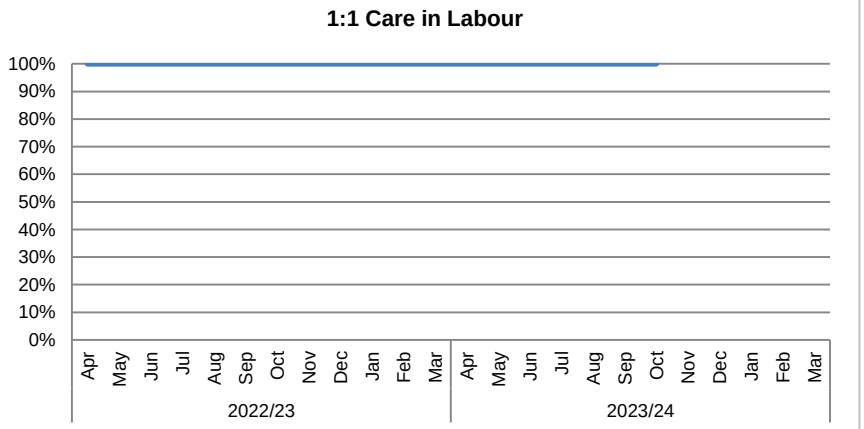
Average Thrombolysis Times (minutes)

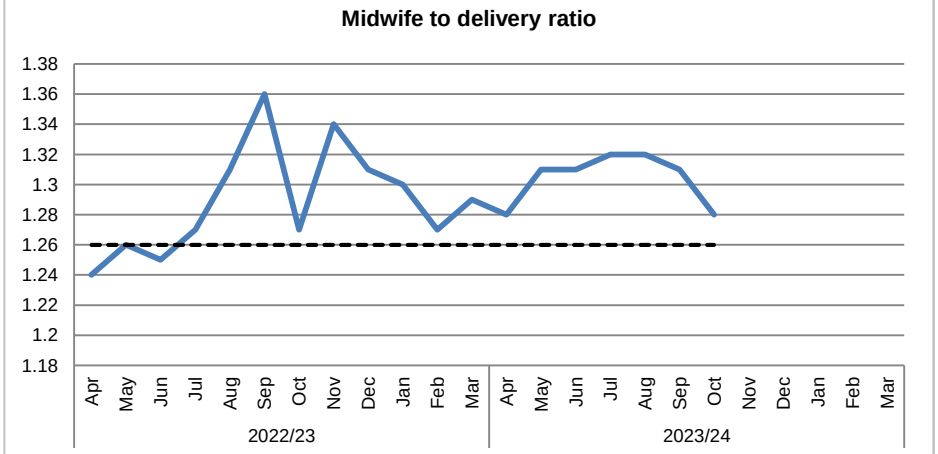


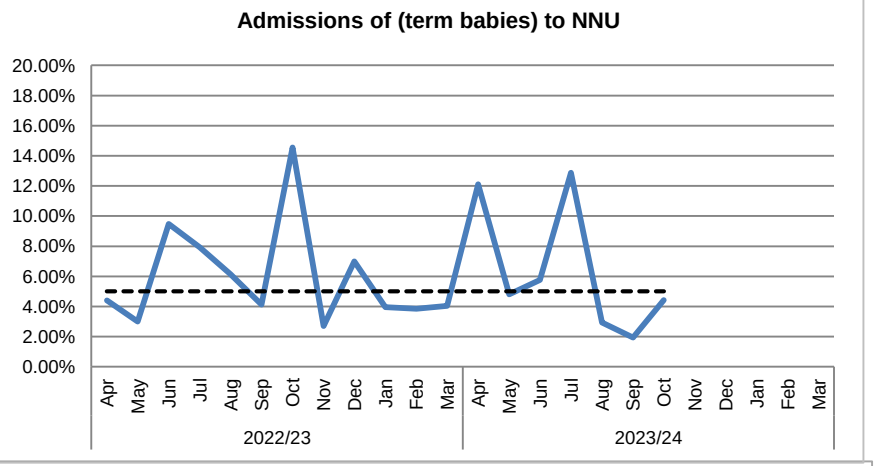
- 90% stay - The proportion of patients admitted spending 90% of their stay on the stroke unit increased to just above the target position in October.
- On ward within 4 hours target indicator has remained stable in October but slightly below the previously reported national position, this in part is due to the period of operational pressures experienced, and the impact of the industrial action for both Consultants and Junior Doctors for an extended period of time in the month.
- 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. In a recent letter received from NHS England South West, it confirms that the RDUH is the highest performing Trust in the South West Peninsula and is above the national position from April to June 2023.

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





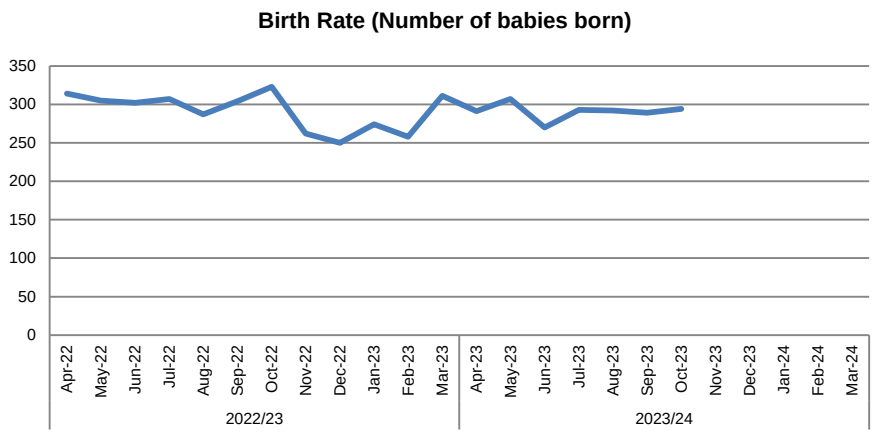


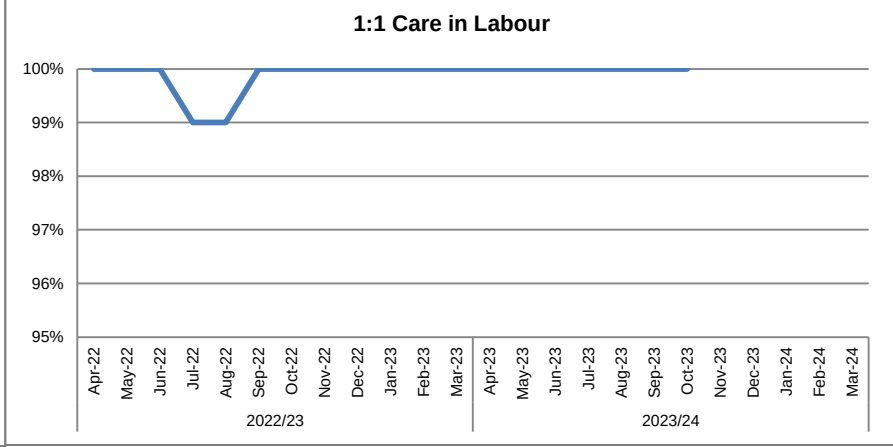


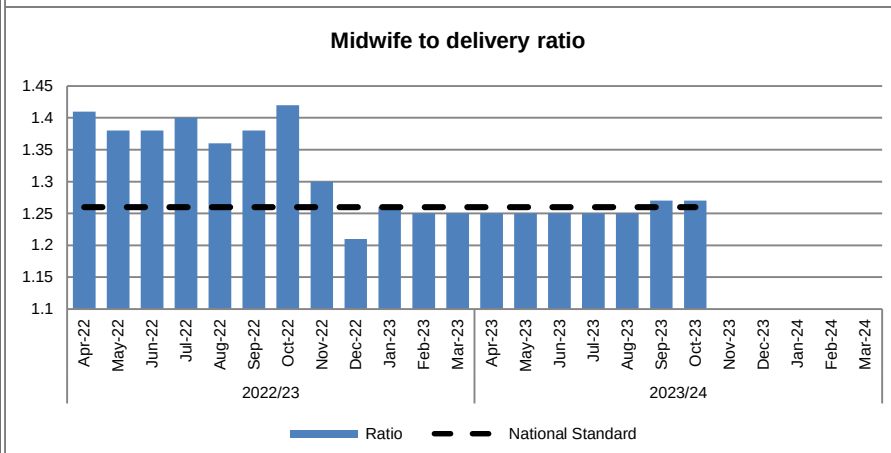
- All full term neonatal admissions continue to be reviewed by the ATAIN process.

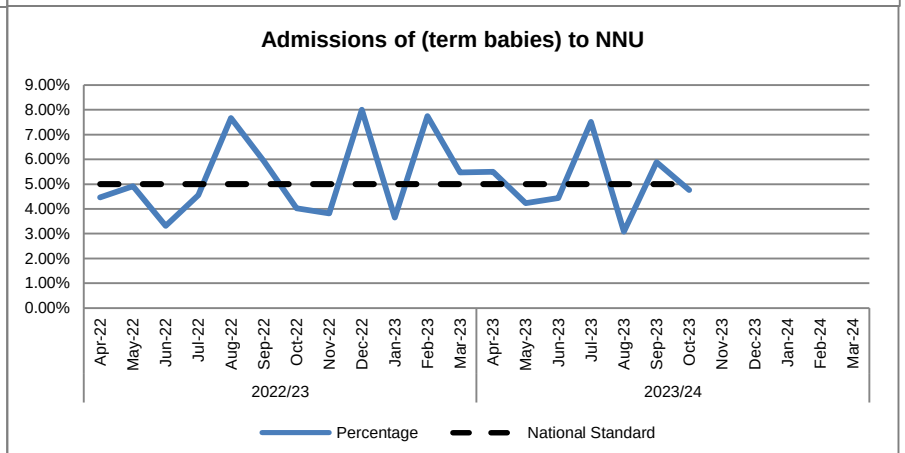
Eastern Services Maternity

Metrics relating to the provision of quality maternity care









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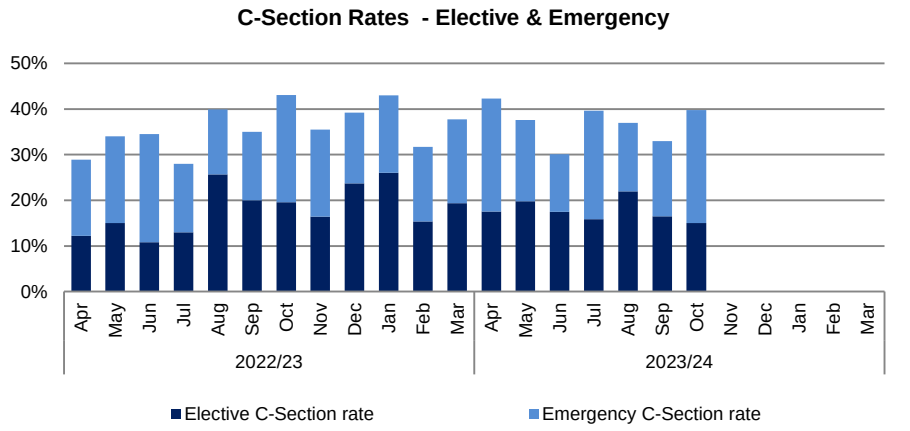
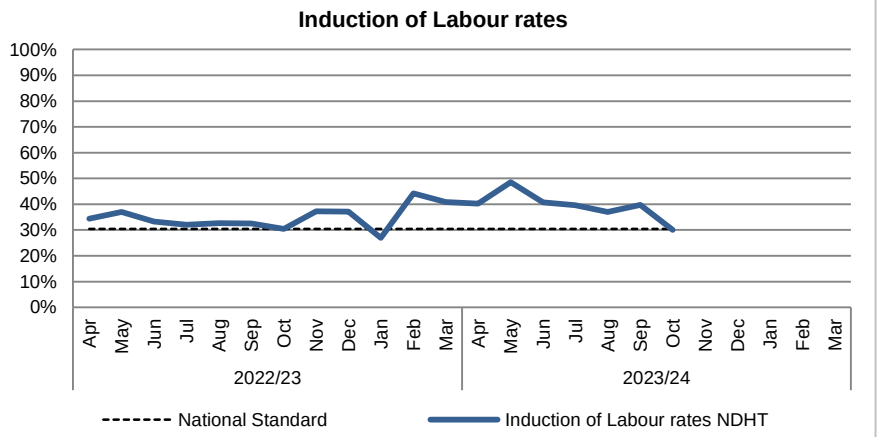
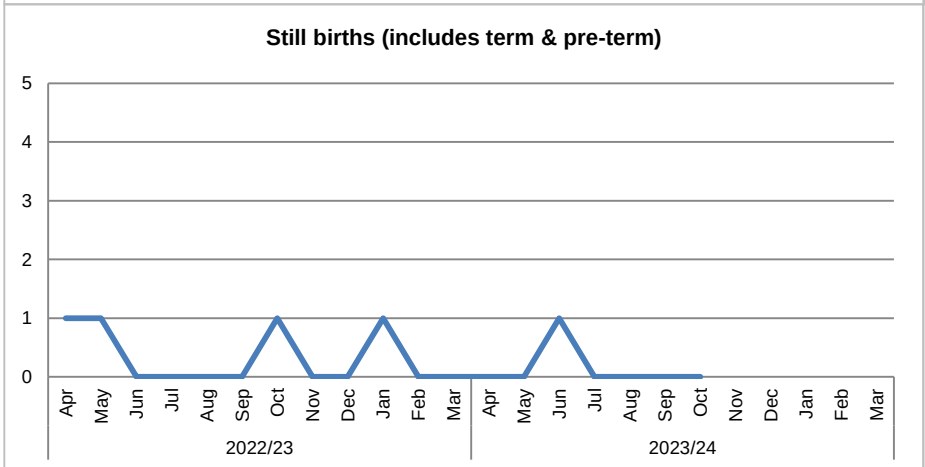
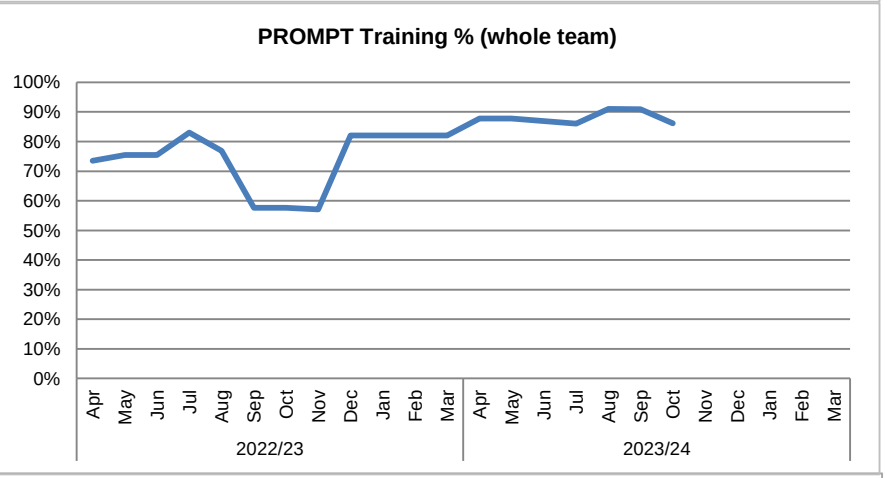
Northern Services Maternity – *Metrics relating to the provision of quality maternity care*





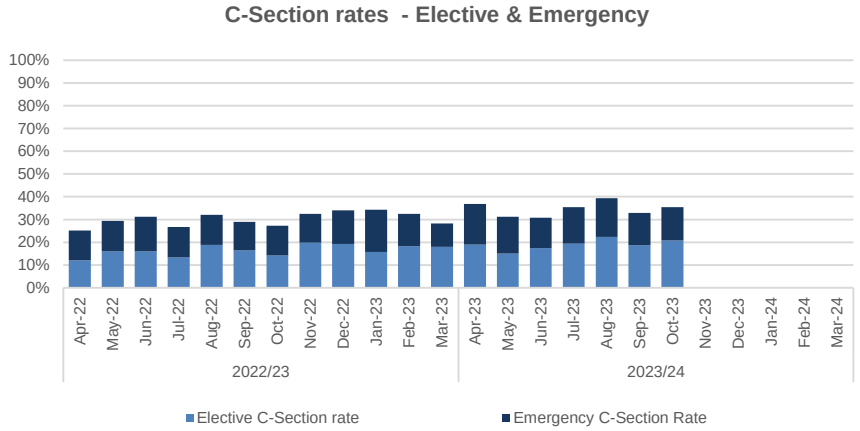


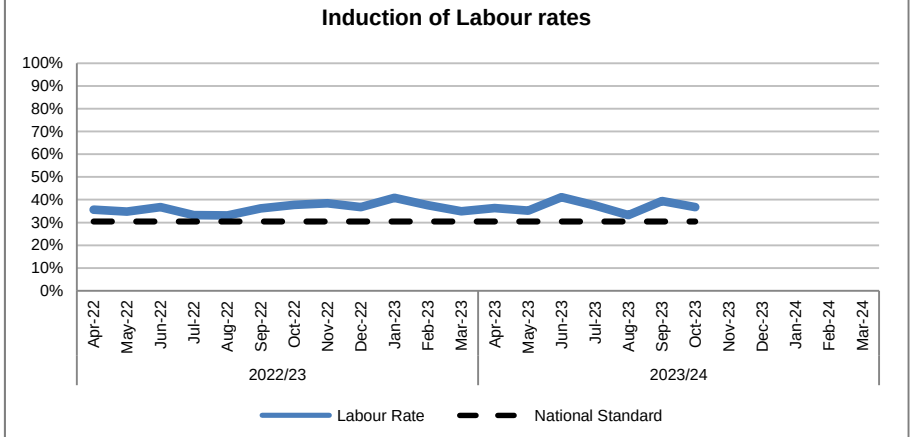


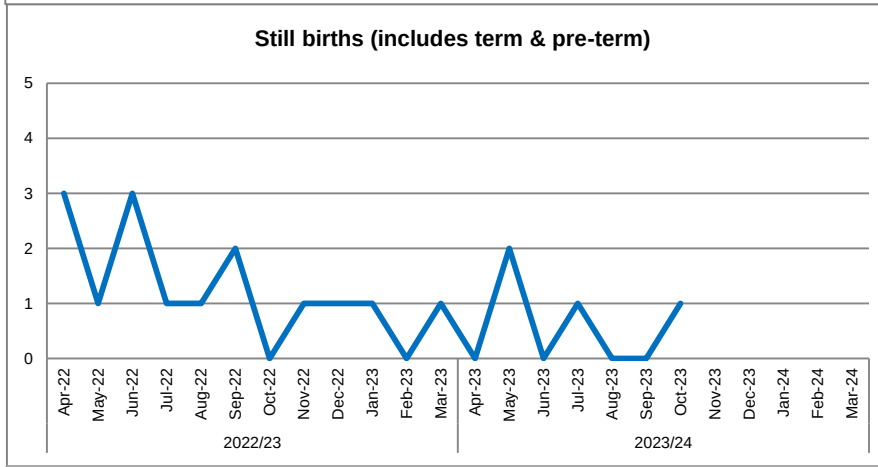
- The service continues to prioritise PROMPT training as part of CNST Year 5 compliance evidence

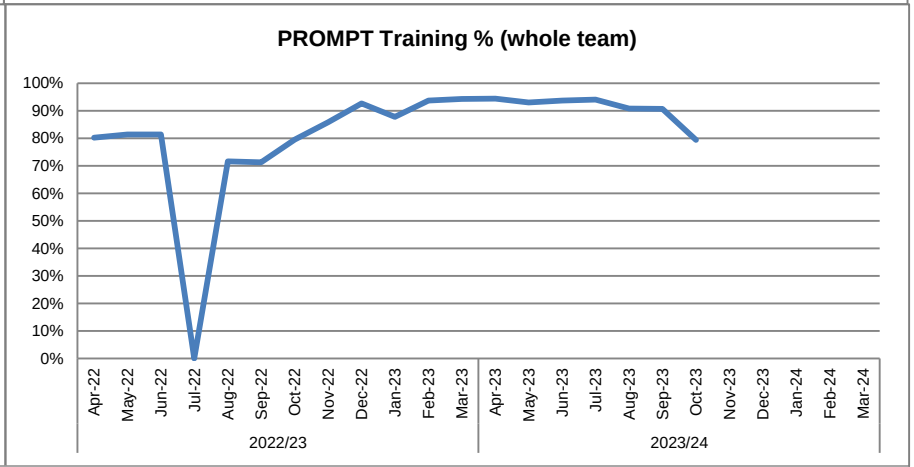
Eastern Services Maternity

Metrics relating to the provision of quality maternity care





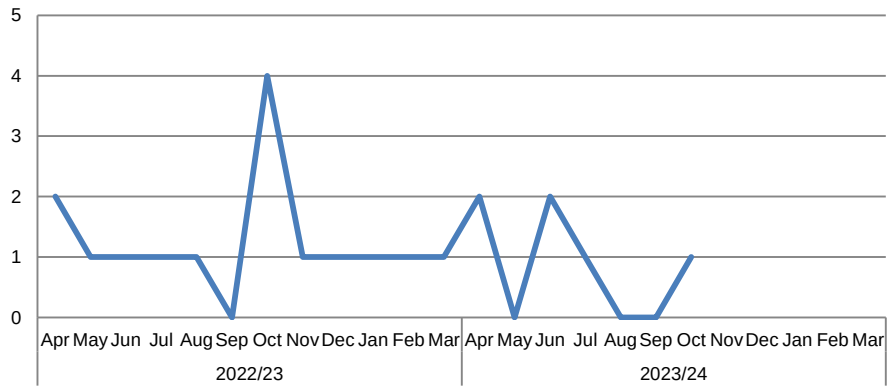




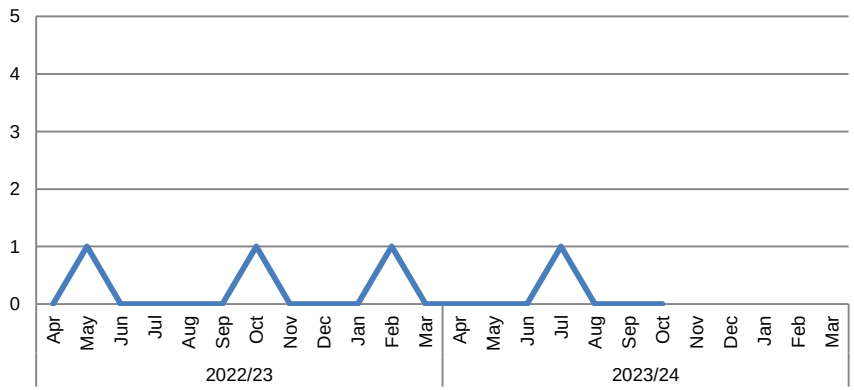
- The service continues to prioritise PROMPT training as part of CNST Year 5 compliance evidence.

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

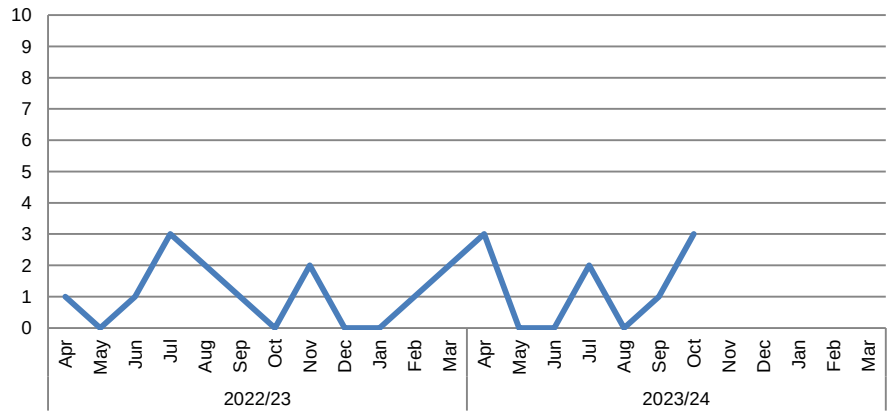
Incidents in current month (moderate and above) (run chart)



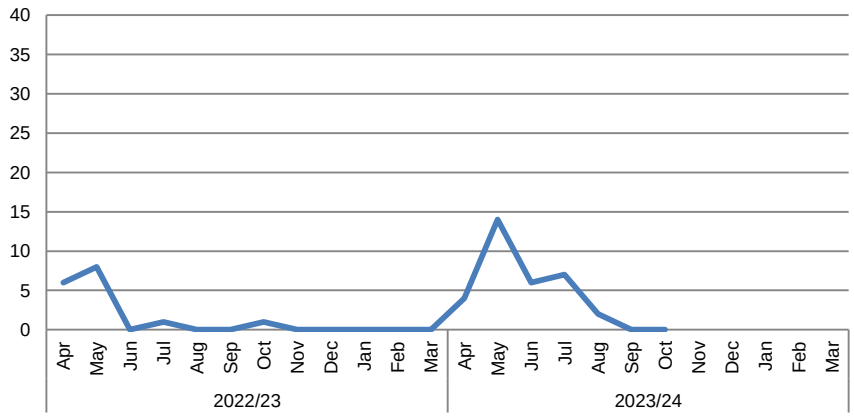
Serious Incidents (run chart)



Complaints Maternity



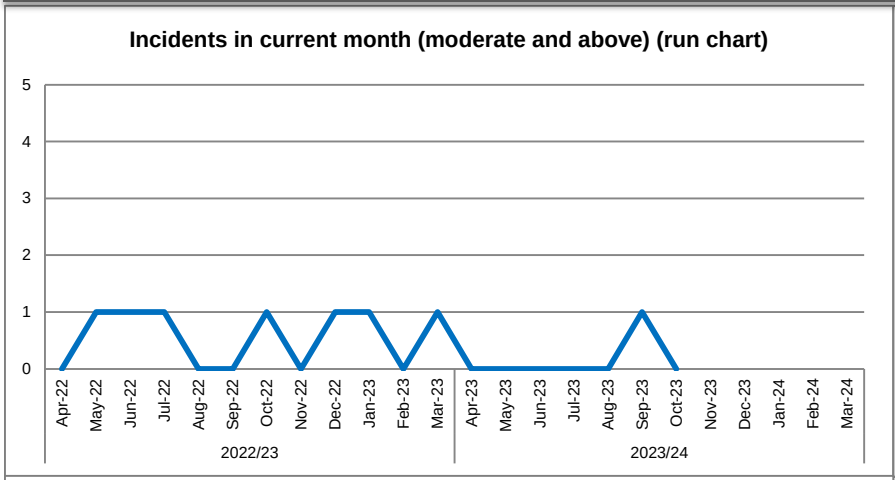
Compliments Maternity

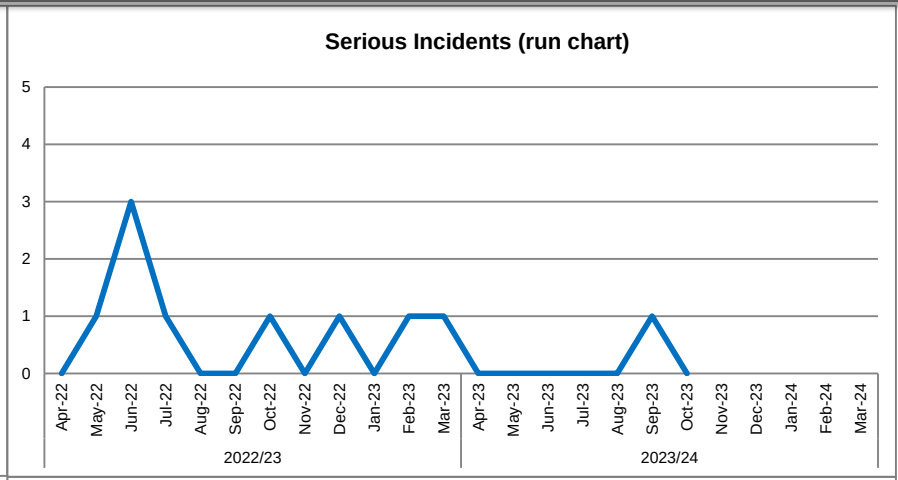


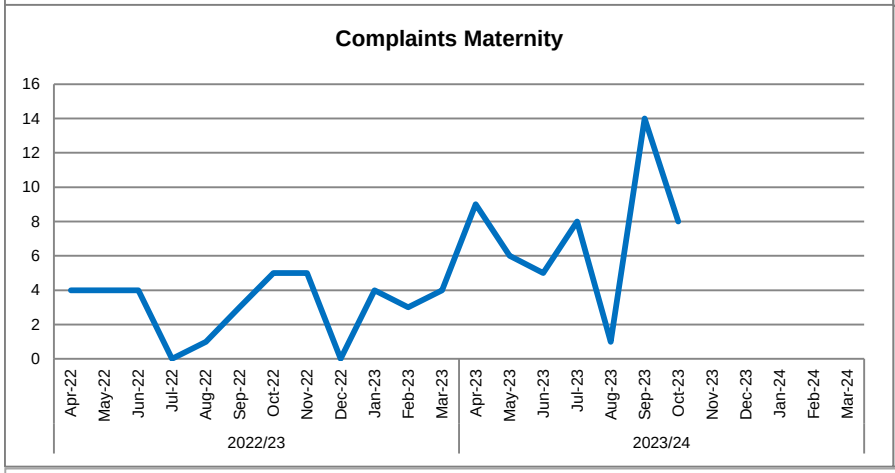
- There was one Moderate incident in month which has been referred to HSIB for investigation.
- The maternity team actively engage with the Maternity Voices Partnership (MVP) to review and contribute to the development of maternity services and ensure the voice of women and their families. The maternity team work with the MVP to provide a report at each Patient Experience Committee.

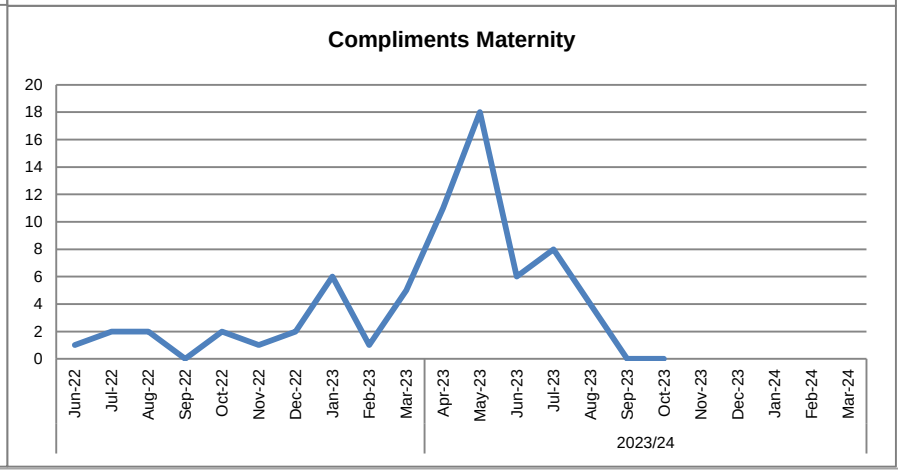
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



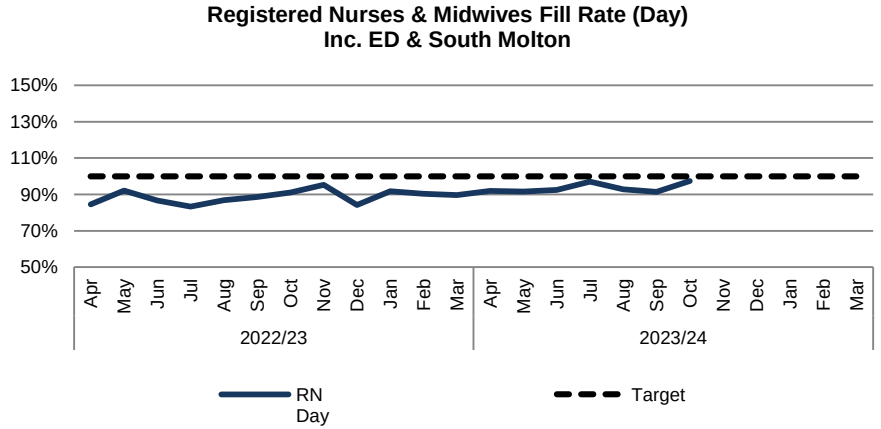


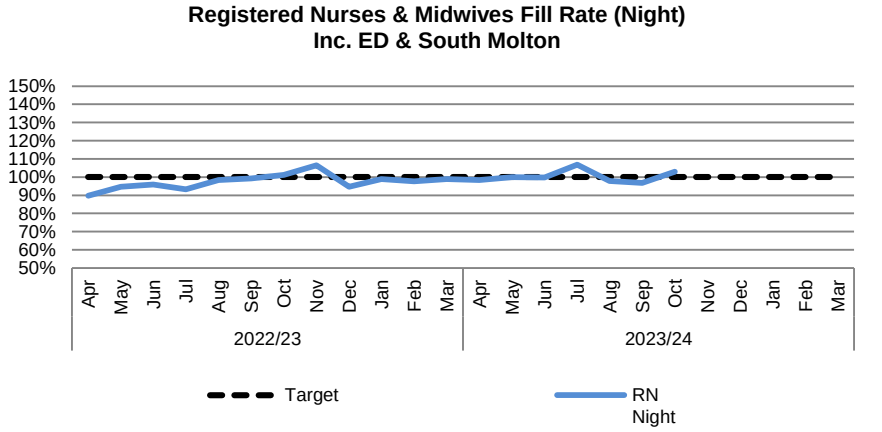


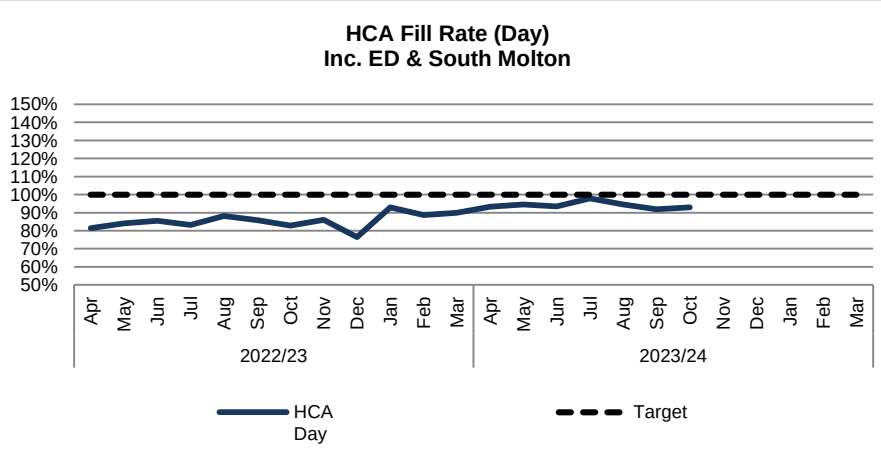


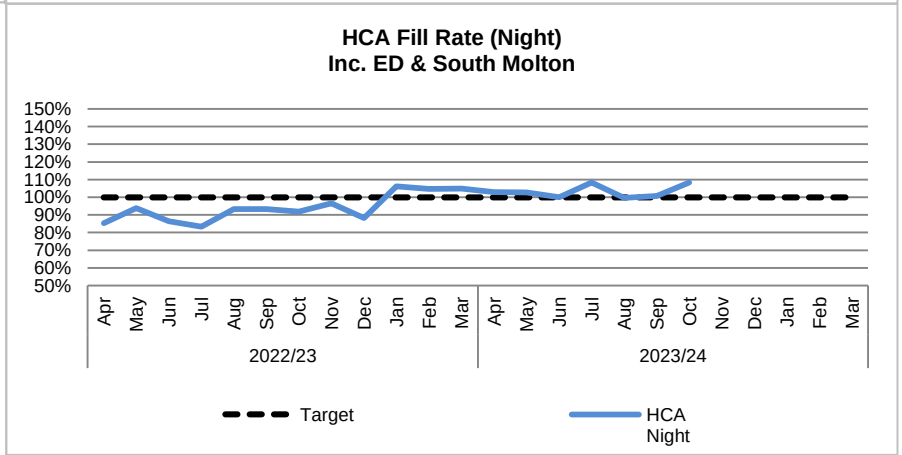
- The maternity team actively engage with the Maternity Voices Partnership (MVP) to review and contribute to the development of maternity services and ensure the voice of women and their families. The maternity team work with the MVP to provide a report at each Patient Experience Committee.

Northern Services Safe Clinical Staffing Fill Rates





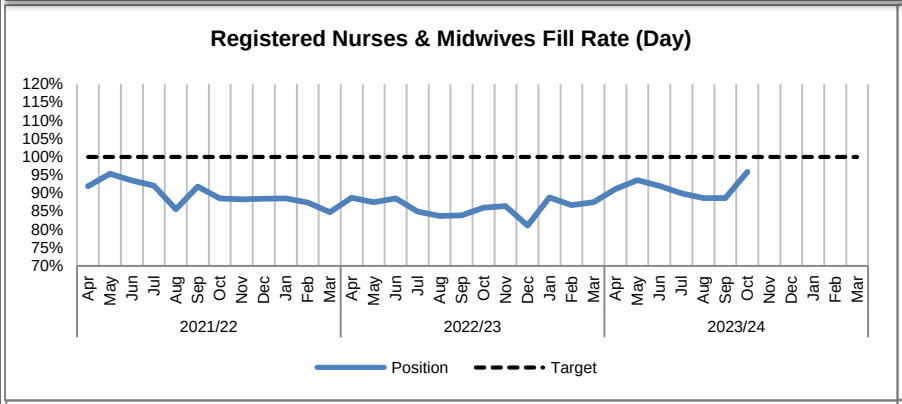


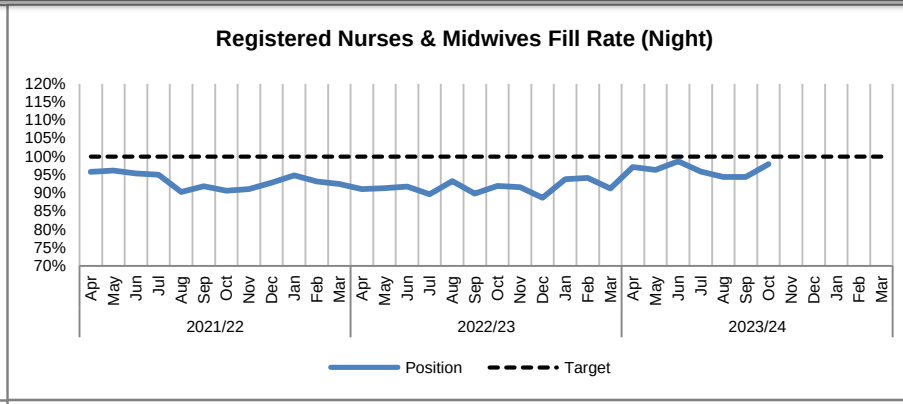


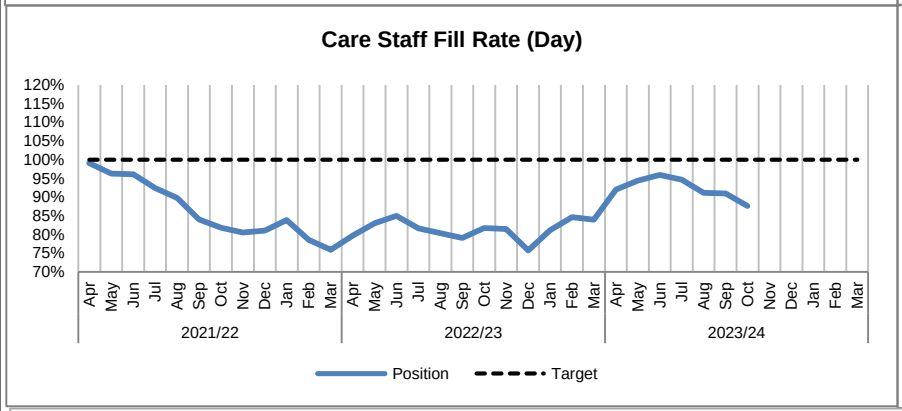
- The fill rate for Northern services was 101.5%
- There were four patient safety incidents reported due to staff shortages, one was reported as minor harm, the remaining incidents were no harm.
- All patient safety incidents which were reported in October 2023 as moderate or greater harm have been reviewed (15 incidents). None of these cited staffing as a causative or contributory factor in the harm to patients.

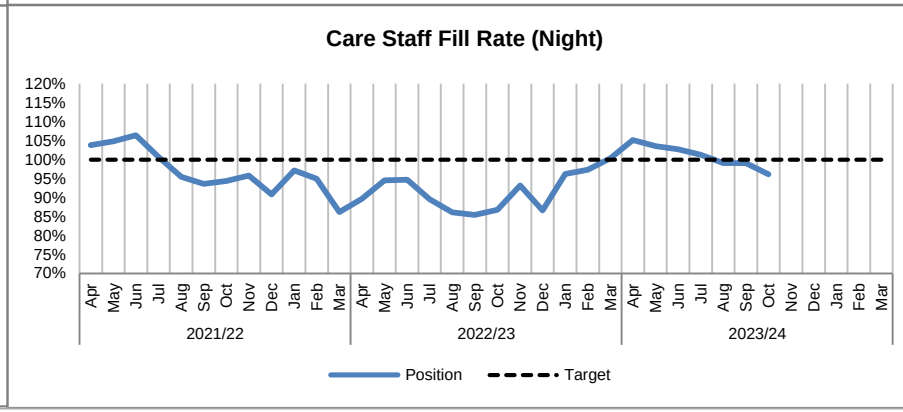
Eastern Services Safe Clinical Staffing – Fill Rate

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



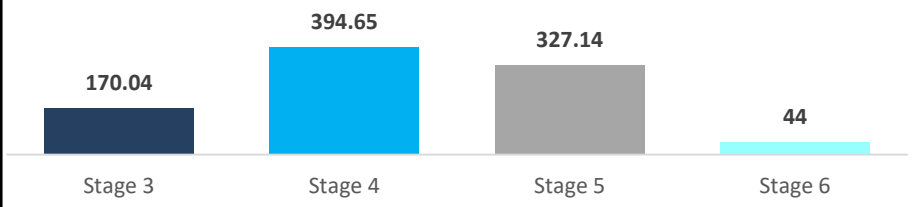






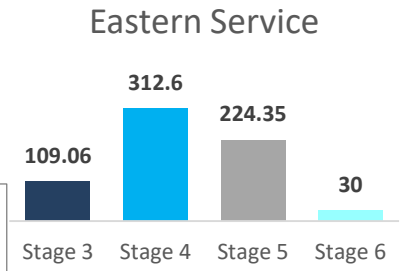
- The fill rate for Eastern services was 93.6%
- There were ten patient safety incidents reported due to staff shortages, all were reported as no harm.
- All patient safety incidents which were reported in October 2023 as moderate or greater harm have been reviewed (26 incidents). None of these cited staffing as a causative or contributory factor in the harm to patients.

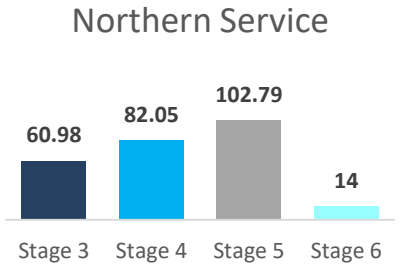
Trust Recruitment Update

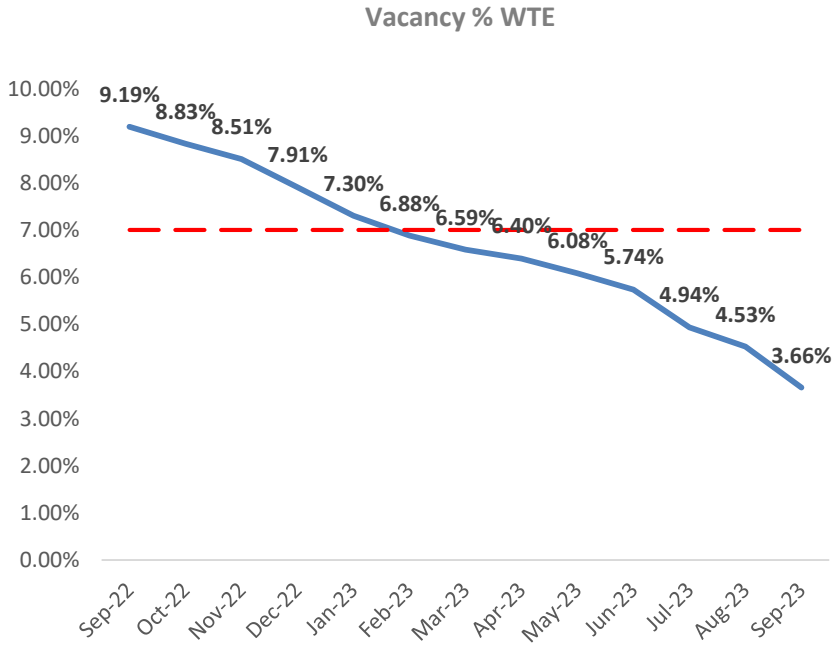


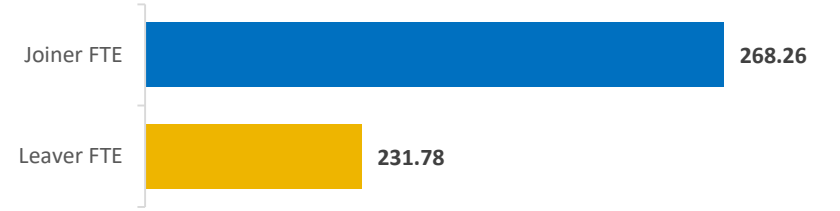
- Vacancy Number decreases once again sitting at 3.66% in September previously sitting at 4.53% in August 2023. This has dropped consistently from September 2022 where it sat Trust-wide at 9.19%. This is reflected in the fairly consistent increase in staff numbers and net FTE joiners and leavers over the past 12 months.
- Tighter controls are being introduced for both vacancy management and use of temporary staffing/overtime given our healthy vacancy position in most areas.
- This months IPR will be the last where Vacancy data is a month behind. With the work on Budgeted data being completed soon this will give a live look at this data.
- ***Please note that a more in-depth analysis is not possible at this point due to the changes of data following the UNIT4 implementation.***
- ***It is expected that vacancy reporting will be available December at a granular level when the move to ESR Establishment Control has been embedded.***

- Stage 3 vacancies (Vacancies out to market) have seen an increase in October to 170.04 from Septembers 117.66. This is the first increase in Stage 3 FTEs out to market for 3 months.
- Stage 4 (Shortlisting and Interviews) has also seen a slight increase in October of 14.84 FTEs, from Septembers 379.81 to 394.65 in October
- Stage 5 (Contract and Pre-Employment stage) has decreased once again in October to 327.14 FTEs, and increase of over 100 FTEs from September's figure. The equivalent headcount in this stage has also decreased to 384 from 511 in September. This means the number of people in the stage is now a lot lower than the manageable threshold of 500.
- Stage 6 (people on induction) has seen a decrease for upcoming inductions in the year to 44 in the remainder of the calendar year.
- Average TTH has a small increase once again in October to 74.8 days from Septembers 71.8.
    - Similar to last month, the largest Staff group increases are ACS & Estates increasing 11 days and 18 respectively. Healthcare Scientists also see an increase of 13.
    - Add Prof & Science group have seen biggest improvement in time to hire.
    - International Recruited Nurses were 16 in October with a split of 13 in Eastern services and 3 in Northern . 18 are due to start beginning November (14 East and 4 North)

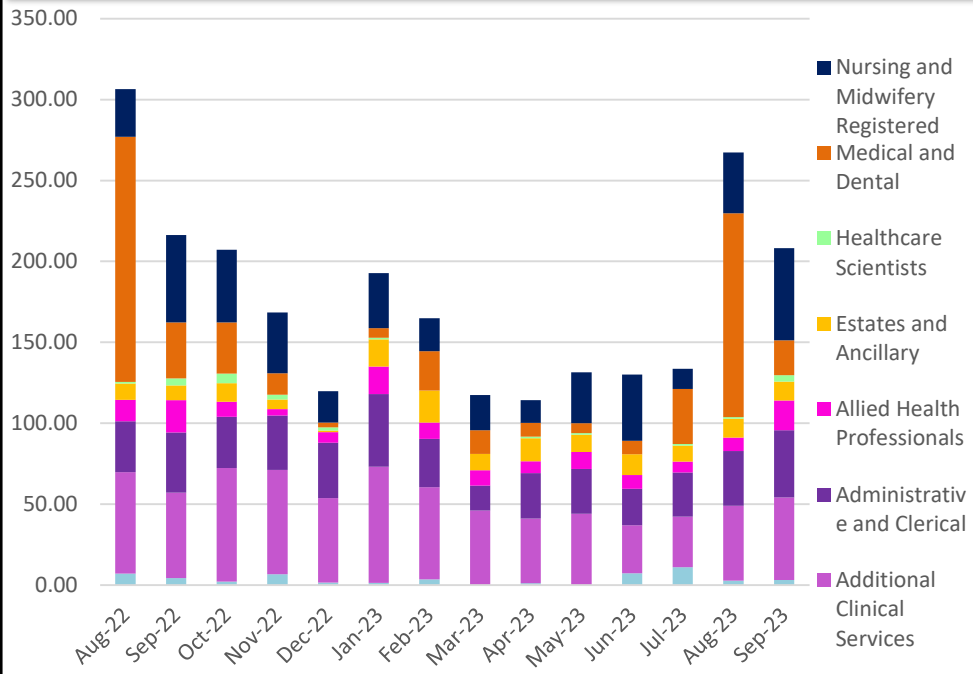


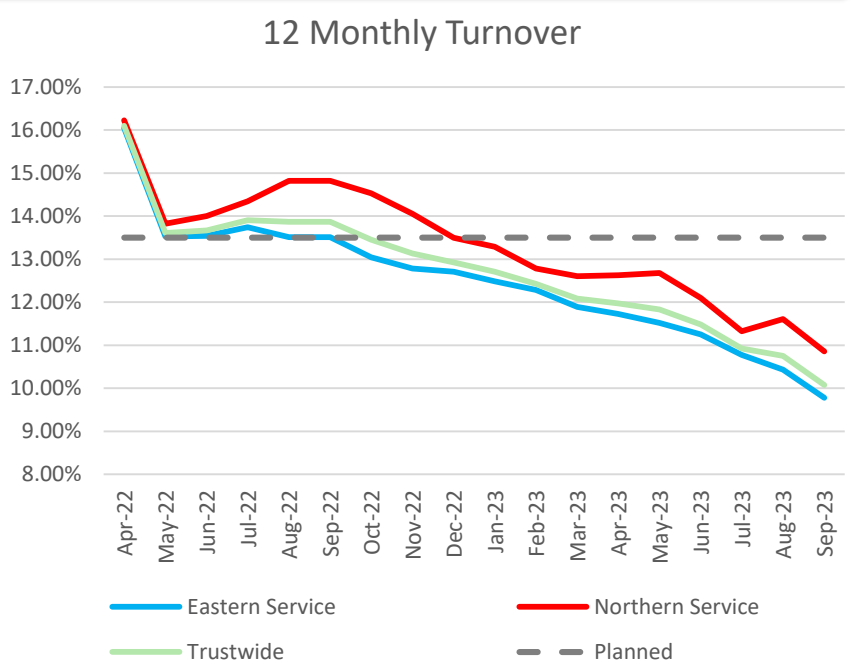


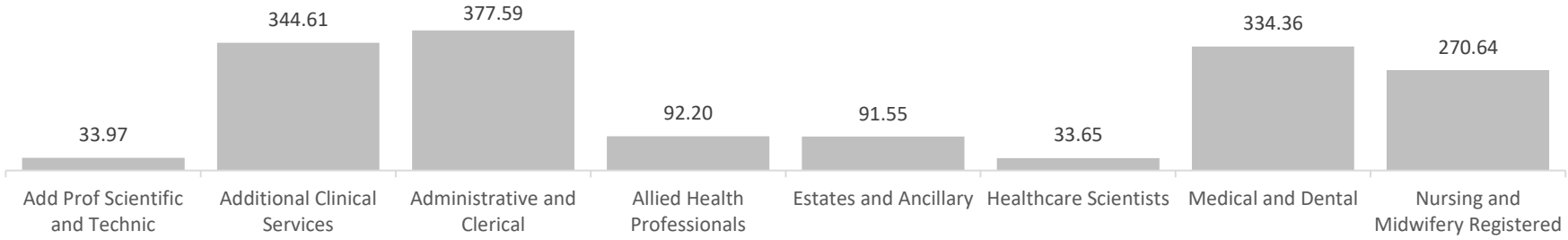




Trust Turnover





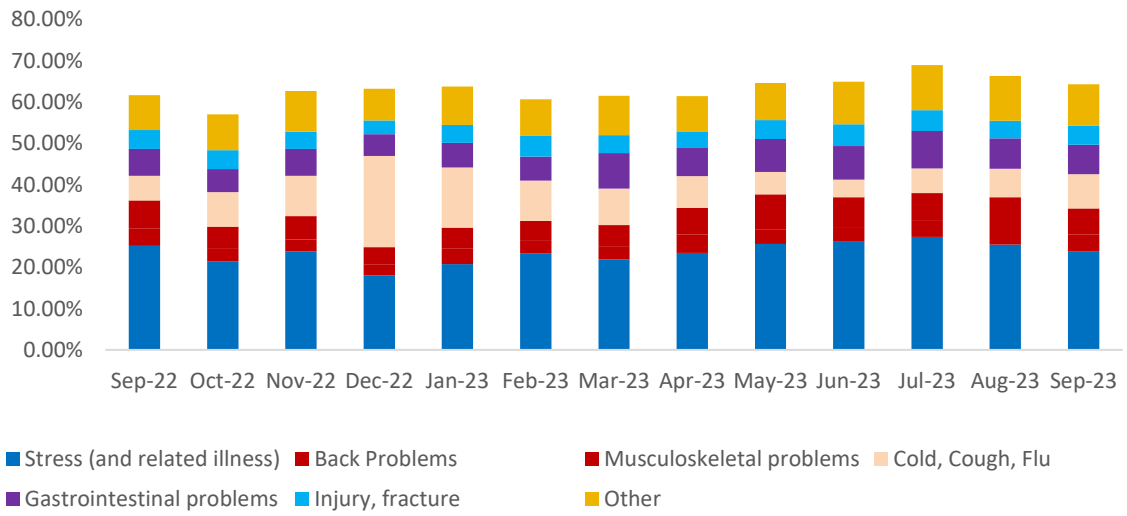


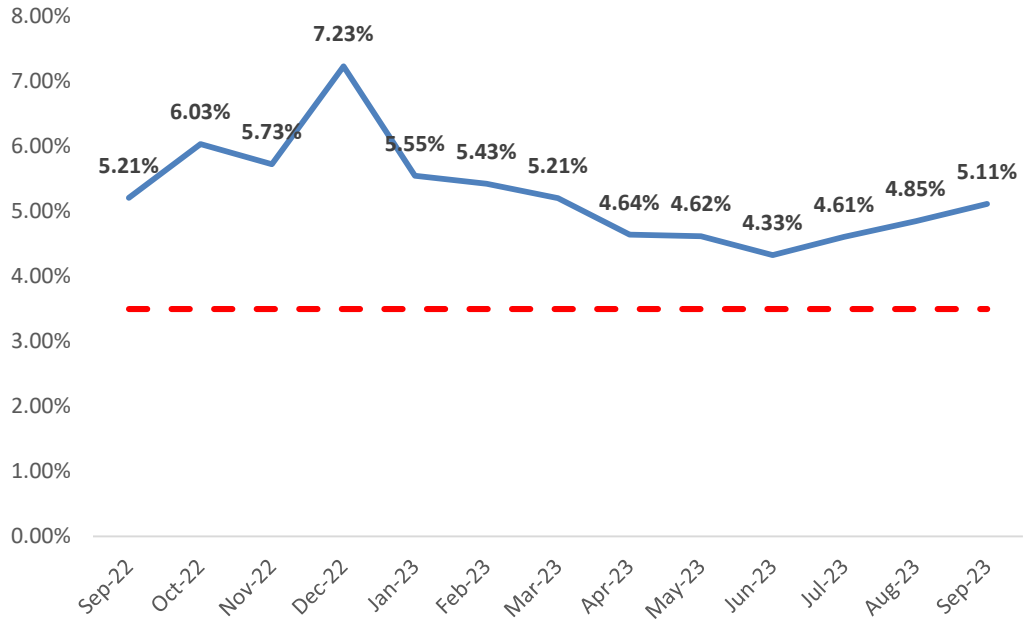
Turnover (data as at end of September 2023)

This is the last IPR where the Turnover Data will be one month behind. This will give a live look in December's IPR release

- Trust-wide turnover continues to decrease well below the Trust planned target at the beginning of the year. It now stands at 10% at the end of September from the 10.7% at the end of August.
- Eastern Service falls once again from 10.4% in August to 9.7% in September.
- Northern service is also continuing its trend of decreasing from 11.55% to 10.84%
- Additional Clinical Services turnover falls below the planned rate of 13.5% for the second month after being the only staff group above planned rate for a considerable time period
- All remaining staff groups continue to sit below the 13.5% planned rate, each decreasing once again in line with the total decreases across the Trust

Trust Sickness Absence





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

- The sickness rate for September continues to see an increase from Augusts 4.85% increasing to 5.11%. This is the first time Trust-wide we have been over 5% since March 2023.
  - The Trust-wide increase is made up from an Eastern service increase of 0.31% total rise from 5.15% to 5.41%.
  - Northern Service also shows an increase from August growing to 4.19% in September from 4.04%.
- Anxiety/stress/depression/other psychiatric illnesses continue to be around a quarter of the sickness reason Trust-wide sitting at 23.79% in September, a slight rise from Augusts 23.04%.
  - This is the same broken down by both services with this absence reason being 23% for both Eastern and Northern services
- Infectious Diseases has another increase in sickness reason in September to 13.6% from August's 10.25% increase.
- A combination of "S98 – Other known causes – not elsewhere classified" and "S99 – Unknown causes / not specified" make up nearly 30% of Northern services Septembers sickness reasons. This has been consistent with August's figure but remains high.
- With trust sickness increasing, most of the staff groups also see rises in percentages. The highest areas of increases are Add Professional/Science and ACS increasing by 0.68% and 0.57%.
- Estates and Ancillary staff group see a decrease of over 1%. This is the first decrease in 4 months after 4 continuous increases bringing them back below 8% at 7.33%. However, they remain the second highest sick rate staff group in the trust.
- Additional clinical staff also remains the highest staff group for sickness percentage Trust-wide at 7.97%. This is the highest it has been since January 2023 and has seen gradual increases since August 2023.
- Vaccination Update
- Frontline substantive staff % uptake figs latest position = Covid 35.8% and Flu 42.4%

Due to interface timing, sickness will always be one month behind. However forecasting will always be provided

The annual review of our forecasting algorithm will take place in next month's report

Trust Summary Finance Position

Financial Performance - key performance indicators

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Sep-23	This Month Oct-23	Narrative	Forecast Mar-24
Income and Expenditure	**I&E Surplus / (Deficit) - Total**	£'000	-28,956	-38,521	**Year to Date Financial Overview** At the end of month 7 the Trust is reporting a year to date deficit of £38.5m being £17.0m adverse to plan. This position includes the full impact of industrial action not yet funded. The drivers of the adverse variance to plan can be summarised as follows: (£7.0m) costs of industrial action (£3.0m) see below (£2.2m) other income reductions (£2.2m) additional outsourcing and theatre ERF above plan (£1.9m) specialling of complex patients (£1.7m) unfunded pay award (£1.4m) supernumery costs of International Recruitment (£1.4m) reduced contribution from commercial income £3.8m over achievement of Delivering Best Value programme. Adverse non-pay variance includes an overspend on drugs from the movement in drugs growth from the point the expenditure plan, high cost drugs recoverable through Specialist Commissioning variable contract income and high cost drugs not recoverable under the ICB block contract. **Recovery Plan Actions** A call to action was launched during month 7 on financial recovery to ensure other cost drivers can be managed to reduce the overall rate of spend for the remainder of the year without compromising patient safety or operational recovery. A Financial Recovery Board has been established and chaired by the CEO. Workstreams in place now chaired by an Executive Director covering opportunities across income, pay, non-pay and drugs. Vacancy controls have been enhanced post-month end. Internal challenge process undertaken with clinical divisions to review NHSE requirements together with commitment to improve the financial run rate. Development and agreement of a financial recovery plan for the remainder of the year to achieve the best possible operational and financial position compared to plan. **Forecasting Outturn** Devon ICB is working to develop a system recovery plan by 23rd November 2023 for submission to NHSE that will inform discussions and agreement on the financial forecast to be achieved by year end. Until this process has been completed the current forecast deficit remains unchanged at £28.0m.	-28,035
	I&E Surplus / (Deficit) v budget	£'000	-11,321	-16,955		0
	Income variance to budget - Total	£'000	6,238	7,717		18,005
	Income variance to budget - Total	%	1.23%	1.30%		1.79%
	Income variance to budget - Patient Care	£'000	-461	-406		3,437
	Income variance to budget - Operating income	£'000	6,699	8,123		14,568
	Pay variance to budget - Total	£'000	-8,431	-12,353		-6,912
	Pay variance to budget - Total	%	-2.56%	-3.21%		-1.06%
	Non Pay variance to budget	£'000	-10,174	-13,302		-10,098
	Non Pay variance to budget	%	-5.36%	-6.00%		-2.74%
	PDC, Interest Paid / Received variance to budget	£'000	577	514		845
	PDC, Interest Paid / Received variance to budget	%	8.91%	6.76%		6.25%
	Capital Donations variance to plan - technical reversal	£'000	469	469	Neutral adjustment when calculating reported financial position.	-1,840
	Agency expenditure variance to Plan	£'000	-4,187	-4,681	Increased usage to cover vacancies, sickness, strike support and specialling of highly complex patients awaiting discharge - further work being undertaken to ensure compliance with agency controls and identify high users of agency, including non clinical areas.	-4,526
	Agency expenditure variance to agency limit	£'000	-1,076	-1,053	Agency limit YTD is £12.5m and showing a negative variance due to increased use above plan.	2,045
	Delivering Best Value Programme - Total Current Year achievement	£'000	20,559	24,230	Strong start to the year in terms of savings programme though slippage on recurrent delivery has been off-set by non-recurrent over-delivery. YTD adverse variances continue to be largely driven by non-delivery against digital programme and shortfall in income data capture. Accelerating delivery is part of the financial recovery plan to de-risk forecast and scope additional ideas	60,296
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	4,428	3,791	DBV schemes variance to plan: £5.4m Income favourable (£3.0m) Pay adverse £1.4m Non pay favourable	0

Trust Finance Overview

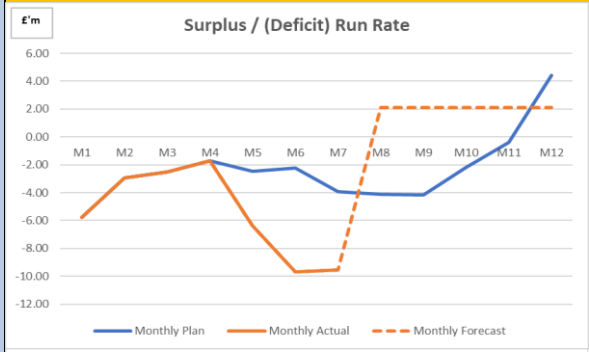
Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Sep-23	This Month Oct-23	Narrative	Forecast Mar-24
Capital & Cash	Cash balance	£'000	19,406	10,784	(£18.5m) adverse impact of year to date financial position and movements in working capital; £8.9m favourable from slippage in the capital programme and net interest received; (£9.0m) adverse slippage on the receipt of capital PDC compared to plan; (£2.7m) adverse opening cash position lower than plan.	19,973
	Cash variance to budget - above / (below)	£'000	-15,754	-21,318	Detailed cash forecasting to financial year end is being undertaken to evidence any cash support requirements.	5,479
	Better Payment Practice v 95% cumulative target - volume	%	75%	75%	Continued improvement in cumulative value of invoices paid within target; volume reduction reflects catch up of invoices of relatively low value Actions to recover performance remain positive and continues to include focus on sufficient authoriser capacity; daily bank runs, support to pharmacy and increased finance capacity to address post-implementation vacancies.	90%
	Better Payment Practice v 95% cumulative target - value	%	82%	82%	All endeavours will be targeted to minimise the impact on suppliers. Recovery to **90% cumulatively** by year end remains the aspiration with assurance being reported through the Finance and Operational Committee.	90%
	Capital Expenditure variance to plan - Total above / (below)	£'000	-22,633	-24,620	Capital expenditure to M07 was £16.2m; £24.6m less than assumed in plan. Of the variance, £13.2m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £11.4m behind plan but £20.3m of open orders give confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery. Forecast capital expenditure of £69.8m fully utilises the CDEL and PDC allocations forecast in 2023/24 but at month 7 the leases forecast was reduced by £5.2m.	-3,314
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-2,145	-2,838	Slippage on commencing schemes with expectation to recover supported by the value of orders placed. **YTD** - £0.2m additional system CDEL allocation and £1.8m donated income off-sets variance in operating income. **FOT** - Donated income is a neutral adjustment when calculating reported financial position.	1,957
	Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-20,488	-21,782	Slippage on commencing schemes with expectation to recover supported by the value of orders placed. **YTD** £13.5m lease profiling (IFRS16) £7.2m Endoscopy capacity £1.3m Cardiology Day case Unit £2.5m Community Diagnostics **FOT** Net adjustment in PDC and leasing fully utilises the 2323/24 allocations.	-5,271

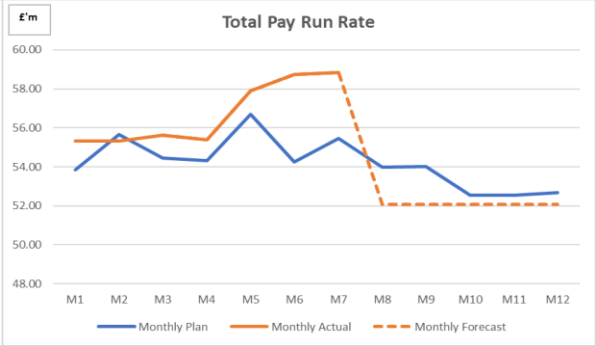
Key

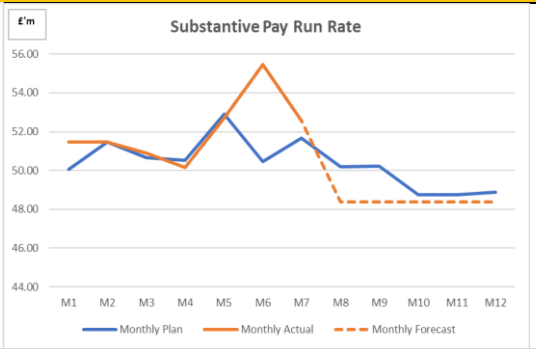
- **Total value**
- **Positive variance value**
- **Negative variance value <5%**
- **Negative variance value >5%**

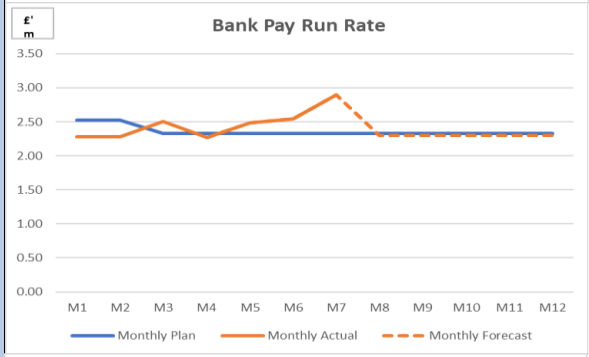
Trust Financial Tables

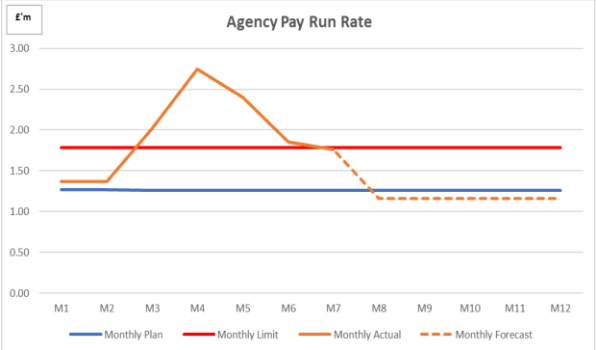
Royal Devon University Healthcare NHS Foundation Trust
Charts
Period ending 31/10/2023
Month 7

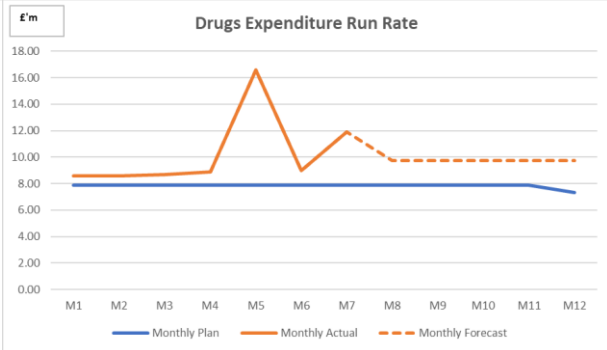


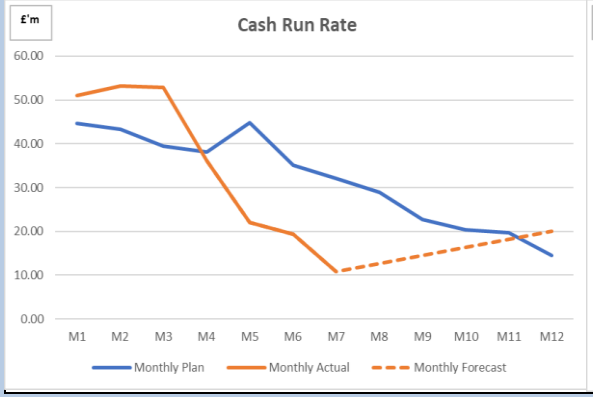


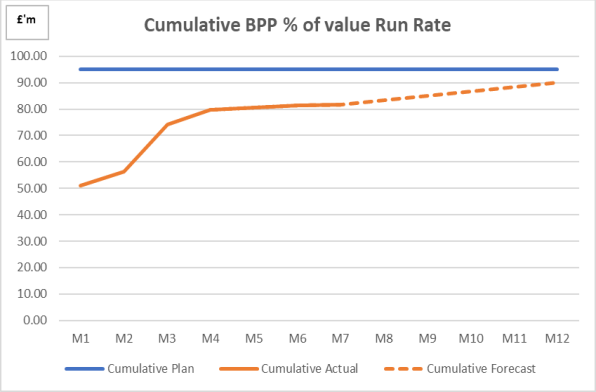












Income and Expenditure
Call to action focusing on exec level work streams to target run rate improvement across all domains to bring the run rate back towards planned levels.
Run rate charts for months 8-12 reflect the challenge to return to plan being an overall deficit of £28.0m.

BPP
Continued improvement in cumulative value of invoices paid within target - with actions to recover performance remaining positive and continues to include focus on sufficient authoriser capacity; daily bank runs, support to pharmacy and increased finance capacity to address post-implementation vacancies. Recovery to **90% cumulatively** remains the aspiration with assurance being reported through the Audit Committee.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Income Statement Period ending 31/10/2023 Month 7	Year to Date			Outturn		
	Plan	Actual	Actual Variance to Budget Fav / (Adv)	Plan	Actual	Actual Variance to Budget Fav / (Adv)
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
Patient Care Income	526,204	525,798	(406)	890,984	894,421	3,437
Operating Income	66,149	74,272	8,123	113,438	128,006	14,568
Total Income	**592,353**	**600,070**	**7,717**	**1,004,422**	**1,022,427**	**18,005**
Employee Benefits Expenses	(384,730)	(397,083)	(12,353)	(650,509)	(657,421)	(6,912)
Services Received	(20,975)	(18,399)	2,576	(35,963)	(25,541)	10,422
Clinical Supplies	(52,606)	(50,302)	2,304	(90,000)	(74,762)	15,238
Non-Clinical Supplies	(10,157)	(9,737)	420	(15,428)	(14,692)	736
Drugs	(55,285)	(72,181)	(16,896)	(94,212)	(120,831)	(26,619)
Establishment	(8,599)	(10,716)	(2,117)	(13,141)	(16,870)	(3,729)
Premises	(15,102)	(14,236)	866	(25,538)	(24,405)	1,133
Depreciation & Amortisation	(23,895)	(23,741)	154	(42,010)	(42,010)	0
Impairments (reverse below the line)	0	0	0	0	0	0
Clinical Negligence	(18,564)	(15,470)	3,094	(26,520)	(26,520)	0
Research & Development	(5,806)	(10,471)	(4,665)	(9,012)	(17,950)	(8,938)
Operating lease expenditure	(1,087)	(1,159)	(72)	(1,690)	(1,987)	(297)
Other Operating Expenses	(9,487)	(8,453)	1,034	(14,847)	(12,891)	1,956
Total Costs	**(606,293)**	**(631,948)**	**(25,655)**	**(1,018,870)**	**(1,035,880)**	**(17,010)**
EBITDA	**(13,940)**	**(31,878)**	**(17,938)**	**(14,448)**	**(13,453)**	**995**
Profit / (Loss) on asset disposals	0	0	0	0	0	0
Interest Receivable	1,155	1,823	668	1,431	2,276	845
Interest Payable	(1,579)	(1,733)	(154)	(2,642)	(2,642)	0
PDC	(7,182)	(7,182)	0	(12,308)	(12,308)	0
Net Surplus / (Deficit)	**(21,546)**	**(38,970)**	**(17,424)**	**(27,967)**	**(26,127)**	**1,840**
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	(20)	449	469	(68)	(1,908)	(1,840)
Net Surplus/(Deficit) after donated asset & PSF/MRET Income	**(21,566)**	**(38,521)**	**(16,955)**	**(28,035)**	**(28,035)**	**0**

KEY MOVEMENTS AGAINST BUDGET

Year to Date Financial Overview

At the end of month 8 the Trust is reporting a year to date deficit of £38.5m being £16.7m adverse to plan. This position includes the full impact of industrial action not yet funded. The drivers of the adverse variance to plan can be summarised as follows:

(£7.0m) costs of industrial action
(£3.0m) ICB high cost drugs not recovered through block contract
(£2.2m) other income reductions
(£2.2m) additional outsourcing and theatre ERF above plan
(£1.9m) specialling of complex patients
(£1.7m) unfunded pay award
(£1.4m) supernumery costs of International Recruitment
(£1.4m) reduced contribution from commercial income
£3.8m over achievement of Delivering Best Value programme.

Forecasting Outturn

Devon ICB is working to develop a system recovery plan by 23rd November 2023 for submission to NHSE that will inform discussions and agreement on the financial forecast to be achieved by year end. Until this process has been completed the current forecast deficit remains unchanged at £28.0m.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Statement of Financial Position Period ending 31/10/2023 Month 7	Year to Date Plan £000	Year to Date Actual £000	Year to Date Actual Variance Over / (Under) £000		Outturn Plan £000	Outturn Actual £000	Outturn Actual Variance Over / (Under) £000	Prior Year Mar-23 £000	Actual YTD Movement Incr. / (Dec.) £000
Non-current assets									
Intangible assets	55,193	53,438	(1,755)	1	53,333	52,837	(496)	58,621	(5,183)
Other property, plant and equipment (excludes leases)	431,598	420,855	(10,743)	1	451,271	447,387	(3,884)	421,298	(443)
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	64,761	52,637	(12,124)	2	61,184	62,142	958	54,580	(1,943)
Other investments / financial assets	5	5	0		5	5	0	5	0
Receivables	2,726	2,238	(488)	2	2,726	3,303	577	3,303	(1,065)
Credit Loss Allowances	0	(301)	(301)	2	0	(301)	(301)	(228)	
Total non-current assets	**554,283**	**528,872**	**(25,411)**		**568,519**	**565,373**	**(3,146)**	**537,579**	**(8,634)**
Current assets									
Inventories	13,550	16,527	2,977	2	13,550	13,550	0	15,624	903
Receivables: due from NHS and DHSC group bodies	17,810	31,196	13,386	2	17,810	17,810	0	39,891	(8,695)
Receivables: due from non-NHS/DHSC group bodies	16,000	25,438	9,438	2	16,000	16,796	796	21,090	4,348
Credit Loss Allowances	0	(827)	(827)	2	0	(827)	(827)	(796)	(31)
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0	0	0
Cash	32,102	10,784	(21,318)		14,494	20,077	5,583	46,033	(35,249)
Total current assets	**79,462**	**83,118**	**3,656**		**61,854**	**67,406**	**5,552**	**121,842**	**(38,724)**
Current liabilities									
Trade and other payables: capital	(11,000)	(3,893)	7,107	2	(11,000)	(11,000)	0	(6,615)	2,722
Trade and other payables: non-capital	(79,848)	(86,975)	(7,127)	2	(79,850)	(79,848)	2	(96,708)	9,733
Borrowings	(14,653)	(18,277)	(3,624)	2	(15,000)	(18,567)	(3,567)	(16,676)	(1,601)
Provisions	(200)	(283)	(83)	2	(200)	(295)	(95)	(295)	12
Other liabilities: deferred income including contract liabilities	(10,500)	(23,458)	(12,958)		(10,500)	(10,500)	0	(17,892)	(5,566)
Total current liabilities	**(116,201)**	**(132,886)**	**(16,685)**		**(116,550)**	**(120,210)**	**(3,660)**	**(138,186)**	**5,300**
Total assets less current liabilities	**517,544**	**479,104**	**(38,440)**		**513,823**	**512,569**	**(1,254)**	**521,235**	**(42,058)**
Non-current liabilities									
Borrowings	(112,099)	(96,196)	15,903	1	(102,440)	(94,494)	7,946	(102,694)	6,498
Provisions	(970)	(1,264)	(294)	2	(970)	(1,276)	(306)	(1,276)	12
Other liabilities: deferred income including contract liabilities	0	0	0		0	0	0	0	0
Other liabilities: other	0	0	0		0	0	0	0	0
Total non-current liabilities	**(113,069)**	**(97,460)**	**15,609**		**(103,410)**	**(95,770)**	**7,640**	**(103,970)**	**6,510**
Total net assets employed	**404,475**	**381,644**	**(22,831)**		**410,413**	**416,799**	**6,386**	**417,265**	**(35,548)**
Financed by									
Public dividend capital	369,259	364,952	(4,307)	2	382,645	387,264	4,619	361,604	3,348
Revaluation reserve	63,956	52,385	(11,571)	2	63,956	52,385	(11,571)	52,385	0
Income and expenditure reserve	(29,766)	(35,693)	(5,927)	2	(36,188)	(22,850)	13,338	3,277	(38,970)
Total taxpayers' and others' equity	**403,449**	**381,644**	**(21,805)**		**410,413**	**416,799**	**6,386**	**417,266**	**(35,622)**

KEY MOVEMENTS

1 Slippage on capital programme forecast to recover by year end

2 The plan was based on a forecast outturn balance sheet at month 7 2022/23 that was significantly different at year end as shown; the YTD balance sheet being more reflective of outturn than plan.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Cash Flow Statement Period ending 31/10/2023 Month 7	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)	(13,940)	(31,878)	(17,938)		(14,448)	(13,453)	995
Non-cash income and expense:							
Depreciation and amortisation	23,895	23,741	(154)		42,010	42,010	0
Impairments and reversals	0	0	0		0	0	0
Income recognised in respect of capital donations (cash and non-cash)	(469)	0	469		(842)	(2,682)	(1,840)
(Increase)/decrease in receivables	0	5,464	5,464		0	26,427	26,427
(Increase)/decrease in inventories	0	(903)	(903)		0	2,074	2,074
Increase/(decrease) in trade and other payables	219	(10,761)	(10,980)	1	222	(16,860)	(17,082)
Increase/(decrease) in other liabilities	0	5,566	5,566		0	(7,392)	(7,392)
Increase/(decrease) in provisions	0	(24)	(24)		0	0	0
Net cash generated from / (used in) operations	**9,705**	**(8,795)**	**(18,500)**		**26,942**	**30,124**	**3,182**
Cash flows from investing activities							
Interest received	1,155	1,823	668		1,431	2,276	845
Purchase of intangible assets	(1,200)	0	1,200		(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(24,109)	(16,645)	7,464		(54,660)	(52,192)	2,468
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	469	0	(469)		842	2,682	1,840
Net cash generated from/(used in) investing activities	**(23,685)**	**(14,822)**	**8,863**		**(55,387)**	**(50,234)**	**5,153**
Cash flows from financing activities							
Public dividend capital received	12,357	3,348	(9,009)		25,743	25,660	(83)
Loans from Department of Health and Social Care - repaid	(635)	(635)	0		(1,270)	(1,270)	0
Other loans received	0	0	0		0	0	0
Other loans repaid	(2,353)	(2,353)	0		(5,174)	(5,174)	0
Other capital receipts	0	0	0		0	0	0
Capital element of finance lease rental payments	(3,965)	(3,597)	368		(8,828)	(8,828)	0
Interest paid	(1,922)	(1,927)	(5)		(3,978)	(3,457)	521
Interest element of finance lease	0	(366)	(366)		0	(521)	(521)
PDC dividend (paid)/refunded	(6,154)	(6,102)	52		(12,308)	(12,256)	52
Net cash generated from/(used in) financing activities	**(2,672)**	**(11,632)**	**(8,960)**		**(5,815)**	**(5,846)**	**(31)**
Increase/(decrease) in cash and cash equivalents	**(16,652)**	**(35,249)**	**(18,597)**		**(34,260)**	**(25,956)**	**8,304**
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	**32,102**	**10,784**	**(21,318)**		**14,494**	**20,077**	**5,583**

KEY MOVEMENTS

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

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Capital Expenditure Period ending 31/10/2023 Month 7	Year to Date				Full Year Forecast		
Scheme	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**	**Open Orders £'000**	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**
Capital Funding:							
Internally funded	12,485	8,794	3,691		31,074	31,191	(117)
PDC	12,357	3,807	8,550		25,743	25,660	83
Donations/Grants	469	1,322	(853)		842	2,682	(1,840)
IFRS 16	15,488	2,256	13,232		15,488	10,300	5,188
Total Capital Funding	**40,799**	**16,179**	**24,620**		**73,147**	**69,833**	**3,314**
Expenditure:							
Equipment	10,369	2,564	7,805	4,610	15,528	14,651	877
Estates Backlog/EIP	2,980	2,028	952	3,936	7,371	6,854	517
Estates Developments	6,841	3,150	3,691	999	10,047	6,382	3,665
Digital	1,655	1,407	248	1,929	4,162	7,629	(3,467)
Our Future Hospital	0	519	(519)	0	0	2,397	(2,397)
ED	2,466	1,765	701	1,277	6,165	4,000	2,165
Cardiology Day Case	4,465	3,142	1,323	4,416	7,432	7,439	(7)
CDC Nightingale	2,567	98	2,469	1,795	4,400	4,416	(16)
Endoscopy	7,270	23	7,247	380	11,122	12,895	(1,773)
Diagnostics - Northern Schemes	0	0	0	0	3,797	0	3,797
Digital Capability Programme	186	25	161	240	1,123	1,123	0
Other	0	1,458	(1,458)	697	0	3,123	(3,123)
Unallocated	2,000	0	2,000	0	2,000	(1,076)	3,076
Total Capital Expenditure	**40,799**	**16,179**	**24,620**	**20,279**	**73,147**	**69,833**	**3,314**
Under/(Over) Spend	**0**	**0**	**0**		**0**	**0**	**0**

Capital expenditure to M07 was £16.2m; £24.6m less than assumed in plan. Of the variance, £13.2m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £11.4m behind plan but £20.3m of open orders give confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.

Forecast capital expenditure of £69.8m fully utilises the CDEL and PDC allocations forecast in 2023/24 but at month 7 the leases forecast was reduced by £5.2m.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
Delivering Best value
Period ending 31/10/2023
Month 7

Delivering Best Value Finance Report Month 7		RAG	Year to Date Plan £000s	Year to Date Actuals £000s	Year to Date Variance £000s	Forecast Plan £000s	Forecast Delivery £000s	Forecast Variance £000s	Narrative
Internal Recurrent DBV									
Clinical Activity	Clinical Productivity - Activity		5,502	5,502	0	13,100	13,100	0	
	Data quality, coding & capture		2,917	1,769	-1,148	5,000	6,032	1,032	Slippage due to phasing differences between programme plan & identified phasing.
Corporate Services	Corporate Services - Integration		748	257	-491	2,000	894	-1,106	
Other Income Opportunities	Overseas visitor income		89	117	28	200	200	0	
	Other Trustwide Income		0	0	0	0	71	71	
Estate Review	Leased Estate DBV		0	39	39	200	138	-62	Significant non recurrent delivery, work ongoing to identify if any further recurrent impact within this
Workforce	Temporary Workforce		2,869	1,471	-1,398	5,200	1,471	-3,729	Agency spend currently above plan, any future agency spend reduction will be cost avoidance not DBV
	Supporting colleagues return to work		83	0	-83	500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		2,894	580	-2,314	3,101	1,029	-2,072	Detailed review of opportunities presented to DBV Governance process, expected delivery relates to admin benefit and stationary. Eastern admin delivery £239k below expectation.
	Epic Optimisation - Digital		476	62	-414	2,699	391	-2,308	Expected delivery relates to legacy systems, work ongoing to enable savings to be transacted by month 6. £396k adverse variance to expected delivery due to eastern healthcare records MOC on pause as requested by CT
Procurement	Procurement		292	86	-206	500	293	-207	Detailed review of forecast undertaken by Head of Procurement
Pharmacy	Medicines		175	664	489	300	1,018	718	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	0	0	400	140	-260	
Covid	Covid Costs		1,517	1,517	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		1,167	1,167	0	2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	121	121	0	302	302	ENT savings identified in northern surgery division
	Total Recurrent DBV		**18,729**	**13,351**	**-5,378**	**37,800**	**29,679**	**-8,121**	
Internal Non recurrent DBV									
Corporate Services	Corporate Services - Integration		2	358	356	0	851	851	
Other Income Opportunities	Other Trustwide Income		0	1,692	1,692	0	2,900	2,900	Capital charges income
Estate Review	Profit on disposal		0	0	0	500	0	-500	Update to DBV Board reflected no delivery expected
Estate Review	Leased Estate DBV		33	889	856	0	889	889	Non recurrent NHS Property Services & rates adjustment
Workforce	Non clinical vacancy controls		583	583	0	1,000	1,000	0	
Epic	Epic Optimisation		0	44	44	0	44	44	
Procurement	Procurement		0	53	53	0	65	65	
Pharmacy	Medicines		0	189	189	0	315	315	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	0	0	0	301	301	NR slippage against transformation budget
Finance Adjustments	NR Balance Sheet		0	6,681	6,681	4,500	6,681	2,181	Detailed review of accruals and deferred income
	Capital charges review		0	0	0	400	400	0	
	Funding arrangements for transfer of care		292	0	-292	500	500	0	Forecast based on projections of activity delivered to date
Other Divisional DBV	Other Divisional DBV		0	390	390	0	327	327	Various divisional delivery
	Total Non-Recurrent DBV		**910**	**10,879**	**9,969**	**6,900**	**14,273**	**7,373**	
	System Double Count			**-678**			**-1,033**		
	Total Internal DBV		**19,639**	**23,552**	**3,913**	**44,700**	**42,919**	**-1,781**	

- Year to date position showing plan £19.6m and achievement of £23.6m (£3.9m favourable). M6 £4.4m favourable variance.
- Full year position showing a shortfall of £1.8m against the plan, the change in position is due to a change in the way the system strategic is being reflected within the forecast (see next table).

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
System Savings
Period ending 31/10/2023
Month 7

Delivering Best Value Finance Report Month 7		RAG	Year to Date Plan £000s	Year to Date Actuals £000s	Year to Date Variance £000s	Forecast Plan £000s	Forecast Delivery £000s	Forecast Variance £000s	Narrative
System Strategic DBV									
Clinical Support	High Cost Drugs & Devices/Pharmacy		0	678	678	1,700	1,113	-587	
Clinical Support	Imaging		0	0	0	850	510	-340	
Clinical Support	Pathology		0	0	0	850	0	-850	
Corporate Services	Corporate Services		189	0	-189	1,100	0	-1,100	
Estates	Estates		0	0	0	800	225	-575	
People Services	Workforce		142	0	-142	1,600	1,749	149	
New Models of Care	New Models of Care		0	0	0	4,000	0	-4,000	
Procurement	Procurement		496	0	-496	3,000	575	-2,425	
Digital	Digital		0	0	0	1,700	1,500	-200	
	Adjustment to plan		-27	0	27	0	0	0	
	Total System DBV		**800**	**678**	**-122**	**15,600**	**5,672**	**-9,928**	
	RDUH Assessment of System Delivery						**-4,114**		System strategic view reported as per ICB schedule but adjustment made to reflect internal view based on latest information & mitigations stated elsewhere in financial reporting
	Total DBV Delivery		**20,439**	**24,230**	**3,791**	**60,300**	**44,477**	**-15,823**	

- £5.7m of forecast strategic DBV being reported by ICB & verified through route to cash meetings, RDUH led DBV reduced by £1.1m to reflect pharmacy double count.
- Adjustment of £4.1m made to overall DBV delivery to reflect internal view of system delivery following more recent information being made available and to avoid duplication of mitigations being counted within the financial recovery programme.
- Overall DBV programme showing over delivery of £3.8m year to date and forecasting a £15.8m under delivery at year end.

Agenda Item:	11.1, Public Board Meeting	**Date:** Wednesday 29 November 2023
Title:	Health Inequalities Performance Report	
Prepared by:	Katherine Allen, Director of Strategy and Jeff Chinnock, Associate Director of Policy and Partnerships	
Presented by:	Chris Tidman, Deputy Chief Executive Officer	
Responsible Executive:	Chris Tidman, Deputy Chief Executive Officer	
Summary:	The purpose of this paper is to provide a half year update to the Board of Directors on our progress on better understanding and addressing health inequalities.	
Actions Required:	The Board is asked to note the report	

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

History:	This paper follows on from the report on health inequalities received by the Board of Directors in March 2023 where it was agreed to report every six months on RDUH's partnership work and specific activities to tackle health inequalities.
Link to strategy/ Assurance framework:	Tackling health inequalities is a core component of the Trust's strategic objective on collaboration and partnerships.

Monitoring Information

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

Royal Devon Health Inequalities Performance Report

1. Purpose of paper

The purpose of this paper is to provide a half year update to the Board of Directors on our progress on better understanding and addressing health inequalities..

2. Background

This performance report contains progress on the Trust's workplan to deliver programmes and projects that make a measurable difference to reducing health inequalities..

The Partnerships team is leading and facilitating this workplan, seeking grants and funding opportunities where possible to demonstrate where targeted efforts can achieve greater impact and capacity.

The Health Inequality strategy is currently being finalised before coming to Board in the new year and it will set out three ways in which the RDUH can effect change. These trio of objectives form the structure of this performance report, as set out below;

2.1 RDUH's role as a provider of healthcare

All NHS providers are required to meet reporting obligations on equitable elective recovery.

This report contains an analysis of the waiting list report by deprivation and ethnicity.

2.2 RDUH's role as a partner

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

This report contains a description and progress report of the health inequalities workplan, including ICS-wide projects, local care partnership prevention programmes and One Northern/Eastern Devon programmes.

2.3 RDUH's role as an anchor institution

As a £1bn turnover organisation employing 16,000 staff the Trust has a significant economic, social and environmental impact within Devon. Anchor institutions acknowledge this impact and adopt strategies within procurement, sustainability and supply chains etc to make that impact a positive one.

Future reports will contain more assessment of the Trust's role as an anchor institution, i.e. analysis of supply chains and environmental sustainability.

3. Analysis: the performance and progress report

The 2022/23 NHS national planning guidance set out five priorities on preventing illness and tackling healthcare inequalities in recognition of the impact of the pandemic.

The 5 NHSE health inequality and recovery priorities	Objective in tackling health inequalities	Paper section
1. restoring services inclusively 2. mitigating against digital exclusion, 3. accurate secondary care datasets	RDUH's role as a provider of healthcare	In section 3.1 and Annex A
4. accelerating prevention programmes	RDUH's role as a partner	In section 3.2
5. strengthening system leadership in health inequalities	RDUH's role as an anchor organisation	In section 3.3

3.1 RDUH's role as a provider of healthcare

Restoring services inclusively and developing accurate waiting list data regarding ethnicity and deprivation.

Executive Summary (from the ICB Health Inequalities Reports in Annex A)

- On the basis of the data presented there continues to appear to be no significant link between ethnicity and waiting times, with the caveat that the numbers concerned are very small.
- The data shows that those in IMD1 (the least deprived) have marginally shorter waits in the East, but slightly higher waits in the North which will need to be reviewed
- There is no significant correlation between people waiting over a year and deprivation levels.
- The Trust continues to offer a choice of face-to-face and digital access options for appointments and those in more deprived quintiles are more likely to choose face to face (digital inclusion). Further benchmarking analysis will be needed to review whether this is a typical pattern across specialties and other Trusts.
- The level of data accuracy remains high with small numbers of North and East patients recorded without a deprivation quintile or ethnicity recorded.

Projects and activity by RDUH

DNAs and inclusive recovery

In March the Board Task and Finish group commissioned a project to better understand the link between deprivation and our planned care services.

To provide more granular analysis, the partnership team together with clinical colleagues, have narrowed focus on Did Not Attend (missed appointments) to understand the reasons why the data appears to be showing a link between long waits and deprivation and ethnicity.

The Partnership team is currently scoping the project with the Outpatients Clinical lead to progress this project and identify the best way of reducing DNAs in these groups..

Annex B includes a project overview on health inequalities and DNAs.

Digital Exclusion

The Board Task and Finish group requested a digital inclusion project involving Castle Place (also a member of the T&F).

The partnership team is developing a project scope with RDUH clinicians and primary care colleagues at Castle Place to provide a digital one-stop-shop virtual appointment with patients with complex needs. The project has the potential to improve engagement and outcomes for patients, reduce waiting times and tackle potential digital exclusion.

Core20+5

The Trust is currently leading three projects in relation to using the NHS England Core20plus5 approach as well as supporting partner led projects including:

- Heart failure remote monitoring in North (InHIP)

RDUH was awarded £96k to run a pilot project supporting North Devon heart failure patients and service team to enable faster remote access to clinicians and prevent admissions. The pilot launched towards the end of June 2023 and as of the end of September, 36 patients were being remotely monitored. Early indications are that admissions to NDDH are being avoided and monitoring is enabling more responsive clinical support. A full evaluation report will be prepared at the end of 12 month project. The project has thus far improved equitable access for a patient who is blind, a patient who has poor literacy, housebound patients and a patient with dementia. On the remote monitoring, 85% of respondents to a survey stated that remote monitoring supported them with managing their condition at home.

- Core20plus health connector in North and East

Devon was one of the pilot areas for Core 20 Plus connectors. The pilots are located in Ilfracombe (coastal deprivation) and North Dartmoor (rural deprivation). £114k was provide by NHSE for these projects. Connectors were recruited by VCSE organisations and community conversations were established to better understand the needs, issues and strengths of deprived communities.

On the basis of these insights, the feedback was that the services provided were first class, professional and caring but there remained multiple barriers that hindered access. This work is continuing and the feedback provided from these ongoing conversations will inform the design of specific programmes at ICB/LCP and provider level to address the identified barriers. The work will continue to March 24 with Ilfracombe now focusing on mental health and North Dartmoor on COPD as directed by NHSE.

- Embedding a social prescriber in the Eastern Emergency Department pilot

The social prescribing model is routinely employed in Primary Care. While there is strong support for its efficacy, little is currently known about its applicability to emergency care. Therefore, the primary aim of this clinically-led pilot is to provide evidence for the impact of this model when deployed within in a busy ED environment.

A VCSE organisation is providing the capacity which will be in place in RD&E ED from December for a 6 month period. The pilot will seek to identify screening tools and extended treatment pathways for patients who would benefit from additional social prescribing support when accessing ED and on discharge; and the extent to which social prescribing leads to better patient outcomes and/or reduced use of NHS health services, including urgent care and primary care. This project is being funded by ICB health inequalities resource.

3.2 RDUH's role as a partner

The Trust is playing a key role in work to address the wider determinants of health through its work in partnership with a range of organisations. The Policy & Partnerships team is leading on thirteen projects in relation to partnership working as well as contributing to projects led by other system partners.

System

One of the system-wide prevention programmes is tobacco dependence. The Partnership team is project managing the interface between this programme and RDUH's maternity and inpatient services.

Highlights:
- Initiated a smoke to vape pilot
- SOPs and referral protocols in place
- Clinical/service leads nominated

Risks / barriers
- EPIC development required to enable performance reporting
- Trust lead and policy update required

Local Care Partnerships, One Northern Devon and One Eastern Devon

In August £800k was allocated to Devon's LCPs to tackling health inequalities and to support prevention and population health. In 2023/4 the Northern and Eastern LCPs share was £330k; £121k and £209k respectively.

The agreed schemes across North and East LCP are in annex C and prioritisation was given to those projects known to be effective at reducing urgent care demand by supporting the root cause of the attendances (i.e. social prescribing, Flow/High intensity users, homelessness) as well as longer term projects in CVD, community development and evaluation.

NB: the evaluation spend was prioritised to ensure the impact could be identified and quantified to enable more sustainable funding and service transformation (across all partners) in later years.

North

As the LCP development work progressed the alignment between its work programme and that of One Northern Devon began to converge. Engagement with the local leaders of partner organisations has been really positive about aligning the LCP and One Northern Devon functions and these discussions will continue.

The NHS has recently contributed to a bid for central government funds to tackle deep-seated root causes of deprivation in Ilfracombe.

Torridge District is also commencing its 'Levelling Up' programme as one of the Council areas identified as the most deprived in England. The NHS will contribute to the partnership Board when established.

Our Flow programme (see our two minute explainer video) helps teams deliver person-centred care and support for people with the most complex needs. The Board recently received a patient story of the High Flow model, which provides assertive outreach for people who are the most frequent users of ED who often have multiple and complex needs. Early indicators are that this programme is reducing ED attendances. See High Flow overview.

There are now seven 'One Community' partnerships in each of the towns across Northern Devon. Our One Communities programme tackles issues such as access to services, poor health caused by modifiable behaviours and earlier onset of health problems in more deprived areas and poor mental health and wellbeing, social isolation and loneliness (which is associated with as many poor health outcomes as smoking).

East

The Eastern LCP is at an earlier stage of maturity than its Northern counterpart. Nevertheless, good progress has been made to work together, particularly with the strong VCSE organisations in the locality. This was underlined by the recent ELCP VCSE Conference which was led by the Partnerships team that had 90 attendees who worked together on joint priorities.

3.3 RDUH's role as an anchor institution

The Trust has commenced scoping ways in which to positively use our anchor institution status for economic, social and environmental benefit.

RDUH is a member of the Civic University Agreement Partnership Board in Exeter and also has representation on the operational group. With membership from the City Council. The RDUH and University of Exeter the mission of the Board is to collaborate on areas of common ground and shared priority.

4. Recommendation

For the Board of Directors to note the bi-annual Health Inequalities performance report.

Annex A: Health Inequalities and Elective recovery

This report provides a summary of key data and information in relation to RDUH North and East for “restoring NHS services inclusively” in line with the national planning guidance.

Priority 1: Restoring NHS services inclusively (RDU East)

Are patients from ethnic minority groups or least deprived areas waiting longer for their treatment/discharge from a waiting list at RDU East compared to other patients (data from August 2023)

Waiting time summary by ethnicity

Ethnicity	95 %ile	average	median	max	volume
Asian or Asian British	51	16.08	7.00	59	25
Black or Black British	29	10.00	3.00	34	4
Mixed	75	22.89	13.00	85	9
Not stated	65	24.06	7.00	264	35
Other Ethnic Groups	54	14.44	6.00	60	18
White	64	19.32	8.00	805	2,112
Total	**63**	**19.32**	**8.00**	**805**	**2,203**

Waiting time summary by IMD quintile

IMD Quintile	95 %ile	average	median	max	volume
1	59	17.35	7.00	77	106
2	64	19.10	8.00	188	424
3	63	21.53	11.00	805	684
4	61	18.37	7.00	264	719
5	65	17.36	7.00	93	270
Total	**63**	**19.32**	**8.00**	**805**	**2,203**

The table on the left shows that waits are not significantly different by ethnic group, although small numbers can mask large variations.

The table on the right shows waits by the index of multiple deprivation (IMD) quintile. This shows that there is no particular correlation. Whilst it is good to see that patients in the most deprived communities are being seen quicker than the mean average, the same also applies to the least deprived communities.

Priority 1: Restoring NHS services inclusively (RDU North)

Are patients from Ethnic Minority groups or the most deprived areas waiting longer for their treatment/discharge from a waiting list at RDU North compared to other patients? *(Data from August 23)*

Waiting time summary by ethnicity

Ethnicity	95 %ile	average	median	max	volume
Asian or Asian British	59	20.75	6.00	68	4
Mixed	61	34.00	39.00	63	3
Not stated	80	40.00	42.50	104	44
Other Ethnic Groups	55	32.00	32.00	57	2
White	78	30.80	20.00	99	986
Total	**78**	**31.17**	**21.00**	**104**	**1,039**

Waiting time summary by IMD quintile

IMD Quintile	95 %ile	average	median	max	volume
1	79	35.49	29.00	99	101
2	85	32.44	20.50	104	220
3	73	29.58	20.00	91	399
4	78	30.46	18.50	95	248
5	84	32.45	28.00	93	71
Total	**78**	**31.17**	**21.00**	**104**	**1,039**

Due to small numbers of patients from ethnic minorities on the waiting list there is considerable variation in average waiting times and it is not possible to assess whether there are significant differences by ethnic group.

The table on the right shows waits by the index of multiple deprivation (IMD) quintile. This does show a longer waiting time for IMD 1 (highest deprivation) which will need to be further explored.

Priority 1: Restoring NHS services inclusively (RDU East)

When looking at the longest wait patients (over 1 year from referral), are patients from Ethnic Minority groups or the most deprived areas waiting longer for their treatment/discharge from a waiting list at RDU East compared to other patients? *(Data from August 2023)*

Waiting time summary by IMD quintile

IMD Quintile	95 %ile	average	median	max	volume
1	73	62.60	63.00	77	10
2	92	67.12	61.00	188	51
3	90	63.30	59.00	99	87
4	90	68.50	59.00	264	80
5	82	66.77	65.00	93	26
Total	**91**	**66.03**	**60.00**	**264**	**254**

The table above shows that patients from areas of greater deprivation (e.g. quintile 1, median 63.0 weeks, mean 62.6 weeks) are on average waiting shorter than patients from areas of the lowest level of deprivation (e.g. quintile 5, median 65.0 weeks, mean 66.7 weeks), although this is based on small numbers. The median length of wait and the 95th percentile are relatively consistent between quintiles.

Due to very small numbers of patients from ethnic minorities waiting over 52 weeks on the waiting list (6) there is considerable variation in average waiting times and it is not possible to assess whether there are significant differences by ethnic group.

Priority 1: Restoring NHS services inclusively (RDU North)

When looking at the longest wait patients (over 1 year from referral), are patients from Ethnic Minority groups or the most deprived areas waiting longer for their treatment/discharge from a waiting list at RDU North compared to other patients? *(Data from August 2023)*

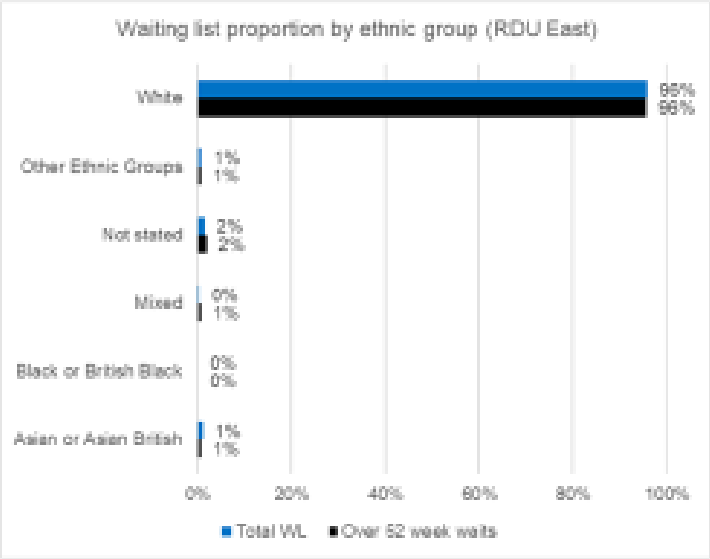
Waiting time summary by IMD quintile

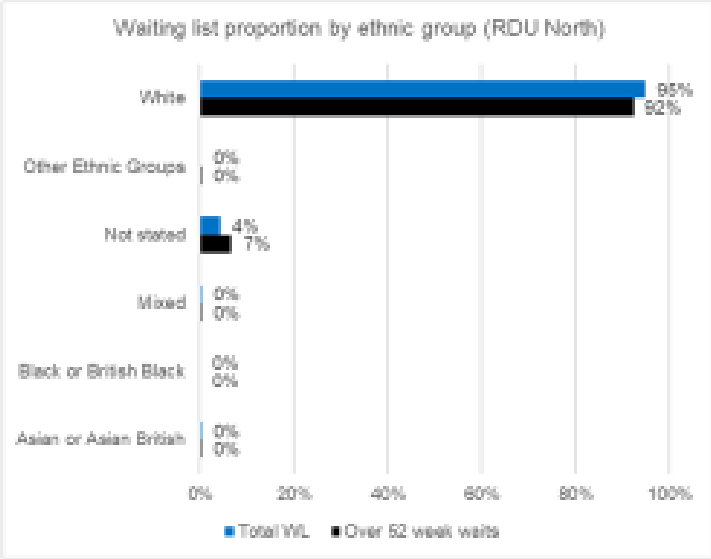
IMD Quintile	95 %ile	average	median	max	volume
1	89	68.75	65.00	99	36
2	89	68.66	65.00	104	76
3	83	64.57	61.50	91	108
4	83	67.19	66.00	95	74
5	93	70.45	71.00	93	20
Total	**87**	**67.03**	**64.00**	**104**	**314**

There doesn't appear to be any significant variation in the very long waits cohort by IMD deprivation category.
Only three patients from ethnic minorities are waiting above 1 year at RDU North so comparisons between ethnic groups are not possible.

Priority 1: Restoring NHS services inclusively (ethnicity)

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

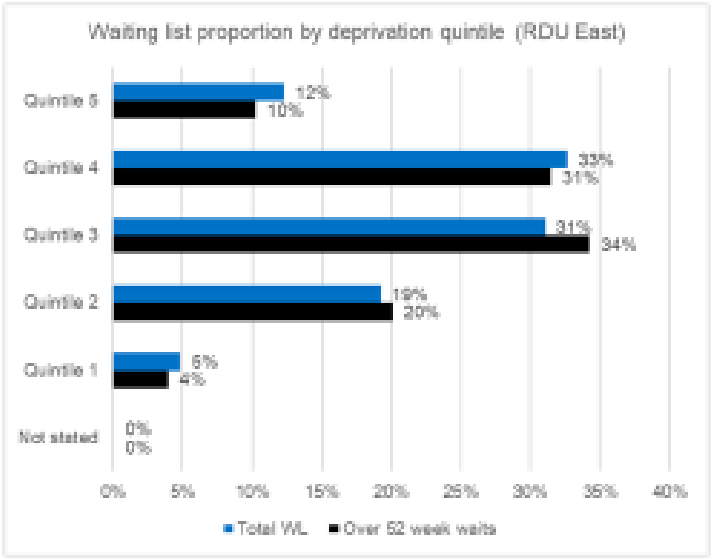


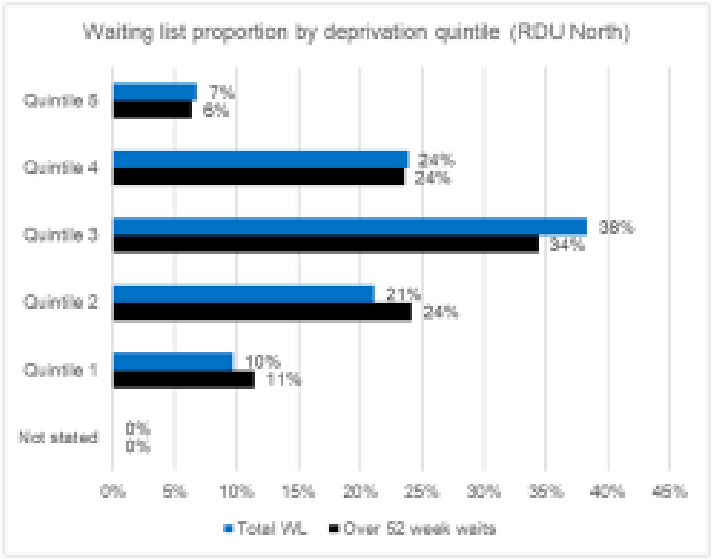


The charts above show the proportion of the waiting list by ethnic group for both the total waiting list and for over 1 year waits for RDU East and RDU North.

There is very little difference for any ethnic group, showing that long waits generally follow the same pattern as waits under 1 year and suggesting there is no inequity in long waits when viewed by ethnicity.

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





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

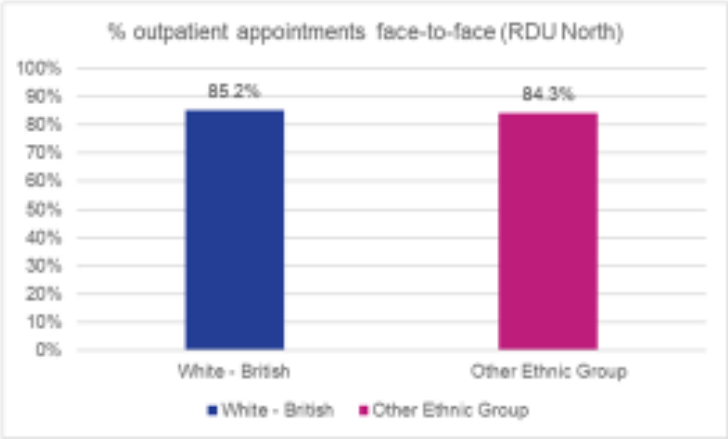
The main area of difference between North and East is in IMD 1 & 2 which suggests there is disadvantage in terms of accessing timely treatment in North. Whilst the numbers and the level of variation is small, this will be explored within the scope of the DNA and waiting list project.

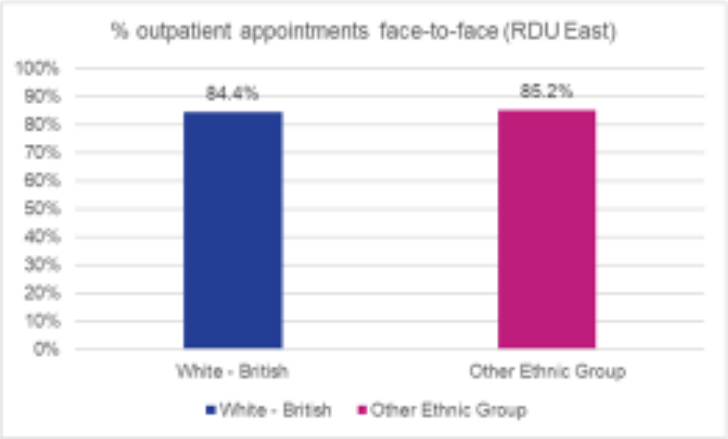
Priority 2: Mitigating against 'digital exclusion' (ethnicity)

Royal Devon University Healthcare NHS Foundation Trust

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

Are Ethnic Minority groups less likely to be seen using a non face-to-face (F2F) i.e. digital method for their outpatient appointment? *(Data is year to date 2023/24)*



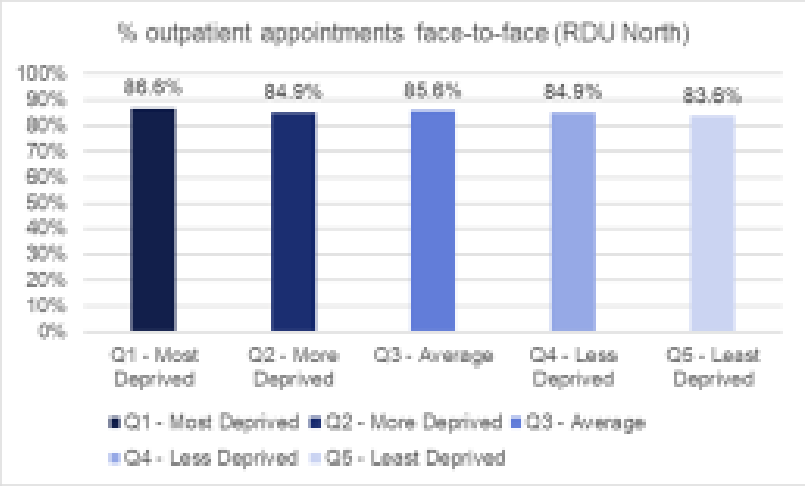


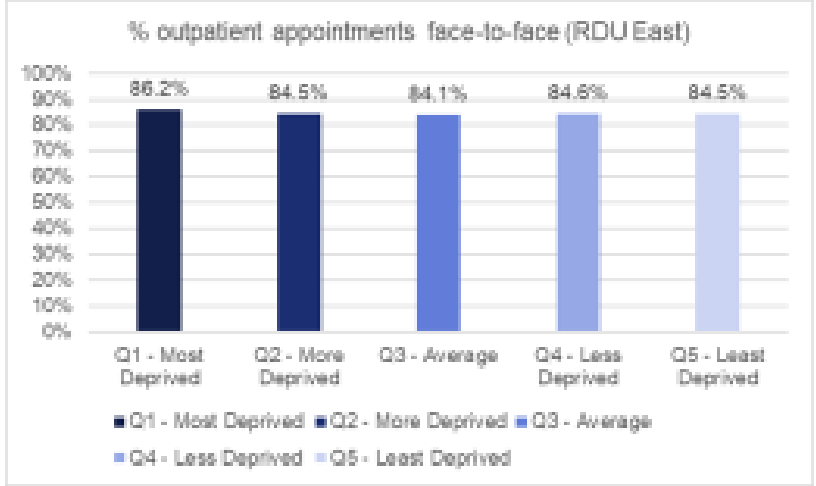
The proportion of Ethnic Minority patients receiving non face-to-face outpatient contact is similar to the White British proportion for RDU North suggesting patients from Ethnic Minority background aren't less likely to receive their outpatient appointment via digital or other non face-to-face means. RDU East also shows a similar rate.

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

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

Are patients from the most deprived backgrounds less likely to be seen using a non face-to-face (F2F) i.e. digital method for their outpatient appointment? *(Data is year to date 2023/24)*





When looking across deprivation deciles those from most deprived areas (quintile 1) are slightly more likely to receive their outpatient appointment face to face than those in less deprived backgrounds (quintile 5).

This is true for both RDU North and RDU East and suggests there is an opportunity to improve non-face-to-face access for these more deprived communities. The figures for quintiles 2 to 4 are relatively consistent across both RDU East and RDU North.

Priority 3: Ensuring datasets are complete and timely

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

How well do we capture ethnicity for the population of patients on our RTT incomplete pathways waiting list? *(RTT data August 23)*

RDU North:

2.12% of patients on our RTT waiting list do not have a deprivation quintile recorded (22 patients),a slight increase from 1.59% in 2022/23, whilst **4.23%** are recorded as 'no stated ethnicity' (44 patients) compared to 4.44% in 2022/23.

RDU East:

2.13% of patients on our RTT waiting list do not have a deprivation quintile recorded (47 patients).This is very similar to the 2022/23 where the proportion was 2.26%. **1.59%** of patients are recorded as 'no stated ethnicity' (35 patients), which is an improvement from 2.80% in 2022/23.

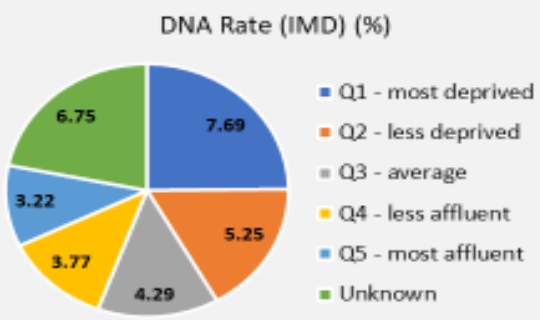
Annex B: project plan on a page – waiting lists and DNAs

Health Inequalities Brief: Waiting lists and DNAs

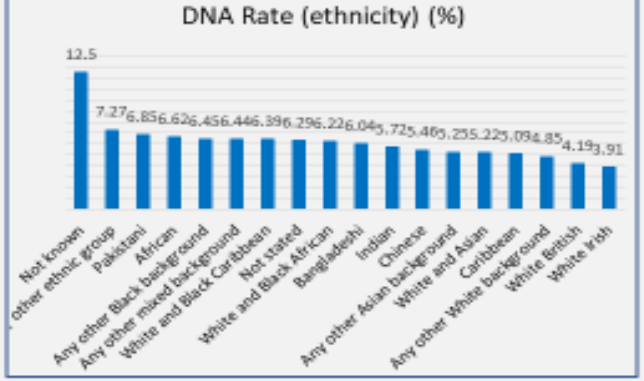
Background

Patients from more deprived areas and ethnic minorities are more likely to miss their appointment and have poorer health outcomes.
Trust data on DNAs have highlighted that there is a higher level of DNAs for outpatients appointments for people from the most deprived areas and people from non-white ethnicity.
DNAs result in wasted time, increasing wait lists, longer waiting times further resulting in patient dissatisfaction, poor care and potential loss of income.
A number of Trusts have successfully developed models to target specific cohorts of patient from deprived backgrounds who DNA as part of efforts to tackle waiting lists

Data



Further Information



Aims & Objectives

Explore how the different models (Sussex; Leicestershire; North Somerset; Royal Free) can impact on both waiting lists and DNAs with particular reference to people living in the highest deprivation areas.

Develop a set of recommendations to take to the OPD transformation Group.

Intended Outcomes

- Better meet people's health needs in a cost effective and time efficient way using an innovative approach
- Numbers of people on the waiting list for the speciality significantly reduced, in particular for people from most deprived areas
- Reduced waiting times
- Improved patient outcomes
- Improved patient experience/satisfaction
- Development of a model that can be replications by different specialities

Resources

- Project manager
- Time from speciality for planning, to deliver appointment day and help evaluate
- Funding for hire of a hall
- Admin for patient invites
- Communication team support
- https://www.england.nhs.uk/wp-content/uploads/2021/12/qsir-reducing-dnas.pdf

Annex C: Devolved ICB funding to the Northern and Eastern LCPs

North (£124,000)

Initiative	£	Purpose
Community development workforce	£24,000	Match-funded to the Lottery bid, ensures CDs in each town
Flow programme	£49,000	Continue all Flow case workers until March24. Brings all Northern Flow projects into one approach
NHSE high intensity user training	£11,000	Support Flow caseworker training with best practice.
Homelessness	£20,000	MDT discharge capacity and Link worker – aligned to Flow
BP case finding	£2,000	Target farming community
CVD project development	£8,000	Support development of CVD (Core20+5) project
Evaluation support	£10,000	Understanding impact on and benefits to NHS/partners pressures

East (£212,000)

Initiative	£	Purpose
VCSE remuneration fund	£10,000	VCSE structure and organisation
Social prescriber in ED	£50,000	Embed social prescribing in ED to support discharge and prevent admissions
East Devon network co-ordination & capacity	£30,000 £10,000	Investment in VCSE sector and capacity to support community resilience
HIU case worker	£38,000	Capacity to develop high intensity user function to support ED / UEC
CVD prevention	£10,000	BP case finding in deprived areas
Prevention priorities – project funding	£30,000	Support for projects in CYP mental health; social isolation and carers
Community devt	£24,000	RDUH-led mapping and evaluation
Conference and events	£7,000	Costs associated with managing a geographically large LCP

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	12.1, Public Board Meeting	Date: 29 November 2023
Title:	National Cancer Patient Experience Survey 2022	
Prepared by:	Will Denford, Executive Support Officer Andrea Bell, Deputy Director of Nursing (Patient Experience)	
Presented by:	Carolyn Mills, Chief Nursing Officer	
Responsible Executive:	Carolyn Mills, Chief Nursing Officer	
Summary:	The National Cancer Patient Experience Survey 2022, commissioned on behalf of NHS England, is the largest cancer survey of its kind; allowing cancer patients to give feedback on the care they have received. Both RD&E and NDDH pre-integration performed consistently well in the National Cancer Patient Experience Survey; with the 2022 survey being the first time the Royal Devon University Healthcare has been recognised as a single organisation. The 2022 results show that the Trust continues to perform well with 18 of the 59 survey responses above the expected national range and no responses below the expected national range.	
Actions required:	The Board is asked to note the content of the National Cancer Patient Experience Survey 2022 paper.	

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

History:	The full 2022 National Cancer Patient Experience Survey and detailed analysis was presented to the Patient Experience Committee on 15 November 2023.
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives; **BAF Risk 8** – *Risk of a significant deterioration in quality and safety of care*

Monitoring Information

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

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

1. Purpose of paper

1.1 The purpose of this paper is to present to the Board of Directors the summary of the Royal Devon University Healthcare (RDUH) National Cancer Patient Experience Survey 2022.

1.2 The results of this survey also need to be considered in the context of the IPR and other reports that the Board and the Board sub-committee for patient experience receives related to patient feedback, patient engagement & patient experience to provide further triangulation.

2. Background of National Cancer Patient Experience Survey

2.1 The National Cancer Patient Experience Survey (CPES) 2022, commissioned by NHS England, has been designed to monitor progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

2.2 CPES has been conducted annually since 2010, with the 2022 survey results combined for the first time following Royal Devon's integration in April 2022.

2.3 Please refer to Appendix 1 for the full National Cancer Patient Experience Survey 2022.

3. Summary of National Cancer Patient Experience Survey 2022

3.1 In total for RDUH, 1,439 responses were received, with a response rate of 62%, compared to the national average of 53%. All tumour groups were represented within the RDUH results; with Head & Neck and Upper GI seeing the largest increase in patient participation across both sites, almost doubling their responses from previous years.

3.2 RDUH performed well with 18 of the 59 survey responses above the expected national range and no responses below the expected national range.

3.3 The 2022 survey highlighted that patients rated the Trust highly in the following areas:

	Case Mix Adjusted Scores			National Score
	2022 Score	Lower Expected Range	Upper Expected Range	
Q3. Referral for diagnosis was explained in a way the patient could completely understand	**71%**	62%	68%	**65%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	**86%**	81%	86%	**83%**
Q16. Patient was told they could go back later for more information about their diagnosis	**89%**	82%	86%	**84%**
Q18. Patient found it very or quite easy to contact their main contact person	**87%**	80%	87%	**84%**
Q20. Treatment options were explained in a way the patient could completely understand	**84%**	80%	84%	**82%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	**83%**	77%	83%	**80%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	**58%**	48%	56%	**52%**
Q27. Staff provided the patient with relevant information on available support	**93%**	88%	92%	**90%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	**78%**	73%	78%	**76%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	**74%**	61%	70%	**66%**
Q34. Patient was always able to get help from ward staff when needed	**78%**	68%	77%	**73%**
Q35. Patient was always able to discuss worries and fears with hospital staff	**70%**	60%	68%	**64%**
Q37. Patient was always treated with respect and dignity while in hospital	**91%**	85%	91%	**88%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	**82%**	76%	81%	**78%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	**73%**	67%	72%	**69%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	**61%**	46%	56%	**51%**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	**54%**	40%	50%	**45%**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	**36%**	26%	36%	**31%**

3.4 The CPES 2022 results also positively highlight to the Board of Directors:

- 85% of respondents said treatment options were explained in a way they could completely understand.
- 89% of respondents said they were told they could go back later for more information about their diagnosis.
- 83% of respondents said family and/or carers were definitely involved as much as the patient wanted them to be in treatment options.
- 91% of respondents said they were always treated with dignity and respect in hospital.

3.5 Although the Trust scored highly across the expected ranges; six actions for improvement have been identified which the Patient Experience Operational Group, overseen by the Patient Experience Committee, will monitor delivery via action plan, by April 2024.

The six high-level actions from the report are as follows:

- Continued participation in the CPES under the Royal Devon University Hospital, with the ability to drill down to location East or North;
- Increase the inclusion agenda recognising the diversity of the community;
- Continued to build on the cancer integration agenda;
- Cancer site MDTs to review results developing actions plans at local level;
- Patient Feedback & Experience programme as the newly formed RDUH;

- Celebrate success across the cancer teams

4. Resource/legal/financial/reputation implications

4.1 Nil

5. Link to BAF/Key risks

5.1 No links to BAF or risks have been identified.

6. Proposals

6.1 The Board of Directors is asked to **note** the Royal Devon University Healthcare National Cancer Patient Experience Survey 2022.

NHS England

Cancer Patient Experience Survey

2022 Results

Royal Devon University Healthcare NHS Foundation Trust

Published July 2023

The Cancer Patient Experience Survey is undertaken by Picker on behalf of NHS England

Executive Summary

Questions Above Expected Range

	Case Mix Adjusted Scores			National Score
	2022 Score	Lower Expected Range	Upper Expected Range	
Q3. Referral for diagnosis was explained in a way the patient could completely understand	**71%**	62%	68%	**65%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	**86%**	81%	86%	**83%**
Q16. Patient was told they could go back later for more information about their diagnosis	**89%**	82%	86%	**84%**
Q18. Patient found it very or quite easy to contact their main contact person	**87%**	80%	87%	**84%**
Q20. Treatment options were explained in a way the patient could completely understand	**84%**	80%	84%	**82%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	**83%**	77%	83%	**80%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	**58%**	48%	56%	**52%**
Q27. Staff provided the patient with relevant information on available support	**93%**	88%	92%	**90%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	**78%**	73%	78%	**76%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	**74%**	61%	70%	**66%**
Q34. Patient was always able to get help from ward staff when needed	**78%**	68%	77%	**73%**
Q35. Patient was always able to discuss worries and fears with hospital staff	**70%**	60%	68%	**64%**
Q37. Patient was always treated with respect and dignity while in hospital	**91%**	85%	91%	**88%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	**82%**	76%	81%	**78%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	**73%**	67%	72%	**69%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	**61%**	46%	56%	**51%**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	**54%**	40%	50%	**45%**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	**36%**	26%	36%	**31%**

Royal Devon University Healthcare NHS Foundation Trust has no scores below expected range

Introduction

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

The survey was overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. The survey was commissioned and managed by NHS England. The survey provider, Picker, is responsible for designing, running and analysing the survey.

The 2022 survey involved 133 NHS Trusts. Out of 115,662 people, 61,268 people responded to the survey, yielding a response rate of 53%.

Methodology

Eligibility, fieldwork and survey methods

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2022. The fieldwork for the survey was undertaken between November 2022 and February 2023.

As in the previous seven years, the survey used a mixed mode methodology. Questionnaires were sent by post, with two reminders where necessary, but also included an option to complete the questionnaire online. A Freephone helpline and email was available for respondents to opt out, ask questions about the survey, enable them to complete their questionnaire over the phone and provide access to a translation and interpreting facility for those whose first language was not English.

Case-mix adjustment

Both unadjusted and adjusted scores are presented in this report. Case-mix adjusted scores allow us to account for the impact that differing patient populations might have on results. By using the case-mix adjusted estimates we can obtain a greater understanding of how a Trust is performing given their patient population. The factors taken into account in this case-mix adjustment are Male/Female/Non-binary/Other, age, ethnicity, deprivation, and cancer type.

Unadjusted data should be used to see the actual responses from patients relating to the Trust. Case-mix adjusted data, together with expected ranges, should be used to understand whether the results are significantly higher or lower than national results taking account of the patient mix.

Scoring methodology

Sixty-one questions from the questionnaire are scored as these questions relate directly to patient experience. For all but one question (Q59), the score shows the percentage of respondents who gave the most favourable response to a question. For Q59, respondents rate their overall care on a scale of 0 to 10, of which the average was calculated for this question's score. The percentages in this report have been rounded to the nearest percentage point. Therefore, in some cases the figures do not appear to add up to 100%.

Please note that following a review of the scoring methodology, a change was made to the scoring of Q12 such that the response option "No, I was told by letter or email" is no longer considered neutral.

Statistical significance

In the reporting of 2022 results, appropriate statistical tests have been undertaken to identify unadjusted scores for which the change over time is 'statistically significant'. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance.

Suppression

Data is suppressed for two reasons: to ensure unreliable results based on very small numbers of respondents are not released, and to prevent individuals being identifiable in the data.

In cases where a result is based on fewer than 10 responses, the result has been suppressed. For example, where fewer than 10 people answered a question from a particular Trust, the results are not shown for that question for that Trust.

For Trusts with an eligible population of 1,000 or fewer, data relating to the respondent and their condition has been suppressed where 5 people or fewer were in a particular category. In instances where only one has been suppressed, the next lowest category has been suppressed to prevent back calculation from the total number of responses.

Additional suppression

Additional suppression happens if only **one** Trust has a score suppressed. If this happens, we will suppress another Trust's results (both the Trust level and subgroup results for the question) based on the next lowest number of respondents for the score. We do this so that the national score cannot be used to work out the score for the individual Trust.

The same rule applies to groups in each subgroup breakdown. For example, if only **one** Trust has the 85+ age group suppressed for Q25 we will need to suppress another Trust's results for the 85+ age group on Q25. This suppression is based on the 85+ age group with the next lowest number of respondents for Q25.

Understanding the results

This report shows how this Trust scored for each question in the survey compared with national results. It is aimed at helping individual Trusts to understand their performance and identify areas for local improvement. Below is a description of the type of results presented within this report and how to understand them.

Expected range charts

The expected range charts in this report show a bar with the lowest and highest score received for each question nationally. Within this bar, an expected range is given (within the grey bar) and a black diamond represents the actual score for this Trust.

Trusts whose score is above the upper limit of the expected range (in the dark blue) are positive outliers, with a score statistically significantly higher than the national mean. This indicates that the Trust performs better than what Trusts of the same size and demographics are expected to perform. The opposite is true if the score is below the lower limit of the expected range (in the light blue); these are negative outliers. For scores within the expected range (in the grey), the score is what we would expect given the Trust's size and demographics.

Comparability tables

The comparability tables show the 2021 and 2022 unadjusted scores for this Trust for each scored question. If there is a statistically significant change from 2021 an arrow will be presented for the direction of change.

The adjusted 2022 score will also be presented for each scored question along with the lower and upper expected range and national score. Scores above the upper limit of the expected range will be highlighted dark blue, scores below the lower limit of the expected range will be highlighted light blue, and scores within the lower and upper limit of the expected ranges will be highlighted grey.

Sub-group breakdowns

Unadjusted scores are shown for tumour type, Male/Female/Non-binary/Other, age, IMD quintile, long-term condition status and ethnicity breakdowns. Unadjusted scores for the same sub-group across different Trusts may not be comparable, as they do not account for the impact that differing patient populations might have on results.

Tumour type tables

The tumour type tables show the unadjusted scores for each scored question for each of the 13 tumour groups. Central nervous system is abbreviated as 'CNS' and lower gastrointestinal tract is abbreviated as 'LGT' throughout this report.

Age group tables

The age group tables show the unadjusted scores for each scored question for each of the eight age groups.

Male/Female/Non-binary/Other tables

These tables show the unadjusted scores for the following groups male; female; non-binary; prefer to self-describe; and prefer not to say.

Ethnicity tables
The ethnicity tables show the unadjusted scores for six ethnicity groups.

Long-term condition status tables
The long-term condition status tables show the unadjusted scores for two groups: those who indicate they have one or more long term conditions and those who indicate that they have no long-term conditions.

IMD quintile tables
The IMD quintile tables show the unadjusted scores for five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived.

Year on year charts
The year on year charts show two columns representing the unadjusted scores of the last two years (2021 and 2022) for each scored question.

Further information

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322). The 2022 survey data has been produced and published in line with the Code of Practice for Official Statistics.

For more information on the methodology, please see the Technical Document. It can be viewed along with the 2022 questionnaire and survey guidance on the website at www.ncpes.co.uk. For all other outputs at Trust level, please see the Excel tables and dashboards at www.ncpes.co.uk.

Response Rate

Overall Response Rate

1,439 patients responded out of a total of 2,319 patients, resulting in a response rate of 62%.

	Sample Size	Adjusted Sample	Completed	Response Rate
Overall response rate	2,473	2,319	1,439	62%
National	123,632	115,662	61,268	53%

Respondents by Survey Type

	Number of Respondents
Paper	1,204
Online	233
Phone	2
Translation Service	0
Total	**1,439**

Respondents by Tumour Group

	Number of Respondents
Brain / CNS	6
Breast	269
Colorectal / LGT	138
Gynaecological	63
Haematological	204
Head and Neck	38
Lung	63
Prostate	145
Sarcoma	20
Skin	117
Upper Gastro	65
Urological	114
Other	197
Total	**1,439**

Respondents by Ethnicity

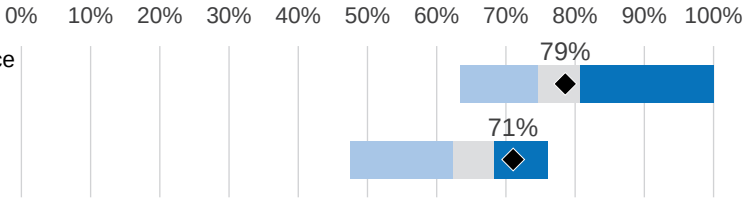
	Number of Respondents
White	
English / Welsh / Scottish / Northern Irish / British	1,314
Irish	7
Gypsy or Irish Traveller	*
Any other White background	19
Mixed / Multiple Ethnicity	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
Asian or Asian British	
Indian	*
Pakistani	*
Bangladeshi	*
Chinese	*
Any other Asian background	*
Black / African / Caribbean / Black British	
African	*
Caribbean	*
Any other Black / African / Caribbean background	*
Other Ethnicity	
Arab	*
Any other ethnic group	*
Not given	
Not given	80
Total	**1,439**

Expected Range Charts

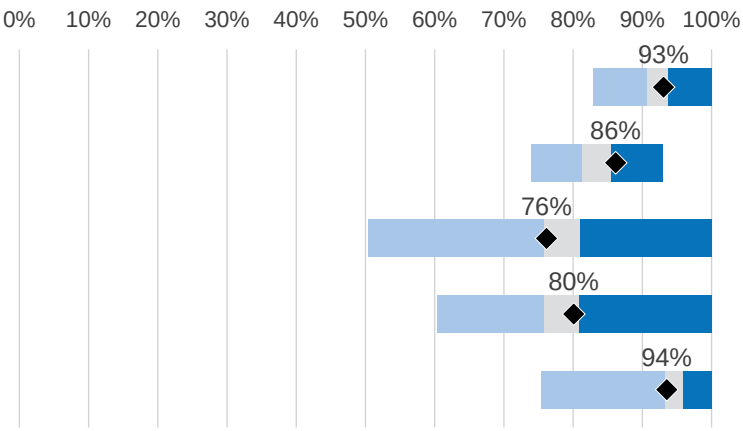
Lower Expected Range | Within Expected Range | Upper Expected Range | Case Mix Adjusted Score

The left outer edge of the bars is the lowest score achieved of all Trusts. The right outer edge of the bars is the highest score achieved of all Trusts.

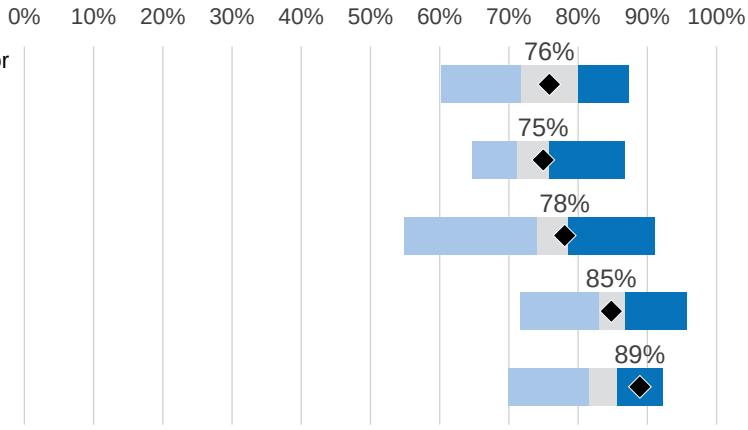
SUPPORT FROM YOUR GP PRACTICE



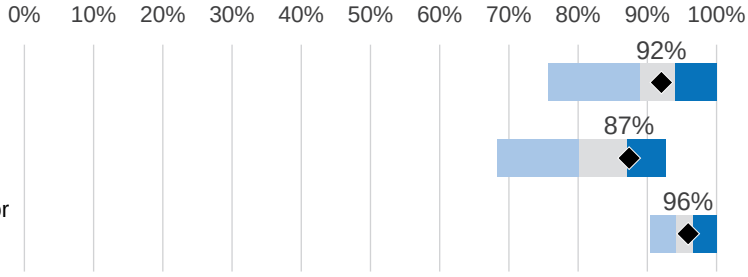
DIAGNOSTIC TESTS



FINDING OUT THAT YOU HAD CANCER



SUPPORT FROM A MAIN CONTACT PERSON

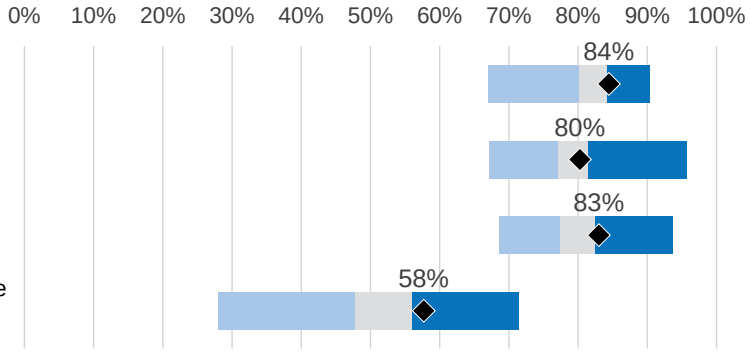


Expected Range Charts

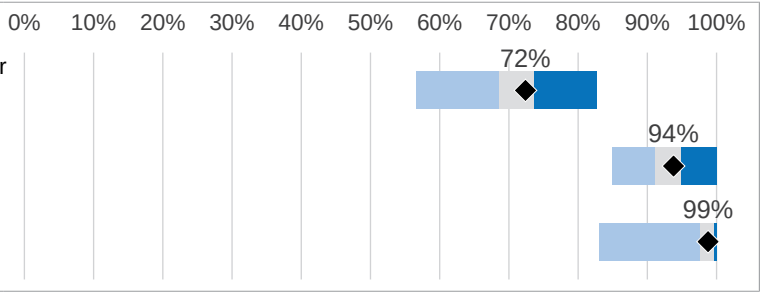
Lower Expected Range | Within Expected Range | Upper Expected Range | Case Mix Adjusted Score

The left outer edge of the bars is the lowest score achieved of all Trusts. The right outer edge of the bars is the highest score achieved of all Trusts.

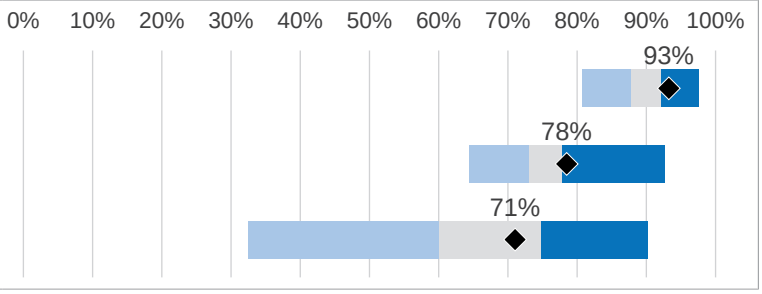
DECIDING ON THE BEST TREATMENT



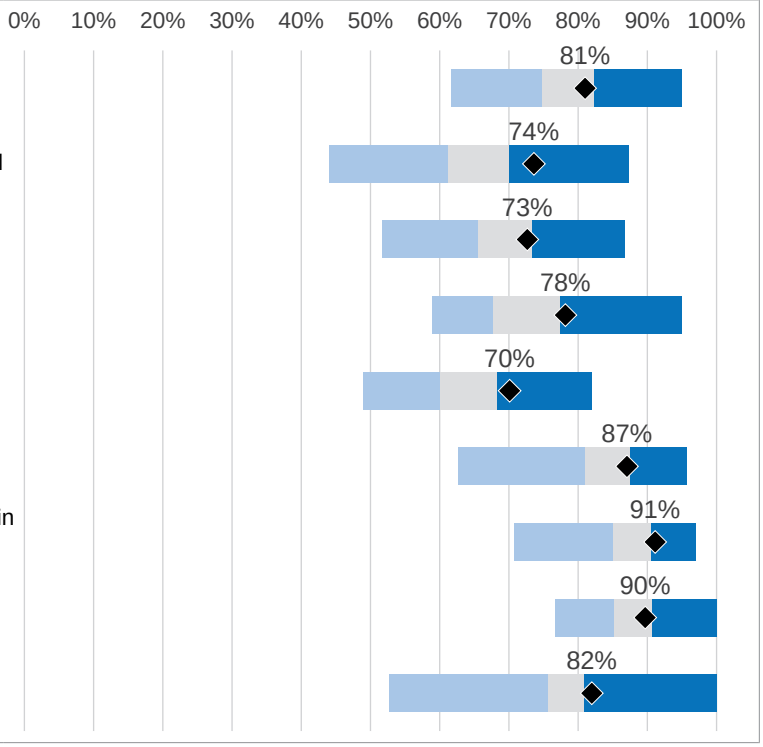
CARE PLANNING



SUPPORT FROM HOSPITAL STAFF



HOSPITAL CARE

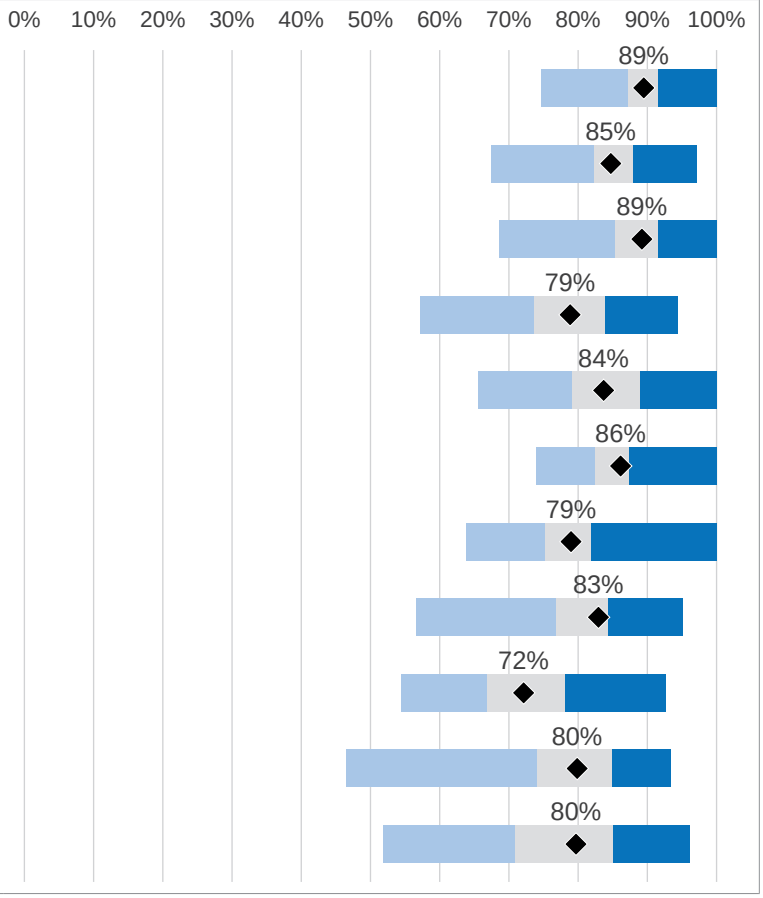


Expected Range Charts

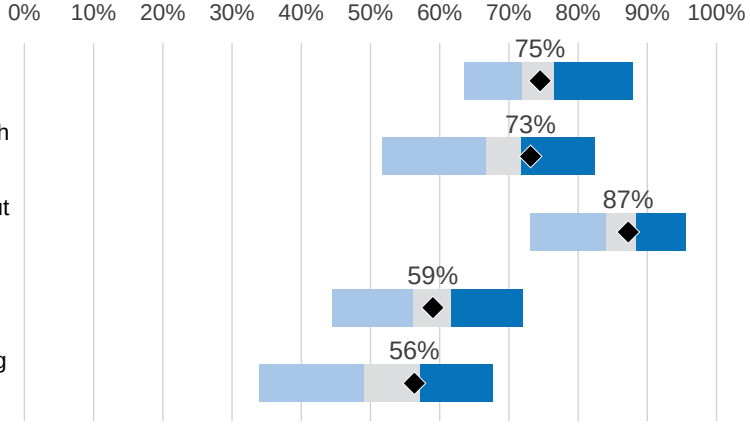
Lower Expected Range | Within Expected Range | Upper Expected Range | Case Mix Adjusted Score

The left outer edge of the bars is the lowest score achieved of all Trusts. The right outer edge of the bars is the highest score achieved of all Trusts.

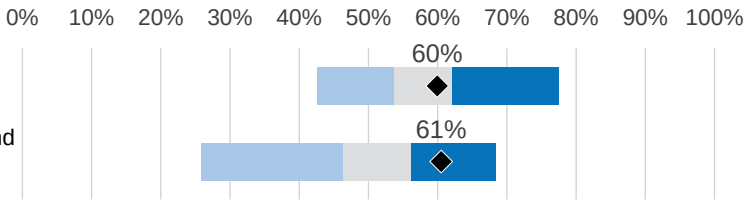
YOUR TREATMENT



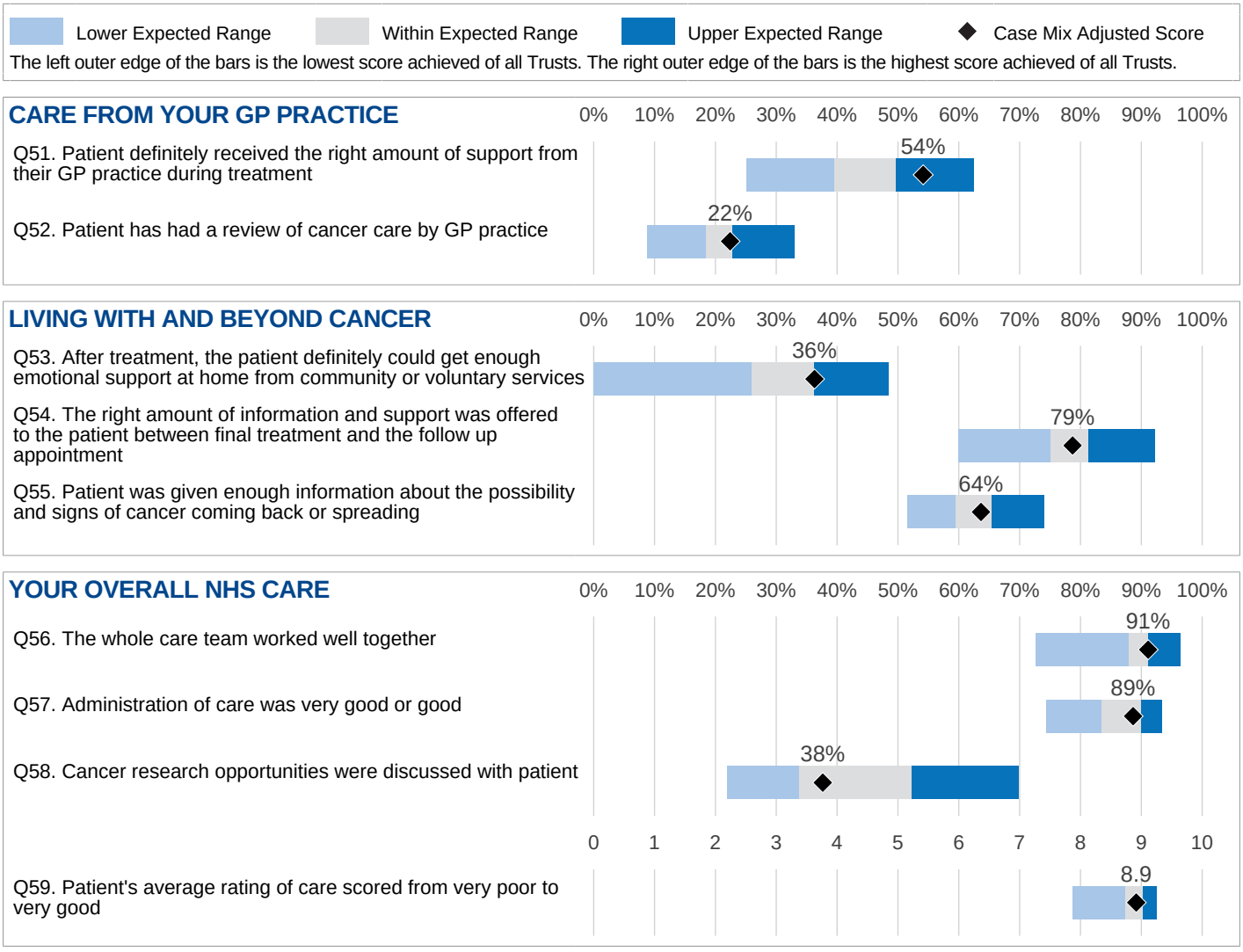
IMMEDIATE AND LONG TERM SIDE EFFECTS



SUPPORT WHILE AT HOME



Expected Range Charts



Comparability tables

* Indicates where a score is not available due to suppression or a low base size.

** No score available for 2021.

▲ or ▼ Change 2021-2022: Indicates where 2022 score is significantly higher or lower than 2021 score.

Adjusted Score below Lower Expected Range

Adjusted Score between Upper and Lower Expected Ranges

Adjusted Score above Upper Expected Range

SUPPORT FROM YOUR GP PRACTICE	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	654	**79%**	738	**79%**		**79%**	75%	81%	**78%**
Q3. Referral for diagnosis was explained in a way the patient could completely understand	957	**72%**	1014	**71%**		**71%**	62%	68%	**65%**

DIAGNOSTIC TESTS	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q5. Patient received all the information needed about the diagnostic test in advance	1068	**94%**	1159	**93%**		**93%**	91%	94%	**92%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	1112	**87%**	1207	**86%**		**86%**	81%	86%	**83%**
Q7. Patient felt the length of time waiting for diagnostic test results was about right	1107	**82%**	1206	**76%**	▼	**76%**	76%	81%	**78%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	1108	**82%**	1212	**80%**		**80%**	76%	81%	**78%**
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	1112	**96%**	1207	**94%**		**94%**	93%	96%	**95%**

FINDING OUT THAT YOU HAD CANCER	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	1189	**70%**	1327	**75%**	▲	**76%**	72%	80%	**76%**
Q13. Patient was definitely told sensitively that they had cancer	1285	**77%**	1421	**75%**		**75%**	71%	76%	**74%**
Q14. Cancer diagnosis explained in a way the patient could completely understand	1292	**81%**	1426	**78%**		**78%**	74%	79%	**76%**
Q15. Patient was definitely told about their diagnosis in an appropriate place	1285	**85%**	1417	**85%**		**85%**	83%	87%	**85%**
Q16. Patient was told they could go back later for more information about their diagnosis	1157	**88%**	1278	**89%**		**89%**	82%	86%	**84%**

SUPPORT FROM A MAIN CONTACT PERSON	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q17. Patient had a main point of contact within the care team	1252	**93%**	1396	**92%**		**92%**	89%	94%	**91%**
Q18. Patient found it very or quite easy to contact their main contact person	1052	**89%**	1150	**87%**		**87%**	80%	87%	**84%**
Q19. Patient found advice from main contact person was very or quite helpful	1111	**97%**	1219	**96%**		**96%**	94%	97%	**95%**

Comparability tables

* Indicates where a score is not available due to suppression or a low base size.

** No score available for 2021.

▲ or ▼ Change 2021-2022: Indicates where 2022 score is significantly higher or lower than 2021 score.

Adjusted Score below Lower Expected Range

Adjusted Score between Upper and Lower Expected Ranges

Adjusted Score above Upper Expected Range

DECIDING ON THE BEST TREATMENT	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q20. Treatment options were explained in a way the patient could completely understand	1205	**83%**	1315	**84%**		**84%**	80%	84%	**82%**
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	1285	**82%**	1406	**81%**		**80%**	77%	81%	**79%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	1039	**78%**	1159	**83%**	▲	**83%**	77%	83%	**80%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	541	**53%**	618	**56%**		**58%**	48%	56%	**52%**

CARE PLANNING	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	1156	**74%**	1274	**72%**		**72%**	69%	74%	**71%**
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	633	**94%**	709	**94%**		**94%**	91%	95%	**93%**
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	500	**99%**	546	**99%**		**99%**	98%	100%	**99%**

SUPPORT FROM HOSPITAL STAFF	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q27. Staff provided the patient with relevant information on available support	1049	**93%**	1190	**93%**		**93%**	88%	92%	**90%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	1279	**81%**	1410	**79%**		**78%**	73%	78%	**76%**
Q29. Patient was offered information about how to get financial help or benefits	567	**72%**	655	**70%**		**71%**	60%	75%	**67%**

HOSPITAL CARE	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	516	**86%**	547	**81%**		**81%**	75%	82%	**79%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	421	**70%**	447	**74%**		**74%**	61%	70%	**66%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	510	**76%**	536	**73%**		**73%**	66%	73%	**70%**
Q34. Patient was always able to get help from ward staff when needed	502	**83%**	537	**78%**		**78%**	68%	77%	**73%**
Q35. Patient was always able to discuss worries and fears with hospital staff	495	**75%**	515	**70%**		**70%**	60%	68%	**64%**
Q36. Hospital staff always did everything they could to help the patient control pain	438	**89%**	468	**87%**		**87%**	81%	88%	**84%**
Q37. Patient was always treated with respect and dignity while in hospital	515	**93%**	543	**91%**		**91%**	85%	91%	**88%**
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	500	**91%**	526	**90%**		**90%**	85%	91%	**88%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	1156	**84%**	1271	**82%**		**82%**	76%	81%	**78%**

Comparability tables

* Indicates where a score is not available due to suppression or a low base size.

** No score available for 2021.

▲ or ▼ Change 2021-2022: Indicates where 2022 score is significantly higher or lower than 2021 score.

Adjusted Score below Lower Expected Range

Adjusted Score between Upper and Lower Expected Ranges

Adjusted Score above Upper Expected Range

YOUR TREATMENT	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q41_1. Beforehand patient completely had enough understandable information about surgery	661	**91%**	789	**89%**		**89%**	87%	91%	**89%**
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	567	**87%**	603	**85%**		**85%**	82%	88%	**85%**
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	407	**88%**	425	**89%**		**89%**	85%	91%	**88%**
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	225	**76%**	245	**80%**		**79%**	74%	84%	**79%**
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	193	**81%**	217	**84%**		**84%**	79%	89%	**84%**
Q42_1. Patient completely had enough understandable information about progress with surgery	656	**86%**	779	**86%**		**86%**	82%	87%	**85%**
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	559	**78%**	599	**79%**		**79%**	75%	82%	**79%**
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	400	**80%**	419	**83%**		**83%**	77%	84%	**81%**
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	223	**70%**	239	**72%**		**72%**	67%	78%	**72%**
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	187	**84%**	212	**80%**		**80%**	74%	85%	**80%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	1268	**81%**	1375	**80%**		**80%**	71%	85%	**78%**

IMMEDIATE AND LONG TERM SIDE EFFECTS	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	1221	**75%**	1319	**74%**		**75%**	72%	77%	**74%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	1173	**71%**	1255	**73%**		**73%**	67%	72%	**69%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	924	**87%**	996	**87%**		**87%**	84%	88%	**86%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	1122	**60%**	1215	**59%**		**59%**	56%	62%	**59%**
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	942	**55%**	1042	**56%**		**56%**	49%	57%	**53%**

SUPPORT WHILE AT HOME	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	781	**59%**	915	**60%**		**60%**	54%	62%	**58%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	490	**62%**	535	**60%**		**61%**	46%	56%	**51%**

Comparability tables

* Indicates where a score is not available due to suppression or a low base size.

** No score available for 2021.

▲ or ▼ Change 2021-2022: Indicates where 2022 score is significantly higher or lower than 2021 score.

Adjusted Score below Lower Expected Range

Adjusted Score between Upper and Lower Expected Ranges

Adjusted Score above Upper Expected Range

CARE FROM YOUR GP PRACTICE	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q51. Patient definitely received the right amount of support from their GP practice during treatment	778	**51%**	866	**54%**		**54%**	40%	50%	**45%**
Q52. Patient has had a review of cancer care by GP practice	1239	**20%**	1342	**22%**		**22%**	18%	23%	**21%**

LIVING WITH AND BEYOND CANCER	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	220	**39%**	307	**37%**		**36%**	26%	36%	**31%**
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	579	**80%**	682	**80%**		**79%**	75%	81%	**78%**
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	1041	**66%**	1108	**65%**		**64%**	59%	65%	**62%**

YOUR OVERALL NHS CARE	Unadjusted Scores					Case Mix Adjusted Scores			National Score
	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	
Q56. The whole care team worked well together	1239	**93%**	1358	**91%**		**91%**	88%	91%	**90%**
Q57. Administration of care was very good or good	1277	**90%**	1402	**89%**		**89%**	83%	90%	**87%**
Q58. Cancer research opportunities were discussed with patient	723	**40%**	835	**37%**		**38%**	34%	52%	**43%**
Q59. Patient's average rating of care scored from very poor to very good	1246	**9.1**	1363	**8.9**		**8.9**	8.7	9.0	**8.9**

Tumour type tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	92%	72%	71%	61%	81%	75%	83%	91%	95%	56%	78%	80%	**79%**
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	82%	74%	60%	58%	65%	63%	84%	56%	73%	61%	64%	72%	**71%**

DIAGNOSTIC TESTS	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q5. Patient received all the information needed about the diagnostic test in advance	*	93%	92%	91%	93%	97%	98%	96%	82%	94%	85%	92%	95%	**93%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	88%	93%	75%	80%	76%	94%	90%	71%	88%	84%	89%	86%	**86%**
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	78%	80%	72%	83%	68%	65%	78%	63%	69%	67%	79%	75%	**76%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	79%	82%	76%	77%	83%	85%	84%	82%	85%	67%	82%	80%	**80%**
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	97%	95%	87%	95%	89%	89%	95%	100%	97%	78%	92%	96%	**94%**

FINDING OUT THAT YOU HAD CANCER	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	80%	85%	68%	82%	68%	74%	80%	83%	61%	63%	61%	74%	**75%**
Q13. Patient was definitely told sensitively that they had cancer	*	82%	78%	60%	73%	69%	68%	81%	84%	74%	53%	78%	75%	**75%**
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	79%	86%	74%	70%	84%	74%	83%	75%	81%	65%	83%	78%	**78%**
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	84%	91%	74%	85%	89%	82%	89%	95%	83%	66%	84%	89%	**85%**
Q16. Patient was told they could go back later for more information about their diagnosis	*	92%	89%	88%	88%	76%	88%	92%	87%	92%	80%	83%	88%	**89%**

Tumour type tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM A MAIN CONTACT PERSON

	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q17. Patient had a main point of contact within the care team	*	90%	95%	97%	93%	83%	92%	96%	95%	92%	94%	91%	88%	**92%**
Q18. Patient found it very or quite easy to contact their main contact person	*	86%	96%	91%	85%	86%	95%	87%	93%	96%	71%	88%	85%	**87%**
Q19. Patient found advice from main contact person was very or quite helpful	*	95%	98%	95%	97%	100%	95%	97%	100%	98%	85%	98%	95%	**96%**

DECIDING ON THE BEST TREATMENT

	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q20. Treatment options were explained in a way the patient could completely understand	*	81%	92%	82%	80%	97%	80%	86%	95%	90%	74%	87%	85%	**84%**
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	80%	86%	74%	79%	70%	77%	83%	90%	89%	70%	82%	80%	**81%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	82%	92%	87%	83%	77%	76%	89%	83%	80%	81%	80%	82%	**83%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	55%	50%	48%	61%	58%	42%	67%	*	59%	31%	71%	56%	**56%**

CARE PLANNING

	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	73%	73%	60%	72%	71%	60%	84%	78%	74%	61%	72%	72%	**72%**
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	93%	91%	93%	96%	100%	93%	94%	91%	96%	92%	94%	95%	**94%**
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	96%	100%	100%	100%	100%	100%	100%	*	98%	92%	100%	100%	**99%**

SUPPORT FROM HOSPITAL STAFF

	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q27. Staff provided the patient with relevant information on available support	*	95%	91%	94%	94%	94%	93%	95%	100%	95%	84%	90%	91%	**93%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	73%	82%	73%	85%	75%	73%	82%	84%	88%	66%	79%	78%	**79%**
Q29. Patient was offered information about how to get financial help or benefits	*	72%	72%	74%	82%	81%	68%	79%	*	69%	51%	50%	64%	**70%**

Tumour type tables

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HOSPITAL CARE	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	81%	86%	88%	76%	86%	79%	83%	*	71%	73%	81%	76%	**81%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	66%	76%	69%	82%	74%	80%	82%	*	80%	67%	67%	74%	**74%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	79%	73%	70%	74%	90%	72%	69%	*	58%	58%	70%	73%	**73%**
Q34. Patient was always able to get help from ward staff when needed	*	72%	78%	74%	81%	81%	68%	88%	*	77%	67%	78%	82%	**78%**
Q35. Patient was always able to discuss worries and fears with hospital staff	*	73%	70%	65%	70%	76%	78%	74%	*	67%	60%	66%	79%	**70%**
Q36. Hospital staff always did everything they could to help the patient control pain	*	87%	92%	86%	95%	85%	85%	84%	*	*	81%	83%	83%	**87%**
Q37. Patient was always treated with respect and dignity while in hospital	*	86%	89%	98%	96%	95%	95%	93%	*	71%	91%	92%	91%	**91%**
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	88%	89%	90%	90%	95%	89%	98%	*	92%	76%	89%	93%	**90%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	77%	82%	79%	86%	79%	79%	88%	76%	89%	63%	81%	86%	**82%**

YOUR TREATMENT	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	89%	89%	85%	68%	96%	*	93%	94%	87%	89%	96%	90%	**89%**
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	75%	87%	96%	88%	*	83%	*	*	*	80%	94%	83%	**85%**
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	86%	90%	87%	95%	95%	100%	93%	*	*	75%	*	90%	**89%**
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	71%	*	*	*	*	*	90%	*	*	*	*	88%	**80%**
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	65%	*	*	83%	*	85%	*	*	88%	82%	93%	91%	**84%**
Q42_1. Patient completely had enough understandable information about progress with surgery	*	87%	81%	78%	83%	96%	*	98%	88%	83%	89%	90%	86%	**86%**
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	68%	85%	85%	83%	*	80%	*	*	*	70%	82%	79%	**79%**
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	83%	87%	80%	79%	94%	82%	83%	*	*	50%	*	88%	**83%**
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	66%	*	*	*	*	*	83%	*	*	*	*	77%	**72%**
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	59%	*	*	88%	*	80%	*	*	88%	73%	85%	87%	**80%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	78%	78%	75%	77%	88%	85%	88%	89%	84%	73%	83%	79%	**80%**

Tumour type tables

* Indicates where a score is not available due to suppression or a low base size.

IMMEDIATE AND LONG TERM SIDE EFFECTS	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	68%	78%	61%	76%	80%	85%	79%	88%	80%	65%	76%	73%	**74%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	68%	80%	67%	71%	93%	78%	77%	71%	77%	70%	72%	71%	**73%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	89%	89%	80%	89%	92%	84%	93%	83%	85%	78%	82%	86%	**87%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	53%	66%	51%	56%	66%	50%	75%	57%	64%	50%	55%	57%	**59%**
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	50%	64%	43%	51%	67%	47%	69%	58%	70%	53%	55%	53%	**56%**

SUPPORT WHILE AT HOME	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	55%	68%	45%	64%	59%	55%	70%	67%	61%	42%	54%	65%	**60%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	59%	63%	44%	71%	45%	52%	74%	*	73%	44%	58%	63%	**60%**

CARE FROM YOUR GP PRACTICE	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	51%	56%	50%	58%	48%	51%	57%	54%	65%	56%	56%	45%	**54%**
Q52. Patient has had a review of cancer care by GP practice	*	19%	28%	11%	19%	26%	24%	26%	15%	16%	43%	19%	22%	**22%**

Tumour type tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	36%	30%	17%	38%	*	42%	47%	*	58%	28%	42%	42%	**37%**
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	78%	85%	77%	72%	94%	87%	88%	77%	89%	65%	78%	72%	**80%**
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	54%	63%	58%	73%	61%	59%	60%	87%	83%	64%	63%	70%	**65%**

YOUR OVERALL NHS CARE	Tumour Type													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	**All Cancers**
Q56. The whole care team worked well together	*	90%	92%	86%	93%	91%	89%	95%	100%	94%	87%	87%	91%	**91%**
Q57. Administration of care was very good or good	*	88%	91%	76%	90%	94%	81%	93%	90%	90%	72%	92%	91%	**89%**
Q58. Cancer research opportunities were discussed with patient	*	24%	50%	29%	53%	24%	49%	41%	*	31%	28%	33%	39%	**37%**
Q59. Patient's average rating of care scored from very poor to very good	*	8.8	8.9	8.6	9.0	9.1	8.9	9.2	8.9	9.2	8.5	9.0	8.9	**8.9**

Age group tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	92%	84%	75%	77%	81%	80%	**79%**
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	69%	75%	76%	66%	73%	75%	**71%**

DIAGNOSTIC TESTS	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	88%	93%	90%	95%	94%	91%	**93%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	75%	86%	85%	87%	88%	81%	**86%**
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	76%	67%	69%	74%	83%	89%	**76%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	78%	72%	78%	82%	83%	80%	**80%**
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	100%	88%	89%	95%	96%	97%	**94%**

FINDING OUT THAT YOU HAD CANCER	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	62%	68%	67%	76%	81%	80%	**75%**
Q13. Patient was definitely told sensitively that they had cancer	*	*	81%	70%	71%	72%	79%	86%	**75%**
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	81%	70%	77%	78%	81%	79%	**78%**
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	81%	83%	78%	85%	89%	92%	**85%**
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	90%	88%	88%	89%	90%	81%	**89%**

SUPPORT FROM A MAIN CONTACT PERSON	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q17. Patient had a main point of contact within the care team	*	*	91%	84%	91%	94%	92%	86%	**92%**
Q18. Patient found it very or quite easy to contact their main contact person	*	*	90%	82%	84%	87%	92%	86%	**87%**
Q19. Patient found advice from main contact person was very or quite helpful	*	*	100%	94%	93%	97%	97%	94%	**96%**

DECIDING ON THE BEST TREATMENT	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q20. Treatment options were explained in a way the patient could completely understand	*	*	85%	78%	84%	85%	86%	86%	**84%**
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	76%	76%	77%	83%	83%	80%	**81%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	68%	84%	80%	83%	85%	93%	**83%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*	*	48%	50%	56%	62%	50%	**56%**

Age group tables

* Indicates where a score is not available due to suppression or a low base size.

CARE PLANNING	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	85%	66%	72%	76%	73%	49%	**72%**
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	92%	91%	95%	95%	93%	92%	**94%**
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	90%	98%	100%	99%	99%	100%	**99%**

SUPPORT FROM HOSPITAL STAFF	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q27. Staff provided the patient with relevant information on available support	*	*	86%	96%	92%	96%	92%	83%	**93%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	73%	74%	76%	80%	82%	74%	**79%**
Q29. Patient was offered information about how to get financial help or benefits	*	*	76%	70%	76%	70%	65%	63%	**70%**

HOSPITAL CARE	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	82%	77%	83%	83%	79%	**81%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	72%	71%	73%	78%	75%	**74%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	76%	72%	74%	72%	67%	**73%**
Q34. Patient was always able to get help from ward staff when needed	*	*	*	75%	71%	79%	82%	78%	**78%**
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	77%	66%	72%	66%	100%	**70%**
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	83%	86%	90%	87%	*	**87%**
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	93%	94%	91%	89%	95%	**91%**
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	91%	90%	91%	88%	94%	**90%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	80%	81%	79%	83%	84%	83%	**82%**

Age group tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR TREATMENT	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	87%	86%	91%	92%	89%	86%	**89%**
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	77%	73%	83%	87%	88%	87%	**85%**
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	80%	89%	92%	90%	92%	**89%**
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	68%	67%	86%	83%	*	**80%**
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	89%	78%	85%	87%	*	**84%**
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	87%	84%	83%	89%	87%	88%	**86%**
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*	77%	72%	77%	79%	84%	81%	**79%**
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*	*	82%	82%	87%	78%	85%	**83%**
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*	*	50%	63%	77%	81%	*	**72%**
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*	*	78%	68%	83%	85%	*	**80%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	86%	76%	80%	79%	83%	86%	**80%**

IMMEDIATE AND LONG TERM SIDE EFFECTS	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	82%	67%	78%	76%	73%	67%	**74%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	81%	72%	74%	73%	74%	64%	**73%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	83%	89%	89%	89%	85%	74%	**87%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	67%	54%	59%	61%	57%	51%	**59%**
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	53%	57%	57%	60%	51%	49%	**56%**

SUPPORT WHILE AT HOME	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	47%	48%	56%	60%	64%	71%	**60%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	65%	59%	58%	63%	59%	**60%**

CARE FROM YOUR GP PRACTICE	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	50%	62%	55%	55%	52%	54%	**54%**
Q52. Patient has had a review of cancer care by GP practice	*	*	14%	18%	22%	22%	24%	17%	**22%**

Age group tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	49%	37%	27%	40%	50%	**37%**
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	70%	73%	78%	86%	80%	74%	**80%**
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	81%	52%	61%	68%	67%	74%	**65%**

YOUR OVERALL NHS CARE	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q56. The whole care team worked well together	*	*	90%	87%	90%	91%	93%	90%	**91%**
Q57. Administration of care was very good or good	*	*	82%	86%	87%	88%	93%	83%	**89%**
Q58. Cancer research opportunities were discussed with patient	*	*	38%	40%	35%	38%	34%	52%	**37%**
Q59. Patient's average rating of care scored from very poor to very good	*	*	8.5	8.8	8.8	9.0	9.1	8.5	**8.9**

Male/Female/Non-binary/Other tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	81%	78%	*	*	*	82%	**79%**
Q3. Referral for diagnosis was explained in a way the patient could completely understand	74%	69%	*	*	*	74%	**71%**

DIAGNOSTIC TESTS	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	93%	94%	*	*	*	94%	**93%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	86%	87%	*	*	*	80%	**86%**
Q7. Patient felt the length of time waiting for diagnostic test results was about right	75%	77%	*	*	*	84%	**76%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	78%	83%	*	*	*	76%	**80%**
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	94%	94%	*	*	*	92%	**94%**

FINDING OUT THAT YOU HAD CANCER	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	74%	77%	*	*	*	71%	**75%**
Q13. Patient was definitely told sensitively that they had cancer	75%	75%	*	*	*	73%	**75%**
Q14. Cancer diagnosis explained in a way the patient could completely understand	76%	80%	*	*	*	82%	**78%**
Q15. Patient was definitely told about their diagnosis in an appropriate place	83%	87%	*	*	*	88%	**85%**
Q16. Patient was told they could go back later for more information about their diagnosis	89%	89%	*	*	*	79%	**89%**

SUPPORT FROM A MAIN CONTACT PERSON	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q17. Patient had a main point of contact within the care team	91%	93%	*	*	*	86%	**92%**
Q18. Patient found it very or quite easy to contact their main contact person	87%	88%	*	*	*	88%	**87%**
Q19. Patient found advice from main contact person was very or quite helpful	95%	97%	*	*	*	94%	**96%**

Male/Female/Non-binary/Other tables

* Indicates where a score is not available due to suppression or a low base size.

DECIDING ON THE BEST TREATMENT	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q20. Treatment options were explained in a way the patient could completely understand	82%	88%	*	*	*	79%	**84%**
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	80%	83%	*	*	*	66%	**81%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	82%	86%	*	*	*	71%	**83%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	52%	61%	*	*	*	58%	**56%**

CARE PLANNING	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	70%	75%	*	*	*	64%	**72%**
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	94%	93%	*	*	*	100%	**94%**
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	97%	100%	*	*	*	100%	**99%**

SUPPORT FROM HOSPITAL STAFF	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q27. Staff provided the patient with relevant information on available support	92%	95%	*	*	*	90%	**93%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	75%	83%	*	*	*	76%	**79%**
Q29. Patient was offered information about how to get financial help or benefits	71%	69%	*	*	*	69%	**70%**

Male/Female/Non-binary/Other tables

* Indicates where a score is not available due to suppression or a low base size.

HOSPITAL CARE	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	81%	82%	*	*	*	73%	**81%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	69%	79%	*	*	*	56%	**74%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	75%	71%	*	*	*	67%	**73%**
Q34. Patient was always able to get help from ward staff when needed	75%	81%	*	*	*	75%	**78%**
Q35. Patient was always able to discuss worries and fears with hospital staff	69%	70%	*	*	*	80%	**70%**
Q36. Hospital staff always did everything they could to help the patient control pain	89%	86%	*	*	*	82%	**87%**
Q37. Patient was always treated with respect and dignity while in hospital	90%	92%	*	*	*	95%	**91%**
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	88%	90%	*	*	*	100%	**90%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	79%	86%	*	*	*	79%	**82%**

YOUR TREATMENT	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	88%	91%	*	*	*	88%	**89%**
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	83%	88%	*	*	*	74%	**85%**
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	88%	92%	*	*	*	79%	**89%**
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	75%	89%	*	*	*	*	**80%**
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	80%	88%	*	*	*	*	**84%**
Q42_1. Patient completely had enough understandable information about progress with surgery	85%	88%	*	*	*	84%	**86%**
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	77%	81%	*	*	*	78%	**79%**
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	83%	84%	*	*	*	77%	**83%**
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	66%	83%	*	*	*	*	**72%**
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	72%	86%	*	*	*	*	**80%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	78%	83%	*	*	*	81%	**80%**

Male/Female/Non-binary/Other tables

* Indicates where a score is not available due to suppression or a low base size.

IMMEDIATE AND LONG TERM SIDE EFFECTS	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	71%	78%	*	*	*	76%	**74%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	71%	75%	*	*	*	80%	**73%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	87%	88%	*	*	*	86%	**87%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	53%	65%	*	*	*	53%	**59%**
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	51%	62%	*	*	*	49%	**56%**

SUPPORT WHILE AT HOME	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	54%	67%	*	*	*	52%	**60%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	54%	69%	*	*	*	57%	**60%**

CARE FROM YOUR GP PRACTICE	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	52%	58%	*	*	*	45%	**54%**
Q52. Patient has had a review of cancer care by GP practice	19%	25%	*	*	*	27%	**22%**

LIVING WITH AND BEYOND CANCER	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	32%	42%	*	*	*	53%	**37%**
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	77%	84%	*	*	*	79%	**80%**
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	61%	69%	*	*	*	71%	**65%**

Male/Female/Non-binary/Other tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR OVERALL NHS CARE	Male/Female/Non-binary/Other						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q56. The whole care team worked well together	90%	92%	*	*	*	91%	**91%**
Q57. Administration of care was very good or good	88%	89%	*	*	*	93%	**89%**
Q58. Cancer research opportunities were discussed with patient	33%	42%	*	*	*	32%	**37%**
Q59. Patient's average rating of care scored from very poor to very good	8.8	9.0	*	*	*	8.7	**8.9**

Ethnicity tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	79%	*	*	*	*	85%	**79%**
Q3. Referral for diagnosis was explained in a way the patient could completely understand	71%	*	*	*	*	67%	**71%**

DIAGNOSTIC TESTS	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	93%	*	*	*	*	94%	**93%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	87%	*	*	*	*	81%	**86%**
Q7. Patient felt the length of time waiting for diagnostic test results was about right	76%	*	*	*	*	85%	**76%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	81%	*	*	*	*	75%	**80%**
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	94%	*	*	*	*	92%	**94%**

FINDING OUT THAT YOU HAD CANCER	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	76%	*	*	*	*	69%	**75%**
Q13. Patient was definitely told sensitively that they had cancer	75%	*	*	*	*	71%	**75%**
Q14. Cancer diagnosis explained in a way the patient could completely understand	78%	*	*	*	*	78%	**78%**
Q15. Patient was definitely told about their diagnosis in an appropriate place	85%	*	*	*	*	84%	**85%**
Q16. Patient was told they could go back later for more information about their diagnosis	89%	*	*	*	*	81%	**89%**

SUPPORT FROM A MAIN CONTACT PERSON	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q17. Patient had a main point of contact within the care team	92%	*	*	*	*	86%	**92%**
Q18. Patient found it very or quite easy to contact their main contact person	88%	*	*	*	*	86%	**87%**
Q19. Patient found advice from main contact person was very or quite helpful	96%	*	*	*	*	91%	**96%**

DECIDING ON THE BEST TREATMENT	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q20. Treatment options were explained in a way the patient could completely understand	85%	*	*	*	*	79%	**84%**
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	82%	*	*	*	*	62%	**81%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	84%	*	*	*	*	73%	**83%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	57%	*	*	*	*	55%	**56%**

Ethnicity tables

* Indicates where a score is not available due to suppression or a low base size.

CARE PLANNING	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	73%	*	*	*	*	67%	**72%**
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	94%	*	*	*	*	100%	**94%**
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	99%	*	*	*	*	100%	**99%**

SUPPORT FROM HOSPITAL STAFF	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q27. Staff provided the patient with relevant information on available support	93%	*	*	*	*	95%	**93%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	79%	*	*	*	*	74%	**79%**
Q29. Patient was offered information about how to get financial help or benefits	71%	*	*	*	*	64%	**70%**

HOSPITAL CARE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	81%	*	*	*	*	80%	**81%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	75%	*	*	*	*	42%	**74%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	73%	*	*	*	*	63%	**73%**
Q34. Patient was always able to get help from ward staff when needed	78%	*	*	*	*	78%	**78%**
Q35. Patient was always able to discuss worries and fears with hospital staff	70%	*	*	*	*	72%	**70%**
Q36. Hospital staff always did everything they could to help the patient control pain	88%	*	*	*	*	85%	**87%**
Q37. Patient was always treated with respect and dignity while in hospital	91%	*	*	*	*	92%	**91%**
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	89%	*	*	*	*	96%	**90%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	83%	*	*	*	*	77%	**82%**

Ethnicity tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR TREATMENT	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	89%	*	*	*	*	88%	**89%**
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	85%	*	*	*	*	79%	**85%**
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	90%	*	*	*	*	89%	**89%**
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	80%	*	*	*	*	70%	**80%**
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	84%	*	*	*	*	83%	**84%**
Q42_1. Patient completely had enough understandable information about progress with surgery	86%	*	*	*	*	83%	**86%**
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	79%	*	*	*	*	76%	**79%**
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	83%	*	*	*	*	89%	**83%**
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	73%	*	*	*	*	*	**72%**
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	80%	*	*	*	*	83%	**80%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	80%	*	*	*	*	82%	**80%**

IMMEDIATE AND LONG TERM SIDE EFFECTS	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	75%	*	*	*	*	68%	**74%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	73%	*	*	*	*	73%	**73%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	87%	*	*	*	*	83%	**87%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	59%	*	*	*	*	48%	**59%**
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	57%	*	*	*	*	43%	**56%**

SUPPORT WHILE AT HOME	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	60%	*	*	*	*	53%	**60%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	61%	*	*	*	*	59%	**60%**

CARE FROM YOUR GP PRACTICE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	55%	*	*	*	*	38%	**54%**
Q52. Patient has had a review of cancer care by GP practice	22%	*	*	*	*	24%	**22%**

Ethnicity tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	36%	*	*	*	*	56%	**37%**
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	80%	*	*	*	*	79%	**80%**
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	64%	*	*	*	*	75%	**65%**

YOUR OVERALL NHS CARE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q56. The whole care team worked well together	91%	*	*	*	*	97%	**91%**
Q57. Administration of care was very good or good	88%	*	*	*	*	94%	**89%**
Q58. Cancer research opportunities were discussed with patient	37%	*	*	*	*	32%	**37%**
Q59. Patient's average rating of care scored from very poor to very good	8.9	*	*	*	*	8.9	**8.9**

IMD quintile tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	89%	74%	79%	81%	81%	*	**79%**
Q3. Referral for diagnosis was explained in a way the patient could completely understand	80%	71%	68%	73%	73%	*	**71%**

DIAGNOSTIC TESTS	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	93%	89%	94%	94%	95%	*	**93%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	94%	85%	88%	85%	86%	*	**86%**
Q7. Patient felt the length of time waiting for diagnostic test results was about right	73%	77%	79%	72%	75%	*	**76%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	88%	79%	83%	77%	79%	*	**80%**
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	94%	93%	95%	91%	95%	*	**94%**

FINDING OUT THAT YOU HAD CANCER	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	86%	73%	76%	75%	75%	*	**75%**
Q13. Patient was definitely told sensitively that they had cancer	74%	74%	73%	75%	78%	*	**75%**
Q14. Cancer diagnosis explained in a way the patient could completely understand	84%	79%	79%	74%	80%	*	**78%**
Q15. Patient was definitely told about their diagnosis in an appropriate place	84%	84%	83%	84%	89%	*	**85%**
Q16. Patient was told they could go back later for more information about their diagnosis	94%	88%	89%	87%	90%	*	**89%**

SUPPORT FROM A MAIN CONTACT PERSON	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q17. Patient had a main point of contact within the care team	95%	90%	91%	90%	95%	*	**92%**
Q18. Patient found it very or quite easy to contact their main contact person	82%	89%	86%	89%	87%	*	**87%**
Q19. Patient found advice from main contact person was very or quite helpful	91%	97%	94%	98%	95%	*	**96%**

IMD quintile tables

* Indicates where a score is not available due to suppression or a low base size.

DECIDING ON THE BEST TREATMENT	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q20. Treatment options were explained in a way the patient could completely understand	86%	84%	86%	84%	85%	*	**84%**
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	86%	81%	82%	79%	80%	*	**81%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	77%	82%	85%	80%	86%	*	**83%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	73%	53%	60%	57%	53%	*	**56%**

CARE PLANNING	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	74%	70%	71%	73%	75%	*	**72%**
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	100%	91%	93%	94%	97%	*	**94%**
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	100%	99%	97%	99%	*	**99%**

SUPPORT FROM HOSPITAL STAFF	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q27. Staff provided the patient with relevant information on available support	97%	94%	93%	93%	92%	*	**93%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	84%	79%	78%	79%	78%	*	**79%**
Q29. Patient was offered information about how to get financial help or benefits	64%	72%	69%	70%	72%	*	**70%**

HOSPITAL CARE	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	88%	84%	83%	77%	79%	*	**81%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	60%	76%	76%	72%	71%	*	**74%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	87%	69%	74%	68%	76%	*	**73%**
Q34. Patient was always able to get help from ward staff when needed	81%	80%	78%	79%	74%	*	**78%**
Q35. Patient was always able to discuss worries and fears with hospital staff	80%	74%	71%	67%	66%	*	**70%**
Q36. Hospital staff always did everything they could to help the patient control pain	86%	87%	86%	89%	87%	*	**87%**
Q37. Patient was always treated with respect and dignity while in hospital	94%	92%	93%	89%	90%	*	**91%**
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	81%	90%	87%	92%	90%	*	**90%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	97%	85%	82%	82%	78%	*	**82%**

IMD quintile tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR TREATMENT	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	96%	88%	92%	90%	86%	*	**89%**
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	81%	87%	86%	80%	85%	*	**85%**
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	100%	86%	92%	90%	88%	*	**89%**
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	85%	80%	79%	75%	*	**80%**
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	80%	88%	78%	88%	*	**84%**
Q42_1. Patient completely had enough understandable information about progress with surgery	96%	84%	89%	86%	83%	*	**86%**
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	80%	81%	81%	81%	72%	*	**79%**
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	92%	85%	83%	81%	81%	*	**83%**
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	82%	70%	69%	68%	*	**72%**
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	74%	80%	81%	86%	*	**80%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	92%	83%	80%	81%	76%	*	**80%**

IMMEDIATE AND LONG TERM SIDE EFFECTS	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	85%	71%	78%	74%	72%	*	**74%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	90%	72%	73%	73%	72%	*	**73%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	96%	85%	85%	90%	87%	*	**87%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	60%	58%	62%	58%	55%	*	**59%**
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	72%	56%	57%	59%	49%	*	**56%**

SUPPORT WHILE AT HOME	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	59%	60%	60%	58%	61%	*	**60%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	57%	66%	61%	58%	58%	*	**60%**

CARE FROM YOUR GP PRACTICE	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	57%	58%	55%	50%	54%	*	**54%**
Q52. Patient has had a review of cancer care by GP practice	26%	22%	22%	24%	20%	*	**22%**

IMD quintile tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	50%	32%	40%	37%	34%	*	**37%**
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	67%	80%	80%	78%	83%	*	**80%**
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	75%	63%	64%	68%	63%	*	**65%**

YOUR OVERALL NHS CARE	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q56. The whole care team worked well together	92%	91%	89%	92%	91%	*	**91%**
Q57. Administration of care was very good or good	81%	88%	88%	90%	89%	*	**89%**
Q58. Cancer research opportunities were discussed with patient	45%	35%	39%	38%	36%	*	**37%**
Q59. Patient's average rating of care scored from very poor to very good	8.9	9.0	8.9	8.9	8.9	*	**8.9**

Long term condition status tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Long term condition status			
	Yes	No	Not given	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	77%	83%	79%	**79%**
Q3. Referral for diagnosis was explained in a way the patient could completely understand	69%	74%	72%	**71%**

DIAGNOSTIC TESTS	Long term condition status			
	Yes	No	Not given	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	92%	95%	91%	**93%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	85%	89%	83%	**86%**
Q7. Patient felt the length of time waiting for diagnostic test results was about right	76%	74%	81%	**76%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	79%	84%	71%	**80%**
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	94%	94%	92%	**94%**

FINDING OUT THAT YOU HAD CANCER	Long term condition status			
	Yes	No	Not given	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	76%	74%	71%	**75%**
Q13. Patient was definitely told sensitively that they had cancer	74%	78%	71%	**75%**
Q14. Cancer diagnosis explained in a way the patient could completely understand	77%	79%	83%	**78%**
Q15. Patient was definitely told about their diagnosis in an appropriate place	85%	85%	87%	**85%**
Q16. Patient was told they could go back later for more information about their diagnosis	89%	90%	82%	**89%**

SUPPORT FROM A MAIN CONTACT PERSON	Long term condition status			
	Yes	No	Not given	**All**
Q17. Patient had a main point of contact within the care team	91%	94%	87%	**92%**
Q18. Patient found it very or quite easy to contact their main contact person	87%	88%	88%	**87%**
Q19. Patient found advice from main contact person was very or quite helpful	96%	96%	93%	**96%**

DECIDING ON THE BEST TREATMENT	Long term condition status			
	Yes	No	Not given	**All**
Q20. Treatment options were explained in a way the patient could completely understand	84%	87%	81%	**84%**
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	81%	84%	66%	**81%**
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	83%	85%	75%	**83%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	56%	55%	68%	**56%**

Long term condition status tables

* Indicates where a score is not available due to suppression or a low base size.

CARE PLANNING	Long term condition status			
	Yes	No	Not given	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	71%	75%	70%	**72%**
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	92%	96%	100%	**94%**
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	99%	98%	100%	**99%**

SUPPORT FROM HOSPITAL STAFF	Long term condition status			
	Yes	No	Not given	**All**
Q27. Staff provided the patient with relevant information on available support	92%	95%	90%	**93%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	78%	82%	75%	**79%**
Q29. Patient was offered information about how to get financial help or benefits	69%	72%	70%	**70%**

HOSPITAL CARE	Long term condition status			
	Yes	No	Not given	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	81%	83%	77%	**81%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	76%	72%	60%	**74%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	72%	75%	62%	**73%**
Q34. Patient was always able to get help from ward staff when needed	79%	76%	73%	**78%**
Q35. Patient was always able to discuss worries and fears with hospital staff	68%	74%	69%	**70%**
Q36. Hospital staff always did everything they could to help the patient control pain	88%	85%	88%	**87%**
Q37. Patient was always treated with respect and dignity while in hospital	91%	91%	90%	**91%**
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	88%	91%	93%	**90%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	82%	84%	75%	**82%**

Long term condition status tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR TREATMENT	Long term condition status			
	Yes	No	Not given	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	90%	89%	89%	**89%**
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	84%	85%	88%	**85%**
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	89%	90%	88%	**89%**
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	81%	81%	50%	**80%**
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	82%	89%	92%	**84%**
Q42_1. Patient completely had enough understandable information about progress with surgery	87%	86%	82%	**86%**
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	78%	79%	88%	**79%**
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	82%	86%	79%	**83%**
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	74%	74%	33%	**72%**
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	79%	79%	100%	**80%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	80%	79%	81%	**80%**

IMMEDIATE AND LONG TERM SIDE EFFECTS	Long term condition status			
	Yes	No	Not given	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	73%	77%	70%	**74%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	72%	75%	72%	**73%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	85%	91%	83%	**87%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	57%	62%	56%	**59%**
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	54%	61%	47%	**56%**

SUPPORT WHILE AT HOME	Long term condition status			
	Yes	No	Not given	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	61%	58%	59%	**60%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	58%	66%	65%	**60%**

CARE FROM YOUR GP PRACTICE	Long term condition status			
	Yes	No	Not given	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	54%	56%	45%	**54%**
Q52. Patient has had a review of cancer care by GP practice	20%	23%	33%	**22%**

Long term condition status tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	Long term condition status			
	Yes	No	Not given	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	34%	37%	62%	**37%**
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	80%	80%	78%	**80%**
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	63%	67%	76%	**65%**

YOUR OVERALL NHS CARE	Long term condition status			
	Yes	No	Not given	**All**
Q56. The whole care team worked well together	91%	92%	91%	**91%**
Q57. Administration of care was very good or good	88%	90%	87%	**89%**
Q58. Cancer research opportunities were discussed with patient	36%	41%	24%	**37%**
Q59. Patient's average rating of care scored from very poor to very good	8.9	9.0	8.9	**8.9**

Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

SUPPORT FROM YOUR GP PRACTICE

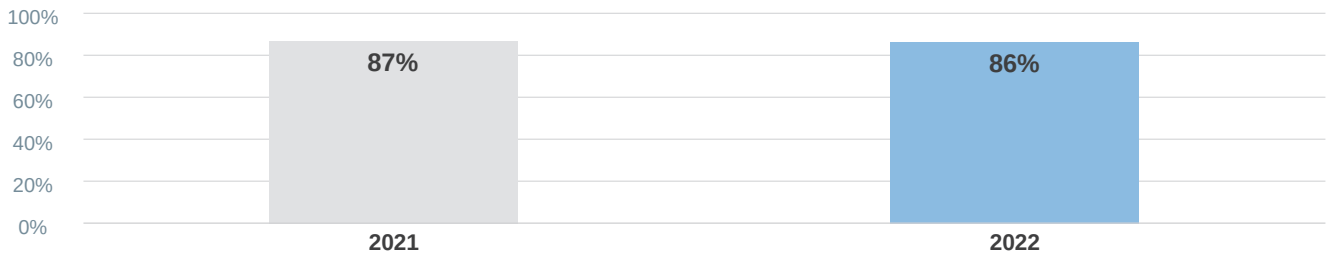
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis

Q3. Referral for diagnosis was explained in a way the patient could completely understand

DIAGNOSTIC TESTS

Q5. Patient received all the information needed about the diagnostic test in advance

Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient



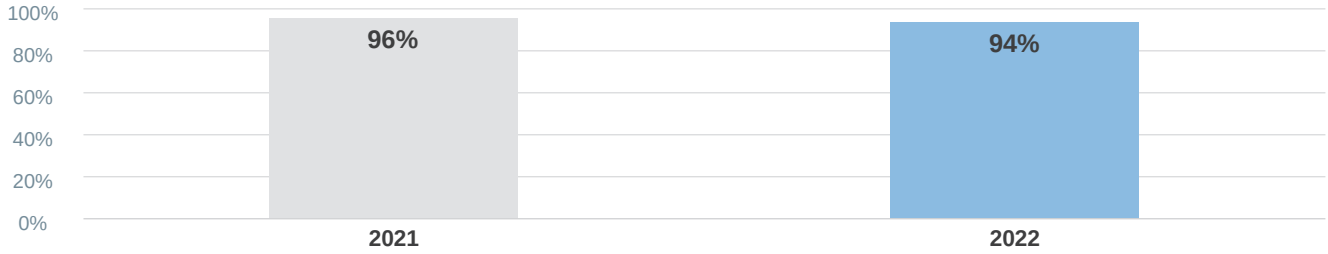
Q7. Patient felt the length of time waiting for diagnostic test results was about right

Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

Q8. Diagnostic test results were explained in a way the patient could completely understand

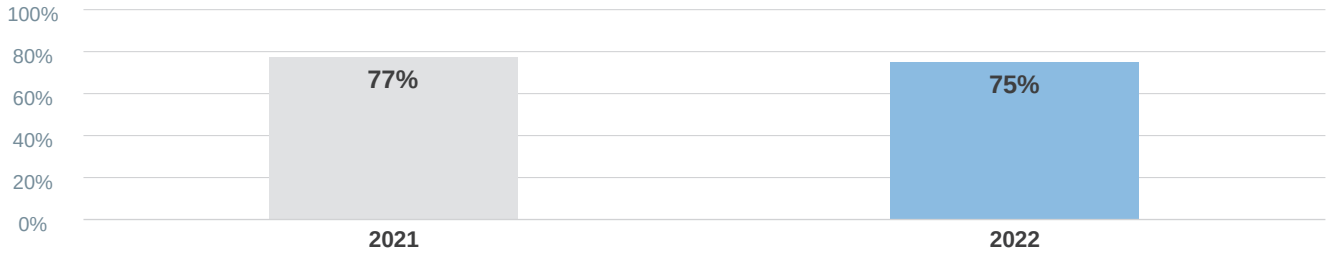
Q9. Enough privacy was always given to the patient when receiving diagnostic test results



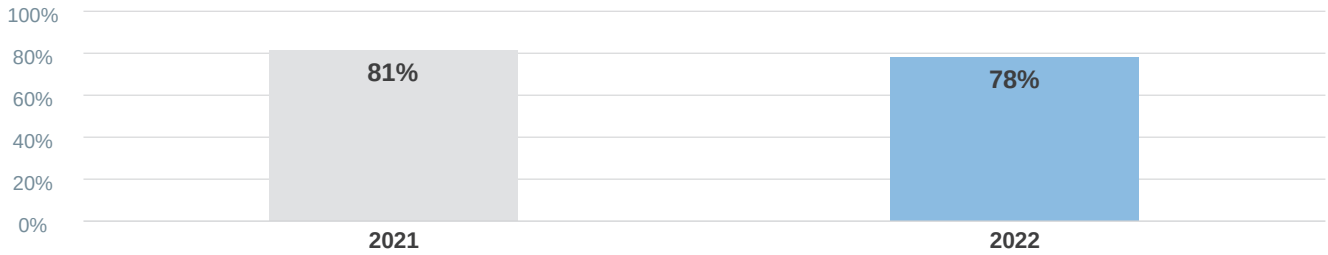
FINDING OUT THAT YOU HAD CANCER

Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis

Q13. Patient was definitely told sensitively that they had cancer



Q14. Cancer diagnosis explained in a way the patient could completely understand

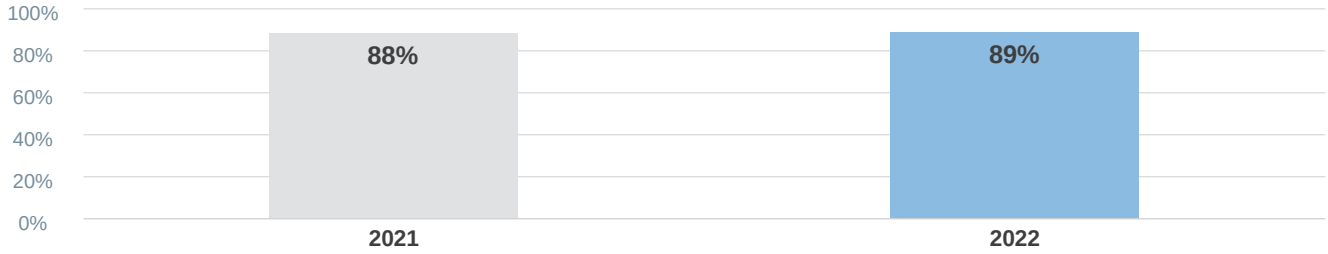


Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

Q15. Patient was definitely told about their diagnosis in an appropriate place

Q16. Patient was told they could go back later for more information about their diagnosis



SUPPORT FROM A MAIN CONTACT PERSON

Q17. Patient had a main point of contact within the care team

Q18. Patient found it very or quite easy to contact their main contact person

Q19. Patient found advice from main contact person was very or quite helpful

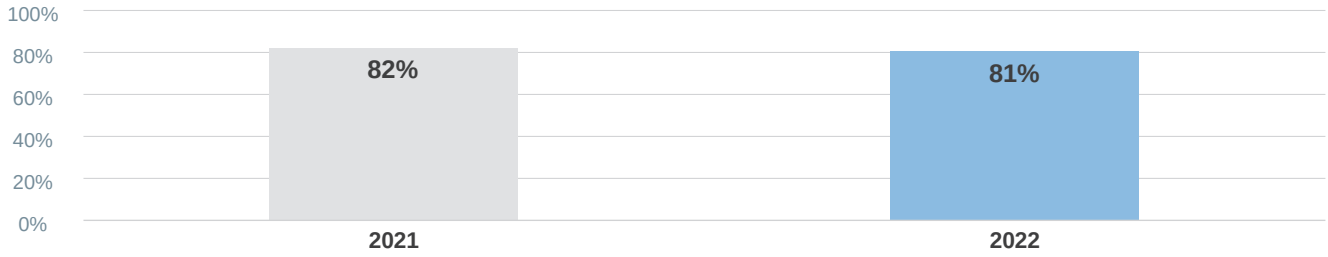
Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

DECIDING ON THE BEST TREATMENT

Q20. Treatment options were explained in a way the patient could completely understand

Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment

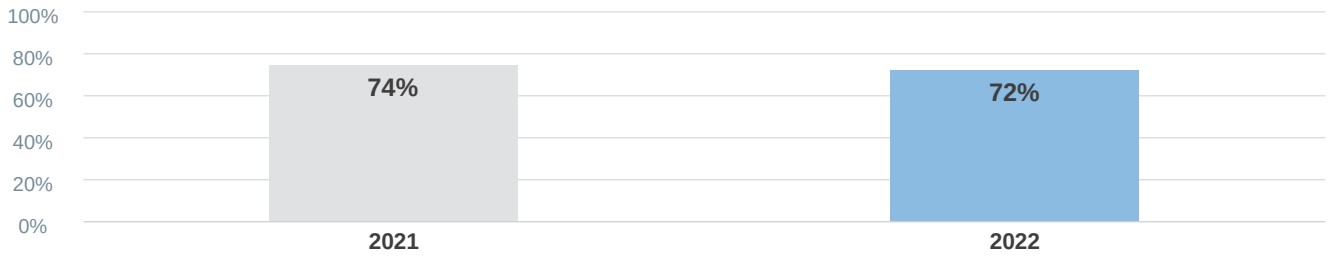


Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options

Q23. Patient could get further advice or a second opinion before making decisions about their treatment options

CARE PLANNING

Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment

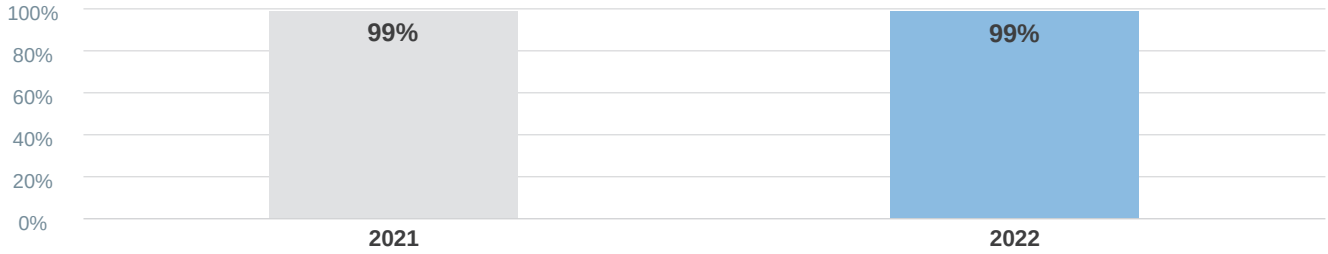


Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

Q25. A member of their care team helped the patient create a care plan to address any needs or concerns

Q26. Care team reviewed the patient's care plan with them to ensure it was up to date



SUPPORT FROM HOSPITAL STAFF

Q27. Staff provided the patient with relevant information on available support

Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff

Q29. Patient was offered information about how to get financial help or benefits

Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

HOSPITAL CARE

Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital

Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital

Q33. Patient was always involved in decisions about their care and treatment whilst in hospital

Q34. Patient was always able to get help from ward staff when needed

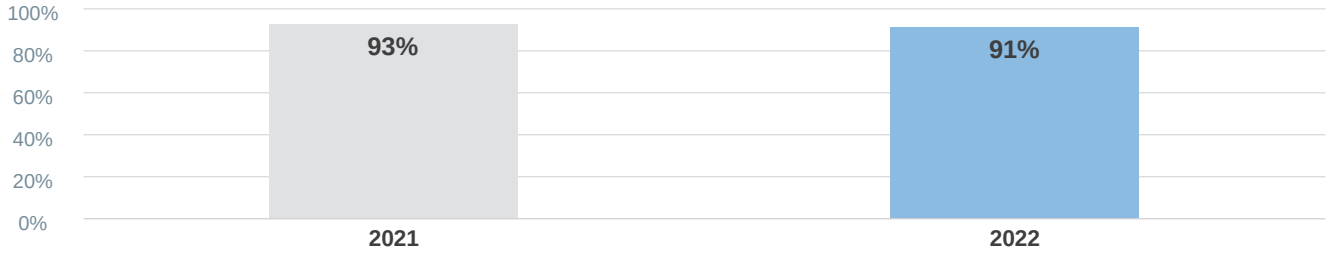
Q35. Patient was always able to discuss worries and fears with hospital staff

Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

Q36. Hospital staff always did everything they could to help the patient control pain

Q37. Patient was always treated with respect and dignity while in hospital



Q38. Patient received easily understandable information about what they should or should not do after leaving hospital

Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case

YOUR TREATMENT

Q41_1. Beforehand patient completely had enough understandable information about surgery

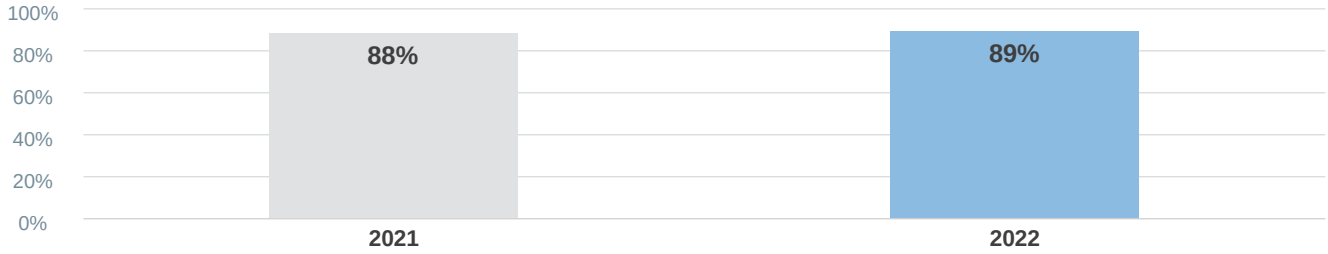
Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.

The scores are unadjusted and based on England scores only.

Q41_2. Beforehand patient completely had enough understandable information about chemotherapy

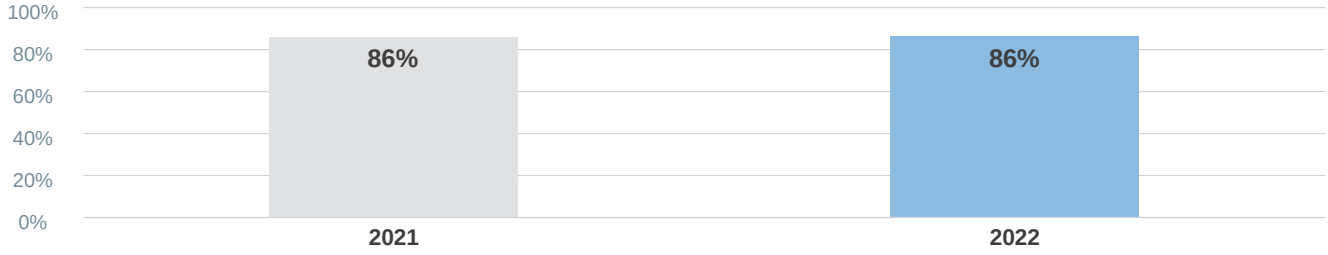
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy



Q41_4. Beforehand patient completely had enough understandable information about hormone therapy

Q41_5. Beforehand patient completely had enough understandable information about immunotherapy

Q42_1. Patient completely had enough understandable information about progress with surgery



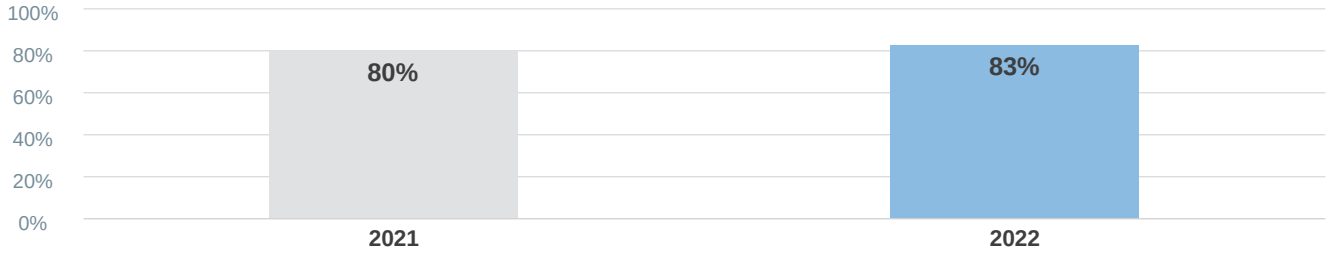
Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.

The scores are unadjusted and based on England scores only.

Q42_2. Patient completely had enough understandable information about progress with chemotherapy

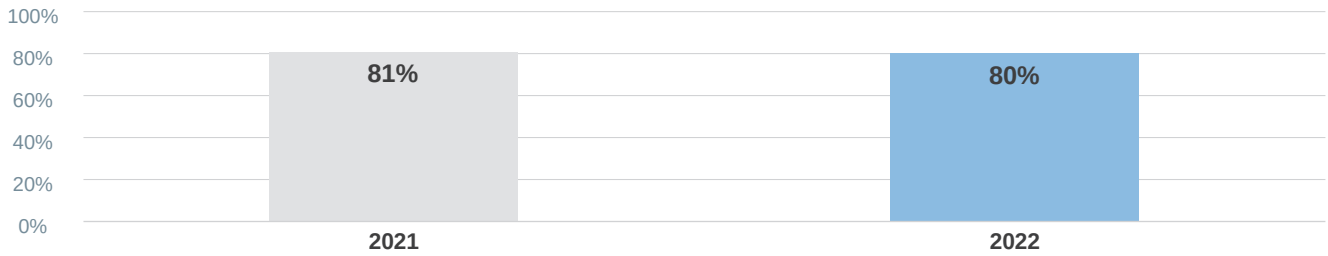
Q42_3. Patient completely had enough understandable information about progress with radiotherapy



Q42_4. Patient completely had enough understandable information about progress with hormone therapy

Q42_5. Patient completely had enough understandable information about progress with immunotherapy

Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right



Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

IMMEDIATE AND LONG TERM SIDE EFFECTS

Q44. Possible side effects from treatment were definitely explained in a way the patient could understand

Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment

Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment

Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment

Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects

Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

SUPPORT WHILE AT HOME

Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home

Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services

CARE FROM YOUR GP PRACTICE

Q51. Patient definitely received the right amount of support from their GP practice during treatment

Q52. Patient has had a review of cancer care by GP practice

LIVING WITH AND BEYOND CANCER

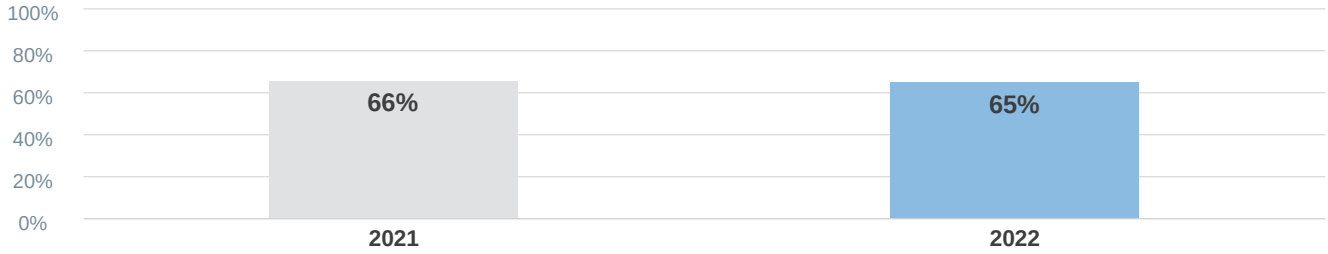
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services

Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment

Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading



YOUR OVERALL NHS CARE

Q56. The whole care team worked well together

Q57. Administration of care was very good or good

Q58. Cancer research opportunities were discussed with patient

Year on Year Charts

* Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.

Q59. Patient's average rating of care scored from very poor to very good

Agenda item:	12.2, Public Board	Date: 29 November 2023
Title:	Royal Devon University Healthcare NHS Foundation Trust Safe Staffing Report for Nursing, Midwifery and Allied Health Professionals (AHPs) (April 2023 to September 2023)	
Prepared by:	Will Denford, Executive Support Manager Bev Allingham, Director of Nursing, Northern Services Carolyn Mills, Chief Nursing Officer	
Presented by:	Carolyn Mills, Chief Nursing Officer	
Responsible Executive:	Carolyn Mills, Chief Nursing Officer	
Summary:	The National Quality Board (NQB) guidance (2013) requires Trusts' to undertake a full nursing and midwifery safe staffing review annually, and at least every six months to review nursing, midwifery and care staffing capacity and report this to a public Board meeting. The purpose of this paper is to provide assurance to the Board of Directors that wards and departments have been safely staffed over the last six months. It provides information on work undertaken to ensure safe staffing levels have been maintained over the last six months (April 2023 to September 2023) and on any current and emerging corporate risks related to NMAHP staffing. There have been no significant changes to nursing, midwifery and/or AHP funded establishments or skill mix for the period of this report. There has been no regulatory interest in nursing, midwifery or AHPs staffing in the last six months and the Trust is compliant with regulatory requirements and related standards. The last six months has seen further improvement in recruitment and retention across many professional groups, highlighting the impact of delivery of 23/24 recruitment and retention plans.	
Actions required:	The Board are asked to: • **note** the content of the report	

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

History:	A draft version of the NMAHP six monthly safe staffing report was provided for review and detailed discussion to the People, Workforce Planning and Wellbeing Committee (PWPW) on 16 November 2023.
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives: **BAF Risk 2:** Failure to recruit, retain and train the required workforce to ensure the right no. of staff with the right skills in the right location. **BAF Risk 5:** Elective demand and waiting list backlogs are not delivered.

	BAF Risk 8: Risk of a significant deterioration in quality and safety of care. **BAF Risk 10:** Urgent and Emergency Care (UEC) targets are not delivered.

Monitoring Information

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

Care Quality Commission Standards	Outcomes	12, 18	
NHS Improvement	X	Finance	
Service Development Strategy		Performance Management	X
Local Delivery Plan	X	Business Planning	X
Assurance Framework	X	Complaints	
Equality, diversity, human rights implications assessed			X
Other *(please specify)*			

1. Purpose of paper

The purpose of this paper is to provide assurance to the Board of Directors on the work to ensure safe staffing levels over the last six months (April 2023 to September 2023).

This report needs to be considered in the context of other reports and assurance that the Board of Directors regularly receive related to staffing, reports on serious incidents, patient outcomes, patient feedback, and clinical & strategic risks at the Governance Committee and in BAF reviews.

2. Nursing, Midwifery & AHP Staffing

There have been no significant changes to nursing, midwifery and/or AHP establishments or skill mix for the period of this report and no substantive changes to the principles of staffing ratios for inpatient areas. The annual establishment and skill mix reviews are scheduled to take place over the next two months to align with operational planning 24/25 and a fuller Safer Care Nursing Tool (SCNT) assessment for community and emergency department nursing has been undertaken, the detail of which is reported later in the paper.

There have been no regulatory requests for information relating to safe staffing for nursing, midwifery and AHP's in the last 6 months and the Trust is compliant with regulatory requirements and related standards.

The previous 6 months staffing metrics can be found in the supporting slide deck. Key points to note are:

2.1 Staffing planned versus actual - Nursing & Midwifery (Inpatient beds - acute and community)

The Trust continues to submit monthly returns to the Department of Health via the NHS national staffing return (Unify). This return details the overall Trust position on actual hours worked versus expected hours worked for all inpatient areas (acute and community), the percentage fill rate for Registered Nurses (RN), Registered Midwives (RM) and Health Care Support Workers (HCSW) for day and night shifts; together with the overall Trust percentage fill rate. Registered Nursing Associates (RNAs) are now included within the RN part of this return. This return also includes the Care Hours per Patient Day (CHpPD).

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Inpatient fill rates for RNs, RMs, and HCSWs have continued to improve & stabilise with fill rates consistently over 90%. There still remains a level of fluctuation in relation to: increased operational activity to deliver planned care operating plan trajectories, requirements to support enhanced observations of care of patients, staffing 20 escalation beds that do not have a substantive funded workforce (East), supporting supernumerary time for international recruits.

Any variations/risks in staffing establishment and skill mix on a day to day basis are managed via well-established Trust wide processes e.g:

- A minimum of twice daily staffing meetings to review ward/dept workload, acuity, staffing levels and skill mix; this permits a dynamic risk-based approach to staffing allocation;

- Agreed RAG staffing levels which act as a guideline to support decision making if there are staffing gaps and at times of extreme pressure e.g. industrial action;
- Site Senior Nurse/Clinical Site Manager on-call oversight of staffing out of hours.

The data for this six month broadly aligns to how the daily staffing picture presents and to the staff feedback that we receive.

2.2 Maternity Safe Staffing

During the six month period, there remains a variation in RM planned vs actual data for Northern services (see slide deck Appendix 1) which is attributable to:

- Changes to shift patterns from traditional early, late and night shifts to a combination of these with the addition of Long Day and Long Night Shifts and associated roster templates. Work remains ongoing to try and align roster templates; which remains more complex that initially thought.
- Overestablishment of Maternity Support Worker workforce

During this six month period, maternity services have been successful in their recruitment campaign, supporting the closure of the Corporate Risk on Maternity Staffing (see section 6). This has resulted in a high number of newly qualified midwives and additional international recruits.

Maternity funded establishment has remained compliant with the BirthRate+ (BR+) staffing report recommendations and is in line with additional uplift to establishments as mandated by Ockenden 1 requirements. The two metrics (1:1 Care in Labour & Midwife to Delivery Ratio) are reported monthly within the IPR. For the six month period:

- 1:1 Care in Labour has remained 100% compliant in both North and East
- Midwife to Delivery Ratio has been consistently above the 1-2.6 ratio in Northern, with Eastern in line with the national standard of 2.6.

Any variations/risks in staffing establishment and skill mix on a day to day basis are managed via daily sit rep which provides oversight and a dynamic risk based approach to staffing allocation, and through:

- The Senior Midwife on call providing oversight of staffing out of hours and a conduit between midwifery staffing and site manager on call oversight.
- Maternity services using the BR+ acuity tool (App) to measure the acuity of women within the labour ward against staffing numbers; demonstrating whether there are enough staff at any one time to provide safe care to service users in the inpatient maternity services. The tool reviews the service every 4 hours and provides detail of any red flag events to which the service can respond. The tool also provides detail of any redeployments.
- The maternity escalation policy provides support and guidance for managing fluctuating periods of activity and is aligned to the regional South West escalation in maternity services guidance.
- Maternity services provide a fortnightly sit rep to NHS Data collection detailing patient acuity and staffing.
- Maternity services also produce a quarterly report to specialist governance detailing patient acuity and staffing.

Oversight and assurance of Maternity Safe Staffing continues to be provided through divisional performance assurance framework reviews. CNST and Ockenden compliance is reported quarterly to the Safety and Risk Committee.

2.3 Emergency Department

During the six month period, the national Emergency Department Safe Staffing tool was used for the first time in both Northern and Eastern Emergency Departments. The review acknowledged there were factors and staffing roles that the tool was not sensitive enough to recognise and identified further triangulation is still required to understand the actions required.

The review noted there was a theme of long stay patients not being captured in the tool which has been fed back nationally. Further national work on the tool is underway, following testing & feedback, and the next census should provide further data to triangulate, with the learning from the first iteration being reflected.

2.4 Staffing planned versus actual - AHPs (acute and community)

There is no national guidance or credible, evidence-based tools to assess AHP staffing levels. Staffing skill mix and establishments are determined using capacity and demand data with some national guidance available for specific clinical services e.g, stroke services and critical care.

The current system for ensuring safe staffing levels in inpatient services on a day to day basis, which also provides a cumulative picture, is via a daily staffing risk assessment matrix/ RAG rating. Community services review staffing daily as part of the completion of the core services escalation process where community teams supply a daily OPEL score. Currently this is not profession specific.

2.5 Community Nursing

During the six month period, Community Nursing has undertaken an initial review of their workforce supported by the new national NHSE Community Nursing Safe Staffing care Tool (CNSST) to both understand the Community Nursing workforce and the complexity, acuity and dependency of patients in the community. The outcomes have identified potential variations in staffing, establishment and skill mix requirements across Eastern and Northern.

The findings identified from using this tool will be analysed in triangulation with the Community Nursing escalation tool, deferral rate and waiting lists; alongside professional judgement and a planned re-audit in October 2023, for further review and discussion at the Community Annual Staffing Review 2023 (due to take place in December 2023).

Community staffing is still reviewed on a daily basis through operational tactical meetings and there remains an agreed RAG/activity prioritisation SOP in times of reduced staffing numbers to support decision making around allocation of staff.

2.6 Staffing incidents Nursing, Midwifery and AHP's (including red flags) - (acute and community)

All staffing related incidents raised are reviewed by relevant line managers/senior nurses and actions taken both in response to the incident and in any possible proactive preventative measures that can be put in place going forward. Staffing incidents are also reviewed in divisional governance and performance meetings. Bi-monthly staffing incident reports are produced with themes and trends and are reviewed at the Trust wide Nursing, Midwifery and AHP Workforce Committee.

During the last six months, there were 18,053 incidents reported. Of the 18,053 incidents, 236 relate to staffing incidents. For comparison, during the previous six month period (October 2022 to March 2023) there were 18,156 incidents; 344 of these related to Staffing incidents.

There has been an increase in lower than expected staffing levels reported in Northern, compared to the previous six months, which is in line with an increase in staff sickness, operational challenges and increase in supernumerary starters. Eastern has had comparatively less staffing related incidents than reported within the last safe staffing report.

Lower than expected staffing levels data now includes community nursing specific incidents as a result of the addition of a new Datix category. These numbers remain low over the recent six month period.

2.7 **Red Flags reporting Nursing and Midwifery (inpatient beds - acute and community)**

The purpose of the red flag system set out within national safe staffing guidance is to have a consistent approach to reporting a shortage of registered nurse time. If an area is red RAG rated, this should prompt an immediate escalation response and mitigating actions.

A system to ensure red flags are reported and reviewed as per national guidance for nursing and midwifery is in place. The use of red flags are well established in maternity services and their use is improving within nursing. Additional Red Flag training has been delivered but there still remains variability & consistency in how Red Flags are used.

Monthly reports are generated which require validation of reported red flags and actions that have been taken to mitigate them; these are reviewed in both divisional and professional meetings.

The inability to support 1:1 nursing care remains the most common reason for raising a red flag across both Northern and Eastern services, with RN shortfall also remaining high within the Eastern site. There is currently a Trust wide programme of work underway focused on ensuring that our most vulnerable and at risk patients receive the right level of care and support in order to maintain their safety and the safety of others whilst using our resources in the most efficient and effective way.

Oversight of red flags in maternity services is provided via speciality governance and any emerging themes escalated through divisional governance, where necessary.

Maternity specific Red Flags are defined as:

- Labour Ward co-ordinator must have supernumerary status
- All women in active labour to receive 1:1 midwifery care

There have been 27 maternity Red Flags raised in the last six months all relating to supernumerary status of the labour ward co-ordinator in Eastern services.

2.8 National Benchmarking (inpatient beds - acute and community)

Weighted Activity Unit (WAU) and Care Hours per Patient Day (CHpPD) continue to be the main source of external benchmarking in the NHS Model Health System. There are no staffing risks identified through benchmarking data for nursing, midwifery or AHPs.

There remains a historical lag in the Model Health reporting and the data is not always directly comparable with other Trusts so whilst helpful, this data should be triangulated against other data sources, intelligence and professional judgement.

2.9 Weighted Activity Unit (WAU) (Inpatient beds - acute and community)

The Weighted Activity Unit (WAU) is a case mix-adjusted measure of the clinical output of each organisation. It is the primary output measure used within the Model Health System and used as a denominator when assessing an organisation's productivity.

WAU is a measure of efficiency; more productive Trusts will have a lower cost per WAU and less productive Trusts will have a higher cost per WAU. The WAU metric does not directly correlate to the quality of care.

2.9.1 WAU - Nursing

Figure 1: Trustwide – Nursing staff cost per WAU

The cost per WAU data in figure 1 displays RDUH sitting within quartile 2, with a nursing staff cost per WAU of £936.

This is the first time this data has been reported for Royal Devon as an integrated Trust; showing an amalgamated score in quartile 2 compared to the previous safe staffing report (October 2022 to March 2023 – where Northern sat within quartile 1, Eastern sat within quartile 3) noting that the Trust is more in line with other peer Trusts.

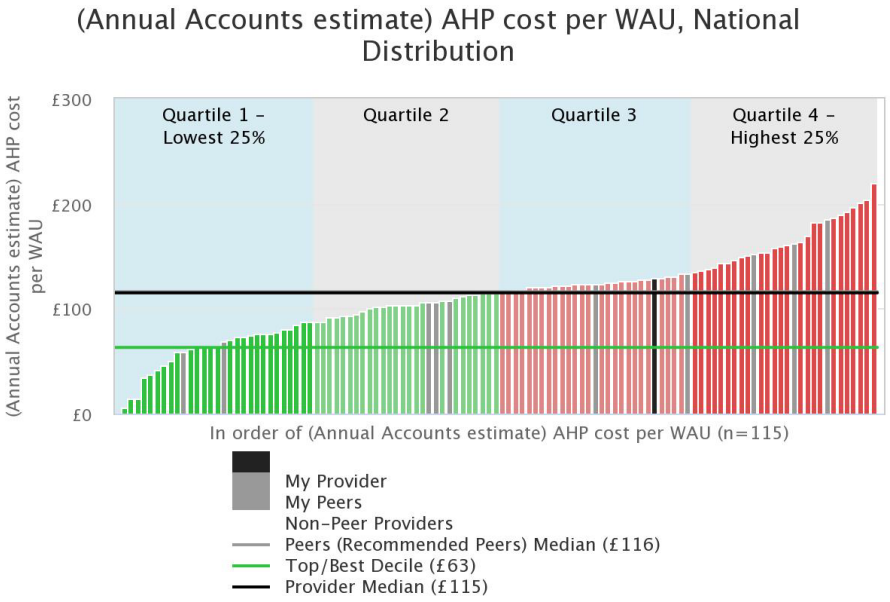
2.9.2 WAU – Allied Health Professionals (acute and community)

The WAU unit is provided to the Trust, it is delineated by professional group and it takes productivity data from both acute and community services. AHP Productivity is not counted in isolation. The 'Trust' productivity value is then divided by the costs supplied by finance for each professional group based upon monthly pay analysis.

Trusts which include community services show as high costs when using this data. There is currently no metric which compares AHP productivity with AHP cost.

This is the first time this data set has been presented as Royal Devon and post-integration the Trust remains within Quartile 3 as it did as separate Northern and Eastern datasets, as per the previous safe staffing report.

Figure 2: Trust wide – AHP staff cost per WAU



Trust wide 74.9% of AHP workforce are qualified – compared to 77.4% of peer average and 80.4% national average. The average cost per AHP FTE is £11,402 with the peer average: £11,700 and national value: £11,799.

An internal review of AHP cost per WAU data for all services took place in October 2023 as the Trust was shown as an outlier across metrics provided in previous safe staffing reports. The review identified no definitive reasons for the Trust 's current benchmarked position, this may be attributable to inconsistency with of the Model Health System data set/ tool i.e. the inconsistency of inclusion of AHP costs per WAU across different specialities, costs relating to community home visits which were included for RDUH but it is unclear if same use was applied to all Trusts.

The review acknowledged that it therefore remains difficult to benchmark between peer Trusts/the national median but strengthens the need to continue to triangulate this dataset against the context of other reports and forms of assurance.

The Model Health System data provided for AHPs is 21/22; with expectation that the 2022/23 cost per WAU Northern and Eastern data will arrive and be used in preparation for the next six month safe staffing report (October 2023 – March 2024).

2.10 Care Hours per Patient Day (CHpPD) - Nursing and Midwifery inpatient areas

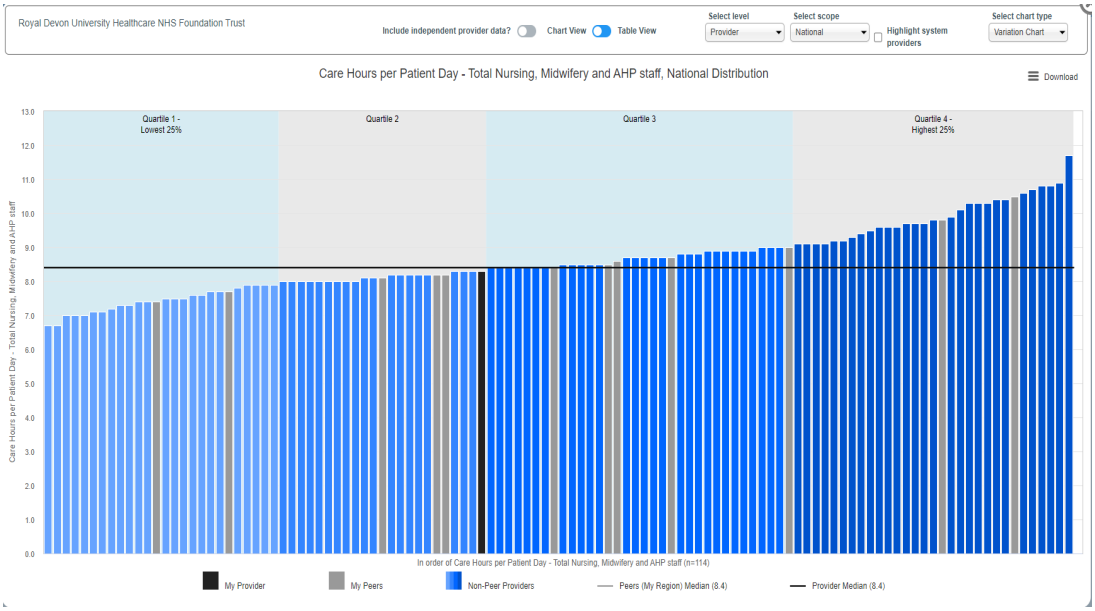
The CHpPD is a measure of actual daily nursing and midwifery staffing levels in relation to daily patient numbers on inpatient wards.

There is an additional CHpPD figure which is reviewed internally which is the *required* CHpPD which considers acuity & dependency data; this is then mapped against the planned and actual CHpPD. The *required* CHpPD regularly exceeds the planned & actual which is further evidence towards a detailed safe staffing assessment. The *required* CHpPD is not reported externally or on the Model Health dashboard. There is no set standard of what good looks like for CHpPD; it should reflect the activity, acuity and dependency of the clinical ward and the hospital services.

The current data capture methodology does not work for emergency departments and community nursing. Instead, specific data collection exercises have been undertaken via the NHSE Safe Nursing Care Tools (SCNT) for ED and Community (scheduled to be undertaken twice yearly). The data provided from these exercises are used within Trust and divisional governance processes to support staffing assessments and establishment reviews; noting the recent iterations of these tools identified variations in headroom which need to be removed.

Compliance with acuity and dependency data capture and reporting continue to slowly improve this period. A programme of training and education focussed on raising awareness, alongside timely acuity and dependency data entry and professional judgement was successfully undertaken over summer 2023.

Figure 3. Northern and Eastern - Care Hours per Patient Day



Data above in Figure 3 shows the Trust moving into quartile 2 from a quartile 3 position as per the last safe staffing report.

The Trust CHpPD is at 8.3, with both our peers median and the national median at 8.4 - placing the Trust broadly in line with other providers.

3. Vacancies (acute and community)

As a result of 23/24 operating plans to improve both vacancy and turnover the Trust's position for NMAHP's has continued to improve over the last six months.

No NMAHP vacancy data has been available to formally publish for this period as a result of technical issues following the implementation (March 2023) of the Trust wide UNIT4 system. Work is ongoing with finance & HR teams to ensure that vacancy data will be available from November 2023.

4. Turnover (acute and community)

Turnover data continues to show a gradual improvement across all groups since the last safe staffing report, however several specific areas still have turnover higher than the Trust target of 10%.

Turnover for unregistered AHPs in Northern has increased slightly.

5. Performance against key quality metrics

The organisational quality performance for the last six months indicates that overall the standard of patient care during this period was safe.

6. Staffing Risks - Nursing, Midwifery and AHP (acute and community) on the Corporate Risk Register (CRR)

No risks currently sit on the Corporate Risk Register (CRR) related to NMAHP staffing. During the last six month period, 2 staffing risks on the CRR have been closed as mitigating actions were completed and significant improvements have been made with recruitment, retention and sickness levels and vacancy position:

- Risk ID 165: Northern Midwifery Staffing Levels
  Closed by the Safety and Risk Committee in May 2023.

- Risk ID 690: Nursing and HCSW Workforce
  Closed by Safety and Risk Committee in August 2023, noting a separate residual risk related to vacancies in community services is to be developed and will be held on the Community Divisional Risk Register (DRR).

- Note from April 2023, Risk ID 14: Management of Chemotherapy Nursing establishment within Cancer Services - Eastern Services
  This risk was moved from the CRR to DRR as agreed by the Safety and Risk Committee.

7. Annual Staffing Review (ASR)

The next ASR is being undertaken through December 23/January 24 to inform 2024/25 Operating Plans. Specific Terms of Reference (ToR) are attached in Report Appendix 1 (located on pg.12).

The key outcomes of this review will be included in the next 6 monthly report on safe staffing to the Board of Directors in May 2024.

8. Conclusion

The April 2023 to September 2023 NMAHP safe staffing report provides a range of data and information that provides assurance to the Board of Directors that Nursing, Midwifery and Allied Health Professionals staffing has been safe at the Royal Devon University Healthcare NHS Foundation Trust, across both the Northern and Eastern locations.

During the period, there continues to remain an ongoing improvement in recruitment and retention across many of our professional groups, highlighting the substantial work being undertaken to maintain control on vacancies; resulting in an improved daily staffing picture.

NHS Devon

Terms of Reference	NHS Royal Devon University Healthcare NHS Foundation Trust

Nursing, Midwifery & AHP Annual Staffing Review (ASR) (2023)

Purpose and scope

Provide the Chief Nursing Officer and Directors of Nursing through to the Board of Directors with assurance of the current position relating to staffing levels in the trust; notably the key risks and actions being taken in relation to delivery of safe and effective care.

In scope:

- Adult, Paediatric and Maternity Inpatient wards;
- Out-patient & Non-Inpatient departments (i.e. Endoscopy, Interventional Radiology)
- Emergency Department/MIUs, Medical Assessment Units & SDECs
- Intensive Care Units/High Dependency Units
- Theatres (all);
- Community Inpatient Settings and Community Nursing
- Acute and Community AHP services

Out of scope:

- Clinical Educator roles – analysis of the review and audit are underway
- Clinical Nurse Specialists, Advanced Clinical Practitioner (ACP) and Nurse Consultant roles.

Core Principles and Objectives

The core principle of safe staffing levels is to have an appropriate number and mix of registered nurses, health care support workers, midwives and AHPs to deliver quality care, keep patients safe from avoidable harm and promote a positive patient experience whilst managing effectively within a financial envelope.

The main objectives of this review are:

- A divisional review of ward/department and service establishments to provide assurance that the staffing is fit for purpose and complies with regulatory and specialist requirements
- Measure delivery against the 22/23 ASR review outcomes and integrate outstanding actions into this review;
- Provide assurance through Divisional planning that registered nursing associates and assistant practitioners are being formally integrated into ward and department establishments and templates;
- Provide assurance through Divisional planning that apprentice roles, registered nursing associates and assistant practitioners are being formally integrated into ward and department establishments and templates;
- AHPs – review registrant to support worker ratio and consider increasing support worker roles;
- Review rostering practice compliance including assurance that ward/department roster templates match the funded establishment;
- Assess compliance against national and specialist regulations and guidance (if compliant in 2022 ASR and nothing has changed then an assurance statement is sufficient)

Specific data sources to be included and referenced	Key members of the review group
Safer Nursing Care Tool (SNCT- Shelford Group) & specific local staffing tools such as BAPM and Birth Rate Plus – links & information provided; Use of Red Flags; Professional Judgement; Benchmarking using Model Hospital and other similar hospitals/wards; Rostering policy and productivity – optimum use of contracted hours; Incidents and Risks; Workforce data: Vacancies and recruitment, sickness, other leave; Use of Temporary workforce (NHSP/Bank/Agency);	• Chief Nursing Officer; • Directors of Nursing; • Associate Directors of Nursing • Associate Director of Midwifery • AHP leads • Finance Business Partners • People Business Partners (PBPs) • Senior Workforce Solutions Product Service Owner

Accountability, Reporting & Review Arrangements

Divisional ASR Meetings; Trust wide Nursing, Midwifery & AHP Strategy Meeting; People, Workforce, Planning & Workforce Committee; Board of Directors.

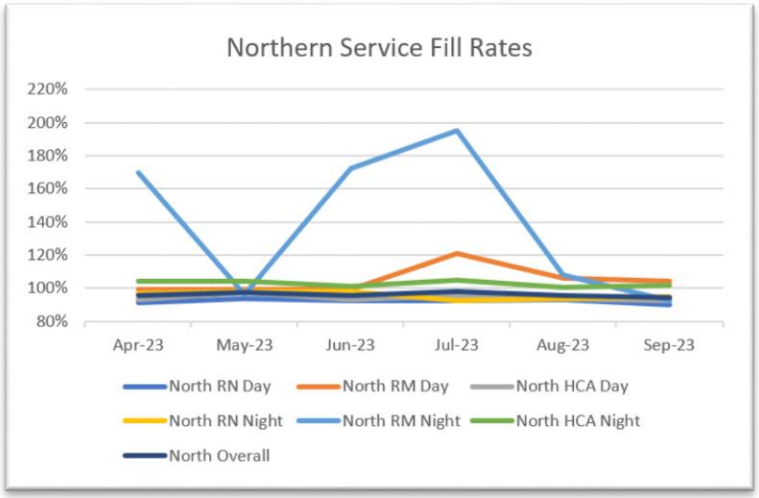
NHS
Royal Devon
University Healthcare
NHS Foundation Trust

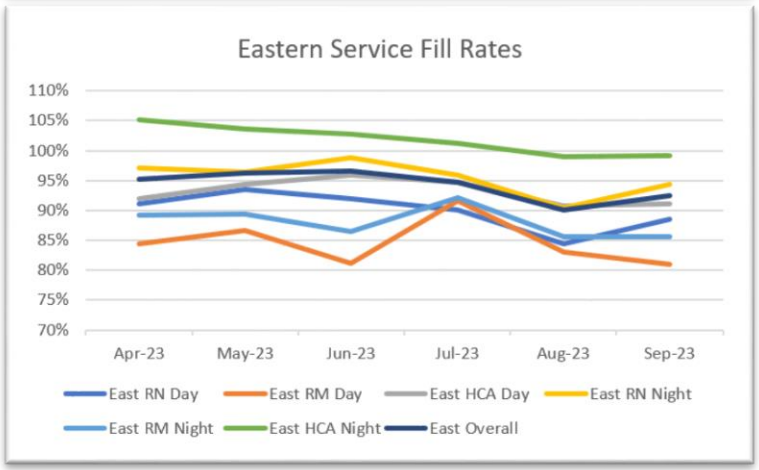
Royal Devon University Healthcare NHS Foundation Trust Safe Staffing Report for Nursing, Midwifery and Allied Health Professionals (April 2023 to September 2023)

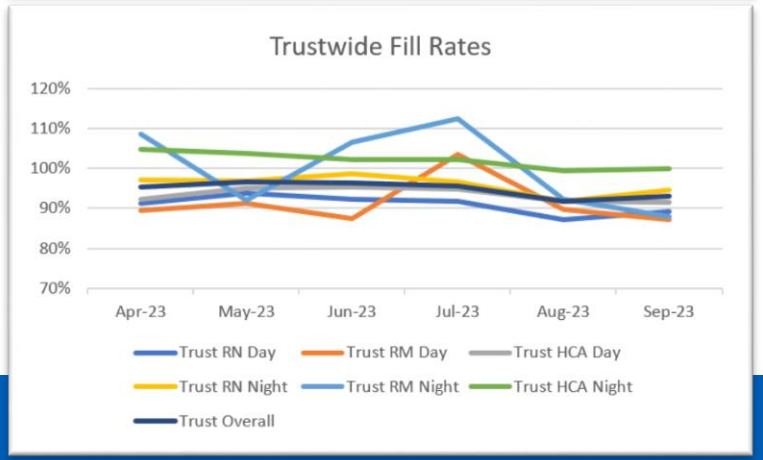
Appendix slide pack

Board of Directors – November 2023

APPENDIX 1 - Staffing planned versus actual - Nursing and Midwifery (Inpatient Beds - acute and community) dataset







Location	Fill Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
North	RN Day	92%	94%	93%	92%	93%	90%
North	RM Day	99%	100%	100%	121%	106%	105%
North	HCA Day	93%	97%	93%	96%	94%	93%
North	RN Night	97%	98%	98%	93%	94%	95%
North	RM Night	170%	97%	172%	195%	108%	93%
North	HCA Night	104%	104%	101%	105%	100%	102%
North	Overall	96%	98%	96%	98%	96%	95%

Location	Fill Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
East	RN Day	91%	94%	92%	90%	84%	89%
East	RM Day	84%	87%	81%	92%	83%	81%
East	HCA Day	92%	94%	96%	95%	91%	91%
East	RN Night	97%	96%	99%	96%	90%	94%
East	RM Night	89%	89%	86%	92%	86%	86%
East	HCA Night	105%	104%	103%	101%	99%	99%
East	Overall	95%	96%	97%	95%	90%	93%

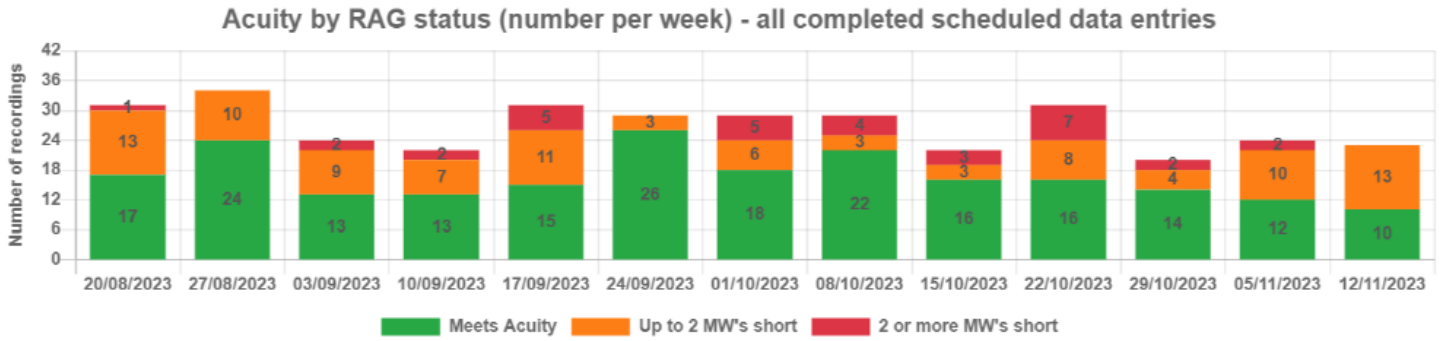
Location	Fill Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Trust	RN Day	91%	94%	92%	92%	87%	89%
Trust	RM Day	89%	91%	87%	104%	90%	87%
Trust	HCA Day	92%	95%	95%	95%	92%	92%
Trust	RN Night	97%	97%	99%	96%	92%	94%
Trust	RM Night	109%	92%	107%	112%	92%	88%
Trust	HCA Night	105%	104%	102%	102%	99%	100%
Trust	Overall	95%	97%	96%	96%	92%	93%

	Over 100 % Staffing
	95 - 100 % Staffing
	75 - 95 % Staffing
	0 - 74 % Staffing

Maternity BR+ overall data entry compliance - Eastern

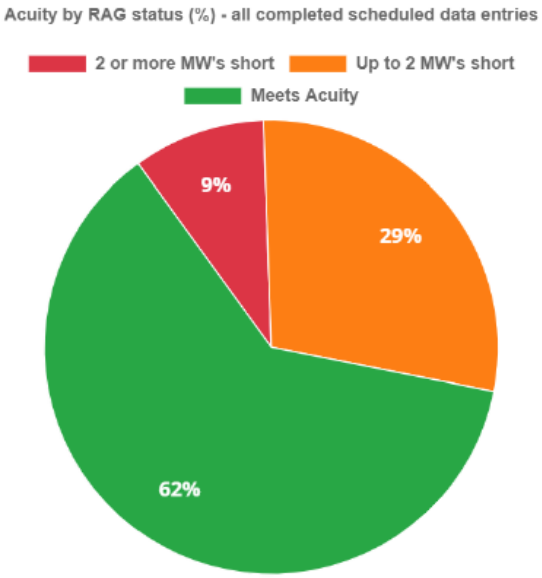
birthrateplus® | Safe Staffing for Maternity Services

Royal Devon & Exeter NHS Foundation Trust - Labour Ward



Overall compliance during the data period for weeks commencing 20/08/2023

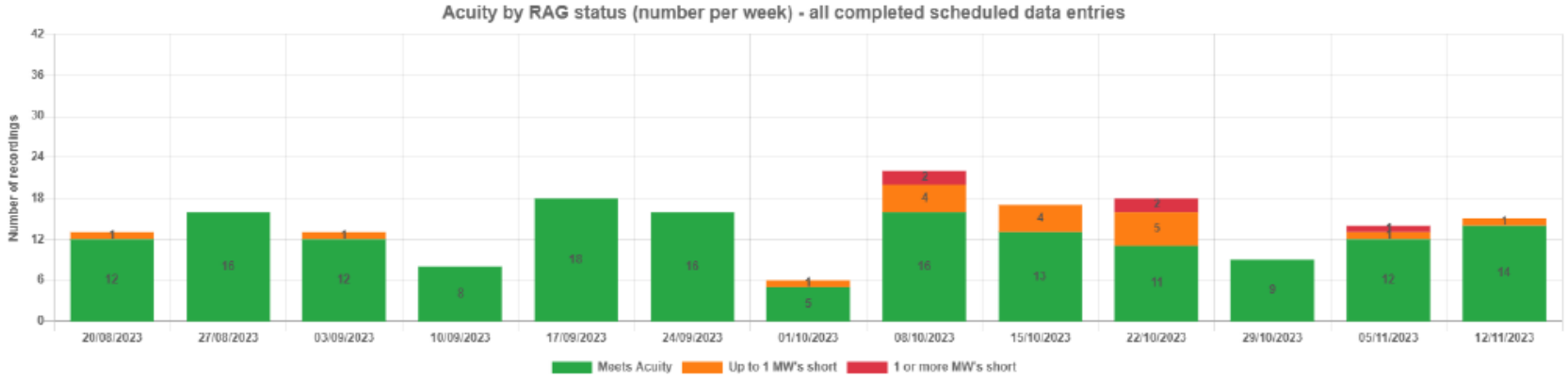
Completed scheduled data entry	63.9%
Missed scheduled data entries	36.1%



Maternity BR+ overall data entry compliance - Northern

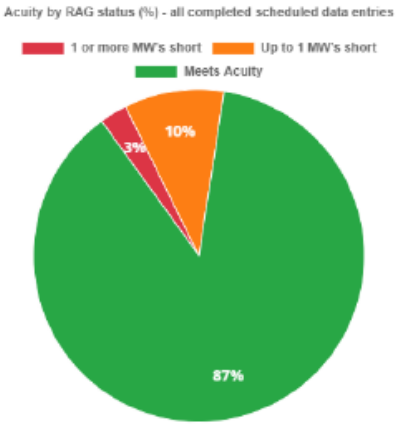
birthrateplus® | Safe Staffing for Maternity Services

North Devon District Hospital - Delivery Suite



Overall compliance during the data period for weeks commencing 20/08/2023

Completed scheduled data entry	33.9%
Missed scheduled data entries	66.1%



Maternity BR+ Red Flags - Eastern

Number & % of Staffing Factors Recorded

From 20/08/2023 to 19/11/2023

SF1	Sudden staff sickness	65	16%
SF2	Unable to fill vacant shifts (to agreed labour ward number 9E 8L/N)	303	76%
SF3	Integrated MWs to homebirth/Tiverton birth centre	3	1%
SF4	Redeployed to APNW	9	2%
SF5	Redeployed to Triage/FMAU	14	3%
SF6	MW on transfer	7	2%
	Total	401	

Number & % of Clinical Actions Taken

From 20/08/2023 to 19/11/2023

CA1	Delay commencing IOL (cancelled for 24hrs)	69	21%
CA2	Delay continuing IOL of more than 4 hours	225	70%
CA3	Delay El LSCS (of more than 4 hours or cancelled until another day)	0	0%
CA4	Decline in-utero transfer	1	0%
CA5	Shift leader is not supernumerary	27	8%
	Total	322	

Number & % of Management Actions Taken

From 20/08/2023 to 19/11/2023

MA1	Redeploy from BC	1	1%
MA2	Redeploy from Triage	27	17%
MA3	Redeploy from APNW	29	18%
MA4	Redeploy from Community	10	6%
MA5	Staff unable to take breaks	20	13%
MA6	Staff sourced from non-clinical areas/management days	19	12%
MA7	Escalate to manager (in hours)	30	19%
MA8	Escalate to manager on call (out of hours)	23	14%
MA9	Divert to another Trust	0	0%

Management Actions - % of Occasions Recorded

From 20/08/2023 to 19/11/2023

Showing the % of occasions when a Management Action was recorded in the period selected - the contributing actions recorded may be more than one, refer to chart to identify prevalence

Maternity BR+ Red Flags - Northern

Number & % of Staffing Factors Recorded

From 20/08/2023 to 12/11/2023

SF1	Unexpected MW absence/sickness	20	15%
SF2	Unable to fill vacant shifts	105	81%
SF3	Midwife on transfer duties	0	0%
SF4	Midwife redeployed to other area	5	4%
SF5	Support staff less than rostered numbers	0	0%
SF6	MW scrubbed in theatre	0	0%
SF7	COC MW present	0	0%
SF8	COC MW unavailable	0	0%
	Total	130	

Number & % of Clinical Actions Taken

From 20/08/2023 to 12/11/2023

CA1	Decline in-utero transfer	0	0%
CA2	Delay in accepting transfers	2	12%
CA3	Delay in commencing IOL (as per Trust guideline)	13	76%
CA4	Delay/cancel planned procedures e.g ECV, Ferrinject, cervical suture	1	6%
CA5	Delay in transfer of cases to theatre (e.g. perineal repair, MROP)	1	6%
CA6	Delay EL LSCS >24 hrs	0	0%
	Total	17	

Number & % of Management Actions Taken

From 19/11/2023 to 26/11/2023

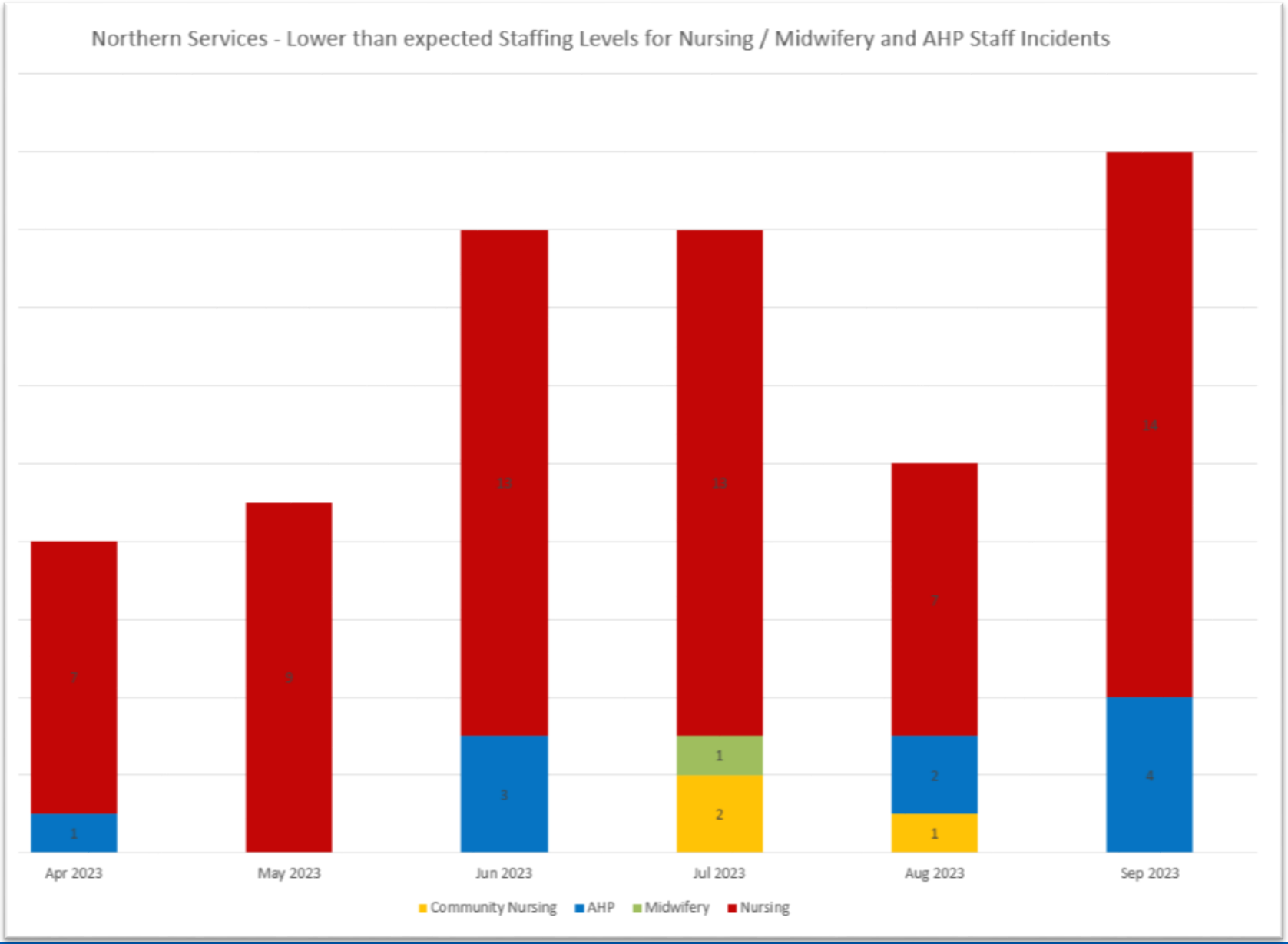
MA1	Redeploy staff internally	0	0%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	1	20%
MA5	Staff stayed beyond rostered hours	1	20%
MA6	Specialist midwives working clinically	3	60%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on-call M/W	0	0%
MA10	Escalate to manager on-call	0	0%
MA11	Maternity Unit on Divert	0	0%
	Total	5	

Management Actions - % of Occasions Recorded

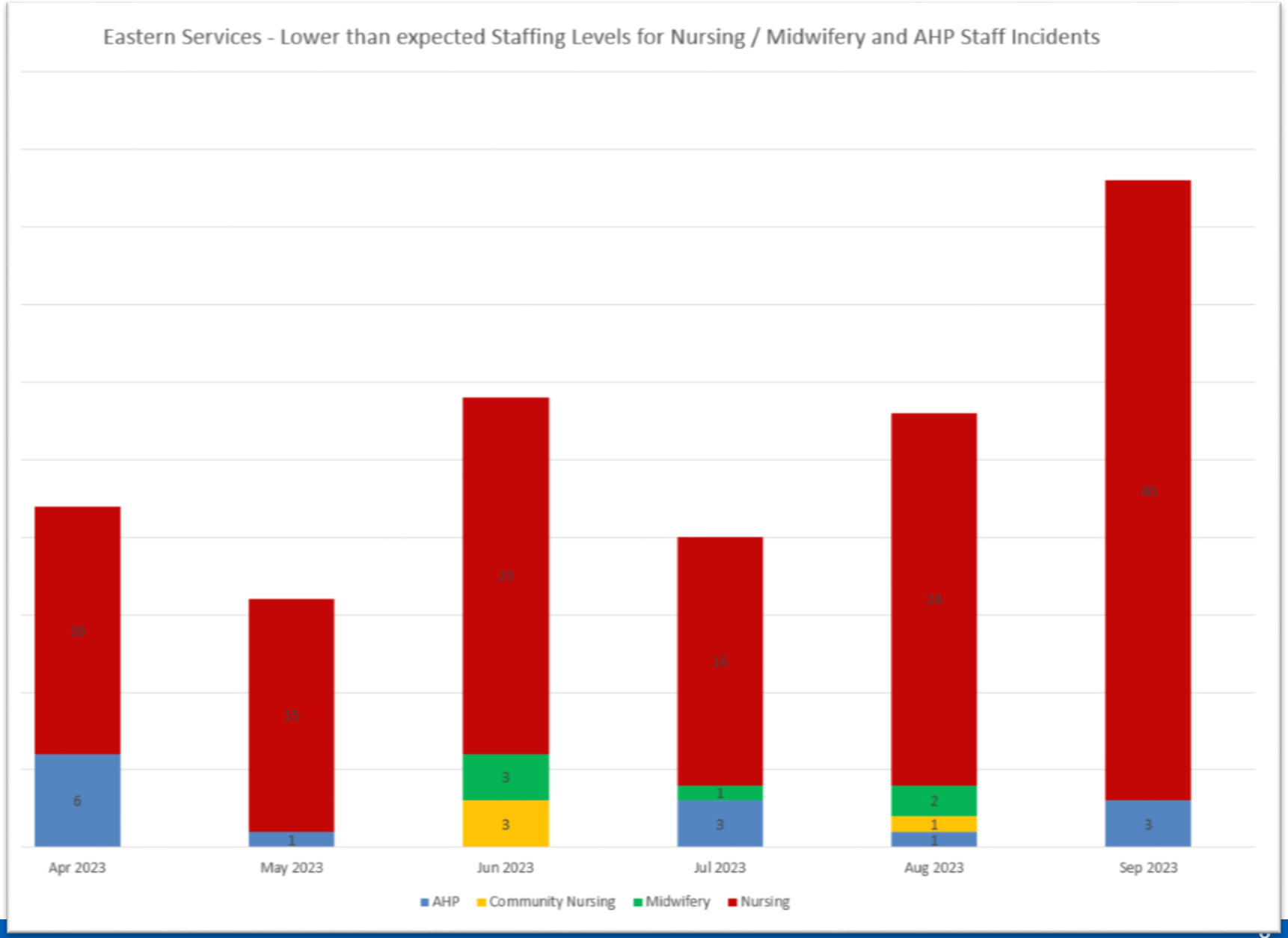
From 19/11/2023 to 26/11/2023

Showing the % of occasions when a Management Action was recorded in the period selected - the contributing actions recorded may be more than one, refer to chart to identify prevalence

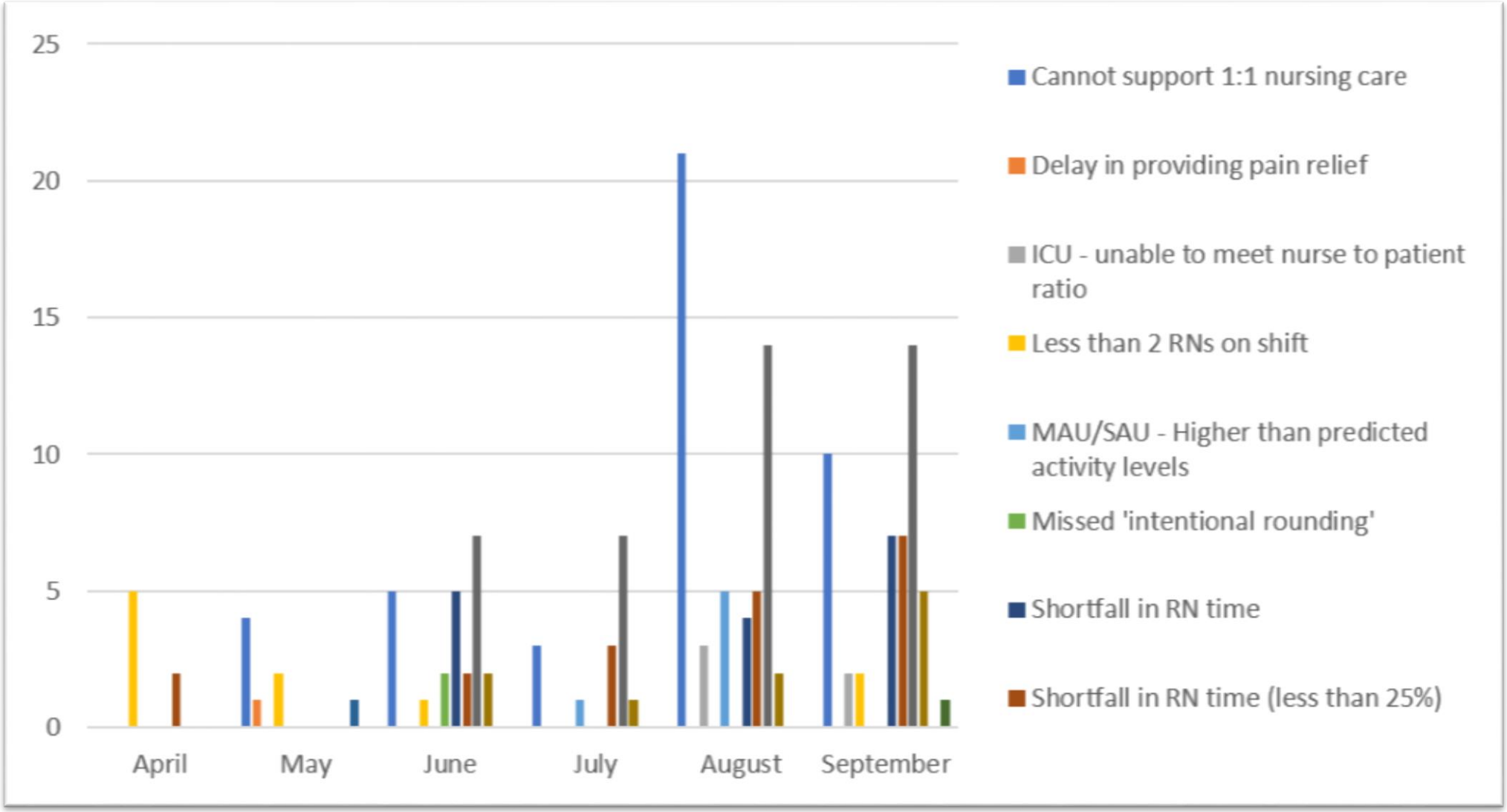
APPENDIX 3 – Northern Services - Lower than expected Staffing Levels for Nursing / Midwifery and AHP Staff Incidents (acute and community) dataset



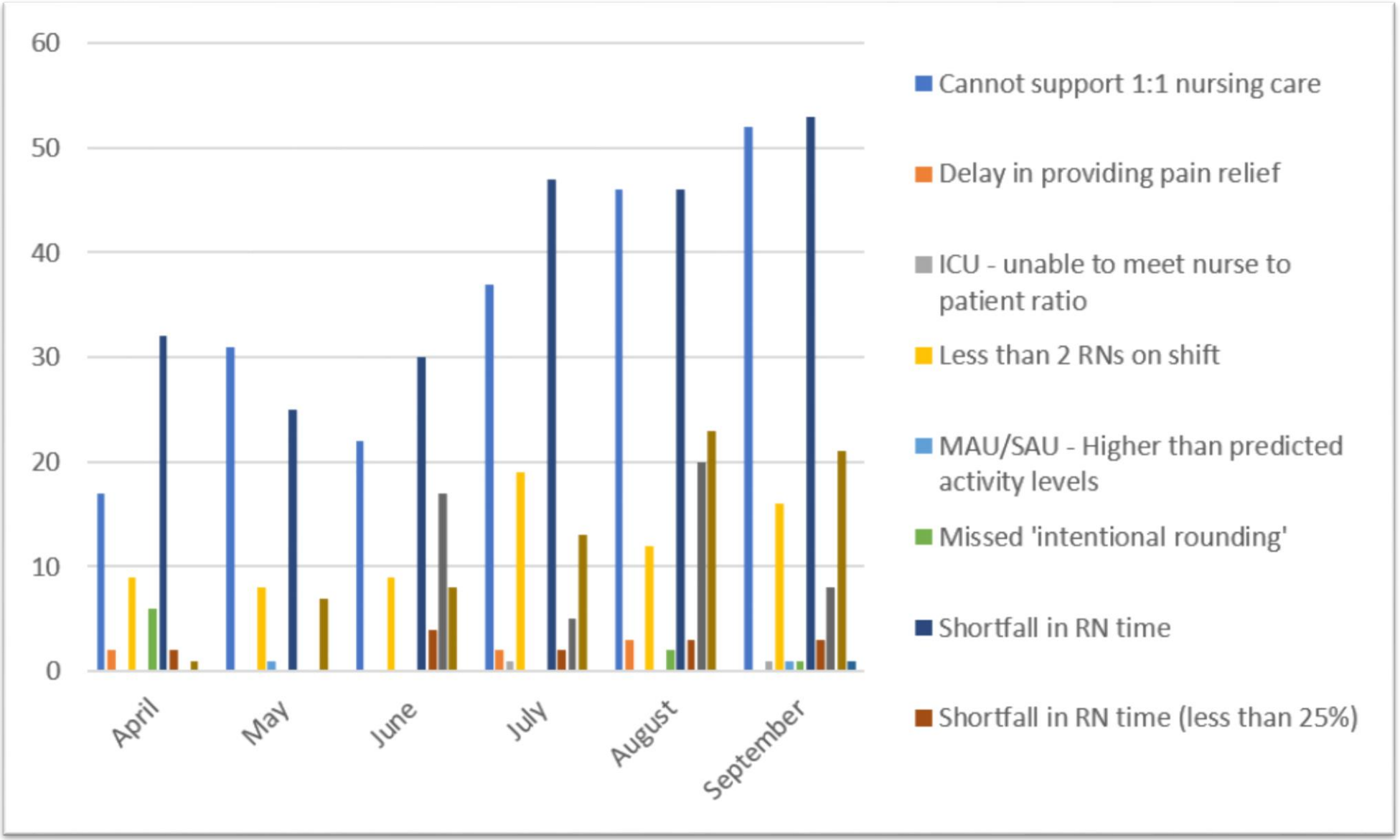
APPENDIX 4 – Eastern Services - Lower than expected Staffing Levels for Nursing / Midwifery and AHP Staff Incidents (acute and community) dataset

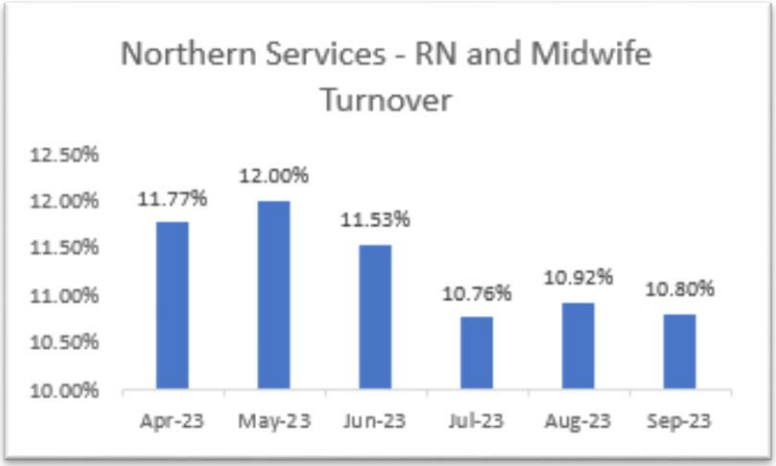


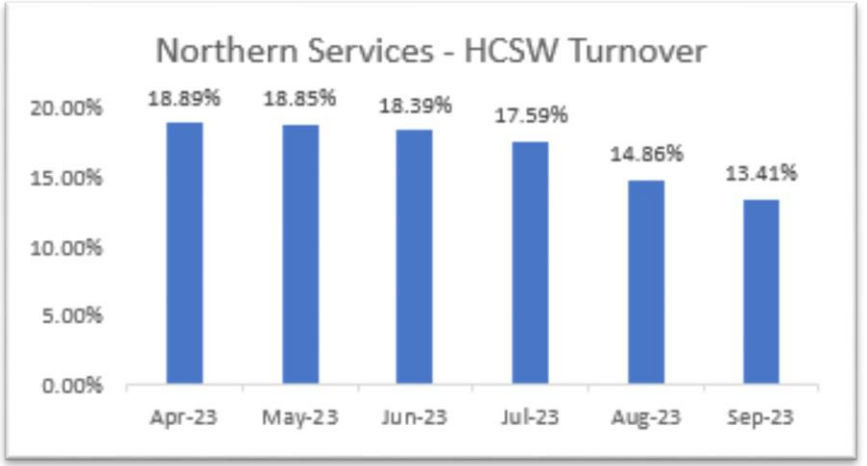
APPENDIX 5 – Northern Services - SafeCare Red Flags Raised (inpatient beds - acute and community) dataset

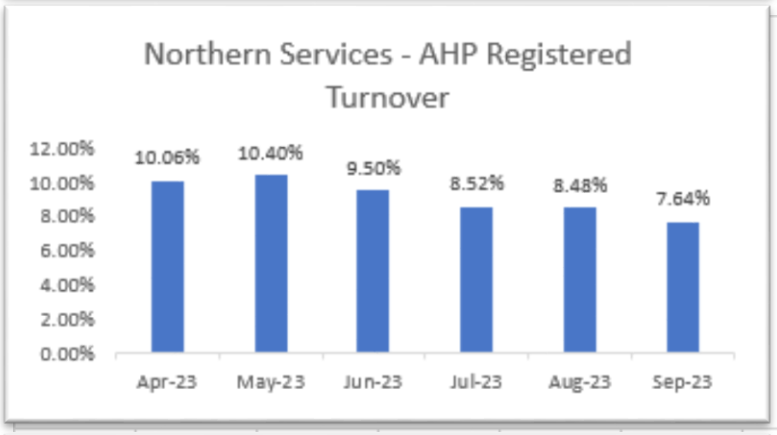


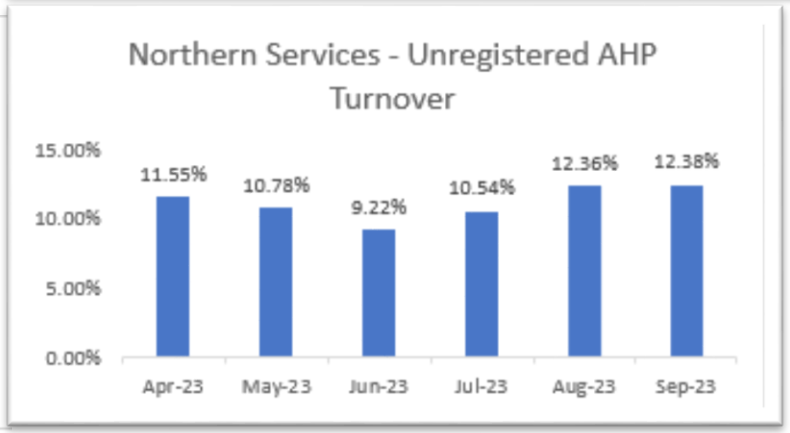
APPENDIX 6 – Eastern Services - SafeCare Red Flags Raised (inpatient beds - acute and community) dataset

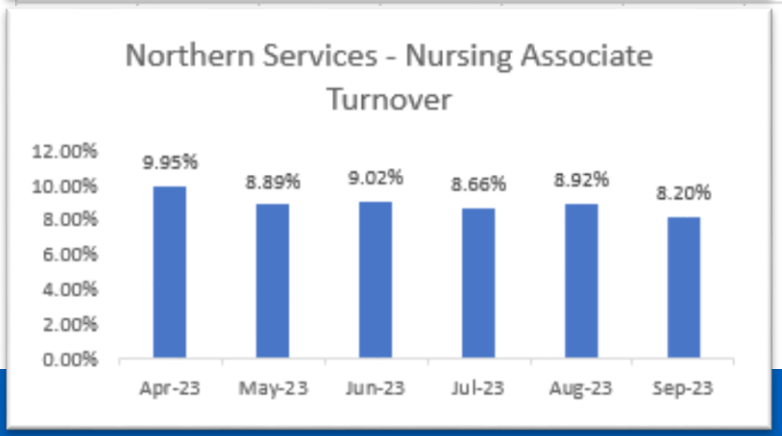


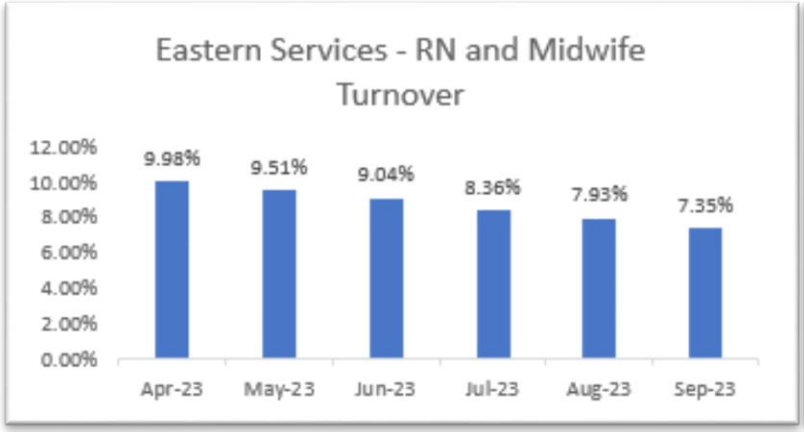

Northern Services - RN and Midwife Turnover
12.50%
12.00%
11.50%
11.00%
10.50%
10.00%
11.77%
12.00%
11.53%
10.76%
10.92%
10.80%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23

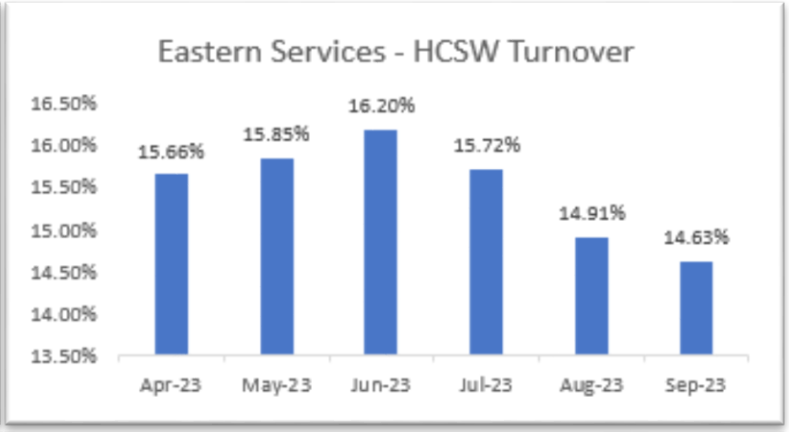

Northern Services - HCSW Turnover
20.00%
15.00%
10.00%
5.00%
0.00%
18.89%
18.85%
18.39%
17.59%
14.86%
13.41%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23

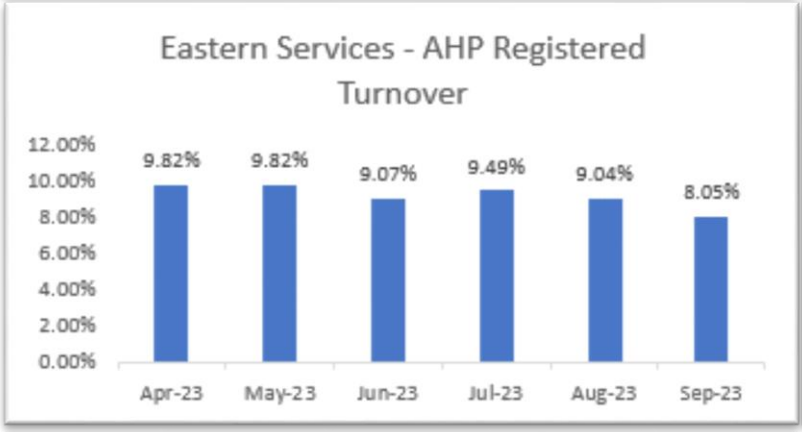

Northern Services - AHP Registered Turnover
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
10.06%
10.40%
9.50%
8.52%
8.48%
7.64%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23

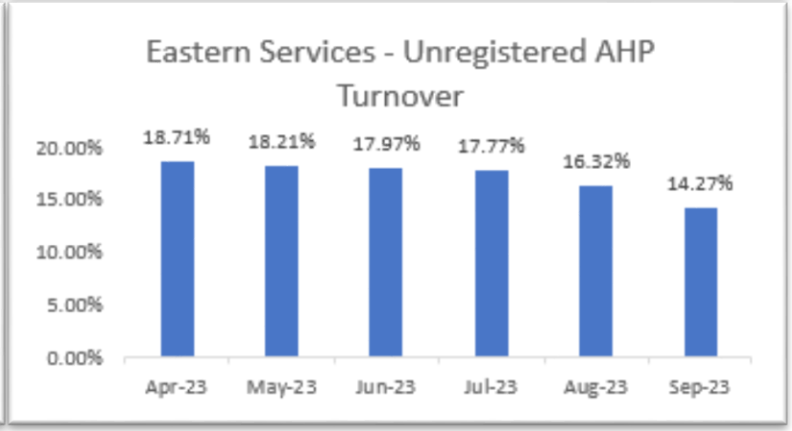

Northern Services - Unregistered AHP Turnover
15.00%
10.00%
5.00%
0.00%
11.55%
10.78%
9.22%
10.54%
12.36%
12.38%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23

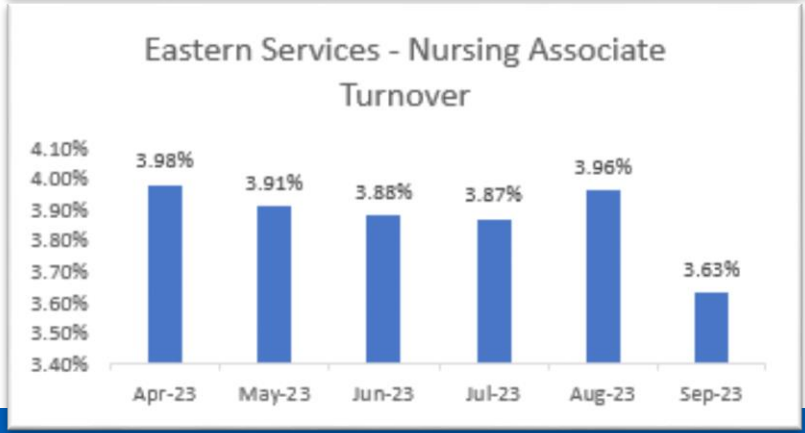

Northern Services - Nursing Associate Turnover
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
9.95%
8.89%
9.02%
8.66%
8.92%
8.20%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23


Eastern Services - RN and Midwife Turnover
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
9.98%
9.51%
9.04%
8.36%
7.93%
7.35%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23


Eastern Services - HCSW Turnover
16.50%
16.00%
15.50%
15.00%
14.50%
14.00%
13.50%
15.66%
15.85%
16.20%
15.72%
14.91%
14.63%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23


Eastern Services - AHP Registered Turnover
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
9.82%
9.82%
9.07%
9.49%
9.04%
8.05%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23


Eastern Services - Unregistered AHP Turnover
20.00%
15.00%
10.00%
5.00%
0.00%
18.71%
18.21%
17.97%
17.77%
16.32%
14.27%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23


Eastern Services - Nursing Associate Turnover
4.10%
4.00%
3.90%
3.80%
3.70%
3.60%
3.50%
3.40%
3.98%
3.91%
3.88%
3.87%
3.96%
3.63%
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	12.2, Public Board Meeting	**Date: 29 November 2023**
Title:	Six-Month Safe Staffing Report (April 2023 – September 2023) – Medical Staffing – Royal Devon University Healthcare Trust – Eastern and Northern Services	
Prepared by:	Cheryl Baldwick – Deputy Medical Director – Eastern and Northern Services (RDUH) James Hobbs – Executive Support Manager (CMO and MDs) – Eastern and Northern Services (RDUH)	
Presented by:	Professor Adrian Harris – Chief Medical Officer (RDUH) Cheryl Baldwick – Deputy Medical Director – Eastern and Northern Services (RDUH)	
Responsible Executive:	Professor Adrian Harris – Chief Medical Officer (RDUH)	
Summary:	This report provides a six-month review of the Trust's position for the provision of safe Medical staffing. The report details any significant changes that have occurred in Medical staffing arrangements in the last six months and any risks on the corporate risk register related to Medical staffing. Between April and September 2023, there were several periods of industrial action by consultants and junior doctors. A focus on safe emergency care was maintained and we are not aware of any safety incidents relating directly to staffing levels during the periods of industrial action. Where it was possible to preserve elective activity, priority was given to the most urgent patients. Staffing within General Medicine and medical specialties remains the biggest challenge across both acute sites with continued pressure on services to provide emergency care for acute admissions and the shortfall of medical staff, particularly in Northern Services. It also reflects a period of significant disruption due to the periods of Junior and Senior Doctor Industrial Action and the diversion of attention to ensure planning and preparations were effective in dealing with mitigating actions to ensure safe patient care was maintained. Medical staffing in the Divisions of Surgery and Clinical Support Services/ Specialist Services is more robust, although some challenges remain. Medical staffing in these areas cannot be taken in isolation as many of the challenges to increasing activity/ maintaining activity also rely on additional nursing and AHP staff being available. As there are limited national metrics for safe medical staffing levels, Trust-defined valid metrics for safe medical staffing remain in development to be reviewed and agreed by the Medical Workforce Strategy Group (MWSG); However, due to the multiple periods of Industrial Action, these meetings have on occasion been either stood down or repurposed for planning and assurance of safe medical staffing cover during these unprecedented periods, hence progress on planned prospective activities has been delayed to respond to these ongoing immediate priorities.	
Actions required:	For the Board of Directors to note this Six-Month Safe Staffing Report for Medical Staffing. To note the range of challenges across the organisation and across	

	specialities, and to note the mitigating actions already in place, underway or being further developed (short term, medium term and longer term), to ensure safe levels of medical staffing can continue to be provided and further enhanced.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				X
History:	This is the sixth six Month Safe Staffing Report for Medical Staffing to the Board of Directors. The Safe Medical Staffing report continues to be refined and adapted over future reports, to ensure it provides sufficient information to meet the additional 'recommendations' from NHSEI in relation to 'developing workforce standards', and the expectations / requirements of the Boards of Directors.			
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives; **BAF Risk 2:** Failure to recruit, retain and train the required workforce to ensure the right no. of staff with the right skills in the right location. **BAF Risk 5:** Elective demand and waiting list backlogs are not delivered. **BAF Risk 8:** Risk of a significant deterioration in quality and safety of care. **BAF Risk 10:** Urgent and Emergency Care targets are not delivered.			

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

To update the Board of Directors in relation to Safe Staffing for the Medical Workforce across both Eastern and Northern Services. This accompanies the report provided to the Board of Directors, by the Chief Nursing Officer, in relation to Nursing, Midwifery and AHP safe staffing.

2. Background

Following publication of the Francis Report 2013 and the subsequent "Hard Truths" (2014) document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward. This is published on the NHS Choices website.
- Publish information with the planned and actual registered and unregistered nurse staffing for each shift
- Provide a 6-monthly report on nurse staffing to the Board of Directors.

The NHS Improvement "Developing Workforce Safeguards" (October 2018) recommends that Trust reports include safe staffing information for Allied Healthcare Professionals (AHPs) and Medical staff as well as nursing and midwifery staff.

Additional guidance was also provided in 2018 by the Royal College of Physicians in relation to Medical Staffing of inpatient areas, for Physicians. This guidance was used previously to develop minimum doctor numbers for the Medical wards and has informed previous increases in medical workforce numbers.

Data sources mentioned within this report are in the process of validation or indeed development, to provide a useful and robust set of metrics to support the definition of 'safe medical staffing'.

3. Summary

Staffing within General Medicine and medical specialties remains the biggest challenge across both acute sites with continued pressure on services to provide emergency care for acute admissions and substantial shortfall of staff, particularly in Northern Services.

Medical staffing in the Divisions of Surgery and Clinical Support Services/ Specialist Services is more robust, although some challenges remain, particularly with regard to adequate staffing to provide timely care for cancer and long-waiting patients. Medical staffing in these areas cannot be taken in isolation as many of the challenges to increasing activity also rely on additional nursing and AHP staff being available.

Between April and September 2023, there were several periods of industrial action by consultants and junior doctors. A focus on safe emergency care was maintained and we are not aware of any safety incidents relating directly to staffing levels during the periods of industrial action. Where it was possible to preserve elective activity, priority was given to the most urgent patients.

As there are limited national metrics for safe medical staffing levels, Trust-defined valid metrics for safe medical staffing remain in development to be reviewed and agreed by the Medical Workforce Strategy Group (MWSG); However, due to the multiple periods of Industrial Action, these meetings have on occasion been either stood down or repurposed for planning and assurance of safe medical staffing cover during these unprecedented periods, hence progress on planned prospective activities has been delayed to respond to these ongoing immediate priorities.

4. Industrial Action

Between April and September 2023, there were several periods of industrial action by consultants and junior doctors. These were:

- 11 to 15 April – BMA junior doctors; 96-hour full walkout
- 14 to 17 June – BMA junior doctors; 72-hour full walkout
- 13 to 18 July – BMA junior doctors; 120-hour full walkout
- 20 to 22 July – BMA consultants; 48-hour Christmas Day level cover
- 11 to 15 August – BMA, BDA & HSCA junior doctors & dentists; 96-hour full walkout
- 24 to 26 August – BMA & BDA consultants; 48-hour Christmas Day level cover
- 19 to 21 September – BMA consultants; 48-hour Christmas Day level cover
- 20 to 23 September – BMA junior doctors; 24-hour Christmas Day level cover (combined action with consultants) followed by 48-hour full walkout

Additional strike action took place in October 2023 outside the timeframe for this six-monthly report.

These periods of strike action resulted in considerable operational pressures across both sites. Not all eligible doctors took strike action and we saw considerable flexibility from the whole clinical workforce. Large numbers of senior doctors acted down and worked outside their usual specialties during the junior doctor strikes. There was also significant support from non-medical staff and teams to support emergency care (e.g. increased hours for outreach teams, use of ACPs and Physician's Associates). A focus on safe emergency care was maintained and we are not aware of any safety incidents relating directly to staffing levels during the periods of industrial action. Where it was possible to preserve elective activity, priority was given to the most urgent patients.

There have been debriefs after each period of industrial action to capture good practice. The planning process for ensuring adequate medical cover is now relatively mature, although enthusiasm to cover vacant roster slots noticeably waned as strike

action progressed. It was noted that there was minimal resilience in most rosters so any additional absence such as sickness had a disproportionately material effect.

There was a detrimental effect on elective care across many specialties, in particular a need to cancel outpatient clinics for several medical specialties and elective operating lists for several surgical specialties, including those where waiting times for surgery are already excessive, such as Trauma & Orthopaedics. It is not possible to ascertain if additional harm has come to long-waiting patients as a consequence of strike action. In addition, there is considerable financial impact from each strike.

We anticipate that it is likely that there will be further strikes in the coming months. Both the BMA and the HCSA have balloted consultants, SAS doctors and junior doctors or are in the process of completing these. Current mandates are:

- Junior doctors – BMA valid until 29 February 2024; HCSA valid until 4 January 2024.
- SAS doctors – BMA ballot in progress, closes 18 December 2023; HCSA valid until May 2024
- Consultants – BMA re-ballot in progress, closes 18 December 2023; HCSA valid until May 2024

Coordination of action between consultants, SAS doctors and junior doctors in the new year may have a significant impact on some urgent services, including trauma and cancer patients, for whom several consecutive days of “Christmas Day” level cover may mean that urgent, as opposed to emergency, treatments are not available in a timely fashion. Feedback from the debriefs included that, if further industrial action takes place, there should be earlier decisions around cancelling elective activity and very clear decisions around rates of pay for staff covering shifts.

5. Key Risks

There are currently six high-level risks on the Trust Corporate Risk Register. These are governed through the Safety & Risk Committee. All relate to shortages of medical staff. They are;

- Insufficient capacity to manage HFOP services - Northern Services – Risk score 20
- Insufficient capacity in Stroke medicine to manage and sustain stroke services - Northern Services – Risk score 20
- Insufficient capacity to manage the acute medical take - Northern Services – Risk score 20
- Endoscopy Consultant Cover - Northern Services – Risk score 20
- Insufficient junior doctor capacity in Medicine - Northern Services – Risk score 16
- Provision of a Clinically Safe, Effective and Timely Cellular Pathology Service – Risk score 16

Four of the six have shown a reduction in the initial risk grading, with Endoscopy and Healthcare for Older People remaining at the same risk level.

Since the last report, the Eastern based corporate risk regarding medical staffing in Respiratory has been downgraded and is now being managed at a Divisional level.

There remain a range of risks being managed at a divisional level in relation to medical staffing challenges with ongoing mitigations being progressed at a local level.

6. Incidents

In the last six months there have been a total of 33 recorded incidents on Datix relating to medical staffing shortages in both Eastern Services (4) and Northern Services (29); However, of those 29 pertaining to Northern Services 22 relate to the Seymour Unit alone.

Of the total incidents reported, 25 were reported with a severity rating as 'none – No/Minimal Harm, Loss or Damage' and eight were reported as 'Minor - Injury/Illness requiring minor intervention, increase length of stay 1- 3 days'. 27 of the incidents have already been investigated and approved / closed, one investigation remains ongoing, three investigations are completed awaiting final approval and two are pending review.

Themes of Incidents;

Oncology Services. Approximately 20 patients have not been able to have an oncology review prior to a cycle of chemotherapy. This is a challenged service across the Trust and it is not always possible to provide the optimal level of medical cover. There are mitigations in place to provide supported nurse-led services if consultants are not available, and collective work is ongoing.

Out of hours Anaesthetics in Northern Services if an anaesthetist is required to transfer a patient off site. The level of anaesthetic cover out of hours is the maximum that can be provided with the number of funded posts. However, if a patient requires a medical escort for transfer, this leaves a reduced capacity on-site, such that emergency surgery, other than emergency Caesarean sections cannot go ahead for several hours.

7. Establishment and Vacancies

Further work is required to ensure the ESR system captures medical vacancies accurately. Support is now available by the Strategic Workforce Planning Lead, and we anticipate this will allow us to present a more accurate view in the next report.

For this specific report, due to data issues, we are unable to credibly report the number of vacancies; however, as reported in the following section, there has been a significant volume of successful recruitment activity undertaken in the last six months.

There remains a reliance on agency and locum medical staffing, particularly in Northern Services, to ensure safe medical staffing levels. The use of long-term locums is an area of focus with the aim to recruit substantively.

8. Recruitment

There has been further successful senior doctor recruitment in both Eastern and Northern services since the last report, with a total of 25 new starters at a senior doctor/dentist level across both sites,

- 16 Consultants (12 Eastern / Four Northern)
- Nine SAS doctors (Six Eastern / Three Northern)

This includes posts that have been significantly difficult to recruit to previously, in particular, Respiratory and Healthcare for Older People in Eastern Services and Radiology and Obs and Gynae in Northern Services.

As advised in the previous report, a comprehensive business case was been developed, outlining the need for an increase in the number of senior and junior staff within Medicine, in Northern Services. This was approved by the Board of Directors in December 2022 and was subsequently escalated through to the ICB 'Triple Lock' process.

A comprehensive and reinvigorated recruitment process is now underway to seek to fill these additional roles, and a formal work programme is in place, jointly led by the Chief Medical Officer and the Chief People Officer, inclusive of an additional incentivisation scheme to support successful recruitment. This has already had a positive impact and we have seen increased interest in roles that have previously been advertised with no applicants/candidates.

Trust Doctor recruitment remains successful; however, this equally remains a continuous process due to the turnover rate for this transient and temporary staff group, across a range of specialities in both Northern and Eastern Services.

9. Junior Doctor Exception Reports with Immediate Safety Concern

Between April 2023 and September 2023, there have been a total of 166 exception reports submitted in Eastern Services (a reduction on the previously reported six months / 198) and 17 within Northern Services; of these, six within Eastern Services were flagged as an immediate safety concern and five within Northern Services.

		RDUH	
Type of Exception	Sub-type	Eastern Services	Northern Services
Educational	N/A	7	3
Hours	Total	147	10
	Natural Breaks	8	
	Overtime	129	
	Rest	0	
	Blank	7	0
Pattern	N/A	9	0
Service Support	N/A	3	0
Total	N/A	166	13

Further detail is provided separately in reports by the Guardian of Safe Working reporting to the PWPW Committee but in brief, these generally relate to junior staff within General Medicine regarding short notice absence of junior colleagues and an inability to cover these shifts, leaving shortfalls in staff numbers within General Medicine. No harm to patients was noted or reported. However, this causes worry and anxiety amongst junior staff.

In the most recent six months the volume of exception reporting has reduced. The Guardian(s) of Safe Working have highlighted the importance of exception reporting at the recent Junior Doctor Inductions. The role(s) had been vacant for a short period and this could potentially have had an impact on the amount of reports generated. However, the Trust now have established Guardians in place and will continue to focus on ensuring exception reporting is championed, encouraged and acted upon swiftly. Through both the Junior Doctors Forum and via the Medical Workforces Startegy Group, and onward to PWPW, key themes and lessons learned are identified and discussed, with resulting actions taken where necessary.

10. Future View

There remains a lack of resilience in several services, particularly those with small total numbers of doctors and national recruitment shortages; however, as outlined in the report, there has been progress in both recent recruitment in some key areas, and a process identified to continue to improve the position over future months.

A number of key tasks are continuing to be developed / progressed although progress has been slower than anticipated given the issues mentioned within this report;

- There will likely be further Industrial Action taking place over the coming months; however, whilst the Trust has a well-rehearsed process to deal with safe staffing risks, there will be, inevitably, further impacts from a financial and elective delivery point of view.

- Work remains ongoing in relation to the validation / accuracy of Medical Workforce data, to ensure that reported establishments and vacancies are accurately recorded, to support future reporting and workforce planning.
- Work continues on the development of a robust and consistent annual establishment review process for the Medical Workforce across all divisions and sites. This will include non-medical roles, such as Physicians Associates (PAs) and Advanced Care Practitioners (ACPs) in conjunction with the Nursing, Midwifery and AHP Workforce Strategy Group. This has been discussed at the previous Medical Workforce Strategy Group and a Task and Finish Group has been commissioned to work on this in the coming months.
- Work continues on the development of identification across all specialities of 'minimum safe staffing levels' for the Medical Workforce/non-medical staff working on traditionally medical rotas, and a process to consistently record and report where these levels are breached / challenged. – This forms part of the remit of the aforementioned Task and Finish Group, reporting to the Medical Workforce Strategy Group.
- Agreement of key supporting 'safety and quality' metrics for the Medical Workforce, and building these in to the development work list for Business Intelligence and Epic to enable both real time and retrospective reporting. This remains ongoing and is part of a prioritisation process for metric development within Epic / BI.
- Establishment of ongoing reporting of safe medical staffing from divisional teams through to the Medical Workforce Strategy Group, supported by the above actions.
- Further reflection on key lessons learned through the period of Junior Doctor and Senior Doctor Industrial Action and how successful multidisciplinary working will inform future Medical / Clinical Workforce Strategy. An additional de-brief is scheduled for 4 December.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	12.4, Public Board meeting		Date: 29 November 2023	
Title:	Audit Committee Report			
Prepared by:	Colin Dart, Director of Operational Finance (Northern)			
Presented by:	Alastair Matthews, Chair of Audit Committee & Non-Executive Director			
Responsible Executive:	Angela Hibbard, Chief Financial Officer			
Summary:	A report from the Audit Committee on the key matters arising from the meeting on 6 November 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 6 November 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.

3. Analysis

3.1 Quoracy

The meeting was quorate

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

The AC received and noted an update on progress:

- 8 actions completed since last meeting – 88% of actions were now complete
- 4 (12%) actions not yet started, not yet due with a completion date of 30 November 2023.

The AC discussed future reviews of the response to the initial checklist to ensure the controls implemented had the intended impact and agreed that the current control environment was evolving and as part of 2024/25 plan the financial control environment would be re-tested.

3.3 Report on the Annual Review of Effectiveness of the Audit Committee

The AC received a positive report on its effectiveness and discussed feedback on the visibility from its interactions with other Committees outside of the AC and Governance Committee over the coming year, particularly the benefit of the perspective that can be offered by an incoming Chief Executive.

3.4 **Report on the Implementation of the Standards of Business Conduct Policy**

The AC received an interim report following the first 6 months of implementation of the policy with a particular focus on declarations interest, gifts and hospitality and secondary employment.

The AC discussed the current response rate for declarations of interest and agreed that the focus should initially be on raising awareness and prioritising declarations from senior leaders and decision makers to achieve the objective of the policy.

3.5 **Losses and Special Payments Register**

The AC received an interim report on the register and noted there had been 46 cases at a cost of £234k in the first 6 months of the financial year and was advised of the causes, actions, controls and lessons learned arising from the material areas, particularly losses from stores.

The AC noted it will receive a final report as part of its financial year end programme.

3.6 **Better Payment Practice Recovery Plan**

The Trust received a letter from the national CFO regarding a response by 12 October 2023 on the assurance required for improving the Trust's payment performance to its suppliers. A response was duly made after meetings between the AC chair and the CFO and this meeting was the first opportunity for the AC to review and receive assurance in respect of the Trust's response.

The AC acknowledged the BPPC recovery plan, noted the response was made in advance of the AC meeting in order to comply with the NHSE deadline.

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

The AC discussed the following emerging issues:

- future direction of shared services and the related assurance that may be required for services hosted or received
- Governance across the Integrated Care Board (ICB) and Integrated Care System (ICS)
- Assurance that Internal Audit were well placed strategically to contribute to the assurance agenda for current and future system audit assurance programmes
- Focus on freedom to speak up and whistle blowing arrangements in light of recent high profile events
- Independent audit requirements for the fit and proper persons test

3.8 **Counter Fraud Progress Report**

The AC received the progress report and noted

- The engagement work of the new LCFS specialist
- The successful identification of a fraudulent invoice by Trust staff
- Progress of a proactive exercise testing the financial control environment
- Focus on ensuring key departments are 100% compliant with the Counter Fraud e-learning training.

The AC escalated the issue of secondary jobs and working whilst on sick leave to the Chief People Officer.

The AC expressed concern that the Counter Fraud ("CF") work programme was significantly behind schedule though noted the recent appointment of a senior LCFS, a more recent addition to the CF team and bringing on-line a delivery partner that provided additional capacity to recover slippage. CF was committed to recovering the position which would include a focus on the Counter Fraud Functional Standard return.

The AC noted the progress report.

3.9 **Update on Recommendation 5 from the Consultant Payment Audit Report**

The AC noted the update on specific management actions from recommendation 5 of the audit report, including:

- Completion date for outstanding actions by the end of the year
- 2 papers presented to the Medical Workforce Strategy Group on the outcome of the audit
- Recent audit identified 91% (1,534) of September 2023 claims had confirmation of secondary validation. A review identified an administrative data capture issue that has been corrected – if in place this would have demonstrated 98% compliance
- There have been no instances that have identified additional financial risk
- Internal Audit have programmed work in the 23/24 programme to undertake a validation review of the process

3.10 **Internal Audit Interim Report**

The AC received the interim report and noted:

- The resource challenges from long term sickness in the team exacerbated by the short notice loss of a delivery partner
- The successful recruitment of additional capacity despite a challenging recruitment market
- 2 final reports were received – 1 satisfactory, 1 limited. The limited opinion will be scheduled for update at the next AC.

- 6 reports at draft stage – 3 satisfactory, 3 limited
- 8 reviews in progress
- 12 reviews in the planning stage

The AC challenged the delays in delivering the audit plan and the need to prioritise audits that addressed the priority / high risk areas whilst contributing to the annual Head of Internal Audit opinion as a key assurance requirement. The Head of Internal Audit did not anticipate the work completed would impact adversely on the opinion at the year end at this stage.

Given the significant resourcing pressures the CFO and Head of Internal Audit will review progress in early December and update the AC chair on progress in mid-December so that any rescheduling can be considered in a timely manner as the next AC is not scheduled until February 2024.

The AC was concerned by the draft report finding of 'limited assurance' following a review of closed actions and asked that the draft report be shared with the CFO for review with her Executive colleagues and Internal Audit ahead of the final opinion.

The AC approved the Well Led review being removed from the 2023/4 programme as there had been a recent CQC inspection that included this. Some work in relation to integration progress has been included at the request of the Integration Programme Board.

3.11 **ASW Assurance Annual Report 2022/23**

The AC noted the annual report, particularly the high level of assurance against the standards of Public Sector Internal Audit rating following an external quality assessment.

3.12 **External Audit Report and Technical Update**

The AC received the report and noted:

- KPMG Presented at the Annual Members Meeting
- Finalised the Charity audit
- The commencement of handover of engagement partner from Jonathan Brown to Rees Batley for the 2023/24 audit.
- A debrief meeting would be organised with the finance team on the year end audit

3.13 **Process for the appointment of the Trust's external auditors**

The AC discussed the options for progressing the appointment of the Trust's external. The AC noted a number of factors including the current market for external auditor appointments.

The AC has made a recommendation for the consideration of the Council of Governors (CoG) at its November meeting.

3.14 **Compliance Review of Audit Committee Terms of Reference**

The AC undertook its scheduled review of its compliance with its Terms of Reference (ToR); the AC can confirm it has complied with its terms of reference.

The AC would highlight the following to the Board of Directors:

- the ToR include 4 non-Executive Director (NED) members and the AC is currently operating with 3 NED members. This will increase to 4 NED members at the next AC.
- There have been changes to AC NED membership, a new Head of Internal Audit, recent change in governor member and new external audit engagement lead. The AC considers it remains effective but is mindful of membership changes taking time to bed in.

The AC also reviewed its annual schedule of meetings and expected reports

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 6 November 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:	12.4, Public Board Meeting		Date: 29 November 2023	
Title:	Finance and Operational Committee Board Update			
Prepared by:	Colin Dart, Director of Operational Finance			
Presented by:	Steve Kirby, Non-Executive Director & Committee 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:	The Finance and Operational Committee makes the following recommendations to the Trust Board of Directors: • To approve the Spinal Business Case • No change to the BAF risk scores All other updates are for noting.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
		X		**X**
History:	The Finance and operational Committee was held on 24 November 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 the Board of Directors, a report on matters arising from the Finance and Operational Committee (FOC) at the meeting held on 24 November 2023. A full copy of the approved FOC minutes is available upon request.

2. Background

The role of FOC is to provide additional assurance to the Trust Board of Directors through the public and confidential Board meetings on financial and operational matters. The committee is for assurance only and there is no decision-making authority in the terms of reference. However, the committee scrutinise 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 Operational performance by exception

The Director of Improvement provided an update on the variable ED performance with a focus on Eastern service including imminent ECIST support to site management and patient flow together with local engagement to embrace the full range of opportunities for high performance.

The COO advised the Committee on the following:

- There were zero 104 week wait patients
- 124/3700 patients were identified where the outcoming had caused them to be added to the long waiting list. There were currently 6 patients remaining to be treated who all had a January 2024 TCI.
- No Criteria to Reside (NCTR) in northern services had risen to 20% that had been escalated within the ICS.
- A cancer tiering revisit by NHSE South West was scheduled for 28th November 2023
- The TIF Board recognised the work being undertaken with Torbay that improved the case for a Cardiology Day Case Unit.

No other escalations presented as brought through other agenda items.

The committee noted the report.

Delivering Best Value savings plan

The month 7 report was noted and the Committee suggested greater visibility of the full year effect of recurrent delivery together with early sight of future years DBV to establish a pipeline of opportunities. It was also agreed that a more strategic view over a 3 year period would be implemented that would also inform ongoing work on the underlying financial position.

The committee noted the report.

Improvement Plan delivery

The Director of Improvement provided an update on the work of the operational improvement plan and the impact of delivery that had not been covered under operational escalations.

It was recognised there was an increased focus on developing cross site plans for equalisation of diagnostics access as reported via DM01 moving from 60% to 85% against the 99% target.

The committee noted the report.

National Cost Collection (NCC) Submission

The Director of Strategic Finance and Productivity provided an overview of the National Cost Collection submission in relation to 22/23 data.

The committee noted the report and recommended the Audit Committee be the appropriate Committee for future NCC reviews.

2024/25 Financial and Operational Planning

The CFO presented the draft internal operational planning guidance for 2024/25 in preparation for finalising and issuing to the wider Trust which the Committee noted was prior to any national guidance being issued and recognised the importance to allow the detailed internal planning process to be instigated, building on lessons learned in 2023/24 and improving budget setting to ensure consistency across sites and greater granular alignment to the operating plan for 2024/25.

The Committee discussed the benefits of ensuring alignment with workforce and activity planning, the granularity and accountability of one plan aligned to divisional budgets that was easily understood by the Board and extending to a 3 year view, particularly on DBV and workforce planning.

It was agreed there would be a standing agenda item to receive regular updates on 2024/25 planning.

The committee noted the report.

Data Quality Update

The Director of Strategic Finance and Productivity an overview of known data quality issues that have had a negative impact on reported operational performance and the actions being taken to address.

It was recognised the MBI review on Cancer had been reviewed, corrected and patients booked.

It was recognised the MBI review on Cardiology was being monitored by the access group and was currently work in progress. It was agreed to report back to the December meeting.

It was agreed that Internal Audit would undertake a process review for further assurance.

The committee noted the report.

Spinal Business Case

The Divisional Director for Surgery (Eastern) presented the business case that had been supported by the TDG and also the ICB Financial Recovery Board on the basis that activity would be repatriated from the Independent Sector that provided an overall benefit to the ICB after underwriting the direct costs and associated pass-through costs incurred by the Trust.

It was recognised that the workforce was available and the Trust would not be financially disadvantaged.

The committee recommended the Board approves the Spinal Business Case.

3.2 Other Items for Trust Board of Directors approval

BAF review

The Committee reviewed the issues presented and was assured there were no adverse consequences of being adverse to the financial plan.

The committee recommends no change to BAF risk to the board.

4. Resource/legal/financial/reputation implications

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

A detailed review was undertaken and no risk scores were amended.

6. Recommendations

The Finance and Operational Committee makes the following recommendations to the Trust Board of Directors:

- To approve the Spinal Business Case
- No change to the BAF risk scores.

All other updates are for noting

Agenda item:	12.5, Public Board Meeting		**Date:** 29 November 2023	
Title:	November 2023 Integration Programme Board update to the Royal Devon Board of Directors			
Prepared by:	Fran Lowery, Integration Programme Manager			
Presented by:	Alastair Matthews, Non-Executive Director & Programme Board Chair			
Responsible Executive:	Chris Tidman, Deputy Chief Executive Officer			
Summary:	This document provides a summary of the key areas discussed at the 21 November Integrated Programme Board, and provides an update on the Integration Programme delivery.			
Actions required:	To note the update.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
			X	
History:	A monthly report is produced after each IPB to report to the Royal Devon Board of Directors. The October IPB meeting was stood down so no report was provided to the October Board of Directors meeting			
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	X	Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	X
Assurance Framework	X	Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

INTEGRATION PROGRAMME
Programme Exception Report

1.0 Overview

The IPB met on 21 November 2023 to gain assurance on the progress of the Integration Programme for Year 2 of integration (1 April 2023 to 31 March 2024).

The Integration Programme highlights are:

- The Operational Services Integration Group have met for a number of staff and staffside sessions. Final documents have been approved by staffside ahead of the management of change (Phase 1) formal start on 27 November 2023
- The Corporate Service Delivery Group will have completed all corporate service's deep dives during October/November
- The next Clinical Pathway Integration Group is scheduled for 12 December. It continues to monitor the 8 high priority services as well as urology
- IPB reviewed a paper on NHSE integration commitments included in the approval letter from the original business case approval for the merger, which confirmed that all the requirements had been completed

This exception report presents the main matters arising from the integration programme activities, and summarises key risks and issues across the following headings:

- Operational Services Integration Group update
- Corporate Services Delivery Group
- Clinical Pathway Integration Group
- Trust policy update from Director of Governance
- Corporate Services PTIP report Q2 Year 2
- Briefing paper on NHSE integration commitments with RDUH
- Integration programme delivery year 2: audit plan, governance and programme

2.0 Operational Services Integration Group update

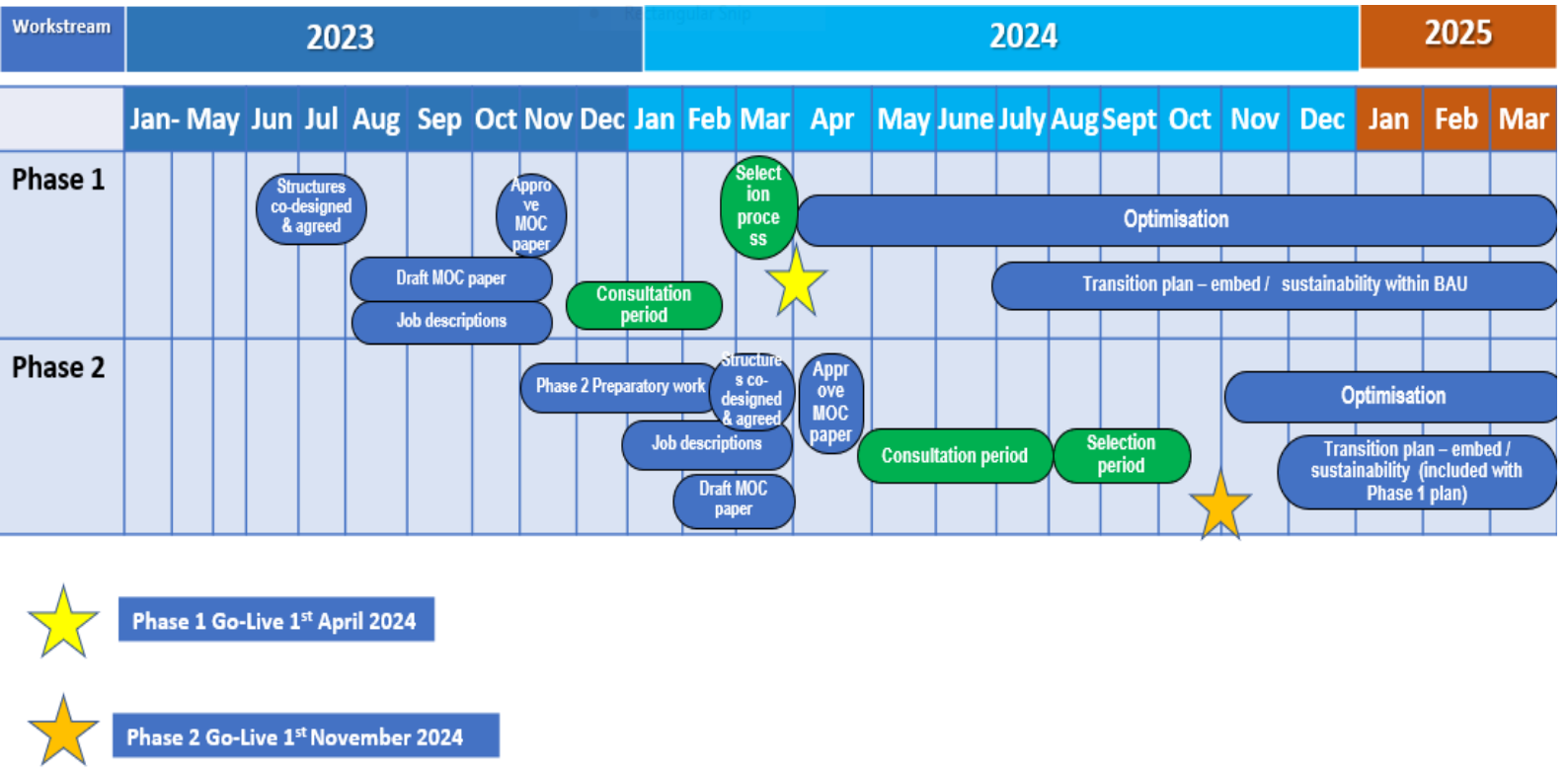
The COO gave IPB an update on the progress of the Operational Services Integration Group (OSIG). There have been a number of workshops with trust senior leaders, as well as staffside. A key milestone was achieved following the Board of Director conditional approval of the OSIG paper and staffside approval, resulting in the formal Operational MoC scheduled to start on Monday 27 November 2023

The COO outlined the significant work carried out over the past month, including:

- Formal check-in event – led by Interim CEO & COO as agreed at the September Board - held on 20th October 2023
- Agreement reached on enhanced clinical governance structure for Women's & Child Health
- Proposal for Medical Leadership structure shared – led by CMO
- Executive sign-off of banding proposals & consistency of nomenclatures

- Communications & Engagement Plan continues to be updated, high level briefing document in development.
- Planning video communication (COO & CMO) to be made available to wider organisation.
- Intersite Transport & Parking arrangements shared with OSIG – will form part of FAQs and paper to go to TDG.
- Working practices being finalised, including Digital plan in place to ensure ready for 1/4/24

The updated timeline is shown below, with the management of change starting on 27 November 2023.



Phase 1 Go-Live 1st April 2024

Phase 2 Go-Live 1st November 2024

There was discussion and agreement that OSIG and CPIG will work closely together to ensure we maximise the patient benefits delivered with the operational and clinical teams working closely together.

The overall financial cost of the operational and medical leadership structures for phase 1 will be finalised ahead of the OSIG MoC completion and reported back to IPB

3.0 Corporate Services Delivery Group

CSDG met during October and November to complete corporate services deep dives, chaired by the DCEO, with CFO and CPO in attendance. The DCEO confirmed that the monthly corporate PAF is now embedded, bringing the corporate services together to focus on key issues including their financial YTD position, DBV delivery and people data.

The MoC paper led by the CPO is being discussed in the next formal CSDG meeting, which includes recommendations to manage/prioritise the demands of the 30 or so 'live' MoCs currently in process. This will then come to the December IPB meeting for assurance.

The DCEO also confirmed that CSDG will also start to provide oversight of the ICB system shared service programmes of work to track business cases and requests. It was suggested by the IPB chair that CSDG could also link with internal audit who are involved with some of this work.

The next CSDG on 27 November is being re-purposed to provide a Financial Recovery call to action, mirroring the successful meeting with operational and clinical staff on 16 November.

4.0 Clinical Service Integration Group

The Chief Nursing Officer provided a verbal update on the Clinical Service Integration Group (CPIG). The next meeting is scheduled for 12 December.

The CNO confirmed that CPIG is overseeing the divisional work on the 8 high priority services, as well as urology. She outlined the work currently underway, confirming that CPIG will align closely with the OSIG developments, as until there are single divisions and governance full integration of the clinical services is not possible. However, it was important to note that there is currently substantial work being delivered jointly across the organisation, including the Improvement working group.

It was also confirmed that the OSIG Programme Director is meeting with the Transformation Director to agree the baseline review process by the Transformation Team of all the general clinical services to enable integration to be prioritised according to risk and opportunity.

5.0 Trust policy update

The Director of Governance presented her paper on the progress of integrating the trust policies. The report was not able to quantify the precise progress of this work but this was due to be available in December, however IPB was assured that the necessary BAU process are in place. This is overseen by Safety and Risk Committee, and a paper is being taken to the December meeting to confirm the position.

It was agreed by IPB that it is important that Safety and Risk Committee and the Governance Committee have oversight of the entirety of this workplan including quantification of progress to date, phasing of delivery, and the monitoring framework. The CMO proposed that following the S&RC paper in December this would be reported to the Governance Committee with an annex providing the detail.

6.0 Corporate Services PTIP report Q2 Year 2

The Corporate Services PTIP report Q2 Year 2 report was reviewed. This shows that there are 58 Year 2 corporate services PTIP actions in place across CMO, CNO and Corporate Services portfolios for 2023/24, with 41 completed actions as at 30 September 2023.

It was noted that good progress has been made with these PTIP actions. Of the remaining 17 actions all are expected to be completed by 31 March 2024. IPB noted that 7 of these open actions are showing as off track, however, these are monitored monthly with the service leads and through CSDG and no risks have been escalated for these actions.

7.0 Briefing paper on NHSE integration commitments with RDUH

Following the completion of the NHSE Integration lessons learnt process and report in September 2023, the DCEO requested a briefing paper to be taken to IPB for assurance to outline the timeline of delivery of the commitments required by NHSE as part of its approval of the Merger business case.

The NHS commitments were included as key milestones for the integration programme from 1 April 22 to 1 April 23. The delivery of these commitments was monitored and overseen by IPB.

This report concluded that all commitments had been completed, and is a record of assurance for IPB.

8.0 Integration Programme delivery and management year 2: audit plan, governance and programme plan

8.1 Programme governance and risk management

The Head of Corporate PMO met with the Deputy Director of Governance on 4 October to review the year 2 RAID log. There were no new issues identified, and the next risk surgery is planned for 13 December 2023.

Progress against four strategic risks from NHSE Amber Transaction Risk rating letter (March 22) continue to be managed– the table is shown on the next page:

Risk	Proposed action	Status
Dedicated Finance Committee	Implement Finance Committee (date)	Complete
Royal Devon 3% saving v ICS 5-6%	Best Value Programme developed/ monitored to deliver efficiency savings. Royal Devon Financial Recovery programme in place, OSIG anticipates identifying efficiencies in phase 2	Amber
Delay in developing Clinical Strategy impacting on patient benefits	Clinical Strategy, led by CMO & CNO. It was approved by the Board of Directors on 26 July 2023	Complete
Clinical integration plans providing assurance to NHSE	Clinical Integration being overseen by CPIG to provide assurance to IPB.	On track

8.2 Integration year 2 audit plan

The internal audit plan was discussed and approved for operational and clinical light touch, corporate services in Q4, and a review of 2023/24 audits to consider the level of integration of teams throughout RDUH.

8.3 Integration Programme delivery – for H2, Quarter 3 (Oct-Dec 2023)

The high-level programme plan for the delivery of the 3rd quarter of year 2 is shown on the next page, and was discussed at IPB.

Steering Group	Key workstreams	H2, Q3 Oct	Nov	Dec
1. Programme Management IPB	Programme deliverables	CPMO 6-month programme review		
	Delivering Best Value		DBV stocktake review	
2. Clinical Pathway Integration Group CPIG	CPIG			
	High risk clinical service integration	Scope CPIG proposal		
	Key enablers	Corporate Roadmap to BoD		
	Clinical MoCs/EoIs			
3. Operational Services Integration Group OSIG	Operational restructure		Phase 1 MoC consultation start 27/11/23	
	OD & Culture	Managing change and OD support		
4. Corporate Services Delivery Group CSDG	Corporate PAF	Corporate services deep dives - 6 mth review		
	Trust Systems/ integration efficiencies			
	Policies		Year 2 policy alignment report - Q3	
	Corp MoCs/EoI		Year 2 MoC plan-Q2 review	

Key

- Completed
- In progress
- Off track
- Not yet started

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	12.6. Public Board Meeting		**Date: 29 November 2023**	
Title:	Our Future Hospital Programme Board Update November 2023			
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 paper to summarise the progress from the of the Our Future Hospital Programme Board and to give the Board assurance on the management of the programme.			
Actions required:	The Board of Directors are asked to note the current position 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

Further to the revised funding allocation, the New Hospital Programme (NHP) team have confirmed that the Strategic Outline Case (SOC), that was produced for the OFH Programme in 2021, will need to be refreshed. The NHP will be providing a template to enable a prescriptive and comparable approach to reviewing programmes at a similar stage. Given that the SOC produced was a robust document with a thorough assurance process, the aim will be to build on this to provide the evidence required by the NHP. The timing for receiving this template is currently unknown, but it is expected before the end of the calendar year.

OFH Programme Progress

Work on the Short Form Business Case for the rebuild of the residences is progressing at pace. Significant work has been completed on the framework procurement required to appoint a 'Design & Build' contract partner who will help develop the business case with assured costing. As of 22 November, the brief for the residences will be uploaded to the Trust's tendering portal to allow contractors to put together their bids. The aim is to have a contractor appointed by the end of the calendar year to meet business case timescales. This work is being overseen by the Phase 1 sub group reporting to OFH Programme Board.

Outline programme plans for the phase 1 residences and the overall OFH Programme resubmission were approved at Programme Board.

OFH Next Steps

The focus for the next month for the residences project will be 2-fold; producing an outline plan for the new residences and focussing on supporting our space utilisation group in engagement with teams whose offices are based in Chichester and Munro House, planning the moves from these buildings. Moving these teams out of these buildings poses a significant challenge; there are 145 staff to relocate with significant space pressures across the Trust, especially at the NDDH acute site.

Concurrently, the OFH team are working on a master plan that will support the residences business case proposed site and a high-level programme plan for the entire programme of works that will be submitted to NHP. This will form part of the national programme business case. The Trust have been advised that NHP will be submitting their case for review at Major Projects Review Group, planned for March 2024.

Risks

One of the most pressing risk continues to be the current situation with timely relocation of teams currently in Munro and Chichester House as outlined above.

A risk related to the ICB and review of the acute services review for Devon was also noted; there is still no formal programme timeline for completion of this work. ICB sign off will be contingent on the Outline Business Case alignment to the Devon ICB future model of care delivery. This will be flagged with senior ICB leadership.

Resource continues to remain a risk for the OFH Programme team, with the phase 1 staff only being currently funded until end FY23/24. This makes it almost impossible to recruit the required skills, so the OFH team are looking at how this work can be managed utilising external/third party resource whilst we wait for future funding confirmation from NHP.

The team are continuing to put in mitigations for lesser risks, but more work is required on managing the impact on residences capacity (potential loss of 27 beds during phase 1 delivery) with the facilities department.

Summary

The Board is asked to note the current position for the Our Future Hospital Programme and support the plan for moving incumbent teams from Chichester and Munro House.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	12.7, public Board meeting		**Date: 29** November 2023	
Title:	Amendment to the Standing Orders			
Prepared by:	Melanie Holley Director of Governance			
Presented by:	Melanie Holley Director of Governance			
Responsible Executive:	Paul Roberts, Chief Executive Officer			
Summary:	A proposal to amend the Trust's Standing Orders in relation to the frequency of meetings.			
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	**x**	
History:				
Link to strategy/ Assurance framework:	N/A			

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 to seek approval for a change to the Standing Orders relating to the frequency of the Board of Directors (BoD) meetings.

2. Background

BoD meetings are currently held monthly (10 meetings a year). A proposal has been discussed and agreed with Board Members to change the frequency of BoD meetings to bi-monthly (6 a year). The changes are to ensure that the BoD can continue to function efficiently and effectively and fulfils its requirements, ensuring the right balance between strong performance and governance through Board business, whilst at the same time having sufficient protected time to explore and develop the Board's thinking and approach to policy, strategy and cultural issues.

3. Analysis

It is proposed that the Trust's Standing Orders are amended, as highlighted in Appendix A (section 3.1.1) to reflect the change in frequency of BoD meetings from 10 a year to 6.

4. Resource/legal/financial/reputation implications

There are no negative impacts to the proposed changes.

5. Link to BAF/Key risks

There are no links to the BAF.

6. Proposals

It is proposed that the Board of Directors approve the above changes to the Trust's Standing Orders.

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST
STANDING ORDERS

Version:	6
Sponsor:	Chief Financial Officer
Approval authority:	Board of Directors
Date of approval:	28 September 2022
Date of last approval:	29 November 2017
Date of next review:	November 2025

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

STANDING ORDERS

Approved by the Board of Directors on 29 November 2006 and amended 26 November 2014 and 29 November 2017, 28 September 2022

FOREWORD

Within the License issued by NHS England/NHS Improvement (NHSE/I), the Independent Regulator of NHS Foundation Trusts, NHS Foundation Trusts are required to demonstrate appropriate arrangements to provide comprehensive governance arrangements in accordance with the National Health Service Act 2006.

Standing Orders regulate the proceedings and business of the Trust and are part of its corporate governance arrangements. In addition, as part of accepted Codes of Conduct and Accountability arrangements, Boards are expected to adopt schedules of reservation of powers and delegation of powers. These “Scheme of Delegation” schedules are incorporated within the Trust’s Standing Financial Instructions.

This document, together with Standing Financial Instructions, Standards of Business Conduct, Budgetary Control Procedures, the Fraud and Corruption Policy and the procedures for the Declaration of Interests provide a regulatory framework for the business conduct of the Trust. They fulfil the dual role of protecting the Trust's interests and protecting staff from possible accusation that they have acted less than properly.

The Standing Orders, Budgetary Control Procedures and Standing Financial Instructions, which includes the Scheme of Delegation, provide a comprehensive business framework that can be applied to all activities. Members of the Board of Directors and all members of staff should be aware of the existence of and work to these documents.

CONTENTS

1. INTRODUCTION

1.1 Statutory Framework

The Royal Devon University Healthcare NHS Foundation Trust (here after referred to as Royal Devon) is a public benefit corporation which was established under the National Health Service Act 2006 (the 2006 Act). The principal place of business of the Trust is the Royal Devon and Exeter Hospital (Wonford) in Exeter and North Devon District Hospital in Barnstaple.

NHS Foundation Trusts are governed by statute namely the National Health Service Act 2006. The statutory functions conferred on the Trust are set out in the 2006 Act and in the Trust's License and Constitution.

As a public benefit corporation the Trust has specific powers to do anything which appears to be necessary or desirable for the purposes of, or in connection with, its functions. It is also accountable to the Charity Commission for those funds deemed to be charitable. The Trust also has a common law duty as a bailey for patients' property held by the Trust on behalf of patients.

The NHS Constitution requires the Trust to adopt Standing Orders (SOs) for the regulation of its proceedings and business. When compiling their accounts, the sector regulator for health services in England (NHSE/I) requires that Foundation Trusts comply with International Financial Reporting Standards. NHSE/I produces a Foundation Trust Annual Reporting Manual which also provides guidance for foundation trusts, consistent with the requirements of the Financial Reporting Advisory Board.

NHSI's Code of Governance requires that, among other things, Boards draw up a schedule of matters reserved to the board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives (a scheme of delegation). The Constitution also requires the establishment of Audit and Remuneration Committees with formally agreed terms of reference. The Trust also operates a Code of Conduct for Directors.

1.2 Delegation of Powers

Under the Standing Orders relating to the Arrangements for the Exercise of Functions (Standing Order 4) the Board exercises its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee appointed by virtue of Standing Order 4.1. This may also be exercised by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as the Independent Regulator may direct. Delegated Powers are covered in a separate document (Matters Reserved for the Board and Delegation of Powers). That document has effect as if incorporated into the Standing Orders.

1.3 Conflict with the Trust's Constitution

Where any conflict arises between the Constitution and these Standing Orders, the Constitution shall have primacy.

1.4 Final authority in the interpretation of Standing Orders

The Chair of the Trust shall be the final authority in the interpretation of Standing Orders on which they shall be advised by the Chief Executive and in the case of Standing Financial Instructions (SFIs) by the Chief Financial Officer

1.5 Definitions

Throughout these Standing Orders, if not inconsistent with the context:

"**Trust**" means the Royal Devon.

"**Board**" means the Board of Directors and comprises the Chair and Non-Executive Directors, appointed by the Council of Governors (CoG), and Executive Directors appointed by the relevant committee of the Trust.

"**Chair**" is the person appointed by the CoG to lead the Board and the Council of Governors and to ensure that it successfully discharges its overall responsibility for the Trust. The expression "The Chair of the Trust" shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

"**Vice-Chair**" means the Non-Executive Director appointed by the CoG to take on the Chair's duties if the Chair is absent for any reason. The Constitution contains further guidance on the selection of the Vice Chair.

"**Director**" means a person appointed as an *Executive or Non-Executive* Director, and whose post carries with it Board membership status, and includes the Chair. It does not include either corporate directors or anyone else whose job title includes the word 'director'. The official register of Directors will be posted on the Trust and NHSE/I's website.

"**Senior Independent Director"** means the non-executive director appointed by the Board to provide a sounding board for the Chair and to serve as an intermediary for the other directors when necessary. The Senior Independent Director should also be available to Governors.

"**Chief Executive**" means the Chief Executive Officer of the Trust.

"**Chief Financial Officer**" means the Chief Finance Officer of the Trust.

"**Officer**" means any person whose contract of employment is held by the Trust.

"**Authorised Officer**" means the person(s) specified in the schemes of delegation document next to the appropriate paragraph as being the person(s) authorised for that purpose.

"**Accountable Officer**" shall be the officer responsible and accountable for funds entrusted to the Trust. They shall be responsible for ensuring the proper stewardship of public funds and assets. For the Trust this shall be the Chief Executive.

"**Budget**" shall mean a resource, expressed in financial terms, proposed by the board for the purpose of carrying out, for a specific period, any or all functions of the Trust.

"**Committee**" shall mean a committee appointed by the Trust.

"**Committee Members**" shall be persons formally appointed by the Trust to sit on or to chair specific committees.

"**Constitution**" shall mean the Constitution, approved by NHSI (the sector regulator for health services in England), and which describes the operation of the Foundation Trust.

"**Funds held on Trust**" shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under Schedule 2 Part II Para 16.1.c NHS & Community Care Act 1990. Such funds may or may not be charitable.

"**Motion**" means a formal proposition to be discussed and voted on during the course of a meeting.

"**Secretary**" means a person appointed by the Trust (the Foundation Trust Secretary) to act independently of the Board and monitor the Trust's compliance with the law, Standing Orders and observance of Constitution and License.

"**SFIs**" means Standing Financial Instructions.

"**SOs**" means Standing Orders.

"**Council of Governors**" means that body of elected and appointed Governors, authorised to be members of the Council of Governors and act in accordance with the Constitution. "**CoG**" means the Council of Governors.

"**Member**" means any person registered as a Member of the Trust, and authorised to vote in elections to elect Governors.

2. THE TRUST

All business shall be conducted in the name of the Trust.

All Trust staff and members must comply with the Trust's Standards of Business Conduct and Conflicts of Interest Policy and the national guidance contained in HSG(93)5 on 'Standards of Business Conduct for NHS staff'.

All funds received in trust shall be held in the name of the Trust as corporate trustee. In relation to funds held on Trust, powers exercised by the Trust as a corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

The Trust has the functions conferred on it by the Health and Social Care (Community Health and Standards) Act 2003, and by its License, which include the Constitution.

Directors acting on behalf of the Trust as a corporate trustee are acting as quasi-trustees. Accountability for charitable funds held on trust is to the Charity Commission. Accountability for non-charitable funds held on trust is only to NHSE/I.

The Trust has resolved that certain powers and decisions may only be exercised or made by the Board in formal session. These powers and decisions are set out in "Matters Reserved for the Board" contained within the Trust's SFIs and have effect as if incorporated into the Standing Orders.

2.1 Composition of the Board of Directors

In accordance with the Constitution the composition of the Board of Directors of the Trust shall be:

- The Chair of the Trust;
- 7 Non-Executive Directors; and
- 7 Executive Directors including:
    - Chief Executive;
    - Chief Financial Officer;
    - Medical or Dental practitioner; and
    - Registered Nurse or Midwife.

2.2 Appointment of the Chair and Directors

The regulations for such appointments are laid down in the Constitution and are summarised as follows. The Chair and Non-Executive Directors are appointed by the CoG. The CoG shall appoint a committee (the Nominations Committee), whose members shall be laid down in terms of reference, to select suitable candidates for their approval. The Chief Executive will be appointed and removed by the Non-Executive Directors, and this appointment is subject to approval by the CoG. Executive Directors, except for the Chief Executive, will be appointed or removed by a Committee whose members shall be the Chair and the Non-Executive Directors.

2.3 Terms of office of the Chair and Non-Executive Directors

The regulations governing the period of tenure of office of the Chair and Non-Executive Directors and the termination or suspension of office of the Chair and Non-Executive Directors are contained in the Constitution.

2.4 Appointment of the Vice-Chair

2.4.1 For the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chair, the Board of Directors will recommend one of the Non-Executive Directors to be the Vice-Chair of the Trust. The Council of Governors will be asked to ratify this recommendation. This appointment as Vice-Chair will be for such a period, not exceeding the remainder of their term as Non-Executive Director of the Trust.

2.4.2 Any Non-Executive Director so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair and the Directors of the Trust may thereupon recommend another Non-Executive Director to be Vice-Chair in accordance with Standing Order 2.4.1. The Constitution contains further advice on occasions when the Council of Governors is discussing matters relating to the Chair.

2.5 Powers of the Vice-Chair

Where the Chair of the Trust has died or otherwise ceased to hold office, or where the individual has been unable to perform the duties as Chair owing to illness, absence or any other cause, references to the Chair shall, so long as the Chair is unable to perform the duties, be taken to included references to the Vice-Chair.

2.6 Senior Independent Director

In consultation with the Council of Governors, the Board should appoint one of the independent Non-Executive Directors to be the Senior Independent Director (SID). The SID should provide a sounding board for the Chair and to serve as an intermediary for the other Directors when necessary. The SID should be available to Governors if they have concerns that contact through the normal channels of Chair, Chief Executive, Chief Financial Officer or Trust Secretary has failed to resolve, or for which such contact is inappropriate.

2.7 Joint Directors

Where one or more persons is appointed jointly to a post in the Trust which qualifies the holder for executive directorship, those persons shall become appointed as an Executive Director jointly, and shall count for the purpose of Standing Order 2.1 as one person.

2.8 Relationship between the Board of Directors and the Council of Governors

The Constitution describes the duties of these two bodies in more detail. In summary the Board of Directors manage the business of the Trust (in accordance with the Constitution), and the CoG conduct a number of tasks, among them:

- to approve the appointment of the Non-Executive Director members of the Board (after selection by the Nominations Committee);
- where necessary and appropriate remove Non-Executive Directors and/or the Chair
- to decide their remuneration and terms and conditions of office;
- to appoint the external auditors; and
- to review various periodic reports listed in the constitution, presented to them by the Board.

The CoG will also represent the views of their constituency, staff group or stakeholder, so that the needs of the local health economy are taken into account when deciding the Trust's strategic direction and other relevant matters.

In situations where any conflict arises between the Board of Directors and the CoG, then the decision of the Chair shall normally be final. However, there may be circumstances where the Chair feels unable to decide owing to a conflict of interest. In such a situation, the Chair will initiate an investigation and make recommendations. Normally this will be achieved by inviting the Chair of another Foundation Trust to conduct the investigation, and the choice of individual will be agreed by both the CoG and the Board.

The SID shall be available to the CoG for any concerns regarding the Board, in particular the Chair and Non-Executive Directors.

3. MEETINGS

Please see Appendix 1 for Committees and Sub-Committees of the Board of Directors and the Trust's Governance Performance System.

3.1 Calling meetings

3.1.1 Ordinary meetings

Ordinary meetings of the Board of Directors shall be held at regular intervals at such times and places as the Board of Directors may determine. Normally this will

be every other monthly, except for August and December, on the last Wednesday of the month. The Chair may decide, taking into account business needs, to hold Board meetings in August and December, and call extra-ordinary Board meetings if appropriate.

3.1.2 Extraordinary meetings

The Chair may call a meeting of the Board of Directors at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least four Directors, has been presented to them, or if, without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented, such four or more Directors may forthwith call a meeting.

3.2 Notice of meetings

Before each meeting of the Board of Directors, a notice of meeting, specifying the business proposed to be transacted at it, shall be issued by the Secretary. This notice shall be delivered to every Director (including by email), or sent by post to their usual place of residence or other address nominated by the Director, so as to normally be available to all Directors at least seven days before the meeting. The agenda and wherever possible the accompanying papers will be dispatched to Board members no later than five working days before the meeting, save in an emergency.

3.3 Setting the Board agenda

The Trust may determine that certain matters shall appear on every agenda for a meeting of the Board of Directors and shall be addressed prior to any other business being conducted.

A Director desiring a matter to be included on the agenda shall make their request in writing to the Chair at least twelve days before the meeting, subject to Standing Order 3.2. Requests made less than twelve days before a meeting may be included on the agenda at the discretion of the Chair.

Lack of service of the calling notice on any Director shall not affect the validity of a meeting.

In the case of a meeting called by Directors in default of the Chair, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice.

3.4 Public Meetings

The Trust recognises that it should be as open as possible and to this end it will hold ordinary Board of Directors meetings in public, subject to the public and press being excluded on the grounds of the confidential nature of the business to be discussed (as per the provisions of section 1(2) of the Admission to Public Meetings Act 1960). The Trust will also hold its general CoG meetings in public, subject to confidential business needing to be discussed. CoG meetings are usually held quarterly and the rules for the calling and conduct of meetings of the CoG are contained in the Constitution and the CoG Rules of Procedure.

The public and representatives of the press shall be afforded facilities to attend the meetings in public of the Board of Directors and the Council of Governors.

3.5 Annual Members meeting

Requirements for the Annual Members Meeting are laid down in the Constitution and the Members Meeting Rules of Procedure. The Trust will hold an Annual Members Meeting within 8 months of the end of each financial year at which it will present its annual report, audited annual accounts, the report made on those accounts by the auditor and membership and forward planning information. An additional public Members Meeting will be called if the auditor issues a report in the public interest other than at the end of the financial year.

3.6 Procedures at Board of Directors meetings

3.6.1 Notice of motion

A Director desiring to move a motion shall send a notice thereof at least twelve clear days before the meeting to the Trust Chair. The Chair shall insert in the agenda for the meeting all notices so received that are in order. This Standing Order shall not prevent any motion being withdrawn, or moved without notice, on any business mentioned on the agenda for the meeting. Such withdrawals, or moving of motions without notice, shall be at the discretion of the Chair of the meeting, pursuant to the powers per Standing Order 3.10.

3.6.2 Withdrawal of motion or amendments

A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

3.6.3 Petitions

Where a petition has been received by the Trust, the Chair shall include the petition as an item for the agenda of the next meeting.

3.6.4 Emergency motions

Subject to agreement by the Chair and of Standing Order 3.6.1, a member of the Board may give written notice of an emergency motion after the issue of the notice of the meeting and the agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, the Chair shall declare the item to the Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

3.6.5 Motion to rescind a resolution

Notice of motion to amend or rescind any resolution which has been passed within the preceding six calendar months shall bear the signatures of the Directors who give it and also the signature of four other Directors. When any such motion has been disposed of by the Trust, it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months. However, the Chair may do so if they consider it appropriate.

3.6.6 Motions

The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

When a motion is under discussion, or immediately prior to discussion, it shall be open to a Director to move:

- An amendment to the motion;
- The adjournment of the discussion or the meeting;

- That the meeting proceed to the next business (*****);
- The appointment of an ad hoc committee to deal with a specific item of business; and
- That the motion be now put (*****);

***** In the case of sub-paragraphs noted by (*****), to ensure objectivity, motions may only be put by a Director who has not previously taken part in the debate.

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

3.7 Chair of meetings

At any meeting of the Board of Directors the Chair, if present, shall preside. If the Chair is absent from the meeting the Vice-Chair, if present, shall preside. If the Chair and Vice-Chair are absent, such Non-Executive Director as the Directors present shall choose, shall preside.

If the Chair is absent from a meeting of the Board temporarily on the grounds of a declared conflict of interest the Vice-Chair, if present, shall preside. If the Chair and the Vice-Chair are absent, or are disqualified from participating, such Non-Executive Director as the Directors present shall choose will preside.

3.8 Record of attendance

The names of the Directors present at the meeting shall be recorded in the minutes.

3.9 Quorum

No business shall be transacted at a meeting unless 50% of the Directors, the majority of which are Non-Executive Directors, are present.

An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (See Standing Order 3.14 & 3.15) they shall no longer count towards the quorum. If a quorum is not then available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting.

The Trust will decide what arrangements and terms and conditions it feels appropriate to offer in extending an invitation to observers to attend any of the Trust's Board meetings. The Chair will decide on attendance at Board meetings by officers or invited attendees, taking into account whether it is a Board meeting in public or a Board meeting to transact confidential business.

3.10 Chair's ruling

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including the procedure on handling motions) and their interpretation of the Standing Orders shall be final.

3.11 Voting

Every question at a meeting shall be determined by a majority of the votes of the Chair and Directors present and voting on the question. In the case of any equality of votes, the person presiding shall have a second or casting vote. No resolution of the Board of Directors shall be passed by a majority composed only of Executive Directors or only of Non-Executive Directors.

In a situation where the office of Executive Director is shared by more than one person their attendance and voting at meetings will be in accordance with Standing Order 3.13.

Where the Chair so directs, or where it is proposed, seconded and carried to do so, a vote shall be taken by paper ballot. Otherwise, all questions put to the vote shall, at the discretion of the Chair, be determined by oral expression or by a show of hands.

If at least four of the Directors present so request, the voting on any question may be recorded so as to show how each Director present voted or did not vote.

If a Director so requests, their vote shall be recorded by name.

In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.

An officer, who has been appointed formally by the Board to act up for an Executive Director during a period of incapacity, or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of the Executive Director. An officer's status when attending a meeting shall be recorded in the minutes.

3.12 Minutes

The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting, where they will be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendments to the minutes shall be agreed and recorded at the next meeting.

Minutes shall be circulated in accordance with Chair's wishes.

3.13 Joint Directors

Where a post of Executive Director is shared by more than one person:

a) both persons shall be entitled to attend meetings of the Trust;

b) either of those persons shall be eligible to vote in the case of an agreement between them;

c) In the case of disagreement between them no vote should be cast; and

d) the presence of either or both of those persons shall count as one person for the purposes of Standing Order 3.9 above.

3.14 Declaration of Board Members' interests

The Constitution requires Board members to declare interests which are relevant and material to the Board of which they are a member, and lists those interests to be declared. All Board members should be guided by this and declare any such interests.

Any such interests should be declared by Board members to the Secretary, who will report it at the next Board meeting. If Board members have any doubts about the relevance of an interest, this should be discussed with the Chair. There will be an annual check of the register of interests in advance of the production of the Annual Report.

There is no requirement for the interests of Board members' spouses, partners or close relatives to be declared. Members may, however, wish to voluntarily disclose such interests where they are known to the member and would be classed as relevant and material interests if they were the interests of the member themselves.

At the time Board members' interests are declared, they should be recorded in the Board's Minutes. The Minutes containing information about the interests of Board members should be drawn to the attention of the Trust's internal and external auditors. Any changes to members' interests should also be declared within four weeks of the change occurring, and recorded in Board Minutes.

Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's Annual Report. The information should be kept up to date for inclusion in succeeding Annual Reports. A register of directors' interests is also to be maintained on the Trust's website.

3.15 Interest of Directors in contracts and other matters at meetings of the Board of Directors

3.15.1 Subject to the provisions of Standing Order 3.15.3, if a Director has any pecuniary, personal or family interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract, proposed contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any questions with respect to it.

3.15.2 The Chair should consider whether to exclude a Director from a meeting of the Trust while any contract, proposed contract or other matter in which they have a pecuniary, personal or family interest, is under consideration.

3.15.3 For the purpose of this Standing Order the Chair or a Director shall be treated, subject to Standing Order 3.15.6, as having an indirect pecuniary interest in a contract, proposed contract or other matter if:

a) they, or a nominee of theirs, is a director of a company or other body not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration;

b) they are a partner of, or in the employment of, a person with whom a contract was made or is proposed to be made, or who has a direct pecuniary interest in the other matter under consideration; and/or

c) in the case of married persons, or those living together, the interest of one partner shall, if known to the other, be deemed for the purposes of this regulation to also be an interest of the other.

3.15.4 Any remuneration, compensation or allowances payable to a Director by virtue of paragraph 9 of Schedule 2 to the National Health Service and Community Care Act 1990 shall not be treated as a pecuniary interest for the purpose of this Standing Order.

3.15.5 A Director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

a) of their membership of a company or other body if they have no beneficial interest in any securities of that company or body; and/or

b) of an interest in any company, other body or connected person (as defined in Standing Order 3.15.4.) which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Director in the consideration or discussion of, or voting on any question with respect to that contract, proposed contract or other matter.

3.15.6 Where a Director:

a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or body; and

b) the total nominal value of the securities does not exceed 2% of the total nominal value of the issued share capital of the company or body, whichever is the less; and

c) if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed 2% of the total issued share capital of that class.

This Standing Order shall neither prohibit them from taking part in the consideration or discussion of the contract or other matter nor from voting on any question with respect to it without prejudice however to their duty to disclose their interest.

3.15.7 Standing Order 3.15 applies to a committee or sub-committee of the Trust as it applies to the Trust, and applies to any member of such a committee or sub-committee (whether or not they are also a Director of the Trust) as it applies to a Director of the Trust.

3.16 Register of Interests

The Chief Executive will ensure that a Register of Interests is established to formally record declaration of interests of Directors and officers in line with the requirements of the Constitution, and the Trust's Policy for the Standards of Business Conduct. In particular, the Register will include details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive Directors of the Trust as defined in the Constitution. Directors should notify the Secretary when their previous declaration changes. In addition Directors' details will be kept up to date by means of an annual review of the Register to be conducted by the Secretary in April of each year prior to production of the Annual Report.

In accordance with the Constitution, the Register of Directors and the Board's Register of Interests will be made available on the Trust's website and in hard copy upon request to the Secretary. Details will also be made available in the Annual Report.

4. ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS

Subject to any directions to the contrary by NHSE/I or the Trust itself, the Trust may make arrangements for the exercise of any of its functions, by a committee, sub-committee or joint committee with another corporate body, or by an officer of the Trust.

The Board has approved the following arrangements for the exercise of its functions:

- **Matters Reserved for the Board** - details of these are set out under "Matters Reserved for the Board" within the Trust's Standing Financial Instructions document.
- **Emergency Powers** - the powers which the Board has retained to itself may, in emergency, be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board for ratification.
- **Committees of the Trust** - the general appointment and constitution requirements for Trust Committees are detailed in Standing Orders 4.1 and 4.2. Appendix 1 details the Committees of the Trust as at May 2022.
- **Scheme of Delegation** - as set out in the Scheme of Delegation schedules, which are contained within the Trust's SFIs, these show the Authorised Officer(s) with delegated responsibility for deciding particular matters and those who may act in their absence.
- **Chief Executive** - the responsibilities of the Chief Executive are set out in Standing Order 4.4 below.

The Chief Executive shall prepare a Scheme of Delegation identifying their proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendments to the Scheme of Delegation which shall be considered and approved by the Board as indicated above.

Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Chief Financial Officer or other Executive Director to provide information and advise the Board in accordance with any statutory requirements.

The arrangements made by the Board as set out in the "Matters Reserved for the Board", which is contained within the Trust's SFIs, shall affect as if incorporated in these Standing Orders.

4.1 Appointment of Board Committees and Sub-Committees

Subject to Standing Order 2.2 and such directions as may be given by NHSE/I, the Board may appoint committees of the Trust, consisting wholly or partly of Directors of the Trust or wholly of persons who are not Directors of the Trust.

The Board approved list of committees, together with their designated functions, as at May 2022, are detailed in Appendix 1 to these Standing Orders.

A Committee appointed under Para 1 Standing Order 4.1 may, subject to such directions as may be given by NHSE/I or the Trust, appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include Directors of the Trust) or wholly of persons who are not members of the committee (whether or not they include Directors of the Trust).

The Standing Orders of the Trust, shall apply, subject to any appropriate alterations, to meetings of any committees established by the Trust.

The Board will either set terms of reference for committees, or will specify the arrangements for so doing. Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Board.

The Board shall approve the appointment of each committee which it has formally constituted. Where the Board determines that persons, who are neither Directors nor officers, shall be appointed to a committee, the terms of such an appointment shall be determined by the Board subject to the payment of travelling and other allowances being in accordance with current regulations in force across the Trust.

Where the Trust is required to appoint persons to a committee and/or to undertake statutory functions, and where such appointments are to operate independently of the Trust such appointment shall be made in accordance with the regulations laid down by the relevant authority.

4.1.1 Committee for appointing Chief Executive as Director

As laid down in the Trust's Constitution, the Chair and Non-Executive Directors of the Trust will appoint the Chief Executive as a Director of the Trust, subject to approval by the CoG.

4.1.2 Committee for appointing Executive Directors other than the Chief Executive

As laid down in the Trust's Constitution, a Committee, whose members shall be the Chair, the Non-Executive Directors and the Chief Executive of the Trust, will appoint the Executive Directors of the Trust other than the Chief Executive.

4.1.3 Committees for exercising of specific functions

The Board of Directors may appoint a Committee to exercise specific functions on its behalf, subject to reporting to a meeting or meetings of the full Board of Directors as the Trust shall direct. If the Chair deems it necessary to set up such a committee urgently, they shall report their action to the next full meeting of the Board of Directors.

4.2 Board Committee and Sub-Committees: Constitution

The Chair and members of each Board Committee shall be specified in the Committee's Terms of Reference.

Any Board Committee shall be summoned on the request of its Chair.

4.3 Board Committee and Sub-Committees: Confidentiality

A member of any Board Committee shall not disclose any matter dealt with by, or brought before, the Committee, without its permission, until the Committee shall

have reported to the Board of Directors or shall have otherwise have concluded action on that matter.

If the Board resolves that a matter reported to the Board or otherwise dealt with by Committee is confidential, then members of the Board of Directors or the Committee in question shall not disclose any such matter.

4.4 Chief Executive

The Chief Executive shall be personally accountable to the CoG and Board of Directors for the discharge of the general management function of the Trust. This includes responsibility for planning, implementation, control and managerial performance. It also includes responsibilities for the implementation of financial policies, after taking account of advice given by the Chief Financial Officer on all such matters. The Chief Financial Officer will also be accountable to the Board of Directors for this advice.

The Chief Executive will ensure that the Board of Directors is provided with the range of advice and information it needs to formulate policies, decide priorities, set objectives and monitor progress.

5. CUSTODY OF AND SEALING OF DOCUMENTS

5.1 Custody of seal

The Common Seal of the Trust shall be kept by the Chief Executive or an officer authorised by them in a secure place in accordance with arrangements approved by the Trust.

5.2 Sealing of documents

The Board of Directors approves that the seal should be affixed to the following documents:

- Purchase or Sale of Land;
- JCT Form of Contract with contractors;
- Appointment of architects, surveyors and engineers; and
- All leases.

The Seal shall be affixed in the presence of the Chair or a Non-Executive Director and the Chief Executive or an Executive Director, and shall be attested by those present. The form of attestation shall read,

"The Common Seal of the Royal Devon University Healthcare National Health Service Foundation Trust was hereunto affixed as a deed in the presence of

.....
(Chair / Non-Executive Director)

.....
(Chief Executive / Authorised Officer)

5.3. Register of Sealings

The Chief Executive shall keep a Register of Sealings, in which they or another Authorised Officer shall enter a record of the sealing of every document. All such

entries shall be consecutively numbered, and shall be signed by those present when the document is sealed. The Register can be viewed by Directors upon request.

6. OFFICERS: APPOINTMENTS AND DECLARATIONS OF INTERESTS

6.1 Canvassing of and recommendations by Directors

Canvassing of Trust Directors or any Board Committee directly or indirectly for any Trust appointment shall disqualify the candidate from such appointment. The details of this prohibition shall be included in any form of application or otherwise brought to the attention of candidates. Contact with Trust Directors or any Board Committee by a candidate in the course of their normal duties will not be interpreted as canvassing.

A Director shall not solicit for any person any Trust appointment or recommend any person for such appointment. This paragraph shall not preclude a Director from giving a written testimonial of a candidate's ability, experience or character for submission to the Trust.

Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

6.2 Relatives of Directors or officers

Candidates for any Trust appointment shall be advised that, when making their application, they must disclose in writing to the Trust whether to their knowledge they are related to any Director or Senior Officer of the Trust.

In addition, candidates on appointment should disclose in writing any beneficial interest in line with HSG(93)5 “Standards of Business Conduct for NHS staff” and the Trust’s Policy for the Standards of Business Conduct.

Failure to disclose any such relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

Every Director and Senior Officer of the Trust shall disclose in writing to the Chief Executive any relationship between himself and a candidate of whose candidature that Director or Senior Officer is aware.

It shall be the duty of the Chief Executive to report in writing any such disclosure made pursuant to Standing Order 6.2 paragraphs 1 to 4 to the appropriate Committee considering the appointment of the candidate.

Where a relationship to a Director is disclosed Standing Order 3.15 shall apply.

On appointment, Directors (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust whether they are related to any other Director or holder of any office under the Trust.

Standing Order 6.2 applies where either the applicant or applicant's spouse (including civil partner or common law husband or wife) has any of the following relationships to either a Director or Director's spouse or a Senior Officer or Senior Officers' spouse:

- first degree relatives (including half and step relations); and

- second degree relatives (including half and step relations).

6.3 Interest of officers in contracts

The rules for the declaration of interests by Directors are contained in the Constitution

If it comes to the knowledge of any Trust Officer that a contract in which they have any pecuniary interest not being a contract to which they are a party, has been, or is proposed to be, entered into by the Trust, they shall at once give notice in writing to the Trust of the fact of their interest. In the case of married persons living together, the interest of one spouse shall, if known to the other, be deemed to be also the interest of that other spouse.

An officer must also declare to the Chief Executive any other employment or business or other relationship of his, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict, with the interests of the Trust.

The Trust will require interests, employment or relationships to be declared by staff to be entered in a Register of Interests of Staff. This is to be held by the Trust's Secretary.

7 MISCELLANEOUS

7.1 Suspension of Standing Orders

The meetings and proceedings of The Trust shall be conducted in accordance with the Constitution.

Subject to those Regulations and any other statutory provision or any direction made by NHSE/I, the Trust may, by resolution, suspend, vary or revoke any one or more of the Standing Orders at any meeting. For such a resolution to be valid at least eight of the whole number of the Directors of the Trust must be present and at least eight of the Directors present must signify their agreement.

A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

A separate record of matters discussed during the suspension of Standing Orders shall be made separately available to the Directors.

No formal business may be transacted while Standing Orders are suspended.

7.2 Variation and amendments of Standing Orders

These Standing Orders shall only be amended if:

- a notice of motion under Standing Order 3.6.1 has been given; and
- at least eight of the whole number of the Directors of the Trust must be present and at least eight of the Directors present must signify their agreement; and
- the variation proposed does not contravene a statutory provision or direction made by NHSE/I or the Secretary of State.

The proceedings of the Trust shall not be invalidated by any vacancy in its membership or by any defect in a Director's appointment.

7.3 Standing Orders to be given to Directors and officers

The Chief Executive shall give a copy of the Standing Orders to each Director of the Trust and appropriate officers, including all Authorised Officers so designated per the Schemes of Delegation schedules.

7.4 Documents having the standing of Standing Orders

SFIs, Reservations of Power to the Board and Delegation of Powers shall have the effect as if incorporated into Standing Orders.

7.5 Review of Standing Orders

Standing Orders shall be reviewed every three years by the Trust. The requirement for review extends to all documents that have the effect as if incorporated in Standing Orders.

7.6 Signature of legal documents

Where any document will be a necessary step in legal proceedings on behalf of the Trust it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or an officer duly authorised by them for this purpose.

The Chief Executive or nominated officer shall be authorised, by resolution of the Board, to sign on behalf of the Trust any agreement or other document the subject matter of which has been approved by the Board or Committee or Sub-Committee to which the Board has delegated appropriate authority.

7.7 Standing Financial Instructions

SFIs adopted by the Trust shall have effect as if incorporated in these Standing Orders.

7.8 Urgent decisions

Where urgent decisions are required, the Chief Executive, in consultation with the Chair (or, in their absence, the Vice-Chair) may authorise urgent action in respect of a matter on behalf of the Trust which would normally have been considered by the Trust itself. Such action shall be recorded by the Chief Executive in a permanent record, and shall be reported to the next meeting of the Trust.

7.9 Limits of Delegation to Officers

Standing Order	Limit of Authority	Duly Authorised Officer
3.2	Notice of Trust meetings	Foundation Trust Secretary
3.16	Board's Register of Interests	Foundation Trust Secretary
5.1	Custody of Seal	Foundation Trust Secretary
5.3	Register of Sealings	Chief Financial Officer
6.3	Register of Interests of Staff	Foundation Trust Secretary
7.6	Signature of legal documents	Executive Directors

7.10 Non-Executive Directors' attendance at meetings

If a Non-Executive Director has not attended a meeting of the Board of Directors for a period of six months, the Board shall report the absence to NHSE/I and the CoG. Unless the CoG is satisfied that the absence was due to reasonable cause, the Non-Executive Director's place on the Board of Directors shall be declared

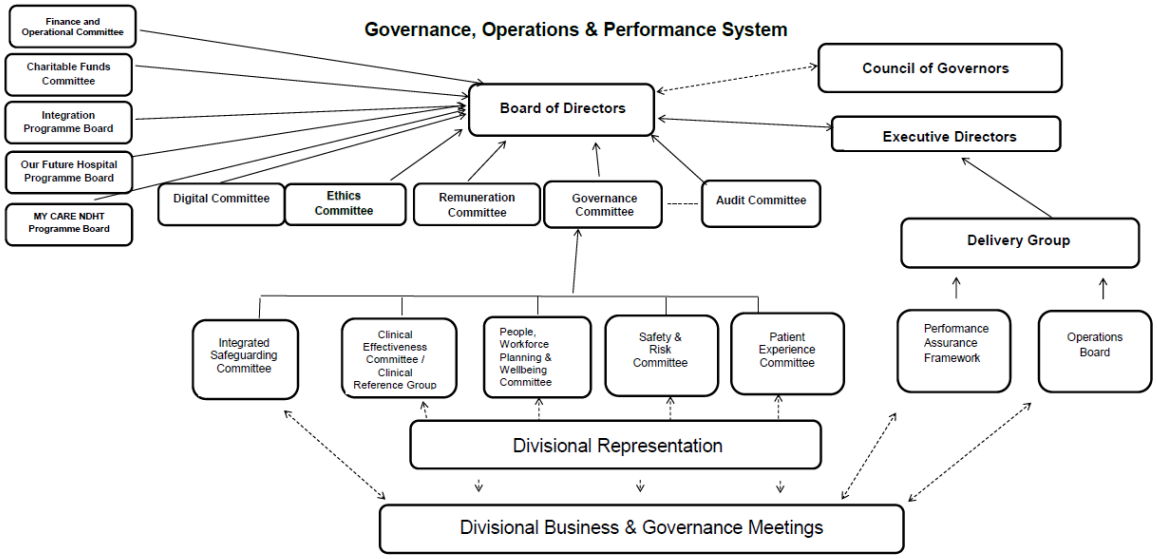
vacant and on the making of such a declaration that person shall cease to be a Non-Executive Director.

7.11 Operation of shared services by the Trust

Where Trust staff are operating a shared service then for the provision of the service that organisation's Standing Orders should be followed. That is assuming the shared service is resourced to do so, where this is not the case the organisation will be informed. The conduct of the staff and the systems used to provide the service is governed by the Trust governance arrangements.

APPENDIX 1 – COMMITTES AND SUB-COMMITEES OF THE BOARD OF DIRECTORS

The diagram below shows, pursuant to Standing Orders 4.2 and 4.3, the Committees and Sub-Committees (where formed) of the Board of Directors as at May 2022.



Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	Circulated by email to Board Members		**Date:** Monday 27th November 2023	
Title:	Proposal to change the frequency of the Board of Directors meetings			
Prepared by:	Melanie Holley, Director of Governance			
Presented by:	Shan Morgan, Chair			
Responsible Executive:	Paul Roberts, Interim Chief Executive Officer			
Summary:	A proposal to change the frequency of the Board of Directors meetings from monthly to bi-monthly			
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	x	
History:				
Link to strategy/ Assurance framework:	N/A			

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 to outline a proposal to change the approach to meetings of the Board of Directors (BoD) meetings. It is proposed that, as now, there are ten meetings a year but that in the future six of them are formal business meetings (with a public and confidential section) and five of them are Board Seminars allowing protected time for Board Directors. In addition there will be two Board Development Days in each years and, on occasions, Extraordinary Board Meetings when there is essential urgent business to transact that does not fit within the normal Board timetable. The two existing Joint Board and Council of Governor Development Days will remain unchanged.

In order to ensure that the Trust is not an outlier, a survey to determine best practice in terms frequency of BoD meetings has been undertaken, as outlined in section 4.

2. Background

In line with the Trust's Standing Orders, Board of Directors meetings are currently held on the last Wednesday of every month, except for August and December; this has followed the pattern that was previously in place for the Royal Devon and Exeter, and similarly for Northern Devon for many years.

Since the integration of the two Trusts in April 2022, Board meetings have continued as previously.

In early 2023, to reflect the Board's commitment to upholding the Trust's values of openness and transparency, the Chair undertook a review of the business transacted in both the public and confidential meetings of the Board. This resulted in a significant shift of items moving from the confidential Board to the public Board. The confidential Board contains agenda items which are either commercially in confidence, or where there is a time imperative for confidentiality; in either case, the Board continues to maintain a commitment to move those items into the public Board as soon as it is appropriate to do so.

The BoD receives the Board Schedule of Reports for review and agreement on an annual basis. This ensures that the Trust meets its mandated Board reporting requirements as well as satisfying the Trust's internal governance requirements. The review was last undertaken in April 2023.

The BoD is currently supported by nine Board Committees (previously referred to as Sub Committees of the BoD) as outlined in the Trust's Governance Performance System (GPS – Appendix A). The frequency of the Board Committees is outlined (Appendix B). It is proposed that the portfolio of Board Committees and other sub-committees are reviewed in the new year in line with changing risks, strategic priorities and governance requirements.

The BoD currently has four Board Development Days (BDDs – held in March, May, October and December) and two joint Board and Council of Governor Development days per year (held in July and November).

Since Covid, the BDDs have been used to develop the Trust's strategy and focus on the strategic objectives of the Board. The BoD has therefore not undertaken 'development' to improve its effectiveness recently, it is intended to address this issue when the new substantive Chief Executive Officer is in post in the new year.

3. Analysis

Business meetings tend to focus on essential performance and governance issues and leave limited time for formative discussion and the more thorough exploration of the sort of strategic and cultural issues which provide the foundation for the effectiveness of and organisation which is “well led”. The proposal seeks to get the balance right between strong performance and governance through board business meetings and comittees and the need for board directors to have sufficient protected time to explore and develop the board’s thinking and approach to policy, strategic and cultural issues in order to improve the effectiveness of the organisation in challenging and changing times.

In order that the BoD can continue to function efficiently and effectively, and to fulfil its requirements, whilst at the same time acknowledging the demands placed on individual Board members, it is proposed to move from monthly business meetings of the BoD to meeting every other month, with effect from January 2024. The focus of business meeings will be on performance, governance and the formal approval of more strategic decisions some of which will have been explored through the seminar meetings. There will be a particular focus on progress towards exiting segment 4 of the NHS Oversight Framework (NOF4).

Six BoD business meetings will be scheduled each year:

- January
- March
- May * extraordinary meeting in June for the approval of AA, AR, QR
- July
- September
- November

Extraordinary Board meetings will sometimes be needed for very specific purposes and will be scheduled as and when business requires. It should be noted that a routine extraordinary Confidential meeting of the BoD will be planned for June, with a single agenda item, in line with current national reporting requirements relating to the approval of the Annual Accounts (AA), Annual Report (AR) and the Quality Report (QR).

BoD business meetings (and seminars) will continue to be scheduled on the last Wednesday of the month and will be held face to face (on Trust premises) and hybrid to support inclusivity and maximise attendance.

The Schedule of Reports will remain unchanged, with Board Committees providing one report which will either cover one or two meetings held in the period between the last BoD meeting. The Integrated Performance Report (IPR) will provide a retrospective summary of performance, quality and finance for the period of the last month (ie the IPR produced in January will relate to the end of December position). There will be a particular focus on NOF4 exit criteria. This will be supplemented if there are material changes, between the reporting period and the date of Board, verbally within the Chief Executive Officers (CEO’s) report to the Board in addition to real time email communication from the CEO to the BoD.

The range and purpose of Board Committees will be reviewed in the new year but in the meantime will remain unchanged with the Finance and Operations Committee (FOC – focusing on finance and performance) meeting monthly and the Governance Committee (GC – focusing on clinical governance) meeting on alternate months to the Board. In addition to the option to call extraordinary / urgent BoD meetings, both the FOC and the GC provide the forum and opportunity for urgent business to be escalated and raised. Chairs of all Board Committees will continue to liaise closely with the Chair of the Trust and Chief Executive Officer, to ensure timely exchange of information and timely assessment of risk.

In line with the proposal to change the frequency of Board business meetings, it is recommended to reduce the four BDDs to two, with their sole purpose being to evaluate the effectiveness of the BoD, to identify areas for learning, and opportunities to further develop the relationship of members of the Board (it is proposed that these sessions are held in April and December).

It is proposed that the remaining five board meetings, held on the last Wednesday of the month will be used as half day Board Seminars. They will scheduled in February, May, July, October, November. Similar to BDDs, Board Seminars will remain protected time for the Board to come together to focus on deep dives / strategy setting / national and local updates etc, with their main purpose to provide time and space for free-ranging, informal Board discussions.

It is suggested that due to the availability of Board members during the Summer that no meetings / BDDs or Board Seminars are scheduled in August.

A summary of the proposed schedule for BoD meetings, BDDs and Board Seminars is outlined in Appendix C.

4. Resource/legal/financial/reputation implications

There are no negative impacts to the proposed changes.

An informal survey, through the Company Secretary's network, of frequency of Board meetings has been undertaken with responses from 55 Trusts received:

- 40 Trusts confirmed that their Board meetings occur bi-monthly (interestingly a large number had changed to bi-monthly in the last 12 months)
- 12 Trusts confirmed that their Board meet monthly
- 3 Trusts advised that they hold monthly confidential and bi-monthly public meetings.

5. Link to BAF/Key risks

There are no links to the BAF.

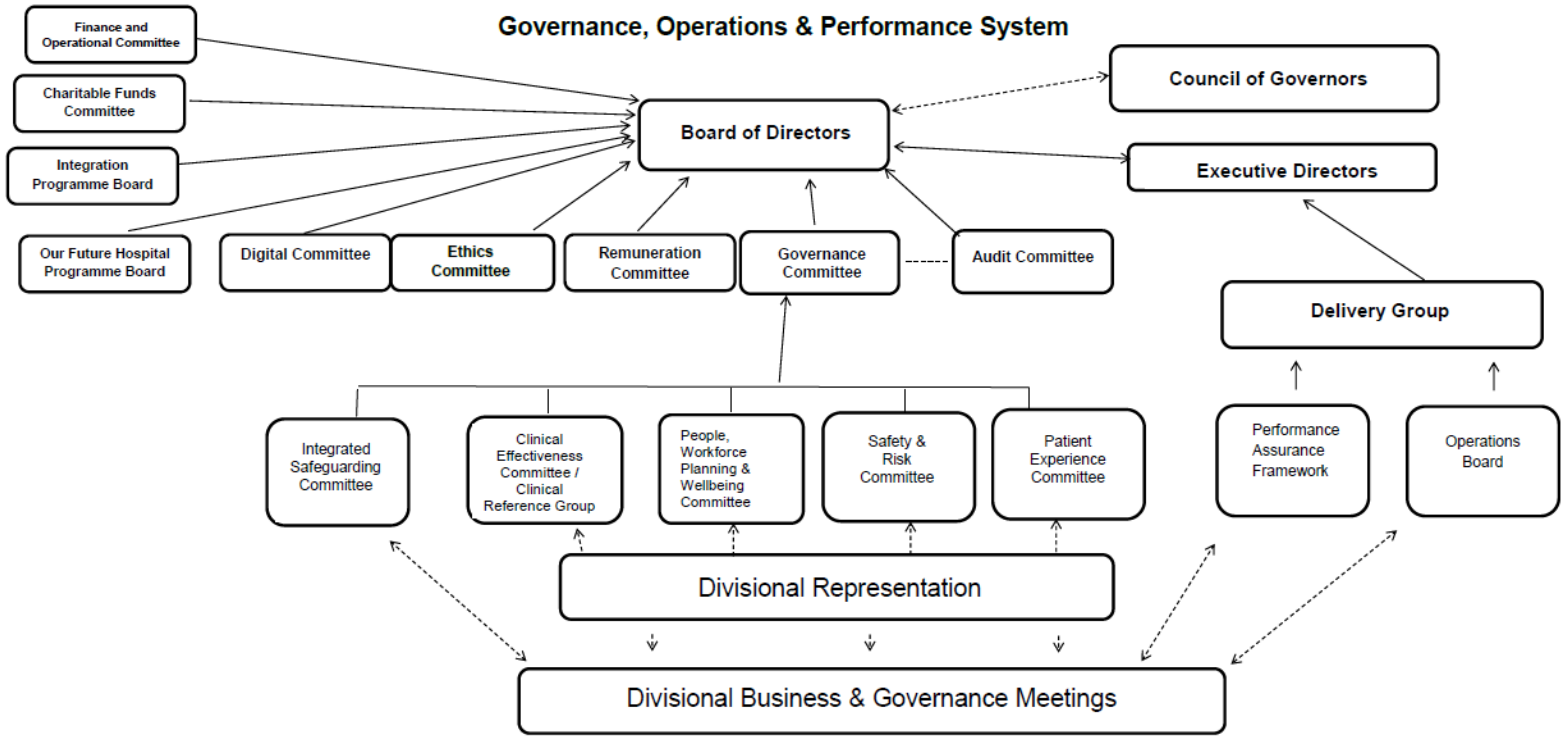
A key risk identified is failure of the Board to act, if the Board is not provided with timely data/information. This risk is mitigated by the role of the Board Committees, particularly those who meet monthly, the ability to hold urgent / extraordinary Board meetings as and when necessary, email updates to the Board of any material changes in position and the ongoing close working relationship between the Chair of the Trust and the CEO.

If approved, it is suggested that a review of the effectiveness of the changes should be undertaken after 6 months (or sooner if any Board member has a concern).

6. Proposals

It is proposed that the Trust's Standing Orders are amended to reflect the change in frequency of Board meetings from monthly to bi-monthly with effect from January 2024. These will be presented to the 29 November 2023 Board Meeting for approval.

Appendix A



Royal Devon Governance, Operations and Performance System
Updated September 2023

Appendix B

Board Committees:

Name	Frequency	Comment
Audit Committee	5 per year	
Corporate Trustee	1-2 per year	
Digital Committee	Bi-monthly, 6 per year	
Ethics Committee	As and when required	
Finance and Operations Committee	Monthly	
Governance Committee	Bi-monthly, 6 per year	Would fit with proposal with Board, i.e. a GC will be scheduled each month a Board meeting is not held
Integration Programme Board	Monthly	
Our Future Hospitals Board	Monthly	
Remuneration Committee	4 per year	

Appendix C

Proposed schedule for BoD meetings, BDDs and Board Seminars:

Month	Board of Directors	Board Development Days	Board Seminars	Finance & Operational Committee	Governance Committee
January	✓			✓	
February			✓	✓	✓
March	✓			✓	
April		✓		✓	✓
May	✓		✓	✓	
June				✓	✓
July	✓		✓	✓	
August				✓	✓
September	✓			✓	
October			✓	✓	✓
November	✓		✓	✓	
December		✓		✓	✓