

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

At 09:30 on Wednesday 28 February 2024  
Via MS Teams

## AGENDA

As of 23/02/24

Item	Title	Presented by	Item for approval, information, noting, action or discussion	Time Est.
1.	<b>Chair's Opening Remarks</b>	Shan Morgan, Chair	Information	09:30 2
2.	<b>Apologies</b>	Shan Morgan, Chair	Information	09:32 1
3.	<b>Declaration of Interests</b>	Melanie Holley, Director of Governance	Information	09:33 2
4.	<b>Matters to be discussed in the confidential Board</b>	Shan Morgan, Chair	Noting	09:35 2
5.	<b>Minutes of the Meeting of the Board held 31 January 2024</b>	Shan Morgan, Chair	Approval (Paper)	09:37 5
6.	<b>Matters Arising and Board Actions Summary Check</b>	Shan Morgan, Chair	Information (Paper/Verbal)	09:42 5
7.	<b>Chief Executive's Report</b>	Sam Higginson, Chief Executive Officer	Information (Verbal)	09:47 20
8.	<b>Patient Story</b>	Carolyn Mills, Chief Nursing Officer	Information (Paper)	10:07 15
9.	<b>Care Quality Commission Maternity Survey Results</b>	Carolyn Mills, Chief Nursing Officer	Information (?Verbal or paper)	10:22 10
10.	<b>Performance</b>			
10.1	<b>Integrated Performance Report</b>	Carolyn Mills, Chief Nursing Officer	Information (Paper)	10:32 45
	COMFORT BREAK			11:17 10
11.	<b>Assurance</b>			
11.1	<b>Gender Pay Gap Reporting</b>	Hannah Foster, Chief People Officer	Information (Paper)	11:27 20
11.2	<b>Audit Committee</b>	Alastair Matthews, Non-Executive Director & Audit Committee Chair	Information (Verbal)	11:47 5
11.3	<b>Digital Committee</b>	Tony Neal, Non-Executive Director & Committee Chair	Information (Paper)	11:52 5

11.4	<b>Finance &amp; Operational Committee</b>	Steve Kirby, Non-Executive Director & Committee Chair	Information (Paper)	<b>11:57</b> 15
11.5	<b>Governance Committee</b>	Martin Marshall, Non-Executive Director & Committee Chair	Information (Paper)	<b>12:12</b> 5
11.6	<b>Integration Programme Board</b>	Alastair Matthews, Non-Executive Director & Programme Board Chair	Information (Paper)	<b>12:17</b> 5
11.7	<b>Our Future Hospital Programme Board</b>	Steve Kirby, Non-Executive Director & Programme Board Chair	Information (Paper)	<b>12:22</b> 5
<b>12.</b>	<b>Information</b>			
<b>12.1</b>	<b>Items for Escalation to the Board Assurance Framework</b>	Shan Morgan, Chair	Discussion (Verbal)	<b>12:27</b> 1
<b>13.</b>	<b>Any Other Business</b>			<b>12:28</b>
	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.			
<b>14.</b>	<b>Date of Next Meeting:</b> The next meeting of the Board of Directors will be held at 09:30 on Wednesday 20 March 2024.			
<b>15.</b>	The Chair will propose that, under the provisions of section 1(2) of the Admission to Public Meetings Act 1960, the public and press should be excluded from the meeting on the grounds of the confidential nature of the business to be discussed.			

Meeting close at 12:40

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

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

**MINUTES**

**PRESENT**

Mrs C Burgoyne	Non-Executive Director
Mrs H Foster	Chief People Officer
Professor A Harris	Chief Medical Officer
Mrs A Hibbard	Chief Financial Officer
Mr S Higginson	Chief Executive Officer
Professor B Kent	Non-Executive Director
Mr S Kirby	Non-Executive Director
Professor M Marshall	Non-Executive Director
Mr A Matthews	Non-Executive Director
Professor T McIntyre-Bhatty	Non-Executive Director
Mrs C Mills	Chief Nursing Officer
Dame S Morgan	Chair
Mr T Neal	Non-Executive Director
Mr J Palmer	Chief Operating Officer
Mr C Tidman	Deputy Chief Executive Officer

**APOLOGIES:**

NONE

**IN ATTENDANCE:**

Mrs K Allen	Director of Strategy (for items 010.24 & 011.24)
Ms N Brewer	Programme Manager, Our Future Hospital (for item 018.24)
Ms G Garnett-Frizelle	PA to the Board & Non-Executive Directors (for minutes)
Ms Z Hyde	Programme Director, Our Future Hospital (for item 018.24)
Mrs M Holley	Director of Governance
Ms P Smith	Interim Chief Nursing Officer, Devon ICS (for item 013.24)

**001.24 CHAIR'S OPENING REMARKS**

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

**The Chair's remarks were noted.**

**002.24 APOLOGIES**

There were no apologies noted.

**003.24 DECLARATIONS OF INTEREST**

The following declarations were noted.

- Mr Higginson is Chair of the Enfield Primary Care Network

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

**The Board noted the declarations.**

#### **004.24 MATTERS TO BE DISCUSSED IN THE CONFIDENTIAL BOARD**

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

#### **005.24 MINUTES OF THE MEETING HELD ON 29 NOVEMBER 2023**

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

- Removal of Mr Kirby from the list of attendees.

#### **006.24 MATTERS ARISING & BOARD ACTIONS SUMMARY CHECK**

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

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

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

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

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

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

## 007.24 CHIEF EXECUTIVE'S REPORT

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

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

### National

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

### Regional and Local

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

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

#### Royal Devon

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

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

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



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

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

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

#### 008.24 PATIENT STORY

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

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

**The Board of Directors noted the Patient Story.**

#### 009.24 INTEGRATED PERFORMANCE REPORT

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

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

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

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

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



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

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

### **The Board of Directors noted the Integrated Performance Report.**

#### **010.24 HEALTH INEQUALITIES STRATEGY**

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

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

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

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

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

#### 011.24 STRATEGIC ROADMAP UPDATE

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

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

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

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

**The Board of Directors noted the update.**

#### 012.24 BOARD ASSURANCE FRAMEWORK

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

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

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

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

#### 013.24 CLINICAL NEGLIGENCE SCHEME FOR TRUSTS MATERNITY RETURN

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

It was noted that:

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

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

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

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

#### 014.24 DIGITAL COMMITTEE

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

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

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

**The Board of Directors noted the Digital Committee update.**

#### 015.24 FINANCE & OPERATIONAL COMMITTEE

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

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

Mrs Hibbard was asked for clarification of what the risk of further industrial action would mean for the Trust and advised that there had been a release of £800m funding nationally to cover costs of industrial action up to the end of month 6, of which the Trust had received its share. The negotiation on yearend position had been strongly predicated on the fact that there would be no further strike action,

however there had already been strike action during January 2024 and it was not yet known how this would be managed nationally.

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

**016.24 GOVERNANCE COMMITTEE**

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

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

**The Board of Directors noted the Governance Committee update.**

**017.24 INTEGRATION PROGRAMME BOARD**

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

**The Board of Directors noted the update.**

**018.24 OUR FUTURE HOSPITALS PROGRAMME BOARD**

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

- The Trust had previously been advised that it was in cohort 4 within the New Hospital Programme with the build due to start in 2031 and finish in 2033.
- Despite assurance received with each draft, there is concern about the impact of delays, as there are operational risks with fragility of services and financial risks relating to some short term plans that could be aborted and workforce risk.
- These concerns will be taken into the public domain working closely with regional colleagues to help shape this with the national New Hospital Team.
- A phased option build was being requested, so that the Trust would be ready to go. The Trust would require seed funding to develop the outline business case for this option and the Board was asked to support the proposal to work with regional colleagues to make the case. The seed funding would need to come from the programme, as it would be very difficult for this cost to be absorbed into the Trust's capital programme and continue to maintain estates across Northern and Eastern services and Community sites.



- Plans were progressing to address non-clinical service accommodation onsite, with a decant programme to move some services off site and build a small administration block on site. The longer term for admin accommodation will be included in the Outline Business Case.

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

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

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

#### 019.24 CHARITY COMMITTEE UPDATE

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

**The Board of Directors noted the update.**

#### 020.24 ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORK

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

#### 021.24 ANY OTHER BUSINESS

Ms Morgan informed the Board that following concerns raised by Governors, Mr Neal as the Senior Independent Director would be undertaking a review of how the Trust updates the Council of Governors on high level complaints, investigations and criminal cases. An initial discussion had taken place and Mr Neal was in the process of finalising the Terms of Reference for the review. Once completed, Mr Neal would share his report with the Chair.

#### Questions from Members of the Public

Mr Cox noted that the number of discharges achieved between Christmas and New Year was quite high which was commendable. In addition, Mr Cox asked for a comment on the low uptake by staff of vaccinations and expressed concern that the Governance Committee report noted that progress on some of the Patient Experience Committee workplans had been delayed. Mrs Mills accepted the challenge about vaccination uptake, adding that there had been marginally better uptake of the flu vaccine than Covid. She added that efforts had continued post-



Christmas to remind and encourage staff to get their vaccinations, but there was an element of vaccination fatigue in play. Mrs Mills advised that with regard to Patient Experience workplans, there were a couple of areas where deadlines had been extended, but these did not relate to high risk complaints or PALs enquiries. She added that she had no major concerns about the movement of any deadlines, but would review this and provide an update should there be any deadline that had been extended that would be a concern. **Action.**

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

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

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

Ms Bearfield submitted the following question: "In relation to the excellent Community Report and to health inequalities Chris Tidman mentioned the need to consider shifting investment downstream. In this connection, the area that remains in total crisis in North Devon is mental health, in light of DCC's proposed cuts to services. The meeting with Devon Partnership Trust (DPT) last year centred on South Devon and we have agreed that there is urgent need to focus on the mental health situation in the same way as this report has focused on other more important areas. Is this programmed?" Ms Morgan commented that the Council of Governors had had a session with DPT last year and in a recent catch-up with the Chair of DPT had discussed arranging a further session for Governors at a Development Day to talk about mental health issues. It was noted that the Trust had regular, close contact with DPT and mental health patients were tracked carefully at bed meetings with escalation protocols in place for both Trusts. In addition, it was noted that work was underway to develop a dementia strategy for Devon.

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

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

## **022.24 DATE OF NEXT MEETING**

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

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

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

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

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

Response: The Trust's calculation of costs associated with providing virtual ward beds is that virtual ward bed provision costs significantly less than the sums quoted in the article within the HSJ on 25 January 2024, and also less than the cost associated with providing inpatient care. As an increasingly key element of the Trust's Urgent and Emergency Care service, the Trust has expanded its virtual ward provision across both its Northern and Eastern sites across the last six months, and is now able to offer, when required, the equivalent of upwards to 100 beds across its virtual ward. This expansion, and the additional capacity it has been able to offer at pace, has been a fundamental part of the Trust's ability to respond to urgent care demand through Winter 2023/24, which is upwards to 20% higher than the same period in Winter 2022/23. As capacity and occupancy within the Trust's Virtual Ward has increased, there has been an accompanying reduction in cost. Further analysis of clinical outcomes, including readmission rates, will become both more practical and more meaningful once the ward has been open for a longer period of time. The Trust is not in a position to comment upon factors influencing the government's funding rationale, and would encourage enquiries to be directed to the Department of Health.

3. I can see no reference to development or reopening of Minor Injury Unit (MIU) services in Bideford or Ilfracombe for 2024/25. Why is this – the current situation cannot be considered sustainable in the long term, given the urgent care requirements in Northern Devon. What is the plan?

Response: Contracting for the provision of MIU services in Northern Devon including Ilfracombe and Bideford is coordinated by Devon ICB. Arrangements for MIU provision for 2024/25 are being progressed by the ICB with system partners, including the Trust. A decision is expected imminently and when we are in a position to share this with stakeholders we will do so.

DRAFT

**PUBLIC MEETING OF THE BOARD OF DIRECTORS  
31 January 2024  
ACTIONS SUMMARY**

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

PUBLIC AGENDA					
Minute No.	Month raised	Description	By	Target date	Remarks
077.23(1)	May 2023	<p><del>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.</del></p> <p>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.</p>	JP Execs	<p>September 2023</p> <p>November 2023</p> <p>January 2024</p> <p>March 2024</p>	<p><b>Update 20.07.23</b> – 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. <b>Action complete.</b></p> <p><b>Update 26.07.23</b> – 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. <b>Action ongoing</b></p> <p><b>Update 21.09.23</b> – Updated briefing paper incorporating ED attendance trend data to August 2023 circulated. <b>Action complete.</b></p> <p><b>Update 27.09.23</b> – 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. <b>Action ongoing.</b></p>

					<p><b>Update 25.10.23</b> – Executive consideration in train about next available opportunity to submit representation for recognition of increased demand within the national allocation formula. <b>Action ongoing.</b></p> <p><b>Update 31.01.24</b> – Update to be presented to the March Board. <b>Action ongoing.</b></p>
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	<p><del>September 2023</del></p> <p><del>October 2023</del></p> <p><del>November 2023</del></p> <p><del>January 2024</del></p> <p>April 2024</p>	<p><b>Update 19.07.23</b> – Briefing note to be distributed by September 2023. <b>Action ongoing.</b></p> <p><b>Update 21.09.23</b> – 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. <b>Action ongoing.</b></p> <p><b>Update 26.10.23</b> – Delayed due to operational pressures on stroke team. Briefing note to be circulated before the end of December 2023. <b>Action ongoing.</b></p> <p><b>Update 28.12.23</b> – Katherine Allen asked to provide an update, response awaited. <b>Action ongoing.</b></p> <p><b>Update 22.01.24</b> – Briefing circulated to Board members. <b>Action complete.</b></p> <p><b>Update 31.01.24</b> – Deep dive into stroke services to be planned for a future Board meeting. <b>Action ongoing.</b></p>
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	<p><del>January 2024</del></p> <p>April 2024</p>	<p><b>Update 24.01.24</b> – Due to competing demands on the Corporate Governance Team, including the submission for the Thirlwall Inquiry in early January, an extension is requested until April to</p>

					undertake a table top exercise. <b>Action ongoing.</b>
188.23	November 2023	Support for social prescribers in community to be added to the follow-up discussion on community services planned for a future Board Development Day	JP	July 2024	<b>Update 25.01.24</b> – Scheduled for update July 2024. <b>Action ongoing.</b>
193.23	November 2023	Following discussion of Phase 1 of the Operational Services Integration Group process currently underway, it was agreed that an update to the Board on outcomes should be scheduled for the early Spring of 2024, potentially the February Board meeting.	JP	March 2024	<b>Update 25.01.23</b> – Proposed that update be brought forward to March 2024 meeting. <b>Action ongoing.</b>
198.23	November 2023	Following a question raised by a Governor regarding the Federated Data Platform contract awarded to Palantir and whether the Trust would have any local control on how data was shared, it was agreed that the potential risk would be discussed at the Digital Committee	Aha/TN	January 2024	<p><b>Update 24.01.23</b> – A paper on the Federated Data Platform is on the agenda for consideration at the next meeting of the Digital Committee scheduled for 01.02.24. <b>Action complete.</b></p> <p><b>Further update 01.02.24</b> – Mr Neal advised that there is no local control of the data loaded onto the Federated Data Platform, as this is a national system. We are aware that at a national level some legal questions are being raised, &amp; will await the outcomes of those challenges &amp; further NHSE guidance. The Digital Committee will continue to monitor both any risk &amp; the implementation of the solution. <b>Action complete.</b></p>
006.24	January 2024	Update to previous action 166.23(3) - As part of the Board's Christmas visits, an element to be incorporated to sample how many patients were waiting to be discharged and understand the reasons for the delay. It was agreed that this could be addressed through focus in the IPR on discharge numbers and their contribution to the overall discharge profile, tying this back to the original issue that had been identified in the Patient Story at the November Board.	JP	March 2024	<b>Update due March 2024.</b>
007.24(1)	January 2024	Chief Executive's Update – following an update regarding the move to digital notification of appointment via MyCare and a concern raised by staff on a recent safety visit about the potential for patients to miss appointments, it was agreed that a reminder for staff about the move to digital notifications would be placed on the staff intranet.	AHa	February 2024	<p><b>Update 31.01.24</b> Guidance has been shared via HUB in relation to 'Digital by Default' with mitigations in place – link to the intranet guidance is below:</p> <p><a href="#">Appointment letters go digital by default   News   Intranet (royaldevonstaff.nhs.uk)</a></p>



					<b>Action Complete</b>
007.24(2)	January 2024	Chief Executive's Update – Following a question raised about whether the Board was in the right place to benefit from conversations about the potential change to a new Government this year and to benefit from the likely changes this would bring to the NHS, it was agreed that a more in-depth discussion on this should be added to the Board's Development Agenda.	MH	February 20024	<b>Update 15.02.24</b> – Added to the Board Development Day list of topics. <b>Action complete</b>
010.24	January 2024	Health Inequalities Strategy – work to continue on developing the Strategy taking account of Board comments, with a revised draft to be presented to the June Board.	CT	June 2024	<b>Update due June 2024.</b>
012.24	January 2024	Board Assurance Framework – Following discussion it was agreed that work was needed to develop the framework to help the Board use it more effectively. This would initially be undertaken through the Audit Committee with an update to the Board in due course.	AM/MH	April 2024	<b>Update due April 2024.</b>
013.24(1)	January 2024	CNST Submission – Mrs Mills to follow-up, once all submissions had been made, to establish where the Trust benchmarked against other organisations.	CM	April 2024	<b>Update 21.02.24</b> – Mrs Mills is currently liaising with the Maternity Governance Lead to obtain, if possible, other national data sources to understand where the Trust's compliance benchmarks against other NHS organisations. <b>Action ongoing.</b>
018.24	January 2024	Our Future Hospitals Programme – Suggestion to be made to the Acute Provider Collaborative Board to add an item to a future agenda to discuss the New Hospital Programme in the region.	CT	February 2024	An update will be provided at the Feb 2024 meeting.
021.24(1)	January 2024	Questions from the public – Mr Cox raised a concern about deadlines for workplans being extended for the Patient Experience Committee. Mrs Mills advised that although she did not believe there were any extensions that would be of concern in terms of delaying high risk complaints, PALs enquiries, she would review this and provide an update should she identify any deadline that had been extended where the delay would cause concern.	CM	February 2024	<b>Update 21.02.24</b> – All Patient Experience workplans were reviewed at the Patient Experience Committee (which took place on 21 February 2024) & no concerns or risks were raised by the Committee in regards to any extensions. <b>Action complete – propose to close.</b>
021.24(2)	January 2024	Questions from the public – Written responses to be provided to two questions submitted by Mrs Matthews.	JP	February 2024	<b>Update 20.02.24</b> - Responses provided to both questions. <b>Propose to close.</b>
021.24(3)	January 2024	Questions from the public – Following a question raised by Mrs K Foster regarding it might be helpful to have information about the work undertaken by SeaChange with the Trust to help prevent people being admitted to hospital, it was agreed that thought should be given to how the Trust partnered with the voluntary sector.	CT	March 2024	

021.24(4)	January 2024	Questions from the public – following concerns raised by observers on MS Teams regarding the poor sound quality, it was agreed that the sound system in the Boardroom, Noy Scott House should be reviewed, in particular microphones, to establish if rebalancing needed to be undertaken.	Aha/MH	March 2024	<b>Update:</b> MH contacted Estates to see if there is anything further, in addition to the rebalancing of the microphones that can be done – response awaited.
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**Signed:**

**Shan Morgan**  
Chair

Agenda item:	8, Public Board Meeting	Date: 28 February 2024
Title:	Patient story: Having my baby at home	
Prepared by:	Bethany Hoile, Comms & Engagement Coordinator	
Presented by:	Carolyn Mills, Chief Nursing Officer	
Responsible Executive:	Carolyn Mills, Chief Nursing Officer	
Summary:	<p>The Royal Devon University Healthcare NHS Foundation Trust’s 2022-27 Trust strategy and 2022-25 Patient Experience strategy articulate the Trust’s ambition to collaborate and work in partnership with patients, carers, stakeholders and the local community to develop accessible, high-quality and patient-centric services and facilities.</p> <p>Patients remain at the heart of Trust services and by building on existing good practice, the Trust strives to continue to deliver and redesign our services and facilities around our patients’ needs.</p> <p>Hearing from maternity service users helps identify what birthing people feel about their care. Maternity services strive to involve women in all aspects of their maternity care and build meaningful and supportive relationships between women, families and their midwives.</p> <p>The Trust, through its Eastern and Northern maternity services, works in partnership with the Devon Maternity and Neonatal Voices Partnership (MNVP) to continue to develop its maternity services. MNVPs are local NHS working groups involving service users, midwives, doctors and commissioners. By working together with NHS maternity services, MNVPs review and develop local maternity care.</p> <p>In this story, generated through collaboration with the MNVP, we hear from Georgina, who requested to have her first baby at home. During her pregnancy Georgina received good antenatal care and felt midwives built a good relationship with her and her husband. Georgina felt listened to and supported to have a home birth with a large for gestational age (LGA) baby.</p> <p>Georgina gave birth to her daughter at home and a significant tongue tie was noted and a referral swiftly made. Georgina shares how the speed of this intervention enabled her to establish breast feeding.</p> <p>The Royal Devon maternity team also meet with individual MNVP representatives on a regular basis, with local Devon MNVP representation at the Royal Devon Patient Experience Committee.</p> <p>In order to provide maternity and neonatal services with the required oversight and assurance framework, a focused speciality PAF has also been commenced since January 2024.</p>	
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:	<p>Patient stories reveal a great deal about the quality of our service provision, the opportunities we have for learning and the effectiveness of systems and processes to manage, improve and assure service quality.</p> <p>The purpose of presenting a patient story to Board members is to:</p> <ul style="list-style-type: none"> <li>• Set a patient focussed context to the meeting, bringing patient experience to life and making patient's stories accessible to a wider audience</li> <li>• To support Board members to triangulate patient experience with reported data and information</li> <li>• 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.</li> </ul>			
Link to strategy/ Assurance framework:	The issues raised in this patient story are relevant to the delivery of the Trust's Better Together strategy and strategic objectives.			

### Monitoring Information

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

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

Agenda item:	9.0, Public Board Meeting	Date: 28 February 2024		
Title:	Care Quality Commission – 2023 National NHS Maternity Services survey			
Prepared by:	Alison Macefield, Head of Midwifery and Gynaecology Will Denford, Executive Support Officer			
Presented by:	Carolyn Mills, Chief Nursing Officer			
Responsible Executive:	Carolyn Mills, Chief Nursing Officer			
Summary:	The 2023 National NHS Maternity Services survey, commissioned by the Care Quality Commission and formally published in February 2024, looks at the experiences of women and other pregnant people who had a live birth within NHS providers between 1 February and 28 February 2023.			
Actions required:	The Board is asked to note the content of the 2023 National NHS Maternity Services survey paper.			
Status (x):	Decision	Approval	Discussion	Information
				<b>X</b>
History:	The full National NHS Maternity Services survey and analysis were presented, discussed and reviewed at the Patient Experience Committee on 21 February 2024.			
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives;  <b>BAF Risk 8</b> – <i>Significant deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm, poor clinical outcomes and delivery of sub-optimal patient care.</i>			

### 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) Care Quality Commission 2023 National NHS Maternity Services survey.
- 1.2 The 2023 survey summarises the results for our Northern and Eastern Maternity Services for the period between 1 February and 28 February 2023.
- 1.3 The results of the 2023 Maternity Services survey need to be considered in the context of the IPR, Maternity Safety Champions, and other reports that the Board and the Board sub-committee for patient experience receives related to patient feedback, patient engagement & patient experience within maternity care to support further triangulation.

## 2. Background

- 2.1 The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC) collects national patient feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.
- 2.2 As part of the NPSP, the Maternity Services survey's first iteration was in 2007, and the 2023 survey, formally published by the CQC in February 2024, was the first time the Trust was surveyed as a single organisation post-integration with no disaggregation of data by site
- 2.3 Please refer to the following link for the full survey - <https://nhssurveys.org/wp-content/surveys/04-maternity/05-benchmarks-reports/2023/Royal%20Devon%20and%20Exeter%20NHS%20Foundation%20Trust.pdf>

Please note: Although the survey front page states 'Royal Devon and Exeter NHS Foundation Trust', this survey does include Royal Devon University Healthcare maternity services (Northern and Eastern) in full. The CQC have been subsequently notified to ensure future surveys reflect the organisation's title.

## 3. 2023 CQC National NHS Maternity Services survey

- 3.1 In total, 201 patients who were aged 16 years or over at the time of delivery and had a live birth at the Trust's maternity services responded to the survey, with a total response rate of 52%, compared to the national average of 41%.
- 3.2 The survey focused on 3 domains: Antenatal care, Labour and Birth and Postnatal Care with the RDUH performing well across all three; with 53 out of 54 questions remaining either the same (46) or better than expected (7) compared to the national Trust average.
- 3.3 The survey highlighted that patients rated the Trust's maternity services highly in the following areas:
  - Antenatal care: *During antenatal check-ups, maternity service users being given enough information from either a midwife or doctor to help decide where to have their baby*



- Care after birth: *Maternity service users being able to see or speak to a midwife as much as they wanted during their care after birth*
- Labour & birth: *Maternity service users feeling that if they raised a concern during labour and birth it was taken seriously*
- Antenatal care: *Maternity service users being offered a choice about where to have their baby during their antenatal care*
- Antenatal care: *Midwives providing service users with relevant information, during their pregnancy, about feeding their baby.*

3.4 The survey also highlighted the following areas in which patient experience with the Trust's maternity services could improve:

- Postnatal care: *Partners or someone else involved in the service user's care being able to stay with them as much as the service user wanted during their stay in the hospital*
- Care after birth: *Maternity service users receiving help and advice from health professionals about their baby's health and progress in the six weeks after the birth*
- Labour & birth: *Maternity service users being given appropriate information and advice on the benefits associated with an induced labour, before being induced*
- Care after birth: *Maternity service users being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this*
- Care after birth: *Maternity service users receiving help and advice from a midwife or health visitor about feeding their baby in the six weeks after giving birth*

#### 4. Learning from 2023 Maternity Services survey results

4.1 The 2023 National Maternity Services survey identifies that the Trust has remained in line with the national picture across all NHS Trusts but also notes further work is required to continue to improve our approach to postnatal care, including further linking in with Public Health Nursing to provide a more seamless service.

4.2 The themes identified (see section 3.4) are being addressed through a targeted improvement plan which will be monitored through maternity governance routes (inc. the Maternity and Neonatal Performance Assurance Framework group) across both Northern and Eastern sites, with completion by May 2024.

4.3 It is also important to recognise the positive achievements detailed within this survey, during the significant operational challenges the Trust has faced over the previous 12 months and to recognise:

- Patients felt listened to, communicated with, and had time to ask questions to staff
- Patients felt involved in decisions about their care
- Patients felt their concerns were taken seriously
- Patients felt our staff did everything to manage pain during labour, birth and post-birth
- Patients had confidence and trust in our staff and felt supported

- Patients felt respected and treated with kindness, compassion and dignity

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

5.1 Nil

## 6. Link to BAF/Key risks

6.1 No risks have been identified.

6.2 The results from the National NHS Maternity Survey link to BAF Risk 8 - *Significant deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm, poor clinical outcomes and delivery of sub-optimal patient care.*

## 7. Proposals

7.1 The Board of Directors is asked to **note** the Royal Devon University Healthcare 2023 National NHS Maternity Services survey.

<b>Agenda item:</b>	10.1	Date: 28 February 2024		
<b>Title:</b>	Integrated Performance Report – spanning both Northern and Eastern services within Royal Devon University Healthcare NHS Foundation Trust			
<b>Prepared by:</b>	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			
<b>Presented by:</b>	Carolyn Mills, Chief Nursing Officer			
<b>Responsible Executive:</b>	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			
<b>Summary:</b>	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.			
<b>Actions required:</b>	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.			
<b>Status (*):</b>	Decision	Approval	Discussion	Information
				X
<b>History:</b>	This is a standing agenda item at each meeting of the Board of Directors.			
<b>Link to strategy/ Assurance framework:</b>	This paper details the Trust’s performance in respect of key performance standards and targets. Achievement of these performance standards and targets is a key objective within the Trust’s Strategy.			

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

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# Overview – Executive Themes and Actions to Raise at Board

This IPR covers the performance period of **January 2024**. This period also saw further Industrial Action between the 3<sup>rd</sup> and 9<sup>th</sup> January 2024. The last two IPRs explained the intensive preparations that were put in hand in the run up to Christmas to accommodate a quite unprecedented period of challenge. We are glad to say that these intensive preparations paid off for our patients because we maintained strong patient flow throughout the period and were able to restart elective activities without losing a huge degree of efficiency after both periods of strike action and a highly demanding opening to the New Year. There were positive improvements in both UEC flow and Elective Recovery through the ten week challenge in January and some challenges in Cancer Services which we lay out in further detail below; and our improved financial trend is now showing to be well established. It should also be noted that at the time of writing we have seen a round of Industrial Action by employees of Sodexo in Northern Services (as they are affiliated with UNISON) on the 16<sup>th</sup> and 19<sup>th</sup> February; and are just about to enter a further five days of BMA led action in relation to our Junior Doctors from the 24<sup>th</sup> to the 28<sup>th</sup> of February. Whilst we remain supportive of our workforce in exercising their rights to representation, these periods of action remain highly disruptive to continued provision of clinical quality and operational performance – which gives us all the more reason to celebrate some of the successes that our teams are achieving as we move towards the end of the financial year. We will continue to maintain a strong grip on our clinical, operational and financial improvements as we develop our **financial & operational plan** for the new financial year and **continue to seek to drive down our NOF rating**.

## Recovering for the Future

Progress against the financial recovery plan in January continued with a total of £18m of recovery actions being delivered since the initiation of the revised plan in October. However, despite the continued efforts overall financial performance is slightly off trajectory against the revised plan at month 10 with a year to date adverse variance of £2m. This takes our total **year to date deficit to £39.8m** against a revised year to date deficit plan of £37.8m. Within this reported position however is the cost of industrial action for months 9 and 10 of £1m which were not included in the revised agreed deficit with NHS England and are outside the Trust’s control.

The **revised deficit for the year is now permitted at £40m** (excluding industrial action) so efforts will need to be maintained to ensure improvement in the last 2 months of the year to meet this revised trajectory. Key pressures outside of industrial action that have contributed to the current variance include additional outsourcing costs to deliver additional activity. The Trust is waiting for NHS England to verify the level of additional ERF income this has earned as there will be some offset with lost activity during industrial action. Negotiations are continuing with NHS England on deficit support funding to support other cost pressures outside of the Trust’s control such as high cost drugs. If successful this will improve the forecast position.

**Urgent care performance** this month saw the Trust sitting behind the planned trajectories for both Type 1 and Types 1-3 targets with a flat trend month on month to 54.9% and 64.5% respectively. At site level both sites saw a very small decline against type 1 performance and Eastern a slight improvement for type 1-3 pathways. This position reflects the challenge that the both Northern and Eastern sites continue to absorb, with their attendances in January both more than 20% above plan. 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. Our combined all types performance at the end of January at 64.5% against a trajectory of 72% is still leaving us with the potential to hit the national target before the year end and preparations are well in hand for a sustained UEC effort to hit 80% during March on both sites. It is worth noting in the detail that during January, the **outlier and escalation bed numbers** in Eastern Services were between 65-155 (average 92); for the same period last year numbers were between 100-174 (average 128). This reduction made a material difference to the care our staff have been able to give our patients. This is despite a significant increase in ED attendances and patients referred to the medical take. The average numbers for the medical take in the last 6 days of January was 96, compared to 79 in 2023. For the same period the Emergency Department had an average of 258 attendances in 2024, compared to 219 in 2023.

	2023	2024
ED attendances (last 6 days)	219.67	258.17
Medicine referrals (last 6 days)	79	96
Medicine outliers / escalation beds (Jan 1-26)	128	92

# Overview – Executive Themes and Actions to Raise at Board

Having identified a positive restoration of activity post Industrial Action in the last IPR, we hoped for a January that would deliver high levels of **elective activity** and this has been the case. The ten week challenge has built on the positive reductions we have achieved in long waits over the last year and our momentum has continued into February. Over the course of the first five weeks of the **ten week challenge** we have **improved our end of year forecast for 78 weeks by more than 100 cases to 210 and 65 weeks by more than 300 cases to 1172**. We have also begun to construct a thorough end of year stocktake of what has been achieved over the course of the last year which shows that **RDUH is in the top ten of NHS Trusts nationally for volume reductions in 52, 65 and 78 week waiting patients; and for overall reduction of the total waiting list**. At site level, Northern elective daycase activity exceeded plan for the first time this financial year which when combined with Eastern saw planned daycase activity at its highest monthly level this year (in the face of IA). Despite the improvements, there remains no room for complacency and the **two 104 week wait “pop ups”** at the end of the month which were immediately treated are a reminder that we retain a very high volume of long waits organisationally. Hence we continue our development of cardiology and urology business cases for consideration over the next few weeks at system level.

For **cancer services**, January was a challenging month. All NHS Trusts tend to see an increase in patients waiting more than 62 days for treatment, but we lost our position more significantly than other Trusts during the month (from 260 patients waiting to 306, 10.7% of our waiting list which was a 1% loss month on month). The main loss of position was unsurprisingly in our declared areas of fragility, **dermatology and urology which were disproportionately affected by both demand pressures and Industrial Action**. In response we **established an eight week challenge for cancer services** and within that we conducted a set of rapid escalation meetings internally to focus in on these specialties and to develop recovery plans in month for both 62 days and 28 day Faster Diagnosis (which lost 3% month on month) to which there has been a positive reaction – in February our overall position has returned to an improvement trajectory. Our detailed plans for dermatology have been shared with the region and supported, therefore they are **seeking to secure system support** for both specialties whilst we continue with short term improvements driven by additional weekend activity and the development of a short term plan for urology service deployment across North, East and Torbay and South Devon (TSDT) sites. We are looking forward to bringing our **Cancer Services Deep Dive Part 2** to the Board in March 2024. Outside of the financial and operational plan targets, **Diagnostics performance improved against the 6 week DMO1 target this month**, which **consolidated the performance across the Trust above 60%** (from 57.8% to 64.6% (Northern) and 60.1% to 60.8% (Eastern)). Diagnostic activity in each of MRI, CT, Medical Endoscopy, Non Obstetric Ultrasound and echocardiography in each of Northern and Eastern Services were each in excess of plan in January. This movement reflects the positive impact that the improvement team focus has made in support of diagnostic services in developing the trajectory and its underpinning work programme to drive performance from 60% to 85% by Q2 next financial year.

## Collaborating in Partnership

Our **NCTR position continues to be exposed on both sites**, albeit with a small deterioration of position leaving us c. 100 beds outside plan (an increase of 1% from 161 (December) to 175 (January) Trustwide – equivalent to 17.0% of occupied beds). Following the recent escalations we have made relating to our projected bed gap and consistent and transparent discussions with the ICB, we saw a release of c. £800k additional funding into our Winter Plan closing our bed gap to c. 30 beds which we hope will **halt the trend of month on month deterioration over the last five months**. We have now commissioned additional activity (particularly in P1 pathways) for the rest of the financial year, but the underlying issue of us securing sustained P1-3 resourcing in order to meet the demand is yet to be resolved and will be a major focus for us in Winter debriefing and in the system financial and operational planning cycle for 2024/5. In the meantime we are reviewing UEC funded winter schemes to redirect any slippage into admission avoidance and Pathway 1 capacity. On a more positive note, **the focused work around proactive End of Life identification and support, and targeting care homes to share skills and training is reducing admissions for these patient cohorts**, and similarly focused work around **reducing time to transfer for pathways 1-3, helping provide care closer to home for patients more widely**. In addition, although it falls one day into February, we should also celebrate the **successful transfer of the Exmouth MIU into RDUH** and offer our thanks to the ICB for their support during the commissioning process.



# 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; and Quality Impact Assessments are being regularly presented to Trust Delivery Group.

**Two moderate harm medication incidents** occurred in the Trust in January and investigation processes have initiated. One hundred and twenty eight **complaints** were received in January (128), and positively 116 complaints were closed during the period including 28% of these through early resolution. We continued to see relatively low levels of healthcare acquired infection and pressure damage in January. Patient falls remain within normal variation. **High rates for MSSA and E/coli bacteraemia are noted for 2023/24.** There has been some **improvement in recent months**, particularly to healthcare associated MSSA. Infection prevention focus remains targeted at avoidable indwelling device associated infection. A Trust wide gram negative bacteraemia (GNB) improvement plan commenced in 2023 with measurable actions monitored through the Infection Prevention & Decontamination Assurance Group. Alongside current rate reduction initiatives, a separate MSSA improvement plan is in development, in order to share learning and identify additional measurable actions and initiatives to reduce infections

In terms of mortality metrics, HSMR and SHMI are maintaining a positive trend of reduction. We are maintaining a strong focus on maternity and neonatal services and we await the final **CQC report from their maternity review**. In terms of **Waiting Well** we note two moderate harm incidents in relation to ophthalmology and oncology in Northern Services; and one in relation to ophthalmology in Eastern Services.

## A Great Place to Work

The workforce picture details the contributing factors to workforce being **above forecast and beginning to stabilise**. Agency remains above an ambitious plan due to high unplanned agency cost earlier in the year, however these are now on an improved trajectory as our strategies around **agency spend, approval controls and new bank provision take effect with this IPR showing an average reduction of 11.82% per month**. January saw a marginal increase in vacancy rate partly attributable to enhanced vacancy controls taking effect. However approved recruitment continues to be effective with a good pipeline of newly qualified nurses and Healthcare support workers lined up to fill planned vacancies. **Turnover continues to reduce and is now at the lowest rate in 18 months**. In the context of culture and morale this IPR includes the January **People Pulse report** with a surprisingly high response rate of 17% (against benchmark of 10%) and in the context of a low response (35%) to the **national staff survey** which will be published in March. This report compares with the last three quarters of People Pulse where there is a decrease in all areas from the July data other than in the Freedom to speak up question. However, when compared against January 2023 shows improvement in 10 out of 14 questions, which considering the survey was open in a period of industrial action and significant operational pressure is positive.

# Balanced Scorecard – Looking to the Future

## Successes

- Well led and managed New Year and Industrial Action periods including provision of system support
- Recruitment & retention plans continuing to improve staffing levels
- Maintenance of elective recovery and top ten NHSE absolute reduction of waiting lists
- ED and Medicine performance deescalating our bed base more quickly from Winter pressures than previous years
- Additional in year investment into the Winter Plan to support short term improvement in P1-3 and NCTR
- Appointment of permanent Chief Executive
- Stabilisation of the financial position
- People Pulse response rate
- Consultation closed and structure agreed for OSIG Phase 1.

## Opportunities

- Delivery of the 2023/4 financial and operational plan
- Development of the 2024/5 financial and operational plan
- GIRFT supported bid for cardiology 7 day working in development in collaboration with TSDT
- First stage capital adjustment to support Hybrid Vascular Theatre discussion at Board today
- Development of Urology, and Women and Children's business cases
- Continued implementation of the Northern Services Acute Medicine Model
- Movement to selection process for OSIG Phase 1
- Completion of Winter Plan and development of Community Services Development Plan
- Continuation of Elective Recovery tier 1 plan
- Maternity CQC report anticipated
- System Service collaboration on Cardiology, Urology, Pathology.

## Priorities

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

## Risk/Threats

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

## Financial & Operational Exit Criteria Measures

Measure Category	Measure Description	Status
UEC	Improvements in line with agreed baseline and plan, over two quarters, in ambulance handover delays (>15 minutes & > 3 hours)	Off track against trajectory, but plans in place to recover
	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	Off track against trajectory, but plans in place to recover
	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)	Off track against trajectory, but plans in place to recover
	Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	Off track against trajectory, but plans in place to recover
	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%	Off track against trajectory with concerns regarding delivery
Elective Recovery	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	Off track against trajectory with concerns regarding delivery
	CQC confirmation of UHP compliance with Conditions on the trust's Licence	Off track against trajectory, but plans in place to recover
Finance	Reduction in waits over 104 weeks and 78 weeks, inline with agreed plan, against agreed baseline	Off track against trajectory, but plans in place to recover
	Significant reduction in 65 weeks by March 2024, inline with agreed plan, against agreed baseline	Off track against trajectory, but plans in place to recover
	75% of GP referred patients diagnosed within 28 days	Off track against trajectory, but plans in place to recover
	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.	Delivering against criteria or trajectory
	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	Delivering against criteria or trajectory
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	Off track against trajectory, but plans in place to recover
	The 2023/24 plan shows an improvement in productivity compared to 2022/23	Off track against trajectory, but plans in place to recover
	A system-wide shared services programme is developed that has all back office functions within scope and includes accompanying timelines and delivery plans	Off track against trajectory, but plans in place to recover
	The system delivers the financial plan for 2023/24 recurrently for two successive quarters	Off track against trajectory, but plans in place to recover
Finance	The system delivers improvements in productivity in 2023/24 for two successive quarters	Off track against trajectory, but plans in place to recover

■ 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

# Trust Executive Summary

Trust wide

## Operational Performance Dashboard

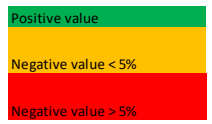
Domain	Measure/Metric	Definition	Last Month Dec-23	This Month Jan-24	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	1712	1642	-70	881		710
	RTT 78 Weeks waited	Total count	383	360	-23	103		0
	RTT 104 Weeks waited	Total count	0	2	2	0		0
	Cancer - Over 62 day waiters	Total count	260	306	46	265		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	9.4%	10.7%	1.3%			6.4%
	Cancer - 28 day faster diagnosis standard	% patients receiving diagnosis in 28-days	77.1%	73.8%	-3.3%	74.3%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	55.4%	54.9%	-0.5%	65.6%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	64.3%	64.5%	0.1%	72.2%	95%	76.0%
	No criteria to reside	Average daily count	161	175	14	59		50
	No criteria to reside	NCTR as a % of occupied beds	16.0%	17.0%	1.0%	6.5%		5.3%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(36,722)	(39,703)		(32,050)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	31,091	36,255		39,557		60,300

# Northern Services Executive Summary

## Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	This Month Dec-23	This Month Jan -24	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	Vs baseline (2019/20)	113.7%	118.4%	4.8%	130.7%	104%
	Outpatient activity (FU)	Vs baseline (2019/20)	146.4%	143.7%	-2.6%	100.0%	75%
	Outpatient procedures	Vs baseline (2022/23)	289.9%	255.2%	-34.7%	262.2%	
	Elective inpatient activity	Vs baseline (2019/20)	55.6%	53.1%	-2.4%	82.5%	104%
	Elective daycase activity	Vs baseline (2019/20)	99.4%	110.4%	11.0%	110.4%	104%
	RTT 18 week performance	Patients seen <18 weeks vs total Incomplete pathways	52.0%	51.8%	-0.3%		92%
	Incomplete pathways	Total count	22425	21740	-3.1%	22792	
	RTT 52+ weeks waited	Total count	1947	1746	-10.3%	3107	
	RTT 65+ weeks waited	Total count	755	748	-0.9%	461	
	RTT 78+ weeks waited	Total count	153	147	-3.9%	100	
	RTT 104+ weeks waited	Total count	0	1	100.0%	0	
	CANCER	Cancer - 28 day faster diagnosis standard	Performance	79.12%	72.58%	-6.5%	71.5%
31 day general treatment standard		Performance	91.53%	73.80%	-17.7%		96%
62 day general standard		Performance	72.06%	74.64%	2.6%		85%
Cancer over 62 day waiters		Total count	35	41	17.1%	75	
Cancer - % 62 day waiters against total open pathways		% patients over 62 days against open pathway	5.5%	6.1%	0.6%		

Domain	Measure/metric	Definition	This Month Dec-23	This Month Jan -24	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	97.9%	100.4%	2.5%	76.3%	
	A&E attendances	Vs baseline (2019/20)	129.4%	131.2%	1.8%	107.2%	
	4 hour wait performance Type 1 only	Patients seen <4 hours vs total attendances	58.4%	57.7%	-0.7%	74%	95%
	4 hour wait performance Type 1 3	Patients seen <4 hours vs total attendances	59.1%	58.6%	-0.5%	74%	95%
	Ambulance handover delays >30 minutes	Total count	327	370	13.1%		
	Residual no criteria to reside	Average daily count	43	47	9.3%	15	
	Residual no criteria to reside	NCTR as a % of occupied beds	15.8%	16.7%	1.0%	6.2%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	57.8%	64.6%	6.8%	N/A	99%
	MRI activity	Vs baseline (2019/20)	150.7%	156.7%	6.0%	113.1%	
	CT activity	Vs baseline (2019/20)	149.9%	130.1%	-19.8%	119.3%	
	Medical Endoscopy activity	Vs baseline (2019/20)	150.2%	129.9%	-20.2%	107.5%	
	Non-obstetric ultrasound activity	Vs baseline (2019/20)	104.4%	105.3%	1.0%	88.2%	
	Echocardiography activity	Vs baseline (2019/20)	124.6%	113.7%	-10.9%	70.8%	



# Eastern Services Executive Summary

## Eastern Services

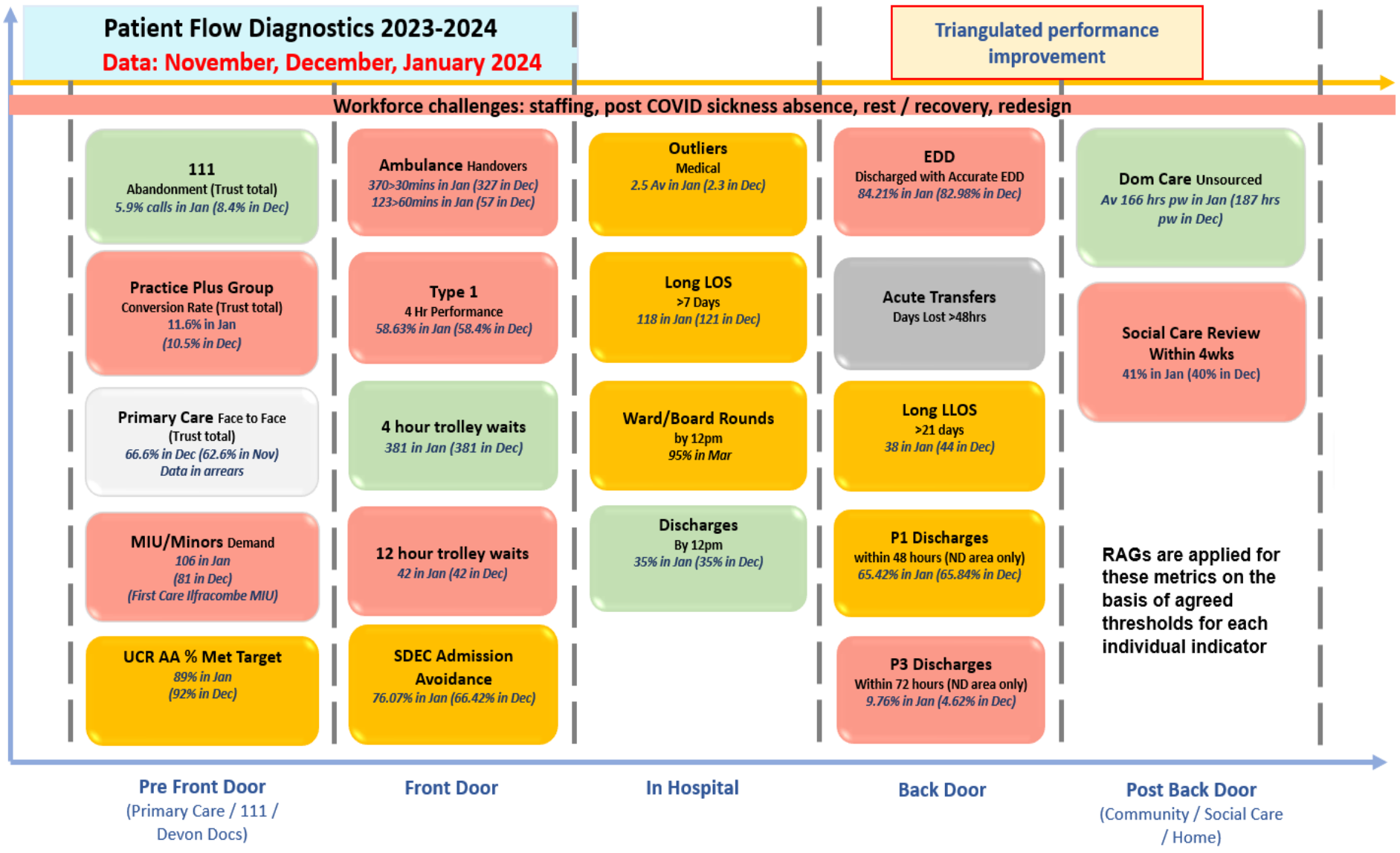
## Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Dec-23	This Month Jan-24	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	99.3%	<b>108.7%</b>	9.4%	100.0%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	139.1%	<b>154.4%</b>	15.3%	128.9%	75%
	Outpatient Procedures	vs baseline (2019/20)	125.7%	<b>120.3%</b>	-5.4%	97.4%	
	Elective Inpatient Activity	vs baseline (2019/20)	70.3%	<b>70.1%</b>	-0.2%	105.9%	104%
	Elective Daycase Activity	vs baseline (2019/20)	121.0%	<b>131.7%</b>	10.8%	123.6%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	53.7%	<b>53.9%</b>	0.2%		92%
	Incomplete Pathways	Total count	53642	<b>52799</b>	-1.6%	60541	
	RTT 52 Weeks waited	Total count	2810	<b>2628</b>	-6.5%	2348	
	RTT 65 Weeks waited	Total count	957	<b>894</b>	-6.6%	505	
	RTT 78 Weeks waited	Total count	230	<b>213</b>	-7.4%	12	
RTT 104 Weeks waited	Total count	0	<b>1</b>	#DIV/0!	0		
CANCER	Cancer – 28 day faster diagnosis standard	Performance	76.5%	74.3%	-2.2%	75.2%	75%
	31 day general treatment standard	Performance	85.3%	68.7%	-16.6%		96%
	62 day general standard	Performance	63.8%	53.8%	-10.0%		85%
	Cancer - % 62 day waiters against total open pathways	62 day waits as a % of total pathways	10.6%	12.2%	1.6%		
	Cancer over 62 day waiters	Total count	225	265	17.8%	190	

Domain	Measure/Metric	Definition	Last Month Dec-23	This Month Jan-24	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	vs baseline (2019/20)	105.2%	<b>109.7%</b>	4.5%	95.5%	
	A&E attendances	vs 19/20 baseline	92.2%	<b>98.0%</b>	6.3%	81.4%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	53.5%	<b>53.2%</b>	-0.4%	61.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	66.8%	<b>67.1%</b>	0.3%	71.6%	95%
	Ambulance handover delays >30 mins	Total count	783	<b>821</b>	4.6%		
	Residual : No Criteria to Reside count	Average Daily count	118.0	<b>128.0</b>	7.8%	44	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	16.1%	<b>17.1%</b>	1.0%	6.5%	
	DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	60.1%	60.8%	0.7%	
MRI activity		vs 19/20 baseline	112.1%	116.4%	4.3%	104.3%	
CT activity		vs 19/20 baseline	116.2%	121.7%	5.5%	106.5%	
Medical Endoscopy activity		vs 19/20 baseline	92.8%	106.8%	14.0%	90.6%	
Non-obstetric ultrasound activity		vs 19/20 baseline	95.0%	108.2%	13.2%	84.0%	
Echocardiography activity	vs 19/20 baseline	127.7%	146.8%	19.1%	94.8%		



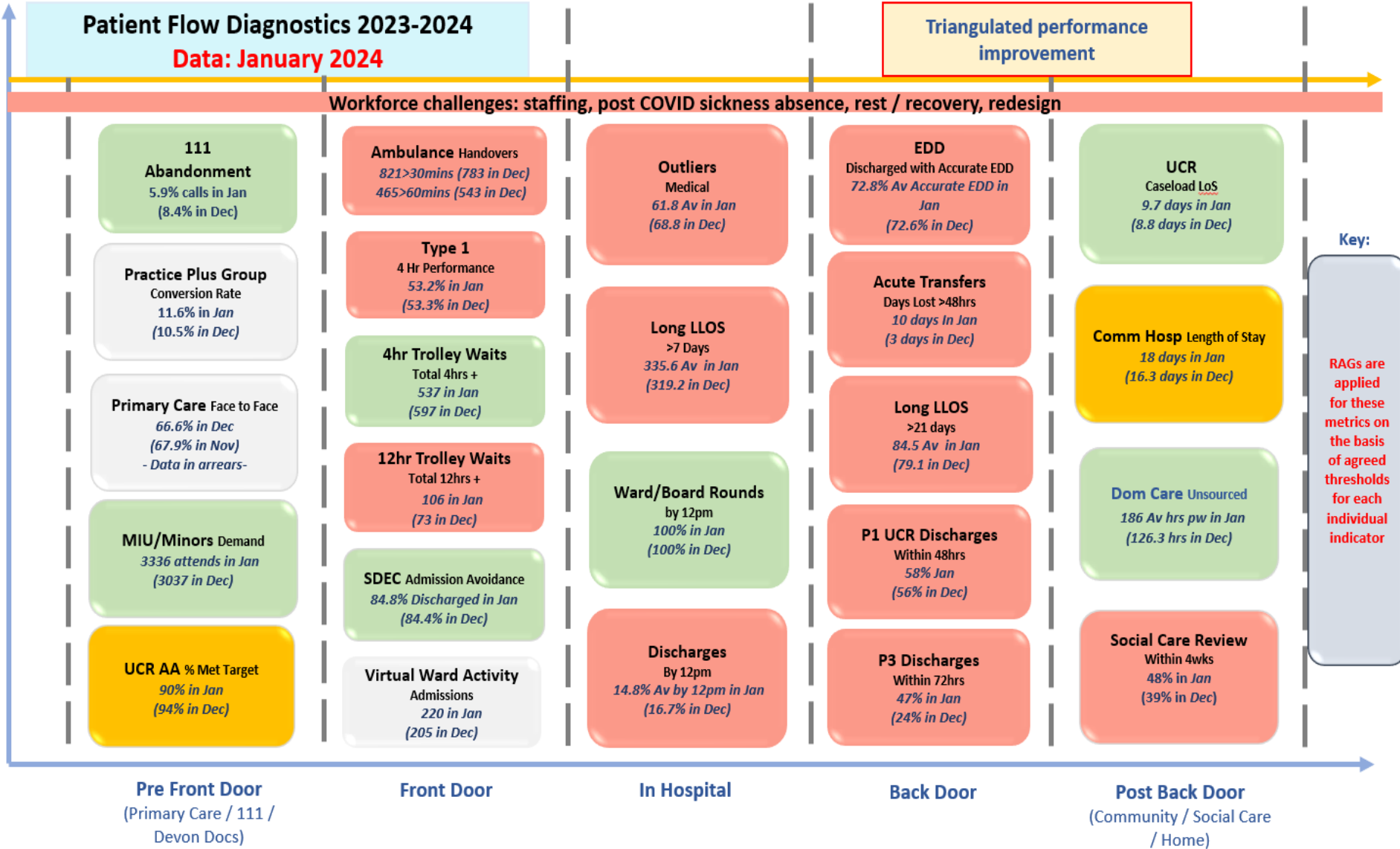
## Northern Services Patient Flow Diagnostic



# Eastern Services Executive Summary

## Eastern Services

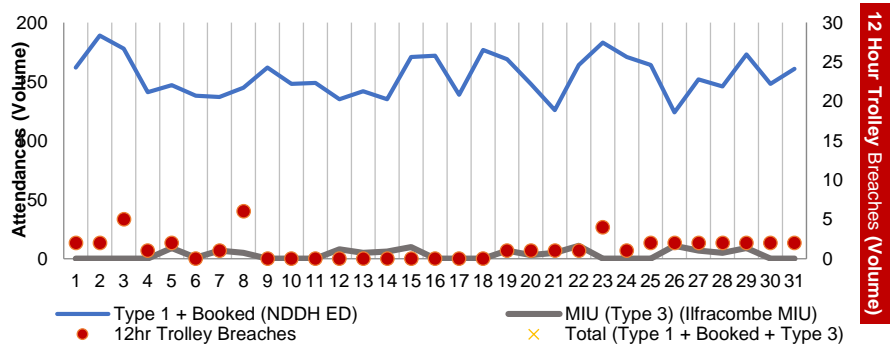
## Patient Flow Diagnostic



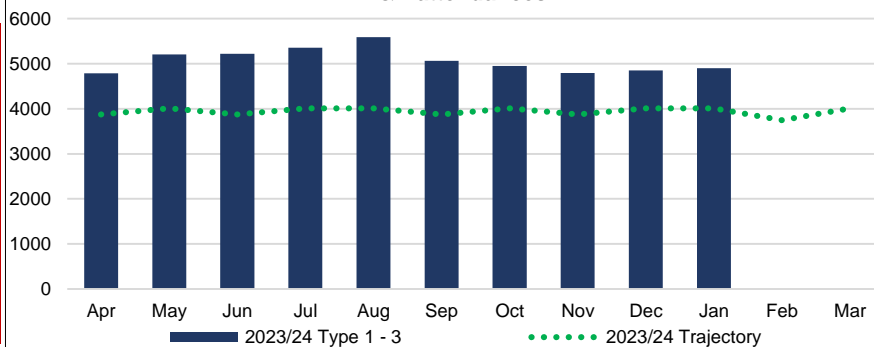
# Northern Services Emergency Department – key metrics relating to activity & performance in urgent & emergency care services

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

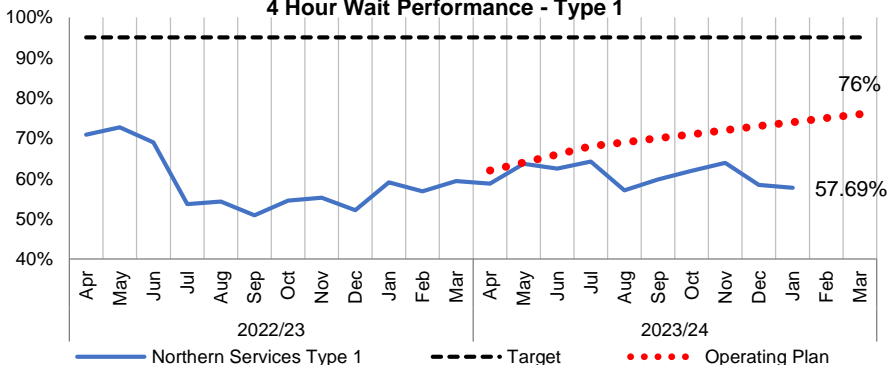
### Report Month - Trust Daily Attendance Profile



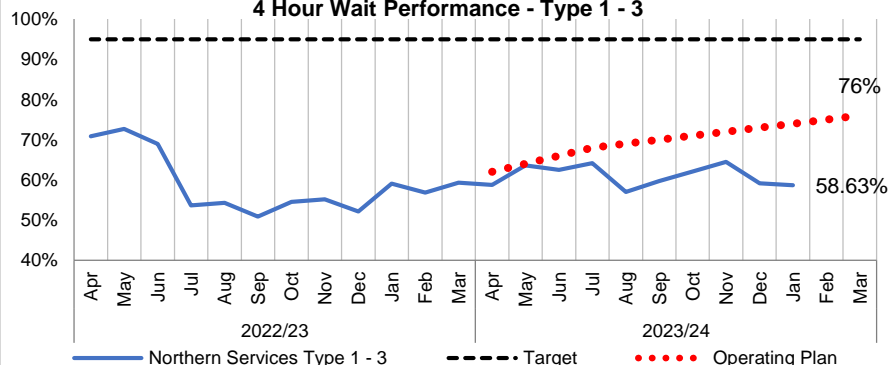
### A&E attendances



### 4 Hour Wait Performance - Type 1



### 4 Hour Wait Performance - Type 1 - 3

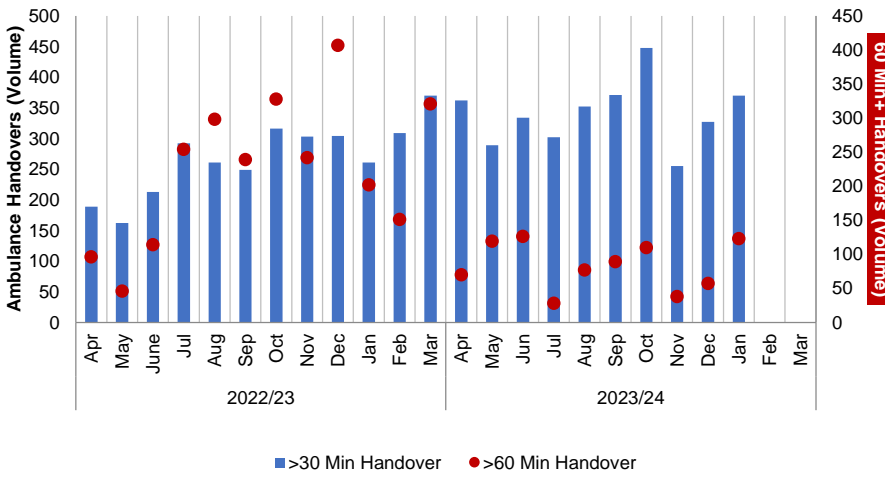


Type of Activity	Denominator	Patients > 4 Hours	% Performance
Type 1 (NDDH ED)	4796	2029	57.69%
Type 1 - 3 (including Ilfracombe MIU)	4905	2029	58.63%

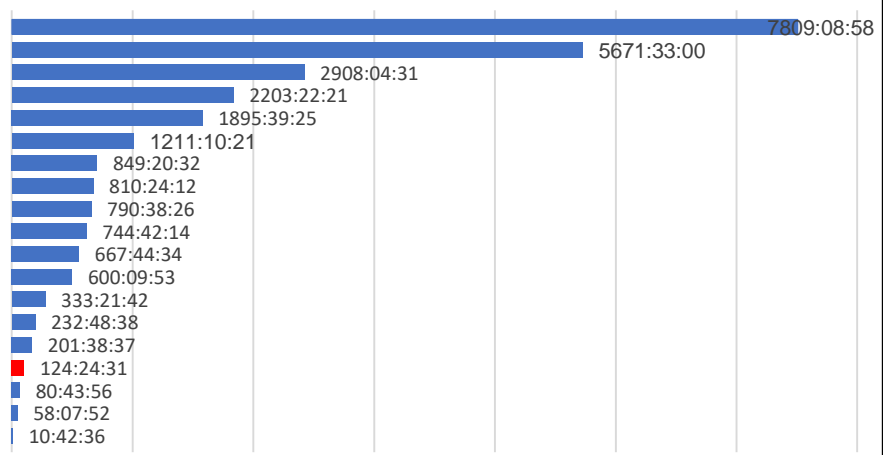
### Overall Performance:

- There was an increase of 51 attendances in January compared to December with a peak in attendances of 189 on the 2<sup>nd</sup> January.
- In January the total daily hours lost in ambulance handover delays was 405 hours and 41 mins.
- The service reported a 0.7% decrease in January against the 4 hour target compared to December.
- The number of 4-Hour breaches increased from 1985 in December to 2029 in January.

**Ambulance Handovers Delayed >30 mins**



**Ambulance Handovers - Average Daily Hours Lost by Site  
SW 30 Day Rolling Average - as at 05/02/2024 NDDH Highlighted**



60 min handovers increased by 66 in January compared to December, 30 min handovers increased by 43 in January compared to December.

**X-CAD Implementation**

Continue to see reduction in handover delays and time lost since X-CAD was introduced in November 2023.

# Eastern Services Emergency Department

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

Activity & Flow

Operational Performance

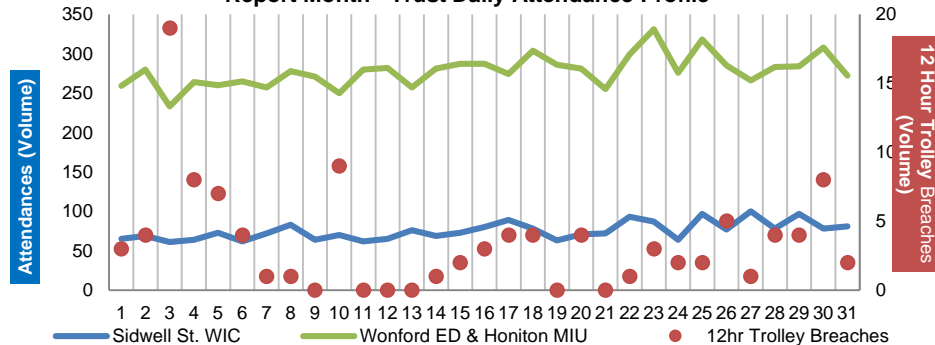
Patient Experience

Quality & Safety

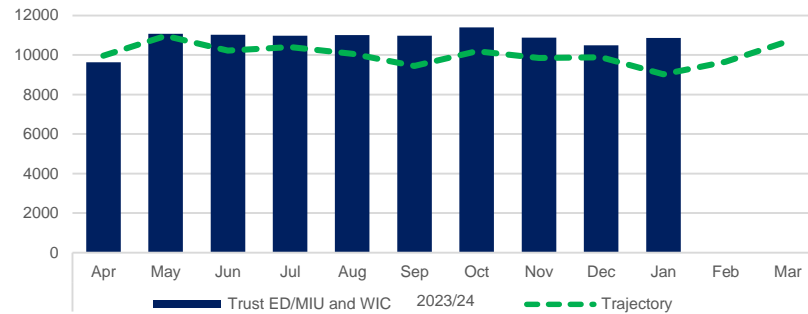
Our People

Finance

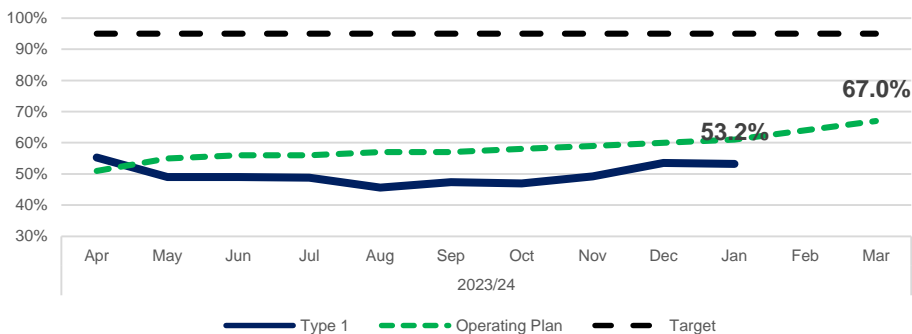
### Report Month - Trust Daily Attendance Profile



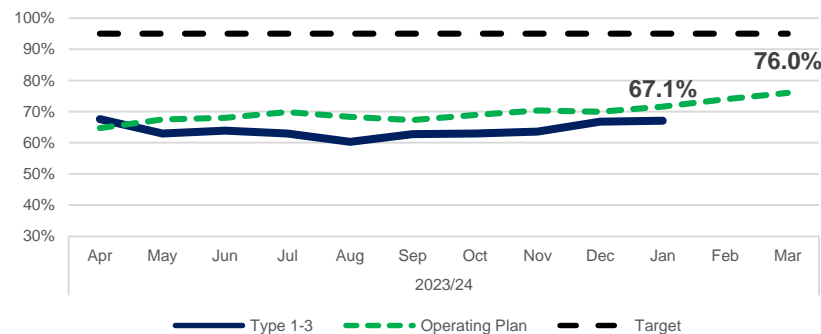
### A&E Attendances



### 4 Hour Wait Performance – Type 1



### 4 Hour Wait Performance – Type 1 – 3



### Overall Performance:

- All Type - 4 hour performance increased from 66.8% in December to 67.1% in January 2024 (Eastern All Type trajectory for January 71.6%).
- ED Type 1 - 4 hour remained static from 53.5% in December to 53.2% in January 2024 (Eastern Type 1 trajectory for January 61%).
- Type 1 daily attendance figures were on average 242 per day, representing continued high demand.

Type of Activity	Denominator	Patients >4 Hours	% Performance
ED Only	7522	3523	53.16%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	10858	3571	67.11%
Total System Performance (including MIUs)	12521	3646	70.88%

# Eastern Services Emergency Department

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

Activity & Flow

Operational Performance

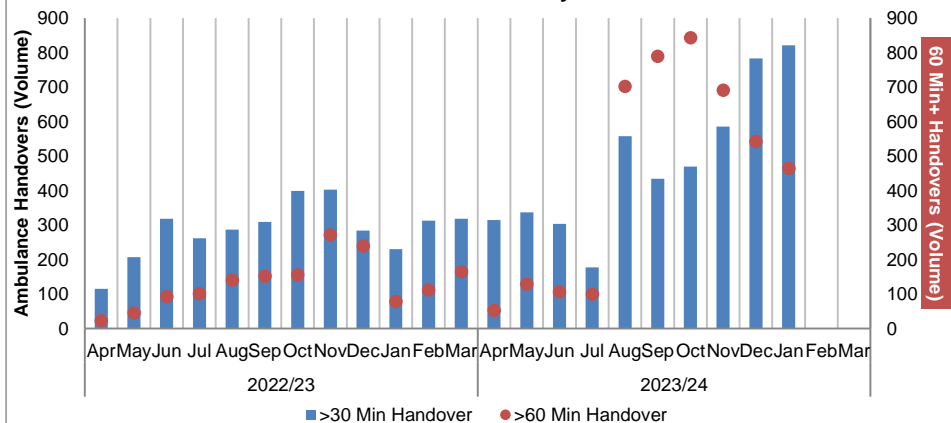
Patient Experience

Quality & Safety

Our People

Finance

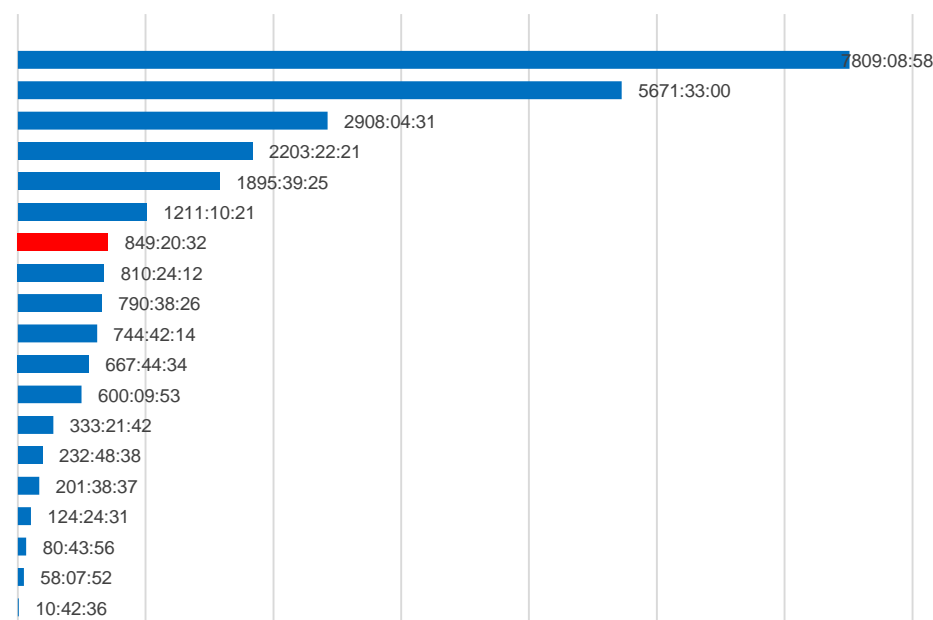
### Ambulance Handovers Delayed >30 mins



### Actions being taken to improve performance

- Trust wide 4 Hr performance meeting introduced to oversee improvement plan, including the March UEC capital challenge.
- GP streaming pilot launched November 2023, providing additional capacity during the evening and weekends for patients presenting with primary care problems. The pilot has been extended until the end of April and all shifts are filled, with the potential to extend until midnight. A business case will be submitted to the ICB for recurrent full-year funding.
- The Minors Working Group continues to oversee actions to improve minors performance, including new models of working.
- The ED Safety Huddles have continued and an evening review with On-Call teams has been introduced. A proposal for extended support to the ED shop floor is being progressed, including a trial of supernumerary nurse in charge in March.
- Phase 1 of ED rebuild is complete and Phase 2 which includes a dedicated Paediatric ED with co-located PAU is underway.
- Exmouth MIU successfully transferred to the RDUH on 01/02/24.

### Ambulance Handovers - Average Daily Hours Lost by Site SW 30 Day Rolling Average - as at 05/02/24 RD&E Highlighted



### Focus on ambulance reporting

- Monthly ambulance handover meetings have been established with SWAST to review processes and improvements.
- There is a Devon Ambulance Cell and ICB focus on improving ambulance handover delays.
- The XCAD hospital ambulance arrivals system was implemented on November 23. Roll out of XCAD to the rest of the Trust is planned in February.
- Ambulance arrivals have been relocated back to the new ambulance entrance (from current temporary entrance) as key element of Phase 1 of the ED rebuild.
- A programme of improvement work is being planned with SWAST to commence in February, following roll out of XCAD to the rest of the Trust.

### Providing safe alternatives to admission

- SDEC activity increased to 810 in January (from 641 in December) with a 84.8% discharge rate. This is the highest month of activity on record (previous high of 706 in March 2023).
- The virtual ward saw 258 admissions (highest number to date), the daily average increased to 50 patients per day (highest number to date) and the average occupancy for Eastern was 79.4% (30.2% for Northern).
- Virtual ward bed capacity is now at 100 beds. Efforts are on-going work to increase occupancy to the target 80% level.



# Trust – Provision of System Support for UEC

Activity & Flow

Operational Performance

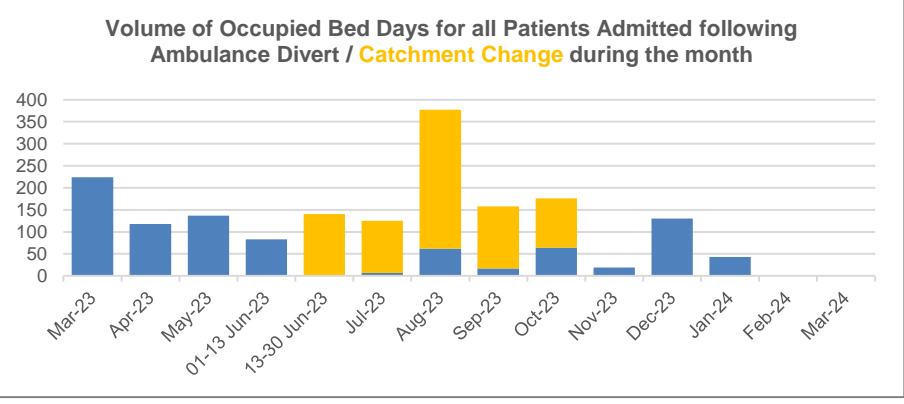
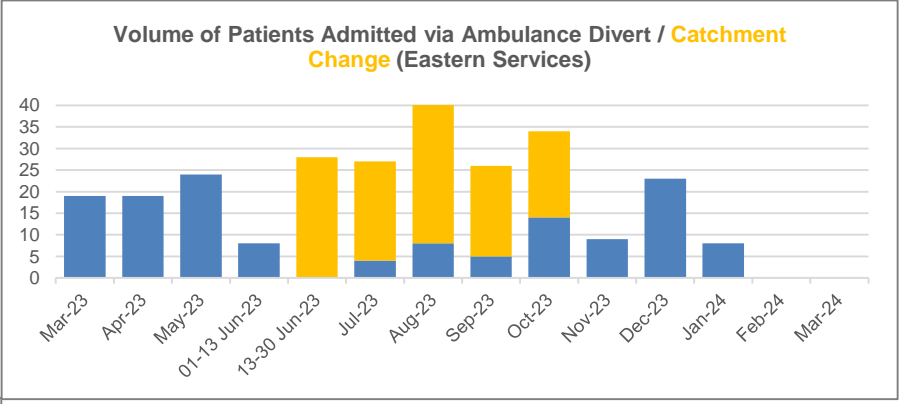
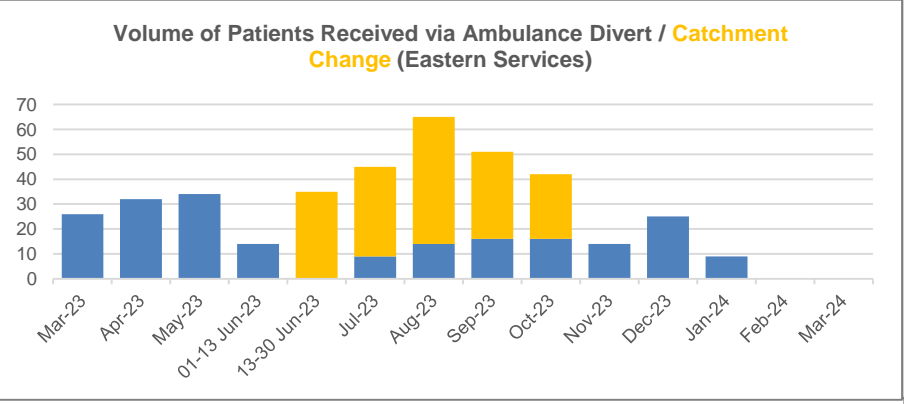
Patient Experience

Quality & Safety

Our People

Finance

	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
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
November 2023	14	8	6	12	1	1
December 2023	9	8	1	6	1	2
January 2024	11	4	2	2	5	4



# Trust – Provision of System Support for Planned Care

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

## 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
Nov-23	0				
Dec-23	3		3		
Jan-23					

## 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				
Nov-23	0				
Dec-23	0				
Jan-23					

# Trust – Community Services – Improving End of Life Care

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

**Deliverables of the project** to support delivery of UEC actions and Deloitte's insights:-

- **Reduction in length of stay** 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.

**Successes for the Month:**

- **Identification of Preferred Place of Death:** 5% increase in the number of patients dying in their preferred place.
- **Patients with 3+ admissions aged 75+ years in last 90 days of life:** 2% positive decrease taking the baseline down to 9% from Jan-24 onwards.
- **LOS of patients aged 75+ years admitted within last 90 days of life:** Positive decrease of 3 days, reducing the baseline to 14 days from January 2024 onwards.
- **5 Priorities of Care overall completion rate:** 11% increase in the overall completion of the 5 Priorities of Care, taking the baseline to 51% from Jan-24 onwards.
- **Patients with TEPs completed on EPIC:** 2% increase in the number of completed TEPs recorded on EPIC, taking the baseline to 70% from Jan-24 onwards.

**Actions for next month**

5 priorities of Care – Cluster level detailed supplied to Clinical Matrons to review results and set an improvement plan.

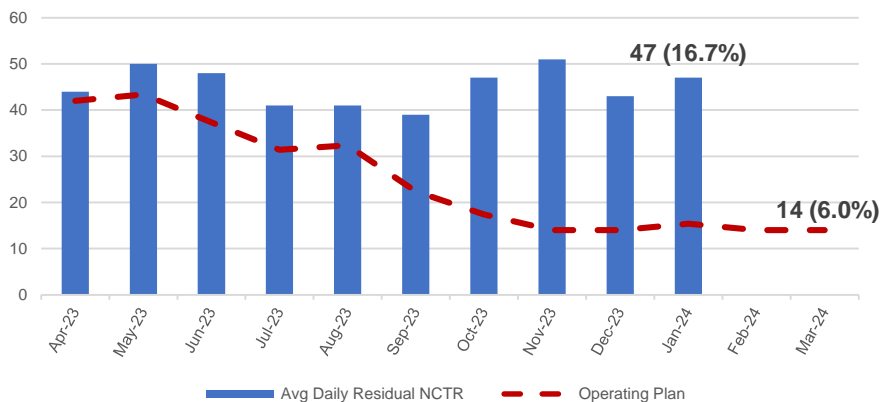
- Note review for EoL referrals received by the out of hours team to establish learning for unplanned EoL care.
- Length of Stay – working with the Hospital Discharge team to review Admission Avoidance theme for patients at the end of life.
- Meeting with Out of Hours Doctors to establish improved links for prescribing ad supply of medication out of hours.
- Continue to provide elbow to elbow support to increase conversation for ACP completion.
- Establish the link between Comprehensive Geriatric Assessment, Advanced Care Plan and Treatment Escalation Plan.

Metric	Baseline	Region	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1. ACP conversation offered last 12 months of life	TBA	Planned	N/A	TBA	TBA	40%	40%
	Actuals	Eastern	N/A	N/A	N/A	N/A	N/A
		Northern	N/A	N/A	N/A	N/A	N/A
2. Identified EOL/LYOL died in their preferred place	35%	Planned	30%	36%	42%	48%	54%
	Actuals	Eastern	50%	29%	33%	35%	45%
		Northern	38%	14%	7%	33%	14%
3. Patients with 3+ admissions aged 75+ years in last 90 days of life	9%	Planned	11%	10%	9%	8%	7%
	Actuals	Eastern	6%	9%	3%	19%	20%
		Northern	0%	5%	6%	30%	8%
4. LOS of patients aged 75+ years admitted within last 90 days of life	14 Days	Planned	17	15	14	12	10
	Actuals	Eastern	12	19	13	14	16
		Northern	13	22	19	24	9
5. Establish the link between Comprehensive Geriatric Assessment, Advanced Care Plan and Treatment Escalation Plan.			35%	69%	14%	26%	62%

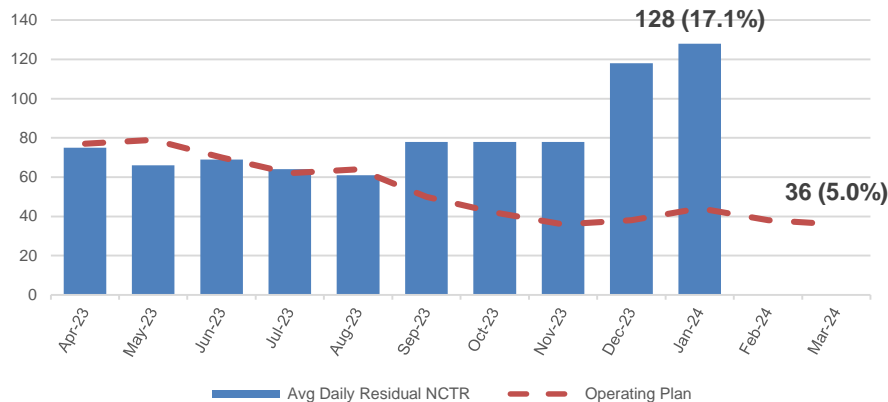
# Trust - No Criteria to Reside

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

Average Daily NCTR vs Plan (% NCTR Occupied beds) – Northern Services



Average Daily NCTR vs Plan (% NCTR Occupied beds) – Eastern Services



On 4th of December 2023, the reporting for Eastern was brought into line with national requirements, ensuring that the NCTR position includes Pathway 0 delays. Delays on pathway 0, including those awaiting confirmation as to whether they will require pathway 1 or 2 support, contributes to the significant increase in NCTR number for Eastern as seen in the graphs above. There has been a consistent improvement in patients' time to transfer across Pathways 1, 2 & 3 from the acute hospital, specifically Pathway 3 demonstrating a 26% improvement in discharges within 72 hours of referral.

## Actions to Improve Performance:

in relation to Pathway 0, actions to improve performance include:

- In Eastern Services
  - Board round scrutiny to ensure accuracy of reporting for those who are medically optimised – supported by CMO comms in January 2024
  - Medicine and surgical IOs working with ward teams to support with correct capture of medically optimised
  - Earlier senior review to facilitate decision making – utilising learning from industrial action
  - Continued promotion of discharge lounge – use of discharge coathangers to identify those to move on opening. Patients identified by site team overnight as suitable to move the next morning
  - Promotion of use of virtual ward, and now extended conversations around additional pathways to utilise virtual ward
- In Northern Services
  - daily review of P0 patients by Head of Patient Flow
  - Links between Hospital Discharge Team with Liaison Officer and other MDT members to drive discharge as early as possible
  - Bi weekly meetings with Cornwall locality for patient with Cornwall addresses to provide oversight and support

## Pathway 1

- As part of a winter resilience project, we are working with Devon County Council to prioritise any assessments for individuals waiting on Urgent Community Response caseloads. The aim of this is to create capacity for additional discharges.
- Daily review at board rounds to ensure accurate reporting of patients who are medically optimised.
- Full utilisation of external agency capacity.

## Pathway 2

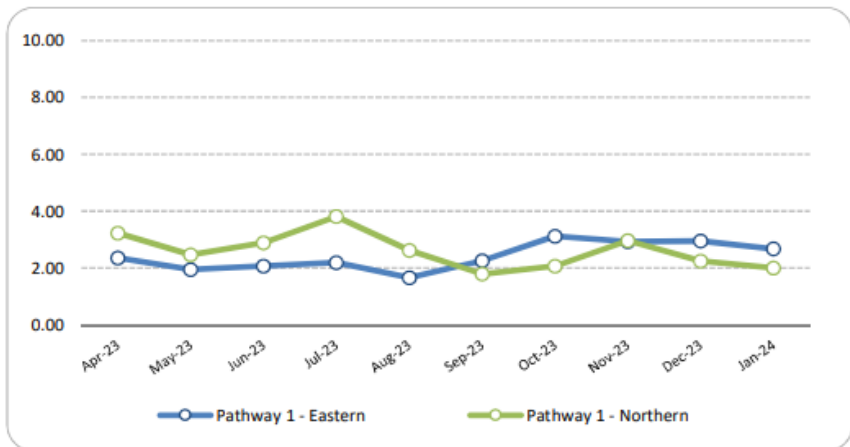
- Increased focus of block booked beds utilisation. Engage with ICB work to influence future commissioning to increase pathway 2 capacity.

## Pathway 3

- Reduce delays by having early conversations with individuals and their families at ward level, to explain about choice of initial care home and the follow on assessment process.

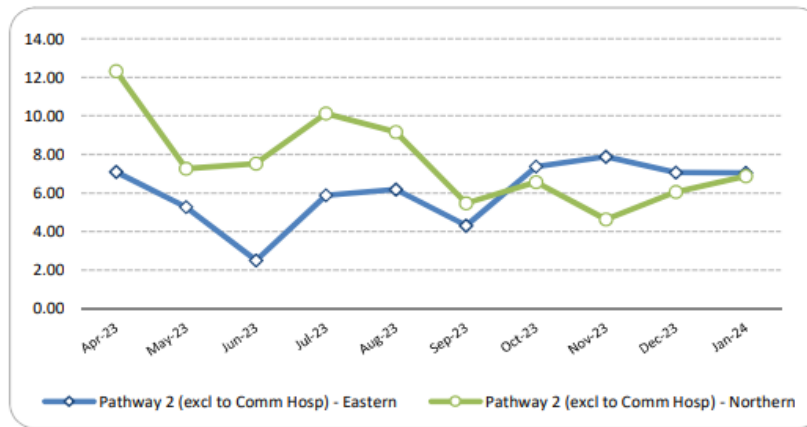
# Trust – Time to Transfer for Discharge Pathways 1, 2 & 3

Average Time to Transfer (Med Fit to Discharge) - Pathway 1



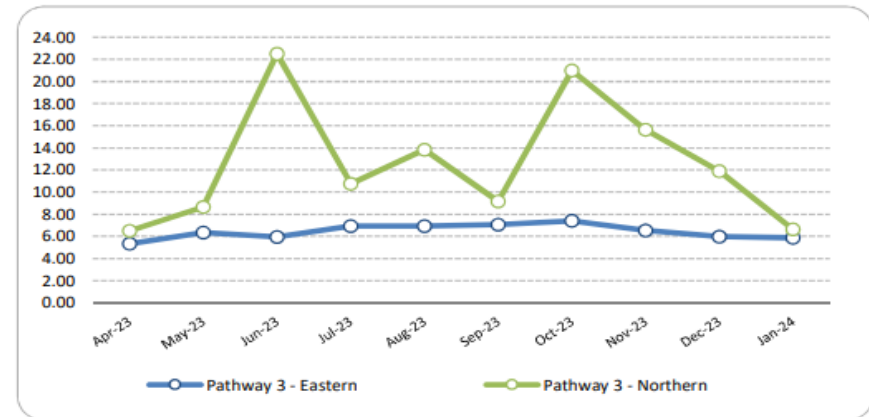
**Pathway 1 - Urgent Community Response, Interim Care (SCR), Interim Care - North, Interim Care - South & Out of Area.**

Average Time to Transfer (Med Fit to Discharge) - Pathway 2



**Pathway 2- Spot, Out of Area Community Hospitals & Rehab Beds. Excludes RDE Transfer Community Hospitals**

Average Time to Transfer (Med Fit to Discharge) - Pathway 3



**Pathway 3 - Nursing / Residential Home Placements, Spot Purchase, Fast Track & Out of Area.**

**Pathway 1**

Demand and capacity modelling has identified a 34wte (19wte in North and 15wte in East) Support Worker capacity gap in order to respond to the Pathway 1 activity. This capacity shortfall has been escalated at executive level to the Integrated Care Board. The Integrated Care Board are reviewing how the capacity gap could be bridged in advance of a sustainably commissioned model due to be live from July 2024. Despite the lack of Pathway 1 capacity, the national target of time to transfer of 2 days is being achieved as staff continue to prioritise urgent work over more routine and preventative demands – a balance we intend to re-dress as soon as possible.

**Pathway 2**

Pathway 2 Time To Transfer performance includes transfers from the acute hospitals into Pathway 2 (short stay care home) beds. The lack of commissioned block booked Pathway 2 beds leads to spot purchasing care home beds which is a less efficient model, and as a result our performance is averaging at 6.5 days against a national target of 3 days.

**Pathway 3**

The small numbers of patients skew the performance graphs for Northern, however there has been an improvement as a result of the action to increase the social care resource to prioritise assessments. The time to transfer performance is averaging at 6 days against a national target of 3 days.

# Trust - Urgent Community Response

Admission avoidance and discharge

Activity & Flow

Operational Performance

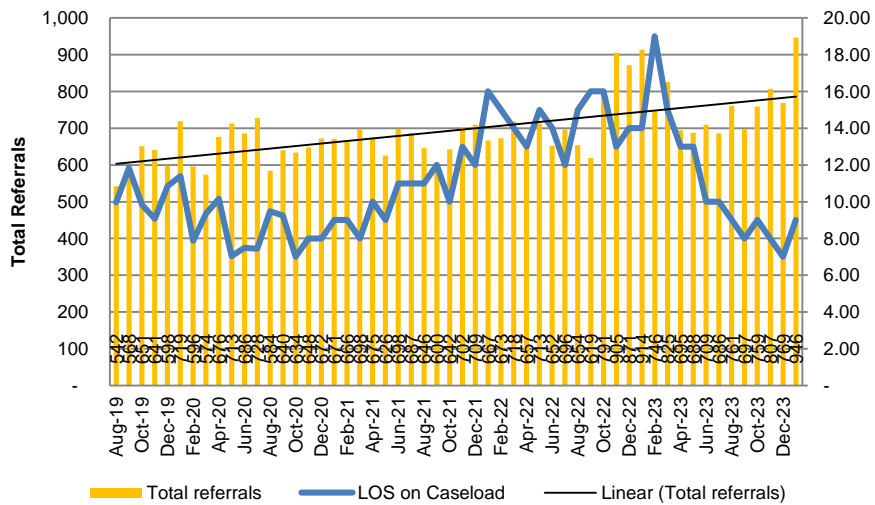
Patient Experience

Quality & Safety

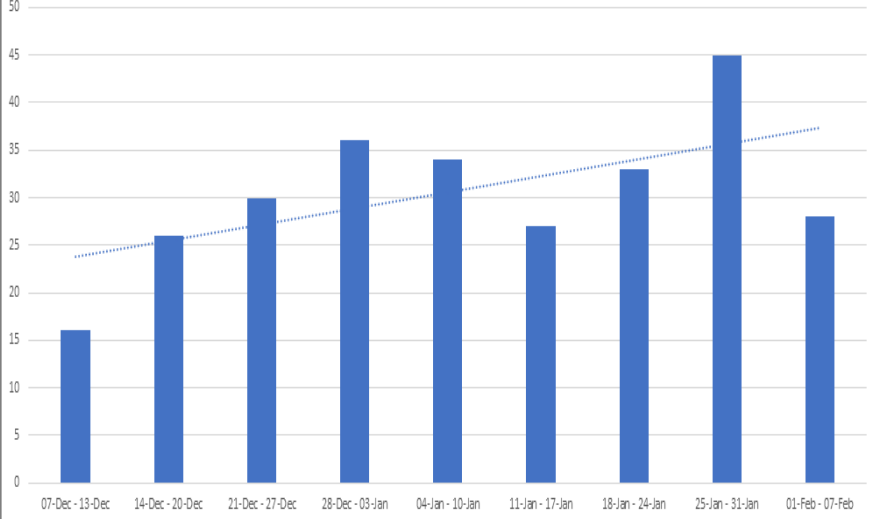
Our People

Finance

UCR Referrals & Length of stay on Caseload



Number of 2 Hour Referrals



## Urgent Community Response (UCR) Demand and Performance

The graph shows the complete referral volume into UCR, which currently includes both admission avoidance and hospital discharge demand.

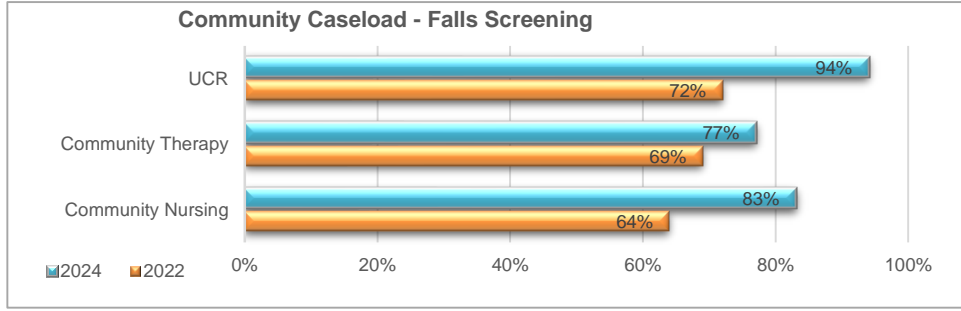
- The average length of stay position on the UCR caseload has been maintained, continued focus of moving patients off the caseload onto social care when a long term care need has been identified remains a priority.
- Collaboration with the clinical team in the Devon Care Co-ordination Hub continues to ensure we are streamlining the referral pathways to optimise patient safety and increase efficiency of admission avoidance pathways.
- As a result of the Devon Care Coordination Hub and an increase in referrals from the ambulance service, admission avoidance demand has increased from 394 referrals in December to 488 referrals in January (23.86% increase). Despite this increased demand UCR teams continue to surpass the national target (70%) and ICB target (75%) with 90% of the urgent referrals being responded to within 2 hours.
- Royal Devon Care – Co-ordination Spoke (Phase 1) went live on 15<sup>th</sup> January. The phase 1 model has focused on increasing senior Urgent Community Response clinician presence in the Emergency Department, Acute Medical Unit and Same Day Emergency Care at Wonford to optimise admission avoidance activity at the front door.

## Future developments for UCR

- Phase 2 of the Royal Devon Care Co-ordination Spoke including physical space for the MDT to collocate and collaborate is due to go live on the 21<sup>st</sup> February.
- When Phase 2 is complete there will be an opportunity, through integration of UCR and Virtual Ward, to open up new UCR pathways for patients e.g. minor head injuries and supporting patients who have suffered a long lie on the floor following a fall.

# Trust – Community Services – Reducing Falls Related Hospital Admissions and Managing Frailty

- Deliverables of the project to support delivery of UEC actions and Deloitte's insights:-
  - Reduction in number of admissions from care homes, due to a fall
  - Reduction in length of stay of frail patients 75+



**Successes for this month:**

- New data set available (from ICB) regarding care homes calls to SWAST (related to a fall) for November 2022 to January 2024; initial review of data has identified a **33% decrease in ambulance conveyance** to Barnstaple and Wonford sites in November and December 2023 compared with the same period in 2022.
- Expanded **training to voluntary sector services and service users** in the last month to improve awareness and understanding of falls prevention. Twenty volunteers and five service users have completed training.
- A new report has been generated to allow a greater overview of **Frailty score recording on Epic**. 43% (3057) of the patients on the core services community caseloads have a frailty score recorded. Through the divisional webinar and bespoke team training we aim to increase compliance in order to facilitate targeted proactive assessment and intervention to reduce hospital admissions and hospital length of stay.
- The community Falls Prevention Practitioner is utilising the HelpFall app (commissioned by ICB for 12 months) to identify and offer support to Care Homes (signed up to the app) who are reporting high falls rates. Utilising this targeted approach has enabled timely and co-ordinated response to identify specific themes and suggest actions to further reduce the risk of falls.
- All patients on core Community caseloads should have a falls screening tool completed with them to identify their individual risk of falls and help to target falls prevention activity. Repeat audit of Falls Screening tool compliance has highlighted a significant increase in completion of this tool for all core community services teams (see graph above for results).

**Actions for next month:**

- Collaborate with ICB business intelligence team to develop a PowerBI tool to enable real time review of falls incidences from care homes; this will allow even more targeted, timely care home support to reduce falls incidences.
- Continue to monitor frailty score and falls screening tool compliance, supporting the teams to fully utilise the outcomes to improve patient care.



# Trust – Community Services – Reducing Community Waiting Lists

	Podiatry	Rehab	Weight manag't	MSK	Continenence (Adults only)	Tissue viability	Community nurses	UCR	Neuro rehab	Newborn 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
November	2354	2596	1110	4466	8	8	479	61	22	86	7	374	214
December	2333	2744	1367	4501	8	8	488	72	11	151	7	368	164
January	2275	2708	1268	4471	10	8	525	53	9	95	7	398	218
% change in month	-2.5%	-1.3%	-7.2%	-0.7%	25.0%	0.0%	7.6%	-26.4%	-18.2%	-37.1%	0.0%	8.2%	32.9%
% change since Sept	-11.2%	-31.3%	-3.1%	14.8%	25.0% *	0.0% *	5.2%	20.5% *	-40.0% *	-10.4% *	0.0% *	-2.5%	0.9%
* within monthly expected fluctuations													

## Update on progress:

- There has been a considerable improvement this month on validation with a 12.66% reduction in the number of episodes on Homecare with no future visits / orders booked, reducing from 4256 to 3717. This reduction along with those in the previous 3 months gives a total of 41.32% reduction since September.
- There has been continued focus on waiting list validation and training for teams around EPIC episode management with specific focus in areas with high numbers of Homecare issues such as Community nursing and Community Therapy, which has supported the improvements seen in month.
- Business Intelligence (BI) continue to work on the draft trajectories for the key services highlighted by NHSE. (Podiatry, MSK, Weight management, Speech & Language, and Community Rehabilitation.)

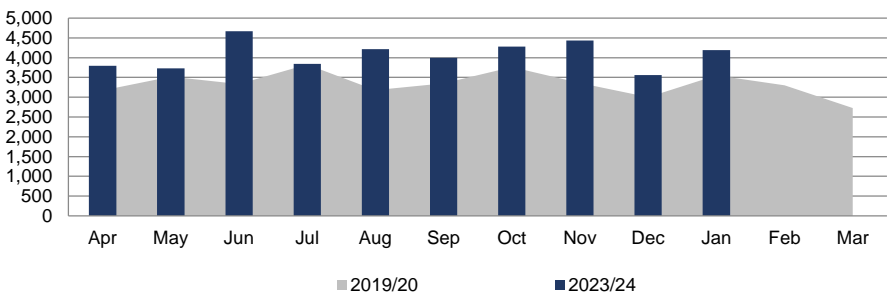
## Service specific updates:

- Podiatry has seen an 11.2% reduction in the number of patients waiting since September mainly due to rigorous data validation. From January the department have implemented transformational changes that will support the prioritisation of most appropriate patients, putting some patients on to 'patient initiated follow up' (PIFU) and creating more virtual clinics where appropriate.
- Community Rehabilitation is made up of several different community services with Community therapy making up 50% of these patients waiting. In the last 5 months they have seen a decrease of 14.91% on the Community therapy waiting list mainly due to validation of patients who had already been seen but where the episode had not been correctly closed.
- Community MSK services are showing an increase month on month to their waiting list, an increase of 14.8%, 578 patients since September. Whilst there are no patients currently waiting over year, the draft trajectory produced by BI shows this position increasing. The service have put in a repeat bid for ERF funding which would improve this trajectory.

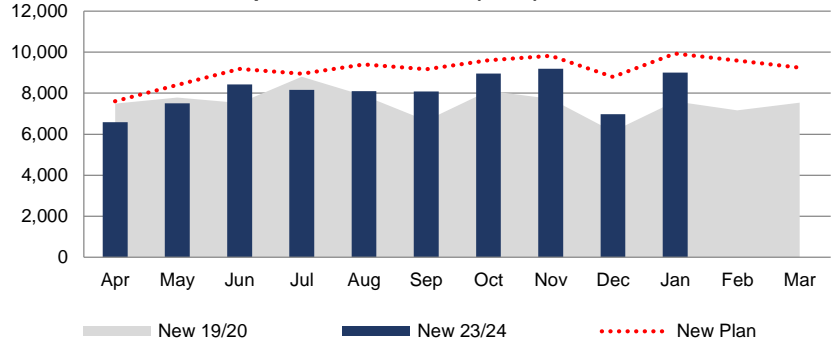
# Northern Services Elective Activity- Referrals and Outpatients



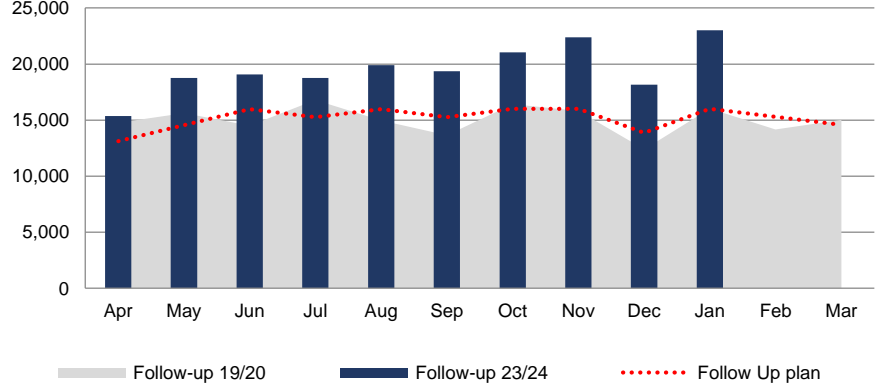
**Referrals**  
Consultant Led. Excl Community



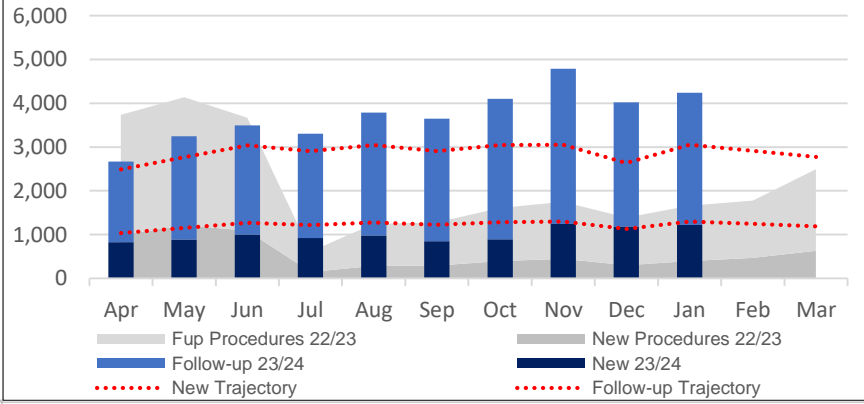
**Outpatient Attendances (NEW)**



**Outpatient Attendances (FOLLOW-UP)**

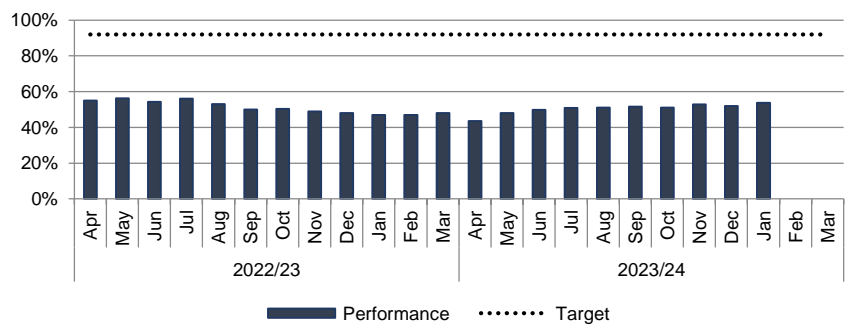


**Outpatient Procedures (New and Follow-up)**



- There were a total of 32,012 Outpatients appointments in January. Of this 9,000 were New appointments and 23,012 were Follow-up appointments.
- **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 be 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 Works are currently in progress with correcting this.

**RTT 18 Week Performance**

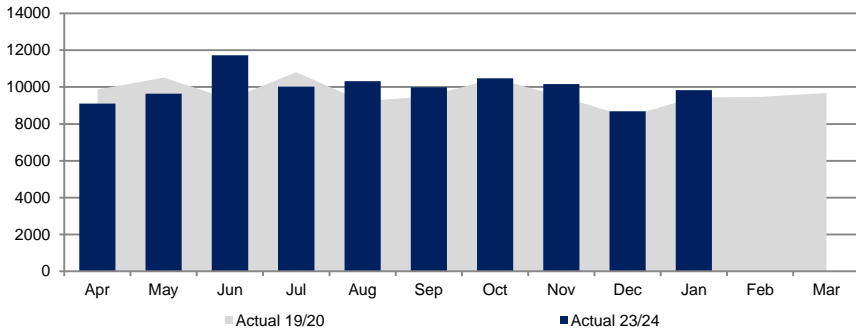


# Eastern Services Elective Activity- Referrals and Outpatients

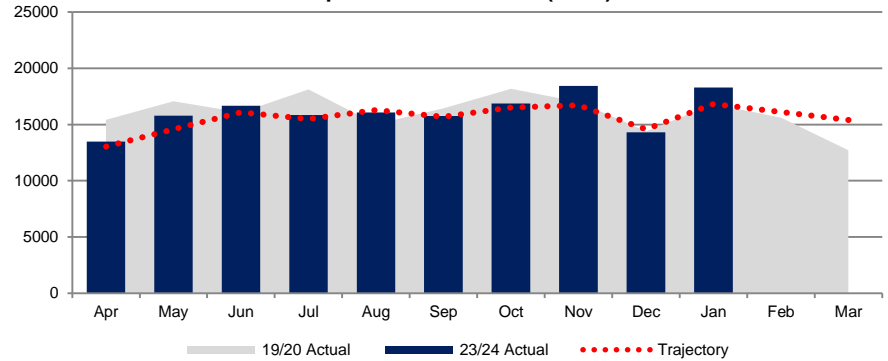


## Referrals

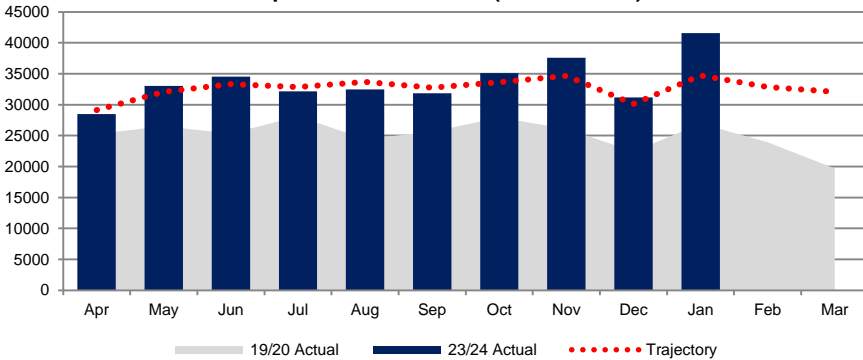
Consultant Led. Excl Community



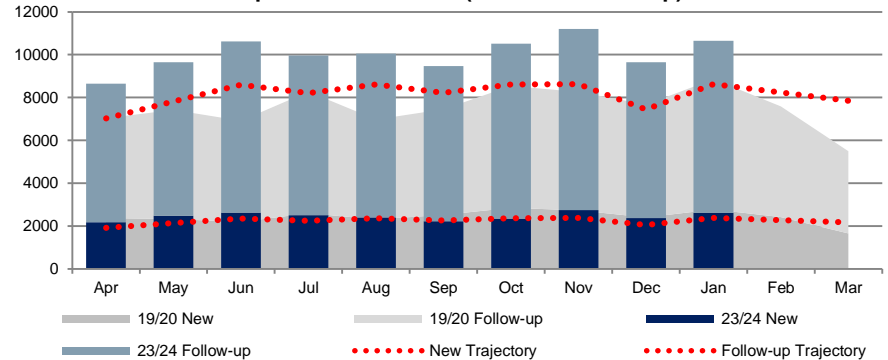
## Outpatient Attendances (NEW)



## Outpatient Attendances (FOLLOW-UP)



## Outpatient Procedures (New and Follow-up)



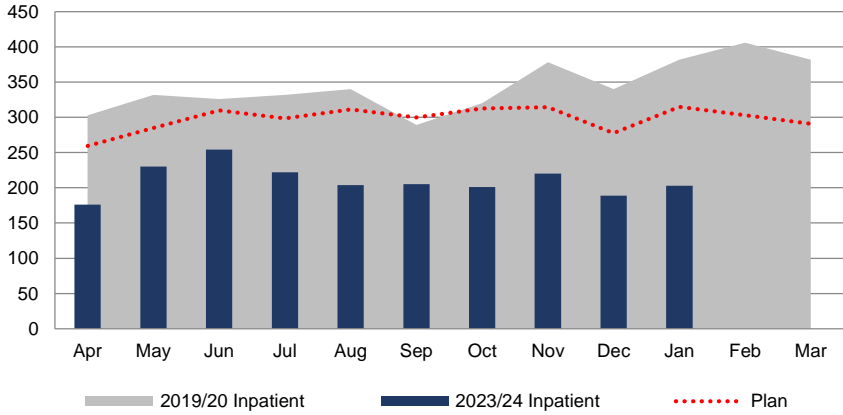
**Outpatient attendance (new):** January activity was 109% of 2019/20, which was in line with plan and above December volumes. The improvement on prior month was across the majority of specialties following industrial action in December, but notably in Ophthalmology and Orthopaedics

**Outpatient attendance (follow up):** January activity was 154% of 2019/20, which was ahead of plan and above December volumes, for the same reasons outlined above. A data quality review of the follow-up attendance activity has been completed, with a plan to reflect this next month, which is expected to reduce the follow up activity presented above.

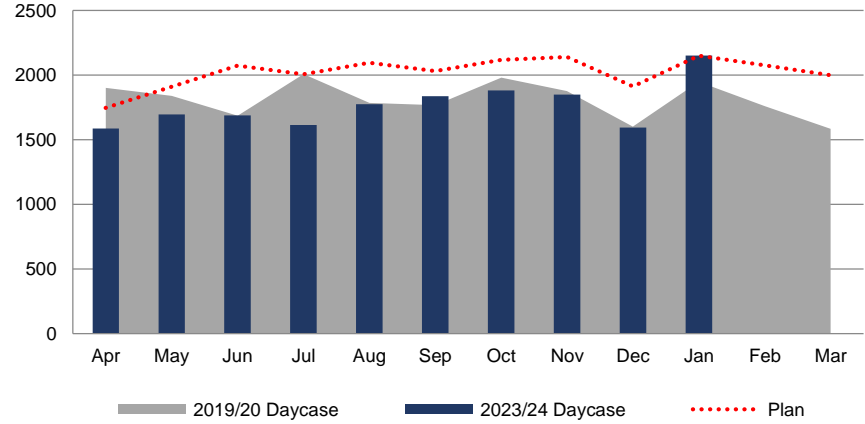
**Outpatient procedures:** January activity was 134% of 2019/20, which is significantly ahead of plan and higher than prior month. The high volume of outpatient procedure activity reflects a genuine increase, but is also the result of the ongoing work to ensure procedures are correctly recorded and reported.

# Northern Services Elective Activity- Inpatient and Daycase

**Elective Inpatient Activity**



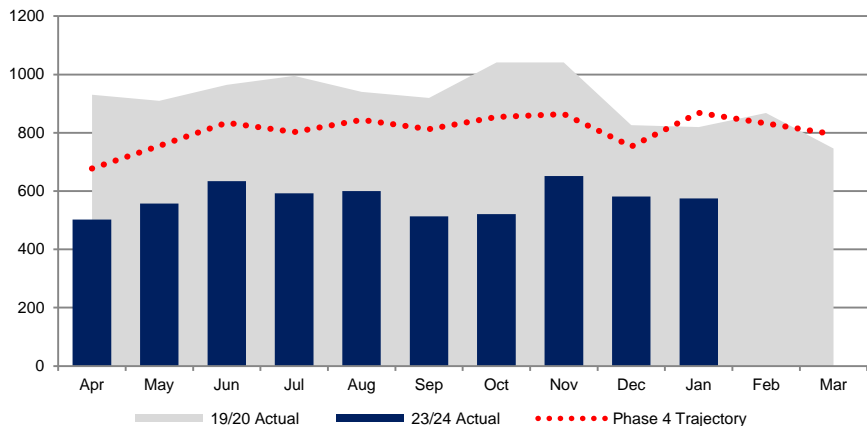
**Elective Daycase Activity**



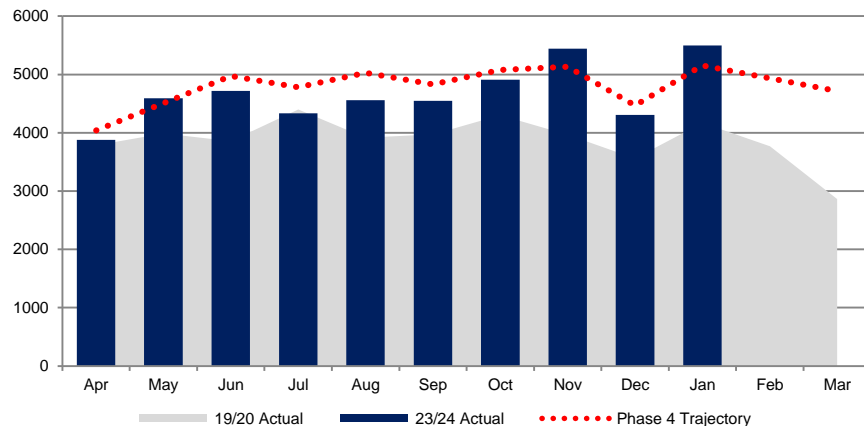
- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient increased during January by 3 and Daycase activity increased during January by 558. Inpatient and Daycase activity was not affected by the Junior Dr strikes that were held in January.

# Eastern Services Elective Activity- Inpatient and Daycase

**Elective Inpatient Activity**



**Daycase Activity**



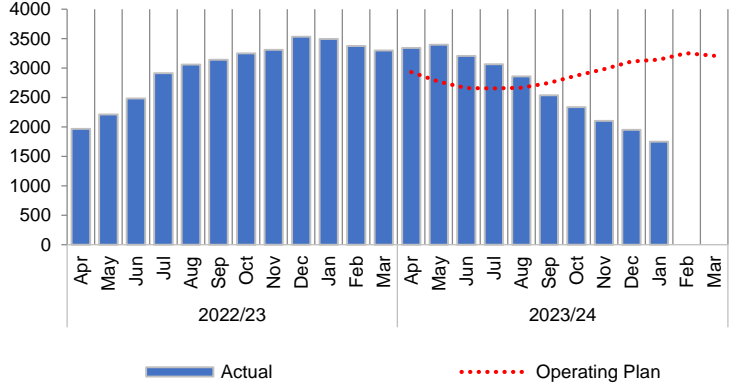
**Elective inpatient activity:** January activity was 70% of 2019/20, which was behind plan and in line with December activity.

**Elective Daycase activity:** January activity was 132% of 2019/20, which was ahead of plan and above December activity

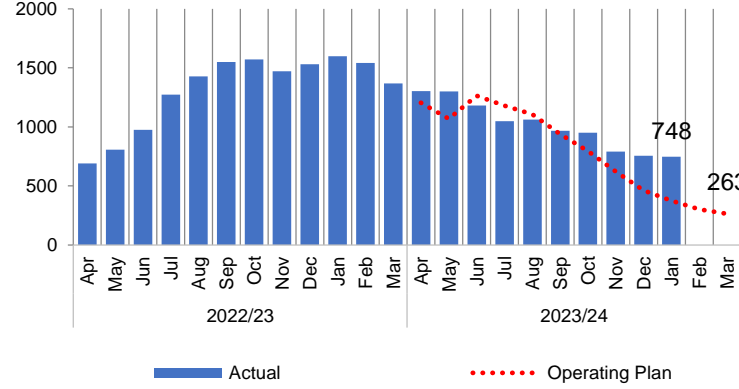
The ongoing data capture improvements related to daycase activity shows a much improved position, with activity well in excess of 2019/20 volumes and now in line with planned activity. Industrial action in December resulted in lost elective activity, and whilst this extended into early January it does not appear to have had such a negative impact. Taken together daycase and elective activity was 122% of 2019/20 volumes, which was the highest of the year to date. Activity increased month on month across most specialties but notably in General Surgery.

# Northern Services Elective Activity- Long Waiting Patients

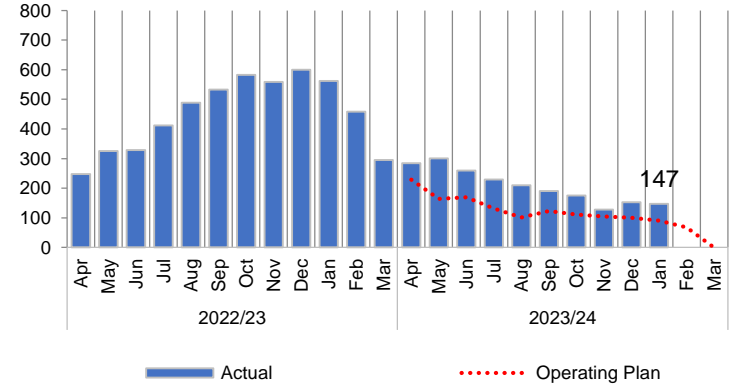
**RTT 52+ Weeks Waited**



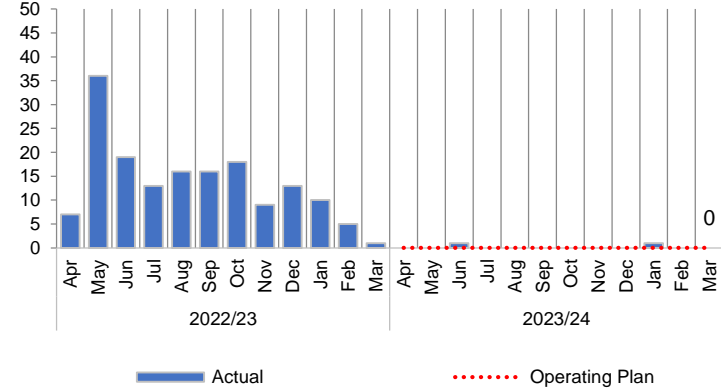
**RTT 65+ Weeks Waited**



**RTT 78+ Weeks Waited**



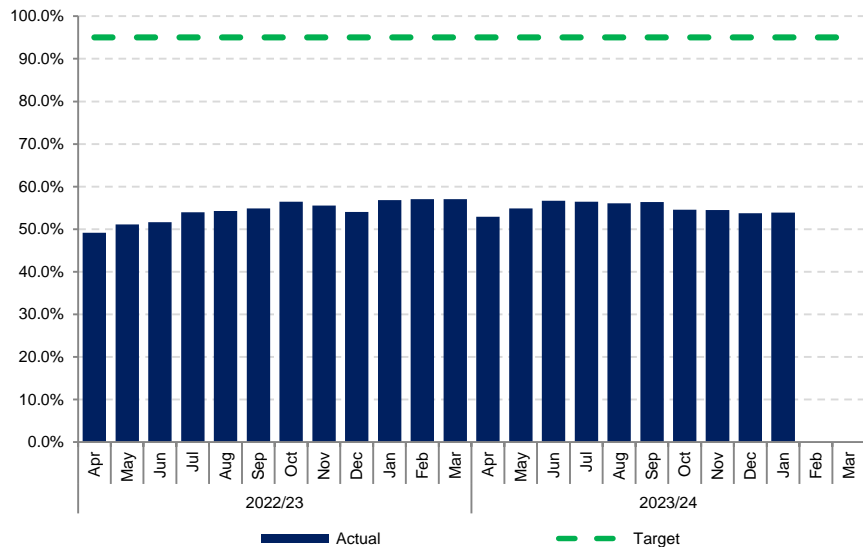
**RTT 104+ Weeks Waited**



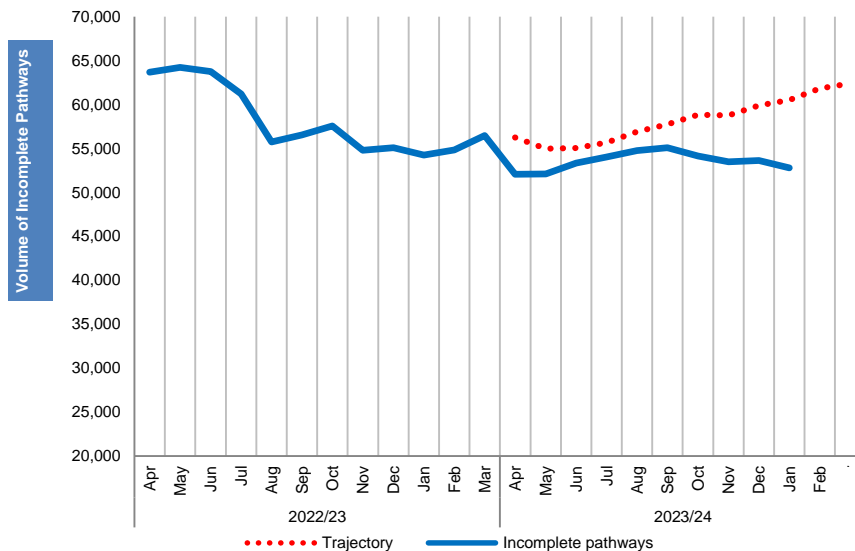
- Regular meetings are being held to ensure that the focus remains on the number of patients waiting 78, 65, 52 and 43 weeks for a first appointment. In addition to focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support longer term and sustainable reductions in waiting times.
- We continue to remain on track to achieve the target of 0 patients waiting 104 weeks.
- Having had a similar number of patients waiting over 78 weeks since March, the impact of these efforts is beginning to be seen as the number of patients waiting over 78 weeks at the end of January remained at 153. This was due to the impact of Junior Doctor Industrial Action that was held in January.
- A 10 week challenge commenced in January with the aim of minimizing the number of patients waiting 78+ weeks by March end.

# Eastern Services Elective Activity- Inpatient and Daycase

### RTT 18 Week Performance



### Incomplete Pathways



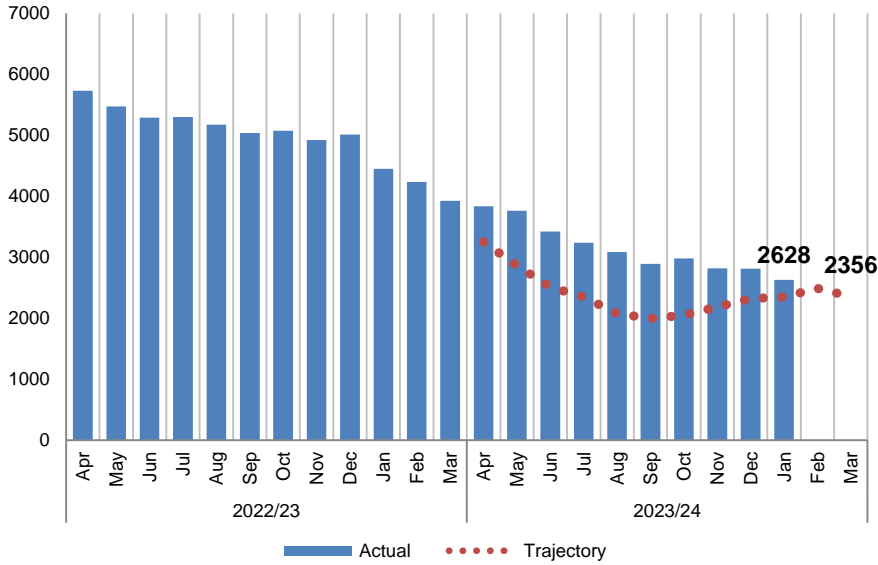
**RTT:** the volume of incomplete pathways remains relatively flat, but has reduced on prior months due to higher activity levels. Despite improvements in activity levels overall demand and capacity remains sensitive. However, the position is ahead of planned position, despite ongoing industrial action.

**RTT long waits:** all long wait categories are above planned levels. As reported previously, the key driver is ongoing industrial action, which has resulted in lower volumes of elective activity. Ongoing efforts continue to try to improve the position with a reduction (improvement) across all long wait categories compared to December.

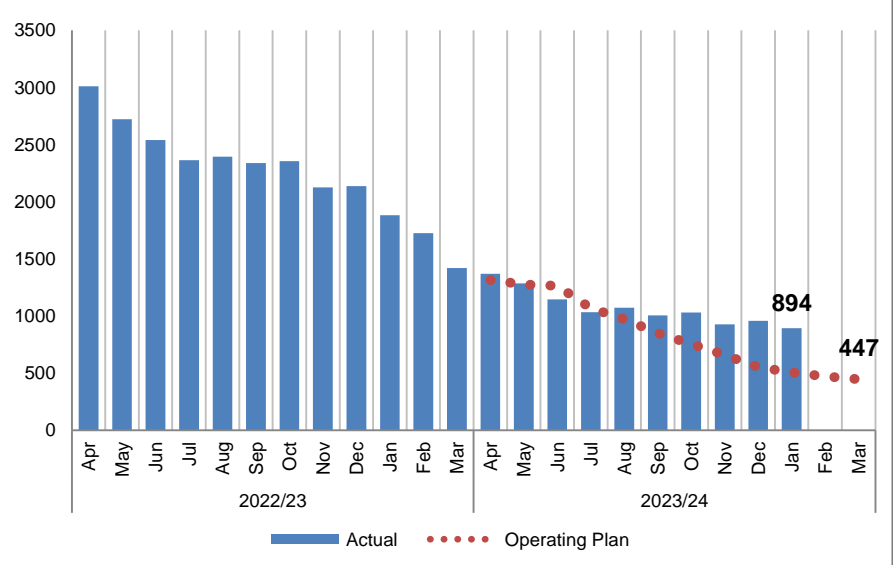


# Eastern Services Elective Activity – Long Waiting Patients

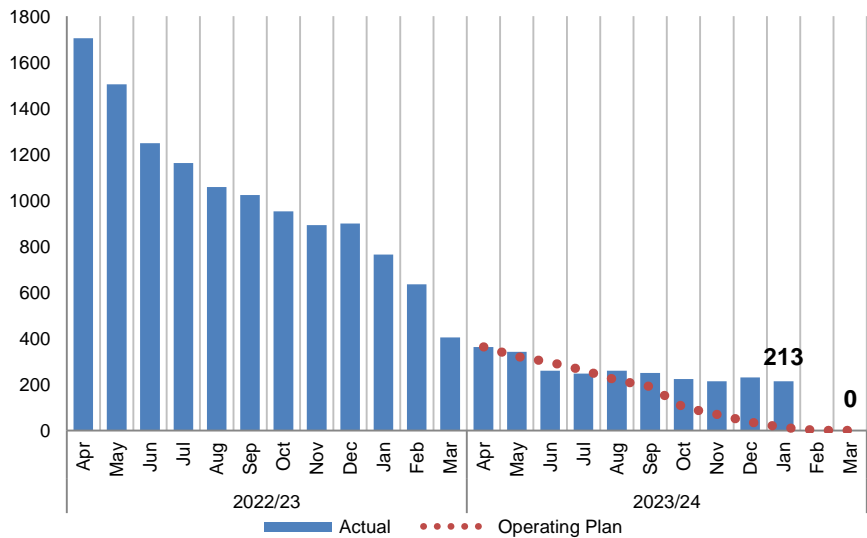
### RTT 52+ Weeks Waited



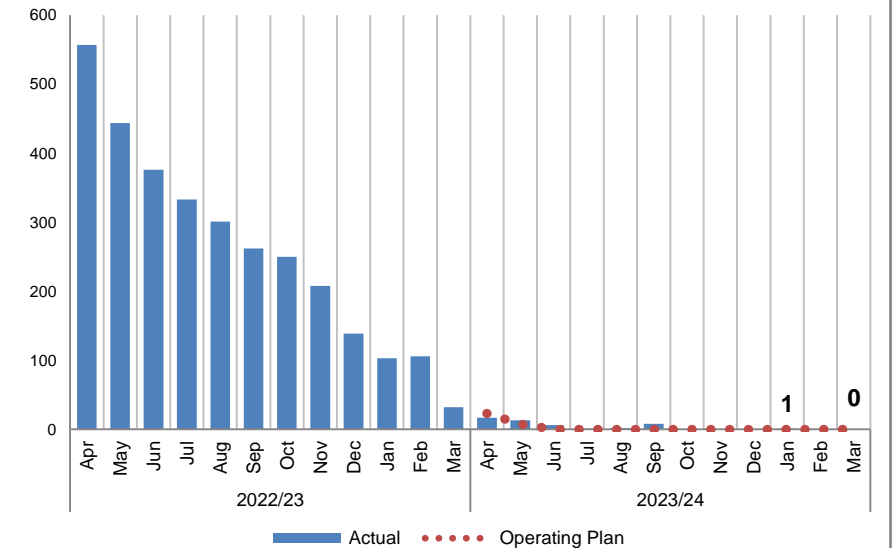
### RTT 65 + Weeks Waited



### RTT 78 + Weeks Waited

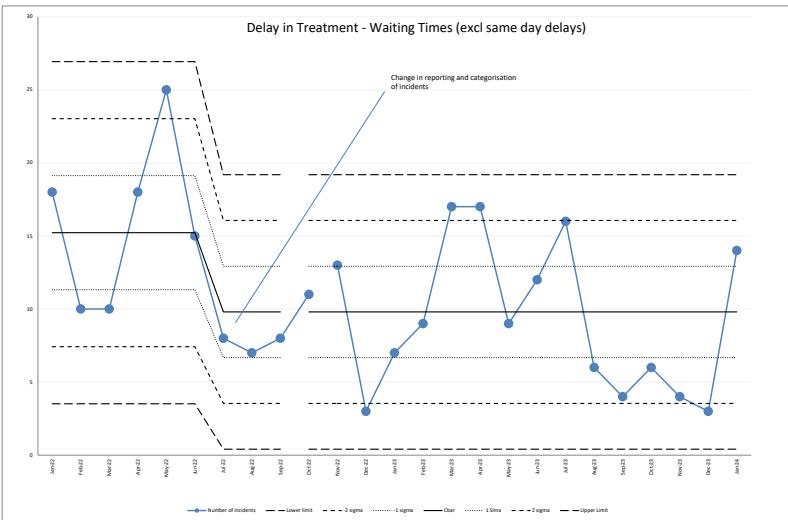


### RTT 104+ Weeks Waited



# Northern Services - Waiting Well

Fourteen incidents were reported in Northern Services during January 2024, these are broken down by the level of harm against stage of pathway below.



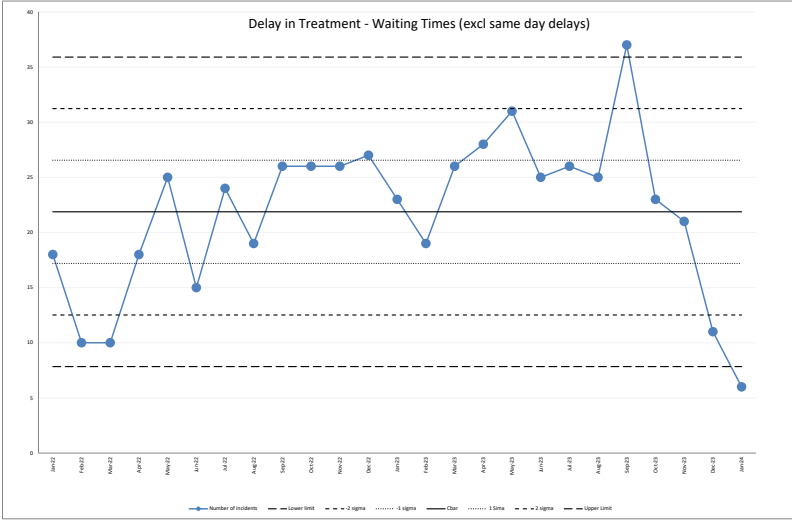
## January 2024

	None	Minor	Moderate	Major	Catastrophic	Total
New			2			2
Diagnostic request delay		2				2
Follow up delay	4	6				10
Surgery						0
<b>Total</b>	<b>4</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>14</b>

There were two new moderate harm incidents. The first was an ophthalmology delay between referral and triage, this has resulted in progression of the patient's astigmatism. The second was a delay in commencing chemotherapy

# Eastern Services Waiting Well

Five incidents were reported within Eastern Services within January 2024, these are broken down by the level of harm against stage of pathway below.

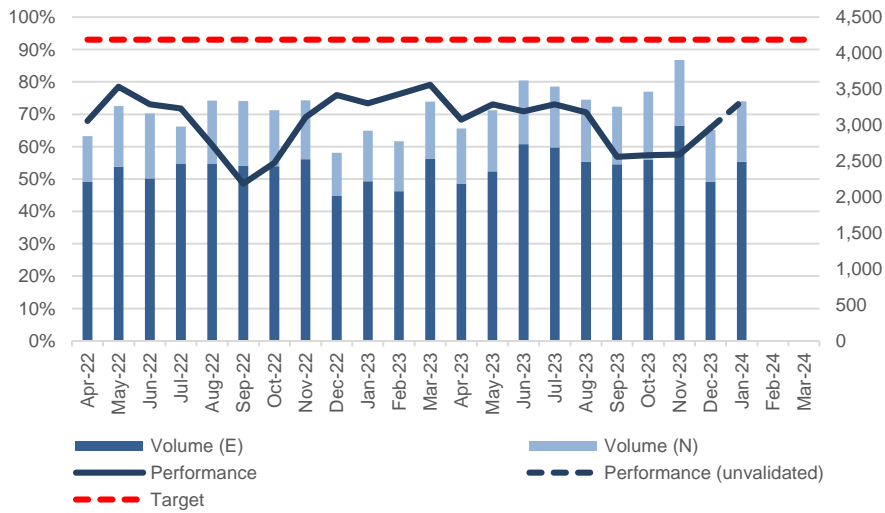


	None	Minor	Moderate	Major	Catastrophic	Total
New	1					1
Follow up delay	1	1	1			3
Surgery	1					1
Diagnostic request delay						0
<b>Total</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>

The moderate harm incident was reported by ophthalmology, a delayed followed up appointment for Glaucoma which resulted in reduced visual acuity.

# Trust – Cancer – First Appointment

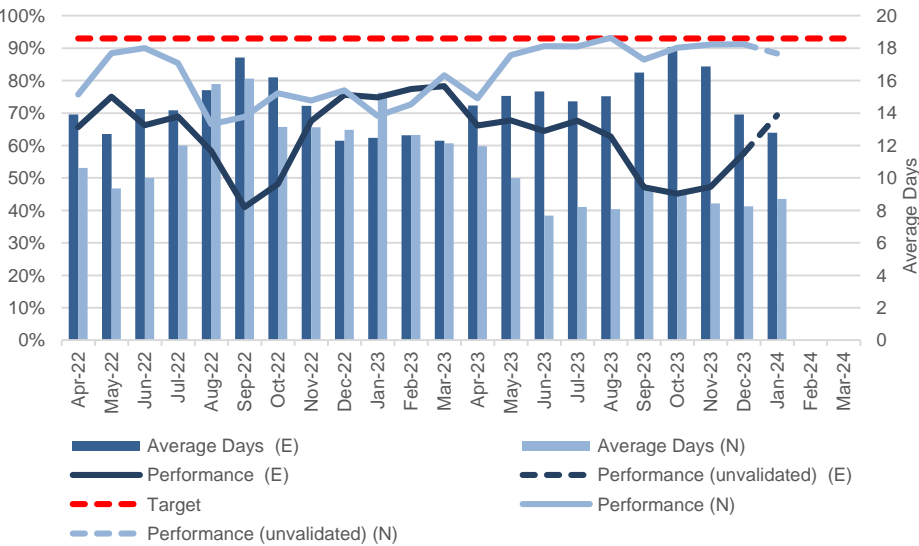
### 2ww Performance



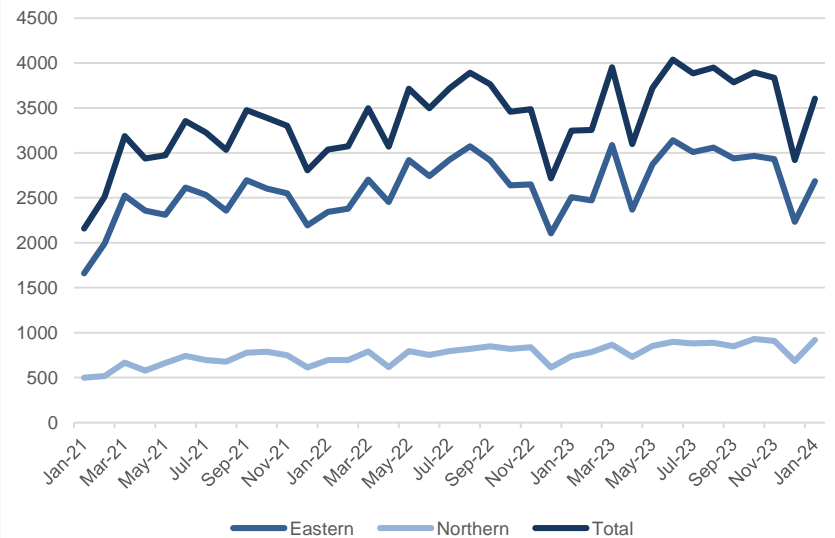
### 2ww Performance by tumour site January 2024

Combined Referral Site	Eastern		Northern		Trust
	Pts seen	Perf.	Pts seen	Perf.	Perf.
EXHIBITED (NON-CANCER) BREAST SYMPTOMS - CANCER NOT INITIALLY SUSPECTED	43	55.8%	21	81.0%	64.1%
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	11	81.8%	3	100.0%	85.7%
SUSPECTED BREAST CANCER	408	65.7%	158	87.3%	71.7%
SUSPECTED CANCER - REFERRAL TO SERIOUS NON-SPECIFIC SYMPTOM CLINIC	11	72.7%	14	57.1%	64.0%
SUSPECTED CHILDRENS CANCER	7	71.4%			71.4%
SUSPECTED GYNAECOLOGICAL CANCERS	211	51.7%	72	97.2%	63.3%
SUSPECTED HAEMATOLOGICAL MALIGNANCIES EXCLUDING ACUTE LEUKEMIA	9	88.9%	5	100.0%	92.9%
SUSPECTED HEAD AND NECK CANCERS	252	79.0%	22	90.9%	79.9%
SUSPECTED LOWER GASTROINTESTINAL CANCERS	350	74.6%	156	95.5%	81.0%
SUSPECTED LUNG CANCER	36	86.1%	12	91.7%	87.5%
SUSPECTED SARCOMAS	103	62.1%	1	0.0%	61.5%
SUSPECTED SKIN CANCERS	699	68.7%	248	97.6%	76.2%
SUSPECTED TESTICULAR CANCER	14	85.7%	2	100.0%	87.5%
SUSPECTED UPPER GASTROINTESTINAL CANCERS	153	79.1%	18	77.8%	78.9%
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	182	69.2%	100	57.0%	64.9%
<b>Total</b>	<b>2489</b>	<b>69.3%</b>	<b>838</b>	<b>88.4%</b>	<b>74.1%</b>

### 2ww Performance & Average days to first Activity- Eastern/Northern



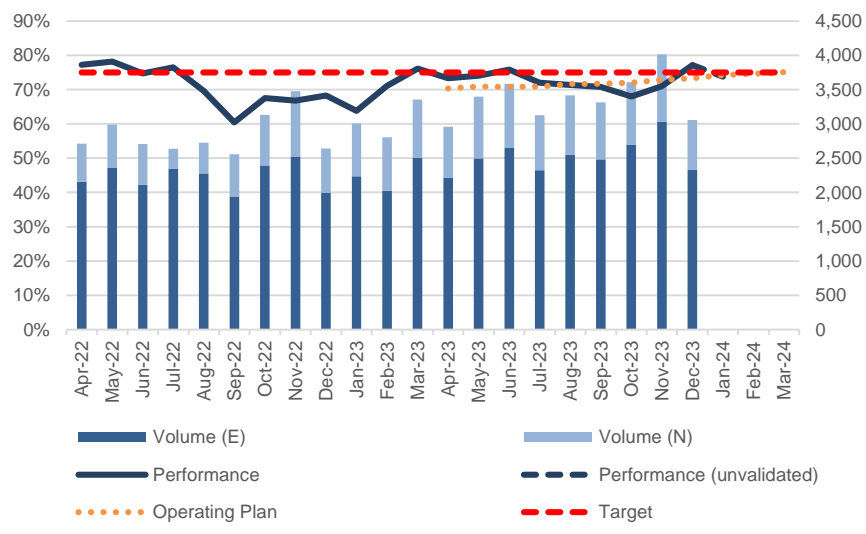
### 2ww Referrals by Month



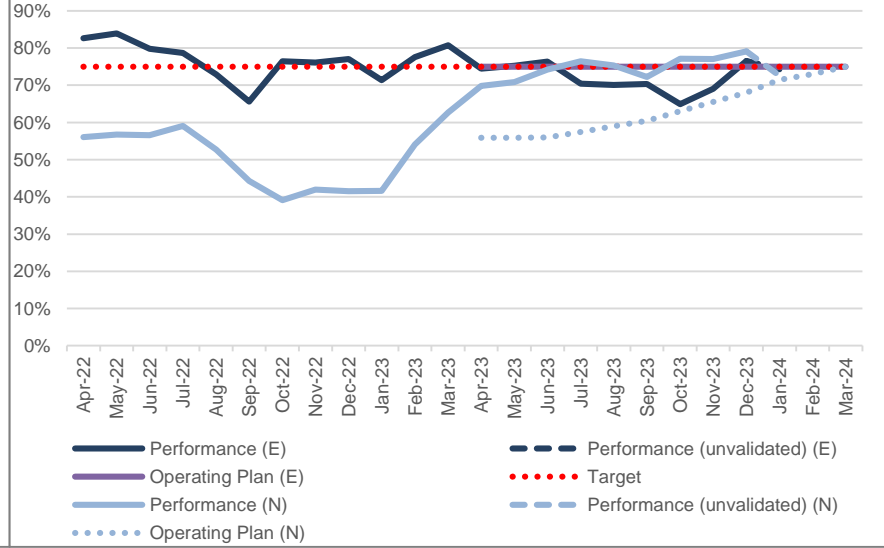
# Trust – Cancer – 28 Day Faster Diagnosis Standard

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

28 Day FDS Performance



28 Day FDS Performance - Eastern/Northern



Eastern FDS Performance by Tumour Site – January 2024

Combined Referral Site	T	BREACH	PASS	BREACH	PASS
EXHIBITED (NON-CANCER) BREAST SYMPTOMS - CANCER NOT INITIALLY SUSPECTED	2	36	5.26%	94.74%	
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	5	6	45.45%	54.55%	
SUSPECTED BREAST CANCER	40	316	11.24%	88.76%	
SUSPECTED CANCER - REFERRAL TO SERIOUS NON-SPECIFIC SYMPTOM CLINIC	6	5	54.55%	45.45%	
SUSPECTED CHILDRENS CANCER	2	4	33.33%	66.67%	
SUSPECTED GYNAECOLOGICAL CANCERS	67	73	47.86%	52.14%	
SUSPECTED HAEMATOLOGICAL MALIGNANCIES EXCLUDING ACUTE LEUKEMIA	6	5	54.55%	45.45%	
SUSPECTED HEAD AND NECK CANCERS	38	156	19.59%	80.41%	
SUSPECTED LOWER GASTROINTESTINAL CANCERS	140	152	47.95%	52.05%	
SUSPECTED LUNG CANCER	8	32	20.00%	80.00%	
SUSPECTED SARCOMAS	51	53	49.04%	50.96%	
SUSPECTED SKIN CANCERS	86	548	13.56%	86.44%	
SUSPECTED TESTICULAR CANCER		7	0.00%	100.00%	
SUSPECTED UPPER GASTROINTESTINAL CANCERS	37	108	26.43%	73.57%	
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	45	45	50.00%	50.00%	
	531	1505	26.08%	73.92%	
	533	1541	25.70%	74.30%	

Northern FDS Performance by Tumour Site - January 2024

Combined Referral Site	T	BREACH	PASS	BREACH	PASS
EXHIBITED (NON-CANCER) BREAST SYMPTOMS - CANCER NOT INITIALLY SUSPECTED	1	21	4.55%	95.45%	
OTHER SUSPECTED CANCER (NOT LISTED)	1	1	0.00%	100.00%	
SUSPECTED BREAST CANCER	7	140	4.76%	95.24%	
SUSPECTED CANCER - REFERRAL TO SERIOUS NON-SPECIFIC SYMPTOM CLINIC	7	3	70.00%	30.00%	
SUSPECTED GYNAECOLOGICAL CANCERS	32	36	47.06%	52.94%	
SUSPECTED HAEMATOLOGICAL MALIGNANCIES EXCLUDING ACUTE LEUKEMIA	2		100.00%	0.00%	
SUSPECTED HEAD AND NECK CANCERS	6	16	27.27%	72.73%	
SUSPECTED LOWER GASTROINTESTINAL CANCERS	71	67	51.45%	48.55%	
SUSPECTED LUNG CANCER	6	5	54.55%	45.45%	
SUSPECTED SKIN CANCERS	20	221	8.30%	91.70%	
SUSPECTED TESTICULAR CANCER	1		100.00%	0.00%	
SUSPECTED UPPER GASTROINTESTINAL CANCERS	6	10	37.50%	62.50%	
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	56	47	54.37%	45.63%	
(blank)		2	0.00%	100.00%	
	214	548	28.08%	71.92%	
	215	569	27.42%	72.58%	

# Trust – Cancer – 28 Day Faster Diagnosis Standard

## Trust:

- Referral volumes for suspected cancer continue to grow year on year, the Trust observed a 12% increase in referrals between 2021 and 2022 and a further 6% increase 2022 to 2023. To note there is an increase of 11% in Skin, which is one of the high volume tumour sites – performance in this tumour site will impact on overall Trust performance.
- The 2 week wait target is no longer reported nationally, but is however is a helpful internal measure of the timeliness of first pathway activity. Performance remains challenged in some services with trust performance for December 2023 at 66.06% in 2 week wait, provisional performance for January 2024 demonstrates an improving position at 74.11%.
- Submitted Faster Diagnosis Standard for December 2023 was reported above the 75% standard at 77.12%, however provisional data for January 2024 shows a decline to 73.2%.
- Industrial action has impacted both 2 week wait and 28 Day performance due to clinic cancellations and a reduction in diagnostic capacity.

## Eastern:

- Urology performance is linked to turnaround times for Histology tests and in Radiology for MpMRI, as well as waiting times for TP Biopsy. Regional On Call Pressures in the Urology service have led to a reduction in the ability to provide additional activity. A review is under way of the 'referral to TP results pathway' to identify potential solutions shorten the time from referral to diagnosis, this includes Cancer Nurse Specialist led referral triage service for all prostate referrals.
- Gynaecology performance is challenged due to a national increase in 2 week wait referrals combined with long-term staff sickness. Additional activity, funded by the Cancer Alliance is in place to clear the backlog of patients waiting. In addition outsourcing is in place to reduce the hysteroscopy backlog, funded by the Cancer Alliance and planned to commence from March 2024. An additional Gynaecology Oncology Consultant is due to start in March 2024. The team are reviewing the potential for a one stop service at the Nightingale.
- Lower GI performance has improved with the increase in endoscopy capacity provided in Tiverton. The consultant workforce has increased, with successful recruitment in January 2024 of two permanent ERF funded posts. This will provide the additional capacity needed to implement a new on call rota in April 2024, which will release specialist cancer Consultants for consistent access to theatre.
- Sarcoma performance is impacted by a complex diagnostic pathway. Delays to ultrasound are under review. Work is underway to introduce a one stop pathway at the Nightingale, with a potential to go live in July 2024.
- Histology and Radiology services are utilising outsourcing to improve test result turn-around times, which is being supported by funds from the Cancer Alliance. However, the average wait for MRI is currently two weeks due to capacity constraints (particularly impacting prostate patients)- target turnaround time is 7 days.
- Dermatology referrals have stabilised following exceptional seasonal highs in the summer, however there is a backlog of patients waiting for treatment. The Cancer Alliance have funded 6 additional weekend lists to reduce the treatment backlog. The team are exploring the potential for a 'See & Treat' service at the Nightingale.

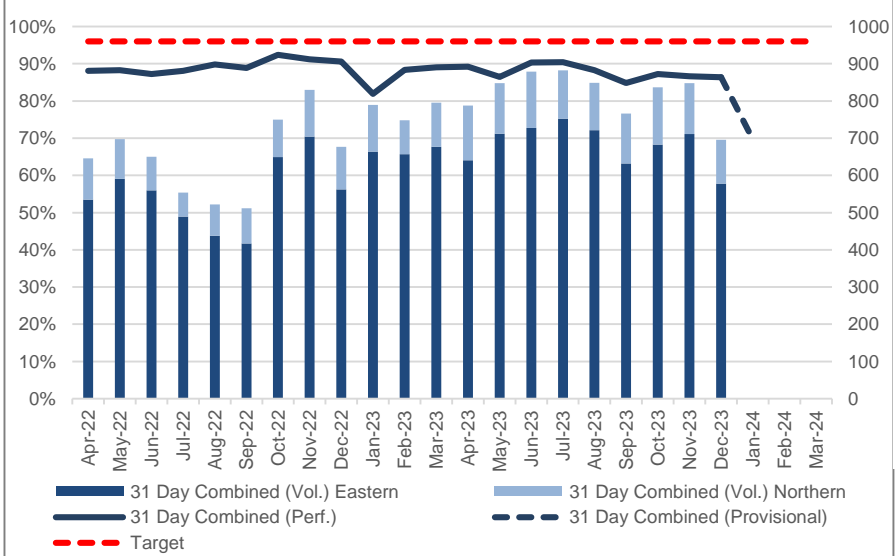
## Northern:

- Over the last four months, the average wait to first appointment across all tumour sites has been less than 9 days following an improvement drive earlier in the year. Teams continue to work towards an internal target of 7 days to first appointment.
- The improvement in time to first appointment has had a direct impact on 28 day performance which saw a sustained improvement from 41% in January 2023 to 79% in December 2023.
- Challenges with diagnostic turnaround times for Endoscopy, Radiology and Pathology impacts 28 day FDS, across all tumour groups. Endoscopy turnaround times have significantly reduced over the last year and continue to improve, facilitating improving performance in Lower and Upper GI. Approval is awaited for a planned extension to the NDDH endoscopy unit which will create an additional procedure room.
- A new consultant has joined the Lower GI team and will support with cancer activity following a period of induction. Pathway review work is underway with the team to identify further areas of improvement for patient experience and pathway efficiencies
- Gynaecology performance has been challenged over recent months, with delays for Hysteroscopy and Histopathology. However, the additional Hysteroscopy WLIs running between December 23 and March 24, funded by the Cancer Alliance has had a positive impact. Further pathway improvement work is underway following a deep dive review.
- Urology performance remains challenged due to staffing pressures. Finalisation of the UAN discussions and on-call arrangements will support future planning. A review into the Bladder pathway is due in quarter one of 2024/25 which will support future areas for improvement.
- Work to improve turnaround times within Radiology and Histopathology continues. This includes additional WLI activity within Histopathology, additional outsourcing for Radiology activity and a 3 month pilot to outsource 24 hour Radiology reporting, funded by the Cancer Alliance.

# Trust – Cancer – 31 Day Treatment Standard

Activity & Flow  
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Our People  
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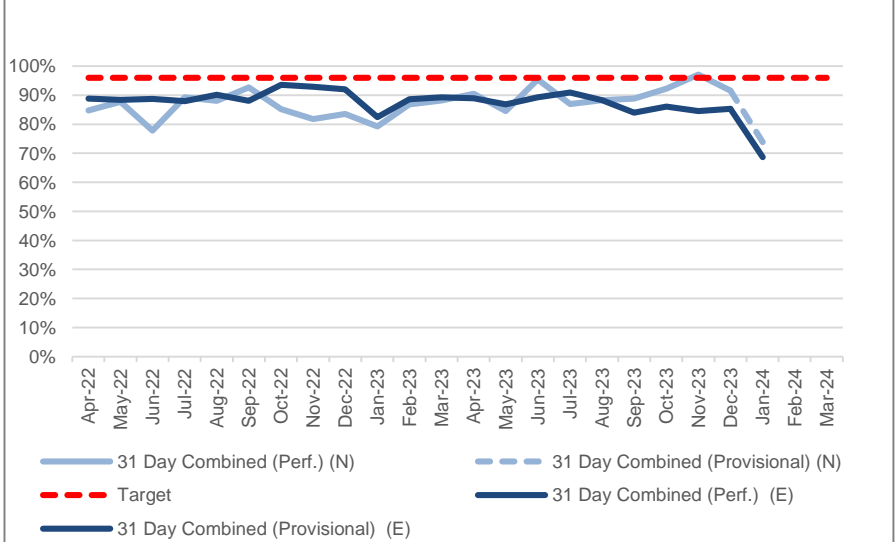
31 Day Combined Performance



31 Day Performance by tumour site December 2023:

Managing Tumour Group	Eastern		Northern		Trust Perf.
	Pts. Treated	Perf.	Pts. Treated	Perf.	
Brain/Central Nervous Syst	3	100.0%			100.0%
Breast	134	88.1%	18	88.9%	88.2%
Gynaecology	31	96.8%	3	100.0%	97.1%
Haematology	31	100.0%	16	100.0%	100.0%
Head & Neck	21	95.2%	1	100.0%	95.5%
Lower Gastrointestinal	54	90.7%	16	100.0%	92.9%
Lung	31	93.5%	4	50.0%	88.6%
Other	1	0.0%	1	100.0%	50.0%
Sarcoma	9	66.7%			66.7%
Skin	136	69.1%	42	83.3%	72.5%
Thyroid/Endocrine	7	85.7%			85.7%
Upper Gastrointestinal	19	100.0%	4	100.0%	100.0%
Urology	119	86.6%	16	100.0%	88.1%
<b>Grand Total</b>	<b>597</b>	<b>85.3%</b>	<b>121</b>	<b>93.6%</b>	<b>86.4%</b>

31 Day Combined Performance - Eastern/Northern

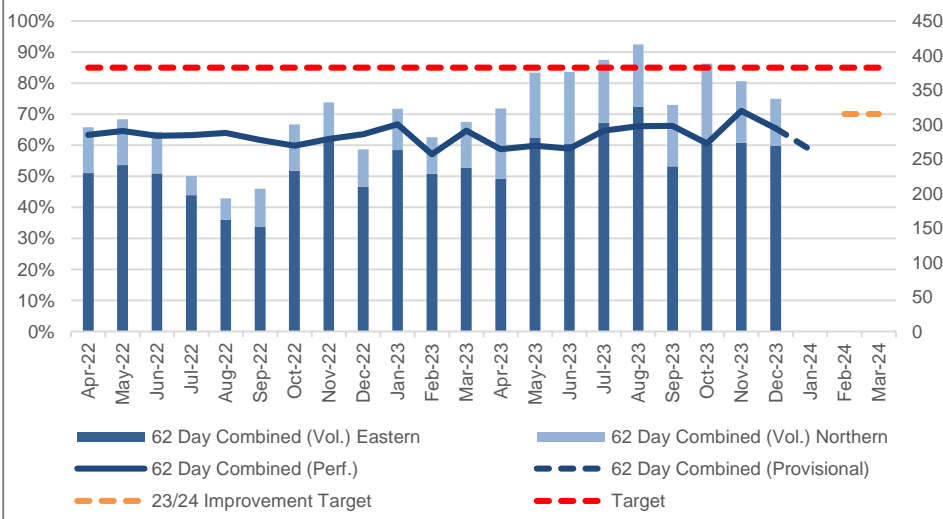




# Trust – Cancer – 62 Day Treatment Standard

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

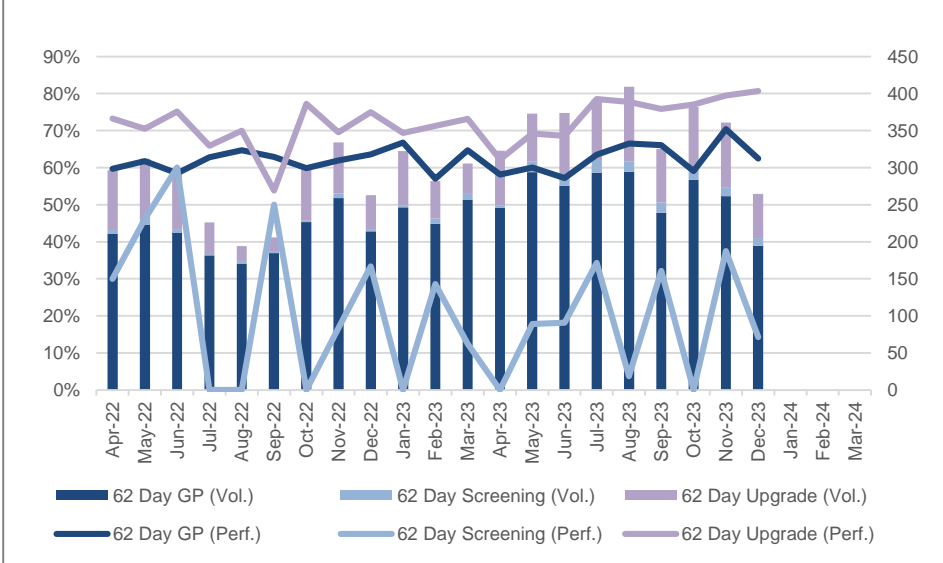
### 62 Day Combined Performance



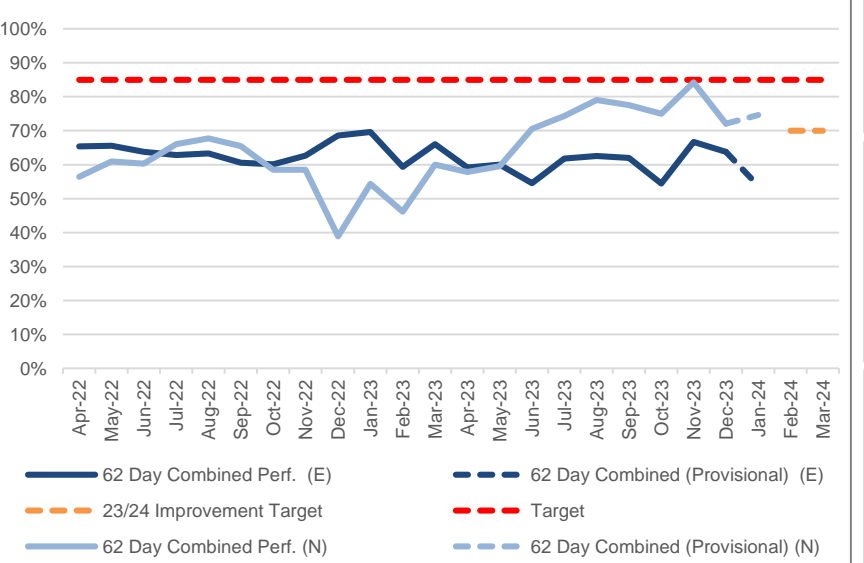
### 62 Day Tumour site breakdown December 2023

Managing Tumour Group	Eastern		Northern		Trust
	Pts. Treated	Perf.	Pts. Treated	Perf.	Perf.
Brain/Central Nervous System	1	0.0%			0.0%
Breast	25.5	64.7%	11	77.3%	68.5%
Gynaecology	14.5	58.6%	4	75.0%	62.2%
Haematology	14	78.6%	8	75.0%	77.3%
Head & Neck	7	35.7%	1	100.0%	43.8%
Lower Gastrointestinal	30.5	32.8%	9	33.3%	32.9%
Lung	23.5	76.6%	4	25.0%	69.1%
Other	1	0.0%	1	100.0%	50.0%
Sarcoma	4	50.0%			50.0%
Skin	70.5	76.6%	19	89.5%	79.3%
Thyroid/Endocrine	4	25.0%			25.0%
Upper Gastrointestinal	13	76.9%	3	66.7%	75.0%
Urology	56.5	63.7%	9	66.7%	64.1%
<b>Grand Total</b>	<b>265</b>	<b>63.8%</b>	<b>69</b>	<b>72.1%</b>	<b>65.3%</b>

### 62 Day Performance and Volumes by Pathway Type



### 62 Day Combined Performance - Eastern/Northern



## Trust:

- Combined 31 Day performance for December 2023 was reported at 86.37%, below the 96% national standard, unvalidated performance for January 2024 shows a slight deterioration to 77.43%, however this will be subject to further validation.
- Combined 62 Day performance for December 2023 was reported at 65.43%, with an unvalidated January 2024 position of 57.92%.
- Oncology capacity for consultant appointments and radiotherapy delivery are one of the most significant risks that is impacting both sites and contributing to 31 day and 62 day breaches.
- The Trust is undertaking a deep dive into cancer pathway delivery, following on from a similar exercise carried out in January 2023. This will highlight key areas of success and areas requiring improvement, as well as identifying investment need in staffing and the estate. This will inform the Cancer Clinical Strategy. There is a plan to present this work to the Board in March 2024.

## Eastern:

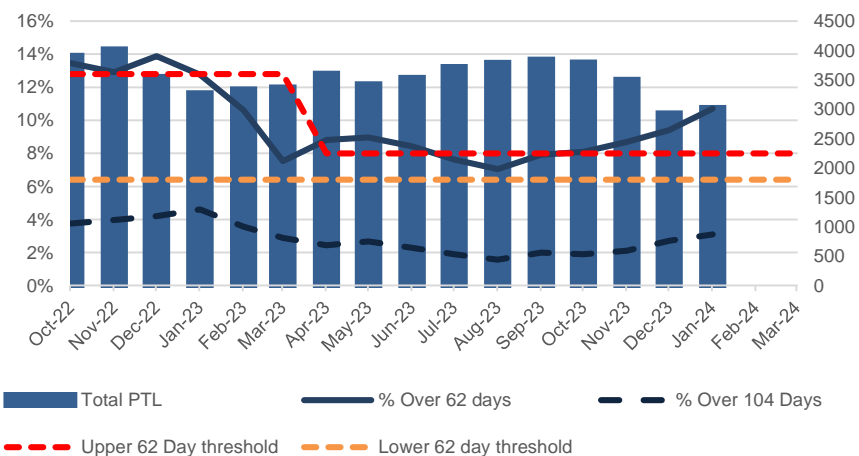
- Theatre capacity remains a significant challenge across all specialties – however a new theatre schedule is due in April 2024, which will address access issues for cancer specialties. Lower GI (complex procedures) and Urology waiting times for surgery are currently at 6-8 weeks. Additional theatre agency staff have been funded by Cancer Alliance to support staffing pressures in theatres until March 2024.
- There are delays in Oncology outpatients (pre-treatment) for Lung and Head & Neck, due to consultant vacancies. Patients are being booked according to clinical priority.
- There are significant challenges within Radiotherapy due to staffing vacancies, (this is a national issue) combined with an increase in demand. This has seen waits increase for initial outpatient treatment appointment to 5 weeks. Staff are working overtime to support delivery of the service.
- The service re-advertised for Consultant Oncologists (3 WTE vacancies) and interviewed in January – with one successful candidate recruited.
- Performance in Breast is recovering, A Locum Consultant has been in place to support sickness absence within the team. A review of the Breast Screening pathway is underway to explore opportunities to improve performance in this pathway.
- There are plans to introduce additional capacity for SLNB procedures at Heavitree Hospital at the end of February 2024, which will improve performance for skin cancer patients requiring this procedure from Plastic Surgery.
- Urology are undertaking a number of additional insourcing weekend robotic operating lists to reduce the current backlog of RAPNs and RALPs. There is potential of a mutual aid request from UHP for RAPNs.
- Skin 31 and 62 day performance has been affected by the increase in referrals over the summer, and the resulting impact on capacity to deliver treatment procedures. Additional activity to recover this position is planned in February and March.

## Northern:

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

# Trust – Cancer – 62 Day Cancer Backlog

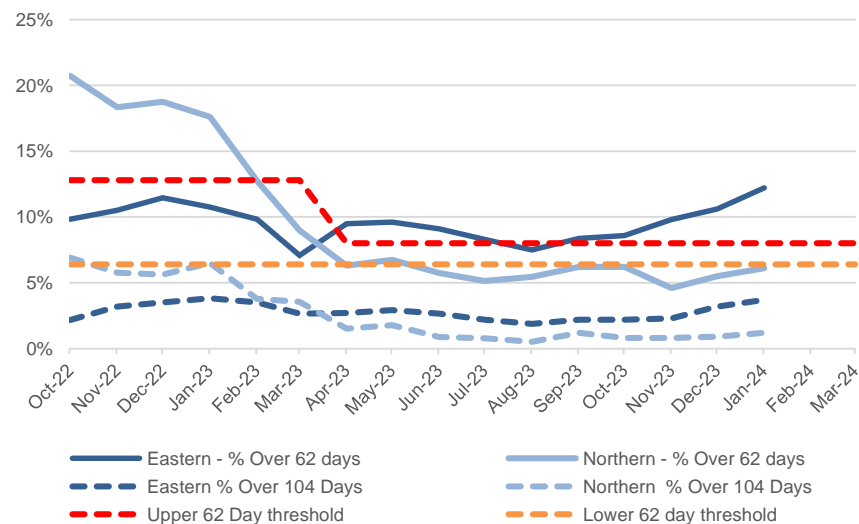
### 62 Day Backlog Performance



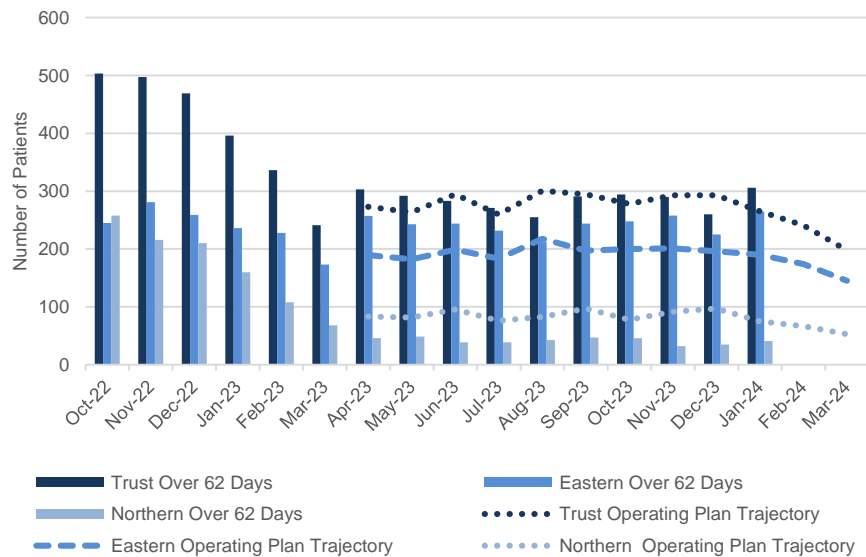
### NB. January backlog position as at 29/01/2024

29/01/2024	Total					ES				NS					
	Total	> 62 Days	> 104 Days	% > 62 days	% > 104 Days	Total	> 62 Days	> 104 Days	% > 62 days	% > 104 Days	Total	> 62 Days	> 104 Days	% > 62 days	% > 104 Days
Brain	21	2	0	9.5%	0.0%	19	2	0	10.5%	0.0%	2	0	0	0.0%	0.0%
Breast	301	6	2	2.0%	0.7%	208	6	2	2.9%	1.0%	93	0	0	0.0%	0.0%
Children's	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%
Gynaecology	274	13	3	4.7%	1.1%	203	12	3	5.9%	1.5%	71	1	0	1.4%	0.0%
Haematology	21	6	1	28.6%	4.8%	13	3	1	23.1%	7.7%	8	3	0	37.5%	0.0%
Head and Neck	233	13	2	5.6%	0.9%	217	11	2	5.1%	0.9%	16	2	0	12.5%	0.0%
Colorectal	533	48	17	9.0%	3.2%	358	34	14	9.5%	3.9%	175	14	3	8.0%	1.7%
Lung	65	7	1	10.8%	1.5%	46	7	1	15.2%	2.2%	19	0	0	0.0%	0.0%
Sarcoma	143	29	7	20.3%	4.9%	143	29	7	20.3%	4.9%	0	0	0	0.0%	0.0%
Skin	652	67	19	10.3%	2.9%	505	66	18	13.1%	3.6%	147	1	1	0.7%	0.7%
Upper GI	166	22	6	13.3%	3.6%	147	19	6	12.9%	4.1%	19	3	0	15.8%	0.0%
Urology	405	91	30	22.5%	7.4%	306	75	27	24.5%	8.8%	99	16	3	16.2%	3.0%
Other	38	2	1	5.3%	2.6%	14	1	0	7.1%	0.0%	24	1	1	4.2%	4.2%
Non site specific Symptoms	2	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%	2	0	0	0.0%	0.0%
<b>Total</b>	<b>2854</b>	<b>306</b>	<b>88</b>	<b>10.7%</b>	<b>3.1%</b>	<b>2175</b>	<b>265</b>	<b>81</b>	<b>12.2%</b>	<b>3.7%</b>	<b>675</b>	<b>41</b>	<b>8</b>	<b>6.1%</b>	<b>1.2%</b>

### 62 Day Backlog Performance Eastern/Northern Position



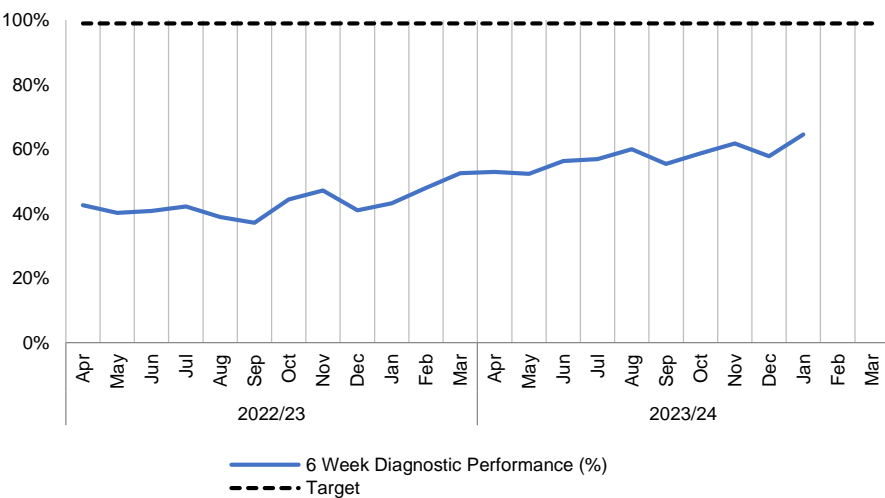
### Volume of Patients over 62 days (Backlog) against Trajectory



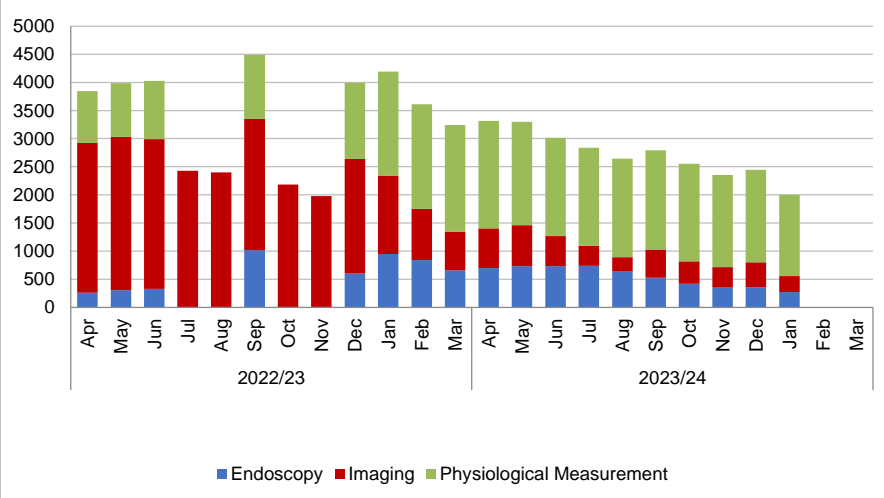
# Northern Services Diagnostics - Fifteen key diagnostic tests

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

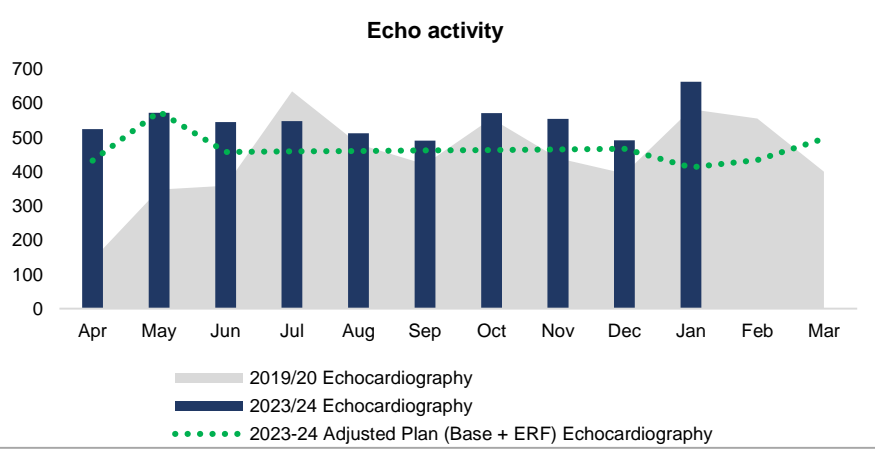
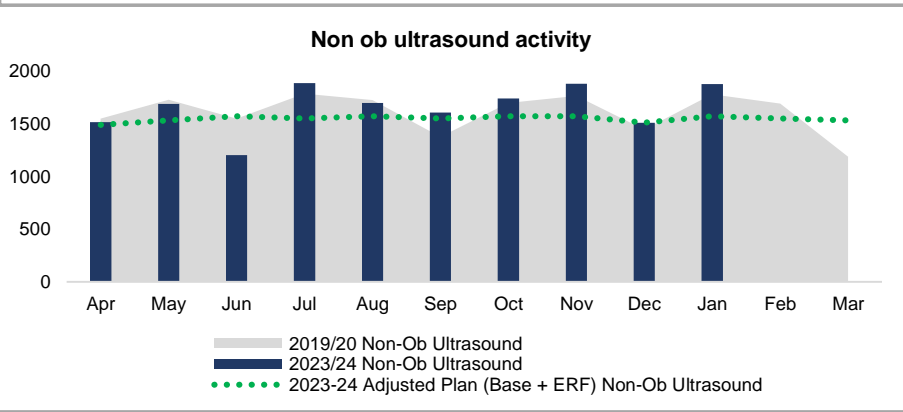
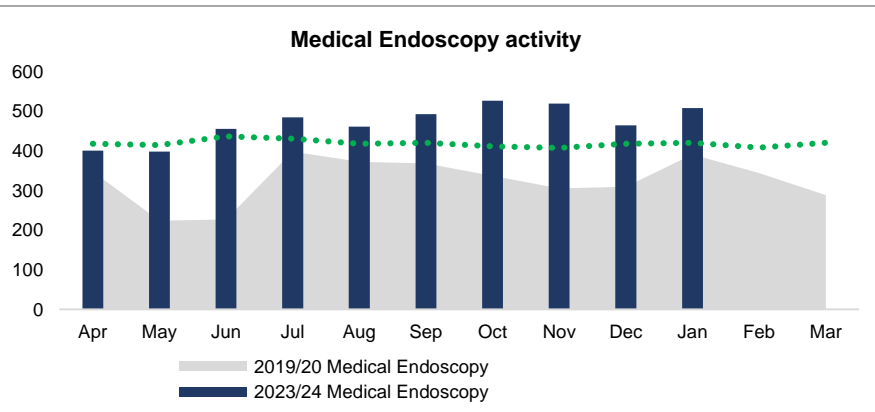
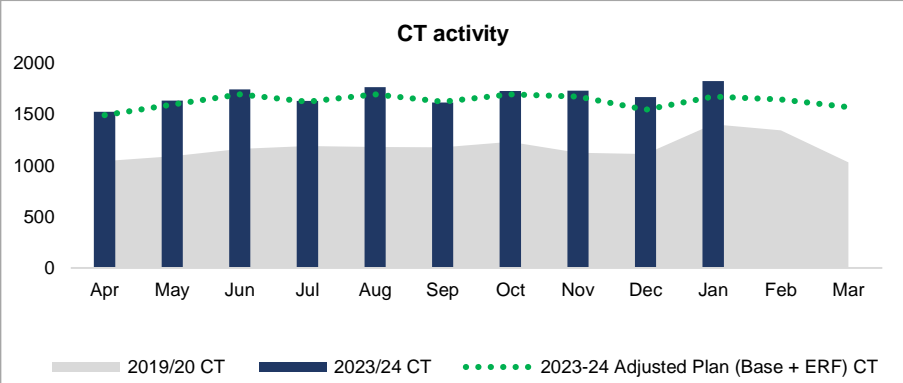
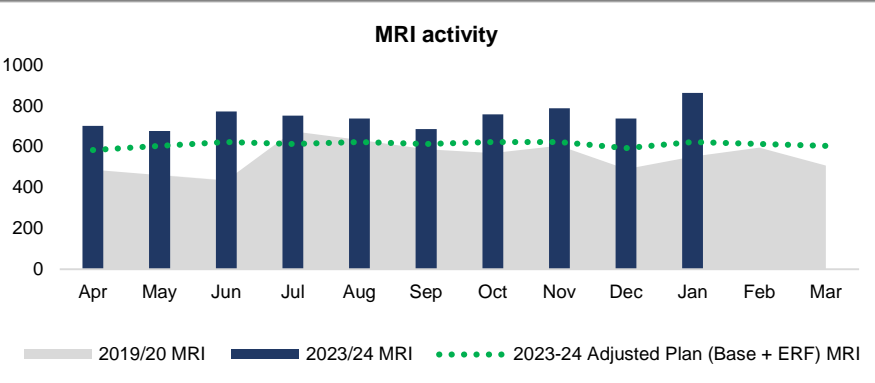


### 6 Week Diagnostic Breaches by Specialty Group



		Achievement against the 6 week wait from referral to key diagnostic test																						
Area	Diagnostics by Specialty	Apr-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	Nov-23	Dec-23	Jan-24	
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%	99.5%	99.7%	96.1%	
	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%	85.3%	80.3%	84.4%	
	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%	80.7%	73.5%	81.9%	
	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%	74.4%	62.3%	94.8%	
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%	99.1%	99.2%	99.4%	
	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%	25.5%	24.9%	28.4%	
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	96.3%	96.8%	92.5%	-	-	88.5%	-	-	97.9%	93.8%	99.1%	96.3%	91.2%	97.2%	98.9%	93.2%	96.8%	72.2%	77.6%	76.8%	93.9%	90.2%	
	Respiratory physiology - sleep studies	22.5%	34.3%	30.8%	-	-	17.4%	-	-	64.8%	52.3%	42.5%	26.4%	28.6%	41.7%	42.9%	39.1%	31.0%	32.8%	35.2%	35.5%	31.1%	24.7%	
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%	21.3%	5.5%	35.4%		
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%	50.5%	50.0%	71.4%	
	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%	80.3%	57.3%	74.7%	
	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%	61.4%	56.0%	47.8%	
	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%	59.7%	61.5%	72.2%	
<b>Total</b>		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%	61.7%	57.8%	64.6%	

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

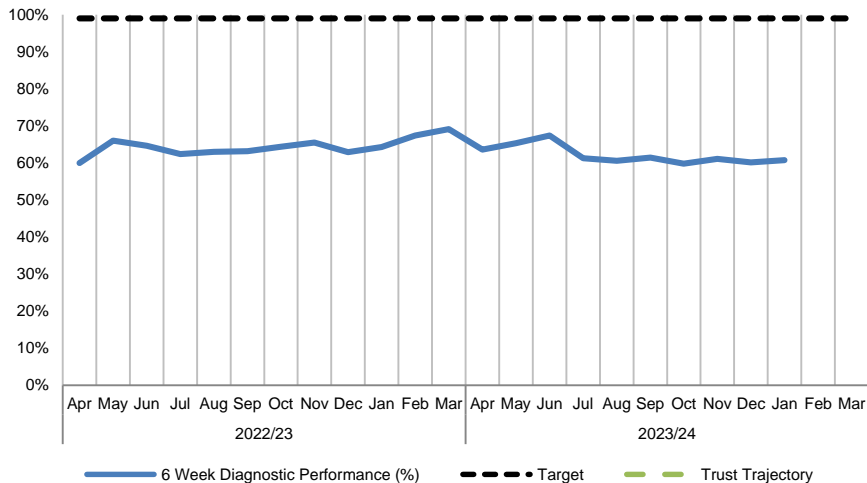


- **MRI** – MRI activity is above plan and performance is being maintained. A change to prostate scanning will impact on capacity and therefore performance, increased costs and additional time that is required for scanning will be incorporated into 24/25 planning
- **CT – Non-Cardiac CT** –We have increased capacity in planning for 23/24 to meet demand and currently remain at 96% of patients seen within 6 weeks.
- **Cardiac CT** - We continue to work with our colleagues across site to align resources and monitor performance. East have seen an improvement in there cardiac CT performance and therefore more lists are planned for North in Feb than previous months. We are now at 58% within 6 weeks on the latest PTL. Extra cardiac CT lists on the mobile CT van have taken place with more scheduled however staffing these extra lists is very challenging.
- **U/S-** We have been able to continue to provide some internal lists over weekends.. Outsourcing was sourced and will continue to March 2024 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. Outsourced soft tissue and general scans is 60 scans per month so still small numbers.
- **Endoscopy** -Consultant Gastroenterologist vacancies remains a key constraint, one new consultant started in-post in early October A transnasal endoscopy service has been insourced since September (one day per week). TNE insourcing has now ceased but this service will now be provided internally.
- **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. A visit to the Nightingale is planned for the 21<sup>st</sup> February which may offer a potential of 50 additional slots per week until July.
- **DXA** –The contract with Taunton for one list per month continues for 23/24. Performance will be maintained at 95% as long as there is no unexpected absence.
- Barium Enema is now on DM01 and was 100%, this has dropped to 77% for January but as this is very small numbers this drop is due to only 2 patients breaching.
- 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 sites.

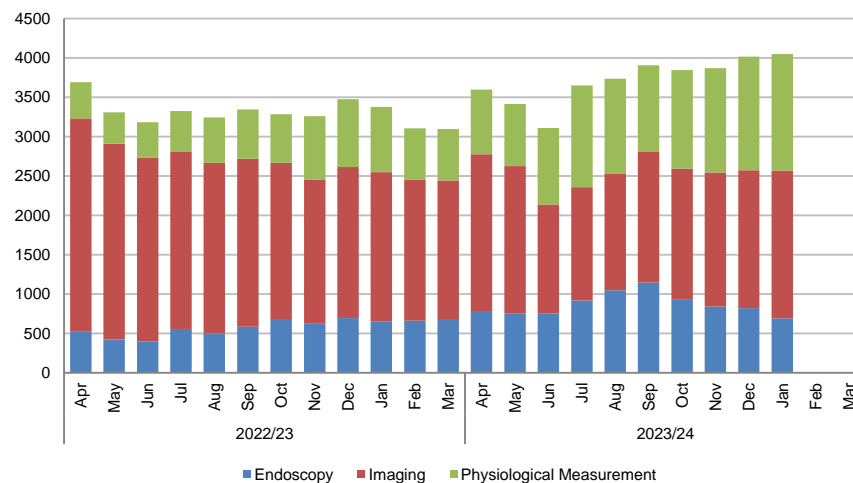
# Eastern Services Diagnostics

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

### 6 Week Wait Referral to Key Diagnostic Test



### 6 Week Diagnostic Breaches by Specialty Group



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Area	Diagnostics By Specialty	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Endoscopy	Colonoscopy	51.2%	53.0%	50.1%	49.2%	53.1%	41.9%	48.2%	38.1%	51.8%	58.3%	52.8%	55.9%
	Cystoscopy	83.1%	83.2%	75.2%	73.6%	73.5%	76.5%	57.9%	59.4%	55.4%	44.3%	47.3%	51.4%
	Flexi Sigmoidoscopy	41.7%	50.4%	51.1%	54.5%	51.4%	43.4%	42.6%	33.7%	43.4%	35.4%	34.5%	51.1%
	Gastroscopy	73.9%	73.5%	66.3%	70.3%	97.4%	69.8%	66.3%	57.9%	58.0%	63.2%	65.8%	72.7%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	100.0%	100.0%	97.5%
	Computed Tomography	83.3%	84.6%	82.5%	79.5%	77.4%	76.5%	81.5%	99.8%	99.0%	99.3%	99.3%	98.9%
	DEXA Scan	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	99.1%	98.8%
	Magnetic Resonance Imaging	76.5%	73.4%	66.6%	68.8%	72.8%	69.8%	69.3%	72.0%	65.9%	69.0%	66.5%	62.5%
	Non-obstetric Ultrasound	60.1%	66.4%	59.9%	63.8%	70.9%	70.4%	66.6%	70.2%	69.1%	71.0%	68.4%	70.8%
Physiological Measurement	Cardiology - Echocardiography	72.6%	66.3%	61.7%	66.1%	58.8%	43.2%	44.7%	48.0%	46.4%	44.7%	40.5%	41.7%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	61.2%	75.1%	59.3%	62.1%	67.6%	41.5%	37.5%	78.5%	39.8%	60.7%	75.8%	56.0%
	Respiratory physiology - sleep studies	57.7%	66.4%	65.5%	60.7%	61.4%	53.9%	47.0%	44.4%	45.5%	44.2%	35.5%	43.4%
	Urodynamics - pressures & flows	32.2%	37.8%	36.8%	36.8%	27.3%	29.2%	21.3%	20.0%	24.1%	16.1%	6.5%	38.0%
<b>Total</b>		67.4%	69.2%	63.6%	65.4%	67.4%	61.3%	60.6%	61.4%	59.8%	61.1%	60.1%	60.8%

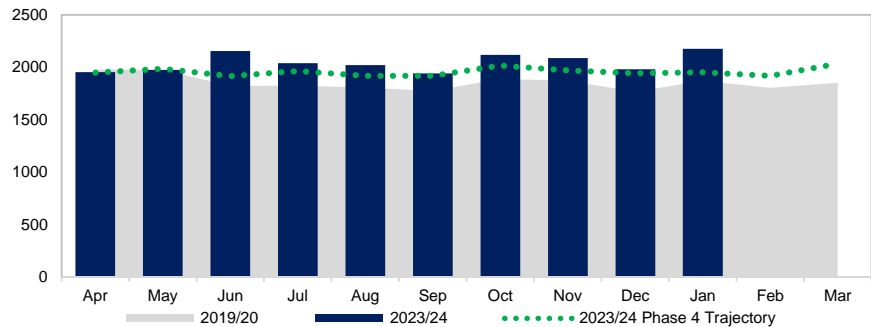


# Eastern Services Diagnostics

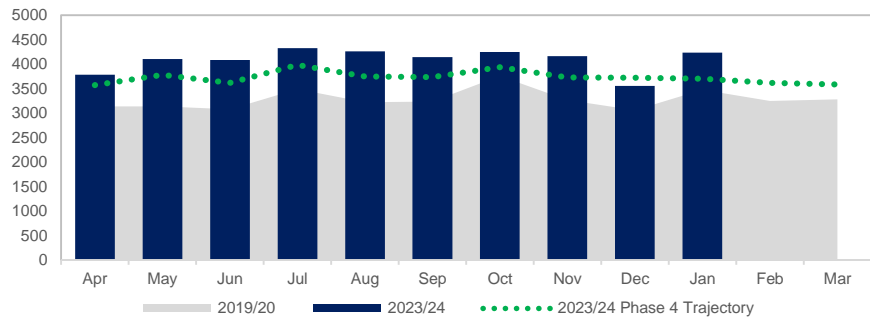
Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests

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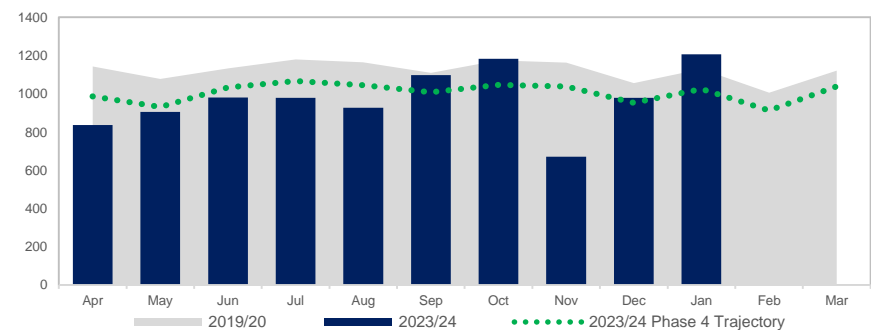
### MRI Activity



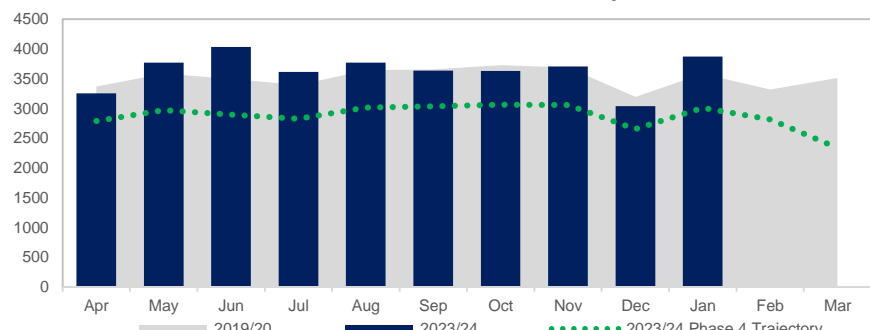
### CT Activity



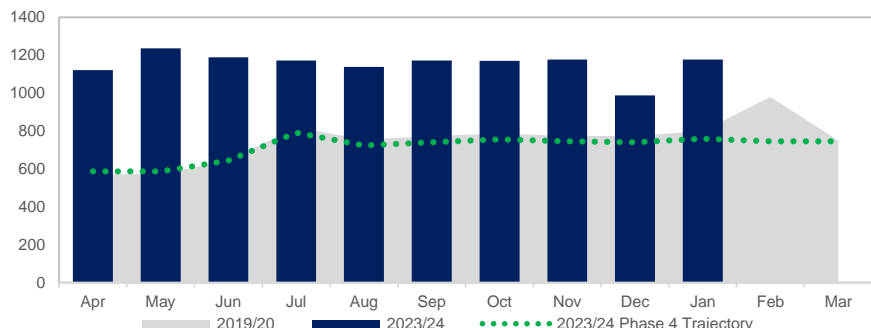
### Medical Endoscopy Activity



### Non-Obstetric Ultrasound Activity



### Echocardiography Activity



# Eastern Services Diagnostics

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

At the end of January 60.8% of patients were waiting less than 6 weeks, representing 34 more patients than at the end of December 2023

## CT

- Over the month of January overall waiting times for CT patients improved. This was mainly linked to a reduction of non-cardiac planned and unplanned patients, with fewer referrals being received over the Christmas period and good levels of activity in this area. Waits for cardiac CT patients have however slightly worsened due to reduced activity across the Christmas period.
- The total number of breaches correlates closely with the waiting list position, with breaches reaching a peak of 48 within January. These are mostly linked to cardiac CTs, which take a longer time to scan. The number of breaches is expected to reduce as we move into February with breaches remaining in an improved position compared to highs of c250 throughout the summer of 2023.

## MRI

- MR saw a slight deterioration over the past month within the non-cardiac unplanned waiting list. Referrals into this area throughout January have been exceptionally high with the highest number of weekly referrals recorded since January 2020 during week commencing 29 January 2024 (511),.
- Increasing IP numbers remain a significant contributing factor to the growing MR outpatient waiting lists, with the team increasingly needing to use this capacity to maintain flow through the hospital.
- The impact of the above has meant that breaches also increased over the month of January despite activity levels seeing a sustained improvement throughout January and being consistently higher than last year and above the baseline plan

## Non Obstetric Ultrasound

- With additional lists completed in January, ultrasound waits have seen a reduction over the past month by around 150 patients, despite a drop in activity towards the end of January due to sickness.
- Breaches have also improved over the same period. However, this position is expected to worsen slightly towards the end of February due to annual leave and industrial action, leading to a reduction in activity

## Dexa

- Dexa waiting lists have increased over the past few weeks however bookings continue to be managed within 6 weeks and only a maximum of 3 breaches were seen within January

## Endoscopy

- The endoscopy team continue with super weekends to increase capacity. A total of 29 additional lists were delivered in January 2024 with 30 planned for February 2024. In addition, ERF funding is being utilised to fill in week gaps in the rota and along with In-Health using all available space to ensure maximum activity is achieved.
- There is continued focus around prioritising our longest waits and planned overdue patients and working towards the DM01 target of 85% by end of March 2024.
- Efforts continue to maximise the total number of points per list, and the department has implemented both postal and partial booking in an attempt to book out to 6 weeks. An endoscopy PTL is in the process of being set up jointly with northern teams and we continue to work with northern teams to ensure all capacity is equally utilised to address our longest waiting patients east/north. The waiting list admin team is seeing slightly more stability, and this is reflective of the total number of bookings taking place per day.

## Cardiology

- Use of the Buttercup model at the Nightingale for patients on the Inherited Cardiac Condition pathway continues. This model is a one-stop shop for the patients to have their various tests which are required at each follow-up appointment along with their F2F consultation and will be used for those patients that are triaged as lower acuity in this pathway. ECHO provision for RDUHN and RDUHE is also being looked into within the Buttercup model.
- Weekend lists using the research scanner on site for stress MRIs have begun and this is providing an additional 20 slots for patients both at Exeter and as part of the joint working with Torbay for their longest waiters.
- 4 recent super Saturdays for validation of the PTL down to 21 weeks have seen 663 pathways closed and 3,525 pathways reviewed. There are a further 2 weekends planned in February and March 2024.
- Patients continue to be offered the option to have their procedures completed at the Nuffield, the Cleveland in London or at Torbay and there will also be the option to offer transfer to Regent's Park in Plymouth in the next few weeks for ablation, pacing and coronary patients as well as approximately 20 ECHO patients per month.
- A Test of Change for the Cardiology Day Case Unit was initiated on Monday 12<sup>th</sup> February in B bay on Taw ward. This will allow time to test process, procedures and equipment before the opening of the new day case unit at the end of March.

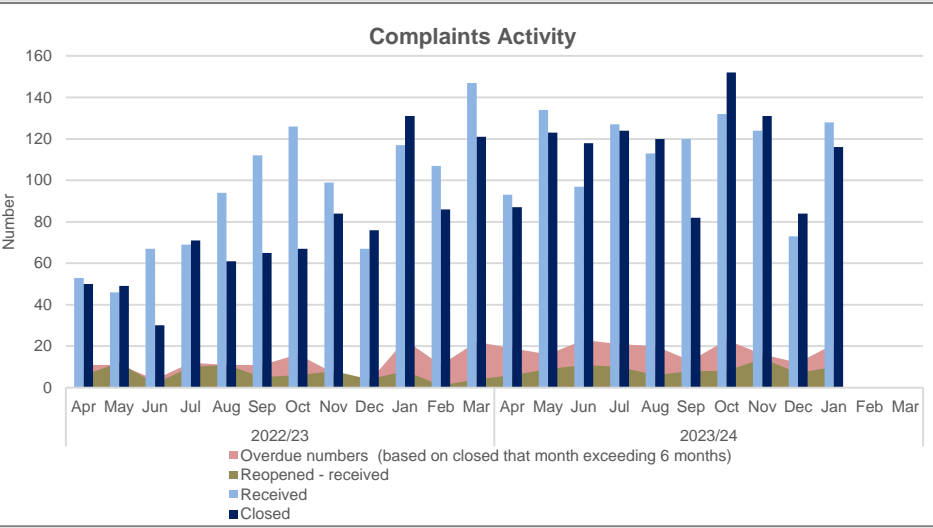
## Neurophysiology:

- In January 2024 the department recruited a substantive consultant to manage the complex EEGs and EMG service. However, since August 2023 the RDUH is now the only hospital in Devon to offer a consultant led service for Neurophysiology and this has resulted in an increasing number of referrals for complex consultant led diagnostic tests.
- Work is underway to increase capacity for complex diagnostic testing through joint NCS/EMG consultant led clinics and training and development of healthcare scientists to provide clinical reporting of normal EEGs. Expanding clinics for healthcare scientists to Saturday/Sunday is also being explored.
- Diagnostic testing for Torbay Hospital and Northern is currently provided. At present there are significant capacity challenges due to staff vacancies and increasing referrals. SLAs are being reviewed and the department is currently collating a workforce proposal and business case to address capacity challenges.
- The introduction of additional booking support has reduced the DNA/cancellation rate for home sleep studies

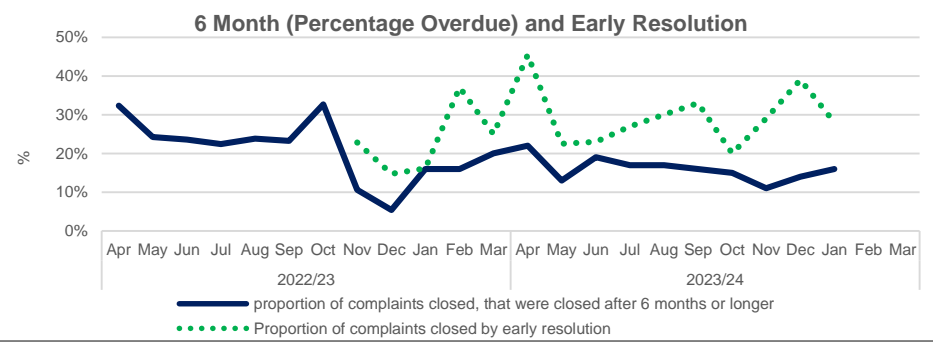
## Respiratory Physiology:

- Reporting times for home sleep studies has reduced from 6-months to 2-weeks following the recruitment of a Band 2 Equipment Assistant. The number of patient complaints has reduced significantly since the introduction of this post with approximately 150 calls per week previously going unanswered, to a response rate of 12-24 hours.
- The purchase of a third PFT machine has allowed the team to run x 3 PFT clinics each day and this has reduced the number of PFT waiting times by nearly 50%.
- The purchase of replacement oximetry devices has increased the number of oximetry tests being completed - waiting list is now 81. The department will purchase an additional 6 monitors to further increase capacity.
- The expansion into the CDC at Buttercup has provided the department with a fourth PFT machine/body box and a spirometry room. This will increase the capacity of PFT tests to 45 per week.
- A new breathlessness pathway is being developed via the CDC which will increase capacity for new face to face outpatient appointments (15-25 per week) and increase PFT capacity. This will support referring departments such as Cardiology and increase capacity at the Wonford site.
- Workforce challenges remain, with future vacancies potentially impacting capacity in May. Recruitment and demand and capacity planning underway to address.

# Trust Patient Experience



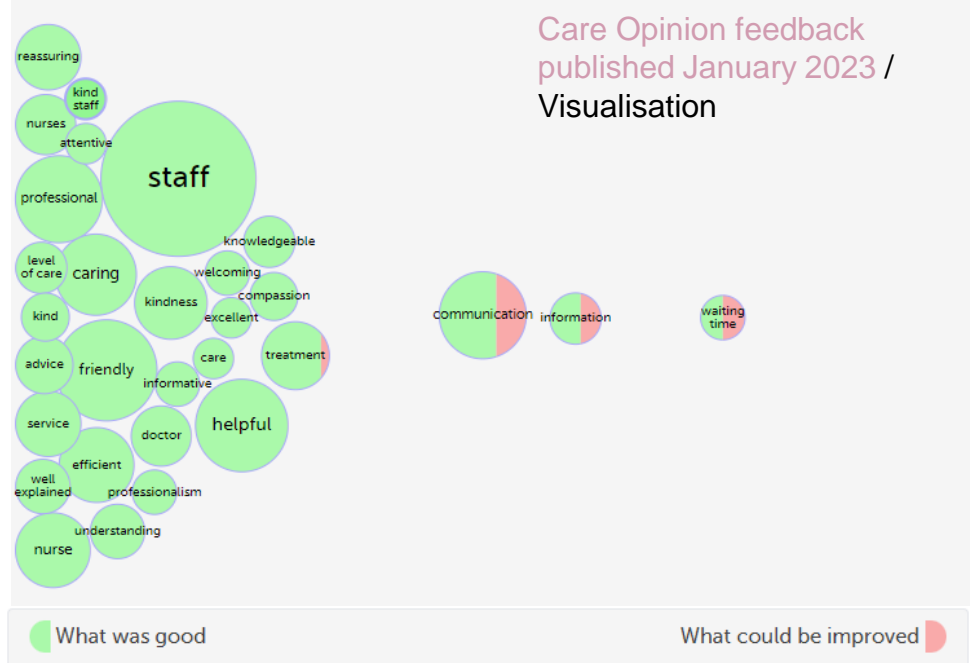
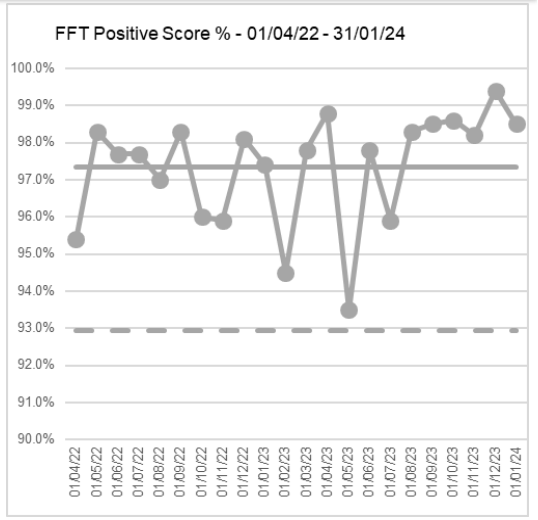
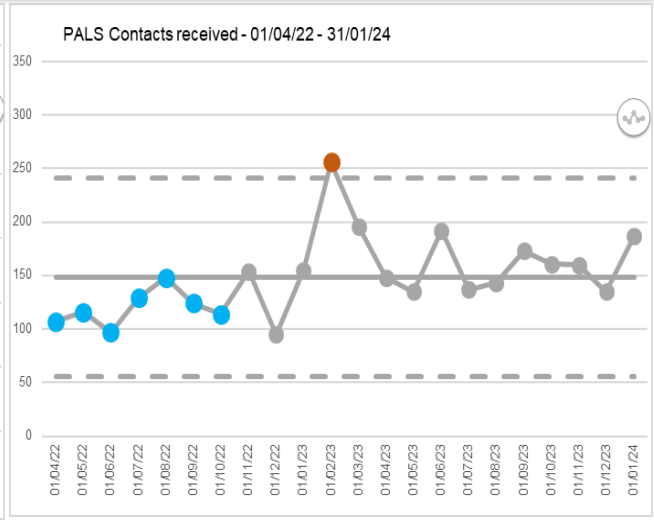
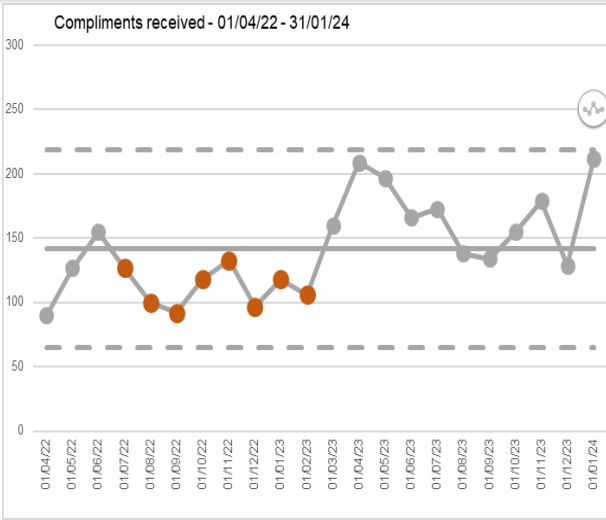
- In total 128 complaints were received during January 2024, 10 of these complaints were reopened complaints.
- 116 complaints were closed during January and 35 (28%) of these complaints were closed by early resolution (within 14 working days). In total 95 (82%) of complaints were closed in under 6 months, 21 complaints closed were exceeding 6 months at point of closure, improvement work is ongoing to reduce the number of complaints open over 6 months.
- There has been a slight decrease in the number of complaints that have been acknowledged within 3 working days (89%). This is a priority area for the central complaints team who are closely monitoring and working towards improving this national expected standard of 100%.
- In January the PHSO have opened 2 new investigations. There are currently 12 primary investigations and 6 detailed PHSO investigations ongoing.
- The top 5 complaint themes across complaints are
  - 1) communication with the patient
  - 2) communication with relatives/carers
  - 3) Attitude of medical staff
  - 4) Appointment delay
  - 5) Patient not listened to.
- Work is underway to address and improve overarching communication with service users. The patient experience operational group are undertaking a deep dive into 'attitude of medical staff' following their review of Q3 patient experience insight.



Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
2	12	6	0

Month	2022/23													2023/24											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan			
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%	97.00%	90.00%	89.00%			
Number of open complaints at month end												356	360	386	350	367	364	406	390	346	339	348			
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	22	27	28			
Complaints closed in month by early resolution												31	36	26	27	33	36	27	31	37	33	35			
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%	11.00%	14.00%	16.00%			

# Trust Patient Experience



There were 1300 Friends and Family Test (FFT) responses received during January resulting in a 98.5% positive position.

There was a 64.3% increase in compliments recorded during January. Work is ongoing to align the compliment recording process Trustwide and is due for completion by April 2024.

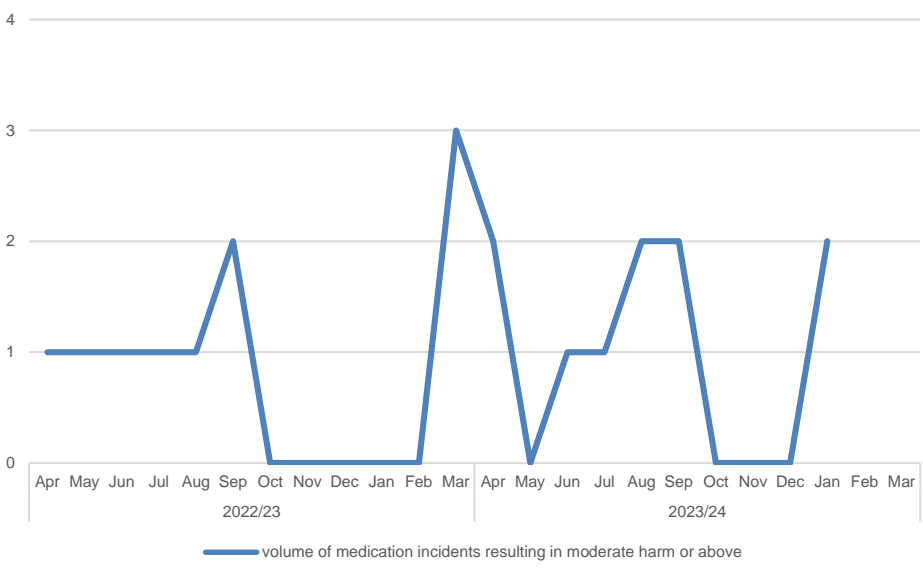
Care Opinion is a tool that generates real time feedback from service users. During January, 191 stories were told, an increase of 39.4% on the previous month. Of these, 18 (10%) had a critical element, 169 (88%) were positive stories and 4 (2%) were not rated (as received via NHS Choices). Training has commenced for Eastern Services, which will connect staff with service users in real time.

Analysing the main feedback themes received during January remains consistent with themes reported during previous months and within wider patient experience metrics, communication and waiting times being the key issues reported. During January, six service improvements ('you said- we did') were completed as a result of patient feedback. These include changes to improve communication and information relating to waiting times. In addition, externally NHS England have added a waiting time feature to their app which is intended to keep patients better informed and improve the patient experience.

Interactive link: <https://careopinion.org.uk/visualisations/3255c1f6-ad51-4d48-b844-369bfd76fbed>

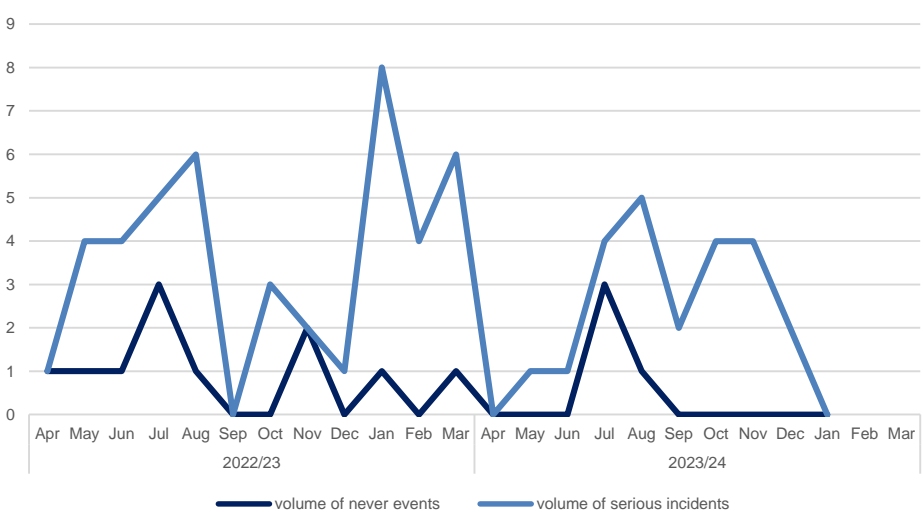
# Trust Incidents

Medication Incidents - Moderate harm and above



- The Trust has transferred to the Patient Safety Incident Response Framework, and as a result no longer reports patient safety events as Serious Incidents.
- No incidents were reported as Never Events in January 2024.
- There were two moderate harm medication incidents reported. One was an incident identified by the Trust relating to treatment which was not initiated in primary care following a clinic.
- The second was a prescription error which led to a delay in insulin administration, this is being reviewed by the Division; and the actual level of patient harm is expected to be reduced.

Serious Incidents and Never Events

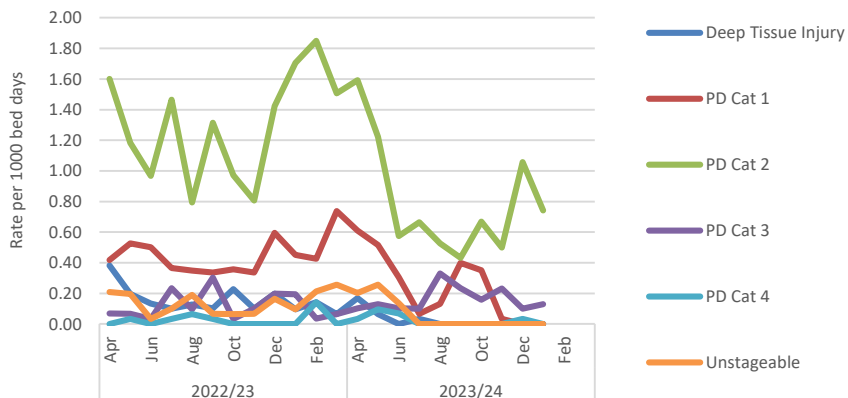


# Trust Pressure Ulcers

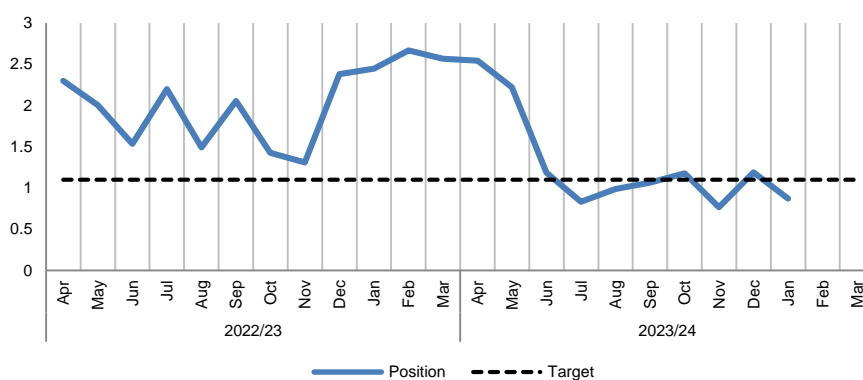
Rate of pressure ulceration experienced whilst in Trust care

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

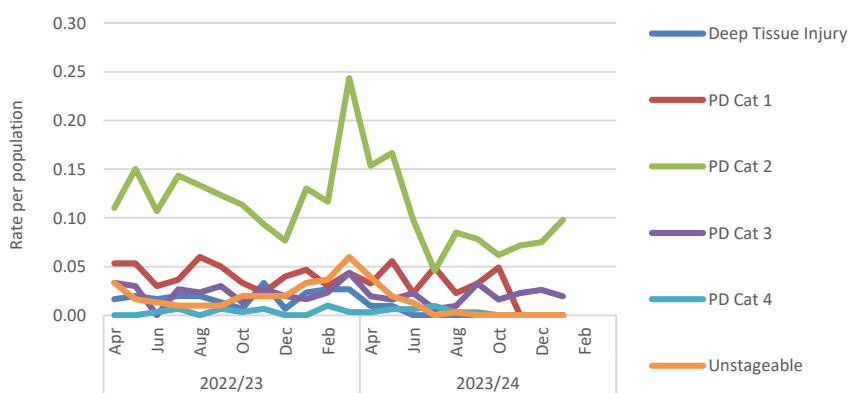
Acute Pressure damage rate per 1000 bed days



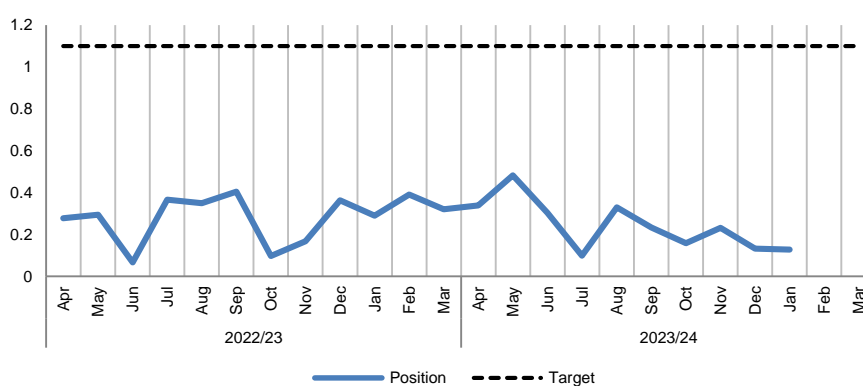
Rate of Grade 1- 4 pressure Sores /1000 bed days



Community pressure damage rate per population and grade



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

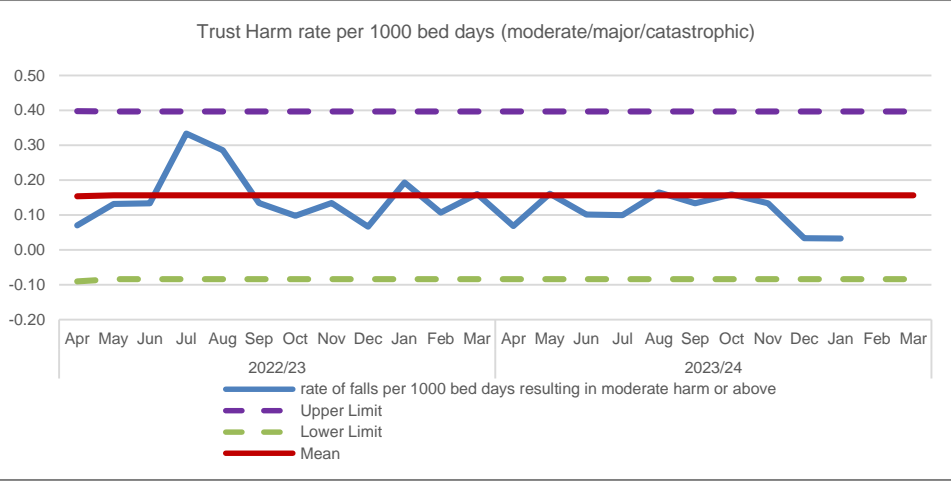


- Healthcare acquired pressure damage remains low trust wide. The Tissue Viability Service continues to run at reduced capacity due to ongoing vacancies which continues to impact on our ability to deliver further quality improvement work.
- In the North there has been sustained improvement across both Surgery and Medicine with several wards reporting zero pressure ulcers and a reduction of category 3 pressure damage in community. There are no concerns with the pressure ulcers reported, in the East- only one required an after action review and this was a late reported pressure ulcer from December in an end of life patient.
- The Tissue Viability Service has increased their community support over the past month with an aim to continue to support the reduction of community acquired pressure ulcers in the coming months.



# Trust Slip, Trips & Falls

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



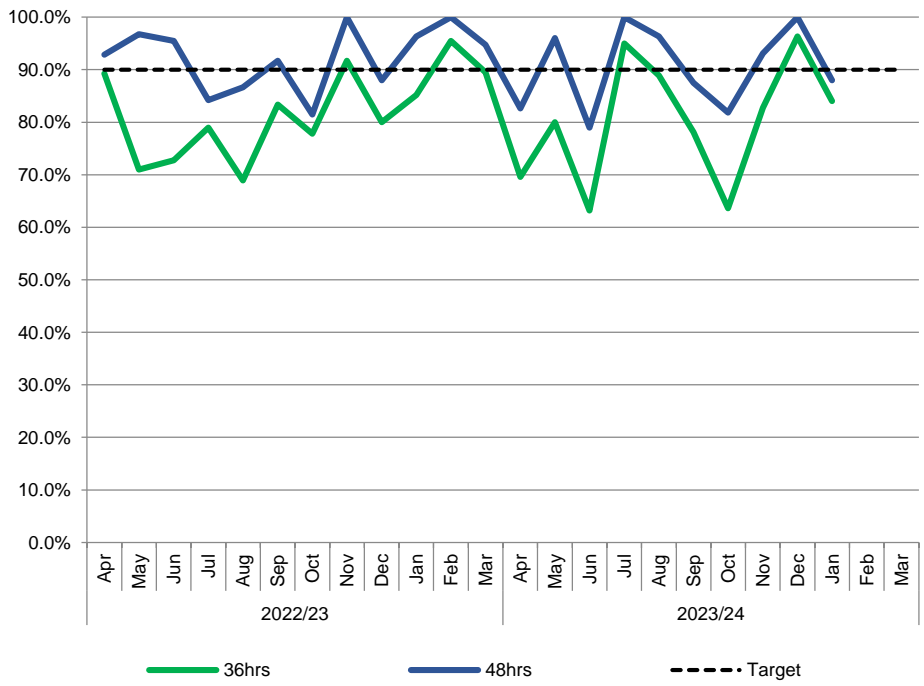
Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Falls	232	200	226	236	194	203	228	206	204	220	204	227	186	185	167	195	190	195	154	164	200	215
Moderate & Severe Falls	2	4	4	10	9	4	3	4	2	6	3	5	2	5	3	3	5	4	5	4	1	1

- Patient falls remain within normal variation.
- There was one moderate harm patient fall reported in North Devon which resulted in a fractured neck of femur.
- The falls risk assessment had been completed and the patient was being appropriately cared for in a tagged bay. Initial review indicates no significant lapses in care and the fall is undergoing appropriate learning response in line with the Royal Devon Incident Response Plan (Falls Swarm)

Area	Total	Complete	Incomplete	% Complete
Total RDUH (inc Community)	922	789	133	86%
NDDH	207	178	29	86%
RD&E	613	515	98	84%

- In January 2024, there was an overall VTE compliance position of 86% for RDUH including community sites and a position of 84% for the RD&E Acute site and 86% for the NDDH Acute site, as a snapshot position, as of midday 19th February 2024.

**Surgery within 36hrs - Fractured Neck of Femur**

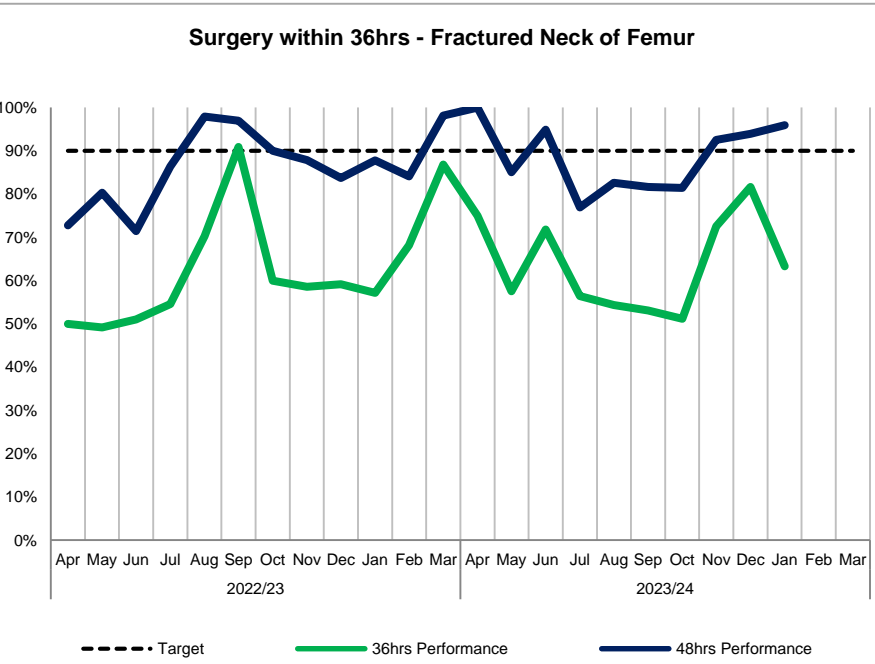


- In January 2024, 84% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 25 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 21 patients received surgery within 36 hours.
- The four patients that breached 36 hours were due to awaiting medical review/investigation or stabilisation.
- 88% 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

Area	Total	Complete	Incomplete	% Complete
Total RDUH (inc Community)	922	789	133	86%
NDDH	207	178	29	86%
RD&E	613	515	98	84%

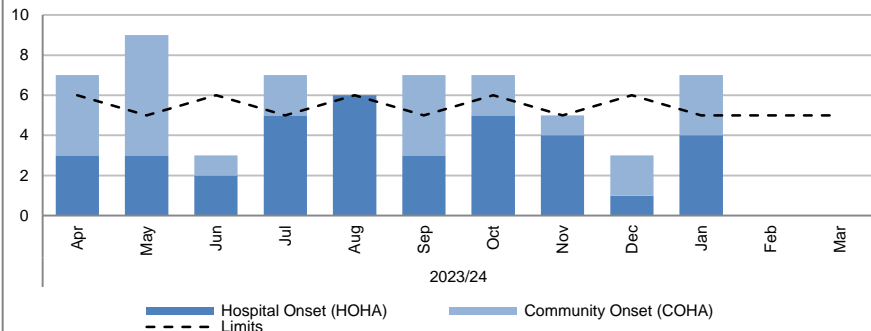


- In January 2024, there was an overall VTE compliance position of 86% for RDUH including community sites and a position of 84% for the RD&E Acute site and 86% for the NDDH Acute site, as a snapshot position, as of midday 19th February 2024.
- In January 2023, 63.3% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There was a total of 58 patients admitted with a FNOF, 49 of these patients were medically fit for surgery from the outset and 31 patients received surgery within 36 hours. 18 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 164 trauma patients admitted in January.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 62 Trauma Patients had their surgery during January in PEOC Theatres, which was to the detriment of elective activity. The high trauma numbers in January 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 previously moved to SWAOC for Foot and Ankle, Soft Tissue Knees and 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 continue to get cancelled.

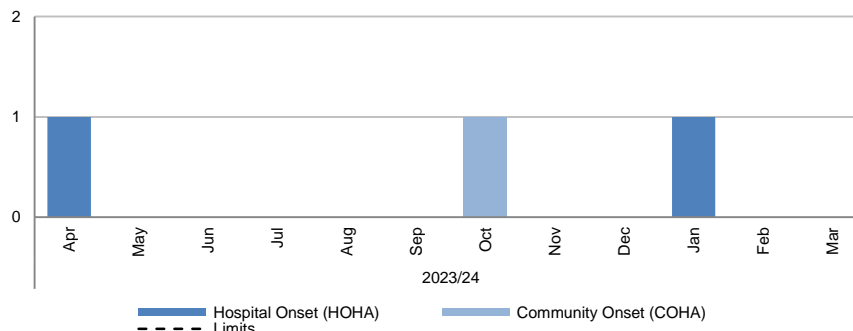
# Trust - Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection

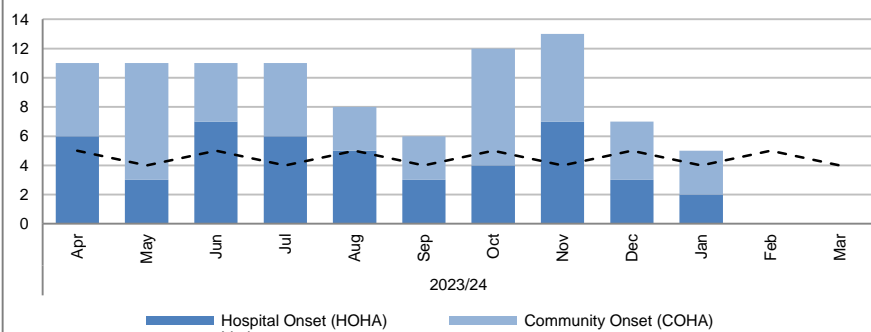
### Clostridioides difficile Cases



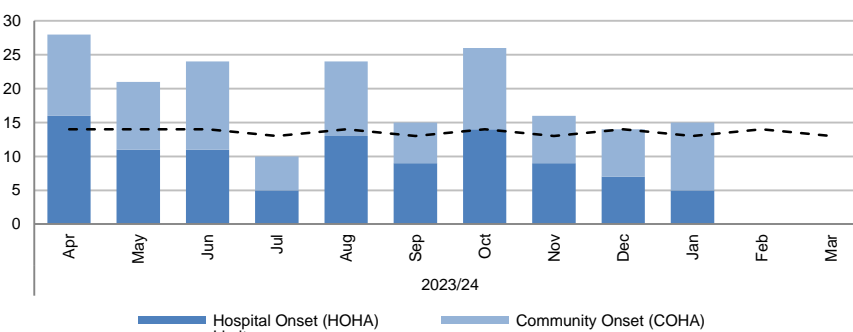
### MRSA Bacteraemia Cases



### MSSA Bacteraemia Cases



### E.coli Bacteraemia Cases



**C. diff** – The Trust will be above the pre-set NHS Standard Contract threshold expectation for 2023/24. Despite this, the Trust has lower rates of healthcare associated C. diff than both national and regional averages currently.

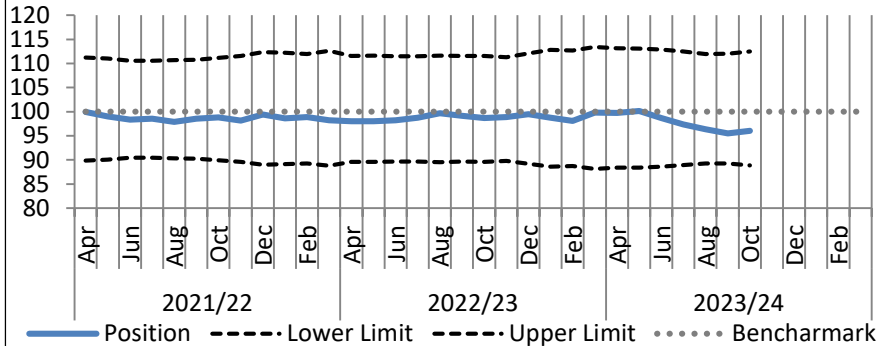
**MRSA** – One HOHA case was identified in January. All three healthcare associated cases reported in 2023/24 involved a skin/ soft tissue source with no obvious links between cases. All cases involved patients with no prior MRSA history and for whom the MRSA screening criteria was not met. All three cases were deemed unavoidable. MRSA rates for the Trust remain below national average.

**MSSA and E.coli** – High rates are noted for 2023/24. There has been some improvement in recent months, particularly to healthcare associated MSSA. Infection prevention focus remains targeted at avoidable indwelling device associated infection. A Trust wide gram negative bacteraemia (GNB) improvement plan commenced in 2023 with measurable actions monitored through the Infection Prevention & Decontamination Assurance Group. Alongside current rate reduction initiatives, a separate MSSA improvement plan is due to be formulated in 2024, in order to share learning and identify additional measurable actions and initiatives to reduce infections

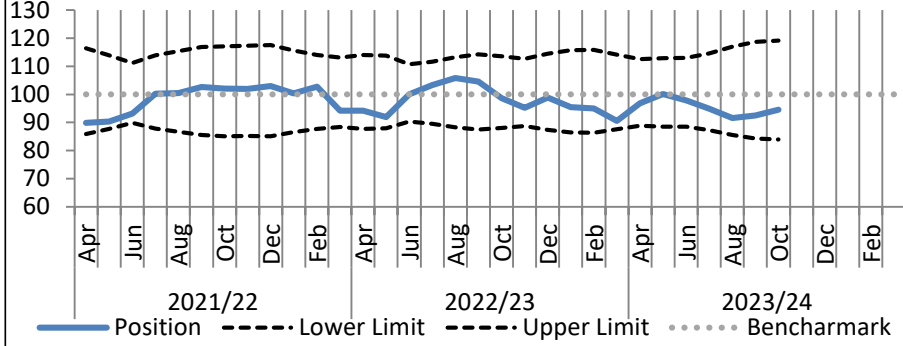
# Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*



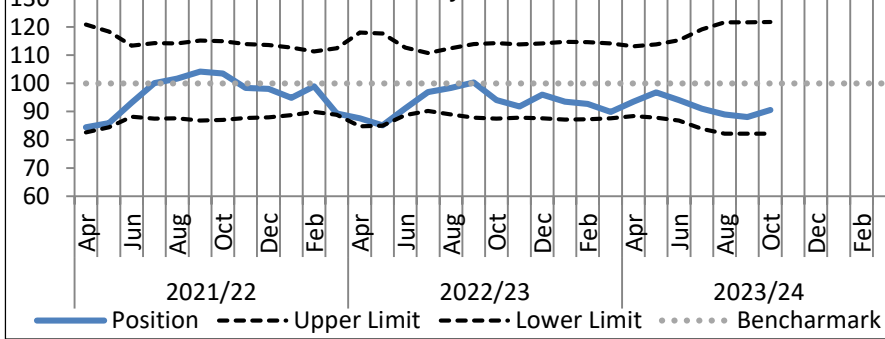
**Hospital-level Mortality Indicator (SHMI) - Rolling 12 months**



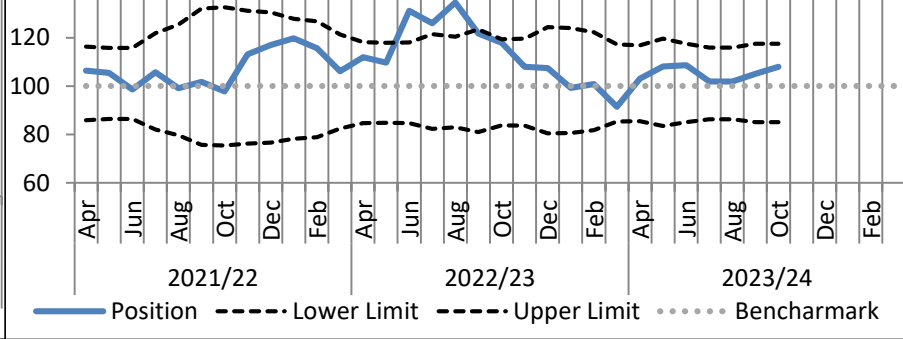
**Hospital-level Mortality Indicator (SHMI) Rolling 3 months**



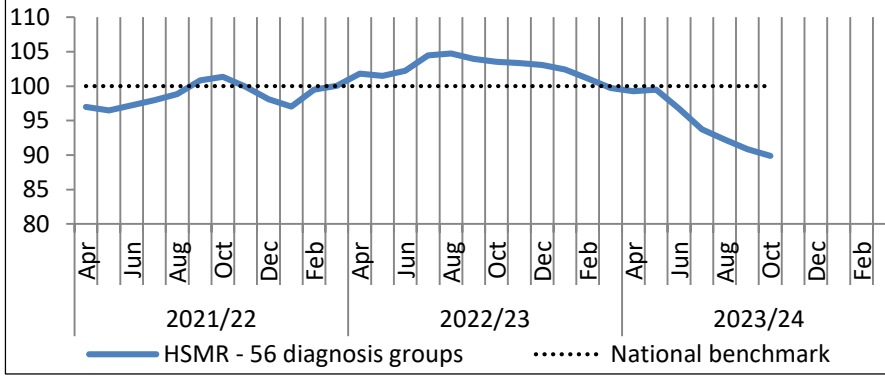
**Mortality Indicator (SHMI) Rolling 3 months - Emergency Weekday Admissions**



**Mortality Indicator (SHMI) Rolling 3 months - Emergency Weekend Admissions**



**HSMR (12 Month Rolling)**

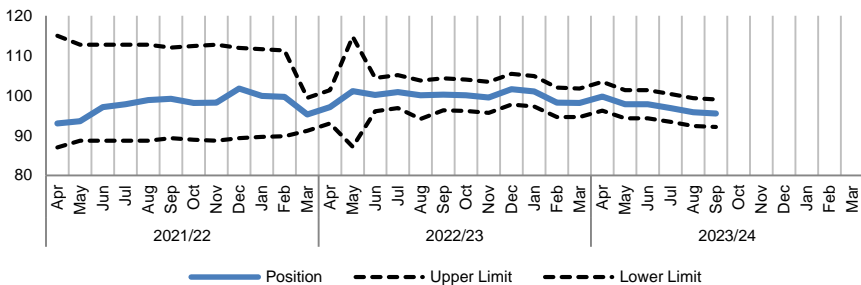


- The SHMI position remains within the expected range for all metrics
- The HSMR position remains stable and reducing on a rolling 12 month basis to October 2023
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process,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

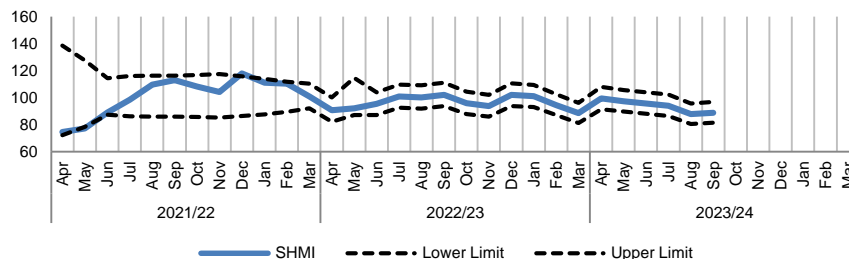
# Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

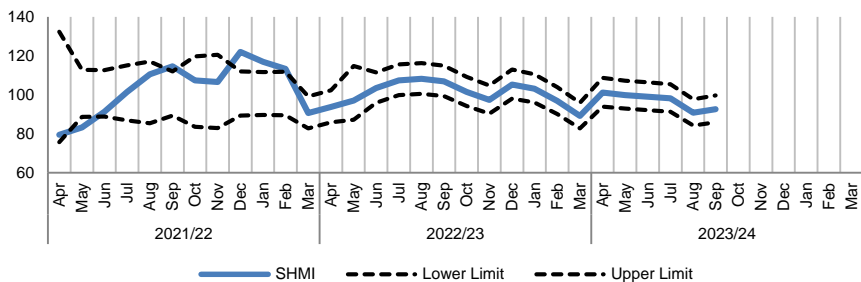
### Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



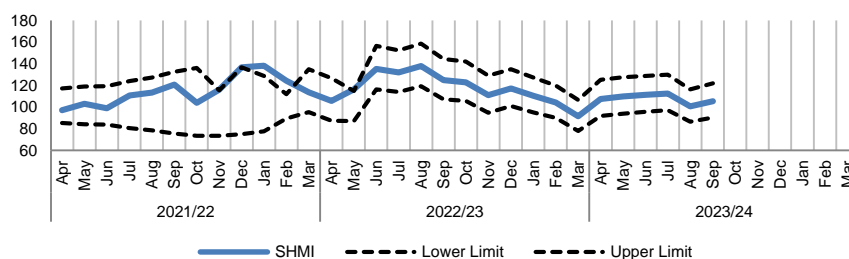
### Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



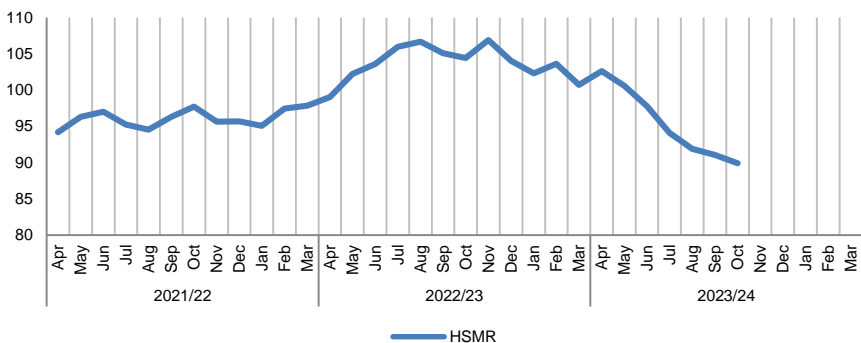
### Hospital-level Mortality Indicator (SHMI) Rolling 3 months



### Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions



### HSMR (12 Month Rolling)

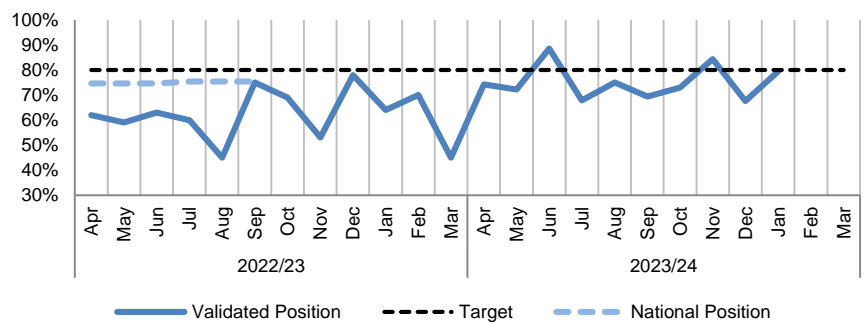


- The SHMI position remains within the expected range for all metrics
- The HSMR position remains stable and reducing on a rolling 12 month basis to August 2023
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process,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

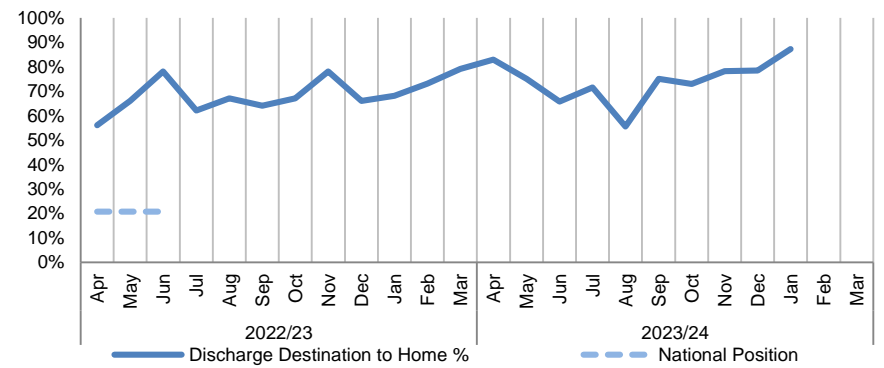
# Northern Services Stroke Performance – Quality of care metrics for patients admitted following a stroke



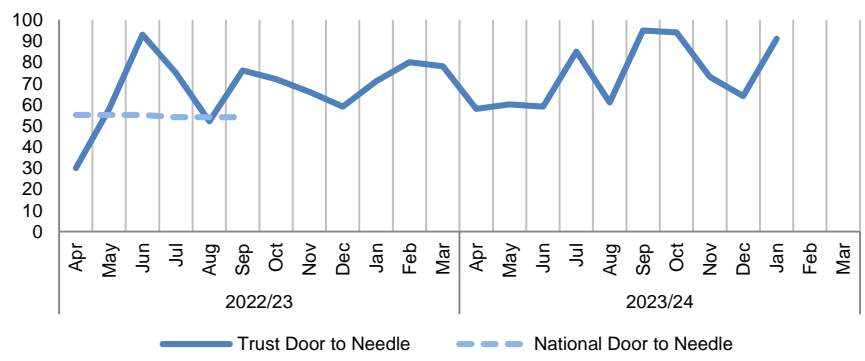
**Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit**



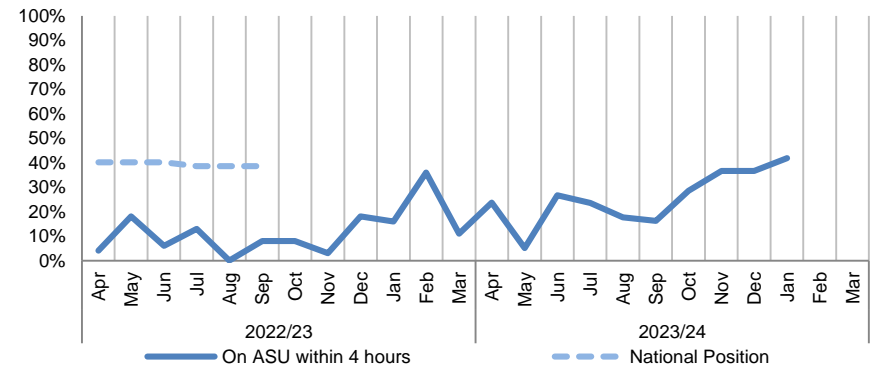
**Discharge Destination to Home (%)**



**Average Thrombolysis Times (minutes)**



**On Stroke Unit within 4 hours**



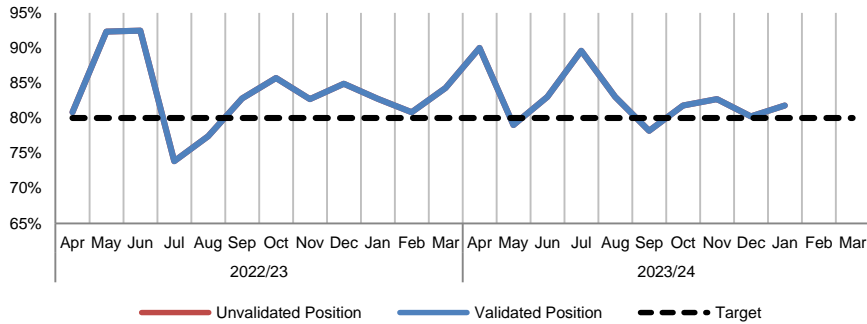
- 90% stay: Performance against this indicator continues to show a more stable position albeit with an improvement seen in January 2024 achieving 79%. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group continue to focus on reviewing the ringfencing processes with the site management team. There were two particularly challenging weekends in January with high numbers of patients presenting to ED, compounded by stroke bed availability.
- Discharge destination: This metric is relatively stable and is above the national average.
- Thrombolysis times: Thrombolysis time is broadly stable over time. Overall the number of eligible stroke patients for thrombolysis is low.
- ASU in 4 hours: This target remains challenging due to the high level of occupancy but demonstrates a continued improving position since September 2023. January 2024 saw the best performance achieved against this metric since April 2022.
- The multidisciplinary team continue to meet on a monthly basis to analyse exceptions, trends and themes and to identify actions to support ongoing improvements to stroke performance.

# Eastern Services Stroke Performance

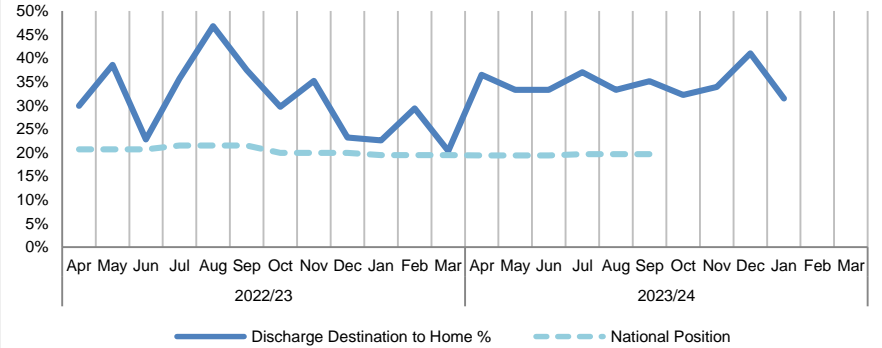
Quality of care metrics for patients admitted following a stroke



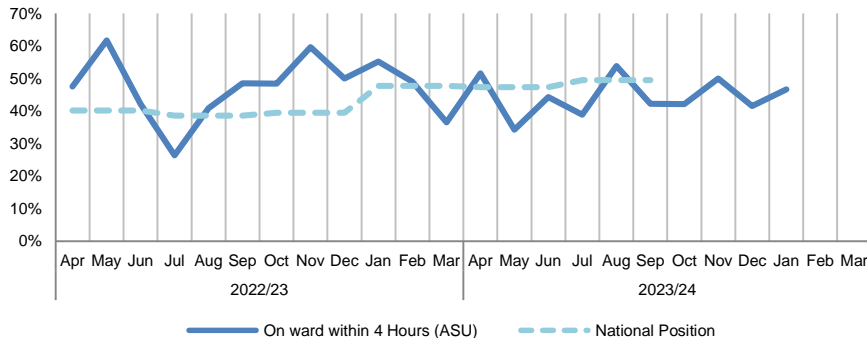
**Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit**



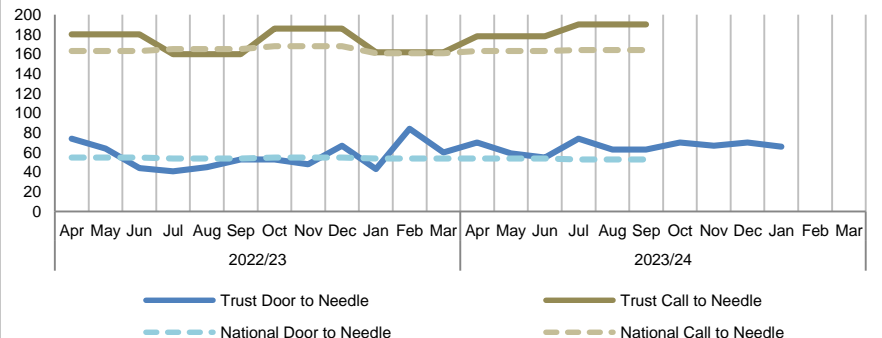
**Discharge Destination to Home (%)**



**On ward within 4 Hours (ASU)**



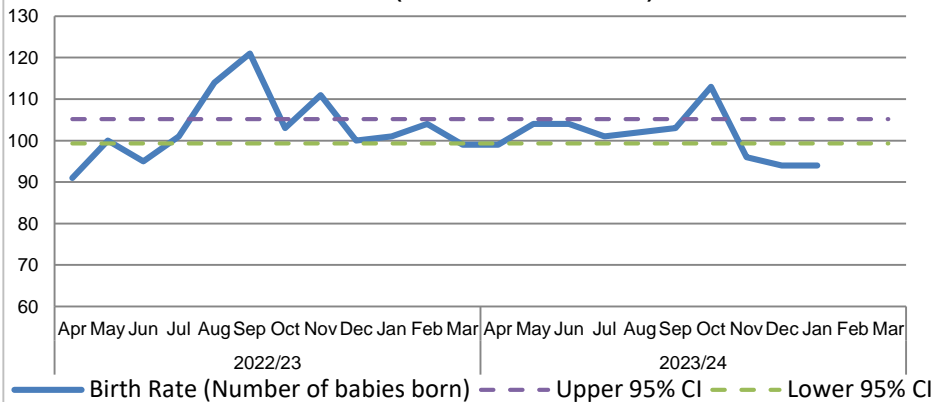
**Average Thrombolysis Times (minutes)**



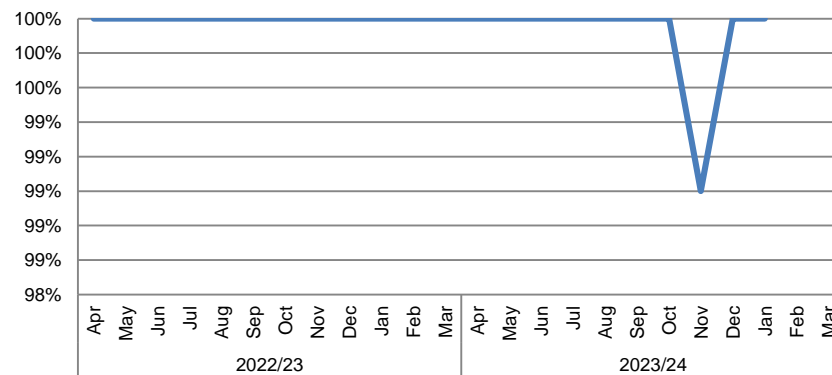
- 90% stay - The proportion of patients admitted spending 90% of their stay on the stroke unit has remained above the target position in January.
- On ward within 4 hours – target indicator has remained relatively stable
- The proportion of patients for whom their discharge destination is home remains stable.
- Average Thrombolysis times remain stable and in line with the national position.



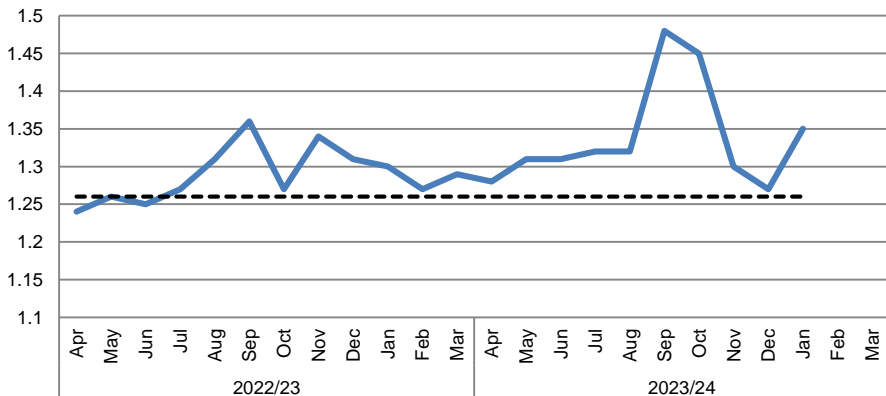
### Birth Rate (Number of babies born)



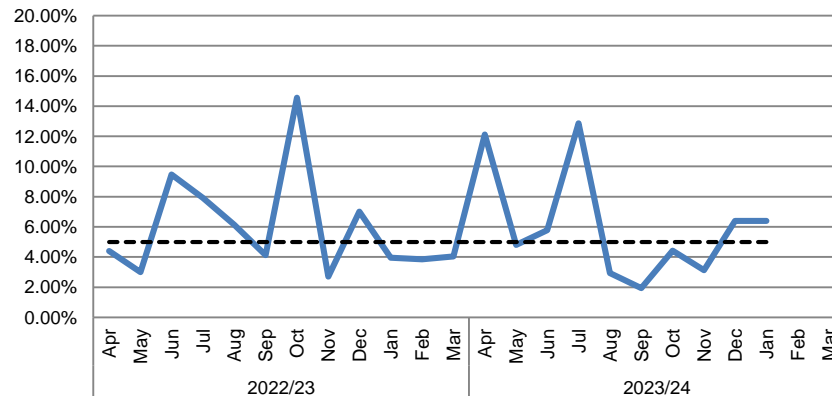
### 1:1 Care in Labour



### Midwife to delivery ratio



### Admissions of (term babies) to NNU

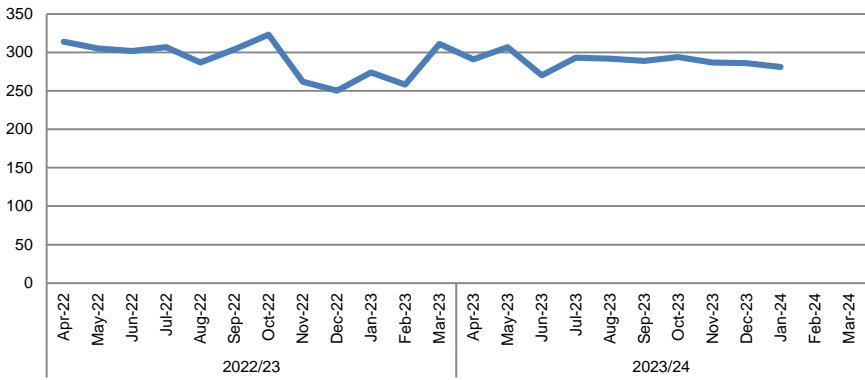


- The provision of 1:1 care has returned to 100% in January.

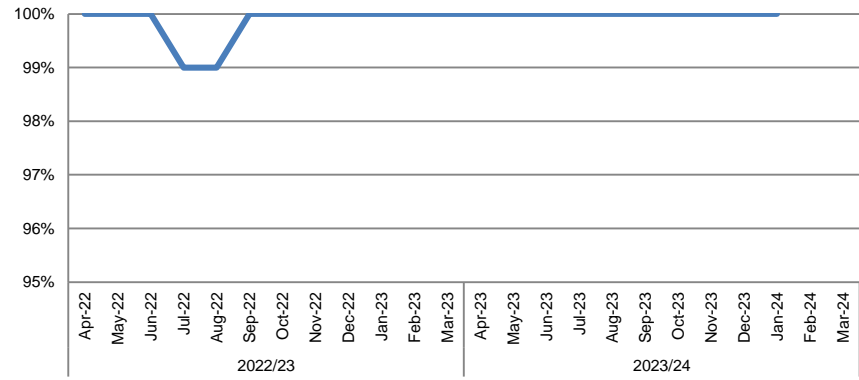
# Eastern Services Maternity

Metrics relating to the provision of quality maternity care

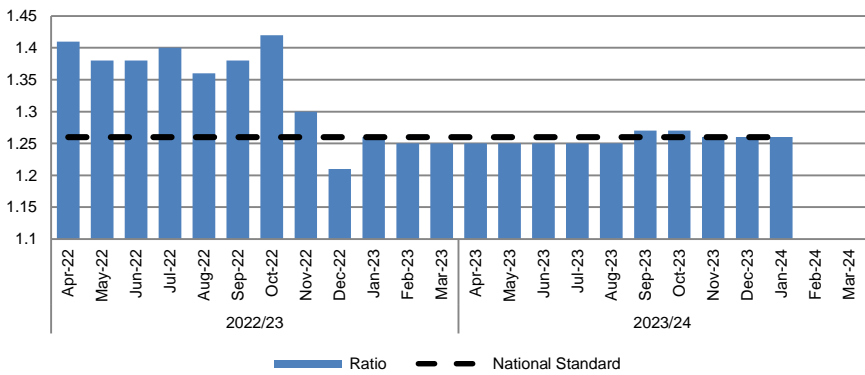
**Birth Rate (Number of babies born)**



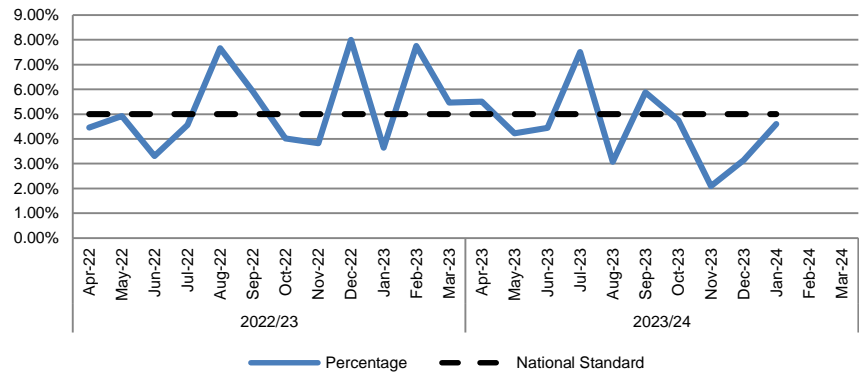
**1:1 Care in Labour**



**Midwife to delivery ratio**

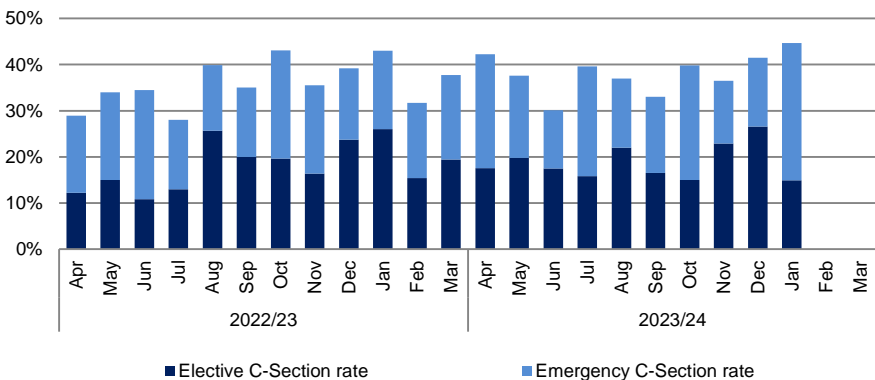


**Admissions of (term babies) to NNU**

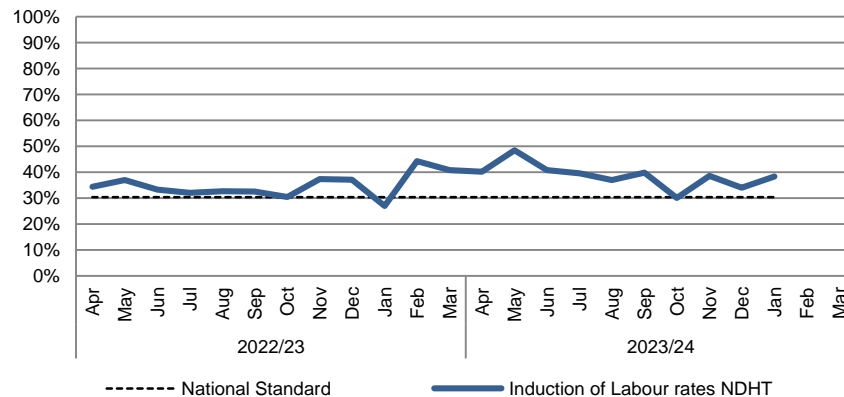


- Birth rate as expected and Midwife to delivery ratio is has maintained at 1:26.

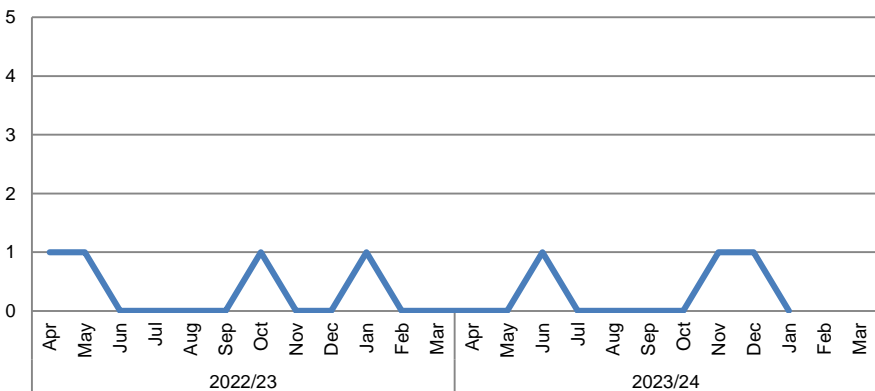
### C-Section Rates - Elective & Emergency



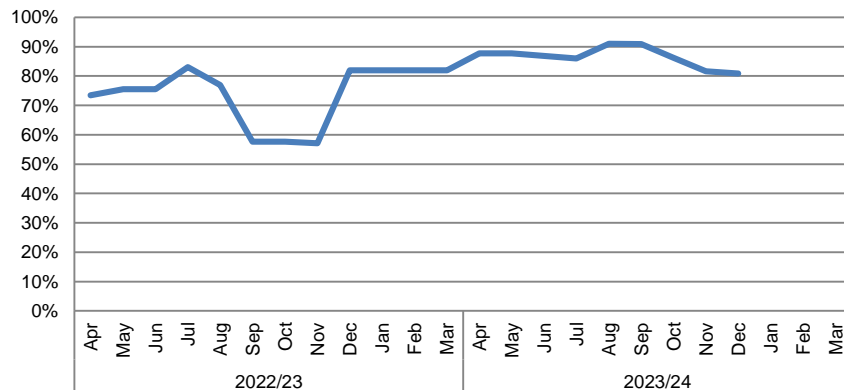
### Induction of Labour rates



### Still births (includes term & pre-term)



### PROMPT Training % (whole team)

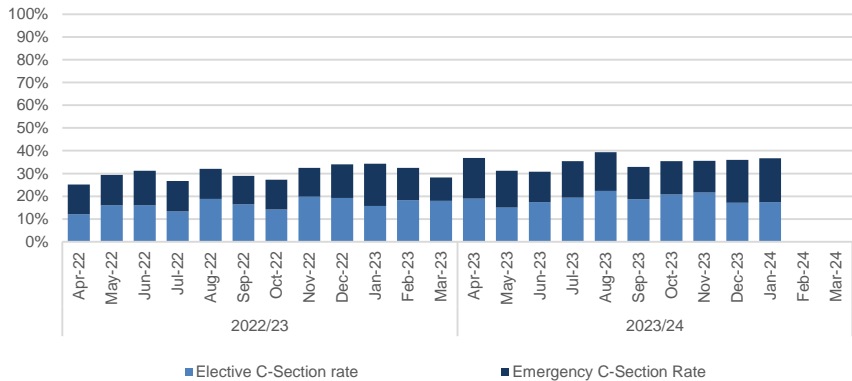


- Induction of labour rate remains around the 40% rate. This reflects the national picture for induced labours.
- PROMPT training compliance has dropped slightly but remains within targets – an action plan is in place and being monitored by the training team and Maternity Governance Forum.

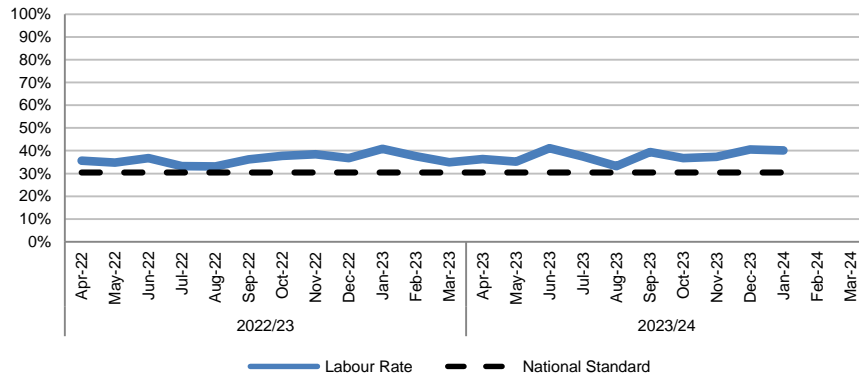
# Eastern Services Maternity

Metrics relating to the provision of quality maternity care

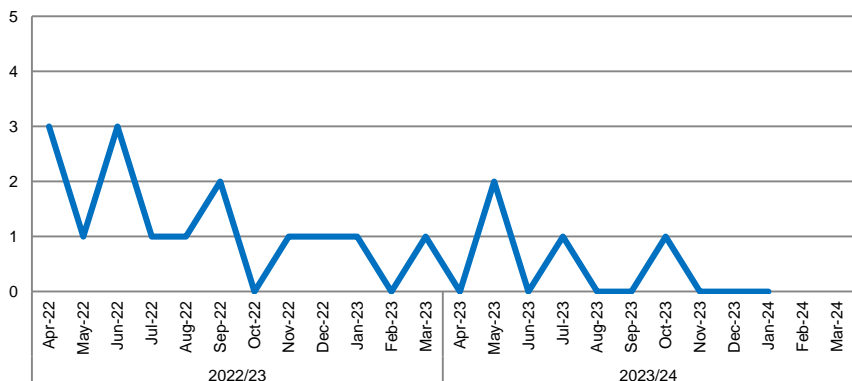
### C-Section rates - Elective & Emergency



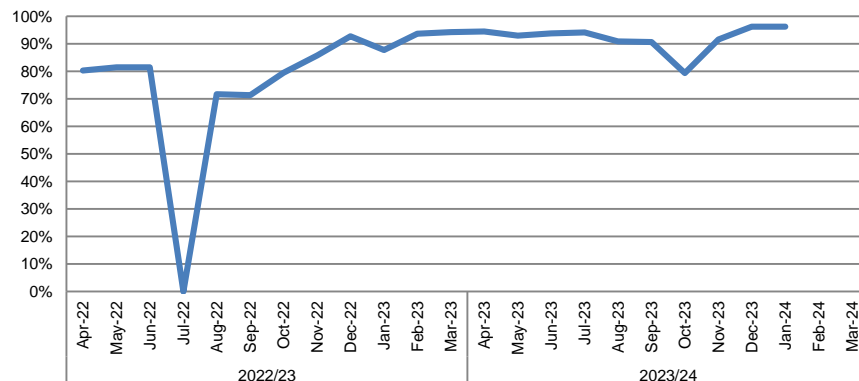
### Induction of Labour rates



### Still births (includes term & pre-term)



### PROMPT Training % (whole team)

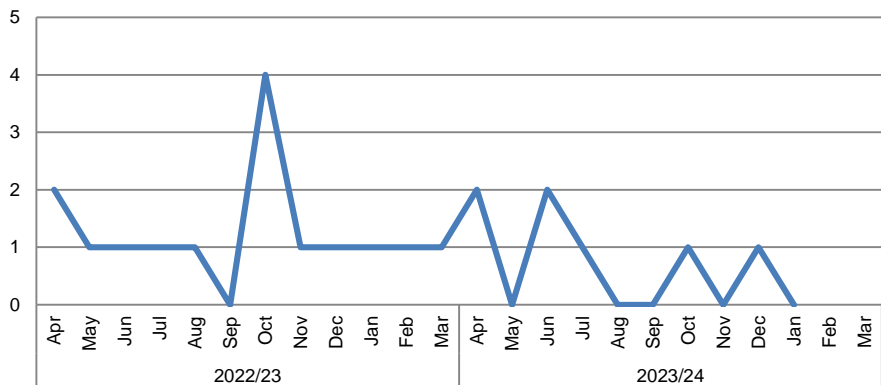


- Induction of labour rate remains around the 40% rate. This reflects the national picture for induced labours.
- PROMPT training is being maintained above 95% which is testament to the on-going training plans.

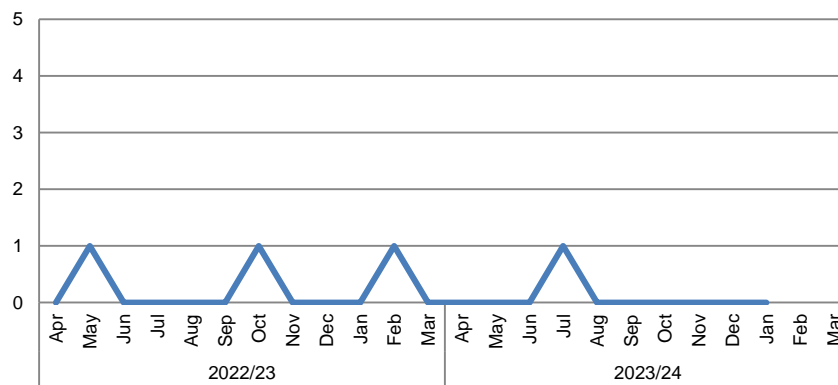
# Northern Services Maternity – Metrics relating to the provision of quality maternity care



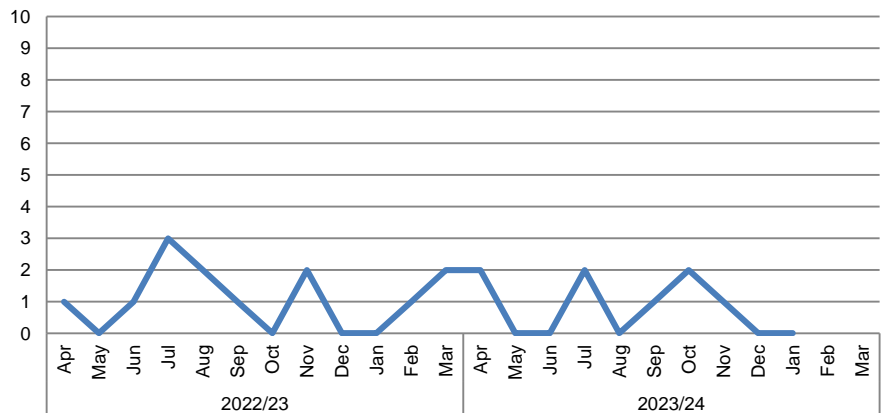
**Incidents in current month (moderate and above) (run chart)**



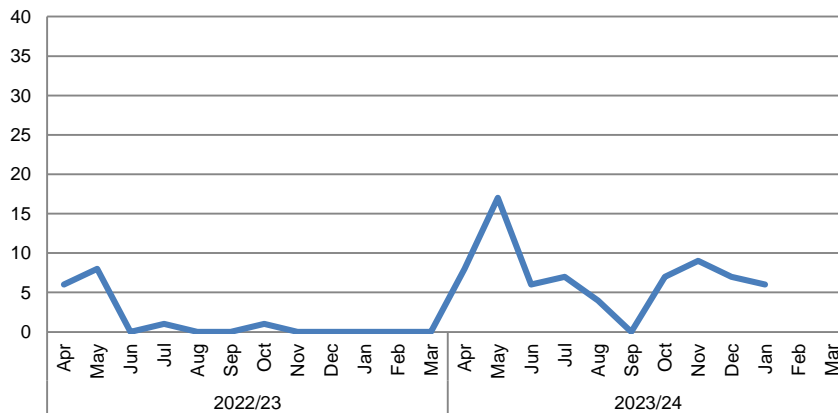
**Serious Incidents (run chart)**



**Complaints Maternity**



**Compliments Maternity**

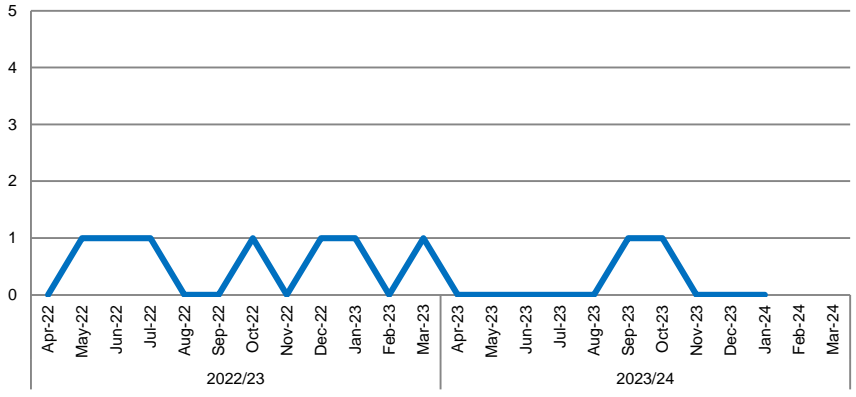


- Maternity services continue to work on the best way to record compliments/positive feedback for the services.
- Across East and North site there are currently 5 active HSIB/MNSI investigations. One case is currently being action planned and another is with the Trust for factual accuracy.

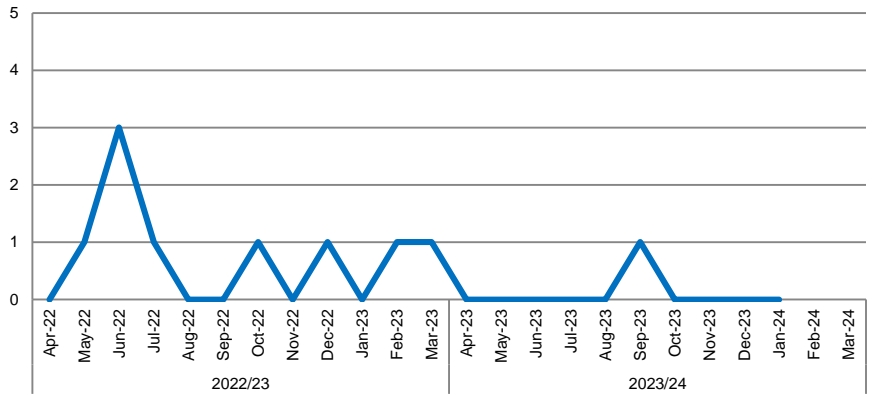
# Eastern Services Maternity

Metrics relating to the provision of quality maternity care

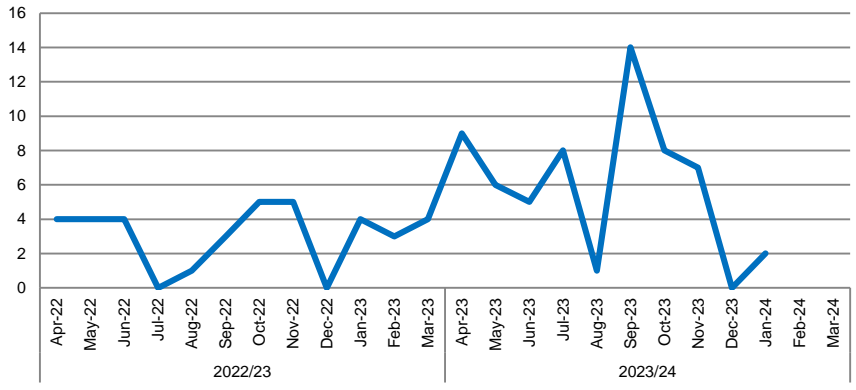
**Incidents in current month (moderate and above) (run chart)**



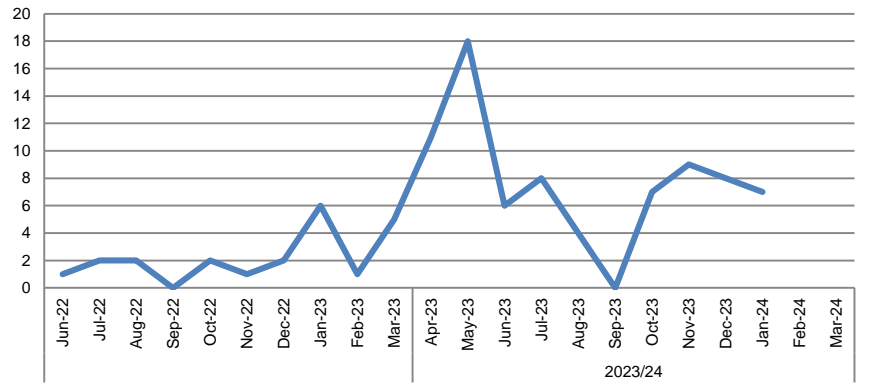
**Serious Incidents (run chart)**



**Compliments Maternity**



**Compliments Maternity**

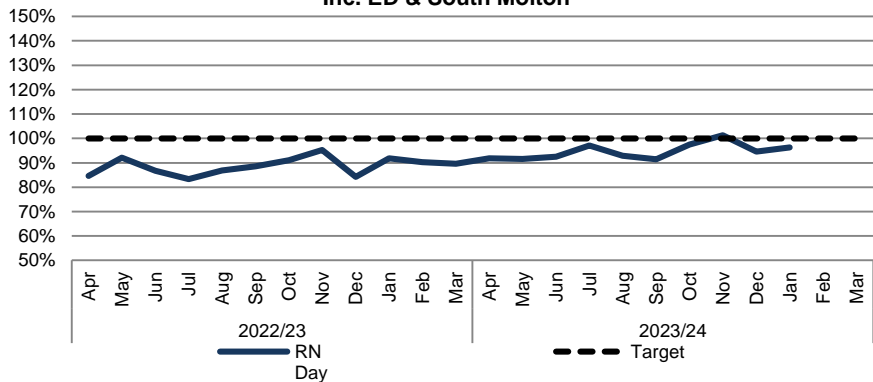


- Maternity services continue to work on the best way to record compliments/positive feedback for the services.
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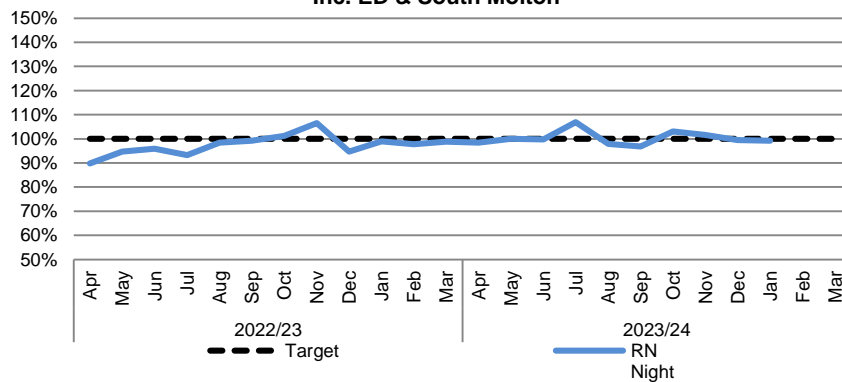
# Northern Services Safe Clinical Staffing Fill Rates



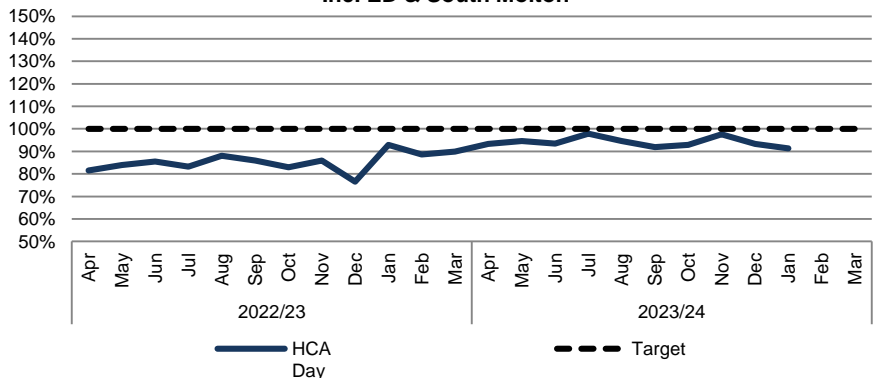
**Registered Nurses & Midwives Fill Rate (Day)**  
Inc. ED & South Molton



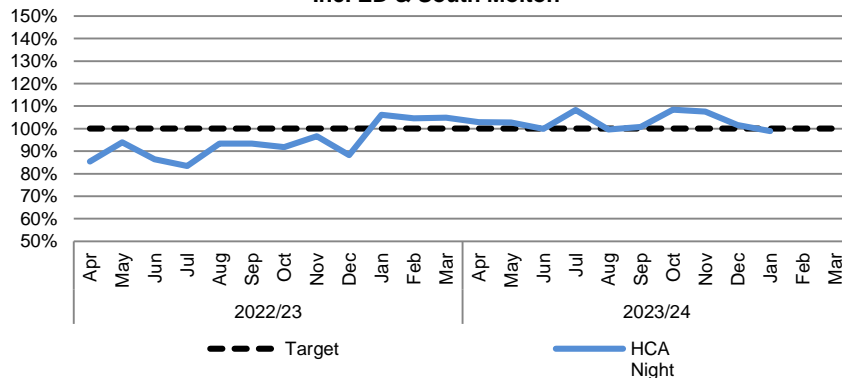
**Registered Nurses & Midwives Fill Rate (Night)**  
Inc. ED & South Molton



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



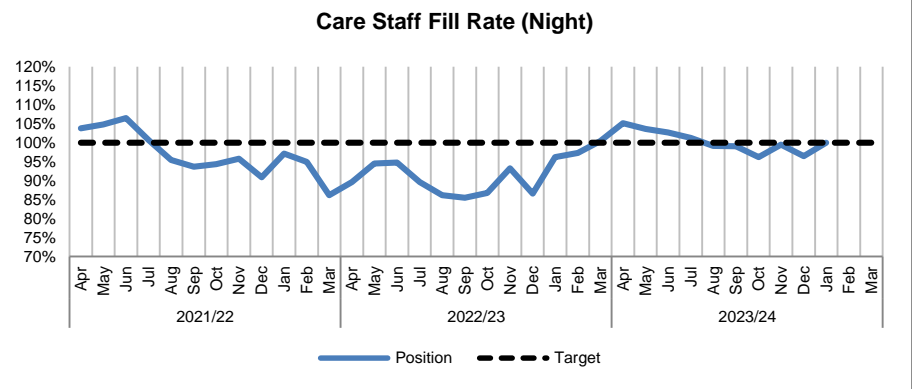
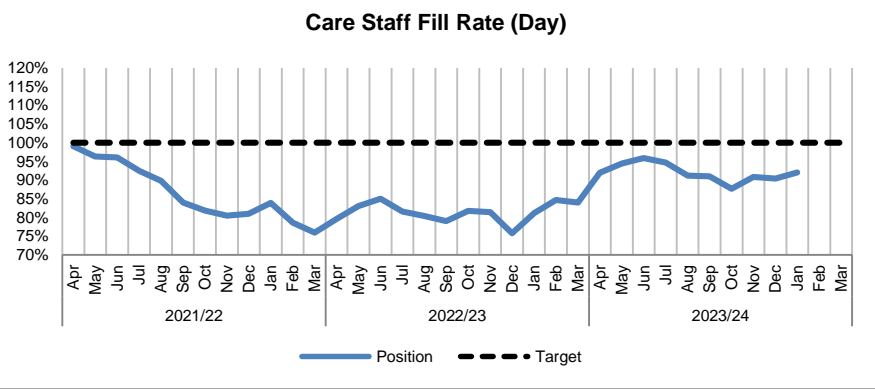
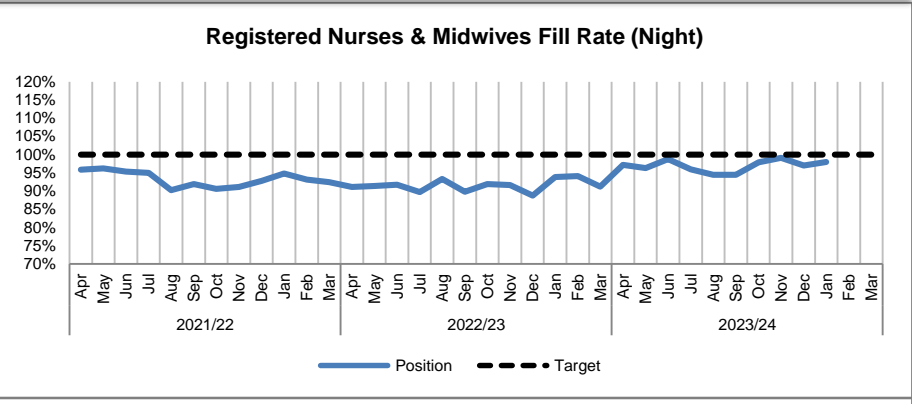
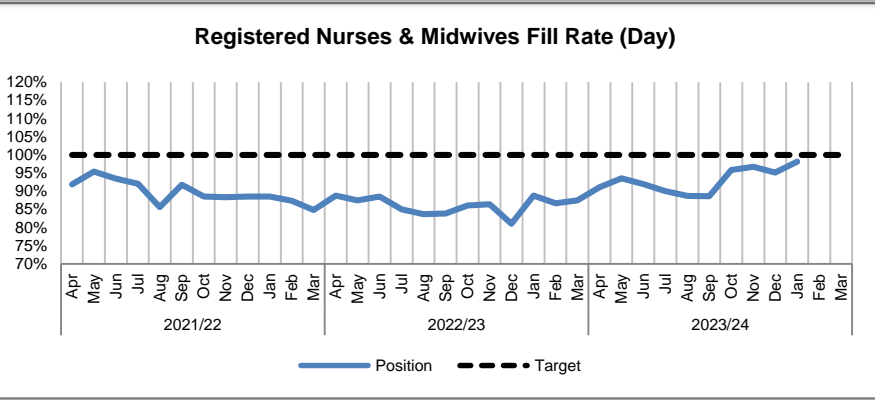
**HCA Fill Rate (Night)**  
Inc. ED & South Molton



- The Northern Services Fill rate was 96.25%
- There were two patient safety incidents reported due to staff shortages in January 2024, both of which resulted in no patient harm
- A review of all patient safety events which were reported as resulting in moderate or greater harm in the last month has identified no incidents where staffing levels was a causal or contributory factor to patient harm

# Eastern Services Safe Clinical Staffing – Fill Rate

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



- The Eastern Services Fill rate was 96.8%
- There were six patient safety incidents reported due to staff shortages in January 2024, all of which were no harm incidents.
- A review of all patient safety events which were reported as resulting in moderate or greater harm in the last month has identified no incidents where staffing levels was a causal or contributory factor to patient harm

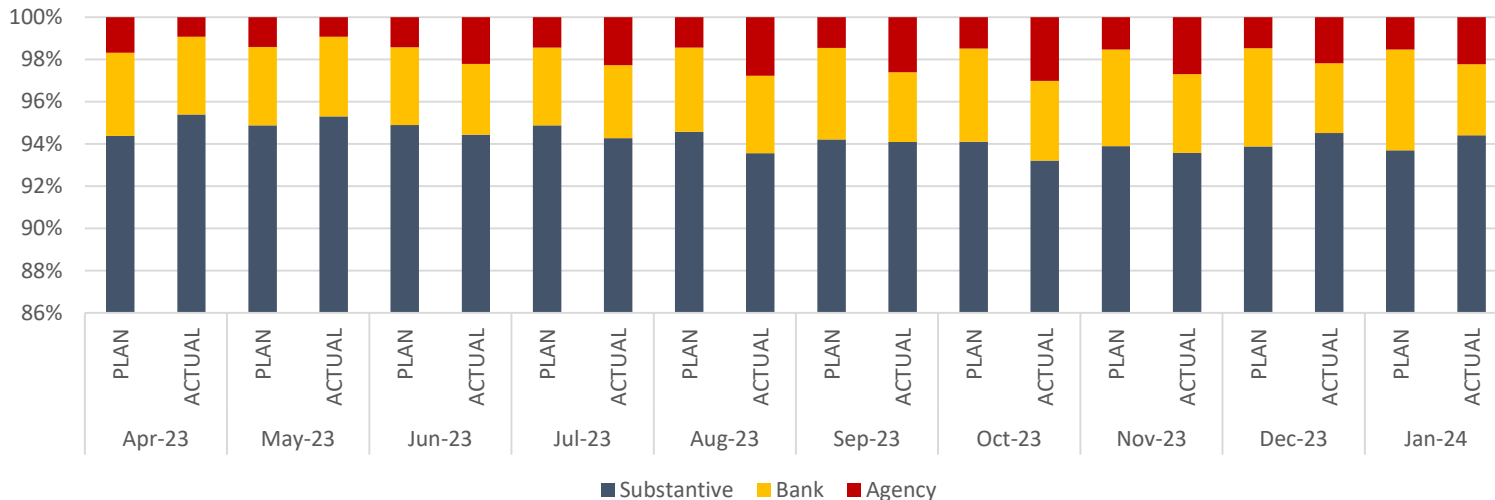




# Operational Plan 23/24

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Operational Plan 23/24



YTD Substantive WTE: **+8.38% over plan**

YoY Substantive WTE Change: **+4.78%**

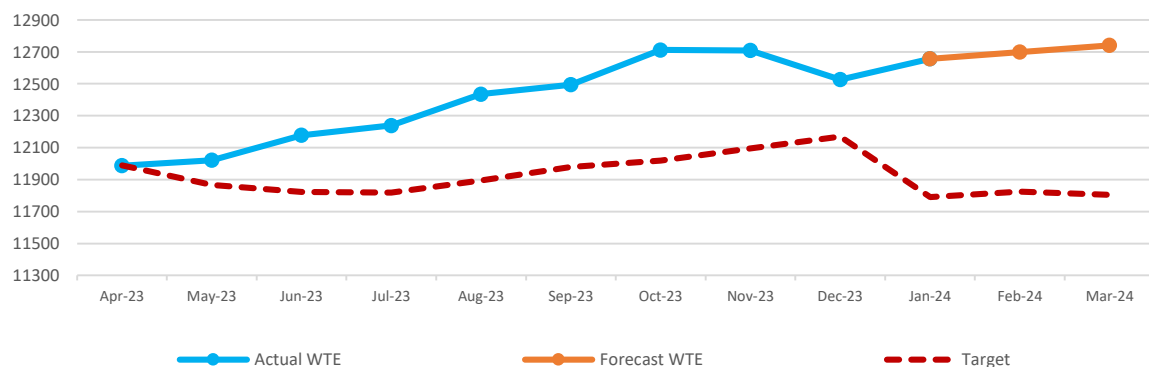
YTD Bank Utilisation: **12.57% under plan**

YoY Bank Utilisation: **16.02% reduction**

YTD Agency Utilisation: **53.39% over plan**

YoY Agency Utilisation: **2.11% increase**

All Trust - 23/24 WTE Change



**Substantive position**

Substantive WTE is +926.24 as at M10.:

- 105wte is attributable to the over-stated opening WTE position.
- 195.68wte is attributable to unrealised DBV schemes (despite delivering 109.04wte reduction YTD).
- 371.44wte is attributable to unrealised Devon ICS system schemes.

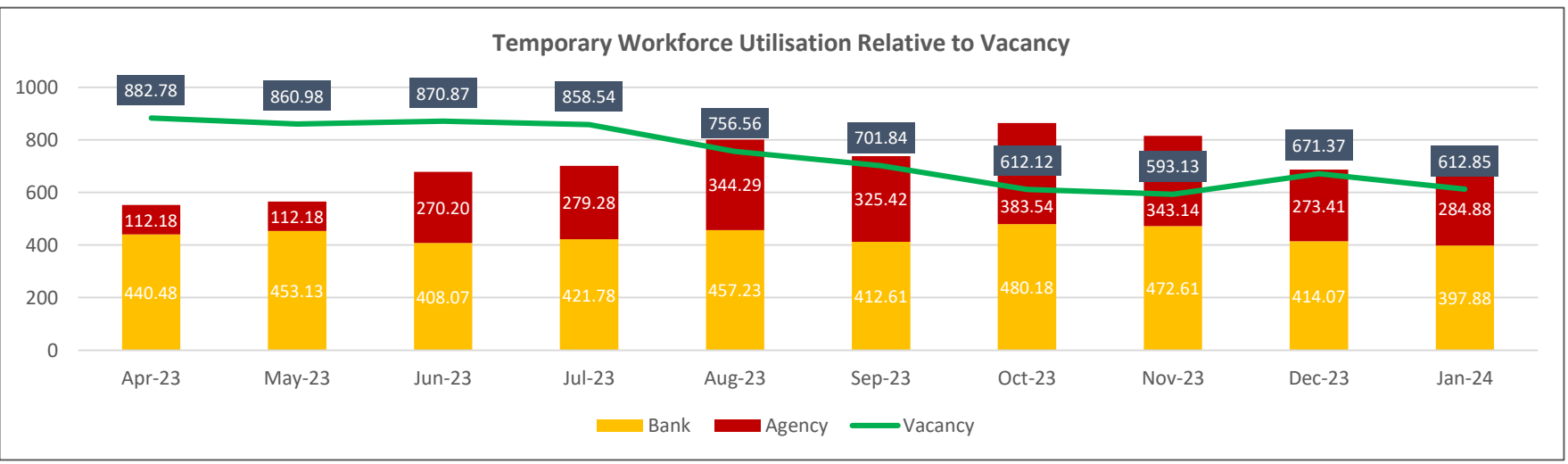
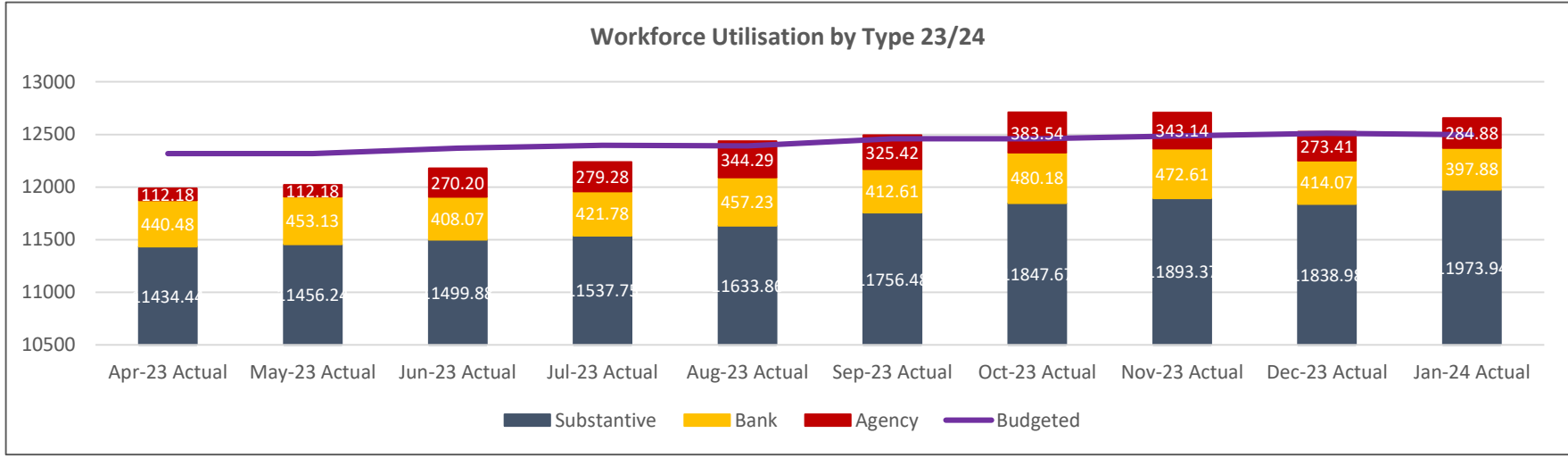
**Agency**

- By M10, an average monthly reduction of 11.82% in agency usage has been achieved YTD, relative to the March '23 baseline
- Whilst over plan this demonstrates an improved position on temporary workforce and cost control strategies taking effect

**Notes**

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

# Operational Plan 23/24



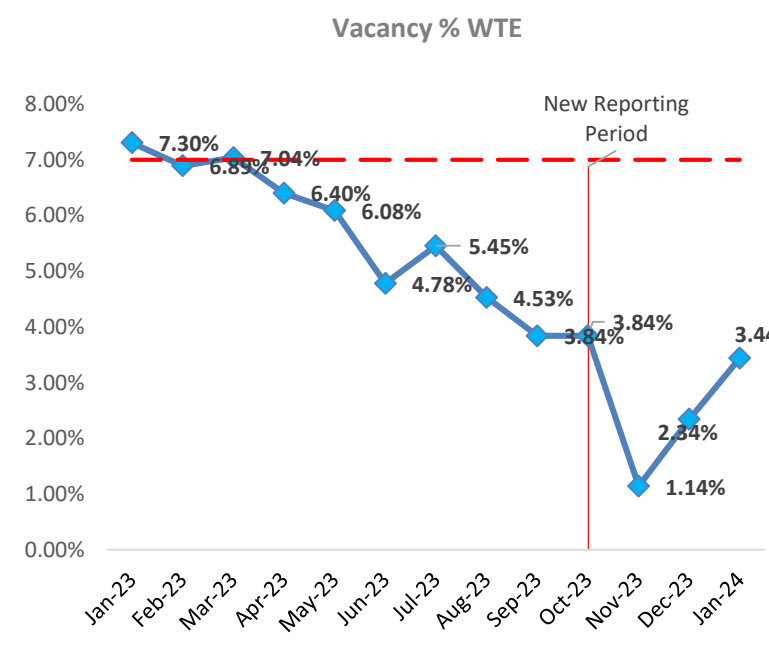
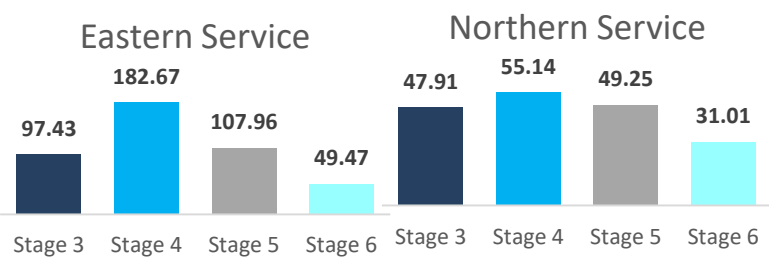
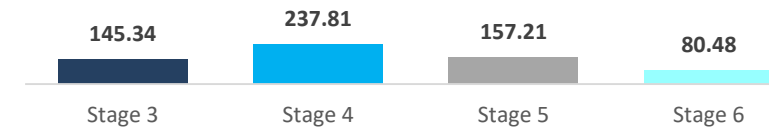
# Trust Recruitment Update

## Vacancy Data – Jan 2024

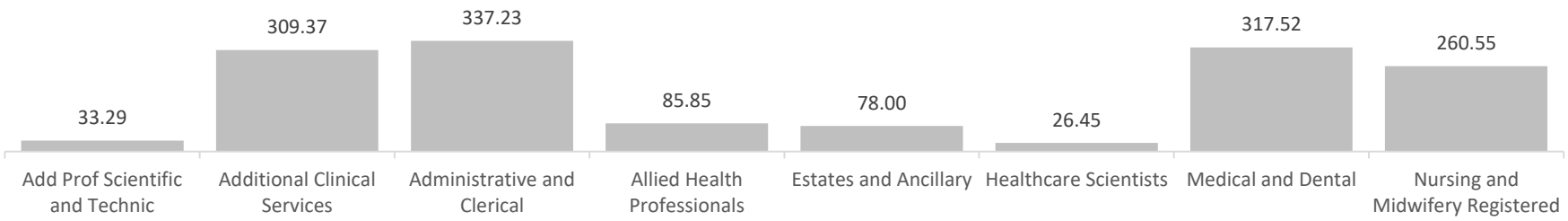
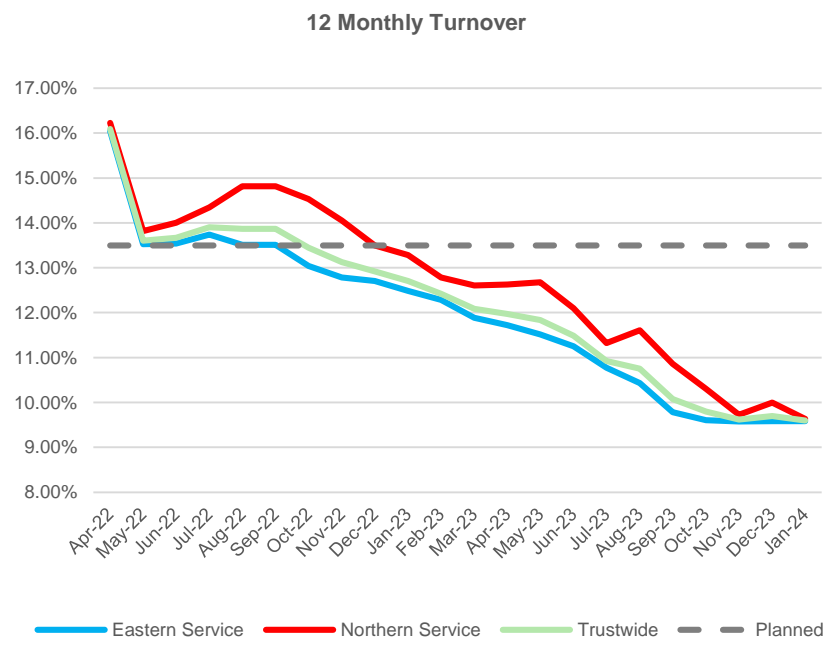
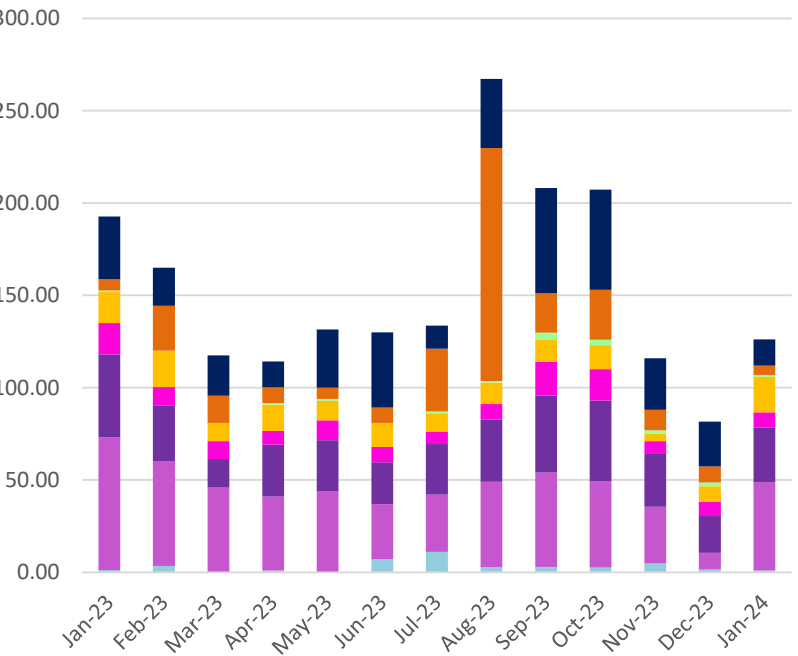
- The vacancy percentage has increased by over 1% in January 2024. This is partly due to the higher level of controls in place. It is also partly due to the ongoing reconciliation work to ensure that budgeted establishment and our HR system (ESR) are completely aligned, to enable sustainable reporting of workforce numbers, against financial and operating plans. This reconciliation alongside successful recruitment accounts for some of the reduction in percentage of vacancies.
- Vacancy Control** : 1026 Approval To Recruit (ATRs) have been reviewed at Exec chaired Vacancy Control Panel since the 30th November 2023 . Of which
  - 935 approved
  - 91 rejected or deferred
- Additional ICS panel step introduced end Jan with further guidance and restrictions on approvals
  - A total of 6 roles require ICS approval
  - 1 has been to ICS panel and approved
  - 1 pending outcome (panel next week)
  - 4 being prepped to be sent.

## Recruitment

- Average Time to hire (TTH) has increased in January from December's 77.3 days to 84.7 days. A review of the calculation method used against that in Model Hospital is being undertaken as there are different methods that can be used inclusive of the different stages within the full recruitment process. This will enable a benchmarked KPIs on key national metrics
- 53 NQNs (Newly Qualified Nurses) have been offered roles following a successful recruitment event with a further event already scheduled with 30 more interviews. The event will also cater for HCSWs. These new colleagues will join later in the year into budgeted, planned vacancies.
- 18 Domestic Assistants have been offered and more interviews are taking place. These will fill vacant posts which are currently covered by agency workers. Whilst these workers are not high- cost agency, this recruitment will reduce the percentage of our pay bill being covered by agency in line with operational plans and national direction.
- Actions are in train to convert regular agency workers onto fixed term or substantive contracts in non-clinical areas and onto Bank or FTC for clinical workers not wanting a permanent arrangement.



# Trust Turnover

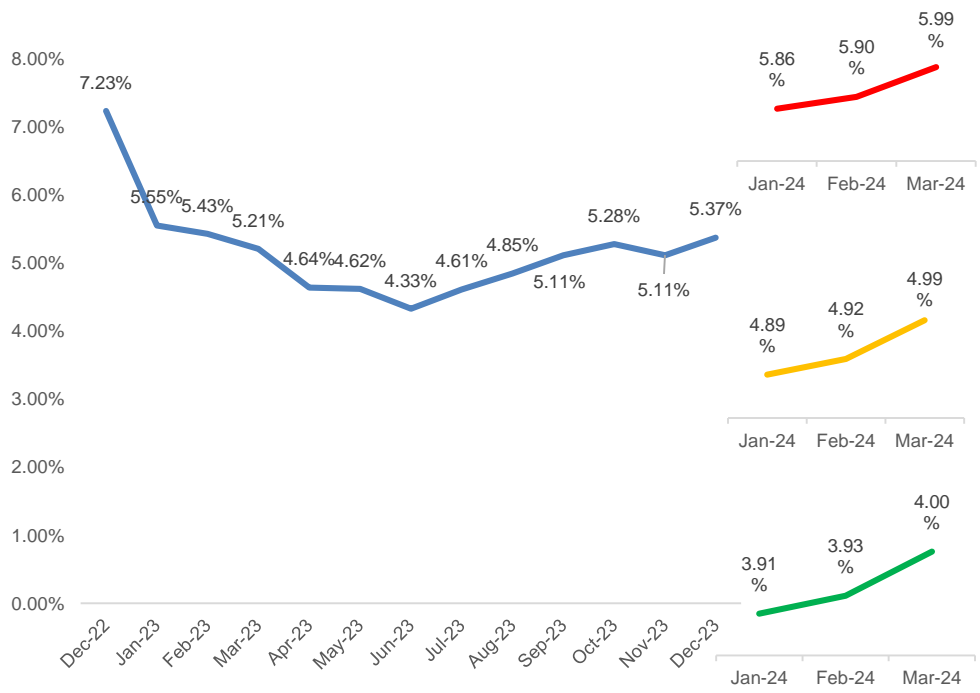
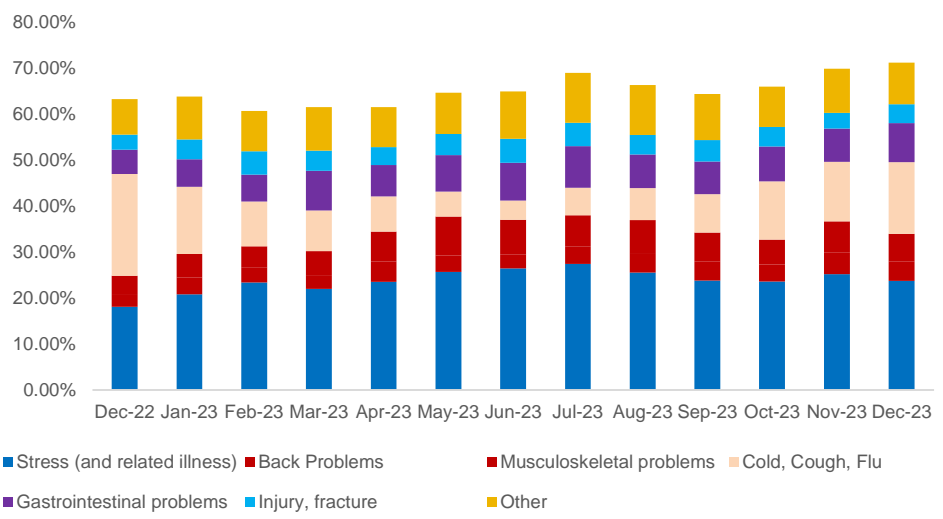


**Turnover (data as at end-Jan-2024)**

- Trust-wide turnover continues to improve standing at 9.60%, the lowest it has been for at least a year and a half, with an almost even trajectory across both East and North offering much more stability within our workforce numbers across all staff groups. The Trust is working hard to ensure training and on-site support is readily available along with career development and progression pathways.
- Note: A recent paper from NHSE indicates that Turnover should include Fixed Term contract in the total percentages. These staff are excluded in these figures and always have been as we only report on substantive staff for this data set. We will be looking to provide both figures moving forwards in order that the Trust still has visibility of true turnover vs where a contract has come to a natural end.

# Trust Sickness Absence

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

- The small increase seen in December was expected from the forecasting charts created in the dashboard. However, the current rate remains a lot lower than the critical forecasting calculated based on the averages of previous months and the same period the previous year.
- The main staff groups impacted negatively are:
  - Admin and Clerical and Students increasing just over 0.50%;
  - Nursing and Midwifery increasing by 0.46%;
  - Healthcare Scientists which has a 1.95% increase going from 2.90% to 4.85%.
- The main staff groups impacted positively are:
  - Add Prof Scientific and Technic seen a decrease of 0.90% dropping to 5.65%
  - Additional Clinical Services and Estates and Ancillary although are still the two highest sickness percentages sitting at 7.89% and 8.13% respectively. These continue to be far lower than same period last year where these sat at 10.67% and 11.21%.
- The financial impact equates to £2,016,194 from £1,861,398. In November
- The number of Trust-wide staff on 28+ Days Sickness still off at the end of December is 207 from 204 in November.
- The number of Trust-wide staff on maternity leave at the end of December is 272 people. Nursing and Midwifery and Additional Clinical Service are still the groups with the highest number of these sitting at 97 people in Nursing and 60 in ACS.
- Sickness cases with "S99 Unknown causes / Not specified" has decreased in December 2023 to 587 cases. This is a positive result of the work with teams to ensure reasons are recorded as much as possible.
- Staff vaccination numbers are: Flu = 51% and Covid = 41%

# Trust Overview of Survey Response Rates Q4 2023/24

	Q2 2021/22 People Pulse	Q3 2021/22 Staff Survey	Q4 2021/22 People Pulse	Q1 2022/23 People Pulse	Q2 2022/23 People Pulse	Q3 2022/23 Staff Survey	Q4 2022/23 People Pulse	Q1 2023/24 People Pulse	Q2 2023/24 People Pulse	Q3 2023/24 Staff Survey	Q4 2023/24 People Pulse
Date range	July 2021	Oct - Nov 2021	Jan - Feb 2022	April 2022	July 2022	Oct - Nov 2022	Jan - Feb 2023	April 2023	July 2023	Oct - Nov 2023	Jan - Feb 2024
Overall Response Rate	Not recorded (Pre integration)			10.5%	8.8% ↓	37%	7.6% ↓	10.8% ↑	11.6% ↑	35%	17% ↑

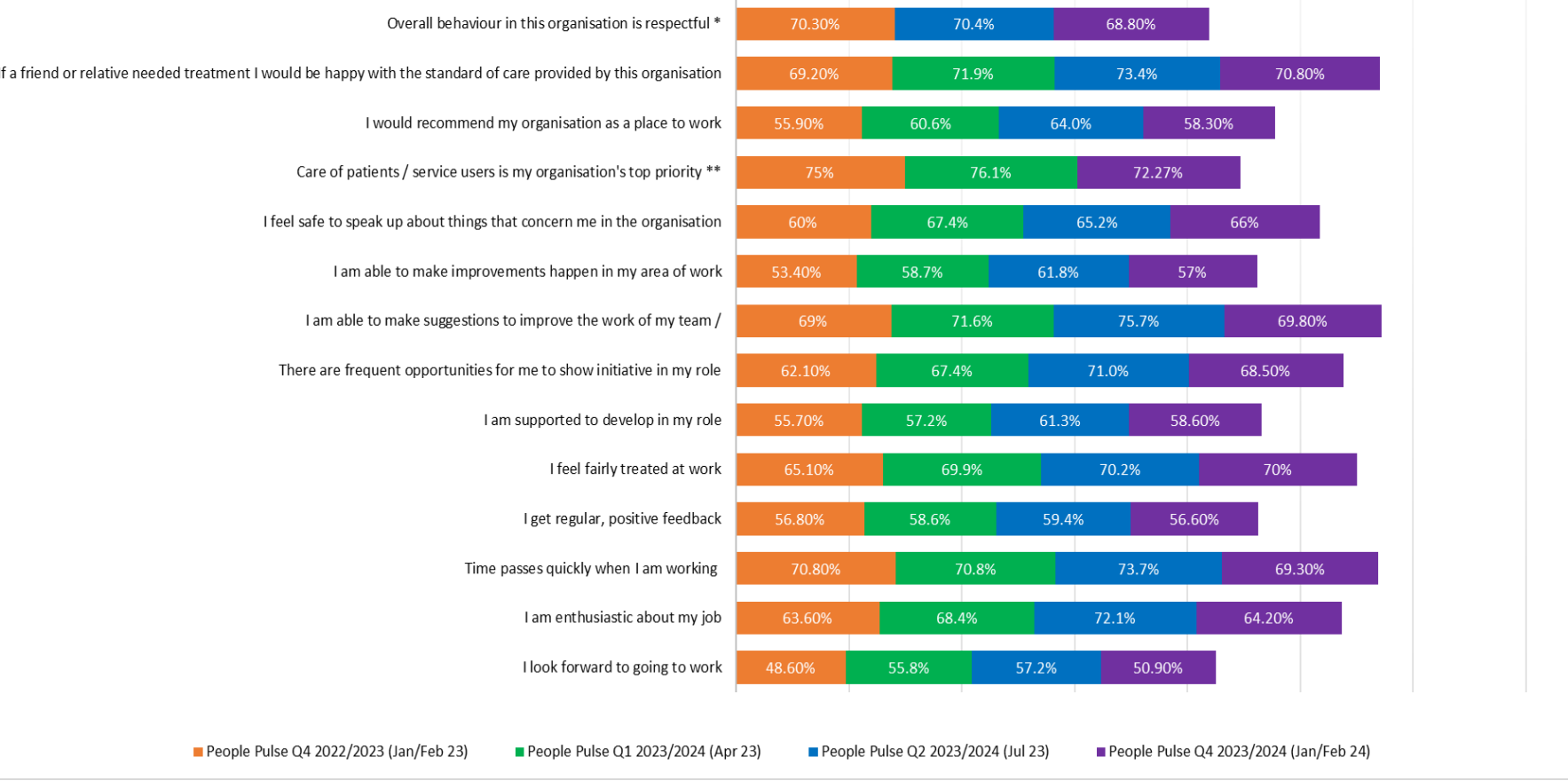
Quarter 4 (January-February 2024) has seen a significant increase in response rate within the Trust, increasing by 5.4% and continuing the last year's trend in increase in response rate. This is a 9.4% increase on the same time last year. It is worth noting that a response rate of 10% or more is deemed to be doing well.

In order to drive an increase in response rate there has been regular communication and promotion of the People pulse survey through 'you said we did' feedback to the organisation.

## Notes:

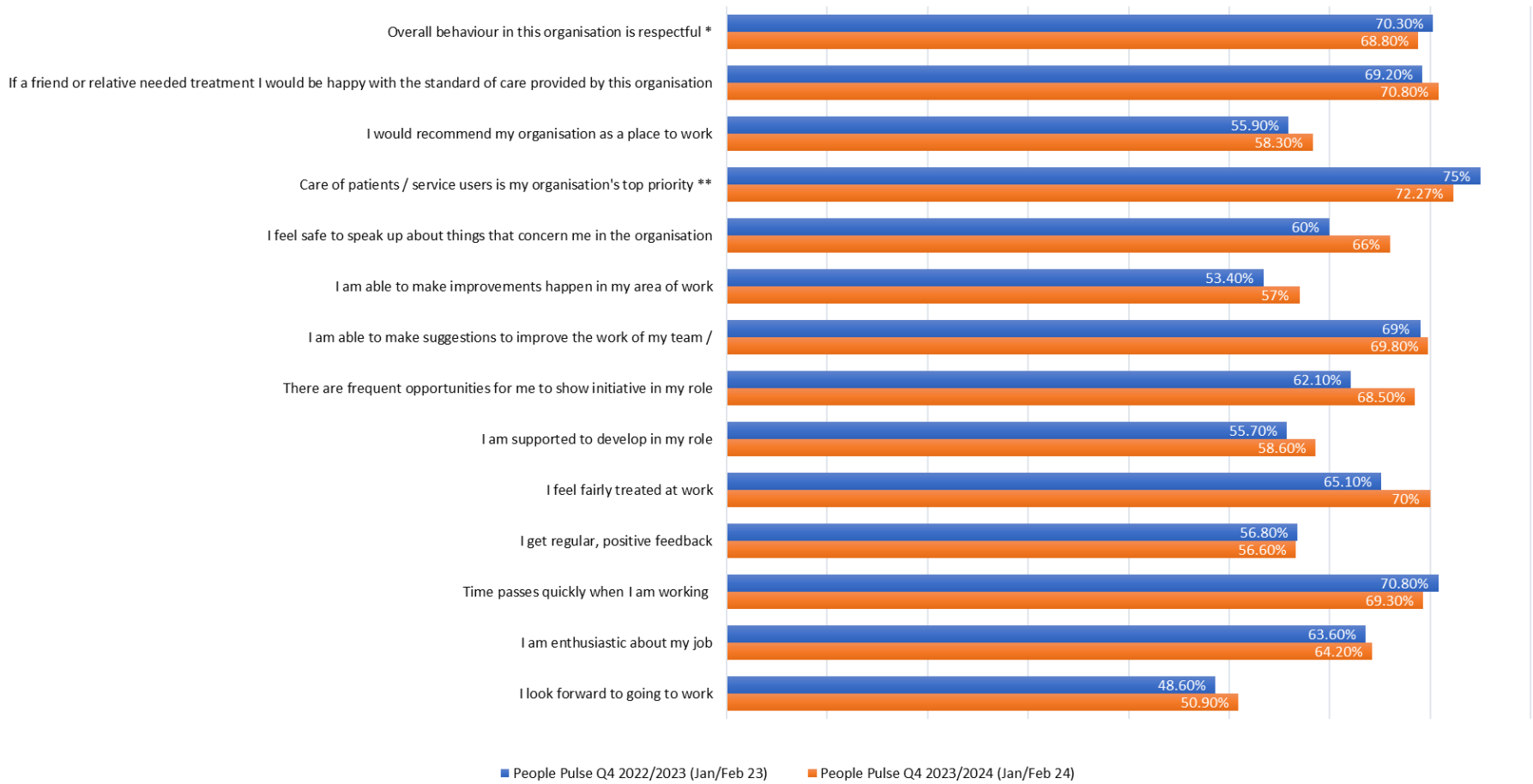
- People pulse includes honorary and locum staff and therefore is sent to a greater number of staff members, when compared to the annual staff survey.
- People pulse runs for a period of between 2 and 2.5 weeks, compared to 8 weeks for the annual staff survey

## People Pulse – quarterly comparisons



## People Pulse

### Jan/Feb Comparison Between 2023 and 2024





## People Pulse Q3/Q4 2023/24

Unfortunately all questions have seen a decrease in results since the previous quarter, with the exception of:

- I feel safe to speak up about things that concern me in the organisation (increased by 0.8%).

The previous quarter (Q2 July 2023) had seen an increase in all areas, with the exception of 'I feel safe to speak up about things that concern me in the organisation', when reviewing against the previous quarters results (Q1 April 23) with the exception of questions relating to morale and motivation, there is not a considerable change in responses.

Areas around morale and motivation have seen a significant downward trend. In particular these are;

- I look forward to going to work (decreased by 6.3%)
- I am enthusiastic about my job (decreased by 7.9%)
- I would recommend the Organisation as a place to work (decreased by 5.7%)

As our data set develops we are looking to see trend analysis and change in perception over time, alongside comparison with the morale and motivation questions of the Trust's National Staff Survey results.

## Jan/Feb Comparison between 2023 and 2024

Positively 10 of 14 questions have seen an improvement in score when comparing year on year.

The 4 questions which have seen a decrease in score are:

- Overall behaviour in this organisation is respectful
- Care of patients / service users is my organisation's top priority
- I get regular, positive feedback
- Time passes quickly when I am working

# Trust Summary Finance Position

## Financial Performance - key performance indicators

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Dec-23	This Month Jan-24	Narrative	Forecast Mar-24
Income and Expenditure	I&E Surplus / (Deficit) - Total	£'000	-36,722	-39,703	<p><b>Year to Date Financial Overview</b> At the end of month 10 the Trust is reporting a year to date deficit of £39.7m being £7.7m adverse to plan - this includes £1.0m adverse impact of Industrial Action in December and January and is off-set by additional income received to leave a net adverse variance.</p> <p>The material drivers of the adverse variance to plan can be summarised as follows: (£6.6m) see below (£2.9m) additional outsourcing and theatre ERF above plan (£1.5m) specialising of complex patients (£2.4m) unfunded pay award (£2.9m) supernumery costs of International Recruitment (£3.3m) under achievement of Delivering Best Value programme. £6.9m ERF over achievement of plan</p> <p><b>Financial Recovery Plan (FRP) Actions</b> The Financial Recovery Plan enacted from month 7 is well embedded with the Financial Recovery Board meeting fortnightly chaired by the CEO. Workstreams are embedded covering opportunities across income, pay (including enhanced vacancy control), non-pay and drugs. The FRP has delivered £18.0m of benefit to date against a trajectory of £17.7m - see FRP section below.</p> <p><b>Forecasting Outlook</b> Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have approved a revised deficit of £40.0m for month 9 reporting. At the time of these reviews Industrial Action was assumed to be over, though strikes in December and January can not be mitigated and adversely impacts the FOT by £1.0m as reflected above.</p> <p>Further IA has been announced at the end of February - national guidance is to estimate the impact on FOT as part of month 11 reporting.</p> <p>Neutral adjustment when calculating reported financial position.</p> <p>Increased usage to cover vacancies, sickness, strike support and specialising 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.</p> <p>Year to date agency usage is now within the cap and forecast to remain within the cap by yearend.</p> <p><b>DBV</b> Strong start to the year in terms of savings programme though slippage on recurrent delivery has been off set by non-recurrent over-delivery. The YTD plan assumed the material benefit of strategic system schemes in Q4 that have not materialised.</p> <p>DBV schemes variance to plan: £7.1m Income favourable £8.0m Pay adverse £2.4m Non pay adverse</p> <p><b>FOT</b> - £2.1m under delivery against internal programme, £13.6m under delivery against system schemes planned in Q4.</p> <p>FRP was implemented during month 8 and has delivered £18.0m of savings against the recovery plan profile. Slippage on income recovery originally expected in month 8 has now recovered and informing forecasts over the remainder of the year.</p> <p>The Forecast under delivery of £5.4m against the Financial Recovery Plan has been off-set by a corresponding increase in the £40m NHSE agreed forecast deficit.</p>	-41,042
	I&E Surplus / (Deficit) v budget	£'000	-6,861	-7,653		-13,007
	Income variance to budget - Total	£'000	22,503	29,587		40,222
	Income variance to budget - Total	%	2.97%	3.52%		4.00%
	Income variance to budget - Patient Care	£'000	13,449	18,040		22,808
	Income variance to budget - Operating income	£'000	9,054	11,547		17,414
	Pay variance to budget - Total	£'000	-16,904	-21,038		-25,492
	Pay variance to budget - Total	%	-3.43%	-3.86%		-3.92%
	Non Pay variance to budget	£'000	-13,786	-17,506		-27,094
	Non Pay variance to budget	%	-4.85%	-5.55%		-7.36%
	PDC, Interest Paid / Received variance to budget	£'000	697	719		1,215
	PDC, Interest Paid / Received variance to budget	%	7.02%	6.47%		8.99%
	Capital Donations variance to plan - technical reversal	£'000	629	585		-1,858
	Agency expenditure variance to Plan	£'000	-4,361	-4,301		-4,813
	Agency expenditure variance to agency limit	£'000	306	884		1,411
	Delivering Best Value Programme - Total Current Year achievement	£'000	31,091	36,255		44,600
Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	1,548	-3,302	-15,700		
Financial Recovery Action Plan - Total Current Year achievement	£'000	11,262	17,946	32,356		
Financial Recovery Plan Actions - Year to date/ Current Year variance to budget	£'000	-2,725	269	-5,421		

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# Trust Summary Finance Position

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Dec-23	This Month Jan-24	Narrative	Forecast Mar-24
Capital & Cash	Cash balance	£'000	4,790	3,034	(£30.2m) adverse impact of year to date financial position and movements in working capital; £16.7m favourable from slippage in the capital programme and net interest received; (£1.1m) adverse slippage on the receipt of capital PDC compared to plan; (£2.7m) adverse opening cash position lower than plan.	8,369
	Cash variance to budget - above / (below)	£'000	-17,922	-17,305	Cash balance is now at minimum levels and a successful application has been made to NHSE for £16.0m support in quarter 4. The PDC element of the capital programme will be funded by future cash receipts that have not yet been drawdown.	-6,125
	Better Payment Practice v 95% cumulative target - volume	%	73%	72%	Continued improvement in cumulative value of invoices paid within target to month 9; month 10 performance impacted by the timing of notification of in-month cash support.	76%
	Better Payment Practice v 95% cumulative target - value	%	81%	78%	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.	82%
	Capital Expenditure variance to plan - Total above / (below)	£'000	-25,483	-28,743	Capital expenditure to M10 was £29.6m being £28.7m less than assumed in plan. Of the variance, £9.9m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £18.8m behind plan but £27.1m 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 £73.6m fully utilises the CDEL and PDC allocations forecast in 2023/24 and continues to reflect the lease forecast reduction of £2.8m against plan.	489
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-3,476	-6,402	YTD - Slippage on commencing schemes with expectation to recover supported by the value of orders placed.  FOT - Donated income is a neutral adjustment when calculating reported financial position.	1,922
	Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-22,008	-22,341	Slippage on commencing schemes with expectation to recover supported by the value of orders placed. The PDC element of the capital programme will be funded by future cash receipts that have not yet been drawdown.  <b>YTD material schemes</b> £9.9m lease profiling (IFRS16) £7.5m Endoscopy capacity (PDC element) £0.7m Cardiology Day case Unit (PDC element) £3.2m Community Diagnostics (PDC element)  FOT Net adjustment in PDC and leasing fully utilises the 2323/24 allocations.	-1,433

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

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

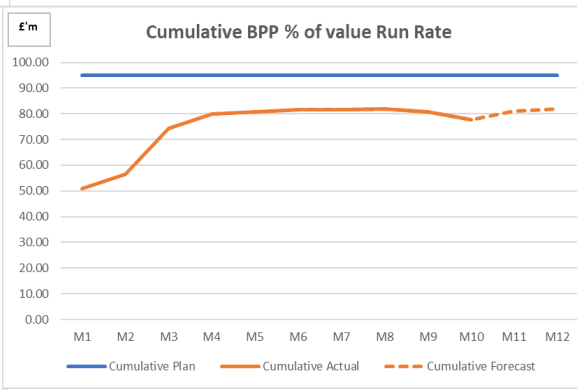
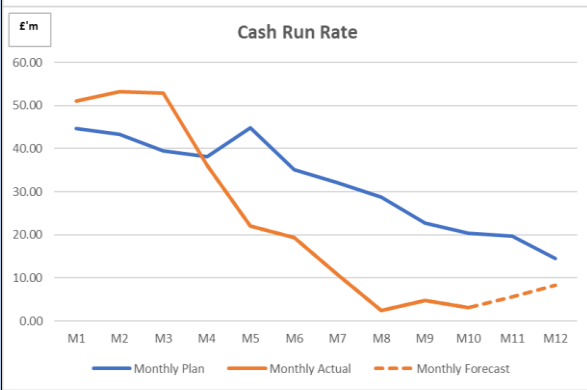
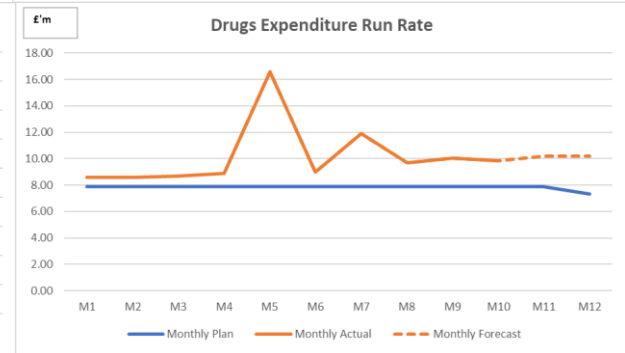
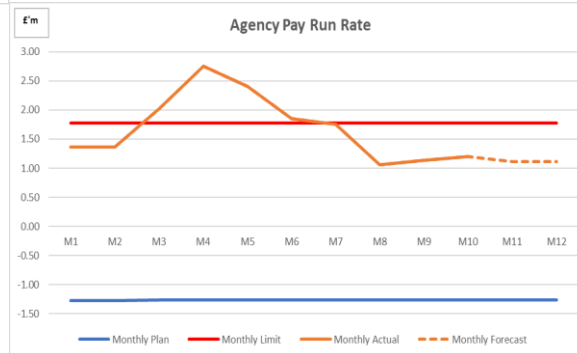
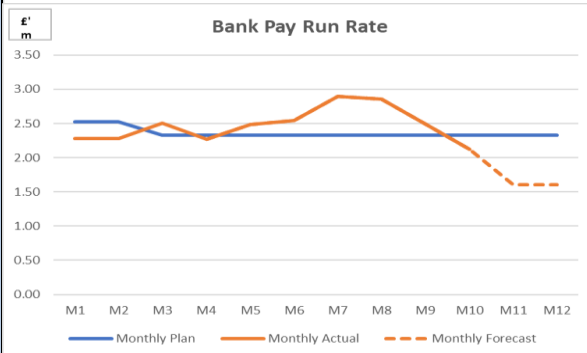
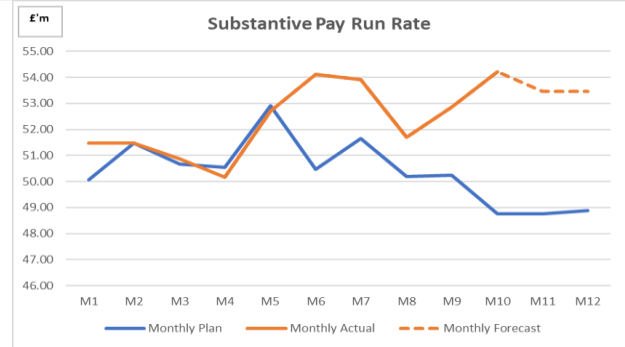
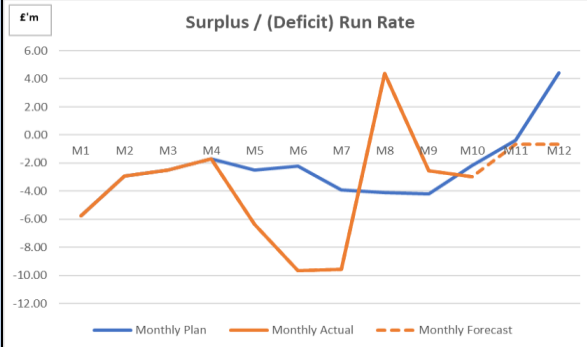
Our People

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# Trust Financial Tables

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## Royal Devon University Healthcare NHS Foundation Trust Charts Period ending 31/01/2024 Month 10



**Income and Expenditure**  
Call to action focusing on exec level work streams to target run rate improvement across all domains to bring the run rate back towards planned levels. Run rate charts for months 11-12 reflect the run rates required to deliver the revised £40m FOT deficit.

**BPP**  
Continued improvement in cumulative value of invoices paid within target to month 9; month 10 performance impacted by the timing of notification of in-month cash support.  
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.  
All endeavours will be targeted to minimise the impact on suppliers and cash flow forecasts have taken into account maintaining BPP performance over Q4. Recovery is likely to be **82% cumulatively** by year end against the 85% aspiration.

Royal Devon University Healthcare NHS Foundation Trust  Income Statement Period ending 31/01/2024 Month 10	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
<b>Income</b>						
Patient Care Income	745,344	763,384	18,040	890,984	913,792	22,808
Operating Income	94,457	106,004	11,547	113,438	130,852	17,414
<b>Total Income</b>	<b>839,801</b>	<b>869,388</b>	<b>29,587</b>	<b>1,004,422</b>	<b>1,044,644</b>	<b>40,222</b>
Employee Benefits Expenses	(545,283)	(566,321)	(21,038)	(650,509)	(676,001)	(25,492)
Services Received	(29,967)	(23,703)	6,264	(35,963)	(26,944)	9,019
Clinical Supplies	(75,156)	(70,788)	4,368	(90,000)	(83,946)	6,054
Non-Clinical Supplies	(13,518)	(14,073)	(555)	(15,428)	(16,456)	(1,028)
Drugs	(78,978)	(101,761)	(22,783)	(94,212)	(122,113)	(27,901)
Establishment	(12,031)	(13,972)	(1,941)	(13,141)	(16,266)	(3,125)
Premises	(21,522)	(22,600)	(1,078)	(25,538)	(27,120)	(1,582)
Depreciation & Amortisation	(34,767)	(34,606)	161	(42,010)	(42,010)	0
Impairments (reverse below the line)	0	0	0	0	0	0
Clinical Negligence	(26,520)	(22,100)	4,420	(26,520)	(25,545)	975
Research & Development	(8,155)	(15,499)	(7,344)	(9,012)	(18,599)	(9,587)
Operating lease expenditure	(1,527)	(1,871)	(344)	(1,690)	(2,245)	(555)
Other Operating Expenses	(13,334)	(12,008)	1,326	(14,847)	(14,211)	636
<b>Total Costs</b>	<b>(860,758)</b>	<b>(899,302)</b>	<b>(38,544)</b>	<b>(1,018,870)</b>	<b>(1,071,456)</b>	<b>(52,586)</b>
<b>EBITDA</b>	<b>(20,957)</b>	<b>(29,914)</b>	<b>(8,957)</b>	<b>(14,448)</b>	<b>(26,812)</b>	<b>(12,364)</b>
Profit / (Loss) on asset disposals	0		0	0		0
Interest Receivable	1,375	2,403	1,028	1,431	2,865	1,434
Interest Payable	(2,223)	(2,532)	(309)	(2,642)	(2,861)	(219)
PDC	(10,260)	(10,260)	0	(12,308)	(12,308)	0
<b>Net Surplus / (Deficit)</b>	<b>(32,065)</b>	<b>(40,303)</b>	<b>(8,238)</b>	<b>(27,967)</b>	<b>(39,116)</b>	<b>(11,149)</b>
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	15	600	585	(68)	(1,926)	(1,858)
<b>Net Surplus/(Deficit) after donated asset &amp; PSF/MRET Income</b>	<b>(32,050)</b>	<b>(39,703)</b>	<b>(7,653)</b>	<b>(28,035)</b>	<b>(41,042)</b>	<b>(13,007)</b>

## KEY MOVEMENTS AGAINST BUDGET

### Year to Date Financial Overview

At the end of month 10 the Trust is reporting a year to date deficit of £39.7m being £7.7m adverse to plan - this includes £1.0m adverse impact of Industrial Action in December and January and is off-set by additional income received to leave a net adverse variance.

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

- (£6.6m) drugs
- (£2.9m) additional outsourcing and theatre ERF above plan
- (£1.5m) specialising of complex patients
- (£2.4m) unfunded pay award
- (£2.9m) supernumery costs of International Recruitment
- (£3.3m) under achievement of Delivering Best Value programme.
- £6.9m ERF over achievement of plan

### Forecasting Outturn

Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have approved a revised deficit of £40.0m for month 9 reporting. At the time of these reviews Industrial Action was assumed to be over, though strikes in December and January can not be mitigated and adversely impacts the FOT by £1.0m as reflected above.

Royal Devon University Healthcare NHS Foundation Trust				Year to Date			Outturn			Prior Year	
Statement of Financial Position				Plan	Actual	Actual Variance Over / (Under)	Plan	Actual	Actual Variance Over / (Under)	Mar-23	Actual YTD Movement Incr. / (Dec.)
Period ending 31/01/2024				£000	£000	£000	£000	£000	£000	£000	£000
Month 10											
<b>Non-current assets</b>											
Intangible assets	53,997	52,247	(1,750)	1	53,333	52,879	(454)		58,621	(6,374)	
Other property, plant and equipment (excludes leases)	441,626	423,410	(18,216)		451,271	453,988	2,717		421,298	2,112	
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	62,611	53,843	(8,768)	2	61,184	59,287	(1,897)		54,580	(737)	
Other investments / financial assets	5	5	0		5	5	0		5	0	
Receivables	2,726	2,386	(340)	2	2,726	2,343	(383)		3,303	(917)	
Credit Loss Allowances	0	(338)	(338)	2	0	(301)	(301)		(228)		
<b>Total non-current assets</b>	<b>560,965</b>	<b>531,553</b>	<b>(29,412)</b>		<b>568,519</b>	<b>568,201</b>	<b>(318)</b>		<b>537,579</b>	<b>(5,916)</b>	
<b>Current assets</b>											
Inventories	13,550	15,459	1,909	2	13,550	16,001	2,451		15,624	(165)	
Receivables: due from NHS and DHSC group bodies	17,810	31,007	13,197	2	17,810	27,810	10,000		39,891	(8,884)	
Receivables: due from non-NHS/DHSC group bodies	16,000	32,525	16,525	2	16,000	32,969	16,969		21,090	11,435	
Credit Loss Allowances	0	(846)	(846)	2	0	(827)	(827)		(796)	(50)	
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0		0	0	
Cash	20,339	3,034	(17,305)		14,494	8,369	(6,125)		46,033	(42,999)	
<b>Total current assets</b>	<b>67,699</b>	<b>81,179</b>	<b>13,480</b>		<b>61,854</b>	<b>84,322</b>	<b>22,468</b>		<b>121,842</b>	<b>(40,663)</b>	
<b>Current liabilities</b>											
Trade and other payables: capital	(11,000)	(3,973)	7,027	2	(11,000)	(11,000)	0		(6,615)	2,642	
Trade and other payables: non-capital	(79,850)	(83,600)	(3,750)	2	(79,850)	(87,888)	(8,038)		(96,708)	13,108	
Borrowings	(14,683)	(20,272)	(5,589)	2	(15,000)	(18,609)	(3,609)	3	(16,676)	(3,596)	
Provisions	(200)	(282)	(82)	2	(200)	(295)	(95)		(295)	13	
Other liabilities: deferred income including contract liabilities	(14,603)	(15,065)	(462)		(10,500)	(15,416)	(4,916)		(17,892)	2,827	
<b>Total current liabilities</b>	<b>(120,336)</b>	<b>(123,192)</b>	<b>(2,856)</b>		<b>(116,550)</b>	<b>(133,208)</b>	<b>(16,658)</b>		<b>(138,186)</b>	<b>14,994</b>	
<b>Total assets less current liabilities</b>	<b>508,328</b>	<b>489,540</b>	<b>(18,788)</b>		<b>513,823</b>	<b>519,315</b>	<b>5,492</b>		<b>521,235</b>	<b>(31,585)</b>	
<b>Non-current liabilities</b>											
Borrowings	(107,409)	(93,399)	14,010	1	(102,440)	(96,785)	5,655	3	(102,694)	9,295	
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	
<b>Total non-current liabilities</b>	<b>(108,379)</b>	<b>(94,663)</b>	<b>13,716</b>		<b>(103,410)</b>	<b>(98,061)</b>	<b>5,349</b>		<b>(103,970)</b>	<b>9,307</b>	
<b>Total net assets employed</b>	<b>399,949</b>	<b>394,877</b>	<b>(5,072)</b>		<b>410,413</b>	<b>421,254</b>	<b>10,841</b>		<b>417,265</b>	<b>(22,278)</b>	
<b>Financed by</b>											
Public dividend capital	376,278	379,520	3,242	2	382,645	404,709	22,064	4	361,604	17,916	
Revaluation reserve	63,956	50,515	(13,441)	2	63,956	50,515	(13,441)		52,385	(1,870)	
Income and expenditure reserve	(40,285)	(35,158)	5,127	2	(36,188)	(33,970)	2,218		3,277	(38,435)	
<b>Total taxpayers' and others' equity</b>	<b>399,949</b>	<b>394,877</b>	<b>(5,072)</b>		<b>410,413</b>	<b>421,254</b>	<b>10,841</b>		<b>417,266</b>	<b>(22,389)</b>	

**KEY MOVEMENTS**

- Slippage on capital programme forecast to recover by year end
- 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.
- Borrowings reflects the forecast reduction in leases together with changes in classification between current and non-current.
- The PDC increase includes capital PDC and Revenue PDC support to be received in quarter 4.

Royal Devon University Healthcare NHS Foundation Trust Cash Flow Statement	Year to Date			Outturn		
	Plan	Actual	Actual Variance Fav. / (Adv.)	Plan	Actual	Actual Variance Fav. / (Adv.)
	£000	£000	£000	£000	£000	£000
Period ending 31/01/2024						
Month 10						
<b>Cash flows from operating activities</b>						
<b>Operating surplus/(deficit)</b>	(20,957)	(29,914)	(8,957)	(14,448)	(26,812)	(12,364)
Non-cash income and expense:						
Depreciation and amortisation	34,767	34,606	(161)	42,010	42,010	0
Impairments and reversals	0	0	0	0	0	0
Income recognised in respect of capital donations (cash and non-cash)	(629)	(44)	585	(842)	(2,700)	(1,858)
(Increase)/decrease in receivables	0	(1,526)	(1,526)	0	1,214	1,214
(Increase)/decrease in inventories	0	165	165	0	(377)	(377)
Increase/(decrease) in trade and other payables	220	(17,215)	(17,435)	222	(8,820)	(9,042)
Increase/(decrease) in other liabilities	0	(2,827)	(2,827)	0	(2,476)	(2,476)
Increase/(decrease) in provisions	0	(25)	(25)	0	0	0
<b>Net cash generated from / (used in) operations</b>	<b>13,401</b>	<b>(16,780)</b>	<b>(30,181)</b>	<b>26,942</b>	<b>2,039</b>	<b>(24,903)</b>
<b>Cash flows from investing activities</b>						
Interest received	1,375	2,403	1,028	1,431	2,865	1,434
Purchase of intangible assets	(2,200)	(963)	1,237	(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(40,663)	(25,687)	14,976	(54,660)	(53,598)	1,062
Proceeds from sales of property, plant and equipment and investment property	0	0	0	0	0	0
Receipt of cash donations to purchase capital assets	629	44	(585)	842	2,700	1,858
<b>Net cash generated from/(used in) investing activities</b>	<b>(40,859)</b>	<b>(24,203)</b>	<b>16,656</b>	<b>(55,387)</b>	<b>(51,033)</b>	<b>4,354</b>
<b>Cash flows from financing activities</b>						
Public dividend capital received	19,376	17,916	(1,460)	25,743	43,105	17,362
Loans from Department of Health and Social Care - repaid	(635)	(635)	0	(1,270)	(1,270)	0
Other loans received	0	0	0	0	0	0
Other loans repaid	(3,769)	(3,769)	0	(5,174)	(5,174)	0
Other capital receipts	0	0	0	0	0	0
Capital element of finance lease rental payments	(6,361)	(5,886)	475	(8,828)	(8,878)	(50)
Interest paid	(3,414)	(2,826)	588	(3,978)	(3,397)	581
Interest element of finance lease	0	(714)	(714)	0	(800)	(800)
PDC dividend (paid)/refunded	(6,154)	(6,102)	52	(12,308)	(12,256)	52
<b>Net cash generated from/(used in) financing activities</b>	<b>(957)</b>	<b>(2,016)</b>	<b>(1,059)</b>	<b>(5,815)</b>	<b>11,330</b>	<b>17,145</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>(28,415)</b>	<b>(42,999)</b>	<b>(14,584)</b>	<b>(34,260)</b>	<b>(37,664)</b>	<b>(3,404)</b>
<b>Cash and cash equivalents at start of period</b>	<b>48,754</b>	<b>46,033</b>	<b>(2,721)</b>	<b>48,754</b>	<b>46,033</b>	<b>(2,721)</b>
<b>Cash and cash equivalents at end of period</b>	<b>20,339</b>	<b>3,034</b>	<b>(17,305)</b>	<b>14,494</b>	<b>8,369</b>	<b>(6,125)</b>

**KEY MOVEMENTS**

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

**Royal Devon University Healthcare NHS Foundation Trust**  
**Capital Expenditure**  
**Period ending 31/01/2024**  
**Month 10**

Scheme
<b>Capital Funding:</b>
Internally funded
PDC
Donations/Grants
IFRS 16
<b>Total Capital Funding</b>
<b>Expenditure:</b>
Equipment
Estates Backlog/EIP
Estates Developments
Digital
Our Future Hospital
ED
Cardiology Day Case
CDC Nightingale
Endoscopy
Diagnostics - Northern Schemes
Digital Capability Programme
Other
Unallocated
<b>Total Capital Expenditure</b>
<b>Under/(Over) Spend</b>

Year to Date			
Plan £'000	Actual £'000	Variance slippage / (higher) £'000	Open Orders £'000
22,861	15,560	7,301	
19,376	6,920	12,456	
629	1,528	(899)	
15,488	5,603	9,885	
<b>58,354</b>	<b>29,611</b>	<b>28,743</b>	
13,198	4,564	8,634	4,374
5,436	3,452	1,984	4,541
8,653	6,350	2,302	2,865
3,039	4,061	(1,022)	1,895
0	770	(770)	134
4,521	2,373	2,147	4,893
6,245	5,229	1,016	3,762
3,667	425	3,242	3,728
9,581	214	9,367	718
1,266	0	1,266	0
749	282	466	3
0	1,890	(1,890)	222
2,000	0	2,000	0
<b>58,354</b>	<b>29,611</b>	<b>28,742</b>	<b>27,135</b>
<b>0</b>	<b>0</b>	<b>0</b>	

Full Year Forecast		
Plan £'000	Actual £'000	Variance slippage / (higher) £'000
31,074	31,191	(117)
25,743	27,145	(1,402)
842	2,647	(1,805)
15,488	12,653	2,835
<b>73,147</b>	<b>73,636</b>	<b>(489)</b>
15,528	11,175	4,353
7,371	6,518	853
10,047	8,879	1,168
4,162	8,141	(3,979)
0	2,941	(2,941)
6,165	4,000	2,165
7,432	7,439	(7)
4,400	4,416	(16)
11,122	13,014	(1,892)
3,797	0	3,797
1,123	1,953	(830)
0	2,687	(2,687)
2,000	2,473	(473)
<b>73,147</b>	<b>73,636</b>	<b>(489)</b>
<b>0</b>	<b>0</b>	<b>0</b>

Capital expenditure to M10 was £29.6m being £28.7m less than assumed in plan. Of the variance, £9.9m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £18.8m behind plan but £27.1m 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 £73.6m fully utilises the CDEL and PDC allocations forecast in 2023/24 and continues to reflect the lease forecast reduction of £2.8m against plan.

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



**Royal Devon University Healthcare NHS Foundation Trust**  
**Delivering Best value**  
**Period ending 31/01/2024**  
**Month 10**

Delivering Best Value Finance Report Month 10		RAG	Plan £000s	Year to Date Actuals £000s	Variance £000s	Plan £000s	Forecast Delivery £000s	Variance £000s	Narrative
Internal Recurrent DBV									
Clinical Activity	Clinical Productivity - Activity		9,956	9,956	0	13,100	13,100	0	
	Data quality, coding & capture		4,167	4,167	0	5,000	5,000	0	
Corporate Services	Corporate Services - Integration		1,498	691	-807	2,000	900	-1,100	
Other Income Opportunities	Overseas visitor income		156	167	11	200	200	0	
	Other Trustwide Income		0	0	0	0	0	0	
Estate Review	Leased Estate DBV		0	419	419	200	523	323	
Workforce	Temporary Workforce		4,268	1,471	-2,797	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		333	0	-333	500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		4,134	847	-3,287	3,101	1,030	-2,071	Detailed review of opportunities presented to DBV Governance process, eastern admin delivery £239k below expectation.
	Epic Optimisation - Digital		680	367	-313	2,699	439	-2,260	Detailed review of opportunities presented to DBV Governance process, £396k adverse variance to expected delivery due to east healthcare records MOC delayed
Procurement	Procurement		417	106	-311	500	260	-240	
Pharmacy	Medicines		250	1,328	1,078	300	1,728	1,428	Over delivery to be recognised against system strategic program
Transformation	Transformation		133	0	-133	400	0	-400	
Covid	Covid Costs		2,167	2,167	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		1,667	1,667	0	2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	276	276	0	340	340	
<b>Total Recurrent DBV</b>			<b>29,826</b>	<b>23,629</b>	<b>-6,197</b>	<b>37,800</b>	<b>29,591</b>	<b>-8,209</b>	
Internal Non recurrent DBV									
Corporate Services	Corporate Services - Integration		2	422	420	0	971	971	
Other Income Opportunities	Other Trustwide Income		0	2,438	2,438	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		133	889	756	0	889	889	Non recurrent NHS Property Services & rates adjustment
Workforce	Non clinical vacancy controls		833	833	0	1,000	1,000	0	
Epic	Epic Optimisation		0	44	44	0	44	44	
Procurement	Procurement		0	93	93	0	98	98	
Pharmacy	Medicines		0	361	361	0	361	361	Over delivery to be recognised against system strategic program
Transformation	Transformation		0	25	25	0	450	450	NR slippage against transformation budget & Genomics analysed year benefit
	NR Balance Sheet		1,500	7,110	5,610	4,500	7,330	2,830	Detailed review of accruals and deferred income
Finance Adjustments	Capital charges review		0	0	0	400	400	0	
	Funding arrangements for transfer of care		417	0	-417	500	0	-500	
Other Divisional DBV	Other Divisional DBV		0	337	337	0	343	343	Various divisional delivery
<b>Total Non-Recurrent DBV</b>			<b>2,885</b>	<b>12,553</b>	<b>9,668</b>	<b>6,900</b>	<b>14,786</b>	<b>7,886</b>	
System Double Count				-1,439			-1,789		
<b>Total Internal DBV</b>			<b>32,711</b>	<b>34,743</b>	<b>2,032</b>	<b>44,700</b>	<b>42,588</b>	<b>-2,112</b>	

- Year to date position showing plan £32.7m and achievement of £34.7m (£2.0m favourable). M9 £2.8m favourable variance.
- Full year position showing a shortfall of £2.1m 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).

**Royal Devon University Healthcare NHS Foundation Trust**  
**System Savings**  
**Period ending 31/01/2024**  
**Month 10**

Delivering Best Value Finance Report Month 10		RAG	Plan £000s	Year to Date Actuals £000s	Variance £000s	Plan £000s	Forecast Delivery £000s	Variance £000s	Narrative
System Strategic DBV									
Clinical Support	High Cost Drugs & Devices/Pharmacy		567	1,439	872	1,700	1,789	89	
Clinical Support	Imaging		283	0	-283	850	0	-850	
Clinical Support	Pathology		283	0	-283	850	0	-850	
Corporate Services	Corporate Services		757	0	-757	1,100	0	-1,100	
Estates	Estates		253	74	-179	800	223	-577	
People Services	Workforce		819	0	-819	1,600	0	-1,600	
New Models of Care	New Models of Care		1,351	0	-1,351	4,000	0	-4,000	
Procurement	Procurement		1,983	0	-1,983	3,000	0	-3,000	
Digital	Digital		554	0	-554	1,700	0	-1,700	
Technical	Technical		-4	0	4	0	0	0	
	Adjustment to plan			0	0	0	0	0	
	<b>Total System DBV</b>		<b>6,846</b>	<b>1,513</b>	<b>-5,333</b>	<b>15,600</b>	<b>2,012</b>	<b>-13,588</b>	
	<b>Total DBV Delivery</b>		<b>39,557</b>	<b>36,255</b>	<b>-3,302</b>	<b>60,300</b>	<b>44,600</b>	<b>-15,700</b>	

- £2.0m of forecast strategic DBV being reported by ICB & verified through route to cash meetings, RDUH led DBV reduced by £1.8m to reflect pharmacy double count.
- Overall DBV programme showing under delivery of £3.3m year to date due to planned phasing of System Strategic schemes forecast at £15.7m under delivery at year end.

Royal Devon University Healthcare NHS Foundation Trust  
 Financial Recovery Plan Savings  
 Period ending 31/01/2024  
 Month 10

Financial Recovery Plan Report Month 10		Recovery Plan £'000	Actual £'000	Variance	Recovery Plan £'000	Actual £'000	Variance	Narrative
ERF and Data Capture	Income Workstream	4,587	5,507	920	9,349	9,349	0	Slippage on income recovery improved in month 10 and projected to recover over the remainder of the year.
System Support	Income Workstream	0	0	0	4,420	0	-4,420	Reflected in updated FOT
Additional pay award funding	Income Workstream	1,246	1,246	0	1,495	1,495	0	
Early Supported Discharge	Income Workstream	250	0	-250	300	300	0	
Specialing Out of Area	Income Workstream	365	365	0	500	500	0	
Additional income from facilities	Income Workstream	200	95	-105	600	495	-105	
Pay controls	Pay Workstream	2,807	2,807	0	5,052	5,052	0	
Non Pay controls	Non Pay Workstream	6,932	6,176	-756	9,842	9,842	0	
Drugs	Drugs Workstream	987	1,490	503	1,500	2,003	503	
Other	Other	303	260	-43	4,720	3,320	-1,400	£1,011k Reflected in updated FOT
<b>Total</b>		<b>17,677</b>	<b>17,946</b>	<b>269</b>	<b>37,778</b>	<b>32,356</b>	<b>-5,421</b>	

Agenda item:	11.1, Public Board Meeting	Date: 28 February 2024		
Title:	Gender, Ethnicity and Disability Pay Gap Reporting			
Prepared by:	Laura Beggs, Inclusion Analyst Sharifa Hashem, Inclusion Lead Alex Tait, Executive Support Manager			
Presented by:	Hannah Foster, Chief People Officer			
Responsible Executive:	Hannah Foster, Chief People Officer			
Summary:	This paper contains the gender pay gap reports for the Trust, accounting for the period ending March 2023. This report is a legal requirement for any organisation with 250 or more employees. Additionally, pay gap reports for ethnicity and disability have been produced for the first time this year.			
Actions required:	To approve the gender, ethnicity and disability pay gap reports for publishing on the public website.			
Status (x):	Decision	Approval	Discussion	Information
		X		
History:	This paper has been discussed and scrutinised at both the People, Workforce Planning and Wellbeing Committee and Governance Committee, before being presented to Board for final approval.			
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its great place to work strategic objective and is also fully in line with the Trust values. This report is also required in order to fulfil the Trusts legal obligations.			

## Monitoring Information

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

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

## 1. Purpose of paper

The purpose of this paper is to present pay gap reporting for the Trust. This includes gender pay gap reporting, which organisations with 250 or more employees are required to publish. This element of the report fulfils the Trusts legal obligation to produce and comment upon the required data regarding our gender pay gap.

For the first time this year reports have also been produced to illustrate the ethnicity and disability pay gap. Unlike gender pay gap reporting, there is no requirement to report on or submit ethnicity or disability pay gap data under the Equality Act (2010); however, the board felt that it was important to see this data.

Data from all three pay gap reports is based on a snapshot taken on the 31 March 2023. The Gender pay gap report must be submitted into the national system by 4 April 2024.

## 2. Background

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

Due to the merge of Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust on the 1 April 2022, the 2023 comparison data is a result of a merged report of the two Trusts and has not been published or reported elsewhere.

The Trust must both:

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

There is no requirement to report on or submit ethnicity or disability pay gap data; however, it is intended that these be published on the Royal Devon website along with the gender pay gap reports for greater transparency around our inclusion agenda.

The reports have been scrutinised at both the People, Workforce Planning and Wellbeing Committee and Governance Committee prior to being presented to the Board.

## 3. Analysis

The full analysis of the pay gaps can be found within the full reports along with appropriate recommendations and learning from the data.

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

All statutory reporting is available to the general public through our website; therefore, satisfactory progress against our action plans will be essential to ensure improved equity for our staff. This will also ensure that any reputational damage is avoided.

## 5. Link to BAF/Key risks

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

## 6. Proposals

It is proposed that the gender, ethnicity and disability pay gap reports are reviewed and accepted by the Board as an accurate record of pay gap reporting for the 12-month period up to 31 March 2023 prior to publishing.



**Royal Devon  
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NHS Foundation Trust

Royal Devon University Healthcare NHS  
Foundation Trust

Gender Pay Gap Report  
(March 2024)

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## 1. INTRODUCTION

Since 2017, any organisation with 250 or more employees has been required to publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings.

The Trust must complete both of the following actions by the 4<sup>th</sup> April 2024:

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

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

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

It should be noted that no bonuses are paid within the Trust as part of pay packages; however, for the purposes of the Gender Pay Gap report, ACCIA<sup>1</sup> payments, which are part of a national scheme are classified as a bonus.

Other than for medical and dental staff (doctors and dentists), Non-Executive Directors and Very Senior Managers (VSMs), all other jobs are evaluated using the national Agenda for Change (AfC) job evaluation scheme. This process evaluates the job and not the post holder and makes no reference to gender or any other personal characteristics of existing or potential job holders.

VSM's include Executive Directors and a small number of other senior posts. Salaries for VSMs are agreed by the Remuneration Committee, using a robust benchmarking process. The Remuneration Committee is highly mindful of the gender pay gap and other pay gaps and is continually looking at ways in which these gaps can be narrowed. Information relating to gender has been reviewed in previous years as part of the annual benchmarking process; and in 2022/23 national gender pay gap data was used to understand if any national bias existed and where appropriate the benchmark was adjusted to account for this. This provides assurance that our organisation is applying fair pay locally and is effectively contributing to a national narrowing of the pay gap.

The data in this report is based on a snapshot taken on 31<sup>st</sup> March 2023. Throughout this report, when data is labelled "2024" this refers to the year of publishing our gender pay gap report (so the data is from 2023). Similarly, references to "2023" refer to the report that was published in 2023 but used data from 31<sup>st</sup> March 2022.

The value of this report is in making year-on-year comparisons and benchmarking nationally. We can compare our performance with our own results submitted in March 2023 and we have used data from other organisations who have submitted their data, based on the March 2023 snapshot, to widen our benchmarking.

Due to the merge of Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust on the 1<sup>st</sup> April 2022, the 2023 comparison data is a result of a merged report of the two Trusts and has not been published or reported elsewhere.

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<sup>1</sup> <https://www.gov.uk/government/organisations/advisory-committee-on-clinical-impact-awards/about>

## 2. EXECUTIVE SUMMARY

Comparison with the previous year's data shows that our pay gap, using both the mean and the median indicator has continued to reduce. The equality gap regarding who receives bonus pay has also decreased, as indicated by the mean and median measures, however, despite this improvement there still remains a significant disparity between the percentage of men and women who receive bonus payments. Furthermore, the pay gap in terms of the average value of bonus pay remains high.

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

## 3. REPORTABLE DATA

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

Women's hourly rate is	
21.83% LOWER (mean)	7.98% LOWER (median)

Pay quartiles	
How many men and women are in each quarter of the employer's payroll.	
Top quartile	
33.38% MEN	66.62% WOMEN
Upper middle quartile	
16.90% MEN	83.10% WOMEN
Lower middle quartile	
20.41% MEN	79.59% WOMEN
Lower quartile	
20.13% MEN	79.87% WOMEN

Women's bonus pay is	
37.53% LOWER (mean)	33.33% LOWER (median)
Who received bonus pay	
4.16% OF MEN	0.52% OF WOMEN

## 4. NATIONAL BENCHMARKING

The table below shows our performance against the most recent official headline pay gap benchmarking, for all employers, from ONS<sup>2</sup>:

	Pay gap based on mean average	Pay gap based on median average
National Benchmark	13.2%	14.3%
Human Health Activities	17.5%	15.7%

<sup>2</sup>

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

Hospital Activities	16.8%	11.8%
Royal Devon Trust	21.8%	8.0%

### Commentary

The figures above indicate that the median gender pay gap for Royal Devon is significantly lower than both the national and industry specific benchmarks.

## 5. COMPARISON WITH PREVIOUS YEAR

### Mean average hourly rate of pay

	2023	2024	% change
Male	£21.97	£22.62	2.96%
Female	£16.78	£17.68	5.36%
% difference	23.64%	21.83%	-1.81%

### Median average

	2023	2024	% change
Male	£16.63	£17.24	3.67%
Female	£15.25	£15.86	4.00%
% difference	8.34%	7.98%	-0.36%

### Quartiles

Quartile	2023		2024		% change	
	Male	Female	Male	Female	Male	Female
Top	33.15%	66.85%	33.38%	66.62%	-0.23%	0.23%
Upper middle	17.28%	82.72%	16.90%	83.10%	-0.38%	0.38%
Lower middle	19.32%	80.68%	20.41%	79.59%	1.09%	-1.09%
Lower	18.78%	81.24%	20.13%	79.87%	1.35%	-1.35%

### Bonus pay

% receiving bonus pay	2023	2024	% change
Male	4.58%	4.16%	-0.42%
Female	0.56%	0.52%	-0.04%
Difference	4.02%	3.64%	

### Bonus pay mean average

	2023	2024	% change
Male	£11,870.68	£11,004.32	-7.30%
Female	£7,079.60	£6,874.31	-2.90%
% difference	40.36% (lower)	37.53% (lower)	-2.83%

### Bonus pay median average

	2023	2024	% change
Male	£9,048.00	£9,048.00	0.00%
Female	£5,881.20	£6,032.04	2.56%
% difference	35.00%	33.33%	-1.67%

### Commentary

Since last year, performance against both the mean and the median average pay has improved. There have only been slight changes in the composition of representation in the quartiles, more notably with the lower and lower middle quartiles. Female representation has increased in both the top and upper middle quartiles compared to previous years data.

There has been a decrease in the percentage of both men and women receiving bonus pay, more notably for men, reducing the differential in this regard. 2024 results show that there has been a reduction in both the mean and median gender pay gap for bonus pay.

## 6. SOURCE OF PAY GAP

Last year, our data analysis showed that our pay gaps were largely being driven by the bonus pay (ACCIA) given to consultants.

	Royal Devon All Staff			Royal Devon Excluding Consultants		
	Male Hourly Rate	Female Hourly Rate	Gap	Male Hourly Rate	Female Hourly Rate	Gap
Mean average	£22.62	£17.68	21.83%	£18.42	£17.04	7.49%
Median average	£17.24	£15.86	7.98%	£16.30	£15.57	4.48%

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

The impact of removing consultants from the analysis has been of continued significance, with the median pay gap having reduced by 3.50% and the mean reducing to almost half the national average. The above is also an improvement on last years data with the median gap having reduced by 2.53% when consultants are excluded from the analysis.

## 7. PROGRESS WITHIN CRITICAL STAFF GROUPS

The previous section has confirmed that the consultant body remain our critical staff group, for addressing our gender pay gap, with the changes since last year having already been discussed in the sections on bonus pay.

The table below suggests that gender inequalities in accessing consultant jobs persist, as the proportion of female consultants has increased by less than 1%. Further action is required to support females in accessing consultant posts.

Consultants	Male	Female	Total	% Female
2023	374	199	573	34.73%
2024	384	211	595	35.46%

## 8. ACTION PLANNING

We are pleased to see a notable positive trend in our Gender Pay Gap at the Royal Devon, acknowledging the existing challenges within the NHS. Despite the positive trend, we are actively implementing action plans to eliminate any existing inequalities. We believe the positive trends are an outcome of our overall cultural development and inclusion initiatives at the Royal Devon. These include a nuanced focus on retention, flexible working, inclusive recruitment and development programmes targeting underrepresented groups.

As we continue our cultural development efforts within the trust, we remain committed to consulting and considering national reviews and changes. This commitment includes staying informed about initiatives such as Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England<sup>3</sup>.



**Royal Devon  
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Ethnicity Pay Gap Report  
(2024)

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## 1. INTRODUCTION

Unlike Gender Pay Gap reporting, there is no requirement to report on or submit Ethnicity Pay Gap data under the Equality Act (2010).

As part of Royal Devon's ongoing commitment to inclusion, and in line with our Trust values, we have created this report to ascertain if there is a difference between the average pay for our colleagues' dependant on ethnicity.

The data in this report is based on a snapshot taken on 31<sup>st</sup> March 2023. Throughout this report, when data is labelled "2024" this refers to the year of publishing our pay gap reports (so the data is from 2023).

As this is the first year this report has been completed, we do not have previous years data for comparison. Much of the value of this report will be in being able to make future year-on-year comparisons, both within the Trust and against national benchmarking.

## 2. EXECUTIVE SUMMARY

As the recording of ethnicity status is not mandated on ESR, some colleagues will be missing from the data, with 8.52% of staff not having an ethnicity recorded on ESR<sup>1</sup>. Our Workforce Race Equality Standard (WRES) report outlines the prevalence of unknown data across various staff groups and bandings. To improve completion rates in line with the level of national benchmarking (4.5% unknown as of 2022<sup>2</sup>) an ongoing and multifaceted approach will be required. This approach should focus on fostering an environment where staff feel safe enough to record this data. It should also involve ensuring that staff understand the purpose of collecting this information, who will have access to it, and their right to choose not to disclose this personal information. It should also involve ensuring that staff understand the purpose of collecting this information, who will have access to it, and their right not to disclose this personal information.

This Ethnicity Pay Gap Report contains a number of elements:

- Trust and national ethnicity profile.
- Mean ethnicity pay gap.
- Median ethnicity pay gap.

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

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<sup>1</sup> Workforce Race Equality Standards (WRES) Report 2023

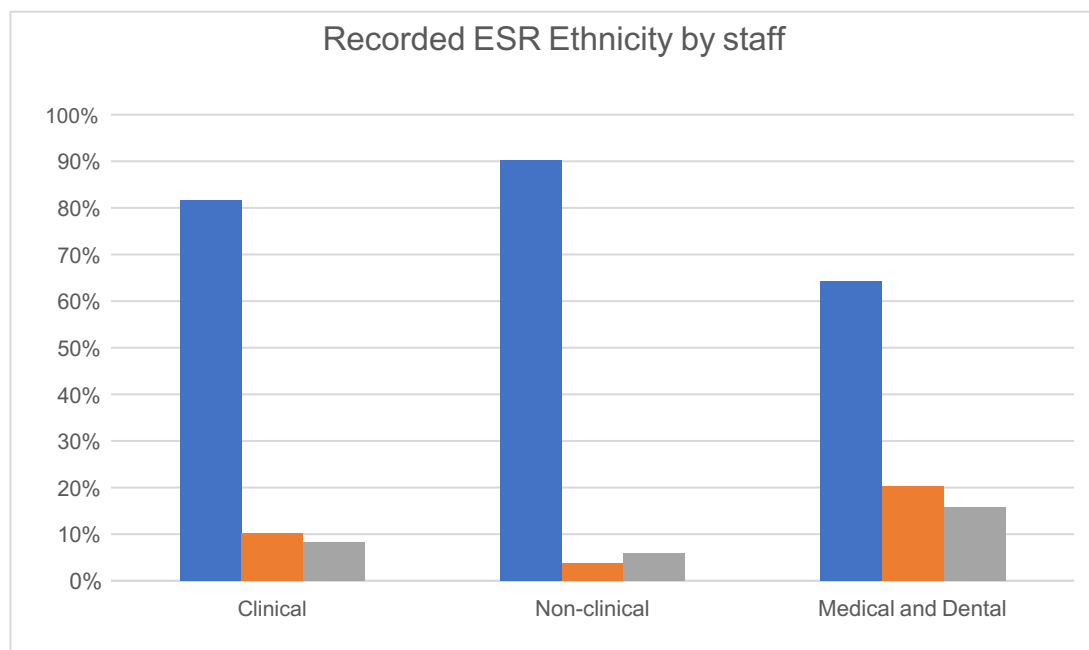
<https://www.royaldevon.nhs.uk/media/z3lhs2qu/royal-devon-wres-report-2023.pdf>

<sup>2</sup> <https://www.england.nhs.uk/long-read/nhs-workforce-race-equality-standard-wres2022-data-analysis-report-for-nhs-trusts/#wres-indicator-1>



### 3. TRUST AND NATIONAL ETHNICITY PROFILE

Please note the below is taken from our latest WRES (2023) report.



From ESR data, staff with a Black or Minority Ethnicity (BME) represent 9.74% of total workforce population, however 8.52% do not have ethnicity recorded. This is in contrast to only 6.79% of respondents from the latest anonymous staff survey data identifying as coming from a Black and Minority Ethnic background.

We also know that there is an under-representation of Black and Minority Ethnic Staff at pay bands 8a to VSM.

	Total BME Staff	Band 8a to VSM BME Staff
All staff	9.74%	3.76%
Clinical staff	10.10%	4.90%
Non-clinical staff	3.38%	2.52%

According to Census 2021 data 3.6% of the Devon population are from a Black and Minority Ethnic background and this varies by region:

Local authority	BME population
East Devon	2.64%
Exeter	9.70%
Mid Devon	2.15%
North Devon	3.01%
South Hams	2.48%
Teignbridge	2.32%
Torrige	1.75%
West Devon	2.18%

The latest ONS national Ethnicity Pay Gap data<sup>3</sup> is from 2022:

Ethnicity	Median Hourly Rate	Pay Gap %
White	£14.35	
Asian or Asian British	£14.83	-3.3%
Black, African, Caribbean or Black British	£13.53	5.7%
Mixed or Multiple ethnic groups	£15.38	-7.2%
Other ethnic group	£15.00	-4.5%

Nationally, Black, African, Caribbean or Black British employees earned less than White employees with a pay gap of 5.7%, this has been the case since 2021. All other ethnicities earn more on average than their White counterparts. An important factor in this analysis is the country of birth, as UK born Black, African, Caribbean or Black British employees earned more (£15.18) when compared with UK-born White employees (£14.26). There are other key factors such as occupation, qualifications, geography, age and sex that have a significant impact on the pay gap.<sup>4</sup>

#### 4. DATA

Ethnicity	Mean Hourly Rate	Median Hourly Rate
White	£18.72	£16.15
BME	£20.11	£17.24
Unknown	£18.12	£15.41
Difference	-£1.39	-£1.09
Pay Gap %	-11.81%	-17.83%

*Note that a (-) pay gap % indicates where BME colleagues average pay is higher than their White colleagues.*

The median pay gap for the Trust is above the 2021 national data and is over double the Ethnicity Pay Gap for 2023. Although staff with an unknown ethnicity have a mean and median hourly rate lower than both White and Black and Minority Ethnic colleagues, if those are combined with Black and Minority Ethnic colleagues, the number remains higher than White colleagues (operating under the assumption that those who do not disclose ethnicity are more likely to be from a Black or Minority Ethnic background).

Ethnicity	Mean Hourly Rate	Median Hourly Rate	Median Pay Gap %
White	£18.72	£16.15	
Asian or Asian British	£20.38	£17.38	-7.08%
Black or Black British	£20.29	£18.15	-11.02%
Mixed or Multiple ethnic groups	£20.86	£17.22	-6.21%
Other ethnic group	£19.12	£16.84	-4.10%
Unknown	£18.12	£15.42	4.73%

<sup>3</sup>  
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/ethnicitypaygapsrawpaygaps>  
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/ethnicitypaygapsingreatbritain/2012to2022>

We can see from the above data that the only ethnicity grouping who earn less than White employees is those with an unknown ethnicity recorded onto ESR.

As we know from our Gender Pay Gap reporting, pay gaps are often driven by consultant pay. Below is a comparison of the pay gap when we remove consultants from the analysis. In line with other pay gap reporting, we can see that removing consultants from the analysis does reduce the pay gap for both the mean and the median average by 6.07% and 6.09% respectively.

	RDUH Excluding Consultants			
	White Staff Hourly Rate	BME Staff Hourly Rate	Unknown Ethnicity Staff Hourly Rate	Pay Gap %
Mean average	£17.25	£18.24	£17.01	-5.74%
Median average	£15.33	£17.13	£15.04	-11.74%

If we examine the pay gap by quartiles, the below tables show the pay gap both for all employees and when we remove consultants from the analysis, please note quartile 4 contains the highest paid employees:

Q1	mean	0.27%
	median	0.00%
Q2	mean	-3.99%
	median	-4.88%
Q3	mean	0.54%
	median	0.76%
Q4	mean	-1.85%
	median	-5.91%

Lowest Paid

Q1	mean	0.27%
	median	0.00%
Q2	mean	-3.99%
	median	-4.88%
Q3	mean	0.54%
	median	0.76%
Q4	mean	-1.85%
	median	-5.91%

Highest Paid

All Royal Devon employees

Excluding consultants

As expected, removing consultants removed the pay gap at quartile 4. Black and Minority Ethnic consultants make up 13.78% of consultants, a higher representation than the 9.74% of all staff from a Black and Minority Ethnic background (as per WRES 2023 data). Quartile 2 is the area where the pay gap is significant.

The below illustrates the pay gap within each Agenda for Change (AfC) band, which does not include medical staff, Non-Executive Directors or Very Senior Managers:

Banding	Median pay gap
Band 1	-2.42%
Band 2	-14.98%
Band 3	0.00%
Band 4	3.98%
Band 5	-2.86%
Band 6	9.41%
Band 7	2.64%
Band 8 - Range A	0.00%
Band 8 - Range B	0.00%
Band 8 - Range C	0.00%
Band 8 - Range D	
Band 9	
Other	12.21%

Band 1 is now closed to new applicants, the large pay gap at band 2 is driven by roles in Additional Clinical Services and Estates and Ancillary. Further analysis into this pay gap would be helpful for targeted action.

We can see that there is also a large pay gap at band 6 (and to a lesser extent band 7) where Black and Minority Ethnic staff earn less than their White counterparts, this fits in with our WRES data where Black and Minority Ethnic staff feel there is a difficulty in career progression at that level (these bandings will include Nursing and Midwifery registered staff where Black and Minority staff are over represented compared to other staff groups – although this pay gap is not present at Band 5 where most Nursing and Midwifery staff sit).

There is missing analysis in the above table for bands 8d and 9 due to a lack of data (no Black and Minority Ethnic representation at the time of the snapshot). We know from our Model Employer data that there is an under representation of Black and Minority staff at senior levels (band 8a to VSM) which will be a focus for the Trust.

## 5. NEXT STEPS

We can see that there is further work to do in order to create a culture in which staff feel safe disclosing their sensitive personal information such as ethnicity, as we know that those who do not consistently have poorer experiences. As this report has found, those who have not disclosed their ethnicity are the only group that have a pay gap compared to White colleagues.

Further analysis looking into the impact of factors such as location, time in post, specific role, and other protected characteristics etc, especially at bandings where the pay gap is highest would help provide a more targeted approach for the Trust to reduce the pay gap between all colleagues.

Our action planning includes targeted programmes to support the development of our existing Black and Ethnic Minority staff into more senior roles, retaining existing talent, as well as attracting more diverse candidates to our Trust. To enable true change there needs to be targeted and strategic changes to our recruitment, retention and attraction strategy at Royal Devon.



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Disability Pay Gap Report  
(2024)

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## 1. INTRODUCTION

Unlike Gender Pay Gap reporting, there is no requirement to report on, or submit Disability Pay Gap data under the Equality Act (2010).

As part of Royal Devon's ongoing commitment to inclusion, and in line with our Trust values, we have created this report to ascertain if there is a difference between the average pay for our disabled and non-disabled colleagues.

The data in this report is based on a snapshot taken on 31<sup>st</sup> March 2023. Throughout this report, when data is labelled "2024" this refers to the year of publishing our pay gap reports (so the data is from 2023).

As this is the first year this report has been completed, we do not have previous years data for comparison. Much of the value of this report will be in making future year-on-year comparisons both within the Trust and against national benchmarking.

## 2. EXECUTIVE SUMMARY

As the recording of disability status is not mandated on ESR, some colleagues will be missing from the data, with 25.13% of staff not having their disability status recorded on ESR. Our Workforce Disability Equality Standard (WDES)<sup>1</sup> report outlines the prevalence of unknown data across various staff groups and bandings. To improve declaration rates, an ongoing and multifaceted approach will be required. This approach should focus on fostering an environment where staff feel safe enough to record this data. It should also involve ensuring that staff understand the purpose of collecting this information, who will have access to it, and their right to choose not to disclose this personal information. It should also involve ensuring that staff understand the purpose of collecting this information, who will have access to it, and their right not to disclose this personal information.

This Disability Pay Gap Report contains a number of elements:

- Trust and national disability profile
- Mean disability pay gap
- Median disability pay gap

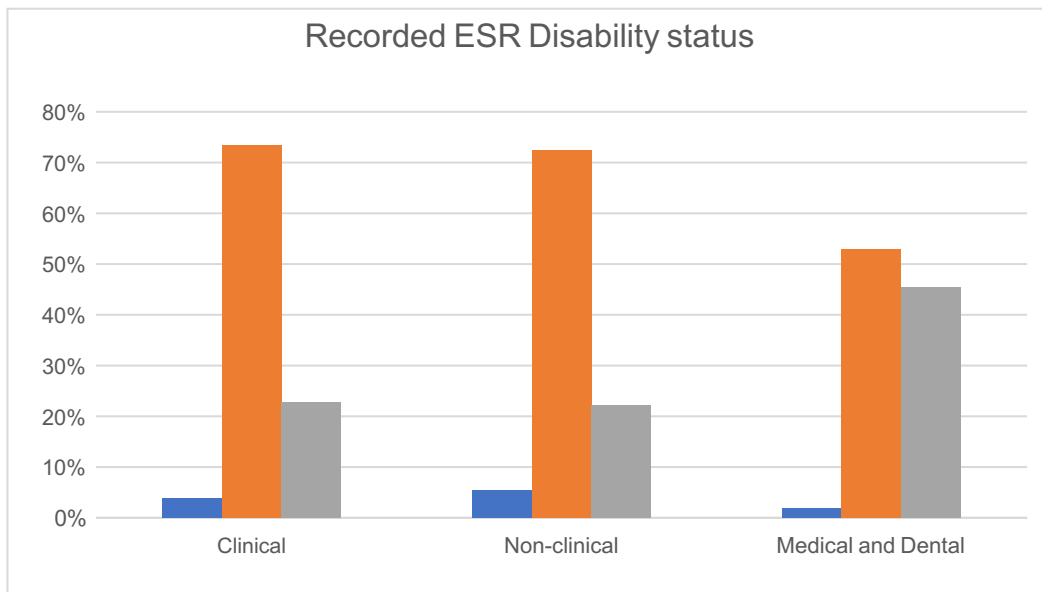
The pay gap based on the median average is the most reliable and widely used measure of pay equality. When the pay gap is measured using the mean average, this allows "outliers" at either end to distort the measure.

## 3. TRUST AND NATIONAL DISABILITY PROFILE

Please note the below is taken from our latest WDES (2023) report.

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<sup>1</sup> Workforce Disability Equality Standards (WDES) Report 2023  
<https://www.royaldevon.nhs.uk/media/h5bnzv1z/royal-devon-wdes-report-2023.pdf>



From ESR data, staff with a disability represent 4.08% of total workforce population, whilst 25.3% do not have a disability status recorded. This is in contrast to 24.74% of respondents from the latest anonymous staff survey data who identify as having a disability<sup>2</sup>.

WDES also shows that there is underrepresentation of staff with disabilities at higher pay bands with the highest proportion of disabled staff falling within the lowest bands, particularly for clinical and Medical & Dental staff

According to Census 2021 data, 17.37% of the Devon population have a disability under the Equality Act (2010)<sup>3</sup>, although this does not include the category 'Not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited'.

The latest ONS national and regional Disability Pay Gap data<sup>4</sup> is from 2021 and can be seen below:

Disability	National Median Hourly Rate	Southwest Median Hourly Rate
Yes	£12.10	£11.49
No	£14.03	£13.16
Difference	-£1.93	-£1.67
Pay Gap %	15.95%	13.0%

The above analysis was restricted to those whose pay is not in the bottom two percentiles and the top one percentile

Nationally the disability pay gap has been consistently wider for disabled men than disabled women. There are also differences when considering the type of main disability, for example, those with autism had a wider pay gap than other types of disability.

<sup>2</sup> There is some difference in the wording of the staff survey, the questions being "do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?"

<sup>3</sup> <https://royaldevonstaff.nhs.uk/staff-survey>  
<sup>4</sup> <https://www.ons.gov.uk/datasets/TS038/editions/2021/versions/3#get-data>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/datasets/rawpaygappsydisability>



#### 4. DATA

Disability	Mean Hourly Rate	Median Hourly Rate
Yes	£16.76	£13.91
No	£18.74	£16.39
Unknown	£19.34	£16.62
Difference	£1.98	£2.48
Pay Gap %	11.81%	17.83%

The median pay gap for the Trust is greater than the 2021 national and regional data and is over double the Disability Pay Gap for 2023. Unfortunately, due to data quality within ESR and low numbers specifying disability type, we are unable to obtain any useful information from this.

As we know from our Gender Pay Gap reporting, pay gaps are often driven by consultant pay, below is a comparison of the pay gap when we remove consultants from the analysis. As we would expect in line with other pay gap reporting, removing consultants from our analysis reduces the pay gap for both the mean and median average by 4.74% and 4.61% respectively.

	Royal Devon Excluding Consultants			
	Disabled Staff Hourly Rate	Non-disabled Staff Hourly Rate	Unknown Staff Hourly Rate	Pay Gap %
Mean average	£16.13	£17.27	£17.68	7.07%
Median average	£13.84	£15.67	£16.06	13.22%

#### 5. NEXT STEPS

Our existing data tells us that staff who have a disability are more likely to have a negative experience across a range of factors. We are also aware that our ESR data is incomplete, as staff do not routinely share their disability status. Whilst there is a higher level of disclosure on our staff survey, the question is worded differently. Therefore, our action planning must ensure we transparently clarify what we mean by a disability on ESR, how the information is used and by whom, and share good practice to foster trust.

We are aware there is a particularly low level of disclosure in our medical and dental staff, and we are exploring the ways in which we could incorporate a segment on updating personal details in ESR during orientation.

By improving our data, further analysis looking into the impact of factors such as location, staff group, pay band, other protected characteristics etc. would help to provide a more targeted approach for the Trust to reduce the pay gap between all colleagues. Supporting our disabled colleagues to thrive and progress at work, along with creating a more inclusive recruitment process will be central to reducing the Disability Pay Gap.

Agenda item:	11.3, Public Board Meeting	Date: 28 February 2024		
Title:	Digital Committee Update			
Prepared by:	Colin Garforth, Programme Support Manager			
Presented by:	Tony Neal, Non-Executive Director & Committee Chair			
Responsible Executive:	Adrian Harris, Chief Medical Officer			
Summary:	Briefing of items discussed at Digital Committee held on 1 February 2024			
Actions required:	Link to status below and set out clearly the expectations of the Board when considering the paper.			
Status (x):	Decision	Approval	Discussion	Information
				X
History:	The last Digital Committee update was presented to the Board of Directors in Jan 2024.			
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	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			
Other ( <i>please specify</i> )			

1. Purpose of paper

To provide a briefing on the Digital Committee held on 1 February 2024.

2. Background

The Digital Committee provides a direct feed into the Board of Directors and senior/corporate oversight to assure that:

- a robust, effective fit-for-purpose framework is in place for the technical, clinical and operational delivery of the digital agenda and digital maturity aspirations;
- the digital agenda contributes to the Trust operating within the law and compliance with statutory and regulatory requirements whilst concurrently delivering safe, quality and effective, digitally enabled sustainable care.
- the Trust has effective systems of internal control in relation to the digital agenda and associated governance arrangements and
- the digital agenda is aligned to overall direction of the Trust, the Integration Programme and the wider ICS.
- innovative use of technology supports the delivery of service transformation to ensure we continue to improve at all levels
- Oversee the development and delivery of the Digital Strategy Implementation Plan, noting interdependencies, risks and milestone achievements.

The Digital Committee Chair, on behalf of the Digital Committee, is responsible for reporting back to the Board of Directors on a monthly basis.

3. Analysis

The Digital Committee (DC) receives status reports from the relevant sub committees each month. The DC is assured from the reports that these sub committees function effectively.

The DC raises the following matters for information with the Board of Directors:

3.1 Terms of Reference (ToR) Update

- Revised Digital Committee ToR were reviewed alongside the new Digital Operational Forum, which will meet on alternate months.
- The Digital Committee will provide oversight and assurance to the BoD on digital strategic alignment, and that appropriate controls are in place in relation to the digital agenda and associated governance arrangements.
- The Digital Operational Forum will focus on the management and delivery of operational services within Digital & Clinical Digital Services.
- Copy ToR attached for Board Approval

Digital Committee  
ToRs - v4.0.1

Digital Operational  
Forum - FINA

### 3.2 ICS Shared Services Update

- Channel 3 have now completed the second phase of their work on the Target Operating Model for a Devon-wide shared digital services.
- The next step will be to produce a costed business case to go to each organisation's board (RDUH, TSD, UHP, DBT, ICB and Livewell) for approval alongside a final plan/roadmap for implementation.
- A proposal has also been written to look at sharing data centres, reducing the current number of 13 to a number more manageable and cost effective.
- Alongside this, we have new EPR's for TSD and potentially UHP, which will need to be woven into the overall roadmap.
- Concern was raised regarding capacity and funding to support this activity, as well as how this will be governed.

### 3.3 Multi-factor Authentication (MFA) Update

- MFA adoption rate has increased to 30%.
- Next phase will be targeting clinical roles.
- Current plan is to ensure 95% of NHSmail users are enabled by Apr 2024.
- For users who do not own, or refuse to use their own personal mobiles, these are being addressed towards the end of project; MFA remains disabled to ensure access is maintained. There have only been a handful of these issues to date.
- NHSE announced that over 700K NHSmail users are on MFA, and have already seen a decrease in the number of compromised accounts.

### 3.4 DSPT

- RDUH achieved 'standards met' on DSPT.
- The huge effort to achieve this was recognised by the group, and TN agreed to issue a message on behalf of the Board.
- It was noted that huge amount of work is required in order to maintain this in June 2024; initial reviews show we are likely to get 'approaching standards' with an improvement plan.

## 4. Link to BAF/Key risks

### 4.1 BAF Risks

- Following feedback from previous Trust Board, Digital BAF risk to be amended based around capacity of digital teams, including proposed Devon EPR implementations and Shared Services activity at ICS Level.

#### 4.2 Divisional Risk

- Digital Capital allocation risk was reviewed – it was noted that budgets for 24/25 are still to be agreed, but there was potential that digital capital allocation may be reduced compared to current FY. Risk will be updated once budgets have been confirmed.

#### 5. Proposals

It is proposed that the Board of Directors notes the report from the Digital Committee and to approve the revised Terms of Reference.

# DIGITAL COMMITTEE

## Terms of Reference

These Terms of Reference are used as evidence for:	
Care Quality Commission Regulation:	17
Other (please specify):	

### 1. Accountability

1.1 The Digital Committee (DC) is accountable to and will report directly to the RDUH Board of Directors.

### 2. Purpose

2.1 The purpose of the Digital Committee is to provide oversight and assurance to the Board of Directors to ensure that:

- the digital agenda is aligned to overall direction of the Trust and the wider Devon ICS
- a robust and fit-for-purpose framework is in place for the technical, clinical and operational delivery of the digital agenda and digital maturity aspirations
- the Trust has effective systems of internal control in relation to the digital agenda and associated governance arrangements
- innovative use of technology supports the delivery of service transformation to ensure we continue to improve at all levels
- digital risks are being identified and managed effectively

2.2 The Digital Committee oversees the following key components within the digital agenda:

- The development and delivery of the Digital Enabling Strategy, noting interdependencies, risks and milestone achievements
- Digital 'Business As Usual' activity and change programmes
- Compliance and adherence with relevant digital related standards (acknowledging that Information Governance issues continue to be managed by the individual Information Governance Steering Group reporting to the Safety and Risk Committee).

### **3. Membership**

3.1 The Chairs of the Digital Committee shall be appointed by the Board of Directors.

The membership shall consist of:

- Two Non-Executive Directors (Chair & Vice Chair)
- Chief Medical Officer (also acts as Senior Information Risk Owner)
- Chief Nursing Officer
- Chief Finance Officer
- Chief Operating Officer
- Chief Information Officer
- Head of Digital Programmes
- Deputy Chief Information Officer
- Chief Clinical Information Officer and/or Deputy
- Chief Nursing Information Officer
- Caldicott Guardian
- Director of Strategy
- Deputy Director of BI
- Divisional Director of Clinical Digital Services
- Director of Business, Innovation and Sustainability
- Associate Director of HR Services

3.2 The Board of Directors will review the membership of the Committee annually to ensure that it best reflects the requirements of digital governance within the Trust.

3.3 The Chair will serve not normally for more than three years. The Non-Executive Director members will serve for three years and be eligible for re-appointment for a further three years.

3.4 Individuals may be co-opted for specific digital agenda items.

### **4. Quorum**

4.1 A quorum will consist of not less than eight members of the Committee with at least the following members present:

- One non-Executive Director, who will Chair the meeting
- One Executive Director

4.2 A record of attendance will be maintained, the expected attendance is 80% - this will include deputies.

4.3 In the event of non-quoracy, the meeting will proceed but all points for approval would be deferred until the next quorate meeting.

### **5. Procedures**

5.1 The Digital Committee shall appoint an officer to prepare agendas, keep minutes and deal with any other matters concerning the administration of the Committee. The secretary will be responsible for maintaining in real time the repository for the Terms of Reference, agenda, minutes and the action and attendance log on the Governance shared drive.

- 5.2 Once the agenda has been agreed by the Chair the secretary will call for papers to be sent before the deadline which is set to a week prior to the meeting. The secretary will notify the Chair of any apologies and whether the meeting is going to be non-quotate.
- 5.3 Late papers will not normally be accepted, only at Chair's discretion. The presenter may be requested to provide a verbal update or withdraw the item from the agenda at the Chair's discretion.
- 5.4 Any member of staff may raise an issue with the Chair, normally by written submission. The Chair will decide whether or not the issue shall be included in the Committee's business and whether the individual raising the matter be invited to attend.
- 5.5 Where the Chair of the Digital Committee is not a member of the Audit Committee, The Chairs of both the Audit Committee and Digital Committee will meet twice a year with the Director of Governance to discuss any areas of concern or improvement in the operation of the Digital Committee and Joint Audit Committee.

## **6. Frequency of Meetings**

- 6.1 The Digital Committee will meet bi-monthly with the expectation there will be a minimum of five meetings per financial year scheduled, with no fewer than four meetings being held.
- 6.2 The Digital Committee may require the attendance of any director, or member of staff, and the production of any document it considers relevant to the digital agenda.
- 6.3 Any member of the Digital Committee can request an Extraordinary meeting to be agreed by the Chair.

## **7. Duties and Responsibilities**

1. **Strategic Objectives** - To oversee and provide assurance on the delivery of the Digital Enabling Strategy, ensuring that plans and services are aligned with local, regional and national strategic objectives.
2. **Regulatory Compliance and Board Assurance** - To ensure regulatory compliance with relevant digital and clinical legislation and standards, and accordingly provide assurance to the Board on the operation of our digital services, including oversight and sign-off of Divisional and Corporate Digital Risks.
3. **Operational Performance of Services** – Receive assurance updates from the Digital Operational Forum (DOF) on the management and delivery of Digital Services & Clinical Digital Services across the Trust.
4. **Programme and Change Management Oversight** – Receive assurance updates from the DOC on the management and delivery of the programme and change management framework.
5. **Financial Balance** – To agree and report on financial digital plans and associated performance in support of, Capital/Revenue programmes and Delivering Best Value.



6. **Investment Cases** – Have an oversight of investment cases ensuring they are appropriate and fit for purpose. Ensure investment cases follow appropriate Trust governance for approval. (i.e. Operations Board or Joint Delivery Group depending on value).
7. **Benefits Realisation** – To ensure benefits identification and realisation are central to our decision making and delivery. Accordingly ensure that there is robust governance and monitoring of benefits. Digital benefits may fall directly within Digital areas of delivery or to clinical and operational service provision through improvements in productivity, clinical effectiveness, clinical safety, patient experience etc. Clear ownership of digital benefits should be defined within investment cases as appropriate and tracked accordingly through established tools such as Performance Assurance Frameworks (PAF) and Delivering Best Value (DBV).
8. **Workforce Development** – Ensure that a workforce plan is in place which encapsulates our use of digital, development needs, impact of change and supporting structures.

**Risk Management** – The Digital Committee will receive a report on key risks and changes to the Digital Committee risk register. The Digital Committee will, review all risks scoring 15 and above on the risk log and where risks are identified as being operational (rather than risks related to the delivery and achievement of the programme) will be escalated to the Joint Safety and Risk Committee for approval onto the Corporate Risk Register. A summary of the Digital Committee risk log will be appended to the report. The Digital Committee will review Digital Board Assurance Framework risks, providing updates and suggested amendments to the Board .

9. Clinical assurance will be provided by the EPR Clinical & Operational Group regarding the clinical and technical safety of new digital solutions. The EPR Clinical & Operational Group will notify the Digital Committee on the outcome of these Clinical Safety Cases.
10. The Digital Committee will follow an agreed schedule of business, reviewed annually. Amendments or additions to the Schedule will be agreed with the Chair and considered for future incorporation to the annual schedule.
11. The Digital Committee will receive exception reports in respect of external visits and accreditation which highlight shortcomings in Trust digital outcomes or processes, together with the planned actions to address any areas of concern. The exception report will also highlight any unacceptable delays in addressing areas of concern.
12. The Digital Committee will receive reports which identify new areas of digital legislation, policy or other requirements with which the Trust is required to comply, together with an assessment of the Trust's ability to meet the new requirements, and any further action required.
13. The Digital Committee will provide regular assurance updates to the Board of Directors
14. The Digital Committee will request the Internal Audit Team to include specific internal audits as requested by the Digital Committee. Refusal to undertake a requested audit will be raised directly with the Audit Committee.

15. The Digital Committee will monitor timely completion of Digital Committee Audits with receipt of a progress report submitted twice a year from the Head of Internal Audit.
16. The Digital Committee will oversee the Trust annual programme of digital audits and associated outcomes delegating as necessary to the responsible digital forum such as IGSG or TDA.

## 8. Monitoring the effectiveness of the committee

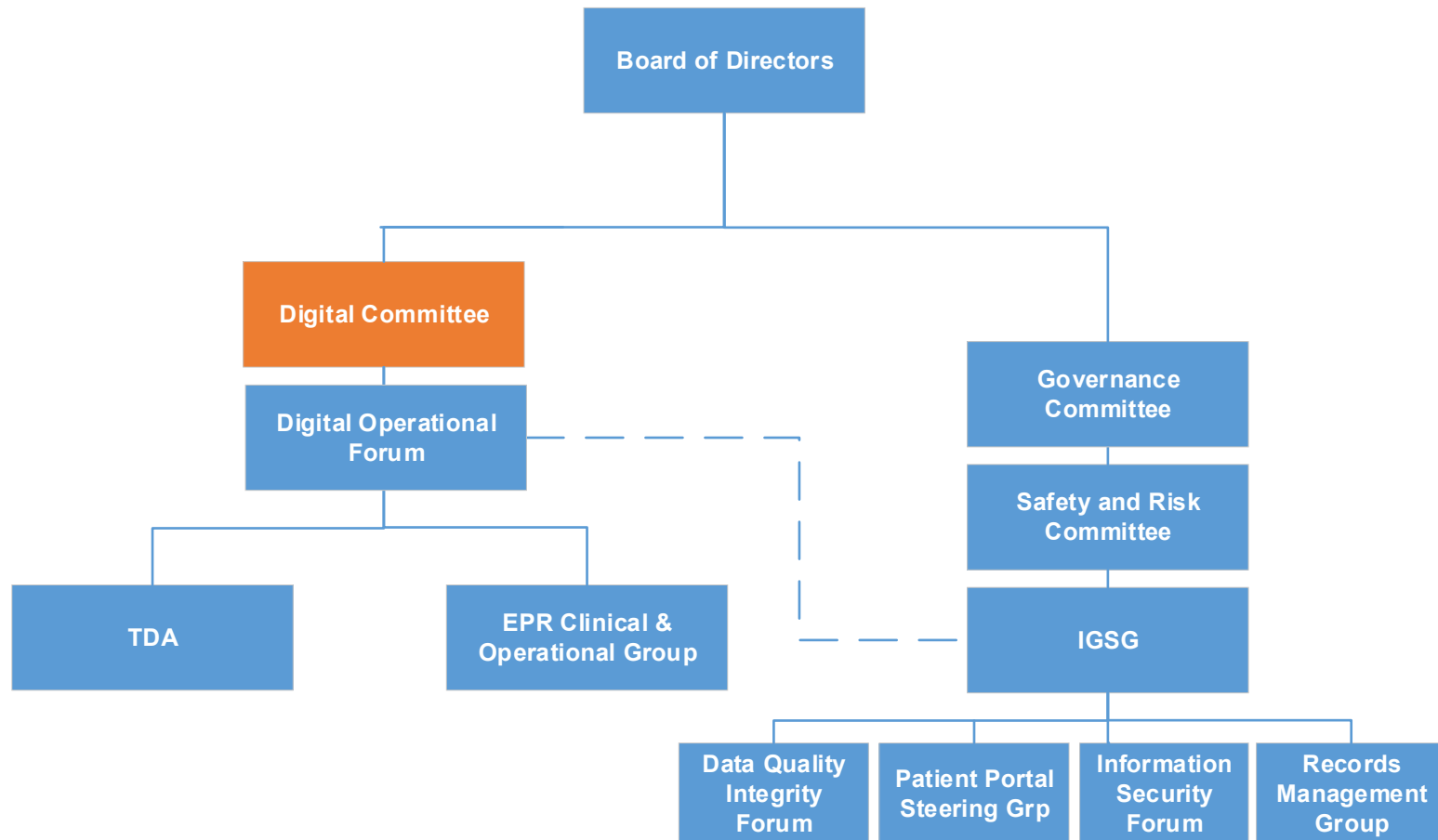
- 8.1 The Digital Committee will monitor its effectiveness by reviewing its duties and responsibilities bi-annually, supported by the Internal Audit Programme of audit of the Governance Performance System.

## 9. Review

- 9.1 The Board of Directors will review the Terms of Reference of the Digital Committee annually to ensure that it remains fit for purpose and is best facilitated to discharge its duties.

Digital Committee	
Non-Executive Director – Chair	Tony Neal
Non-Executive Director - Vice Chair	Tim McIntyre-Bhatty
Digital SRO / Chief Medical Officer	Professor Adrian Harris
Chief Nursing Officer	Carolyn Mills
Chief Finance Officer	Angela Hibbard
Chief Information Officer	Phil Milverton
Deputy Chief Information Officer	Bill Gordon
Chief Clinical Information Officer (Eastern)	Chris Mulgrew
Chief Nursing Information Officer	Pippa Kassam
Divisional Director Clinical Digital Services	Gervaise Khan-Davis
Deputy Director of BI	Kate Ogilvie
Director of Strategy	Katherine Allen
Director of Business, Innovation and Sustainability	Dave Tarbet
Caldicott Guardian (Chair of IGSG)	Corinne Hayes
Chief Operating Officer	John Palmer
Associate Director of HR Services	Larry Webb

## Digital Committee Governance Structure



## Appendix 2 – Schedule of Reports



Schedule of Reports  
for Digital Committee

## DIGITAL OPERATIONAL FORUM

### Terms of Reference

<b>These Terms of Reference are used as evidence for:</b>	
Care Quality Commission Regulation:	17
Other ( <i>please specify</i> ):	

#### 1. **Accountability**

1.1 The Digital Operational Forum (DOF) is accountable to and will report directly to the Digital Committee (DC).

#### 2. **Purpose**

2.1 The purpose of the Digital Operational Forum will be:

- To oversee the management and delivery of operational services within Digital and Clinical Digital Services
- To provide assurance that key operational performance standards are being delivered.
- To ensure effective prioritisation and co-ordination of the Digital Programme and 'business as usual' activity.
- Review and seek assurances around appropriate levels of workforce resources in place to support delivery of the digital agenda
- Provide assurance on the financial management of digital revenue budgets and capital programme
- To ensure that key digital risks are identified and risk assessed, and risks to operational delivery are resolved or escalated to the DC
- To provide a forum for sharing key operational information
- To provide updates to the Digital Committee on operational performance

#### 3. **Membership**

3.1 The membership shall consist of:

- Chief Medical Officer (Chair)
- Chief Information Officer (Co-Vice Chair)
- Divisional Director of Clinical Digital Services (Co-Vice Chair)
- Deputy Chief Information Officer
- Chief Clinical Information Officer
- Associate Chief Nursing Information Officer & Clinical Safety Officer
- Head of HR Systems, Data and Insights

- Deputy Director of Business Intelligence
- Head of Applications, Platforms and Infrastructure Services (East)
- Infrastructure Manager (North)
- Head of Digital Programmes
- Head of Information Governance & DPO
- Head of Information Management
- PMO and Programme Delivery Manager
- Programme / Project Managers as appropriate

A nominated deputy must attend in the absence of the sub-committee Chair

3.2 The Digital Operational Forum will review membership annually to ensure that it best reflects the requirements of digital governance within the Trust.

3.3 Individuals may be co-opted for specific digital agenda items.

#### **4. Quorum**

4.1 A quorum will consist of at least not less than four members with at least the following members present:

- Chair or Vice Chair
- CIO or Deputy

4.2 A record of attendance will be maintained, the expected attendance is 80% - this will include deputies.

4.3 In the event of non-quoracy, the meeting will proceed but all points for approval would be deferred until the next quorate meeting.

#### **5. Procedures**

5.1 The Digital Operational Forum shall appoint an officer to prepare agendas, keep minutes and deal with any other matters concerning the administration of the meeting. The secretary will be responsible for maintaining in real time the repository for the Terms of Reference, agenda, minutes and the action and attendance log on the Governance shared drive.

5.2 Once the agenda has been agreed by the Chair the secretary will call for papers to be sent before the deadline which is set to a week prior to the meeting. The secretary will notify the Chair of any apologies and whether the meeting is going to be non-quorate.

5.3 Late papers will not normally be accepted, only at Chair's discretion. The presenter may be requested to provide a verbal update or withdraw the item from the agenda at the Chair's discretion.

5.4 Any member of staff may raise an issue with the Chair, normally by written submission. The Chair will decide whether or not the issue shall be included in the Forum's business and whether the individual raising the matter be invited to attend.

5.5 Reports from the reporting sub-committees will be provided to the Digital Operational Forum in accordance with the Schedule of Reports and on the prescribed template. The Chair of the sub-committee should ensure that the report has been sent to the Digital Operational Forum, or stating that the sub-committee has not met.

- 5.6 Where the Chair of the Digital Operational Forum is not a member of the Audit Committee, The Chairs of both the Audit Committee and Digital Committee will meet twice a year with the Director of Governance to discuss any areas of concern or improvement in the operation of the Digital Committee and Joint Audit Committee.

## **6. Frequency of Meetings**

- 6.1 The Digital Operational Forum will meet bi-monthly with the expectation there will be a minimum of five meetings per financial year scheduled. Meetings will alternative with the Digital Committee.
- 6.2 Any member of the Digital Operational Forum can request an Extraordinary meeting to be agreed by the Chair.

## **7. Duties and Responsibilities**

1. Agree and provide ongoing reports and a balanced scorecard on agreed digital service performance metrics covering operational, delivery, financial and workforce metrics.
2. To agree and oversee development of Digital business cases, providing an overview to the Digital Committee. Ensure investment cases follow appropriate Trust governance processes for approval. (i.e. Operations Board or Joint Delivery Group depending on value).
3. Develop and maintain prioritisation process for all digital project / programmes and BAU activity, ensuring these are aligned with the Trusts strategic objectives.
4. To monitor and report on financial digital spend, including revenue and capital budgets to ensure these are delivering best business value.
5. Agree, develop and maintain a digital workforce plan which encapsulates our use of digital, training & development needs, impact of change and supporting structures.
6. To provide oversight of third-party supplier arrangements, contract activity, supplier meetings and major activities such as planned tenders, contract commitments, CCNs or exit activities.
7. To receive updates from sub committees that report to the DOF, receiving reports and noting issues within the areas including TDA, Clinical Governance, Clinical Safety Cases and consider escalation to Digital Committee.
8. Ensure that Digital Services risks are assessed and reviewed in line with the Trusts risk management policy. Risks scoring 15 and above will be escalated to the Digital Committee to consider inclusion onto to the Corporate Risk Register.
9. Evaluate and report on new digital opportunities for investment, developing business cases as appropriate and provide recommendations on key strategic decisions to the Digital Committee.

10. The Digital Operational Forum will follow an agreed schedule of business, reviewed annually. Amendments or additions to the Schedule will be agreed with the Chair and considered for future incorporation to the annual schedule.
11. The Digital Operational Forum will provide assurance updates the Digital Committee.

## 8. Monitoring the effectiveness of the forum

- 8.1 The Digital Operating Forum will monitor its effectiveness by reviewing its duties and responsibilities bi-annually, supported by the Internal Audit Programme of audit of the Governance Performance System.

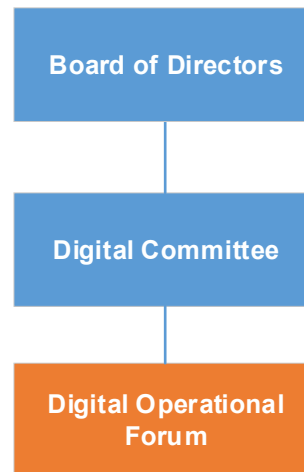
## 9. Review

- 9.1 The Digital Committee will review the Terms of Reference of the Digital Operational Forum annually to ensure that it remains fit for purpose and is best facilitated to discharge its duties.

Digital Operational Forum	
Digital SRO / Chief Medical Officer – Chair	Professor Adrian Harris
Chief Information Officer – Vice Chair	Phil Milverton
Divisional Director Clinical Digital Services – Vice Chair	Gervaise Khan-Davis
Deputy Chief Information Officer	Bill Gordon
Chief Clinical Information Officer	Chris Mulgrew
Associate Chief Nursing Information Officer & Clinical Safety Officer	Vicki Fillingham
Head of HR Systems, Data and Insights	Aaron Werner
Head of Digital Programmes (Northern)	Victoria Fox
Deputy Director of BI	Kate Ogilvie
Head of Applications, Platforms and Infrastructure Services (East)	Gary Kilvington
Infrastructure Manager (North)	Doz Smith
Head of Digital Programmes	Victoria Fox
Head of Information Governance & DPO	Rhiannon Platt
Head of Information Management	Martin Scrace
PMO and Programme Delivery Manager	Zoe Hurst



## Digital Operational Forum Governance Structure



<b>Agenda item:</b>	11.4, Public Board Meeting	<b>Date:</b> 28 February 2024		
<b>Title:</b>	Finance and Operational Committee Update			
<b>Prepared by:</b>	Sam Maunder, Director of Strategic Finance			
<b>Presented by:</b>	Steve Kirby, Non-Executive Director and FOC Chair			
<b>Responsible Executive:</b>	Angela Hibbard, Chief Finance Officer John Palmer, Chief Operating Officer			
<b>Summary:</b>	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			
<b>Actions required:</b>	The Finance and Operational Committee makes the following recommendations to the Trust Board of Directors: <ul style="list-style-type: none"> <li>To approve the revised Treasury Management Policy appended to this report</li> </ul> All other updates are for noting.			
<b>Status (x):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
		<b>X</b>		<b>X</b>
<b>History:</b>	The Finance and operational Committee was held on 20 <sup>th</sup> February 2024 with a detailed meeting pack to support agenda items. The meeting was quorate.			
<b>Link to strategy/ Assurance framework:</b>	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 ( <i>please specify</i> )			

## 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 20 February 2024. 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

#### Month 10 financial position and forecast

The committee received a report from the CFO, which reminded the Committee of the financial recovery plan year-end target of £40m deficit that had previously been reported. During month 10 the ICB has received notification of non-recurrent allocations to support provider cost pressures, which the RDUH share is £13.1m. This takes the revised deficit target to £26.9m, which is £1.1m favourable to the original plan. Under NHS England instruction this change in forecast is to be reported in Month 11 to ensure consistency across all Systems.

The month 10 year to date position is now £2.0m adverse to the recovery plan at a £39.8m deficit. £1.0m is attributable to the impact of industrial action and viewed as an acceptable variance from plan, with the remaining variance predominantly driven by an increase in outsourcing costs in month 10, which has not yet been matched by corresponding income due to a lag in the recognition of ERF income. Further work is underway to provide an up to date assessment of ERF income to month 10, including any additional income relating to data capture backdated to April 2023.

In relation to ERF income, the Trust has been informed of an NHSE process to confirm Trust ERF income for the year in advance of national 'flex and freeze' dates. NHSE is expected to make a proposal for ERF income for months 10-12, which trusts can either accept or challenge. If a challenge is made and accepted any under or over performance will be transacted in 2024/25. Given the Trust's month on month improvement in ERF income, it is likely a challenge will need to be made, but further details will be reported when more information becomes available.

Whilst the financial recovery plan has been successful to date in improving the run rate, a further improvement is required for the remaining two months of the year in order for the Trust to meet its financial recovery plan target.

#### The committee noted the report

### **2023/24 Operational performance by exception**

An update was provided on the latest performance position, with the current focus being on driving improvement to the end of March to end the year positively and be in a strong place to start 2024/25. A 10 week challenge process is in place across RTT and UEC with positive progress being made in both areas. This has had a positive impact on the 78 week wait trajectory to yearend (excluding the impact of any further industrial action).

Ongoing industrial action continues to have a negative impact on operational performance across all areas, with preparation for further industrial action in February and March.

**The committee noted the report.**

### **Improvement Plan delivery**

The Director of Improvement provided an update on the work of the operational improvement plan. Significant improvement efforts are being targeted towards discharges and diagnostic performance, but further work is required in both of these areas.

Within diagnostics, areas of particular focus are on equalising performance across both sites and all modalities.

**The committee noted the report.**

### **Delivering Best Value (DBV) and Financial Recovery Plan**

The yearend forecast is for the DBV plan to be £15.7m adverse to plan, which is driven by a shortfall in the internal savings plan of £2.1m, and a shortfall in the system savings plan of £13.6m. The Financial Recovery plan was put in place to mitigate this position and support other cost pressures in the trust and reduce the deterioration of the position. To date £18m of improvements have been delivered since the process was set out in Month 7. There is forecast to be £5.4m shortfall to plan at yearend due to known and accepted changes. All forecast figures are reflected in the financial year end forecast.

Efforts are being made to maximise delivery for the remaining months of the year, and learning lessons from the current year in planning for 2024/25, namely in relation to a single savings plan across the Trust and system.

The Trust will also be moving towards the ambition of a rolling 3 year savings programme, accepting the current focus is on the planning year so with an initial framework to be presented in Q1.

**The committee noted the report.**

### **Pay and activity growth review**

A report was presented summarising work undertaken to investigate the 'productivity gap' which is commonly referred to as the gap between pay and non-pay costs growing

at a faster rate than activity undertaken. This showed that the Trust benchmarked favourably compared to other south west trusts but acknowledged further improvement was required. Particular areas of focus for 2024/25 will be around productivity within the existing cost base, reducing premium cost delivery, ensuring accurate capture of activity, and continuation of a robust value for money appraisal of new proposals.

**The committee noted the report.**

#### **Capital report escalations**

A paper was presented updating the Committee on the Trust's capital position and forecast outturn. Whilst some specific risks were highlighted, mitigations were reported to be in place and so a reasonable level of confidence presented in relation to the year-end position.

**The committee noted the report.**

### **3.2 Items for Approval**

#### **Treasury Management Policy**

An updated Treasury Management Policy was presented to the Committee with a request to support recommendation for approval by the Trust Board of Directors.

Some minor amendments were requested by members of the Committee, who supported the recommendation of Board approval subject to such changes being made.

All changes have now been made and the revised Treasury Management Policy is appended to this report for approval.

#### **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 in the January meeting. No other issues were discussed that would change the current risk scores.

#### **6. Recommendations**

The Finance and Operational Committee makes the following recommendations to the Trust Board of Directors:

- To approve the revised Treasury Management Policy.

All other updates are for noting.

<b>Treasury Management Policy</b>	
Post holder responsible for Procedural Document	Angela Hibbard, Chief Finance Officer
Author of Policy	Mike Stewart, Head of Financial Services
Division/ Department responsible for Procedural Document	Finance
Contact details	michael.stewart5@nhs.net
Date of original document	November 2019
Impact Assessment performed	No
Ratifying body and date ratified	Finance and Operational Committee - 20 <sup>th</sup> February 2024 Board approval – 28 <sup>th</sup> February 2024
Review date	28th February 2027
Expiry date	28 <sup>th</sup> February 2027
Date document becomes live	29 <sup>th</sup> February 2024

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

<b>Monitoring Information</b>		<b>Strategic Directions – Key Milestones</b>	
Patient Experience		Maintain Operational Service Delivery	
Assurance Framework		Integrated Community Pathways	
Monitor/Finance/Performance	✓	Develop Acute services	
CQC Fundamental Standards - Regulation:		Infection Control	
Other ( <i>please specify</i> ):			
<b>Note:</b> This document has been assessed for any equality, diversity or human rights implications			

**Controlled document**

This document has been created following the Royal Devon University Healthcare NHS Foundation Trust. It should not be altered in any way without the express permission of the author or their representative.

**Full History**

Version 1 of the Treasury management policy was written in November 2019 based on previous NHS Improvement and Monitor guidance. Since then there have been significant changes to the NHS Structure and the NHS cash regime so this policy has been fully reviewed and undertaken significant changes. This is therefore considered a new document. This version is therefore Version 2

**Status: Draft or Final**  
Draft

Version	Date	Author	Reason
2.0	04/01/2024	CFO	New Policy, to meet NHS England revised cash regime

<b>Associated Trust Policies/ Procedural documents:</b>	Standing Financial Instructions
<b>Key Words</b>	Treasury Management Cash liquidity Cash funding support Investments Loans Working capital facility
<b><i>In consultation with and date:</i></b> The Policy has been prepared by the Trust's Cash Steering Group, ratified by the Trust's Finance and Operational Committee and approved by the Trust's Board of Directors.	
<b>Contact for Review:</b>	Michael Stewart – Head of Financial Services
<b>Executive Lead Signature:</b> <i>(Applicable only to Trust Strategies &amp; Policies)</i>	<b>To be added by Policies Administrator when uploading to Intranet</b>

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## **1 KEY POINTS OF THIS POLICY:**

It is both appropriate and necessary to formally set out current treasury activities and establish a treasury risk management environment in which all objectives, policies and operating parameters are clearly defined.

This policy sets out the Trust's Treasury Management Policy, and in particular gives guidance on management of cash balances, borrowing, working capital facility and the investment of surplus cash.

## 1 INTRODUCTION

- 1.1 In order to ensure effective corporate governance and grip and control it is both appropriate and necessary to formally set out treasury activities and establish a treasury risk management environment in which all objectives, policies and operating parameters are clearly defined.
- 1.2 This policy therefore sets out the Trust's Treasury Management Policy, and in particular gives guidance on working capital facility, borrowing and the investment of surplus cash.
- 1.3 . This policy has been drafted considering the following documents:
  - Secretary of State's Guidance under section 42A of the National Health Service Act 2006 – Finance available to NHS Trusts and Foundation Trusts
  - NHS England - Reforms to the NHS Cash Regime effective from 1st April 2020
  - NHS England – Process and Guidance for Provider Revenue Support (Q4 2023/24)

## 2 PURPOSE

- 2.1 This policy provides a clearly defined risk management framework for the Trust and those staff in the Trust responsible for treasury operations. Actions to manage this risk will vary over time and the policy will be reviewed regularly to reflect any changes in the Trust's operations and the on-going financial climate.

## 3 DUTIES AND RESPONSIBILITIES OF STAFF

**The following Boards/Committees are responsible for:**

### 3.1 Board of Directors

- 3.1.1 Approve funding arrangements and loans and renewals/refinancing of existing loans.
- 3.1.2 Approve the Trust's Treasury Management Policy.
- 3.1.3 Approve Trust Standing Financial Instructions, Standing Orders and Scheme of Delegated Limits.
- 3.1.4 Ensure proper safeguards are in place for security of the Trust's funds by:
  - a) Agreeing a list of permitted institutions;
  - b) Setting investment limits for each permitted institution; and
  - c) Agreeing permitted investment types.

### 3.2 Finance and Operational Committee

- 3.2.1 The Finance and Operational Committee as part of their oversight of the "In Year Delivery of the Trust's Finances" will review the cash forecasts against the plan.

Treasury Management Policy

Ratified by: Finance and Operational Committee – 20th February 2024

Approved by: Trust's Board of Directors – 28<sup>th</sup> February 2024

Review date: 28th February 2027

- 3.2.2 It is responsible as part of annual planning to review and recommend to the Board cash requirements.
- 3.2.3 It is also responsible for receiving, considering and agreeing appropriate actions from the updates and recommendations that are provided from the Cash Steering Group.

### **3.3 Cash Steering Group**

- 3.3.1 The Cash Steering Group shall consider and (as applicable) approve or recommend strategies and policies in relation to areas of cash management including (but not limited to):
- The daily and monthly cash monitoring and forecasting of cash balances, including explanation of the key drivers of the reported and underlying cash position.
  - The review and recommendation of PDC cash funding requests to NHSE.
  - Review of Better Payment Practice Code performance.
  - Working capital management and reporting, including the review of key performance target indicators, metrics and dashboard.
  - Review and inform the annual cash plan in support of the Trust's financial plan, including triangulation to the Trust's I&E and Balance sheet, prior to submission to the regulator and the Trust Board.
  - The Cash Steering Group will be responsible for the preparation of the Trust's Treasury Management Policy and for seeking its approval by the Trust's Finance and Operational Committee.
  - The Cash Steering Group will provide oversight of the Trust's treasury activities ensuring they are in line with policies approved by the Board.

**The key responsibilities within the Trust are as follows:**

#### **3.4 Chief Finance Officer**

- 3.4.1 Ensure that the Trust Treasury Management activities are carried out in line with the policy.

#### **3.5 Director of Operational Finance**

- 3.5.1 Oversee the operational management and performance of the Treasury Function.
- 3.5.2 Fulfil the role of the Chief Finance Officer in respect of the above in the absence of this role.
- 3.5.3 Review forecast cash balances for a minimum of the next twelve months as part of operational planning and make recommendations to the Chief Finance Officer on short term working capital requirements.
- 3.5.4 Authorise the placement of investments.

### **3.6 Head of Financial Services**

- 3.6.1 Manage the Cash Management team ensuring policies and procedures are adhered to.
- 3.6.2 Update Treasury Management Policy and procedures when necessary for approval by the Board of Directors.
- 3.6.3 Monitor the Trust's cash, investments, receivables and payables balances.
- 3.6.4 Make recommendations and escalate issues when necessary to the Chief Finance Officer and the Director of Operational Finance.

## **4 SCOPE OF TREASURY MANAGEMENT FUNCTION**

### **4.1 The objectives of the Trust's Treasury function are to support the organisation by:**

- Providing accurate cash forecasts;
- Management of cash resources and ensuring the Trust has adequate cash during times of financial distress.
- Ensuring the most competitive return on surplus cash balances, within an agreed risk profile;
- Ensuring the availability of funding at all times and at the most flexible and competitive price;
- Identifying and managing the financial risks, including interest rate and foreign currency risks (where appropriate), arising from operational activities;
- Ensuring compliance with all funding covenants;
- Ensuring all investments are made with approved deposit takers in line with this policy;

### **4.2 Treasury Controls**

- 4.2.1 The Treasury controls proposed in this document are designed to ensure the Trust's Treasury activities are undertaken in a controlled and properly reported manner.
- 4.2.2 The key components of the overall Treasury operating environment for the Trust include the following:
  - Clearly defined roles and responsibilities in Treasury activities for the Board of Directors, the Chief Finance Officer, the Director of Operational Finance and other members of the Finance Team. These are set out in section 3;
  - Regular reporting of Treasury activities;

- Systems to ensure the management of receivable and payable balances;
- Controls on who can operate bank accounts and authorisation limits;
- Segregation of duties between those who deal, those who initiate payment and those who account for Treasury activities. In the case of an emergency an appropriate Director is recognised as the authorising signatory.
- Strict limits on the types of investments and the circumstances in which they may be used by the Cash Management team.

## **5 ATTITUDE TO RISK IN KEY TREASURY ACTIVITIES**

### **5.1 Funding**

- 5.1.1 The principal role of the Treasury function is to maintain liquidity, to mitigate and manage risk and to ensure a competitive return within an acceptable risk profile. For instance, surplus cash will be considered for investing that meet the credit criteria and in instruments that have an acceptable risk profile. Under no circumstances will the Treasury function be authorised to enter into trading positions or to undertake trading for purely speculative reasons.
- 5.1.2 The key funding objective is to ensure the availability of flexible and competitively priced funding from alternative sources to meet the organisation's current and future requirements. The Trust will maintain a prudent approach to funding, recognising the ongoing requirement to have sufficient funds in place to cover existing business cash flows and to provide reasonable headroom for cash flow fluctuations, capital expenditure programmes and exceptional items.
- 5.1.3 The Trust's investment of surplus cash and the risk profile of investments and institutions are described in the section below.

### **5.2 Investments**

- 5.2.1 Investments in this context cover the investment of surplus cash. Major capital investments are subject to separate guidance issued by NHSE.
- 5.2.2 NHSE allows trusts to make 'safe harbour' investments of surplus operating cash. 'Safe harbour' means that NHS foundation trust boards do not need to undertake an individual investment review for these investments nor will NHSE require a report on them as part of its risk assessment process, since they are deemed to have sufficiently low risk and high liquidity.

- 5.2.3 For the foreseeable future it is very unlikely that the Trust will have sufficient surplus cash to place as investments. Appendix 1 provides details of the Safe Harbour criteria previously agreed by the Trust's Board of Directors. If and when the Trust has cash to invest the safe harbour criteria will be reviewed and appropriate recommendations will be made to the Trust's Board of Directors prior to any investments being placed.
- 5.2.4 As a matter of policy, the Trust will not invest in non-safe harbour investments which are considered higher risk such as bonds, equities, commodities and products based on them, derivative products such as futures, options and swaps and contracts for differences, investments linked to other trade instruments, index linked investments, private equity or venture capital investments, leveraged instruments, hedge funds and foreign currency linked investments.
- 5.2.5 All Trust cash balances will remain in a comparatively liquid form and all investments resulting from these will be realised and have a maturity not exceeding twelve months.
- 5.2.6 The Board of Directors has agreed that the Trust's cash balances should be retained within the GBS account until the other above approved investment institutions are able to provide a higher net return. The current investment return achieved with retaining cash in GBS is 3.5%, this relates to the PDC Dividend expenditure saving. In addition to this saving, interest is receivable from holding cash within the GBS bank account. At the time the policy has been updated an interest return of 4.89% is receivable on cash held within the GBS account. The interest return when combined with the PDC Dividend saving equates to a return of circa 8.39% per annum. This will however be kept under review by finance.

### **5.3 Government Banking Service (GBS)**

- 5.3.1 Royal Bank of Scotland Group (RBSG) provides Government Banking Service bank facilities.
- 5.3.2 The Bank of England is able to access GBS accounts. Sweeps will take place behind the scenes using GBS high-level accounts at each bank.
- 5.3.3 HM Treasury Managing Public Money guidance states:

Accounting officers are responsible for managing the risks inherent in this process actively, including any credit exposures of funds held in commercial banks outside the Exchequer pyramid. Each public sector organisation should establish a banking policy in order to carry out this task.

Each public sector organisation should establish a banking policy for control of its working balances and its transmission of funds. Its centrepiece should be use of Government Banking accounts, which sit within the Exchequer pyramid. Departments should only hold funds outside of the Exchequer where a good business case can be made for doing so, e.g. if Government Banking cannot provide a necessary service or legislation requires it.

## **5.4 Loans**

- 5.4.1 If borrowing requirements are identified within the Annual Plan the Chief Finance Officer will approach lenders to establish potential interest rates and terms.
- 5.4.2 The Chief Finance Officer will recommend to the Trust's Board of Directors the Trust's loan requirements.
- 5.4.3 The Board of Directors is responsible for the approval of funding arrangements, including loans and working capital facility.
- 5.4.4 The Director of Operational Finance will be responsible for monitoring and reporting compliance with loan covenants.

## **5.5 Revenue cash support**

- 5.5.1 Public Dividend Capital Revenue (PDC) Support is provided by NHSE and is available to support revenue expenditure only that is deemed essential expenditure to protect continuity of patient services.
- 5.5.2 The Trust is required to demonstrate its revenue cash requirements to NHSE. Requests must be submitted in line with NHSE's templates and timetable.
- 5.5.3 Revenue support takes the form of PDC, with no set repayment date, but attracts a dividend payable at a current rate of 3.5%.
- 5.5.4 Guidance in relation to applying for this funding is provided by the NHSE Provider Revenue Support Team.
- 5.5.5 The Chief Finance Officer will approach NHSE for Provider Revenue Public Dividend Capital (PDC) Support and will make appropriate timely recommendations to the Board of Directors in relation to the required level of funding.
- 5.5.6 The Board of Directors is responsible for approving the Provider Revenue (PDC) request prior to its submission to NHSE.

## 5.6 Foreign Exchange Management

- 5.6.1 Current foreign exchange exposure is minimal for the Trust. To manage foreign-exchange risk the Trust should comply with the 'Managing Public Money' document issued by H M Treasury. If any area of the Trust wants to enter into a large foreign currency contract this should be authorised by the Chief Finance Officer.

## 5.7 Developing Relationships with Banks

- 5.7.1 The Trust should consider developing long-term relationships with a core group of quality banks. A transactional approach, without the development of relationships, could result in the Trust being unable to rely on the support of banks in the event of major or short-term cash requirements.

## 6 BANK RELATIONSHIPS

- 6.1 The development and maintenance of strong banking relationships is an important factor in enhancing the availability of borrowing to fund the Trust's future capital requirements. The provision of efficient cash management systems throughout the Trust ensures that banking requirements are serviced at an optimal cost. This section details the Trust's objectives in these areas of Treasury.

Developing relationships with banks will be mainly limited to the Banks that provide GBS accounts. Trusts are encouraged to use Government Banking accounts, which sit within the Exchequer pyramid. HM Treasury advises that departments should only hold funds outside of the Exchequer where a good business case can be made for doing so, e.g. if Government Banking cannot provide a necessary service or legislation requires it.

### 6.2 Objectives:

- To ensure the cost paid for banking services is competitive;
- To minimise the cost of borrowings and maximise the return on cash surpluses within acceptable risk parameters by maintaining efficient cash management systems throughout the Trust;
- To develop and maintain strong relationships with a number of key banks; and
- To monitor and ensure compliance with banking covenants.

### 6.3 The Trust currently holds funds with the following organisations:

Bank	Type of facility
Royal Bank of Scotland (Government Banking Service account)	BACS, CHAPS, FASTPAY, DIRECT DEBITS etc.



- 6.4 The Trust's Head of Financial Services and Cash Management Manager will be responsible for managing all banking relationships to achieve the optimum benefit to the Trust.

## **7 POLICY REVIEW**

This policy will be reviewed every three years or sooner if potential investment returns could exceed the return from retaining cash within the GBS bank accounts. The Head of Financial Services will be responsible for the updating of this policy for ratification by the Trust's Board of Directors.

## **8 MONITORING PERFORMANCE**

- 8.1 The compliance of the policy will be monitored by the Cash Steering Group. The performance of the Treasury function may include but not limited to the following information:
- 8.1.1 The monitoring of the Trust's cashflow, identifying cash funding support and the management of applying for this funding.
  - 8.1.2 Payables performance - Performance of payments made in accordance with the Public Sector Payment Performance target.
  - 8.1.3 Receivables performance - Receivables performance e.g. aged debt performance throughout the period.
  - 8.1.4 Investment performance - Investment return for the period, benchmarked against the Bank of England base rate. A compliance statement confirming investments have been invested only with permitted institutions.
  - 8.1.5 Loans - Details of the loans payable, including the value payable.
  - 8.1.6 Mandates - Confirmation that bank mandates have been reviewed and are appropriate .

## **9 ARCHIVING ARRANGEMENTS**

- 9.1 The original of this policy will remain with the author. An electronic copy will be maintained on the Trust Intranet Hub

**10 PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY/ STRATEGY**

10.1 To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
The Cash Steering Group shall consider and (as applicable) approve or recommend strategies and policies in relation to areas of cash management	Report from the Cash Steering Group	The Cash Steering Group will report to the Finance and Operational Committee.

**11 REFERENCES**

None

## 12 APPENDIX 1 – SAFE HARBOUR INVESTMENT TERMINOLOGY

**At the time of writing the policy it is very unlikely for the foreseeable future that the Trust will have sufficient surplus cash to place as investments. If and when that Trust has surplus cash to invest the below safe harbour criteria will be reviewed and appropriate recommendations will be made to the Trust’s Board of Directors prior to any investments being placed.**

This section describes the Trust’s and NHSE’s perspective on what constitutes a “safe harbour” for investments of surplus operating cash. Safe harbour means that NHS foundation trust boards do not need to undertake an individual investment review for these investments nor will NHSE require a report on them as part of its risk assessment process, since they are deemed to have sufficiently low risk and high liquidity.

The emphasis of this advice is to ensure adequate safety (i.e. manageable risk profile) and liquidity (i.e. accessibility of funds at short notice). Securities that are considered sufficiently safe and liquid to be in the safe harbour meet all of the following criteria:

- meet permitted rating requirement issued by a recognised rating agency;
- are held at a permitted institution;
- have a defined maximum maturity date;
- are denominated in sterling, with any payments or repayments for the investment payable in sterling;
- pay interest at a fixed, floating, or discount rate; and
- are within the preferred concentration limit.

The Board has considered NHSE’s guidance relating to Safe Harbour investments. Further restrictions have been adopted to reduce investment risk. The Board have restricted investments to:

- Government Banking Service bank accounts;
- HM Treasury National Loans Funds deposit facility; and
- Investment with the main independent UK retail banks and building societies, restricted to one bank within each UK banking group, that meet the below limits. See below for details of permitted institutions.

The Board has reduced the long-term rating criteria by a further grade to enable the Trust to invest with more banks and building societies. Without reducing the criteria, the Trust would have been restricted to only investing with two banks. NHSE has advised the Trust that these investments should be reported by exception.

Term	Definition
Recognised Rating Agency	<p><b>Only the following are recognised rating agencies:</b></p> <ul style="list-style-type: none"> <li>• Standard &amp; Poor's;</li> <li>• Moody Investor Services Ltd; and</li> <li>• Fitch Ratings.</li> </ul>
Permitted Rating Requirement	<p><b>The short term rating should be at least:</b></p> <ul style="list-style-type: none"> <li>• A-1 Standard &amp; Poor rating; or</li> <li>• P-1 Moody's Rating; or</li> <li>• F1 Fitch Ratings.</li> </ul> <p>The long term rating should be at least:</p> <ul style="list-style-type: none"> <li>• A2 per Board (A1 Moody's – NHSEI's criteria)</li> <li>• A per Board (A+ Standard &amp; Poor's or Fitch Ratings – NHSE's criteria)</li> </ul> <p>Exception to the above Nat West Bank has been approved subject to it meeting two of the three above permitted ratings.</p>
Permitted Institutions	<p><b>Permitted Institutions include:</b></p> <ul style="list-style-type: none"> <li>• Institutions that have been granted permission, or any European institution that has been granted a passport, by the Financial Services Authority to do business with UK institutions provided it has an investment grade credit rating of A1/A per Board (A+ per NHSEI) issued by a recognised rating agency; or</li> <li>• The UK Government, or an executive agency of the UK Government, that is legally and constitutionally part of any department of the UK Government including the UK Debt Management Agency Deposit Facility.</li> </ul>
Maximum Maturity Date	<ul style="list-style-type: none"> <li>• The maximum maturity date for all investments should be three months. The Board of Directors has approved an increase in the investment period to just under 12 months, where the investment rates offered are considered sufficiently high enough return in comparison to rates for shorter periods.</li> <li>• The maturity date for any investment should be before or on the date when the invested funds will be needed.</li> </ul>
Preferred Concentration Limit	<ul style="list-style-type: none"> <li>• Investment limits should be set for permitted institutions based on their credit rating and net worth. These limits should be reviewed annually and reset if there is a change in either the credit rating or the net worth of the financial institution. If an institution is either downgraded or put on credit watch by a recognised rating agency, the decision to invest with them should be reviewed.</li> <li>• Investments with permitted institutions should not exceed the set limit at any time.</li> <li>• Any investments failing to meet the "safe harbour" requirements will be suspended from the register immediately and no further monies may be placed with that specific institution.</li> </ul>

Investments that do not fulfil the criteria for safe harbour are higher risk instruments and include bonds, equities, commodities and products based on them, derivative products such as futures, options and swaps and contracts for differences, investments linked to other trade instruments, index-linked investments, private equity or venture capital investments, leveraged investments, hedge funds and foreign currency linked investments.

For the purpose of calculating the liquidity ratio used in deriving the financial risk rating of NHS foundation trusts, investment of surplus operating cash in safe harbour investments will be treated as cash.

### Permitted institutions

The Board is responsible for agreeing permitted institutions, see section 3.1.4. The permitted institutions will comply with the Safe Harbour Investment Terminology after reducing the long-term rating criteria by one grade.

A list of permitted institutions will be provided to the Board at least biennially for their approval. The current list of permitted institutions based upon the three recognised rating agencies is:

Bank	Restricted to
National Loans Funds – HM Treasury	Unlimited
Citi Bank Plc and Royal Bank of Scotland Group (RBSG) Government Banking Service accounts	Unlimited
Barclays Bank Plc	£20 million
Lloyds TSB Bank Plc.	£20 million
Nationwide Building Society	£20 million
Standard Chartered Bank Plc	£20 million

The Board of Directors agreed that the Trust’s cash balances should be retained within the GBS account until the other above approved investment institutions are able to provide a higher net return.

### Notes

1. Permitted value of investment increased to £20 million from £10 million where the investment rates offered are considered sufficiently high enough return in comparison to other investor rates.
2. Although HSBC met the investment and risk rating criteria the Board of Directors has **not** approved investing with this bank.

<b>Agenda item:</b>	11.5, Public Board Meeting	<b>Date:</b> 28 February 2024		
<b>Title:</b>	Governance Committee (GC) Report			
<b>Prepared by:</b>	Jacky Gott, Assistant Director of Governance			
<b>Presented by:</b>	Martin Marshall, Chair of the Governance Committee			
<b>Responsible Executive:</b>	Sam Higginson, Chief Executive Officer			
<b>Summary:</b>	A report by exception from the Governance Committee			
<b>Actions required:</b>	For noting			
<b>Status (x):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
				<b>x</b>
<b>History:</b>	The last Governance Committee Report was presented to the Board of Directors on 31 January 2024.			
<b>Link to strategy/ Assurance framework:</b>	The Governance Committee reviews and monitors the Corporate Risk Register and identifies and escalates operational risks which it considers could have strategic significance and which the Board might consider placing on the Board Assurance Framework.			

**Monitoring Information**

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

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	To provide, as requested by the Board of Directors (Board) a report by exception, from the Governance Committee following the meeting on 8 February 2024.
<b>2.</b>	<b>BACKGROUND</b>
2.1	The Governance Committee is responsible for ensuring that effective governance is embedded in the organisation and that risks associated with compliance and legislation and regulatory standards are identified and mitigated. It provides assurance to the Board that the Trust has effective systems of internal control in relation to risk management and governance.
2.2	The Governance Committee Chair, on behalf of the Governance Committee, is responsible for reporting back to the Board, in line with the Board's Schedule of Reports after each meeting of the GC, issues by exception.
2.3	A copy of the approved Governance Committee minutes is available for inspection pursuant to the Governance Committee's terms of reference.
<b>3.</b>	<b>ANALYSIS</b>
3.1	In line with the schedule of reports, the Governance Committee receives exception reports from the relevant sub committees each time they meet. As of the date of this report, the Governance Committee is assured from the reports that the sub-committees continue to function effectively.
3.2	<p>The Governance Committee (GC) raises the following matters <b>for escalation</b> to the Board:</p> <p><b>Notification of Never Event in Orthopaedic services, Eastern services</b>          Prof. Adrian Harris, Chief Medical Officer (CMO), informed the GC of a Never Event which has been declared in Orthopaedics at the Royal Devon &amp; Exeter Hospital. The Never Event involved a patient who was undergoing a total hip replacement and unintentionally, a different sized cup component (replacement for the socket) and stem head (replacement for the ball) were implanted.</p> <p>The mismatch in component sizes was identified by the National Joint Registry as incompatible, and a full investigation is underway. The GC were assured that duty of candour has been exercised and that at present there have been no negative consequences for the patient functionally. A discussion and mutual decision will be made between the surgeon and the patient to decide the best course of action going forward for the patient. The GC noted that the Integrated Care Board (ICB) and the Care Quality Commission (CQC) have been notified.</p>
3.2	<p>The Governance Committee (GC) raises the following matters <b>for information</b> with the Board:</p> <p><b>a) Clinical 'View from the Bridge'</b>          The GC were advised by Prof. Adrian Harris, CMO, that the clinical view from the bridge is one of cautious optimism, and highlighted the following:</p> <ul style="list-style-type: none"> <li>• the positive engagement from clinical teams in relation to Trust finances and universal desire to ensure that money is spent wisely in the interest of patients.</li> <li>• the continued impact of Industrial Action (IA) but the sustained upward trajectory in elective recovery.</li> <li>• that operational and winter pressures remain challenging, with recent declarations of Opel 4, and that the complexity across Devon has never been more challenging with difficult conversations being held around the balance of risks in the Emergency Departments across the system.</li> </ul>



- progress with cancer waiting times but this remains under enormous pressure both in operational oncological and haematological services

The GC acknowledged the above factors and that staff continue to work to the best of their abilities under sustained winter pressures. The GC noted that opportunities for collaboration within the community, social care and other acute providers need to be considered further. The GC also noted the technological advancements and opportunities with the introduction of Artificial Intelligence (AI).

The GC were further assured by Carolyn Mills, Chief Nursing Officer (CNO), that the Quality Impact Assessment (QIA) processes were embedded and the difficult decisions being made on investments of budgets for the 2024-25 programme with CMO and CNO oversight. The GC receives quarterly updates on QIAs.

The GC noted the pressure from Covid, flu and norovirus is not as significant as anticipated and although the Trust does have its infection control challenges, this has not resulted in high numbers of bed closures which has been positive.

The GC heard that Sodexo have confirmed strike action for its Unison members on 16th and 19th February 2024. The GC was reassured that appropriate plans were in place to minimise any impact.

**b) Corporate Risk Register (CRR) Report**

The GC were provided with an update on the position of the CRR by Jacky Gott, Assistant Director of Governance. The report outlined that there are currently 24 risks on the CRR with a further three due to be added following approval at the Safety & Risk Committee on 1 February 2024. The new risks related to compliance with subject access request timeframes, and children's and young people presenting with mental health issues (please see section (f) for more detail).

The report also highlighted the main themes (or 'types') of risks held on the CRR, with the top three remaining as clinical safety, workforce, and demand and capacity. This is consistent with the themes highlighted in the deep dive of the CRR undertaken this time last year. The GC noted that a further deep dive of the CRR was planned to ensure that the risks held on the CRR remained appropriate and that the associated action plans for each of the risks were robust and would mitigate the risk to a sufficient level. The results of this deep dive exercise will be reported back to the S&RC in March/April 2024.

**c) Annual Whistleblowing Report**

Melanie Holley, Director of Governance, presented the Annual Whistleblowing Report to the GC. The GC noted that all four of the cases in the report were anonymous. The continued trend for whistle-blowers to remain anonymous is in contrast to the increasing numbers of Speaking Up cases in which reporters are content to be identified. The GC discussed the potential reasons for this including a perception that people were less comfortable confirming their identity in the usually more serious whistleblowing cases.

The GC noted that the only discernible theme that could be taken from the cases within the report related to perception of operational processes within the Trust. The GC supported the learning that there is a balance to be struck as to how the Trust and its managers ensure and communicate transparency of processes, explaining about how things are done a certain way to avoid confusion and misperception.

**d) External Visits Update Report**

The GC received and noted the External Visits update which provided the GC with details of the visits the Trust has received since the last update report in August 2023. The GC noted the position of the action plans arising from these visits and agreed that more detail regarding any risks associated with the visits will be included in the report going forward.



	<p><b>e) Project Simplify Update</b>  The GC received an update from Hannah Foster, Chief People Officer (CPO) on Project Simplify – a programme of work led by the People function to simplify processes and policies to make them more accessible and user friendly for staff. The learning from the revised template was noted by the GC and it was agreed that further discussions would take place to build the key learning points into the wider policy templates used across the Trust.</p> <p><b>f) Children &amp; Young Persons (CYP) Bi-Annual Report</b>  Carolyn Mills, CNO, provided the GC with an update on the CYP programme and highlighted the following risks that were approved onto the CRR on 1 February 2024.</p> <ul style="list-style-type: none"> <li>• Eating Disorders (ED) Other Specified Feeding or Eating Disorder (OSFED) or Avoidant/Restrictive Food Intake Disorder (ARFID) (Risk score 12)</li> <li>• CYP Mental Health (Risk score 16)</li> </ul> <p>The GC noted the exponential rise of CYP Eating Disorder and Mental Health presentations across Eastern Services, requiring multifaceted and complex specialist care and discharge. The GC were assured that although control measures and wider mitigations do remain in place to support, many of these mitigations remain system wide, posing a risk to the provision of adequate and/or timely mental, social or physical health support for CYP. The GC acknowledged the negative impact on clinical outcomes, an increase in incidents of violence and aggression towards staff, and an increase in the adverse psychological impact of other medically unwell children within the department who witness distressing behaviours from those in crisis. The GC noted the action plan in place to mitigate the risk with Executive leadership.</p> <p><b>g) CQC State of Care 2022-23</b>  The GC received a summary of the CQC State of Care 2022-23 report which highlighted those aspects relevant to acute and community providers, for information purpose only. The State of Care 2022/23 report is an annual assessment of health care and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.</p> <p>The GC noted that the CQC report does not make any formal recommendations for providers to comply with, however the themes arising from the report are well recognised across acute providers.</p> <p>A full copy of the State of Care report can be accessed here:  <a href="https://www.cqc.org.uk/publications/major-report/state-care/2022-2023">https://www.cqc.org.uk/publications/major-report/state-care/2022-2023</a></p> <p><b>h) Freedom to Speak Up (FTSU) Policy</b>  The GC discussed a draft FTSU policy presented by Melanie Holley, Director of Governance, on behalf of Simon Domoney, Lead Freedom to Speak Up Guardian.</p> <p>The GC noted the national recommendation for a standalone policy but agreed a proposal that the content of the policy would be more effective in an alternative form of reading material (e.g. a leaflet) as guidance for staff on the HUB, in addition to the existing Whistleblowing policy which would be reviewed and adapted into an overarching Speaking Up policy with links to the national policy.</p> <p><b>i) Clinical Effectiveness Committee</b>  The GC noted the CEC update report provided by Prof, Adrian Harris which outlined the following:</p> <ul style="list-style-type: none"> <li>• Primary and Secondary Care Interface – a One Devon Primary and Secondary Care interface document has been developed by NHS Devon ICB to support better coordination and collaboration to improve the safety, effectiveness, experience, and outcomes for the care provided across Devon.</li> </ul>
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	<ul style="list-style-type: none"> <li>National Clinical Audit – assurance was provided to GC that progress continued to be made with reporting national clinical audit results via CEC with a number of reports scheduled for presentation in the coming months.</li> </ul> <p><b>j) People, Workforce Planning and Wellbeing Committee</b>  The GC received an update report from Hannah Foster, CPO, who highlighted the gender pay gap reports as part of the annual mandatory reporting process. Alongside this, pay gap reports for ethnicity and disability were also produced for the first time. The GC noted that there was no requirement to produce pay gap reports for ethnicity and gender, but acknowledged and supported that these reports provide important information to inform the Trust’s inclusion journey. The gender pay reports are presented to the Board in full under item 11.1.</p> <p><b>k) Safety &amp; Risk Committee</b>  Carolyn Mills, CNO, presented the report to the GC, highlighting the following to the committee:</p> <ul style="list-style-type: none"> <li>Never Events Summit – as part of the Trust’s ongoing quality improvement work, a never events summit was held on 31 October 2023, with attendance from Northern and Eastern clinical &amp; support functions (30+ attendees). This event recognised that never events are a Trust wide issue that pulls on the competing priorities of quality, access, people and finances together with cultural contributions. The GC noted the summary of the discussions and the ongoing consideration by the Task and Finish Group to develop the recommendations from the summit.</li> <li>Human Factors Training – the GC were informed of the cross site educational training days on Human Factors that took place on 29 and 30 November 2023 in Exeter and 4 December 2023 in Barnstaple. The GC noted the next steps to identify staff to undertake the Train The Trainer (TTT) training in January 2024 to lead the development of and training for the first Royal Devon Human Factors course to be run in February 2024. In addition to this, the GC were assured that an e-learning Human Factors package has been developed and is being tested before being made available to staff.</li> <li>Never Event Investigations – the GC received and noted three completed Never Event Investigation reports relating to wrong site surgery incidents which occurred within Northern services in 2022 and a blood product incompatibility incident which occurred within Eastern services in 2023. The GC were assured that the learning had been developed into action plans which align with the wider Trust programme of work to address Never Event occurrences.</li> </ul> <p><b>l) Safeguarding Committee</b>  The GC received an update report provided by Carolyn Mills, CNO. The GC noted a continued increase in safeguarding activity impacting on current service provision, which was being managed, but at the potential risk of the safeguarding service failing to manage the Trust’s statutory and regulatory safeguarding requirements. The GC were assured that this was reflected in a risk assessment and supporting action plan, and that discussions were taking place regarding further investment into the safeguarding workforce as part of the 24-25 operational planning cycle.</p> <p>The GC noted the improving picture of safeguarding training compliance over the last two quarters with Safeguarding Adults and Mental Capacity Act training achieving the target of 85% compliance, and Safeguarding Children and Maternity safeguarding training compliance rates continuing to improve.</p>
<b>4</b>	<b>RESOURCE / LEGAL / FINANCIAL / REPUTATIONAL IMPLICATIONS</b>
4.1	No resource/legal/financial or reputation implications were identified in this report.

<b>5.</b>	<b>LINK TO BAF / KEY RISKS</b>
5.1	The Governance Committee reviews the Corporate Risk Register twice a year and identifies and escalates risks as appropriate to the Board of Directors that the Joint Governance Committee considers may be strategic and therefore the Board of Directors might consider escalating to the Board Assurance Framework.
<b>6.</b>	<b>PROPOSALS</b>
6.1	It is proposed that the Board of Directors notes the report from the Governance Committee.

Agenda item:	11.6, Public Board Meeting	Date: 28 February 2024		
Title:	February 2024 Integration Programme Board update to the Royal Devon Board of Directors			
Prepared by:	Fran Lowery, Head of Corporate PMO			
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 20 February 2024 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.			
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 ( <i>please specify</i> )			

## INTEGRATION PROGRAMME Programme Exception Report

### 1.0 Overview

The IPB met on 20 February 2024 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 held the 60-day review meeting with Staffside on the 8 February, and the Phase 1 consultation was closed in agreement with Staffside
- The Corporate Service Delivery Group is working with corporate service leads to further develop DBV plans for 2024/25
- The Clinical Pathway Integration Group updated the clinical integration methodology, with methodology proposed for 2024/25
- Year 3 draft 2024/25 Integration programme plan and resource proposal, developed with the workstream leads, was discussed.
- The ASW Corporate services audit terms of reference were approved

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
- Integration programme delivery year 2: governance and programme

### 2.0 Operational Services Integration Group update

The COO gave updates on the progress of the Operational Services Integration Group (OSIG). The 60-day review meeting with Staffside on the 8 February had a positive outcome when the Phase 1 consultation was closed in agreement with Staffside. A post consultation closure meeting with Phase 1 affected staff was held on 19<sup>th</sup> February, chaired by the COO. He confirmed the agreed Care Groups, including the revised proposal to include Women's & Child Health Care Group, with selection processes taking place between 11 to 22 March. Phase 1 is on track to deliver by 1 April.

The medical leadership structure has been progressed, with good engagement to try and ensure that the posts are attractive. The final iteration will be costed & taken to Execs for sign-off prior to further engagement and commencement of consultation.

OSIG Phase 2 is currently being scoped regarding the roles to be included, which will be agreed by the COO and CNO. The 'as is' staffing information is being validated and

costed, in order to identify the likely sources of the 5% overall savings to be delivered as per the merger business case. The plan is that the structure will be co-designed with the incoming triumvirates, before being agreed and signed off.

An OSIG financial update will be provided to IPB on 19<sup>th</sup> March, ahead of sharing with March's Board of Directors to confirm the structure and cost impact of phase 1, as well as the likely financial implications of phase 2.

### 3.0 Corporate Services Delivery Group

CSDG met on 22 January, chaired by the DCEO, with CFO and CPO in attendance. This meeting focused on the Corporate Service DBV plans, with each lead outlining their plans to date. The corporate DBV plans for 24/25 were presented by corporate service leads and feedback provided. The DBV plans were then reviewed on 19 Feb by the DCEO and CFO ahead of the next CSDG meeting. The current plans were then shared with the executives on 20 February.

The next CSDG meeting is on 26 February 2024 focusing on finalising DBV plans for 2024/25. It was also agreed that a review of the DBV savings to date relating to integration are compiled and shared with IPB in April.

### 4.0 Clinical Service Integration Group

The Chief Nursing Officer provided a powerpoint update on the Clinical Service Integration Group (CPIG).

The Transformation Team, with exec oversight from CMO and CNO, will support the integration of all clinical services in a supportive and sustainable way by:

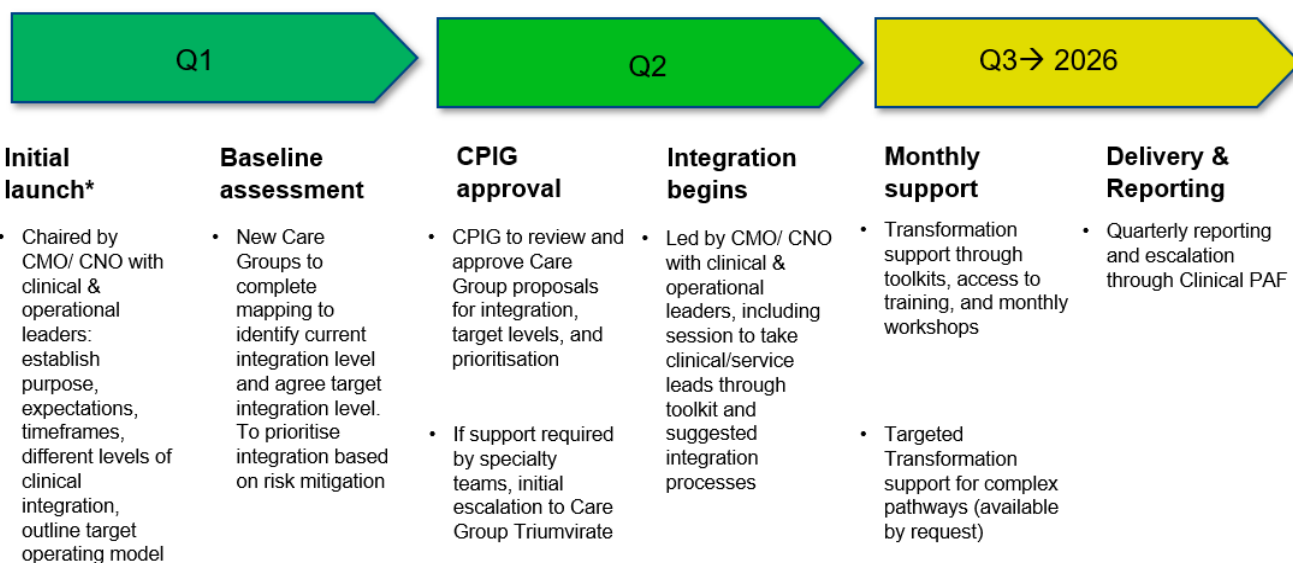
- ensuring equity of access for patients, regardless of site of care
- empowering divisional teams and maximise clinical service level ownership and design
- building the competence and confidence of service teams in service improvement

A survey had been carried out of the clinical services and their current integration status. This is shown below:

Clinical Service Division	Integration status:				Total Services
	Integration required	Alignment only	Already integrated/ provided across both sites	No integration requirement	
Community	0	0	12	1	13
Medicine	8	5	3	1	17
Specialist	18	1	8	0	27
Surgical	16	1	4	0	21
<b>Total</b>	<b>42</b>	<b>7</b>	<b>27</b>	<b>2</b>	<b>78</b>

The clinical services integration reporting mechanism operationally will be through the clinical PAFs. The RDUH governance mechanism will be discussed and agreed to ensure adequate visibility for the Board of Directors in future years.

The initial timeline for this work for 2024/25 is shown below:



An end of year 2 update report will be provided to IPB in April to confirm the progress to date of integration for the 8 high priority services as well as urology. This report will also outline the learning from the 8 high priority services, the process for clinical integration in 2024/25, anticipated timeframes and PAF reporting and governance.

### 5.0 Integration Programme delivery and management year 2: audit plan, governance and programme plan

## 5.1 Programme governance and risk management

The Head of Corporate PMO met with the Deputy Director of Governance on 19 February to review the year 2 RAID log. There were no new issues identified on this log.

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

## 5.2 Integration year 2 Corporate Services audit

The Corporate services integration audit ToR were approved by IPB, and the Head of CPMO will work with the Head of ASW to progress this audit. Once the audit is complete it will be reviewed by IPB in April 2024.

## 5.3 Year 3, 2024/25 programme plan and resources

An outline programme plan for 2024/25 was discussed at IPB, including the resources required to successfully deliver the programme. Following this discussion, further work will be undertaken with leads to finalise the resource requirement, and this will then be taken through the operational planning process.



5.4 Integration Programme delivery – for H2, Quarter 4 (Jan - March 2024)

The high-level programme plan for the delivery of the 4<sup>th</sup> quarter of year 2 is shown below:

Key	
Completed	
In progress	
Off track	
Not yet started	

		2024		
		H2, Q4		
Steering Group	Key workstreams	Jan	Feb	Mar
1. Programme Management IPB	Programme deliverables	Year 2 audits: Corporate and desktop review ToR	Year 2 audits: Corporate and desktop review in progress	Develop year 3 programme, close down year 2 - report
	Delivering Best Value	DBV stocktake review		
	Integration OD & Culture	OD approach to embed and sustain changes, lessons learnt Yr. 2		
2. Clinical Pathway Integration Group CPIG	CPIG		Clinical integration framework proposal	Meeting 13 March
	High risk clinical service integration	8 HP services and Urology plans - over seen by Divisions & CPIG		
	General clinical service integration	General clinical services integration plan- to IPB Feb		Develop plan aligning with OSIG
	Clinical MoCs/Eols	None planned		
3. Operational Services Integration Group OSIG	Operational restructure - Phase 1	Phase 1 MoC in progress	Phase 1 MoC completed 8/2/24	Phase 1 restructure implemented 1.4.24
	Operational restructure - Phase 2	OSIG Phase 2 planning, incl job descriptions/ benefits		
4. Corporate Services Delivery Group CSDG	Corporate PAF		DBV Plan review	
	Trust Systems/ integration efficiencies		Single payroll - 1st Feb	e-rostering
	Corporate MoCs/Eol	Year 2 MoC plan-Q3 review	CSDG to review MoC process	Year 2 MoC plan-Q4 review

<b>Agenda item:</b>	11.7, Public Board Meeting	<b>Date: 28 February 2024</b>		
<b>Title:</b>	Our Future Hospital Programme Board Update February 2024			
<b>Prepared by:</b>	Zahara Hyde, Our Future Hospital Programme Director			
<b>Presented by:</b>	Steve Kirby, Non-Executive Director & Programme Board Chair			
<b>Responsible Executive:</b>	Chris Tidman, Deputy Chief Executive Officer			
<b>Summary:</b>	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.			
<b>Actions required:</b>	The Board of Directors are asked to note the current position of the Our Future Hospitals Programme.			
<b>Status (x):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
				<b>X</b>
<b>History:</b>				
<b>Link to strategy/ Assurance framework:</b>	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 ( <i>please specify</i> )			

## **New Hospital Programme Update**

The seed funding template for FY24/25 was received with a very short turn around period of 8 days. This was completed and submitted on 9 February with review and approval from Chris Tidman and Angela Hibbard.

NHP have recently changed their approach to cohorting hospital redevelopment schemes towards a new regional model. Meetings have been set up and we are in the Midlands and South West cohort. It is unclear after just two meetings whether this changes the information we will have access to.

## **OFH Programme Progress**

This has been a very busy period for the OFH team with a number of active work streams progressing significantly, two of which involve major new builds at the NDDH site. Work has started on a new permanent onsite office accommodation block that will provide decant space for incumbent teams that are currently working in Chichester and Munro House. The planned completion date for this build is September 2024.

The framework process to select our design and build contractor for phase 1 of the Programme (residences rebuild) has now been completed and the appointee is confirmed as BAM Construction. The next few months will be spent developing the design of the new residential accommodation with the aim of reaching a RIBA stage 4 design as soon as possible to allow cost certainty for the build phase. This is a requirement from NHP.

## **OFH Next Steps**

The OFH team will continue to progress the two build projects detailed above and provide regular update to the Board of Directors.

Additional to this, the Strategic Outline Case (SOC) is being worked on ready for our required resubmission later this calendar year.

Comms and engagement from the OFH Programme to the wider Trust has been limited over the past few months, mainly due to a resource shortage. As such, comms and engagement resource has been secured through an external contractor, Freshwater UK Ltd. The Freshwater team will support the OFH Programme in creating a comms and engagement plan, as well as individual comms pieces as required by the Programme. The first of which will be an all staff communication about the build of the new permanent onsite office accommodation block.

## **Risks**

Risk was a key discussion point at the February OFH Programme Board, specifically relating to a potential delay in the programme presenting a significant infrastructure risk. This risk was raised at the January Trust Board of Directors meeting, and was subsequently picked up by HSJ where an article was published: "Risk to intensive care at hospital where DHSC delayed rebuild."

Mitigating capital projects will be detailed in future OFH Progress Reports.

## **Summary**

The Board is asked to note the current position for the Our Future Hospital Programme.