

## 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 27 September 2023  
Petroc, Tiverton Campus, Bolham Road, Tiverton EX16 6SH

### AGENDA

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 26 July 2023</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>	Chris Tidman, Deputy Chief Executive	Information (Verbal)	09:47 20
8.	<b>Patient Story</b>	Carolyn Mills, Chief Nursing Officer	Information (Paper)	10:07 15
9.	<b>Outpatient Transformation Update</b>	Adrian Harris, Chief Medical Officer Stuart Kyle, Clinical Lead for Outpatient Transformation Mike Browning, Programme Director	Information	10:22 30
10.	<b>Performance</b>			
10.1	<b>Integrated Performance Report</b>	Angela Hibbard, Chief Finance Officer	Information (Paper)	10:52 45
	<b>COMFORT BREAK</b>			11:37 10
11.	<b>Assurance</b>			
11.1	<b>Update on Review of Never Events</b>	Adrian Harris, Chief Medical Officer Carolyn Mills, Chief Nursing Officer	Information (paper)	11:47 10
11.2	<b>Annual Report of Trust's Complaint Handling – Patient Experience Annual Report 2022/23</b>	Carolyn Mills, Chief Nursing Officer	Information (Paper)	11:57 10

11.3	<b>Finance and Operational Committee</b>	Steve Kirby, Non-Executive Director & Committee Chair	Information (Paper)	12:07 15
11.4	<b>Audit Committee</b>	Alastair Matthews, Non-Executive Director & Committee Chair	Information (Paper)	12:22 5
11.5	<b>Digital Committee Update</b>	Tony Neal, Non-Executive Director & Committee Chair	Information (Paper)	12:27 5
11.6	<b>Governance Committee</b>	Martin Marshall, Non-Executive Director & Committee Chair	Information (Paper)	12:32 5
11.7	<b>Integration Programme Board Update</b>	Alastair Matthews, Non-Executive Director and Programme Board Chair	Information (Paper)	12:37 5
11.8	<b>Our Future Hospital Programme Board</b>	Steve Kirby, Non-Executive Director & Programme Board Chair	Information (Verbal)	12:42 5
11.9	<b>Research &amp; Development Annual Report</b>	Adrian Harris, Chief Medical Officer Helen Quinn, Research & Development Director	Information (Paper)	12:47 15
12.	<b>Information</b>			13:02
12.1	<b>Items for Escalation to the Board Assurance Framework</b>	Shan Morgan, Chair	Discussion (Verbal)	13:02 1
13.	<b>Any Other Business</b>			13:03
	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.			
14.	<b>Date of Next Meeting:</b> The next meeting of the Board of Directors will be held at 09:30 on Wednesday 1 November 2023.			
15.	The Chair will propose that, under the provisions of section 1(2) of the Admission to Public Meetings Act 1960, the public and press should be excluded from the meeting on the grounds of the confidential nature of the business to be discussed.			

Meeting close at 13:13

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

Wednesday 26 July 2023  
Petroc, North Devon Campus, Old Sticklepath Hill, Barnstaple EX31 2BQ

### MINUTES

<b>PRESENT</b>	Mrs C Burgoyne	Non-Executive Director
	Mrs H Foster	Chief People Officer
	Professor A Harris	Chief Medical Officer
	Mrs A Hibbard	Chief Financial Officer
	Professor B Kent	Non-Executive Director
	Mr S Kirby	Non-Executive Director
	Professor M Marshall	Non-Executive Director
	Mr A Matthews	Non-Executive Director
	Mrs C Mills	Chief Nursing Officer
	Dame S Morgan	Chair
	Mr T Neal	Non-Executive Director
	Mr J Palmer	Chief Operating Officer
	Mr C Tidman	Deputy Chief Executive Officer
<b>APOLOGIES:</b>	None	
<b>IN ATTENDANCE:</b>	Ms M Burden	Consultant Nurse & Joint Director, Infection Prevention & Control (for item 123.23)
	Professor B Campbell	Chair of Steering Group (for Item 120.23)
	Ms G Garnett-Frizelle	PA to Chair (for minutes)
	Mrs M Holley	Director of Governance
	Ms P McGlone	Deputy Chief Operating Officer, Clinical Research Network (for item 127.23)
	Mr P Luke	Director of Transformation (for item 120.23)

<b>110.23</b>	<b>CHAIR'S OPENING REMARKS</b>	
	<p>The Chair welcomed the Board, Governors and observers to the meeting. Ms Morgan reminded everyone it was a meeting held in public, not a public meeting. She asked members of the public to only use the 'chat' function in MS Teams at the end to ask any questions which should be focussed on the agenda and reminded everyone that the meeting was being recorded via MS Teams. Ms Morgan thanked all the Governors attending, both in person and via Teams.</p> <p><b>The Chair's remarks were noted.</b></p>	
<b>111.23</b>	<b>APOLOGIES</b>	
	There were no apologies to note.	
<b>112.23</b>	<b>DECLARATIONS OF INTEREST</b>	
	No new Declarations of Interest were noted.	
<b>113.23</b>	<b>MATTERS DISCUSSED TO BE DISCUSSED IN THE CONFIDENTIAL MEETING</b>	

	The Chair noted that the Board would receive at its confidential meeting updates on the Peninsula Acute Provider Collaborative, Future Hospitals work, the Finance and Operational Committee and a discussion on the Trust's Risk Appetite.	
<b>114.23</b>	<b>MINUTES OF THE MEETING HELD ON 28 JUNE 2023</b>	
	<p>The minutes of the meeting held on 28 June 2023 were considered and approved subject to the following amendments:</p> <p>Minute number 098.23, page 9 of 18, second paragraph. Wording regarding adding community services as a standing agenda item to be amended with the following sentence added <u>“It was agreed that whilst this would not be added as a standing agenda item for Board meetings, it should be covered more comprehensively in the IPR which would enable Board members to raise community related issues at Board meetings.”</u></p> <p>Minute number 099.23, page 13 of 18, second paragraph. Professor Marshall advised that he remained unconvinced by the argument that patient experience metrics beyond complaints were complicated and were presented and discussed elsewhere in the organisation. He said that he still believed that better metrics should be presented to the Board of Directors. Mrs Burgoyne said that this had been discussed at the last Patient Experience Committee meeting and she would raise it for discussion at the next meeting scheduled for mid-August. It was agreed that Mrs Burgoyne and Professor Marshall would discuss this further outside the meeting so that Professor Marshall could share some of his thoughts on this with Mrs Burgoyne in more detail.</p>	
<b>115.23</b>	<b>MATTERS ARISING AND BOARD ACTION SUMMARY CHECK</b>	
	<p>The Board of Directors noted and agreed the updates to actions. The following further updates to actions were noted:</p> <p>Action 077.23(1) “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”. Mr Palmer informed the Board that he now had a breakdown of data regarding the Trust's ED attendances and whether there were coastal implications. He said that there was an additional impact from coastal areas, with data for Quarter 4 2022-23, there had been a 34% increase in attendances which related to Northern Services with the overall increase for the organisation as a whole at 20% and this correlated broadly with data from other coastal Trusts. He said that consideration could be given to how to present this data as a group of coastal Trusts that were seeing this raised level of attendances over time. It was agreed that the information should be circulated to the Board and the ICS. <b>Action.</b></p> <p>Action 077.23(3) “Work to be commissioned through the Governance Committee to look at readmission rates over time, following a question from Professor Marshall about follow-up for patients discharged with NCTR.” It was agreed that work on this should be completed in August 2023 and then reported to the Board of Directors meeting in September 2023.</p> <p>Action 077.23(4) “A letter had been sent to DCC and the ICB requesting clarity on all funding streams (including the main hospital discharge fund) to support discharge and social care and the June IPR would contain an update on this”. Mr Palmer informed the Board that a further meeting was scheduled with the ICS to consider the outstanding funding bids with work being undertaken on a very detailed business case for every element of the plan which reflected the organisation being in SOF4. He noted that it would</p>	

	<p>be very important to get the remaining funding packages approved and the Trust would be pressing to achieve this.</p> <p>Action 077.23(7) “Mrs Burgoyne noted the work that was being done across North and East looking at the increased presentation of patients with mental health problems and what measures were available to keep patients safe and suggested that this should also be considered as part of the community response as well. Mr Tidman agreed to take this away for consideration.” The Board noted that this would be added to the list of topics for a future Board Development Day to include colleagues from DPT.</p> <p>Mr Kirby informed the Board that at the most recent ICB Finance and Performance Committee meeting that he had attended the ICB BAF had been reviewed where it was clear that there was work to be done to align BAFs across the system which he understood that Mr Shields would be undertaking, although this raised issues about organisational sovereignty. Ms Morgan agreed and said that there needed to be a discussion at system level about the idea of and process for aligning BAFs. Mrs Holley added that she had been asked to share the Trust’s BAF with the ICB some months ago for this alignment work and she had requested at the time of sending it that someone from the Trust be involved with this, but she had not heard anything further since that time. Mr Tidman agreed to take an action to follow this up. <b>Action.</b></p> <p><b>The Board of Directors noted the updates.</b></p>	
<p>116.23</p>	<p><b>CHIEF EXECUTIVE OFFICER’S REPORT</b></p>	
	<p>Mr Tidman provided the following updates to the Board.</p> <p><u>National Update</u></p> <ul style="list-style-type: none"> <li>• 75 years of the NHS was celebrated during July with events across the country including tree planting ceremonies on both acute sites attended by local Mayors, events and competitions and sharing of staff and patient thank you messages.</li> <li>• The first phase of the national Covid inquiry was completed in July with public hearings having heard from a number of witnesses including government officials, scientific advisors, patients and bereavement groups. The second phase will cover governance and decision making during the pandemic.</li> <li>• Further periods of industrial action took place during July, with the junior doctors strike from 13-18 July and the consultants strike action from 20-21 July and teams had gone above and beyond during both periods. Measures were put in place to mitigate risks to patient care, but both periods were very disruptive to planned services. It was important not to normalise the impact of ongoing industrial action on services and the Trust would continue to make representations to local MPs regarding this. The Society of Radiographers had also undertaken industrial action on 25-26 July at a number of Trusts across the country, however the RDUH was not impacted. There was ongoing concern about the amount of leave that staff were deferring to cover additional shifts, the build-up of time off in lieu and the cumulative effect on staff wellbeing.</li> <li>• The NHS had published its 15-year Workforce Plan at the end of June 2023 and the Trust is working with its educational partners on joint planning for growing the workforce for the future.</li> <li>• NHSE had announced changes to funding for the elective recovery fund to allow for the impact of industrial action on waiting time trajectories with the changes being worked through. This would be discussed at the Finance and Operational Committee. In addition, funding changes were signalled for community diagnostic centres which would also be worked through.</li> </ul>	

- The New Hospital Programme national team would be visiting North Devon on 2 August 2023. The visit would provide an opportunity for the national team to meet staff, to understand the importance of a new hospital for North Devon and to discuss the Trust's plans for the staff accommodation rebuild.
- The National Director for Urgent and Emergency Care visited the Royal Devon and Exeter site on 24 July 2023, as part of a visit to the Devon and Cornwall systems. The Trust was able to showcase some of the great work that was being undertaken, as well as set out some of the challenges.

#### System Issues

- Devon continued to be a challenged system, but there was good engagement across all providers working with the regional and national teams. There was regular reporting on progress against the financial position, urgent and emergency care, cancer and elective performance and progress of the Peninsula Acute Sustainability Programme. Mr Tidman was scheduled to attend an Executive to Executive meeting with the national team in early August to review progress in quarter 1 and plans for quarter 2.
- Devon Partnership Trust was chosen as one of two locations in the South West to benefit from a £40m capital investment subject to business case approval. The investment is for two regional inpatient centres for adult mental health, learning disability and autism for patients whose needs cannot be met on a general mental health ward.
- The Trust's Domestic Abuse and Sexual Violence Teams won the Excellence in Primary and Community Care at this year's Parliamentary Awards. The award was in recognition of the work done by NHS Devon and providers, especially the Royal Devon which hosts the Devon and Cornwall Sexual Assault Referral Centre.
- Professor Tim Briggs, national lead for GiRFT, highlighted the work of the Devon Centre of Excellence for Eyes at the Nightingale in a national presentation on the future of ophthalmology services. The Centre was referenced for its innovative glaucoma pilot and its single point of access for cataracts.
- There were a number of system leadership changes to note, including the appointment of new Chief Operating Officers at both Devon Partnership Trust and Torbay and South Devon NHS Foundation Trust.

#### Local issues

- Publication of the Care Quality Commission (CQC) Well-Led report and the overall rating for the Trust was expected during August 2023. It is expected that the report would report fairly on the operational challenges faced by the Trust, but that it would also highlight the many positives seen during the CQC visit to the organisation. The report will be used as an opportunity to improve and the action plan will be published on the Trust's public website.
- A new Memorial Garden will be opened at the Royal and Devon Exeter site on 18 August 2023 which will be a remembrance space for those lost to Covid-19, and will also be used as an outdoor therapy space for dementia patients. The Garden was built following a fundraising campaign by one of the Trust's junior doctors, Dr Camilla Stokholm.
- A successful community nursing recruitment campaign was carried out over the last eight months, using both social media and events in community hospitals to promote the rewards of a career in community nursing.
- The new Discharge Lounge at North Devon District Hospital had opened on time and on budget in early July 2023. During its first week of operation 78 patients were discharged earlier due to having access to the Discharge Lounge, which was more than had been achieved during May using the previous much smaller Discharge Lounge. This had made a significant difference to flow on the site.

- The Trust was running a campaign with posters and through social media to promote the MyChart patient portal in an effort to get beyond the 100,000-sign-up mark. Although the patient portal was not without challenges, it gives patients a sense of control, enabling them to access letters, appointment details and test results through the portal and it saves multiple letters being sent out to patients.

Ms Morgan advised that the Board and Council of Governors had recently received an excellent presentation from Professor Harris and the team on MyChart; the Governors had taken an action point to help promote MyChart more widely.

With regard to the CQC Report, Ms Morgan underlined that the Trust would take the outcomes of the report as an opportunity and would engage with it constructively, transparently and positively, using it as a platform for improvement for the future. She added that there was a great deal that was positive that would be fed back to staff.

Ms Morgan asked Mr Tidman what issue was of most concern to him at the moment. Mr Tidman responded that the cumulative impact of pressure on Executive colleagues and the clinical and corporate teams, the pressure to recover and the impact of ongoing industrial action was a significant concern to him.

Mr Matthews asked for clarification of why industrial action by radiographers was not an issue for the Trust. Mrs Foster responded that radiographers were balloted by organisation and the vote at Royal Devon, whilst close, had not been in favour of industrial action.

Professor Marshall asked what plans would be put in place for possible industrial action by GPs, as there would be implications for acute providers. Mr Tidman said that he had not been party to any discussions regarding this, but should industrial action by GPs be confirmed the Trust would work with partners to look at how primary care could be supported and how to manage any peaks and troughs in attendances resulting from a period of action. Professor Harris said it was likely that there would be a reduction in elective activity should GPs go on strike and it would be hoped to move some of that resource across to the Emergency Departments and Minor Injury Units to relieve additional pressures on them. Mr Palmer said there had been some good productive interactions with the ICS on the primary care agenda and there was an opportunity to build risk assessment processes to put in place across the ICS. It was noted that this related to the broader risk around the fragility of primary care that would need to be wrapped into any planning around possible GP industrial action. Mr Tidman said that the Executive Team would develop a contingency plan with a briefing note to share with the Board in the first instance and should GP industrial action be announced for the autumn; a further discussion would be tabled for a future Board meeting. **Action.**

Mr Kirby asked whether the Board needed to be more vocal regarding the significant impact of industrial action, i.e. direct cancellations of activity, the financial impact and the cumulative impact. Mr Tidman said that the Trust had asked for a specific piece of work to be undertaken on the impact of industrial action, including the overall impact on the waiting lists, so that there would be a combined narrative that was clear on what the impact had been. Ms Morgan asked how that would be taken forward and Mr Tidman advised that this had been commissioned by Chief Executives and would be undertaken primarily by the Finance Team and HR.

Mr Palmer informed the Board that a quarter 1 review had been undertaken ahead of the Executive to Executive meeting with Sir David Sloman, Chief Operating Officer for NHS England, which Mr Tidman was due to attend on 2 August 2023. He said that the Trust

	<p>had been very transparent about its position, and in particular with regard to impact of industrial action, in regular meetings with NHSE. The Trust had done this earlier than others in the system which had led to questions about whether the organisation was an outlier. He advised that the Trust had lost around 6000 episodes of care overall to industrial action, with around 1800 of these elective episodes. The Trust had asked whether data could be brought together so that it could be comparable for use at the Executive to Executive meeting. Mr Palmer advised that there would be further discussion of the data on impact of industrial action at the Finance and Operational Committee which would then report to the Board to provide assurance.</p> <p>Mr Neal suggested that as well as looking at impact on waiting times of industrial action, quality of care, incidents, the patient voice and staff relationships could also be reviewed to see if there was any learning.</p> <p>Mrs Hibbard informed the Board that there was a proscribed collection nationally of data on the cost of industrial action that was being undertaken very consistently across the organisations. She added that the ERF changes, which were very complex, had been discussed at the Finance and Operational Committee. Essentially, the threshold was being reduced by 2% which organisations were expected to deliver against.</p> <p>Mrs Foster said that it was important not to underestimate the impact on staff morale that ongoing industrial action was having.</p> <p><b>The Board of Directors noted the Chief Executive's update.</b></p>	
<p>177.23</p>	<p><b>PATIENT STORY</b></p>	
	<p>Mrs Mills presented the Patient Story video to the Board which related to the experience of a patient using the patient portal on EPIC. Mrs Mills informed the Board that the comments and issues raised by the patient have been shared with the Patient User Group.</p> <p>Ms Morgan noted that the patient had said that MyCare had not recorded his anaesthetic risk identified some years ago following a procedure at a different organisation in Bristol and asked if it had not been transferred to MyCare because it had been recorded elsewhere. Professor Harris said that this was because of the lack of interoperable systems across the country, with the information regarding this incident recorded by the organisation in Bristol. He added that the advice to patients in instances such as this was to let the Trust know as much detail as possible and the relevant information could then be sought and transcribed to Epic.</p> <p>Ms Morgan said that MyCare had been discussed at a recent Council of Governors and Board Development Day, where it was noted that there are patients who will struggle with accessing and using IT. Assurance was given at that meeting that there were alternatives available. Professor Harris said that the organisation was cognisant of both digital poverty and lack of knowledge on how to use technology, adding that the most powerful alternative for these patients would be the use of a proxy to take them through the system.</p> <p>Ms Morgan noted that the patient had raised concern about confidentiality and how his data was being treated on MyCare. Professor Harris informed the Board that when a patient signs up to MyChart it is made clear what level of confidentiality they are agreeing to. In addition, he noted that it was his responsibility as the Senior Information Risk Owner for the Trust to ensure that all data was kept safe, adding that data controls in the UK were very rigorous, although this could be at times be a hindrance to pursuing international research collaboration opportunities.</p>	



	<p>Mr Matthews asked if a process was in place to provide support to patients attending appointments who might like to learn more about MyCare, as this might help with sign-up to the Portal. Professor Harris responded that although there was no formal process in place, it was something that staff did frequently with patients on an <i>ad hoc</i> basis. Ms Morgan asked if there was information available in the Discharge Lounges about sign up to the Portal and Professor Harris said that there was not, but could be helpful, although he noted that there was a balance to be held between encouraging people to sign up and being perceived as being “big brotherish”.</p> <p>Mr Neal asked whether reassurance was provided to patients accessing test results to prevent them unnecessarily worrying and whether there was a protocol in place for instances where it might be decided that something would not be made accessible to the patient on MyChart. Professor Harris confirmed there was a protocol in place regarding information made available on MyChart which was reviewed on a regular basis. In addition, he advised that normal ranges for all tests were made available through MyChart alongside blood results. There was also regular review and debate on this but the current consensus was not to add additional information or interpretation of results. He assured the Board that where there was a significant abnormal result, the patient would be contacted by a clinician to discuss.</p> <p>Professor Marshall commented that there was an important discussion to be had on opting out and data sharing. He asked whether a patient who opted out of data sharing would still be able to access their own data and Professor Harris confirmed this to be the case.</p> <p>Mrs Burgoyne asked for clarification of how primary care view test results etc if they are not using Epic and Professor Harris said that all healthcare workers can be granted complete read only access to all of their patients through Epic including GPs, although most local GPs had not signed up for this.</p> <p>Mrs Burgoyne asked whether the community sector and volunteers were involved in helping to promote sign up to MyChart to patients. Professor Harris said that he did not believe that volunteers were currently involved, but this would be a helpful addition to the campaign which he would explore outside the meeting. <b>Action.</b></p> <p>Ms Morgan thanked the Board for their questions and the responses provided, adding that the value of Patient Stories was to trigger worthwhile discussions and that it was important that the stories presented were not just positive news but asked serious questions about how the organisation did things. Mrs Mills noted the comments and recorded her thanks to the team for developing the stories for the Board.</p> <p><b>The Board of Directors noted the Patient Story.</b></p>	
<p>118.23</p>	<p><b>INTEGRATED PERFORMANCE REPORT</b></p>	
	<p>Mrs Mills presented the Integrated Performance Report for June 2023 with the following points highlighted:</p> <ul style="list-style-type: none"> <li>• As previously noted, there was ongoing impact from continued periods of industrial action and whilst progress on elective recovery had continued to be made, this was not where it would have been.</li> <li>• There had been a continued reduction in vacancies and turnover for the eighth month.</li> <li>• Three investigations into incidents which met the Never Event criteria; it was noted that there had been no harm to patients in any of the incidents.</li> </ul>	

- The Finance Plan was broadly on plan to deliver.

Ms Morgan noted that three incidents were being investigated as they met the Never Event criteria and asked whether there was any learning from these. In addition, Ms Morgan said that previous reviews of Never Events identified that pressure on staff was often a theme and asked whether it was thought that would be the case for these incidents. Mrs Mills responded that it was too early to say at this point what lessons there might be as the investigations had just started, but noted that themes were teams under pressure and staff not following processes. She added that all actions from the previous review undertaken and the individual investigations had been completed, but there was clearly more to be done and work already in train was being expedited. A communications plan was in place, as well as a planned summit with a focus on raising awareness and taking the learning from staff who had been involved in incidents. Mrs Mills, Professor Harris and Mrs Holley would be meeting with the Care Quality Commission to discuss what had been learned from the early review of the incidents and to discuss the plan.

Professor Harris commented that it was important to explore the opportunity and threat provided by Epic and therefore a small team would be identified to visit other sites across the country that were using Epic to look at what they were doing and whether there were any changes that the Trust could make. The team would consist of a lead medic, senior nurse and a member of the clinical audit team. He added that the three Never Events were different, although with some elements of similarity and there did not appear at this point to be a clear theme. It was noted that a report on Never Events would be taken through the Governance Committee following which a presentation should be brought to the Board, together with an update from the team that Professor Harris had described to outline how they were approaching this and their thoughts on what works best. **Action.**

Mr Kirby asked whether some external expertise might be useful regarding the Never Events and Mrs Mills responded that when the previous review had been undertaken advice had been sought from NHSE, who had looked at Never Events more widely across the system and found that other organisations had had similar experiences. A piece of work across the system had started on this with the two leads from the Trust part of the group undertaking the work.

Mr Kirby noted that unallocated hours backfill was looking good, there was very high performance on admission avoidance and new entrants to the market, however No Criteria to Reside (NCTR) was still at the same level and said that the two sets of information did not correlate. Mr Palmer gave assurance that the September IPR would contain improvement trajectories, adding that the Eastern position was improving but he was concerned about the Northern position, with issues regarding access to P2 rehabilitation beds. He would continue to push on the remaining urgent and emergency care funding, as this would provide some opportunities to fill that gap.

Mr Kirby noted that the extension of the temporary ambulance catchment change beyond August 2023 would be a risk and that it had been his understanding that this had been done recognising that this was the right thing for the system. He was therefore unclear why this was identified as a risk. Mr Palmer responded that the risk related to what would happen next. To date, the data showed that the change had had an unremarkable impact, but it would be important for the Trust to finish the period of review so that it would have a body of evidence to understand what was happening. He believed that it would show that there was more work to do in terms of liaison between SWAST and the ICS in order that the catchment was genuinely used, as usage had been quite conservative. He added that there would be a conversation over the next 10 days to agree whether the catchment pilot

should be completed in its entirety or whether to move to dynamic conveyancing immediately; the risk was moving to dynamic conveyancing without adequate preparation or understanding of the impact. Mr Kirby commented that there had been discussion at the ICS Finance Committee on the lack of engagement from senior management at SWAST and Mr Palmer said that there were some issues around making sure that SWAST was represented in the right spaces which the ICS was aware of, but there were excellent relationships with SWAST locally.

Professor Kent noted the increase in Emergency Department (ED) attendances on both sites and asked if there was anything more that could be done to try and understand any trends and try to offset this, particularly over the summer months. Mr Palmer responded that there was an annual cycle for ED attendances and those seen were roughly in line with what would be expected. The briefing which he had mentioned earlier in the meeting would show some of the coastal impact issues. In terms of admission avoidance, the Urgent Care Response was ahead of statutory target, but there remained a question about whether there was a fragility in primary care that was not fully understood. Two meetings had taken place with the ICS, the first relating to single practice issues but the second completely strategic. Fragility in the sector was recognised, and that a strong admission avoidance approach in primary care was needed to ensure that the minor's stream is not overloaded. A joint risk assessment of primary care had been agreed to look at what might be done for the second half of the year.

Professor Kent noted that waiting times for social care reviews were increasing and asked if there was anything more that could be done to improve this. Mr Palmer advised that concerns about funding had been addressed as Better Care Funding had been settled and that there was greater stability in terms of the overall provision of service, but that social care reviews remained an outlier. Sessions had been arranged with Social Care partners where this would be one of the issues discussed. Mr Palmer believed that they would advise there would be a lag between continuity of service and delivering the change, but this would be explored at the planned sessions.

Professor Kent noted the increase in category 2 pressure ulcers in the community and asked whether it was believed end of life could be accounting for this and what mitigations were in place. Mrs Mills advised that she did not have the detail to respond at the meeting but would check and email Professor Kent. **Action.**

Mr Neal asked whether the accrued time off in lieu and annual leave should be noted as a risk on the balanced scorecard.

Mr Neal noted that there had been two moderate harm incidents recorded in Northern services for waiting well but there was no commentary included regarding learning or whether these were an anomaly. It would be helpful to have an historic picture of trend for this. Ms Morgan suggested that rather than add to the IPR, this could be something that the Board could review every 6-12 months. **Action.** Mr Palmer added that narrative would be discussed that would clarify but not add density to the IPR.

Mr Matthews noted that induction of labour was above the target on both sites and asked whether this was a concern and if there were any implications for the Trust. Professor Harris said that there was concern nationally about over-medicalisation of delivery and the target for induction rates was one way of monitoring this. He added that he and Mrs Mills would need to look at the data in more detail outside the meeting to understand any implications. **Action.**

	<p>Mr Matthews noted that VTE monitoring had fallen off in the North and was stabilising in the East, with both services below where they had previously been and asked what implications this might have for patient safety. Professor Harris reminded the Board that there was a group of patients that were not included in the data, but agreed that more granularity on the data would provide assurance. <b>Action.</b> He added that there was assurance that no harm from thromboembolic disease was being seen.</p> <p>Mr Matthews said that the data on inpatient and day cases was 10-20% below plan on both sites and asked what impact this would have in terms of earning additional income. Mrs Hibbard responded that this was not about absolute volumes of activity, but rather about the weighted cost of that activity which would take account of case mix. A 10-20% reduction in overall volume when worked through the formula would not count significantly against the ERF threshold. Mr Tidman suggested that this should be discussed by the Finance and Operational Committee. <b>Action.</b></p> <p>Mrs Burgoyne asked for clarification of issues with conversion rates for NHS 111 Practice Plus. Mr Palmer responded that it was a very challenged performance position for the contracted service. Dr Hemsley had done excellent due diligence on the contract and had formally escalated concerns through the Trust Delivery Group and was following up with the ICS.</p> <p>Mrs Burgoyne noted that Child and Adolescent Mental Health Services were operating under business continuity plans which was resulting in no out of hours service provision and increasing numbers of children being directed to the ED with increased length of stay for children in ED and asked what was being done to address this. The business continuity plan had been activated due to a recognised staffing deficit for a short period of time, however this had extended over a more prolonged period. This had been escalated to the Commissioners to establish whether there was a timescale for this to be addressed and, if not, what mitigations would be put in place as the current situation was having an impact on treatment for young people, safety and Trust staff.</p> <p><b>The Board of Directors noted the Integrated Performance Report.</b></p>	
<p><b>119.23</b></p>	<p><b>CORPORATE ROADMAP UPDATE</b></p>	
	<p>Mr Tidman presented the quarterly update on the Corporate Roadmap to the Board noting that the Clinical Strategy and enabling strategies were a significant milestone to delivery of the overall Corporate Strategy. He said that the Team would now consider the other milestones that would flow from the Clinical Strategy and enablers and would then set out the plan for the next two years at the Board Development session in October 2023 and get a steer from the Board on priorities.</p> <p>Ms Morgan noted that the majority of roadmap milestones had been achieved in quarter 4 which was very positive. She said that it would be important to share with the Council of Governors at a future date.</p> <p>Mr Matthews noted that the milestone for the EPIC risk assessment for Torbay and South Devon had deferred to October 2023, as it was expected that Torbay and South Devon would announce their preferred provider in October. He asked if the Board would have an opportunity prior to this to understand the direction of travel and was comfortable with the balance of priorities ahead of October, as he was concerned that if it did not this might become a “fait accompli”. Mr Tidman responded that he and Professor Harris had a meeting scheduled with the Chief Executive of Torbay and South Devon and her team to understand what the ask was. He said that the Board had had an initial discussion on what</p>	

	<p>the opportunities were and he believed that there would be opportunities to make sure that the Board understood what the different options might be ahead to support Torbay.</p> <p><b>The Board of Directors noted the update.</b></p>	
<p><b>120.23</b></p>	<p><b>CLINICAL STRATEGY AND ENABLING STRATEGIES</b></p>	
	<p>Professor Campbell and Mr Luke joined the meeting. Professor Harris informed the Board that it was important to recognise that the Clinical Strategy was co-owned with Mrs Mills and that Professor Campbell was one of the principal authors of the strategy, together with Dave Sanders. The document had been shared with partners, and whilst it reflected the Trust's position it was recognised that as part of the wider system, it would be necessary over time to flex and change it. It would be an iterative document, but the process would be followed that was already in place.</p> <p>Professor Campbell informed the Board that he had been asked by Professor Harris to chair meetings to plan the Clinical Strategy which he had agreed to on condition that he and others in the Trust could write the final Strategy rather than an external consultancy, as he wanted it to be specific to North and East Devon. He worked closely with David Sanders in North Devon in developing the Strategy with input from the widest range of people. Although there had been scepticism in the early stages from some clinicians, by the end of the process there had been very helpful involvement from clinicians, managers, other staff groups, as well as representatives of patients and the public. Professor Campbell said that he believed the Strategy presented was a comprehensive, clear, practical and dynamic strategy for the next five years and beyond.</p> <p>Mr Luke informed the Board that Mrs Allen had undertaken work to align the enabling strategies and a paper had been included in the pack which detailed progress on the enabling strategies. Mr Luke gave a PowerPoint presentation with key points noted as:</p> <ul style="list-style-type: none"> <li>• The Finance Strategy was subject to finalisation of the numbers due to system changes.</li> </ul> <p>Mrs Hibbard added that the position with the system medium-term financial plan was that this needed to be submitted in September 2023 at which point the Trust would be able to update its Strategy, including the concept in the Finance Strategy around using ERF substantively and using the forward planning on growth and putting provision for investment, as this needed system approval.</p> <ul style="list-style-type: none"> <li>• The Clinical Strategy was subject to feedback from system partners.</li> <li>• All leads had reviewed the strategies following discussion at the Board Development Day and there had been some minor changes in line with discussions at that meeting.</li> <li>• It was planned to launch the strategies in September 2023 which would include webinars, the documents being made available to staff and patients on the Trust website, managers' briefings and presentation to a range of staff and patient groups.</li> <li>• There will be an interactive version of the Clinical Strategy for staff.</li> <li>• Each strategy has a responsible Executive Lead and have been reviewed and recommended to the Board by the Trust Delivery Group. The strategies are closely aligned with each other, as well as with the Devon Joint Forward Plan.</li> <li>• They will be operationalised through the annual planning rounds going forwards.</li> <li>• Delivery of the strategies will be overseen by the Trust Delivery Group with six monthly updates to the Board of Directors.</li> <li>• The recommendation to the Board is formal sign-off of the 5 Year Clinical and Enabling Strategies and approve delegated authority to the Chief Executive and Executive Leads to make any reasonable adjustments to the strategies as required.</li> </ul>	

Ms Morgan thanked Professor Campbell and Mr Luke for their presentations and for the huge amount of work that had gone into the development of the strategies. She added that whilst she would be happy to give delegated authority for minor changes as requested, she would like to see any changes to be aware of what they were. **Action.**

Professor Marshall said that this was an excellent piece of work and he had been impressed with the inclusive process followed. The main point he had been struck by was the question of how to protect elective care with the solution of physical separation of elective and emergency care and asked what other approaches were being used to protect elective care given its importance. Mr Palmer responded that the current approach was a set of strong Standard Operating Procedures that built on what had been done with Ophthalmology over the last year which would be applied to General Surgery and Cardiology to hold the position. He added that the process generated through the Nightingale proved that the organisation could be extremely efficient and effective with dedicated sites and workforce. There still needed to be a conversation about what was the right protected elective capacity for Devon over the next 10-15 years using the evidence base that had been generated. If this cannot come from within the NHS, it would be necessary to look at independent partnerships.

Professor Marshall noted that there was no reference to the Academic Health Science Network in the document, although academic excellence was referenced.

Professor Marshall commented that there was little reference to general practice/primary care and thought more was needed, in particular regarding more broadly how to support general practice. Professor Harris agreed and said that it was a system problem and solution, with wider engagement as a system needed.

Professor Marshall advised that he would expect to see a real shift in funding upstream into primary and community care and into patients' homes and this was not reflected in the Finance Strategy. Mrs Hibbard commented that the Trust was not currently funded for primary care and this was why it was not included in the Strategy, with a strategic conversation with the wider ICS around funding needed. The Trust was responsible for community and as part of the financial framework, investment in community had been set out within the limited resourcing over the next 5 years to target what needed to grow in community services.

Ms Morgan said that she had been struck by repeated references to system and system benefits which was a significant and important change from when she had first started in her role.

Mr Neal commented that the Devon Forward Plan was relatively new and there was a risk against all of the Trust's plans relating to its stability. It would be important to include measuring benefits and baselines to avoid trying to work out afterwards what the benefits had been after implementation of strategies. He also noted that there were many interdependencies and it would be important to ensure that these were managed, as well as checking against capacity and skills to implement. Mr Tidman suggested that it would be helpful if Mr Neal could offer support to enact the next phase.

Mr Matthews noted that there was a list of criteria to use to judge future investment decisions in the Finance Strategy and asked whether there would be a way to use that objectively so that when capital projects come forward there would be a way of ranking them across services. Mrs Hibbard responded that the question would be how to operationalise the investment criteria into practice. Ms Morgan asked whether it would be

possible to have a template for future decisions on business cases and Mrs Hibbard responded that this was being built into the business case modelling, so it would be very clear how that was evidenced.

Mr Matthews commented that with regard to elective capacity, the question was also about right sizing it as well as protecting it. In addition, the Clinical Strategy had not mentioned the aspiration to offer a large proportion of patients, particularly cancer patients, the opportunity to participate in clinical trials. Finally, Mr Matthews noted that the Clinical Strategy would be delivered by the Trust Delivery Group led by the Chief Operating Officer and suggested that the Chief Medical Officer and Chief Nursing Officer should jointly lead this with the Chief Operating Officer. Professor Harris advised that Mr Palmer chaired the Trust Delivery Group but that it would be led by all three Executives. It was the Trust's intent to enrol every Oncology patient into a clinical trial, but it was not as mature as Truro yet and the job of the Director of Research and Development was to create the environment for the Team to flourish.

Mr Kirby noted that there were both internal and external interdependencies and he was not clear on the interface with ICS/ICB strategies, in particular relating to health inequalities and prevention. Those links should be made explicit, as there may be funding streams that the Trust could benefit from and there were also interdependencies with the Acute Provider Collaborative that the Trust might be able to feed into. Mr Kirby suggested that a section on transport could be included in the strategy. Mr Tidman said that this had been discussed with partners and was a prominent feature of the Acute Provider Collaborative work, with a need for all organisations across the peninsula to consider where they go for their Centre of Excellence. He said that transport could be a novel enabler and he would pick this up with Lord Markham when he visited the North Devon site on 2 August 2023. Mr Tidman added that as previously stated, the Strategy was an iterative document that would be changed based on opportunities and challenges over time. Mr Luke said that there was a proposal to bring a paper on health inequalities to the Board of Directors in quarter 3, and added that the focus on digital would help to address some of the issues relating to travel for patients.

Professor Kent said that there had been some very novel initiatives, but that the Trust did not always have the facilities needed to progress work at the pace wanted and asked how much the various strategies would link together to ensure that this was addressed. Mr Tidman commented that the Director of Estates was looking with her team at co-located services and what could be moved off site to another location in order to expand, as well as looking at what would be possible if there were extra strategic capital. Mr Luke said that there were 51 approaches in the Clinical Strategy and each of these had been gone through with the leads for the enabling strategies to check whether they were covered. They were not perfectly aligned but they were more aligned than previously.

Mrs Foster commented that a gap analysis on the Workforce Plan would be brought to the October Board.

Ms Morgan gave approval to proceed, subject to small changes, in response to consultation with stakeholders, but advised that she would like to see the final version to see and understand the changes. Ms Morgan gave thanks and congratulations for the extraordinary work.

**The Board of Directors approved the Clinical Strategy and enabling strategies subject to the minor amendments discussed and agreed the delegated authority to**

	<b>the Chief Executive and Executive Leads to make any reasonable adjustments to the strategies as required, with these being shared with the Chair.</b>	
<b>121.23</b>	<b>REVIEW OF THE BOARD ASSURANCE FRAMEWORK</b>	
	<p>Mrs Holley presented the review of the Board Assurance Framework (BAF), noting that this was the first time it had been presented to the public meeting.</p> <p>Ms Morgan asked whether it would be feasible to link together more obviously the risks and mitigations, as it would be helpful if they were more closely aligned. Mr Matthews commented that that should be addressed if the graph at the top of the table was used to show the forecast rates. Mr Tidman asked if this could be followed up to make sure there was more consistency. <b>Action.</b> Mrs Mills said that added value could be provided if the actions were pulled out in more detail.</p> <p>Mr Kirby commented that the Trust was an outlier in terms of the number of risks that were scored in the major and catastrophic likelihood section of that heat map and suggested that there could be a number of reasons for this including being in NOF4 or the Trust's risk appetite. In addition, Mr Kirby said that he fundamentally disagreed with the score for Risk 7 because of the ongoing risks around Epic. Mr Neal responded that this had been scored as it was in the absence of risk appetite. Mr Tidman commented with regard to Mr Kirby's first point that this may relate to a different appetite because of where the organisation and the system currently are in terms of the scrutiny Devon was under. Mrs Holley said that this would be why it would be helpful for the organisation to be engaged in the review across the system of the BAF. Mr Palmer said that he did think that this related to the organisation being in NOF4 and Tier 1 for every domain, but that the risk should be extrapolated out to acknowledge some of the opportunities that may be available to show a pathway through the rest of the year.</p> <p>Mrs Foster said that Risk 1 which sat with the Board and the Chief Executive should be reviewed and Mr Tidman responded that he had reviewed it on behalf of the Executives.</p> <p>Mr Neal suggested that if more detail about actions and dates were provided, those that were due could be flagged in the summary which may help to ensure that they were progressed. <b>Action.</b></p> <p>Mr Palmer suggested that it would be helpful if the direction of travel of individual risks were included in the summary. <b>Action.</b></p> <p><b>The Board of Directors noted the review of the BAF.</b></p>	
<b>122.23</b>	<b>STAFF SURVEY ANALYSIS</b>	
	<p>Mrs Foster presented the Staff Survey analysis that had been undertaken following initial discussion on staff survey results at the April Board meeting. The Board of Directors noted:</p> <ul style="list-style-type: none"> <li>• There were three specific areas that were looked at in detail. These were the "we are always learning element" where the Trust had scored lower than average, the drop in Northern staff scores and colleagues experience of their line management.</li> <li>• Trustwide engagement had taken place through a number of forums including presentation of results at Trustwide meetings, engagement with Staffside and Partnership Forum, formal reporting at committees, listening events for staff and managers, divisional level partner meetings and focused Executive discussions.</li> <li>• Key themes that emerged from the engagement included improvements needed to the appraisal process to simplify, staffing levels, manageable workloads, empowering</li> </ul>	



managers, career pathways, listening to staff and providing reassurance that things change when raised and health and wellbeing.

- “We are always learning” metric covers a number of areas in the Staff Survey, with the Trust scoring below average in only one area relating to appraisals. The appraisal cycle had been delayed during Covid to every 18 months and it had been agreed at the April Board to accelerate this back to every 12 months. A review of the current appraisal and one-to-one process was planned for September 2023.
- There had been a significant drop in scores for Northern staff since integration across all People Promise elements of the survey, although it was noted that Northern staff had historically scored significantly higher than other organisations. The People Pulse survey results had been reviewed and they did not show the same level of drop, although it was noted that this was a slightly artificial comparison. This would be kept under review.
- Staff experience of line managers – this had been reviewed a few years ago and a further analysis had been undertaken which highlighted a number of themes, which were discussed by the Executive Team and proposals were explored to address the areas identified.
- Action plans were being put in place, with Divisional actions, Trustwide actions and Executive actions.
- Executive Directors had committed to having an inclusion objective set as part of their annual appraisal process related to their area of accountability.
- The ambition is to get constant and iterative plans and measurements to understand whether there is progress being made on areas of concern.
- Employee experience data was used to inform, give assurance and escalate risks through the People, Workforce Planning and Wellbeing Group, the Inclusion Steering Group which report into the Governance Committee, and the Performance Assurance Framework.

Ms Morgan thanked Mrs Foster for the presentation and noted that the themes identified that would make the biggest possible difference to staff experience related to reduction of time pressures. Ms Morgan noted the action plans outlined in the presentation and asked if Mrs Foster could summarise what she would expect to look and feel different for staff in 12 months’ time as a result of these plans. Mrs Foster said that there were some early good signs of improvement, including that data was showing that the Trust was becoming more inclusive, but that reducing time pressures was more difficult to measure, but the work on recognition of the pressures and what was outside of the Trust’s control should help. Mr Tidman said that the two key metrics that the organisation would want to see a positive change on would be staff recommending the organisation as a place to work and recommending it as a place to receive care.

Mrs Burgoyne noted that one of the themes raised was manageable workload and less project expectations, and asked how business as usual which was very pressured would be balanced with transformational work needed. Mrs Foster noted that the National Workforce Plan referenced this tension and added that there was a shared responsibility to have honest dialogues on this.

Mrs Burgoyne noted that the Executives would have a specific objective regarding inclusion and asked how this would be filtered down for line managers. Mrs Foster agreed that it would be important for the Executive leadership to drive inclusion across the organisation so that staff really understand what is meant.

Mr Neal asked whether, when thinking about cultural development, there was something that needed to be added around communication and setting expectations. With regard to

morale, he suggested that other ways of valuing and recognising people could be explored. In addition, Mr Neal said that he did not feel the poor results for Band 2 staff experience of being managed had been unpicked sufficiently to establish what was behind this. Mrs Foster agreed that thought needed to be given to ensure that everyone felt valued. She added that much of the issue identified with Band 2 staff related to Facilities staff and there was some targeted work to look at this. Mr Tidman added that many of these staff did not have the same access to the Trust's usual communications through digital channels and the Director of Estates was looking at production of Newsletters and holding drop-in sessions for these staff. There was also cultural issues, for example use of clock-in and clock-out cards, which were being addressed.

Mr Kirby commented that he had heard that there was a different partnership and working model with Sodexo, whose staff were not included in the Survey, and suggested that the Trust should talk to Sodexo about their model which may be better for certain groups of staff. Mrs Foster commented that it was important to note that there had been changes to Band 2 and 3 Healthcare Support Workers and that these would play through into the next survey with a different make-up of the Band 2 group. Mr Tidman agreed that there could be learning from Sodexo although the Trust was more constrained in terms of what it could offer through Agenda for Change. He said that Sodexo did have a different way of recruiting and retaining its staff. In terms of the model, this was being strategically reviewed which would be taken through the governance process.

Mr Kirby noted that Mrs Foster had said that there were only 13 people in the 8D group which had had some poor results for feedback and support based questions. Whilst this was a small group they covered a significant area of the Trust, and these scores were concerning. Mrs Foster said that there had been quite a lot of engagement with the leadership group and Mr Tidman added that he believed the areas showing as red for 8Ds related to the pressures on senior managers. It would be for the Executive Team to ensure that they were supporting these staff through their appraisals.

Professor Marshall said that the response to the learning organisation question was concerning, as it was important for staff to believe that the organisation was learning and trying to improve. Work undertaken by the Kings Fund had shown a very clear correlation between staff morale and patient experience and he asked whether it would be helpful for the Trust to do this analysis, and if so whether it had the analytical capacity. Mrs Foster said that the learning organisation question related mainly to whether staff were learning and developing in the organisation, rather than culture. Patient safety and patient experience being part of the culture was included in the cultural development roadmap. Mrs Mills said that if a theme arose that related to a specific area or team through the patient experience data, this would be analysed to try and understand whether there was a specific issue in that team and would be flagged with the relevant manager. She added that whilst it might be possible to undertake a more proactive piece of work on this, she was not sure of the value it might add.

Mr Palmer said that it was important to remember that admin and clerical were an important staffing group who often had to deliver significant activity in a very short time frame. Alongside that, the Trust was modernising as a result of Epic and there were changes in headcount. He suggested that there might be something the Trust could do to emphasise that it valued these staff and was professionalising them. He added that the paper was helpful in putting metrics around the challenge and locating the activity. Finally, Mr Palmer said that the Executive had significant engagement with senior leadership over the last few months and much of the discussions had centred around generating enough headroom to do the right thing for the organisation, with one of the things that had been committed to

	<p>being a rationalisation of meetings. Ms Morgan agreed that it was important to give people a sense that the organisation was investing in them for their future.</p> <p>Ms Morgan thanked Mrs Foster for her helpful presentation and the discussion that it had generated.</p> <p><b>The Board of Directors noted the Staff Survey Analysis and Way Forward.</b></p>	
<p>123.23</p>	<p><b>INFECTION CONTROL ANNUAL REPORT &amp; ANNUAL PROGRAMME</b></p>	
	<p>Ms M Burden joined the meeting.</p> <p>Mrs Mills informed the Board that this was a statutory report presented for approval. It was noted that the report would normally have been presented to the Governance Committee but this had not been possible this year because of the timing of meetings. It was noted that the Trust was declaring compliance against all but one of the ten elements of the Code of Practice on the Prevention and Control of Infections and Related Guidance. The Trust was not compliant with criteria 7 which related to the provision of isolation facilities; this was due to limited side room capacity which would only be mitigated through future estates work and the New Hospital Programme in Northern services.</p> <p>Mr Neal noted that the higher than expected rate of E. coli blood stream infections and asked for confirmation that this was believed to relate to the spread of viruses as people return to normal working and activities post-pandemic. Mrs Mills confirmed that this was her understanding and Ms Burden added that targeted work was planned for the next 12 months to understand these gram-negative bacteraemia and reduce the incidence.</p> <p>It was noted that the report referenced a Conclusion section but this had not been included and Mrs Mills confirmed that it had been removed, but the table of contents had not been updated to reflect this and would be amended. <b>Action.</b></p> <p>Mr Kirby asked for clarification on how infection prevention and control worked for virtual wards. Ms Burden advised that the Infection Prevention Control team covered all care provided at home with a community infection management service, which provided training and also surveillance of patients in their own homes.</p> <p>Professor Kent asked whether there was a difference between the cleaning services provided in Eastern and Northern services from an Infection Prevention Control perspective. Mr Tidman said that when the two departments were looked at for the last year, Sodexo in Northern services had been much better at recruitment and retention of staff, whereas there had been significant vacancies in the Eastern service. Mr Tidman said that he would look at the specific question in more detail outside the meeting. <b>Action.</b></p> <p>Mr Matthews noted that high compliance rates were reported for audits of hand hygiene and bare below the elbows in clinical areas by clinical staff, but that informal observations and formal validation audits by the Infection Control Team had identified that hand hygiene compliance had been negatively impacted. He asked for further clarification of what was behind this disparity. Ms Burden responded that hand hygiene audits had not been as accurate as they could be and when the Team undertook validation audits lower rates of compliance were found than those submitted by wards. Additional hand hygiene training for the auditors is being put in place which will empower them to produce less than satisfactory audit results, so that there will be more accurate information to enable targeted training. Professor Kent said this was a good initiative and she would welcome getting some feedback on impact.</p>	

	<p>Mr Palmer said that it was important to note the themes in the introduction to the report, noting that the preceding Winter had been one of the most complicated in terms of infection control. He said that the Infection Prevention and Control Team had provided excellent advice and had also fed advice into the wider Devon system.</p> <p><b>The Board approved the Annual Report.</b></p>	
<p><b>124.23</b></p>	<p><b>FINANCE &amp; OPERATIONAL COMMITTEE</b></p>	
	<p>Mrs Burgoyne presented the update from the meeting held on 13 July 2023 with the following points noted:</p> <ul style="list-style-type: none"> <li>• The Committee received a detailed update on the Delivering Best Value savings plan, the deep dive that was necessary to ensure that the Trust was on track and was assured that the Team was focussed on getting the information needed to provide a clear position by Month 5.</li> <li>• The Committee had discussed the changes to ERF rules to reduce the threshold of 2019/20 weighted activity levels against which ERF can be earned by 2% which would release funding into systems to account for the impact of industrial action in April. Further negotiations are ongoing regarding changes due to subsequent periods of action.</li> <li>• The Committee received a detailed paper on No Criteria to Reside.</li> <li>• The Committee noted a bid submitted to the National Institute for Health and Care Research for funding to establish a Health Technology Research Centre for the South West.</li> <li>• The Committee received a recommendation that a local contractors' framework be agreed to facilitate contracting of local suppliers on estates work and, subject to a number of amendments, recommended approval to the Board of Directors.</li> <li>• The Committee noted the amended Terms of Reference for the Delivering Best Value Board and Steering Group and recommended them to the Board of Directors for approval.</li> <li>• The Committee received a post-project review for the Nightingale Hospital following its first fully operational year.</li> </ul> <p>Mrs Hibbard advised that the finance position was on track at Month 3, but there were two big variances regarding pay and drugs, with pay being the cost of industrial action and non-delivery of the delivering best value programme. It had been agreed that a deep dive on these two areas would be undertaken for the August Finance and Operational Committee meeting to provide assurance on the understanding of the drivers behind these pressures and the actions being taken to bring them back into position. Delivery of the plan at a £28m deficit was still being forecast, whilst recognising a number of very significant risks. There are a number of mitigations in place for these risks, but the unknown factor was how system stretch savings were progressing; it was known that there was a shortfall within the £60m the system was trying to deliver, of which the Trust was holding £15.6m which it was still forecasting delivery against. Mrs Hibbard advised that it was likely that at some point there would be slippage and the system would need to understand what mitigation there would be against the system stretch.</p> <p>Mrs Hibbard gave further clarification on the changes to the ERF rules. There was a 2% reduction in the annual threshold trigger to cover in month for April changes for lost activity due to industrial action, with the idea being that systems would change trajectories which would release funding to cover the cost of industrial action. The difficulty was that many systems, including Devon, had already allocated out all ERF funding and it would be challenging to recycle that back in. This was being worked through but was a major risk.</p>	

	<p>In addition, 16% of ERF allocations were being held back until the revised activity threshold had been met. The implications were not known, and providers were strongly advised to assume that they met that threshold so that they would still get 100% as providers. Mrs Hibbard advised that a letter was expected at the end of July 2023 to clarify the detail which would allow the system to model through the implications. Mrs Hibbard noted that there were still negotiations ongoing with the Treasury and government on how the cost of industrial action in June, July and August would be managed.</p> <p>Mr Palmer informed the Board that the new Improvement Director had attended the meeting for the first time. She had brought some objective challenge and also some good first cuts of benchmarking, in particular some fair challenge about where the Trust stood across four quartiles across NHSE.</p> <p>Professor Marshall asked if it was known how the nationally agreed pay rises would be met. Mrs Hibbard replied that there had been a commitment nationally that frontline services would receive the full amount of funding needed for the pay award, however NHSE would have to find the funding from within existing departmental budgets. In order to fund providers, it would therefore be necessary for NHSE to hold back additional funding that may have been intended for something else, for example digital programme, community diagnostic centres, screening programmes etc.</p> <p>Mr Kirby commented that when the clarification on ERF funding was received in late July, an August Finance and Operational Committee would need to be held to discuss this, but that the Board would not receive an update as there was no formal Board meeting in August. Mrs Hibbard said that although the letter had been promised for late July, she did not think it would be received then and it would therefore be unlikely that the work needed to understand the changes would not be ready for an August meeting of the Committee.</p> <p>Ms Morgan thanked Mrs Burgoyne and Mrs Hibbard for the update and the assurance that had been provided to the Board of Directors.</p> <p><b>The Board noted the update and agreed its approval for the two items recommended by the Committee – the local contractors’ framework and the Delivering Best Value Board and Steering Group terms of reference.</b></p>	
<p>125.23</p>	<p><b>DIGITAL COMMITTEE</b></p>	
	<p>Mr Neal presented the Digital Committee update from the meeting held on 27 June 2023 with the following items brought to the Board’s attention:</p> <ul style="list-style-type: none"> <li>• The Digital Team were involved in a significant amount of work, in addition to business as usual, and ICS projects were also now starting to come in requiring input from the Team. There were also a number of gaps in the Digital Team. A paper was being prepared for the next meeting of the Committee to look at planning and prioritisation of projects and skills and workforce.</li> <li>• Licence growth was looked at and further work was due to be undertaken to move towards developing a forecasted requirement for licences going forward.</li> <li>• The Committee had discussed the new multi factor authentication requirement for NHS Mail before logging in which will be enforced from September 2023.</li> </ul> <p>Mrs Foster asked whether the Digital Committee was sighted on what was being signed off and approved in the digital arena at ICS level and Mr Neal responded that the ICS IT Lead had been invited to attend the next Digital Committee meeting to discuss this.</p>	

	<b>The Board of Directors noted the Digital Committee Update.</b>	
126.23	<b>INTEGRATION PROGRAMME BOARD</b>	
	<p>Mr Matthews presented the Integration Programme Board update from the meeting held on 18 July 2023. The Board noted:</p> <ul style="list-style-type: none"> <li>It had become clear that the aspiration to complete operational integration before the summer of 2024 was not realistic. The Programme Board had received an update on a revised timeline for this work which had now been extended into two phases, with a final planned completion date of November 2024, although there was confidence that this could be pulled back to the end of September 2024, with further work was needed to firm plans up and ensure that everyone would have the right opportunities to apply for roles and to conduct the two rounds of consultation that would be needed.</li> </ul> <p>Ms Morgan asked what the priority areas of focus should be and Mr Matthews responded that it would be important to ensure that the periods of consultation were what they needed to be, for example there was potentially an opportunity to go quite quickly on the first round of consultation as it involved a smaller group of people and could potentially be possible to get aligned more quickly. Mr Palmer added that the hope had been initially that the whole process could be completed within one financial year, although it was then apparent that at least a further six weeks would be needed. He advised that definitive workforce advice had now been received on the need to run two rounds of consultation covered. The challenge, which had been discussed extensively by the Executive Team and in workshops, was whether it would be possible to be very clear on Terms and Conditions upfront in the consultation processes that might then allow a shorter period of consultation. He added that the team were looking at every opportunity to take everyone involved with us in this process, whilst observing due process in order not to trigger misunderstanding or disagreement that would slow the whole process down.</p> <p>Ms Morgan noted that the Board would endorse the approach that was being recommended.</p> <p>Mr Tidman informed the Board that the report on lessons learned from the merger from the National Review Team had been received on 26 July 2023. It would be checked for factual accuracy and would then be brought back through the Trust's governance processes.</p> <p><b>The Board of Directors noted the Integration Programme Board report.</b></p>	
127.23	<b>NATIONAL INSTITUTE FOR HEALTH &amp; CARE RESEARCH CLINICAL RESEARCH NETWORKS SOUTH WEST PENINSULA ANNUAL REPORT &amp; ANNUAL PLANS</b>	
	<p>Pauline McGlone joined the meeting.</p> <p>Professor Harris presented the report to the Board of Directors, noting that the finance plan included with the report was for approval. It had been a successful year for the Network in terms of recruitment and it was noted that there were some opportunities in terms of the commercial vaccine pipeline.</p> <p>Mr Kirby commented that it seemed strange that the host Board did not have any involvement in the business plan but was asked to approve the financial plan and Professor Harris agreed that this did appear unusual but this was required.</p> <p>Mr Kirby noted that £833k was devoted to transformation of research delivery which appeared to be a very large proportion of the total allocation unless it delivered significant benefit. Ms McGlone responded that this was a top slice that was mandated at national</p>	

	<p>level and started in 2021 relating to transforming research in out of hospital settings. It related to the employment of a workforce across the region that supported primary care, hospice, schools and out of hospital research. The performance of the team is closely monitored.</p> <p>Ms Morgan noted that the report stated that the Clinical Research Network would transition to a new contract on 1 October next year with possible risks related to staff in the core team and asked for further clarification of this. Ms McGlone replied that it was not currently known what the new networks would look like and until this was clarified, it was possible that staff may leave with early signs of this already apparent. Professor Harris said that it was known that there would be a greater clinical focus with a slimmed down organisation. A change management process was being introduced but the end point was not yet known.</p> <p>Professor Kent asked where the funding was coming from for the requirement to have a local head of nursing and Ms McGlone advised that this was top sliced from the budget; funding of the role was a requirement of the contract but no additional funding was provided.</p> <p>Professor Kent asked how the impact of changes to the research design service were being monitored. Ms McGlone responded that this was being actively monitored. The Royal Devon was the host organisation for the current research design service and had applied for an extension. There was a strategic working group in place to ensure that there was support for the new Research Support Service to make sure there would be no impacts at local level.</p> <p><b>The Board of Directors noted the annual report and approved the finance plan.</b></p>	
128.23	<p><b>ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORK</b></p>	
	<p>Ms Morgan asked if Board members had picked up any new risks for escalation to the Board Assurance Framework or current risks that needed to be reviewed. Mr Kirby suggested that the changes to ERF funding might impact some of the risks and Mrs Hibbard said that this related to the risk of non-delivery of the finance plan. The risk had been reviewed with the consequence reduced but likelihood remaining the same.</p> <p>Mrs Hibbard asked whether consideration needed to be given to whether the impact of industrial action needed to be added to the BAF. Mrs Foster commented that this was covered under a number of other risks on the BAF. Mr Tidman said that whilst this was a significant operational risk, he was sure that this would at this point impact on overall achievement of the Trust's strategy, but it would be kept under review. Mr Palmer said that there would be a tipping point where the trajectories for long waits for recovery would become impossible to meet if industrial action continued and this was being watched closely by the centre. He agreed that this should be tracked closely and if the tipping point was reached consideration would need to be given to treating this as a separate risk. Mrs Foster suggested that the original decision recorded on the Corporate Risk Register to cover this risk under a number of strategic risks should be reviewed and Ms Morgan agreed with that, together with continued monitoring, as a way forward. <b>Action.</b></p>	
129.23	<p><b>ANY OTHER BUSINESS</b></p>	
	<p>Ms Morgan noted that the Board would want to thank Mrs Tracey and celebrate the contribution that she had made to the Trust over many years. Ms Morgan was in touch with Mrs Tracey to discuss finding a suitable date, possibly at the end of a future Board</p>	

	<p>meeting to invite her for an event. The Council of Governors were also keen to hold a similar event with Mrs Tracey at the end of a Council of Governors meeting.</p> <p>Ms Morgan informed the Board that the process to recruit a permanent successor for Mrs Tracey had started with the establishment of an Appointments Committee to take this forward. This would be done as quickly as possible, but it was recognised that it could take some time if the successful candidate had to work out a notice period.</p>	
<p><b>130.23</b></p>	<p><b>PUBLIC QUESTIONS</b></p>	
	<p>The Chair invited questions from members of the public and Governors in attendance at the meeting. Mrs Matthews had sent the following question via email which related to the Patient Story, MyChart and access to records and results:</p> <p>“When can patients be confident that their MyChart records are complete? At a recent Barnstaple Alliance Primary Care Network (PCN) Patient Participation Group this matter was raised. Ophthalmology and Gastroenterology records appear to be incomplete, e.g. no records accessible for a regular attender at Ophthalmology Glaucoma clinics, and no historical records available for a Gastroenterology patient.</p> <p>At the same meeting Barnstaple Alliance PCN Operations Manager promoted a joint Learn Devon scheme to support patients in the community to develop IT skills, log patients into the NHS App, MyChart etc starting a trial run shortly. As per previous meeting, again I requested support in GP surgeries to provide supported IT access for digital appointments with NHS consultations. PCN response was lack of space and staff cited as barriers. Suggestion that library be used rejected on the basis of lack of confidentiality. Has Professor Harris made any progress in this matter?”</p> <p>Professor Harris responded that the Trust was struggling to make progress with the idea of having digital help available for patients in GP surgeries due to space constraints. However, a pilot to take place in the community hospital was being explored and, if successful, there may be an opportunity to roll it out more widely. With regard to data migration, at go live of Epic a certain amount of data was migrated across, for example medication, key operations, health conditions and allergies usually covering a two-year historical period and the patient’s record would then be populated going forward. Therefore, with regard to the Gastroenterology patient, he would not have expected historical records to be available, but would have expected the records for the regular attender at an Ophthalmology Glaucoma clinic to be available and suggested that if Mrs Matthews were able to identify more detail on where this had happened, Professor Harris would be able to look into this.</p> <p>Mrs Penwarden thanked Board members for the comprehensive presentations and discussions and the Non-Executive Directors for their reflections and questions. Mrs Penwarden noted that in the Clinical Strategy presented to the Board there was mention of a Volunteer Coordinator role to liaise with voluntary sector organisations, carers and patient families and asked if more detail could be provided on this. Professor Harris advised that he did not have details regarding this role, but would look at this outside the meeting and provide a response. <b>Action.</b></p> <p>Mrs Penwarden noted the list of professionals involved in the development of the Clinical Strategy provided and asked what the Trust philosophy was on consulting, engaging and co-producing clinical strategies and clinical research strategies with people with lived experience. Professor Harris responded that patients were involved in the development of the Clinical Strategy and were also involved in the development of the research strategy.</p>	



	<p>Ms Morgan asked how patients were approached to be involved and Professor Harris said that he was uncertain of the mechanism used, but would look into this and provide an answer outside the meeting. <b>Action.</b></p> <p>Dr McElderry thanked the Board for holding the meeting in North Devon and said that the public of North Devon were appreciative of the efforts made to engage with them, and expressed her appreciation particularly to Mrs Tracey for her engagement and communication with the local population. Dr McElderry also paid tribute to the standards of healthcare provided in North Devon. Dr McElderry noted the discussion at the June Board meeting about the plans for a Changing Places toilet facility and asked whether there was any further update and whether the Trust had a named disability champion. Ms Morgan thanked Dr McElderry for her tribute to Mrs Tracey and the services provided in North Devon. Mr Tidman responded that following the presentation at the June Board he had discussed the Changing Places toilet facility with the Director of Estates and Facilities and this would be scoped and if possible built into the capital programme. Mrs Foster said that whilst there was not a specific disability champion, Mrs Tracey had been the Inclusion Champion and that there were a number of different staff networks covering inclusion, including disability.</p> <p>Professor Pope noted that there had been examples during the meeting of where the Trust was working effectively with some partners, such as social care, but had highlighted other areas, such as with General Practice, where there were some problems. She asked what the Trust was doing to try to improve partnerships and whether it was believed that Integrated Health Boards would help to improve partnership working in the system. Ms Morgan said that the issue that the Board had discussed with regard to general practice had related to a difference in systems rather than a problem in relationships. She added that the development of the ICS would help to improve system working not only across Devon, but across the peninsula as a whole, but would take time to establish and strengthen. Mr Tidman added that the Trust was working closely with ICB colleagues to look at how to support primary care. There was also work through the locality Boards where primary care colleagues worked with clinicians and managers to plan services at a local level which would develop further over the next few years.</p> <p>Mr Wilkins noted that the Staff Survey identified stark differences between how different parts of the workforce experienced line management. The action plan appeared to emphasise the empowerment of managers which appeared to exclude other members of staff and asked whether this was consistent with the Trust's values of inclusion and empowerment for all staff. Mrs Foster responded that this related to feedback from managers who had attended feedback events on being empowered to manage and do their jobs which would in turn help them to empower others.</p> <p>Mr Wilkins asked whether the analysis differentiated between hybrid managers who combined professional and managerial roles and general managers who might have more of a corporate viewpoint. Mrs Foster replied that the category would include all staff who had identified themselves as managers.</p> <p>Ms Morgan thanked everyone for their questions and for the responses provided.</p>	
109.22	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was announced as taking place on 27 September 2023.	

**PUBLIC MEETING OF THE BOARD OF DIRECTORS**  
**26 July 2023**  
**ACTIONS SUMMARY**

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

PUBLIC AGENDA					
Minute No.	Month raised	Description	By	Target date	Remarks
043.23(2)	March 2023	Mrs Foster to look at inclusion of absolute establishment data in the IPR in future iterations.	HF	<del>April 2023</del> <del>May 2023</del> <del>July 2023</del> October 2023	<p><b>Update 21.04.23-</b> The metrics within the 'Our People' section of the IPR are currently under review, with meetings having taken place to discuss requirements moving forward. The team are now reviewing these requests and will be developing a proposal for the CPO to review, including timescales in the coming weeks. <b>Action ongoing.</b></p> <p><b>Update 23.05.23</b> – Work is continuing on this. Next update to July Board. <b>Action ongoing.</b></p> <p><b>Update 19.07.23</b> – As verbally reported at the June Board, there are some delays to the redevelopment of the Our People report within the IPR, particularly in relation to vacancy &amp; establishment data due to some of the Unit 4 implementation issues. We are expecting this work to be completed in September 2023, so can be included in the IPR the following month. <b>Action ongoing.</b></p>
060.23	April 2023	A discussion to take place at a future Board meeting regarding acceptable levels of vacancy and what the expected vacancy rate would be if the expectation was not to be at 100% recruitment. (Action added after May Board meeting as it had been missed initially).	HF	<del>July 2023</del> <del>September 2023</del> October 2023	<p><b>Update 19.07.23</b> – Further work is required to understand acceptable vacancy levels, due to the multifaceted nature of this area that requires balancing of operational &amp; financial plans. It would also be helpful to understand thresholds used in other organisations &amp; their rationale to make an</p>

					<p>informed decision. It is proposed that a paper is presented to the next Board meeting to propose a recommendation based on the above factors, with a view that maximum &amp; minimum tolerated vacancy levels could be reflected in the relevant IPR charts. <b>Action ongoing.</b></p> <p><b>Update 21.09.23</b> – Due to close links with the long term workforce plan, this is going to be included in the wider strategic update in October 2023, along with our gap analysis against the Long Term Workforce Plan. <b>Action ongoing.</b></p>
077.23(1)	May 2023	Data regarding ED attendances in other coastal areas to be reviewed, to see if similar increases in attendances had been seen and if there was any learning for the Trust from their experiences.	JP	September 2023	<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>
077.23(2)	May 2023	<p><del>Following a question from Professor Marshall, Mrs Foster to look at the category for stress for sickness absence in terms of how this was broken down into work-related and other stress/mental health issues and provide an update.</del></p> <p>Updated Action: HF to review OH data to see if it provided more detail on the percentage of work-related vs non-work related stress/other mental health problems.</p>	HF	July 2023 October 2023	<p><b>Update 28.06.23</b> – HF advised this had been covered in the meeting, in that it was difficult to break down the category unless staff had indicated what the particular issue was. HF suggested that she took an action to review OH data to see if it provided more detail on the percentage of work-related vs</p>

					non-work related stress/other mental health problems. Extend due date to October 2023. <b>Action ongoing.</b>
077.23(3)	May 2023	Work to be commissioned through the Governance Committee to look at readmission rates over time, following a question from Professor Marshall about follow-up for patients discharged with NCTR.	MM/MH	August 2023 September 2023	<p><b>Update due August 2023</b></p> <p><b>Update 26.07.23</b> – It was agreed that the work should be completed in August as per the target date and then reported at September Board.</p> <p><b>Update 11.08.23</b> – Discussed at the GC 10.08.23 – it was agreed that given Readmission rates are within the expected range and the focused work being undertaken in relation to discharges to nursing homes that no further action would be taken at this stage. <b>Action ongoing.</b></p>
077.23(4)	May 2023	A letter had been sent to DCC and the ICB requesting clarity on all funding streams (including the main hospital discharge fund) to support discharge and social care and the June IPR would contain an update on this.	JP	June 2023 July 2023 September 2023	<p><b>Update 21.06.23</b> – Update included in the IPR. <b>Action ongoing.</b></p> <p><b>Update 28.06.23</b> – Although clarification had been received on BCF and iBCF funding, there remained an outstanding issue regarding UEC funding. A further letter would be sent to ask for a final position on this funding. <b>Action ongoing.</b></p> <p><b>Update 26.07.23</b> – A further meeting was scheduled with the ICS to consider the outstanding funding bids. <b>Action ongoing.</b></p> <p><b>Update 21.03.23</b> – A verbal update will be given at the September Board meeting. <b>Action ongoing.</b></p>
080.23(2)	May 2023	Mr Neal asked if more detail around the exact number of incidents being reported could be included in future Safe Staffing Reports to Board.	CM/Aha	November 2023	<p><b>Update 13.06.23</b> – Detail regarding the exact number of incidents will be included within the next six-monthly Safe Staffing reports to Board. <b>Action ongoing.</b></p> <p><b>Update 28.06.23</b> – The Board agreed that this action should be kept open until presentation of the next six-monthly report in</p>

					November 2023 to ensure that it was completed. <b>Action ongoing.</b>
088.23	May 2023	A written response to be provided to questions submitted to the Board by Mrs Sue Matthews	CM HF	<del>June 2023</del> July 2023	<p><b>Update June 2023</b> – Responses to two questions answered at the May Board meeting sent to Mrs Matthews. The third question being reviewed by Mrs Mills. <b>Action ongoing.</b></p> <p><b>Update 10.07.23</b> – Following review, action transferred to HF for response. <b>Action ongoing.</b></p> <p><b>Update 20.07.23</b> – This has proved more complex than initially thought. Further investigation is being undertaken by CM. <b>Action ongoing.</b></p> <p><b>Update 14.08.23</b> – Written response provided to Mrs Matthews. <b>Action complete.</b></p>
097.23	June 2023	Action to be taken from the Patient Story presentation to look at resources that could be tapped into to identify ways of meeting needs for patients through different possible funding streams, including the Leagues of Friends.	CM/AHi	September 2023	<p><b>Update 21.09.23</b> – CM Has confirmed that a variety of funding streams &amp; approaches are considered/explored when addressing the activities of the Trust &amp; the needs of our patients. This approach extends across the entire Executive team. <b>Propose action closed.</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	September 2023	<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>

115.23	July 2023	Mrs Holley had informed the Board that she had been asked to share the Trust's BAF with the ICB some months ago as part of the alignment work on BAFs that was being undertaken at system level, which she had done. She had requested that someone from RDUH be involved with this, but had not had a response. Mr Tidman agreed to follow this up with the ICB.	CT	September 2023	<b>Update 21.09.23</b> – Ongoing.
116.23	July 2023	Following discussion about the possibility of industrial action by GPs, Mr Tidman advised that the Executive Team would develop a contingency plan with a briefing note to share with the Board and should GP industrial action be announced, a further discussion would be tabled for a future Board meeting.	CT	November 2023	<b>Update due to November 2023</b> – Action due date moved to November, as no indications of additional industrial action have been received. <b>Action ongoing.</b>
117.23	July 2023	Following a question from Mrs Burgoyne regarding whether volunteers were involved in helping to promote sign up to MyChart to patients, Professor Harris agreed to look into this as it would be a helpful addition to the campaign to encourage sign up.	Aha	September 2023	<b>Update 21.09.23</b> – Progress has been made on this action and it has been agreed. Final logistics are currently being completed around provision of flyers to give to patients and guidance to the volunteers in conjunction with the patient experience and comms teams in each site. <b>Action complete.</b>
118.23(1)	July 2023	The Board was informed that three incidents were being investigated as Never Events and it was noted that a report on Never Events would be taken through the Governance Committee. In addition, it was noted that a small team was being formed to visit other Trusts that had EPIC to see if there was any learning from how they used EPIC that could be used by the Trust in relation to the Never Events. It was agreed that once the report had been presented to the GC, it should be presented to the Board together with a presentation on the findings of the Team visiting other Trusts.	AHA/CM	September 2023	<b>Update 21.09.23</b> – The update on Never Events paper is on September's agenda for discussion by the Board of Directors, with agreement by the Deputy Chief Executive that any subsequent actions from Board will be taken forward at October's Governance Committee. <b>Action complete.</b>
118.23(2)	July 2023	Following a question from Professor Kent regarding the increase in category 2 pressure ulcers in the community and whether it was believed that end of life could be accounting for this, Mrs Mills agreed to look into this outside the meeting and email Professor Kent.	CM	September 2023	<b>Update 21.09.23</b> – CM has liaised with the Tissue Viability team & confirmed that the increase is in response to unvalidated numbers of pressure ulcers however this number will look to reduce as the Tissue Viability team continues to work towards a single validation process. <b>Action complete.</b>

118.23(3)	July 2023	Mr Neal had suggested that it would be helpful to have a historic picture of trend in the IPR, with the example of two moderate harm incidents that were recorded in Northern Services for waiting well but without any commentary on learning or whether they were an anomaly. Mr Palmer agreed that narrative would be discussed that would clarify this but without adding density to the IPR.	JP	September 2023	<p><b>Update 21.09.23</b> – Trend data incorporated within graphical depiction of incident volumes, with consistent methodology and validation process now incorporated across both Northern and Eastern Services. Narrative contained within this month’s report covers both July and August 2023 data. <b>Action complete.</b></p>
118.23(4)	July 2023	Mr Matthews noted that induction of labour was above target on both sites and asked for clarification of whether this was a concern and if there were any implications for the Trust. Professor Harris and Mrs Mills agreed to review the data outside the meeting to understand any possible implications.	AHA/CM	September 2023	<p><b>Update 31.07.23</b> – Despite a slight increase in North during the period from Feb to May where rates were around 40-45%, both sites average around 30-40%. This is moving closer to a higher than the historical national average (30%) in line with the national picture which is heading for a 40-50% IOL rate; our increase &amp; that across the nation relate to implementation of new guidance &amp; care pathways:</p> <ul style="list-style-type: none"> <li>• NICE Guidance now recommends offering IOL to all women earlier than previous guidance so more option for this.</li> <li>• Implementation of saving babies lives Version2 also advocated IOL for more women than previous care pathways for example all IVF pregnancies are offered IOL at term.</li> </ul> <p>To note: saving babies lives Version3 must be fully implemented in all trusts by March 2023 &amp; this will further increase the number of women offered IOL.</p> <p>The key to understand the impact of IOL rates is to triangulate this with outcome data such as term admissions to NNU (ATTAIN) Maternal PPH, number of emergency C Sections etc. This data shows that despite an overall increase in IOL rates, outcomes are good &amp; this indicates effective &amp;</p>

					appropriate care planning for IOL. <b>Action complete.</b>
118.23(5)	July 2023	Mr Matthews noted that VTE monitoring in both Northern and Eastern services was below where it had been previously and asked what implications this might have for patient safety. Professor Harris advised that there was a group of patients that were not included in the data, but agreed that more granularity on the data would provide assurance and this would be reviewed.	AHA	September 2023	<b>Action ongoing.</b>
118.23(6)	July 2023	Following a question raised by Mr Matthews regarding the impact of inpatient and day cases being 10-20% below plan in terms of earning additional income, it was agreed that this should be discussed in more detail by the Finance and Operational Committee.	AHI	September 2023	<b>Update 17.08.23</b> – Added to agenda for Finance & Operational Committee meeting in September. Update will be provided to Board in September FOC report. <b>Action ongoing.</b>
120.23	July 2023	Any changes to the Clinical Strategy/enabling strategies to be copied to the Chair for information.	AHA	September 2023	<b>Update 23.08.23</b> – All updates to the Clinical Strategy to be approved as appropriate with Adrian Harris & Carolyn Mills (as accountable officers), & shared with the Chair for information. <b>Action complete.</b>
121.23	July 2023	Following discussion about whether risks and mitigations could be more closely aligned in the BAF and the suggestion that the graph at the top of the table in the BAF could be used to show forecast rates, which should help to address this, it was agreed that this would be followed up to make sure there was more consistency in the way the table was used for each risk.	MH	November 2023	<b>Update due to Board on 01.11.23</b>
121.23	July 2023	More detail on actions and due dates to be provided in the BAF, so that this information could be flagged in the BAF summary which would help ensure they were progressed.	MH	November 2023	<b>Update due to next Board on 01.11.23</b>
121.23	July 2023	Mr Palmer asked if the direction of travel of individual risks could be included in the BAF summary.	BAF Risk owners	November 2023	<b>Update due to next Board on 01.11.23</b>
123.23	July 2023	Amendment requested to the Infection Control Annual Report – reference to a conclusion section to be removed from the table of contents.	CM	September 2023	<b>Update 21.09.23</b> – The Infection Control Annual Report has been amended as detailed within the action. <b>Action complete.</b>
123.23	July 2023	Following a question from Professor Kent about whether there was a difference in cleaning services in Eastern and Northern services in terms of Infection Prevention Control and Mr Tidman agreed that this would be looked at in more detail outside the meeting.	CT	September 2023	<b>Update 22.09.23</b> – Infection Control (IPC) are always a major stakeholder in the Hotel Services provision/tender. The Trust Facilities Management (FM) team are



					working closely with the IPC team (North and East) presently: currently undergoing a product standardisation review as well as developing the Trust response to the National Cleaning Standards. Longer term, the Estates and FM Division are bringing the Exeter FM including cleaning services and the Northern FM services under one Deputy Head of Facilities in order to review both services' provision and bring in best practice at both sites. <b>Action complete.</b>
128.23	July 2023	Following a discussion about whether industrial action should be added to the BAF as a new risk, it was noted that this was covered under a number of other risks. It was agreed that this should be tracked closely as there may come a point when consideration would need to be given to treating it as a separate risk. It was agreed that the original decision recorded on the Corporate Risk Register to cover this risk under a number of strategic risks should be reviewed in addition to the continued monitoring.	CM	September 2023	<b>Update 21.09.23</b> – A detailed cross reference to the risks associated with IA against the current BAF entries has been undertaken. It has been subsequently confirmed by the Executive Directors that any risks associated with IA remain explicit within the BAF & a requirement for an individual IA risk is not required. <b>Action complete.</b>
130.23	July 2023	Mrs Penwarden asked for clarification of the Volunteer Coordinator role mentioned in the Clinical Strategy and Professor Harris agreed to look at this outside the meeting and provide a response.	AHA	September 2023	<b>Update 23.08.23</b> – Phil Luke to contact Mrs Penwarden directly to provide further details regarding the Volunteer Coordinator role as detailed in the Clinical Strategy. <b>Update 01.09.23</b> – Email sent to Mrs Penwarden from Mr Luke “Many thanks for your question about the Clinical Strategy regarding the voluntary sector at the Board of Directors’ meeting on 26 <sup>th</sup> July. I am pleased to be able to provide you with some further detail as requested. Whilst we work well with some voluntary sector organisations, particularly within our community teams, as a Trust, we feel that our patients might benefit from a more co-ordinated approach to engaging with voluntary sector organisations like the Red

					<p>Cross, Help the Aged, the Salvation Army etc. To this end, we will be developing a business case as part of the 24/25 planning cycle to pilot a 12 month Volunteer Coordinator role. We anticipate this role being able to establish partnerships with the voluntary sector which might help avoid hospital admission, expedite safe hospital discharge, help patients with transport, support patients in our ED waiting to be seen and other areas. I hope this is the sort of clarification you were after. If you would like further information please don't hesitate to come back to me." <b>Action complete.</b></p>
130.23	July 2023	Ms Morgan asked how patients were approached to be involved in the development of the Clinical Strategy and Professor Harris agreed to look at this outside the meeting and provide a response.	AHA	September 2023	<p><b>Update 23.08.23</b> – Patients were invited to be a part of the Clinical Strategy Development Group in Summer 2022 &amp; were invited to attend monthly workshops which were used to develop the strategy principles, objectives &amp; approaches. Representatives approached were of the Council of Governors (CoG) and Involving Patients Steering Group (IPSG). The Clinical Strategy is due to be presented at CoG and IPSG groups in October 2023 following Trust launch. <b>Action complete.</b></p>

**Signed:**

**Shan Morgan**  
Chair

<b>Agenda item:</b>	8, Public Board Meeting	<b>Date:</b> 27 September 2023		
<b>Title:</b>	Patient story: Waiting for paediatric care in the Emergency Department			
<b>Prepared by:</b>	Bethany Hoile, Engagement Coordinator			
<b>Presented by:</b>	Carolyn Mills, Chief Nursing Officer			
<b>Responsible Executive:</b>	Carolyn Mills, Chief Nursing Officer			
<b>Summary:</b>	<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>			
<b>Actions required:</b>	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.			
<b>Status (x):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
			<b>X</b>	
<b>History:</b>	<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 all Trust services and this patient story serves to bring to life one of our patients' experience of waiting for care in the Emergency Department at the RD&amp;E site. This story is set within the context of the Trust's strategic objectives to deliver, redesign and enhance its services &amp; facilities around our patients' needs.</p> <p>Paula is mum to 23-month-old Reggie, who suffered a febrile seizure in May 2023 and arrived in Wonford Emergency Department by ambulance. She describes her experience of remaining in the care of the ambulance crew whilst waiting in the Rapid Assessment Triage (RAT) queue and then waiting for further assessment in a chair in the minors quad.</p> <p>In this story, Paula shares her experience of waiting in a shared space for over</p>			

	<p>three hours to be triaged with her son. Paula felt that the care her son received from both from paramedics and ED staff was good; she also recounts the challenging experience of waiting.</p> <p>In order to support our operational and clinical teams, the Trust is putting in place targeted activities over the next few months, through our Improvement Team, to help us respond to the challenges of tier 1 escalation with the key objective to improve the Trust’s four-hour performance across our two Emergency Departments in order to meet the national targets of 70% type 1 and 76% all types.</p> <p>The Trust is also undertaking a major refurbishment of the Emergency Department at Wonford, and the next stage of the project will include a designated children’s ED area and a new Paediatric Admissions Unit. After initial triage, this will separate children from the main ED environment. With the two paediatric areas adjacent to each other, the ED and PAU team can work more closely together in a more children-centred environment, which will include a separate children’s waiting space, see and treat rooms, consultation areas and specific paediatric resus bays. This is the final phase of the ED programme and is intended to complete by late summer 2024.</p> <p>The themes raised within this patient story are consistent with feedback from the Trust’s results from the <a href="#">National 2022 Urgent and Emergency Care Survey (Type 1 &amp; 3 Services)</a>.</p>
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives

**Monitoring Information**

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

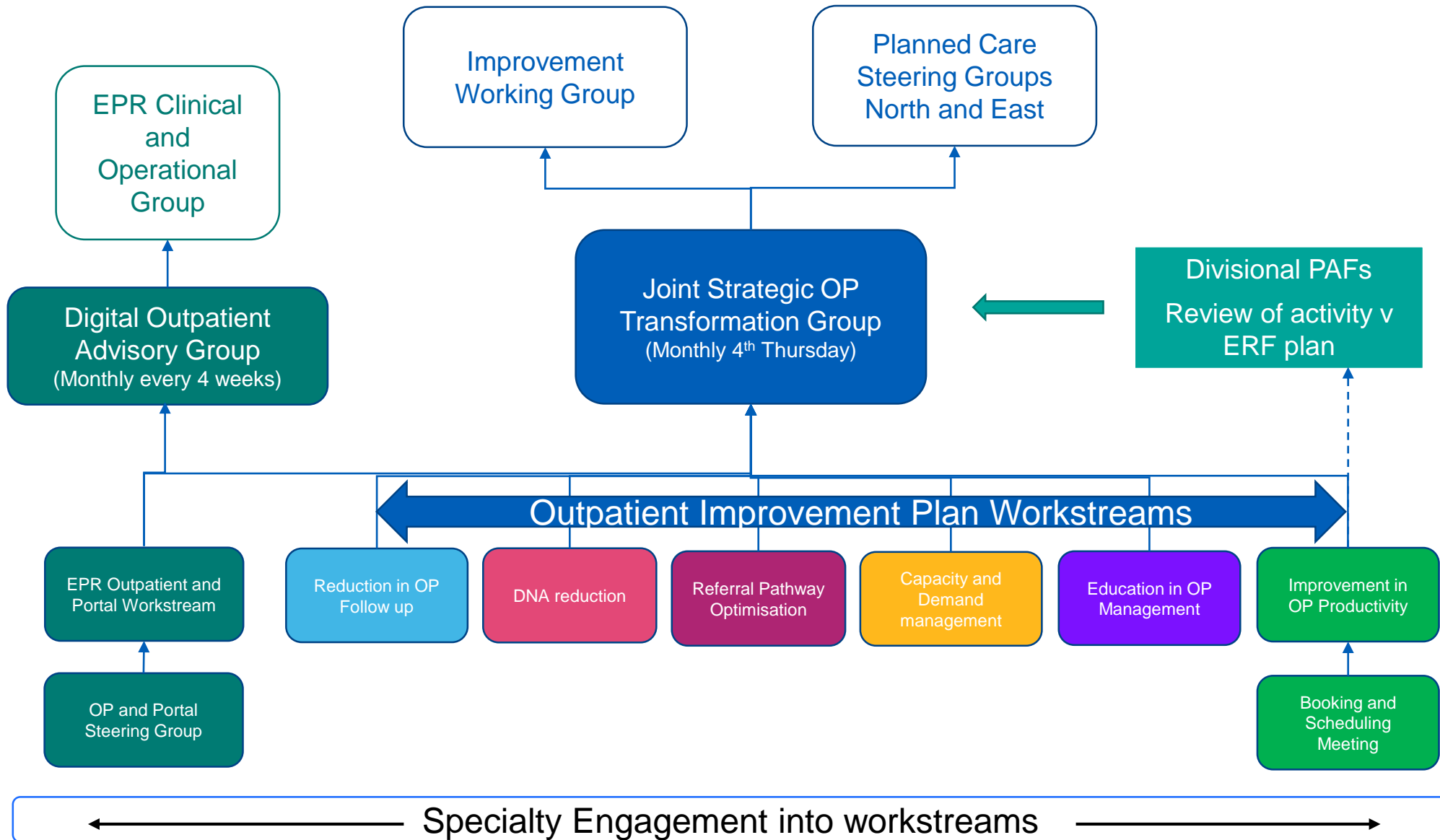
Care Quality Commission Standards	Outcomes	Regulation 17	
NHS Improvement		Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			X
Other ( <i>please specify</i>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

# Outpatients Transformation Programme update

Mike Browning, Programme Director  
Stuart Kyle, Clinical Lead for Outpatients Transformation  
September 2023



# RDUH OP Governance and Workstreams



# Outpatient follow up improvement

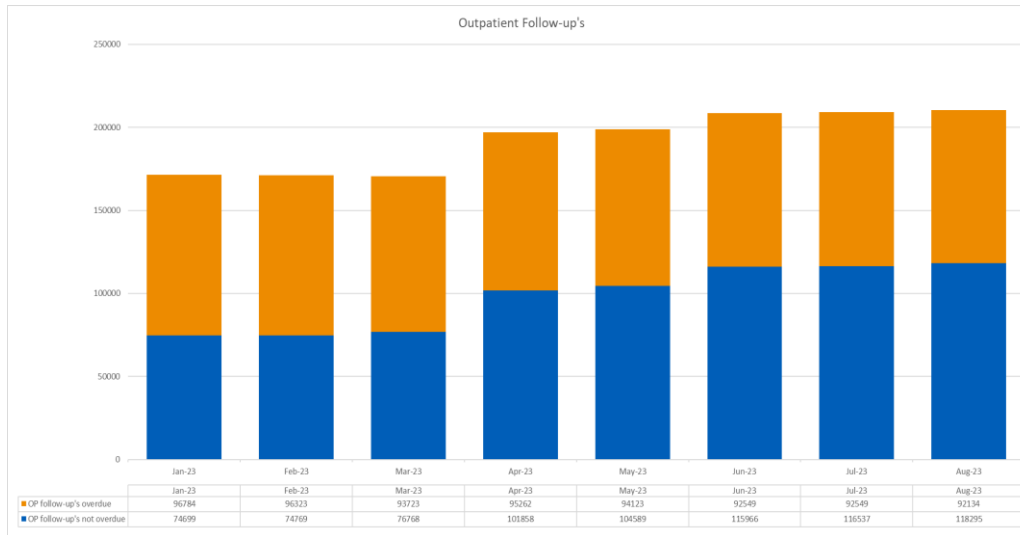
## Current position and context

- National target for outpatient follow ups is a reduction of 25% on 2019/20 volumes
- Challenges: Data recording changes since EPR implementation and Follow up WL backlog
- The implementation of a new EPR at RDUH between 2019/20 and 2023/24 has created some issues with the presentation of like-for-like data in relation to outpatient activity
- Activity that was not previously recorded as outpatient activity is now captured and reported, and the majority of that activity is follow-ups
  - Specifically – Community and Midwifery home visits which meet the definition of an outpatient appointment but were not recorded as an outpatient activity in the previous PAS
  - This has the effect of inflating outpatient follow up activity when comparing to 2019/20
- Example of board reporting below:

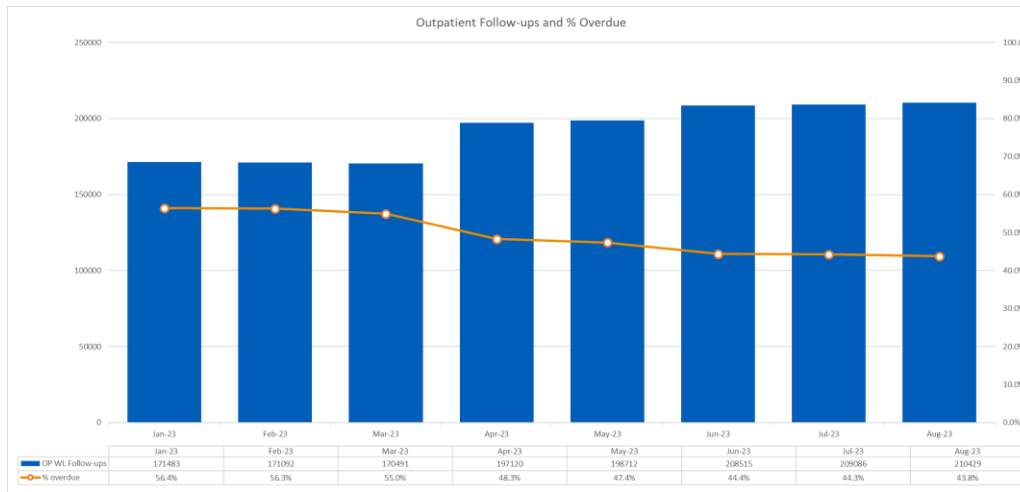
OP FU	2023/24 as % 2019/20			Narrative
	Apr	May	Jun	
<b>All activity</b>	135%	145%	159%	As previously reported in Board IPR – includes all activity recorded and reported under SUS
<b>ESRF criteria applied</b>	117%	128%	142%	If the ESRF criteria is applied to exclude specific specialties (e.g. Midwifery) then this reduces the proportion of follow ups relative to 2019/20
<b>Community home visits exclusion applied</b>	103%	112%	126%	Detailed review has identified a high volume of community home visits that are now recorded / reported and were not previously recorded pre EPR implementation

- **Approach agreed by improvement board is to measure outpatient follow up reduction improvement, using an acute only data set and starting from the date of the Northern EPR implementation (June 2022) to provide the most accurate and comparable data for improvement**

# Follow Up Waiting List



- 200k patients on FU waiting lists. WL is continuing to grow despite current activity levels
- Overdue FU have reduced slightly in real terms and as a proportion of overall WL
- Due to the size of the overdue WL backlog, changes in practice as a result of transformation will appear first by reducing the FU WL backlog before any activity reduction is realised.



## Key elements of F/up improvement programme

- 1) Specialty level deep dives and benchmarking using further faster model hospital guides
- 2) Roll and optimisation of PIFU
- 3) Follow up patient contact validation programme



# Further Faster / GIRFT 16 specialities

## Teams completed

1. Gynaecology (Met with 8<sup>th</sup> Sept)
2. Dermatology (Met with 15<sup>th</sup> Sept)
3. Neurology (Met with 18<sup>th</sup> Sept)
4. Urology (Awaiting confirmation of meeting)

## State of play

- Orthopaedics meeting booked in for 27<sup>th</sup> Sept
- Respiratory meeting scheduled on 19<sup>th</sup> Sept now cancelled due to strikes (Awaiting confirmation of rearranged date)
- Awaiting confirmation from other specialties for meetings to be booked (Difficulty finding time for clinical leads and operational managers across both sites to get in one space)
- Data capture packs designed for all Further Faster specialties and forwarded to specialties ahead of meetings to be populated

## Initial learning

- Booking/Admin capacity limiting PIFU rollout across Derm & Gynae
- Some teams not aware of or using Model Health System
- There is a need to join up processes across both sites

# Patient Initiated Follow-Up (PIFU)

## Trust Performance – Target 5%

Current overall PIFU Utilisation Rate: **3.3%**

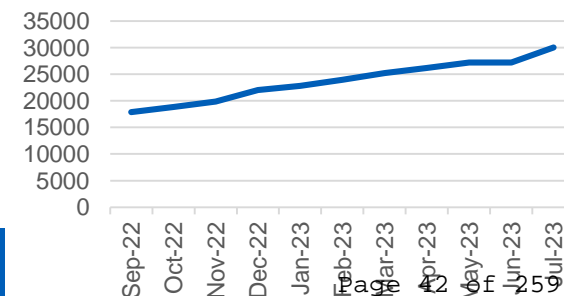
**30,037** patients on an active PIFU pathway, **5<sup>th</sup> most nationally**

National average 2.4% and 5,721 active PIFU pathways

## Key Actions

- Undertaking gap analysis and identification of opportunities within specialties in Further Faster and GIRFT programmes
- Working alongside key opportunity areas to transform pathways and reduce follow-up demand in specialties including Gastroenterology, Gynaecology, Breast Surgery, Trauma & Orthopaedics, and Ophthalmology
- Patient Stratified Follow-Up is being utilised across Cancer services to support patients using a combined approach of remote monitoring and PIFU
- Recent and ongoing conversion of open pathways to PIFU to improve patient tracking and align with national guidance e.g. Physio and IBD

Number of Active PIFU Pathways



# Follow up Validation Plan

## DrDoctor

- External provider digital communications

## 2 platforms

### Quick Question-SMS

- Pilot: Pain for news, 63% response. 6.25% removal, letter to 105 non responders, still no reply remove from waiting List
- Started FU spinal Sept 18<sup>th</sup>
- Orthopaedic knees start October

### Assessment Questionnaire

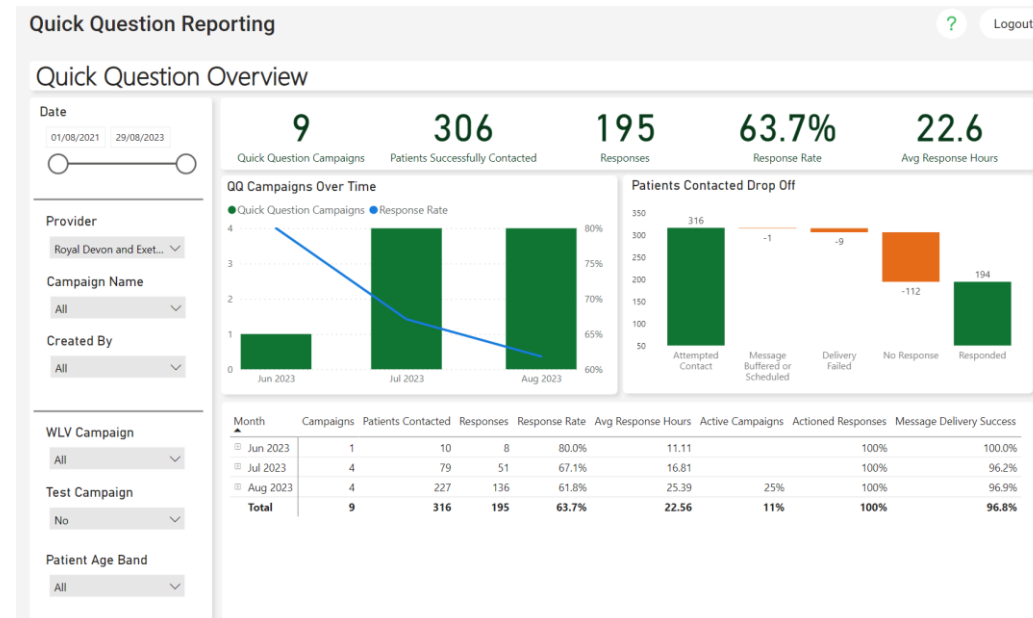
- Integrate with Epic –live mid October
- multiple layered SMS questions
- Remove > clinically validate
- Move to PIFU if stable

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

- Remain on list

## Managing Clinical risk on Waiting list

- Built in Epic
- Waiting lists now % overdue
- Embed into high risk clinical areas first then roll out



# Did Not Attends (DNAs)

## Trust Performance

Overall Royal Devon DNA Rate: **4.2%**

**6<sup>th</sup> best** performing Trust nationally, with a national average of 7.1%

Our DNA performance enables us to see **2,617** more patients each month, or **31,404** more patients each year

## Our high performing specialties include:

Haematology: 0.8%

Urology: 1.7%

Colorectal Surgery: 2.4%

## Key Success Factors

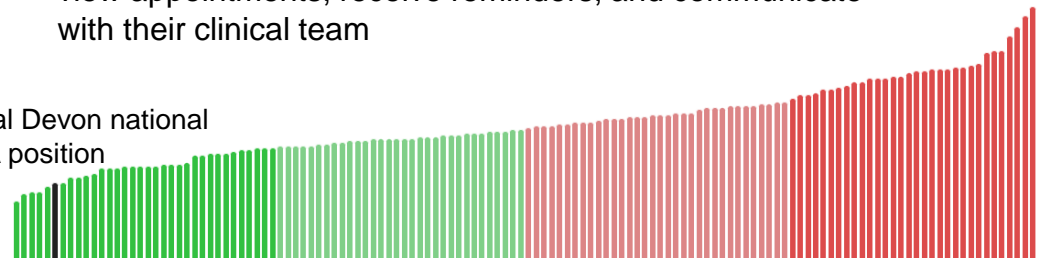
- Use of partial booking, allowing patients to have more say over when they are booked
- Slot Administrators ensure clinics are well utilised and that patients are communicated with
- Completing a survey call to patients that DNA to offer support and understand reasons for non-attendance
- Telephoning all patients who are booked at <21 weeks
- Engaged clinical teams who communicate effectively with their admin and operational teams
- Validation of waiting lists to ensure patients still need to be seen before booking

## Ongoing Action Plan

There are opportunities to improve further, with some specialties above the national DNA average. Stratification of specialty performance has been undertaken to identify areas with biggest opportunity. Actions to improve DNA performance in these specialties include:

- Benchmarking against GIRFT/Further Faster guidelines
- Implementation of processes highlighted through our Trust best practice scoping
- Introducing text reminder service with two-way communication across the Trust
- Encouraging patients to sign up to My Care to be able to view appointments, receive reminders, and communicate with their clinical team

Royal Devon national  
DNA position



# Advice and Guidance

## Trust Performance

Utilisation Rate for Specialist Advice (processed requests for advice/outpatient first attendances): **37.1** - top quartile, national average 20.4

Diversion Rate for Specialist Advice (referrals returned with advice where it is expected that it diverted a referral/total number of advice requests): **13.8%** - 3<sup>rd</sup> quartile, national average 18.8%

**69.7%** of advice requests are responded to within 0-2 days, compared to a national average of 54.3%

## Challenges and Risks

There are different approaches to A&G between specialties, and sometimes multiple channels which aren't being well managed

Ensuring accurate and accessible recording of conversations within Epic and primary care systems increases administrative workload

E-RS integration with Epic is planned for completion before the end of 2023

In many specialties there is no formal job planning time in place to do A&G work, which is needed to ensure coverage and timely response

# Productivity

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

## **CMO led clinic template review meetings taking place with each specialty to discuss opportunities to maximise use of Digital Technology; Epic and Voice Recognition to increase the number of patients seen in Outpatient clinics**

- Original premise that activity is below 19/20 levels in many specialities, so teams to be asked to add one additional slot per clinic – expected benefit in excess of £4m. However, becoming apparent that many teams are already at or above 19/20 levels, so focus shifting to what actions can be taken to support clinical teams to be as effective as possible while in clinic.
  - Initial meetings with 18 specialities, 5 confirmed, 5 to rebook following cancelled sessions (industrial action)
  - 1 team has agreed to increase template size immediately (additional 274 patients per year)
  - 100+ actions identified which could improve clinic productivity – these have been shared with relevant teams including Outpatients, Finance, Estates, IMT, Clinical Digital for review and action
- CCIO led meetings with teams to support productivity improvements in outpatients using Epic personalisation tools

## **Scheduling**

- Booking and Scheduling review of outpatient clinics underway to support clinic utilisation and reduce hospital initiated cancellations

## **Data recording improvements**

- Workstream established to focus on accurately capturing work already being delivered by clinical teams eg ‘unscheduled’ appointments, multi-professional appointment tariffs, Outpatient procedures. Will involve significant comms and awareness raising, as well as EPIC build.
- Contributor to DBV scheme with a total value of £5m.
- Additional resource recruited (EPIC, Finance) and when in post will support delivery of project.

<b>Agenda item:</b>	10.1, Public	Date: 27 September 2023		
<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>	Angela Hibbard, Chief Finance 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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Quality & Safety	45 – 62
Our People	63 – 70
Finance	71 – 77



# Overview – Executive Themes and Actions to Raise at Board

This IPR covers the period of August 2023 which saw **further Industrial Action (IA)** from the BMA for junior doctors between the 11<sup>th</sup> and 14<sup>th</sup> of the month followed by consultant action between the 24<sup>th</sup> and 26<sup>th</sup>. Of course these periods generated further disruption and delays to service provision during a period when our rosters are always more challenged due to annual leave requirements. At the time of writing we have experienced further periods of industrial action in September and are currently on the fourth day of a period which has included unprecedented overlapping action between junior doctors and consultants. Once again, our **staffing body has continued to show immense respect to colleagues exercising their rights of representation** and we have been able to staff most of our shifts safely throughout this period with rostered staff and volunteers. However, the twin pressures of holiday demand (which always spikes in July and August) and these periods of Industrial Action did undoubtedly have a negative impact on performance during the month and leaves us with a challenge to restore Financial and Operational plan delivery against target as we run up to **instigation of the Winter Plan**. It makes it all the more remarkable therefore that we did clear our 104 week patient waiting position at the end of August (subject to two retrospective reviews from the national team) and that we have been officially removed from all Cancer tiering with effect from 20 September 2023 – these are important achievements en route to organisational recovery despite the prevailing pressures. Clearly the financial pressures within the organisation have increased and are being directly addressed by our **financial recovery programme**; and given our **current focusing on never events**, our collective efforts to triangulate quality and safety; finance; and performance remain critical to our delivery of safe and sustainable services. We continue to be enormously grateful to our staff for helping us to do this in very challenging circumstances.

## Recovering for the Future

The Trust wide operational performance dashboard for June shows that whilst we remain close to our trajectories for **elective recovery** we are beginning to feel the impact of over 2000 lost clock stops since industrial action began (detailed on slide 6). For the first time since December last year we saw an in month slowing of our clearance rate alongside IA cancellations, despite our increased activity levels, which has steepened our challenge for delivering our 78ww and 65ww targets by year end. Initial September data has suggested that our activity levels are coming back to the levels required to restore trajectory, but IA cancellations will have a further impact on clock stops which will be quantified in our next IPR. On a positive note, **we declared 0 for 104 ww at the end of August**, with the caveat of two potential retrospective breaches declared for transparency whilst they are under national review (both patients have already been treated in early September which was immensely appreciated by NHSE colleagues). NHSE are now also providing a tier 1 focus on outpatient activity which will be covered in our Board discussions today in terms of both outpatient transformation and assurance activities – positive therefore to see an increase in activity in this cycle.

For **cancer services**, we improved month on month in relation to our 62 day waiting target (7% at the end of August against the national target of 6.4%) and also held within F&OP trajectory (255 patients against a target of 301). Northern Services maintained a nationally compliant position within the overall Trust 62 day waiting position (5.1%) which is also reflected in the wider suite of cancer measures in the IPR. Alongside this we were able to maintain our F&OP trajectory against the Faster Diagnosis Standard where we sit just off national compliance. These improvements have now been formally recognised by Dame Cally Palmer and Professor Peter Johnson (**“the positive impact on patient care and experience is evident”**) and this week **we have been removed from all Cancer tiering** – an immense achievement by our clinical and operational teams and a set of improvements that we must maintain.

# Overview – Executive Themes and Actions to Raise at Board

**Urgent care performance** saw the Trust sitting behind the planned trajectory for both Type 1 and Types 1-3 targets and with a deteriorated position month on month. Whilst August performance is often challenged by demand surge at this time of year and both sites saw a further increase in demand month to month, it is notable that Northern Services saw its seventh consecutive month of demand growth and clearly the site suffered a compound impact on performance in August. Both Northern and Eastern Services also saw an increase in emergency admissions in month, with the 3.6% growth in Northern Services significantly against plan. Despite these pressures Northern Services maintained strong ambulance handover performance. Whilst the Devon UEC Tier 1 focus is driving us to focus on acute system performance and at the time of writing we have seen some of our best acute performance of the entire financial year so far through focusing on discharge lounge optimisation, minors performance and overnight breaching, we continue to also drive out of hospital activities as a priority. No Criteria to Reside is sitting just outside trajectory; Urgent Community Response continues to outperform national target by c. 20%; unallocated hours post social care assessment continue to reduce; and 209 admissions flowed into our 55 Virtual Ward beds in August (moving to 100 beds by year end). These will all be **essential elements of our Winter Plan** that will be brought forward in the October Board cycle.

Outside of the financial and operational plan targets, **Diagnostics performance** continued to improve in Northern Services against the 6 week DMO1 target (with improvement across all modalities) and Eastern's position remained static. The improvement team reported to F&OC in this cycle and laid out the intentions for building a forward trajectory for these services to match those in our other prioritised domains.

The **month 5 financial position** saw the previously reported risks start to materialise with a year to date variance from plan of £3.9m emerging to take the in-year deficit to £19m. Whilst the cost of industrial action has been mitigated up to month 4 the pressure can no longer be managed through other underspends causing the movement, alongside an adverse movement in the drugs spend. The Trust initiated a financial recovery approach following the previous reported position and the impact of this is still being quantified. In particular a detailed review of the drugs spend and pharmacy process is underway to provide assurance on the escalated level of spend. This work, along with a detailed review of the forecast system savings will determine a revised forecast position in month 6. Until such impacts can be assessed the forecast for month 5 is held to plan. Alongside this a detailed cash forecast is being undertaken in line with the NHS England process for deficit support to ensure readiness for any support required.

## Collaborating in Partnership

The Board will receive an update on the **community strategy in the October Board cycle** following the strategic paper reviewed in July. Meanwhile, the Executive escalations made to the ICB on discontinuity of UEC funding streams are still in progress to finalise the remaining available funding for Winter schemes, several of which will focus on out of hospital and collaborative activities as laid out above. On a positive note, the stabilised funding for discharge does seem to be reflected in the sustained trend in the number of care hours (not) lost in August. We continue to provide the three postcode ambulance catchment change to support our Trust partners, the Ambulance Service across Devon and the region, our recent discussions with System partners having resulted in our agreement to extend that arrangement until the end of October.

# Overview – Executive Themes and Actions to Raise at Board

## Excellence and Innovation in Patient Care

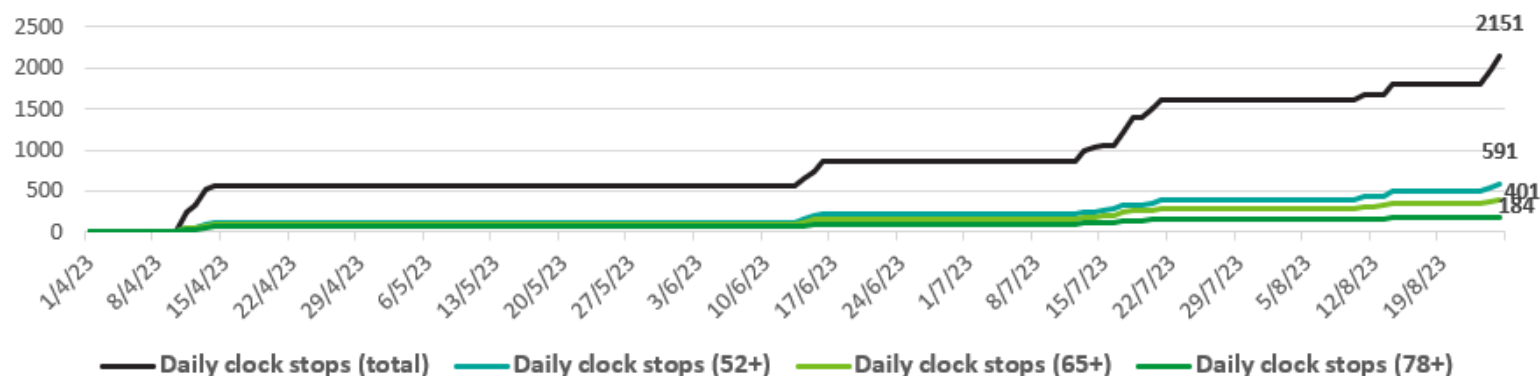
Triangulation of the performance positions with the quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. Eight serious incidents occurred in the Trust across July and August (4 in each), of which 4 were Never Events (3 in July, 1 in August). Of these never events, three were within Eastern Services, one in Northern. Harm for the never events was assessed as no harm for three cases, minor for one. **The CNO and CMO are undertaking a series of review activities to ensure that reflection, learning and training are taken from these events** and the next leadership event for our senior teams across the organisation will be entirely given over to reflection, learning and follow up activities to provide future assurance. The IPR this month includes newly developed Trustwide datasets on pressure ulcers, incidents and falls which will support some of these activities. In month there were incremental improvements in the proportion of complaints closed through early resolution and a decrease in overall complaint numbers. It should be noted that within the overall decrease, we saw an increase in complaints relating to delays and discharge arrangements.

## A Great Place to Work

During July 2023 **vacancy rates continued to reduce**, falling to below 5%, with the pipeline also beginning to reflect lower numbers of vacancies out to advert. **Turnover has also continued to decrease**, indicating that we are both recruiting and retaining successfully. Whilst it is positive that staffing levels are in a positive position and ahead of plan in most areas, indicative of good people related work from the last year, it is unfortunate that **agency activity has not yet reduced to plan** at an equivalent rate thereby impacting the financial position. Focus on this is significant across all areas to bring plans back on track. It is expected that with the additional vacancy controls now in place, vacancy levels may begin to rise with the aim of stabilising to the target rate for most staff groups. Work is ongoing to produce a gap analysis against the recently published NHS Long Term Workforce Plan, with the results due to be presented to Board in October 2023. Due to close links between the two, this paper will also include the planned work to establish what acceptable levels of vacancy will look like moving into the future.

## Industrial Action Impact

Cumulative estimate of lost clock stops due to Industrial Action - 2023/24 YTD



Cumulatively, 2151 clock stops estimated to be *lost* due to Industrial this financial YTD. Of these:  
 591 x 52+ weeks, 401 x 65+ weeks & 184 x 78+ weeks.

Month	All clock stops	52+ clock stops	65+ clock stops	78+ clock stops	Industrial Action
Apr-23	558	112	91	66	Junior Doctors 11-14 <sup>th</sup>
May-23	0	0	0	0	RCN on 1st May BH
Jun-23	298	104	76	27	Junior Doctors 14-16 <sup>th</sup>
Jul-23	744	184	127	65	Jr Dr's 13-18 <sup>th</sup> , Dr's 20-21 <sup>st</sup>
Aug-23	551	193	108	25	Jr Dr's 11-14 <sup>th</sup> , Dr's 24-25 <sup>th</sup>
<b>Total</b>	<b>2151</b>	<b>591</b>	<b>401</b>	<b>184</b>	

Data source: Local BI data on daily clock stops

# Balanced Scorecard – Looking to the Future

## Successes

- Well led and managed Industrial Action periods
- Recruitment & retention plans continue to show positive results in relation to vacancies
- Extension of provision of a postcode catchment change to support neighbouring Trusts whilst maintaining ambulance handover performance
- Embedding of the Improvement Director to drive performance against financial and operational plan
- Maintenance of elective recovery and quartile 1 level performance from Nightingale SWAOC, CDC and CEE
- Complete exit from cancer tiering
- Removal of two year waiting patients (subject to final patient reviews).

## Opportunities

- Delivery of the 2023/4 financial and operational plan
- TIF bid for elective infrastructure to resubmit
- GIRFT bid for cardiology 7 day working in development
- Rapid implementation of the Northern Services Acute Medicine Model
- Driving forward of the integration programme through OSIG and CPIG to achieve phases 1 and 2 implementation
- Development of UEC tier 1 plan / Winter Plan
- Continuation of Elective Recovery tier 1 plan to clear 78 and 65ww patients
- GIRFT further and faster programme
- Primary Care Risk Assessment with the ICS
- Learning from Never Events programme of activity.

## Priorities

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

## Risk/Threats

- Continued Industrial action (dates now into October following September action)
- Balancing ambulance catchment change and Devon System support with demands of UEC Tier 1 performance
- Delays in sign off of remaining UEC funding for this year
- Potential loss of confidence in reporting due to continued data quality issues (though improving confidence)
- Staffing Resilience in Northern Services – Medical, Nursing, HCA and Ancillary
- Staff Morale with constant pressure and cost of living challenges
- Inability to balance delivery across financial and operational plan
- Primary care fragility
- Challenge of taking and applying learning from Never Events.

# Trust Executive Summary

Trust wide

## Operational Performance Dashboard

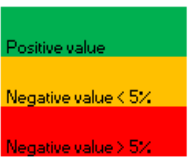
Domain	Measure/Metric	Definition	Last Month Jul-23	This Month Aug-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	2083	2134	51	2078		710
	RTT 78 Weeks waited	Total count	476	470	-6	320		0
	RTT 104 Weeks waited	Total count	1	2	1	0		0
	Cancer - Over 62 day waiters	Total count	271	255	-16	301		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	7.6%	7.0%	-0.6%			6.4%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	72.1%	71.8%	-0.3%	71.6%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	55.0%	50.3%	-4.7%	61.3%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	63.3%	59.2%	-4.2%	68.5%	95%	76.0%
	No criteria to reside	Average daily count	105	102	-3	96		50
	No criteria to reside	NCTR as a % of occupied beds	10.5%	10.0%	-0.5%	9.1%		4.9%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(11,191)	(12,907)		(12,907)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	(5,413)	7,981		10,002		60,300

# Northern Services Executive Summary

## Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Jul-23	This Month Aug-23	Ys prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	Ys baseline (2019/20)	93.1%	101.7%	8.6%	119.3%	104%
	Outpatient activity (FU)	Ys baseline (2019/20)	112.9%	135.3%	22.3%	106.8%	75%
	Elective inpatient activity	Ys baseline (2019/20)	59.9%	60.3%	0.4%	91.5%	104%
	Elective daycase activity	Ys baseline (2019/20)	93.8%	113.6%	19.8%	117.4%	104%
	RTT 18 week performance	weeks vs total incomplete pathways	50.9%	51.2%	0.3%		92%
	Incomplete pathways	Total count	24415	24407	0.0%	23519	
	RTT 52+ weeks waited	Total count	3063	2856	-6.8%	2665	
	RTT 65+ weeks waited	Total count	1049	1061	1.1%	1105	
	RTT 78+ weeks waited	Total count	229	210	-8.3%	102	
	RTT 104+ weeks waited	Total count	0	0	100.0%	0	
CANCER	2 week referrals	Performance	90.6%	92.7%	2.2%		93%
	28 day faster diagnosis standard	Performance	76.5%	76.0%	-0.4%	59.0%	75%
	Urgent GP referral 62 day	Performance	76.3%	69.5%	-6.8%		85%
	Cancer - Over 62 day waiters	Total count	39	43	10.3%	83	
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	5.1%	5.4%	0.3%		

Domain	Measure/metric	Definition	Last Month Jul-23	This Month Aug-23	Ys prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +LOS	Ys baseline (2019/20)	104.2%	107.7%	3.6%	79.5%	
	A&E attendances	Ys baseline (2019/20)	120.4%	121.1%	0.7%	86.8%	
	4 hour wait performance	Patients seen < 4 hours vs total attendances	64.2%	57.0%	-7.1%	69%	95%
	Ambulance handover delays >30 minutes	Total count	302	352	16.6%		
	Residual no criteria to reside	Average daily count	41	41	0.0%	32	
	Residual no criteria to reside	NCTR as a % of occupied beds	14.5%	14.0%	-0.5%	10.9%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	56.9%	60.0%	3.1%	N/A	99%
	MRI activity	Ys baseline (2019/20)	111.4%	116.6%	5.2%	98.6%	
	CT activity	Ys baseline (2019/20)	137.0%	149.5%	12.5%	143.7%	
	Medical Endoscopy activity	Ys baseline (2019/20)	121.6%	123.9%	2.3%	112.3%	
	Non-obstetric ultrasound activity	Ys baseline (2019/20)	105.7%	98.3%	-7.4%	91.1%	
	Echocardiography activity	Ys baseline (2019/20)	86.3%	106.7%	20.4%	95.9%	



# Eastern Services Executive Summary

## Eastern Services

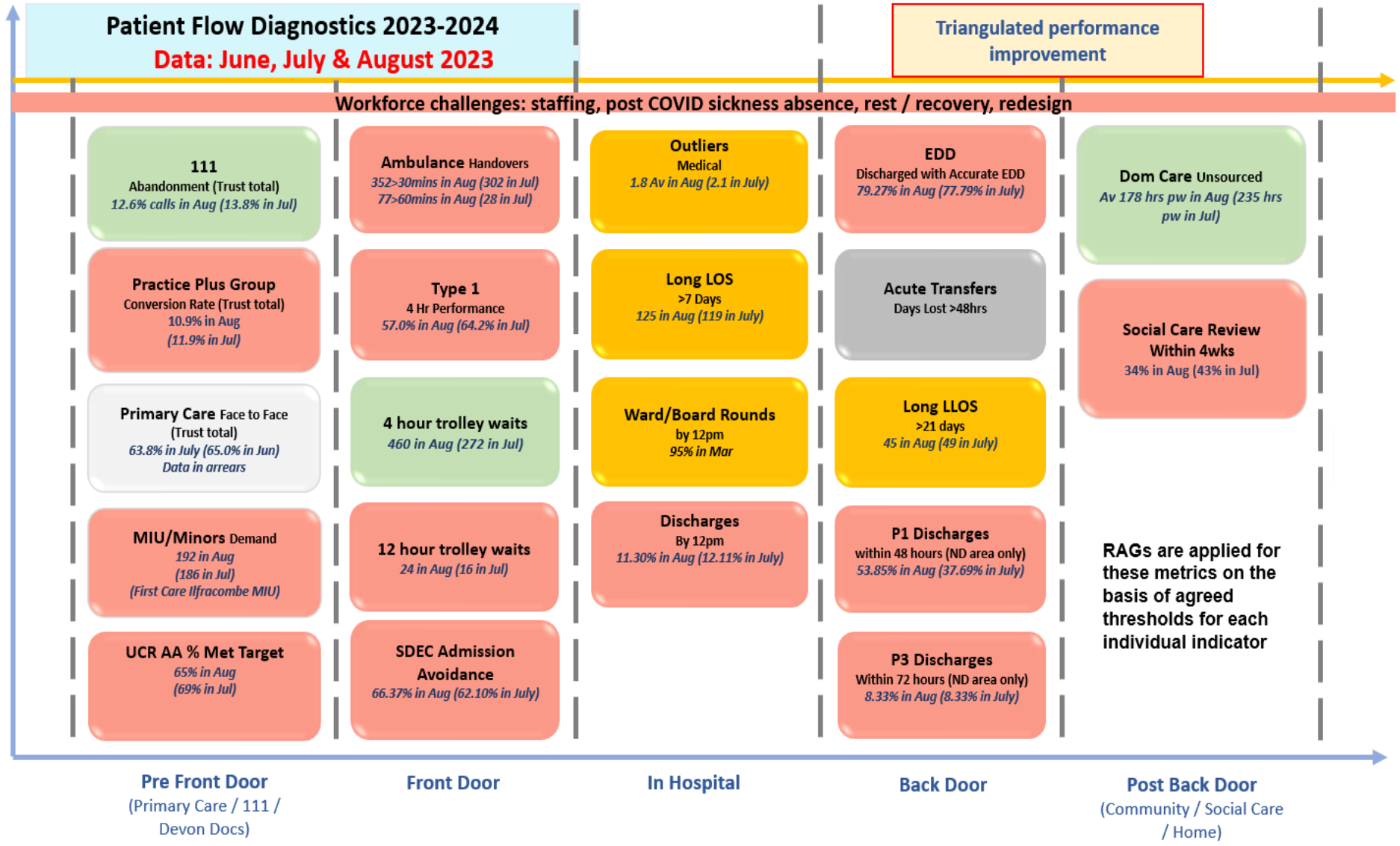
## Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Jul-23	This Month Aug-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	88.3%	106.3%	18.0%	140.8%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	117.6%	138.4%	20.9%	136.2%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	59.7%	68.2%	8.5%	96.1%	104%
	Elective Daycase Activity	vs baseline (2019/20)	92.1%	113.4%	21.3%	134.7%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	56.4%	56.1%	-0.3%		92%
	Incomplete Pathways	Total count	54037	54758	1.3%	56917	
	RTT 52 Weeks waited	Total count	3235	3084	-4.7%	2077	
	RTT 65 Weeks waited	Total count	1034	1073	3.8%	973	
	RTT 78 Weeks waited	Total count	247	260	5.3%	219	
RTT 104 Weeks waited	Total count	1	2	100.0%	0		
CANCER	14 Day Urgent	Performance	68.0%	62.6%	-5.4%		93%
	28 day faster diagnosis standard	Performance	70.5%	70.4%	-0.1%	75.2%	75%
	Urgent GP referral 62 day	Performance	61.6%	66.7%	5.1%		85%
	% 62 day waiters against total open pathways	62 day waits as a % of total pathways	7.6%	7.5%	-0.1%		
	Count of open pathways over 62 days	Total count	232	212	-8.6%	218	

Domain	Measure/Metric	Definition	Last Month Jul-23	This Month Aug-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	vs baseline (2019/20)	106.5%	106.9%	0.4%	103.9%	
	A&E attendances	vs 19/20 baseline	86.3%	87.3%	1.2%	79.8%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	48.8%	45.6%	-3.2%	57.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	62.9%	60.3%	-2.7%	68.3%	95%
	Ambulance handover delays >30 mins	Total count	177	558	68.3%		
	Residual : No Criteria to Reside count	Average Daily count	64.0	61.0	-4.9%	64	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	8.9%	8.4%	-0.5%	8.5%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	61.3%	60.6%	-0.7%		99%
	MRI activity	vs 19/20 baseline	111.7%	111.9%	0.1%	114.4%	
	CT activity	vs 19/20 baseline	124.1%	132.3%	8.1%	123.2%	
	Medical Endoscopy activity	vs 19/20 baseline	82.9%	44.9%	-38.0%	91.8%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	106.5%	103.6%	-2.9%	100.2%	
Echocardiography activity	vs 19/20 baseline	143.1%	150.7%	7.6%	153.9%		



## Northern Services Patient Flow Diagnostic



# Eastern Services Executive Summary

## Eastern Services

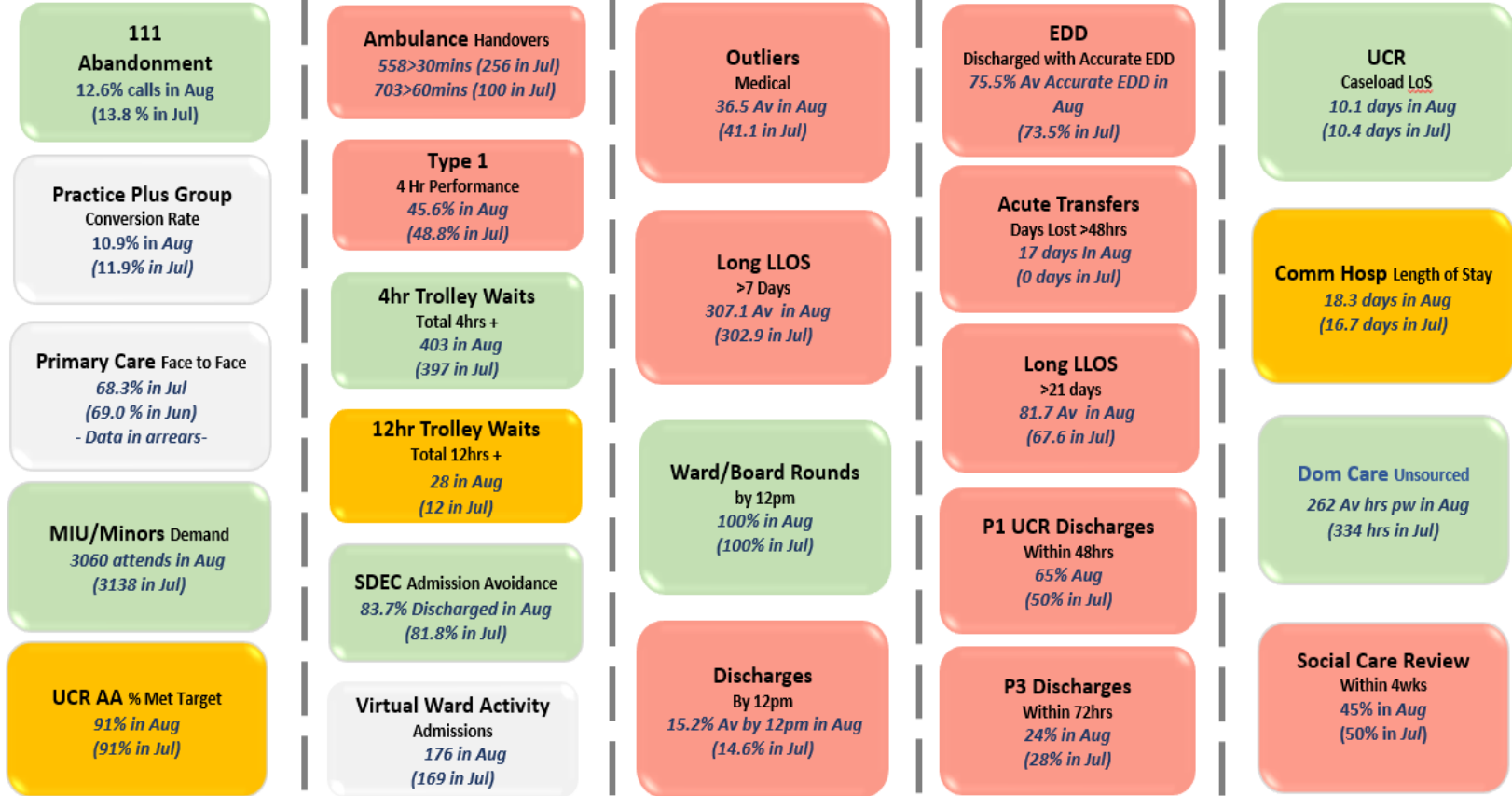
## Patient Flow Diagnostic

### Patient Flow Diagnostics 2023-2024

Data: August 2023

Triangulated performance improvement

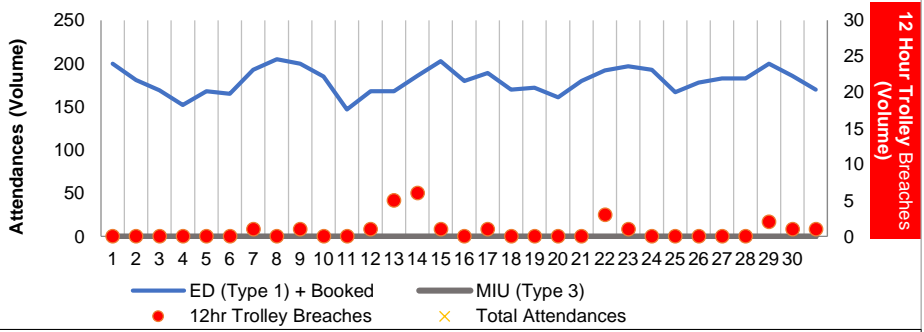
Workforce challenges: staffing, post COVID sickness absence, rest / recovery, redesign



Key:

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

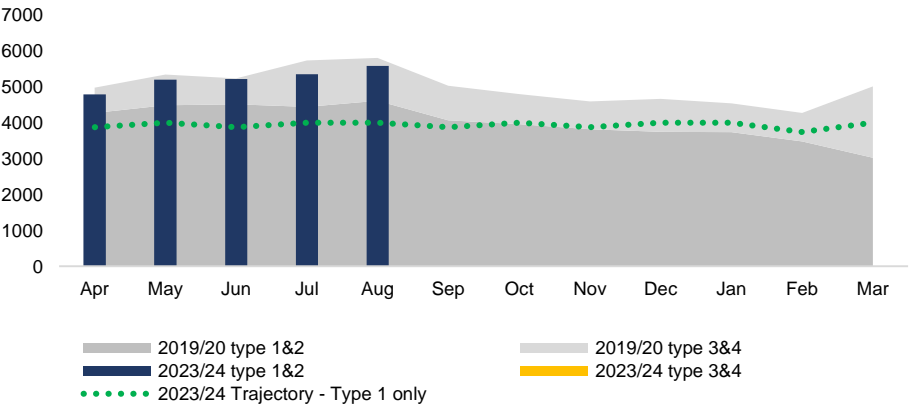
Report Month - Trust Daily Attendance Profile



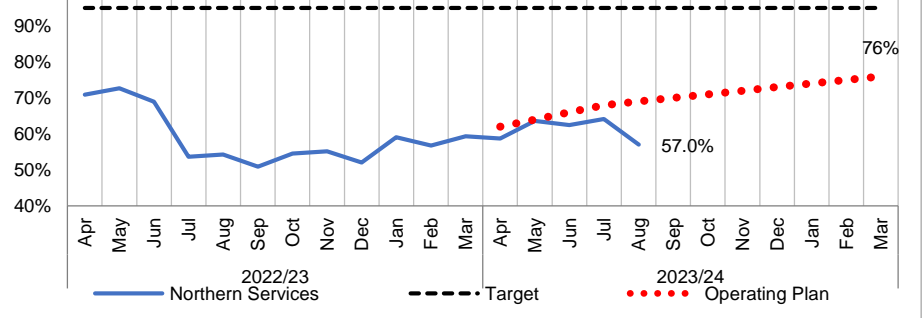
Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	5591	2403	57.0%

- August was an extremely busy month, with a 30% increase in ED attendances compared to August 2022.
- In August the total daily hours lost in ambulance handover delays was 329 hours and 32 mins.
- In August the overall number of ED attendances increased by 237 patients against July. It is notable that both ambulance arrivals and self presentations have increased with a peak number of 205 attendances on the 8<sup>th</sup> August. The service reported a 7.2% decrease in August against the 4 hour target in July.
- The number of 4-Hour breaches increased from 1920 in July to 2403 in August.
- ED saw an increase in attendances in August with a peak of 205 attendances on the 8<sup>th</sup> August. This is a significant increase on the previous year when the highest attendances in a day was 167. The average attendances were 180 daily in comparison to 139 daily in 2022/3.

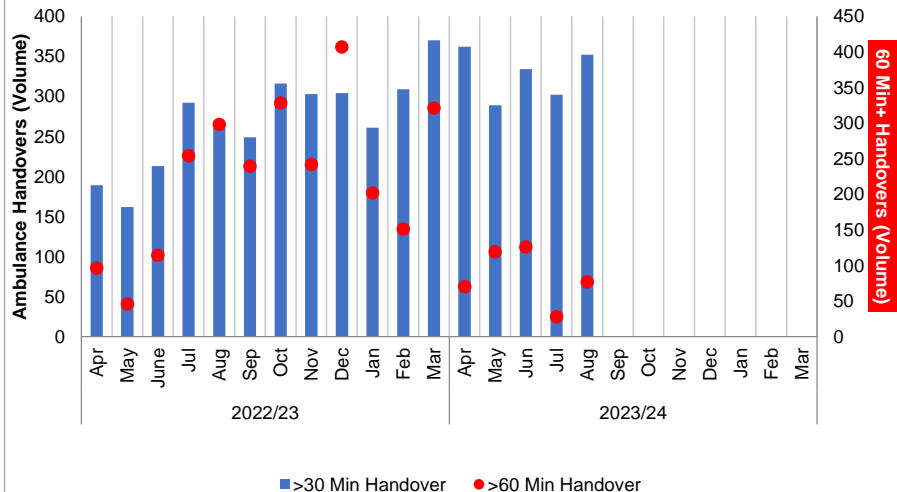
A&E attendances



4 Hour Wait Performance

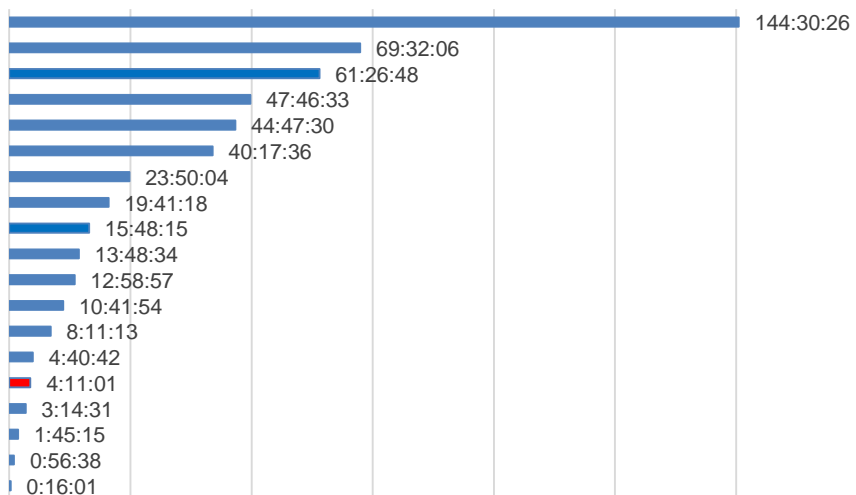


### Ambulance Handovers Delayed >30 mins



60 min handovers increased by 49 in June, 30 min handovers increased by 50.

### Ambulance Handovers - Average Daily Hours Lost by Site SW 30 Day Rolling Average - as at 04/09/2023 **NDDH Highlighted**



# Eastern Services Emergency Department

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

Activity & Flow

Operational Performance

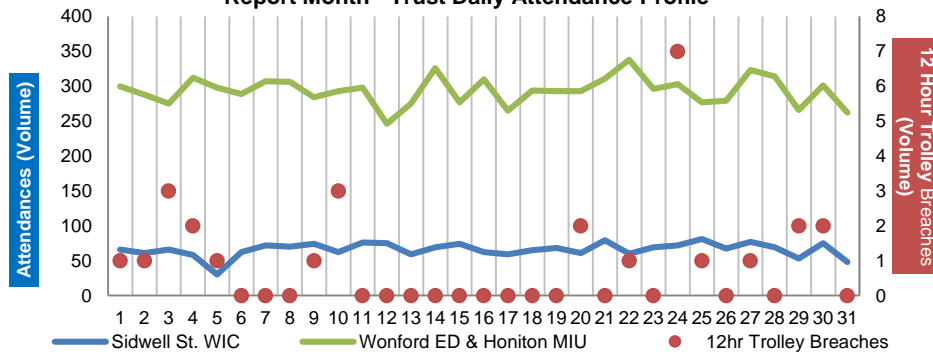
Patient Experience

Quality & Safety

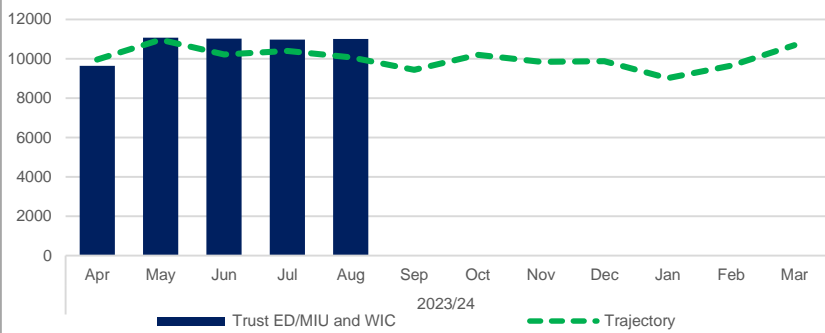
Our People

Finance

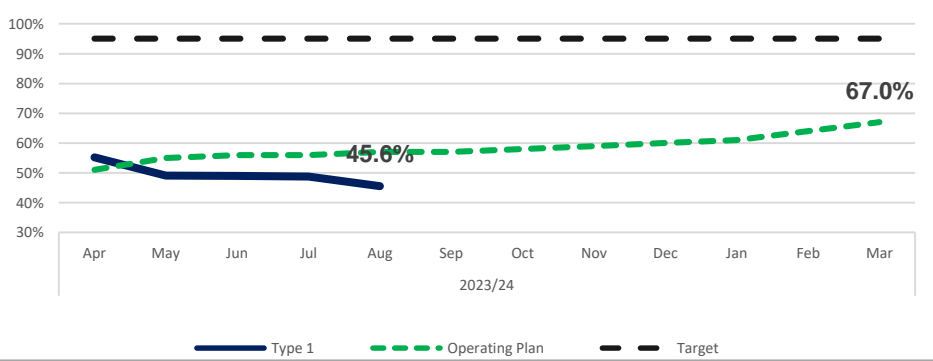
### Report Month - Trust Daily Attendance Profile



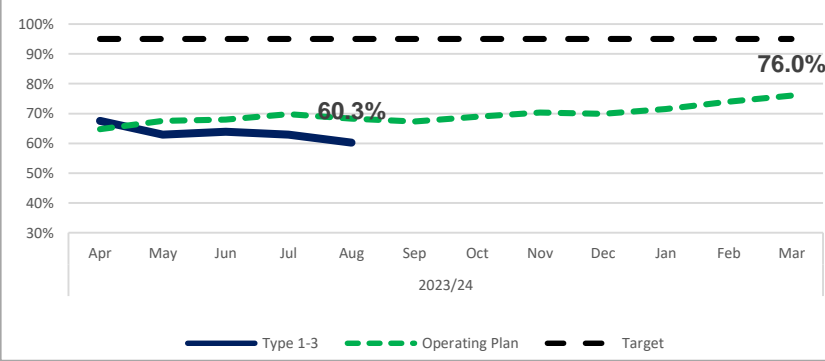
### A&E Attendances



### 4 Hour Wait Performance - Type 1



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

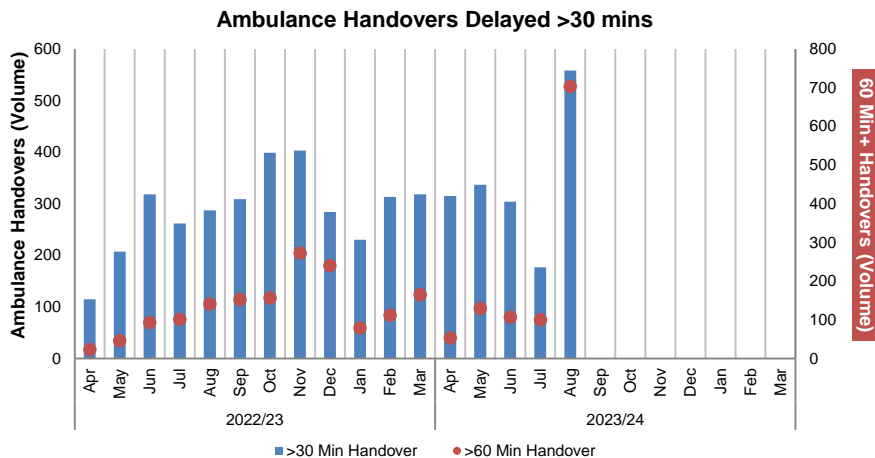


Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	7951	4328	45.57%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	11011	4376	60.26%
Total System Performance (including MIUs)	13972	4507	67.74%

- Overall Performance:**  
 All Type - 4 hour performance decreased from **62.93%** in July to **60.26%** in August (Eastern All Type trajectory for August 68%).
- ED Type 1 4 hour performance decreased from **48.78%** in July to **45.57%** in August (Eastern Type 1 trajectory for August 57%).
- Type 1 daily attendance figures were on average 255 per day with a peak attendance of 309 on Monday 21 August representing a high level of demand.

# Eastern Services Emergency Department

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

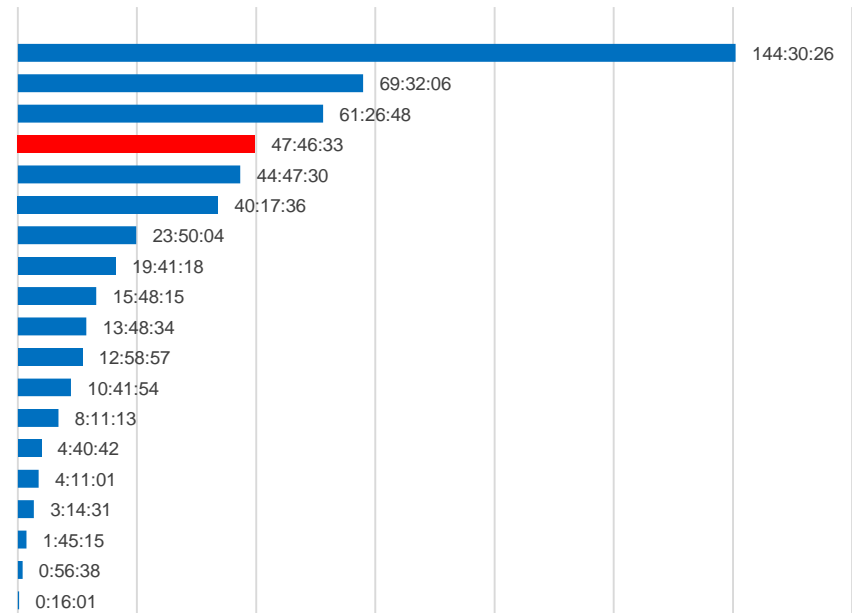


- SDEC activity saw a decrease in August, down 6.1% on July with a week day average of 22 attendances per day. Admissions from SDEC however reduced to 16.3% from 18.2% in July.
- The Virtual Ward saw 209 admissions (176 Eastern & 33 Northern) with a peak number of patients of 63, the daily average was 36. Plan agreed to accelerated bed capacity over the next four months to 100 beds by December 2023.

### Actions being taken to improve performance

- UEC Simulation Modelling being undertaken with Deloittes.
- Task and finish group to reduce attendances of specialty expected patients to ED.
- Focus on improvements to initial time to triage (% of patients assessed within 15 mins of arrival for ambulance arrivals and walk ins).
- Implementation of Trust Internal Professional Standards.
- GP Streaming to reduce minors' attendances and improve performance.
- Focus on mental health patient pathways
- Working with the ICB to implement a pilot of ED e-triage.

Ambulance Handovers - Average Daily Hours Lost by Site  
SW 30 Day Rolling Average - as at 04/09/2023 **RD&E Highlighted**



### Focus on ambulance reporting

- Monthly ambulance handover meetings established with SWAST to review processes and improvements.
- Regional Hospital Handover Data Quality Task & Finish Group.
- Devon Ambulance Cell and ICB Eastern locality top 5 system priorities to improve ambulance handover delays; MH pathways, specialty expected patients to ED, GP streaming, ED e-triage and ambulance handover data validation.
- ICB/SWAST implementation of X-CAD hospital ambulance arrivals screens and scoping the possibility of reactivating the dual pin sign off to improve ambulance handover times.

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

# Trust – Provision of System Support for UEC

Activity & Flow

Operational Performance

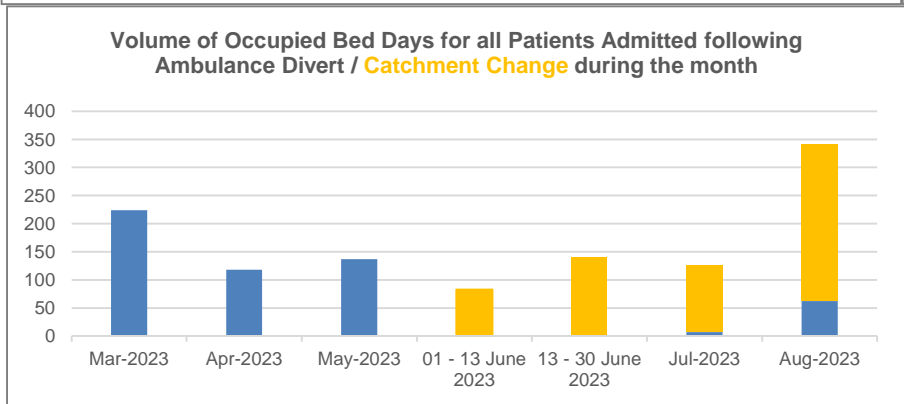
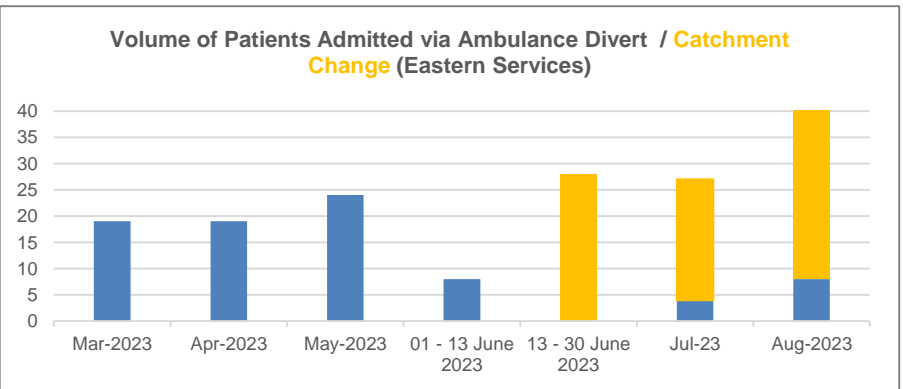
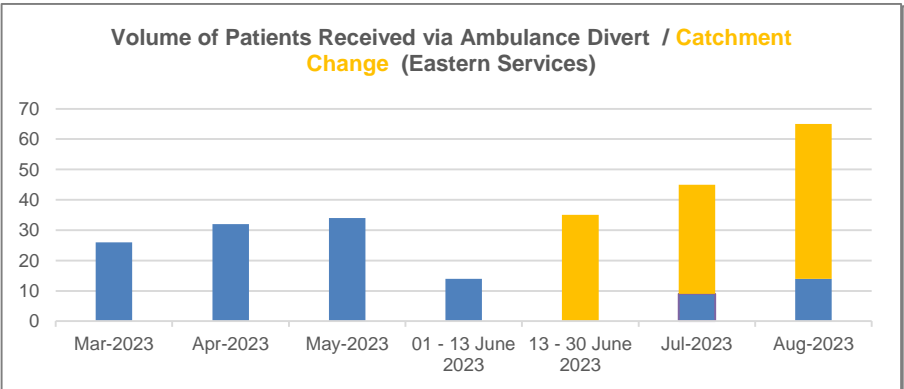
Patient Experience

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
January 2023	18	10	8	7	10	1
February 2023	4	2	2	2	1	1
March 2023	27	21	6	21	2	4
April 2023	19	18	1	14	4	1
May 2023	29	20	9	18	11	0
June 2023	7	2	5	4	2	1
July 2023	0	0	0	0	0	0
August 2023	11	8	3	4	4	3



# Trust – Provision of System Support for Planned Care

Activity & Flow

## 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

Operational Performance

Patient Experience

Quality & Safety

## 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				

Our People

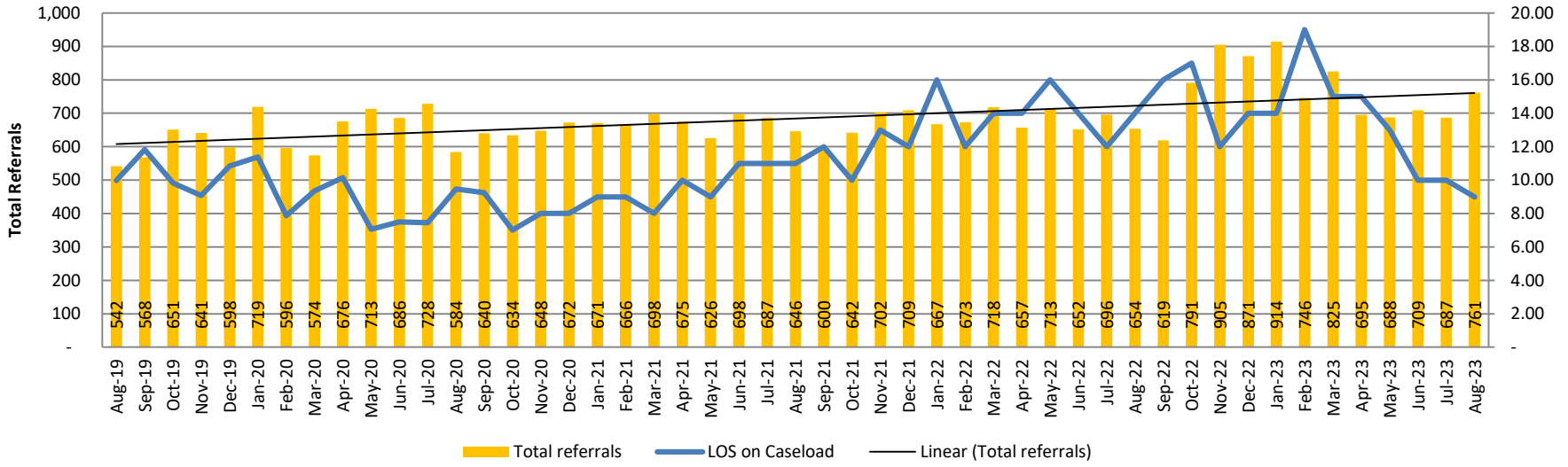
Finance



# Trust Urgent Community Response

Admission avoidance and discharge

**UCR Referrals & Length of stay on Caseload**



## UCR Demand and Performance

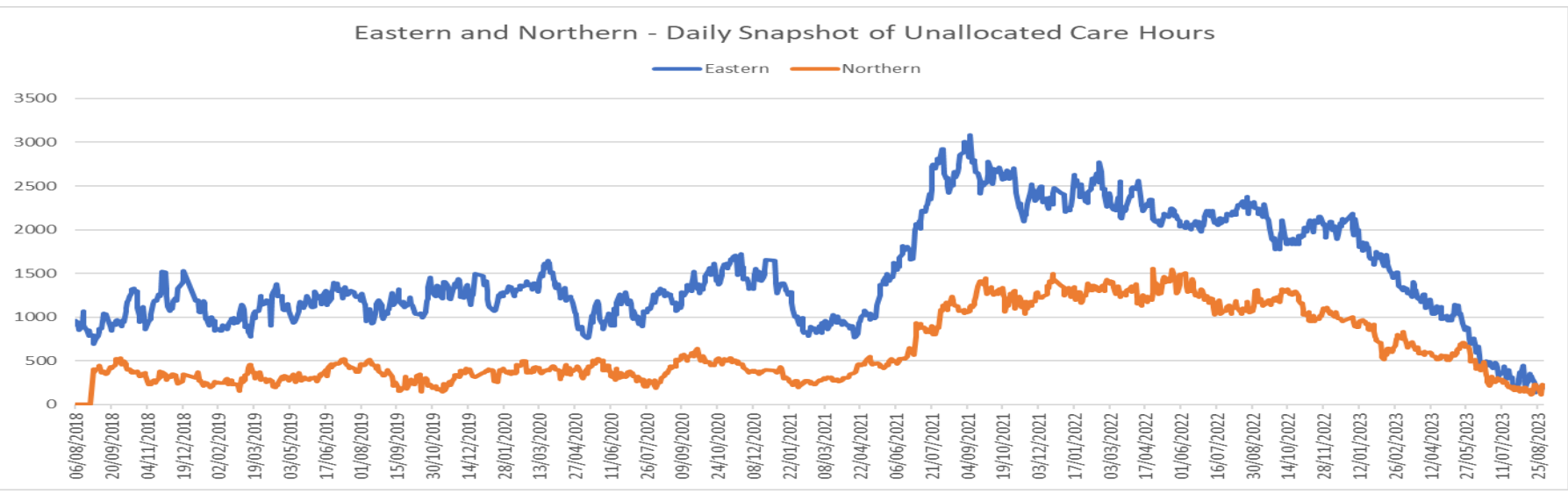
- Demand for UCR (admission avoidance and supporting discharge) slightly increased from July into August, however the length of stay on the caseload continues to improve (to 9 days in August). The improvement of caseload management has been helped by
  - increased senior clinical and operational oversight and support teams on effectiveness caseload management
  - more proactive approach to identifying and pulling patients out form the acute hospital environment to home
  - the improved domiciliary market position has been sustained, this enables the UCR teams to support patients onto long term care in a more timely way.
- For August, there were 366 admission avoidance referrals. We continue to surpass the national target (75%) with 96% of the urgent referrals being responded to within 2 hours.
- Improving the pathway and volume of referrals from SWAST to UCR continues to be a main focus for the Trust. The Associate Director of Therapy in Community spent time in the SWAST regional Emergency Operations Centre (EOC) to discuss practical steps we can take in considering a more integrated coordination hub, to enable UCR to identify patients whom they can support.

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

# Northern and Eastern Community Services Unallocated and Backfill

Unallocated domiciliary care hours, and backfill position

## Unallocated Hours - Post Care Act



### Overall - Unallocated Hours

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

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

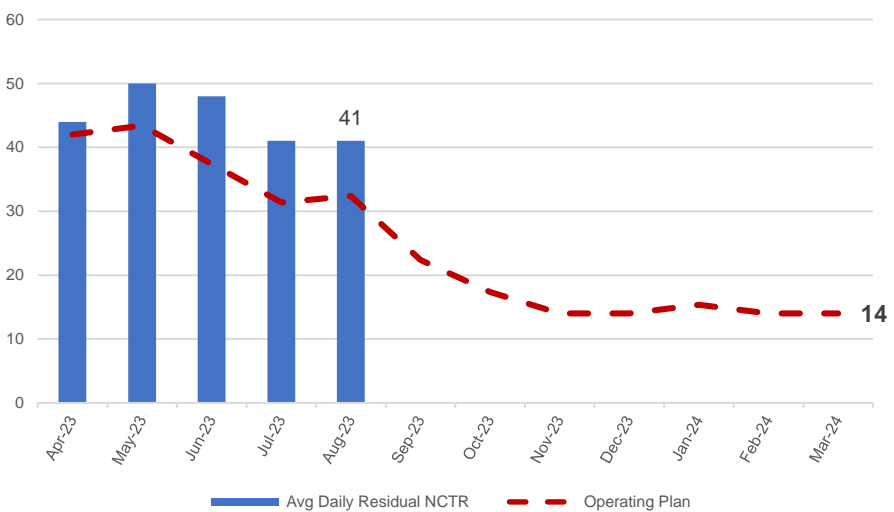
Our People

Finance

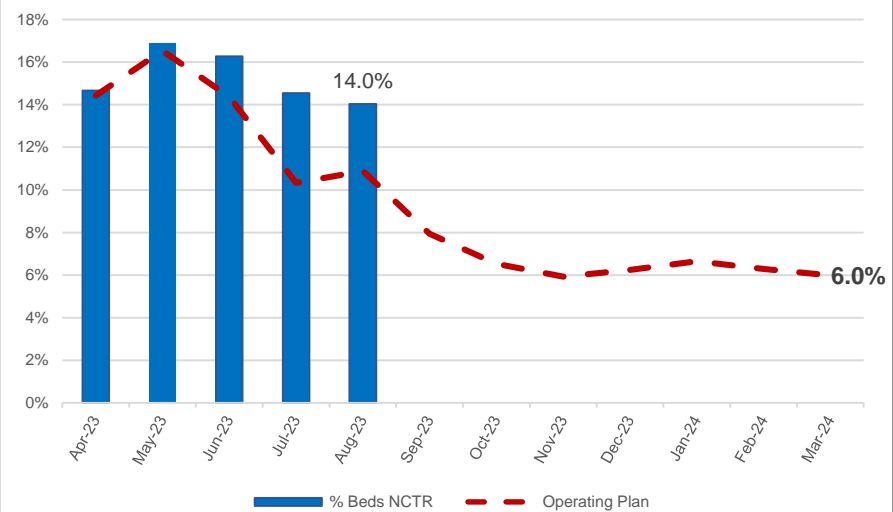
# Northern Services No Criteria to Reside

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

Average Daily NCTR vs Plan



% NCTR Occupied beds vs Plan



### Pathway 0 - Actions to Improve Performance

- Training planned for new junior doctor cohort in August to continue Criteria Led Discharge continues to be rolled out across the medical wards
- New Frimley workflow will facilitate timely discharge and identify any barriers early in the pathway, with a go live date for Eastern and Northern Services of 26<sup>th</sup> September
- Monitoring of a new watchlist with live data to undertake immediate actions where barriers are identified
- The new discharge lounge is facilitating timely discharge with an increase in the number of patients being discharged through the new lounge. Improved morning discharges due to discharge lounge being fully operational and now open at weekends
- Implementation of recommendations from recent Peer review underway to improve all pathways with on going acute and community workshops to improve performance before winter

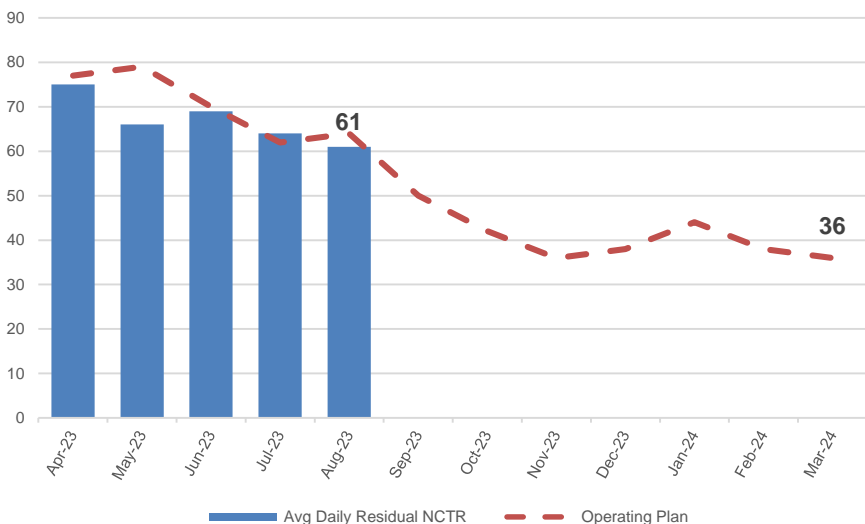
### Pathway 1-3 - Actions to Improve Performance

- Urgent Emergency Care funded live-in carer service and 1:1 support schemes are progressing with procurement process to be completed in September, and schemes scheduled to be live in October.
- Improved occupancy (aim 80%) for P2 beds by reviewing extension to short term placements, earlier escalation of delays in completing the care act assessment, increased use of Social Care Reablement to facilitate discharge, identify where admission could have been prevented and ensure standardisation of rehab received.
- Expediting backlog of patients awaiting care act assessment to improve flow with trajectory for improvement set – supported by additional social care role and changing who completes the care act assessments.
- Further development of the new Hospital Discharge team – increased involvement and earlier discussion at Board rounds / with wards, improved case management and development of assistant practitioner roles to review goals for earlier release of care capacity
- Targets set to support NCTR trajectory for number of discharges per week and maximum number of patients waiting per pathway 1-3

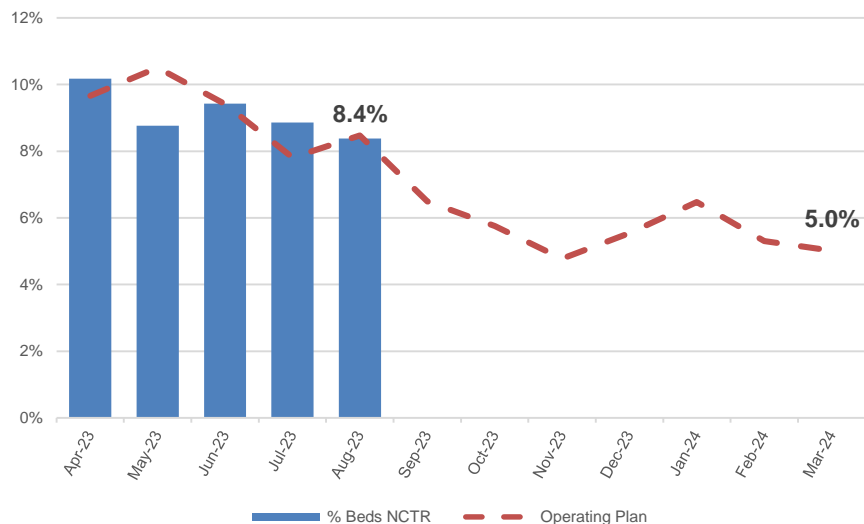
# Eastern Services No Criteria to Reside

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

Average Daily NCTR vs Plan



% NCTR Occupied beds vs Plan



## Pathway 0 - Actions to Improve Performance

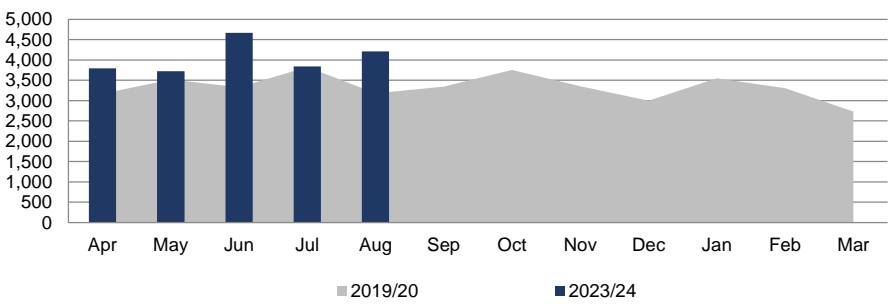
- Criteria Led Discharge utilising the EPR is now in place on a number of wards across Eastern Hospitals. Roll out continues.
- Plan being developed to implement Afternoon Discharge Huddles across all acute and community wards. Pilot wards have seen improvement in morning discharge
- EPR workflow, based on Frimley Park workflow, is being developed, which will facilitate timely discharge and identify any barriers early in the pathway
- Discharge Workshops for ward teams planned for August and September

## Pathways 1-3 - Actions to Improve Performance

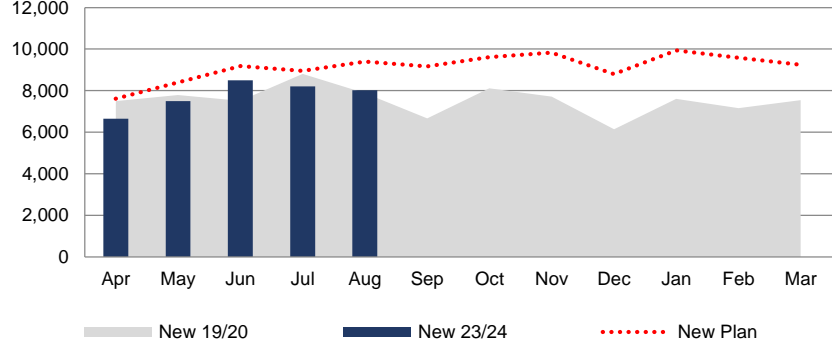
- Urgent Emergency Care funded live-in carer service and 1:1 support schemes are progressing with procurement process to be completed in September, schemes live in October.
- Targets set to support NCTR trajectory for number of discharges per week and maximum number of patients waiting per pathway 1-3.
- Community in-reach triage on a daily basis with senior clinical and operational leaders, to ensure appropriate risk appetite in place proportionate to system pressures.

# Northern Services Elective Activity- Referrals and Outpatients

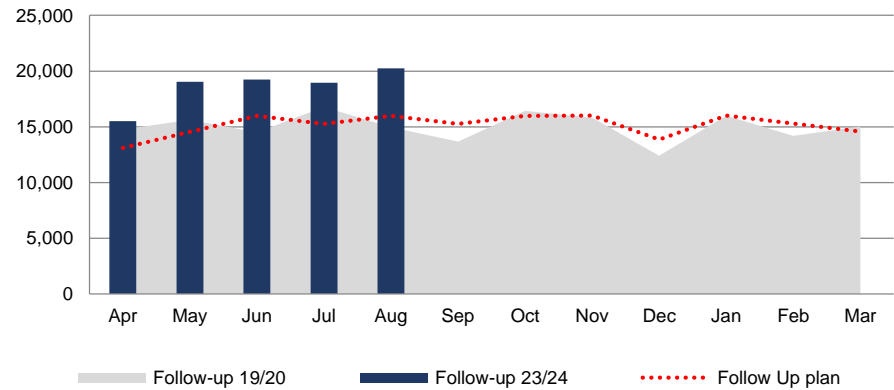
### Referrals Consultant Led. Excl Community



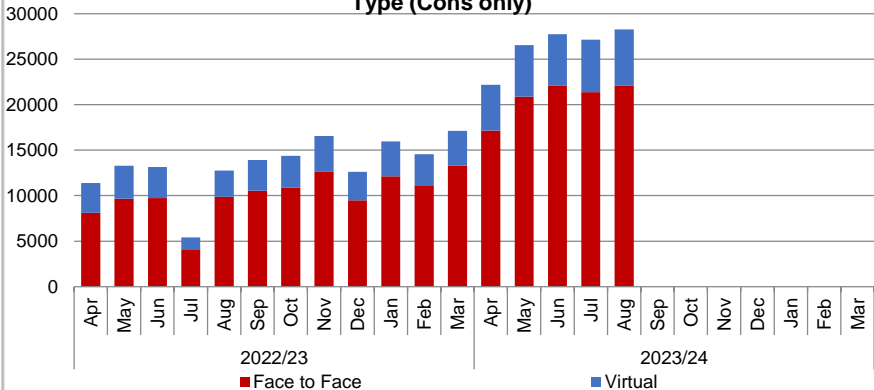
### Outpatient Activity (NEW)



### Outpatient Activity (FOLLOW-UP)

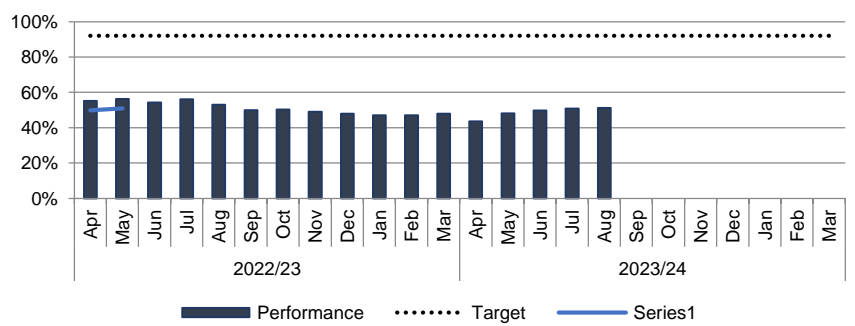


### Outpatient Attendances (New and Follow-up) by Appointment Type (Cons only)



- There were a total of 27,151 outpatient appointments held in July and 28,268 in August. Of this 8,199 were new appointments and 18,952 were follow-up appointments in July. In August 8,019 were new appointments and 20,249 were follow-up appointments. Work is underway to reduce follow-up activity.
- 78.7% of appointments were held face to face and 21.3% were virtual appointments in July and 78.2% of appointments were held Face to Face and 21.8% were Virtual in August.
- There was a slight increase in RTT 18 week performance in both July and August.
- **Outpatient follow-up:** activity was above 2019/20 volumes in August. Explanations for the higher volume of activity vs 2019/20 have been provided in previous board reporting, but in summary relates to the differences in activity data capture relating to the implementation of a new electronic patient record since 2019/20.

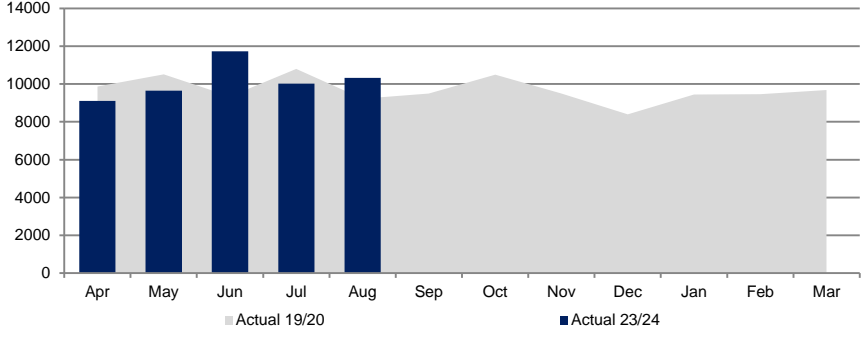
### RTT 18 Week Performance



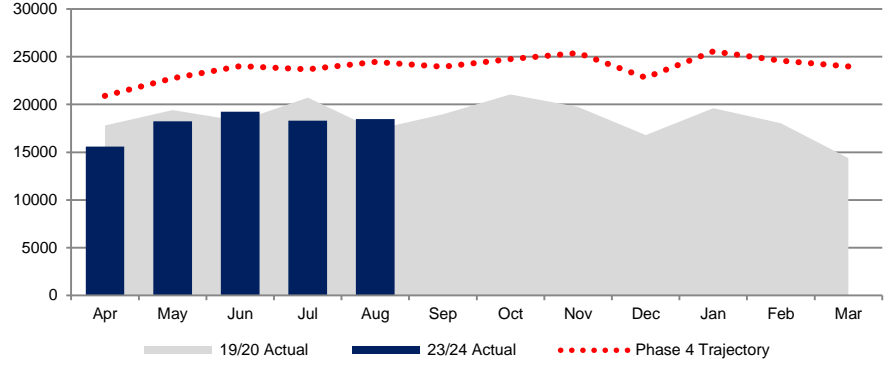
# Eastern Services Elective Activity- Referrals and Outpatients

## Referrals

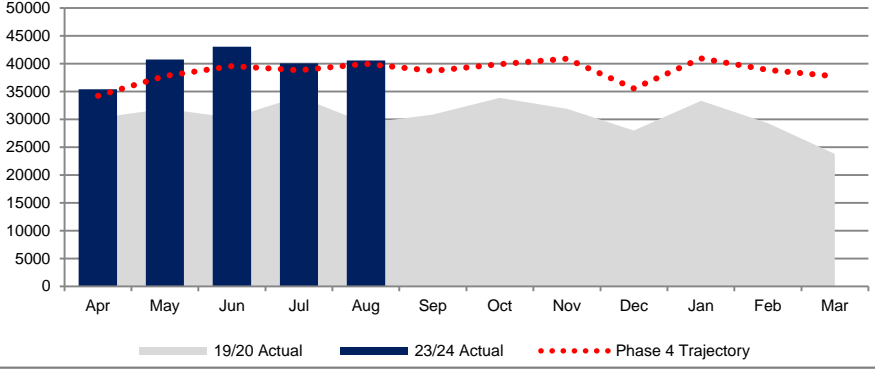
Consultant Led. Excl Community



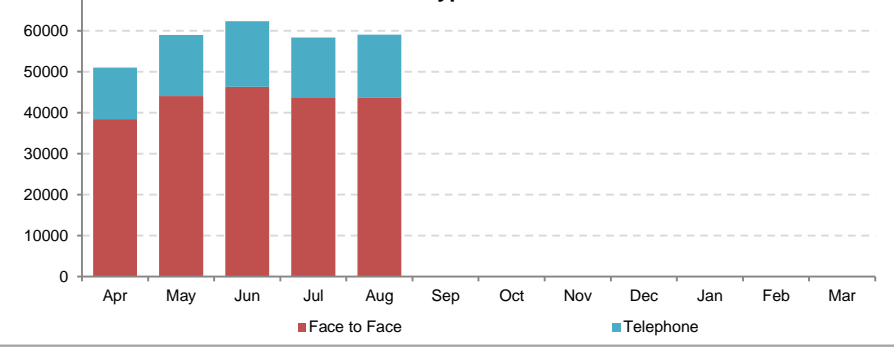
## Outpatient Activity (NEW)



## Outpatient Activity (FOLLOW-UP)



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

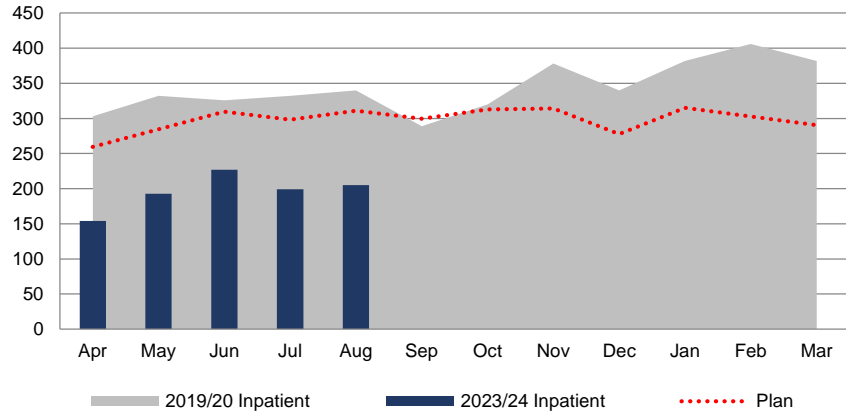


**Outpatient new:** activity in August was 106% of 2019/20, but below planned levels. Contributing factors to below planned performance include the ongoing impact of industrial action, as well as some funded ERF schemes still not yet running at full capacity. Lower than planned activity is largely concentrated in a number of surgical specialties and so this is currently under review as part of the in-year financial recovery plan and mitigating actions will be developed on completion of a more detailed review.

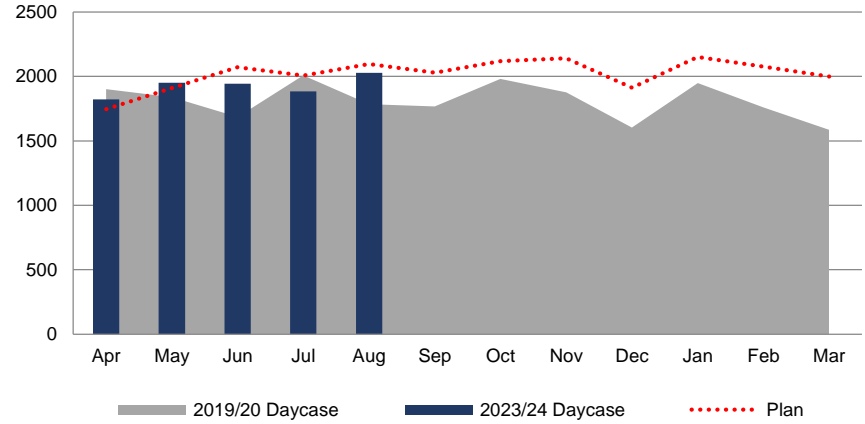
**Outpatient follow-up:** activity was above 2019/20 volumes and in line with planned volumes for August. Explanations for the higher volume of activity vs 2019/20 have been provided in previous board reporting, but in summary relates to the differences in activity data capture relating to the implementation of a new electronic patient record since 2019/20.

# Northern Services Elective Activity- Inpatient and Daycase

### Elective Inpatient Activity



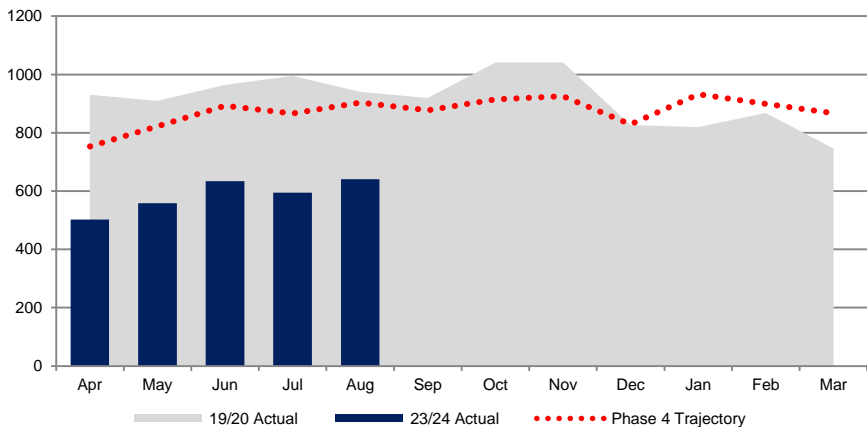
### Elective Daycase Activity



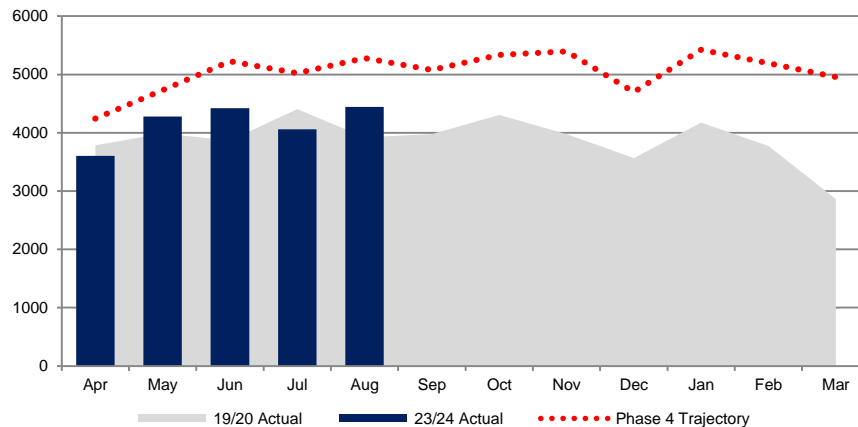
- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient decreased slightly during July by 28 and Daycase activity also decreased slightly during July by 59 and in August Inpatient increased by 6 and Daycase activity increased by 144.
- A period of Industrial Action in both July and August resulted in a small number of cancellations for elective activity.

# Eastern Services Elective Activity- Inpatient and Daycase

### Elective Inpatient Activity



### Daycase Activity



**Elective inpatient:** activity in August was 68% of 2019/20 volumes, and lower than planned volumes.

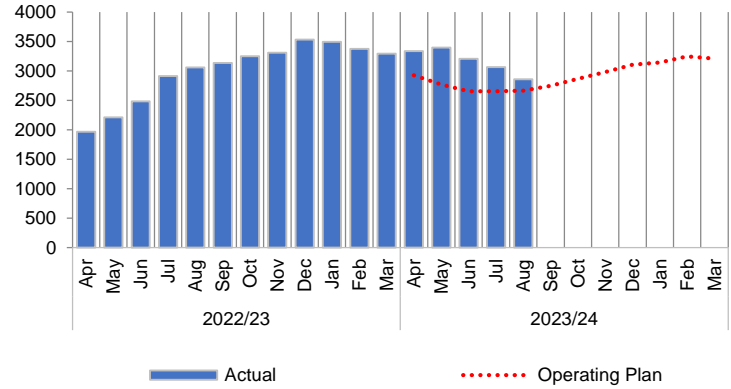
**Elective daycase:** activity in August was 113% of 2019/20 volumes, but lower than planned volumes.

Activity relative to 2019/20 was higher in August than in July, which is positive, but still lower than planned volumes. Major contributing factors include the ongoing impact of industrial action, and a number of ERF schemes not yet running to full capacity. As referenced in the previous section, as part of the in-year financial recovery plan, work is progress to complete a more detailed review of key areas of under-delivery and identify and then progress mitigating actions.

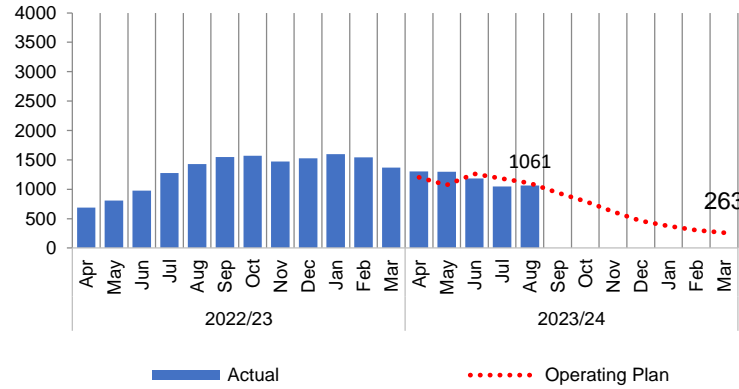


# Northern Services Elective Activity- Long Waiting Patients

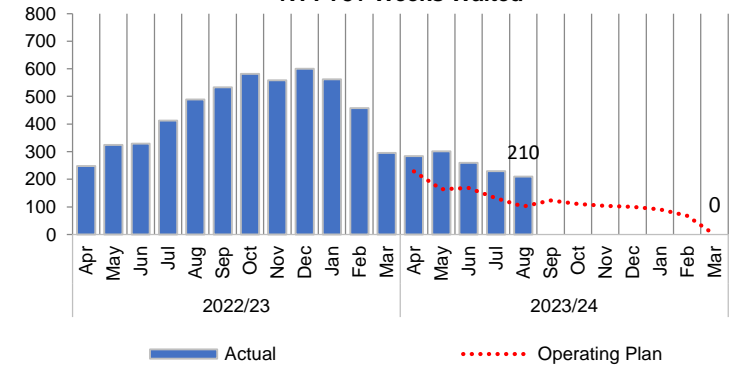
### RTT 52+ Weeks Waited



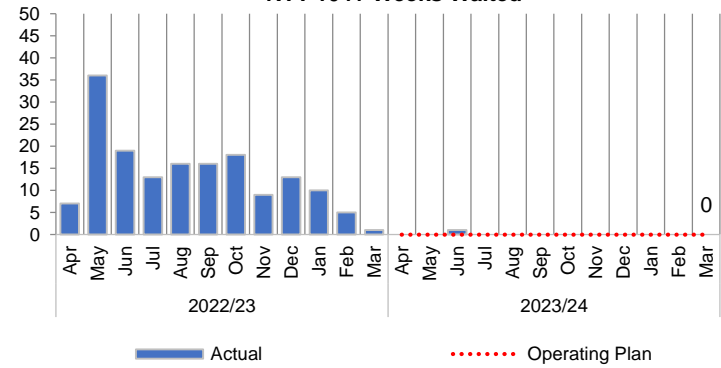
### RTT 65+ Weeks Waited



### RTT 78+ Weeks Waited



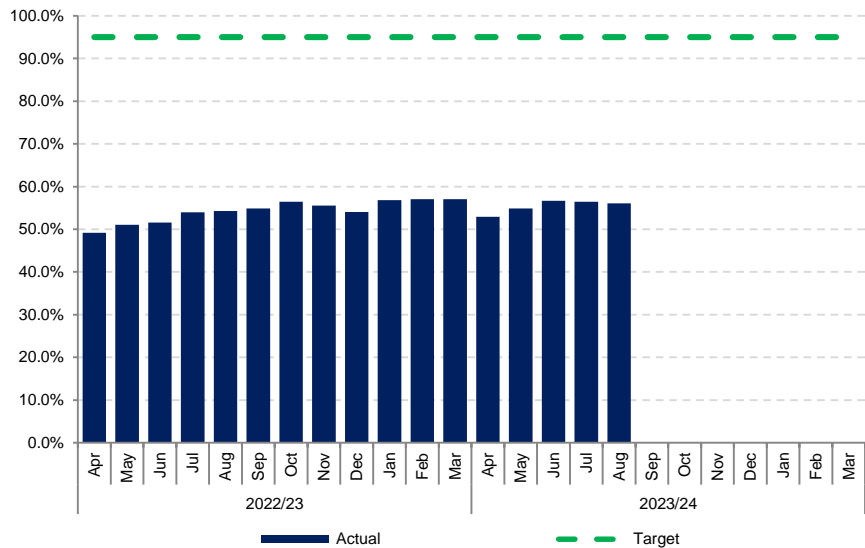
### RTT 104+ Weeks Waited



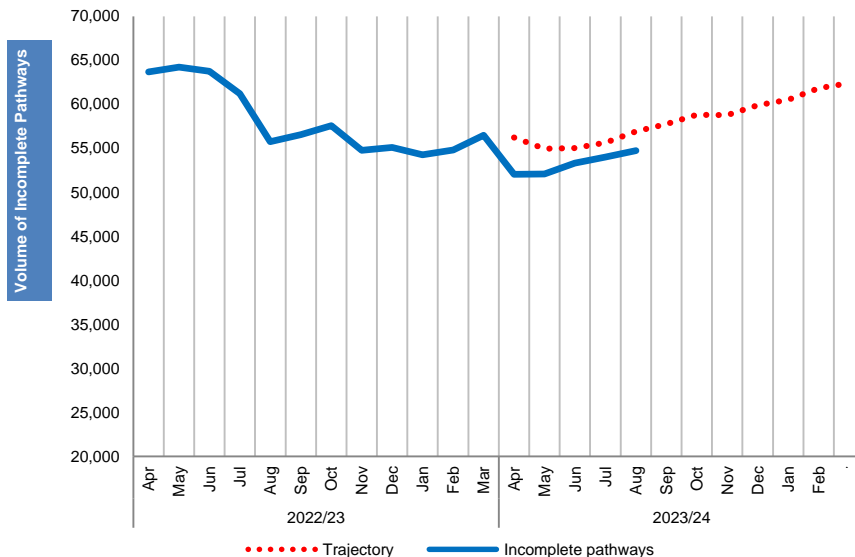
- Regular meetings are being held to ensure that the focus remains on the number of patients waiting both 78 in total and 52 weeks still awaiting first appointment. In addition to focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support 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 August reduced to 210. This is expected to reduce further in September.

# Eastern Services Elective Activity- Inpatient and Daycase

### RTT 18 Week Performance



### Incomplete Pathways

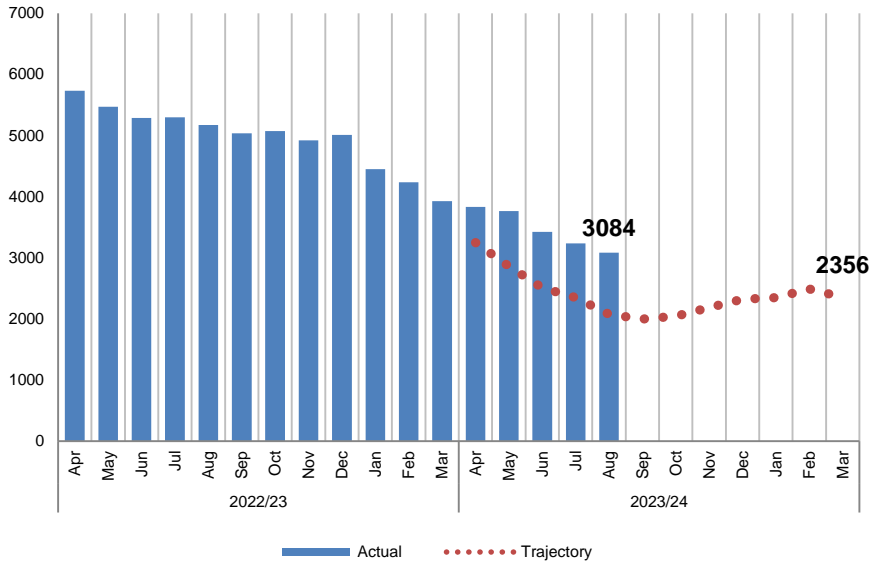


Incomplete pathways continue to deliver ahead of plan, but have increased month on month since April, which highlights that demand is exceeding capacity. Key drivers of capacity include those referenced in previous sections with the ongoing impact of industrial action, and lower than planned ERF.

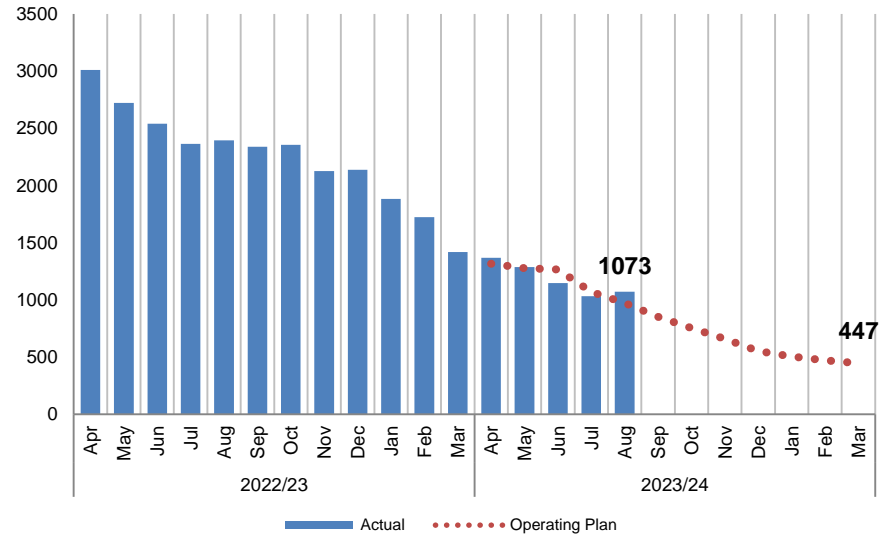
Long waits: The 52 > week wait position has improved on the July position but 78> and 104> have slightly increased. Underlying activity remains at planned levels but industrial action continues to affect capacity to treat patients. A series of mitigating actions are in place including the continuation of insourcing arrangement for surgery, use of mutual aid where available, and outsourcing of Endoscopy.

# Eastern Services Elective Activity – Long Waiting Patients

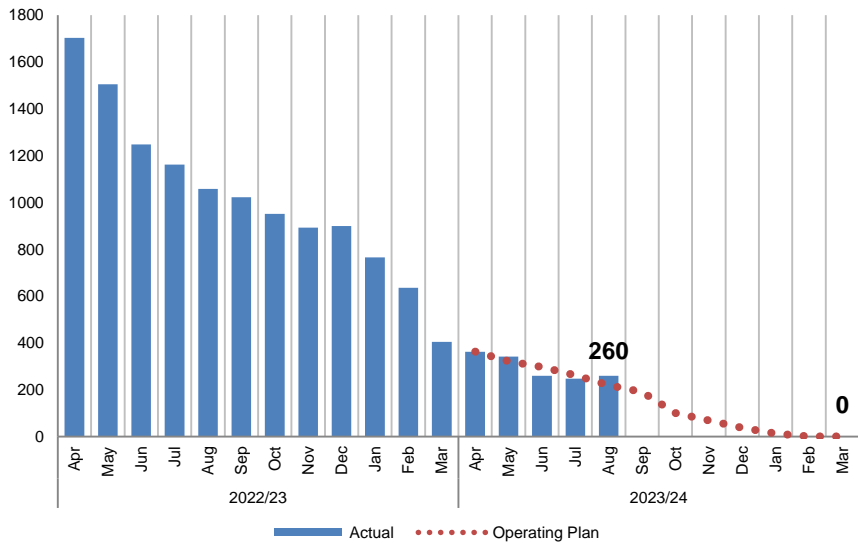
### RTT 52+ Weeks Waited



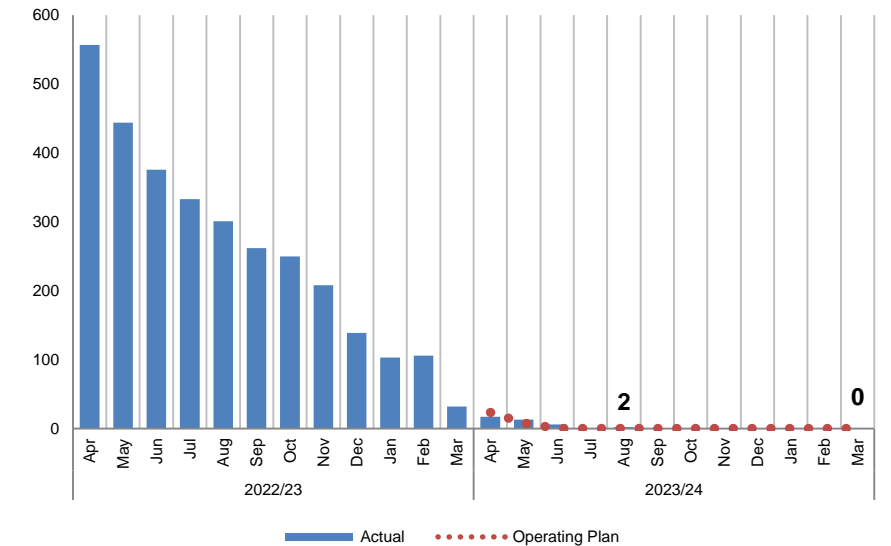
### RTT 65 + Weeks Waited



### RTT 78 + Weeks Waited

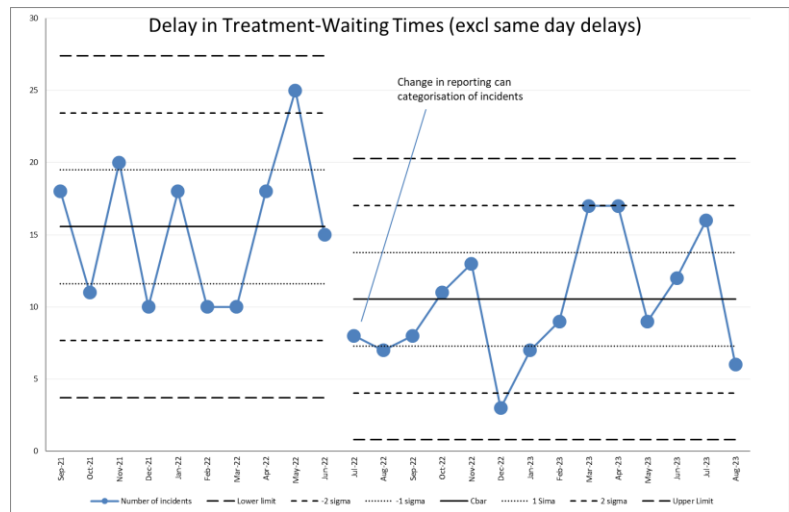


### RTT 104+ Weeks Waited



# Northern Services - Waiting Well

Across Northern Services 16 incidents were reported for July and 6 in August 2023; these are broken down by the level of harm against stage of pathway below.



## July 2023

	None	Minor	Moderate	Major	Catastrophic	Total
New	10	0				10
Follow up delay	4	1				5
Diagnostic request delay	1	0				1
<b>Total</b>	<b>15</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>

## August 2023

	None	Minor	Moderate	Major	Catastrophic	Total
Follow up delay	1	0	2			3
Surgery	2	0	0			2
New	0	1	0			1
<b>Total</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>

### August

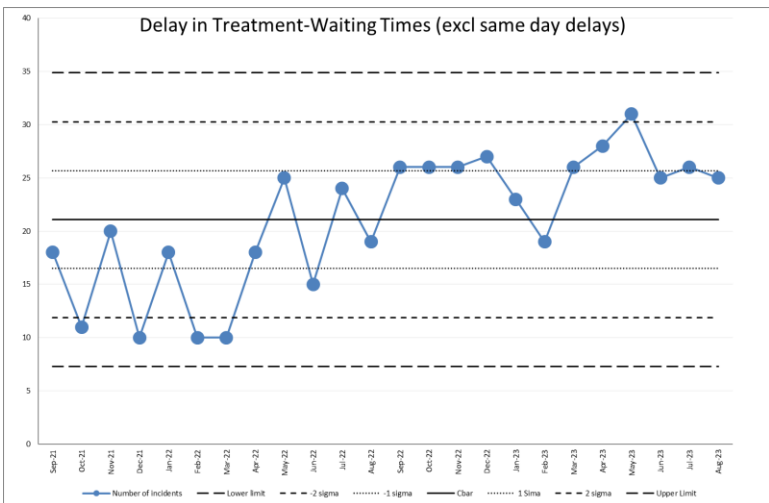
Moderate Harm: Ophthalmology treatment delay. Patient's reduction in visual acuity may have been reduced by earlier interventions.

Moderate Harm. Delay to colonoscopy and polypectomy, 72 hour report completed. Awaiting biopsies to confirm impact.

*Moderate harm: Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.*

# Eastern Services - Waiting Well

Across the same time period in Eastern Services 26 incidents were reported for July and 25 in August 2023; these are broken down by the level of harm against stage of pathway below.



## July

Moderate Harm Delay to an urgent ultrasound.  
Potential impact on future treatment options.

## August

Major Harm. Delay to an MRI to the spine and leading to further delay to clinic. Impacting on treatment options.

Moderate Harm. Delayed in results being available from cardiac monitoring; This may have impacted on condition.

*Moderate harm: Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.*

## July 2023

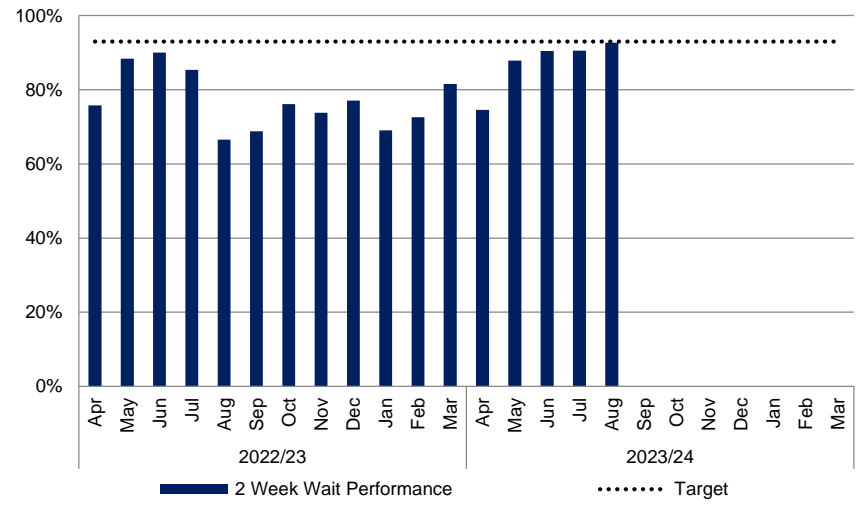
	None	Minor	Moderate	Major	Catastrophic	Total
New	5	7	0			12
Follow up delay	5	3	1			9
Diagnostic request delay	1	4	0			5
<b>Total</b>	<b>11</b>	<b>14</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>26</b>

## August 2023

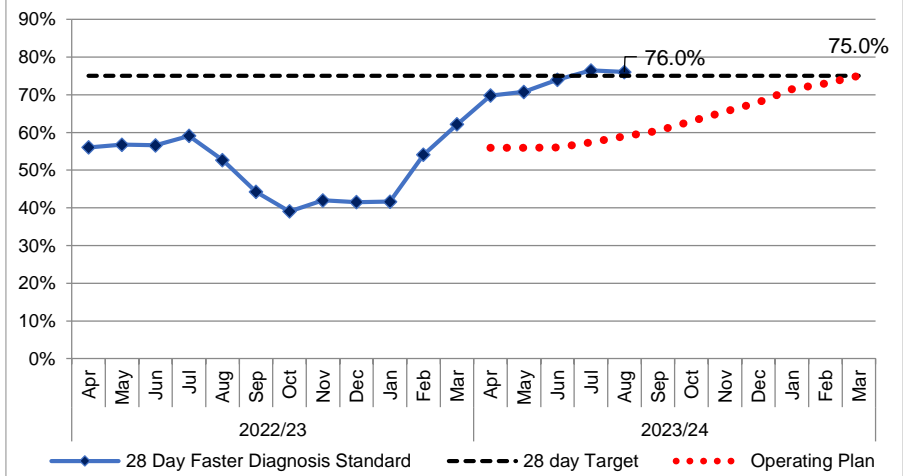
	None	Minor	Moderate	Major	Catastrophic	Total
New	6	6	0	0		12
Surgery	5	0	0	0		5
Diagnostic request delay	1	2	0	1		4
Follow up delay	2	1	1	0		4
<b>Total</b>	<b>14</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>25</b>

# Northern Services Cancer 14 and 28 Day

### 2 Week Wait Performance



### 28 Day Faster Diagnosis Standard



## 2 Week Wait Performance

Performance demonstrates an improving trajectory with July submitted performance at 90.6% and provisional August performance at 92.7%. 2WW performance remains challenged in some tumour sites, the highest volumes of breaches in July are observed in:

- Skin 30 breaches (90.7%) seasonal increase in referrals and workforce pressures have impacted on waiting times for those who are booked directly to clinic appointment.

The next highest volume of breaches (11) is in Lower GI, however performance is above target at 93.5%. The lowest performance area for July was Upper GI at 70.8% which reflects endoscopy capacity for the direct to test pathway.

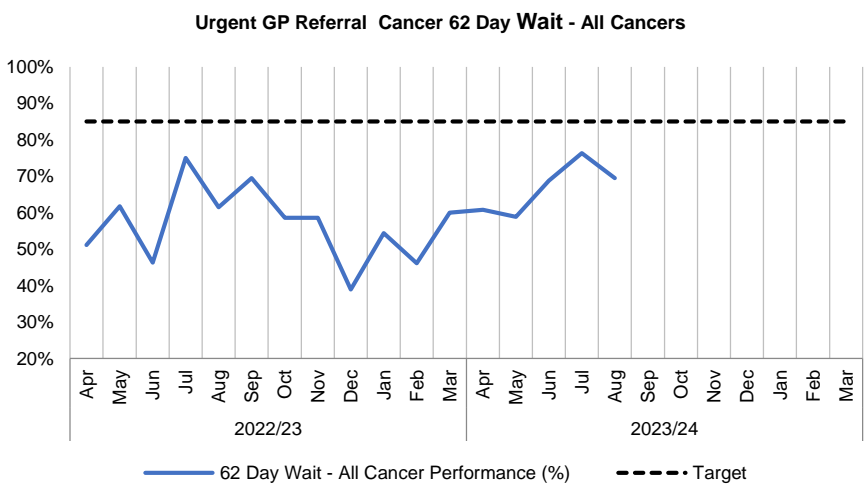
Average waiting times for 1<sup>st</sup> outpatient appointment have improved to 8.2 days in July across all 2WW tumour sites. All services are working to reduce first out patient waiting times to 7 days.

## 28 Day Faster Diagnosis Standard

Faster Diagnosis Standard performance is also improving with significant increase in performance over the last 6 months from 42% in January to 76.5% in July. Provisional August performance is 76.0%. This position is above the year end improvement threshold and the submitted improvement trajectory. Action plans to support the delivery of this are being monitored as part of the Trust's Cancer Recovery Action Plan via the Northern Cancer Steering group with specific actions to improve waiting times for first outpatient appointments and diagnostic turn around times. The highest volumes of breaches in June are observed in:

- Lower GI, 95 breaches (51.3%) This reflects service pressures and endoscopy waiting times, significant additional clinical activity including endoscopy insourcing is currently being delivered to maintain delivery. TNE service is now live and will improve waiting times going forward.
- Gynae, 30 breaches (58.33%), service pressures for 2ww outpatient appointment and hysteroscopy impact on 28 day delivery for gynae, additional capacity and staffing plans are in place.
- Urology, 16 breaches (70.91%). Performance has improved significantly over the last few months from 23% in February due to pathway improvements, which are ongoing.

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



- Performance against the 62 day target is improving in line with an improved backlog position, performance for July is 76.3% which is an improved position from 68.8% in June. The majority of pathway delays are within the diagnostic and staging phase, particularly for Urology and Colorectal tumour sites.
  - The largest volume of breaches for July were in Lung (5) reflecting increased referrals and complexity of the pathway.
  - 62 day performance will improve with actions aligned to deliver 28 FDS, 2WW performance and maintaining a PTL backlog below 6.4%.
  - Capacity remains a challenge across some specialties including Oncology where currently there are delays for new patient appointments and treatments.
  - Patients are monitored throughout their 62 day pathway regularly and weekly site specific PTL meetings are in place for all tumour sites.
  - Every service has an up to date Cancer Recovery Action Plan with specific actions against delivery of each of the national CWT indicators where operational standards are not being achieved. These are monitored at the Northern Cancer Steering Group.
- Please note for all 2 week, 28 day, 31 day, and 62 day cancer waiting times indicators, the most recent month's position is unvalidated, and reflects data that are not yet submitted nationally. These data will be refreshed in next month's report.*

Cancer - 14,31 & 62 Day Wait		2022/23													2023/24				
Performance(%) and Number of Breaches		Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
14 Day	All Urgent (%)	93%	75.75%	88.40%	90.01%	85.38%	66.59%	68.77%	76.15%	73.84%	77.04%	69.09%	72.62%	81.61%	74.61%	87.91%	90.50%	90.58%	92.73%
	All Urgent (N)		154.0	98.0	90.0	76.0	294.0	282	186	214	138	217	190	146	193.0	102.0	84.0	79.0	64.0
	Symptomatic Breast (%)	93%	8.70%	71.74%	80.33%	100.00%	0.00%	100.00%	100.00%	81.33%	75.00%	35.71%	42.86%	58.62%	67.86%	88.89%	90.48%	53.33%	72.22%
Symptomatic Breast (N)	42.0		13.0	12.0	0	1	0	0	2	4	9	12	12	10.0	2.0	2.0	7	5	
31 Day	All Decision To Treat (%)	96%	84.42%	86.67%	75.76%	83.72%	78.72%	90.00%	87.14%	90.00%	78.33%	82.61%	92.86%	89.04%	91.36%	90.54%	97.53%	88.60%	78.95%
	All Decision To Treat (N)		12.0	10.0	16.0	7	10	6	9	6	13	12	4	8	7.0	7.0	2.0	8	16
	Subsequent - Surgery (%)	94%	60.00%	33.30%	33.30%	1.00%	100.00%	100.00%	50.00%	60.00%	76.92%	60.00%	38.46%	68.75%	71.43%	35.71%	82.35%	58.33%	75.00%
	Subsequent - Surgery (N)		4.0	2.0	4.0	0	0	0	3	4	3	6	8	5	4.0	9.0	3.0	5	2
62 Day	Subsequent - Anti-Cancer Drug %	98%	60.00%	33.30%	33.30%	100%	100%	97%	88%	77%	93%	78%	100%	96.15%	89.47%	90.00%	100.00%	84%	93%
	Subsequent - Anti-Cancer Drug (N)		4.0	2.0	4.0	0	0	1	3	13	3	8	0	1	2.0	1.0	0.0	3	1
28 day	All Screening Service (%)	90%	100.00%	66.67%	100.00%	100%	0%	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	33.30%	0.00%	20%	100%
	All Screening Service (N)		0.0	1.0	0.0	0	0	0	0	0	0	0	0	0	0.0	2.0	2.0	2	1
28 day	Consultant upgrade (%)	90%	62.79%	60.00%	75.47%	54.17%	72.22%	55.56%	76.92%	61.54%	72.97%	64.29%	74.00%	69.70%	64.86%	76.47%	82.14%	86.11%	77.05%
	Consultant upgrade (N)		8.0	11.0	6.5	5.5	5	8	6	5	5	5	3.5	5	6.5	4.0	5.0	2.5	7
28 day	28 Ref to diagnosis (%)	N/A	56.04%	56.76%	56.61%	59.11%	52.68%	44.25%	39.08%	42.00%	41.54%	41.66%	54.10%	62.17%	69.81%	70.76%	74.00%	76.46%	76.02%
	28 day Ref to diagnosis (N)		244.0	275.0	256.0	119.0	212.0	344	452	551	380	451	358	317	224.0	262.0	240.0	186.0	176.0

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

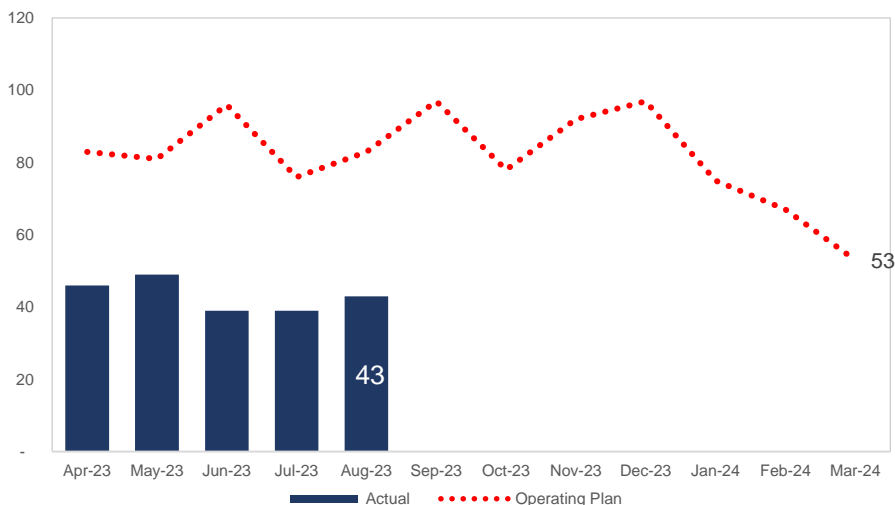
Our People

Finance

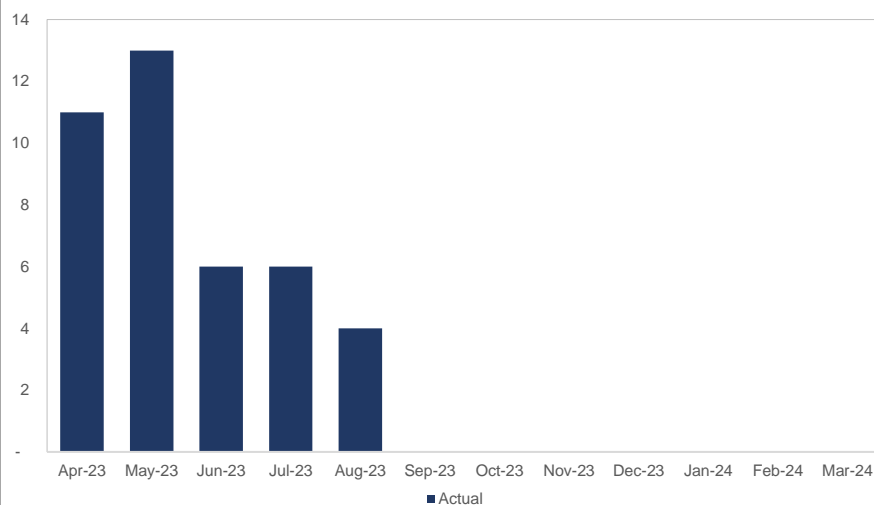
# Northern Services Cancer 62 Day Backlog

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

62 day+ open pathways following GP urgent referral



104 day+ open pathways following GP urgent referral



- The number of patients on active cancer pathways waiting more than 62 days has reduced from 395 (29.3%) at the start of September 2022 to 44 (5.7%) at the most recent weekly PTL (11/09/2023) which is significantly better than trajectory and is now under the nationally recommended backlog threshold of 6.4%.
- The tumour sites with the largest number of patients waiting over 62 days are Colorectal (15 – 8.1%); Urology (9 – 11.3%). These volumes have been consistently reducing since January (from 72 Urology and 42 Colorectal), although these have been largely static for the last 8 weeks.
- There are 7 patients (11/09/2023) that remain on a cancer pathway over 104 days, this volume has been reducing slowly and reflects complex pathways, patient initiated and medical delays. Next steps are in place for all these patients and increased oversight arrangements are in place .

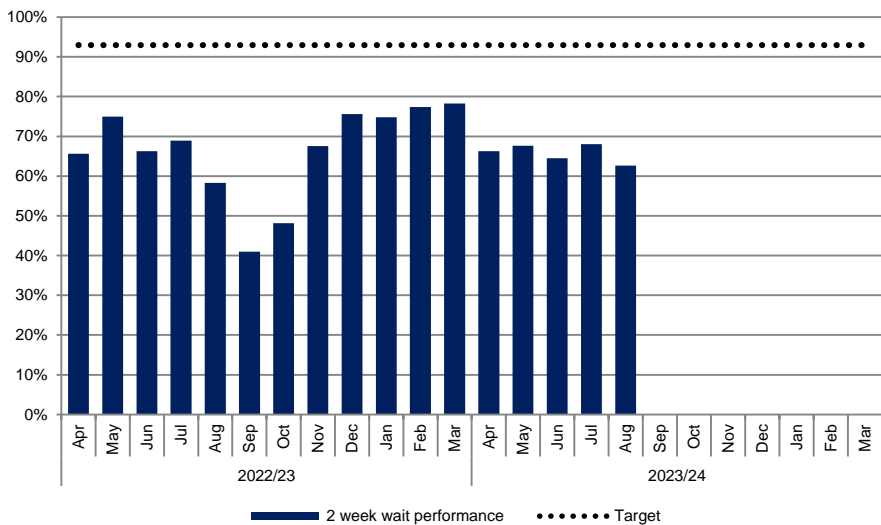
**Key actions:**

- Weekly PTL meetings in place for all tumour sites with action logs and formal escalation process in place.
- Colorectal - Substantive consultant appointed with start date agreed in February 24
- Endoscopy - insourcing/weekend lists remain in place and further insourcing capacity with additional provider has now commenced, TNE service has commenced which will improve capacity going forward
- Urology - Revised prostate pathway commenced in February and under regular review, further work underway to streamline staging investigations.
- Work to improve Radiology and Pathology waiting times has been initiated.

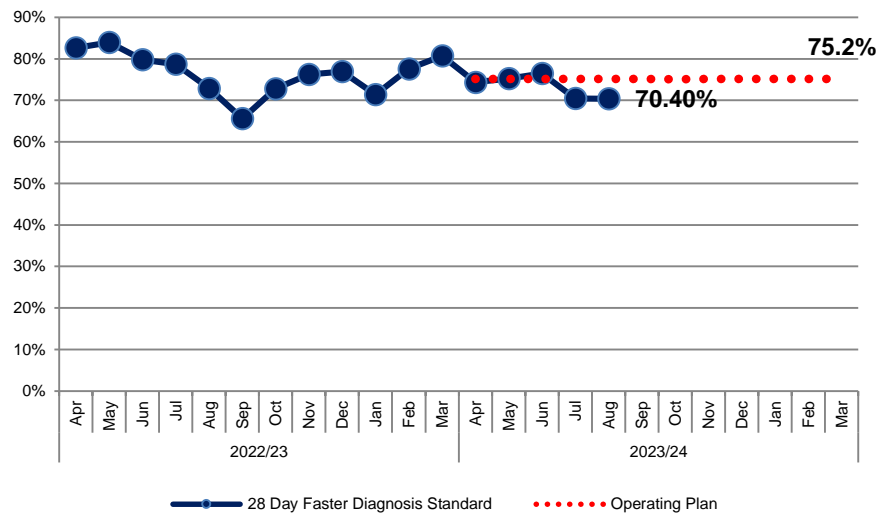


# Eastern Services Cancer 14 and 28 Day

### 2 Week Wait Performance



### 28 Day Faster Diagnosis Standard



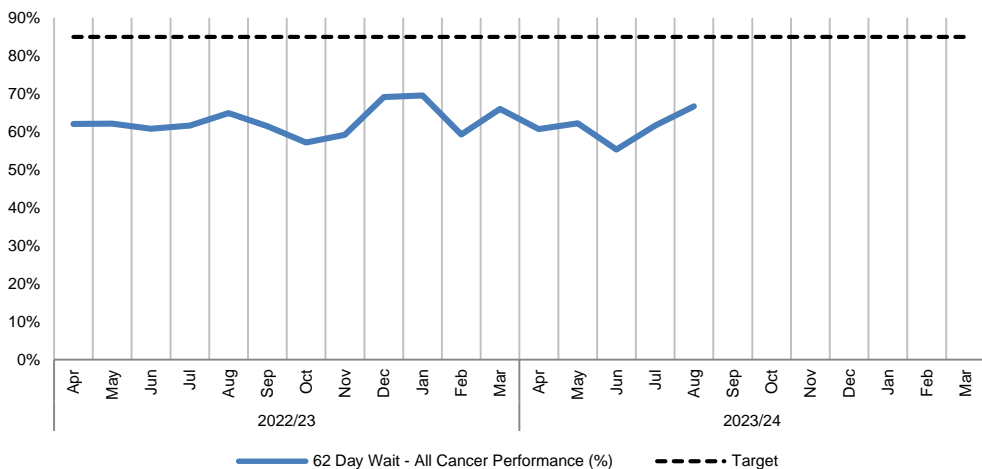
Performance across the East has been declining since April – due to both Bank Holidays and Industrial Action, combined with an increase in 2WW Referrals. Where possible additional clinics have been sought to mitigate these challenges.

- Endoscopy – Interim mobile unit at Tiverton delivered in August – however will not be operational until end October. Planning is underway for a 7 days a week colonoscopy service to be live towards the end of October 2023 and to run for 12 months. The permanent new build solution of 3 endoscopy suites at Tiverton will then take over in August 2024. There is a known risk to the timescales for delivery of the plan in relation to the Tiverton site and the financial deliverability.
- Gynaecology – Significant workforce challenges are expected in the coming months. A prospective new Gynae-Oncology Consultant is being interviewed later in September. Waiting List Initiatives are being undertaken to minimise the impact on performance.
- Urology continue to fail to meet the 28 Day target for Prostate, however a redesign of process and a workforce restructure within the CNS Team are underway to support this pathway. This includes moving triage to the CNS Team and additional TP Biopsy capacity to be included. Successful recruitment of the Band 8a CNS with a start date in October 2023. It is noted that recovery is reliant on Radiology and Histology and quick turnaround times.
- Breast are currently maintaining performance by cross-covering (due to continued Consultant absence) – however are currently in the process of recruiting a locum post to protect the current position as well as the wellbeing of the Team. The Northern team are supporting the service by treating patients on the periphery of the borders (on average 7-10 referrals per week).
- Upper GI Outpatient capacity is improving. Unfortunately OGD capacity remains challenged. Due to advertise 3 Consultant vacancies in October/November 2023. Maternity leave will be covered with a Registrar acting up from October 2023.
- Skin performance has significantly decreased due to an increase in referrals, combined with a lack of capacity (due to Leave/Sickness etc.) currently using WLI and good-will of Consultants. AI is partially implemented in August 2023 on a pilot scheme with 1 clinic successfully up and running.

# Eastern Services Cancer 62 Day

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

### Urgent GP Referral Cancer 62 Day Wait - All Cancers



- Oncology appointments across most Specialities are struggling for capacity, particularly in Lung i.e. 3 weeks for an OPA pre-Treatment.
- Theatre capacity remains challenged. Additional Saturday lists have been sought for Urology.
- The ERF request for 2 substantive Colorectal Consultants, which would support On Call Rota and provide additional Theatre capacity through cover has been approved and recruitment is in progress.
- Industrial action and Bank Holiday combined with increased patient choice consistent with previous years has seen an increase in breaches within 62 day pathways.

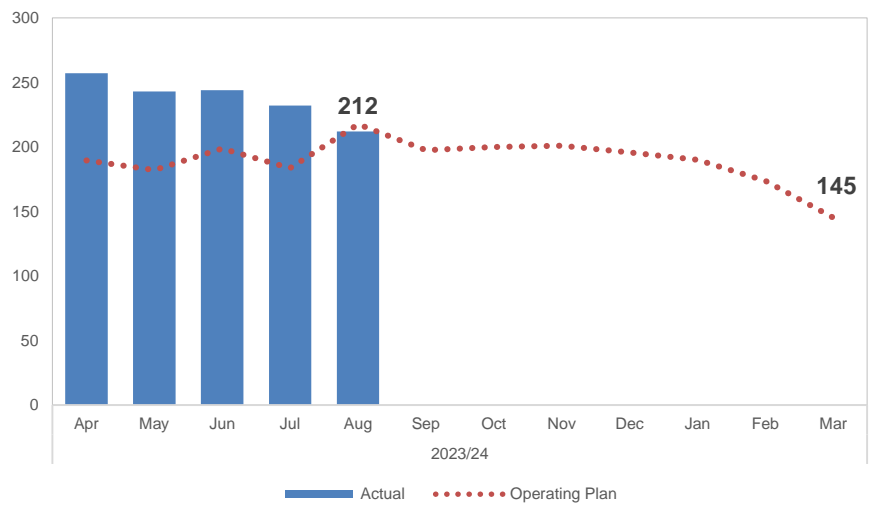
## Cancer - 14, 31, 62 & 104 Day Wait

Performance(%) and Number of Breaches		TARGET	2022/23												2023/24				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
14 Day	All Urgent (%)	93%	65.6%	75.0%	66.3%	69.0%	58.3%	41.0%	48.2%	67.6%	75.6%	74.8%	77.4%	78.3%	66.2%	67.7%	64.5%	68.0%	62.6%
	All Urgent		760	605	762	763	1027	1434	1253	818	488	559	470	550	734	758	969	853	927
	Symptomatic Breast (%)	93%	20.9%	35.2%	58.1%	57.4%	62.9%	16.7%	40.5%	72.5%	95.8%	93.9%	100.0%	91.4%	92.1%	91.2%	79.3%	78.8%	53.5%
	Symptomatic Breast		34	46	18	20	13	30	25	14	1	2	0	5	3	3	6	7	20
31 Day	All Decision To Treat (%)	96%	88.5%	86.9%	87.9%	85.4%	89.8%	89.5%	92.2%	87.7%	89.4%	78.5%	86.7%	88.7%	87.3%	85.2%	89.7%	89.2%	81.7%
	All Decision To Treat		31	41	34	37	22	21	18	31	25	72	40	34	35	47	34	37	71
	Subsequent - Surgery (%)	94%	64.2%	67.1%	76.0%	75.3%	71.2%	61.1%	78.3%	88.3%	82.1%	63.9%	73.0%	66.7%	76.2%	68.9%	67.9%	84.5%	66.3%
	Subsequent - Surgery		29	26	25	21	17	28	18	11	14	44	30	34	20	32	35	16	27
	Subsequent - Radiotherapy (%)	94%	100.0%	99.2%	95.9%	98.8%	97.6%	98.6%	99.3%	99.3%	99.1%	100.0%	98.3%	99.3%	97.6%	97.9%	96.8%	97.7%	98.2%
	Subsequent - Radiotherapy		0	1	4	1	2	1	1	1	1	0	2	1	3	3	4	3	2
	Subsequent - Anti-Cancer Drug (%)	98%	100.0%	98.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	98.9%	97.6%	96.8%	100.0%	100.0%	100.0%	100.0%	100.0%
Subsequent - Anti-Cancer Drug	0		1	0	0	2	0	0	0	0	1	3	4	0	0	0	0	0	
62 Day	All Screening Service (%)	90%	12.5%	28.6%	33.3%	0.0%	0.0%	0.0%	0.0%	20.0%	33.3%	0.0%	28.6%	12.5%	0.0%	15.0%	22.2%	37.5%	0.0%
	All Screening Service		3.5	2.5	2	2	4	1	2	4	2	2.5	5	7	3	8.5	7	7.5	14
104 days	Volume of Patients Waiting Longer than 104 Days at Month End		52	53	70	68	58	59	54	84	81	84	81	62	73	74	71	61	53

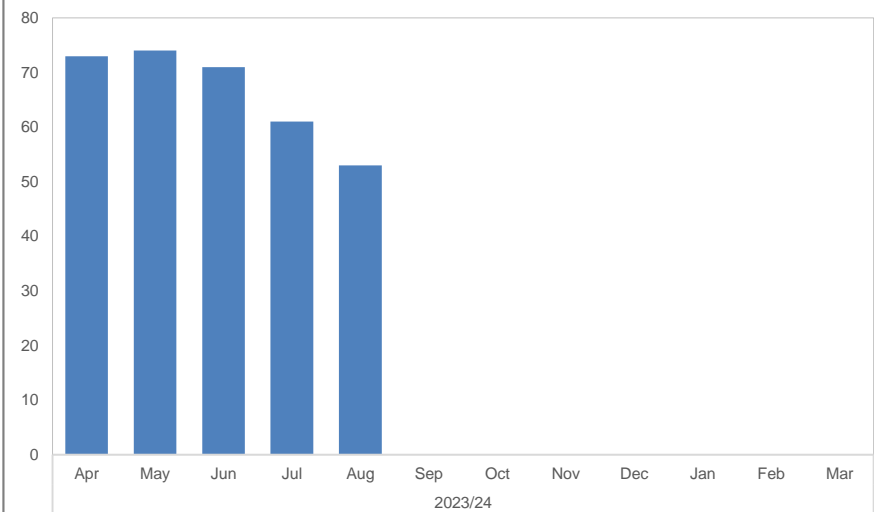
# Eastern Services Cancer 62 Day Backlog

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

62 day + open pathways following GP urgent referral



104 day + open pathways following GP urgent referral



Radiology – CT and MRI turnaround times have deteriorated over the last few weeks following industrial action and summer leave. Continued outsourced reporting capacity is being employed to support recovery of turnaround times, and funding has been secured to continue to support additional activity throughout the year. For CT guided biopsy, interventional radiology mitigations include a new consultant for September 2023 with a further advert going live this month  
 Histology – Turnaround times, which have been static. Two new recruits will join the department in January. Two dissection practitioners are about to qualify to practice independently and will bring further improvements in turnaround times in early autumn.

**Off trajectory;**

- Urology – Challenged due to a group of RALP referrals and late tertiary transfers. A third RALP surgeon was signed off at the end of August 23. It was decided not to proceed with the insourcing company – however further requests for mutual aid may be made later in the year when required.
- Colorectal - remains challenged with long waiting patients due to delays in Endoscopy (plans in place) and theatre capacity (plans in place).
- Gynaecology – Significant workforce challenges are expected in the coming months. However, we are now out to advert for a Gynae-Oncology Consultant. WLI's are being undertaken to minimise the impact on performance.
- Skin – higher than expected seasonal increase in 2WW referrals has put significant pressure on the service, combined with annual leave/industrial action and Consultant sickness has led to an imbalance of demand/capacity. WLI are already in action.

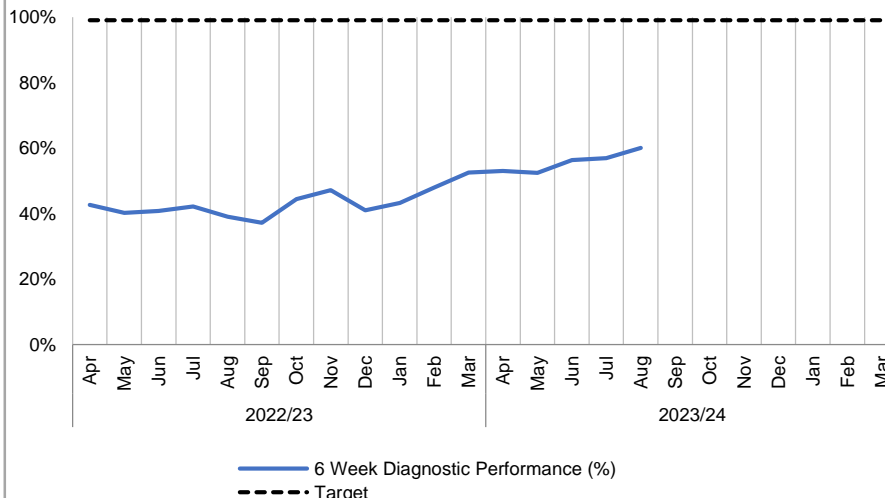
**Key Actions;**

- **Upper GI** – Substantive Consultant Gastroenterologist post out to advert in October/November (3 WTE Vacancy)
- **Gynaecology** – Substantive Consultant post out to advert
- **Histology/Radiology** – WLIs to continue to support multiple pathways
- **Skin** – WLI to achieve previous 2WW performance

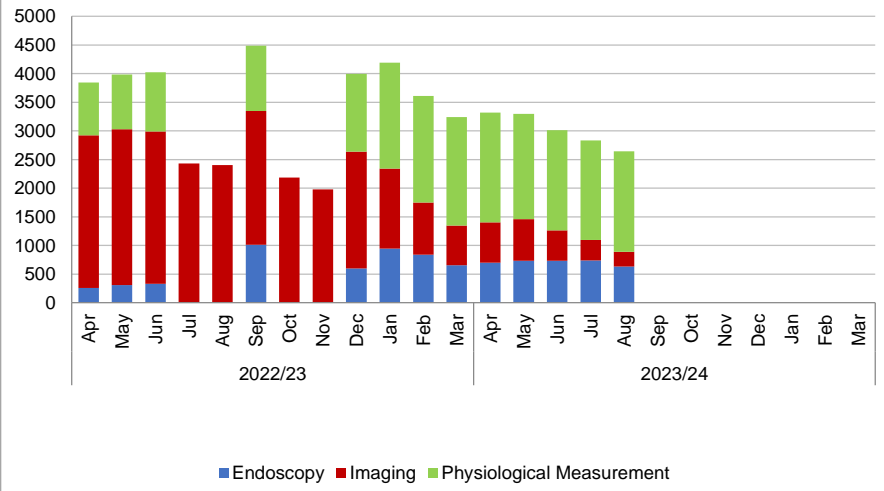
# Northern Services Diagnostics - Fifteen key diagnostic tests



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

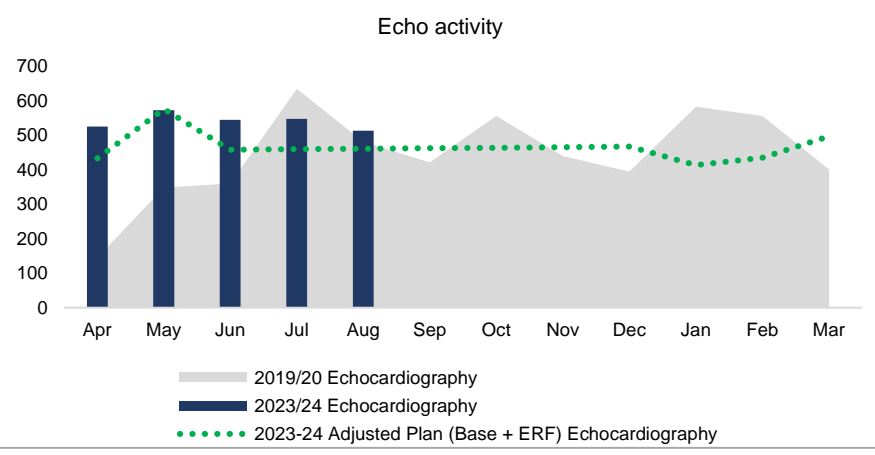
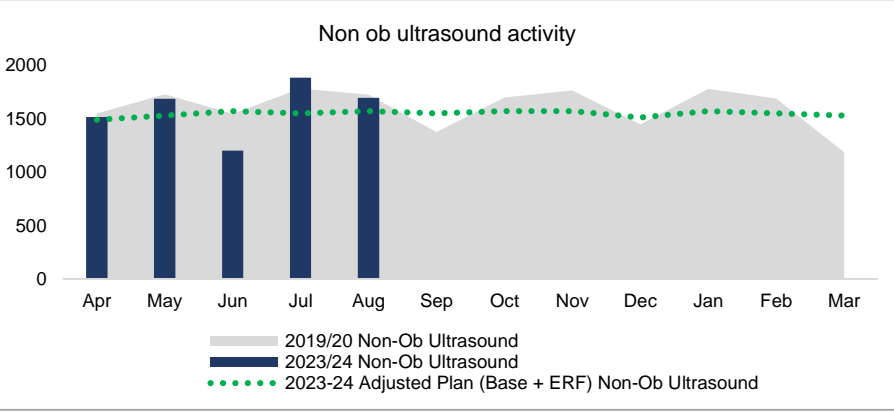
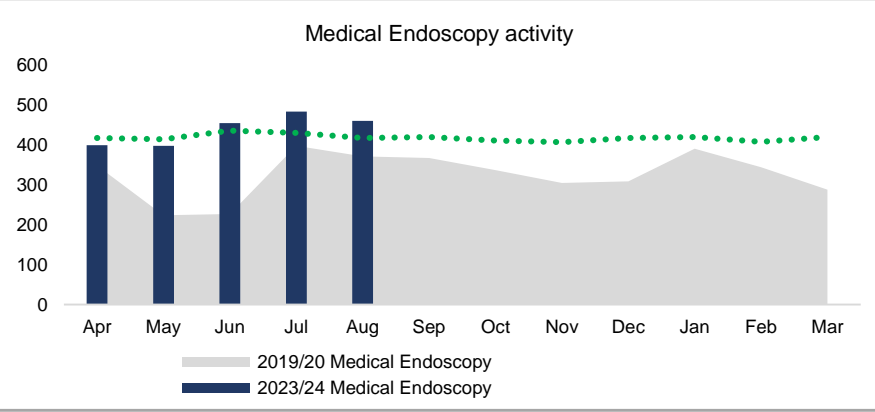
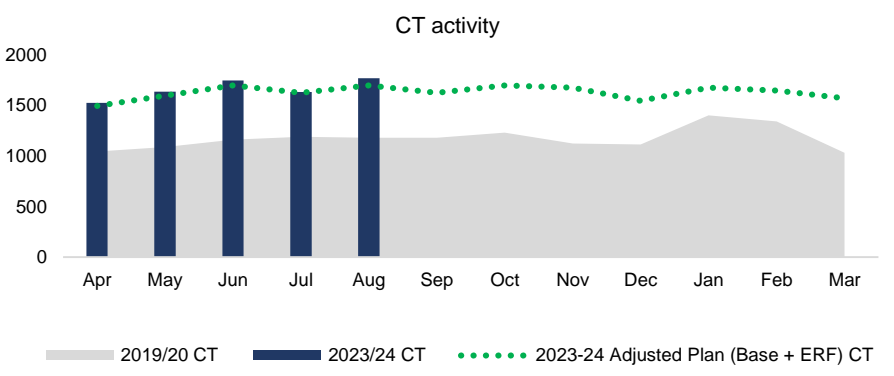
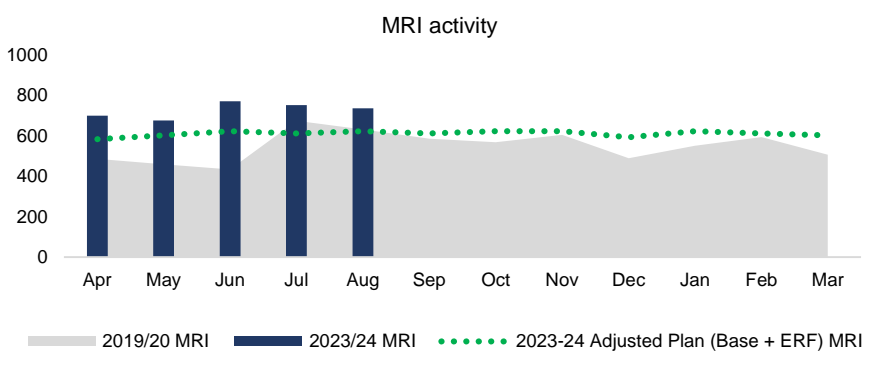


**6 Week Diagnostic Breaches by Specialty Group**



		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	
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%	
	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%	
	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%	
	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%	
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%	
	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%	
	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%	
	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%	
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%		
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%	
	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%	
	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%	
	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%	
<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%	

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



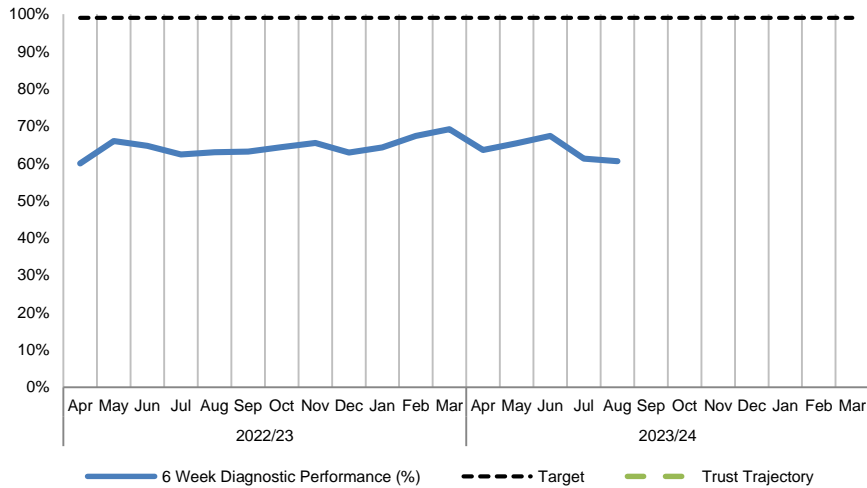
## Key issues at modality level:

- **MRI** – MRI activity is above plan and performance is being maintained.
- **CT – Non-Cardiac CT** –We have increased capacity in planning for 23/24 to meet demand and currently at 95% of patients seen within 6 weeks.
- **Cardiac CT** - CT cardiac lists were agreed at RD&E providing an additional 14 scans per session, 3-4 sessions per month. As a result of this increase in capacity the number of patients receiving their Cardiac CT scan had improved significantly from 39.1% at the end of January to 86.5% in May 2023. Due to a decline in Eastern performance Northern capacity for cardiac CT at RD&E has been reduced. We continue to work with our colleagues across site to align resources and monitor performance to ensure equality for our patients but this reduction in capacity will result in a decline in performance for Northern CT cardiac scans. We have moved from 89% at the beginning of July to 73% in mid September.
- **U/S**- We have been able to continue to provide some internal lists over weekends to continue to improve performance. Some capacity at the Eastern CDC has been agreed and we are awaiting a start date. This has been delayed slightly by sickness absence in the Eastern team impacting their U/S services. Outsourcing has been secured for September for Soft tissue scans which will reduce the longer waiters, longer term we have a sonographer who will be training in this area, course commencing in February 2024
- **Endoscopy** -Consultant Gastroenterologist vacancies remains a key constraint; one new consultant is due to start in-post in early October. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases. To further increase capacity an addition of trans-nasal Endoscopy has been identified and this additional capacity was expected to be in place in early August but this was unfortunately delayed until September. This will increase gastroscopy capacity and will indirectly support improvement in colonoscopy and sigmoidoscopy as regular lists will be preserved for these diagnostic procedures.
- **Echocardiogram** – Despite increasing the capacity the inpatient demand for ECG continues to outstrip capacity. Funding has been secured from NHS England which will be used to recruit an additional Echo-cardiographer to carry out Inpatient Echo's.
- **Sleep studies** – Additional capacity has been identified across clinics; nurses will carry out additional lists and a new member of staff will be joining in October when capacity is expected to increase.
- **DXA** – DXA improvement continues in line with although this is still reliant on 2 individual staff members. The contract with Taunton for one list per month continues for 23/24.
- As part of the Trust's Improvement Programme, a diagnostic improvement workstream has been commenced.

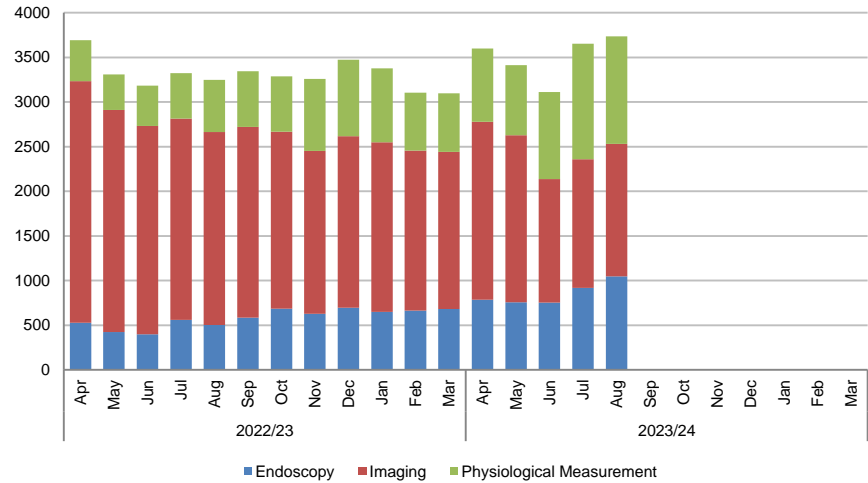
# Eastern Services Diagnostics

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



Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

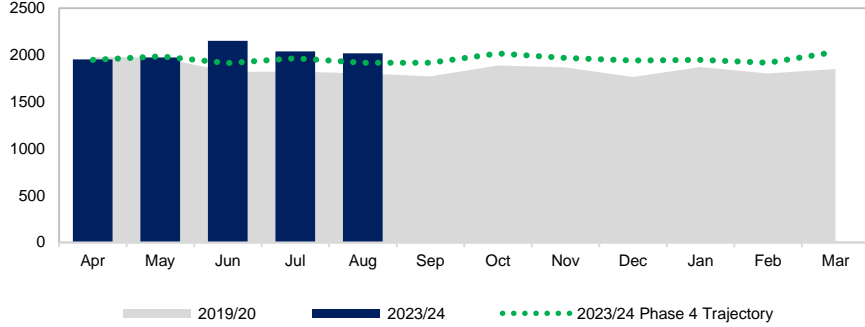
Finance

Area	Diagnostics By Specialty	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Endoscopy	Colonoscopy	58.3%	51.6%	54.9%	53.9%	53.9%	51.2%	53.0%	50.1%	49.2%	53.1%	41.9%	48.2%
	Cystoscopy	93.2%	87.4%	83.5%	88.1%	47.8%	83.1%	83.2%	75.2%	73.6%	73.5%	76.5%	57.9%
	Flexi Sigmoidoscopy	62.2%	51.3%	49.6%	44.8%	82.1%	41.7%	50.4%	51.1%	54.5%	51.4%	43.4%	42.6%
	Gastroscopy	68.0%	69.8%	78.3%	74.8%	74.7%	73.9%	73.5%	66.3%	70.3%	97.4%	69.8%	66.3%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	85.4%	89.5%	92.3%	86.2%	87.9%	83.3%	84.6%	82.5%	79.5%	77.4%	76.5%	81.5%
	DEXA Scan	99.4%	99.2%	98.4%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.3%
	Magnetic Resonance Imaging	72.9%	73.7%	75.6%	68.5%	70.7%	76.5%	73.4%	66.6%	68.8%	72.8%	69.8%	69.3%
	Non-obstetric Ultrasound	51.2%	54.5%	56.7%	56.8%	56.6%	60.1%	66.4%	59.9%	63.8%	70.9%	70.4%	66.6%
Physiological Measurement	Cardiology - Echocardiography	72.7%	75.2%	65.0%	66.6%	66.9%	72.6%	66.3%	61.7%	66.1%	58.8%	43.2%	44.7%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	61.2%	55.4%	65.4%	43.2%	49.4%	61.2%	75.1%	59.3%	62.1%	67.6%	41.5%	37.5%
	Respiratory physiology - sleep studies	65.8%	61.4%	63.1%	60.6%	57.8%	57.7%	66.4%	65.5%	60.7%	61.4%	53.9%	47.0%
	Urodynamics - pressures & flows	26.9%	25.7%	33.7%	28.8%	38.5%	32.2%	37.8%	36.8%	36.8%	27.3%	29.2%	21.3%
<b>Total</b>		63.2%	64.4%	65.5%	63.0%	64.3%	67.4%	69.2%	63.6%	65.4%	67.4%	61.3%	60.6%

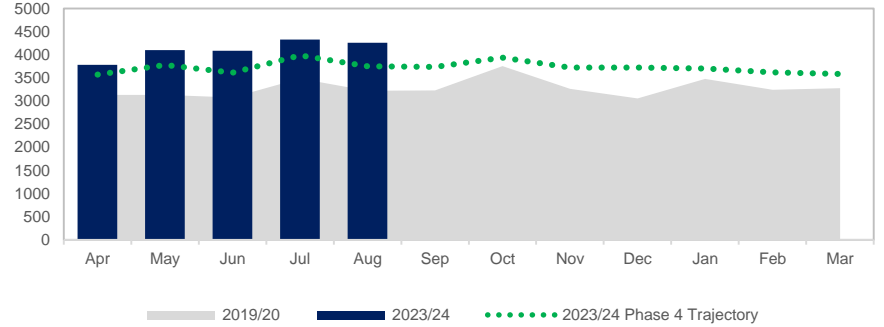
# Eastern Services Diagnostics

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

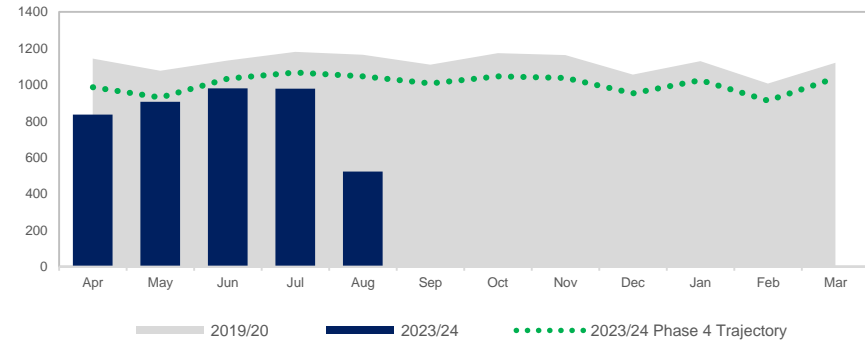
### MRI Activity



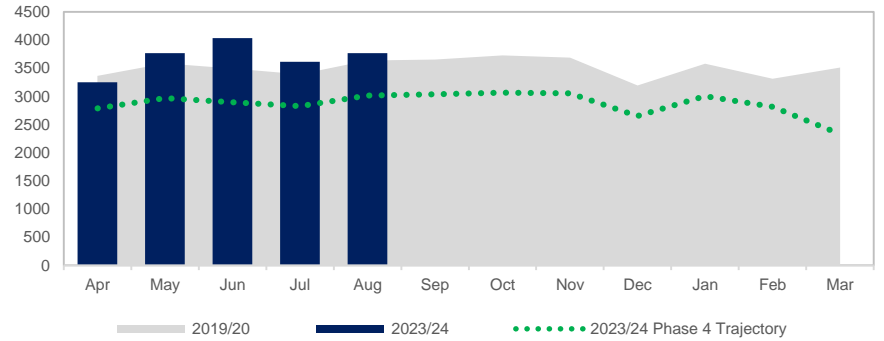
### CT Activity



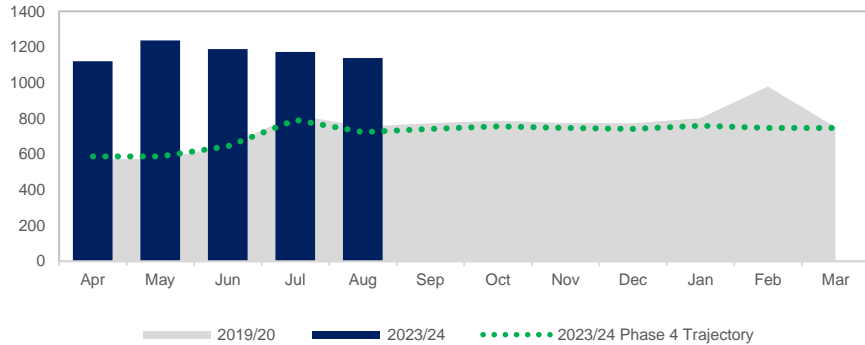
### Medical Endoscopy Activity



### Non-Obstetric Ultrasound Activity



### Echocardiography Activity





# Eastern Services Diagnostics

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

At the end of August 60.6% of patients were waiting less than 6 weeks – a deterioration from 61.3% at the end of July, representing 83 further patients.

## CT

- There has been a continued increase in the number of breaches across July and August which was impacted by continued industrial action. Whilst September sees a return to normal capacity post summer, the sustained impact of industrial action continues. All patients whose wait is longer than circa 8 weeks require CT cardiac imaging.
- The reporting position has also declined due to impact of summer leave and industrial action. The team are working with outsourcing partners to recover turnaround times for reporting.

## MRI

- Non-Cardiac MRI breaches have similarly deteriorated over the summer period, again mainly as a result of industrial action. The longest waiting patients for a non-Cardiac procedure are currently waiting up to 20 weeks.
- MRI Cardiac continues to be challenged. The imaging team is working with Cardiology to explore how to utilise the MGNC scanner more fully to support a new list every Friday, and possible ad hoc additional lists where cardiologists and cardiac nursing teams timetables permit.

## Non Obstetric Ultrasound

- US waiting list remains stable despite industrial action

## Dexa

- Dexa waits remain within target, with the small number of breaches resulting from patient choice.

## Endoscopy

- The endoscopy team continue with super weekends to increase capacity – 9 additional lists were delivered in August with 14 planned for September.
- ERF funding is utilised to fill in week gaps in the rota and along with In-Health staff to use all available space.
- Focus continues to be around prioritising our longest waits and validation of waiting list and maximising the total number of points per list. Working with the clinical lead to bring points back to pre-covid / pre epic numbers on all lists.
- Delay in operationalising the mobile unit at Tiverton (contractual go live date 1 August). Estate team escalating final delay with South West Water.

## Echocardiography

- Demand has increased further on a previously high level with performance remaining challenged. Despite ongoing weekend physiologist clinics the number of breaches has increased in the most recent month by nearly 200, to 687.
- Work on the dashboard continues with BI as well as with the productivity team to optimise test requests.
- Recent recruitment to 3 vacant band 6 posts has been successful with this additional capacity started in the New Year. There is continued reliance on the use of locum physiologists to support the demand on the service.
- An echo task and finish group is working on both protocols to better support the service through more efficient triage and workflows in Epic to enable this. Additionally, clinical advice for valve surveillance intervals at the outpatient Epic request is being explored.
- A resource business case is being developed which increases the physiology resource further.

## Respiratory Physiology

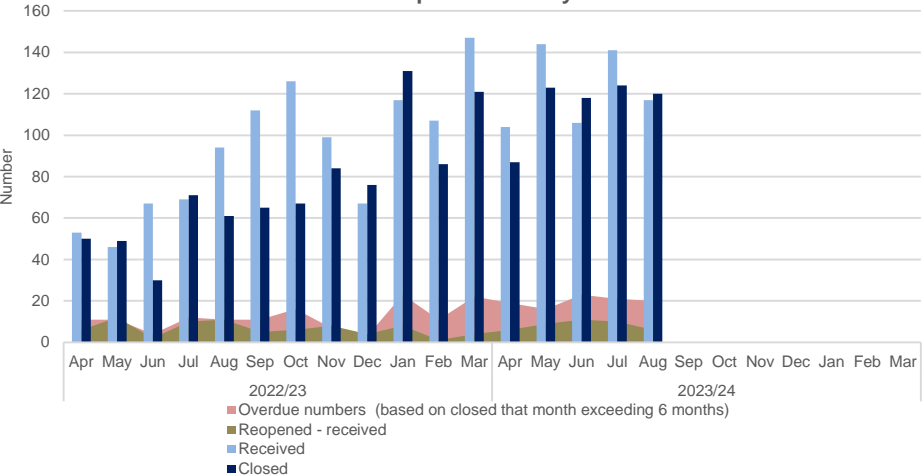
- Replacement sleep study machines (previous broken) have now been delivered, which will enable sleep study lists to fully run
- Equipment assistant recruited to support the setting up of these studies, thus releasing clinical time for reporting. The estimated clearance for the reporting backlog is 10 weeks.

## Neurophysiology

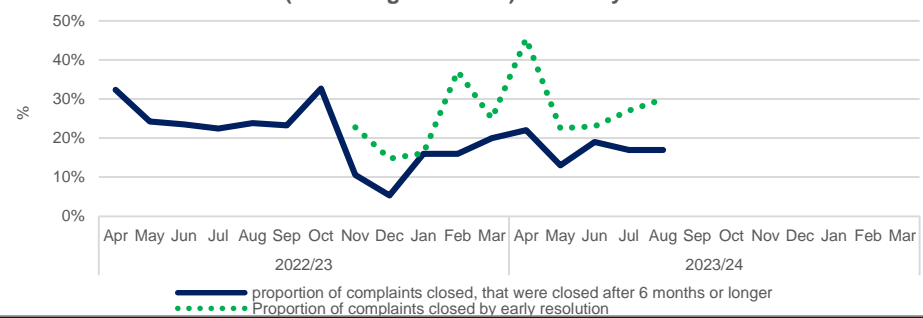
- A number of long waiting PSGs were identified recently. Additional equipment has been purchased to provide a second sleep room at Mardon. Additional lists will run from 18 September, with clearance of these patients expected in 11 weeks.

# Trust Patient Experience

Complaints Activity



6 Month (Percentage Overdue) and Early Resolution



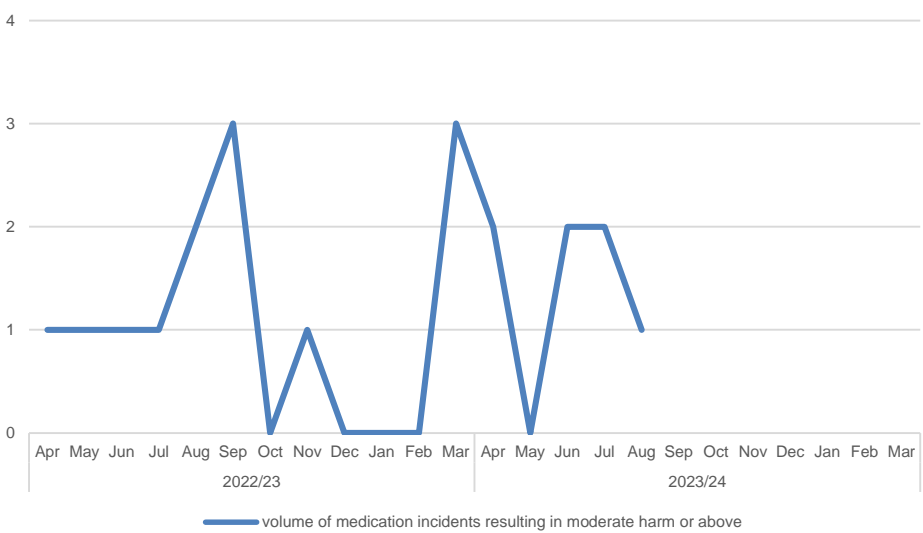
- During August, 36 complaints were closed by early resolution (30% of total closed) which is an incremental improvement compared to July and remains on a continuing upward trajectory. There has been sustained improvement in the volume of complaints being closed during the last two quarters.
- There was a decrease in complaints received in August and a decrease in complaints closed when compared to the previous month. The percentage of complaints closed after 6 months or longer in month remains the same as the previous month at 17%.
- Two new primary investigations were received from the PHSO during August, the primary review will determine whether further investigation is required, and no investigations were closed.
- Overdue complaints are monitored through the divisional PAF meetings, and at bi-weekly complaints huddles between divisions and corporate services.
- Communication remains the main theme throughout complaints along with values and behaviours. On comparing the top 10 themes for Q1 it can be seen that there has been a large increase in the number of complaints around the 'wait for operation/procedure' and 'appointment delay' (Inc. length of wait). These themes are now sitting in the top 7 themes whereas they were much further down the list in Q3/4 22/23. This would suggest the increase in new complaints being received are primarily around these themes. 'Discharge arrangements' has also moved into the top 5 themes where it was sitting just below the top 5 for Q3/4, also reflecting an increase in complaints with this theme.

Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
2	18	2	0

Month	2022/23												2023/24				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
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%
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
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27	33	36
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%

# Trust Incidents

Medication Incidents - Moderate harm and above

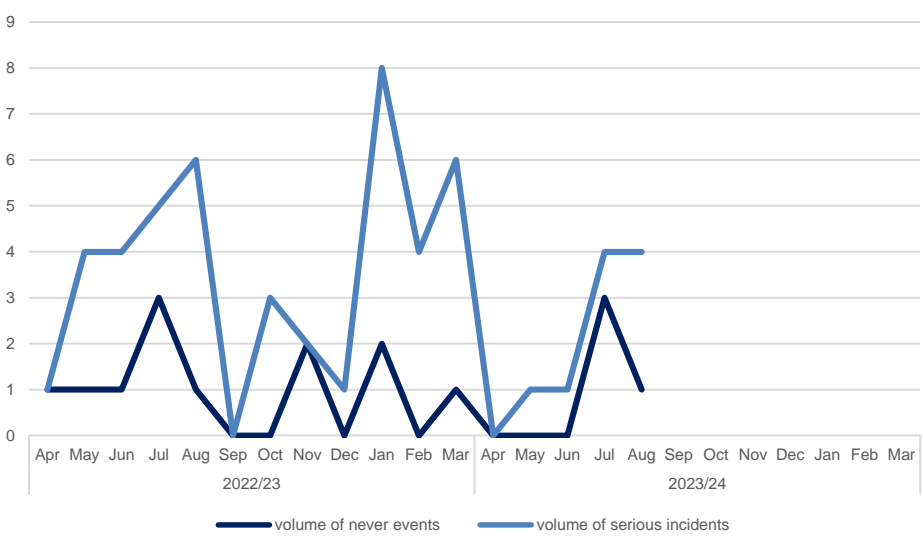


The Trust reported three moderate harm medication incidents through July & August 23. Two medicines administration incidents (incorrect type of insulin) were within Northern services. Both patients required short term escalation in care (increased observation). Investigation / review is underway.

The Third incident was a prescribing error within Eastern Services. Medication was stopped prior to inpatient treatment, and not restarted when they returned home. This led to readmission.

Across July and August, eight incidents were reported as meeting serious incident criteria; 4 of which were never events as outlined below.

Serious Incidents and Never Events

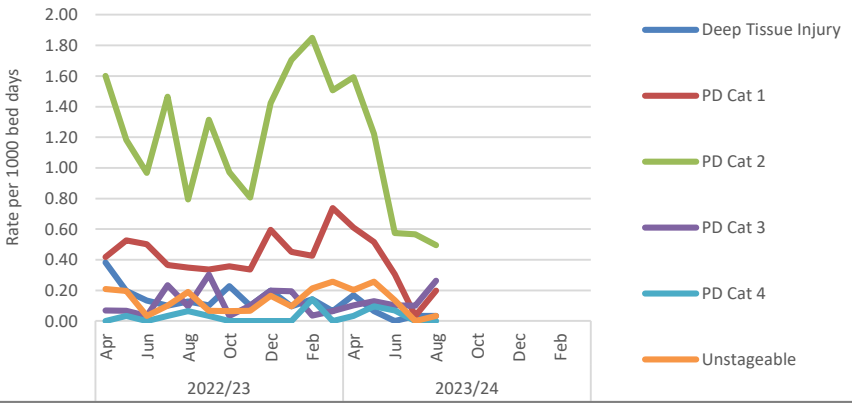


Date	Incident Type	Severity of Harm	Never Event	Site
Jul 23	Wrong route administration	Minor	Y	Eastern
Jul 23	Pathway Error	Moderate	N	Northern
Jul 23	Wrong Site Block	None	Y	Eastern
Jul 23	Wrong Site Block	None	Y	Northern
Aug 23	Treatment Delay	Moderate	N	Northern
Aug 23	Treatment Delay	Moderate	N	Northern
Aug 23	Transfer to NNU - HSIB	Moderate	N	Northern
Aug 23	ABO incompatible Transfusion	None	Y	Eastern

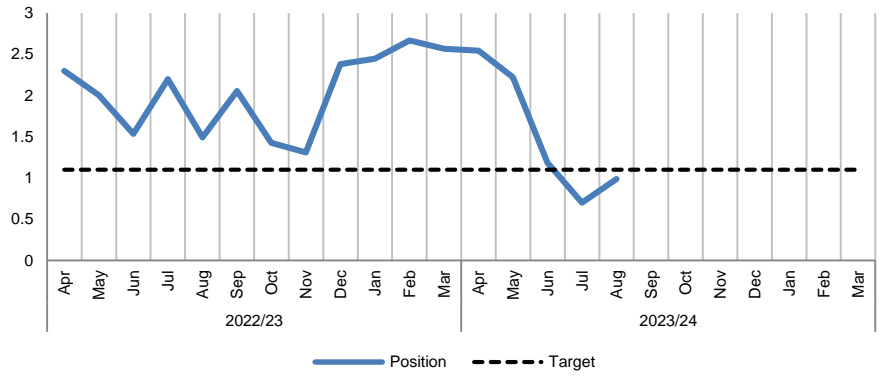
# Trust Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care

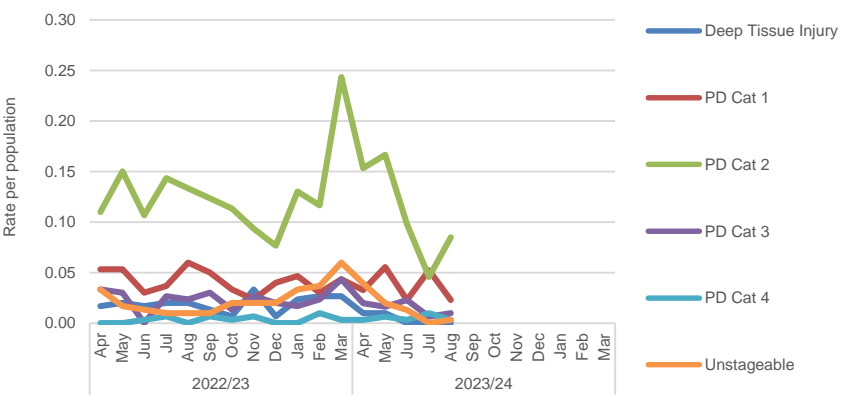
### Acute Pressure damage rate per 1000 bed days



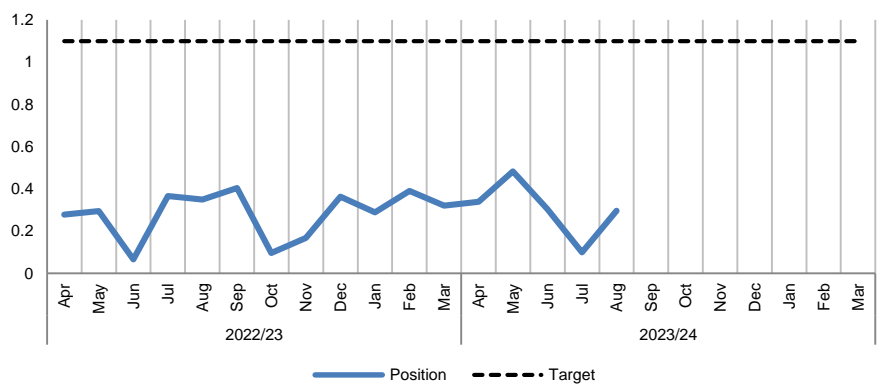
### Rate of Grade 1- 4 pressure Sores /1000 bed days



### Community pressure damage rate per population and grade



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

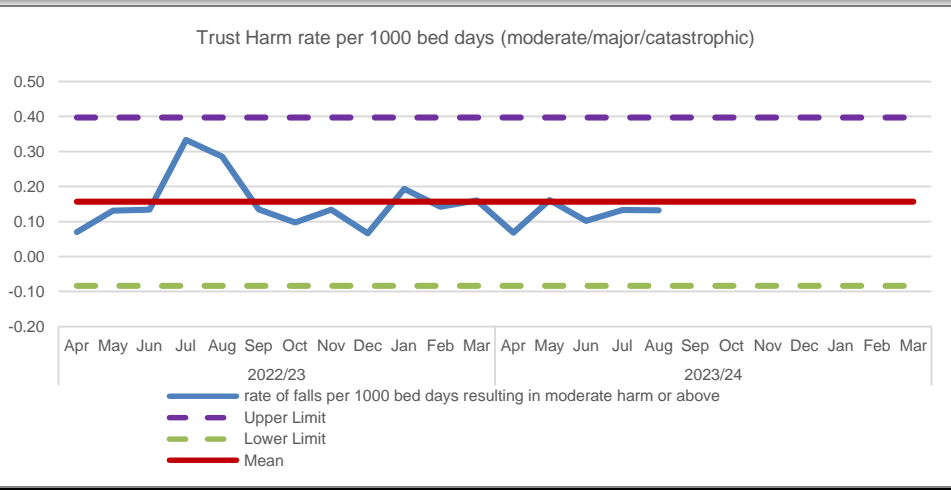


This is the first month that we have presented data across all areas of the Trust in one slide. There has been extensive work in the North to reduce validation and improve prevention of pressure ulcers. Due to changes in the validation process and ongoing pressure ulcer prevention work we have seen sustained low levels in all healthcare acquired pressure incidents. Ongoing work across both sites to drive a joint Pressure Ulcer Prevention strategy has started and work to support staff with robust Pressure Ulcer Prevention documentation has begun with the Epic team.

Common themes identified requiring improvement include skin care at end of life, prevention of damage in the diabetic patient population and chair bound community patients.

# Trust Slip, Trips & Falls

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

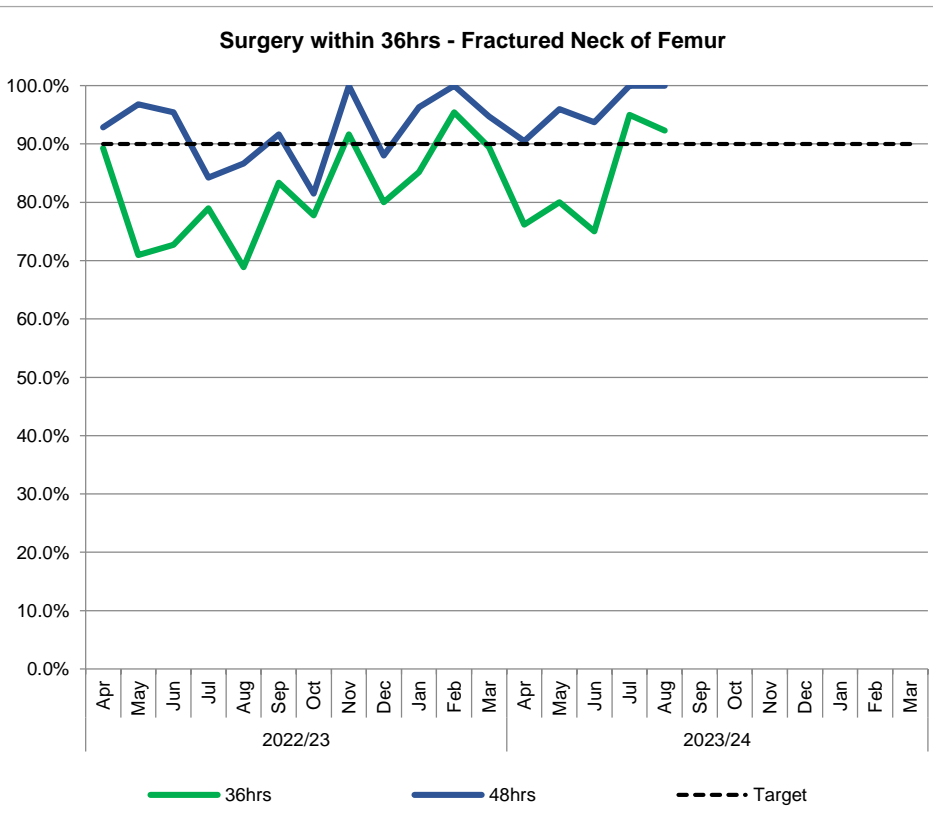


Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Falls	232	200	226	234	192	199	226	206	201	215	199	226	189	180	169	190	181
Moderate & Severe Falls	2	4	4	10	9	4	3	4	2	6	4	5	2	5	3	4	4

- In July and August 2023 there were eight falls reported as resulting in moderate harm. One of these is due to be downgraded, as it was subsequently discovered that the fall did not lead to moderate harm.
- Four of the falls were observed by staff, whilst the remaining three occurred with patients who were self-mobilising.
- Review of the incident reports has not identified any sub-optimal care issues, and investigations are underway.
- Falls continue within normal variation, and have been at or below the mean point for the previous seven months.

Northern Services	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Aug-23
NDDH	60%	65%	81%	76%	82%	78%	77%	76%	71%	82%

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



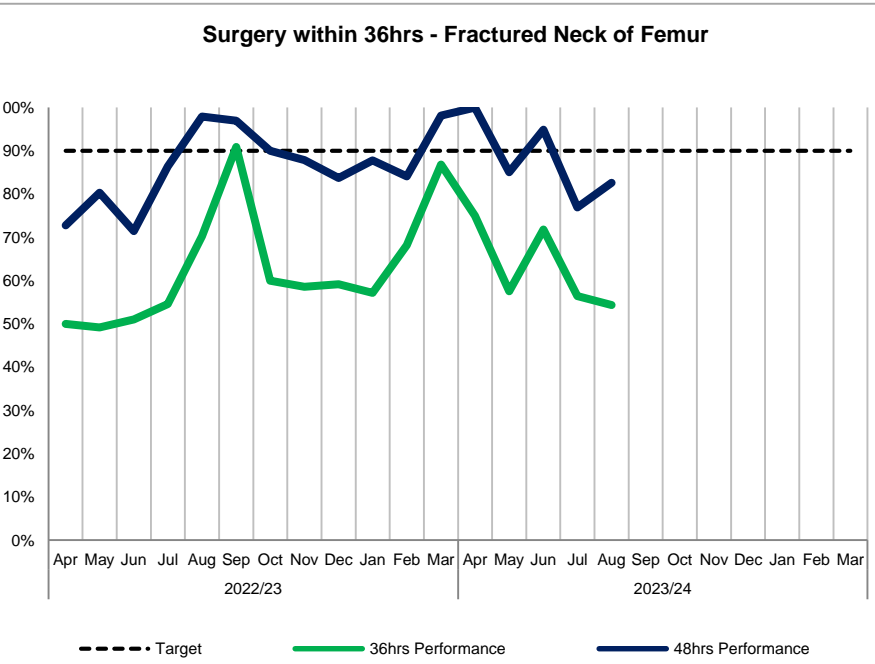
- In August 2023, 92.3% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 26 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 24 patients received surgery within 36 hours.
- The 2 patients in total that breached 36 hours were due to lack of theatre time and awaiting space on theatre lists. There is an increasing volume of Trauma admissions being seen impacting on capacity. No patients waited longer than 48 hours; therefore 100% of patients received their surgery within 48 hours.
- As outlined in the July IPR the previous discrepancy in the methodology used to calculate the time to surgery position has been rectified and has been retrospectively applied for all prior months included within the chart, demonstrating a much more positive position than has previously been reported.

# Eastern Services Efficiency of Care

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

Eastern Services RDE Wonford	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Aug-23
	75%	73%	72%	81%	88%	87%	82%	79%	87%	83%

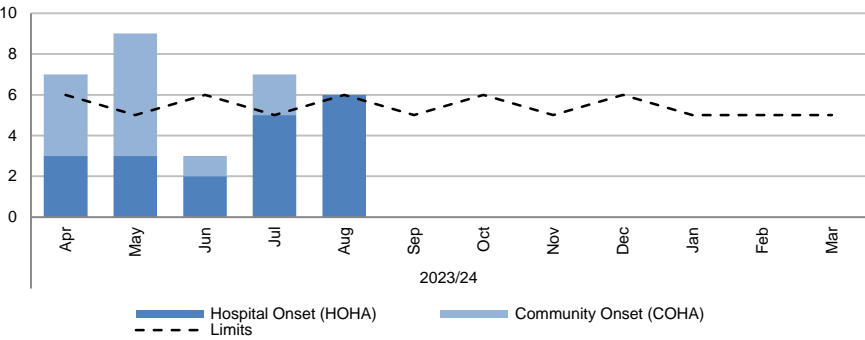
- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.
- In August 2023, 54% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There were a total of 56 patients admitted with a FNOF, 46 of these patients were medically fit for surgery from the outset and 25 patients received surgery within 36 hours. Eight medically fit patients had to wait longer than 48 hours for surgery, therefore 82.6% of patients received surgery within 48 hours. The main reason for delay was awaiting space on theatre lists.
- There were a total of 166 trauma patients admitted in August, with two days seeing 10 and 11 admissions.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. Seventy three Trauma Patients had their surgery during August in PEOC Theatres, which was to the detriment of elective activity and the high Trauma numbers resulted in a number of elective cancellations.
- The Hip Fracture Lead has reviewed all cases during the month and is confident that the quality of the clinical care remains high and the patients who breached 36 hours, did not come to any clinical harm due to an extended wait for surgery.
- Additional elective work has now moved to SWAOC for Foot and Ankle, Soft Tissue Knees and some Spinal activity will move in October 2023 – this is however, additional activity and therefore this has not freed up 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 will continue to be cancelled to enable trauma patients to be treated swiftly.



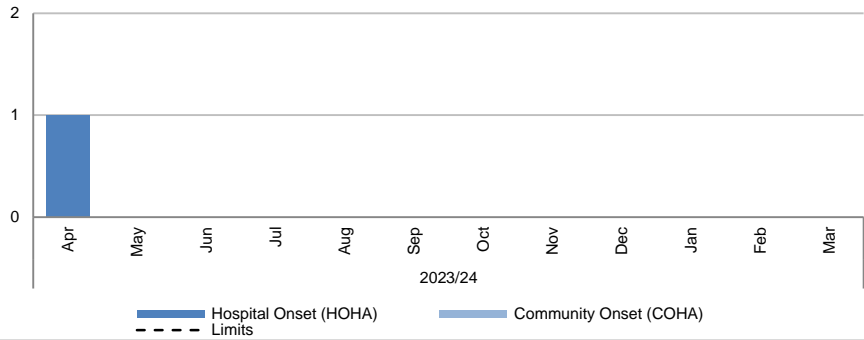
# Trust - Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection

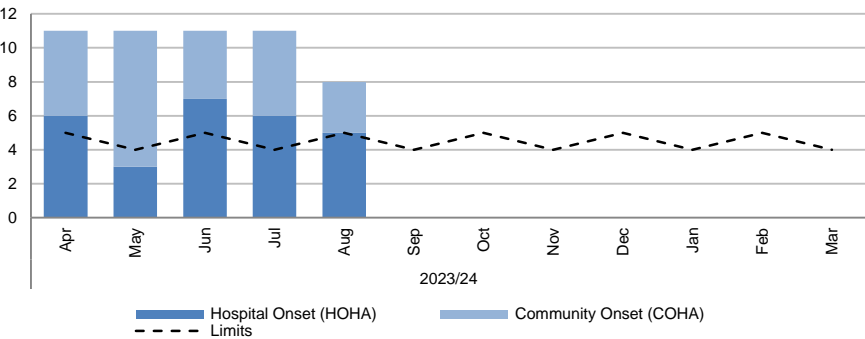
### Clostridium Difficile Cases



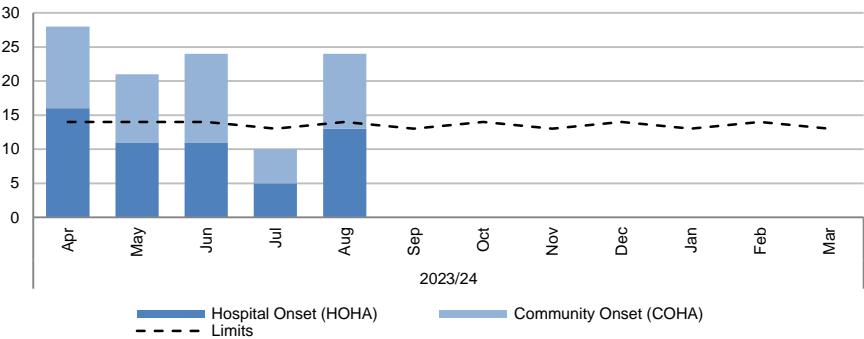
### MRSA Cases



### MSSA Cases



### E-coli Bacteraemias Cases



**C.Diff** – The one Eastern HOHA case was deemed unavoidable. Two of the Northern cases form part of a cluster involving other C.diff cases. Typing is underway to assess if spread occurred on the ward.

**MRSA** – Nil

**MSSA** – Although within normal Trust variation, HCAI incidence remains higher than desired. All healthcare associated cases are investigated in full to establish preventable learning and identify actions. Infection prevention improvement projects specifically targeted at reducing intravascular device associated infection for 2023 – 24 are underway.

**E.Coli** – August HCAI volume is tempered by lower than average incidence in July, however gram negative bacteraemia incidence remains raised in comparison to regional average. Urinary foci remains the highest causative factor. No learning has been identified from thorough case investigation of Northern cases.

Work to align infection prevention and control with the patient safety incident response framework has begun. Wider systems working to encourage deeper understanding of HCAI incidence negating requirement to produce routine case by case or mandated post infection review will enable valuable resource to be targeted at those infection incidents most amenable to prevention. This proportionate response to healthcare associated infection does not impact current mandatory reporting requirements which still includes continuous identification of trends and infection prevention themes.

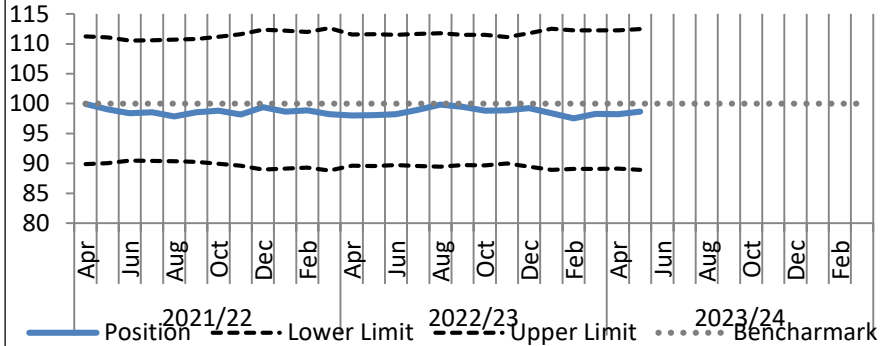
2023-24 trajectories have been agreed to include Northern and Eastern site expectations alongside the whole Trust expectations. These trajectories will enable comparison across the patch and accommodate NHS England thresholds where they have been set.



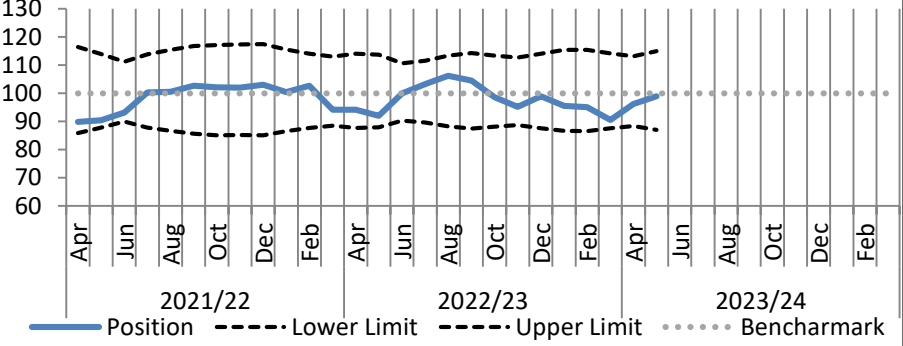
# Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*



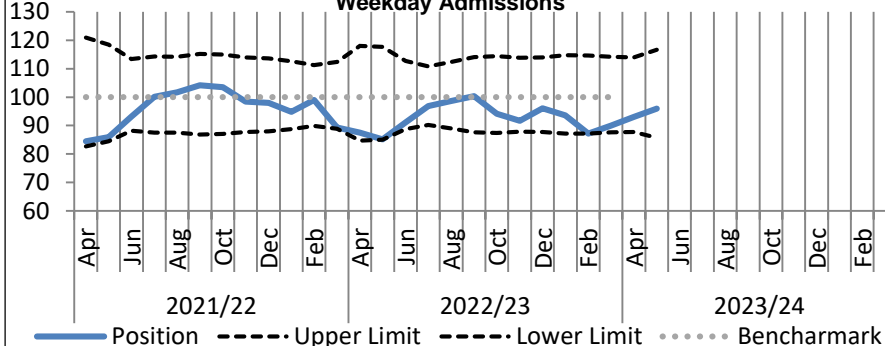
**Hospital-level Mortality Indicator (SHMI) - Rolling 12 months**



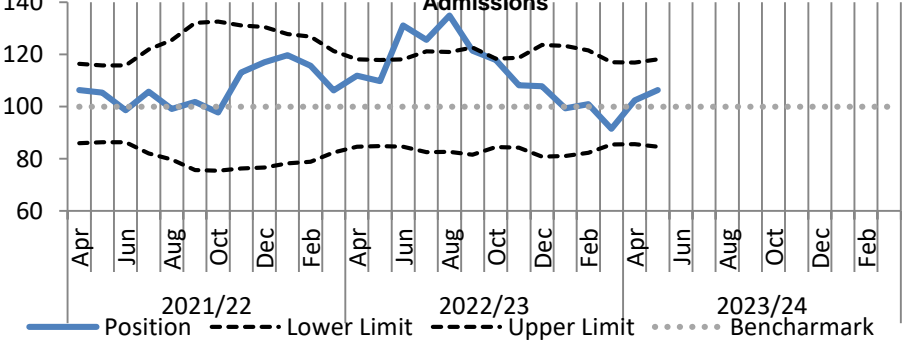
**Hospital-level Mortality Indicator (SHMI) Rolling 3 months**



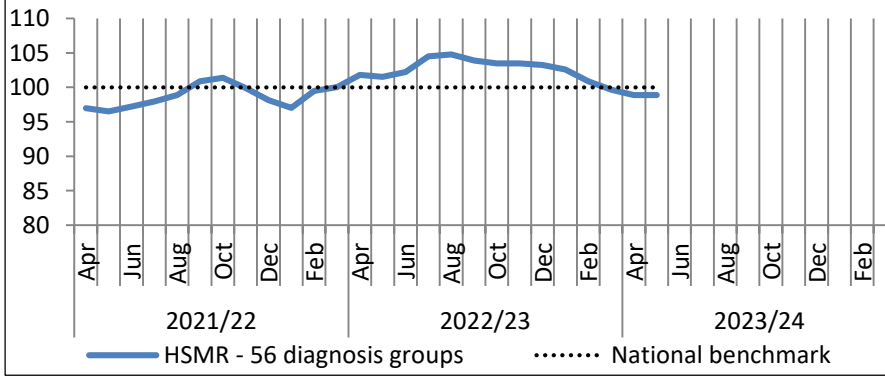
**Mortality Indicator (SHMI) Rolling 3 months - Emergency Weekday Admissions**



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



**HSMR (12 Month Rolling)**

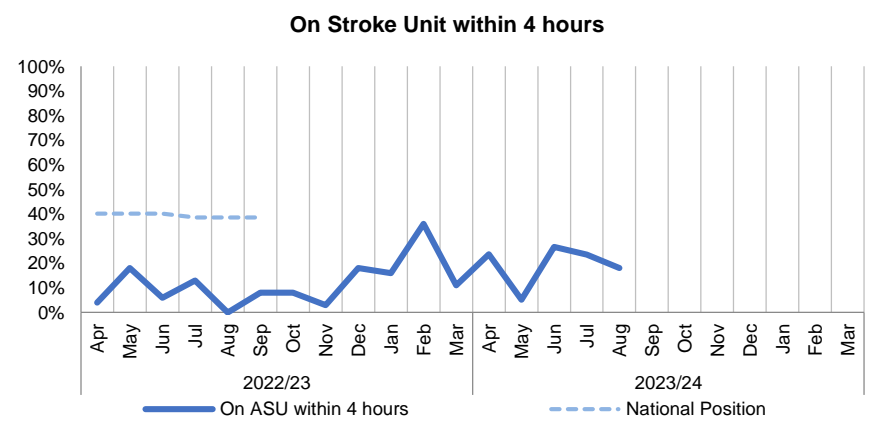
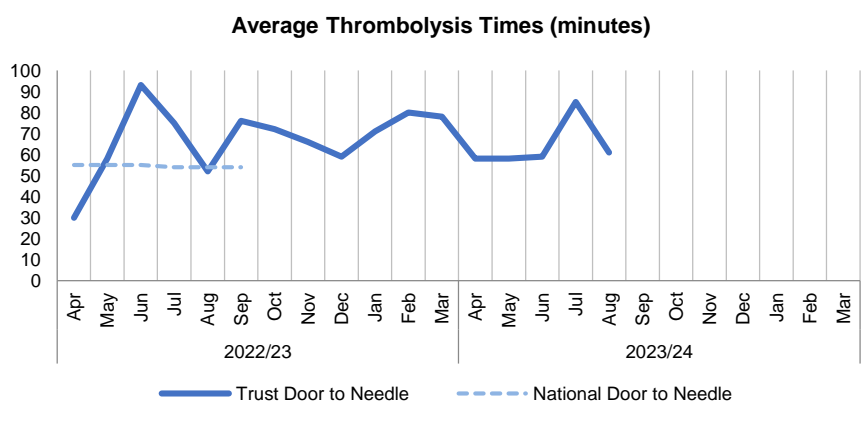
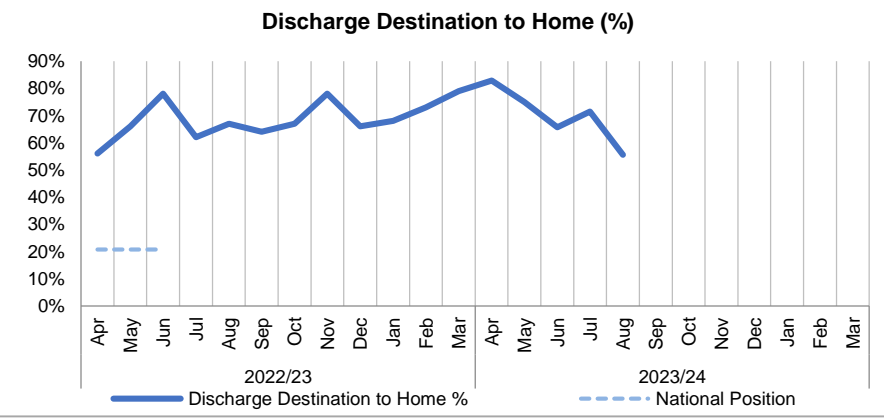
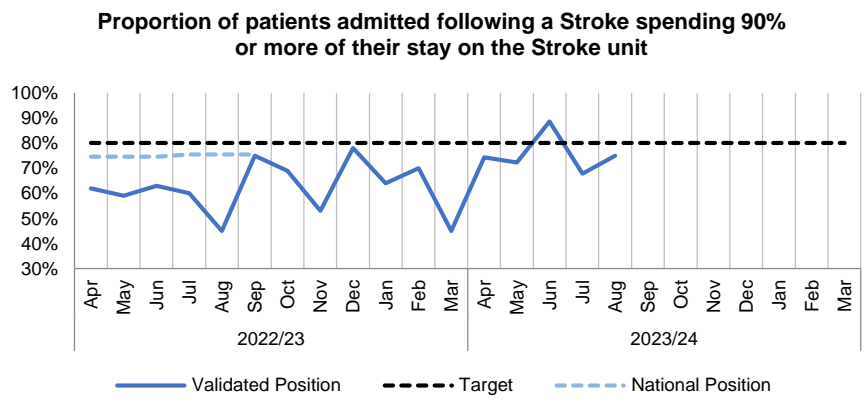


- The overall mortality figures are within national confidence intervals for 12 month and 3 month rolling SHMI and are below all our Peninsula peers. The 12 month HSMR has continued to fall and stabilise.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas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



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

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

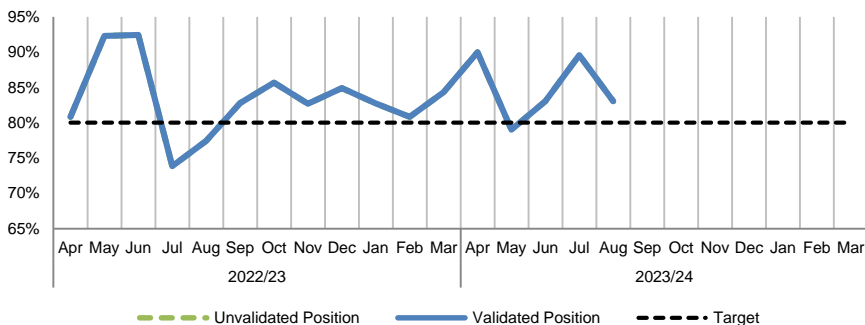


- 90% stay: Performance against this indicator continues to show a more stable position across the last five months, achieving 75% In August. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group continue to focus on reviewing the ringfencing processes with the site management team.
- Discharge destination: This metric is relatively stable and is above the national average.
- Thrombolysis times: Thrombolysis time is broadly stable over time. Overall the number of eligible stroke patients for thrombolysis is low
- ASU in 4 hours: This target remains challenging due to the high level of occupancy.

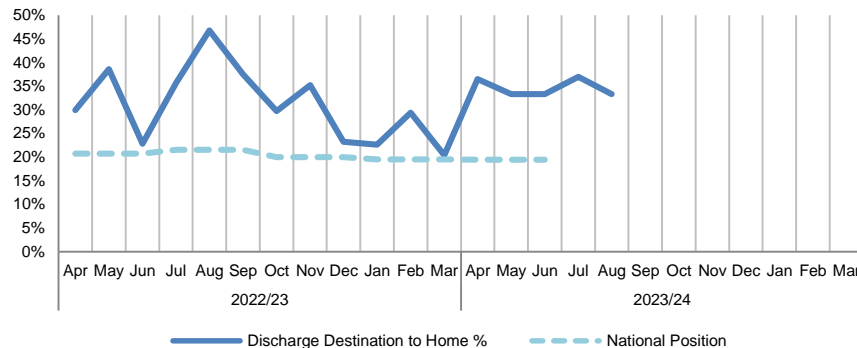
# Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

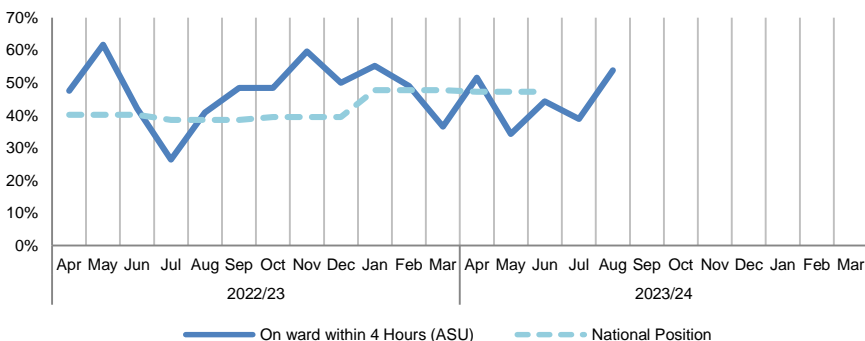
### Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



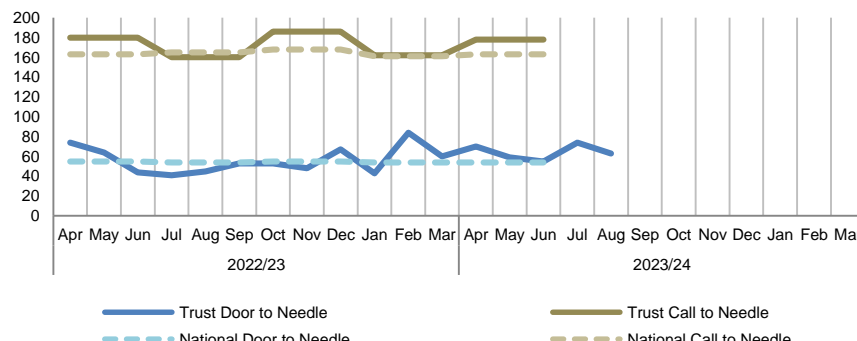
### Discharge Destination to Home (%)



### On ward within 4 Hours (ASU)



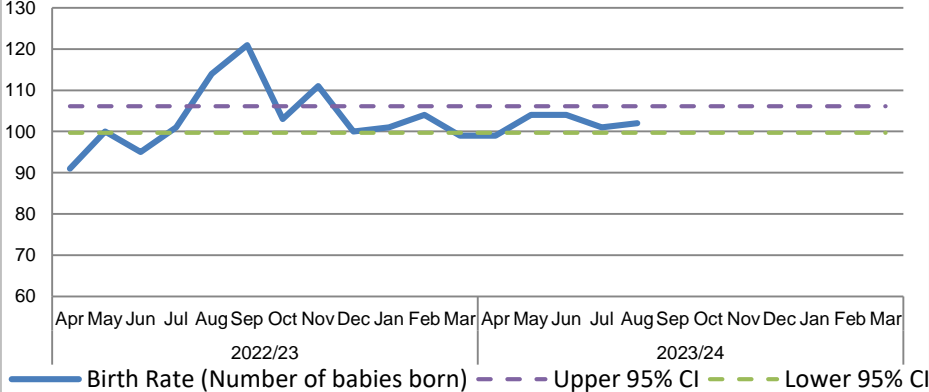
### Average Thrombolysis Times (minutes)



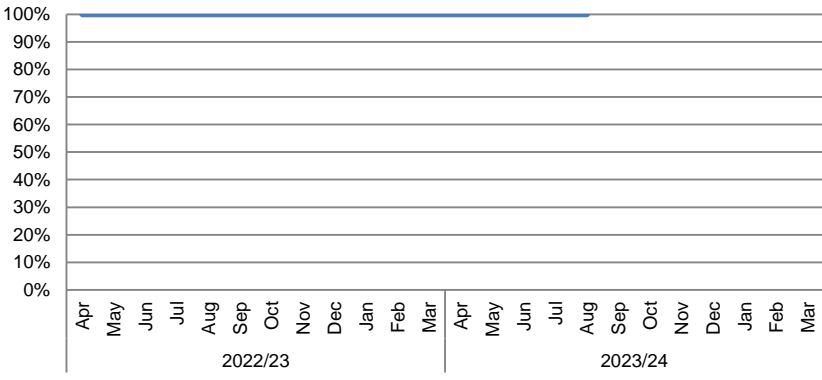
- 90% stay - The proportion of patients admitted spending 90% of their stay on the stroke unit remains above the target position in August at 83.1%
- Also in August 53.9% was achieved against the on ward within 4 hours target indicator, which is an improved position, above the national position.
- The proportion of patients for whom their discharge destination is home remains stable.
- Average Thrombolysis times remain stable and in line with the national position.



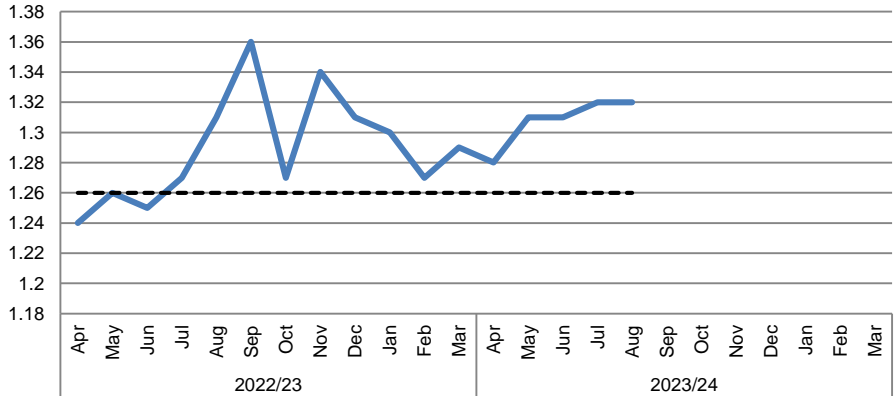
**Birth Rate (Number of babies born)**



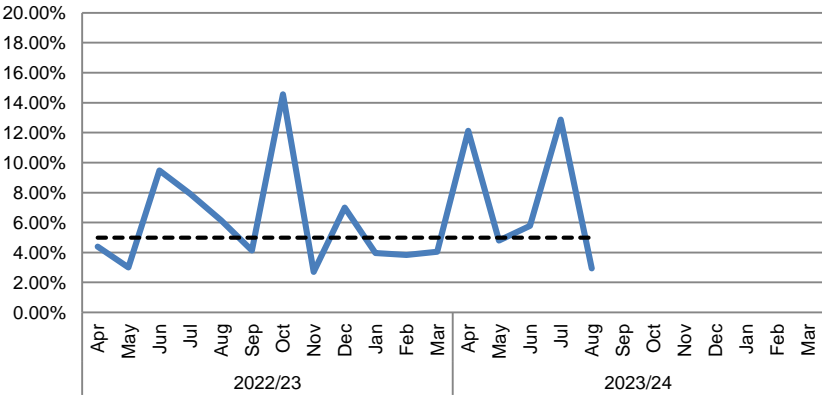
**1:1 Care in Labour**



**Midwife to delivery ratio**



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

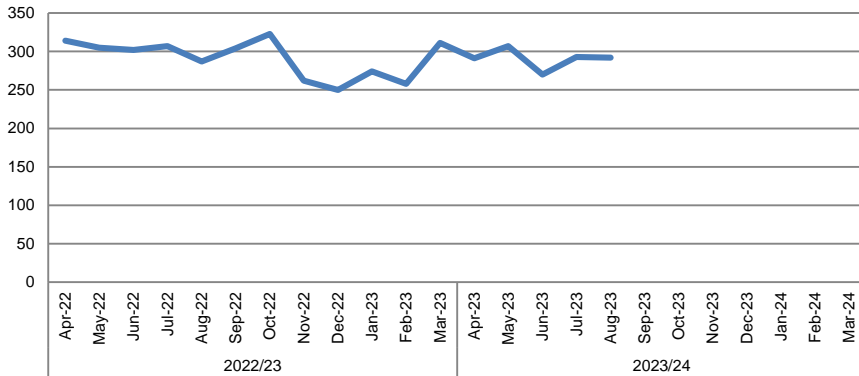


- All term admissions to NNU continue to be reviewed via the ATTAIN process

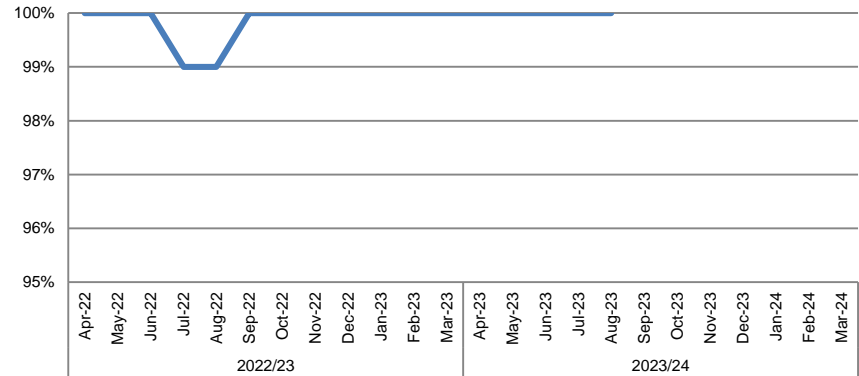
# Eastern Services Maternity

Metrics relating to the provision of quality maternity care

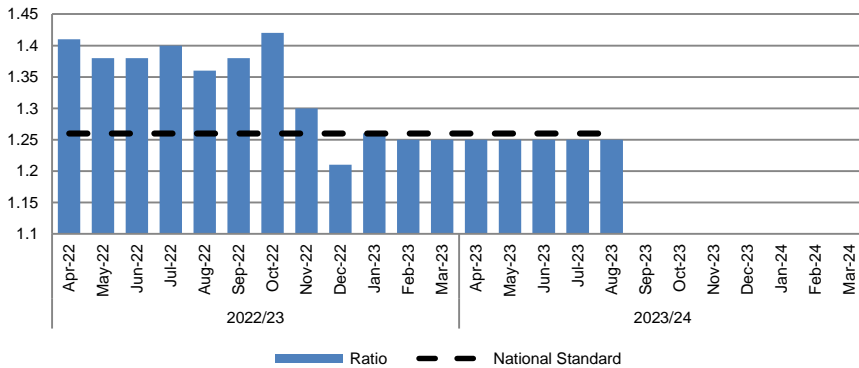
### Birth Rate (Number of babies born)



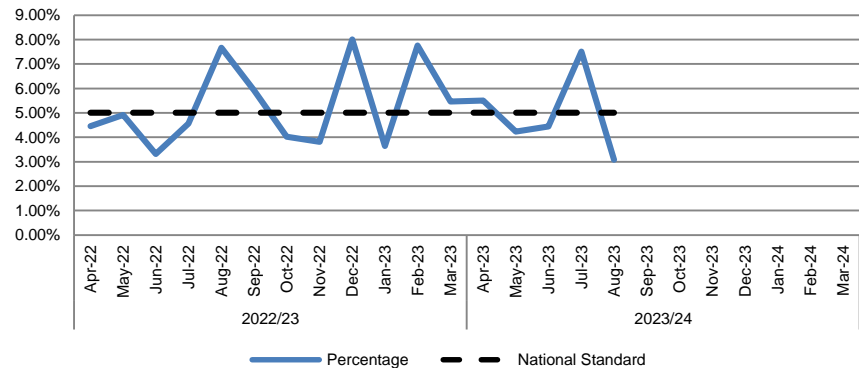
### 1:1 Care in Labour



### Midwife to delivery ratio

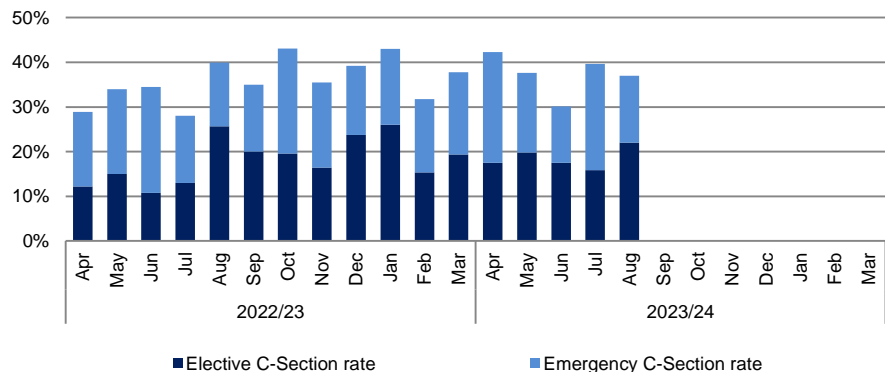


### Admissions of (term babies) to NNU

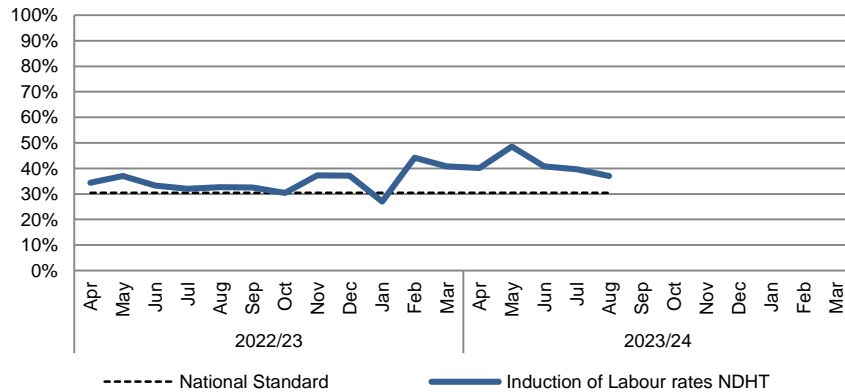


- The step change in the Midwife to Delivery ratio in November 2022 is due to a change in the way midwifery ratio is calculated. Allowance for Annual leave and sickness is now no longer factored

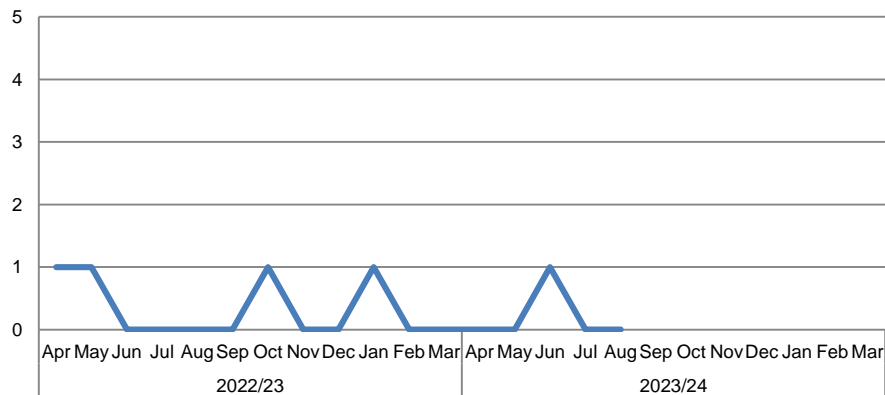
### C-Section Rates - Elective & Emergency



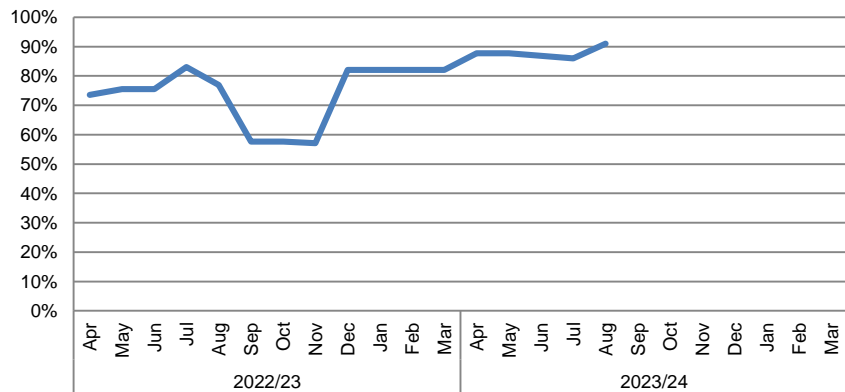
### Induction of Labour rates



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



### PROMPT Training % (whole team)

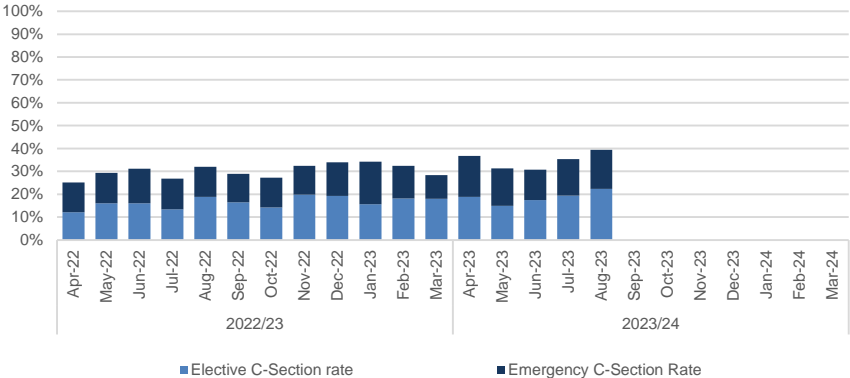


- PROMPT training continues to be prioritised – the service are proud to achieve the 90% target in August and are continuing efforts to maintain compliance at this level.

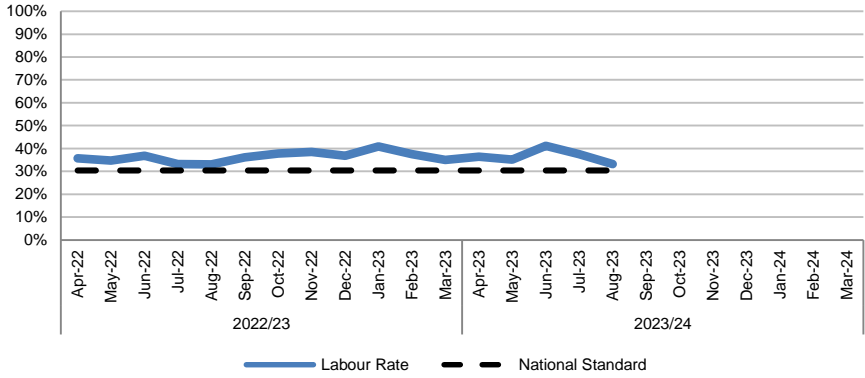
# Eastern Services Maternity

Metrics relating to the provision of quality maternity care

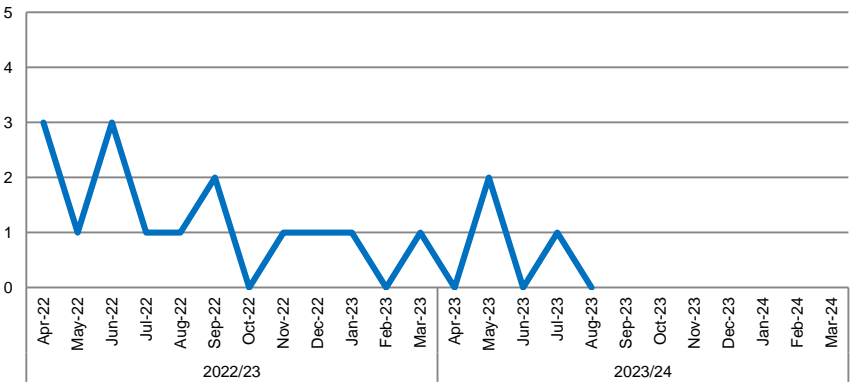
### C-Section rates - Elective & Emergency



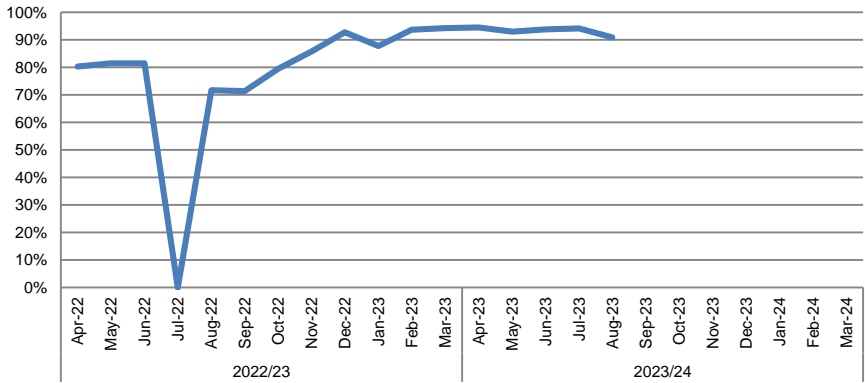
### Induction of Labour rates



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



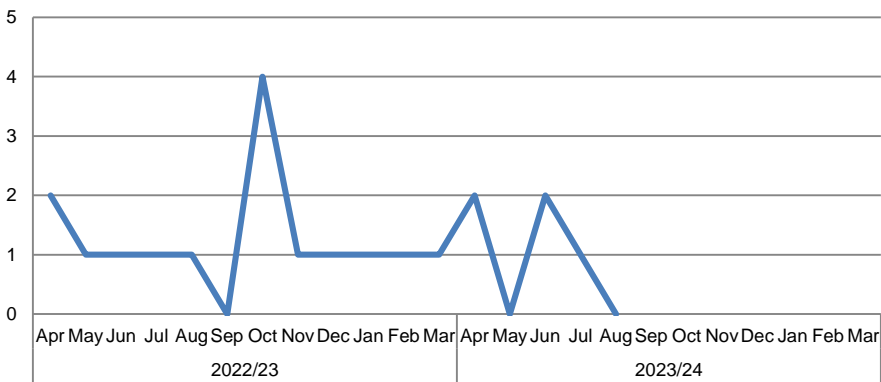
### PROMPT Training % (whole team)



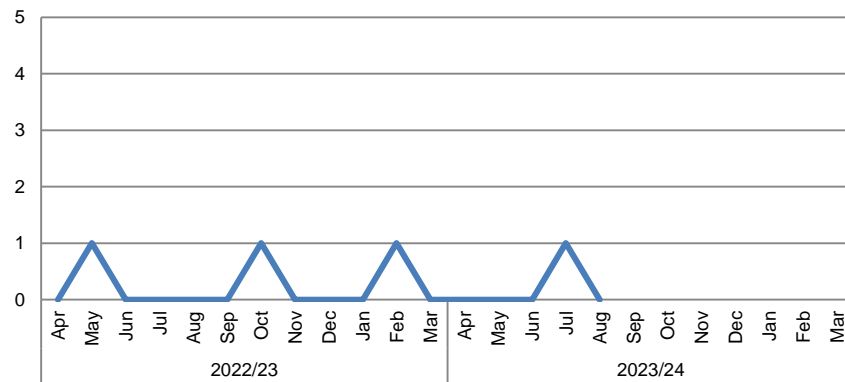
- PROMPT training is prioritised to ensure compliance continues to be maintained at the target of 90%



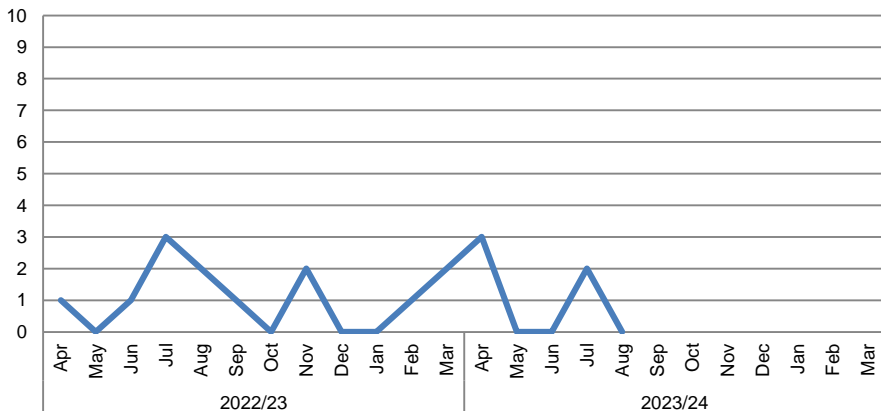
**Incidents in current month (moderate and above) (run chart)**



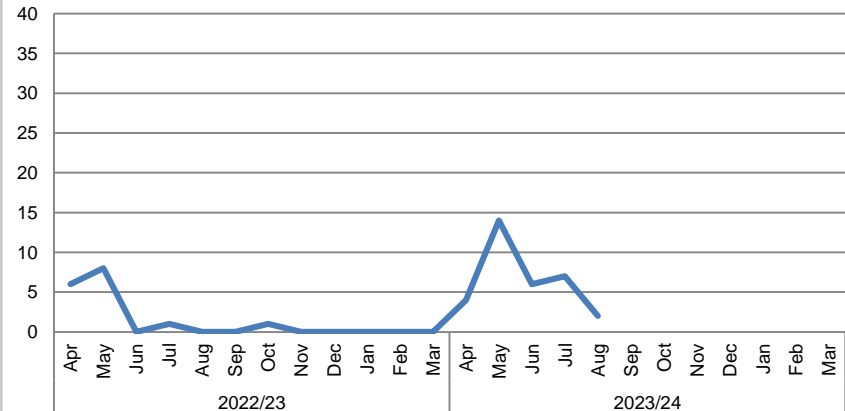
**Serious Incidents (run chart)**



**Complaints Maternity**



**Compliments Maternity**



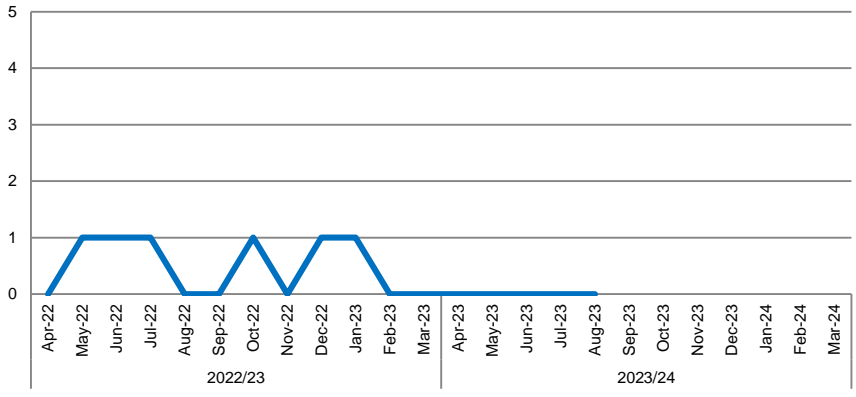
- The service is working closely with service users to encourage feedback

# Eastern Services Maternity

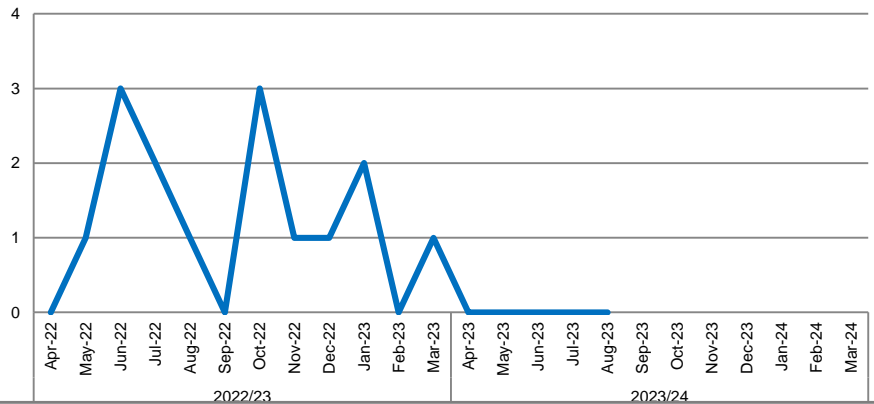
Metrics relating to the provision of quality maternity care



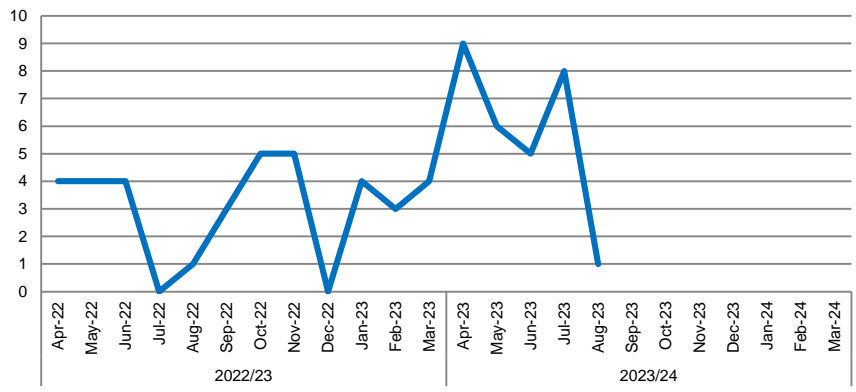
**Incidents in current month (moderate and above) (run chart)**



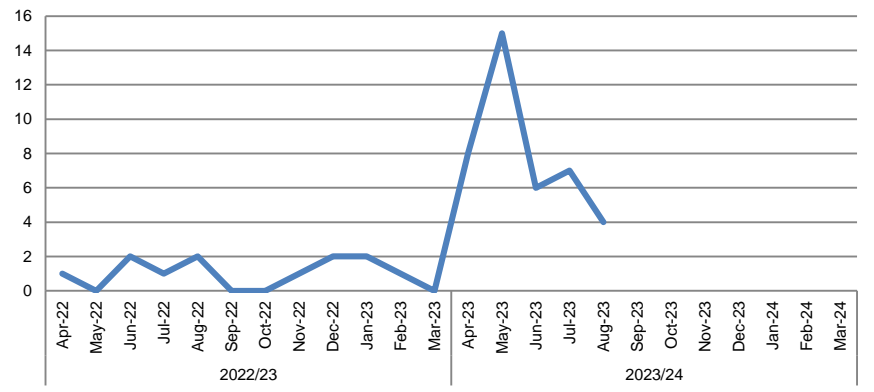
**Serious Incidents (run chart)**



**Complaints Maternity**



**Compliments Maternity**

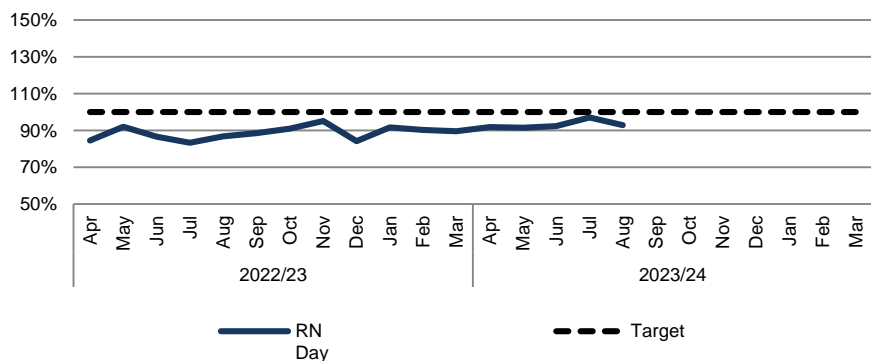


- Maternity services are embarking on implementation of Care Opinion to encourage service user feedback.

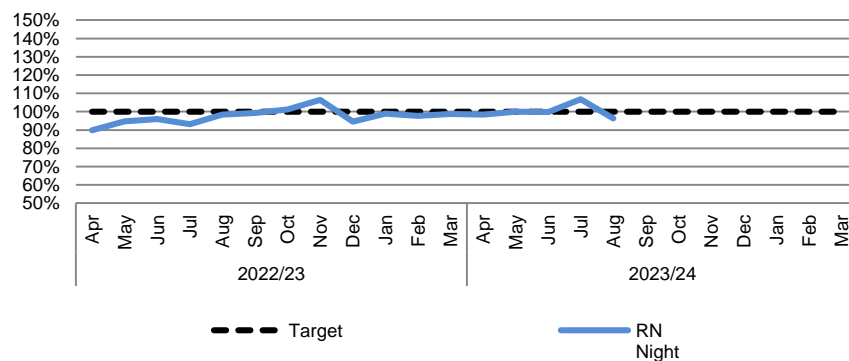
# Northern Services Safe Clinical Staffing Fill Rates



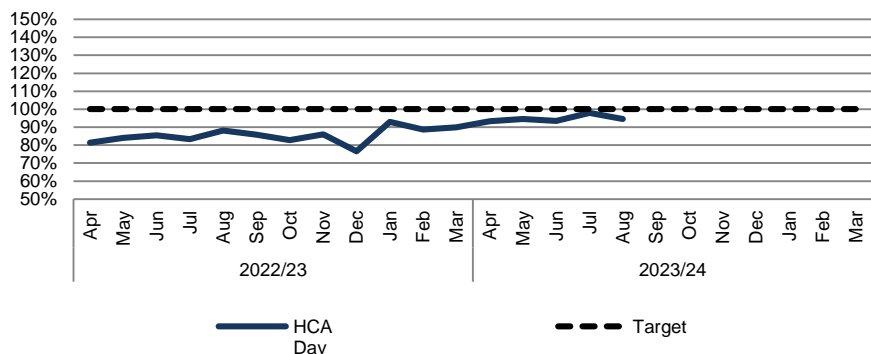
**Registered Nurses & Midwives Fill Rate (Day)**  
Inc. ED & South Molton



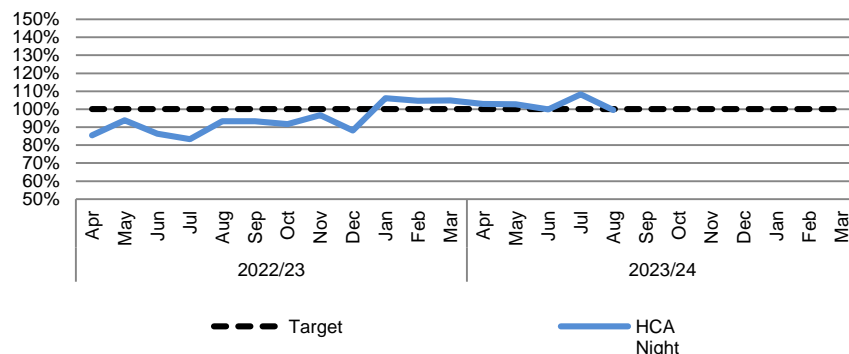
**Registered Nurses & Midwives Fill Rate (Night)**  
Inc. ED & South Molton



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



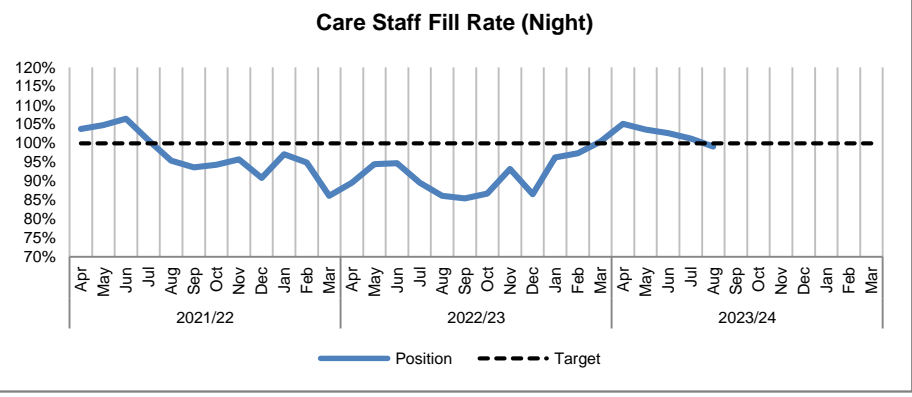
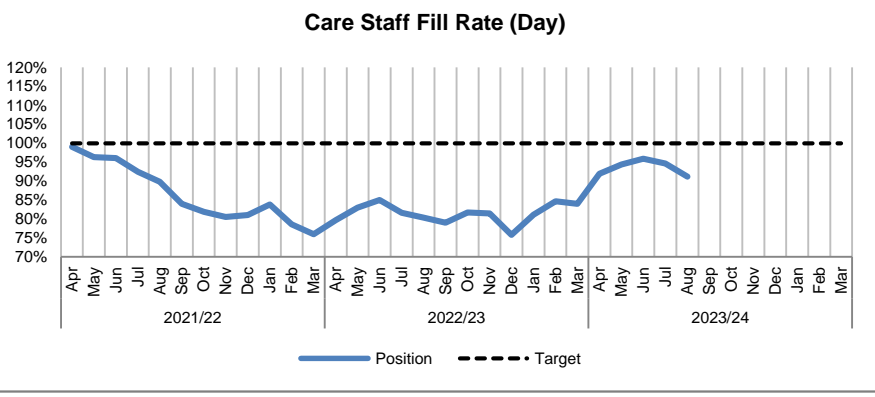
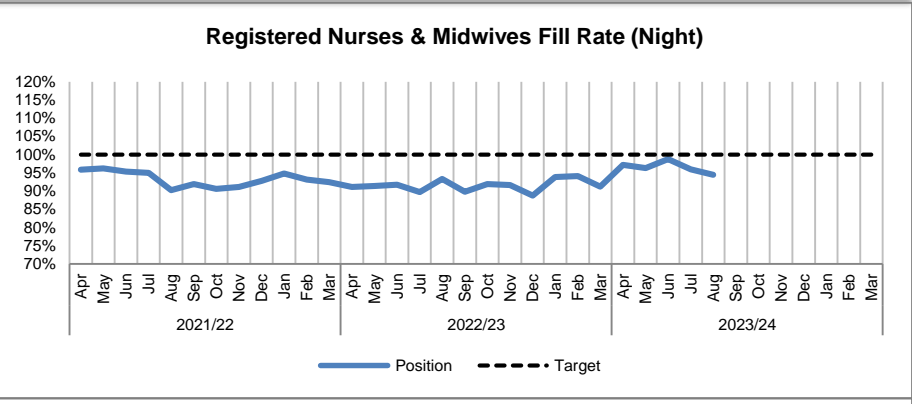
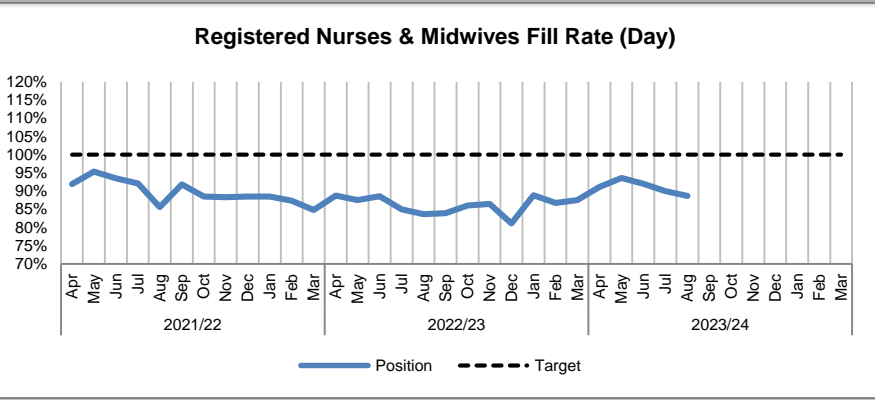
**Care Staff Fill Rate (Night)**  
Inc. ED & South Molton



- The overall fill rate for northern services was 95.5%
- There were 10 patient safety incidents reported due to staff shortages; all no or low harm.
- All patient safety incidents which resulted in moderate or greater harm were reviewed; none of these identified clinical staffing as a causative or contributory factor

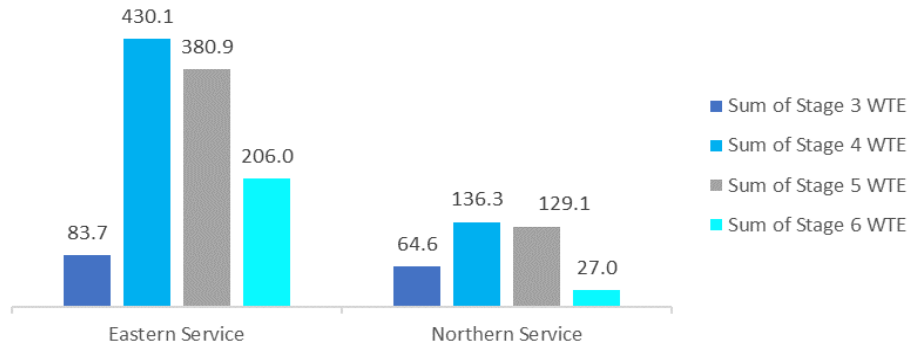
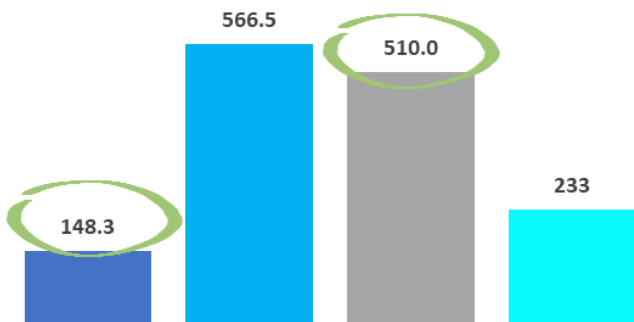
# Eastern Services Safe Clinical Staffing – Fill Rate

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

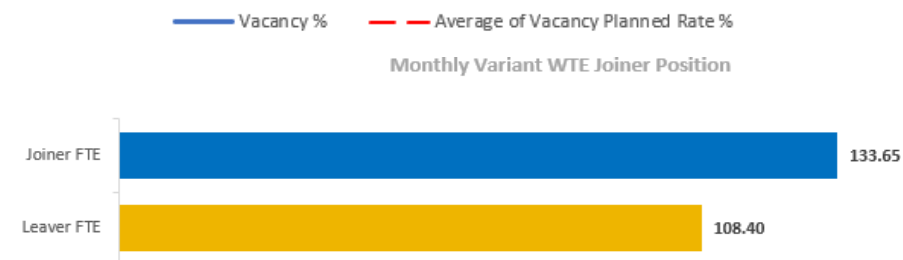
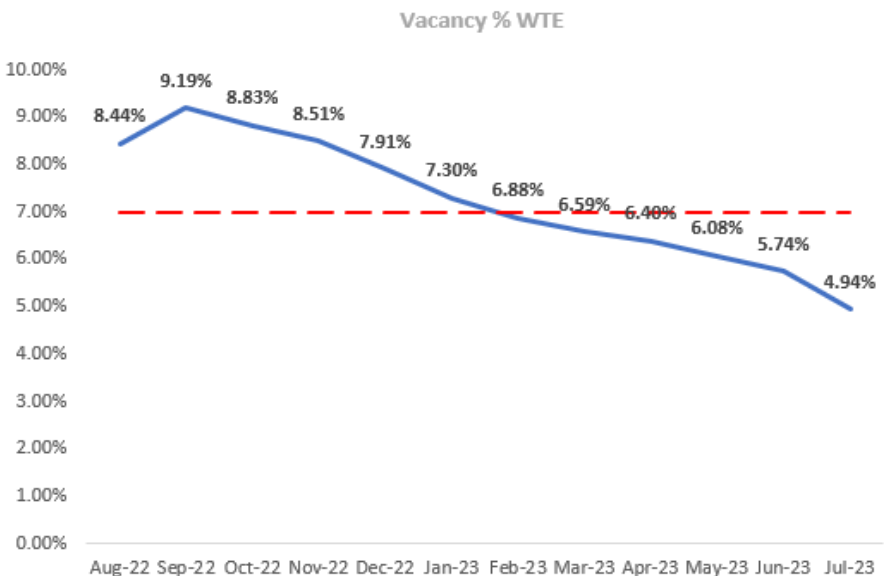


- The overall fill rate for eastern services was 93.3%
- There were 8 patient safety incidents reported due to staff shortages; all no or low harm.
- All patient safety incidents which resulted in Moderate or greater harm were reviewed. None of these identified clinical staffing as a causative or contributory factor

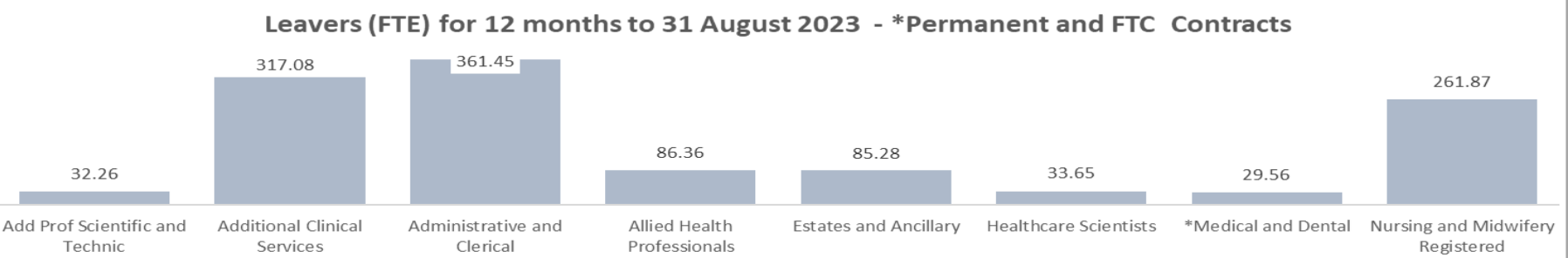
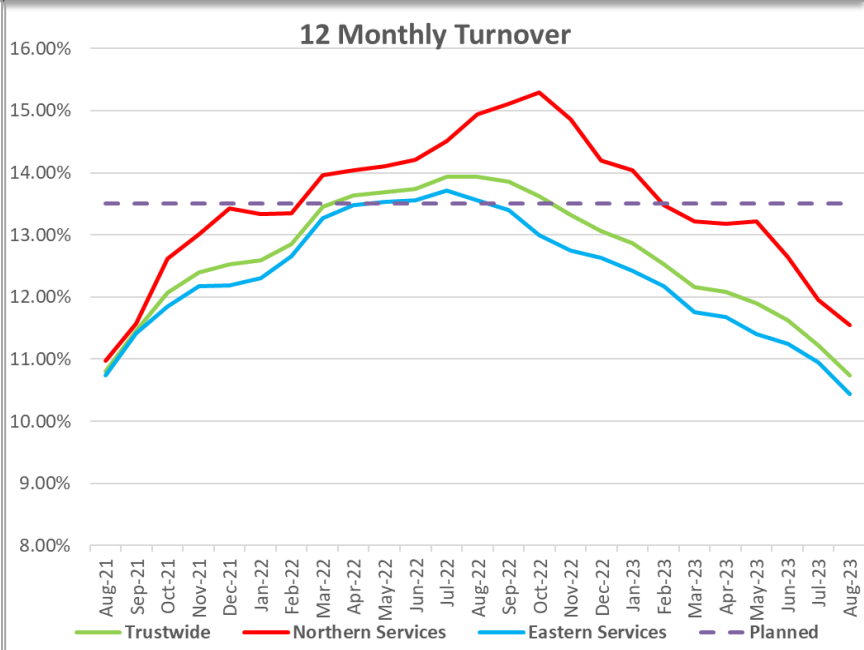
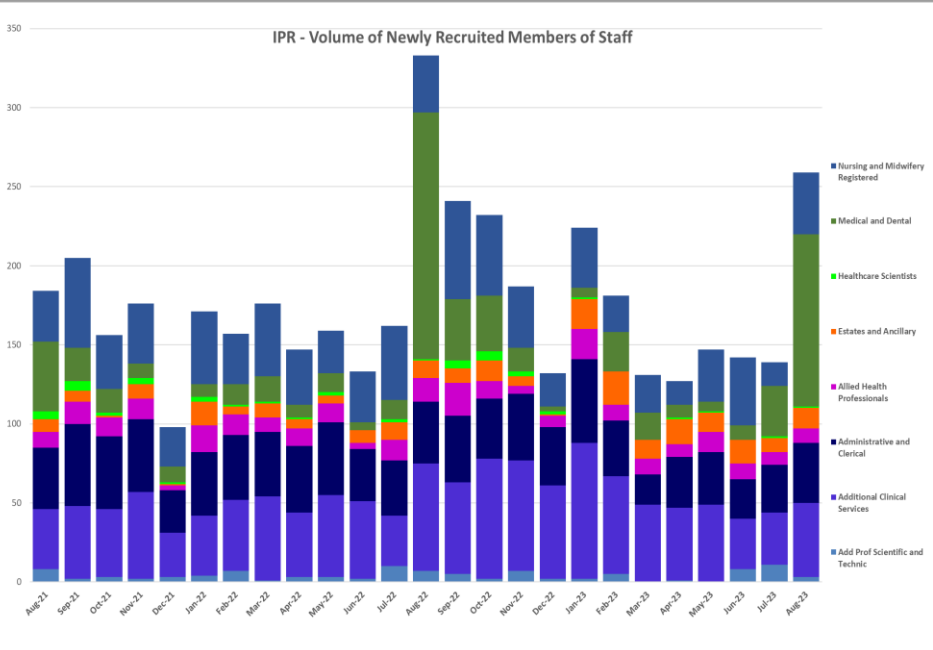
# Trust Recruitment Update



- Stage 3 vacancies have seen another decrease from 177 posts out to market in July, to 131 in August. This decrease is also reflected in the WTEs in Stage 3, from 211.47 down to 148.26 in August.
- Stage 5 (Contract and Pre-Employment) continues to lower, from 616 in July to 586. Should this trend be maintained then the manageable administrative threshold of 500 may be achieved.
- Stage 6 (people on induction) remains around 230 which is in line with the previous month.
- The Average time to hire (TTH) period has decreased from July's average, now at 66.3 from the previous 70.6
  - ACS, Healthcare Scientist and Estates and Ancillary have seen a decrease in their average TTH, lowering from between 8 to 13 days.
- The Admin and Clerical and Registered Nursing and Midwifery staff groups continue to attract the most applications, with comparable numbers to July, 1319 and 895 respectively.
- ACS however had a big drop in applications in August to 467 from 1061 in July.
- Estates and Ancillary enters the top 5 staff groups (replacing AHP) 414 applications
- 20 international nurses arrived in August (16 Eastern + 4 Northern nurses delayed from July). 17 further nurses arrived at the beginning of September (14 Eastern and 3 Northern from the August cohort) and an extra 17 are expected to arrive at the end of September/beginning of October. We are still experiencing considerable pressure in terms of accommodation across both East and North despite efforts being applied.
- The vacancy position at a Trustwide level continues to show improvement, further reducing in July (our latest available position).



# Trust Turnover

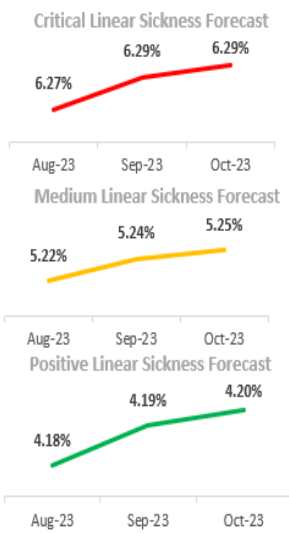
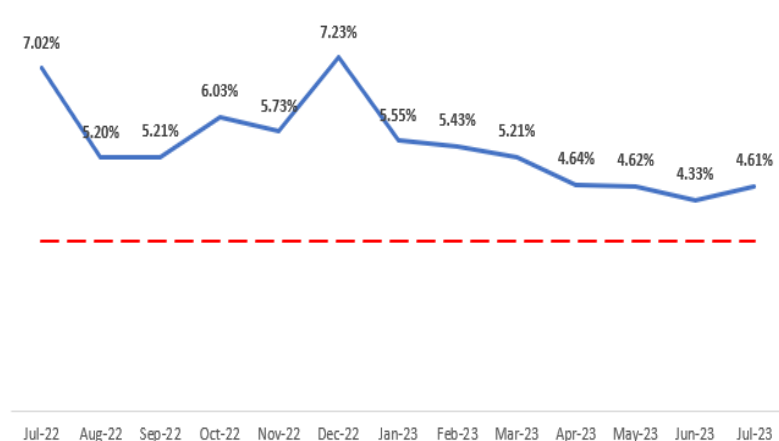
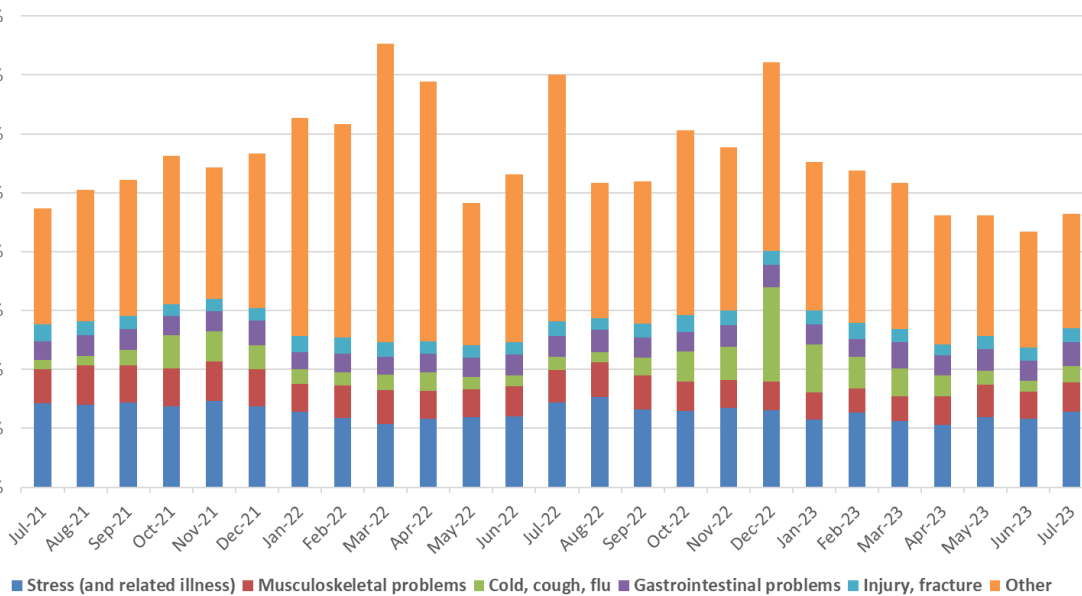


**Turnover (data as at end-August 2023)**

- Turnover continues to fall Trustwide, now 10.7% at the end of August. The decrease in the Eastern rate also continues, with the rate down to 10.4%. The falling trend is reflected too on the Northern site with a third consecutive month of reducing turnover, the rate now at 11.6%.
- Across the majority of the workforce groups over both sites, the turnover rate has reduced over the month of August, the exceptions being slight increases for Registered Nursing and Midwifery and Estates and Ancillary in the North, and Admin and Clerical in the East.
- The Additional Clinical Services rate in the East remains above the planned for 13.5%.
- August see the launch of the new 'Learning for Leavers' exit survey via a online portal encouraging staff who leave the Trust to provide valuable insight to the reasons for leaving enabling the Trust to have improved understanding and opportunity to address any issues moving forwards.

# Trust Sickness Absence

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



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

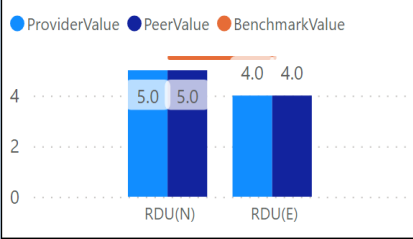
- The sickness rate for July saw a slight month on month increase overall of around 0.3% to 4.61%.
- Conversely, the sickness rate for our Northern site decreased to 3.8% - within sight of the planned for 3.5%.
- For Eastern there was an increase of 0.5% to 4.89% compared to the previous month.
- Anxiety/stress/depression/other psychiatric illnesses could be attributed to over a quarter (27.4%) of all sickness absence taken in the month of July.
- In the East it was a slightly higher proportion than the overall figure however, approaching 29%; for Northern it was lower at 23.4%.
- With the increase to the overall rate for July driven by the rise in the East, sickness by staff group broadly mirrored this with the rate for Additional Clinical Services and Estates and Ancillary exceeding 7%; Registered Nursing and Midwifery up to 5%, while Admin and Clerical jumped by almost a whole percentage point to 4.6%.
- This month on month deterioration in the East for July is counter-balanced when considering the improvement over the last four consecutive months where the rate has fallen below 5%, and, when measured against the corresponding month one year ago when the rate was 7%.
- The number of staff contracting Covid has worryingly risen with 85 staff absent (17 in North and 68 in East). Detailed comms from the Infection Control Team has been sent to all staff reminding them of the steps they need to take to look after themselves and protect others.

# Trust Cultural Dashboard People Pulse

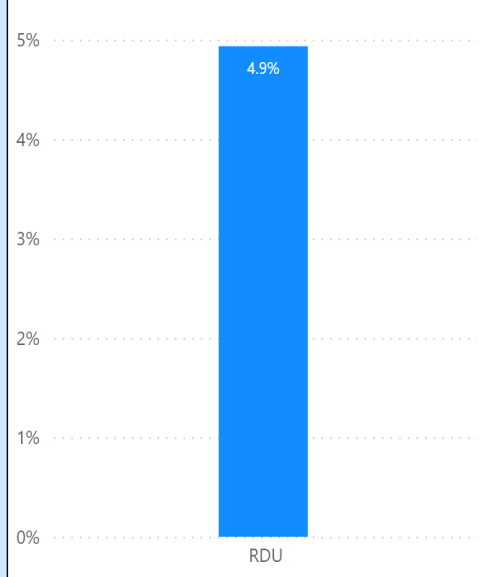
Latest Pulse Survey Questions



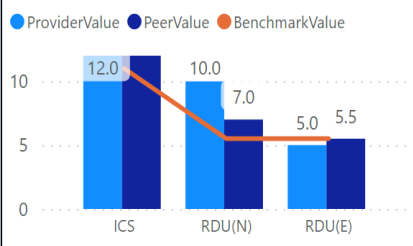
Latest Agency Spend as % of Total (Model Hospital)



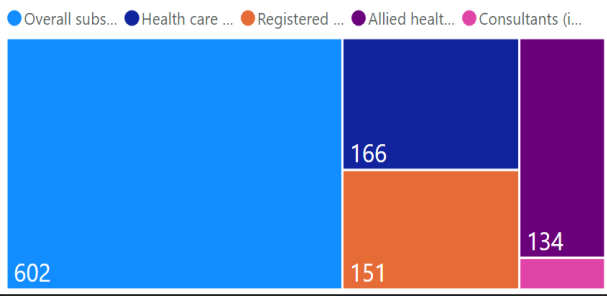
Latest Vacancy Rate by Provider



Latest Bank Spend as % of Total (Model Hospital)



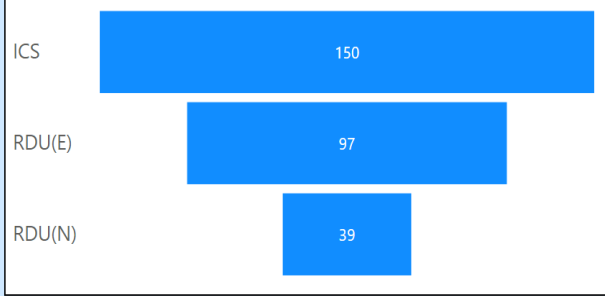
Latest Vacancy numbers by Staff Group



Latest Rolling 12 Month Absence Rate



12 Month Average: Cases Reported to FTSU Guardians (Model Hospital)





# Trust Overview of Survey Response Rates

	Q2 2021/22 People Pule	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 April 23 People Pulse	Q2 2023/24 July 23 People Pulse
Date range	5 <sup>th</sup> - 21 <sup>st</sup> July 2021	Oct - Nov 2021	19 <sup>th</sup> Jan - 4 <sup>th</sup> Feb 2022	13 <sup>th</sup> - 29 <sup>th</sup> April 2022	13 <sup>th</sup> - 29 <sup>th</sup> July 2022	Oct - Nov 2022	18 <sup>th</sup> Jan - 3 <sup>rd</sup> Feb 2023	17 <sup>th</sup> - 28 <sup>th</sup> April 2023	
Eastern Response Rate	19.0%	46%	12.5% ↓	10.7% ↓	8.5% ↓	36%	7.5% ↓	10.9% ↑	Not recorded (data issue)
Northern Response Rate	20.1%	51%	13.0% ↓	11.9% ↓	9.7% ↓	39%	7.9% ↓	11.4% ↑	
Overall Response Rate	Not recorded (Pre integration)			10.5%	8.8% ↓	37%	7.6% ↓	10.8% ↑	11.6% ↑

Activity & Flow

Operational  
Performance

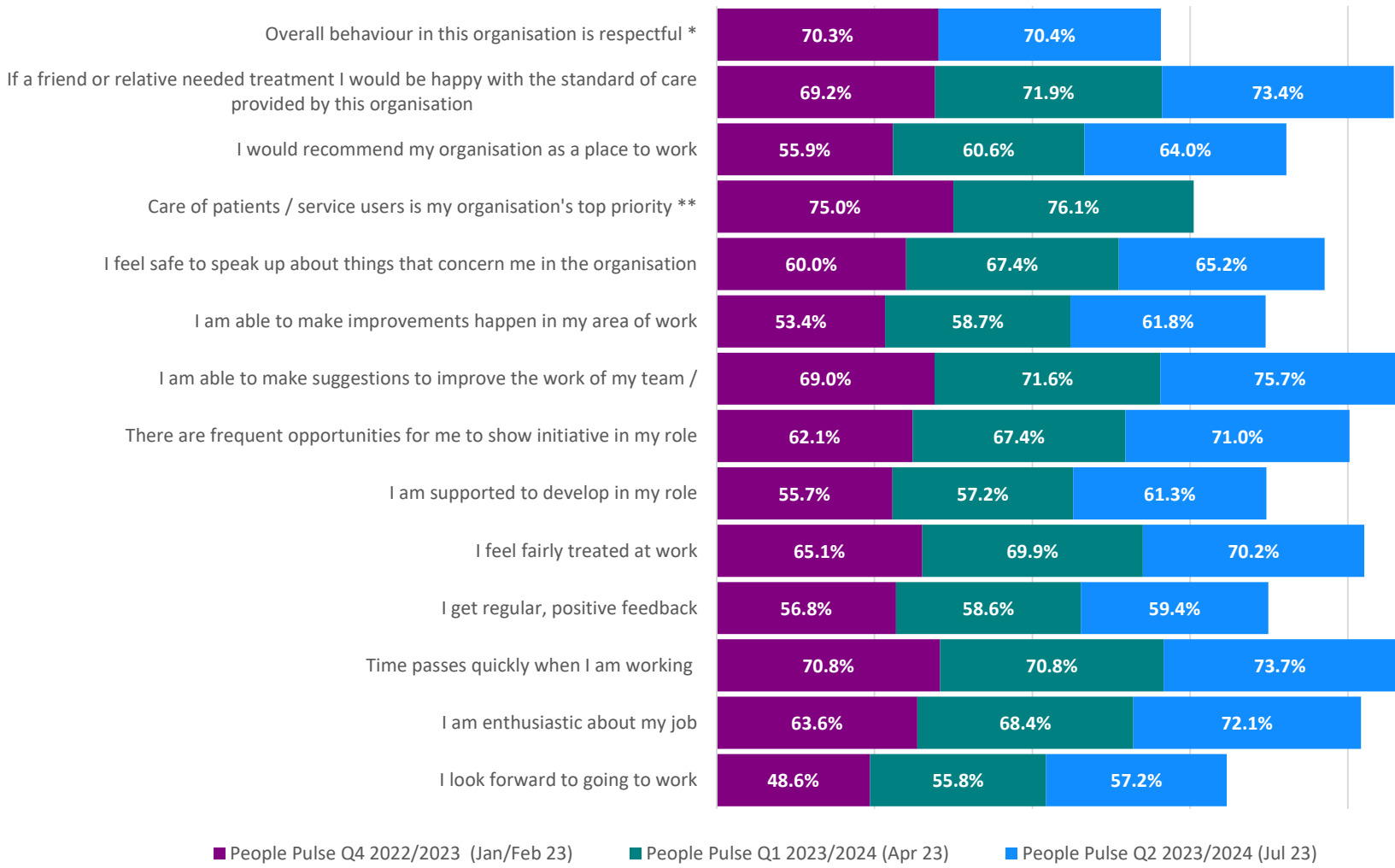
Patient  
Experience

Quality &  
Safety

Our People

Finance

# Trust People Pulse Survey Results



\* Question not included in Q1 2023/24 (Apr 23) People Pulse \*\* Question not included in Q2 2023/24 (Jul 23) People Pulse



## People Pulse July 2023

Response rate: 11.6%



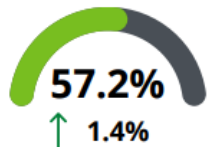
Royal Devon  
University Healthcare  
NHS Foundation Trust

Below is a snapshot of the People pulse results for July (Q2 2023/2024).

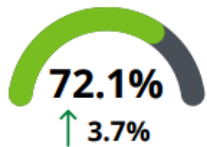
The scores below indicate the positive scores for each question, where responses are either 'Strongly agree' or 'Agree'.

### For each of the statements below how often do you feel this way about your job?

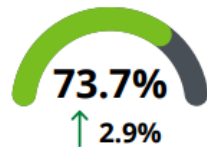
I look forward to going to work



I am enthusiastic about my job

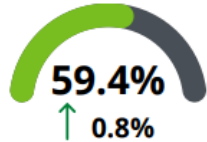


Time passes quickly when I am working

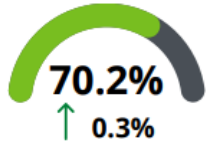


### To what extent do you agree or disagree with the following statements about your work?

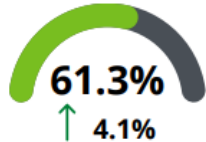
I get regular, positive feedback



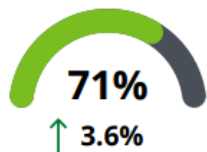
I feel fairly treated at work



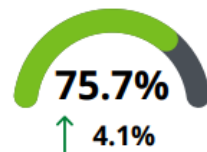
I am supported to develop in my role



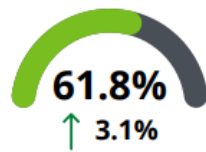
There are frequent opportunities to show initiative in my role.



I am able to make suggestions to improve the work of my team

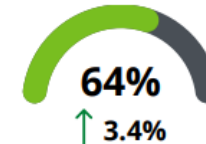


I am able to make improvements happen in my area of work

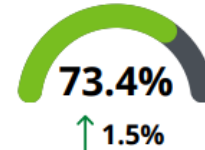


### To what extent do these statements reflect your view of your organisation as a whole?

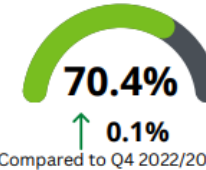
I would recommend organisation as a place to work



Happy with the standard of care provided for friend/ relative

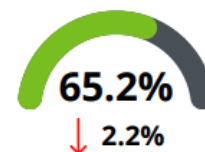


Overall behaviour in this organisation is respectful

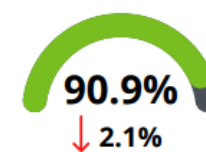


### Health and Wellbeing

I feel safe to speak up about things that concern me in the organisation

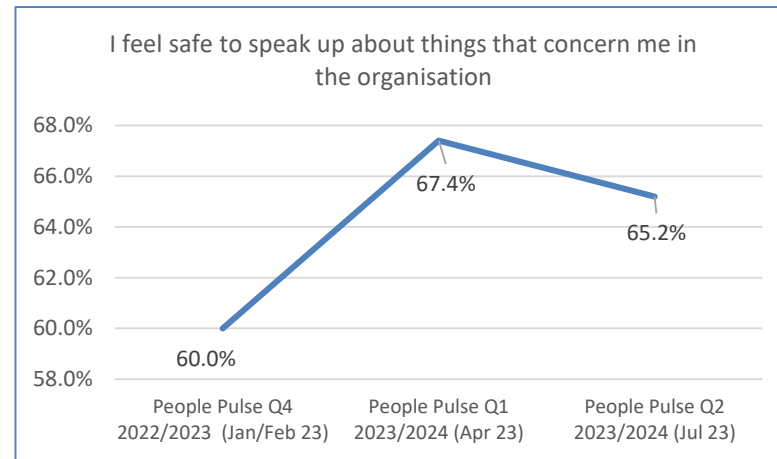


Does your organisation take positive action on health and well-being? \*



# Trust People Pulse Survey Analysis

- From the slides above it is positive to see that in the most recent quarter (July 23) there has been an increase in all areas, with the exception of:
- I feel safe to speak up about things that concern me in the organisation (declined by 2.2% since April).
- However the trend analysis shows that this question had seen scores as low as 60% in Jan/Feb 2023 and saw a significant increase in Q1 (Apr 23)-see graph
- Does your Organisation take positive action on Health and wellbeing (declined by 2.1% since April).
- This figure still remains high when compared nationally and regionally (90.9%).



It is important to note that whilst a small increase of 0.8% has been seen in the response rate, that this remains low at 11.6% and this should be considered when reviewing results. A communications plan is being devised along with the National Staff Survey to try to increase response rates within the Trust.

Unfortunately no in-depth analysis (Eastern / Northern separations, nor other demographic breakdowns) are possible for Q2, due to an error in administering the survey. This is covered in more depth in the People Pulse escalation report provided to the People, Workforce Planning and Wellbeing (PWPW) Committee.

# Trust Summary Finance Position

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

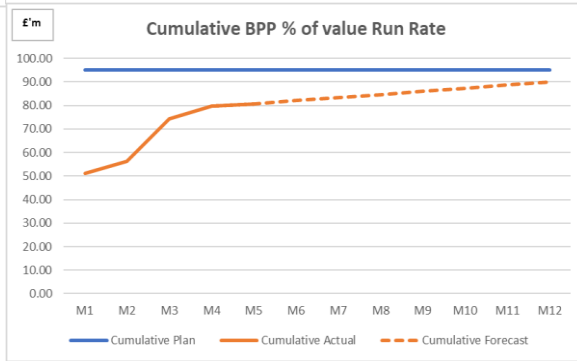
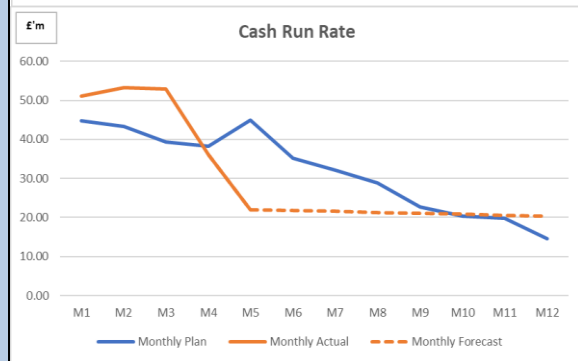
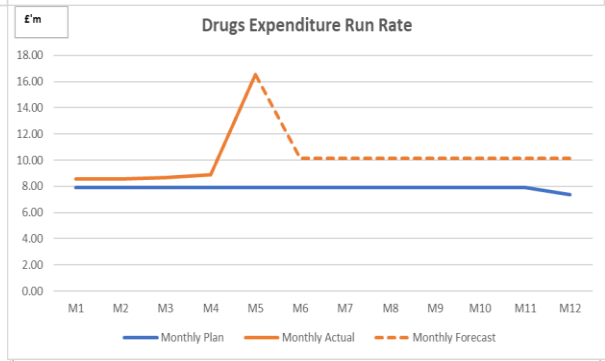
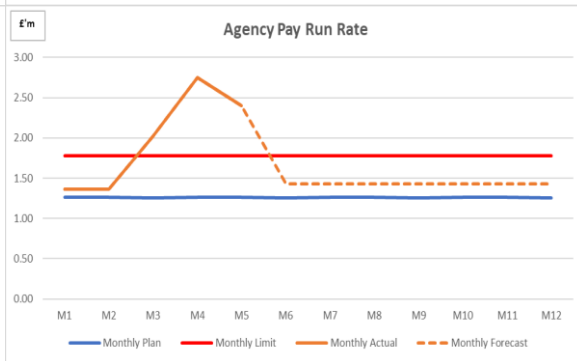
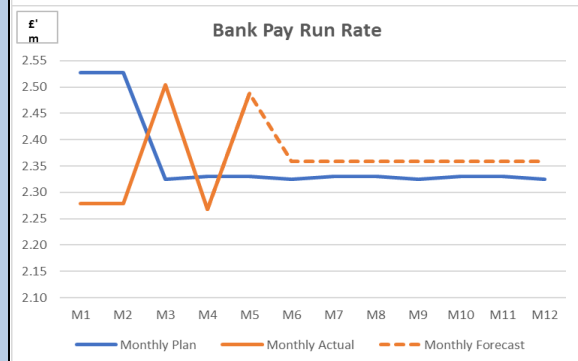
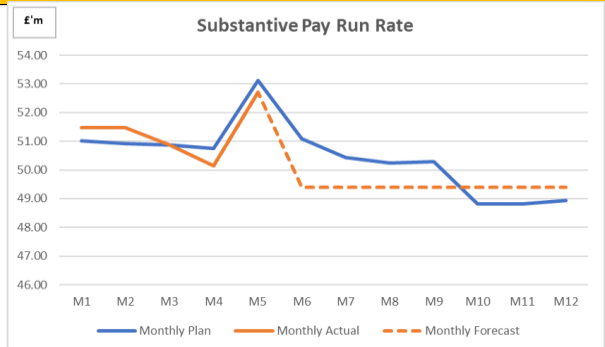
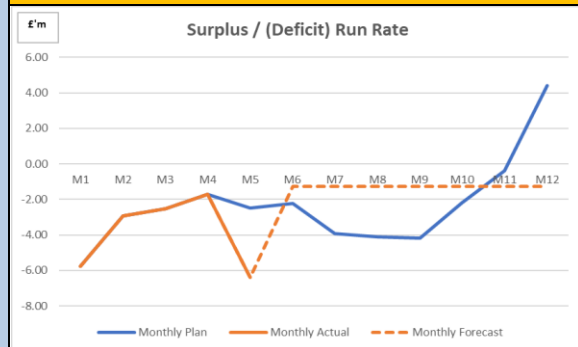
Financial Performance - Key Performance Indicators

Domain	Consolidated Metrics Measure / Metric	Unit of Measure	Prev Month Jun-23	This Month Aug-23	Narrative	Forecast Mar-24	Narrative
Income and Expenditure	I&E Surplus / (Deficit) - Total	£'000	-12,907	-19,282	Below is £3.9m adverse to plan due to the impact of industrial action on pay costs and net increase in costs driven by drugs costs above plan. Urgent work is underway to validate the drugs position to ensure control in place to mitigate.  The financial recovery plan implemented in month 4 continues to be strengthened.	-8,035	The current forecast outcome remains as per plan with ongoing review to inform the position for month 6 including quantifying the impact of the financial recovery plan actions.
	I&E Surplus / (Deficit) v budget	£'000	0	-3,665		0	
	Income variance to budget - Total	£'000	-644	6,158	See below	13,309	
	Income variance to budget - Total	%	-5.13%	5.49%		1.33%	
	Income variance to budget - Patient Care	£'000	-1,577	2,390	Included income on CDC and other variable contracts off set by recovery of pass-through drugs. ERF income accrued to plan including additional income above prospect. Further work being undertaken to validate position but time lag on weighted activity validation from NHSE.	7,081	Improvement in the forecast relates to an increase in pass through drugs extrapolated from the year to date position. This is offset with an increase in expenditure but does not account for the full level of drugs overpend.
	Income variance to budget - Operating income	£'000	933	3,768	£1.2m Research and Development, Education and income contributions to staff costs above planned levels, with corresponding increase in expenditure to offset.  £2.5m above plan from non patient care services provided including in year NR benefits released through DBV.	6,328	Year to date values expected to continue for the year (adjusted for in month one net benefits), this will be validated as part of the month 6 detailed forecast due diligence.
	Pay variance to budget - Total	£'000	-3,315	-4,508	Overall impact of £4.5m adverse to plan - £2.5m strike action, £1.1m pay impact of DBV slippage and £0.9m pay costs. DBV pay shortfall offset by additional non-recurrent income above plan.	-4,632	Overall impact of £4.6m adverse to plan includes the impact of strike action, any income recovery is not reflected in the forecast position and would be a future benefit if national funding was available.
	Pay variance to budget - Total	%	-1.52%	-1.64%	NHSE returns have been completed to collect cost and activity impacts of strike action. Income recovery is not reflected in the YTD position as linked to revised ERF guidance being worked through with the month 1 & 2 weighted activity validation.	-6,711%	
	Agency expenditure variance to Plan	£'000	-2,454	-3,593	Increased usage to cover vacancies, 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.	-4,784	Agency plan for the year is £15.1m, £18.9m FOT expenditure is £4.2m less than month 12 2022/23.
	Agency expenditure variance to agency limit	£'000	-382	-1,004	Agency limit YTD is £5.9m and showing a negative variance due to increased use above plan.	2,603	Agency limit for the full year is £21.4m
Capital & Cash	Non Pay variance to budget	£'000	3,518	-5,107	Non pay underspends due to activity levels being slightly behind plan partly due to impact of strike action are offset by increases in drugs expenditure that is subject to further analysis and task and finish actions. Drugs spend in part covered by additional income on pass through but not fully and further work needed to understand complex pharmacy stock control processes. Overall non pay costs being implemented as part of the financial recovery plan.	-8,596	Increase in drugs expenditure subject to detailed due diligence as part of the month 6 FOT review, offset by underspend in other non pay
	Non Pay variance to budget	%	2.73%	-3.89%		-2.33%	
	PDC Interest Paid / Received variance to budget	£'000	368	618		1,260	
	PDC Interest Paid / Received variance to budget	%	9.14%	9.68%		19.21%	
	Capital Donations variance to plan - technical reversal	£'000	53	53		-1,481	Neutral adjustment when calculating reported financial position.
	Delivering Best Value Programme - Total Current Year achievement	£'000	7,561	17,552	Strong start to the year in terms of savings programme through slippage on recurrent delivery has been off set by non-recurrent over-delivery.	60,236	
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	-2,921	4,515	YTD adverse variances continue to be largely driven by non-delivery against Epic benefits and shortfall in income data capture. Accelerating delivery is part of the financial recovery plan to de-risk forecast and scope additional ideas	0	Full year internal requirement of £44.7m with £15.6m required from ICB schemes, £3.1m unidentified is a risk to internal forecast position.
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	%	-1.1%	1.7%		0	Risk of ICB schemes being quantified.
	Cash balance	£'000	36,116	22,010	Net £15.4m reduction in working capital as a result of reducing the backlog of invoices due to the new system implementation, net £3.5m slippage on the receipt of capital PDC compared to plan.	20,346	Cash flow currently being assessed to take into account risk and mitigation scenarios and will be reported via the Finance and Operations Committee.
	Cash variance to budget - above / (below)	£'000	-2,093	-22,909		5,862	
Better Payment Practice v 95% cumulative target - volume	%	81%	75%	Continued improvement in cumulative value of invoices paid within target, volume reduction reflects catch up of periods of relatively low value.	90%	All endeavours will be targeted to minimise the impact on suppliers. Recovery to 90% cumulatively remains the position with assurance being reported through the Audit Committee.	
Better Payment Practice v 95% cumulative target - value	%	80%	81%	In month 83.1% of invoices by value were paid within 30 days and actions to recover performance are positive and continues to include focus on sufficient authoriser capacity, debt bank rates, support to pharmacy and increased finance capacity to address post-implementation vacancies.	90%		
Capital Expenditure variance to plan - Total above / (below)	£'000	-5,741	-7,372	Capital expenditure to MS was £3.7m being £7.4m less than assumed in plan. Whilst the programme is behind plan, there is confidence the slippage will recover - these are currently orders placed for £13.7m. The respective Capital Programme Groups are actively monitoring risks and mitigation to ensure delivery.	5,365	Forecast capital expenditure of £78.5m fully utilises the CDEL and PDC allocations forecast in 2023/24.	
Capital Expenditure variance to plan - CDEL above / (below)	£'000	-1,622	-2,822	Slippage on commencing schemes with expectation to recover.	1,578	£0.1m additional system CDEL allocation and £1.5m deviated income off-sets variance in operating income. Neutral adjustment when calculating reported financial position.	
Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-4,119	-4,550	Slippage on commencing schemes with expectation to recover. £3.8m Endoscopy capacity £1.1m Cardiology Day case Unit £1.8m Community Diagnostics	3,787	£1.4m additional Endoscopy allocation, £2.4m New Hospital Programme allocation.	

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

# Trust Finance Overview

Royal Devon University Healthcare NHS Foundation Trust  
Charts  
Period ending 31/08/2023  
Month 5



**BPP**  
Continued improvement in cumulative value of invoices paid within target. In month 83.1% of invoices by value were paid within 30 days and actions to recover performance are 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. Recovery to **90% cumulatively** remains the aspiration with assurance being reported through the Audit Committee.

**Pay Expenditure**  
A task and finish group is established with a work programme of understanding the underlying pay issues, ensuring the effectiveness of current pay controls, recommending additional controls and ensuring accurate workforce reporting.

**Drugs Expenditure**  
A task and finish group is meeting weekly to prioritise addressing data quality, validation and reporting, data to ensure accurate recovery of pass through drugs with professional support and leadership from the Chief Pharmacist that will inform month 6 forecast outturn.

# Trust Financial Tables

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

## Royal Devon University Healthcare NHS Foundation Trust

### Income Statement

Period ending 31/08/2023

Month 5

	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	375,851	378,241	2,390	2	889,239	896,320	7,081
Operating Income	46,967	50,735	3,768	3	113,438	119,666	6,228
<b>Total Income</b>	<b>422,818</b>	<b>428,976</b>	<b>6,158</b>		<b>1,002,677</b>	<b>1,015,986</b>	<b>13,309</b>
Employee Benefits Expenses	(275,016)	(279,524)	(4,508)	4	(648,764)	(653,396)	(4,632)
Services Received	(14,993)	(12,378)	2,615		(35,963)	(25,007)	10,956
Clinical Supplies	(37,585)	(33,691)	3,894		(90,000)	(77,458)	12,542
Non-Clinical Supplies	(7,255)	(6,597)	658		(15,428)	(14,233)	1,195
Drugs	(39,487)	(51,268)	(11,781)	5	(94,212)	(122,161)	(27,949)
Establishment	(6,146)	(7,126)	(980)		(13,141)	(15,902)	(2,761)
Premises	(10,788)	(10,982)	(194)		(25,538)	(26,357)	(819)
Depreciation & Amortisation	(16,894)	(16,856)	38		(42,010)	(42,010)	0
Impairments (reverse below the line)	0	0	0		0	0	0
Clinical Negligence	(13,260)	(13,529)	(269)		(26,520)	(26,520)	0
Research & Development	(4,149)	(5,469)	(1,320)	6	(9,012)	(13,126)	(4,114)
Operating lease expenditure	(777)	(855)	(78)		(1,690)	(2,052)	(362)
Other Operating Expenses	(6,781)	(5,471)	1,310		(14,847)	(12,131)	2,716
<b>Total Costs</b>	<b>(433,131)</b>	<b>(443,746)</b>	<b>(10,615)</b>		<b>(1,017,125)</b>	<b>(1,030,353)</b>	<b>(13,228)</b>
<b>EBITDA</b>	<b>(10,313)</b>	<b>(14,770)</b>	<b>(4,457)</b>		<b>(14,448)</b>	<b>(14,367)</b>	<b>81</b>
Profit / (Loss) on asset disposals	0	0	0		0	0	0
Interest Receivable	917	1,492	575		1,431	2,811	1,380
Interest Payable	(1,137)	(1,194)	(57)		(2,642)	(2,642)	0
PDC	(5,130)	(5,130)	0		(12,308)	(12,308)	0
<b>Net Surplus / (Deficit)</b>	<b>(15,663)</b>	<b>(19,602)</b>	<b>(3,939)</b>		<b>(27,967)</b>	<b>(26,506)</b>	<b>1,461</b>
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	267	320	53		(68)	(1,529)	(1,461)
<b>Net Surplus/(Deficit) after donated asset &amp; PSF/MRET Income</b>	<b>(15,396)</b>	<b>(19,282)</b>	<b>(3,886)</b>	1	<b>(28,035)</b>	<b>(28,035)</b>	<b>0</b>

### KEY MOVEMENTS AGAINST BUDGET

1. Deficit is £3.9m adverse to plan due to the impact of industrial action on pay costs and net increase in costs driven by drugs costs above plan. Urgent work is underway to validate the drugs position to ensure control in place to mitigate. The financial recovery plan implemented in month 4 continues to be strengthened.
2. Patient care income impacted by reduced income expectation on CDC off-set by over-recovery of pass-through drugs.
3. £1.2m Research and Development, Education and income contributions to staff costs above planned levels, with corresponding increase in expenditure to offset. £2.5m above plan from non patient care services provided.
4. Overall impact of £4.5m adverse to plan - £2.5m strike action, £1.1m pay impact of DBV slippage and £0.6m pay costs off-set by additional income above plan.
5. Non pay underspends due to activity levels being slightly behind plan partly due to impact of strike action are off-set by increases in drugs expenditure that is subject to further analysis and task and finish actions.
6. Overall expenditure on R&D (including pay costs) is in line with income received.

Royal Devon University Healthcare NHS Foundation Trust Statement of Financial Position Period ending 31/08/2023 Month 5	Year to Date			Outturn			Prior Year	Actual YTD Movement	
	Plan	Actual	Actual Variance Over / (Under)	Plan	Actual	Actual Variance Over / (Under)	Mar-23	Incr. / (Dec.)	
	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Non-current assets</b>									
Intangible assets	56,157	54,904	(1,253)	1	53,333	52,837	(496)	58,621	(3,717)
Other property, plant and equipment (excludes leases)	427,088	418,048	(9,040)	1	451,271	455,825	4,554	421,298	(3,250)
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	50,593	53,396	2,803	2	61,184	62,142	958	54,580	(1,184)
Other investments / financial assets	5	5	0		5	5	0	5	0
Receivables	2,726	3,484	758	2	2,726	3,303	577	3,303	181
Credit Loss Allowances	0	(228)	(228)	2	0	(228)	(228)	(228)	
<b>Total non-current assets</b>	<b>536,569</b>	<b>529,609</b>	<b>(6,960)</b>		<b>568,519</b>	<b>573,884</b>	<b>5,365</b>	<b>537,579</b>	<b>(7,970)</b>
<b>Current assets</b>									
Inventories	13,550	15,705	2,155	2	13,550	13,550	0	15,624	81
Receivables: due from NHS and DHSC group bodies	17,810	34,933	17,123	2	17,810	17,810	0	39,891	(4,958)
Receivables: due from non-NHS/DHSC group bodies	16,000	23,386	7,386	2	16,000	16,796	796	21,090	2,296
Credit Loss Allowances	0	(1,166)	(1,166)	2	0	(796)	(796)	(796)	(370)
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0	0	0
Cash	44,919	22,010	(22,909)		14,494	20,356	5,862	46,033	(24,023)
<b>Total current assets</b>	<b>92,279</b>	<b>94,868</b>	<b>2,589</b>		<b>61,854</b>	<b>67,716</b>	<b>5,862</b>	<b>121,842</b>	<b>(26,974)</b>
<b>Current liabilities</b>									
Trade and other payables: capital	(11,000)	(3,576)	7,424	2	(11,000)	(11,000)	0	(6,615)	3,039
Trade and other payables: non-capital	(79,849)	(90,510)	(10,661)	2	(79,850)	(79,766)	84	(96,708)	6,198
Borrowings	(14,633)	(18,596)	(3,963)	2	(15,000)	(18,634)	(3,634)	(16,676)	(1,920)
Provisions	(200)	(296)	(96)	2	(200)	(295)	(95)	(295)	(1)
Other liabilities: deferred income including contract liabilities	(15,628)	(12,729)	2,899		(10,500)	(10,500)	0	(17,892)	5,163
<b>Total current liabilities</b>	<b>(121,310)</b>	<b>(125,707)</b>	<b>(4,397)</b>		<b>(116,550)</b>	<b>(120,195)</b>	<b>(3,645)</b>	<b>(138,186)</b>	<b>12,479</b>
<b>Total assets less current liabilities</b>	<b>507,538</b>	<b>498,770</b>	<b>(8,768)</b>		<b>513,823</b>	<b>521,405</b>	<b>7,582</b>	<b>521,235</b>	<b>(22,465)</b>
<b>Non-current liabilities</b>									
Borrowings	(100,885)	(99,841)	1,044	1	(102,440)	(99,839)	2,601	(102,694)	2,853
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
<b>Total non-current liabilities</b>	<b>(101,855)</b>	<b>(101,105)</b>	<b>750</b>		<b>(103,410)</b>	<b>(101,115)</b>	<b>2,295</b>	<b>(103,970)</b>	<b>2,865</b>
<b>Total net assets employed</b>	<b>405,683</b>	<b>397,665</b>	<b>(8,018)</b>		<b>410,413</b>	<b>420,290</b>	<b>9,877</b>	<b>417,265</b>	<b>(19,600)</b>
<b>Financed by</b>									
Public dividend capital	365,610	361,604	(4,006)	2	382,645	391,134	8,489	361,604	0
Revaluation reserve	63,956	52,385	(11,571)	2	63,956	52,385	(11,571)	52,385	0
Income and expenditure reserve	(23,883)	(16,324)	7,559	2	(36,188)	(23,229)	12,959	3,277	(19,601)
<b>Total taxpayers' and others' equity</b>	<b>405,683</b>	<b>397,665</b>	<b>(8,018)</b>		<b>410,413</b>	<b>420,290</b>	<b>9,877</b>	<b>417,266</b>	<b>(19,601)</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.
- Trade payables are £6.2m lower than outturn as a consequence of improvements following the implementation of the new finance system. Focus on timely recovery of income to support cash flow.



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 31/08/2023						
Month 5						
<b>Cash flows from operating activities</b>						
<b>Operating surplus/(deficit)</b>	(10,313)	(14,770)	(4,457)	(14,448)	(14,367)	81
Non-cash income and expense:						
Depreciation and amortisation	16,894	16,856	(38)	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)	(53)	0	53	(842)	(2,303)	(1,461)
(Increase)/decrease in receivables	0	2,799	2,799	0	26,323	26,323
(Increase)/decrease in inventories	0	(81)	(81)	0	2,074	2,074
Increase/(decrease) in trade and other payables	221	(11,276)	(11,497)	222	(16,942)	(17,164)
Increase/(decrease) in other liabilities	0	(5,163)	(5,163)	0	(7,392)	(7,392)
Increase/(decrease) in provisions	0	(11)	(11)	0	0	0
<b>Net cash generated from / (used in) operations</b>	<b>6,749</b>	<b>(11,646)</b>	<b>(18,395)</b>	<b>26,942</b>	<b>29,403</b>	<b>2,461</b>
<b>Cash flows from investing activities</b>						
Interest received	917	1,492	575	1,431	2,811	1,380
Purchase of intangible assets	(700)	0	700	(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(15,383)	(10,123)	5,260	(54,660)	(55,441)	(781)
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	53	0	(53)	842	2,303	1,461
<b>Net cash generated from/(used in) investing activities</b>	<b>(15,113)</b>	<b>(8,631)</b>	<b>6,482</b>	<b>(55,387)</b>	<b>(53,327)</b>	<b>2,060</b>
<b>Cash flows from financing activities</b>						
Public dividend capital received	8,708	0	(8,708)	25,743	29,530	3,787
Loans from Department of Health and Social Care - repaid	0	0	0	(1,270)	(1,270)	0
Other loans received	0	0	0	0	0	0
Other loans repaid	0	0	0	(5,174)	(5,174)	0
Other capital receipts	(1,394)	(1,394)	0	0	0	0
Capital element of finance lease rental payments	(1,866)	(1,378)	488	(8,828)	(8,828)	0
Interest paid	(919)	(713)	206	(3,978)	(3,234)	744
Interest element of finance lease	0	(261)	(261)	0	(521)	(521)
PDC dividend (paid)/refunded	0	0	0	(12,308)	(12,256)	52
<b>Net cash generated from/(used in) financing activities</b>	<b>4,529</b>	<b>(3,746)</b>	<b>(8,275)</b>	<b>(5,815)</b>	<b>(1,753)</b>	<b>4,062</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>(3,835)</b>	<b>(24,023)</b>	<b>(20,188)</b>	<b>(34,260)</b>	<b>(25,677)</b>	<b>8,583</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>44,919</b>	<b>22,010</b>	<b>(22,909)</b>	<b>14,494</b>	<b>20,356</b>	<b>5,862</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 31/08/2023**  
**Month 5**

Scheme	Year to Date				Full Year Forecast		
	Plan £'000	Actual £'000	Variance slippage / (higher) £'000	Open Orders £'000	Plan £'000	Actual £'000	Variance slippage / (higher) £'000
<b>Capital Funding:</b>							
Internally funded	7,323	4,532	2,791		31,074	31,191	(117)
PDC	8,708	2,351	6,357		25,743	29,530	(3,787)
Donations/Grants	53	22	31		842	2,303	(1,461)
IFRS 16	0	1,807	(1,807)		15,488	15,488	0
<b>Total Capital Funding</b>	<b>16,084</b>	<b>8,712</b>	<b>7,372</b>		<b>73,147</b>	<b>78,512</b>	<b>(5,365)</b>
<b>Expenditure:</b>							
Equipment	1,933	622	1,311	2,487	15,528	14,954	574
Estates Backlog/EIP	1,778	796	982	3,800	7,371	6,953	418
Estates Developments	1,323	2,339	(1,016)	1,098	10,047	8,936	1,111
Digital	958	446	511	1,404	4,162	7,629	(3,467)
Our Future Hospital	0	361	(361)	0	0	2,397	(2,397)
ED	1,438	1,117	321	1,320	6,165	4,000	2,165
Cardiology Day Case	2,968	1,898	1,070	146	7,432	7,439	(7)
CDC Nightingale	1,833	56	1,777	163	4,400	4,400	0
Endoscopy	3,853	11	3,841	378	11,122	12,984	(1,862)
Diagnostics - Northern Schemes	0	0	0	0	3,797	3,797	0
Digital Capability Programme	0	25	(25)	209	1,123	1,123	0
Other	0	1,040	(1,040)	2,663	0	2,518	(2,518)
Unallocated	0	0	0	0	2,000	1,382	618
<b>Total Capital Expenditure</b>	<b>16,084</b>	<b>8,712</b>	<b>7,372</b>	<b>13,668</b>	<b>73,147</b>	<b>78,512</b>	<b>(5,365)</b>
<b>Under/(Over) Spend</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Capital expenditure to M05 was £8.7m; £7.4m less than assumed in plan. Whilst the programme is behind plan, there is confidence the slippage will recover based on the value of open orders (£13.7m). The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.  
 Forecast capital expenditure of £78.5m fully utilises the CDEL and PDC allocations forecast in 2023/24.

# Trust Financial Tables

**Royal Devon University Healthcare NHS Foundation Trust**  
**Delivering Best value**  
**Period ending 31/08/2023**  
**Month 5**

Delivering Best Value Finance Report Month 5		RAG	Plan £000s	Year to Date Actuals £000s	Variance £000s	Plan £000s	Forecast Delivery £000s	Variance £000s	Narrative
<b>Recurrent DBV</b>									
Clinical Activity	Clinical Productivity - Activity		3,275	3,275	0	13,100	13,100	0	
	Data quality, coding & capture		2,083	1,131	-952	5,000	5,000	0	£117k YTD slippage due to under delivery against planned actions largely due to LATPS not being coded correctly. Remainder of variance is caused by phasing differences between programme plan & identified phasing.
Corporate Services	Corporate Services - Integration		415	61	-354	2,000	1,158	-842	Further YTD benefit expected in month 6 once new finance ledger has embedded - outstanding YTD delivery in relation to people services, digital and strategy to be posted Overall forecast £261k short of full year target but forecast delivery now includes £581k on non recurrent delivery to offset slippage in recurrent plans
Other Income Opportunities	Overseas visitor income		44	83	39	200	200	0	
	Other Trustwide Income		0	0	0	0	200	200	
Estate Review	Leased Estate DBV		0	0	0	200	200	0	Work ongoing to identify potential opportunity, full confidence of estates team to deliver target in year, remit expanded to include all estate usage costs
Workforce	Temporary Workforce		1,937	1,471	-466	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		0	0	0	500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		1,267	140	-1,127	3,101	1,073	-2,028	Detailed review of opportunities presented to DBV Governance process, expected delivery relates to admin benefit and stationary. Eastern admin delivery £239k below expectation, admin delivery includes £232k delivered non recurrently to date
	Epic Optimisation - Digital		1,140	2	-1,138	2,699	395	-2,304	Expected delivery relates to legacy systems, work ongoing to enable savings to be transacted by month 6. £396k adverse variance to expected delivery due to eastern healthcare records MOC on pause as requested by CT
Procurement	Procurement		208	61	-147	500	461	-39	Detailed review of forecast underway, reduced to initial plan to reflect year to date delivery and known future opportunities
Pharmacy	Medicines		125	375	250	300	991	691	
Transformation	Transformation		0	0	0	400	148	-252	Detailed plans currently suggest in year delivery of £148k
Covid	Covid Costs		1,083	1,083	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		833	833	0	2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	73	73	0	175	175	ENT savings identified in northern surgery division
<b>Total Recurrent DBV</b>			<b>12,409</b>	<b>8,588</b>	<b>-3,822</b>	<b>37,800</b>	<b>29,172</b>	<b>-8,628</b>	
<b>Non recurrent DBV</b>									
Corporate Services	Corporate Services - Integration		2	131	129	0	581	581	
Other Income Opportunities	Other Trustwide Income		0	1,208	1,208	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		0	130	130	0	130	130	Non recurrent NHS Property Services adjustment
Workforce	Non clinical vacancy controls		417	417	0	1,000	1,000	0	
Epic	Epic Optimisation		0	284	284	0	0	0	
Procurement	Procurement		0	39	39	0	39	39	
Pharmacy	Medicines		0	162	162	0	320	320	
Finance Adjustments	NR Balance Sheet		0	6,296	6,296	4,500	6,296	1,796	Detailed review of accruals and deferred income
	Capital charges review		0	0	0	400	400	0	
	Funding arrangements for transfer of care		208	0	-208	500	436	-64	Forecast based on projections of activity delivered to date
Other Divisional DBV	Other Divisional DBV		0	297	297	0	297	297	Trauma product credit eastern surgery
<b>Total Non-Recurrent DBV</b>			<b>627</b>	<b>8,964</b>	<b>8,337</b>	<b>6,900</b>	<b>12,399</b>	<b>5,499</b>	
<b>Unidentified</b>						<b>0</b>	<b>3,129</b>	<b>3,129</b>	
<b>Total DBV</b>			<b>13,036</b>	<b>17,552</b>	<b>4,515</b>	<b>44,700</b>	<b>44,700</b>	<b>0</b>	

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

<b>Agenda item:</b>	11.1, Public Board Meeting	<b>Date:</b> 27 September 2023		
<b>Title:</b>	Never Events at RDUH - an update on actions to mitigate further events			
<b>Prepared by:</b>	Kate Thomson, Associate Director for Quality and Safety, Northern Services Will Denford, Executive Support Manager			
<b>Presented by:</b>	Carolyn Mills, Chief Nursing Officer Prof. Adrian Harris, Chief Medical Officer			
<b>Responsible Executive:</b>	Carolyn Mills, Chief Nursing Officer Prof. Adrian Harris, Chief Medical Officer			
<b>Summary:</b>	This paper presents an update to the Board of Directors on the response of the Trust to these events and progress against short and medium term actions to improve & maintain safety standards within RDUH.			
<b>Actions required:</b>	The Board are asked to: <ul style="list-style-type: none"> <li>Note the content of the report and the work/actions being undertaken to mitigate the risk of further Never Events reoccurring at Royal Devon.</li> </ul>			
<b>Status (x):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
			<b>X</b>	
<b>History:</b>	This paper is to update the Board of Directors on the Never Events that have occurred at RDUH since January 2021, the outcomes of the work to understand the underlying issues in RDUH that have contributed to the occurrence of Never Events and the mitigating actions the organisation has taken to reduce the risk of a reoccurrence.			
<b>Link to strategy/ Assurance framework:</b>	The issues discussed within this paper 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	<b>Outcomes</b>	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 ( <i>please specify</i> )			

## 1. Purpose of paper

The purpose of this paper is to update the Royal Devon University Healthcare NHS Foundation Trust (RDUH) Board of Directors on the Never Events that have occurred at RDUH since January 2021, the outcomes of the work to understand the underlying issues in RDUH that have contributed to the occurrence of Never Events and the mitigating actions the organisation has taken to reduce the risk of a reoccurrence.

## 2. Background

The term Never Event was first introduced in 2001 in response to national reoccurrence of similar medical errors, such as wrong site surgery i.e. they are events that should never occur. There are ongoing national conversations regarding the definition of Never Events prompted by the Healthcare Safety Investigation Branch (HSIB) recommendations that the barriers for some of the currently identified Never Events do not make the events wholly preventable.

Since April 2021, 21 Never Events have been reported by RDUH these are detailed below in figure 1. It is of concern that wrong site surgery/blocks has been a recurrent incident.

The last recorded Never Event was on 30 July 2023.

**Figure 1:**

<b>Surgical</b>	<b>Occurrence at RDUH since April 2021</b>	<b>Severity of Harm caused</b>
1. Wrong site surgery/block	14	Minor/no harm
2. Wrong implant/prosthesis	0	N/A
3. Retained foreign object post procedure	3	Moderate to minor harm
<b>Medication</b>		
4. Mis-selection of a strong potassium solution	0	N/A
5. Administration of medication by the wrong route	1	Minor
6. Overdose of insulin due to abbreviations or incorrect device	0	N/A
7. Overdose of methotrexate for non-cancer treatment	0	N/A
8. Mis-selection of high strength midazolam during conscious sedation	0	
<b>Mental health</b>		
9. Failure to install functional collapsible shower or curtain rails	0	N/A
<b>General</b>		
10. Falls from poorly restricted windows	0	N/A
11. Chest or neck entrapment in bed rails	0	N/A

12. Transfusion or transplantation of ABO-incompatible blood components or organs	2	No harm
13. Misplaced naso- or oro-gastric tubes	1	No harm
14. Scalding of patients	0	N/A
15. Unintentional connection of a patient requiring oxygen to an air flowmeter	0	N/A
<b>Total</b>	<b>21</b>	

Please refer to Appendix 1 for the Definitions of Harm.

We are thankful that our staff have reported these events and we need to be mindful that in our responses we do not damage our developing safety culture, which is maturing from bureaucratic to a proactive at RDUH & the principles of a just culture. In all actions, we have worked to balance improving safety with personal accountability.

*(NB: Bureaucratic – we have systems in place to manage patient safety, reflecting a ‘formal’ adherence to requirements they are established top down.*

*Proactive – we are always on the alert/thinking about patient safety issues that might emerge)*

### 3. Actions completed to date

When Never Events have occurred, they have each individually been reported on the incident reporting system and managed through the Serious Incident Framework - reported externally to the Trust’s Commissioners and each undergone a thorough investigation with a dedicated action plan.

In response to the increase of Never Events at RDUH, a dedicated Never Event Oversight Group was established in December 2022 with the purpose of performance managing the completion of the Never Event actions and to pursue additional measures to further reduce the risk of re-occurrence.

A thematic review of all Never Events since 2021 has been undertaken to identify any core common themes and associated actions. The most frequently occurring themes were:

- Environment**  
Each of the cases occurred in a busy environment at a time when the wider organisation was under extreme pressure, **distractions** in the environment played a key part in contributing factors identified.
- Safety Critical Communication**  
From national initiatives to local policy or standard operating procedures, confirming actions passed in conversation offer safety barriers based on **safety critical communication** principles; if used these would have afforded the space to confirm a site, a number, a patient’s identity, position or action required.

- **Checklists**  
**Inconsistent implementation** of local and national safety checklists that are in place.
- **Psychological safety**  
Staff not feeling confident to speak up – this was primarily related to the pace at which teams were working at and working in unfamiliar teams.

All activities are detailed via an action plan (available on request to the Board). Oversight of this is via the Trust's Safety and Risk Committee and Governance Committee (Non-Executive Committee). The key actions taken to date have been:

- Facilitating a Trust wide Never Event risk webinar/summit to all medical and clinical staff. A follow up one is planned for November 2023.
- Creation of specific Never Events safety focused comms i.e. targeted Trust wide messages, dedicated posters/screensavers.
- Identification of key training opportunities (inc. SIM) to support learning from Never Events Trust wide, divisional and MDT.
- Commissioning of an Internal audit into Never Events to provide the Board with assurance that all the actions identified in the individual case and Trust wide action plans have a robust evidence base to support closure.
- Engagement with the regional patient safety team and the ICB patient safety team to provide additional external review/shared learning and assurance of appropriateness of actions taken in RDUH.

#### 4. Key actions planned

- **Implementation of the Patient Safety Strategy**  
Establishing the governance structures to deliver the requirements of the National NHS Patient Safety Strategy. This will support a shift in culture of reporting and learning from incidents, this in turn will positively alter perceptions of Psychological Safety.
- **Safety Critical Communication**  
A Trust wide human factors training programme and individual training of clinical and non-clinical teams to be developed, which will incorporate the principles of safety critical communication.
- **NatSSIPs2**  
A successful implementation of National Safety Standards for Invasive Procedures 2 (NatSSIPs2), published January 2023, will be a major control for reducing the frequency of Never Event reoccurrence.
- **Digital Optimisation**

An understanding of the impact the Electronic Patient Record (EPR) has had on theatre processes, pathway flow and behaviours needs to be explored.

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

It is important that the Board of Directors note that processes to implement actions and share widely the lessons learned from all serious incidents, including Never Events was a CQC Must Do action from the 2023 CQC inspection of RDUH.

## 6. Link to BAF/Key risks

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

The Board of Directors is asked to:

- **Note** the Trust's current position regarding Never Events;
- **Note** the activity undertaken since 2021 to address the increase in Never Events at RDUH;
- and to **note** the important of the Psychological Safety and Staff Wellbeing work, launched in 2020 across RDUH, and just culture work.



## APPENDIX 1 – DEFINITIONS OF HARM

- **No harm** - This has two sub-categories:
  - No harm (Impact prevented) – Any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care. This may be locally termed a ‘near miss’.
  - No harm (impact not prevented) - Any patient safety incident that ran to completion but no harm occurred to people receiving NHS funded care.
  
- **Low Harm**
  - Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving NHS-funded care.
  
- **Moderate Harm**
  - Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.
  
- **Severe Harm**
  - Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.
  
- **Catastrophic Harm / Death**
  - Any unexpected or unintended incident that directly resulted in the death of one or more persons.

<b>Agenda item:</b>	11.2, Public Board Meeting	Date: 27 September 2023		
<b>Title:</b>	Annual Report of the Trust's Complaints Handling - Patient Experience Annual Report 2022/23			
<b>Prepared by:</b>	Andrea Bell, Deputy Director of Nursing (Patient Experience) Simon Harrison, Head of Pastoral & Spiritual Care			
<b>Presented by:</b>	Carolyn Mills, Chief Nursing Officer			
<b>Responsible Executive:</b>	Carolyn Mills, Chief Nursing Officer			
<b>Summary:</b>	The purpose of this paper is to provide assurance to the Board of Directors that formal complaints made to the Royal Devon University Healthcare NHS Foundation Trust (RDUH) during the period of 1 April 2022 to 31 March 2023 have been considered in accordance with the <a href="#">Local Authority Social Services and National Health Services Complaints (England) Regulations 2009</a> .			
<b>Actions required:</b>	The Board of Directors are asked to note the content of the 2022-23 Patient Experience Annual Report.			
<b>Status (x):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
		X		
<b>History:</b>	<p>The final draft copy of the 2022-23 Patient Experience Annual Report for RDUH were presented to the Patient Experience Committee on 16 August 2023 for review as part of the annual planning cycle.</p> <p>The Patient Experience Committee has reviewed the content of the draft 2022-23 Patient Experience Annual Report and can provide assurance to the Board of Directors that no further amendments to the report are required and RDUH has arrangements for dealing with complaints in line with the Local Authority Social Services and NHS Complaints (England) Regulations 2009.</p>			
<b>Link to strategy/ Assurance framework:</b>	The issues regarding Complaints Handling are discussed within the 2022-23 Patient Experience Annual Report and 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	X
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	X
Equality, diversity, human rights implications assessed			
Other ( <i>please specify</i> )			

## 1. Purpose of paper

The Trust adheres to the [Statutory Instruments No. 309](#), which requires NHS bodies to provide an annual report on the Trust's complaints handling, which must be made available to the public under the NHS Complaint Regulations (2009)<sup>1</sup>.

The purpose of this paper is to present the overview of the Royal Devon University Healthcare NHS Foundation Trust Complaints Handling, via the Patient Experience Annual Report 2022-23.

The Patient Experience Annual Report 2022-23 has been presented in its totality to the Board of Directors to provide a balanced scorecard on both the Complaints Handling of the Trust and the patient experience achievements and improvements made as a direct result of feedback received from a variety of sources including complaints.

Following review by the Board of Directors, this Annual Report will also be made available to the public via the Trust website and/or on request.

## 2. Background

The 2022-23 Patient Experience Annual Report reflects all complaints made by (or on behalf of) Royal Devon University Healthcare NHS Foundation Trust (RDUH) received between 1 April 2022 and 31 March 2023.

Complaints work during the year has been largely driven by the Trusts early adopter status of the [New National Complaints Standards](#) which were launched in April 2023, setting out how NHS organisations in England and independent healthcare providers who deliver NHS-funded care should provide quicker, simpler and more streamline complaints handling services, with a strong focus on early resolution by empowered and well-trained staff.

Testing of the various guidance modules developed by the Parliamentary Health Service Ombudsmen (PHSO) has enabled the Trust to conduct a thorough review of end to end complaint handling processes at both sites. Actions developed as part of this project have been widely monitored at both the Patient Experience Operational Group and the Patient Experience Committee.

Key areas of work have been achieved during the pilot, including:

- Northern and Eastern sites have completed a self-assessment exercise using an organisational maturity matrix.
- A Trust wide staff survey has been completed to establish the Trust's approach to a just culture, complaints management, staff training and to identify priority areas for development, whilst testing the PHSO guidance modules.
- Telephone triage form shared and in active testing across both sites.
- Complainant feedback form developed.
- Patient Information leaflets have been created using PHSO templates.

- Local Resolution Meeting (LRM) guidance has been drafted for testing to support staff and provide information to complainants.
- Review of model of complaint handling procedure and current policies to develop a [new complaints policy](#) to ensure the Trust are meeting statutory complaints regulations, the New NHS Complaint Standards and PHSO guidance, launched August 2023.

### 3. Analysis

The final draft copy of the 2022-23 Patient Experience Annual Report was presented to the Patient Experience Committee (PEC) on 16 August 2023 for review.

During the period of 1 April 2022 to 31 March 2023, 1000 complaints were received, a 22% reduction when compared to the previous year. 1400 complaints were closed following investigation, of these 554 were concerns. (Please note that following the launch of the new standards there is no distinction between complaints and concerns, all contacts are logged as complaints and the Trust's data is aligned to reflect this).

Regulation 17, Section (b), of the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), states that the Trust is required to record an outcome for each complaint. During the period of 1 April 2022 to 31 March 2023, 143 cases (17%) were upheld and 333 (39%) were partly upheld. Of the 554 concerns, 106 (19%) were upheld and 235 (42%) were partly upheld.

The top five complaint themes identified during 2022/23 were

- Communication
- Values and behaviours
- Patient car
- Admissions and discharges
- Clinical treatment

A deep dive into the theme 'communication' was commissioned by the PEC following its 17 May 2023 meeting; with further work underway to develop actions arising from the summarising report.

Regulation 13, paragraphs (3), (4) and (5), state that the responsible body must acknowledge the complaint not later than 3 working days after the day on which it receives the complaint. The Trust did not meet the required compliance; which can be attributed to workforce challenges/shortages. PEC has noted an improving trajectory towards this area of compliance in Q1 2023/24 and this will be monitored through the quarterly performance to Patient Experience Committee.

The internal KPI of 45 working days to respond to a complaint has been removed following the Trust's work with the PHSO and the introduction of the new Complaints Standards. This has been replaced with a 14 day early resolution KPI and a 6 month KPI in line with the standards. Focussed work throughout October to December 2022 led to a 91% reduction in the most

overdue complaints, and although this has been difficult to sustain during the year, this performance continues to be monitored closely at bi-weekly divisional complaints huddles.

Over the course of the next year there will also be a greater emphasis focusing on early resolution (cases closed within 14 working days); 128 complaints were reopened in the year which accounts for 9% of the total complaints and concerns closed.

An Annual Audit of Compliance was also undertaken to review compliance against the current Trust complaints, concerns and compliments policies with key actions arising related to effective use of Datix for recording complaints activity.

The Parliamentary and Health Service Ombudsman (PHSO) represents the final stage of the NHS complaints process and the Trust works together with the PHSO to ensure that all feedback and lessons learnt from complaints contribute to service improvement throughout the year. During the period of 1 April 2022 to 31 March 2023, the PHSO closed 17 cases, 2 (11.7%) were partly upheld and 2 (11.7%) were upheld. The Trust complied with all of the recommendations from upheld and partly upheld investigations, which were monitored by governance to completion.

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

Nil

**5. Link to BAF/Key risks**

No links to BAF or risks have been identified.

**6. Proposals**

The Board of Directors are requested to **note** the 2022-23 Patient Experience Annual Report.

# Patient Experience Annual Report 2022-23



Using patient feedback  
to improve our services



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## Introduction

### April 2022 – March 2023

The Trust engages with and learns from patients, families and carers, through feedback from a number of sources. The Trust's patient experience programme seeks feedback in hospital, clinic or in the patient's home. Patients are able to provide their feedback through social media, Trust website, NHS Choices, Care Opinion, postal surveys, national surveys, local surveys, compliments, focus groups, face-to-face engagement, PALS/complaints and, of course, routinely throughout the Trust via the Friends and Family Test (FFT).

Through listening to what matters most to our patients, families and carers and providing staff with the skills and knowledge of a range of quality improvement approaches such as experience-based co-design and patient and family-centred care (PFCC) we aim to deliver our patients the best possible experience of our services.

We believe that every member of staff is responsible for ensuring that our patients, families and carers have an excellent experience and we aim to ensure that all our staff use feedback to identify opportunities for improving the quality of our care by collecting and responding to patient feedback.

The Trust's Chief Nursing Officer has responsibility at board level for patient experience which includes:

- Delivery of our patient experience strategy and annual work programme.
- Compliance with the mandatory national Friends and Family Test (FFT).
- Compliance with the Statutory requirements in relation to NHS complaints handling.
- Reporting and demonstrating that we have used patient experience feedback to improve the experience of care.

We firmly set out our ambitions in our recently developed Patient Experience strategy 2022-2025, it describes key objectives to improve patient experience at the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) over the next three years and how we are going to do this.

The strategy has been developed with service users and staff across the Trust and details how we will work collaboratively with patients and the public, using their knowledge of what the process of receiving care feels like, in order to deliver the best possible care and services.

## PATIENT EXPERIENCE

We want our patients to feel:

*Welcome*

*Safe*

*Included*

*Supported*

*Valued*



**To improve patient experience by listening to and acting on what patients & their friends and family tell us. Ensuring lessons learned are shared and acted on.**

A comprehensive and ambitious workplan was developed this year to support the delivery of the strategy resulting in 22 completed actions out of a planned 30. Achievements in year one of the strategy was celebrated during experience of care week in April which included:

- How we had heard and discussed a patient/carer story at every Board of Directors meeting over the past year, bringing the voices of patients and their carers to the forefront of our conversations.
- How we set up our Patient Experience Committee, which included representation from Healthwatch, Maternity Voices Partnership and our Council of Governors.
- How we are an early adopter of the new NHS Complaints Standards. We have led the way towards a quicker, simpler and more streamlined complaint handling service that helps us improve care and our patients feel respected.
- We highlighted where we have taken action from feedback by including 'You said, we did' reporting into PAF meetings, our Patient Experience Operational Group, and our Patient Experience Committee.



- 
- How, as part of our commitment to carers we have now developed carer awareness training to staff, and offer free parking and meal vouchers to carers that support the cared for person as an inpatient.
  - How over 12 months we have strengthened our collaborative working with Devon Carers. We have made over 2,000 referrals to their hospital services team in the past year, helping thousands of carers get practical support after the cared for person is discharged from hospital.
  - We celebrated the development of a new role for volunteers in the Emergency Departments at both RD&E Wonford and NDDH and are investing in the development of our volunteers by supporting them to complete the National Volunteer Certificate (NVC) programme.
  - We have made our 2022-25 patient experience strategy available in alternative formats. There is a [summary document](#), a [full strategy document](#), and an [accessible patient experience strategy](#) (compatible with screen readers).

Our Trust values are fundamental to everything that we do at Royal Devon. We want everyone who works for the Trust to treat people in ways that reflect our values. Our values set a clear standard of what you can expect while you are cared for by the Royal Devon. Our values state that we:

- Are compassionate
- Act with integrity
- Are inclusive
- Are empowered

These Trust values are implicit throughout the patient experience strategy to ensure we continue to provide our patients with the highest quality of care and patient experience.

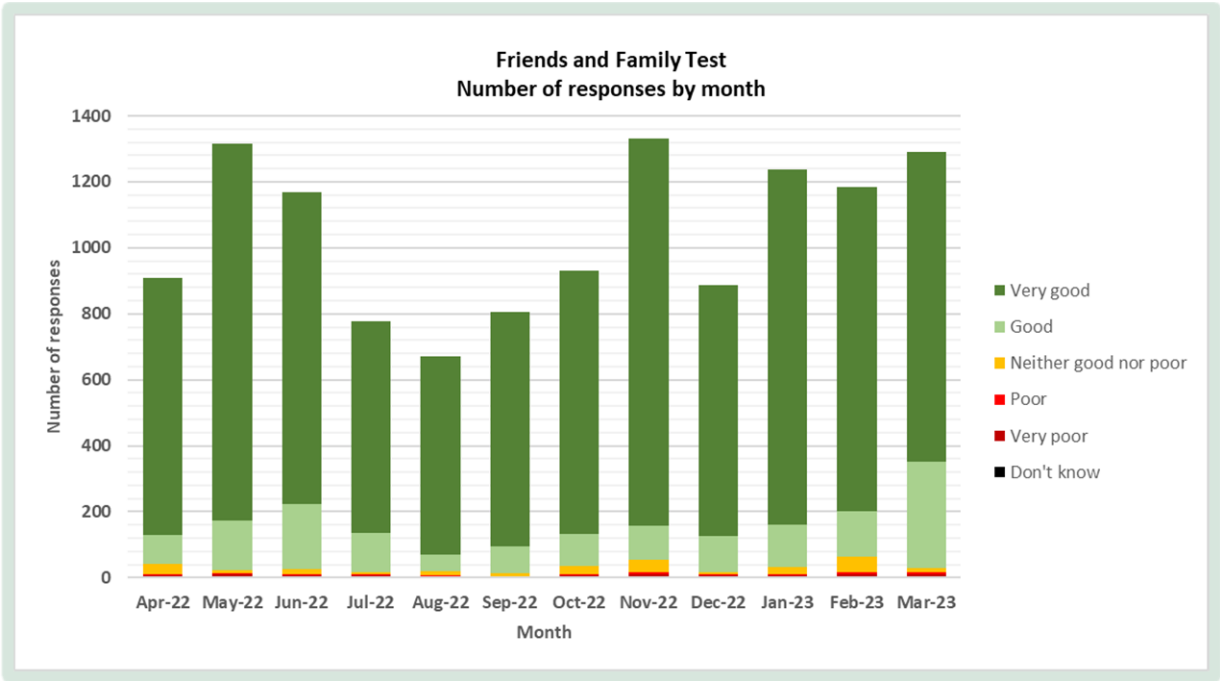
## 1. Capturing patient experience

Patient experience feedback is collected via a variety of methodologies using both paper and digital methods.

### 1.1 The Friends and Family test

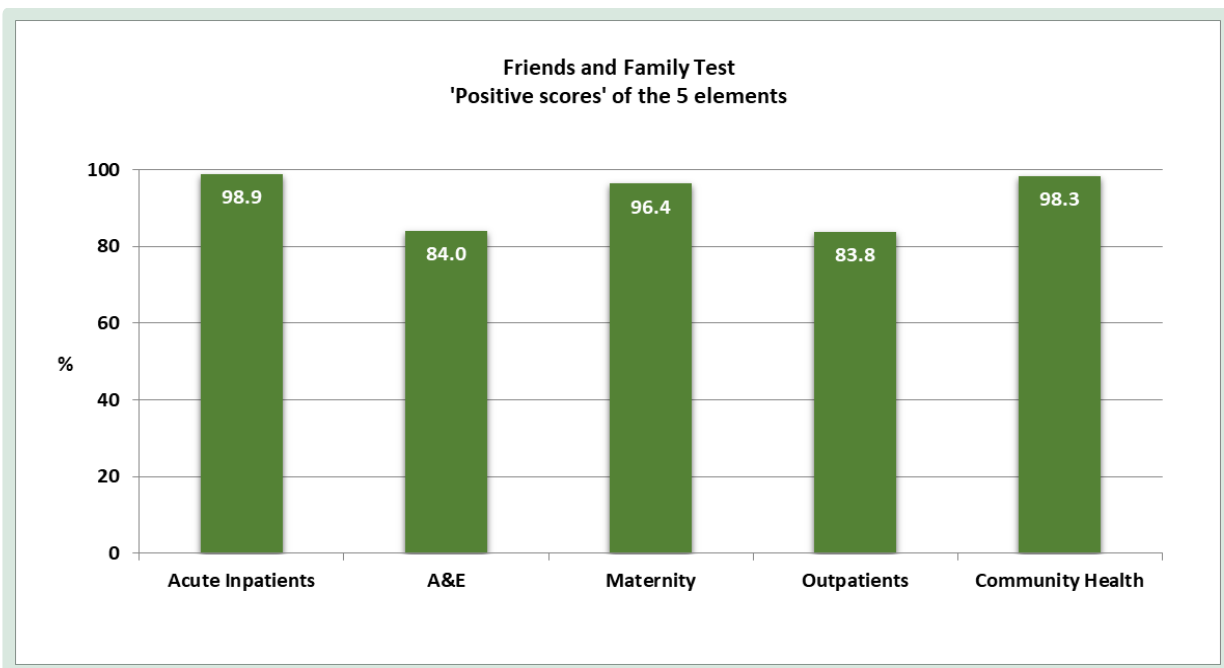
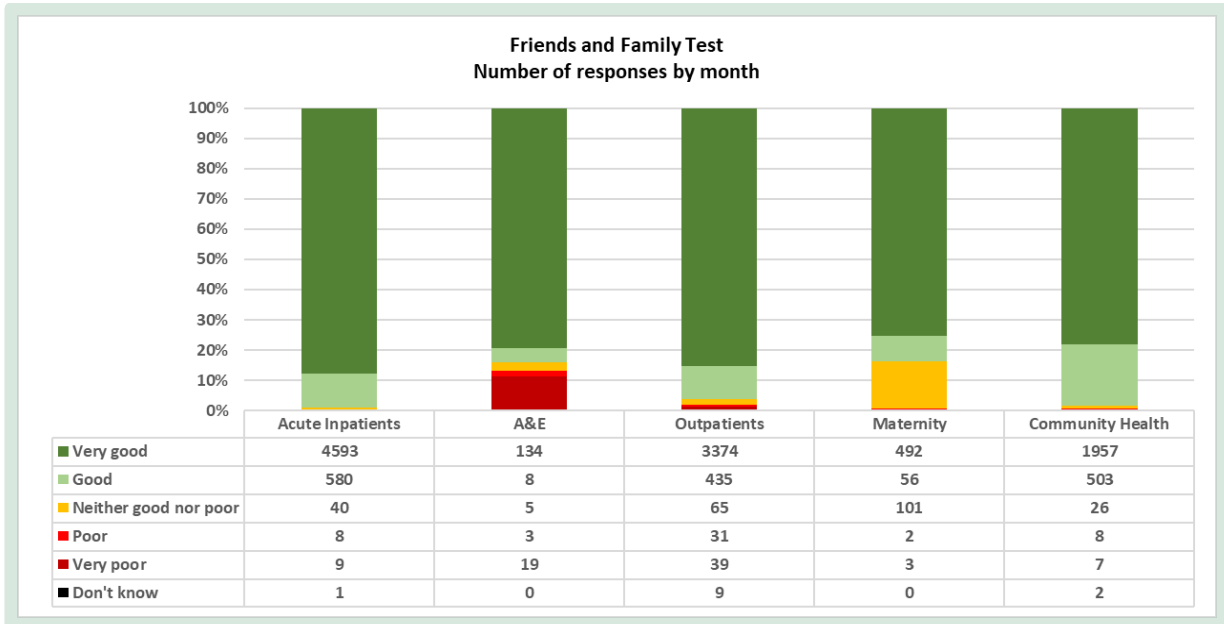
The Friends and Family Test (FFT) gives patients who have received care throughout the Trust the opportunity to provide immediate feedback about their experience at any time.

The FFT question is: 'Overall, how was your experience of our service?' with the following response options available: Very good, Good, neither good nor poor, Poor, very poor, don't know.



**Between April 22 and March 23  
12510 responses received  
97% overall positive score**

The following tables suggest a consistently high level of patient satisfaction Trust-wide across all 5 elements of the FFT:



Patients are routinely asked for the reason why they answered the FFT question in the way they did and for suggestions as to how the Trust might further improve the service they have experienced.

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In Northern Services, patient comments received through the FFT are routinely analysed into positive and negative feedback, themed and presented regularly to the patient experience operational group. The top subject themes during the year were care, staff attitude and communication. The feedback from these themes, which accounted for most of the qualitative FFT feedback received during the period, was nearly all positive. More detailed reports are routinely provided to individual services. The patient experience team routinely publishes the Friends and Family Test results together with the qualitative feedback received on the Trust website [here](#).

In some services, we ask more than the standard Friends and Family Test questions in order to gain a deeper understanding of the experience of care. These additional questions are the product of a dialogue with the relevant service which allows the team to consider other issues and the feedback methodology is formulated to best suit the service. The Trust's data capture methodology is selected, piloted and continually refined according to the needs of the patient group concerned.

## 1.2 Care Opinion

In Northern Services, an advanced-level subscription with Care Opinion is in place and it is intended to roll out the use of this subscription to Eastern Services during 2023/24.

Care Opinion offers an accessible platform for patients, relatives and carers the opportunity to leave feedback in over 100 languages. Text size, colour and contrast can be altered depending on the user preference and a video in British and Irish Sign Language is available to explain the service. Talking mats are also available to tell a story allowing more people to voice their feedback.

During 2022/23, 536 patients, families and carers shared their story about Northern Services on Care Opinion. Overall, a positive rating of 86.9% was recorded for the year.

Story ratings are assigned by Care Opinion moderators to support our alerting service. These ratings are not applied to stories received via nhs.uk.

Story rating	Number	Percentage
Unknown (received via nhs.uk)	18	N/A
Not critical	450	86.9
Minimally critical	16	3.1
Mildly critical	35	6.8
Moderately critical	16	3.1
Strongly critical	1	0.2
Severely critical	0	0.0
<b>Total</b>	<b>536</b>	<b>100</b>

The diagram below is a visualisation of the feedback that Northern Services has received during 2022/23. The green bubbles represent positive feedback and the red bubbles negative feedback. The bigger the bubble the more mentions of this word or phrase. We have responded and used the feedback to make improvements in real time and celebrate and share the positive with services.

RDUH Annual report April 2022 - March 2023 / Visualisation

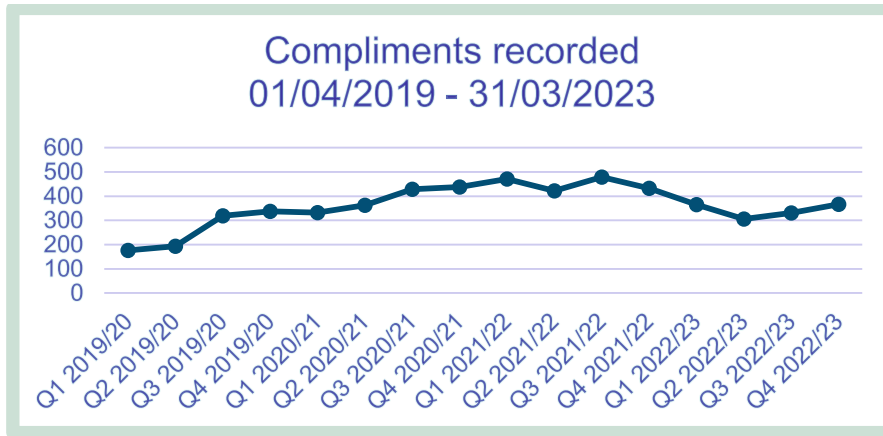


An interactive version of the above visualisation is available [here](#):

The interactive visualisation links the visual bubble to the stories received, enabling services to learn from analysed feedback themes.

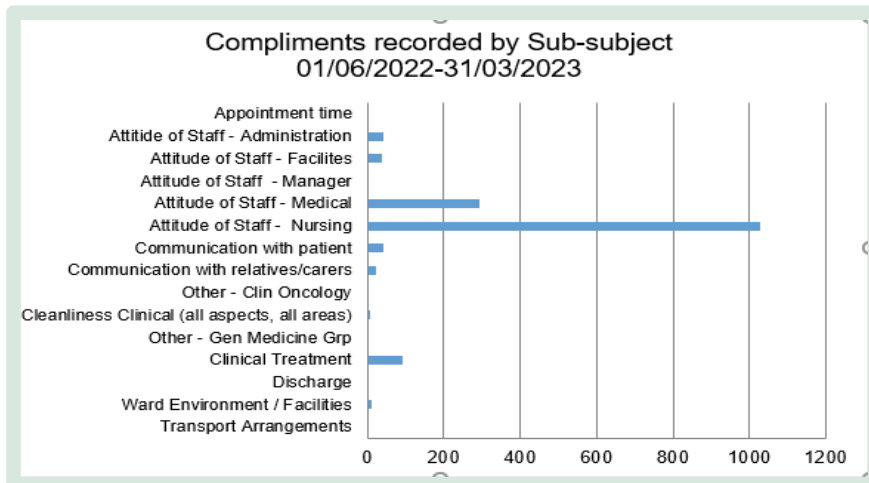
### 1.3 Compliments

The graph below indicates the number of compliments recorded over the last four years. Compliments recorded are used to share best practices, improve both patient and staff experiences, ensure safety and quality and increase staff morale.



There has been a slight decrease in compliments received during 2022/23, this may be due to operational pressures and the ability to record the feedback, rather than reduced feedback received.

During 2022/23 the internal reporting system (Datix) was updated to enable better theming of compliments. The theming below relates to compliments recorded after June 2022.



The top five areas for reporting compliments during 2022/2023 were:

- Emergency department – Northern services
- Emergency department – Eastern services
- Victoria ward - NDDH
- Staples ward - NDDH
- Acute medicine – Eastern services

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The compliments arrive via a variety of methods including email, thank you cards, letters, telephone, and our wonderwall situated at North Devon District Hospital.

## 1.4 Inpatient Surveys

In Northern Services, our comprehensive patient experience survey programme has been supported for many years by a highly-valued team of volunteer inpatient experience surveyors.

During the year, the inpatient survey programme, which had been paused due to the pandemic, was resumed at North Devon District Hospital (NDDH). It is intended to restart inpatient surveys at South Molton Community Hospital and to introduce them at Royal Devon and Exeter Hospital in 2023.



District Hospital.

Volunteer patient experience surveyors routinely visit inpatient wards at NDDH to collect real-time patient feedback at the bedside. On a one-to-one basis, patients are invited to respond to a series of questions about their experience on the ward. In cases where the patient may be too ill to communicate with the volunteer, feedback is captured from relatives/carers, where possible.

The patient experience team then provides a report back to the ward and senior management within two to three hours of the feedback being collected by the volunteer.

This enables the Trust to respond immediately to any feedback and the many positive comments we receive give staff a morale boost. Subject to patient consent, selected patient comments are routinely used across Trust communication channels, internally and externally.

## 1.5 Patient Advice and Liaison Services

The Patient Advice & Liaison Service provides confidential advice and support, helping people to resolve any concerns they have about their care, and guiding them through the different services available from the NHS. PALS acts independently when handling patient and family concerns, liaising with staff, managers and relevant organisations to negotiate immediate or prompt solutions.

During 2022/23 Northern services received 1,343 PALS contacts. This is a 12% decrease on the previous year (1,533). Eastern services have historically not recorded PALS contacts, however as part of the data alignment this was introduced in November 2022.

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**Top five themes for Trust wide PALS contacts during 2022/23 were:**

- **Communication**
- **Appointments**
- **Access to treatment or drugs**
- **Waiting times**
- **Facilities**

## **1.6 Complaints**

We are committed to welcoming all forms of feedback, including complaints, and using them to improve services. The Trust strives to provide the best care, however, when we do not get this right, complaints from our patients, carers and relatives are a vital source of feedback and we use themes to establish learning and identify quality improvement opportunities.

As part of a national pilot the Trust was selected to become an early adopter site for the New Complaints Standards working closely with the Parliamentary and Health Service Ombudsman (PHSO). The aim of this project is to embed a standardised framework for NHS organisations to follow with complaint handling that focuses on promoting a learning and improvement culture, positively seeking feedback, being thorough and fair and giving fair and accountable decisions.

The new complaint standards formally launched in Spring 2023. Our involvement as an early adopter site has helped the alignment of processes, data and reporting across both sites.

## **1.7. Using patient feedback**

Receiving, analysing and presenting feedback and then involving users and staff in developing the solution completes the 'you said - we did' governance cycle. Through its work, the patient experience operational group ensures that we are listening to what matters to our patients, carers and families and acting on feedback to continually improve the experience of care we offer.

This part of the process involves ensuring that the feedback is heard and understood by the relevant clinical and managerial teams and then disseminated to those who can make the improvement, for example through repeat surveys or monitoring to see if the volume on a particular topic has changed.



The feedback that the Trust receives is overwhelmingly positive. We look very closely at the free text narrative as this allows us to make the small changes in a responsive manner to improve the experience of care for patients in real time. (Case studies and you said -we did examples are found appended to this report).

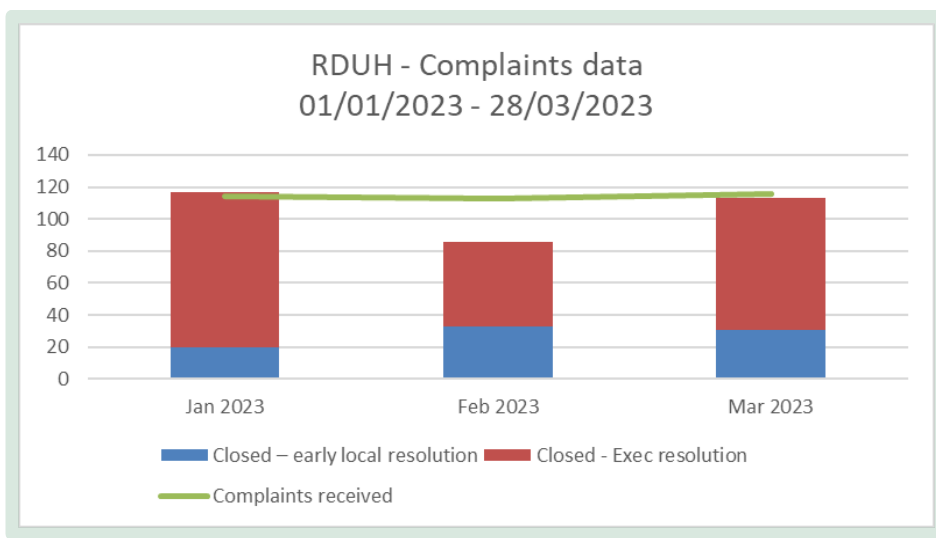
## 2. Data and Compliance

### 2.1 Complaints data 2022/23

Northern and Eastern complaint data reporting was aligned formally in January 2023, therefore the complaint reporting figures for 2022/23 cannot be collectively reported for the whole of this financial year. In total during the year 1000 complaints were received, a 22% reduction when compared to the previous year. 1400 complaints were closed following investigation, of these 554 were concerns. (Following the launch of the new standards there is no distinction between complaints and concerns, all contacts are logged as complaints and the Trust's data is aligned to reflect this).

The data reporting below is separated into before and after the data alignment. The PHSO are planning to introduce reporting guidance in their next phase of complaint management and the Trust will be working with them to progress reporting over the coming year.

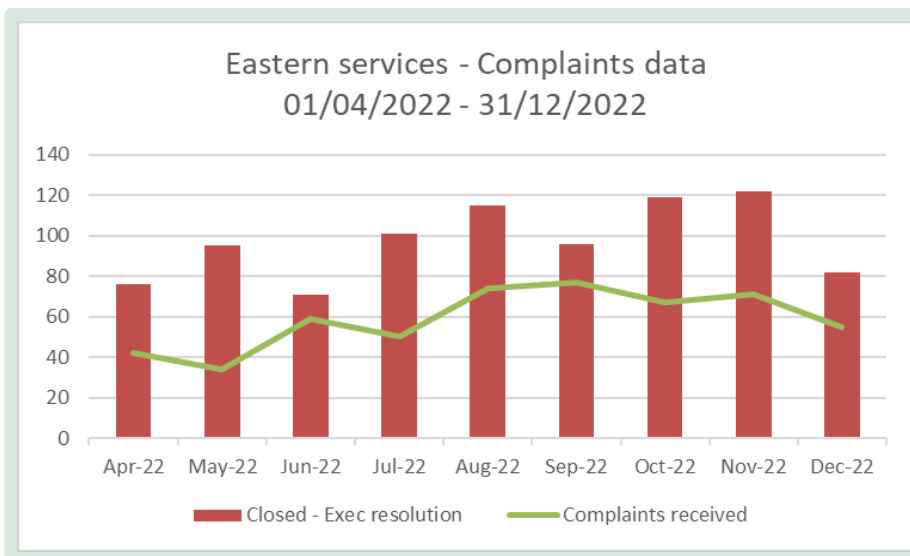
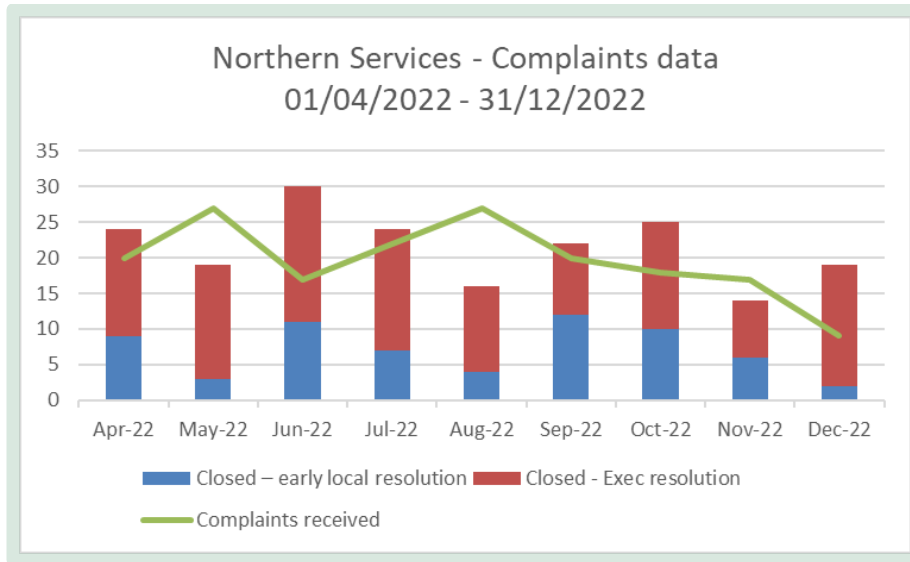
The chart below relates to complaint data for the whole Trust following the alignment of data reporting. Below this is the individual data for the earlier part of the year.



### Top five complaint subjects during 2022/23

- **Communication**
- **Values and behaviours**
- **Patient care**
- **Admissions and discharges**
- **Clinical treatment**

Prior to the alignment of complaints data across the sites, the following complaints were received and closed by the respective sites:



Regulation 17, Section (b), of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), states that the Trust is required to record an outcome for each complaint.

## Complaints upheld between April 2022 and March 2023

**846 complaints closed**

**143 (17%) upheld**

**333 (39%) partially upheld**

**554 concerns closed**

**106 (19%) upheld**

**235 (42%) partly upheld**

To provide evidence of learning and improvement SMART actions are recorded on the DATIX system along with supporting documentation to provide assurance the action has been completed. The monitoring and learning from actions are reported and monitored at specialty and divisional governance meetings.

### What are we doing to improve communication?

- ✓ Develop a new RDUH 'Patient Communications Policy' to deliver improved and equitable patient (and by extension carer, family and significant other) communications trust wide, establishing core principles for communicating with patients.
- ✓ Strengthen the work to improve verbal communication through increasing uptake of Communication Access training as part of the Trust wide accreditation programme.
- ✓ Deep Dive into 'communication' as a theme.
- ✓ QI project to enhance interpretation and translation offer.
- ✓ Trust wide roll out of Care Opinion to provide real time feedback for service users.

### What are we doing to improve values and behaviours?

- ✓ Use of patient stories at ward meetings, divisional speciality groups and trust level meetings
- ✓ Individual staff feedback and supported reflection
- ✓ Promotion of Communication Access training
- ✓ Mapping of customer service training to roles
- ✓ Introduction of mandatory Oliver McGowan training programme
- ✓ Undertaking a Trust-wide Patient Safety Cultural Assessment
- ✓ Development of charter and Trust wide values
- ✓ Delivery of inclusive leadership training
- ✓ Senior leadership programme launched
- ✓ Launch of the Promoting a Positive Working Environment Policy
- ✓ Work towards embedding values into Training

## 2.2 Reopened complaints

When complaints are reopened it generally indicates that the initial resolution of a complaint was deemed unsatisfactory by the complainant or that new information has emerged. Overall, reopened complaints in the NHS serve as an important mechanism for continuous improvement, patient-centred care, and ensuring accountability in the healthcare system. 128 complaints were reopened in year which accounted for 9% of the total complaints and concerns closed.

	Old Datix	Datix Cloud			
Eastern reopened complaints	50	68	118	123	128
Eastern reopened concerns	3	2	5		
Northern reopened complaints	1	3	4	5	
Northern reopened concerns	0	1	1		
	54	74	128		

Further work is planned over the next year to improve communication with complainants including the introduction of a complainant feedback form. A quality improvement project is also underway to improve the way in which we investigate complaints. Getting complaint investigations right first time improves the experience for complainants and would aim to reduce the reopened rate of complaints.

## 2.3 Complaints compliance

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) set out the rights of complainants to receive an investigation and formal response to their complaint in an appropriate and timely timescale. It also states that all complaints are required to be acknowledged within three working days and that if the investigation cannot be concluded (and a final response issued) within 6 months (or longer if that has been agreed with the person making the complaint at the outset), you must write to the person to explain the reasons for the delay and give the likely timescale for completion.

The table below relates to the timeliness of complaint acknowledgement and responses exceeding six months.

Month	2022/23												2023/24				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Complaint received and acknowledged within 3 days	88.88%	84.79%	87.27%	93.50%	98.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%	88.00%	92.00%	91.00%
Over 6 months (no of complaints open at end of month)	12	16	4	12	11	13	16	7	3	22	14	23	13	20	18	14	15
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27	33	36

The 45 days internal key performance indicator has now been replaced with a 6 months target in line with the new complaints standard framework implemented with effect from 1 April 2023.

The number of cases older than six months has reduced considerably during Q3 and Q4 resulting in an overall annual reduction of complaints and concerns (not represented in the above table) by 91%. Over the course of the next year there will also be a greater emphasis focusing on early resolution (cases closed within 14 working days).

## 2.4 Parliamentary and Health Service Ombudsman (PHSO)

When a complainant is dissatisfied with our complaint response, they have the right of redress to raise their dissatisfaction with the PHSO. The PHSO review their concerns and the Trust's management of their complaint, including the outcome of the Trust's investigation.

When the PHSO receives a request to investigate a complaint, their first step is to complete a primary investigation. This involves contacting us to request information to enable them to complete initial checks. Approximately 25% of primary investigations will proceed to a detailed investigation.

A detailed investigation will take a closer look at how we have managed the complaint and seek clinical advice on our investigation findings. Once an investigation is complete the PHSO will decide if the complainant's concerns are: upheld, partly upheld or not upheld. If a complaint is upheld or partly upheld, the PHSO will make recommendations for the Trust to resolve this.

The table below shows the number of cases that were investigated by the PHSO during this financial year, alongside outcomes of their reviews concluded within the year (which could relate to cases from previous financial years). Of the 17 cases closed, 2 (11.7%) were partly upheld and 2 (11.7%) were upheld. The Trust complied with all of the recommendations from upheld and partly upheld investigations, which were monitored by governance to completion.

PHSO investigations 2022/23		Number		
Investigations received		22		
Investigations closed	17	Outcome		
		Upheld	Partly upheld	Not upheld
		2	2	13

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## 2.5 Complaints Compliance Annual Audit 2022/23

The Policy and Procedure for the Management of Complaints, Concerns, Comments and Compliments includes a process for monitoring compliance with and effectiveness of the policy which describes peer review by each division. The period audited was 1 April 2022 – 31 March 2023 with five random cases per clinical division in Eastern Services and seven random cases per clinical division in Northern Services being reviewed.

A full set of results can be found at appendix H. Of the complaints audited:

- 5 were not acknowledged within 3 working days (a statutory requirement).
- 4 complaints had exceeded the 6 months' timeframe when closed.
- 2 consent forms had not been uploaded to Datix, the complaint recording system.
- Actions - All complaints that were upheld or partially upheld had actions added to the Datix file for Northern Services however the audit showed that Eastern Services are not generally adding actions when closing complaints.
- Only one complaint had a telephone triage form completed. Some files had telephone notes attached relating to the initial call but these did not confirm if we had offered the advocacy service, considered reasonable adjustments, recorded their preferred method of contact etc.
- Within Eastern Services 7 of the 20 complaints audited were completed within a 45 days target. Respectively, 12 of the 21 audited by Northern services were responded to within 45 days. The internal key performance indicator for the period audited was 45 working days, however this has now been amended as per PHSO guidance.

Further work will be taken forward by PEOG to improve compliance with the new policy based on these findings.

## 2.6 Governance

Performance and progress against objectives are addressed at speciality group meetings which report into the divisions, divisional performance assurance framework meetings, the Patient Experience Operational Group (PEOG), Patient Experience Committee, Governance Committee and at Trust Board.

The Patient Experience Operational Group is the primary route for overseeing the patient experience programme of work. It reports into the Patient Experience Committee which is a sub-Committee of the Trust Board. PEOG analyses and triangulates the intelligence gathered from patients and members of the wider public to identify themes, patterns, trends and issues in the data that may require further investigation, commissioning activity as necessary. This ensures that staff, patients and the public are kept informed about the progress and implementation of the patient experience strategy.

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## 2.7 Involving People Steering Group

The purpose of the Involving People Steering Group (IPSG) is to advise the Trust on appropriate methods of involvement regarding the following:

- The planning or provision of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions to be made affecting the operation of those services
- To provide a forum for members to identify any specific areas where services could be improved in relation to the specific needs of their respective groups and the wider community

This approach provides the Trust with an opportunity to work in true partnership with staff and people as well as ensuring that the Trust meets its responsibilities with regard to patient and public involvement in the most appropriate, effective and inclusive ways and that there is evidence that involvement and experience has influenced decision-making.

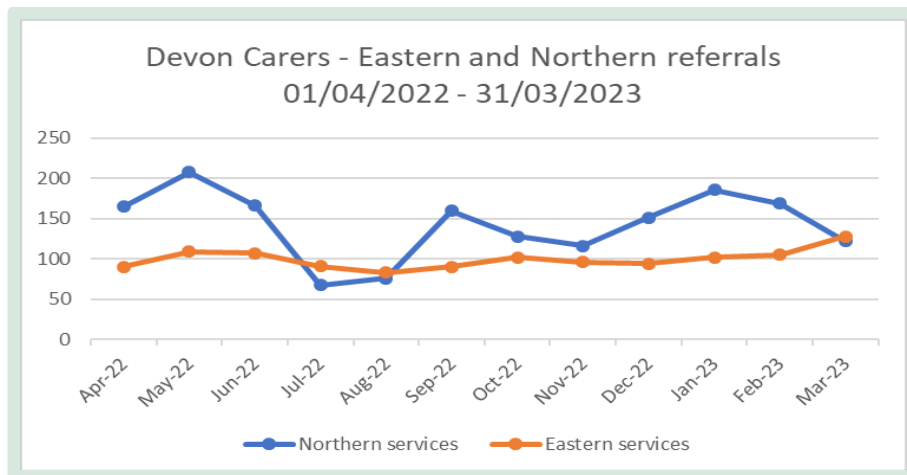
## 3. Supporting our patients

### 3.1 Carers

The Trust recognises how important unpaid carers are and values their input to patient care. Carers undertake a range of tasks to support patients, in hospital and in their own homes. The significance of carers cannot be overlooked and they are part of the patient support team and we want carers to feel valued as a partner in care.



During 2022/23 we have continued to work collaboratively with Devon Carers Hospital Services Team and now include carer awareness training in our preceptorship programme and patient experience teaching and promote the national campaign #THINK CARER



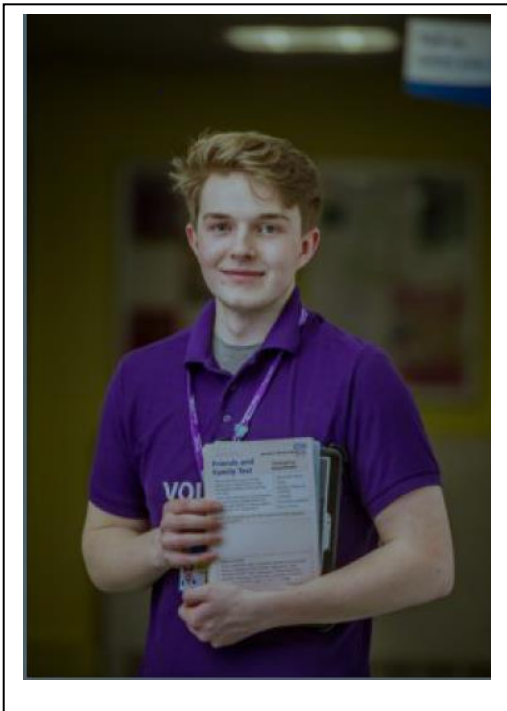
Since April 2022 the total number of referrals made to Devon Carers across RDUH is 3315 (Northern Services 1790, Eastern Services 1197 and Community 328). The Devon Carers hospital services team visit our wards and work with our staff in the acute and community to identify carers and a number of new carers have also been identified as a result of an inpatient admission.

### 3.2 Interpretation and Translation Services

The Trust provides a variety of interpretation and translation services to support the communication needs of our patients and carers. Through our providers we are able to offer telephone-based, video and face to face interpreting and translation of written material across Northern and Eastern sites. We have a robust framework to ensure a consistent approach across the whole organisation, and supports our statutory duties as set out in the NHS Constitution.

### 3.3 Volunteers





The Trust recognises that volunteering enhances patient experience and the services we provide and has benefits for our patients, carers, staff, as well as the volunteers themselves.

Personable, approachable and always willing to go the extra mile, the volunteer members of the patient experience team consistently demonstrate outstanding dedication and commitment. The quality of the feedback obtained by our volunteers is invaluable to the Trust in monitoring patient satisfaction.

It is detailed, clear, concise and, most importantly, reflects the views of patients in their own words.

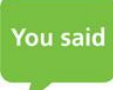




During this year we commenced the Health Education England's recognition of volunteer activity and training; the National Volunteer Certificate (NVC). This requires volunteers to undertake eleven modules of online




learning via e-learning for health, including topics such as fire safety, information governance and safeguarding, but then put their learning into practice by completing a minimum of 60 hours of volunteering. By April five volunteers were already well on the way to achieving the standard, with many more indicating a desire to be involved.

We saw success with placement of volunteers in our Emergency Departments (ED) in both Northern and Eastern services. The volunteer team connected with other trusts who already had volunteers working in their ED departments roles and engaged with the ED teams at RDUH. Just before Christmas 2022 our first volunteers were welcomed into the emergency departments and by Easter we had covered every weekday with eager volunteers in Northern & Eastern services, and the feedback from staff and patients has been extremely positive. *"The skills, experience and knowledge of our volunteers has been invaluable and they have had such a positive impact supporting the patients. As the staff have got to know the volunteers they have fully embraced having them during their shifts"*.

We are planning to expand the opportunities for volunteering across the trust in 2023 with work planned to develop our first Volunteering Strategy to support this direction of travel. We established our first joint Volunteering Steering Group this year and Volunteering forums have been established on both sites.

## Appendix A- ‘you said - we did’ improvements to patient experience that were made in 2022-23:

		
1	 <p>Offer compassion even when busy and waiting times for admission are long.</p> <p>(Emergency department - North Devon District Hospital)</p>	<p>We reminded staff of the importance of compassion and regard for dignity in their interactions with patients.</p>
2	 <p>A junior doctor upset us, as parents, after commenting on our son's weight even though he had barely eaten for weeks. We are particularly sensitive to fat shaming because we believe in healthy diets. As a family, we would have expected better from a medical professional, to not be judgemental without understanding the causes of our son's weight gain.</p> <p>(Caroline Thorpe Ward - North Devon District Hospital)</p>	<p>We spoke with the doctor concerned about the delivery of information to patients and their families.</p>
3	 <p>The appointment booking system is quite frustrating - especially as I know I need an appointment every 3 months for PrEP. It would be great to be able to book the next appointment at the end of each previous appointment.</p> <p>(Devon Sexual Health – Exeter)</p>	<ul style="list-style-type: none"> <li>• We set up a new PrEP clinic, which is aimed at providing follow-up care for patients on PrEP where they can book directly via an email system.</li> <li>• We are now direct booking certain other follow-up appointments, such as depo injections so that patients can book their next appointment when they attend for their current injection.</li> <li>• Patients can now directly book in for routine refits for specific methods of contraception, e.g. implant and IUD/IUS methods, without the need for a pre-consultation. We have designed a check-list for the reception team to ensure they are able to book in the appropriate patients correctly.</li> </ul>

4	<p> The Friends and Family Test</p> <p>With the condoms, maybe a variety of different sizes rather than one.</p> <p>(Devon Sexual Health – Exeter)</p>	<p>We offer all sizes and types of condoms and reminded staff to offer the full range available.</p>
5	<p> The Friends and Family Test</p> <p>The downstairs staff as you walk in were very rude.</p> <p>(Devon Sexual Health - Exeter)</p>	<p>We are constantly updating our staff training and all staff receive feedback in response to their performance at work.</p>
6	<p> The Friends and Family Test</p> <p>A mirror is required in the ladies' toilet.</p> <p>(Endoscopy Suite - North Devon District Hospital)</p>	<p>We fitted a mirror in the ladies' toilet.</p>
7	<p> The Friends and Family Test</p> <p>A raised chair in the waiting room may have been useful.</p> <p>(Emergency department - North Devon District Hospital)</p>	<p>We procured four raised chairs and positioned two in each of the minors and majors waiting areas, with signage indicating that they have a higher seat height to encourage the correct use of them by patients.</p>
8	<p> The Friends and Family Test</p> <p>Given us notice of when you would stop coming, we only knew it was his last visit on the day. Mum has very bad dementia and it would have been useful to know approx. 1 month in advance so I could prepare her, possibly to have you miss one visit to help her understand rather than turn up and say it's the last visit that day.</p> <p>(Ilfracombe Community Therapy Team)</p>	<p>We contacted the teams to ensure that we are more proactive with our discharge planning and communication.</p>

9	<p><small>12/23</small> The Friends and Family Test</p> <p>We just wish they could have continued. It would be of huge benefit if the sessions continued as a regular thing, part of a package of ongoing support to aid mobility. Unfortunately, there will be some decline now that the sessions have ceased. With the best will in the world, [name withheld] won't be doing her exercises without the ongoing support from the team.</p> <p>(Ilfracombe Community Therapy Team)</p>	<p>We continue to support engagement with the wider community and CCG about ensuring localities have ongoing appropriate exercise facilities for elderly people. We have funded a course to support private exercise and are working with Active Devon and CCG to increase PSI trainers locally.</p>
10	<p><small>12/23</small> The Friends and Family Test</p> <p>Maybe cut the paperwork.</p> <p>(Ilfracombe Community Therapy Team)</p>	<p>We regularly review our paperwork and staff are under direction to be appropriate with it, but due to the holistic nature of our assessments a lot of documentation can be generated.</p>
12	<p><small>12/23</small> The Friends and Family Test</p> <p>Explain more about community rehabilitation.</p> <p>(Bideford Community Therapy Team)</p>	<p>We emailed teams to ensure they continue to use the 'community service folder' which holds our information leaflet.</p>
13	<p><small>12/23</small> The Friends and Family Test</p> <p>During a volunteer-led inpatient survey, a patient expressed concern about not getting enough exercise and his hammer toes.</p> <p>(Glossop Ward - North Devon District Hospital)</p>	<p>With patient consent, the concerns were taken up by our volunteer with the ward manager, who escalated to the therapy team and left a note on MyCare for the doctors regarding the patient's hammer toes.</p>
14	<p><small>12/23</small> The Friends and Family Test</p> <p>During a volunteer-led inpatient survey, a patient expressed concern about a faulty call bell.</p> <p>(Jubilee Ward - North Devon District Hospital)</p>	<p>We arranged for the call bell to be repaired.</p>

15	<p> The Friends and Family Test</p> <p>There was no one to ask the way to Jubilee Ward as it was very early and there were no directions on the 'Hospital Directory' board.</p> <p>(Level 2 entrance - North Devon District Hospital)</p>	<p>We amended the signage on the 'Hospital Directory' board to include Jubilee Ward.</p>
16	<p> The Friends and Family Test</p> <p>The lack of a waiting room at the bungalow location means that patients, sometimes elderly, have to wait outside, including in the wind and rain. There are no seats and nowhere to shelter. Handrails are needed on the paths to improve access. There is only one small treatment room.</p> <p>(Leg Ulcer Service – North Devon District Hospital)</p>	<p>We relocated the Leg Ulcer Service to Barnstaple Health Centre. There have been extensive improvements to the facilities, including a waiting room and the formation of two bespoke clinic suits, repurposed specifically for Leg Ulcer Service patients. Considerable effort was made by staff to ensure a smooth transfer of patients and equipment without disruption to the usual level of service.</p>
17	<p> The Friends and Family Test</p> <p>WiFi would be useful. I had to go outside to use my phone.</p> <p>(Emergency department - North Devon District Hospital)</p>	<p>We created posters to increase patient awareness of the free WiFi which is available in the department.</p>
18	<p> The Friends and Family Test</p> <p>A long wait for the treatment but good when it came.</p> <p>(South Molton Community Rehabilitation Team)</p>	<p>We reviewed caseloads, the current number of patients waiting, and the longest wait across all the teams.</p>
19	<p> The Friends and Family Test</p> <p>I think it could have been made clearer to me that whilst my main concern (to be assessed for and fitted with a prostheses) would be handed over to Exeter Mobility Centre, I'd remain in the care of South Molton Community Rehab Team – and that the scope of that care could have been better defined.</p> <p>(South Molton Community Rehabilitation Team)</p>	<p>We reminded staff of the importance of discussing roles within the multidisciplinary teams that pull around patients and how we share information.</p>

20	<p> The Friends and Family Test</p> <p>Would be helpful if the staff uniforms were displayed, showing who's who.</p> <p>(Glossop Ward - North Devon District Hospital)</p>	<p>We updated the staff 'photo' board on the ward.</p>
21	<p> The Friends and Family Test</p> <p>The waiting time is too long.</p> <p>(Eye Clinic - North Devon District Hospital)</p>	<p>We made improvements to the emergency clinic process by implementing a consultant of the week who is available to support the juniors, which should reduce some of the waits.</p> <p>We reviewed our clinic templates to support the length of time patients have to wait.</p>
22	<p> The Friends and Family Test</p> <p>Contact and talking to people - not as much as I would like. They are busy. If we were able to pass the time of day, it would make the time go by quicker.</p> <p>(King George V Ward - North Devon District Hospital)</p>	<p>We are welcoming more volunteers on to the wards, which hopefully will address this issue, as staff are so busy currently.</p>
23	<p> The Friends and Family Test</p> <p>More fresh water - not from the tap. The staff like you to drink water. They take it away sometimes but the need is there at all times. The water is not nice - need cordial to make it drinkable. I drink water from the tap at home but it does not taste the same here - poor quality.</p> <p>(King George V Ward - North Devon District Hospital)</p>	<p>We reminded staff to offer patients both the cordial and cooled water dispenser which are already available on the ward.</p>
24	<p> The Friends and Family Test</p> <p>On entering reception area, I was [illegible] at by the receptionist. She was rude to me and not very polite/appropriate to a colleague in front of me who took over from her! If I had been elderly/ill I would have felt intimidated by the way I was treated today. She should not be patient-facing.</p> <p>(Bideford Community Hospital)</p>	<p>We addressed this feedback with the reception team.</p>

<p>25</p>	<p>  A parent expressed concerns to a volunteer carrying out an inpatient survey as to the regularity of nappy changing by staff. There was no record of such concerns having been raised.</p> <p>(Caroline Thorpe Ward – North Devon District Hospital)</p>	<p>We reminded staff to document conversations with parents to ensure that all parents' concerns are recorded and any appropriate action taken.</p>
<p>26</p>	<p>  A volunteer inpatient surveyor recorded that two requests had been made for two light bulbs to be replaced in the shower room – the patient was experiencing difficulty in changing their contact lenses.</p> <p>(Victoria Ward – North Devon District Hospital)</p>	<p>We replaced the light bulbs.</p>
<p>28</p>	<p>  Not necessarily your department's fault. However, there are frequent times where it would appear departments don't communicate as well as they could.</p> <p>(Barnstaple Community Therapy Team)</p>	<p>We are aware that services may appear disjointed. There are multiple workstreams trying to streamline the pathways for patients. We have found that Epic has supported some of these challenges.</p>
<p>29</p>	<p>  Feel it is hard to know who to contact.</p> <p>(Barnstaple Community Therapy Team)</p>	<p>We reinforced the need to take out the community services folder which signposts patients to our contact number.</p>
<p>30</p>	<p>  Took a long time to get help.</p> <p>(Barnstaple Community Therapy Team)</p>	<p>We are monitoring the disparity of wait times across teams - moving either patients or staff to try and provide better equity.</p>
<p>31</p>	<p>  My ramp was cancelled four times and only delivered and installed satisfactorily on the fifth.</p> <p>(South Molton Community Therapy Team)</p>	<p>We maintain links with the equipment supplier to highlight any deficiencies with the service. We have a double-reporting mechanism to make sure they and us know when issues arise.</p>

32	 <p>It was hard to make an appointment with the person who answers the phone. (South Molton Community Therapy Team)</p>	<p>We have encouraged returning to case management so the practitioner makes the next appointment when with the patient.</p>
33	 <p>Just allow people to call in and make an appointment rather than have to discuss why your calling twice - 1 with the operator who answers then 2 with the health care professional and then maybe you get to discuss an appointment - it's a lot of hurdles during the school run of a very private conversation - plus hopeless if your phone goes out of signal or doesn't connect your told to call back and go through the process all over again the next day - for an appointment!! (Devon Sexual Health – Exeter)</p>	<p>We have recently changed our phone system to enable patients to make most appointments directly with the reception staff, rather than operating a telephone first approach in all cases. Phone appointments are still available for those who want them, but for those patients who know they want a face-to-face appointment, we are able to facilitate this in most cases from first contact with the service. Positive feedback has been received from patients about this change.</p>
34	 <p>Maybe a contact for a local group of females experiencing similar menopausal symptoms (appreciating this is not a responsibility of the service). (Devon Sexual Health – Barnstaple)</p>	<p>We have details on our website about menopause, including links to other services and resources. We are not commissioned to provide menopause services.</p>
35	 <p>Re-open walk-ins. I got an appointment and the care I needed really quickly, but it took quite a few attempts to get through on the phone. I'm now in my late 30's and I've been visiting sexual health clinics for a couple of decades. I've always met fantastic staff and had excellent care. I'm very fortunate that this service has always been easily available to me. I hope you (and the government) can keep this going so that younger generations can receive unfettered access to this essential service. Thank you so much. (Devon Sexual Health – Exeter)</p>	<p>We now have a weekly sit and wait service at all Devon Sexual Health hub sites (Exeter, Barnstaple and Torbay) aimed at young people (18 and under).</p>



36	 <p>Timing - perhaps clinicians need longer with patients than appointment allows. (Devon Sexual Health – Holsworthy Community Hospital)</p>	<p>The majority of clinics run on time but, in a healthcare environment, sometimes some patients require more time. We always do our best and we aim for our reception team to inform patients who are kept waiting.</p>
37	 <p>The Covid-19 postal swabbing system involves a lot of travelling to drop off the sample at the nearest collection point. (Covid Swabbing Unit – North Devon District Hospital)</p>	<p>We changed our process and most patients are now able to complete lateral flow tests at home prior to admission, in line with the change in government guidelines.</p>
38	 <p>It is difficult to contact the physiotherapy department to book an appointment. (Physiotherapy department - North Devon District Hospital)</p>	<p>We introduced a new process in the physiotherapy department for answering the telephone and retrieving messages.</p>
39	 <p>A patient who was trying to make an appointment with the cardiology department left messages on two occasions as no one was available to take the call. A call back was not received in response to the messages left. (Cardiology department - North Devon District Hospital)</p>	<p>Telephone coverage has been maximised to ensure that patients are able to contact the department without multiple failed attempts.</p>

## Appendix B-Care Opinion - Case study

The following feedback was posted on the Care Opinion website. We were able to use the story to improve our services and respond to the patient to update them on how their feedback had facilitated a change.

**About:** North Devon District Hospital / Oral & Maxillofacial Surgery

**Posted by Echoes (as the patient), 16 months ago**

Overall I think the care and the procedure was very good. But there were a few minor points that I feel could be better managed that I would like to reflect back.

The staff were excellent, I knew what was happening at each stage. The surgeon had a caring manner and was gentle - he was removing a polyp in my mouth - and obviously skilled as it is healing [1wk on] really well and I didn't have any bleeding after the event.

During the procedure they kept asking me if I was OK, though, and I had to stop myself trying to say anything! It would have been better if we had agreed an 'OK' and an 'I'm not OK' hand signals or something beforehand.

I also have a suggestion about the giving of important information about aftercare - there was obviously some information to give me about food and eating with it being in my mouth and this started before the procedure when I couldn't really take it in and was actually quite disturbed by what was said.

After the surgeon had finished a nurse sat and talked it through with me which was much better, as I could share my concerns and she responded accordingly. I think it would have been better if they felt it was right to tell me beforehand, if they had also said that they would go over it again afterwards. At the end I was given a leaflet with aftercare info which I didn't read until I got home - but it was not the all the same as they had told me and there was one significant difference which left me a bit confused, so I just did what I thought best. If it had been a really serious issue or if I had any problems I was given a phone number to ring, which was reassuring.

Finally, I had a local anaesthetic and they had assured me beforehand and on the day that I would be ok to drive myself home - but I actually felt a bit shaky and although a confident driver, I drove very slowly! I felt my reactions were not as sharp as I would have liked and I feel that assurance was a bit misplaced, and I would have been better advised to have someone to drive me home.

### Story summary

**What was good?**

reassuring   staff   stitching

**What could be improved?**

hand signals   information

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### Activity

**8** staff members have read this story

Who has Care Opinion told about this story?

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### Show your support

Have **you** experienced something like **Echoes** did, here or elsewhere?  
If so, show your support below.

**I've experienced this**

Or maybe **your** experience was different?

[Share](#) [Tweet](#) [Email](#)

**Dear Echoes,**

Thank you for taking the time to give feedback on your visit to our department.

I am pleased that you felt that the care you received was caring, gentle and skilled and the staff excellent - I will pass your kind comments on to the rest of the team. I am glad your recovery is going well.

I note the points that you made about the improvements you felt could be made around communication.

Our post op advice is usually given by the dental nurse at the end of the procedure. We feel as a nursing team that it is easier for the patient to concentrate once the procedure is over. I'm sorry that you were given advice prior to the procedure that worried you. I will remind all team members that post op advice is best given when the patient is more relaxed, once the procedure is completed.

It is normal practice for us to let the patient know to raise a hand if there is anything they are uncomfortable with during the surgery. I am sorry if this was not done in your case. I will ask that we remember to always give every patient the option of raising a hand as a signal that all is not well.

As you were given local anaesthetic only and not sedation for your treatment, there would be no indication for you not to drive. However, if you were particularly anxious on the day, this may account for the symptoms you experienced afterwards. Advice given is based around the following link.

<http://www.nhs.uk/conditions/wisdom-tooth-removal/recovery/>

It would be usual when asked about driving to say that it is fine to drive, but some people like to have a lift if they need the support or are particularly anxious. I'm sorry if this advice was not given in your case. We will reflect on this as a team in our "morning huddle" and look at standardising advice given across the team during courtesy calls prior to the day of treatment and when procedure is finished.

Once again, many thanks for your kind and helpful feedback which I will share and discuss with our team as a learning opportunity through reflection.

4 people think this response is helpful

Thank you for your feedback.  
See more responses from **Jennifer Smalridge**

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**Response from Jennifer Smalridge, Senior Dental Nurse Maxillofacial & Orthodontics, Maxillofacial & Orthodontics, Royal Devon University Healthcare NHS Foundation Trust 15 months ago**

**We have made a change**

**Dear Echoes**

I just wanted to let you know that we have made a change based on your feedback.

We discussed your story and all the points you raised in one of our team meetings and we found your feedback really helpful. We also reminded all team members to wait to give post op advice after the procedure.

We have now introduced a laminated check list to help standardise our courtesy calls and advice given.

Thank you again for your feedback and the learning opportunity this has provided.

3 people think this response is helpful

Was this response helpful? **Yes | No**

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## Appendix C-Case Study – Acute Hospital at Home (Virtual Ward)

### The challenge:

One of the most significant challenges faced by the Trust is preventing avoidable admissions from the Emergency Department (ED) and Medical Assessment Unit (MAU) along with supporting early discharge out of hospital. A report from the NHS England Virtual Ward programme produced in partnership with Getting It Right First Time (GIRFT) acknowledges that patients are five times less likely to acquire an infection, eight times less likely to experience functional decline and two and a half times less likely to be admitted whilst in a virtual ward setting compared to equivalent treatment in an acute setting.

The Acute Hospital at Home (AHAH) also known nationally as a virtual ward, is a safe and efficient alternative to NHS bedded care. Acute Hospital at Home supports patients, who would otherwise be in hospital, to receive the acute care and treatment they need in their own home. This includes preventing avoidable admissions from ED and MAU and supporting early discharge out of hospital.

Virtual wards have been identified as a key ambition in the 'Delivery plan for recovering urgent and emergency care services' published by NHS England in January 2023. Recent NHSE guidance expects all integrated care systems (ICSs) to extend or introduce virtual wards with an ambition of delivering 40 to 50 virtual ward 'beds' per 100,00 of the population by December 2023. As a minimum, systems need to implement virtual wards for acute respiratory infection and frailty.

### The solution:

In order to achieve the key ambition, the Trust went 'live' with AHAH in January 2023. In Northern Devon our AHAH teams consists of Frailty and Non-Frailty pathways which include Acute Kidney Injury (AKI), Syncope, Atrial Fibrillation (AF), Outpatient parenteral antibiotic treatment (OPAT) and Heart failure.

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The newly formed Frailty AHAH team provide acute health care in the comfort of the patient's own home and are skilled health care professionals who review patients' individual cases with a multidisciplinary team daily.

They assess patients within the acute and are able to follow them up at home. The team comprises of an ACP, trainee ACP, nurses, a physiotherapist and a paramedic.

Treating our frail patients at home allows the Frailty clinicians to provide a holistic assessment and allows them to review and discuss concerns with both the patient and their family as they arise. The clinicians are at the end of the phone to answer any questions or concerns and there is dedicated out of hours support from our AHAH colleagues in Exeter.

The frailty clinicians review and care for patients who are 65 years and over and who have a Rockwood frailty score of 5 or above. They work closely with the acute doctors and are able to provide essential support and expertise into frailty syndromes in order to work collaboratively.



**Pictured: The AHAH team**

The Specialist Medical Team - with their passion for frailty - ensure a holistic view of each individual, promoting patient centred care for all frailty pathway patients. They are also able to draw on waking night sits to support patients through the night where necessary.

They are able to provide complete physical examinations, blood tests, observation monitoring, medication reviews, therapy input, equipment review, cognitive assessment, review social situations and prepare for discharge from case load ensuring all onward referrals have been completed to ensure ongoing care continues.

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## Patient Involvement and satisfaction:

Patient feedback collected relating to the service has been overwhelmingly positive. The following comments have been left by service users and staff:

*"My Mum and I just wanted to let you know that the team has been excellent, it was a relief to my elderly Mum that she had some professional support when my Dad came home."*

*"The provision of the overnight sitters gave us the reassurance and confidence to believe that mum is able to be here at home."*

*"A high level of professional care was provided."*

*"I was very grateful to have support at home, as I was very worried as I was still on antibiotics and was short of breath"*

*"Night sits – confidence that someone was there to support him when he was at his worst. Caring and insightful input from night sitters."*

*"The security of knowing that if a problem arises there was always a telephone number to ring."*

*"I would have been very concerned about her going home to her own environment with only her Husband's support at night time. This provided her Husband with the reassurance that he could rest at night time and not worry about his Wife being alone if she was to wake and to also then be well rested enough to support her recovery in the day" - Delirium nurse*

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## Appendix D- Case Study 2 – Mid-wife led birth room - Broadsands

### The challenge

In 2016, the National Maternity Review's report, 'Better Births' set out a vision for maternity services across England to become safer and more personalised. The report recommended several workstreams for care improvement and teams of midwives got together to look at each workstream across the South West.

It was identified through the 'Choice and Personalisation' workstream that there were some inequities across the South West. The document advocates that women and their families should have the option to give birth in a number of care settings from homebirth, to midwife led unit, to consultant unit. During this time North Devon Hospital could only facilitate a homebirth or consultant shared care, lacking a birth centre or Midwifery led unit.

This meant that midwifery led care was being provided within the hospital consultant led unit, often being exposed to more intervention or obstetric input. This also meant that, if women wanted to give birth in a low risk setting such as a birth centre they would have to travel to the next nearest place in Exeter; and given the demographics of North Devon maternity catchment this was too far for the women to travel.



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## The solution



In order to give equity of place of birth in the North, we looked at turning a labour ward room into a midwifery led care birth suite. As our total birth number per year was much smaller than other area, it was not possible to create a separate unit or alongside birthing unit.

The room was named after one of our local beaches called 'Broadsands' as it represented a small place for women to give birth and was unique to North

Devon. The aim of the midwifery led care room was designed so that low risk women who have had an uncomplicated pregnancy would come into a homely environment to give birth without the need for any obstetric input. This would be the same care provided at a home birth setting. The midwives would provide all care from triage to intrapartum care, to postnatal and early discharge home.

The Broadsands room has equipment to encourage mobilisation such as birthing balls, cushions, a couch, mats and a birthing chair. There is a bed in the room should the women want to rest. The room has a birthing pool for use as pain relief or to give birth in.



The room is set up so that partners can be just as involved in the birthing experience without the 'hospital feel'. They can make their own tea and coffee, play music, listen to sounds of nature, change the lighting to suit their needs and birth where they feel comfortable.

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## Patient involvement and satisfaction

The following comments relating to the room have been left by service users on social media:

*"I had the most wonderful waterbirth in this room two years ago and I am so glad we were placed in this room. It literally has everything you need and doesn't feel too much like a room in a hospital. A lovely and calm sanctuary."*

*"I was in this room!! Loved going in the water and looking at the beautiful mural. The room felt so calm and relaxing, it really helped my hypnobirthing breathing techniques."*

*"Had the waterbirth of my dreams in this room on Thursday! They call it home from home for a reason me and my family all felt so comfortable."*

*"I used this exact room just 18 months ago, it was very relaxing. I used the bed first whilst the labour was progressing, then went into the pool for the final stage. One of your lovely midwives and a trainee midwife put on the aromatherapy lamp and it was all very calm and relaxing. Loved it. "*

*"I used this room for a part of my labour I didn't give birth in their but I wish I did it was so welcoming which was grate as it increased my oxytocin and the environment was like being at home the ladies did a great job of decorating it as homely as possible if you were thinking of doing a water birth definitely a way to for me it was the most wonderful experience of labour apart from giving birth to my baby boy. So overall it was lovely and would definitely recommend x"*



## Appendix E- Case Study 3 – Pet therapy dog on Fortescue Ward

### The challenge

Fortescue ward at North Devon District Hospital cares predominantly for older people living with dementia and other cognitive impairments and frailty. The daily challenge is to engage with them, encouraging them into taking part in activities to maintain and promote a positive mind set whilst they are an inpatient. We understand that a hospital stay can demotivate and disable many older people and the ward aim to minimise the risk of this happening.



### The solution

With the introduction of the PAT dog on the ward, staff are taking steps to reduce poor mental health outcomes for dementia patients within the hospital. Research from the Alzheimer's Society (2023) shows that pet therapy can have a calming effect and help patients with reminiscence, which is a large part of working with patients with dementia.

The ward also has a robotic puppy which is used with patients. This has proved very popular and soothing to some patients. The aim of the robotic puppy is to give patients a sense of independence back. By caring for the animal, it also gives them a chance to remember a beloved pet and the happy memories that it brings.



The Trust policies for infection control and health and safety have been followed whilst introducing the PAT dog and patients are always given a choice whether they would like to take part and meet with the dog and their owner.

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## **Patient involvement and future development**

The PAT dog continues to be a really positive activity on Fortescue. The ward manager would like to thank Penny Reardon and her dog Blue along with Anne Royal the activities coordinator. Future developments of a similar nature include Malcom, the music man, crafts that patients undertake on a daily basis plus the wonderful themed days such as the Coronation.

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## Appendix F- Case study 4 – Using Evidence Based Co Design (EBCD) to improve a service

EBCD is the process of groups of people working to make improvements or design new services together. This approach enables staff, patients and other service users to co-design services and care pathways, together in partnership. The approach is different to other service development techniques. Maternity Services were chosen to apply this methodology to shape future service delivery and design.

### Service user input

Maternity Voices Partnership (MVP) were commissioned to undertake engagement with service users to understand their experiences of NDDH maternity services.

MVP used both online and face to face methods of engagement including focus groups, an online survey and case studies and covered antenatal, labour, postnatal, SCBU and general questions. Feedback was received from 233 service users.

Comments included:

*“I was in a bay with three other women (during induction) and felt that the bed space was cramped in. I had no natural light, I was right by the door and the wall. The lights from the hallway were shining right into the space which was awful especially when you need dark at night”*

*“Private rooms where partners can stay overnight and help care for babies could completely change the way women recover from birth”*

*‘Having to go for a termination and walk past the waiting room of mothers who were waiting for scans was soul destroying”*

*“Having everything on one level as my partner had to be wheeled up and down floors and through reception with no privacy or dignity”*

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## Staff input

Engagement was carried out over a four-month period consisting of a staff survey, informal face to face chats/group discussions both with NDDH staff and community midwives and the use of a dedicated maternity staff Facebook group. Staff were from all disciplines within the service. 68 members of staff shared their feedback.

Comments included:



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## Key recommendations

Maternity services reviewed the feedback and acknowledged that feedback received from staff and services users were aligned and agreed the following key priorities for future improvements:

- All services to be on the same floor/level
- Private rooms required for service users including the ability for partners to stay (Limitations for the Special Care Baby Unit due to safety priorities)
- Flexible space for meetings/training/service user education
- Maternity Led Unit expansion
- Separate entrance/waiting rooms to enable improved experience for those suffering baby loss
- Improved heating/ventilation (partially completed)
- Refreshment facilities for partners
- Appropriate rest space for staff
- Appropriate rest space/staff space
- More space around beds
- Improved parking experience (clarification on pick up and drop off being developed)

## Appendix G- Learning from Complaints

The following are some examples of learning from complaints during 2022/23:

	You said	We did!
1	A ward was unable to evidence if a conversation had taken place with a relative of a seriously ill patient to discuss their condition.	Policies and procedures were reviewed and enquiries were made to allow staff members to add this information to the new electronic record (EPIC).
2	An inappropriate dressing was applied incorrectly to a paediatric patient.	The dressing was removed from the service area to prevent this being repeated.
3	A patient that experienced a delay in the Emergency Department (ED) reported that they were not supplied with anything to eat or drink during their waiting period.	A reminder was included in the ED newsletter reminding staff of the importance of providing refreshments to all patients that experience an extended wait.
4	A complainant referenced a document on the Trust website which related to the use of a drug. The document referenced did not make it clear that the information contained related to emergency situations only.	The document was reviewed and amended.
5	Relatives experienced difficulty contacting the ward due to staff shortages.	A ward clerk was employed for this area. Their duties include updating relatives and carers.
6	A patient was discharged with unlabelled medication.	A training conversation was completed with all relevant clinicians to highlight the incident for learning and reflection. This included ensuring that through checks on medication are completed on patient medication before discharge. It also focused on ensuring that the digital discharge checklist is consistently utilised to promote safe and effective discharges
7	A complainant raised an issue that pillows were not available whilst waiting in ED.	Additional pillows were ordered for the department.

8	A patient had their initial chemotherapy treatment delayed due to a late DNA test.	The service worked with our Information Technology (IT) system administrators to create a function that Doctors are able to use to request all genetic testing. This will improve the timeliness of DNA testing.
9	The swab results of a patient were not received due to partially completed documentation.	The importance of fully completed documentation was communicated via a staff newsletter and staff meeting.
10	A patient reported a poor experience whilst waiting in the ED department for an extended period of time.	The ED Escalation Standard Operating Procedure was reviewed and patients in the waiting room are now allocated a named nurse to focus on minimising delays and improving the patient experience.
11	A complaint investigation highlighted a need for refresher training relating to autism and mental health awareness in a department.	The learning disability nurse visited the department to provide training for staff.
12	A patient reported they could not understand their discharge summary.	The ward manager spoke with the junior doctors and consultants regarding the importance of making summaries concise and easy to understand to ensure that patients could understand the content.
12	Following an appointment cancellation, a patient experienced a problem with a series of linked appointments they had scheduled.	The investigation uncovered a computer system error which the service manager escalated to the Information Technology (IT) department to resolve.
13	A complaint relating to a patients mouthcare on the ward highlighted the need for a training update for the ward staff.	The clinical educator on the ward completed mouthcare training with ward staff.
15	A patient was discharged from ED with a follow up appointment booked for the next day. Their feedback was this process was confusing and they did not have contact details for the department they were referred to.	Business cards were provided to ED from the Same Day Emergency Care (SDEC) and Ambulatory Assessment Area (AAA) to give to patients when follow up appointments are booked.





# Appendix H - Complaints Audit results

## Eastern Services

Datix ID	Division	Month Rec'd	Did the Trust acknowledge within 3 working days	Was a consent form completed (# applicable)	Was a telephone triage form uploaded	How was the complaint resolved	Was the complaint responded to within 45 working days (from receipt to closing)	Was the complaint responded to within 6 months (from receipt to closing)	If the complaint exceeded 6 months, how many working days did it take (from receipt to closing)	Number of days with division awaiting approval of DFRL	Did this include time to amend the DFRL	Number of days with the Deputy Director of Nursing (PE) awaiting approval of DFRL	Did this include time to amend the DFRL	Number of days with the Trust Directors awaiting approval of the DFRL	Did this include time to amend the DFRL	Number of days awaiting approval from the CMO/CNO/CPE	Did this include time to amend the DFRL	Was the outcome recorded on Datix	Were the actions recorded on Datix (for upheld and partially upheld complaints)	Was the final response letter uploaded to Datix
2943	Medical Services	January	Yes	N/A	Yes	Early resolution	Yes	Yes										Yes	N/A	Yes
60	Medical Services	June	Yes	No	No	Executive response	No	No	135	5	No	1	No	10	No	3	No	Yes	No	Yes
2454	Medical Services	December	Yes	N/A	No	Executive response	Yes	Yes		23	No	2	No	3	No	1	No	Yes	No	Yes
2020	Medical Services	November	Yes	Yes	No	Executive response	No	Yes		13	No	2	No	1	No	6	No	Yes	N/A	Yes
631	Medical Services	August	Yes	Yes	No	Executive response	No	No	133	24	Yes	1	No	13	Yes	19	No	Yes	No	Yes
2068	Surgical Services	November	Yes	N/A	No	Executive response	No	Yes		4	No	1	No	6	No	5	No	Yes	N/A	Yes
2080	Surgical Services	November	No	N/A	No	Executive response	No	Yes		1	No	2	No	1	No	9	No	Yes	N/A	Yes
2541	Surgical Services	December	No	N/A	No	Executive response	No	Yes		1	No	1	No	12	No	4	No	Yes	No	Yes
3306	Surgical Services	February	No	N/A	No	Early resolution	Yes	Yes										Yes	N/A	Yes
150	Surgical Services	June	Yes	N/A	No	Executive response	No	Yes		2	No	3	No	6	No	2	No	Yes	No	Yes
2573	Specialist Services	January	Yes	N/A	No	Early resolution	Yes	Yes										Yes	Yes	Telephone Form
2620	Specialist Services	January	No	N/A	No	Executive response	No	Yes		4	No	7	No	1	No	10	No	Yes	Yes	Yes
390	Specialist Services	July	No	N/A	No	Executive response	No	No	146	3	Yes	1	No	14	No	3	No	Yes	Yes	Yes
3408	Specialist Services	February	Yes	N/A	No	Early resolution	Yes	Yes										Yes	No	Yes
2984	Specialist Services	February	Yes	Yes	Yes	Executive response	Yes	Yes		4	No	N/A		1	Yes	4	No	Yes	No	Yes
886	Community Services	August	Yes	N/A	No	Executive response	No	Yes		1	N/A	1	No	5	No	33	No	Yes	No	Yes
1093	Community Services	August	Yes	N/A	No	Executive response	No	Yes		28	Yes	2	Yes	6	No	7	No	Yes	No	Yes
1870	Community Services	November	Yes	N/A	No	Executive response	No	Yes		19	Yes	4	Yes	2	Yes	7	No	Yes	Yes	Yes
2378	Community Services	December	Yes	N/A	No	Early resolution	Yes											Yes	No	
1930	Community Services	November	Yes	Yes	No	Executive response	No	Yes		19	Yes	5	No	3	Yes	7	No	Yes	No	Yes

## Northern Services

Datix ID	Division	Month Rec'd	Did the Trust acknowledge within 3 working days	Was a consent form completed (if applicable)	Was a telephone triage form uploaded	How was the complaint resolved	Was the complaint responded to within 45 working days (from receipt to closing)	Was the complaint responded to within 6 months (from receipt to closing)	If the complaint exceeded 6 months, how many working days did it take (from receipt to closing)	Number of days with division awaiting approval of DFRL	Did this include time to amend the DFRL	Number of days with the Deputy Director of Nursing (PE) awaiting approval of DFRL	Did this include time to amend the DFRL	Number of days with the Trust Directors awaiting approval of the DFRL	Did this include time to amend the DFRL	Number of days awaiting approval from the CMO/CNO/CE	Did this include time to amend the DFRL	Was the outcome recorded on Datix	Were the actions recorded on Datix (for upheld and partially upheld complaints)	Was the final response letter uploaded to Datix
736	Medicine	August	Yes	Yes	No	Executive response	No	Yes	N/A	14	Yes	2	No	1	No	28	Yes	Yes	Yes	Yes
1377	Medicine	September	Yes	N/A	No	Executive response	Yes	Yes	N/A	7	Yes	0	No	4	No	8	Yes	Yes	Yes	Yes
1962	Medicine	November	Yes	Yes	No	Executive response	Yes	Yes	N/A	17	Yes	0	No	2	No	4	No	Yes	N/A	Yes
2958	Medicine	January	Yes	N/A	Yes	Executive response	Yes	Yes	N/A	3	Yes	4	No	1	No	3	No	Yes	N/A	Yes
3109	Medicine	February	Yes	N/A	No	Early resolution	Yes	Yes	N/A	1	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes
3902	Medicine	March	Yes	N/A	No	Early resolution	Yes	Yes	N/A	1	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	N/A	Yes
3907	Medicine	March	Yes	Yes	No	Executive response	Yes	Yes	N/A	0	No	N/A	N/A	1	No	7	No	Yes	Yes	Yes
<b>Average days</b>										<b>6.1</b>		<b>1.5</b>		<b>1.8</b>		<b>10.0</b>				
2246	Surgery	December	Yes	N/A	No	Executive response	No	Yes	N/A	5	Yes	0	No	4	No	4	No	Yes	Yes	Yes
2057	Surgery	November	Yes	N/A	No	Executive response	Yes	Yes	N/A	10	Yes	N/A	No	2	No	N/A	N/A	Yes	N/A	Yes
1786	Surgery	October	Yes	No	No	Executive response	No	Yes	N/A	17	Yes	3	No	6	No	10	No	Yes	N/A	Yes
2487	Surgery	December	Yes	Yes	No	Executive response	No	Yes	N/A	6	Yes	8	Yes	4	No	8	Yes	Yes	Yes	Yes
2860	Surgery	January	Yes	Yes	No	Early resolution	Yes	Yes	N/A	10	No	N/A	No	N/A	N/A	N/A	N/A	Yes	N/A	Yes
2235	Surgery	November	Yes	Yes	No	Executive response	Yes	Yes	N/A	0	No	N/A	No	2	No	N/A	N/A	Yes	Yes	Yes
1648	Surgery	October	Yes	Yes	Yes	Executive response	No	Yes	N/A	18	Yes	1	Yes	1	No	2	No	Yes	N/A	Yes
<b>Average days</b>										<b>9.4</b>		<b>3.0</b>		<b>3.2</b>		<b>6.0</b>				
6	CS&SS	June	Yes	Yes	No	Executive response	No	Yes	N/A	15	Yes	N/A	N/A	4	No	0	No	Yes	Yes	Yes
370	CS&SS	July	Yes	Yes	No	Executive response	No	Yes	N/A	5	Yes	0	N/A	4	No	4	No	Yes	Yes	Yes
922	CS&SS	August	Yes	N/A	No	Executive response	No	No	138	25	Yes	21	Yes	9	No	20	No	Yes	Yes	Yes
3044	CS&SS	February	Yes	N/A	No	Early resolution	Yes	Yes	N/A	5	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes
3170	CS&SS	February	Yes	Yes	No	Executive response	Yes	Yes	N/A	0	No	N/A	N/A	4	Yes	3	No	Yes	N/A	Yes
3221	CS&SS	February	Yes	N/A	No	Early resolution	Yes	Yes	N/A	3	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes
<b>Average days</b>										<b>8.8</b>		<b>10.5</b>		<b>5.25</b>		<b>6.75</b>				

<b>Agenda item:</b>	11.3, Public Board Meeting	Date: 27 September 2023		
<b>Title:</b>	Finance and Operational Committee board Update			
<b>Prepared by:</b>	Angela Hibbard, Chief Finance Officer			
<b>Presented by:</b>	Steve Kirby, Non-Executive Director & 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>	<p>To approve the following items as recommended by the Finance and Operational Committee:</p> <ul style="list-style-type: none"> <li>Investment Criteria to be built into business case and prioritisation processes in line with the approved financial strategy</li> </ul> <p>All other issues raised were for discussion and noting.</p>			
<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 17 August 2023 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 17 August 2023. A full copy of the approved FOC minutes is available upon request.

## 2. Background

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

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

## 3. Updates

### 3.1 Assurance Updates

#### **2023/24 financial position by exception**

A verbal update was given on the month 4 position which was reported as on plan with variances on income, pay (due to the cost of covering industrial action) and under delivery of delivering best value savings. These adverse variances were being managed through underspends in non-pay linked to reduced levels of activity. The forecast is still reporting on plan at a deficit of £28m but with material risks on DBV delivery, system stretch savings and additional ERF income recovery.

A detailed discussion was held on the level of financial risk and the proposed financial recovery response to mitigate the growing risk.

The committee also received the final response from the Devon ICS to the Regional operational planning letter which gave a comprehensive and realistic response to the queries raised. The additional controls set out have been considered as part of the Devon ICS response to the increasing financial risk and will form part of the Trust's response to the increasing internal financial challenge.

Further detail will be provided through the confidential briefing.

#### **Deep dive on Key Variances**

A more detailed analysis was presented on the pay and drugs spend position, being two key drivers of cost pressure being managed. Whilst it was recognised that the cost of covering industrial action was a significant cost pressure it was also recognised that other areas of agency usage were growing and further work was needed at a detailed divisional level. This action will be built into the recovery plan response to the increasing risk on the financial position.

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

An update was provided on the latest performance position which continued to demonstrate good progress but recognised the impact that industrial action was having with over 2,100 clock stops lost during the year to date.

The Trust remains on trajectory to clear 104ww as measured under the RTT guidance with 1 highly complex patient remaining. Progress continues to be made on 78ww with forensic focus being applied and the Trust being slightly behind plan as at the end of July. However, the Trust is forecasting to be ahead of plan on 65ww.

Delivery against the 4-hour performance within ED continues to be a challenge and below plan at both sites and features front and centre within the improvement plan, with particular attention on the minor's pathway and overnight performance. Diagnostics performance remains in line with the previous month with performance trajectories being built as part of the improvement plan.

Cancer continues to see steady progress with faster diagnosis standard being ahead of plan for both sites based on June data and continues confidence on the yearend trajectory for 62 day with the best performance seen so far this year.

No criteria to reside continues to be a challenging Although the Eastern position is near to plan the Northern position remains at 15% and is being felt operationally. Continued discussions are being had with Social Care partners to look at P2 capacity as we head towards winter.

### **Improvement Plan delivery**

The Director of Improvement set out the 5 key priorities as part of the improvement plan and shared the detailed plans on a page.

1. 4-hour performance improvement in eastern services
2. Elective recovery in 65 week waits
3. Outpatient improvement programme - both sites
4. No criteria to reside on northern site
5. Develop recovery trajectory for Diagnostics

The plans set out the key problem areas, the intended future state, detail on what would make a difference, the actions and interventions in the plan and how the process will be monitored and measured. This gave a level of granularity and assurance on the work being undertaken.

The report also detailed the revised governance and oversight to monitor progress including an improvement Board co-chaired by the CMO and CNO.

It was also noted that a formal letter had been received from NHSE which requires response on winter planning, Urgent Care and Cancer as well as some focus on outpatients. Response is due by the end of September and will require Board sign off through FOC and Trust Board.

### **Delivering Best Value savings Plan**

Month 4 delivery is reporting a £2m shortfall with £8m delivered against a target of £10m which equates to 80% of the target delivered in the first three months (74% as at month 3).

There remains £5.7m of unidentified savings within the forecast position which continues to be in line with the previous month. Detailed discussions have been held through the DBV working group on alternative opportunities which have not yet produced a deliverable opportunity. A further review of all benchmarking opportunities and analysis will be built into the financial recovery approach.

The Committee noted areas of forecast under-delivery as follows:

- EPIC cashable benefits – although significant benefits are being seen in patient pathways this is supporting cost avoidance and productivity rather than cost reduction
- Temporary workforce – a significant reduction has been seen in agency spend but it is not quite at planned levels due to the impact of industrial action

These areas are offset by higher forecasts than plan in pharmacy and Procurement but with some risk on delivery.

The committee noted the recommendations that had been presented to the DBV board on EPIC admin savings and recognised that the slippage of EPIC benefits would not be recoverable in year as there was no route to cash, although it was noted that EPIC continued to drive benefits supporting the productivity agenda.

It was also requested that a lessons learned on EPIC benefits delivery is developed to support other organisations who may go down the same path.

### **ICS Issues**

An update was provided on the national requirement to submit a Medium-Term Financial Model (MTFM) to the regional team on 8<sup>th</sup> September with the final model being due for submission on 29<sup>th</sup> September.

The work will build on the development of the Devon ICS long Term Financial Model (LTFM) which has been developed with support from Deloitte and was the basis for the Royal Devon Finance Strategy.

The model is being reviewed against the national expected planning assumptions and a check being undertaken against the national requirements. The expectation continues to be a 5-year model with breakeven in year 3, recognising this is a challenging position to achieve.

It is not expected that there will be significant movement from the draft LFTM although CFOs have requested the ability to scenario test the exit run rate of 2023/24 given the level of financial challenge currently being felt. An updated position will be reported through FOC.

Once signed off by the system this will allow the Finance strategy and proposed financial framework to be refreshed and to confirm use of this framework within the system for longer term planning purposes.

### **3.2 Emerging Issues and items for information**

#### **ED configuration financial review and lessons learnt**

The committee received a review of the financial budget for the ED reconfiguration which has been amended and approved by the Trust Board at previous points in the programme. The report set out a further overspend on the final phase of the paediatric ED element which requires a capital budget rephrasing for 2023/24 and 2024/25 with a further £1.4m of budget allocation to finalise the scheme, to be approved through the strategic capital planning governance.

An independent review has been undertaken with a number of recommendations raised on contractual management, external advisory costs, accountability and changes in scope. These recommendations are being taken forward by the Director of Estates and facilities.

### **3.3 Items for Trust Board of Directors approval**

#### **Business Case approval Criteria**

The committee were presented with a paper setting out how the investment criteria detailed in the finance strategy should now be operationalised within the business case guidance (alongside Treasury green book criteria) and operational planning prioritisation.

**The committee recommend to the board 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**

The increasing challenge on the finance position was considered in terms of the current consequence score of 4 but as there is no proposed move to forecast at this stage and

the likelihood in the current score is already at the highest level of 5 no amendment was proposed. Therefore, the risk remains scored at 20.

**6. Recommendations**

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

- Investment Criteria to be built into business case and prioritisation processes in line with the approved financial strategy

All other issues raised were for discussion and noting.



<b>Agenda item:</b>	11.3, Public Board Meeting	Date: 27 September 2023		
<b>Title:</b>	Finance and Operational Committee board Update			
<b>Prepared by:</b>	Angela Hibbard, Chief Finance Officer			
<b>Presented by:</b>	Steve Kirby, Non-Executive Director & 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>	<p>The Finance and Operational Committee makes the following recommendations to the Trust Board of Directors:</p> <ul style="list-style-type: none"> <li>• To accept the recommended actions following the MBI review of the cancer patient tracking list</li> <li>• To approve the national Protecting and Expanding Elective Capacity (Outpatient Capacity) 2023/24 return for submission to NHS England by 30 September 2023.</li> <li>• To approve the MTFP wording to be agreed and to give delegated authority to the CFO to approve any minor changes prior to final submission. If there are any material changes, the board is asked to give delegated authority to the CFO, Chair of FOC and Deputy Chief Executive</li> </ul> <p>All other updates are for noting.</p>			
<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 19 September 2023 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 19 September 2023. A full copy of the approved FOC minutes is available upon request.

## 2. Background

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

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

## 3. Updates

### 3.1 Assurance Updates

#### **2023/24 financial position by exception**

A verbal update was given on the month 5 position which was reported as showing a £3.9m variance to plan. It was recognised that the risk of moving off plan had been highlighted in month 4 and, although a financial recovery plan has been instigated, it is too early for the impact to be seen in the month 5 position.

The key variances include the cost of industrial action, an increasing level of drugs spend, shortfall in the delivery of the recurrent DBV plan and an underlying pay cost pressure. Although some of the adverse variances were offset by some additional high cost drugs income (although not the full extent of the drugs overspend) and additional non-recurrent DBV opportunities, the overall movement could not be managed in month.

A detailed discussion was held on the level of financial risk and the financial recovery plan likely impact. A further piece of work is being undertaken on the month 6 forecast position to assess whether there is confidence in the internal FRP and external response to the system stretch or whether a movement in forecast is required.

The committee also received a self-assessment against the Regional operational planning letter which demonstrated compliance in the majority of areas. There were some exceptions whereby the governance structure allowed sign off by Trust directors although it was recognised that further controls have now been issued which will require this to be revisited.

Further detail will be provided through the confidential briefing.

## **ERF performance**

A paper was received on the year to date activity delivered against plan and the elective recovery fund income predicted to be earned. It demonstrated that, based on weighted activity measures for April and May, we have earned an additional £0.9m of ERF income above the ICB allocation. This is below our operational plan but it a strong foundation and, as yet, it is unclear if any other changes will be made to the thresholds for continuing industrial action. The paper also described opportunities to further enhance this income through expanding the data capture workstream, with additional identified resource ring fenced from existing teams and complimented with small additional resource from the IST funding.

## **The committee noted the report.**

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

An update was provided on the latest performance position which continued to demonstrate good progress but recognised the impact that industrial action was having with over 2,151 clock stops lost during the year to date.

The Trust reported zero 104ww as measured under the RTT guidance as at 31<sup>st</sup> August which is a significant milestone in the Trust's progress. There are two cases warranting further investigation that may subsequently be reclassified as 104ww but a detailed review is being undertaken.

Both 78 and 65 weeks are moving outside of trajectory so further work is required to recover this, acknowledging the impact industrial action is having on this measure.

Delivery against the 4-hour performance within ED continues to be a challenge and below plan at both sites with type 1 being at 50.3% and all types at 59%. This is against planned trajectories of 61% and 68% respectively.

Cancer continues to see good progress with faster diagnosis standard being ahead of plan for Northern although below plan for Eastern but with plans to rectify. Notification is expected to formally remove Royal Devon from tiering for Cancer.

The committee also formally received the outcome from the MBI data validation exercise undertaken on the cancer patient tracking list, resulting in 4 key recommendations:

1. Validation of patient records to confirm admission/outpatient appointments are still required
2. Securing of dates for those patients which require them
3. Validation of records to understand which patients are overdue their admission/appointments and add to the cohort above.
4. Ensure planned/review dates are recorded for all patients on these 2 lists

The committee was assured that capacity was available within the team to deliver these recommendations and progress is being made. **The committee formally noted the report and accepted the recommendations from MBI for delivery.**

The Committee also reviewed the Trust's draft self-assessment against the national Protecting and Expanding Elective Capacity (Outpatient Capacity) 2023/24 return. A position against each of the statements was included within the checklist. The committee provided some feedback against the detail and asked for reconsideration of some of the RAG colours used, which was a local measure added and not part of the national submission. This changed the RAG rating from green to amber on two measures.

With this amendment **the committee recommended approval by the Board of Directors for submission to NHS England by 30 September 2023.** The return is attached as appendix 1 as required as part of the approval criteria.

### **Improvement Plan delivery**

The Director of Improvement provided an update on the work of the Improvement plan and the newly established improvement working group. This group provides Executive oversight and support, enabling the programme to deliver at pace by unblocking issues in a timely manner. The 5 workstreams are now clearly established with SRO leads assigned to each. A number of key actions have been set out for each workstream which will be reviewed fortnightly by the group. No escalations were made to the committee.

**The committee noted the report.**

### **Delivering Best Value savings Plan**

Month 5 delivery is reporting a £4.5m positive variance year to date compared to a £2m shortfall in month 4. However, the positive movement is through identification of further non-recurrent benefit to manage the in-year adverse financial position which, although above the non-recurrent DBV plan, is masking the under delivery of the recurrent savings required.

From a forecast perspective there remains £3.1m of unidentified savings which is an improvement from the £5.7m at month 4. However, this is again due to non-recurrent movement and the recurrent savings plan is showing an £8.6m gap to target which will have an impact on next financial year if not recovered.

The Committee noted the push to accelerate DBV through the financial recovery plan and the planned benchmarking workshop to generate additional recurrent opportunities but were concerned about the recurrent shortfall.

**The committee noted the report.**

### 3.2 Other Items for Trust Board of Directors approval

#### ICS Issues

The committee received an update on the medium-term financial plan progress which was submitted to the region on 8<sup>th</sup> September with final submission due on 29<sup>th</sup> September. The committee enquired about the status of the piece of work and the level of board sign off required. It was noted that all system partners were required to indicate board approval of the system plan. The following observations were made to feedback to the ICB:

- The committee recognised that this was a financial model rather than a plan as there were no delivery plans behind the savings required to deliver the financial trajectory.
- The committee felt a narrative was needed on the National Hospital Programme. Timeframes are likely to be outside of the 5-year model and the work to assess the cost of the hospital 2.0 model versus the financial benefits hasn't yet been completed but some form of words about the future strategic capital in the system and the efficiencies that are expected from this should be included.
- The committee was uncomfortable with the assumed full delivery of 2023/24 in the base case giving the increasing financial pressure and the clear impact this will have on future years. Although it is in the scenarios it needs to be drawn-out much clearer.
- There was concern that the MTFP is being described as an ICS plan whereas there is no mention of local authorities within the model. Therefore, we need to describe this as the Devon ICS Health MTFP
- The committee asked for a clear set of words on approval from the ICB to ensure there is consistency and clarity on what individual boards are approving in the context of a system model. These have been included as the recommendation below:

'The recommendation is to sign off the system medium term financial plan submission. It is recognised that the modelling contained within the plan will require further development at both organisational and system level to determine how the plan will be delivered. However, all organisations have agreed the principles used in developing this plan which are as follows:

- The ICS has committed to deliver the following financial outturn positions across the 5 years: £(42.3)m, £(30.0)m, £0.0m, £6.6m, £12.3m.
- Each acute will deliver a **year on year improvement in their financial outturn position**, not creating an adverse impact on the system.
- Each organisation will deliver a **year on year improvement in their underlying recurrent position**, until at balance.
- Compliance with Mental Health Investments and Better Care Fund will be met'

The Finance Committee endorse this recommendation to the trust board. Should any minor changes in the total take place between committee review and submission the Board is requested to give delegated authority to the CFO to approve.

If there are any material changes, the board is asked to give delegated authority to the CFO, Chair of FOC and Deputy Chief Executive.

### **Eastern Hybrid Theatre Speculative Business Case**

The committee were presented with a business case for a Hybrid Theatre which is part of the estates strategy to provide additional theatre capacity for the Trust's cancer patients, and attendant benefits including the opportunity to reconfigure trauma activity in the future. The committee recognised it was a speculative bid in readiness for any national capital that may be awarded in the future as there is no current provision within the Trust's internal CDEL resource. Revenue funding would also need to be secured as part of the approval for future ERF funding.

**The committee recommend to the board for approval subject to national capital and revenue funding being made available**

#### **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**

No detailed review as undertaken against the finance and operational related BAF risks at this time, however it was acknowledged that within the next formal review a testing of the scoring should be applied based on the medium-term financial outlook.

#### **6. Recommendations**

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

- To accept the recommendations actions following the MBI review of the cancer patient tracking list.
- To approve the national Protecting and Expanding Elective Capacity (Outpatient Capacity) 2023/24 return for submission to NHS England by 30 September 2023.
- To approve the MTFP as per the following wording and to give delegated authority to the CFO to approve any minor changes prior to final submission. If there are any material changes, the board is asked to give delegated authority to the CFO, Chair of FOC and Deputy Chief Executive

*The recommendation is to sign off the system medium term financial plan submission. It is recognised that the modelling contained within the plan will require further development at both organisational and system level to determine how the plan will be delivered. However, all organisations have agreed the principles used in developing this plan which are as follows:*

- *The ICS has committed to deliver the following financial outturn positions across the 5 years: £(42.3)m, £(30.0)m, £0.0m, £6.6m, £12.3m.*
- *Each acute will deliver a **year on year improvement in their financial outturn position**, not creating an adverse impact on the system.*
- *Each organisation will deliver a **year on year improvement in their underlying recurrent position**, until at balance.*
- *Compliance with Mental Health Investments and Better Care Fund will be met'*

All other updates are for noting.

**Appendix 1 National Protecting and Expanding Elective Capacity (Outpatient Capacity)  
2023/24 return**

Separate attachments:

Original NHSE letter

Royal Devon Self-assessment return



To: • NHS acute trusts:

- chairs
- chief executives
- medical directors
- chief operating officers

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

cc. • NHS England regional directors

4 August 2023

Dear Colleagues,

## Protecting and expanding elective capacity

In May, [we wrote to you](#) outlining the priorities for elective and cancer recovery for the year ahead. Last week, as part of the [winter letter](#), we also asked you to maintain as far as possible ring-fenced elective and cancer capacity through winter.

We would like to thank you for your continued hard work in these areas, in the face of significant wider operational challenges, including ongoing industrial action. Thanks to the efforts put in by staff across the NHS, we have now virtually eliminated pathways waiting over 78 weeks, down by 94% since the peak of 124,000 in September 2021 (and now representing c0.1% of the total list), and significantly decreased the number of patients with urgent suspected cancer waiting longer than 62 days from a high of 34,000 to around 21,000 today.

However, one area where we know there remains more to do is outpatients. We have listened to your feedback on the support you need for this transformation and have set out the next steps below.

### National support for outpatient transformation

To support outpatient transformation, we have met with royal colleges, specialist societies and patient representatives to agree a way forward, working in partnership, to champion and enable outpatient recovery and transformation. At the 'call to arms', colleges agreed to:

- review their guidance on outpatient follow-ups
- support new approaches to increasing wider outpatient productivity, including reducing variation in clinical templates, patient discharge, and following clinically-informed access policies.

Together with this clinical leadership, we need to build on the expectation of freeing up capacity and increasing productivity. This can be achieved through reducing follow up appointments with no procedure, fully validating RTT waiting lists, reducing variation in clinical templates, moving to patient-initiated follow-up where appropriate, following clinically-informed access policies and implementing new ways of working, such as group outpatient follow ups, reviewing clinical pathways and workforce models.

We are continuing to provide support to trusts in this area, through the following:

- Regional support
- NHS England's [GIRFT outpatient guidance](#)
- [Action on Outpatients series](#)
- [The Model Health System](#)
- Support to specific trusts via NHS England's GIRFT Further Faster programme, NHSE Tiering programme and Elective Care Improvement Support Team (IST) – learning from the Further Faster programme will be shared in the Autumn
- Access to additional capacity through the [NHS Emeritus Consultant programme](#)
- Luna weekly data quality report, which can be accessed by contacting [lunadq@mbihealthcaretechnologies.com](mailto:lunadq@mbihealthcaretechnologies.com) and [Foundry data dashboards](#)
- [RTT rules suite](#)
- [Elective Care IST Recovery Hub - FutureNHS Collaboration Platform](#)
- [Guidance on shared decision making](#).

### **Next steps on outpatient transformation**

With the majority (c80%) of patient waits ending with an outpatient appointments, we need to increase the pace in transforming outpatient services to release capacity for patients awaiting their first contact and diagnosis. This will be particularly important ahead of and during winter, when pressure on inpatient beds can be at its highest. Nationally, achieving a 25% reduction in follow up attendances without procedures would provide the equivalent to approximately 1m outpatient appointments per month.

This letter therefore sets out further detail on three key actions that we are asking you to take:

- Revisit your plan on outpatient follow up reduction, to identify more opportunity for transformation.
- Set an ambition that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.

- Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with December 2022 validation guidance) by 31 October 2023, and ensuring that RTT rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

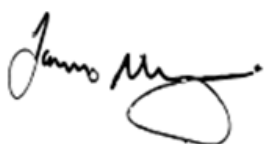
We are now asking trusts to provide assurance against a set of activities that will drive outpatient recovery at pace. This process will require a review of current annual plans, detailing the progress that can be made on outpatients transformation. As part of the above priorities, we are asking each provider to ensure that this work is discussed and challenged appropriately at board, undertake a board self-certification process and have it signed off by trust chairs and chief executives by **30 September 2023**.

The details of this self-certification can be found at Appendix A. Please share this letter with your board, key clinical and operational teams, and relevant committees.

If you are unable to complete the self-certification process then please discuss next steps with your regional team.

Thank you again for colleagues' efforts in this area, which are making a real difference to the timeliness of care we deliver to patients. We look forward to receiving your returns and, as always, if you need to discuss this in more detail, or support in conducting this exercise, please contact [england.electiverecoverypmo@nhs.net](mailto:england.electiverecoverypmo@nhs.net).

Yours sincerely,



**Sir James Mackey**  
National Director of Elective Recovery  
NHS England



**Professor Tim Briggs CBE**  
National Director of Clinical Improvement  
Chair, Getting It Right First Time (GIRFT)  
Programme  
NHS England

## Appendix A: self-certification

### About this self-certification

To deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation are vital. We are now asking trusts to complete this return to provide assurance on these recovery plans.

Nationally and regionally, we will use this to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery. Please return this to NHS England by **30 September 2023**, via NHS England regional teams.

### Guidance for completing the self-certification

The return asks for assurance that the board has reviewed and discussed specific outpatient operational priorities and has signed off the completed checklist. Please return this to your NHS England regional team.

**Trust return:** [insert trust name here]

The chair and CEO are asked to confirm that the board:

Assurance area	Assured?
<p><b>1. Validation</b></p> <p>The board:</p> <ul style="list-style-type: none"><li>a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.</li><li>b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with <a href="#">validation guidance</a>) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.</li><li>c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the <a href="#">Elective Care IST FutureNHS page</a>. A clear plan should be in place for communication with patients.</li></ul>	

<p>d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.</p>	
<p><b>2. First appointments</b></p> <p>The board:</p> <p>a. has signed off the trust’s plan with an ambition that <b>no</b> patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.</p> <p>b. has signed off the trust’s plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox <a href="mailto:england.iscoordination@nhs.net">england.iscoordination@nhs.net</a></p>	
<p><b>3. Outpatient follow-ups</b></p> <p>The board:</p> <p>a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan.</p> <p>b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts’ high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.</p> <p>c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the <a href="#">root causes</a>, making it easier for patients to change their appointments by <a href="#">replying to their appointment reminders</a>, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.</p> <p>d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the <a href="#">OPRT and GIRFT checklist</a>, national benchmarking</p>	



<p>data (via the <a href="#">Model Health System</a> and data packs) to identify further areas for opportunity.</p> <p>e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.</p>	
<p><b>4. Support required</b></p> <p>The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.</p>	

## Sign off

<p>Trust lead (name, job title and email address):</p>	
<p>Signed off by chair and chief executive (names, job titles and date signed off):</p>	

Trust return: Royal Devon University Healthcare NHS Foundation Trust

**To note:**

- Royal Devon is in Tier 1 for Elective Recovery
- Green rating designates meeting criterion
- Amber rating designates partially meeting criterion
- Red rating designates not meeting criterion

The Chair and CEO are asked to confirm that the Board:

Assurance area	Assured?																						
<p><b>1. Validation</b></p> <p>The Board:</p> <p>a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to Board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.</p>	<p><b>Data Quality reporting has been a regular feature of Board reporting and has been enhanced since last November in the Integrated Performance Report that goes to monthly board.</b> LUNA tool reporting specifically has been reporting into every elective recovery tier 1 meeting for the last year and is referenced in Board reporting through BI Steering Group updates.</p> <p>There have been significant improvements in data quality as demonstrated through the national Luna Data Quality dashboard.</p> <table border="1" data-bbox="1211 1185 2069 1422"> <thead> <tr> <th>Measure description</th> <th>Performance</th> <th>Regional rank</th> <th>National rank</th> </tr> </thead> <tbody> <tr> <td>LUNA confidence level</td> <td>99.5%</td> <td>2 of 13 (#1 best)</td> <td>29 of 135 (#1 best)</td> </tr> <tr> <td># of pathways with DQ issue</td> <td>3859</td> <td rowspan="2">3 of 13 (#1 best)</td> <td rowspan="2">33 of 135 (#1 best)</td> </tr> <tr> <td>Total # of pathways</td> <td>78959</td> </tr> <tr> <td>%of pathways with DQ issue</td> <td>4.9%</td> <td></td> <td></td> </tr> <tr> <td># of DQ issues in priority DQ metrics</td> <td>262</td> <td>2 of 13 (#1 best)</td> <td>68 of 135 (#1 best)</td> </tr> </tbody> </table>	Measure description	Performance	Regional rank	National rank	LUNA confidence level	99.5%	2 of 13 (#1 best)	29 of 135 (#1 best)	# of pathways with DQ issue	3859	3 of 13 (#1 best)	33 of 135 (#1 best)	Total # of pathways	78959	%of pathways with DQ issue	4.9%			# of DQ issues in priority DQ metrics	262	2 of 13 (#1 best)	68 of 135 (#1 best)
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	<p>The Trust does not have a way to make direct comparisons to the period prior to Epic as data are not held for this and the requirements have changed. There is a data quality dashboard on Epic which is being monitored by validation teams and highlights and identifies cohorts on which to focus validation.</p> <p>It is recognised that due to the growth in the PTL size (which has doubled since the period immediately prior to the covid pandemic) and additional complexity involved in undertaking validation on Epic, that the Trust's validation team is currently not sufficiently sized to carry out the level of validation required throughout the whole PTL. As a result, validation of longer waits, incorrectly closed pathways, and duplicates are prioritised.</p> <p>Some temporary additional posts were agreed for funding through ERF but have proved difficult to recruit, partly due to the length of contract. The team will utilise the process agreed with the executive directors to appoint substantively against ERF to those posts to which it has proved difficult to recruit.</p>
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b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with [validation guidance](#)) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.

**The Trust has a patient contact survey process in place**, supported by Devon Referral Support Service (DRSS) to contact 2000 patients per week. Due to the size of the waiting list patients are currently contacted to 26 weeks. In order to meet the ambition this has been increased to 3000, and has been agreed with DRSS.

**Risks**

The process for contacting a patient can take up to 6 weeks if they do not respond. A patient will receive 2 x digital attempted contacts for two weeks, 1 x letter contact, then 2 x telephone in hours, then 2 x out of hours.

This means that the work in progress figures can be quite high (circa 10000) and therefore over 10% of patients over 12 weeks. We will be able to demonstrate that over 90% have had an attempted contact, but validation may not be completed. By 31<sup>st</sup> October.

<p>c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the <a href="#">Elective Care IST FutureNHS page</a>. A clear plan should be in place for communication with patients.</p>	<p><b>The Trust's Access Managers and Validation Teams monitor the application of RTT rules and guidance, and local access policies.</b> There is a Devon wide Access Group for consistency. The Trust's Access Policy has been externally reviewed.</p> <p>As part of the outpatient improvement plan, a Trust wide training programme is being developed, together with support from NHSE to improve error rates at specialty level.</p> <p>The outcoming process on Epic (which is completed by clinical staff) has been reviewed with changes made to the system to simplify. This is intended to be launched at the end of September with a training plan.</p> <p>Exec clinical leadership support to drive improvement with clinical compliance is requested.</p>
<p>d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.</p>	<p><b>The Board has not yet received a report on this element, but plans are in place to develop and deliver a specialty level plan as below.</b></p> <p>Non RTT could include community services such as SLT, physio etc as well as follow up and planned activity. There are backlogs across all of these areas, these are tracked by specialties and are managed by clinical priorities and wait time. There is not the capacity available to clear all back logs.</p> <p>To improve management and support prioritisation and clinical risk Epic have recently added a Percentage Overdue, live 8.9.23.</p> <p>Plan to roll out as follows:</p>

	<ul style="list-style-type: none"> <li>Northern &amp; Eastern approach to top 5 specialties with highest risk / overdue follow up volumes – Ophthalmology (including Orthoptics), Cardiology, Urology, Gastroenterology and Neurology</li> <li>Engage with clinical leads to inform and approve targeted booking ordered by 3 factors             <ol style="list-style-type: none"> <li>Waiting list priority</li> <li>Proportion overdue</li> <li>Any further sub-speciality stratification (this will be important for multidiscipline specialties like Ophthalmology where some conditions carry greater risk with untimely follow up)</li> </ol> </li> <li>Coordinate administration teams to book based on this direction</li> <li>Propose all 5 specialties to be using this approach by 20 October 2023 (6 weeks).</li> </ul>
<p><b>2. First appointments</b></p> <p>The Board:</p> <p>a. has signed off the trust’s plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.</p>	<p><b>The Trust will set this ambition although it is recognised that it will be challenging to meet.</b></p> <p>This ambition can also be expressed as having no patients waiting longer than 43 weeks and ‘not yet seen’ by the end of October 2023. From when this target is set this requires 5774 patients to be seen by end of October, current position as at 3<sup>rd</sup> September is 4954.</p> <p>Looking at clearance rates over the last 4 weeks, it is possible to forecast (to the end of October 2023) and estimate performance against the ambition. This analysis suggests that the Trust will not fully meet the ambition, with approximately 2998 patients not having had a 1<sup>st</sup></p>

Outpatient Appointment by the deadline. The split of these patients and the volumes is as follows:

Specialty	NYS total 6 September	Weekly reduction needed to meet target	Average weekly reduction (last 4 weeks)	Variation from required	End of October estimate
Gynaecology	909	-84.9167	-27.5	-57.4	689
Ophthalmology	718	-71.25	-34.25	-37	444
Pain Management	274	-22.1667	2	-24.2	290
Dermatology	368	-36.6667	-18	-18.7	242
Urology	311	-30.4167	-13.5	-16.9	203
Gastroenterology	302	-30.4167	-15.75	-14.7	176
Trauma and Orthopaedics	347	-38.8333	-29.75	-9.1	166
Endocrinology	129	-10.5	0.75	-11.3	135
General Medicine	177	-17.3333	-7.75	-9.6	115
Cardiology	150	-14.8333	-7	-7.8	94
Oral Surgery	106	-9.41667	-1.75	-7.7	89
Upper Gastrointestinal Surgery	115	-11.75	-6.5	-5.3	70
Paediatric Ophthalmology	95	-9.58333	-5	-4.6	59
Hepatology	45	-3.33333	1.25	-4.6	55
Respiratory Medicine	85	-9.58333	-7.5	-2.1	48
Colorectal Surgery	224	-37.6667	-57	19.3	30
Neurology	222	-26.5	-24	-2.5	30
Clinical Neurophysiology	26	-2.16667	0	-2.2	26

Community Paediatrics	100	-11.9167	-10.75	-1.2	12
Paediatrics	17	-1.16667	0.75	-1.9	11
Others	234	-37.4163	-53.75	0.7	14
Total	4954	-517.833	-315	-202.833	2998

Additional plans within these specialties would be needed to meet this ambition. As the run rate in August reduced it anticipated this position will improve but not to zero.

b. has signed off the trust’s plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox [england.iscoordination@nhs.net](mailto:england.iscoordination@nhs.net)

**The Trust is working with Devon ICB to identify IS capacity availability.** Where local IS capacity is not available and the Trust needs support, the Digital Mutual Aid System (DMAS) is used to request support from out of area.

The Trust is currently using the Independent Sector in a variety of ways as outlined in the ask (virtual, whole transfer etc) to provide support for

- Orthopaedics (local and national)
- Spines (national)
- Cardiology (local and national)
- Colorectal (local)
- Gynae (due to start local)
- Seeking support for Urology

In addition, insourcing is also in place for theatre staffing and Ophthalmology in The Trust’s northern services, and some outpatient clinics in cardiology, dermatology and respiratory and neurology

The Trust is currently considering medifer as a virtual op model, this needs more work on clinical governance (particularly with EPR) / procurement / pathways / auditability etc

<p><b>3. Outpatient follow-ups</b></p>	<p><b>This is position is reported regularly through the Integrated Plan and regular Board oversight has been provided by the clinical lead for outpatients.</b></p>
<p>The Board:</p>	
<p>a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan.</p>	<p>Currently follow ups are above plan and 19/20 levels, and are reported within the Trust’s Integrated Performance Report each month. Comparison with activity undertaken in 2019/20 is very difficult and misleading in this area due to changes in recording and reporting with the Trust’s change of EPR. NHSE nationally has recommended the Trust identifies a way to track against a more realistic baseline. The improvement board intends to do this by comparison from when the EPR implementation was complete at both sites (July 2022). These reports are being developed by BI.</p>
	<p>A plan has been agreed to revisit the follow up reduction opportunities. Data packs and benchmarking tools have been developed in line with GIRFT recommendations, and comparisons on model hospital (PIFU rates/new to follow up ratios etc). These have been shared with specialty teams to work through opportunities and meetings are being arranged to review.</p>
	<p>This will be supported by the Trust’s OP Clinical Lead and has been discussed with the Trust’s Chief Medical Officer to provide executive leadership. The other key elements of the Trust’s follow up plan are</p> <ul style="list-style-type: none"> <li>• Roll out of PIFU</li> <li>• Roll out of follow up validation programme using Doctor Doctor for digital support</li> </ul>
	<p><b>Key risks</b></p>

	<ul style="list-style-type: none"><li>• Large follow up backlogs exist making it difficult to reduce activity.</li><li>• Comparison of 19/20 data to now is misleading due to improvements and changes in data capture with the implementation of epic. Previously unrecorded activity is now recorded meaning it is not a meaningful comparison.</li><li>• Clinical / operational management leadership time</li><li>• Analyst time to develop interface</li></ul>
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b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.

**PIFU rates are regularly reported through the monthly Integrated Performance Report.**

Patient Initiated Follow Up (PIFU) is well established in several specialties (data breakdown available in Annex A). There are firm plans in place to further increase PIFU using the model hospital opportunities document as a guide to identify areas to improve.

National benchmark data in relation to Patient Initiated Follow Ups indicates Trust performance is currently nearing top quartile. The national methodology for calculation of the count of the Trust's outpatient activity currently includes community activity within the denominator. It is being actively explored as to whether community activity data can be excluded so as to enable measurement and benchmarking on a comparable basis with other Acute trusts. Were this to be agreed, the Trust would be in the top quartile

By volume, the Trust has the 5<sup>th</sup> highest number of patients on PIFU in the country and is discharging nearly double the amount each month to PIFU compared to UHP but performance is lower due to the denominator issue.

*August 2023    RDUH 3.2 %    Total discharge to PIFU 27,246  
                         UHP 4.4%    Total discharge to PIFU 13,380*

Additional PIFU pathways are being developed and implemented in:

- Trauma and Orthopaedics, including spinal
- Community Heart Failure
- Acute Physio (with discussions ongoing regarding Community Physio)
- IBD, with broader gastroenterology scope to follow



- Acute surgery (colorectal, upper Gi, general surgery)
- ENT
- Urology
- Paediatric allergy

**Cancer specific**

Personalised Stratified Follow-Up (PSFU) is a programme designed for cancer patients, to move follow-up care from outpatient clinics to remote monitoring and patient initiated follow-up.

PSFU has been established in a number of cancer pathways. There are plans for further development in other areas underway.

Tumour Site	Eastern	Northern
Breast	Established for Breast Surgery patients. Paused for new patients as of 4 <sup>th</sup> September 2023 due to limited admin support.	Established for Breast Surgery and Radiotherapy patients.
Urology Prostate	Established using PSA tracker to support remote monitoring.	Established using PSA tracker to support remote monitoring.
Colorectal	Established, supported by remote monitoring. This is	Established for Surgery and Oncology patients,

		currently paused due to staff vacancies.	supported by remote monitoring.
	Endometrial	Nurse led telephone follow up in place. Remote monitoring tracker in place, but requires further development before pathway implementation can be completed.	In development for all Gynae cancer pathways – to be in place by end of the year.
	Head and Neck	Established, led by the lead CNS	Established, led by the lead CNS

Further planned developments include:

- Development of PSFU in Haematology, Bladder and Renal and extending all current programs to include Oncology patients.
- Delivery of Holistic Needs Assessments via Epic patient portal.
- Working in collaboration with FORCE to produce short videos related to health and well-being to share via internal TV screens and the Trust website.
- Allied Health Professional led Cancer prehab and rehab clinics to be in place by October 2023 in the East, in development in Northern Services.
- One stop clinics for Sarcoma at the Buttercup development.
- Introduction of AI for referral refinement in Skin.
- Continued review of Cancer pathways against Best Practice Timed pathways to identify improvement opportunities.

<p>c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the <a href="#">root causes</a>, making it easier for patients to change their appointments by <a href="#">replying to their appointment reminders</a>, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.</p>	<p><b>There is a clear plan for DNA avoidance.</b> The Trust’s current performance is within the top (best performing) quartile nationally at 4.2%. A project is underway to introduce two way text service to improve further and further use of my chart.</p> <p>Epic monitors DNA’s and multiple DNA’s, these are reviewed with access policies applied but there are always clinical exceptions.</p> <p>The Trust’s Transformation team is working on OP policy and trying to create a culture of phone first rather than DNA, highest DNA rate in most deprived and DNA rate lower in telephone.</p> <p>Specialty-level DNA performance has been evaluated to identify opportunities for further progress, with a best practice guidance list produced which has been cross-referenced to GIRFT and drawn from learning from high performing specialties e.g. Urology, Colorectal, ENT</p>
<p>d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the <a href="#">OPRT and GIRFT checklist</a>, national benchmarking (via the Model Health System and data packs) to identify further areas for opportunity</p>	<p><b>The Trust has an active plan to increase provision of advice &amp; guidance</b></p> <p>There are currently two systems in place through which advice &amp; guidance is provided - eRS-A&amp;G and RAS reject with advice.</p> <p>There is a high utilisation of advice first 42.9, quartile 4, low rates of diversion 13.4% when advice sought.</p>

<p>e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.</p>	<p><b>The Transformation team has allocated dedicated resources to support the wider Outpatient Transformation Programme workstreams.</b> In addition, team members are supporting projects exploring the potential roll out of poly clinic models and pathways focused on one stop services - initially through the Nightingale Hospital Buttercup development. Pathways include:</p> <ul style="list-style-type: none"> <li>• Sarcoma 2ww (incl Lumps and Bumps)</li> <li>• Head &amp; Neck 2ww (incl Thyroid)</li> <li>• Lung 2ww</li> <li>• Respiratory Pathways eg Severe Asthma, Breathlessness, Bronchiectasis, Interstitial Lung Disease (ILD)</li> <li>• Cardiology Pathways eg Inherited Cardiac Conditions (ICC)</li> <li>• Orthopaedic Pathways eg Upper Limb</li> <li>• <i>NG Ophthalmology</i></li> <li>• Group follow up and new in rheumatology, pain</li> </ul> <p>The CMO is leading a specialty level review of clinic templates and identifying opportunities to increase effectiveness and efficiency by addressing barriers to productivity.</p>
<p><b>4. Support required</b></p> <p>The Board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.</p>	<ul style="list-style-type: none"> <li>• Recent GIRFT funding has been made available at national level to resource greater levels of validation. Further resourcing for validation over the next two years would be of significant value against this agenda.</li> </ul>

### Sign off

Trust lead (name, job title and email address):	
Signed off by chair and chief executive (names, job titles and date signed off):	

### Annex A: Patient Initiated Follow Up

		PIFU Speciality Live List			
Speciality	RDUH-East	Comments - East	Speciality	RDUH-North	Comments - North
Allergy	Yes	Paediatric allergy is live with expires without review	Allergy	No	
Audiology	No	Service managed by Chime and records sit outside of EPIC.	Audiology	Yes	Short-Term only
Breast Surgery	Yes		Breast Surgery	Yes	Short-Term + actively working to progress Long Term Go Live Long Term within 6wks
Cardiology	Yes	Currently Arrhythmia only - need to implement more widely across other conditions within speciality. Heart Failure PIFU being set up.	Cardiology	Yes	Short-Term only
Clinical Haematology	Yes		Clinical Haematology	Yes	Short-Term only
Clinical Oncology	No		Clinical Oncology	Yes	Short-Term only
Colorectal Surgery	Yes	Clinical team concerned will create additional workload e.g. placing orders. R	Colorectal Surgery	Yes	Short-Term only
Dermatology	Yes		Dermatology	Yes	Short-Term only
Diabetes	Yes		Diabetes	Yes	Short-Term + Working towards Long Term
Dietetics	No		Dietetics	Yes	Short-Term & Long-Term
Ear Nose and Throat	Yes	Need to implement more widely across speciality.	Ear Nose and Throat	No	
Elderly Medicine	Yes	Short term	Elderly Medicine	Yes	Short-Term only
Endocrinology	Yes		Endocrinology	Yes	Short-Term + actively working to progress Long Term
Gastroenterology	Yes	Awaiting response from IBD Nurse Specialist to support rollout; have drafted a SOP and are finalising governance	Gastroenterology	Yes	Short-Term only + actively working to progress Long Term IBD service Go Live Long Term within 6wks
General Internal Medicine	No		General Internal Medicine	No	
General Surgery	Yes	Short term	General Surgery	Yes	Short-Term only
Gynaecology	No	Not fully engaged although are placing patients on PIFU pathway. No documentation in place to support.	Gynaecology	Yes	Short-Term only
Maxillofacial Surgery	No		Heart Failure	Yes	Short-Term + Long Term
Neurology	Yes		Maxillofacial Surgery	Yes	Short-Term only
Neurosurgical	No		Neurology	Yes	Short-Term & Long-Term
Obstetrics	No		Neurosurgical	No	
Ophthalmology	Yes	Need to work with clinical team to increase utilisation.	Obstetrics	Yes	Short-Term only
Optometry	No		Ophthalmology	Yes	Short-Term + actively working to progress Long Term
Oral Surgery	Yes		Optometry	Yes	Short-Term + actively working to progress Long Term
Orthodontic	No		Oral Surgery	Yes	Short-Term only
Orthotics	No		Orthodontic	Yes	Short-Term only
Orthotics	No		Orthotics	Yes	Short-Term only
Paediatric	Yes		Orthotics	Yes	Short-Term only
Paediatric Neurodisability	No		Paediatric Allergy	Yes	Short-Term + Go Live Long Term within 6wks
Paediatric Ophthalmology	Yes		Paediatric	Yes	Short-Term only
Pain Management	Yes		Paediatric Neurodisability	No	
Physiotherapy	Yes	Have gone live and are only waiting for PILs to be signed off through Graphics	Paediatric Ophthalmology	Yes	Short-Term + actively working to progress Long Term
Plastic Surgery	Yes		Pain Management	Yes	Short-Term & Long-Term
Podiatry	No		Physiotherapy	Yes	Short-Term only
Renal Medicine	No	Clinical team consider PIFU not appropriate for renal patients.	Plastic Surgery	Yes	Short-Term only
Respiratory Medicine	Yes	Need to implement more widely across speciality.	Podiatry	Yes	Short-Term & Long-Term
Rheumatology	Yes		Renal Medicine	Yes	Short-Term only
Speech and Language Therapy	No		Respiratory Physiotherapy		Actively working to progress Long Term
Trauma and Orthopaedic	Yes	Spinal have begun using PIFU	Respiratory Medicine	Yes	Short-Term & Long-Term
Upper Gastrointestinal Surgery	Yes		Rheumatology	Yes	Short-Term & Long-Term
Urology	No	Progress halted as issue with GP's taking bloods to support. Need to revisit with the clinical team.	Speech and Language Therapy	Yes	Short-Term
Vascular Surgery	Yes	Short term	Trauma and Orthopaedic	Yes	Short-Term only
Hepatobiliary and Pancreatic Surgery	No		Upper Gastrointestinal Surgery	Yes	Short-Term only
Blood and Marrow Transplantation	No		Urology	Yes	Short-Term only
Audio Vestibular Medicine	No		Vascular Surgery	Yes	Short-Term only
Paediatric Urology	No		Hepatobiliary and Pancreatic Surgery	No	
Paediatric Trauma and Orthopaedic	No		Blood and Marrow Transplantation	No	
			Audio Vestibular Medicine	No	
			Paediatric Urology	Yes	Short-Term only
			Paediatric Trauma and Orthopaedic	Yes	Short-Term only
			Community Physio + OT	Yes	Short-Term + Long Term
			CPAP	Yes	Short-Term + Go Live Long Term 04/09/2023
			Bladder and Bowel Paeds	Yes	Short-Term & Long-Term
			Dietetics Paeds	Yes	Short-Term & Long-Term
			Neuro Rehab	Yes	Short-Term & Long-Term
			OT (Rheum)	Yes	Short-Term & Long-Term

<b>Agenda item:</b>	11.4, Public Board meeting	Date: 27 September 2023		
<b>Title:</b>	Audit Committee Report			
<b>Prepared by:</b>	Colin Dart, Director of Operational Finance (Northern)			
<b>Presented by:</b>	Alastair Matthews, Chair of Audit Committee			
<b>Responsible Executive:</b>	Angela Hibbard, Chief Financial Officer			
<b>Summary:</b>	A report from the Audit Committee on the key matters arising from the meeting on 9 August 2023.			
<b>Actions required:</b>	It is proposed that the Board of Directors: (i) note the report from the Audit Committee			
<b>Status (*):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
		<b>X</b>		<b>x</b>
<b>History:</b>	The Terms of Reference were last approved at the 25 May 2022 Board to reflect the needs of the new merged Trust.			
<b>Link to strategy/ Assurance framework:</b>	The primary role of the Audit Committee is to conclude upon the adequacy and effective operation of the organisation's overall internal control system. In setting the Internal Audit plan for the year, the Audit Committee seeks to ensure that a programme of work has been put in place to review the risks of the Trust on a regular basis.			

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

## **1. Purpose of Paper**

- 1.1 To provide, as requested by the Board of Directors (Board), a report on the key matters for noting and those for escalation arising from the Audit Committee (AC) at its 9 August 2023 meeting.

A copy of the AC minutes is available for inspection.

## **2. Background**

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

## **3. Analysis**

### **3.1 Quoracy**

The meeting was quorate

### **3.2 Self-assessment against the HFMA ‘Getting the Basics Right’ checklist**

The AC received and noted an update on progress:

- 4 actions completed since last meeting – 65% of actions were now complete
- 10 actions (29%) behind schedule
- 1 (3%) action not yet started, not yet due
- 1 (3%) action not started, behind schedule

The AC discussed the actions that were behind schedule, noted that additional senior support to delivering the actions was being put in place and the commitment to have all remaining actions completed by the end of October 2023 with a final report to the November 2023 AC meeting.

The AC requested the 2023/24 Internal Audit plan be utilised to review the measures once they were implemented to ensure that improvements to “grip and control” were in place.

### **3.3 Annual Review of Effectiveness of the Audit Committee**

The AC agreed an approach to undertake the annual survey for AC members and attendees and Board members who do not attend AC. Survey responses will be



reported to the November 2023 AC meeting.

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

The AC discussed the future direction of shared services and the related assurance that may be required for services hosted or received including:

- An understanding from internal and external audit of the best governance approach to be adopted.
- The involvement of FOC in receiving information on the shared services within the scope of a Devon-wide offer, the timelines, the route to procurement and the best value decision for the Trust.

The AC agreed to keep this issue on its meeting agenda for November 2023.

The AC also discussed whether the revised timeline of the Our Future Hospital (OFH) programme for NDDH had implications for backlog maintenance at the hospital and the appropriate assurance route. It was confirmed the OFH Programme Board was the governance board reporting visibility of risks to the Board. The AC also received assurance that multi-year capital planning would identify backlog risk.

### 3.5 **Counter Fraud Progress Report**

The AC formally welcomed Byron Kevern to his first meeting as the Trust new Senior Local Counter Fraud Specialist.

The AC received a progress report against the Functional Standard return, noting

- Alignment across both sites on the approach to mandating Counter Fraud training. It was noted that Payroll were not compliant and was informed the department was committed to 100% compliance by the time of the next report.
- The assurance the Trust gains from a client review the Counter Fraud Authority had undertaken on the quality of work it has undertaken on the fraud risk assessment element of the Functional Standards.

The AC was updated on the progress of the Economic Crime and Corporate Transparency Bill that was at the 'Report' stage in the House of Lords and moving towards Royal Assent. The Bill was introducing a new offence – failure to prevent fraud. It was highlighted how this would be applied was unclear and that NHS organisations were typically the victim of, as opposed to the beneficiary of fraud.

The AC noted the progress report.

### 3.6 **Counter Fraud Annual Report 2022/23**

AC received and accepted the 22/23 report and noted it would be signed by the Chief Finance Officer for submission to the Counter Fraud Authority.

### 3.7 **Update on Recommendation 5 from the Consultant Payment Audit Report**

The AC noted the update on specific management actions from recommendation 5 of the audit report, including:

- Good progress had been made and the management actions were on track to complete ahead of time.
- Confirmation the final update would be presented to the AC meeting in November 2023.
- There was a review of management action effectiveness agreed for December 2023 that would be reviewed by Internal Audit using contingency days in the 2023/24 plan to ensure the actions had been embedded.

### 3.8 **Update on Castle Place Mock CQC Review Actions**

The AC received an update on the proactive audit requested and noted the progress made:

- Of the 31 actions, 23 had been completed and the remainder were on track to be completed by the end of September 2023.
- Associate Medical Director had recently been appointed.
- Recruiting for an experienced Practice Manager
- Learning had been incorporated within Divisional Governance meetings.

The AC recognised the proactive approach and the post review benefits being experienced.

A final update on the action plan will be provided to the November 2023 AC meeting.

### 3.9 **Internal Audit Interim Report**

The AC received the interim report and noted :

- Presentation of 7 final reports with a further 2 reports at draft report stage and 16 reviews are work in progress/planning.
- One draft report was currently assessed as 'Limited Assurance' and would be presented to the November 2023 meeting after being presented to the Governance Committee.
- The achievement of a 100% response rate to follow-up recommendations.
- The impact of sickness on audit capacity impacting current year delivery and that a new team member was being on-boarded to address capacity issues .

The AC challenged the delayed delivery of a report that had been commissioned to inform a proactive response that was agreed to be circulated imminently with the intention of presenting the final report to the November 2023 AC meeting.

The AC was pleased to note that its request to see progress on each audit reported against the agreed response time protocols agreed between Internal

Audit and Management was not incorporated in the regular reporting format.

### **IM&T Business Continuity Disaster Recovery**

The AC noted the split opinion on the IM&T Business Continuity Disaster Recovery - East (satisfactory), North (limited).

The AC challenged the risk that may arise from the length of time agreed to address the actions and Internal Audit confirmed these were appropriate based on work required. It was also confirmed the report was on Digital Committee Agenda for detailed review and tracking.

The AC agreed to highlight this audit to the Board, particularly as the rating for East had been considered marginal as there were some aspects that had not been fully tested by management (ie EPIC and datacentre).

### **DSPT Assessment Summary – Part 2 Report**

The AC noted:

- Improvement in the level of evidence between Pt 1 and 2 with a number of actions closed.
- The audit aligned with the submission timetable and had been uploaded.
- The action dates had been aligned with NHS Digital plan that requires actions to be delivered by December 2023. It was confirmed there were more detailed internal plans to deliver the actions.
- The AC was advised an update would be provided to the November 2023 AC to assure progress ahead of submission.

### **Nightingale Hospital Exeter – Capital Expenditure Examination of Overspend**

The AC received a report that informed a management review of lessons learned and was not an assurance review and noted the report had been presented to the Finance and Operations Committee.

It was agreed the report would be shared with North and East Operations Boards and Capital Programme Groups to broaden the learning.

The AC noted the time taken to complete the audit and the potential adverse impact of delayed reporting.

## **3.10 External Audit Report and Technical Update**

The AC received the report and noted:

- Since the last meeting the final audit work and reporting had been completed, including issuing the final Auditor's Annual Report.
- There would be a report prepared for the Trust's Annual Members

- Meeting, and
- A debrief meeting would be organised with the finance team on the year end audit

#### **Process for the appointment of the Trust's external auditors**

The AC discussed the options for progressing the appointment of the Trust's external auditors who's contract expires on 31 October 2024. The AC noted the current market for external auditor appointments and the consideration firms were giving to their Advisory Arm of Business for ICS work over external audit.

The AC agreed to convene a separate meeting with the Chief Finance Officer and Director of Governance to consider the options available.

#### **Report to the Council of Governors (CoG) on External Auditor Performance**

The AC received a report which was due to be presented to the CoG at its meeting on 23 August 2023 and noted the report ensured the Trust met the governance requirements on reporting to the CoG, was accurate and satisfied the needs of the CoG.

#### **4. Representation to the Board**

- 4.1 The AC confirms to the Board that it is compliant with its Terms of Reference and that it continues to review the adequacy and effective operation of the Trust's overall internal control system. This report highlights to the Board the key issues from the most recent AC meeting on 9 August 2023.

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

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

#### **6 Link to BAF/Key risks**

- 6.1 None identified

#### **7. Proposals**

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

<b>Agenda item:</b>	11.5, Public Board Meeting	<b>Date: 27 September 2023</b>		
<b>Title:</b>	Digital Committee Update			
<b>Prepared by:</b>	Colin Garforth, Programme Support Manager			
<b>Presented by:</b>	Tony Neal, Non-Executive Director & Committee Chair			
<b>Responsible Executive:</b>	Adrian Harris, Chief Medical Officer			
<b>Summary:</b>	Briefing of items discussed at Digital Committee held on 3 August 2023			
<b>Actions required:</b>	Link to status below and set out clearly the expectations of the Board when considering the paper.			
<b>Status (x):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
				<b>X</b>
<b>History:</b>	The last Digital Committee update was presented to the Board of Directors in July 2023.			
<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	
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 3 Aug 2023.

## **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**

- Membership and job titles reviewed and updated.
- Section added on delivery of Digital Strategy implementation plan.
- Updated ToR to be submitted to BoD for approval.

### **3.2 Digital Strategy**

- Following approval of enabling strategies at July BoD, a series of Implementation Planning meetings are scheduled from Aug to Oct.
- Although the ICS business case contains projected savings, the DC noted that RDUH has not reviewed or committed to any target savings at this stage.
- Aim to develop a plan through for 24/25 FY.

### 3.2 ICS Shared Services Model

- Devon ICS have commissioned Channel 3 to complete a business cases on the following:
  - Target Operating Model
  - Shared Service Desk
  - End to End process review of referral services.
- Business cases will be developed with Trust CIOs.
- Concerns were raised whether our diversity of offering makes offering a shared service problematic when we need to ensure speed and quality of service. This would be worked through the BC options appraisal in order that Trusts can make informed decisions.
- Greater Manchester have ten Trusts aligned with their Shared Services model, and Lancashire and Cumbria are doing the same.
- Weekly sessions with Channel 3 have been scheduled with Trusts to progress BC development.
- Malcolm Senior (ICS CIO) will be providing progress update on BC at next Digital Committee (Oct).

### 3.3 Workforce Development

- Recruitment underway across both East & North (East recruiting 18 roles and North 11 roles).
- Work is ongoing to reduce use of agency and contractors by recruiting into vacancies.

### 3.4 Contract & Commercial

- Update on position of third party contracts, licensing and income was presented to the group.
- Implementation of new finance system has impacted the services received from key suppliers (e.g. Dell, Switchshop, Misco) with the trust being place on hold until overdue invoices have been paid. These are being escalated to Cash Management and finance managers as required.
- Currently Digital Services are only being notified retrospectively regarding increased Epic recurring charges as a result of increased activity. Digital Contracts manager is drawing up a centralised management process to review this going forward.
- Notice has been served on the Patient Bedside Entertainment System contract; Kathern Allen to submit options appraisal for Operations Board.
- Finance to review contracts managed by divisions / operational teams to ensure these are renewed in a timely manner.

### 3.5 Business Continuity Update

#### *Data Centre Failover Exercise:*

- Overview of Data Centre Failover test reviewed (this would trigger Trustwide outage of Epic and some Tier 1 / 2 systems).

- Work is ongoing to engage with all impacted stakeholders (digital, operational and clinical teams) to ensure mitigations are fully understood.
- Proposed process for managing this test was approved.

*BCA Devices Update:*

- Significant improvements have been made over the last few months in the checking of BCA devices.
- BCA checklist 'must' be completed weekly to ensure these remain in people's consciousness and are treated in the same way as other emergency medical equipment.
- Next steps - need to 'operationalise' this process.

**3.6 Cyber Security – Connected Medical Devices:**

- Overview of the cyber security issues relating to Medical Devices was presented.
- There are known gaps around DSPT compliance including:
  - Only 80% devices are recorded on device register.
  - Medical device asset management tool required.
- The Medical Device Group are looking to put processes in place to manage this going forward.
- Also, looking to explore opportunities within ICS to support as part of system partner EPR Implementations.

**4. Link to BAF/Key risks**

**4.1 BAF Risks**

- Epic Benefits Realisation risk – Current risk score is being reviewed.

**4.2 Divisional Risks**

- No escalations for discussion.

**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 ( <i>please specify</i> ):	

#### 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 Digital Committee has been formed in recognition of the importance of the delivery of the digital agenda of the RDUH (“the Trust”). It provides a direct feed into the Board 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 and the wider ICS.
- innovative use of technology supports the delivery of service transformation to ensure we continue to improve at all levels

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

- MY CARE at the RDUH
- IMT / Digital BAU programmes
- The development and delivery of the Digital Strategy Implementation Plan, noting interdependencies, risks and milestone achievements
- 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).

2.3 In recognition of the existing governance structures already in place, the Digital Committee will oversee the following programmes post implementation:

- MY CARE at NDHT
- Digital Integration of Northern and Eastern services

These programmes are responsible for identifying their digital requirements and for the overall financial impact; the Digital Committee will determine the best approach for implementation.

Any issues identified within these programmes that have a wider Digital impact to be shared with this group.

### **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
- Deputy Chief Information Officer
- Chief Clinical Information Officers (Northern and Eastern Services)
- Chief Nursing Information Officer
- Associate Chief Nursing Information Officer & Clinical Safety Officer
- Director of Strategy
- Divisional Director of Clinical Digital Services
- Director of Business, Innovation and Sustainability
- Head of Digital Programmes (Northern Service)
- Chair of Information Governance Steering Group
- Associate Director of HR Services
- Head of HR Systems, Data and Insights
- Head of Business Intelligence Projects
- Head of Business Intelligence

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

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 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-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 Committee'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 Committee in accordance with the Digital Committee 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 Committee, or stating that the committee has not met.

## **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 and Operational Objectives** - To operate within and deliver on strategic and operational objectives agreed by the Board which encapsulate our digital delivery and associated framework.
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** – To agree and provide ongoing reports and a balanced scorecard on agreed digital service performance metrics covering operational, delivery, financial and workforce metrics. To encapsulate availability, licensing, asset life, capacity and business continuity metrics. To include detail of service provision to other parties such as DPT.
4. **Programme and Change Management Oversight** – To establish and maintain a change management framework including a Schedule of Regular Reports and will ensure the schedule is followed and where not ensure the reason why is recorded in the minutes. (BAU, Optimisation, Change Requests, Programmes Transaction/MY CARE, ICS and Regional developments).
5. **Financial Balance** – To agree and report on financial digital plans and associated performance in support of Long-Term Financial Model (LTFM), Capital/Revenue programmes and Cost Improvement Plan.
6. **Investment Cases** – To agree, develop and report on business case pipeline, providing input and review to cases as necessary. Report on opportunities for investment and sponsorship. Ensure investment cases follow appropriate Trust governance for approval. (i.e. Operations Board or Joint Delivery Group depending on value). Whilst the Digital Committee in itself has no delegated financial authority to approve business cases, it will provide the necessary oversight of investment cases ensuring they are appropriate and fit for purpose. Any digital related Business Cases require formal recommendation from the Digital Committee prior to presentation to both Operations Board or Joint Delivery Group for approval.
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 Cost Improvement Programmes (CIP).
8. **Quality Plans** – To ensure that a quality plan is in place across programmes of work. Seek assurance that expected quality levels have been achieved and any lessons learned are documented and shared.

9. **Supplier Management** – 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.
10. **Workforce Development** – To agree, develop and report on our contribution to the workforce plan which encapsulates our use of digital, development needs, impact of change and supporting structures.
11. **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 monitor Digital risks on the Board Assurance Framework, providing updates and suggested amendments to the Board for consideration upon request.
12. 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.
13. The Digital Committee will follow and 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.
14. 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.
15. 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.
16. The Digital Committee will provide reports to both Boards primarily by exception on issues arising at the Digital Committee. The Digital Committee minutes will be available to the Board.
17. 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.
18. 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.

19. 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.
20. 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

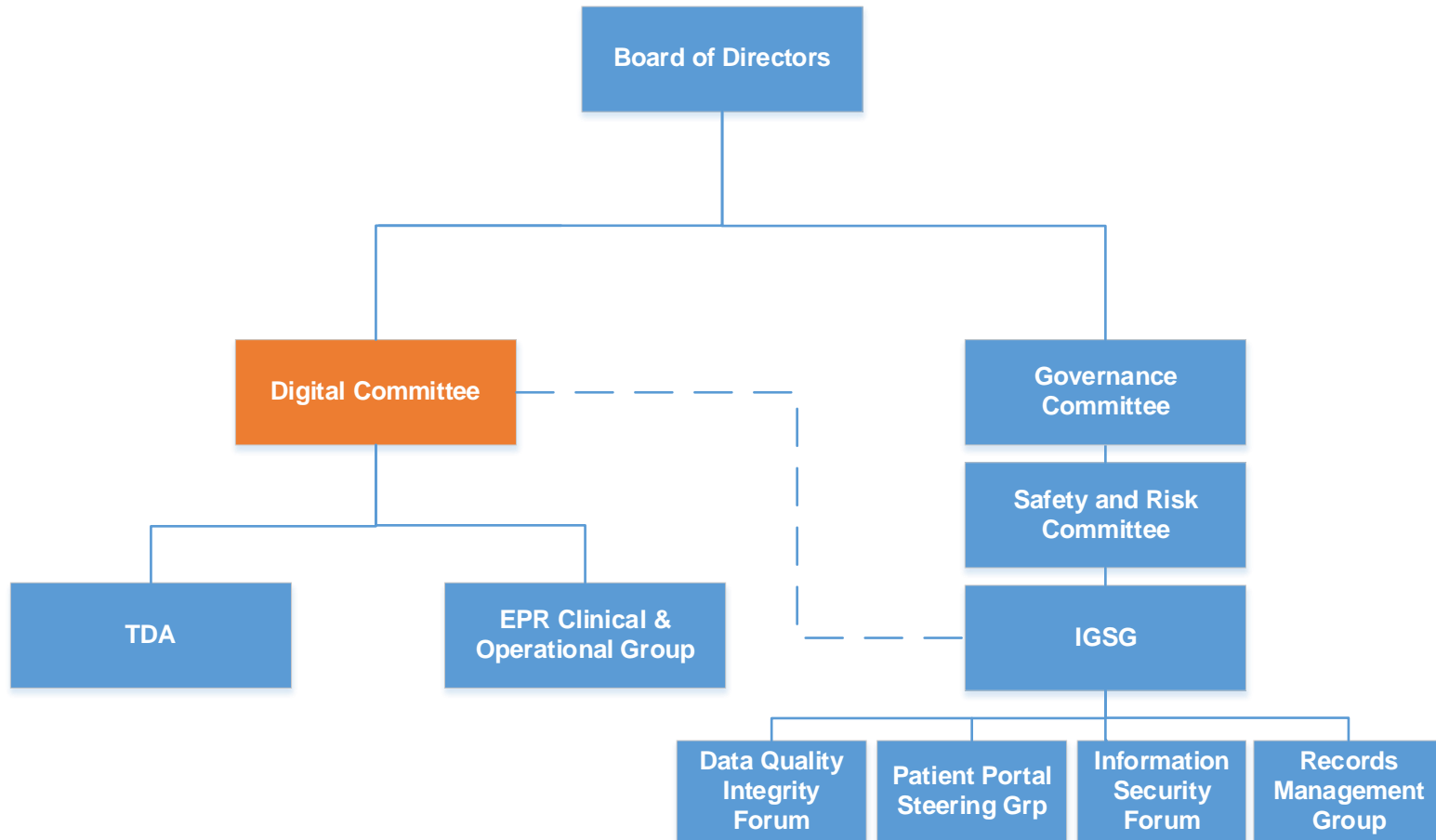
- 8.1 The Digital Committee will monitor its effectiveness by reviewing its duties and responsibilities bi-annually, supported by the Internal Audit Programme of audit of the Governance Performance System.

## 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	Vacant
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 Clinical Information Officer (Northern)	Alison Moody
Chief Nursing Information Officer	Pippa Kassam
Associate Chief Nursing Information Officer & Clinical Safety Officer	Vicki Fillingham
Divisional Director Clinical Digital Services	Gervaise Khan-Davis
Director of Strategy	Katherine Allen
Director of Business, Innovation and Sustainability	Dave Tarbet
Head of Digital Programmes (Northern)	Victoria Fox
Chair of Information Governance Steering Group	Corinne Hayes
Chief Operating Officer	John Palmer
Director of Operations (Northern)	Heather Brazier
Director of Operations (Eastern)	Sally Dootson
Director of Transformation	Phil Luke
Associate Director of HR Services	Larry Webb
Head of HR Systems, Data and Insights	Aaron Werner
Head of Business Intelligence Projects	Kate Ogilvie
Head of Business Intelligence	Isis Hreczuk-Hirst

## Digital Committee Governance Structure



## Appendix 2 – Schedule of Reports



Schedule of Reports  
for Digital Committee



<b>Agenda item:</b>	11.6, Public Board Meeting	<b>Date: 27 September 2023</b>		
<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 GC			
<b>Responsible Executive:</b>	Chris Tidman, Deputy 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 26 July 2023.			
<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 10 August 2023.
<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 for information with the Board:</p> <p><b>a) Clinical 'View from the Bridge':</b> Carolyn Mills, Chief Nursing Officer (CNO) provided an update on the current industrial action (IA) which was having a significant impact on the whole of the organisation in terms of patient experience, patient safety, clinical effectiveness and staff morale. The GC heard that another round of Junior doctor and Consultant IA was due to take place again over the coming two weeks. The GC acknowledged the impact of fatigue and the detrimental effect on staff morale, goodwill and harmonious working relationships, all of which have been discussed extensively at the Board of Directors. The GC were advised that mitigations are being put in place to understand how patients who have had appointments and treatment cancelled during the periods of IA are appropriately prioritised. The GC were assured that safety remains a priority, and that the Trust has remained safe during periods of IA.</p> <p><b>b) Draft Governance Committee Reports Schedule:</b> The GC received and approved the draft schedule of reports. With the introduction of the Patient Safety Incident Response Framework (PSIRF) there would be a change in the reporting requirements and therefore it was agreed that going forward an update on the Corporate Risk Register will be presented bi-monthly to GC instead of bi-annually.</p> <p><b>c) External Visits Update Report:</b> The GC received the update report and approved a relaunch of the external visits process to increase awareness of the need to log any external visits received by the Trust so that any subsequent recommendations or actions can be monitored through the appropriate routes, and overseen by the GC.</p> <p><b>d) CQC Well Led Inspection Report Update:</b> An update on the position of the CQC well led inspection report was provided to the GC and it was noted that the majority of the factual accuracy changes put forward by the Trust had been accepted which was positive.</p>

The GC acknowledged that the report is still embargoed but noted that unfortunately the Trust rating has been downgraded. Whilst the GC felt this was disappointing, it was agreed that the report is a fair reflection of the position of the Trust at the time of the inspections, given the significant challenges faced by the Trust.

The final report was published on the 26 August 2023.

- e) Quality Impact Assessment (QIA) Update:** The GC received the first QIA report from Carolyn Mills, Chief Nursing Officer, noting the three QIAs that had recently been received by the Trust Delivery Group in Q1:
- QIA for the non-replacement of Baxter Infection Control Net (Eastern Legacy IPC system) with eastern sites in 2023/24. This was approved with an action to review in 2024/25 operating planning round.
  - QIA for the non-procurement of the Pedigree Management System for the Peninsula Clinical Genetics service to use within Epic. The QIA noted the availability of a potential access funding source within the Clinical genetics budget and this is being pursued.
  - QIA for the non-replacement of Superficial Low Voltage Radiotherapy equipment and subsequent ceasing of this treatment being provided at the RD&E site. This was approved.
- f) MYCARE Northern Devon Whistleblowing Action Plan Update:** David Matthewman, Director of People, Northern Services, presented the GC with an update on the position of the My Care ND whistleblowing action plan, and gave assurance that two actions have been completed, and three remain on track for completion by the end of October 2023. A further update will be presented to the GC in December 2023.
- g) Community Services Divisional Governance Update – North & East:** The GC received a divisional governance update from Community services, presented by Zoe Harris, Divisional Director, Community Services. The GC noted the good progress being made with Community nursing recruitment resulting in staffing risks being closed for Bideford, the podiatry transformation programme, and the programme of work with care homes to improve collaboration on falls, EoL and unplanned admissions to the acute sites. Assurance was provided regarding the steps to manage the change of medical model for community inpatient wards, and appointment of Dr Lyndsey Webb as Associate Medical Director for Community Services.
- h) Children & Young Persons Bi-Annual Report:** Carolyn Mills, Chief Nursing Officer presented the report to the GC, highlighting the following:
- The impact of Children and Mental Health Services (AMHS) service changes and place of safety assumptions on the number of children and young people being admitted to inpatient beds as a “place of safety” due to the implementation of Child and Family Health Devon’s (CFHD) Business Continuity Crisis Model (due to low staffing numbers) and the associated reduced service provision. Assurance was provided that the paediatric service has the right support and expertise in place with the use of mental health nurses and staff felt well supported with these patients.
  - The significant increase of children and young people presenting with eating disorders, other specified feeding or eating disorders (OSFED) or avoidant/restrictive food intake disorder (ARFID) across inpatient and outpatient services post-COVID and no commissioned services for these.
  - The completion of a Trust wide internal audit commissioned into the Trust’s current compliance against the current CQC standards for Services for Children and Young People and the Royal College of Paediatricians guidance regarding Children and Young People. The audit was undertaken across both sites excluding the community which will be undertaken at a later date. The Trust have received

'limited' assurance and it is recognised that there are areas for improvement in terms of the provision of services and the facilities for caring for children and young people. Carolyn provided assurance to the GC that there were no red flags.

**i) Clinical Effectiveness Committee:** Prof. Adrian Harris, Chief Medical Officer, presented the report to the GC, providing updates on the following key areas of work by the CEC:

- The approval of a number of new clinical procedures for robotic surgery across both sites which a positive step forward for the Trust, and will result in improvements in clinical outcomes, including a significant reduction in length of stay for the patients. The GC were assured that the risks associated with the robotic surgery processes had been discussed in detail at CEC and were assured by Adrian that training and competencies for procedures is monitored by both the College and the Vendors who manufacture the machines.
- The continued close collaboration with the University of Exeter, supported by the Joint Research Office (JRO). The GC heard that in 2022 the collaboration was awarded NIHR Biomedical Medical Centre status, which will provide more than £15 million of funding over the next five years. The Patient Recruitment Centre (PRC) is the first of its kind in the South West Peninsula and will translate scientific discoveries into tangible benefits for patients also partnering with other Trusts in the region and beyond, to accelerate the development of better precision approaches to target the right therapies to the right people using cutting edge technologies.

**j) People, Workforce Planning & Wellbeing Committee:** Hannah Foster, Chief People Officer, advised the GC of the following:

- The level of support and impact from the marketing team was highlighted to the GC as having been exceptional and a significant contributor to the successes the Trust has seen in recruiting to vacancies in recent months.
- The Standards of Dress and Personal Appearance Policy was ratified by the committee. The level of engagement and inclusivity during development of this policy was commended by PWPW and GC alike.

Following the review of the Promoting Positive Working Environment policy presented to the GC, the Committee felt that it would be beneficial to see an overview of the wider Project Simplify project to ensure that the learning and good practice was incorporated into Trust's wider policy management work. The GC will therefore receive an update on the full breadth of Project Simplify workstreams and specifically any policy format recommendations back to the GC in 6 months' time.

**k) Safety & Risk Committee:** Carolyn Mills, Chief Nursing Officer, and Prof. Adrian Harris, Chief Medical Officer, presented the report and the GC raises the following for information:

- The National safety standards for invasive procedures (NatSIPPs) Task and Finish Group and development programme is currently under way to mitigate the risks of Never Events. Some additional resource has been identified to support this programme of work and provide stronger medical leadership to expedite delivery of some of the key elements.
- A further two Never Events were reported in July 2023 at Eastern Services, both of which the Trust has notified to the CQC. The investigations remain underway but the initial actions identified align with the programme of work underway by the NatSIPPs Task and Finish Group.

The GC noted the ongoing work to implement the Patient Safety Incident Response Framework (PSIRF) and the changes that may be required to the structure/scope of the S&RC and its subsequent reports to the GC. The GC will receive updates in due course.

<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.

<b>Agenda item:</b>	11.7, Public Board Meeting	<b>Date:</b> 27 September 2023		
<b>Title:</b>	September 2023 Integration Programme Board Update			
<b>Prepared by:</b>	Fran Lowery, Integration Programme Manager			
<b>Presented by:</b>	Alastair Matthews, Non-Executive Director			
<b>Responsible Executive:</b>	Chris Tidman, Deputy Chief Executive Officer			
<b>Summary:</b>	This document provides a written summary of the key areas discussed at both the 22 August 2023 and 19 September Integrated Programme Boards, and provides an update on the Integration Programme delivery.			
<b>Actions required:</b>	To note the update.			
<b>Status (x):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
			<b>X</b>	
<b>History:</b>	A monthly report is produced after each IPB to report to the Royal Devon Board of Directors. Due to the Board of Directors in August being stood down, IPB did not send an August exception report, so this covers both meetings			
<b>Link to strategy/ Assurance framework:</b>				

**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. Overview

The IPB met on 22 August and 19 September 2023 to gain assurance on the progress of the Integration Programme for Year 2 of integration (1 April 2023 to 31 March 2024).

The Integration Programme highlights are:

- The final NHSE-RDUH lessons learnt report has been received
- The Operational Services Integration Group have met through a number of staff and staffside sessions, to finalise the proposed integrated operational divisional structure ahead of the management of change planned to start wc 9 October 2023
- The Corporate Service Delivery Group, including the corporate PAF, chaired by the DCEO, is next due to meet on 25 September
- The Clinical Pathway Integration Group was stood down on 19 September due to the industrial action – this is being rescheduled. A verbal update was provided to IPB by the CNO and CMO

This exception report presents the main matters arising from the integration programme activities, and summarises key risks and issues across the following headings as discussed at the IPB meeting on 19 September:

- NHSE-RDUH Lessons Learnt final report
- Operational Services Integration Group update
- Corporate Services Delivery Group
- Clinical Pathway Integration Group
- Integration programme delivery and governance

### 2.0 NHSE-RDUH Lesson Learnt Report - final

The final NHSE-RDUH lessons learnt report, reviewing integration, has now been received from NHSE by the DCEO and shared with the executive directors. The report is set out with a summary, and then lessons learnt for the trust, other trusts and NHSE. It was agreed at IPB that the report sets out valuable learning points. There is recognition that in some areas the integration has helped and, in some specialties, has taken service forwards, in others it has proved more difficult with further work ongoing as part of the Integration Programme. The Head of CPMO confirmed that the lessons learnt are already being used in developing our ongoing integration programme of work. IPB acknowledged that the report gives a fair appraisal of the position at the date of the review recognising that integration work is ongoing.

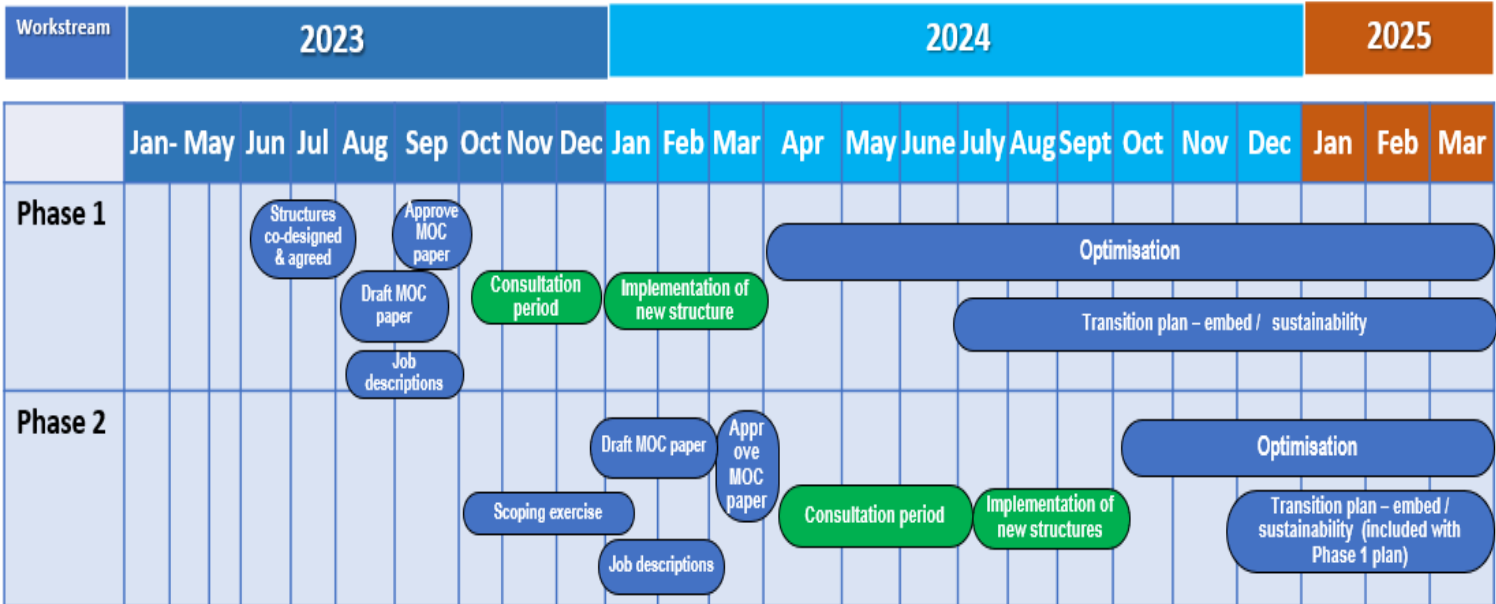
**3.0 Operational Services Integration Group update**

The COO gave IPB an update on progress of the Operational Services Integration Group (OSIG). The OSIG steering group met on 12 September, and there have been a number of workshops with trust senior leaders, including workshop #3 on 23 August.

The COO outlined the significant work carried out over the past month, including developing further details for operational and clinical leadership :

- Executive discussions regarding the detail of the future operating model including financial modelling
- The development of the management of change documentation including job description matching and consistency panels
- Meeting with staffside colleagues to develop clear FAQs for staff
- Aligning the operational development with the clinical integration opportunities

The updated timeline is shown below, with the management of change process due to start the week commencing 9 October 2023.



**4.0 Corporate Services Delivery Group**

CSDG met on 24 July 2023, chaired by the DCEO. The review of the corporate services efficiency through the corporate PAF is now well embedded, which is also providing assurance in respect of the corporate integration delivery.

Following the discussion at August’s IPB, the IPB chair asked the DCEO and Head of CPMO to undertake a risk assessment of RDUH IT system integration, as well as possible Devon-system developments, and to bring their recommendations back to IPB at the September meeting.

The resulting paper was shared and discussed on 19 September at IPB. From the review of these risks it was recognised that integration and especially IPB needs:



- to have sight of RDUH IT system integrations, including those involving the wider Devon-system
- to map and align the RDUH plans with those of the wider system developments

The table below shows the risks and mitigations for this work:

Risk	Mitigation	Lead
Lack of visibility of RDUH IT system integration resulting in rework and inefficiencies	Service leads report their IT system integration planned for 23/24, & 24/25 to CSDG/deep dives wc 23 October	Head CPMO with service leads
The RDUH IT system integration are not aligned with the ICB IT system plans, resulting in poor phasing	Digital PM and CPMO align RDUH IT system integration with ICB through Enabling Strategy implementation plan	DoS, Digital PM, CPMO
RDUH changes are not aligned with potential ICB changes resulting in staff being demotivating and impact retention	RDUH changes are mapped and aligned with the ICB potential changes to prevent poor experience for staff	Head of CPMO and CPO
BI Service Integration across Devon ICB planned for October 23	Being reported through TDG, and RDUH and ICB MoC fully aligned	Sam Maunder
Any staff related changes and IT system integration are not overseen by CSDG/IPB, resulting in ineffective management	CSDG monitors 1/4ly & through deep dives and reports by exception to IPB 1/4ly	DCEO, Head of CPMO

Following a discussion of the paper’s recommendations at IPB, it was agreed that CSDG will monitor the integration changes and IT system integration at trust and Devon ICB-level quarterly, and through the scheduled corporate service deep dives. CSDG will then report to IPB quarterly to provide assurance.

## 5.0 Clinical Service Integration Group

The Chief Nursing Officer provided an update on the Clinical Service Integration Group (CPIG). She explained that the CPIG meeting planned for today was stood down due to industrial action, however this is in the process of being rescheduled for the next few weeks.

The CNO outlined the work currently underway, aligned closely with the OSIG development and workshops, to use the opportunities of the operational redesign to also best benefit our clinical services. A proposal is being developed, including a timeline, to create a blueprint supporting integration of our general clinical services. This will also build on our learning from the 8 high priority services integration.

Following a discussion it was agreed that this proposal will benefit our clinical pathway development, and ensure that OSIG and CPIG are closely aligned and maximising the benefits of integration over the phase 1 and phase 2 operational integration period.

## 6.0 Integration Programme delivery and management

### 6.1 Programme governance and risk management

The Head of Corporate PMO met with the Deputy Director of Governance on 9 August to review the year 2 RAID log. There were no new issues identified, and the next risk surgery is planned for 4 October 2023.

It had previously been agreed that the CPIG, OSIG and CSDG terms of reference would be shared with IPB for assurance. This has now been completed.

Progress against four strategic risks from NHSE Amber Transaction Risk rating letter (March 22) continue to be managed, with 3 risks now closed – 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 now achieving CIP to match system level	Complete
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

### 6.2 Integration Programme delivery – for Quarter 2 (July-Sept 2023)

The high-level programme plan for the delivery of the 2nd quarter of year 2 is shown on the next page.

One item is off track, relating to the implementation of a single payroll. A change control is being completed by the CPO, and this will be taken to CSDG for review at the 25 October meeting.

		2023		
		H1, Q2		
Steering Group	Key workstreams	Jul	Aug	Sept
1. Programme Management IPB	Programme deliverables	Finance, Information & Workforce Strategy to BoD		
	Delivering Best Value		DBV Q1 Review	
2. Clinical Pathway Integration Group CPIG	CPIG	Clinical and operational pathway integration monitoring, informed by Clinical Strategy		CPIG meeting 19 Sept
	High risk clinical service integration	High risk services implementation as per plan, monitored through Clinical PAF		
	Key enablers	Clinical Strategy to BoD 26 July	Clinical Strategy delivery plan development as part of enabling strategies	
	Clinical MoCs/Eols			
3. Operational Services Integration Group OSIG	Operational restructure			Consultation start 29/9/23
	OD & Culture	OD workshops, Leadership and engagement events		
	Operational MoCs/Eols	MoCs phasing planned and approved		
4. Corporate Services Delivery Group CSDG	Corporate PAF			
	Trust Systems/ integration efficiencies			Single payroll
				ICS Digital Target Operating Model (TOM)
	Policies	Year 2 policy alignment, integrated governance processes - Q2 BAU through S&RC		
	Corp MoCs/Eol	Year 2 MoC plan CSDG 24.7.23		

Key

Completed
In progress
Off track
Not yet started

<b>Agenda item:</b>	11.9, Public Board Meeting	<b>Date:</b> 27 September 2023		
<b>Title:</b>	Research & Development Report 2022-2023			
<b>Prepared by:</b>	Helen Quinn - Research and Development Director and Clinical Director NIHR PRC Exeter			
<b>Presented by:</b>	Helen Quinn - Research and Development Director and Clinical Director NIHR PRC Exeter			
<b>Responsible Executive:</b>	Adrian Harris, Chief Medical Officer			
<b>Summary:</b>	This report highlights research activity during 2022-23 under the broad themes of research, activity, performance and achievements. The Board is asked to review and note the progress made in achieving the strategic objective of increasing research activity.			
<b>Status (*):</b>	<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
				<b>X</b>
<b>History:</b>	The report on the Trust's research and development activity is usually presented annually to the Board, this report covers the past two years.			
<b>Link to strategy/ Assurance framework:</b>	The report relates to the Trust achieving its strategic objective regarding research.			

### Monitoring Information

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

Care Quality Commission Standards	Outcomes		
Monitor		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

The purpose of the paper is to inform the Board about the research and development activities and key achievements in 2022-23 in support of the Trust's strategic objectives in relation to research including sustaining and growing available resources to support research activities. This report provides information about northern and eastern services as the Research and Development service has covered all Trust sites since 1st April 2022 and completed the integration of the clinical research and professional services teams on 31 December 2022.

## 2. Background

The report on the Trust's research and development activity is presented annually to the Board in order to provide information about activity, performance and achievements. The information provided for this reporting period of April 2022 to March 2023 continues to underline the pivotal role research plays in preventing illness and in improving outcomes for patients, it is known that research active organisations have better patient outcomes and the Trust's activity across the breadth of its services is an enormous contributing factor to continuing to realise those benefits.

In October 2022 the Government announced Royal Devon and the University of Exeter (UoE) had been one of only 20 centres to be awarded a National Institute for Health and Social Care Research (NIHR) Biomedical Research Centre (BRC) realising our long-term ambition and securing £15m of funding over the next five years. The BRC and continuing collaboration with the University in the NIHR Clinical Research Facility (CRF) under the umbrella of our Joint Research Office provides a sure foundation for continued success. BRC status enabled the Trust to bid for and be awarded a £2.2m NIHR capital funding grant with £1.6m securing the Illumina NovaSeq X Plus, a cutting-edge genetic sequencer, the first of its kind in an NHS Trust.

More patients were recruited this year than last year to clinical trials and studies with Royal Devon the highest recruiting Trust in the region and 10/41 for all 'large acute' Trusts. Commercial contract research performance was very strong, the Trust was 12/159 for all hospital Trusts for commercial recruitment underpinned by the NIHR commercial Patient Recruitment Centre Exeter (PRC) which was the highest recruiting of the five national PRCs.

Research led by our own researchers continued to flourish with notable publications including major international guidelines and success in grant applications. Initiatives to support an increase in activity with the Trust's Nurses, Midwives, AHPs and Healthcare Scientists was further supported with the launch of the NMAHPHCS research strategy the first in the wider region.

This year's report demonstrates that as well as offering our patients access to clinical trials and studies supporting better patient outcome locally, that the Trust through strategic collaborations is increasingly playing a leading role in contributing to the knowledge about disease and treatment nationally and internationally enhancing the Trust's reputation and supporting recruitment and retention of high calibre staff.

A major challenge nationally, mirrored locally, continues to be the recovery of the breadth and volume of activity post-pandemic and supporting NHS employed staff to be research active. We have though through close and strategic key partnerships ensured we have placed ourselves in a good position to realise our ambitious aims to maximise the benefits of research for our patients and our wider population.

### 3. Analysis

This report demonstrates the high quality of research conducted by Trust staff across the breadth of services and specialties. Research led by other institutions and life sciences partners (known as 'Hosted' research) was supported as well as support being provided to our own staff to develop and deliver their own research (known as 'sponsored' research). Research delivery is still recovering in the UK post pandemic and as with other European countries, the UK continues to see a decline in the number of commercial studies being awarded. Collaboration with the University of Exeter supported by the Joint Research Office is ensuring Royal Devon continues to increase activity with the PRC, the award of the NIHR BRC and ongoing funding for the NIHR CRF underpinning this. The Trusts collaboration with the University of Plymouth SW Clinical Schools has also accelerated strategic initiatives to develop research capacity in our nursing, midwifery, allied health professional and healthcare scientist's workforce which will be key to ongoing growth.

#### 3.1 Hosted study performance

Supporting research led by other organisations (Hosted studies) enables a breadth of opportunity to be offered to our patients and is a key component of the strategy to increase research activity to support better patient outcomes. As seen in appendix 1, (tables 1 & 2) in 2022-23 there were significantly more new participants recruited to trials than 2021-22 and an increased number of trials and studies opened. The Trust is the top recruiting organisation in the region and when compared to 'similar' Trusts (tables 3 & 4, appendix 1) has performed well, with commercial recruitment significantly higher than other 'similar' sites. The Trust was 12/159 for commercial recruitment in all hospital Trusts in 2022-23. In addition to new patient recruitment, there were more than nine thousand follow-up visits conducted during the year and each trial would also have involved review and discussion with many patients who did not meet eligibility criteria.

##### BOOST study

Hosted trials rely on excellent collaboration across the usual clinical care teams and the research delivery staff and make a significant impact on care during and after the trial intervention. The BOOST study led by Professor Sallie Lamb is evaluating a 12-week strength and conditioning programme to see if it is more effective than standard treatment for people with spinal stenosis. The intervention has already been shown to reduce falls risk by 40% and this part of the research involves patients and health professionals who deliver the intervention to support refinement and better implementation of the programme. The study delivered at northern services recruited 12 patients against a target of ten, the group who received the intervention in North Devon say it has made a big difference to their quality of life, with improvements in physical and mental health and confidence.



### MucACT COPD

Whilst many hosted trials and studies focus on patients under our active care, there are also opportunities because of our specialty expertise where we can support trials designed to avoid hospital admissions working with primary care colleagues. Of note has been the 'MucAct COPD' trial led by Prof Michael Gibbons lead of the Academic Department of Respiratory medicine. Chronic Obstructive Pulmonary Disease (COPD) is the most common respiratory disease in the UK affecting approximately 3m people and has been identified by the NHSE 'CORE20PLUS5' programme as one of the five clinical areas requiring accelerated improvement. The MucAct trial is looking at interventions to prevent chest infections by assessing the clinical and cost-effectiveness of nebulised sodium chloride in patients with COPD and also seeing if this is better than taking carbocysteine medication. By working collaboratively with Primary Care colleagues and the CRN SWP agile team, the respiratory research team are the top recruiting site in the UK helping to find new ways to manage this debilitating condition and their approach to running the trial is now being rolled out across other UK sites.

### **3.2 Sponsored study performance**

The Trust provides an important role in supporting our own staff to develop and deliver their own research by providing 'sponsorship' to their trials and studies. R&D professional services staff guide researchers to appropriate methodological and statistical support and help them to navigate grant application processes and the regulatory and good practice requirements. Staff were also supported to make NIHR and HEE award applications for pre-doctoral, doctoral and post-doctoral training.

During the reporting year there were 21 staff leading 26 open studies/trials as lead researcher (known as Chief Investigators) 8 of these also were open at other sites. Royal Devon supported 13 researchers with grant applications, four grants were successfully awarded securing £4,139,930 of grant income. In addition to these sponsored studies, during the year, a further 16 bids were supported, primarily with our partner the University of Exeter where Royal Devon acted as the lead NHS site/host.

Grant success included the 'Hipster' trial from the academic department of Orthopaedics. The clinical research team led by Orthopaedic Consultant Mr Al-Amin Kassam were awarded over £900,000 from the NIHR to carry out this ground-breaking trial which will explore the use of pioneering robotic surgical methods to improve outcomes for hip replacement patients. This development of this project was supported by Trust Research Capacity Funding demonstrating the importance of strategic investment for research development. Nearly 31,000 people had hip replacements in 2022 with approximately half over 70 years old and whilst this is a very successful operation for most people more than 10% of patients continue to experience pain one year after their operation. Hip

replacements are important for mobility and with an ageing population and an increasing demand for hip replacement surgery, any steps to improve patient outcome could make a huge difference.

### 3.3 Digital enablement

The appointment of the Trusts first Chief Research Information Officer (CRIO) Dr Nick Kennedy, the only CRIO in the wider SW region, has accelerated the Trusts ability to maximise the potential of digital enablement including EPIC and the research management system EDGE. In this year Dr Kennedy has worked with the My Care team to arrange that one of the analysts has a specific focus on research. He meets regularly with this analyst and her technical services contact with Epic to ensure we enhance adoption of the functionality available within Epic for research. An example of success includes deployment of a real-time automated notification to the Emergency Department (ED) research team when a patient attends the ED meeting criteria for one of their studies. They are also working together to improve capture of research consent within the electronic patient record (EPR), improve the visibility of research activity and ensure that we have consistent data across our EPR and our trial management system. Through better use of the EPR data, the Trust aims to improve processes starting with site setup, through identification and recruitment of patients, to the efficient management of patients within studies.

Dr Kennedy has also led secondary care input into the Great Western Secure Data Environment for R&D. This initiative, which spans six of the seven NHS South West ICS regions, aims to bring together data from across the region to enable research relevant to our population. The Great Western SDE has recently secured funding from NHS England and will provide exciting opportunities to answer important research questions in a secure environment.

The Trust also expect to implement a system in this year which will enable the export of research participant data from the EPR direct to life science partners electronic data capture systems, this is expected to reduce manual data upload by 45-50% freeing up research staff time for other activity.

### 3.4 Academic departments

The Trust's eleven Academic Departments have outstanding performance in leading research that answers key questions for patient care regionally, nationally and globally and have established excellence in many ways including the quality of their publications, the amount of research funding raised and the number of staff involved in research. Six of the eight recently awarded BRC Senior Investigator Fellowships (SIF) to Royal Devon staff are active research leaders in these departments. Nineteen NIHR CRN regional senior specialty clinical leadership roles are also being delivered by Royal Devon staff with five of these led by academic department leads. Other notable achievements include:

#### Academic department of genomic medicine

Professor Emma Baple and her team developed a world-first national genetic testing service in collaboration with research groups at the University of Exeter, so that clinicians and academics worldwide, can diagnose and potentially save the lives of thousands of severely ill children and babies, within days rather than weeks.





Reuben was fighting for his life, but doctors could not pin down the reason and tests were inconclusive. By analysing Reuben's genome - looking at billions of letters of DNA code in his body - it was found that mutations in the CSP1 gene meant he could not break down nitrogen and that was causing toxic levels of ammonia in his blood to build up. Reuben received the correct medication quickly and he is now doing well at home and waiting for a liver transplant to cure his condition. His mum, Eleanor, said: "*All the care Reuben received would not have happened as quickly and his early diagnosis meant we knew what to expect.*"

#### Academic department of Blood Sciences

Professor Tim McDonald and his team were awarded the Impact Award for their outstanding work on the development of a national, home-based blood collection and laboratory testing service for NHS patients. The achievement was celebrated at the annual UKMedLab conference in Leeds, organised by the Association for Clinical Biochemistry & Laboratory Medicine. The new service means eligible patients who normally have to visit hospitals or GP surgeries for routine blood tests can now take their blood samples at home and send them directly to the laboratory. The award-winning team has previously been recognised for its exceptional contribution to the lives of patients managing chronic diseases, having received the HSJ Acute Sector Innovation of the Year Award in 2021. This technology has the potential to make further impact supporting the decentralised (fully virtual) delivery of future commercial and non-commercial trials which could transform research for the benefit of patients.

#### Academic department of Abdominal Wall Surgery

The first academic department based in northern services has had one of the co-lead's awarded a BRC SIF, they opened the two commercial trials based in northern services with excellence in delivery and Prof David Sanders Chaired the panel who will shortly release the European Hernia Society Incisional Hernia Guidelines, the first major international guidelines for this debilitating condition, underlining the international impact of our Academic departments.

### **3.5 Nurses Midwives AHPs and Health Care Scientists (NMAHPHCS)**

Supporting our NMAHPHCS staff to be research engaged as well as supporting the development and delivery of research is another focussed area of work. In November 2021 the Chief Nursing Officer for England released 'Making research matter' a strategy recognising that research is the cornerstone of high-quality, evidence-based nursing and a research and innovation strategy for AHPs was released by Health Education England in January 2022. This led to a review of the Trusts own initiatives and the subsequent development and launch of a combined NMAHPHCS research strategy and implementation plan in December 2022. This was the first such strategy in the wider region and has been shared by NHSEI SW as an exemplar. The strategy was also confirmed to remain fit for purpose following the release of the Chief Midwifery Officers research strategy in May this year.

The Trust continues to closely collaborate with the University of Plymouth's South West Clinical Schools including on the delivery of this strategy, to ensure our staff are effectively supported to realise their potential. The Trust also supported colleagues at UoE to develop a post graduate programme in clinical research delivery securing NIHR funding for its development and delivery.

We recognise and acknowledge there is still much progress to be made to engage all staff in ensuring they use research to improve patient outcomes, the Trusts initiatives though continue to go from strength to strength with evaluation and learning informing ongoing work. Of note nine Chief Nurse Research Fellows completed the programme in 2022, from professions including nursing, physiotherapy, OT, dietetics and Speech & Language therapy. Their completed projects have provided invaluable insight to clinical issues in their departments including how to improve pain assessment for patients with dementia and the management of urgent referrals to the northern OT department. The Trusts Clinical Academic Network continues to grow to support the NMAHPHCS strategy and provide mentoring for the CNRFs.

Colleagues in northern services have worked proactively to increase the number of nurses, midwives and allied health professionals taking the Principal Investigator role with five now leading studies.

All in the Trust we are sure were delighted and proud that Professor Maggie Shepherd Associate Director for Nursing Research and Consultant Nurse in Monogenic Diabetes received the 2023 international Aster Guardians Global Nursing Award for her transformative work in the field of monogenic (single gene) diabetes research and clinical care, surpassing over 52,000 competitors from across 202 countries.

### **3.6 Publications**

Publications are vital to share knowledge also providing the platform to disseminate the work of the Trusts staff nationally and internationally. Between 2022-23 Royal Devon staff had 365 publications which includes journal articles, case reports and systematic reviews across 58 specialty areas and departments (appendix 2). Of note is the ability for the first time to include northern services data in a board report showcasing the breadth of activity across our organisation.

### **3.7 NIHR Patient Recruitment Centre Exeter (PRC) and other Commercial Activity**

Commercial trial activity in the UK continues to decrease alongside activity in Europe, China currently has the highest current growth at over 300%. The UK medicines regulator the MHRA is significantly underperforming with Clinical Trials Authorisations for Clinical Trial Investigational Medicinal Products (CTIMPs) taking months in excess of their 60-day target. This is losing the UK business, in this financial year (FY) PRC Exeter has lost at least one trial and the Trust is currently awaiting MHRA approval for 14/24 awarded commercial contracts with a recruitment potential in this FY alone of ~210 participants.

Despite the global picture there were 554 new commercial research participants across the Trust in 2022-23 compared to 265 in 2021-22 (appendix 1). Our PRC's activity is strong with Exeter meeting target in all contractual KPIs as well as recruiting more new participants than the other four PRCs in 2022-23 (appendix 1, table 2). There was also significant success in participant retention with nine of 12 studies being delivered in the PRC in 2022-23, achieving a 100% patient retention rate, showing not only do the team effectively recruit but also employ effective strategies to continue to engage and support patients with ongoing participation.

Notable trial delivery includes Harmonie delivered with the PRC and Trust based children's research team, who recruited 80 against a goal of 65 participants ahead of time and was looking at a new vaccine for Respiratory Syncytial Virus (RSV). RSV is a common seasonal virus which nearly all babies will have as a mild illness sometime before their second birthday. For some babies RSV can lead to severe infection requiring hospitalisation and for some ventilation, we were therefore really pleased to be supported with great engagement from local parents including them supporting local media promotion of the trial <https://www.itv.com/news/westcountry/2022-09-28/new-vaccine-trial-starts-to-protect-babies-against-respiratory-infections>

The PRC 'model' has further evolved internally, Trust based research teams have always supported the PRC, PRC staff are now actively providing some level of support to all commercial clinical trials to ensure excellence in delivery. The Trusts delivery performance in this year has seen the award of a further £50k from a new NIHR funding source as part of the UK governments commitment to the Life Sciences Industry. The wider Trust commercial performance reflects that whilst fewer patients were recruited in 2022-23 166 compared to 226 in 2021-22, more specialty areas were involved, 12 compared to 9 in 2021-22 and northern services had significantly more activity with 61 compared to 12 in the previous year.

The IQVIA Prime Site (PS) relationship remains an important source of activity, with Royal Devon an active partner in the SW PS one of only three PS in the UK.

### 3.8 University of Exeter collaborations BRC CRF JRO

#### 3.8.1 NIHR Biomedical Research Centre (BRC)

Royal Devon and the University of Exeter were awarded a BRC in October 2022 following close collaboration over the past few years to secure this prestigious funding. The BRC one of only 20 funded by the UK government via the NIHR will receive over £15m over the next five years to attract the best scientists and clinical academics and create an environment where experimental medicine can thrive. Our BRC is structured around five core themes of particular pertinence to our own population:

- **Neurodegeneration:** finding and testing new, better drugs that prevent and treat major brain conditions in older adults such as dementia and Parkinson's disease.
- **Rehabilitation:** Using exciting new approaches to help older people to recover from illness or manage their long-term conditions like dementia and arthritis.
- **Diabetes:** Improving diagnosis and treatment, and exploring how to help those most at risk
- **Genetics:** Unlocking the power of genetics, to improve diagnosis of rare illnesses in children and rare cancers, and to create tailored treatments for common diseases.
- **Clinical Mycology:** Seeking better treatments to prevent and manage potentially deadly fungal infections

The BRC has made great progress since funding was awarded including making key scientific appointments and establishing and awarding funding for PhD's. Royal Devon has already seen investment benefit including a senior Clinical Trials Pharmacist and Pharmacy technician and funding of a day a week for the next four years for eight of our senior research staff via the BRC Senior Investigator Fellowships. It was also possible because of the BRC award for the Trust to successfully bid to NIHR for £1.6m capital funding for a new genomics analyser and associated computing which will further enhance research and clinical capability. The Illumina NovaSeq X Plus, a cutting-edge genetic sequencer, will be based in the Exeter Genomics Laboratory, a partnership between the

University of Exeter, the Royal Devon University Healthcare NHS Foundation Trust, the Exeter NIHR Biomedical Research Centre (BRC), and the NHS South West Genomic Laboratory Hub. The new sequencer can look at almost all of an individual's genetic information in a single test within 24 hours. The new sequencer is the first of its kind in an NHS Trust and will also increase capacity and reduce costs revolutionising the way we conduct research and diagnostics. Within this same bid a further £600k was secured for other equipment to support BRC and Trust based research.

### 3.8.2 NIHR Clinical Research Facility Exeter (CRF)

Royal Devon continue to collaborate with UoE in the CRF, one of only 28 in the country. Whilst pleased to have been awarded a further five-year contract this was disappointingly with less funding. Despite this the facility has met all objectives for this year and has had notable impact from the research it supports including an important study with Randox which has led to better routine testing to accurately differentiate between Type 1 and 2 diabetes in adults. Diabetes UK report that more than 4.3 million people in the UK live with diabetes with approximately a further 850,000 people living with diabetes who are yet to be diagnosed. Treating people with diabetes in the UK costs £10B pounds a year, 10% of the NHS budget, with 80% of this funding spent on treating the complications of diabetes. More accurate diagnosis is therefore essential to improve care. This research builds on the internationally recognised research from this team.

### 3.8.3 Joint Research Office (JRO)

The JRO is now fully established providing essential professional services support to assist researchers across the Trust and University to develop and deliver high calibre studies and trials. There are currently four commercial trials being supported including exciting new opportunities with psychedelic medication. 18 new grants between the organisations were supported in 2022-23.

## 3.9 Public & Patient Involvement & Engagement and Equity, Diversity & Inclusion

The Participant Research Experience Survey (PRES) is an annual nationally standardised survey used to collect adults and children's views and experiences of participating in National Institute for Health and Care Research (NIHR) supported research. At Royal Devon in 2023, 98% of patients agreed they had always been treated with courtesy and respect by research staff, 94% felt the information they received before taking part prepared them for their experience on the study and 93% said they would consider taking part in research again with 31% having already previously done so.

The clinical research teams look for innovative ways to support patient participation as described by Allan Cross from Exmouth who participated in the MucAct trial where the team went out in to the community to support participation. Mr Cross was able to attend study appointments at his local community hospital. He said not having to travel to the RD&E Hospital (Wonford) made it easier for him to take part in the study.

Mr Cross said: *"I've had COPD for quite a few years and it's getting worse. I can't walk too far, so I tend not to go out very much anymore. But taking part in this study was very easy, all I had to do really was send the diaries in every three weeks and attend a few appointments locally. I am very happy to get involved and see if I can help, and I don't mind taking part at all."*

The department has also made concerted efforts to support equity, diversity and inclusion in our work. The 'Health Inequalities: from research to action' conference organised by R&D this year drew national speakers to highlight research findings in relation to inequality and to talk about how we can make changes to address inequity in the development and delivery of our research. The Trust also participated in a pilot project looking at research

participation for those most likely to be underserved within Devon with Devon County Council and the NIHR CRN. Whilst it would not be surprising that underserved groups who do not access usual care would also not access research the data showed in addition to those in more deprived, rural and remote communities there was also significantly lower research participation in males, younger age groups, ethnically diverse groups, and those with mental health rather than physical health conditions. Based on this pilot, NHSEI have provided further funding in this year to expand the project and with areas of opportunity including targeted placement of trials in more remote settings with hub and spoke outreach models with further collaboration planned with the Health Determinants Research Collaborations (HDRCs) and the UoE Centre for coastal communities

### **3.10 Funding**

As will be noted from other reports, R&D achieved a year-end break-even position with R&D activity across the Trust supported almost exclusively by externally generated funds. These include the NIHR Clinical Research Network, NIHR and other research grants supporting non-commercial hosted and sponsored activity and commercial contract research supporting delivery of those contracts with capacity funds reinvested in the R&D service for clinical staff to support non-commercial activity and professional services staff to provide the infrastructure to support research activity across the organisations. This balance of non-commercial, commercial and grant related activity ensures both sponsored and hosted activity can occur.

Our own Chief Investigators are critical to ongoing success and growth, NIHR grant income supports high calibre roles in the Trust and University as well as also attracting further Research Capacity Funding to re-invest in development. Life Sciences partners also provide funding to our Chief Investigators for Investigator Initiated Trials (IIT), an important source of income. As previously noted the ability to bid for and be awarded significant NIHR income secures funding for high calibre staff to optimise patient outcome as well as enabling the generation of further income for inward investment.

### **3.11 Hosted NIHR infrastructure**

The Trust continues to provide senior leadership and Executive oversight across the region in its hosting of key NIHR infrastructure grants on behalf of all Peninsula providers including in this reporting period the NIHR Clinical Research Network South West Peninsula (CRN SWP), the Research Design Service South West (RDS SW) and the Peninsula Applied Research Collaboration (PenARC).

The RDS SW was unsuccessful in the bid to host the new structure which will support research to develop grant applications the 'Research Support Service'. This has moved from a regional to national offer and will be delivered with fewer supporting organisations. Whilst the RDS SW contract had been due to expire at the end of September 2023 there is now a contract extension to complete or transfer existing projects until March 2024.

As reported in section 3.8, Royal Devon also hosts two other large infrastructure grants the NIHR BRC and NIHR CRF.

## **4.0 Resource/legal/financial/reputation implication**

The Trust is responsible for ensuring compliance with contractual obligations for Hosted NIHR infrastructure, non-compliance may negatively impact the Trusts reputation.

If the Trusts does not generate sufficient external funds to support the Trusts research endeavours it will not be possible to provide research opportunities which may negatively impact the Trusts reputation.

#### **5.0 Link to BAF/Key risks**

N/A

#### **6.0 Proposals**

The Board is asked to review and note the Research and Development report.

## Appendix 1

**Table 1: No. of new patients by Trust site 2021-22 & 2022-23**

Recruitment	Eastern		Northern		PRC*	
	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23
NIHR commercial	214	105	12	61	39	388
NIHR non-commercial	2571	4048	530	427	0	17**
<b>NIHR Total</b>	<b>2785</b>	<b>4153</b>	<b>542</b>	<b>488</b>	<b>39</b>	<b>405</b>
Non-NIHR commercial	0	0	0	0	0	0
Non-NIHR non-commercial	469	462	0	0	0	0
<b>Non-NIHR Total</b>	<b>469</b>	<b>462</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Overall Total</b>	<b>3254</b>	<b>4615</b>	<b>542</b>	<b>488</b>	<b>39</b>	<b>405</b>
<b>2021/21</b>						<b>3835</b>
<b>2022-23</b>						<b>5508</b>

\*PRC studies supported by staff who work across the Trust sites; \*\*non-commercial but life sciences funded

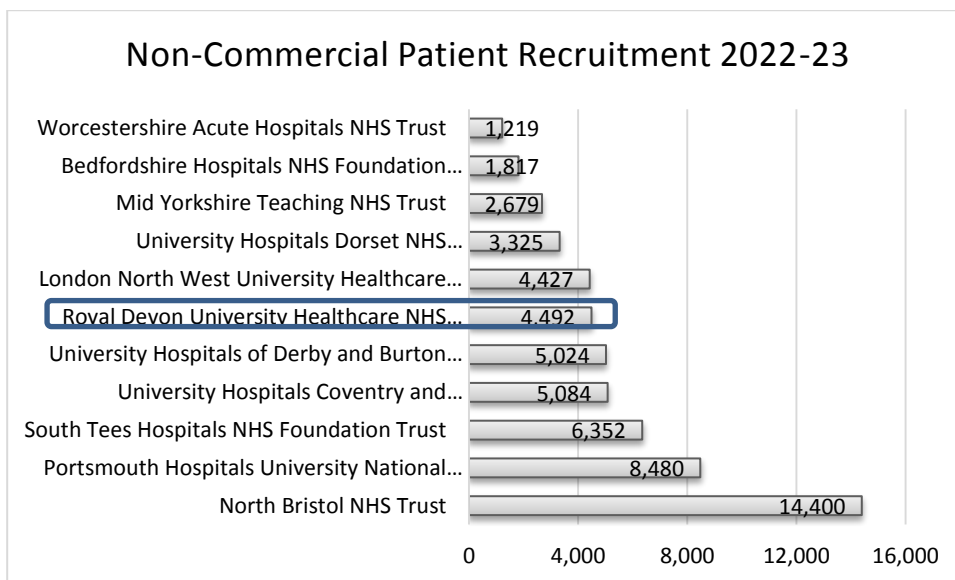
**Table 2: No. of Studies which recruited new patients for Royal Devon sites 2021-22 & 2022-23**

No. Studies	East		North		PRC*	
	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23
<b>NIHR</b>						
Commercial	18	17	2	2	1	9
Non-Commercial	150	156	18	27	0	2**
<b>Total</b>	<b>168</b>	<b>173</b>	<b>20</b>	<b>29</b>	<b>1</b>	<b>11</b>
<b>Non-NIHR</b>						
Commercial	2	0	0	0	0	0
Non-Commercial	3	10	0	0	0	0
<b>Total</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Overall Total</b>	<b>173</b>	<b>183</b>	<b>20</b>	<b>29</b>	<b>1</b>	<b>11</b>
<b>2021/21</b>						<b>194</b>
<b>2022-23</b>						<b>223</b>

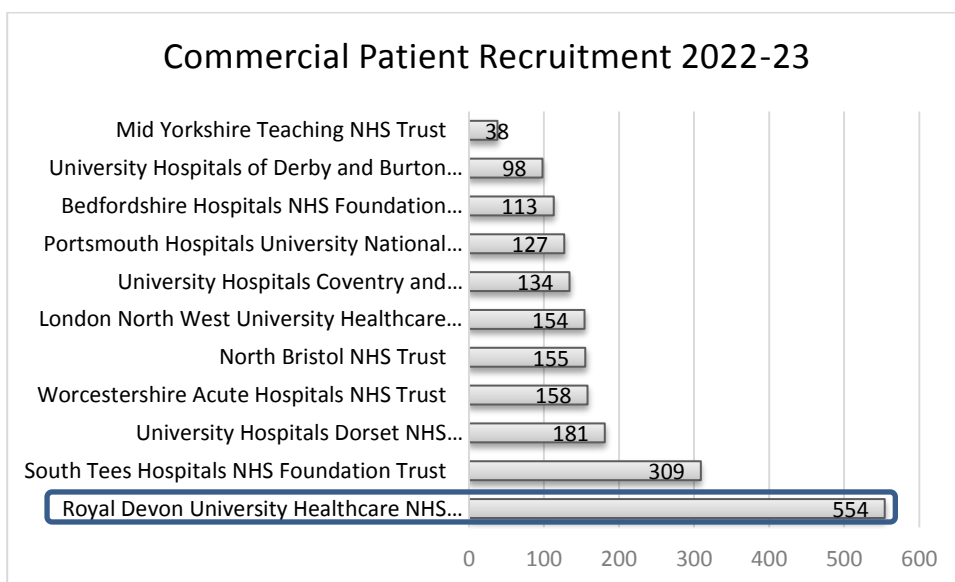
\*PRC studies supported by staff who work across the Trust sites; \*\*non-commercial but life sciences funded

Tables 3 and 4 compare activity with 10 'similar' organisations in same category i.e. 'Large Acute Trust' with attendance as the 'proxy' for measuring similarity NIHR activity only

**Table 3: Non-commercial Patient Recruitment 2022-23**

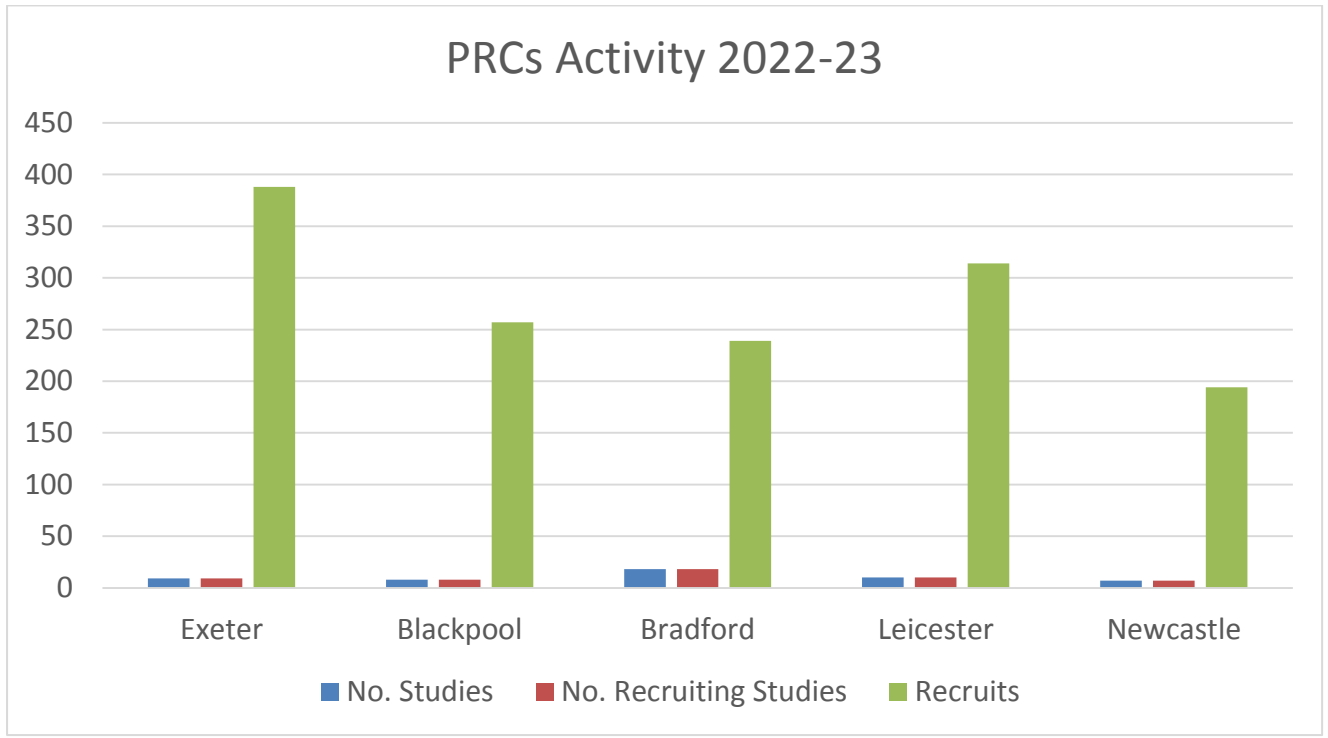


**Table 4: Commercial Patient Recruitment**





**Table 5: PRC Activity 2022-23**



## Appendix 2

### Royal Devon Publications

**Table 3: Total of authored publications 2022 (not including conference abstracts, letters, comments or poster)**

Article Type	No. Citation
Case Reports	12
Clinical Trial Protocol	2
Comment	4
Editorial	16
Journal Article	290
Letter	15
Meta-Analysis	1
Multi-centre Study	1
Published Erratum	3
Randomized Controlled Trial	18
Review	1
Systematic Review	2
<b>Grand Total</b>	<b>365</b>

**Table 4: Departments/specialties with publications:**

Department	Count	Department	Count
Anaesthetics	2	Orthopaedics	11
Bowel and bladder care	4	Orthopaedics/Trauma	3
Breast care	1	Orthopaedics/Trauma - Exeter Hip Unit	8
Cancer services	10	Orthopaedics/Trauma - Exeter Knee Reconstruction Unit	8
Cardiology (heart)	3	Orthopaedics/Trauma - Exeter Spinal Team	3
Chaplaincy	1	Paediatrics (children and young people)	8
Clinical Genetics	1	Pathology	2
Clinical Measurements	1	Pharmacy	1
Clinical School	1	Phlebotomy (blood tests)	1
Colorectal (rectum, anus and colon)	27	Plastic & Reconstructive Surgery	3
Covid-19	6	Radiology (X-Ray and medical imaging)	2
Critical care	3	Radiotherapy Physics	1
Dermatology	6	Renal and nephrology services (kidneys)	5
Diabetes & Endocrine	1	Research & Development staff	9
Diabetes and endocrinology	21	Respiratory	17
Ear, nose and throat (ENT)	3	Rheumatology (musculoskeletal system / joints)	2
Emergency department (ED or A&E)	2	Simulation	1
Endoscopy	1	Specialist Services	2
Gastroenterology	21	Stroke	6

Genetics and genomics	64	Surgery and theatres	7
Haematology	3	Surgical Services	18
Healthcare for older people	10	Therapies - Nutrition & Dietetics	1
Hepatology (liver)	3	Therapies - Occupational Therapy	1
Intensive Care Unit (ICU)	3	Therapies - Physiotherapy	2
Medical Services	13	Other	2
Neonatal care	1	Urology (urinary tract)	11
Neurology and neurorehabilitation	1	Vascular	2
Ophthalmology	7	Eastern publications - other	2
Orthodontics, Oral & maxillofacial	3	Northern dept - other	3
<b>Grand Total</b>			<b>365</b>

**Table 5: Publications by site 2022**

Location	Count
Eastern publications	348
Northern publications	17
<b>Grand Total</b>	<b>365</b>