Royal Devon University Healthcare NHS Foundation Trust

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

At 09:30 on Wednesday 31 May 2023
At the Future Skills Centre, Exeter College, Exeter Airport Industrial Estate, EX5 2LJ

AGENDA

As of 26/05/2023

Item	Title	Presented by	Item for approval, information, noting, action or discussion	Time Est.
1.	**Chair's Opening Remarks**	Shan Morgan, Chair	Information	09:30 2
2.	**Apologies**	Shan Morgan, Chair	Information	09:32 1
3.	**Declaration of Interests**	Melanie Holley, Director of Governance	Information	09:33 2
4.	**Matters to be discussed in the confidential Board**	Shan Morgan, Chair	Noting	09:35 2
5.	**Minutes of the Meeting of the Board held 26 April 2023**	Shan Morgan, Chair	Approval (Paper)	09:37 5
6.	**Matters Arising and Board Actions Summary Check**	Shan Morgan, Chair	Information (Paper/Verbal)	09:42 5
7.	**Chief Executive's Report**	Suzanne Tracey, Chief Executive Officer	Information (Verbal)	09:47 30
8.	**Performance**			
8.1	**Integrated Performance Report**	Chris Tidman, Deputy Chief Executive	Information (Paper)	10:17 45
	COMFORT BREAK			11:02 10
9.	**Policy & Strategy**			
9.1	**Final 2023/24 Operating Plan –**	Angela Hibbard, Chief Finance Officer	Information (Paper)	11:12 15
10.	**Assurance**			
10.1	**Workforce Race Equality Standard & Workforce Disability Equality Standard Reports**	Hannah Foster, Chief People Officer	Approval (Paper)	11:27 20
10.2	**Six Monthly Safe Staffing Review**	Carolyn Mills, Chief Nursing Officer & Karen Davies, Medical Director Northern Services	Information (Paper)	11:47 15
10.3	**Audit Committee**	Alastair Matthews, Non-Executive Director & Committee Chair	Information (Paper)	12:02 5

10.4	**Finance and Operational Committee**	Steve Kirby, Non-Executive Director & Committee Chair	Information (Paper)	12:07 15
10.5	**Governance Committee**	Tony Neal, Non-Executive Director & Committee Chair	Information (Paper)	12:22 5
10.6	**Integration Programme Board**	Alastair Matthews, Non-Executive Director & Programme Board Chair	Information (Paper)	12:27 5
10.7	**Our Future Hospital Programme Board**	Steve Kirby, Non-Executive Director & Committee Chair	Information (Paper)	12:32 5
11.	**Information**			12:37
11.1	**Items for Escalation to the Board Assurance Framework**	Shan Morgan, Chair	Discussion (Verbal)	12:37 1
12.	**Any Other Business**			12:38
	At the conclusion of the formal part of the agenda, there will be an opportunity for members of the public gallery to ask questions on the meeting's agenda. Where possible, questions should be notified to members of the Corporate Affairs team before the meeting. Every effort will be made to give a full verbal answer to the question but where this cannot be done, the Chair will ask a director to make a written response as soon as possible.			
13.	**Date of Next Meeting:** The next meeting of the Board of Directors will be held at 09:30 on Wednesday 28 June 2023.			
14.	The Chair will propose that, under the provisions of section 1(2) of the Admission to Public Meetings Act 1960, the public and press should be excluded from the meeting on the grounds of the confidential nature of the business to be discussed.			

Meeting close at 12:50

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

Wednesday 26 April2023
Exeter College Future Skills Centre, Exeter Airport Industrial Estate, EX5 2LJ and via MS Teams

MINUTES

PRESENT	Mrs C Burgoyne	Non-Executive Director
	Mrs H Foster	Chief People Officer
	Professor A Harris	Chief Medical Officer
	Mrs A Hibbard	Chief Financial Officer
	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
APOLOGIES:	Mrs S Tracey	Chief Executive Officer
IN ATTENDANCE:	Ms B Hoile	Engagement Officer (for item 059.23)
	Ms G Garnett-Frizelle	PA to Chair (for minutes)
	Mrs M Holley	Director of Governance
	Mr P Luke	Director of Strategy (for item 062.23)
	Mr D Tarbet	Business Development Director (for item 061.23)

		ACTION
052.23	**CHAIR'S OPENING REMARKS**	
	The Chair welcomed the Board, Governors and observers to the meeting. Ms Morgan reminded everyone it was a meeting held in public, not a public meeting. She asked members of the public to only use the 'chat' function in MS Teams at the end to ask any questions which should be focussed on the agenda and reminded everyone that the meeting was being recorded via MS Teams. Ms Morgan thanked all the Governors attending. **The Chair's remarks were noted.**	
053.23	**APOLOGIES**	
	Apologies were noted for Mrs Tracey.	
054.23	**DECLARATIONS OF INTEREST**	
	Mrs Holley advised that the annual review of the Register of Interests had been undertaken and included in the meeting pack for information.	

	It was noted that a new declaration had been received subsequent to Board papers being despatched. Mr Tidman had accepted an invitation to become a member of the Devon System Recovery Board. **The Board of Directors noted the Annual Review of the Register of Interests and the new declaration by Mr Tidman.**	
055.23	**MATTERS DISCUSSED TO BE DISCUSSED IN THE CONFIDENTIAL MEETING**	
	The Chair noted that the Board would receive updates at its confidential meeting from the Digital, Finance and Operations and Governance Committees and Integration Programme Board, a Business Intelligence Options Appraisal and a review of the Board Assurance Framework and Corporate Risk Register.	
056.23	**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 29 MARCH 2023**	
	The minutes of the meeting held on 29 March 2023 were considered and approved subject to the following amendments: Minute number 041.23, page 4 of 20, under Local Issues second bullet point "With regard to the recovering for the future objective" Minute number 041.23, page 5 of 20, paragraph beginning "Mrs Foster said that the next industrial action ..", final sentence to be amended to read "She added that for some clinicians TOIL would be more attractive than money, but ~~offering~~ managing TOIL on an ongoing basis would become much harder if the period of industrial action continued." Minute number 041.23, page 5 of 20, final paragraph, ".. and Improved Better Care Fund (iBCF)" Minute number 041.23, page 6 of 20, penultimate paragraph, final sentence "Mr Tidman suggested that ~~this~~ he could take this forward" Minute number 042.23, page 7 of 20, change to "Professor Kay said that 1 in ~~7~~ 17 people would show a rare genetic disease in their lifetime" Minute number 047.23, page 18 of 20, paragraph beginning "Mr Palmer agreed.." to be changed to read "He agreed that the work with Primary Care on ~~restratification~~ risk stratification would be important."	
057.23	**MATTERS ARISING AND BOARD ACTION SUMMARY CHECK**	
	Action check Action 041.23, "Mr Tidman to explore further with Devon County Council and the Director of Adult Social Services to attend either a formal Board meeting or a Board Development Day as an opportunity for both of them and the Trust to set out their mutual positions on hospital discharge, the out of hospital proposition and potential solutions." The Board noted that this had been added to the list of items for Board Development Days and agreed that the action could be closed.	

	Action 043.23(4), "Mr Neal asked if the impact of the reopening of Sidwell Street Walk In Centre could be assessed, together with a wider review of plans going forward for Minor Injury Unit provision". Mr Palmer advised that there had not been a material impact on the ED following the reopening of Sidwell Street Walk In Centre, although there had been a small impact on the Minors stream. However, it did have a big impact on presentation of all types, and most importantly the service was back up and running for patients. Mr Neal asked what was planned with regard to the wider review of plans for Minor Injury Unit provision and Mr Palmer responded that it was planned to look at this over the next couple of months. It was agreed that the action could be closed. Professor Marshall said that it had been noted at the last meeting, following presentation of the Staff Survey, that a discussion was planned with senior leaders and asked if there was an update from those discussions. It was noted that the meeting had been postponed but that a follow-up discussion was planned about the Staff Survey and the Board would receive an update at the June Board meeting. **The Board of Directors noted the updates.**	
058.23	**PATIENT STORY**	
	Bethany Hoile joined the meeting. Mrs Mills presented the Patient Story film to the Board and advised that the Patient Story was set within the context of the Trust's strategic objectives of excellence and innovation in patient care and recovering for the future. Discharge lounges provided a comfortable and safe environment for patients whilst they await discharge and helped to support flow through the hospital through releasing acute beds. The use of Discharge Lounges had been well received by patients and ward staff. Ms Morgan said that it had been striking in the film to see that patients saw the Discharge Lounge more as an initiative to benefit the hospital more than themselves. Mrs Mills said that the Discharge Lounge initiative was part of the work to improve flow through the hospital but the benefits for patients being discharged was recognised including the improvement to the quality of the discharge process. Professor Marshall asked what was the cost of the Discharge Lounges and were they a cost-effective intervention. Mr Palmer said that he believed that the original cost in 2021 had been around £200k, much of which had come through Urgent and Emergency Care funding and there would be associated running costs. Mr Palmer said that he believed they were a fundamental part of a modern hospital and systems work. He said that at bed meetings held throughout the day, checks were always made on how many patients were in the Discharge Lounge, as this was one of the ways of checking that flow was being maintained. Mr Palmer said that Discharge Lounges also served as a driver allowing conversations with social care to be initiated more quickly and accurately, as Pharmacy and Transport were being lined up. Mrs Hibbard commented that it was better value for money to have a sustainable staffing structure on a service provided on a long-term basis which meant not having to rely on moving patients and staff to escalation areas and having to utilise higher cost agency staffing.	

Mrs Burgoyne commented that there might be a way of helping patients to see this as their part in helping the hospital and asked whether a variety of messaging was being used to ensure that both staff and patients could see the importance of Discharge Lounges and how everyone played a part in helping flow through using them. Mrs Burgoyne also asked if there were plans to expand the service on the back of its success and whether it was being utilised fully.

Mr Kirby said that the number of discharges happening before midday reported in the IPR was quite low and asked whether patients were only counted as discharged when they left the Discharge Lounge and were there blockages moving patients from the wards. Mr Kirby also said that when the business case for the Northern Discharge Lounge had been approved, there had been a question raised about whether additional Pharmacy support for this new facility was part of the funding and asked whether it was clear that the right Pharmacy infrastructure was in place.

Mr Neal commented that this offered an opportunity to help patients start preparing psychologically for going home and asked whether ward staff had visited the Discharge Lounges so that they knew what was there for their patients.

Mr Palmer said that all potential discharges were reviewed at the start of the day and there would be a drive on this if not enough actual discharges were taking place against the expected number through ward rounds or targeting areas. Staff also checked for any blocks, such as transport or pharmacy issues and tried to resolve them, so that at the point a patient arrived in the Discharge Lounge as much as possible had been done to ensure they could be discharged quickly and efficiently. Mr Palmer noted the comments regarding communication adding that there was a risk in a high-pressured environment that "cleverness" around communications could be lost. He agreed that it would be helpful to keep varying communications messaging to ensure that it is picked up by staff and patients. Professor Kent agreed with the importance of raising awareness of Discharge Lounges with both staff and patients.

Ms Morgan asked whether a patient would only go to the Discharge Lounge if they were not expected to stay another night in hospital and this was confirmed.

Professor Harris said that the Discharge Lounge was an efficiency measure. He commented that Pharmacy could only start to prepare discharge medications once a junior doctor had prepared the discharge notice and this was where delays could happen. Although junior doctors were made aware of the importance of completing this in a timely way, it needed to be reinforced regularly as the juniors rotated and there was no standardisation across organisations.

Mr Matthews had a concern that this was introducing another step in the process and another move within the hospital for patients which could make things more complicated, although he noted the responses given by the Executives. He asked whether there was a risk of building in ongoing inefficiency by accepting as normal that Pharmacy would not be ready and whether the processes could be changed to remove the efficiencies. He further asked whether there was any good research available which would show whether the Trust should be aiming to use Discharge Lounges more or dealing with the issues in other ways.

	Professor Harris said it was absolutely clear that Discharge Lounges were beneficial in driving flow, but acknowledged that using them was in a way tolerating inefficiency. However, this was a necessary compromise and front loading the system would be a far greater cost than that of the Discharge Lounge. Professor Harris noted that standardisation of EPR across the country would be transformative over time and one of the significant steps was discharge medication. There were ways of ensuring discharge medications were ready to go when needed, for example through the use of a non-prescriber to "press the button" when the decision is made to discharge rather than waiting for the prescriber in charge of the patient. Mrs Mills commented that EPIC was a significant enabler for ensuring continuity for patients, ensuring they got the right things at the right time. Professor Kent said that in terms of evidence around discharge, there had been systematic reviews undertaken in various different countries. She said that it was also important to remember the patient and their families and the benefits of the Discharge Lounge for them, for example where patients had to wait for a family member to be available to collect them, they could safely do this in the Discharge Lounge rather than remaining on the ward. Ms Morgan agreed and said that it was also part of the patients return to normal life and independence. Ms Morgan thanked Mrs Mills for presenting the story which she said had initiated a good discussion for Board members. **The Board of Directors noted the Patient Story** **Bethany Hoile left the meeting.**	
059.23	**CHIEF EXECUTIVE OFFICER'S REPORT**	
	Mr Tidman provided the following updates to the Board. <u>National Update</u> • Policy announcements – the Hewitt review on Integrated Care Systems (ICS) had recently been published and contained recommendations on how the newly established architecture could operate in a more seamless way. The recommendations included an increase in the share of spend on prevention and moving to a service that promoted health and wellbeing. Also included were a review of data collections to find those that were not adding value, minimise the number of national targets to no more than 10, radical reform of the GP contract, a proposal for more delegated freedoms for the most mature ICSs and a further requirement for Integrated Care Boards (ICB) to reduce running costs. • NHS England (NHSE) had released a document regarding setting up a National Improvement Board. NHSE recognised the duality in managing a regulatory role alongside promoting continuous improvement and Amanda Pritchard had confirmed that all NHSE staff would undergo training in Quality Improvement methodology. They would be reflecting on the way they interact with Trusts to ensure that short-term changes were complemented by the recognition of the need to keep improving. • It was clear that Industrial Action could continue for some time. Teams had managed well in maintaining safe rotas during periods of Industrial Action, but this was impacting on staff resilience and on patients where procedures had to be cancelled. National NHS statistics had shown that there had been 195k cancellations during the last period of Industrial Action in 2022. A further impact	

would come from staff taking time off in lieu for additional work undertaken to cover during strikes.

- The Covid-19 vaccination spring booster programme was now available targeted at around 5m people nationally including the over-75s, those aged 5 and over with a weakened immune system and adult care home residents.
- There was a breakeven national financial position reported overall, with the deficit for the current financial year forecast as £3bn. More work will take place to see how plans can be sharpened.

System Issues

- Devon's Integrated Care Strategy had been published. This set out how healthcare and other support services would be planned and organised in Devon. The Strategy draws on a number of separate sources of intelligence and information, including the joint Strategic Needs Assessment, insight from engagement activity with the public and a Change Leaders event.
- A System Recovery Board had been established to deliver the operational plan. This Board would be the senior system leadership group to oversee and drive this year's financial and operational plan, as well as ensure that all enablers were in place for the system to exit SOF4, the highest level of scrutiny. Mr Tidman, Mr Kirby and Mrs Mills were members of the System Recovery Board.

Local issues

- The Care Quality Commission (CQC) would be undertaking the Well-Led inspection of the Trust next week. In addition, the Inspection Report for Medicine, Surgery and Diagnostic Services had gone through the factual accuracy checking process and been sent back and it was expected the final report would be published within the next two to three weeks. An action plan would be developed for areas identified for improvement which would be brought back to a future Board meeting. Overall it was agreed that it was a fair report and would be used as an opportunity to improve services.
- NHSE are creating six Networks of Excellence for Genomics across the country. There will be an open bidding process, with each region with a Genomics Medicine Service able to submit a proposal. The initial term for the networks would be two years with funding of £1m per year. One of the primary goals of the networks would be to build on the expertise and infrastructure of NHS partner academic institutions. It is likely that the Trust will bid for and lead transformative approaches to diagnosing rare and inherited disease.
- South Molton Eye Centre was now open, with the first clinics held in early April. This service will help to reduce waiting times for eye conditions.
- Approval had been received for Tiverton Endoscopy Unit which was strategically important to support populations in North, East and Mid-Devon. This would be a £12m state of the art Endoscopy suite which it was hoped would be completed by Autumn 2024, with a mobile Endoscopy Unit on site in the interim. This development will help with diagnostic and cancer targets.
- 26 April was World Admin Professionals day and the Trust would be profiling colleagues working in Corporate Services and in frontline administrative roles to support clinicians. A Careers Fair was taking place at the RD&E site and thanks to staff were on social media platforms.
- The Nightingale Hospital continued to be a key part of recovery, both for the Trust and for colleagues in Torbay and Plymouth. The Nightingale Hospital had been one of only eight surgical hubs to receive national GIRFT accreditation reflecting that it was meeting the highest clinical and operational standards.

	• Achievements were noted for the last 12 months, including the reduction of patients waiting over two years from 950 to 23 with a similar reduction for those waiting over 78 weeks, improvements put in place to reduce waits for those waiting the longest for cancer treatment which had been recognised by the Regional Team and the work to maintain good ambulance handover and offering support to others in the system, which had also been recognised regionally. The Trust had also achieved its financial plan for 2022-23. Ms Morgan thanked Mr Tidman for his excellent overview and added her thanks for the improvements in delivery in key areas. Professor Kent said that she welcomed the news regarding the Networks of Excellence for Genomics and asked whether there would be subsequent monies available after the initial two-year period. Mr Tidman responded that generally once such initiatives were established, further funding would follow but the Trust would be looking to take any short-term opportunities and consolidate. Professor Marshall said that the GP contract could have implications for the Trust as although there would be a national framework, it was likely to be more locally determined with Trusts having the opportunity to input into what GPs were doing. It was quite likely that the contract would be held at network level rather than individual practice level. Professor Marshall commented in relation to the announcement about the National Improvement Board that quality improvement and regulatory activity were in practice fundamentally irreconcilable and the challenge for the Trust would be, recognising that reality, pushing improvement work in an environment that was not conducive and aligning it to what had to be done to satisfy regulations. Mr Tidman agreed but said that the Trust had to accept the regime that it operated in whilst providing an umbrella for staff to have the conditions and support they needed to make changes. Mr Kirby said that it would be helpful if the Trust could try and influence the outcome of the Hewitt review on the ICB and ICS, as they hold the key to some of the change needed and could act as a co-producer of transformable strategic change solutions rather than as another regulator. Mr Kirby said that it was important to note that the Trust had sought to gain positives out of intervention, for example using regional and national intervention to help create routes to monies and support genuinely helpful interventions. Mr Palmer said that the Nightingale Hospital receiving GIRFT accreditation was a big opportunity for the Trust to look at best practice and implement it. He advised the Board that Professor Briggs was pulling together 12 Trusts across the country, of which RDUH was one, to move harder and faster on the long waits challenge over the next year which it was believed would come with some funding. **The Board of Directors noted the Chief Executive's update.**	
060.23	**INTEGRATED PERFORMANCE REPORT**	
	Professor Harris presented the Integrated Performance Report (IPR) for activity and performance for March 2023 noting that it was important to acknowledge what had been achieved during the year, not least on financial delivery. Ms Morgan	

endorsed this and thanked Mrs Hibbard for her hard work on getting the Trust to financial delivery.

Ms Morgan said that it was good to see information included in the report on ambulance diverts as this helped to give a sense of how the Trust was working as a system player and added that it would be good to see over time the weight of the impact of those contributions, for example on beds.

Mr Neal noted the 5% No Criteria to Reside target, which he felt was very ambitious and said that he was not sure from the commentary in the report that there was a clear path to achieve this detailed. In addition, Mr Neal said that human factors were often mentioned relating to falls and Never Events and asked what was being done to manage or address this. He asked for clarification of what the Northern Services Acute Medicine Model and the bid for elective infrastructure referred to on the scorecard were.

Professor Kent noted that A&E attendances had increased and asked what the key drivers of this were. In addition, she asked whether the Trust was involved in the work taking place across North and East Devon on new housing developments, as this could have a significant impact on the amount of activity going forward as populations sizes increased. Finally, Professor Kent asked whether it was usual to have GP streaming and if so, why did the Trust not have one.

Professor Harris said that increases in A&E attendances were not always easily explained, but there had been no increase in 4 hour waits which was a measure of flow being more efficient. Professor Harris commented that it had been interesting to see that performance had improved during Industrial Action due to senior decision makers at the front door driving flow. Ms Morgan advised that she had asked for an item on lessons learned from periods of Industrial Action for the next Board Development Day.

Professor Harris noted Mr Neal's question about normalising Never Events, advising there was a great deal being done to stop this happening, but there was always a tension between education and change and getting the work done. Mrs Mills endorsed Professor Harris' comments and advised that there was information she was happy to share with the Board regarding the National Patient Safety Strategy delivery which would help give a sense of the direction of travel. **Action.**

Mr Palmer said that March had been a difficult month, with Norovirus very prevalent particularly in Eastern services and the Trust providing quite a bit of system support as well, and Industrial Action creating some unpredictability. The organisation had been working hard on No Criteria to Reside with a focus on funding streams, with some of these schemes previously provided by the ICB and Devon County Council (DCC) withdrawn during March. The ICB Gold meetings were used as a place of escalation for conversations relating to this and it was felt for the first time there was some equivalency given for ambulance waits for other Trusts and No Criteria to Reside figures for RDUH. There had now been an extension provided on some of the funding until the end of June and a wider conversation was underway about extending this for the whole year. It was therefore difficult to work out the trajectory for the year, but the Trust was in escalation and regular meetings with DCC and the ICB to agree how to construct the trajectory for the year. The Trust had just signed off £5.2m of urgent and emergency care funding for the year which would help to keep care packages up and running. The next IPR would be aligned with

	the operational plan and a trajectory for No Criteria to Reside would be included. There were some improvements on Green to Go, but they were not yet where they needed to be to balance the bed model. Mr Palmer clarified that the Northern Services Acute Medicine model was signed off by the organisation to fund the development of acute medicine in Northern Services. The bid for elective infrastructure noted in the scorecard was the release that was hoped for from Professor Briggs following very positive interactions with GIRFT, with the Trust invited to submit a Transformation Improvement Fund bid for capital. Negotiations were currently underway to ensure that the Trust can access both capital and revenue funding for the vascular hybrid theatre. Mr Palmer advised that the Trust used to have GP streaming and bringing it back required a contractual arrangement being discussed through the Gold arrangement. It is hoped that funding will be made available in the first instance for a pilot. Mr Palmer added that GP streaming adds value through supporting ED and is liked by consultants. Mrs Hibbard said that the money allocated nationally to ICBs was based on population size, and therefore if housing developments resulted in an increased population this would be reflected in funding allocations. However, she noted that there may be some lag between the development taking place and funding allocation catching up, but the system could bid for additional funding through the 106 process from the local authority to help pump prime some of the health infrastructure changes that would be needed. Mr Matthews asked whether insight could be given in future to funding for NCTR. He noted that there had been a significant rise in the number of complaints compared to a year ago, and whilst some related to delays in appointments it was not the main driver and asked whether further analysis of this was needed to draw out learning. He noted significant improvements in recruitment reported but this was hard to triangulate with the data that showed that there was still a 10% daily shortfall in both Northern and Eastern services of Registered Nurses. Mr Matthews asked for clarification of why maternity data in the IPR was reported up to the end of March for Northern but that reported for Eastern related largely to February. Professor Harris said that an answer would be provided regarding maternity data to the next meeting. **Action.** Mrs Burgoyne noted the improvement seen for the time taken to deal with complaints but that there was still a backlog, particularly in Eastern medicine. Mrs Mills said that this was the first time that an aggregated table had been included in the report for complaints. She added that there had been a change in the way that complaints were counted in the East; with informal complaints historically managed through the PALs team. These were only transferred to the Complaints Team if they were not resolved within timescales. This has now been changed and she believed that this accounted in part for the increase noted, as well as the fact that this was the first time the merged data had been presented. However, there had been an increase in complaints noted with the main theme relating to delays in appointments. Mrs Foster said that nursing presented the biggest vacancy gap, which was closing through successful recruitment, but there would be a lead in time to getting those new recruits into post. The vacancy drop in East had been greater than that in	

	North, which had a bigger vacancy rate. Mrs Mills added that there would be 30 new registered nurses qualifying from Petroc in September through the initiative with Bolton University, 20 of whom would come into the Acute Trust. It was noted that regional benchmarking data for registered nurse vacancies showed that the Trust was in a similar position to its peers. Mr Matthews asked if the 10% shortfall would start to reduce and was advised that some flexing of budgets would be needed to allow flexibility in how this was managed. She said that 10% was not an unreasonable baseline level to run with. Mrs Foster said that the Delivering Best Value work would be about finding the balance between agency, bank use and recruitment and what needed to be agreed was the acceptable level of vacancy. Mr Matthews said that it would be important to be clear if the expectation was not to be at 100% recruitment and what the expected vacancy rate would be. Ms Morgan agreed that the Board needed to understand and agree to this which could be picked up at a future Board meeting for further discussion. Mr Kirby asked for clarification of outpatient follow-up numbers, particularly in the East. In addition, he noted the successful Urgent Community Response (UCR) data since the pathway went live in November 2022 and asked what would stop the Trust investing in this pathway to achieve more. Mr Palmer agreed that the outpatient follow-up numbers were difficult to understand which related in part to comparing and contrasting data two years on from the Covid wave. However, going forward laying out performance against plan would give a stronger reference point. The Trust had previously, with the support of Devon County Council, been able to use some discharge funding to supplement UCR but this approach may be more constrained going forward. Mrs Burgoyne asked whether the System Recovery Board would focus on NCTR. In addition, Mrs Burgoyne asked what would be the triggers to start to move patient flow diagnostics currently showing as “red” to “amber/green”. Mr Tidman advised that the System Recovery Board had held its inaugural meeting and provided a real opportunity to focus on NCTR, with understanding of all the different funding streams essential and would be set out transparently. Mr Palmer added that a letter was being developed to ensure that funding streams were understood and to lay out the Trust’s position on the need to chase down 5% NCTR. Mrs Hibbard suggested that the Finance and Operational Committee be asked to discuss the NCTR issue to bring assurance back to the Board. Mr Palmer advised that unless the Trust was able to secure a stable funding position, it would be difficult to change the back end of the pathway around social care from “red” to “amber/green”. **No further questions were raised and the Board of Directors noted the IPR.**	
061.23	**ANNUAL SUSTAINABILITY AND DEVELOPMENT PLAN**	
	Mr Tarbet joined the meeting Mr Tidman presented the Annual Sustainability and Development Plan for 2022-23 and thanked Mr Tarbet and his team for the work they had done over the last year. The Board was informed that: • Some interventions had needed central funding, but much could be achieved by what teams had been able to do on the ground, linked to the work that Mr Luke and the team were undertaking to encourage staff to submit ideas for bright ideas for small changes. • Sustainability binds people together as people want to make a difference.	

	Ms Morgan agreed that this was important for staff as evidenced in the Staff Survey results relating to support for the Green Plan and asked what the Trust's policy was on single use plastics in non-clinical settings, such as Estates and in restaurants. It was noted that single use plastics were not used in the catering facilities and use of polystyrene containers had also been stopped, but there were some issues with availability of items through the Supply Chain in other areas. Mr Kirby noted that 60% of NHS carbon emissions related to procurement related activities and a target of 10% weighting would be applied to social value criteria in procurement exercises. He asked how this would be monitored, as this could make a significant difference. Mr Tarbet responded that the Trust received a report from NHS England on its carbon footprint and whilst there was no single reporting system in place currently, developing systems for that will be a focus going forward. Mr Kirby asked if checks were made on procurements that the 10% weighting had been applied and Mr Tarbet advised that this had just started with all procurement exercises having 10% applied. Mr Tidman suggested that as part of the Trust's internal audit arrangements a check should be built in relating to the 10% weighting. **Action.** Mrs Hibbard commented that making small changes were probably delivering a financial benefit as well, although there could also be adverse impacts for example through setting different criteria than previously. It would be important to evaluate financial impact, both positive and adverse. Mr Neal congratulated Mr Tarbet and the team for the significant amount achieved during the last year and hoped that the scale of achievements would be shared with staff. He said it would be helpful to see a trajectory for carbon emissions reduction and asked whether there had been improvements in waste and incineration at the Trust. Mr Tarbet confirmed that this had improved and the Trust was also looking at new technologies that would allow incineration on site. Mr Palmer commented that it had been good to see case studies included in the report, such as the virtual ward and the campaign to reduce the use of Entonox. He asked whether consideration should be given to add this to the triple bottom line either for the Annual Report or the Financial and Operational Plan. Mrs Foster agreed that this was an area that was very important to staff and supported ingraining this into reporting and decision making and communicating this work with staff in a more systematic way. Professor Kent asked whether the Trust was maximising grants available to help make some of the changes. Mr Tidman said that the Team would take the Board's comments away to look at as part of next steps for development of the plan. Ms Morgan thanked Mr Tarbet and the team for the excellent work reported, adding that this was an area that motivates staff and part of what makes them proud of the organisation. **The Board of Directors noted the Annual Sustainability and Development Plan.** **Mr Tarbet left the meeting**	
062.23	**CLINICAL STRATEGY UPDATE**	

Mr Luke joined the meeting

Professor Harris presented the Clinical Strategy update and informed the Board that when the Trust had started the Clinical Strategy it had not been as far progressed on system work, particularly the Peninsula Acute Sustainability Programme. There had been discussion about key decisions on the distribution of services across RDUH once the Clinical Strategy was in place, but those decisions would now be made with partners across the wider peninsula to get services right for the population. The Trust would set out its offering through the Clinical Strategy and the enabling strategies, but it would be the two ICSs who would make final decisions. Professor Harris proposed that the Board should spend time discussing this in more detail at the next Board Development Day. Ms Morgan asked what the timeline and operational deadline for this would be as it was likely the next Board Development Day would be in July and Professor Harris responded that the putative deadline for presentation of the Clinical Strategy and enabling strategies to the Board was June. He added that there was however no imperative to present it then and pushing it back to presentation at the July Board would not have a significant impact. It was agreed that this would be looked at outside the meeting.

Professor Marshall commented that for most patients the majority of their care was provided through Primary Care and in the community and asked for clarification on how this would be reflected.

Mr Luke said that a lot of the engagement work was focussed on Primary Care and community. He said that there were things that were under the Trust's control which it did really well which included community services and more could be done by expanding some of those services. Primary Care was however not under the Trust's control and there was an emphasis on approaching this relationship transparently and honestly, playing a leadership role but ensuring that Primary Care were listened to. Primary Care Networks had been involved in the process as had community teams to get their feedback and engagement.

Mrs Burgoyne noted that there were 58 strategic approaches proposed within the Clinical Strategy and said that this seemed to be a very large number to manage. She asked whether it was felt that there was the same level of understanding through the organisation as had been demonstrated by the Medical Directors from all providers across the peninsula in the recent Acute Sustainability Programme film that had been released.

Mr Neal said that it was important to ensure that innovation was linked to the Trust's developing relationship with the University of Exeter and research. He agreed with Mrs Burgoyne's point regarding the number of approaches, as it was not clear whether they were deliverable and what would happen if they were not.

Mr Luke said that he and the Team were confident that they could get momentum behind all of the strategic approaches. The Trust Delivery Group would take ownership of the Strategy once approved; the Group had representatives of all key service leaders, including HR, Finance and IT. He said that the Strategy had been developed by clinical and operational staff and reflected how they wanted to develop services which meant there was momentum behind it. Mr Luke said that aligning the enabling strategies to the Clinical Strategy had not been done before but it provided a blueprint of challenges that could be overcome together. He

added that although there were 58 strategic approaches, this had been honed down in the document to six key things so that it could be explained clearly to staff.

Professor Harris responded to Mrs Burgoyne's question about the level of understanding across the organisation about transformation through collaboration saying that there would be varying levels, but with the average nurse on a ward or consultant probably having little depth of understanding at the moment. The leadership challenge for the next few years would be to ensure that individual staff did feel they understood why this has to be.

Mr Kirby said that he felt there did need to be some pace to this, as some short-term strategic shifts in how things are done would be needed to help address some of the financial issues in the system. Professor Harris said that a pragmatic approach would be needed to address some things as need arose and seize opportunities. Mr Luke added that there was nothing that was waiting or would not be done because the strategy had not been formally approved.

Mrs Hibbard welcomed the discussion on the system as she said it was important to reflect the system direction of travel in the Clinical Strategy. She said that the Board had previously discussed how to balance the level of ambition in the Clinical Strategy with the reality of the financial position. Whilst she had been pleased to see visionary, ambition against the affordable mentioned, she asked whether this had gone far enough as the landscape had changed very significantly with the scale of the challenge over the next few years evident in the Trust's Operational Plan. Mr Tidman agreed, but said that it had to be recognised that the wider Devon reconfiguration would mean that there would need to be investment in all parts of the system. There was investment going into North Devon, Torbay and Plymouth but no defined new hospital project for Exeter, but Exeter would still be a fundamental part of this. In saying what it would need to make Devon sustainable it would be important to manage expectations as well. Mrs Hibbard said that this messaging needed to flow through to those developing the Clinical Strategy so that there was understanding. Professor Harris confirmed that this would be made very clear. Mr Luke said that at the same time as being very clear that there was no available capital to commit, the successes that had been achieved by being organised and proactive should be highlighted.

Mr Palmer agreed with comments of other Board members on the importance of collaborative positioning and agreed with the idea of developing the capital pipeline. He commented that integration had not been mentioned in the document and he would work on this with Professor Harris and Mr Luke for the final presentation.

Professor Kent said that the success of the Strategy would only be achieved with significant behaviour change across the region and it would be essential to draw on expertise to get the message across. Mr Tidman said that there were national leaders within the Trust who could role model.

Mrs Mills agreed with previous points about momentum and counselled about delaying too long as this could create more challenges.

Mrs Foster commented that there would not be Workforce plans in place by June with the system Workforce Plan working to a different timeline to the Trust. She

	added that underpinning principles were needed from Workforce to give trajectories to manage what was needed for the development and turnover pipelines. Ms Morgan summarised that the Board fully supported the direction of travel outlined and had raised valuable comments regarding how this would be aligned with the operational plan and how it would be delivered in the context of the financial environment and close system collaboration. The supporting enabling strategies would be discussed as soon as possible. It would also be important to maintain momentum and the confidence of staff. **The Board of Directors noted the Clinical Strategy Update.** **Mr Luke left the meeting.**	
063.23	**CORPORATE ROADMAP UPDATE**	
	Mr Tidman presented the Corporate Roadmap Update with the following noted: • When the Board had agreed the Better Together 5-year strategy, it was agreed that clear strategic milestones were needed for the four strategic objectives. • A plan was developed for the first two years of the strategy and the update provided an overview of what had been achieved during the last quarter and what it had been agreed to let slip. It also provided a forward view for the next six months. • The update provided assurance for the Executive Team that there was management time and capacity to deliver expectations and where it was agreed that there was not, work may be put back or if necessary additional resource would be put in to enable milestones to be met. • The Board will need to consider development of a plan for the next two years at a future Board Development Day. Mr Kirby commented that there would be a discussion to be had under the Collaboration and Partnership Strategic Objective regarding mobilising the EPIC Resource Plan to support Torbay and South Devon NHS Foundation Trust as this was still at a very early stage. Mr Tidman said that it was not known at this time what the outcome would be in terms of procurement but the Trust was on standby and this would be a topic for further discussion at a Board Development Day. Mr Kirby asked what impact the lateness in implementing the divisional structure was having on the organisation. Mr Tidman agreed that the restructure had not progressed as far as would have been wanted due to a number of factors. However, he noted that Teams are keen to move forward with this and it would be progressed as quickly as possible, as it was an enabler for the Clinical Strategy and for delivery and operational planning. Mr Palmer said that it had been agreed that nothing radical would be done during Year 1 post-integration, unless there was an organic proposal such as that for joining community services. This had been done as a pilot and had provided a great deal of learning. There is now a Programme Director in place and she is making good progress, with an outline plan in place. The leadership team will need to discuss whether it is comfortable with engaging and consulting with staff through the summer with implementation through the winter months. **The Board of Directors noted the Corporate Roadmap update.**	
064.23	**TOWARDS INCLUSION END OF YEAR REPORT**	

	Mrs Foster presented the end of year report for Towards Inclusion and highlighted that the Cultural Development Roadmap was in place to track all the areas of work being undertaken to support driving the right culture. Mr Neal asked whether as much progress had been made as had been hoped and Mrs Foster said that there was always more to be done, but more opportunities had been taken as they arose, for example the establishment of a Neurodiversity Network. She added that measurements were in place that enabled trend analysis which could show whether staff felt psychologically safe and will help with understanding of where hotspots and problem areas may be. Professor Kent commented that it was good to see that regional funding had been secured for Diversity and Inclusion work. Ms Morgan thanked Mrs Foster for presenting the report and said that she had the support and commitment of the Board in promoting inclusion across the organisation. **The Board noted the end of year report for Towards Inclusion.**	
065.23	**GOVERNANCE COMMITTEE UPDATE**	
	Mr Neal informed the Board that, as the Committee had only met at the end of the previous week, it had not been possible to produce a written update in time for circulation of Board papers. He advised that there were no items for escalation to the Board and a report of the meeting would be submitted for the May Board meeting. It was noted that there had been some issues with attendance for the last few meetings since the meeting day had been changed and an email had been circulated to Committee members asking for feedback on timing of the meeting and inviting suggestions for what might help improve attendance. **The Board of Directors noted the update.**	
066.23	**REVIEW OF BOARD SCHEDULE OF REPORTS**	
	Mrs Holley presented the routine annual review of the Board Schedule of Reports. It was noted that the paper presented indicated in yellow where reports were no longer included on the Board's schedule as they were being presented to other Committees and the Schedule could be updated during the course of the year if there were new reports that needed to be added and represented to the Board. Mrs Foster advised that there would be a number of new reports coming through in coming months that would need to be added to the Schedule related to the Workforce Standards reports already included. It was noted that future iterations of the report should avoid italics as they were inaccessible for people with learning difficulties and that red and green fonts should be avoided where possible. **Action.** Following discussion, it was agreed that a separate paper should be presented at a future Board meeting outlining papers that did not have a mandated timing to review. **Action.**	

	Mr Kirby noted that the People Plan was scheduled for presentation at the April meeting but had not been included on the Agenda. Mrs Foster said that this was not mandatory and there had been a discussion on management of this as part of the strategic update. Mr Tidman added that the Executive needed to work through deep dives into particular areas, such as the People Plan, when the quarterly update on the Corporate Roadmap was presented. **The Board of Directors noted the annual review of the Board Schedule of Reports.**	
067.23	**ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORKS**	
	Ms Morgan asked if Board members had picked up any new risks for escalation to the Board Assurance Framework or current risks that needed to be expanded. Mrs Burgoyne said that the Board had discussed in detail at a number of previous Board meetings the issues relating to No Criteria to Reside and although she could see how it would fit into some of the current strategic risks, should the Board consider whether it warranted a separate risk. Mr Tidman said that this had been discussed by the Executives and the view was that it should not be a separate risk, but that the current risk needed to be reframed to draw this out as a primary risk but Mrs Burgoyne's suggestion would be followed up. **Action (CT/JP)** **The Board of Directors noted the comments.**	
068.23	**ANY OTHER BUSINESS**	
	No other business was raised by Board members.	
069.23	**PUBLIC QUESTIONS**	
	The Chair invited questions from members of the public and Governors in attendance at the meeting. Mr Wilkins asked a number of questions related to the Patient Story on discharge lounges: • Was the expected discharge date metric based on an algorithm of some sort? • Would it be helpful if the Integrated Performance Report included information on the number of patients per day or per hour transiting through the discharge lounges? • What percentage of patients were discharged via discharge lounges compared to those discharged directly from the ward? Ms Morgan thanked Mr Wilkins summarising that the questions related to how the Trust could best present the data it had about discharge and whether there were better ways of presenting it. Mr Palmer said that an expected day of discharge sets the rhythm for the day in the system, framing the expectation of how soon the patient could be discharged and helps drive flow. In some parts of the organisation there is criteria-led or nurse-led discharge where if the criteria are met, then the patient is judged ready to be discharged. This aids the process as the decision to discharge is made through the multi-disciplinary team rather than referring everything back to the original clinician involved. Mr Palmer said that a great deal of data is collected and there would be a reflection needed of how much could be shared through the Integrated	

	Performance Report, however he said there was robust assurance that checks are undertaken daily on the detail of all the data points. Mr Palmer said that he would be happy to speak to Mr Wilkins outside the meeting on the detailed points he had raised. Mrs Greenfield asked for clarification of the higher than national standard term admission rates to the Neo Natal Unit and Mrs Mills agreed to look at this outside the meeting and email a response. **Action** There being no further questions, the meeting was closed.	
069.22	**DATE OF NEXT MEETING**	
	The date of the next meeting was announced as taking place on Wednesday 31 May 2023.	

PUBLIC MEETING OF THE BOARD OF DIRECTORS
26 April 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**
163.22(1)	November 2022	Professor Kent asked for the next six-monthly safe staffing report to include registered Associate Nurse numbers to differentiate from Registered Nurses.	CM	May 2023	**Update 28.12.22** – data requested will be included in next report to May Board. **Action ongoing.** **Update 22.05.23** – this detail has been included within the six monthly NMAHP (October 2022-March 2023) safe staffing report, to be presented at May 2023 public Board of Directors **Action complete.**
163.22(1)	November 2022	Request that next six-monthly safe staffing report should include more detail regarding the Weighted Activity Unit for AHPs in Quartile 4 for Northern and Eastern sites.	CM	May 2023	**Update 28.12.22** – detail requested will be included in next report to May Board. **Action ongoing.** **Update 22.05.23** – this detail has been included within the six monthly NMAHP (October 2022-March 2023) safe staffing report, to be presented at May 2023 public Board of Directors. **Action complete.**
042.23	March 2023	Mr Tidman and Mrs Hibbard to discuss whether there were further opportunities for exploiting the commercial opportunities of genetic testing, with the right level of business support, and whether there was the opportunity to scope something as part of a three-year financial plan for genetics.	CT / AHi	September 2023	**Update 12.04.23** – Contact made with Divisional Director and plan being scoped. **Action ongoing.** **Update 23.05.23** – A proposal is being worked up by the Division, supported by the Transformation Team & this will be considered as part of the DBV workstream. **Action complete.**
043.23(2)	March 2023	Mrs Foster to look at inclusion of absolute establishment data in the IPR in future iterations.	HF	~~April 2023~~ ~~May 2023~~	**Update 21.04.23**- The metrics within the 'Our People' section of the IPR are currently

				July 2023	under review, with meetings having taken place to discuss requirements moving forward. The team are now reviewing these requests and will be developing a proposal for the CPO to review, including timescales in the coming weeks. **Action ongoing.** **Update 23.05.23** – Work is continuing on this. Next update to July Board. **Action ongoing.**
056.23	April 2023	A number of amendments were requested for the public minutes of the meeting held on 29 March 2023.	GGF	May 2023	**Update 02.05.23**- Amendments made. **Action complete.**
060.23	April 2023	Following a question raised by Mr Neal regarding human factors being noted as a contributory issue in falls and Never Events and how was this being managed to prevent it becoming normalised, Mrs Mills agreed to share information with the Board regarding the National Patient Safety Strategy delivery which would help to give a sense of the direction of travel.	CM	May 2023	**Update 23.05.23** – The summarising paper on the implementation of the Patient Safety Strategy at Royal Devon, that was presented to April's Governance Committee, has been circulated to the Board of Directors for information. **Action complete.**
060.23	April 2023	Mr Matthews asked for clarification of why maternity data presented in the IPR for Northern was more recent than that presented for Eastern (ie in IPR presented to April Board, Northern data related to March but that for Eastern related largely to February). This would be looked at outside the meeting and a response provided to May Board.	CM	May 2023	**Update 23.05.23** – Confirmation has been received that the difference in dates regarding the maternity data presented within the IPR at April Board was attributable to a timing issue with the availability of data during that particular month. This has been rectified for Eastern & Northern maternity datasets for April 2023. **Action complete.**
061.23	April 2023	Following a question raised by Mr Kirby regarding the target of 10% weighting to be applied to social value criteria in procurement exercises and how this would be monitored, Mr Tidman had suggested that as part of the Trust's internal audit arrangements a check should be built in relating to the 10% weighting.	AHi	May 2023	**Update 22.05.23** – Contact has been made with the procurement team & it can be confirmed that the procurement policy notice has been considered within the procurement team. The team have interpreted the PPN as being applicable to invitations to tender, not further competitions under framework agreements which is where the majority of our spend is. However, the team are working with Dave Tarbet to ensure the requirement is built into future ITT in the appropriate way.

					Further update 23.05.23 – CT advised that he had requested that Internal Audit build this point into the scope of the next Procurement Audit review. **Action recommended to close.**
066.23	April 2023	A paper to be presented at a future Board meeting outlining items that were presented to Board meetings but did not have a mandated timing to review and therefore currently sat outside the Board Schedule of Reports.	MH	June 2023	**Update 11.05.23** – The Board Schedule of Reports was circulated to the Executive Directors for review & comment. Board Schedule of Reports will be represented to the June Board meeting. **Action ongoing.**
068.23	April 2023	Following a question raised by a Governor (Mrs Greenfield) regarding the higher than national standard term admission rates to the Neo Natal Unit, Mrs Mills agreed to look at this outside the meeting and email a response.	CM	May 2023	**Update 23.05.23** – CM has spoken to the Governor in person & has clarified the data position re. national standard term admission rates. **Action complete.**

Signed:

Shan Morgan
Chair

Agenda item:	8.1, Public Board Meeting		Date: 31 May 2023	
Title:	Integrated Performance Report – spanning both Northern and Eastern services within Royal Devon University Healthcare NHS Foundation Trust			
Prepared by:	Hannah Foster, Chief People Officer Adrian Harris, Chief Medical Officer Angela Hibbard, Chief Finance Officer Carolyn Mills, Chief Nursing Officer John Palmer, Chief Operating Officer Chris Tidman, Deputy Chief Executive			
Presented by:	Chris Tidman, Deputy Chief Executive			
Responsible Executive:	Hannah Foster, Chief People Officer Adrian Harris, Chief Medical Officer Angela Hibbard, Chief Finance Officer Carolyn Mills, Chief Nursing Officer John Palmer, Chief Operating Officer Chris Tidman, Deputy Chief Executive			
Summary:	To advise the Board of the Trust's performance against key performance standards and targets; and progress on the implementation of the Trust Strategy and key supporting projects.			
Actions required:	The Board is asked to receive the Performance Report and note the current risks and the proposed action plans to mitigate the risks against performance delivery.			
Status (*):	Decision	Approval	Discussion	Information
				X
History:	This is a standing agenda item at each meeting of the Board of Directors.			
Link to strategy/ Assurance framework:	This paper details the Trust's performance in respect of key performance standards and targets. Achievement of these performance standards and targets is a key objective within the Trust's Strategy.			

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

Royal Devon University Healthcare NHS Foundation Trust

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Overview

This IPR covers the period of **April 2023** which continued some of the themes from the last quarter of the financial year, starting as it did with a period of **consolidated Industrial Action from the BMA on behalf of Junior Doctors** (which is now due to repeat over 72 hours between the 14th –17th June 2023) and finishing with further **RCN Industrial Action on behalf of nurses** between the 30th April and 1st May. The first half of the month was dominated by preparing, managing and then recovering from the unprecedented four day action during which we lost about 3000 episodes of care. However, in the second half of the month, with the benefit of reducing Infection, Prevention & Control impacts associated with COVID -19 and Norovirus; improving staffing levels; and a more manageable period of front door demand, the organisation was able to **stand down its Strategic Gold Command** arrangements and actually started the year performing relatively positively against the **key performance targets in the financial and operational plan for 2023/4**. The final period of Industrial Action had a lesser material impact, especially since the post Bank Holiday action was called off. Once again, we should acknowledge that **our staffing body went above and beyond once again to deliver services to our population during a fraught period**, supporting both the organisation and those colleagues exercising their right to strike and helped us to maintain our hard earned end of year improvement trajectory. These efforts on performance are reflected in the **redesigned scorecard** that sits at the front of this IPR which seeks to **align its content with the financial and operational plan**. Next month we will include finance and productivity Delivering Best Value targets, upon the receipt of a validated month 1 position.

Recovering for the Future

April brought **a further increase in activity at our Emergency Department in our Northern Services, with a 2% increase in emergency attendances** when compared to March 2023. ED attendances in North Devon were at a level comparable to 112.0% of emergency department activity in March 2020; significantly in excess of the planned level of 90.6% and equivalent to an additional 31 attendances in excess of plan each day. Conversely, activity at the Emergency Department, Walk in Centres, and Minor Injury Units in the Trust's Eastern Services reduced in April, with **a 5.3% reduction in emergency patient presentations to our Eastern Services when compared to March. In April, emergency attendances in our Eastern Services were equivalent to 82.7% of those in April 2019, and were beneath planned levels by a margin equivalent to 11 patients per day**. The volume of **ambulance handover delays reduced significantly in April** (Northern from 321 x 60 minute delays in March to 70 delays in April, and Eastern a reduction from 165 to 53 in the same period). **Performance in respect of the four hour ED waiting times standard improved** from 60.3% in March to 67.5% in April (type 1-3) and from 46.6% to 55.2% (type 1) for the Trust's Eastern Services, exceeding the Eastern operational plan trajectory. For the Trust's Northern Services the improvement from 59.3% to 60.3% (type 1) is equally remarkable in the face of the aforementioned continued growth in ED attendances, and whilst marginally behind plan for Northern Services, the trajectory was exceeded for the Trust as a whole. During the month **19 requests for ambulance diverts were made** to the Trust's Eastern Services of which the Trust was able **to agree 18**. These resulted in **32 additional patient attendances** to the Trust's Emergency Department of whom **19 patients required inpatient admission, resulting in 118 bed days**. **The Trust also considered the ICB's request for the introduction of dynamic conveyancing** at the end of April/beginning of May and have currently responded with a pragmatic suggestion of a catchment change, along the lines of the pilot that ran during October/November last year. We await feedback to the approach which has been triangulated with our clinical body and offers **support to the Devon system over the next 10 weeks** in order to allow the ICB and NHSE to rebalance the Devon UEC approach through tier 1 arrangements by September when our Winter Plans will start to initiate.

Overview – Executive Themes and Actions to Raise at Board

The **Walk in Centre was able to return to a full 7 day service with effect from 11th April** following the successful recruitment and training of additional staff. Same Day Emergency Care activity in Eastern supported an average of 17 attendances per day (a reduction from March as a result of a reduced volume of referrals, the impact of the bank holidays, and the industrial action), and along with the virtual ward activity which admitted 130 patients in April across Northern and Eastern Services continued to provide organisational resilience to the UEC pressures outlined above. The **reconfiguration of the Trust's Eastern Emergency Department continues at pace**, with the opening of the new ambulance entrance on 24th April, and reconfiguration of minors and majors part of the current phase of the programme.

As part of the Trust's Operational Plan for 2023/24, **improvement plans are being refined to support improved performance in 2023/24 to meet the NHSE ambition of delivery of 76% A&E 4 hour performance by March 2024.** This improvement is predicated on work with the Devon System on actions to deliver the shared target of **5% No Criteria to Reside** and the release of the new financial year's national UEC funding and restoration of Hospital Discharge Funding. In support of this, in April 11.6% of the Trust's beds were occupied by patients identified as having no medical criteria warranting their continued hospital stay. Underpinning this were individual site positions of 14.6% of patients in Northern Services (compared to a trajectory of 14.4%) and 10.2% in Eastern (trajectory of 9.7%) illustrating the crucial importance of securing system financial commitments to support delivery of this. Operationally, we continue to drive the Help People Home Without Delay programme and are seeing improvements on NCTR as we move through May; and our funding escalations to the ICB are laid out below.

In relation to elective recovery, the Trust's focus for 2023/24 now switches to the elimination of all 104 week waits by the end of quarter 1, and to delivery of its trajectory commitments in relation to 78 and 65 weeks waits as part of the ongoing tier 1 arrangements. In support of this, **the Trust was able to deliver a reduction (improvement) across each of 104, 78 and 65 week waits in April**, when compared to the end of March, with volumes of 29, 690 and 2715 respectively. The depth of this improvement however, was tempered by **the impact of the industrial action**, unforeseen at the time of the original trajectories being prepared, and has meant that at the end of month 1 we have ground to make up against trajectory. Reflective of the combined impact of industrial action and the bank holidays, the overall volumes of elective inpatient and daycase activity decreased from March to April at both Northern and Eastern sites when compared to equivalent months in 2019/20, despite the aforementioned lessening of the infection prevention & control impacts across this time period. As we come to the end of May however, we have recovered a strong long waits clearance rate and are **due to clear 104 week waits on the 1st July 2023.**

Overview – Executive Themes and Actions to Raise at Board

There has been an increase in April i**n the volume of longer waiting patients for cancer treatment** with 303 patients, against a trajectory of 273, waiting longer than 62 days for treatment at the end of April following GP urgent referral. Of these 303 patients (**equivalent to 8.8% of our waiting list against the national target which is reducing from 12.8% to 6.4%**)**),** 46 patients were awaiting treatment in our Northern Services, and 257 in our Eastern Services. **Reflective of the pressures upon our elective services,** our wider cancer performance has seen a deterioration in Trustwide performance against the 28 day faster diagnosis standard to 72.1% (73.9% Eastern, 67.6% Northern) against the 75% target although as an organisation we remain ahead of planned trajectory. Supporting measures including those in relation to 2ww performance show a deterioration in April at both sites (to 73.0% Northern, and 66.1% for Eastern), and an improvement in 62 day (GP urgent) target performance by 9.9% to 73.3% in Eastern, accompanied by a marginal deterioration in North to 46.0% respectively. For Northern Services improvement is expected with the actions aligned with delivery of the 2week wait and 28 day faster diagnostic standards. Both theatre and diagnostic capacity remain key challenges, and business cases for CDC funding for mobile endoscopy and two endoscopy suites at Tiverton have been submitted to provide short and long term options for improving these positions. **Diagnostic waiting times performance** for routinely referred patients deteriorated in April for Eastern Services to 63.6% and was maintained at 53.0% (Northern) of patients waiting less than 6 weeks.

Due to the extended 2022/23 planning period and time taken to translate into detailed budgets along with the go live of the new financial ledger and procurement system there is **no Trust wide month 1 financial report**. This is in line with national month 1 reporting where there is no requirement to report to regulators. Detailed reports will be available for month 2. The plan trajectory for month 1 is a deficit of £5.8m after savings of £2.2m. Given the phasing of the plan this is expected to be achievable although the Board will be aware of the level of financial risk as the year progresses. In future years, the ability to undertake planning within the ledger will increase the efficiency of rollover from yearend into month 1 and therefore more timely reporting will be available. **An overview of the final plan position will be presented on the Board agenda, as will the developing approach to improvement that we are putting in place to support our de-escalation from SOF4 as a Trust and as an ICS.**

Collaborating in Partnership

We continue to work with great focus and commitment on our **No Criteria to Reside position** in partnership with System colleagues upon which delivery of our 23/24 financial and operational plan is predicated. Across the last two month there has been considerable continued focus on **escalation** in relation to potential loss of funding packages. Our escalations at Executive level underline the importance of this issue and we continue to pursue it through all available channels. Whilst we have secured agreement to a three month continuation of funding through to the end of June at current levels, we remain in negotiations with the ICB and Devon County Council regarding the remainder of the year. **To this effect, we have written to the ICB to lay out our understanding of the entirety of the funding that supports discharge and social care placement activities across ICB and DCC allocations and have requested clarification in relation to the status of these funding streams**. In the letter we have also shown the impact of discontinuity of funding and even uncertainty about funding, on how our teams book capacity and hence our NCTR patient numbers week by week.

Next month, as agreed with members, we will be bringing **a deep dive of community services** to the Board, building on some of the discussions that will be had elsewhere on today's agenda.

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. In April there were three medication incidents with a moderate impact in the Trust's Eastern Services, and one fall in each of the Trust's Eastern and Northern Services which resulted in a fracture and categorisation as moderate harm. Each are subject to investigation processes in order to maximise opportunities for learning. **There were no Serious Incidents or Never events reported in April in either Service.**

Whilst elements of the pressure ulcer incidence data for both Eastern (April) and Northern Services (March) remain to be fully validated, we note **slightly elevated rates of grade 2 pressure damage** in our acute and community settings in our Northern Services and further work is being undertaken to understand the causal and contributory factors to the increasing trajectory. Pressure ulceration prevalence in our Eastern Services remains low. The **continued increase in the volume of trauma patients**, has contributed to continued challenge in scheduling surgery within 36 hours for those patients with a fractured neck of femur. The identification of further Orthopaedic pathways, including spinal pathways, for which surgery can be undertaken at the Nightingale, will in turn support the release of further theatre capacity at Wonford including for trauma patients. Clinical review has been undertaken by the Hip Fracture Lead of all fractured #NOF cases during the month, and the review of the nine patients in the Trust's Eastern Services for whom surgery was not possible within 36 hours has not identified any harm. We note that the most recent **3 and 12 month SHMI positions** for both Northern and Eastern Services are within national confidence intervals and **that trust level emergency weekend HSMR is now within expected limits**. Reflective of the **improvement in flow in April, both Northern and Eastern sites experienced an improvement in the proportion of stroke patients being abled to be admitted to an acute stroke unit within 4 hours, and in the proportion of stroke patients who spent 90% or more of their hospital stay on a stroke ward (74% for Northern, whilst in Eastern Services performance was 90%).** In April, notification was received from the PHSO of two new primary investigations it is undertaking, from which it will be determined whether further investigation is required. Focussed work continues across both sites to improve the timeliness of complaint handling, including through early resolution, and is being monitored through the Patient Experience Committee. The new Complaints Standards have been launched and a Trustwide education programme to support their implementation is being developed. **We anticipate that we will brief on the outcomes of the CQC well-led visit in the next Board cycle.**

A Great Place to Work

Our people metrics continue to show progress on both recruitment and retention, with a further fall in the vacancy rate overall. Additionally, whilst there is some slowing, turnover is still reducing across both eastern and northern services. In relation to DBV, the work on both agency rate card and increased levels of control are delivering real cost reduction on agency spend. This is supported by a significantly improved substantive staffing position as illustrated in this IPR. Work is underway to develop workforce trajectories and reporting that will enable further measurement against DBV and the operating plan.

Balanced Scorecard – Looking to the Future

Successes

- Reporting against financial and operational plan
- Well led and managed Industrial Action periods
- Nightingale Hospital SWAOC introduction of hind foot and ankle and soft tissue knee surgery
- Recruitment & retention plans are showing positive results in relation to vacancies
- Mutual aid offered to neighbouring Trusts (including potential catchment change), whilst maintaining good ambulance handover compared to peer
- Data quality programme now providing greater assurance
- Securing of UEC and Demand & Capacity funding to support reduction in patients whom are medically fit to discharge
- Securing of improvement capability to drive performance against financial and operational plan
- Gastroenterologist appointment in Northern Services.

Opportunities

- Delivery of the 2023/4 financial and operational plan
- Insourcing & outsourcing and mutual aid capacity to maintain excellent clearance rate into the new financial year submitted
- TIF bid for elective infrastructure submitted and visit from NHSE SW Regional Director anticipated
- Integration of 8 high priority services at our Northern services and commencement of our next stage of the integration programme
- Rapid implementation of the Northern Services Acute Medicine Model
- Maximising the use of the protected elective care at the Nightingale to continue driving down long waiters and provision of High Intensity Lists in Heavitree
- Peninsula Acute Sustainability programme & nominated fragile services offers opportunities to improve service collaboration and plan delivery
- Initiation of the integration programme, OSIG and CPIG
- Completion of Invited Service Review programmes in Cardiology and Spinal Services.

Priorities

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

Risk/Threats

- Continued Industrial action (BMA confirmed and RCN balloting)
- Potential harm from ambulance diverting outside protocol
- Local Authority/ICB financial pressures and disruption in funding flows impacting on jointly funded discharge schemes
- Potential loss of confidence in reporting due to data quality issues
- Staffing Resilience in Northern Services – Medical, Nursing, HCA and Ancillary
- Staff Morale with constant pressure and cost of living challenges
- Inability to hit financial targets whilst also reducing waiting lists
- Primary care fragility
- Devon ICT/Cyber fragility.

Trust Executive Summary

Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Mar-23	This Month Apr-23	vs Prior month	Planned Trajectory	National target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	2787	2715	-72	2520	
	RTT 78 Weeks waited	Total count	699	690	-9	592	
	RTT 104 Weeks waited	Total count	33	29	-4	23	
	Cancer - Over 62 day waiters	Total count	252	303	51	273	
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	7.9%	8.8%	1.0%		
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	76.2%	72.1%	-4.1%	70.3%	75%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	51.4%	56.7%	5.3%	55.1%	
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	59.9%	64.6%	4.7%	63.9%	92%
	No criteria to reside	Average daily count		119		119	
	No criteria to reside	NCTR as a % of occupied beds		11.6%		10.9%	

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Mar-23	This Month Apr-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	*Vs baseline (2019/20)*	110.3%	94.2%	-16.1%	101.4%	104%
	Outpatient activity (FU)	*Vs baseline (2019/20)*	131.5%	109.3%	-22.2%	88.8%	75%
	Elective inpatient activity	*Vs baseline (2019/20)*	51.6%	50.8%	-0.8%	85.7%	104%
	Elective daycase activity	*Vs baseline (2019/20)*	129.1%	95.7%	-33.4%	91.8%	104%
	RTT 18 week performance	*Patients seen <18 weeks vs total incomplete pathways*	48.0%	46.0%	-2.0%		92%
	Incomplete pathways	*Total count*	25543	25571	0.1%	24442	
	RTT 52+ weeks waited	*Total count*	3294	3350	1.7%	2928	
	RTT 78+ weeks waited	*Total count*	295	301	2.0%	229	
	RTT 104+ weeks waited	*Total count*	1	0	-100.0%	0	
CANCER	2 week referrals	*Performance*	81.10%	73.00%	-8.1%		93%
	28 day faster diagnosis standard	*Performance*	63.00%	67.60%	4.6%		75%
	Urgent GP referral 62 day	*Performance*	47.54%	46.00%	-1.5%		85%

Domain	Measure/metric	Definition	Last Month Mar-23	This Month Apr-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1LOS	*Vs baseline (2019/20)*	105.8%	112.6%	6.8%	89.1%	
	A&E attendances	*Vs baseline (2019/20)*	155.3%	112.0%	-43.3%	90.6%	
	4 hour wait performance	*Patients seen <4 hours vs total attendances*	59.3%	60.3%	1.0%	62%	95%
	Ambulance handover delays >30 minutes	*Total count*	370	362	-2.2%		
DIAGNOSTICS	6 week wait referral to diagnostic test	*% of diagnostic tests completed in 6 weeks*	*52.5%*	*53.0%*	0.5%	*N/A*	99%
	MRI activity	*Vs baseline (2019/20)*	*126.4%*	*144.0%*	17.6%	119.8%	
	CT activity	*Vs baseline (2019/20)*	*170.0%*	*146.2%*	-23.8%	143.3%	
	Medical Endoscopy activity	*Vs baseline (2019/20)*	*169.8%*	*114.9%*	-54.9%	120.1%	
	Non-obstetric ultrasound activity	*Vs baseline (2019/20)*	*128.3%*	*97.9%*	-30.4%	96.2%	
	Echocardiography activity	*Vs baseline (2019/20)*	*119.0%*	*366.4%*	247.4%	302.3%	

Positive value

Negative value < 5%

Negative value > 5%

The comparison to the 2019/20 year is made throughout this document as a way of comparing recovery to pre-pandemic levels. The Covid pandemic hit the Trust in a material way part way through March 2020, and so resulted in lower volumes of elective activity in that month. As a result, this has an impact on the comparison when made to March 2023, as volumes are compared to lower March 2020 volumes.

Eastern Services Executive Summary

Eastern Services Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Mar-23	This Month Apr-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	125.2%	**85.5%**	-39.7%	111.0%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	201.9%	**134.7%**	-67.1%	107.5%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	87.2%	**58.3%**	-28.8%	76.5%	104%
	Elective Daycase Activity	vs baseline (2019/20)	151.4%	**94.6%**	-56.8%	106.4%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	57.0%	**56.7%**	-0.3%		92%
	Incomplete Pathways	Total count	56487	**58323**	3.3%	56255	
	RTT 52 Weeks waited	Total count	3926	**3845**	-2.1%	3250	
	RTT 78 Weeks waited	Total count	404	**389**	-3.7%	363	
	RTT 104 Weeks waited	Total count	32	**29**	-9.4%	23	
CANCER	14 Day Urgent	Performance	78.5%	66.1%	-12.4%		93%
	28 day faster diagnosis standard	Performance	80.8%	73.9%	-6.9%		75%
	Urgent GP referral 62 day	Performance	63.4%	73.3%	9.9%		85%

Domain	Measure/Metric	Definition	Last Month Mar-23	This Month Apr-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	112.0%	**101.9%**	-10.1%	85.5%	
	A&E attendances	vs 19/20 baseline	130.3%	**82.7%**	-36.5%	96.7%	
	4 hour wait performance	Patients seen <4hrs vs total attendances	60.3%	**67.5%**	7.3%	65%	95%
	Ambulance handover delays >30 mins	Total count	318	**315**	-1.0%		
	Daily Average Green (Medically Fit) Transfer List	Total count	82	**89**	7.9%		
	Volume of Average Daily Completed Transfers	Total count	12.9	**10.8**	-19.4%		
	Average Time to Transfer (Medically Fit to Discharge) – All Transfers	Total count	3.4	**4**	15.0%		
	Average Weekly Hours Requiring Personal Care Backfill	Total count	806	**584**	-27.5%		
	UCR: Referrals	Total count	825	**695**	-18.7%		
	UCR: Length of Stay on Caseload	Total count	15.0	**13.0**	-13.3%		
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	69.2%	63.6%	-5.6%		99%
	MRI activity	vs 19/20 baseline	107.7%	104.4%	-3.3%	98.5%	
	CT activity	vs 19/20 baseline	109.0%	105.3%	-3.7%	113.8%	
	Medical Endoscopy activity	vs 19/20 baseline	100.8%	74.7%	-26.1%	86.2%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	117.6%	113.2%	-4.4%	82.9%	
	Echocardiography activity	vs 19/20 baseline	166.7%	181.5%	14.8%	102.4%	

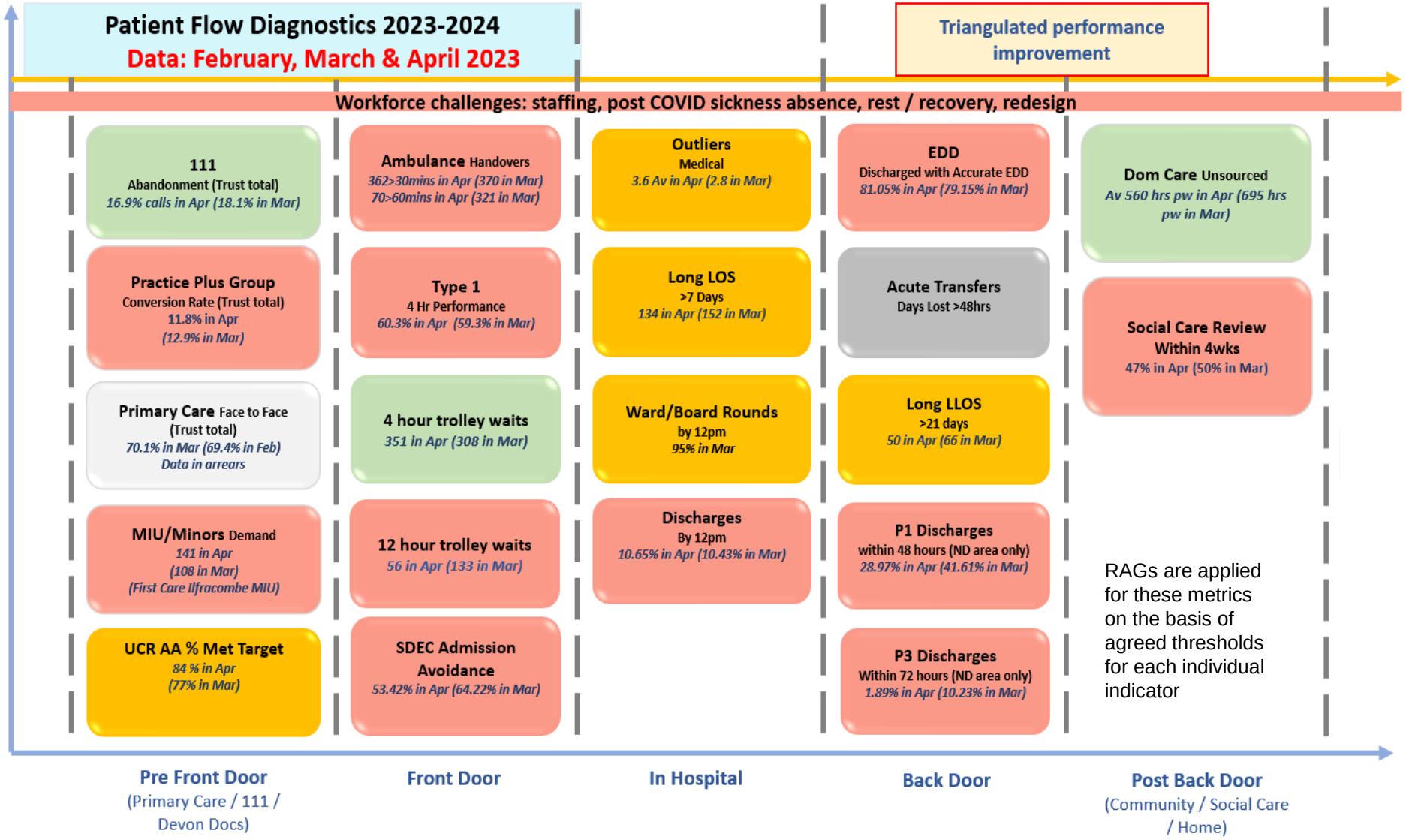
Positive value

Negative value < 5%

Negative value > 5%

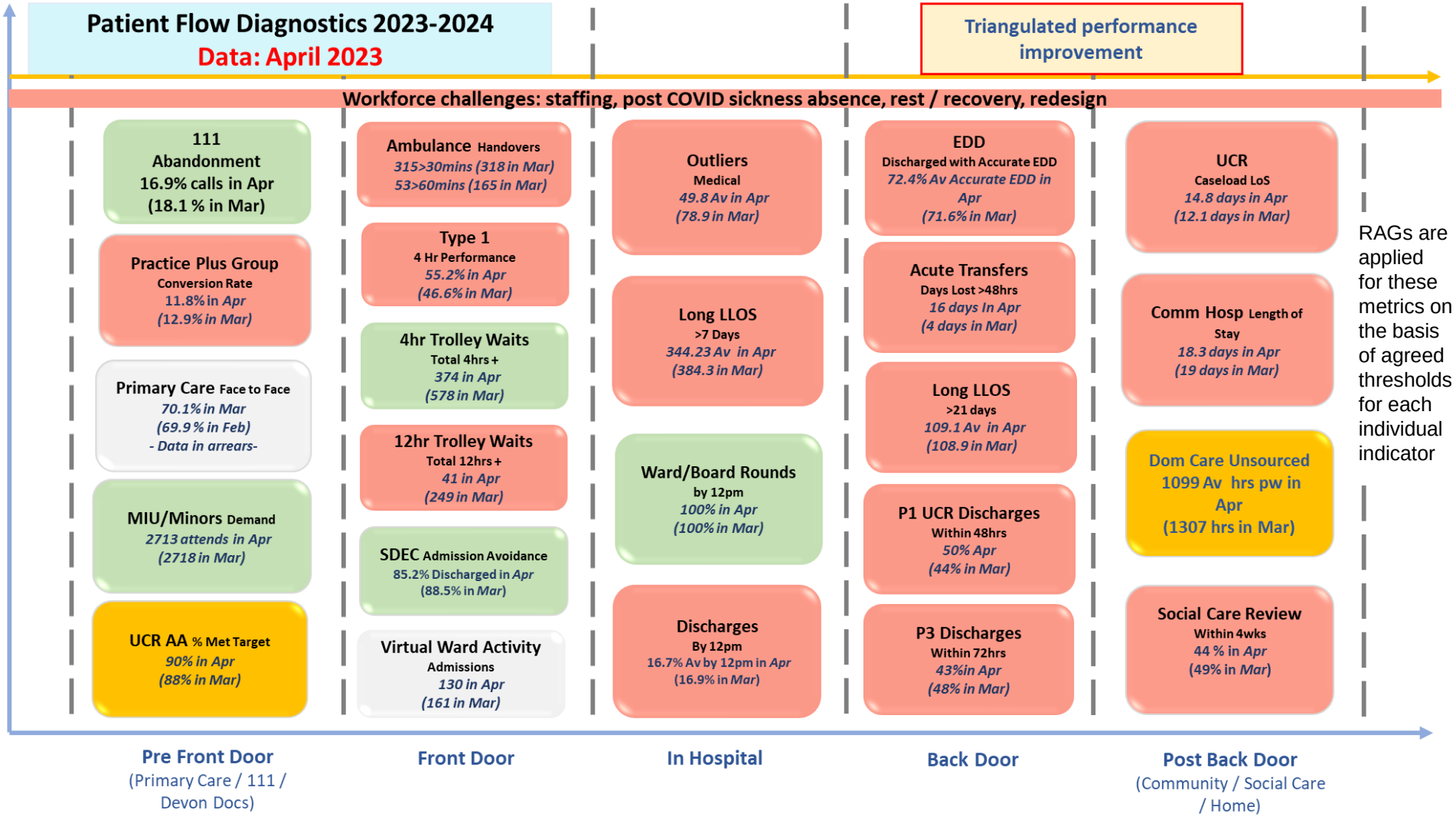
The comparison to the 2019/20 year is made throughout this document as a way of comparing recovery to pre-pandemic levels. The Covid pandemic hit the Trust in a material way part way through March 2020, and so resulted in lower volumes of elective activity in that month. As a result, this has an impact on the comparison when made to March 2023, as volumes are compared to lower March 2020 volumes.

Northern Services Patient Flow Diagnostic



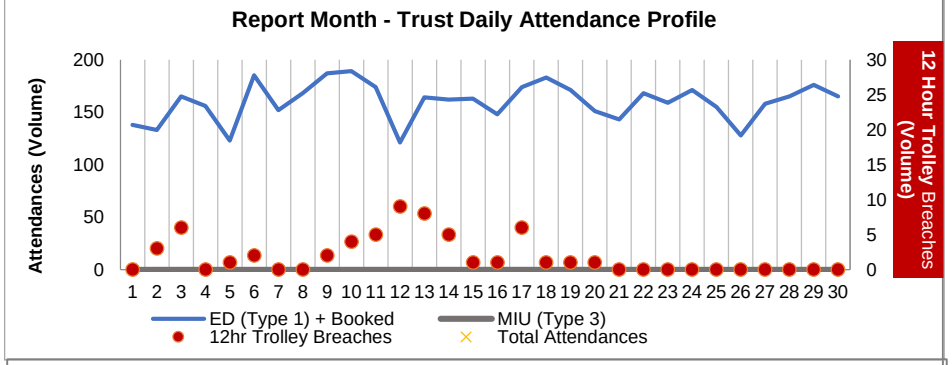
Eastern Services Executive Summary

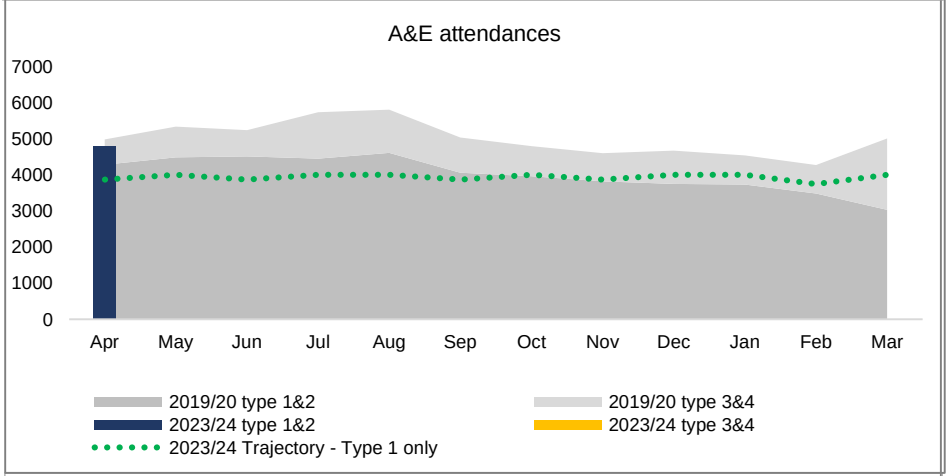
Eastern Services Patient Flow Diagnostic

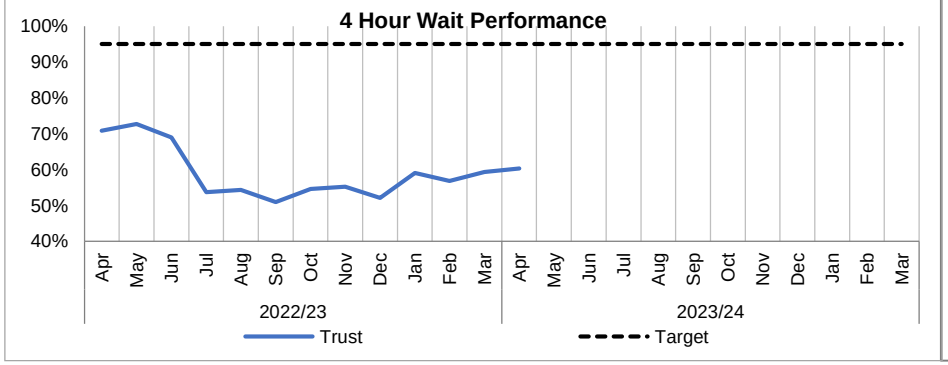


RAGs are applied for these metrics on the basis of agreed thresholds for each individual indicator

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





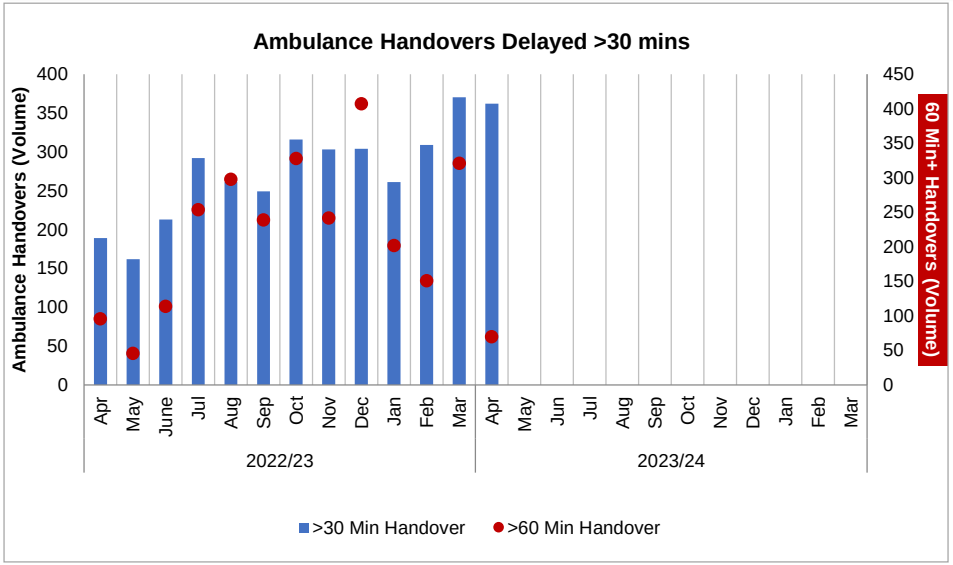


Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	4795	1906	60.3%

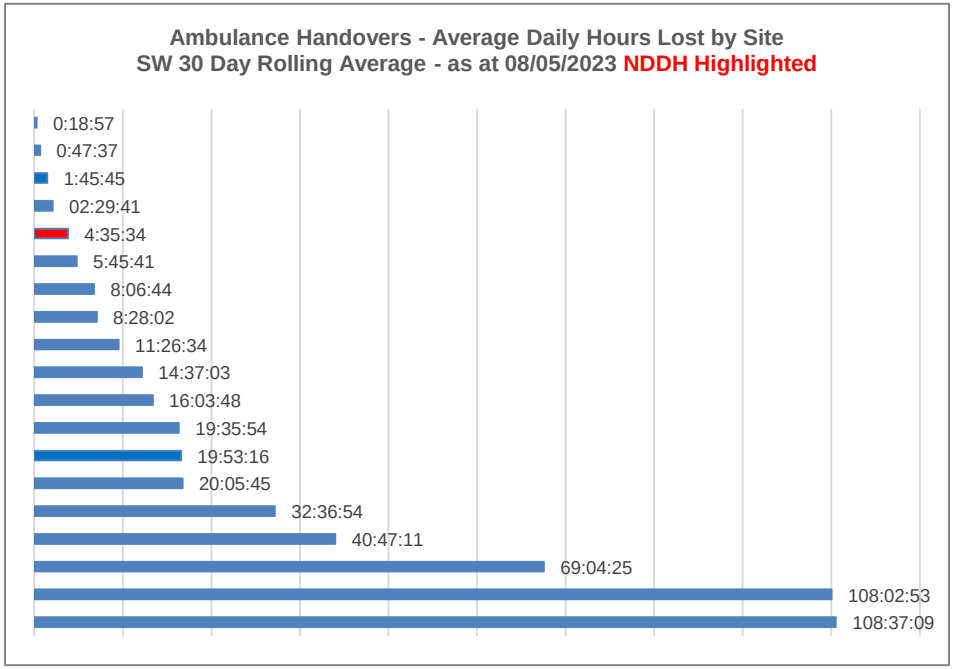
Overall Performance:

- ED saw an increase in attendances in March with a peak of 189 attendances on the 10th April.
- In April the total daily hours lost in ambulance handover delays was 303 hours. This is a significant improvement in comparison to the 736 hours lost in March. Notably ED attendances did not decrease during the period of industrial action by junior doctors.
- In April the overall number of ED attendances increased by 88 patients against March. The service reported a 1.84% increase in April against the 4 hour target in March.
- The number of 4-Hour breaches reduced from 1892 in March to 1873 in April. Performance also improved overall by 1.63% to 60.58 in April 2023

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

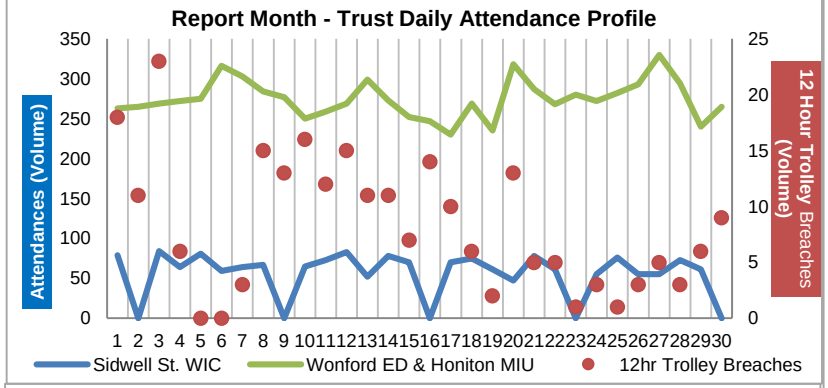


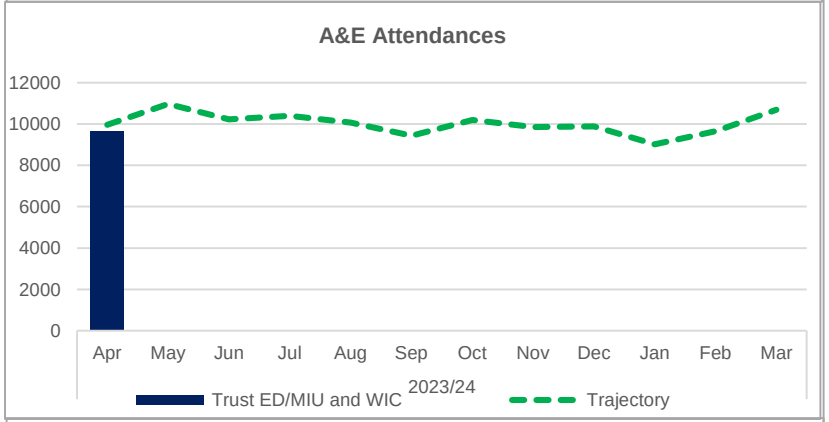
- 60 min handovers decreased by 250 in April, 30 min handovers decreased by 8.

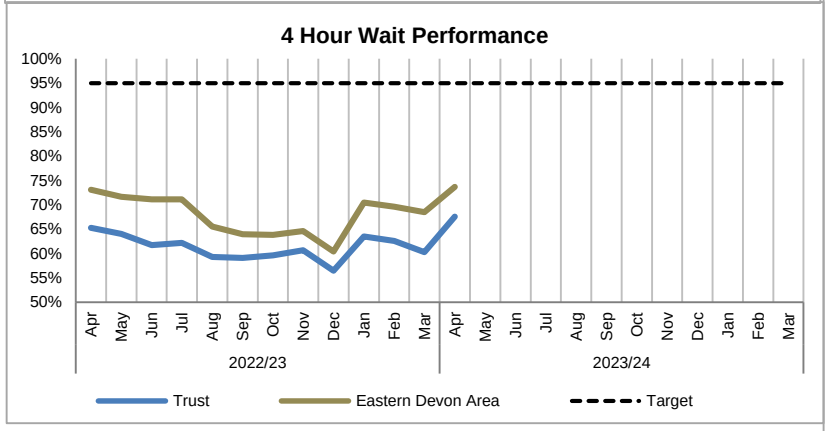


Eastern Services Emergency Department

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







Overall Performance:

Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	6923	3100	55.22%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	9636	3127	67.55%
Total System Performance (including MIUs)	12631	3324	73.68%

Overall performance

- All Type - 4 hour performance improved from **60.29%** in March to **67.55%** in April
- ED type 1 performance improved from **46.56%** in March to **55.22%** in April and the total accumulative time lost post DTA decreased significantly from 7,815 hours lost from DTA to transfer/discharge in March to 3024 hours in April 2023.
- The average number of ED attendances per day was 230 across April 2023 representing a high level of demand

Points for escalation

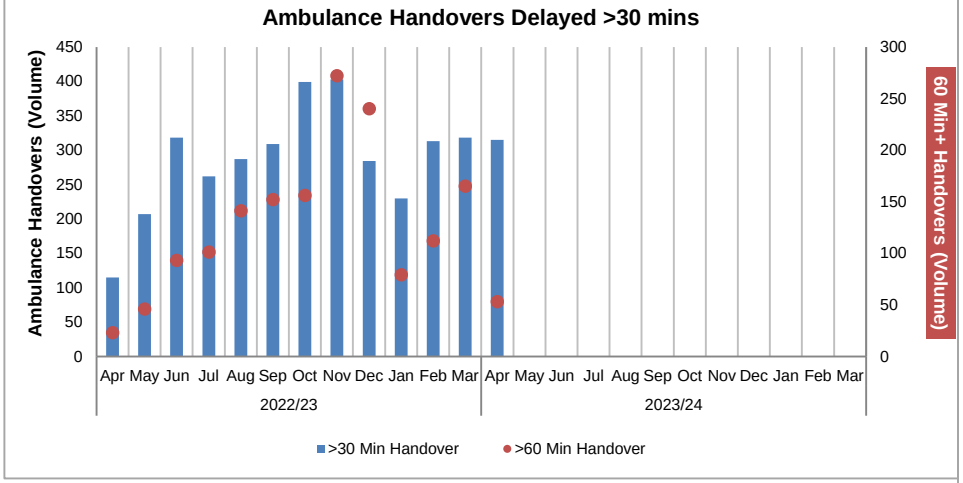
- The Trust OPEL status escalated from OPEL 2 to OPEL 3 on Friday 21 April.
- 12 hour breaches for MH patients remained at a similar level in April due to increasing presentations, lack of POS capacity, delays in MHAA due to AMP availability and limited inpatient psychiatry beds.
- Nursing and Medical Staffing vacancy impacted on shift fill throughout the month impacting on performance.
- Early closures at MIU as a result of staffing challenges due to vacancy, sickness and a high number of trainees within the establishment
- Junior doctor industrial action following Easter weekend (11 – 15 April 2023)
- Lack of GP streaming service

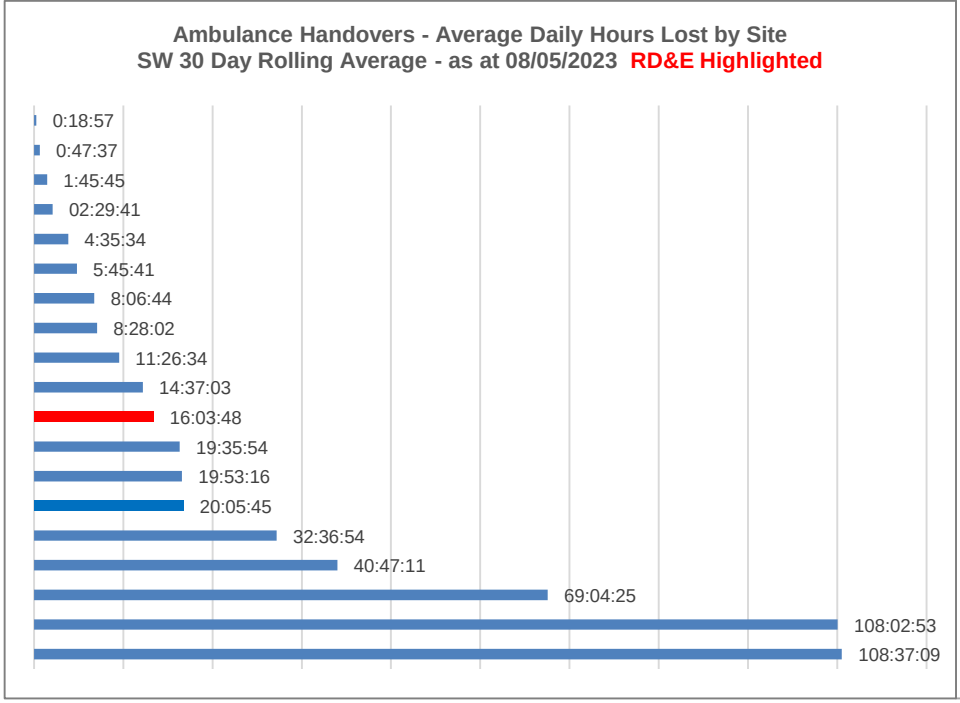
Actions being taken to improve performance

- The temporary relocation of minors to the 3 old resus bays and the see and treat rooms was implemented when the new entrance and reception opened on 13 February to improve patient flow and 4 hour performance for self-presenting patients
- New ambulance entrance opened on Monday 24 April 2023
- Minors / LAM Flip work commenced Monday 20 March 2023 and has completion date of the **28 June 2023**. Once complete the permanent reconfiguration of minors and majors will improve patient flow and performance
- Recruitment into ED nursing and medical workforce to reach baseline WTEs to fill current rotas
- Focus on safety and improvements to initial time to triage (% of patients assessed within 15 mins of arrival for ambulance arrivals and walk ins)
- GP Streaming to reduce minors attendances and improve performance. Working with the ICB on Low Acuity Attenders and option to explore GP streaming and location
- Task and finish group to reduce attendances of specialty expected patients to ED
- Implementation of Trust Internal Professional Standards
- Focus on psychiatry patients (Exec discussions on-going and medicine to agree a pathway for mental health patients
- Successful recruitment, retention and training of staff at the WIC resulted in the service re-opening 7 days a week in April
- Opening hours at the MIU have been impacted by long term sickness absence, staff leaving to primary care and having a high level of trainees. The service is being supported by agency practitioners and bank practitioners where possible to keep the service open
- SDEC activity reduced in April to 512 attendances (706 in March) as a result of industrial action, bank holidays and a general reduction in the number of referrals to the acute medicine service during the month
- Virtual Ward activity also reduced with 130 admissions and 140 discharges, the peak number of patients in April was 37

Eastern Services Emergency Department

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





Overall performance

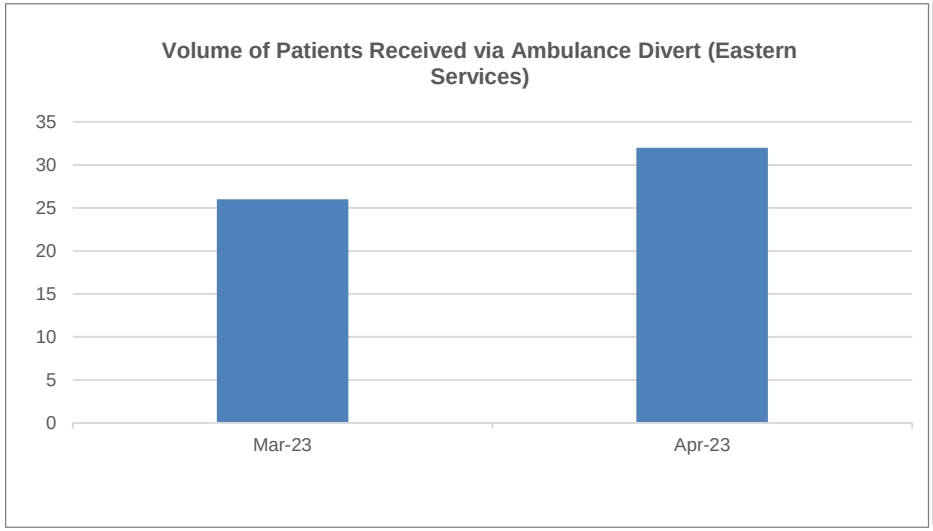
The Trust OPEL status escalated from OPEL 2 to OPEL 3 on Friday 21 April
The impact of reduced hospital pressures during OPEL 2 and improved patient flow out of ED resulted in a reduction of >60 min handover delays from 208 in March to 86 in April.

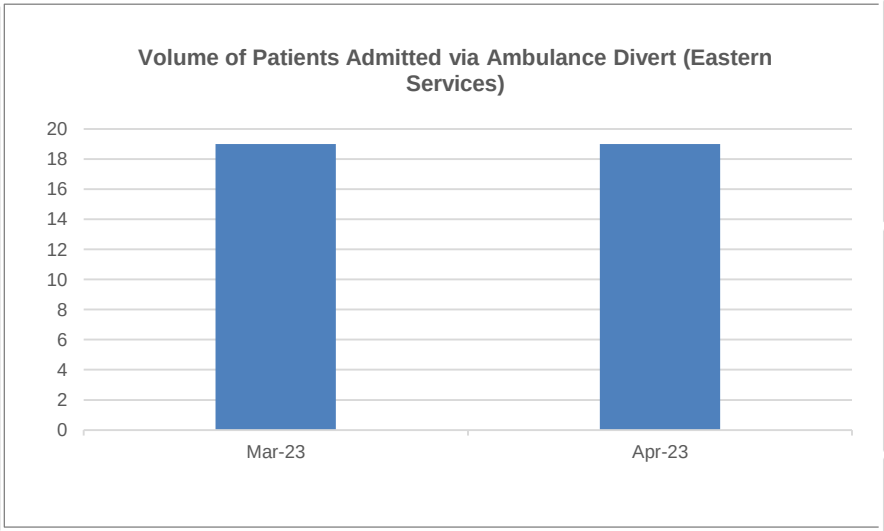
Actions being taken to improve performance

Review of Trust ambulance handover validation methodology of SWAST chargeable ambulance handover delays
Monthly ambulance handover meetings established with SWAST to review processes and improvements
Regional Hospital Handover Data Quality Task & Finish Group

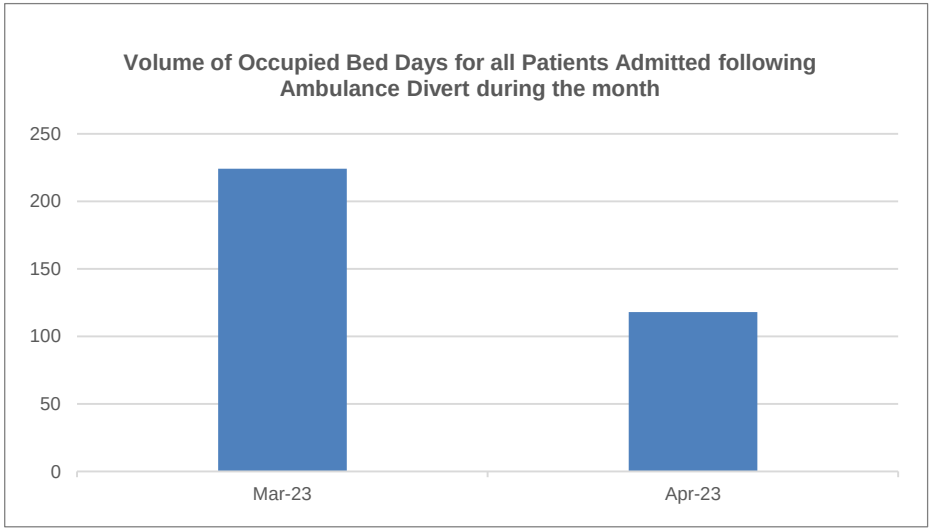
Trust – Provision of System Support for UEC

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





Trust – Provision of System Support for UEC



The Trust has continued to receive divert requests from partner Trust's in Devon, with a focus on Eastern Services. In April UHP have continued to be the highest requestor, and only 1 out of 19 requests was declined during April. Of note is that the number of patients diverted during April was less than in March, but the volume of those admitted remained the same. The occupied beddays were lower in April. This is most likely due to the Norovirus outbreak at Wonford in March delaying discharge.

The Trust is currently in discussions with NHS Devon ICB about how to support UHP and TSD over the summer, with potentially a temporary catchment change.

Trust – Provision of System Support for Planned Care

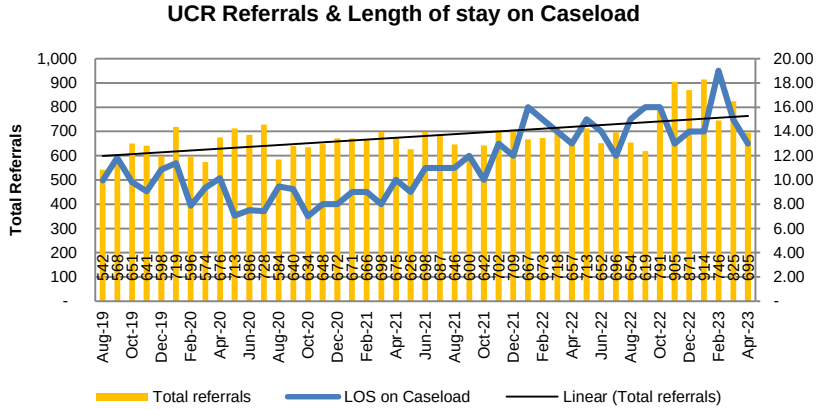
	Number of Mutual Aid Requests				
	Received	Completed	Declined	Ongoing	Under Consideration
April 2023	2		2		

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

There were two requests received from system partners in April in relation to the availability of support for provision of Cardiology and Cardiac MRI services. Due to capacity constraints upon the Trust's cardiology service it was agreed that it was not in a position to support directly.

Trust Urgent Community Response

Admission avoidance and discharge



UCR Demand and Performance

- Demand for UCR (admission avoidance and supporting discharge) decreased from March into April and remains below the November – January peak in activity. In the three months to end of April 2023, there has been a 9% increase in the number of referrals compared with the same period last year.

Eastern:

- Length of stay has decreased again in April to 13 days from an average of 15 days compared with 19 days in February, and compared with 14 days in March 2023. This reduction is due to proactive management of the caseload.
- There were 235 admission avoidance referrals in April, 26 of which needed a two hour response. 91% of these referrals were responded to within two hours.
- There were 16 referrals by SWAST. This is a decrease from March by 3 referrals and work will continue with SWAST to increase referrals from this pathway.

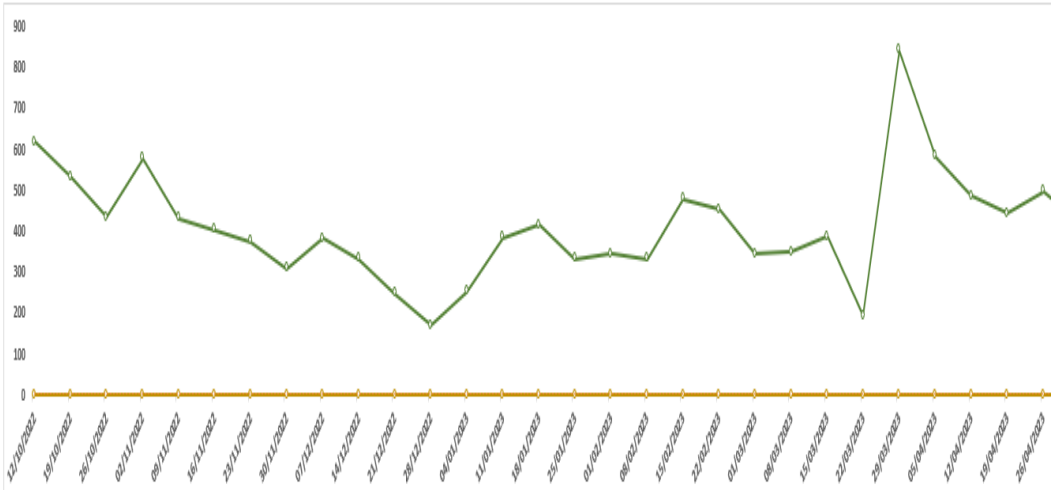
Northern:

- There were 74 referrals for admission avoidance in April, 22 of which required a 2 hour response – 91% of these received the response within the 2 hours
- There is a continued significant increase in SWAST referrals to 25 referrals in April, up from 19 in March and 5 in February and the largest number since the pathway went live in November. This is following support to SWAST to increase the number of referrals and links between SWASTs education and triaging team to promote the UCR service

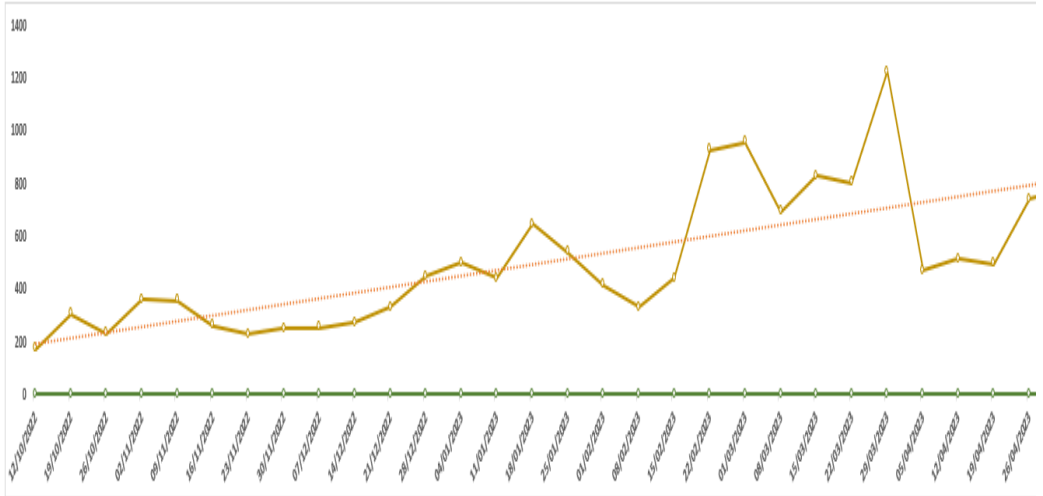
Northern and Eastern Community Services Unsourced Domiciliary Care Hours

Unallocated domiciliary care hours, and waiting list position

Eastern: Unsourced Domiciliary Care Hours



Northern: Unsourced Domiciliary Care Hours



Eastern:

Overall - Total unsourced backfill continued its downward trend, the lowest since Jan 2021 almost half of what it was during winter. This is largely due to the impact of new providers and the impact of international recruitment which has improved market capacity.

Pre Assessment - Pre - Assessment Backfill rose. Actions to support;

- Daily Reviews of Caseload and Backfill list by UCR Leads
- Weekly 10 day Length of Stay Meetings by UCR Leads / ASC TMs and CSMs
- CSMs reviewing individual cases awaiting assessment to ensure referrals have been made
- Weekly review of Agincare Utilisation to promote flow to the bridging service

Post Assessment - Post assessment backfill decreased. This is in part to improved flow to the market, but also reflects the increase in Pre Assessment hours.

Agency F2F hours - Overall F2F hours reflect the introduction of the new runs following induction.

Northern:

Overall – Total unsourced hours are still continuing to drop and are at the lowest it has been since Pre Covid

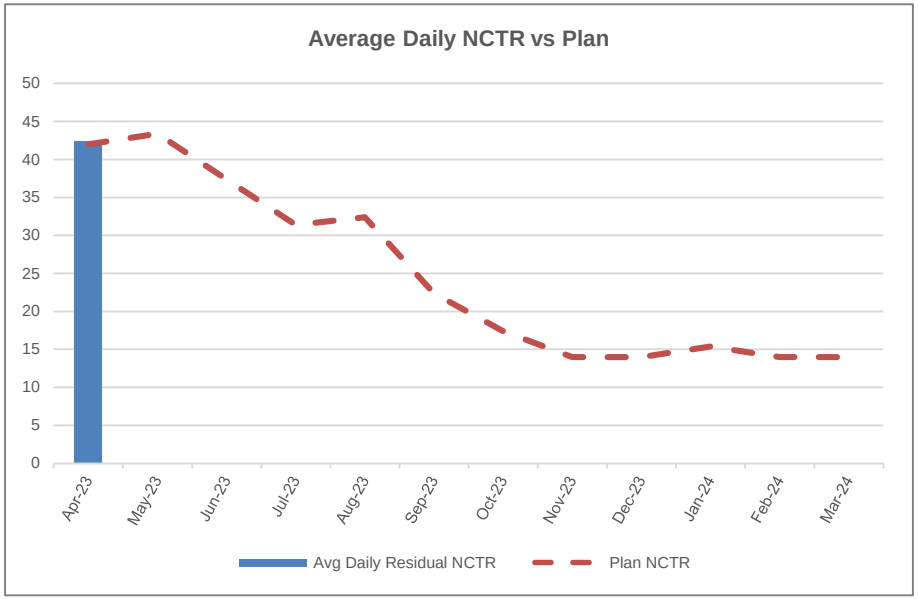
Pre Assessment – Total hours have increased. Patients are still being raised at the twice weekly huddles to the community teams and also the CSM's, there is still a huge demand on the team carry out the Care Act Assessments. Also the Pre Assessment patients we are also monitoring the R+R patients we are waiting an outcome from the Community as to the long term plan.

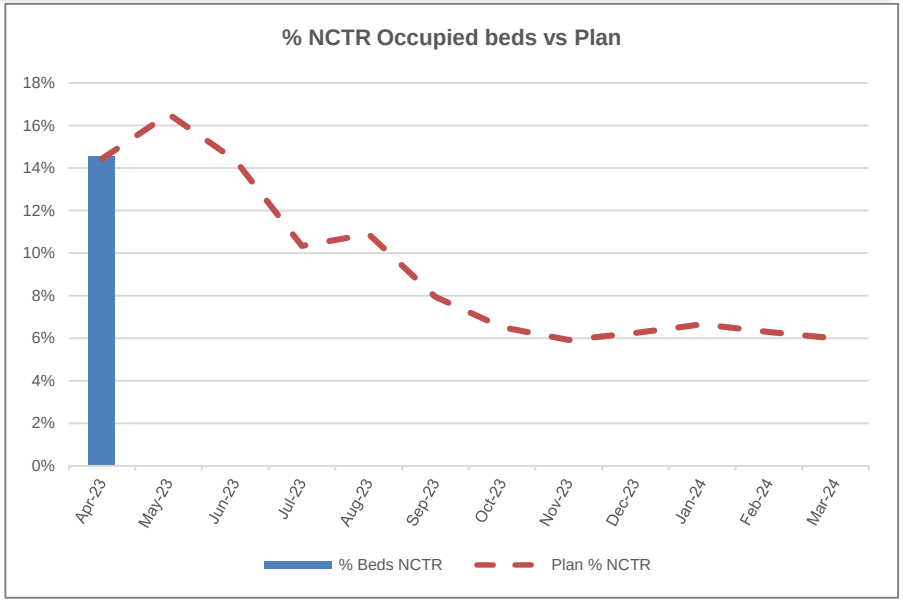
Post Care Assessment – Unsourced Backfill Hours have decreased to as the unallocated packages of care have reduced this week.

Agency F2F – Total F2F hours this week covering UCR Backfill both Pre and Post has increased since last week. Agency and RR Support Workers are covering both Pre and Post care act to make the runs as efficient as possible.

Northern Services No Criteria to Reside

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





Pathway 0

P0 position remains stable but measures have been implemented to improve the position.

Actions to Improve Performance

- Early identification of P0 patients at board round
- Live data report to assist fast MDT decision making
- Bronze role to assist with process of escalation of any blockages
- Peer review booked to identify areas for improvement across all pathways

Pathways 1 - 3

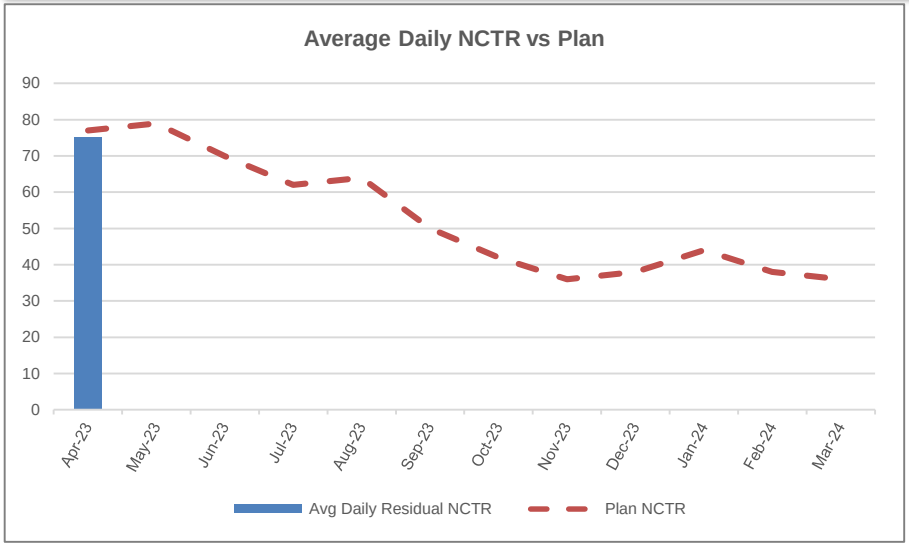
Average Time To Transfer for April on Pathway 1 was 5 days, Pathway 2 was 8 days and Pathway 3 was 16 days. This is a decrease in performance across all Pathways.

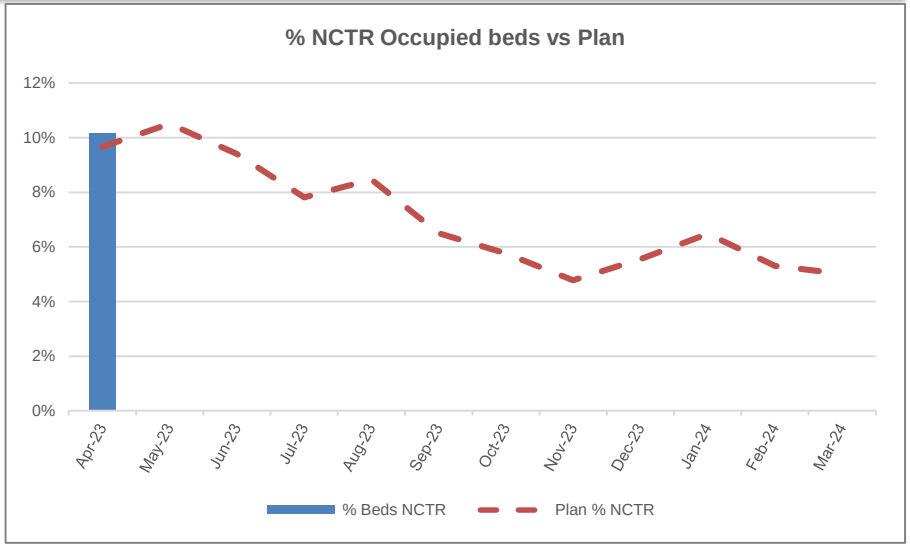
Actions to Improve Performance

- In both Northern and Eastern sites there continues to be increased focus on the daily performance and flow across all three discharge pathways. This has helped to improve the communication and real time escalation of issues between community and acute teams, to minimise delays to discharge.
- Working with the Epic team to review daily flow dashboards to ensure scrutiny on the accuracy of Estimated Date of Discharge to improve discharge predictions and performance against the improvement trajectory, in order to achieve the No Criteria To Reside (NCTR) target of 5%.
- Pilot running for 6 months across Northern and Eastern to implement the national guidance and provide a more consistent and proactive approach to discharge commenced on 17th May 2023.

Eastern Services No Criteria to Reside

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





Pathway 0

Actions being taken to improve performance include

- Afternoon Huddles (ward team review of key actions identified at morning Board Rounds) piloted on 4 acute and community wards, EPR developments undertaken and a pilot of these for 2 weeks underway. Aim to roll out if successful.
- Monitoring of morning discharges in place to increase early discharge
- Options for improving reporting on No Criteria to Reside for P0 being worked up for implementation

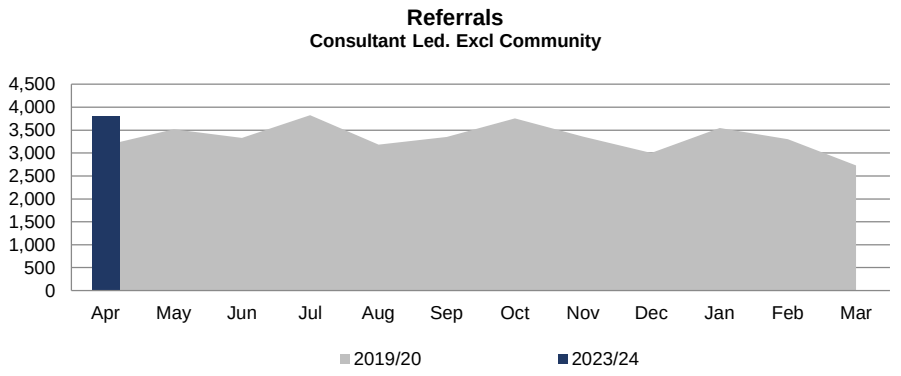
Pathways 1 – 3

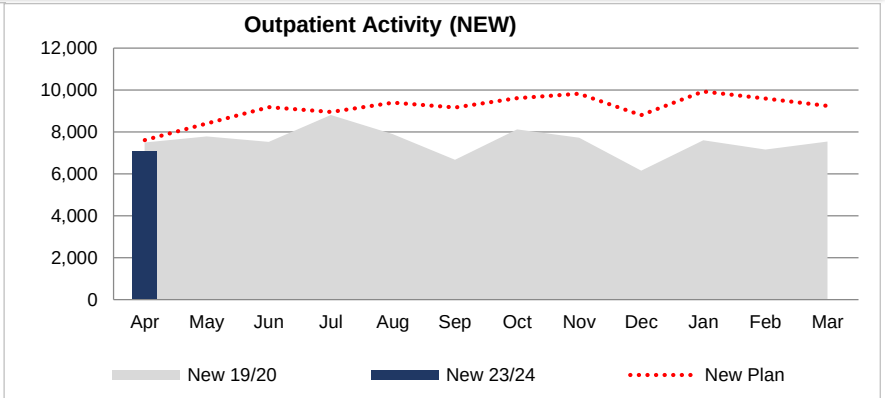
Average time to transfer remained the same for April for Pathway 1 at 2.5 days (against national target of 2 days) but increased for Pathway 2 and 3. Pathway 2 was 8 days (6.5 in March) and Pathway 3 was 5 days (4.3 days in March). This remains the best performance for Pathway 1 for the past 12 months. Numbers reduced overall on Pathway 3 and this has skewed the average due to some outliers which are known and the team are working on. Time to transfer timings are now being calculated more accurately using the actual times which will be reflected in the reporting.

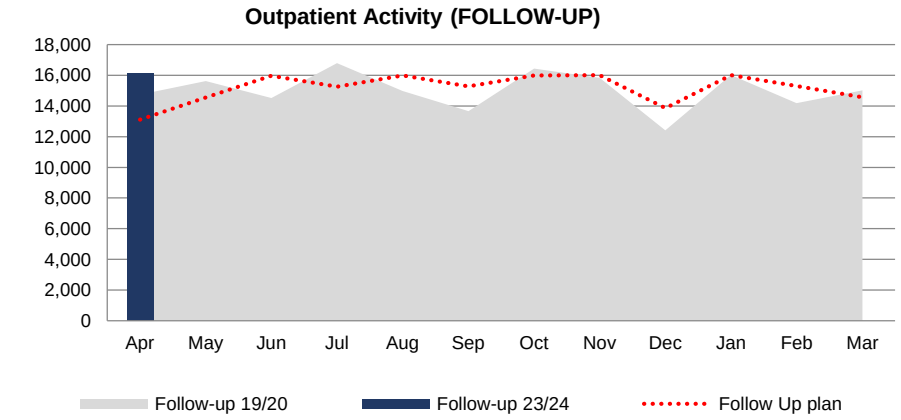
Actions to Improve performance

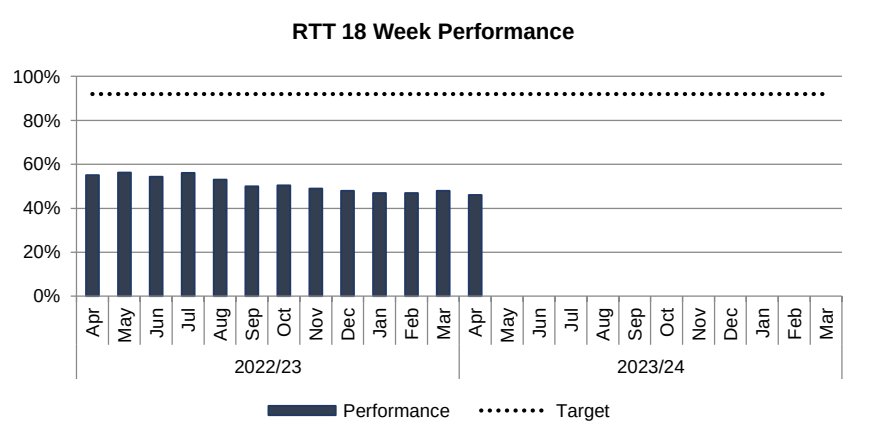
- In both Northern and Eastern sites there continues to be increased focus on the daily performance and flow across all three discharge pathways. This has helped to improve the communication and real time escalation of issues between community and acute teams, to minimise delays to discharge.
- Working with the Epic team to review daily flow dashboards to ensure scrutiny on the accuracy of Estimated Date of Discharge to improve discharge predictions and performance against the improvement trajectory, in order to achieve the No Criteria To Reside (NCTR) target of 5%.
- Pilot running for 6 months across Northern and Eastern to implement the national guidance and provide a more consistent and proactive approach to discharge commenced on 17th May 2023.

Northern Services Elective Activity- Referrals and Outpatients



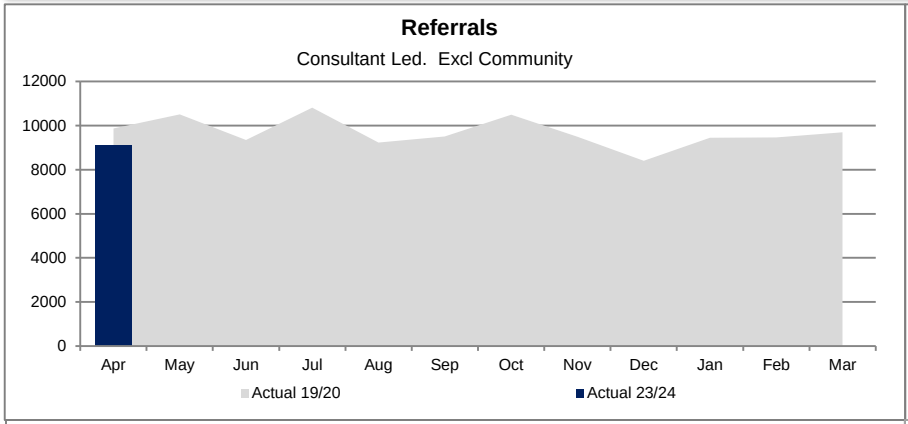


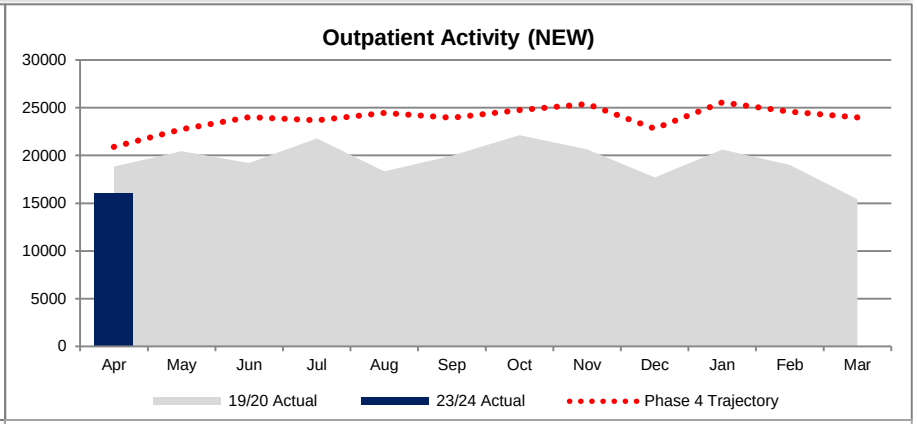


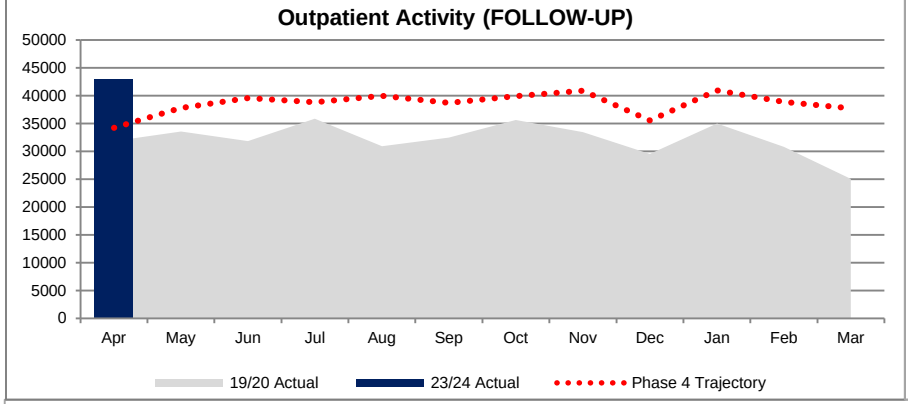


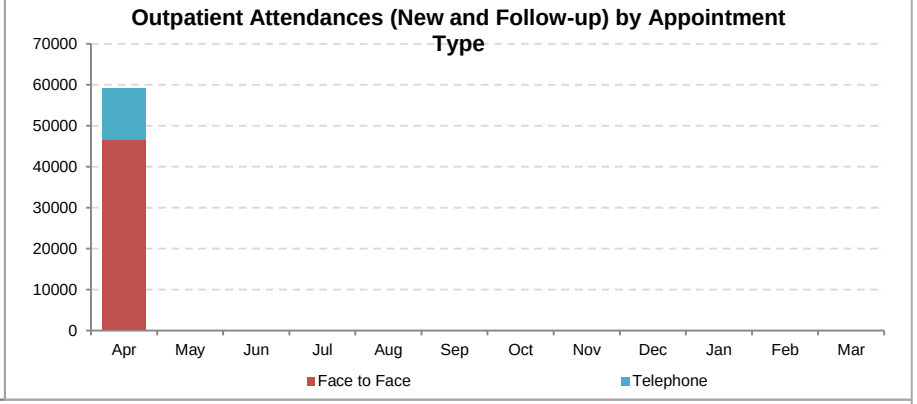
- There were a total of 23,195 Outpatients appointments held in April. Of this 7,065 were New appointments and 16,130 were Follow-up appointments.
- During the 96 hour period of industrial action it was necessary to cancel a number of appointments enabling consultants to provide emergency care and maintain safety.
- We are now able to report on Face to Face and Virtual appointments, 77.6% of appointments were held Face to Face and 22.4% were Virtual appointments.
- There was a slight decline in RTT 18 week performance again in April.
- As these numbers reduce focus is moving to 65 weeks wait in line with the national aspiration to have no patients waiting over 65 weeks by March 2024.

Eastern Services Elective Activity- Referrals and Outpatients





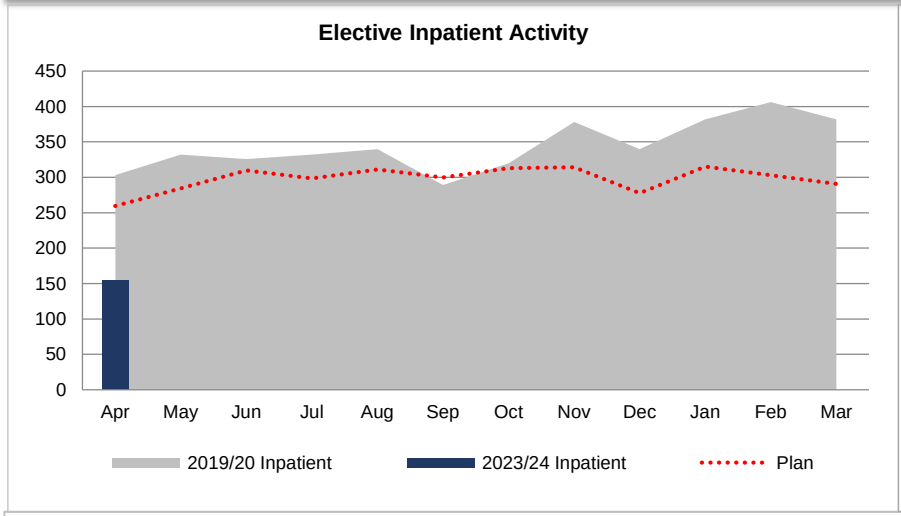


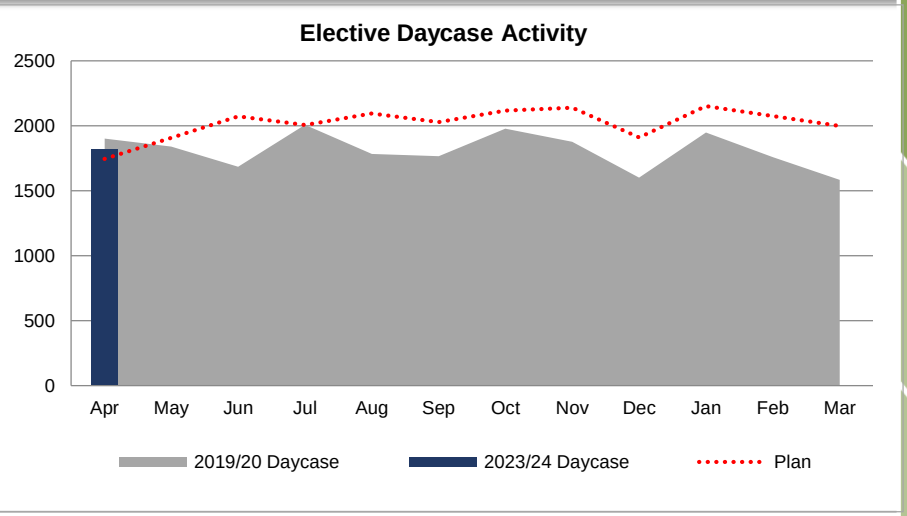


Outpatient new: April activity was 85.5% of 2019/20 volumes and so less than the 103% national target and less than planned levels. However, industrial action in the first weeks of April had a significant detrimental impact on activity. The last 2 weeks of April saw activity rise to weekly volumes of c.4,700, which is higher than the weekly April 2019/20 average of 4,200 and so presents a more positive picture moving into May. This is attributed to a combination of additional activity focussed on recovering lost activity due to industrial action but also the early success of the drive to capture all genuine clinical activity.

Outpatient follow up: April activity was 134.7% of 2019/20 and also affected by industrial action in the first two weeks. One of the biggest drivers of higher than planned activity is due to the continued high volume of midwifery activity being counted, which is a data quality issue and is planned to be corrected in future months.

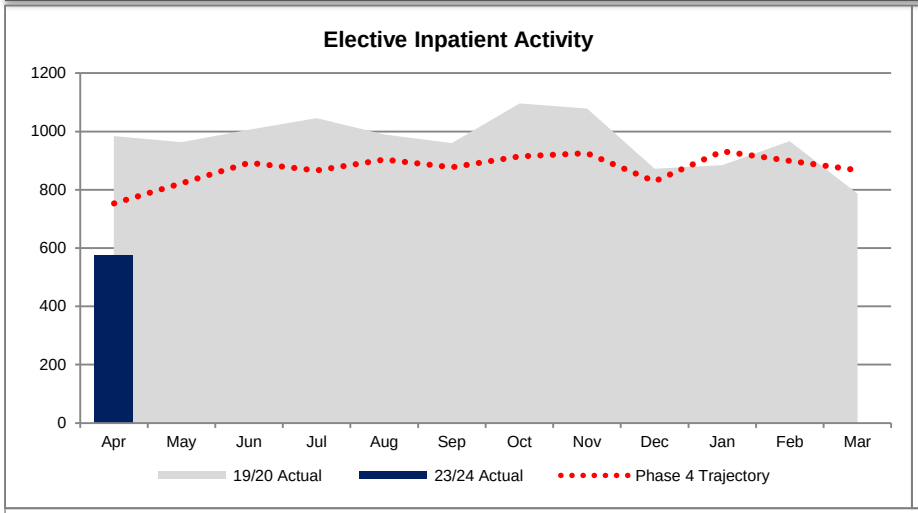
Northern Services Elective Activity- Inpatient and Daycase

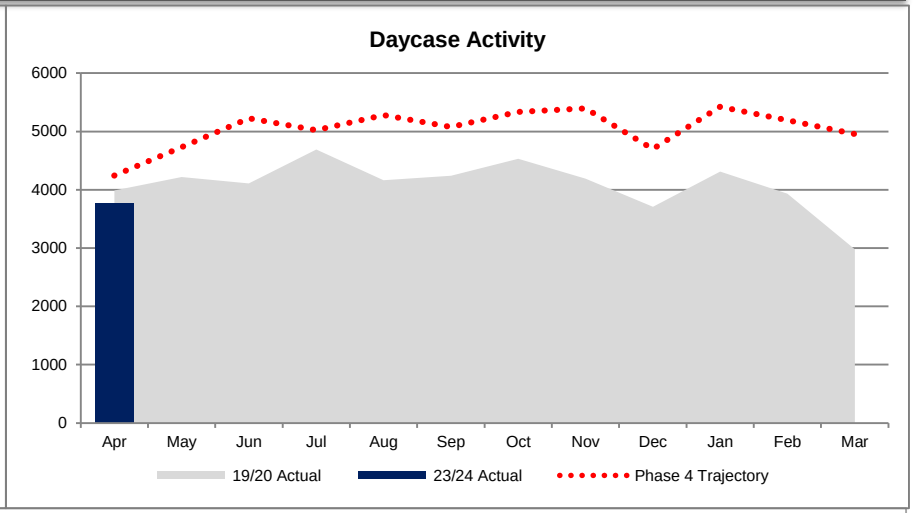




- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL)..
- Elective Inpatient activity decreased during April by 43 and Day case activity decreased during April by 225. The 96 hours of industrial action by junior doctors and Easter holidays in April led to the cancellation of a number of elective and day case patients.

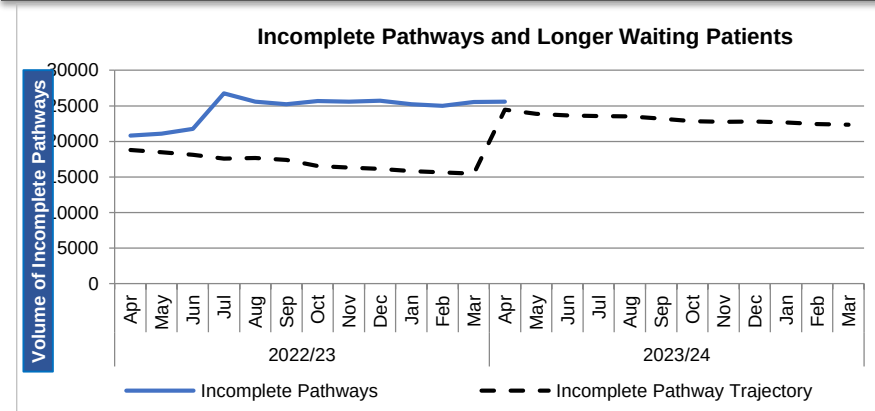
Eastern Services Elective Activity- Inpatient and Daycase

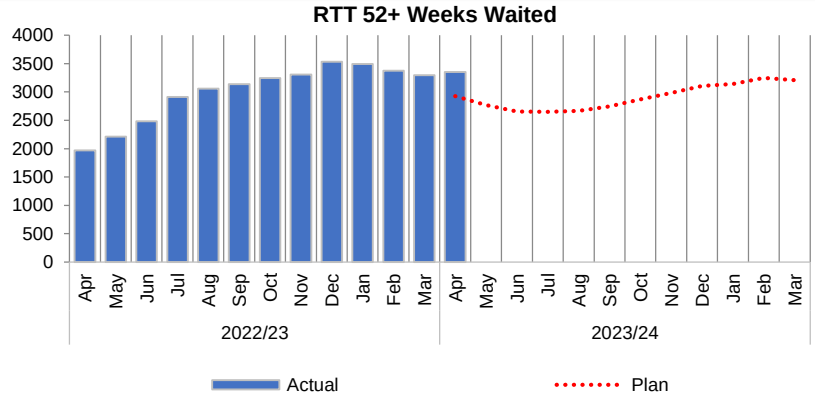


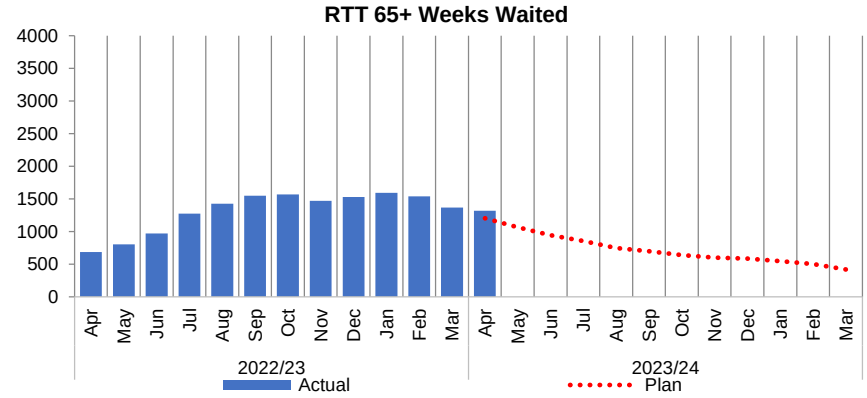


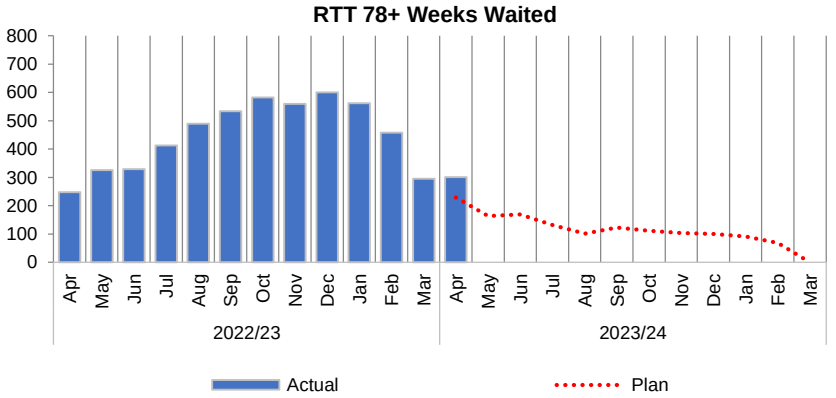
Elective inpatient activity and daycase activity: were both less than plan and 2019/20 levels at 58% and 95% respectively. The last two weeks of April saw a significant rise in elective activity with daycase activity exceeding any week in April 2019. There is a drive to continue to increase the volume of daycase activity, and this is a specfic productivity measure that is being monitored through the clinical productivity programme.

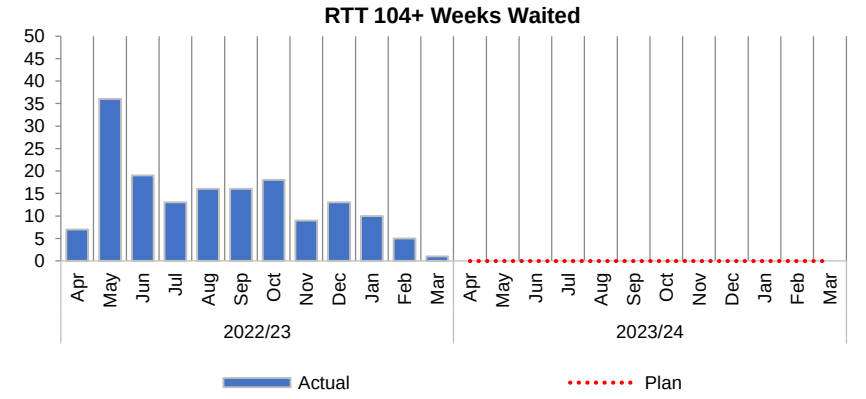
Northern Services Elective Activity- Long Waiting Patients





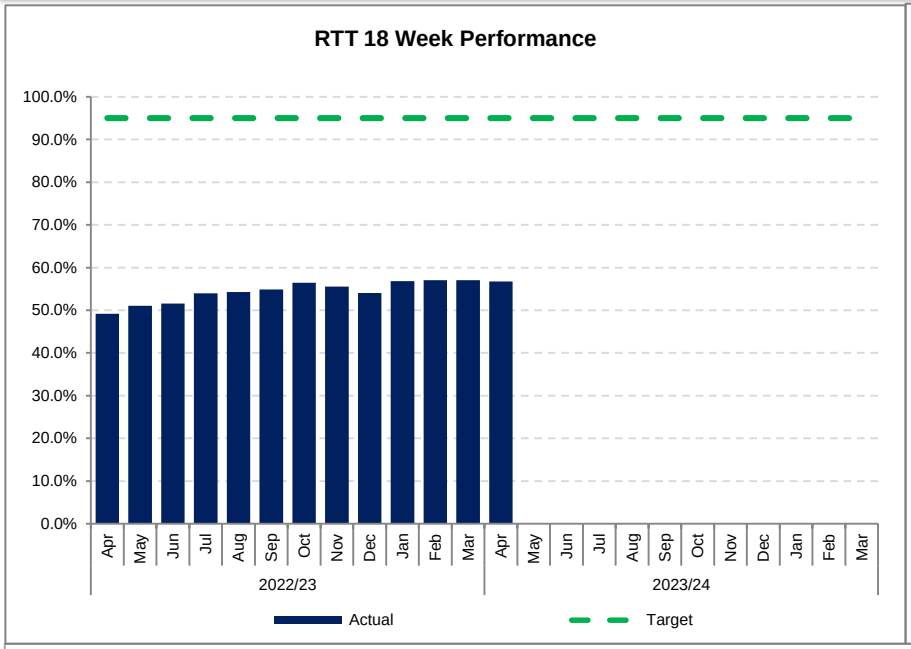


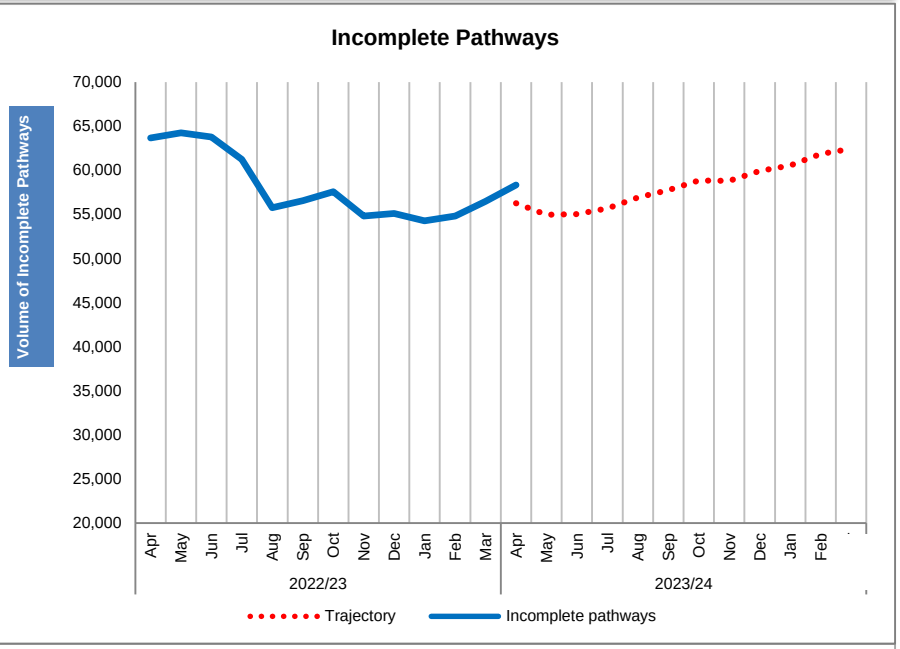




- Regular meetings are being held to ensure that the focus remains on the number of patients waiting longer than 78, 65 and 52 weeks. In addition to a focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support longer term and sustainable reductions in waiting times.
- We continue to achieve the target of 0 patients waiting 104 weeks.

Eastern Services Elective Activity- Inpatient and Daycase





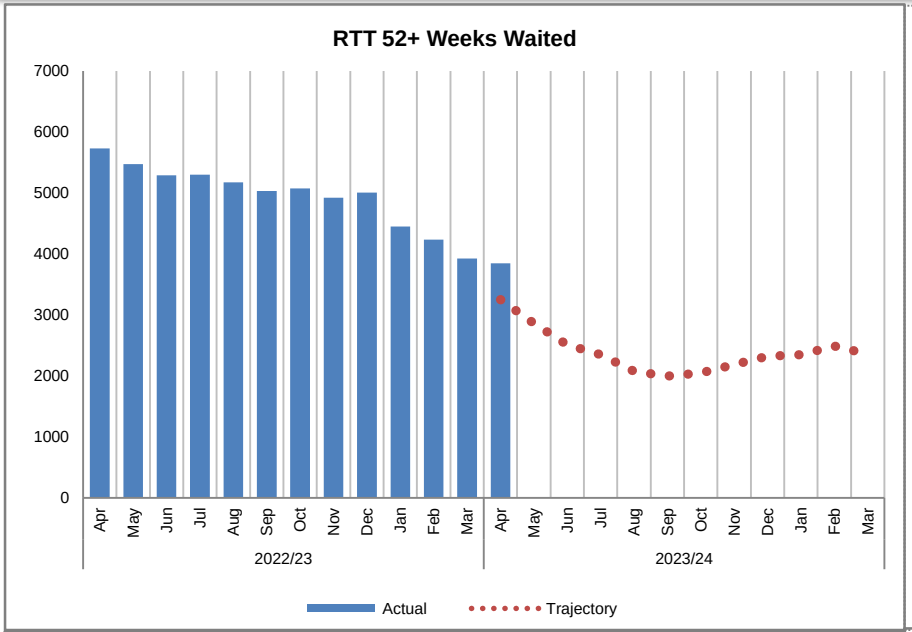
The volume of incomplete pathways was higher than planned levels in April, which is largely attributed to the detrimental impact of industrial action in the first two weeks of the month. This was also the major factor in not achieving the planned targets for 104, 78, 65 and 52 weeks. Within the incomplete pathways position, there is still considerable variation- specialties including Orthopaedics and Ophthalmology are showing a clear improving trend, but others including the majority of surgical specialties and Cardiology and Gastroenterology are showing a declining trend contributing to the overall site position. Additional investment has improved the position but it demonstrates that sustainable elective recovery will take time.

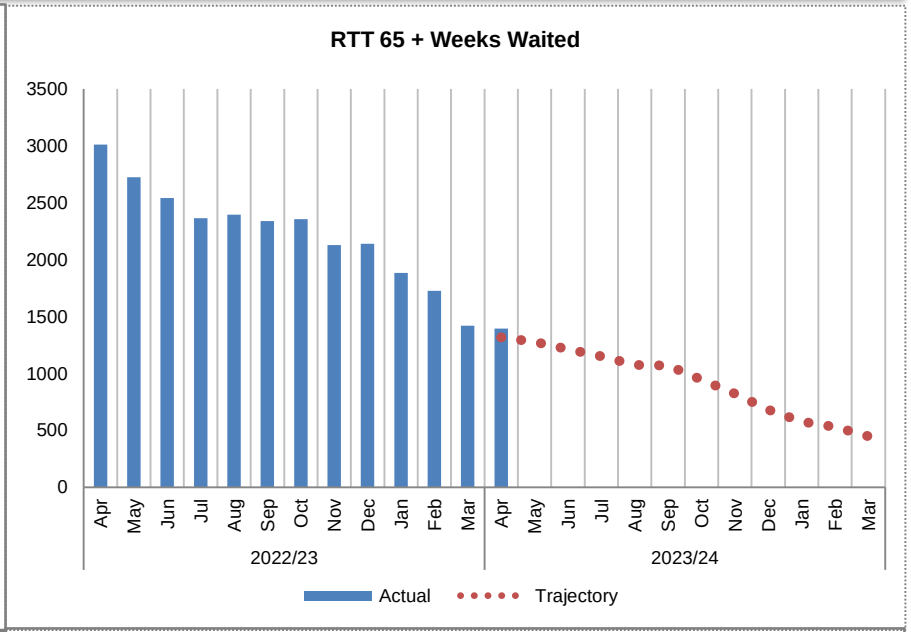
Work dedicated to continuing the improvement in the long waits position continues:

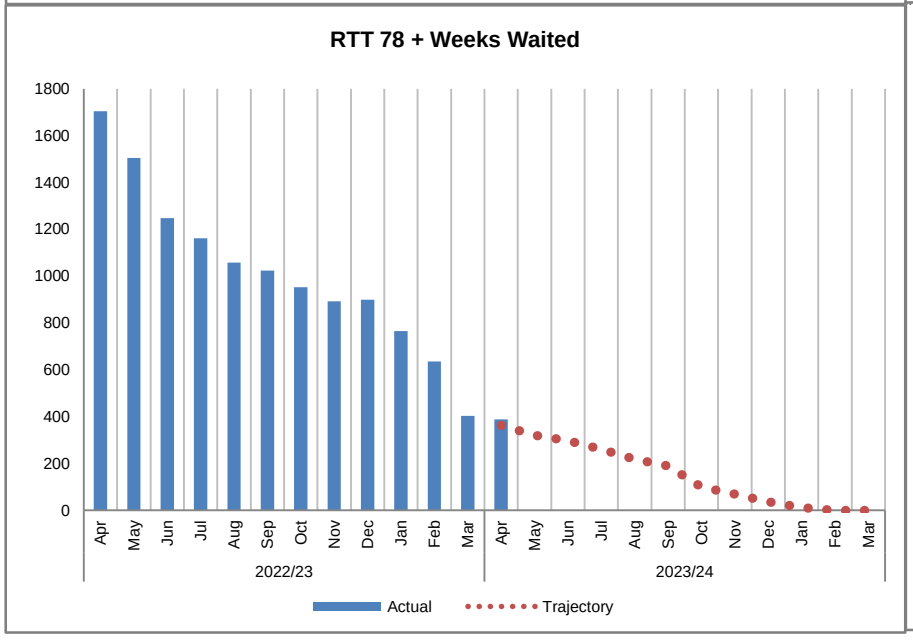
104+: the April position was 29 patients, which is forecast to further improve by the end of May. The remaining patients are comprised of specific sub-specialty capacity limiting areas including colorectal complex abdo and orthopaedics soft tissue knees, as well as patient choice. Further work is underway to plan additional dates and exploration of mutual aid.

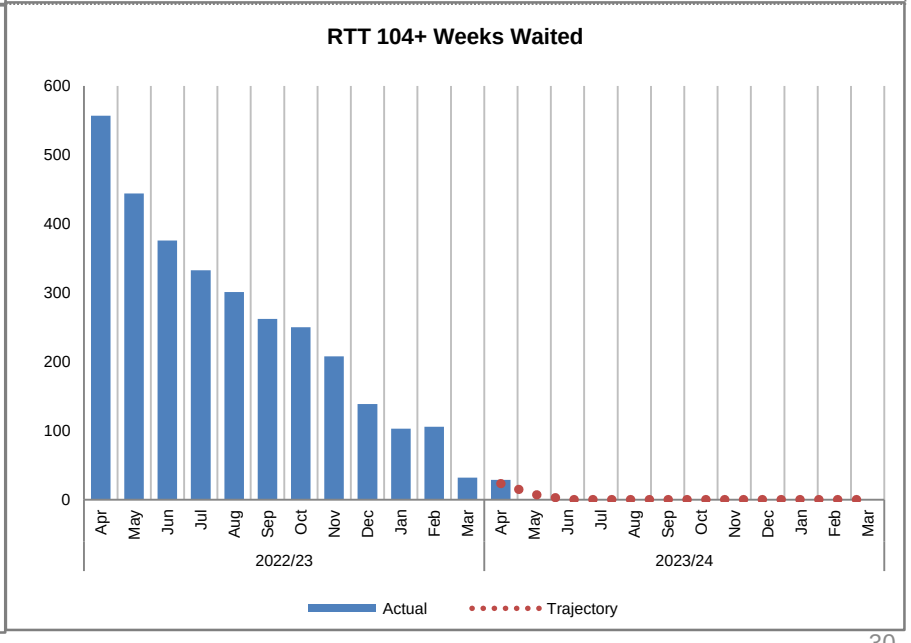
78+: The April position was 389 patients, and is forecast to further improve by the end of May. Additional capacity is in place across all of the major specialties with Orthopaedics currently exceeding plan. Particular emphasis is being placed on Colorectal for Eastern services, which is behind plan but looking to additional insourcing to provide further capacity.

Eastern Services Elective Activity – Long Waiting Patients



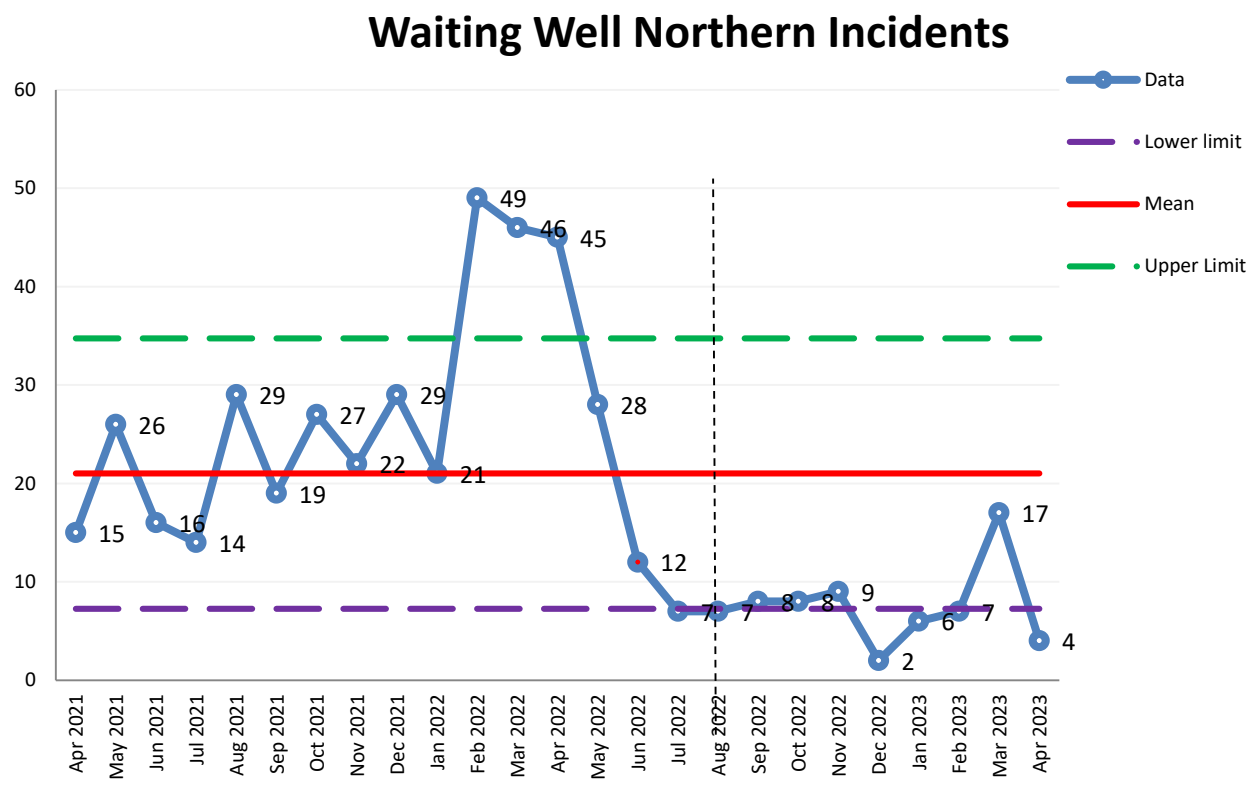






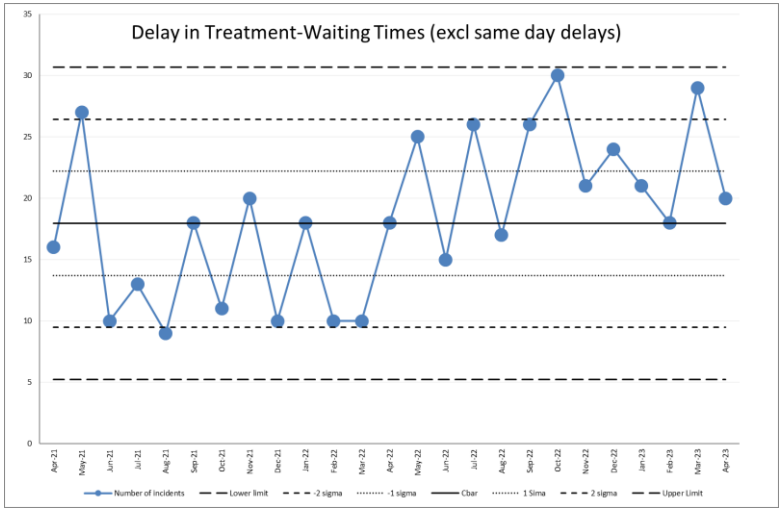
Northern Services Waiting Well

April 2023 Waiting Well Northern Incidents	Minor	Total
Follow up delay	4	4
Total	4	4



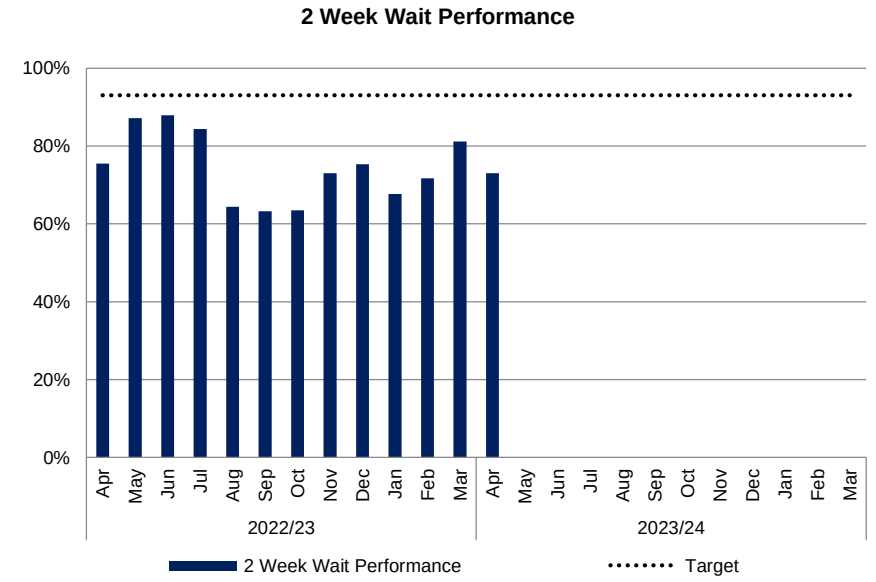
Eastern Services Waiting Well

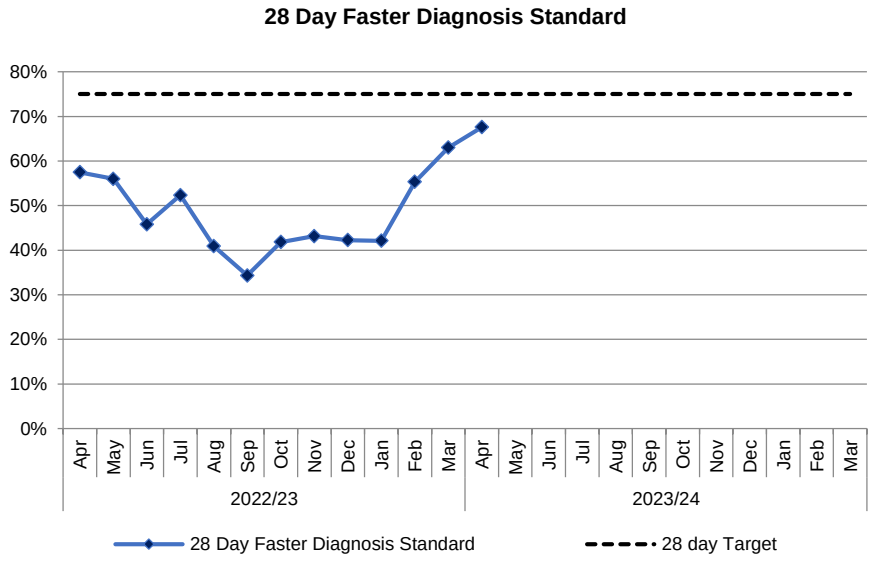
Across the same time period in Eastern 20 incidents were reported for April 2023, these are broken down by the level of harm against stage of pathway below.



	None	Minor	Moderate	Major	Catastrophic	Total
Follow up delay	9	2	1			12
New	2	4				6
Surgery	1					1
Diagnostic request delay	1					1
Total	13	6	1	0	0	20

Northern Services Cancer 14 and 28 Day





2 Week Wait Performance

2WW performance remains challenged in some tumour sites, the impact of bank holidays and industrial action through April resulted in a decline in April performance (73%) from the March position (81.1%). The highest volumes of breaches are observed in:

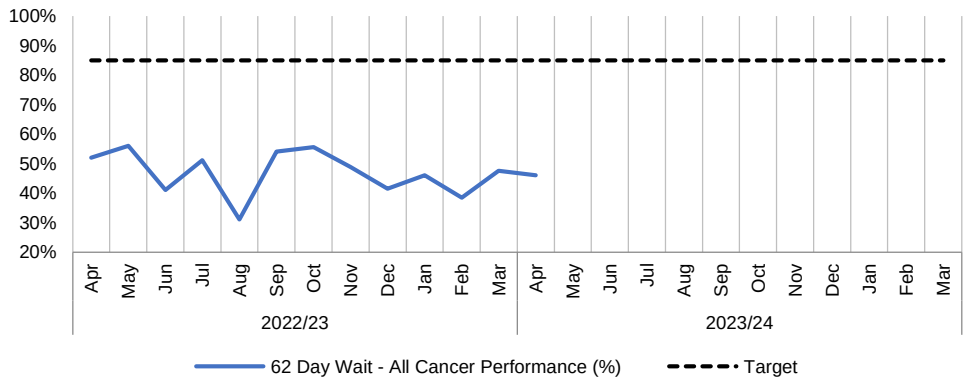
- Skin, 82 breaches (67%). Due to consultant sickness triage was temporarily paused, this has now been re- established
- Breast 46 breaches (65%). Due to the nature of the breast service the loss of capacity as a result of bank holidays and industrial action had a significant impact on 2ww performance. Additional capacity has been provided to recover this position.
- Lower GI 37 breaches (78%) staffing pressures across the colorectal team continue to limit capacity, a significant amount of additional activity is being delivered to mitigate this position. A locum and substantive consultant posts are out to advert.
- Average waiting times for 1st OPA have remained static at 12.1 days in April.

- Urology 2ww performance continues to improve from 35% (60 breaches) in January to 92.4% in April following improvements in waiting times for one stop Haematuria clinics and the implementation of the prostate pathway.
- All services are working to reduce first out patient waiting times to 7 days .

28 Day Faster Diagnosis Standard

- FDS performance demonstrates an improving trajectory over the last 3 months from 42% in January to 64.8% in March, with an unvalidated April position of 67.6% this remains below the national target (75%) but is now above Q1 improvement trajectory threshold (67.5%). 2ww performance directly impacts on performance against the 28 day Faster Diagnosis Standard, with deterioration in 2ww performance in April anticipated to impact May FDS performance. 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. The highest volumes of breaches are observed in:
  - Lower GI, 94 breaches (33.8%) This reflects service pressures and a very challenging endoscopy waiting times position, despite additional capacity through insourcing.
  - Skin, 59 breaches (71.4%). This is due to multiple factors, we are currently reviewing how this is recorded in EPIC which will improve this position going forward.
  - Urology, 37 breaches (60.6%). Performance has improved significantly over the last few months from 23% in February due to pathway improvements.
  - Gynaecology has improved significantly over the past month, increasing from 79.12% to 84.09%

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



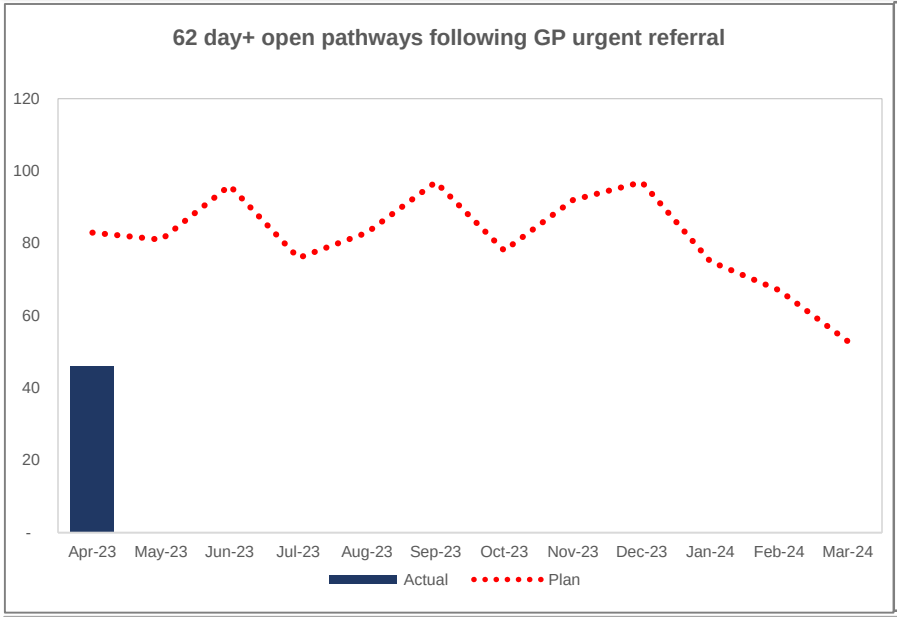
- The majority of pathway delays are within the diagnostic phase, particularly in Urology and Colorectal tumour sites.
- Urology accounted for half (15/31) breaches.
- 62 day performance will improve with actions aligned to deliver 28 FDS and 2WW performance.
- Capacity remains a challenge across some specialties including Oncology where currently there are delays for new patient appointments and treatments.
- Patients are monitored throughout their 62 day pathway regularly and weekly site specific PTL meetings are in place for all tumour sites.
- Every service has an up to date Cancer Recovery Action Plan with specific actions against delivery of each of the national CWT indicators where operational standards are not being achieved. These are monitored at the Northern Cancer Steering Group.

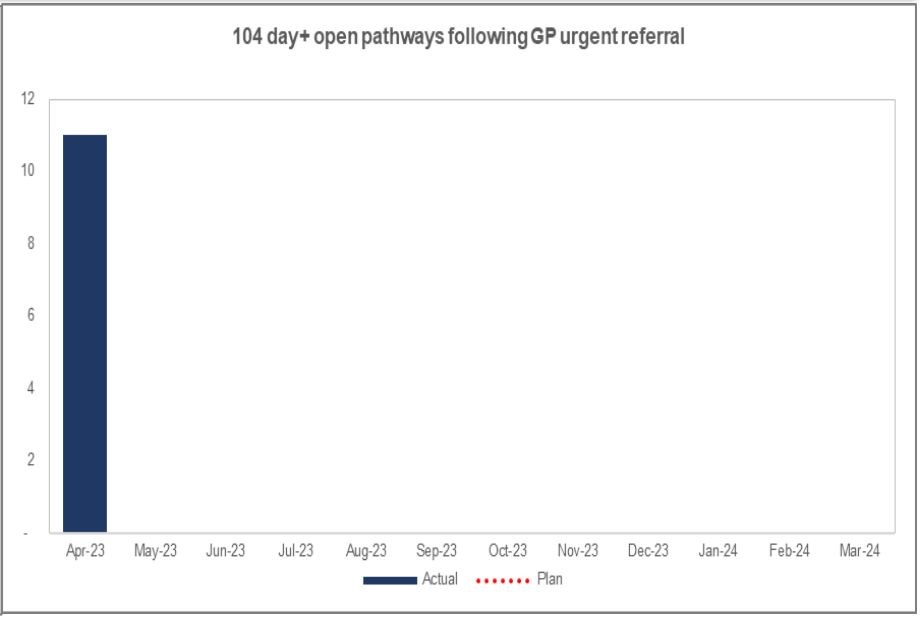
Cancer - 14,31 & 62 Day Wait

Performance(%) and Number of Breaches		Target	2022/23 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 Apr
14 Day	All Urgent (%)	93%	75.44%	87.12%	87.89%	84.31%	64.36%	63.23%	63.50%	72.86%	75.40%	67.66%	71.67%	81.12%	73.03%
	All Urgent (N)		154.0	102.0	86.0	83.0	299.0	285	254	224	152	229	202	152	209.0
	Symptomatic Breast (%)	93%	8.70%	71.74%	79.31%	100.00%	0.00%	100.00%	100.00%	83.33%	75.00%	35.71%	42.86%	58.62%	64.29%
	Symptomatic Breast (N)		42.0	13.0	12.0	0	1	0	0	2	4	9	12	12	10.0
31 Day	All Decision To Treat (%)	96%	83.54%	81.80%	76.90%	96.30%	97.37%	97.30%	81.82%	92.86%	80.56%	84.21%	89.04%	87.67%	86.57%
	All Decision To Treat (N)		12.0	17.0	15.0	1	1	1	6	8	14	12	8	9	9.0
	Subsequent - Surgery (%)	94%	54.54%	20.00%	40.00%	100.00%	100.00%	100.00%	50.00%	60.00%	68.75%	62.50%	29.41%	43.48%	75.00%
	Subsequent – Surgery (N)		5.0	4.0	3.0	0	0	0	3	4	11	6	12	13	5.0
	Subsequent - Anti-Cancer Drug %	98%	96.15%	92.60%	94.40%	100%	100%	97%	88%	75%	95%	81%	100%	91.67%	89.47%
	Subsequent - Anti-Cancer Drug		1.0	2.0	1.0	0	0	1	3	13	3	6	0	2	2.0
62 Day	All Screening Service (%)	90%	100.00%	75.00%	100.00%	100%	0%	17%	0%	100%	0%	100%	N/A	40.00%	N/A
	All Screening Service (N)		0.0	1.0	0.0	0	2.5	0.5	0	2	0	1	0	1.5	0.0
	Consultant upgrade (%)	90%	57.44%	60.00%	74.50%	66.67%	6.00%	65.22%	75.76%	57.14%	72.73%	64.71%	71.43%	65.63%	55.56%
	Consultant upgrade (N)		10.0	11.0	7.0	6	71.43	8	8	13.5	6	6	6	11	12.0
28 day	28 Ref to diagnosis (%)	N/A	57.47%	56.00%	45.80%	52.34%	40.90%	34.31%	41.83%	43.15%	42.27%	42.12%	55.05%	63.05%	66.72%
	28 day Ref to diagnosis (N)		254.0	268.0	241.0	173.0	263.0	270	395	556	381	459	356	317	226.0

Northern Services Cancer 62 Day Backlog

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





- The number of patients on active cancer pathways waiting more than 62 days has reduced from 415 at the start of September to 53 at the most recent weekly PTL (15/05/2023) which is significantly better than trajectory.

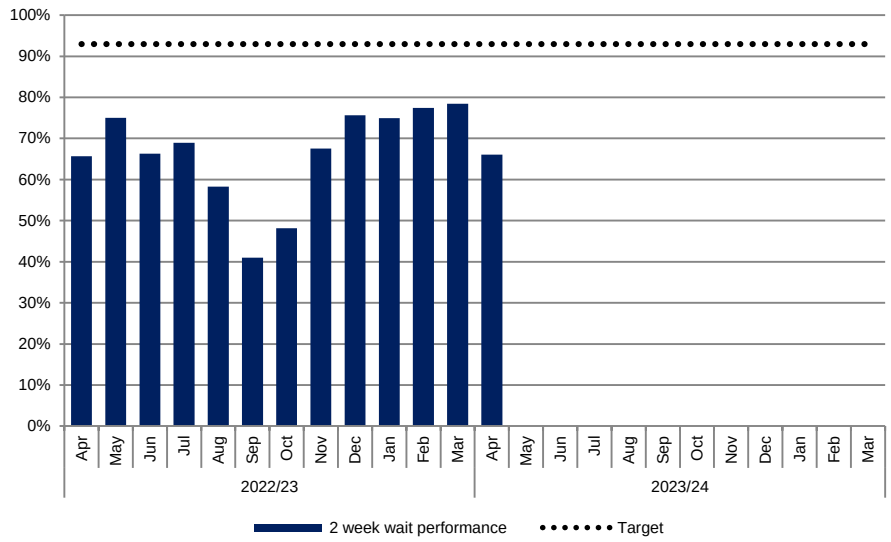
- The tumour sites with the largest number of patients waiting over 62 days are Urology (18) and Colorectal (18); these numbers have been consistently reducing since January (from 72 Urology and 42 Colorectal). Colorectal has started to increase over the last few weeks following a period of increasing overall PTL volumes driven by increased referral rates.

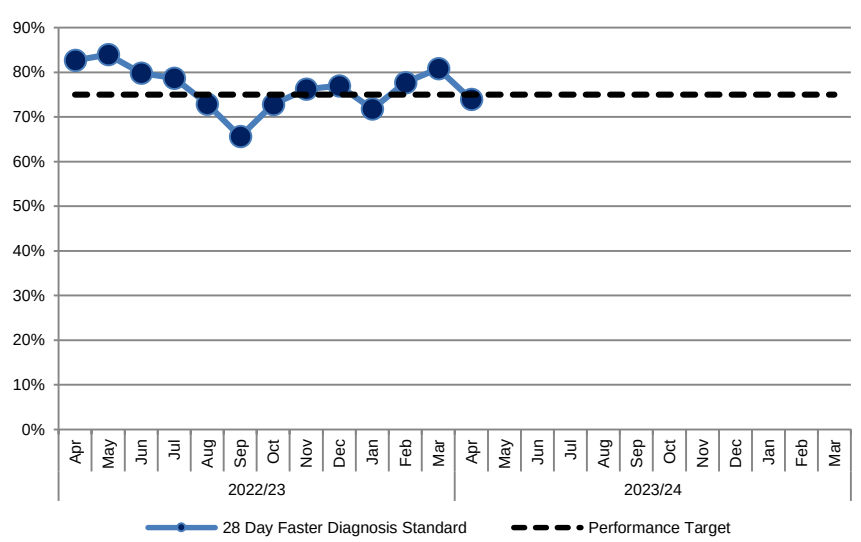
Key actions:
Weekly PTL meetings in place for all tumour sites with action logs and formal escalation process in place.

Colorectal
- Endoscopy insourcing in place and further insourcing capacity with additional provider is planned to start in June.
- Substantive and Locum consultant posts out to advert

Urology
- Revised prostate pathway commenced in February and under regular review.
- Hematuria clinic waiting times improved with average 1st OPA at 9.4 days for April.

Eastern Services Cancer 14 and 28 Day





2 Week Wait Performance

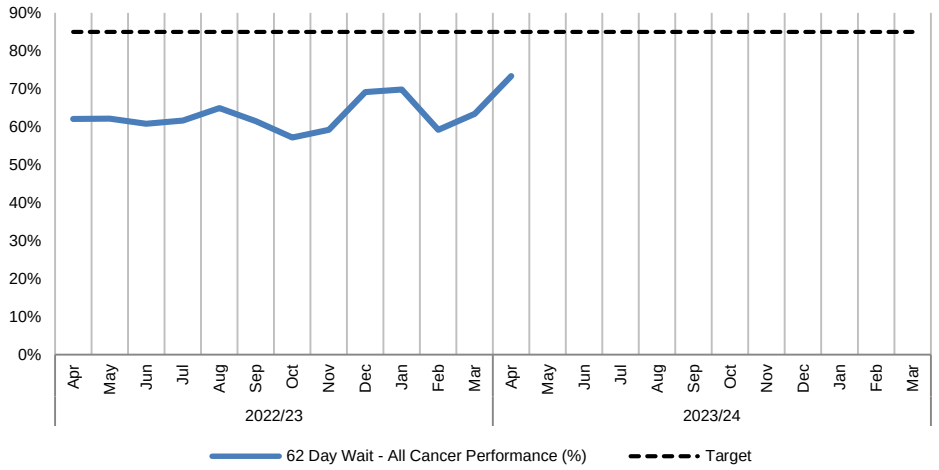
- Performance has reduced in April due to a loss in capacity with Easter and industrial action, combined with a 20% increase in referrals in March.
- Gynaecological 2 WW performance fell from 87.3% to 27%, alongside a 26% increase in referrals in March.
- Breast 2 WW performance has been maintained at 96.43%, despite a Consultant on long term sick since February.
- Skin 2 WW performance has been maintained at 88.75%, despite an 23% increase in referrals in March, which is above seasonal trend. This will add significant pressure to this team if this trend is maintained.
- Lower GI 2WW performance fell from 44.2% in March to 28.4% in April. This is due an increase of to staffing within the Nurse Triage team due to training and issues with capacity across Endoscopy and Radiology (as 2/3 of patients go straight to test).
- Head and Neck 2 WW performance fell from 78% in March to 42.5% in April, alongside a 30% increase in referrals in March.

28 Day Faster Diagnosis Standard

- The impact on performance seen in the 2 WW pathway has been mirrored in FDS, with performance falling from 80.6% in March to 74.35% in April
- Colorectal fell from 56% in March to 37% in April. Additional clinics are being sought to improve capacity – this is routinely monitored and a capacity/demand exercise is currently being undertaken across the entire pathway.
- GI currently have 6 of 16 Surgeons on long term leave. One has returned at the end of April. One locum has joined the team with another due to join in May and a third in September. Building on the work the teams have undertaken in mapping pathways, including demand/capacity, we are adding to action plans on how to ensure different parts of these pathways are better in balance. This remains work in progress.
- Endoscopy capacity issues are impacting the GI performance. The team are undertaking waiting list initiatives to increase capacity, including additional weekend lists. A business case for a temporary mobile unit has been approved and is expected to come on stream in the autumn. A business case for a permanent unit has been approved, and project planning for this scheme is underway.

Eastern Services Cancer 62 Day

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



Performance against the 62 Day Cancer Target slipped by 12.4% from 78.5% in March to 66.1 % in April.

Risks & mitigations

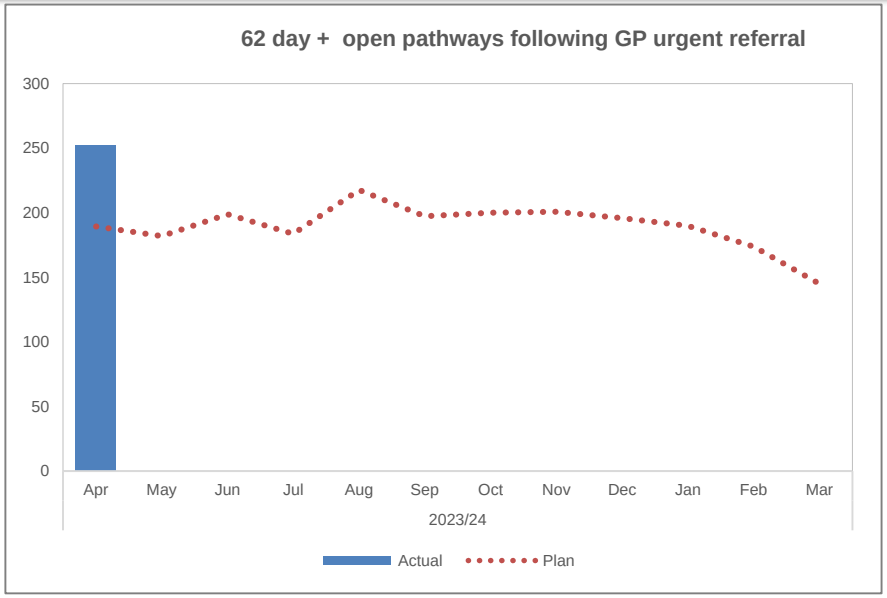
- Although the new theatre timetable and clinical prioritisation with the POD are in effect, theatre capacity remains a significant issue (more complex surgeries/Tertiary patients and an increased demand).
- Colorectal performance impacted by access to Endoscopy and theatres, as well as ongoing consultant staffing shortfall.
- Delays in Urology due to an increase in demand for RALPs (in part due to Tertiary referrals) – a third surgeon is currently undergoing training on robotics. CNS Team are in process of recruiting which will support and stabilise the service. Tertiary referrals late in the pathway is impacting on numbers of patients over 104 days.
- Urology – Mutual aid request for RALP patients has not been successful. Waiting times for RALPs are similar across the peninsula
- Additional agency staff for Theatres were recruited in March allowing additional lists throughout in order to reduce the backlog of patients waiting beyond breach date. Funding was secured to continue throughout April and May
- Sarcoma – More work needs to be done across the system re these pathways and differences in the offers from each Trust. A joint task force is to be convened by ICB to test deliverability of potential for one stop services at the Nightingale

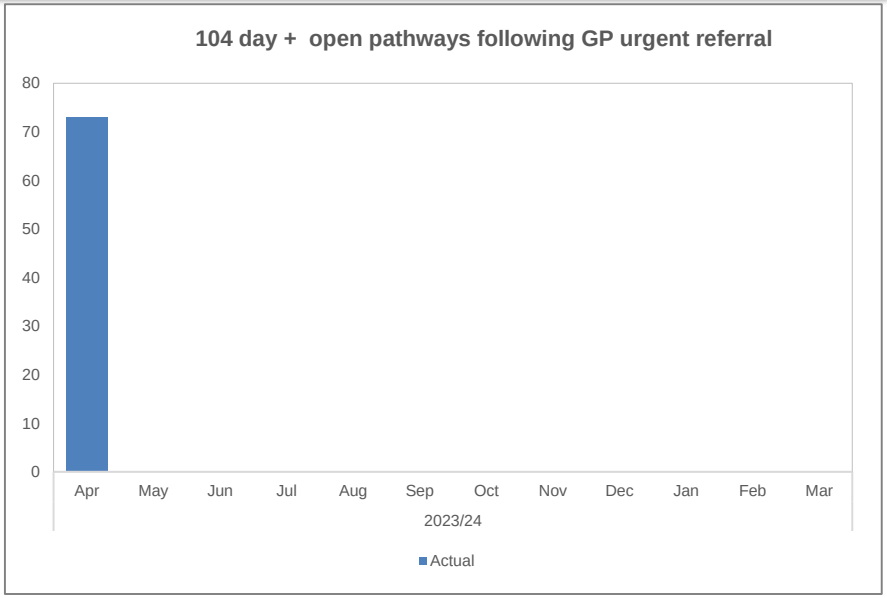
Cancer - 14, 31, 62 & 104 Day Wait

	Performance(%) and Number of Breaches	TARGET	2022/23 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 Apr
14 Day	All Urgent (%)	93%	65.6%	75.0%	66.3%	69.0%	58.3%	41.0%	48.2%	67.6%	75.6%	74.9%	77.5%	78.5%	66.1%
	All Urgent		760	605	762	763	1027	1434	1253	818	488	553	467	543	737
	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%	93.0%	94.6%
	Symptomatic Breast		34	46	18	20	13	30	25	14	1	2	0	4	2
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%	77.4%	84.9%	87.7%	88.5%
	All Decision To Treat		31	41	34	37	22	21	18	31	25	60	39	31	37
	Subsequent - Surgery (%)	94%	64.2%	67.1%	76.0%	75.3%	71.2%	61.1%	78.3%	88.3%	82.1%	65.1%	75.5%	67.8%	69.2%
	Subsequent - Surgery		29	26	25	21	17	28	18	11	14	37	24	29	20
	Subsequent - Radiotherapy (%)	94%	100.0%	99.2%	95.9%	98.8%	97.6%	98.6%	99.3%	99.3%	99.1%	100.0%	99.1%	99.3%	97.2%
	Subsequent - Radiotherapy		0	1	4	1	2	1	1	1	1	0	1	1	3
	Subsequent - Anti-Cancer Drug (%)	98%	100.0%	98.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	98.7%	97.4%	96.7%	100.0%
	Subsequent - Anti-Cancer Drug		0	1	0	0	2	0	0	0	0	1	3	4	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%	16.7%	12.5%	6.3%
	All Screening Service		3.5	2.5	2	2	4	1	2	4	2	3.5	5	7	15
104 days	Volume of Patients Waiting Longer than 104 Days at Month End		52	53	70	68	58	59	54	84	81	84	81	62	73

Eastern Services Cancer 62 Day and 104 Backlog

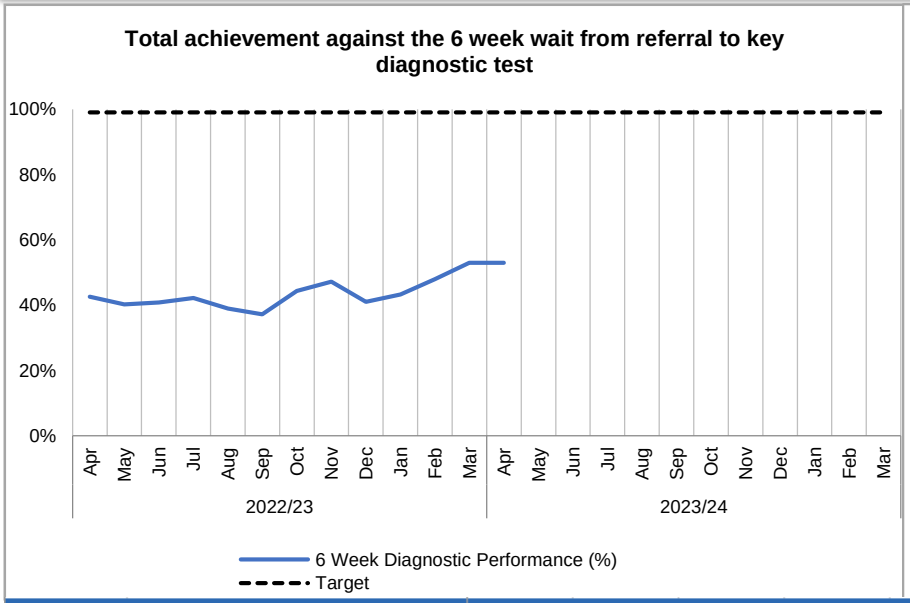
Cancer patients awaiting treatment more than 62 days following GP urgent referral

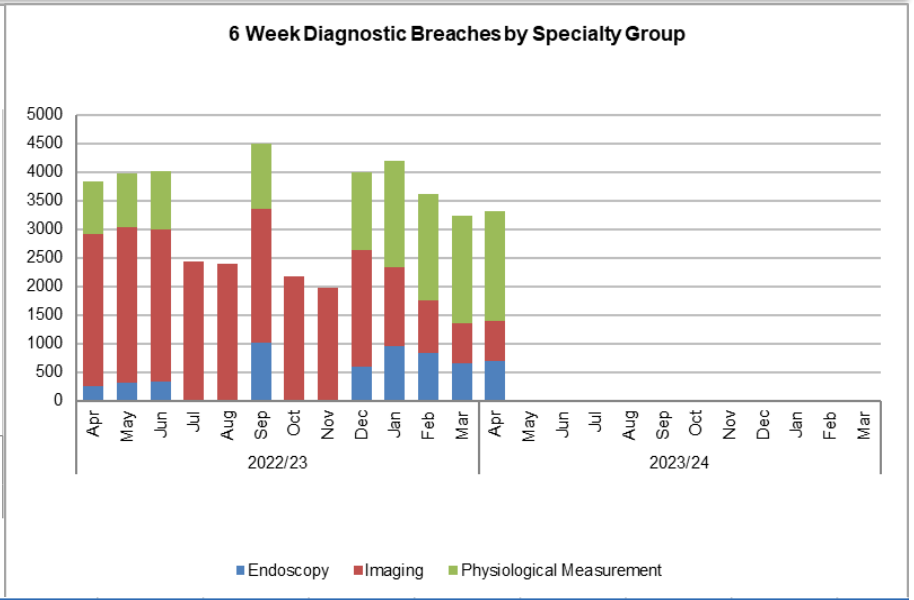




- 9.5% of patients on a cancer pathway at the end of April had waited longer than 62 days for diagnosis and treatment (NHSE benchmark 6.4%; 6.6% Peninsula performance). This is an increase on the 8% >62 days at the end of March.
- The number of patients waiting for diagnosis and treatment is significantly higher than plan reflecting the impact of increased demand.
- The number of patients >62 days increased in April, due to a rise in demand post Christmas and the impact of annual leave in the teams in March and repeated Industrial actions.
- Histology – Turnaround time delays due to consultant vacancies. Successful recruitment has taken place resulting in 1 appointment pending in June 23 and a further two in Nov/Dec 23. Continued use of Waiting List Initiatives in the interim maintain current position. Additional capital funding to support equipment has been secured via the Cancer Alliance.
- Radiology – CT and MRI reporting backlog was initially cut by more than 60% as a result of continued outsourcing and has now stabilised at this level. Additional lists have successfully reduced Ultrasound breaches. Continued outsourced reporting capacity is being employed to support recovery of turnaround times. Funding has been secured to continue this in the new financial year.
- Endoscopy - Super weekends to increase capacity continue, with 8 delivered in April 2023. ERF funding is being utilised to maximise capacity by filling gaps in the rota in-week, to ensure all sessions in the unit are fully utilised. A business case has been submitted and approved by the ICB, for CDC funding to deliver a 7 day mobile endoscopy suite in August 2023 as an interim solution, alongside use of Nuffield capacity, to clear the current backlog. A longer term plan for which a business case has been submitted is for two endoscopy suites at Tiverton to provide an additional 20 sessions per week from 2024/25, this has been approved by the national team. A project group to take forward this development is being formed.
- Ongoing MDT Co-ordinator vacancies, and the resultant prioritisation of work directly impacting patient safety, is affecting the quality of Cancer Waiting Times data submissions. 4 new staff have been appointed and will be in post by June 2023. 3 agency cancer trackers are providing additional cover until mid June and this will enable the backlog of data quality issues to be addressed by the team prior to the 6 month refresh submission in May.

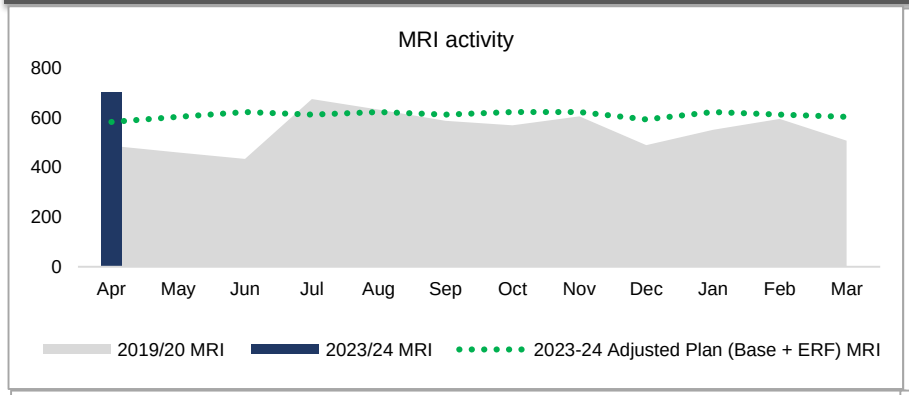
Northern Services Diagnostics - *Fifteen key diagnostic tests*

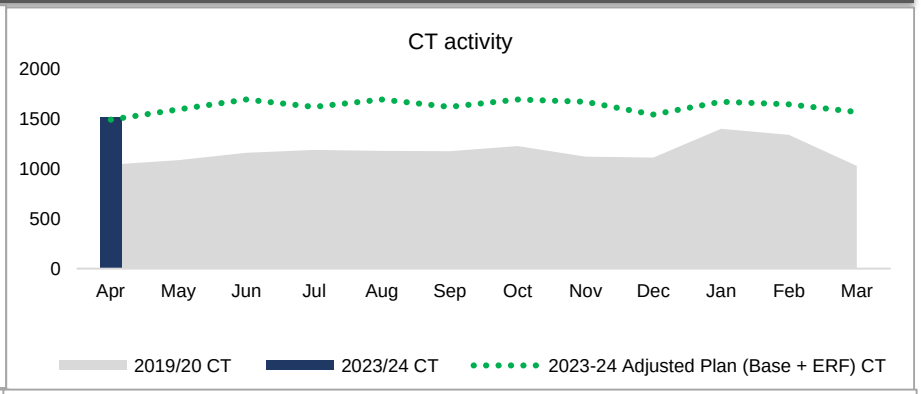


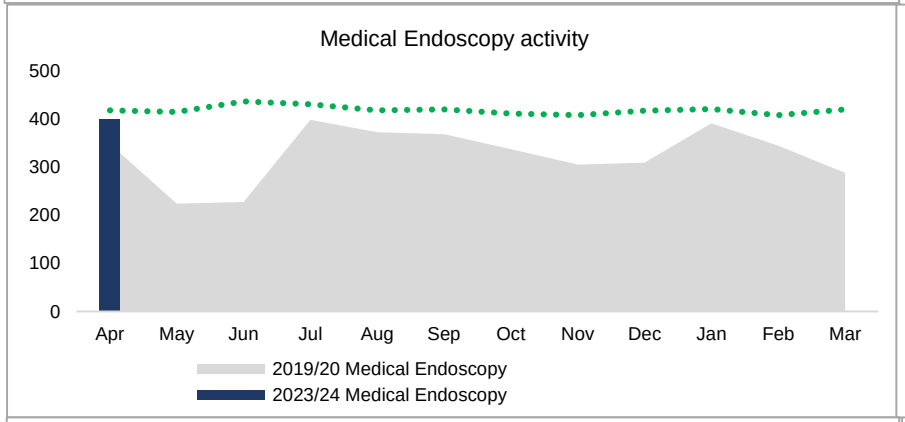


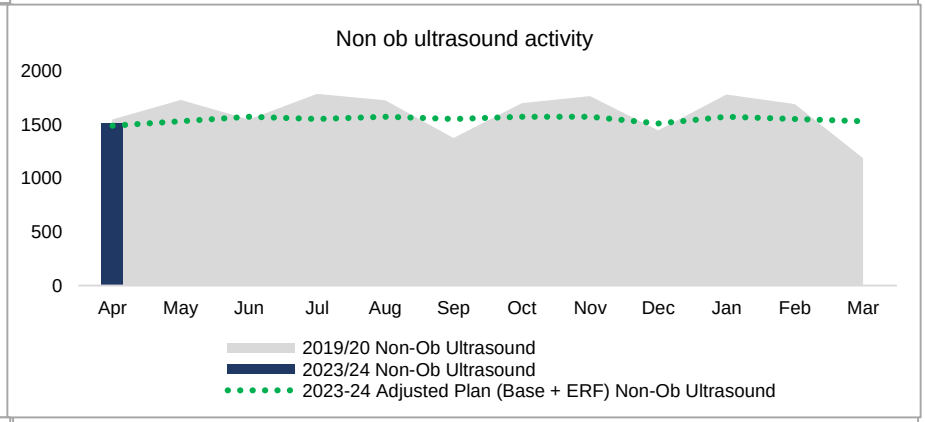
		Achievement against the 6 week wait from referral to key diagnostic test												
Area	**Diagnostics by Specialty**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**
Imaging	Magnetic Resonance Imaging	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%	96.9%	97.6%	98.4%	97.7%
	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%
	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%
	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%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%							100.0%	100.0%	99.1%	97.3%
	Cardiology - echocardiography	31.4%	26.6%	28.3%						27.9%	18.6%	23.0%	23.4%	25.2%
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	96.3%	96.8%	92.5%			88.5%			97.9%	93.8%	99.1%	96.3%	91.2%
	Respiratory physiology - sleep studies	22.5%	34.3%	30.8%			17.4%			64.8%	52.3%	42.5%	26.4%	28.6%
	Urodynamics - pressures & flows	20.4%	25.4%	23.3%			1.4%			39.4%	30.8%	46.2%	35.7%	27.9%
Endoscopy	Colonoscopy	62.3%	48.6%	43.8%			27.6%			30.6%	32.7%	34.2%	39.5%	37.7%
	Flexi sigmoidoscopy	64.8%	71.8%	70.3%			28.5%			42.9%	30.9%	29.7%	40.1%	42.8%
	Cystoscopy	67.0%	75.6%	73.3%			59.8%			74.4%	42.6%	48.4%	83.3%	81.3%
	Gastroscopy	70.9%	61.9%	60.8%			53.1%			44.9%	39.1%	41.3%	48.2%	41.9%
Total		42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%	43.2%	48.0%	52.5%	53.0%

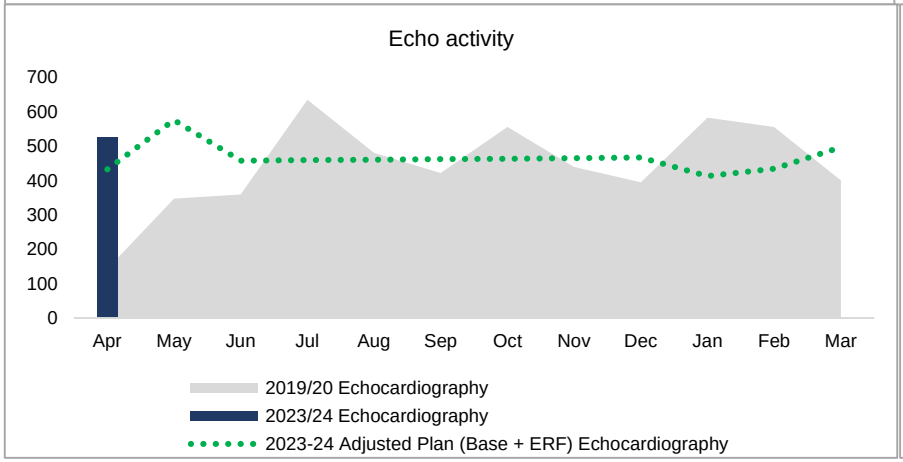
Northern Services Diagnostics - *Diagnostic activity compared to plan across key diagnostics modalities*











Northern Services Diagnostics

Key issues at modality level:

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

- **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. Unfortunately activity dropped during March as we didn't have access to extra capacity lists. Additional capacity on the mobile scanner increasing from 7 to 10 days for 23/24 from the 1st April supports improvement of this position.

- **Cardiac CT** - CT cardiac lists at RD&E have been agreed, providing an additional 14 scans per session, 3-4 sessions per month and will now continue into 23/24. As a result of this increase in capacity the number of patients receiving their Cardiac CT scan has improved significantly from 39.1% at the end of January to 86.5% in May 2023. With the ongoing additional capacity this is expected to improve further in 23/24.

- **U/S-** We have been able to provide some internal lists over weekends to continue to improve performance. We are also looking at outsourcing options available to maintain and continue to improve this position. Ultrasound has moved from 36% of patients being seen within 6 weeks in January 2023 to 82% in May 2023.

- **Endoscopy** -Consultant Gastroenterologist vacancies and nursing vacancies & sickness remains a key constraint. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases. To further increase capacity an additional provider has been identified and additional capacity is expected in June. The original insourcing company has also now managed to deliver 2 weekends per month.

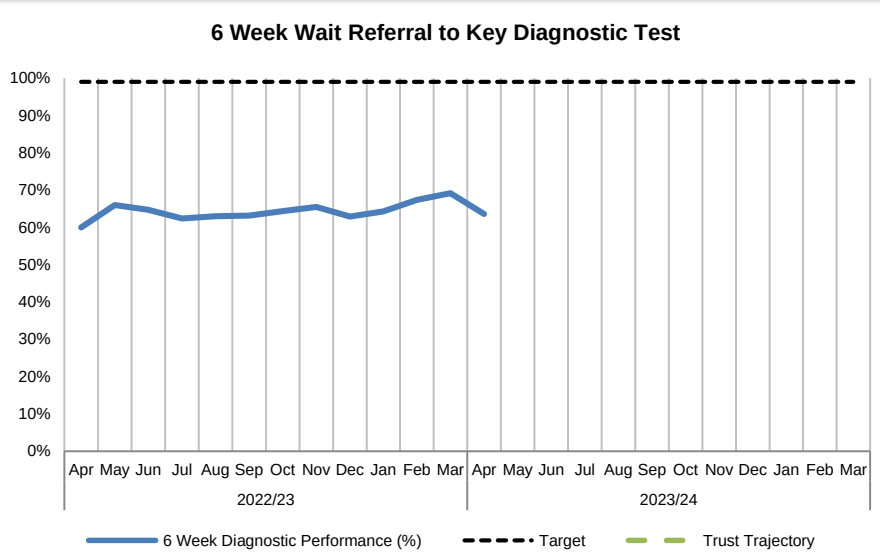
- **Echocardiogram** – Despite increasing the capacity the Inpatient demand for ECG continues to outstrip capacity. The service is currently supporting 13 additional lists per month with a total of 11 patients per session. A Task and Finish group commenced on the 13th March to identify discrepancies in the waiting list. An additional of Physiology support is due to start from mid April which will be provided by the current locum.

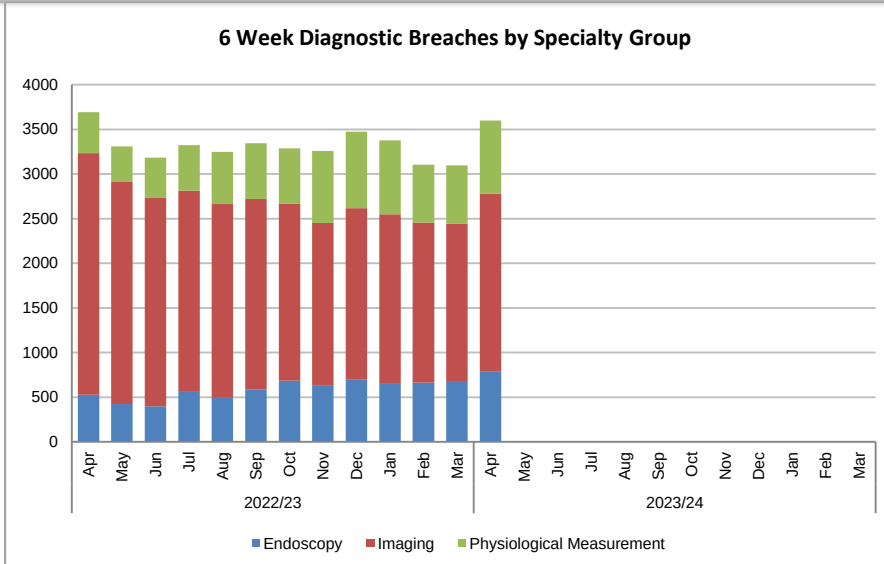
- **Sleep studies –** Additional capacity has been identified across clinics and 2 CNS will commence report training in May. Bi weekly Monday clinics will commence from the 17th April seeing an additional 4-5 patients per clinic

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

Eastern Services Diagnostics

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

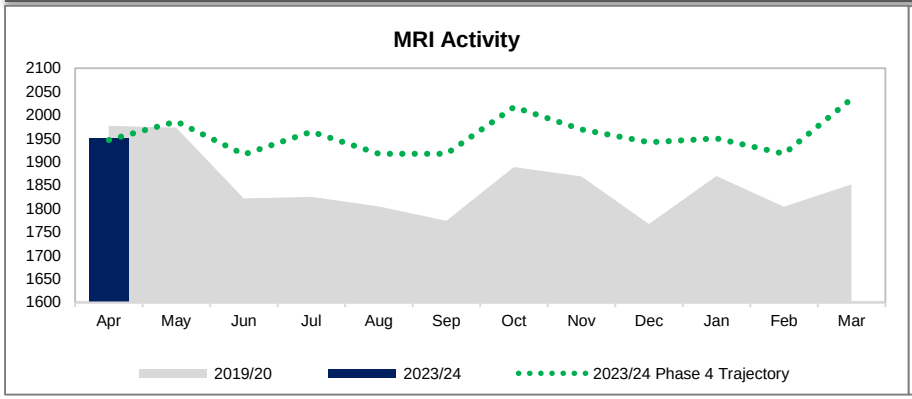


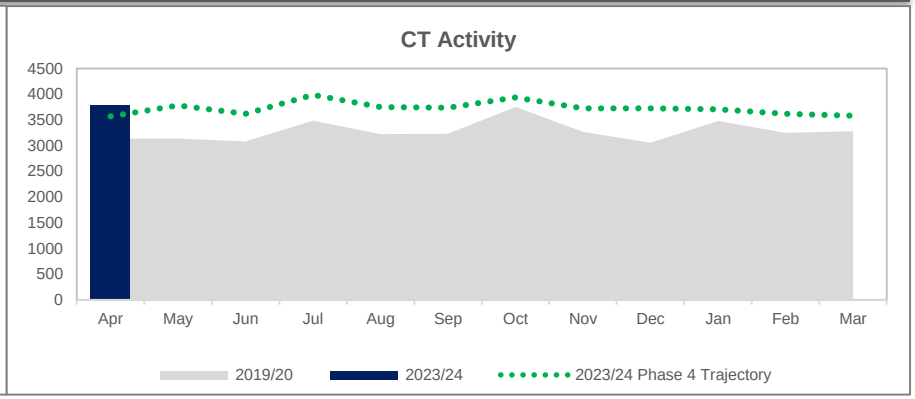


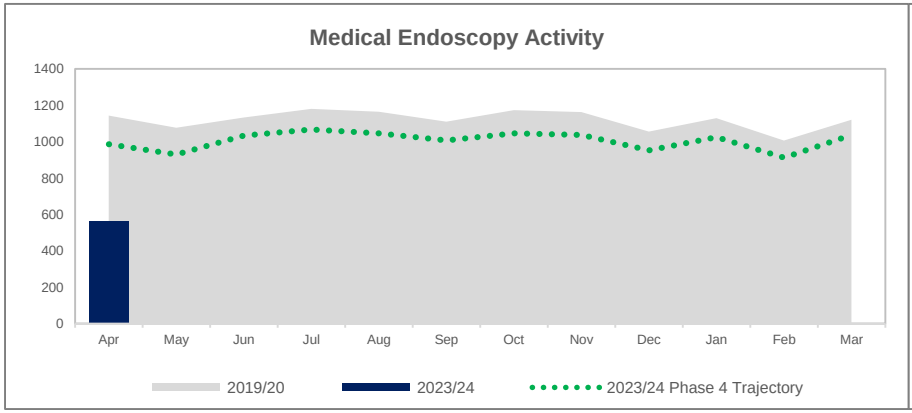
Area	Diagnostics By Specialty	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Endoscopy	Colonoscopy	64.7%	66.5%	64.0%	63.5%	58.3%	51.6%	54.9%	53.9%	53.9%	51.2%	53.0%	50.1%
	Cystoscopy	82.8%	95.2%	91.5%	88.9%	93.2%	87.4%	83.5%	88.1%	47.8%	83.1%	83.2%	75.2%
	Flexi Sigmoidoscopy	73.0%	76.2%	74.6%	74.5%	62.2%	51.3%	49.6%	44.8%	82.1%	41.7%	50.4%	51.1%
	Gastroscopy	68.0%	72.4%	56.7%	68.7%	68.0%	69.8%	78.3%	74.8%	74.7%	73.9%	73.5%	66.3%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	73.2%	76.8%	77.1%	81.3%	85.4%	89.5%	92.3%	86.2%	87.9%	83.3%	84.6%	82.5%
	DEXA Scan	97.1%	98.9%	98.4%	98.2%	99.4%	99.2%	98.4%	100.0%	100.0%	100.0%	100.0%	98.9%
	Magnetic Resonance Imaging	73.9%	74.3%	69.6%	69.1%	72.9%	73.7%	75.6%	68.5%	70.7%	76.5%	73.4%	66.6%
	Non-obstetric Ultrasound	55.1%	51.6%	53.1%	52.7%	51.2%	54.5%	56.7%	56.8%	56.6%	60.1%	66.4%	59.9%
Physiological Measurement	Cardiology - Echocardiography	86.2%	80.9%	74.5%	71.4%	72.7%	75.2%	65.0%	66.6%	66.9%	72.6%	66.3%	61.7%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	73.2%	69.6%	72.5%	67.1%	61.2%	55.4%	65.4%	43.2%	49.4%	61.2%	75.1%	59.3%
	Respiratory physiology - sleep studies	67.6%	68.3%	60.0%	58.6%	65.8%	61.4%	63.1%	60.6%	57.8%	57.7%	66.4%	65.5%
	Urodynamics - pressures & flows	30.1%	30.3%	34.5%	28.6%	26.9%	25.7%	33.7%	28.8%	38.5%	32.2%	37.8%	36.8%
Total		66.0%	64.7%	62.4%	63.0%	63.2%	64.4%	65.5%	63.0%	64.3%	67.4%	69.2%	63.6%

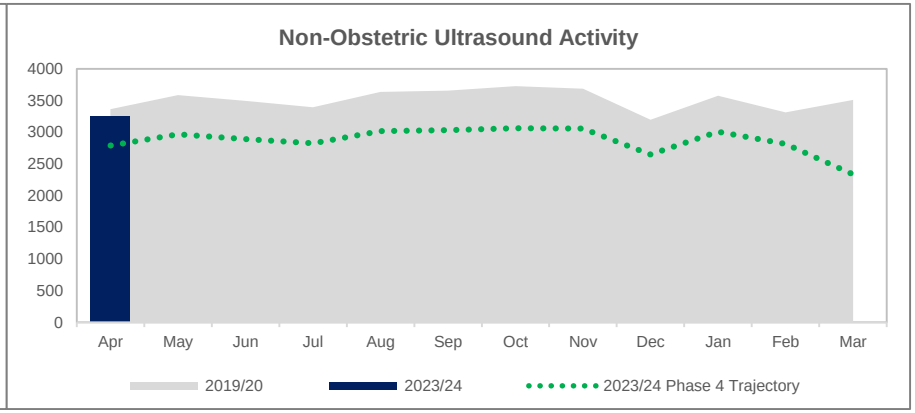
Eastern Services Diagnostics

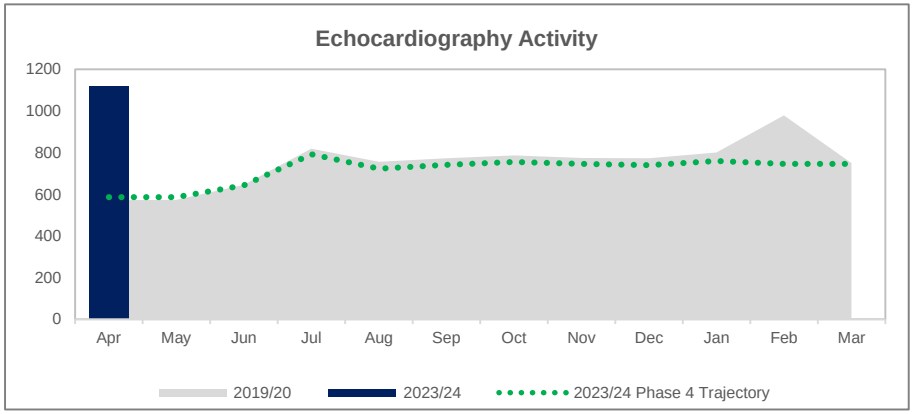
Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests











Eastern Services Diagnostics

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

At the end of April 63.6% of patients were waiting less than 6 weeks – a deterioration of 5.6% from the end of March.

CT

- Waiting times for CT patients have seen a slight deterioration this month. This was predominately due to the impact of the Junior Doctor industrial action where Cardiac Consultant cover was reduced, resulting in slots being cancelled.
- The service is projected to return to planned improvement trajectories as full capacity returns to normal.

MRI

- MRI also sees a deteriorating position this month. This was largely due to a fault in MR2 causing the scanner to be out of action over the Easter BH weekend.
- Continued discussions are being held with independent MRI providers to increase throughput on a daily basis to better match other provider utilisation.

Non Obstetric Ultrasound

- US has seen a slight deterioration this month. This was impacted by US MSK Consultant leave, as well as high IP activity during the Easter period impacting outpatient capacity.
- Peninsula US have been unable to staff all the days on offer at the CDC to support US recovery, but did perform 3 long days at the end April which helped the position. There is continued work with Peninsula US to support CDC lists.
- 2 new MSK US lists per week are scheduled to start from the end of May to be led by a qualifying Advanced Practitioner (supported by an MSK consultant). This initiative will provide 12 new slots per week, expected to increase to c17 per week later in the year when training is completed.

Dexa

- Dexa unfortunately reported 1 breach this month due to delays in agreeing with a neighbouring hospital where responsibility for imaging this patient fell. It was agreed Exeter should continue with the patient's imaging; this breach has now been cleared.

Echo

- Demand remains high & therefore performance challenged.
- Ongoing weekend physiologist clinics continue but unfortunately the number of breaches in the most recent month (463) was a deterioration on the previous position of 398.
- Work on the dashboard continues with BI as well as with the productivity team to optimise test requests.
- Workforce issues continue to be challenging with leave and vacancies losing 25-30 echos per day for the past two to three weeks.

Eastern Services Diagnostics

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

Endoscopy

- The endoscopy team continue with the super weekends to increase capacity – 8 additional lists were delivered in April, with 8 planned for May. Along with this, ERF funding is utilised to fill in-week gaps in the rota where possible to ensure that maximum activity is achieved. A focus is currently being prioritised on the longest waits, a number of which are likely to be removed from the waiting list following the Access Policy.

- A business case to secure CDC funding for a mobile lab (1 suite) from August 2023 has been approved. This will bridge the gap until a permanent solution is in place. This is revenue funding only and capital is required for groundworks which has been secured via an alternative route. The business case for a permanent facility at Tiverton (additional 2 suites) has also been approved by the national panel with plans to progress underway

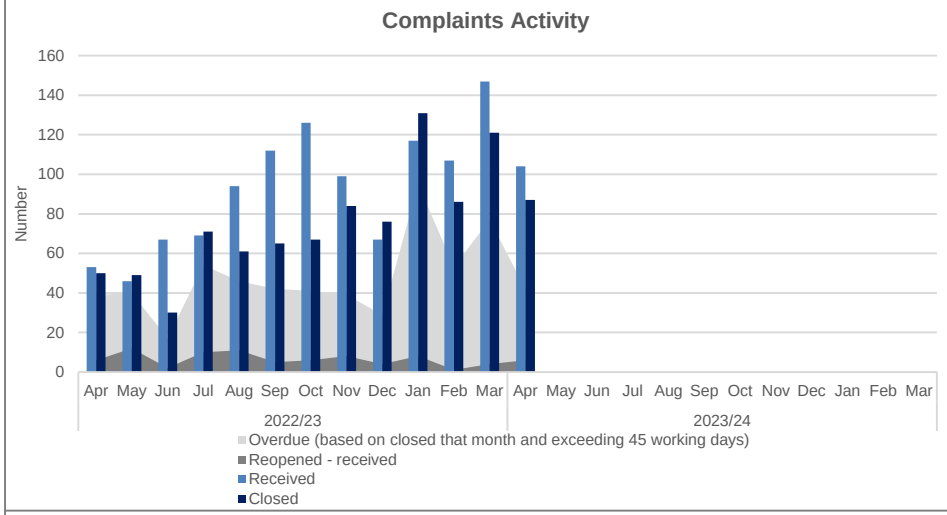
Neurophysiology

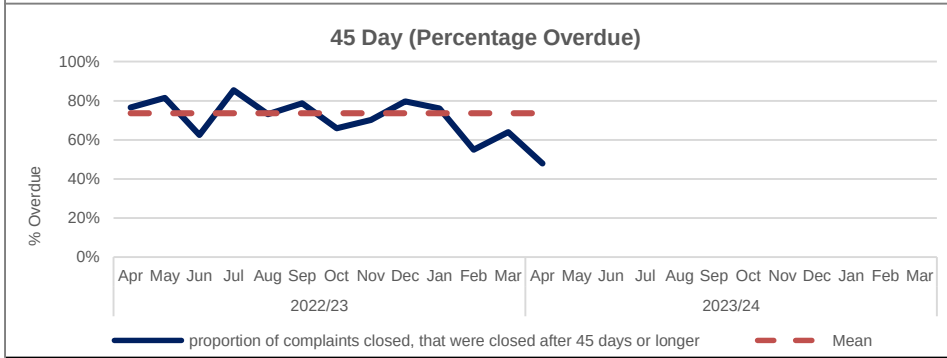
- No substantive consultant in post – plans to advertise shortly following approval at VCP
- Reliant of agency, however only able to deliver 1 clinic per month. Paper being developed for CEC to change the process for internal staff to increase clinical capacity
- High number of patient DNAs – work with the booking team to improve patient communication and minimise DNAs.
- Sleep studies- capacity to run x3 per week, however requires more admin to set up. Additional short term admin support in place to support waiting list recovery.

Respiratory physiology

- Oximetry devices- there are delays receiving these and have caused 9 of the long waits for paediatric tests (70+ weeks)- Liaising with procurement to overcome supply chain issues.
- Large volume of calls re. CPAP/BIPAP equipment taken by clinical physiologists. Department currently seeking additional funding to provide admin resource to release clinical capacity
- Work starting with the booking team to improve patient communication and reduce booking errors. This will reduce the volume of DNAs and patient cancellations

Trust Patient Experience



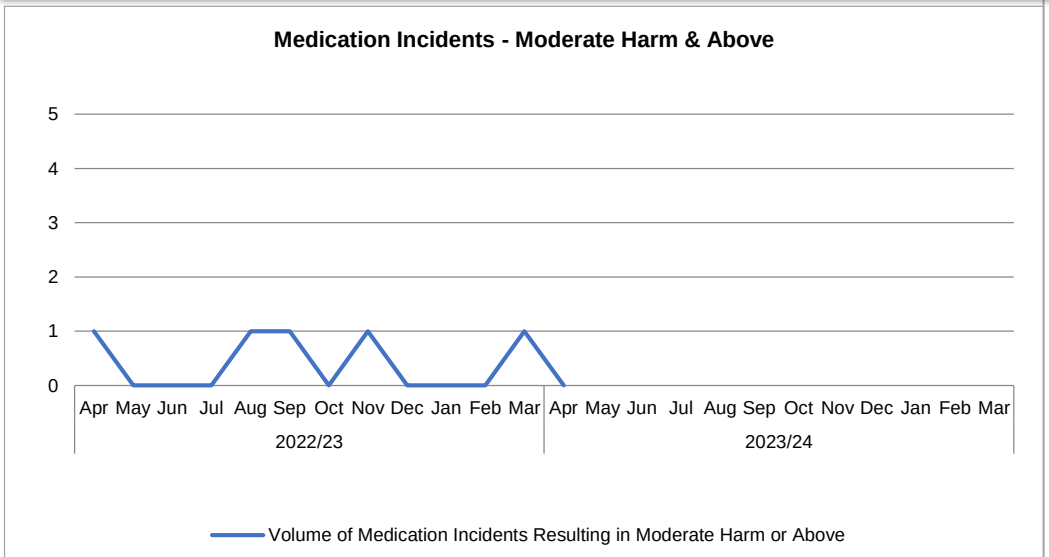


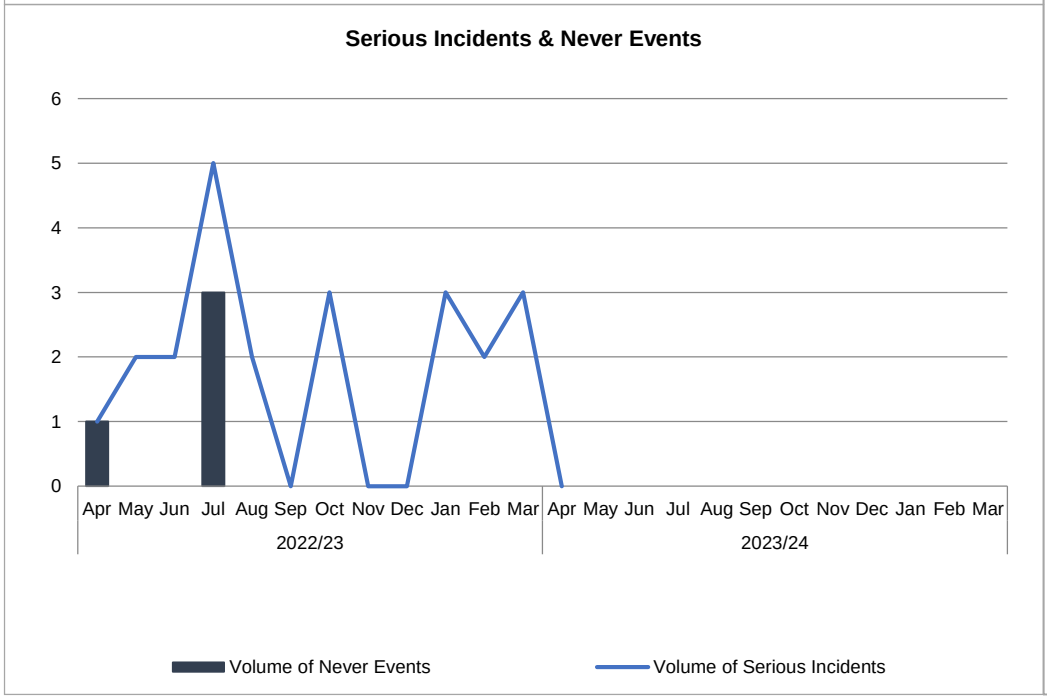
- Since January 2023 complaints closed by early resolution have been included in the performance data. Including early resolution data has helped to improve the Trust wide performance on timeliness of complaint handling.
- There has been a decrease in the number of complaints received during April 2023 and work continues to undertake the backlog and close complaints in a timely manner.
- Two new primary investigations were received from the PHSO during April 2023. The primary review will determine whether further investigation is required.
- Over the past 12 months there has been a 48% reduction in open complaints, and a 55% reduction in complaints open over 6 months. There is ongoing work to further improve the Trust wide position which is being monitored through the Patient Experience Committee.
- Communication remains the main theme throughout complaints along with values and behaviours. Work is underway to explore these themes to ensure learning and improvement.
- Regular complaints huddles with the divisions continue to review complex cases and provide support.
- The New Complaints Standards are now active and have been launched, with Trust wide education to support being developed.

Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
2	17	0	1

	2022/23												2023/24
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
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%
45 Day (Percentage overdue)	76.50%	81.50%	62.50%	85.34%	73.19%	78.64%	65.96%	70.23%	79.60%	76.00%	55.00%	64.00%	48.00%
Over 6 months	12	16	4	12	11	13	16	7	3	22	14	23	13

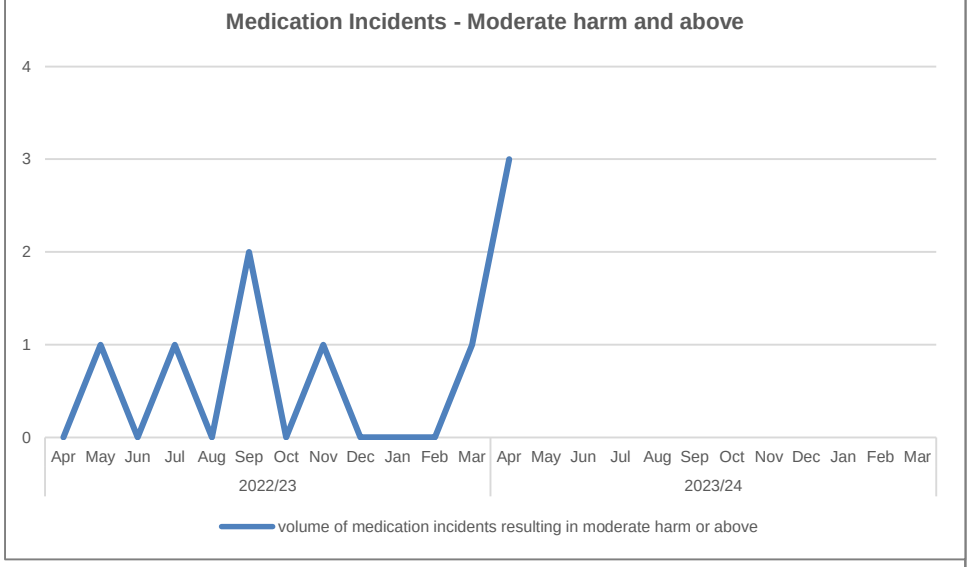
Northern Services Incidents

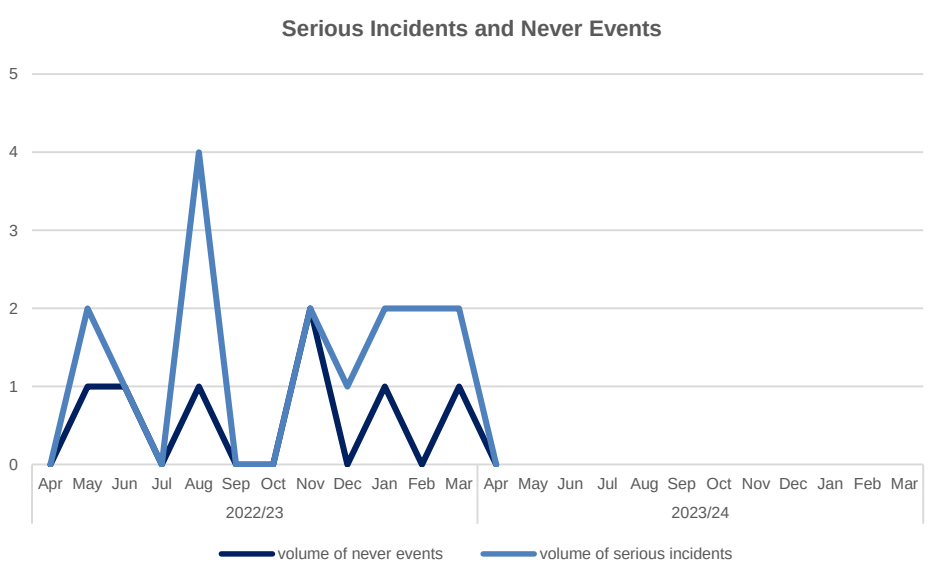




- In April 2023 there were no medication incidents, serious incidents or never events.

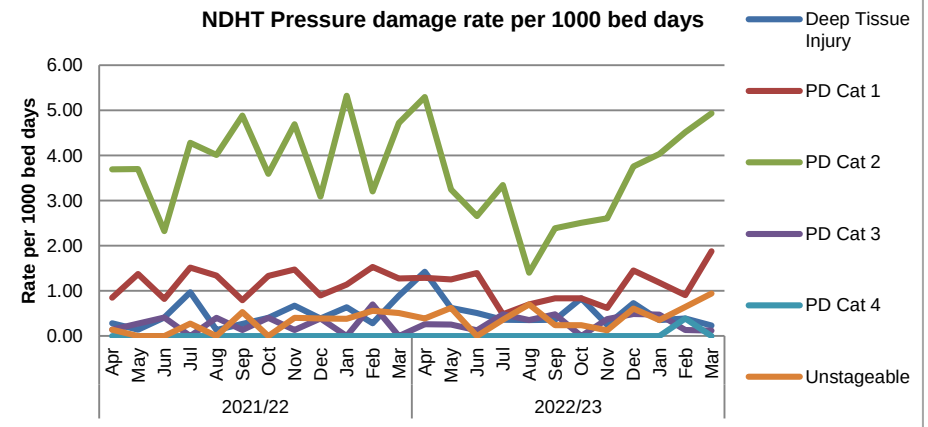
Eastern Services Incidents

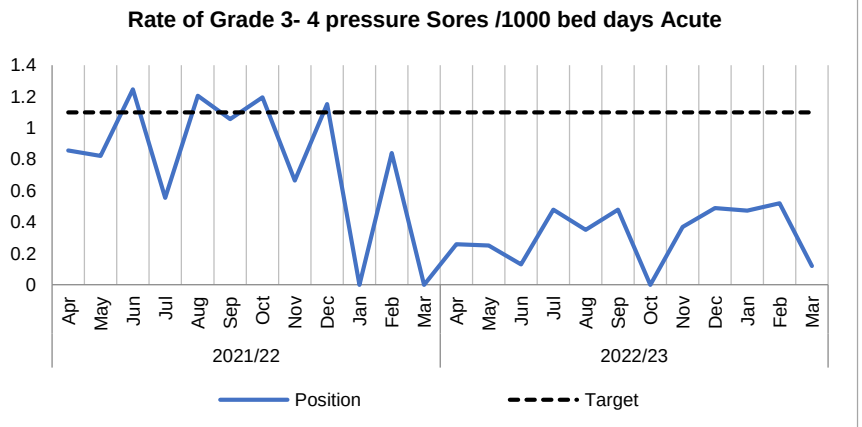


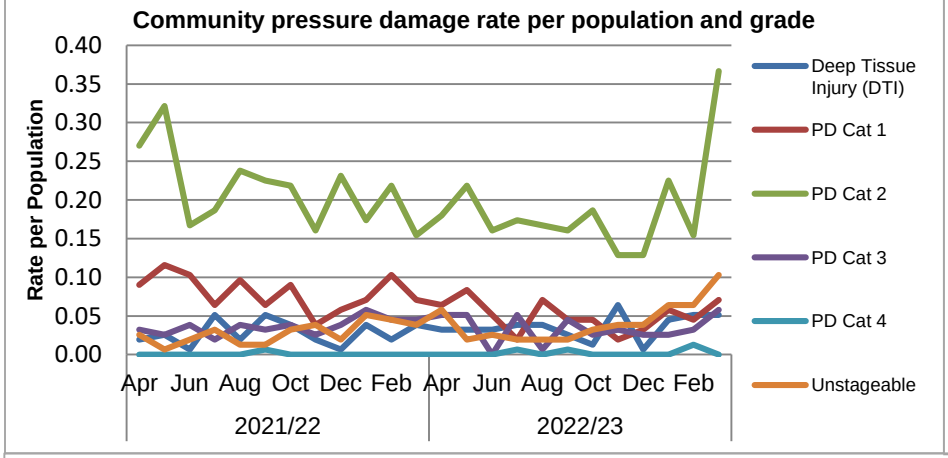


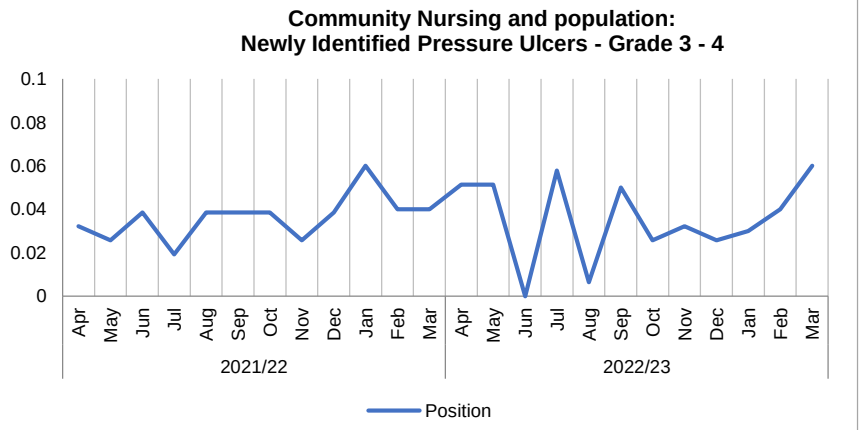
- Incidents have remained within normal variation. There were no incidents which met the threshold of a Serious Incident reported in April 2023.
- There were three moderate harm medication incidents, which are currently undergoing investigation. There were no common factors immediately identifiable from the incident reports. All three incidents involved different types of medication across different specialities.

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





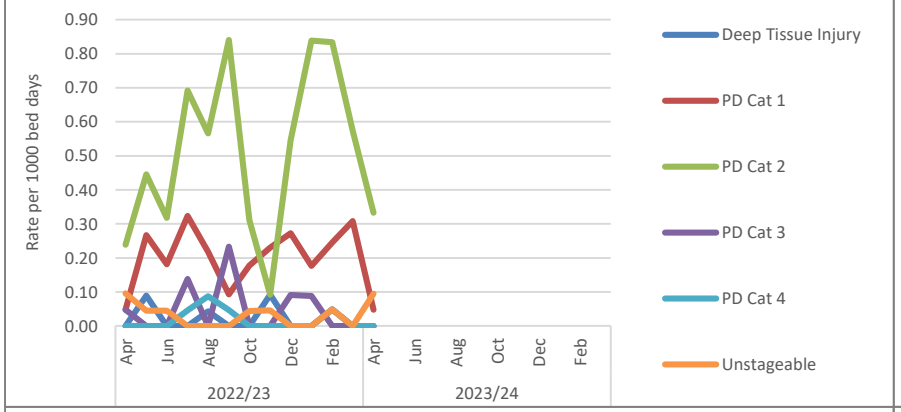


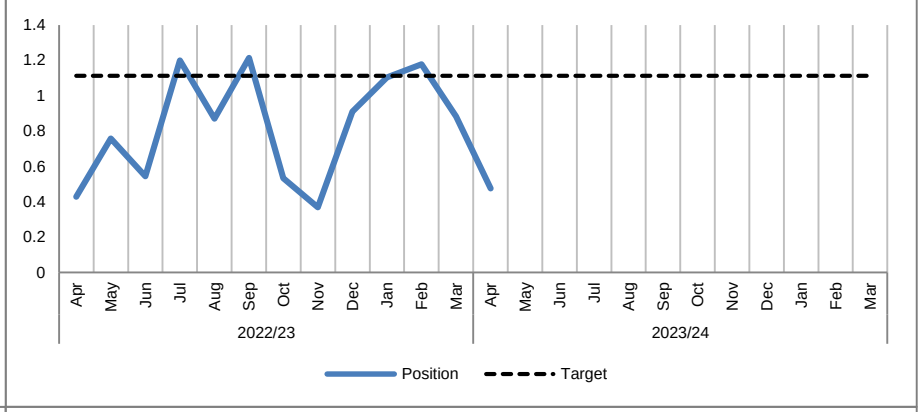


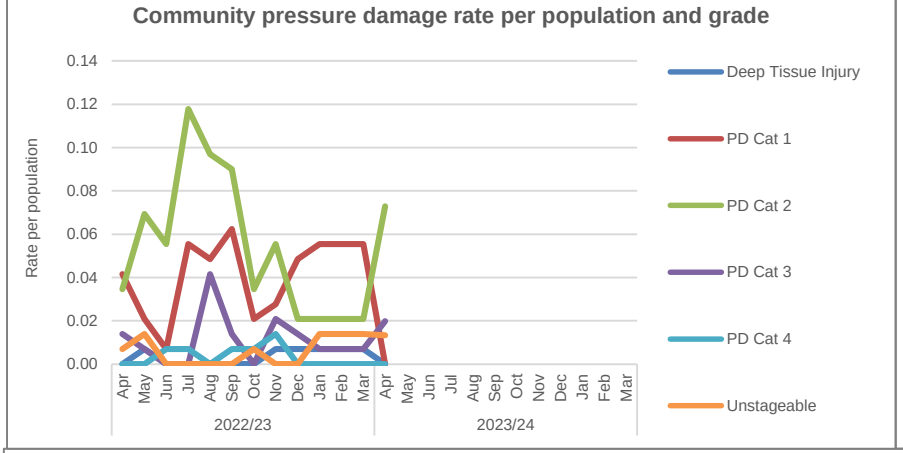
- At the time of this report the March data has not been fully validated. Full validation will be completed by the next IPR.
- The rise in category 2 pressures ulcers is due in part to unvalidated data, although work is underway to understand the cause of the increasing trajectory.
- In Acute services there has been no reported category 4 pressure ulcers and a reduction in category 3 pressure ulcers.

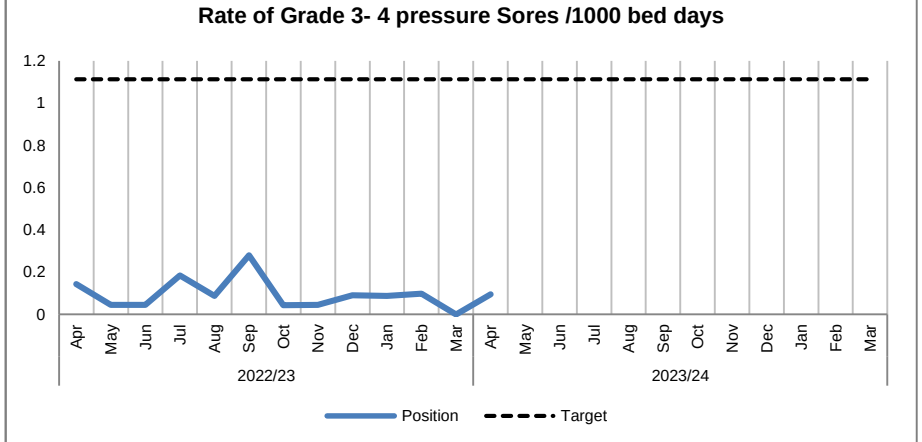
Eastern Services Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care





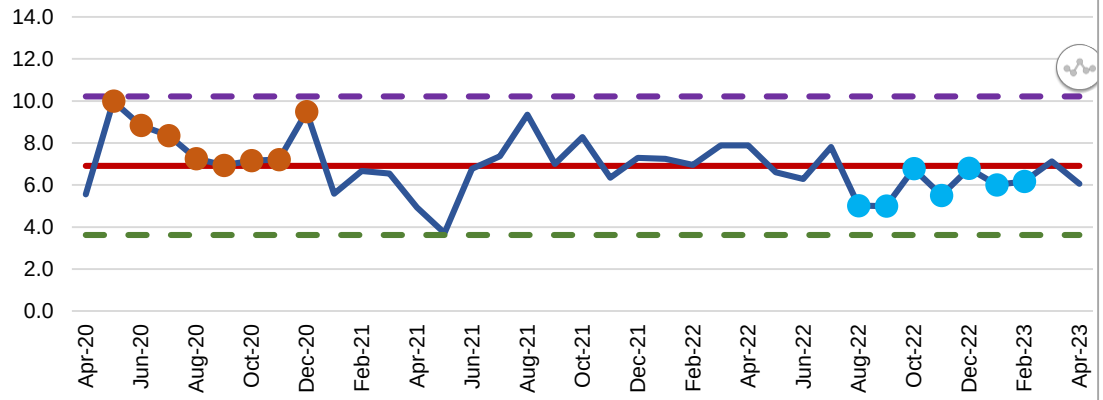




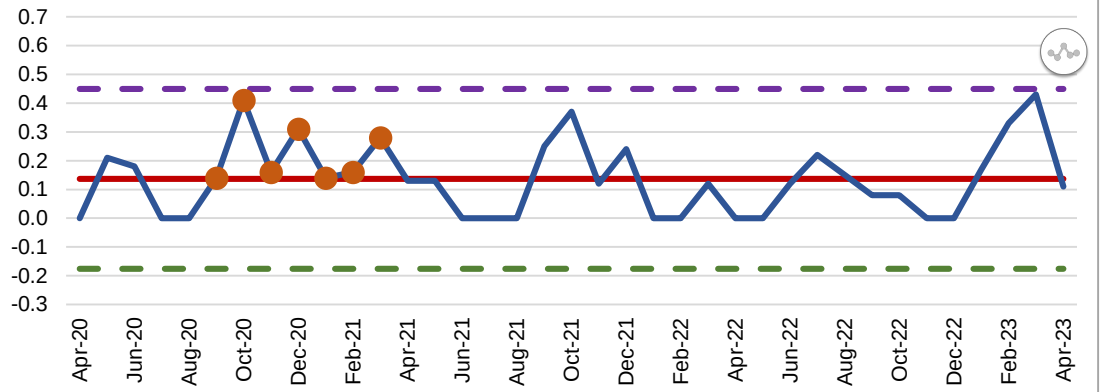
- Pressure ulcer harm remains low across the Acute and Community settings.
- Age related damage is a significant factor with many patients being over the age of 90.
- No significant lapses of care identified at this time, two incidents raised for investigation.
- Collaborative work with Podiatry has been implemented to improve preventative pressure area care with feet.
- There has also been an dedicated focus on pressure area care, equipment and documentation within Emergency areas which continues.
- New Alternating mattress' are now in place in the Acute with a roll out plan for Community hospital and satellite settings.
- There has been a delay with validating the data due clinical workload demand but we are reviewing our process' to meet this need. Unfortunately Category 1s Community nursing acquired have been submitted unvalidated.

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

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



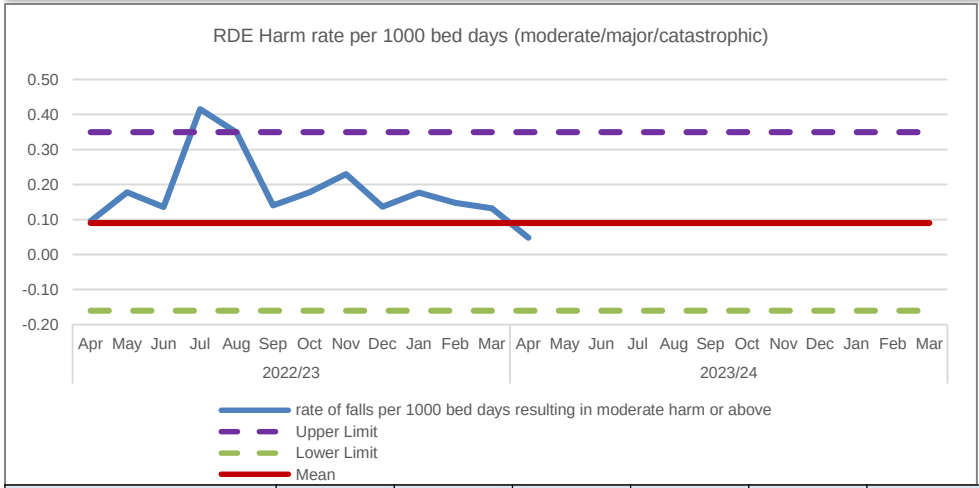
NDHT - Harm rate per 1000 bed days (moderate/severe/catastrophic) - 01/04/20 - 01/04/23



- Falls continue to remain within normal variation.
- There was one fall in April resulting in a femoral fracture. This is being investigated to identify learning. A debrief was completed with staff involved to identify and implement any rapid learning and to support with staff wellbeing.

Eastern Services Slip, Trips & Falls

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



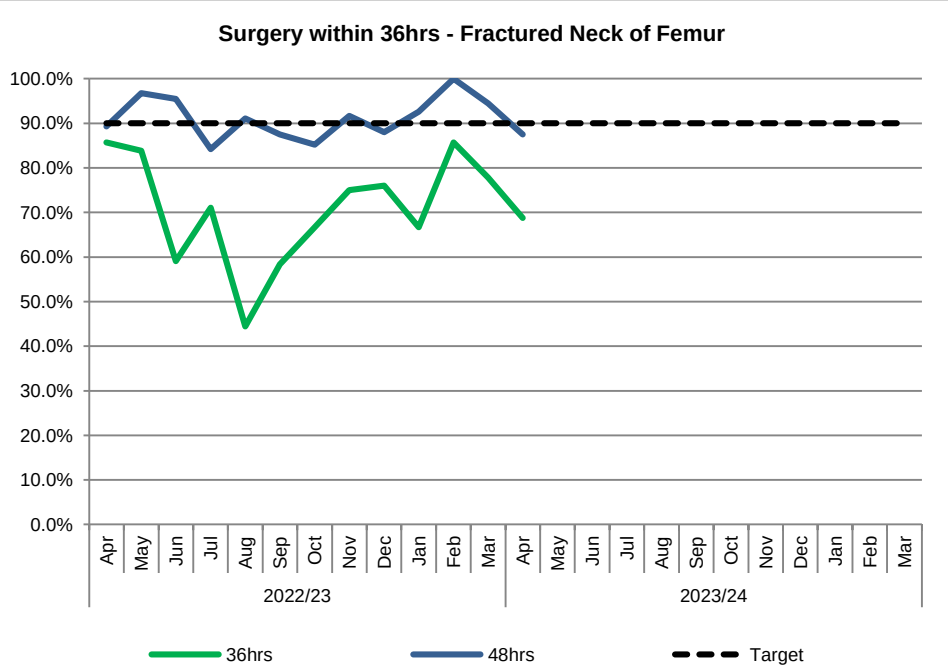
Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Falls	167	141	172	272	230	223	237	238	207	247	265	273	235
Moderate & Severe Falls	2	4	3	9	8	3	4	5	3	4	3	3	1

- Falls remain within normal variation.
- There was one moderate harm fall, which resulted in a periprosthetic fracture. The fall was unwitnessed, and the patient was self mobilising at the time of their fall. Surgery was not indicated and conservative management was put in place. The investigation has not highlighted any significant lapses in care.

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

Northern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23
NDDH	73%	60%	65%	81%	76%	82%	78%	77%

- 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.



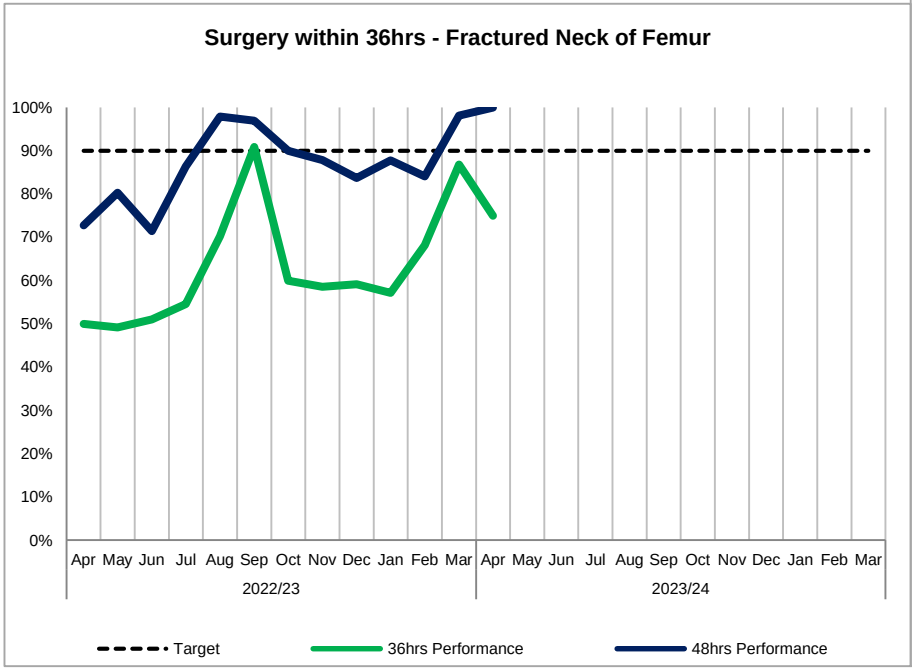
- In April 2023, 68.8% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 16 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 11 patients received surgery within 36 hours.
- The five 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. Two patients waited longer than 48 hours; therefore 87.5% of patients received their surgery within 48 hours.

Eastern Services Efficiency of Care

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

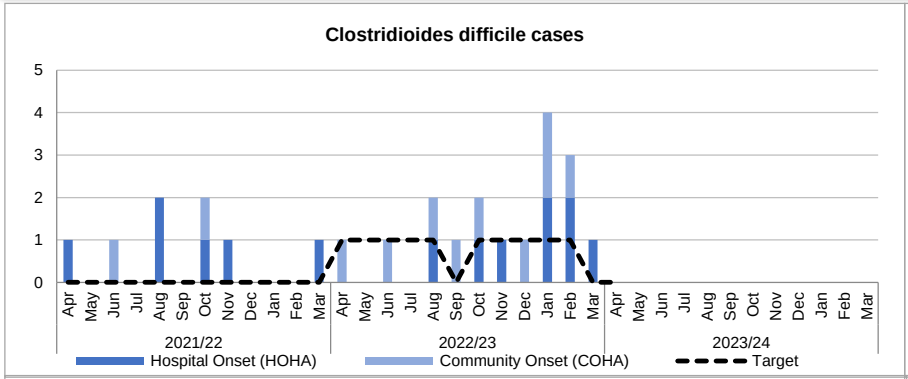
Eastern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23
RDE Wonford	76%	75%	73%	72%	81%	88%	87%	82%

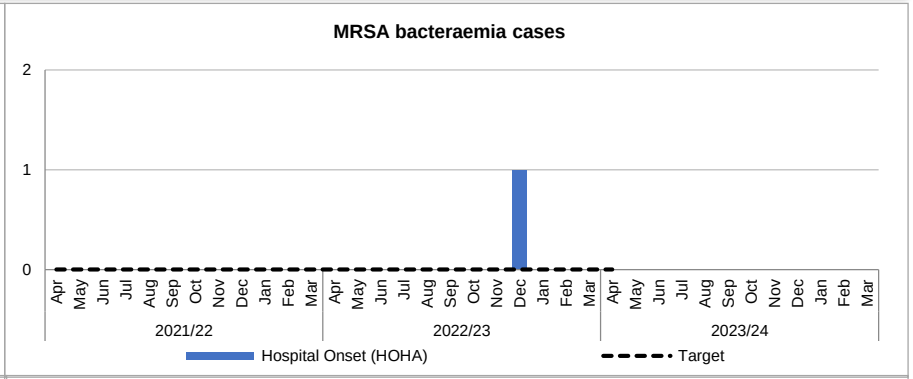
- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.

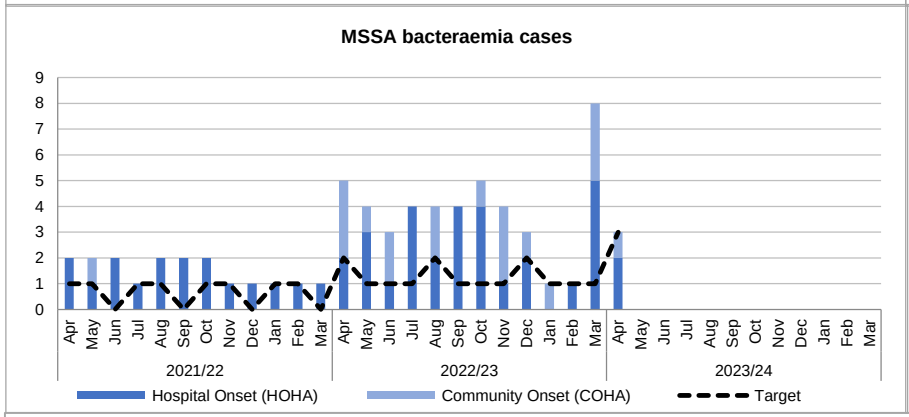


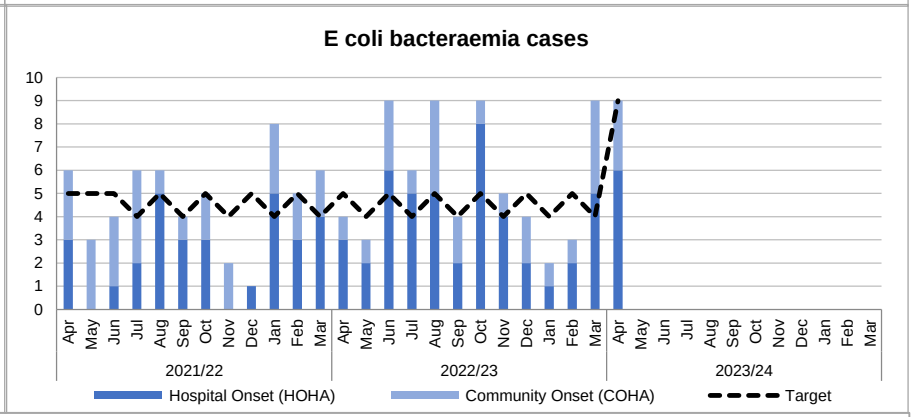
- In April 2023, 75% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There were a total of 45 patients admitted with a FNOF, 36 of these patients were medically fit for surgery from the outset and 27 patients received surgery within 36 hours.
- Trauma numbers remain high, with 162 Trauma Patients being admitted in April.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 39 Trauma Patients had their surgery during April in PEOC Theatres, which was to the detriment of elective activity.
- No medically fit patients waited over 48 hours for their surgery in April.
- •The Hip Fracture Lead has reviewed all cases during the month and is confident that the quality of the clinical care remains high and the patients who breached 36 hours, did not come to any clinical harm due to an extended wait for surgery.
- Work is being actively progressed to increase the volume of Orthopaedic and Spinal activity that can be redistributed to the Nightingale Hospital, to free up theatre capacity on the Wonford site.

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









***Escherichia coli* (E coli)**
There were 9 cases of Trust attributed E coli bacteraemias in April 2023. 4 of the 9 cases were urinary in origin; all patients had current or recent catheter. 3 of the 9 cases were related to the biliary tract; 2 of these had pre-existing biliary complications. There were no common links nor lapses in care identified.

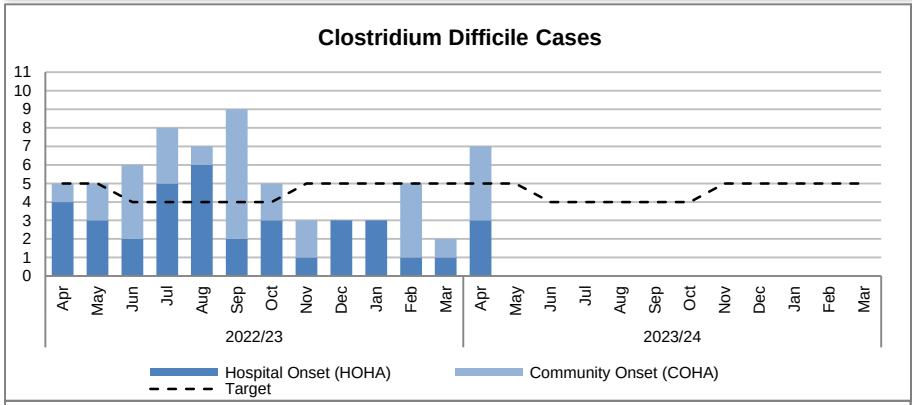
The following healthcare associated infections remain within normal variation for April 2023:

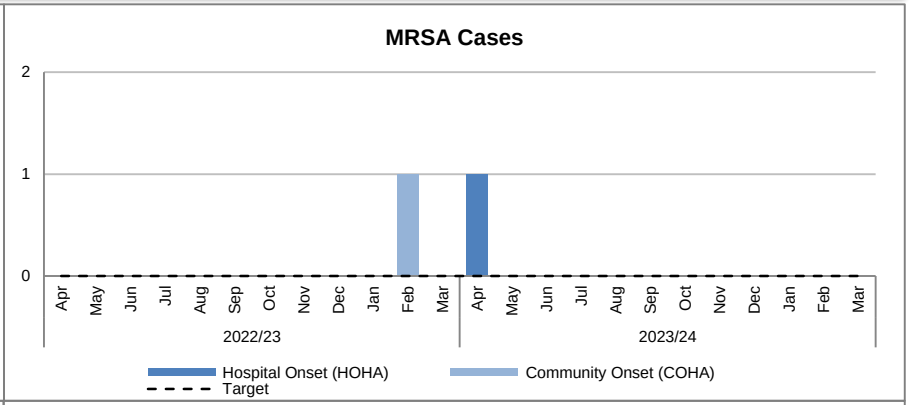
Methicillin sensitive *Staphylococcus aureus* (MSSA)
***Clostridioides difficile* (C dif)**
Methicillin resistant *Staphylococcus aureus* (MRSA)

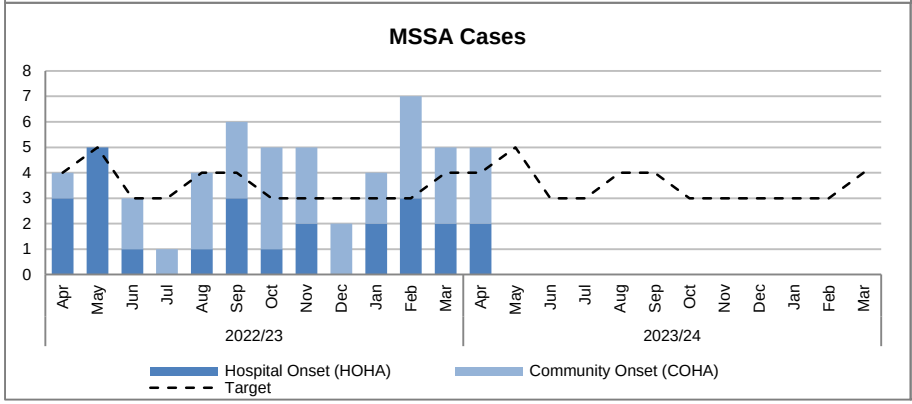
Bacteraemia and C difficile cases are reviewed and discussed at the Infection Prevention and Decontamination Assurance Group.
2023-24 Trust objectives for MSSA, E coli and C dif have yet to be confirmed.

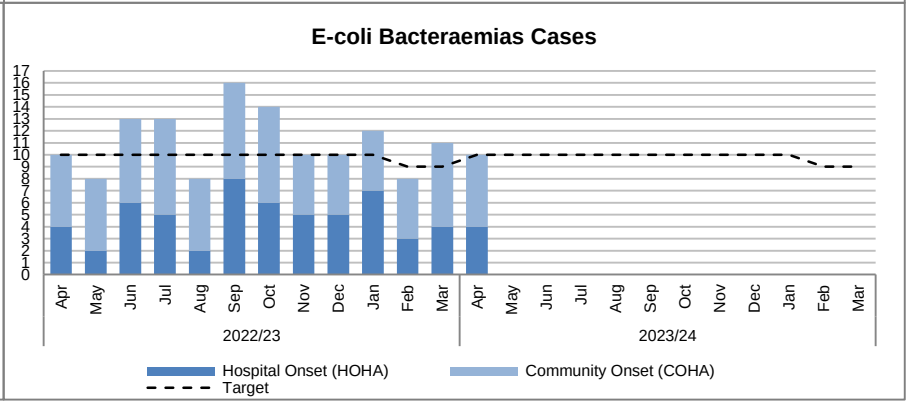
Eastern Services Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection









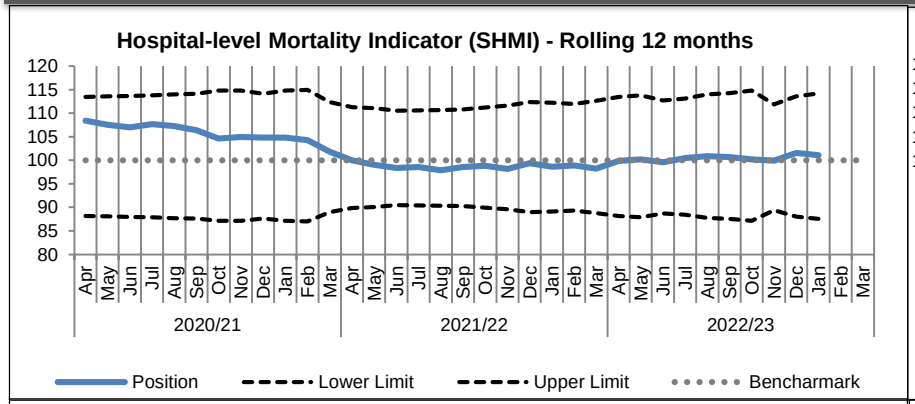
***C. difficile* –** All seven cases have been reviewed and deemed unavoidable. All received antibiotics in line with Trust guidance but learning identified included the requirement for prompt sample collection & improved documentation in the patient record. Feedback has been provided to clinical areas involved. There is a theme of low compliance for documentation of bowel movements within the patient record across all inpatient areas. A Trust wide education programme to improve documentation is required facilitated by a number of teams (EPR/EPIC, patient safety, IPC) along with the review of patient placement and use of Torridge ward for patients with symptomatic and difficult to treat c.diff which has commenced.

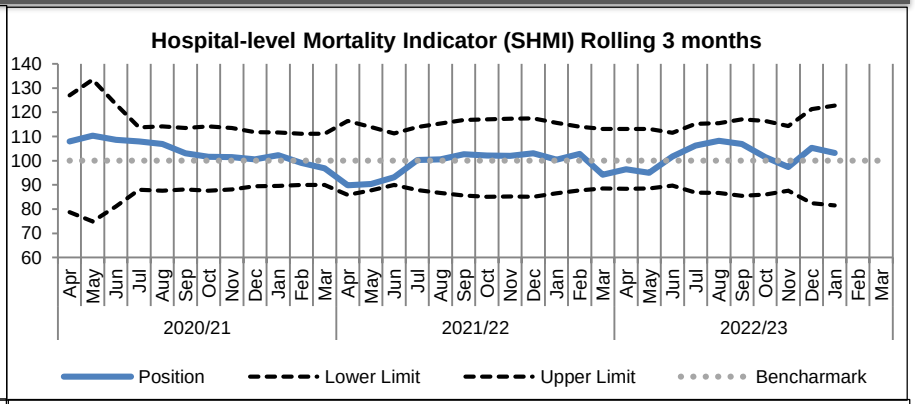
MRSA bacteraemia – The HOHA case, with a skin/soft tissue source, has had a post infection review and was deemed unavoidable. Recommendations include improvements to communication of treatment plans, documentation of advice and care planning/delivery within the patient record, adherence to Trust policy & protected time for staff to complete infection control audits to monitor standards. A review of the Trust wide MRSA screening policy is recommended and planned.

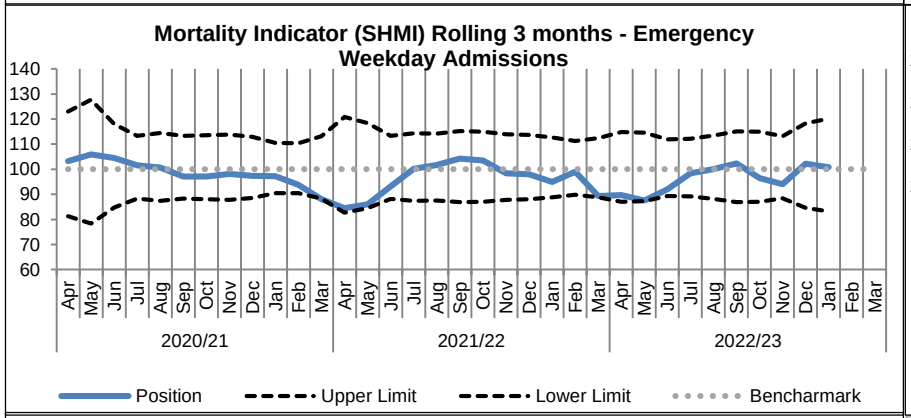
MSSA bacteraemia – Both HOHA cases have been investigated. One source was septic arthritis with the other a surgical site infection with dehiscence of cardiac surgery immediately following repatriation from another organisation. No Trust learning identified to have prevented either case. Of the three COHA cases, two had a urinary tract source whilst the source for the third case could not be ascertained and the patient was transferred from another organisation bacteraemic.

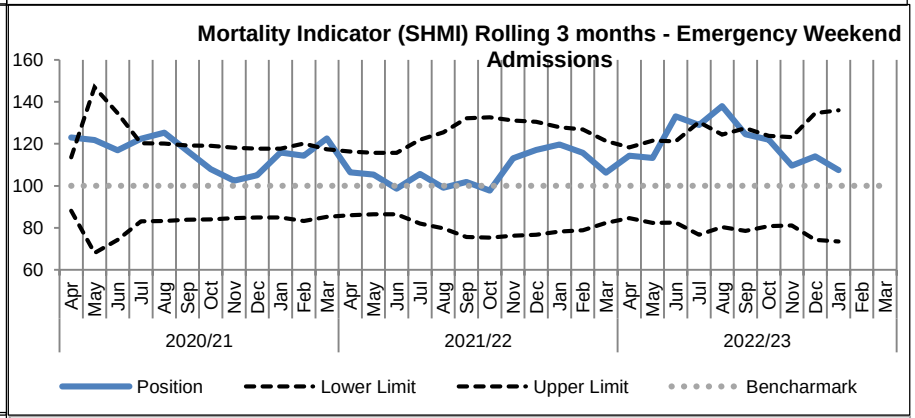
***E.coli* bacteraemia –** Of the four HOHA cases, two had a gastrointestinal source, one had a urinary tract source and the forth case could not be ascertained. Of the six COHA cases four were urinary tract source, one hepatobiliary and one septic joint known to the community nursing team. A targeted approach to gram negative bacteraemia (GNB) case analysis, in place since 2021 allowed focus on S.aureus bacteraemia. Whilst GNB rates, trends & themes are fed back via mandatory and voluntary routes within the Trust and wider healthcare system, further review of how best to approach the GNB ambition is to be revisited.

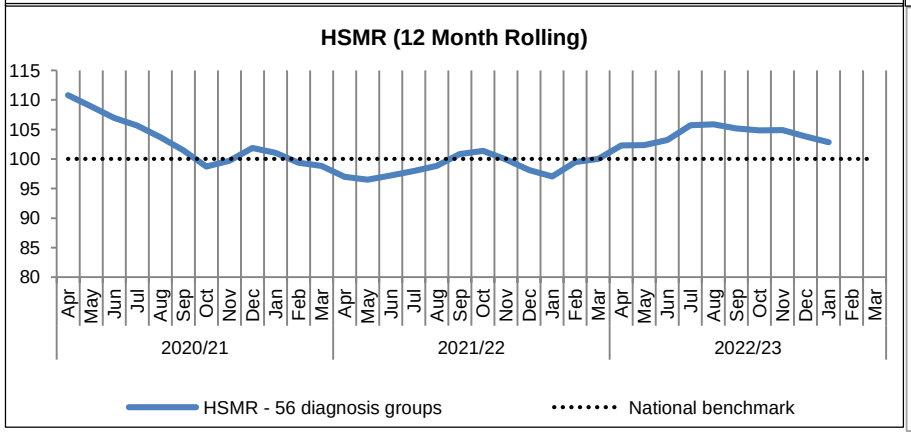
Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*









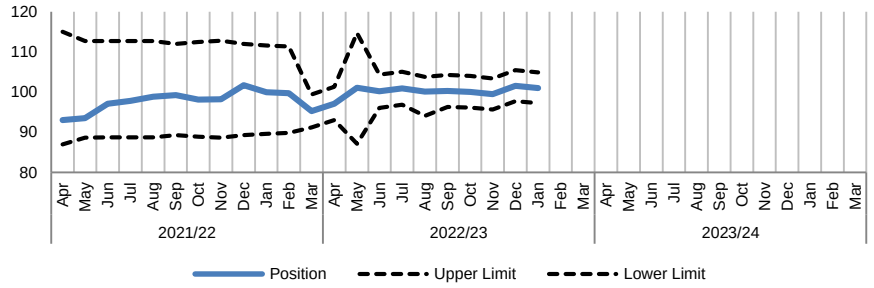


- The overall mortality figures are within national confidence intervals for 12 month and 3 month rolling SHMI and are below all our Peninsula peers. The 12 month HSMR has continued to fall.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern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

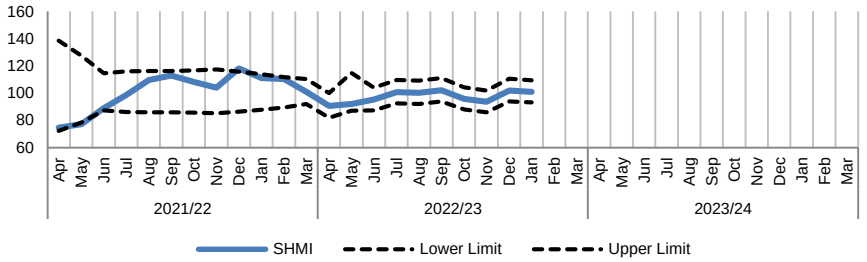
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

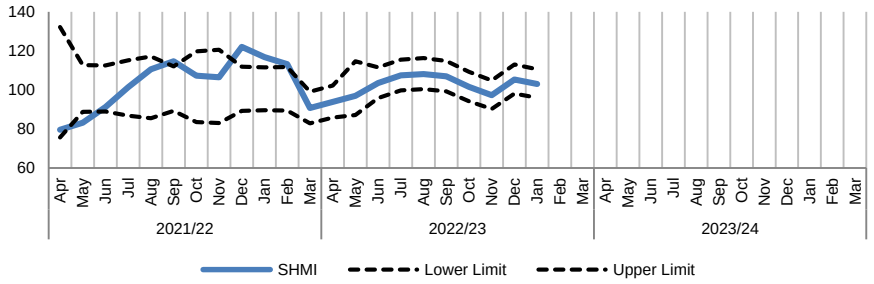
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



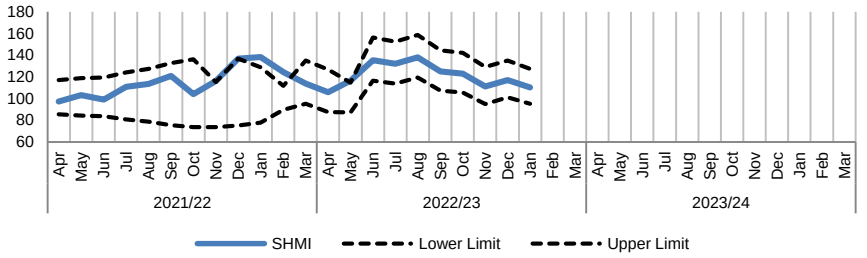
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



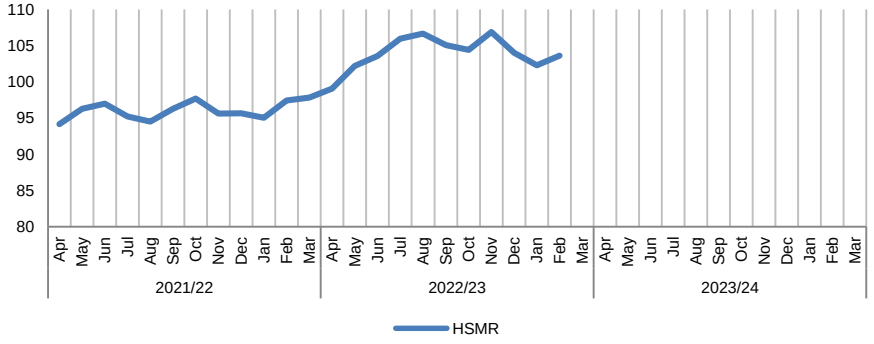
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions

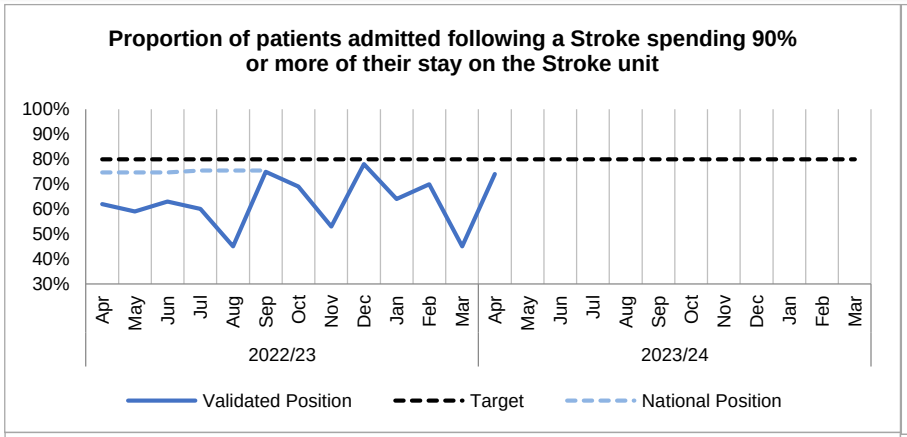


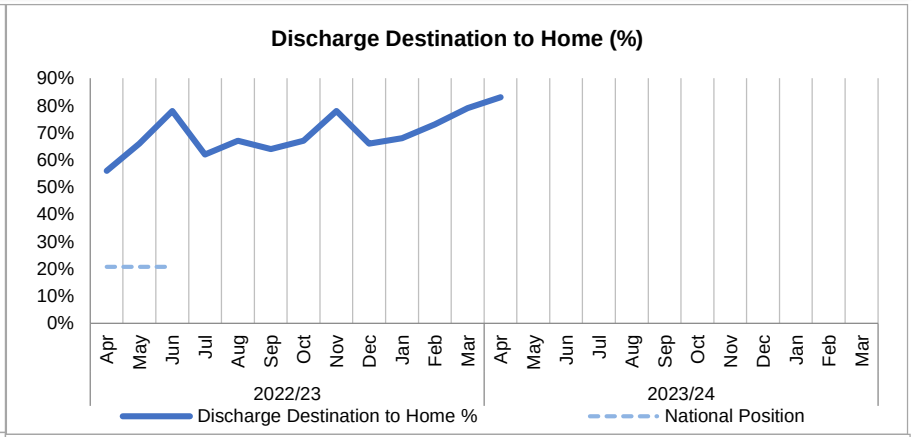
HSMR (12 Month Rolling)

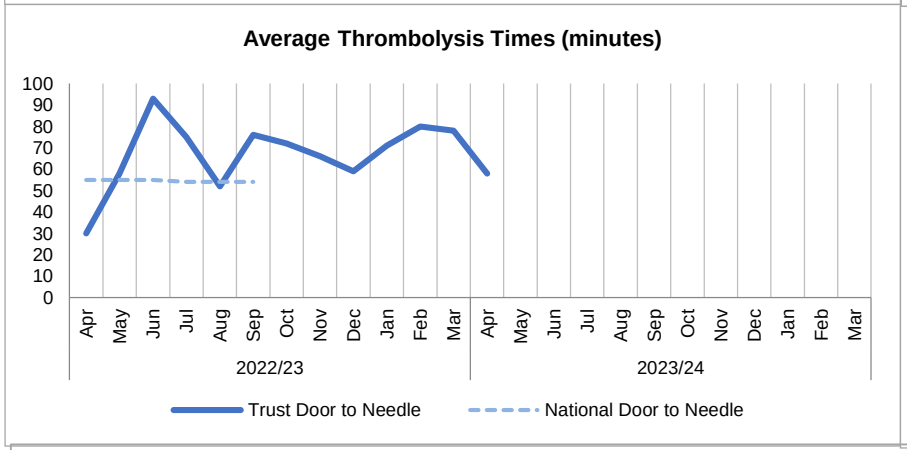


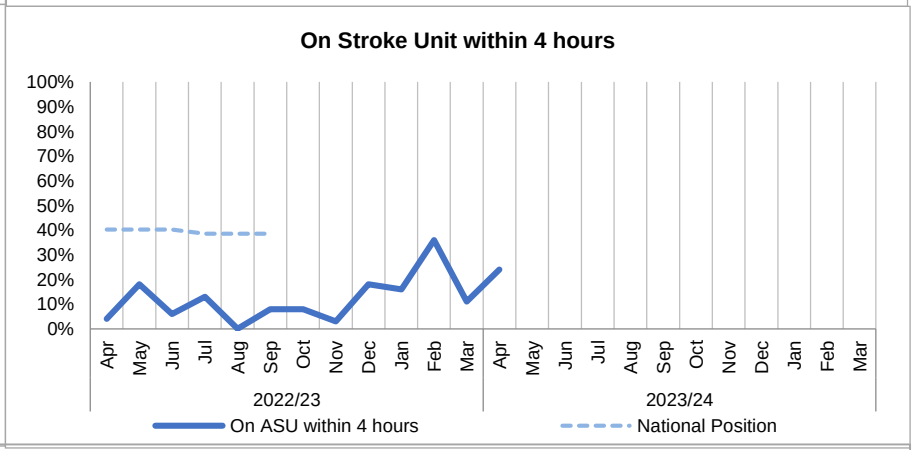
- The SHMI position remains within the expected range for all metrics.
- The HSMR position remains stable. The trust-level emergency weekend HSMR is now within expected limits. Work on co-morbidities coding at weekends is continuing. When HSMR is examined on a monthly trend, it is trending down, and rolling data compared with our own historical data (2019-20) and with our peers, is favourable.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians where appropriate. No new emergent themes are currently being identified through this process.

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





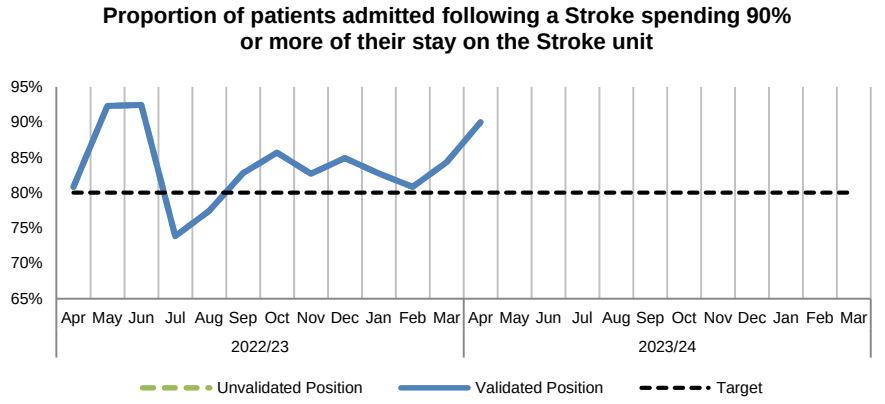


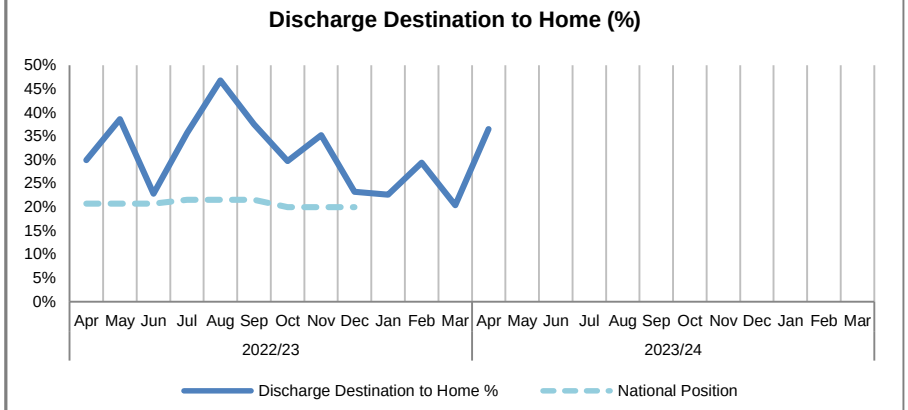


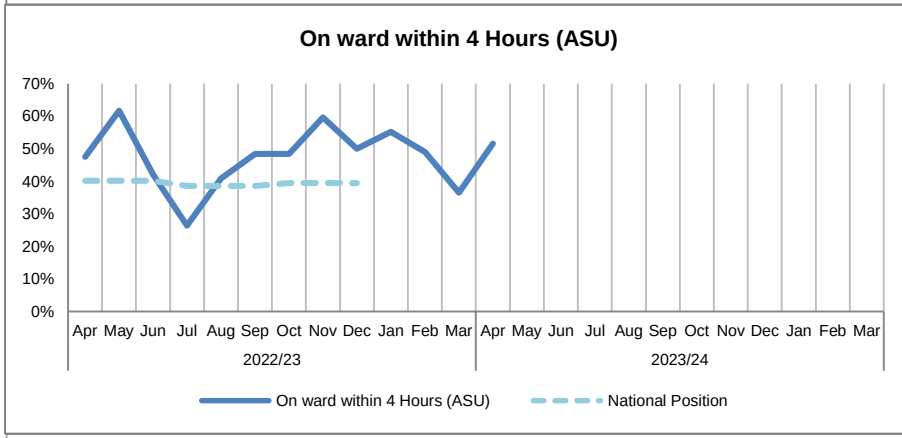
- 90% stay: Performance against this indicator remains variable due to ongoing challenges with patient flow. The Stroke clinical teams provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group continue to focus on reviewing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

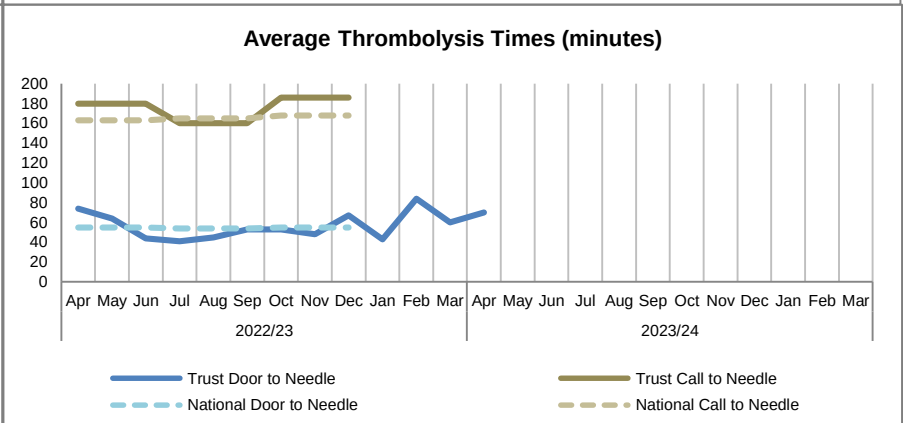
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke



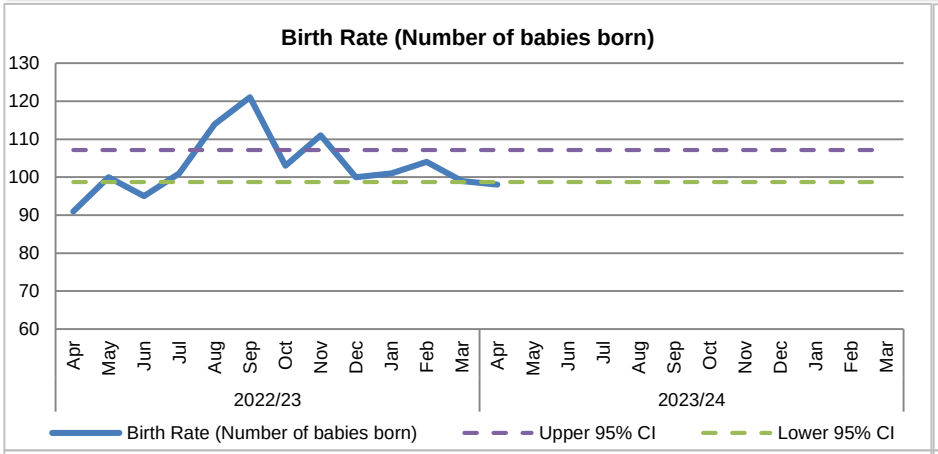


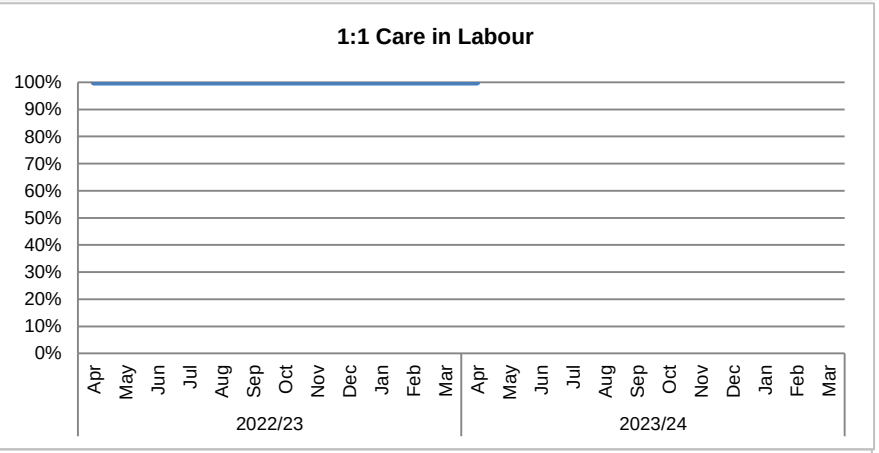


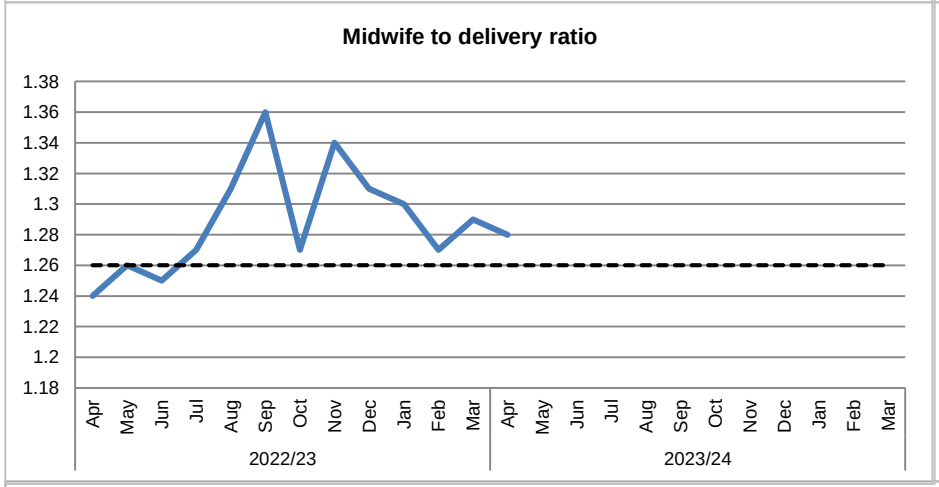


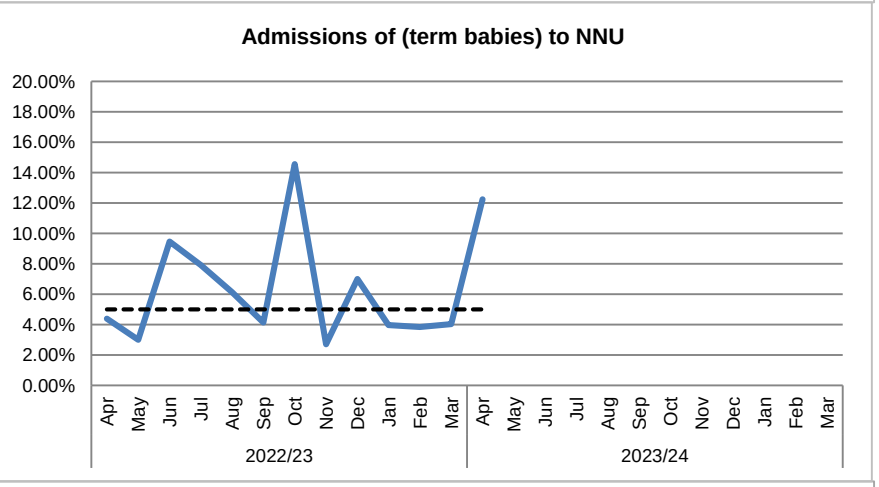
- 90% stay -The proportion of patients admitted spending 90% of their stay on the stroke unit has further improved in April and is above target. This has been due to the continued concerted effort to try and transfer patients more quickly to the ward. In April 90% was achieved against the 90% stay indicator with an increase to 51.6% of stroke patients transferred to the unit within 4 hours.
- The proportion of patients for whom their discharge destination is home remains stable, with an increase seen in April.
- Other indicators remain stable and in-line with the national position.

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





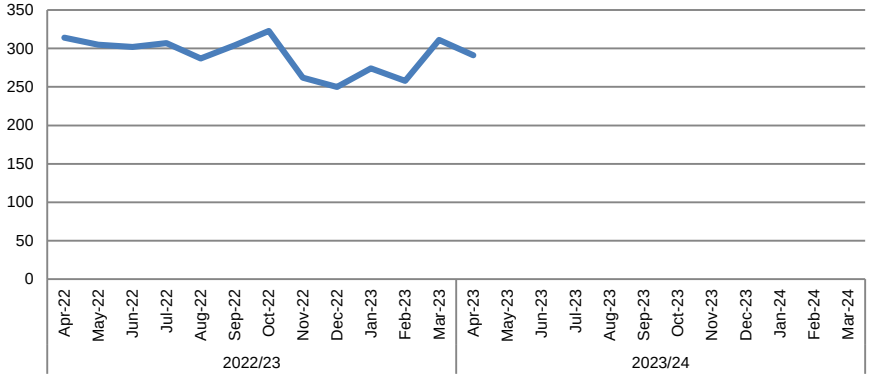


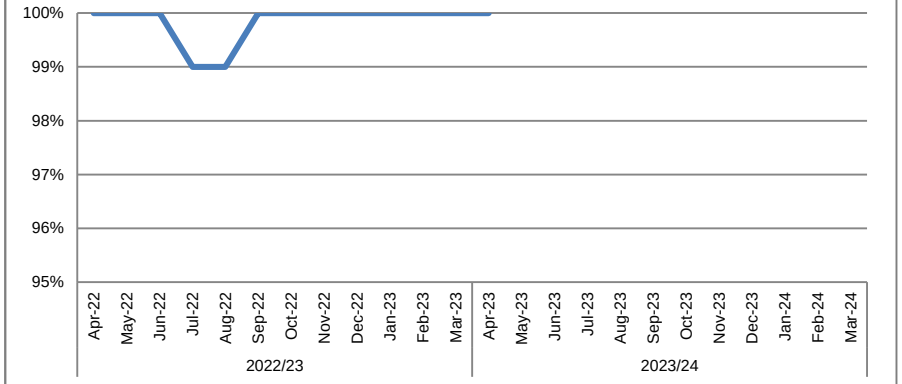


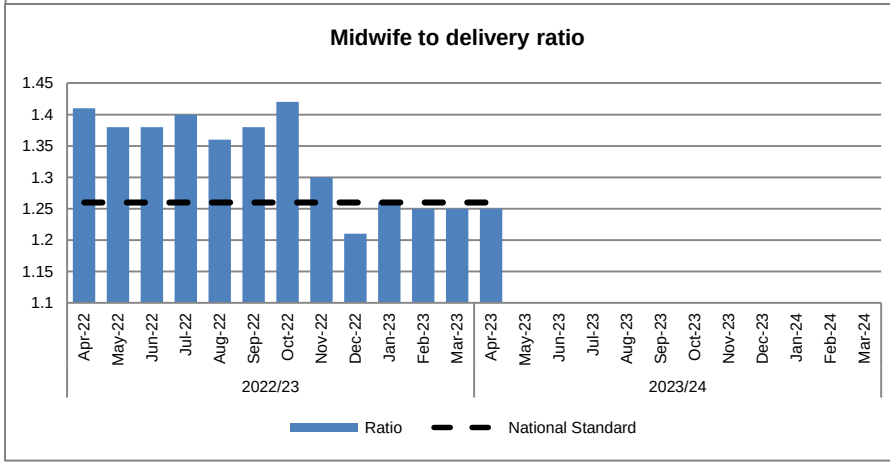
- Admission of term babies to NNU increase in month (10 babies) All cases reviewed via ATTAIN process, no safety concerns identified. 4 admissions could have been avoided by provision of a transitional care facility.

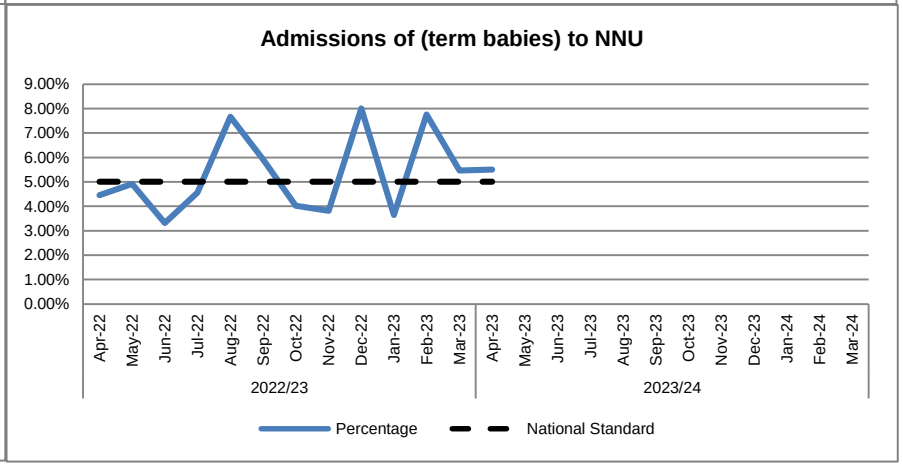
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



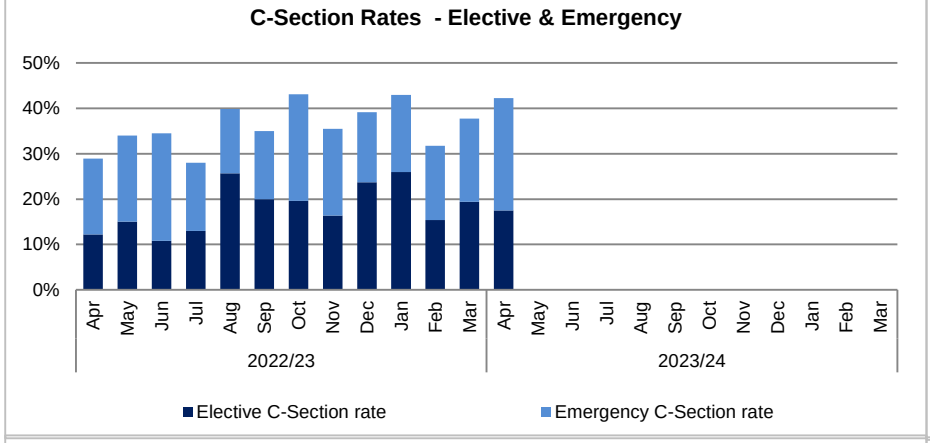


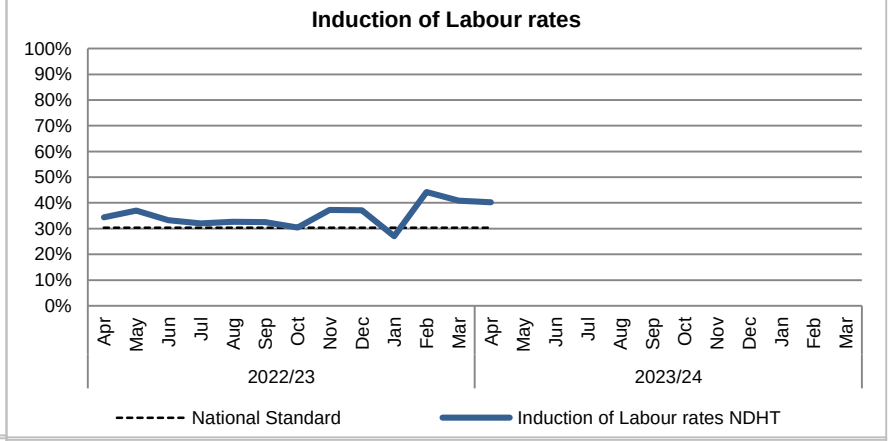


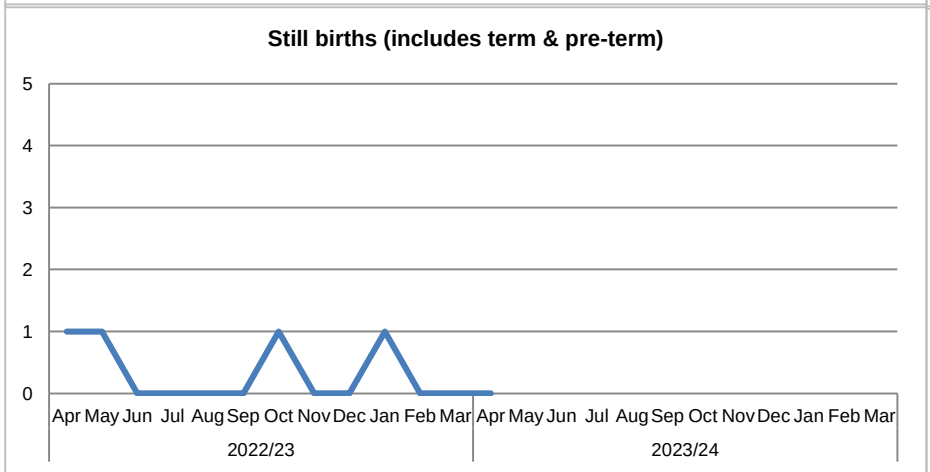


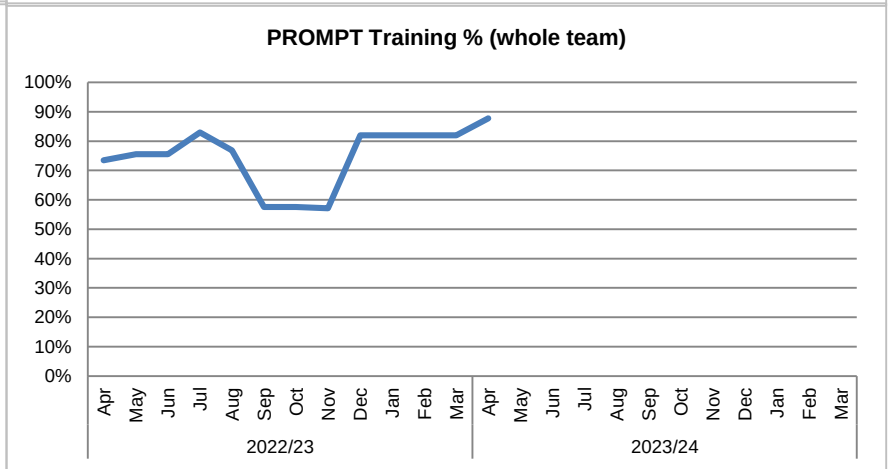
- Admission of term babies to NNU: All cases reviewed via ATTAIN process, no safety concerns identified.

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





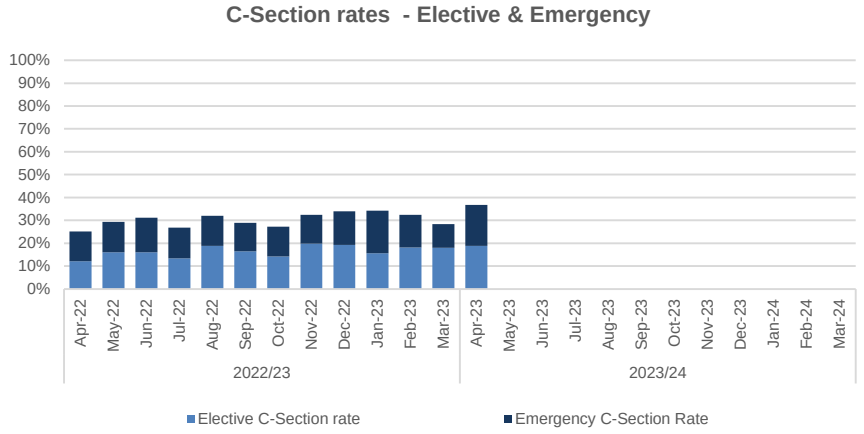


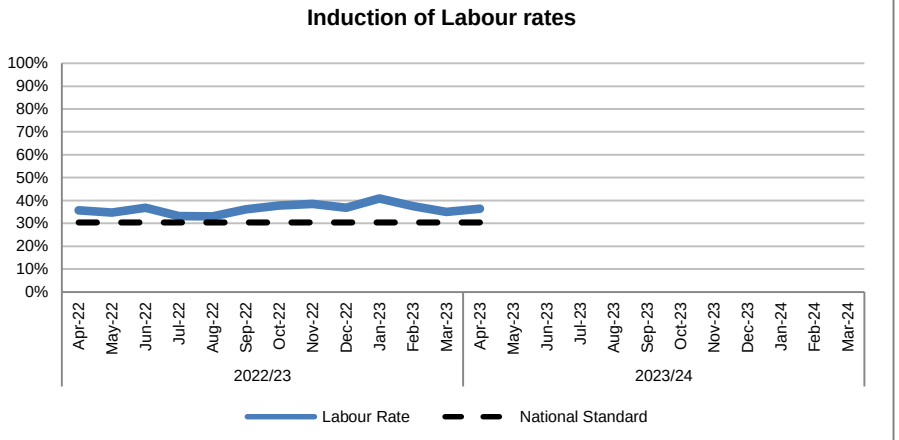


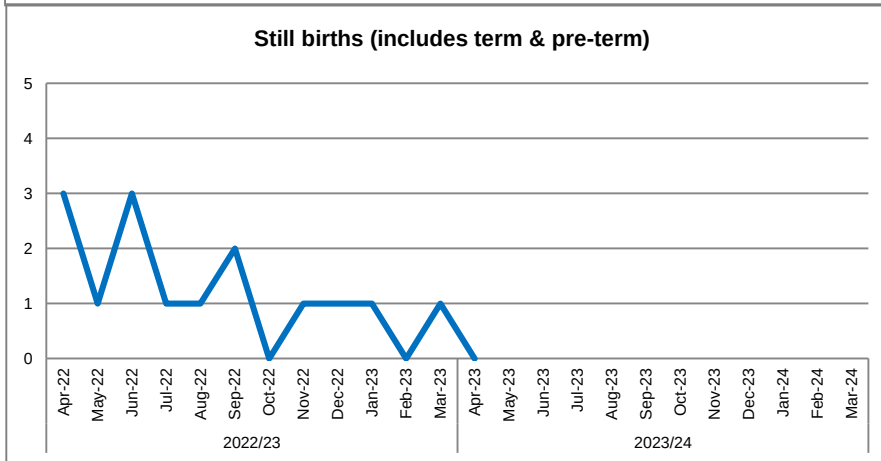
- PROMPT training compliance remains has improved to 87% in month against the target of 90%.
- The numbers of staff who are not compliant remains small across the multi-professional team. Further training scheduled to increase compliance

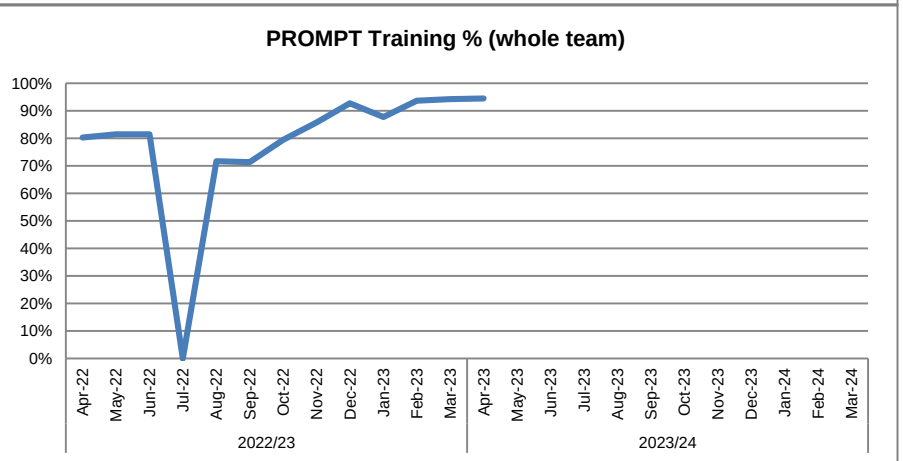
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



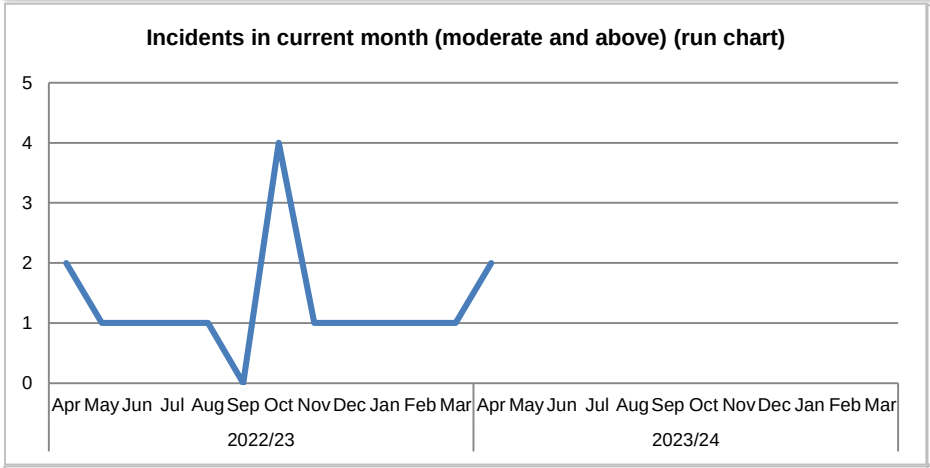


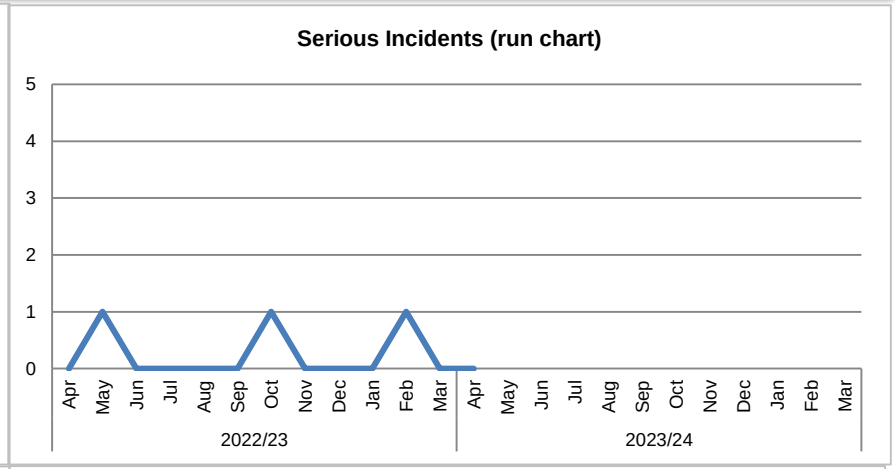


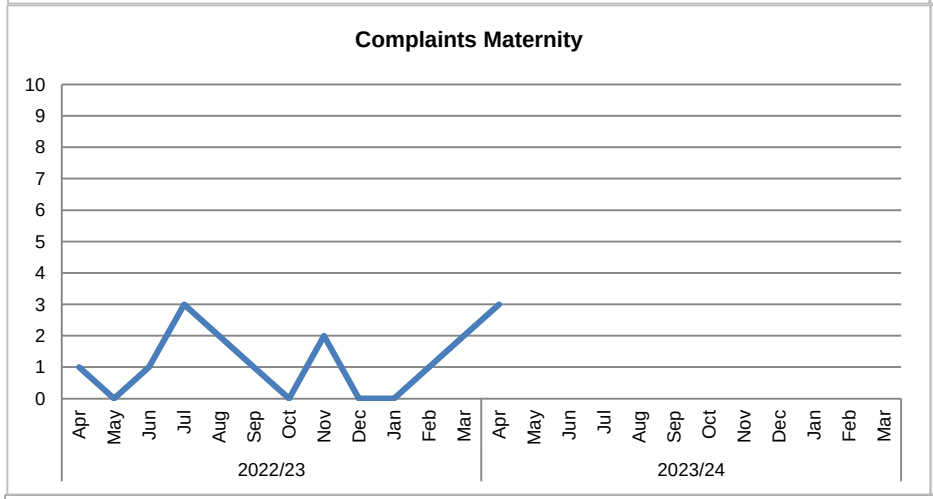


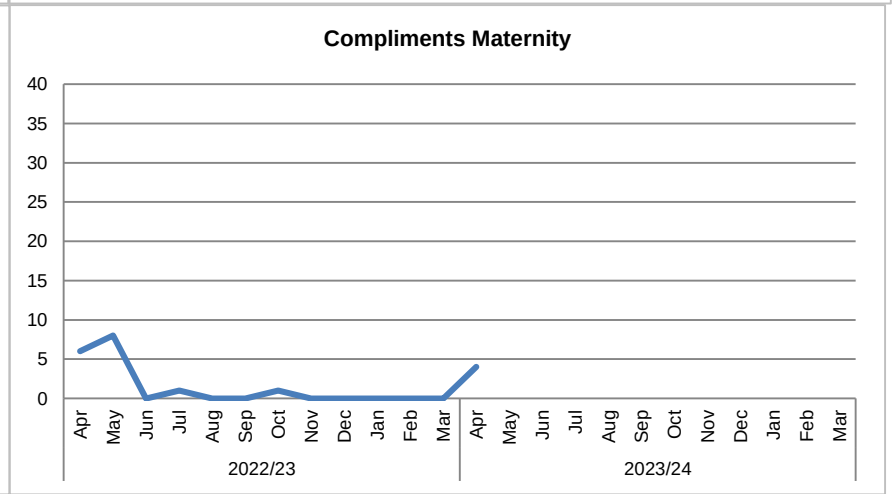
- RDUH East C/S rates increasing in line with the national picture.
- Induction of labour continues to sit slightly above the National average (reflective of guidance change and informed choice), however we continue to achieve a good level of physiological birth from those IOL.
- Still births show a sustained down ward trend.
- Training on KPI PROMPT continues to be prioritised to maintain 90% average compliance target in line with CNST target.

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





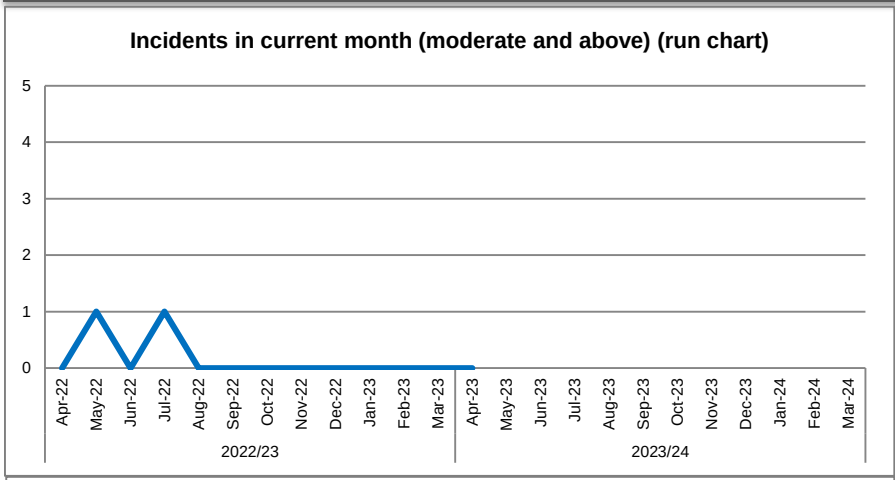


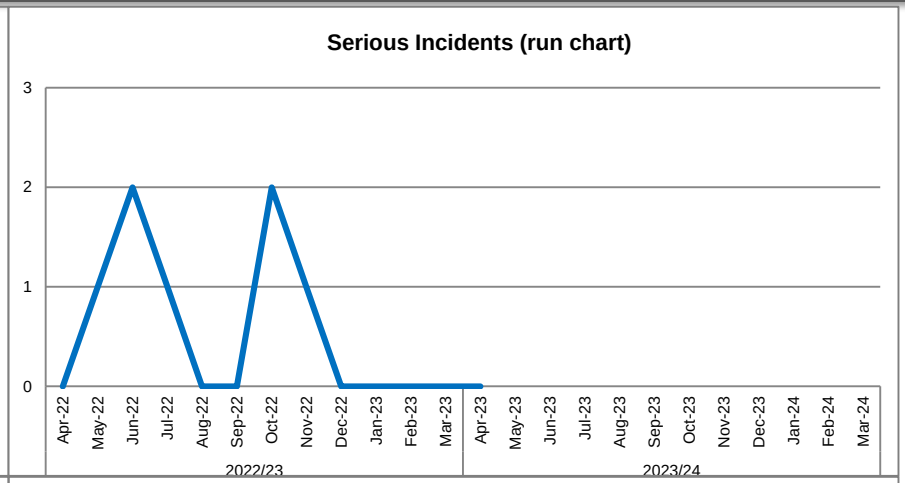


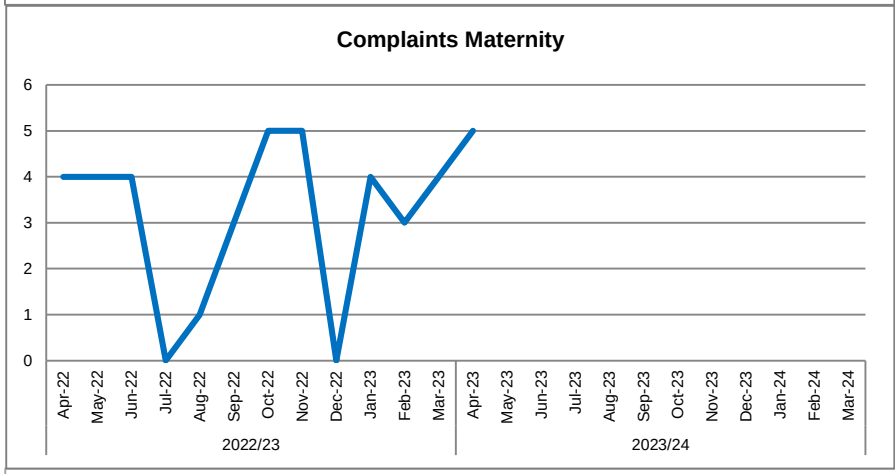
- There were two moderate incidents in April. Neither met criteria for referral to HSSIB and both are subject to trust investigation.
- There were 3 new complaints in March, 2 related to communication and were closed successfully by early resolution. The remaining 1 complaint is complex and involves other specialities and is being manged via the complaints process.

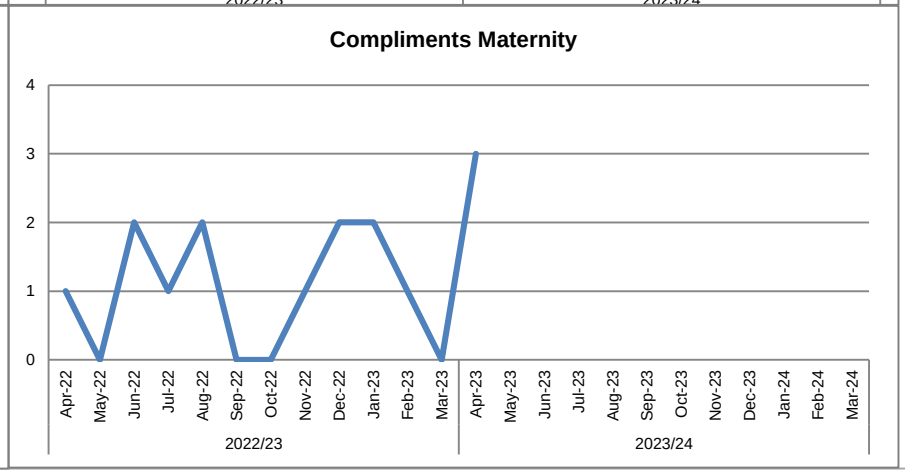
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



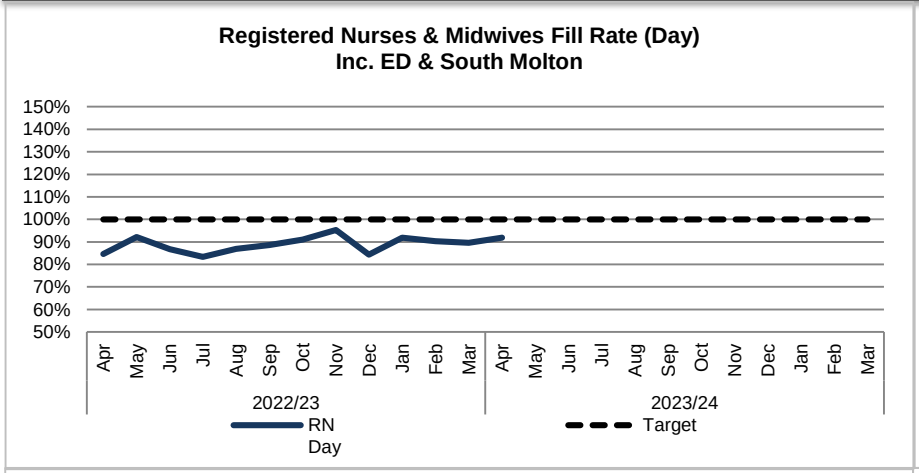


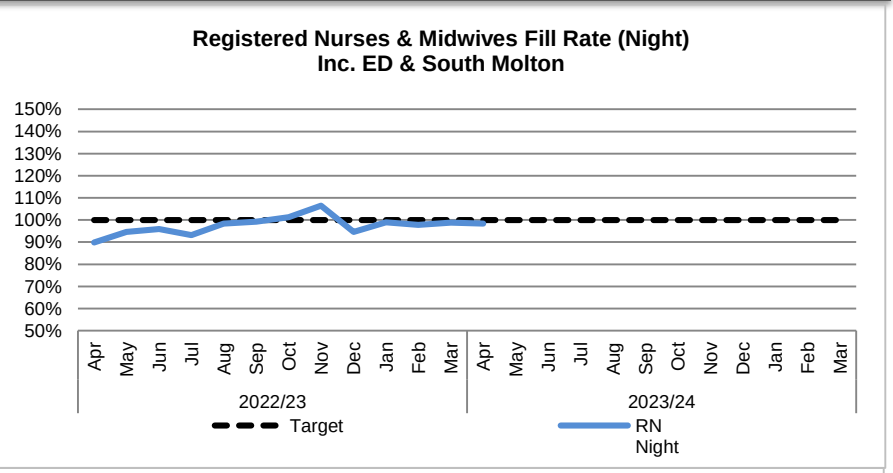


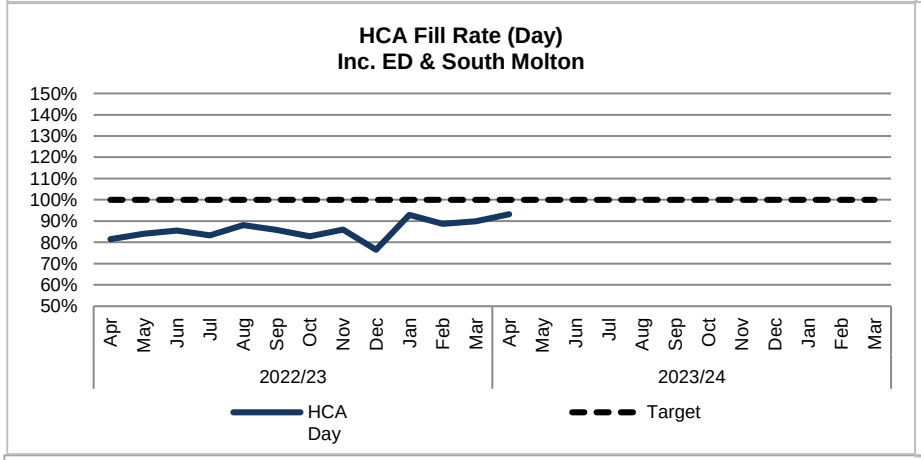


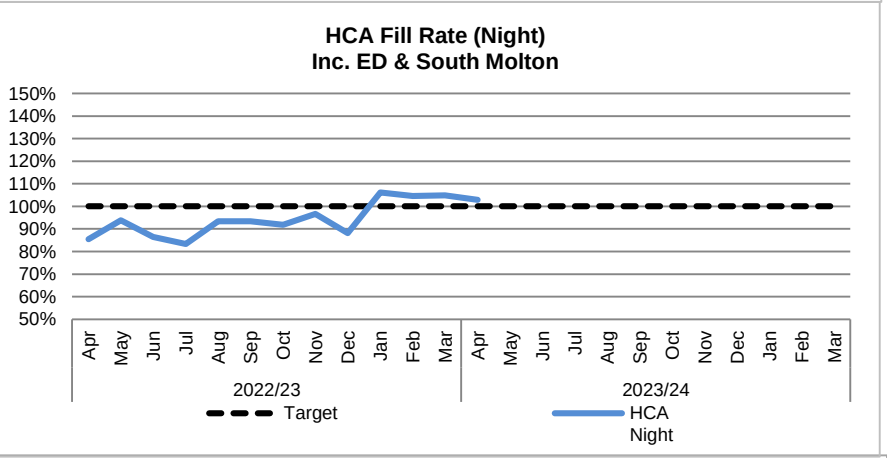
- The volume of complaints received in March are within normal variation; there was an increase in the volume of compliments received in month. Service working to embed early resolution response.

Northern Services Safe Clinical Staffing Fill Rates





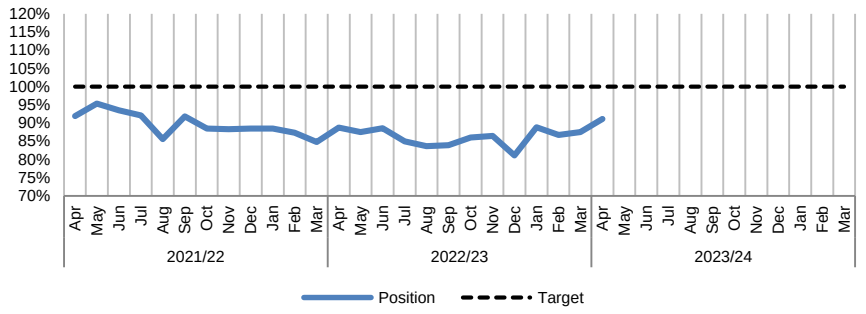


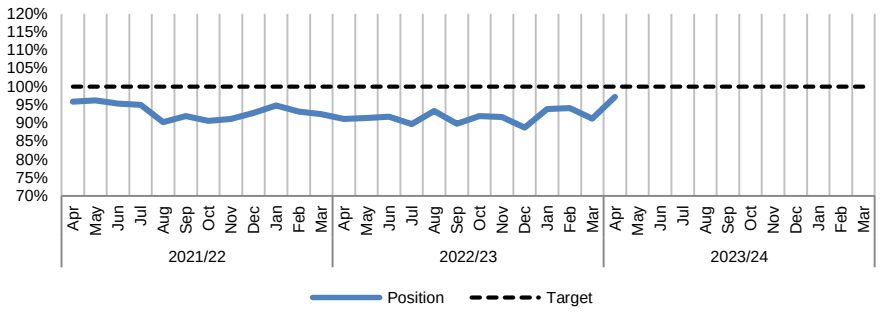


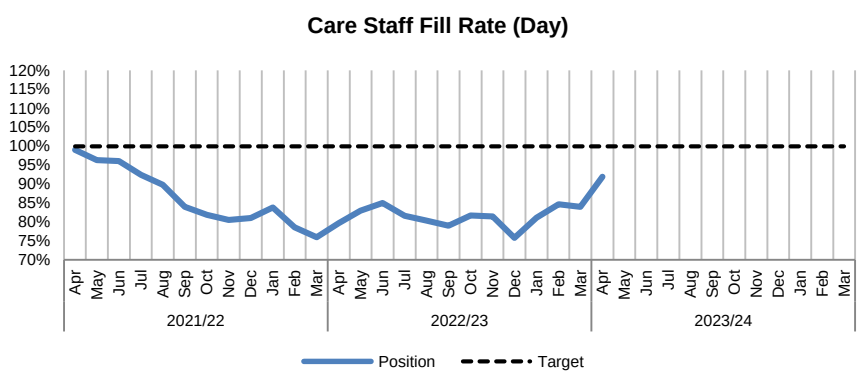
- All clinical staffing fill rates are 92% or above. Daytime fill rates are more challenging due reduced availability of temporary staff.
- There were 5 reported incidents relating to low nursing and midwifery staffing in April with none scoring moderate or above.
- Staffing risks are assessed and mitigated through a number of established processes and strong professional oversight by members of the Senior Nursing and Midwifery teams on a daily basis.

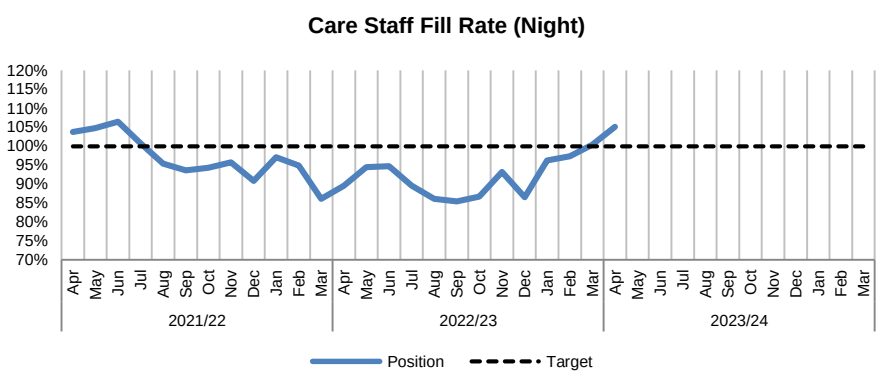
Eastern Services Safe Clinical Staffing – Fill Rate

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





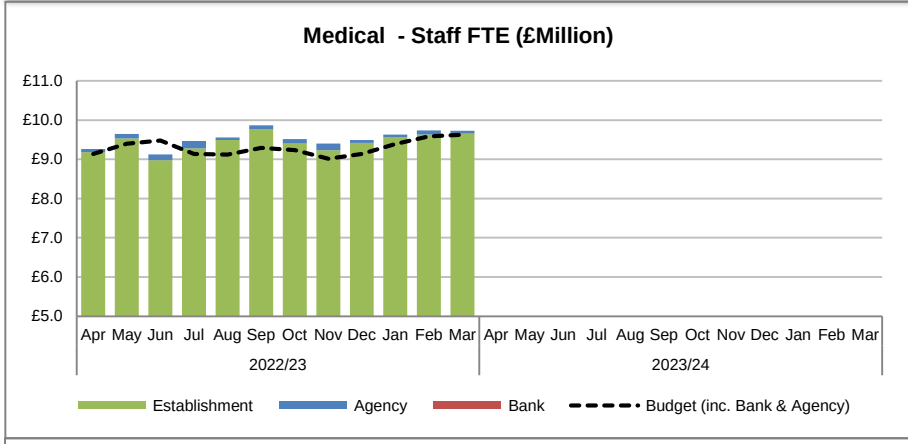


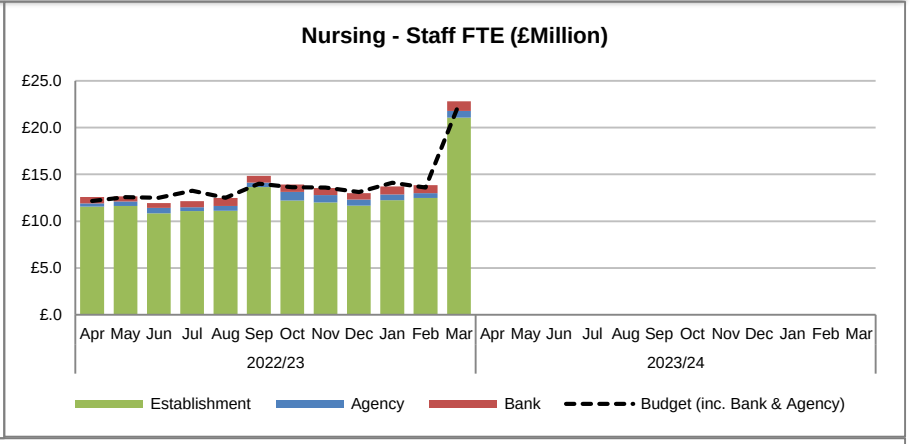


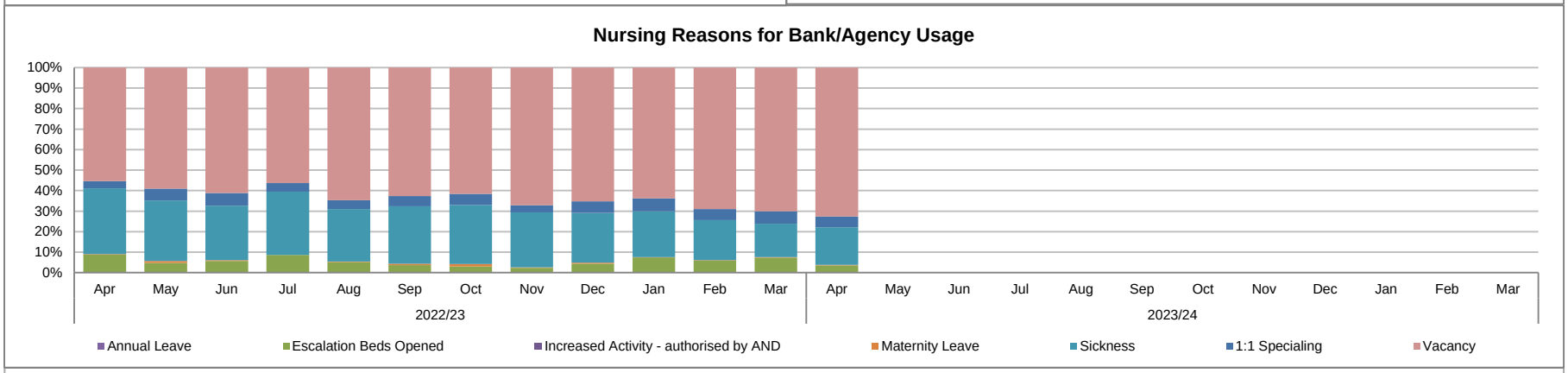
- The average fill rate was 96.3% for April 2023.
- There were 7 incidents related to staff shortages reported in April 2023. 5 of these were no harm incidents, with the remaining incidents low harm
- A review of all patient safety incidents which were reported with moderate or greater harm throughout April has identified none where staffing was a causal or contributory factor.

Eastern Services Safe Clinical Staffing

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

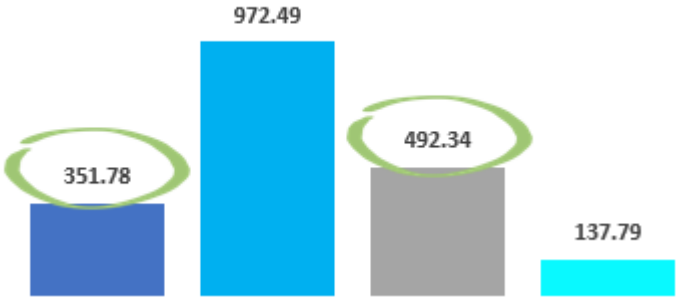


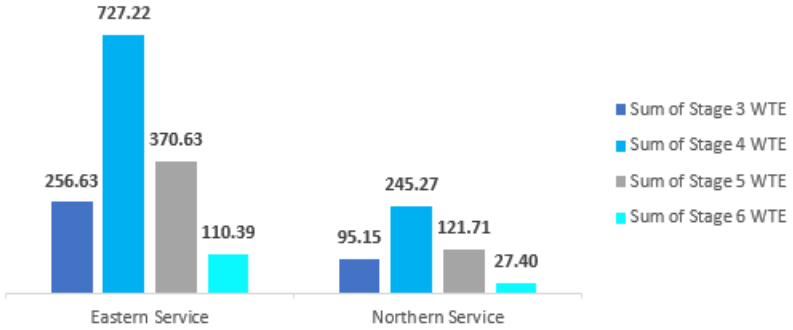




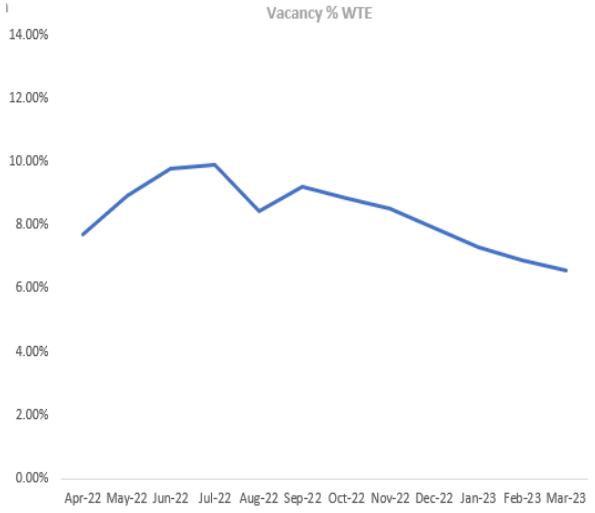
- Operational pressures reduced in month, resulting in reduced demand for bank / agency cover.
- Eastern services continue to have a significant number of patients requiring 1:1 support due to specific risk factors, which results in demand for agency mental health care assistants.
- Data for nursing and medical workforce spend are not available for month 1, but will be included in next month's report.

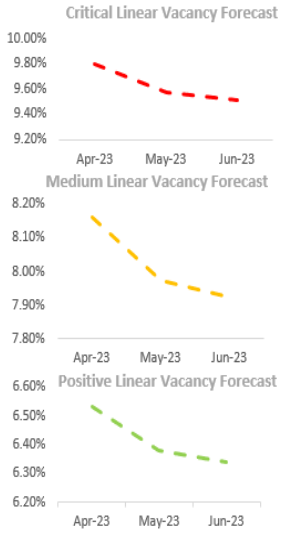
Trust Recruitment Update

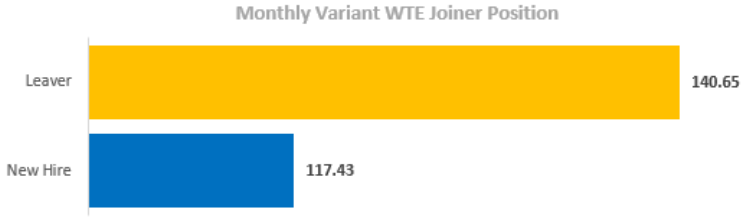




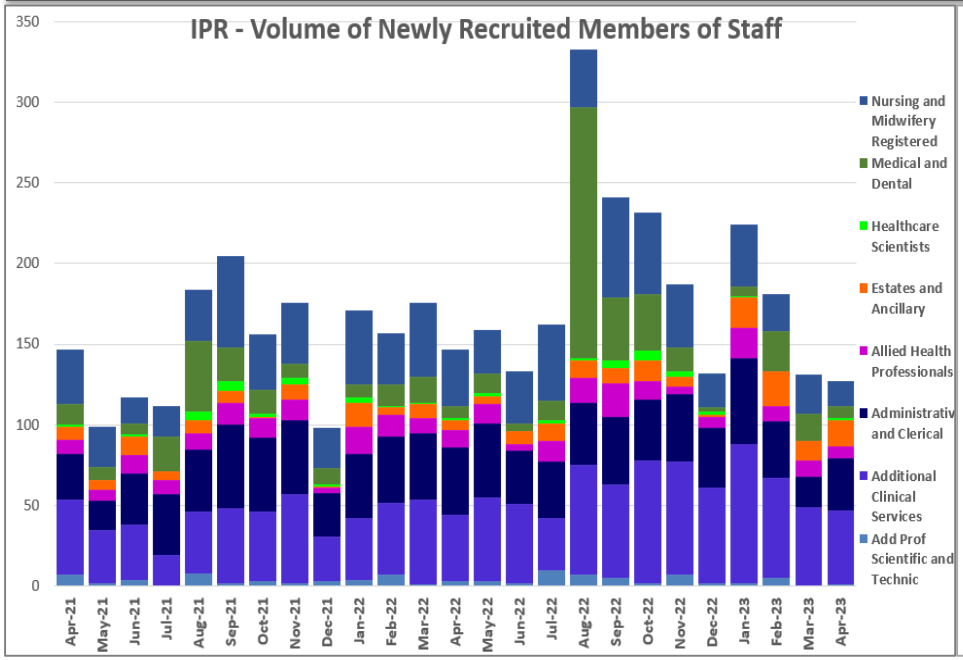
- The overall vacancy rate continues to reduce, down to 6.6% which is around 2% lower than our medium forecast last month and within 0.2% of our positive forecast. Evidence that supports the benefits of the Accelerating Vacancies program. The North reported a very marginal increase month on month to 9.2% while in the East the rate is down to 5.5%
- We have 574 people (492.34 WTE) at Stage 5 (Pre-Employment Checks) which is an increase of 30 last month, though this continues the significant decrease on the 1000+ figures reported in the latter months of 2022 and can be attributed to increased productivity achieved by the Recruitment and Onboarding Services.
- We are highlighting in green in the above graphs that we are not seeing the "wave" as high in Stage 3. This positive activity continues onto Stage 5 in reaching a manageable target of 500 WTE or below.
- 163 people (137.79 WTE) are currently scheduled for an upcoming Induction and new start (data through to end of May).
- As last month, we are highlighting an increasing shortfall in the Stage 4 numbers required to fill the volume of current WTE funded vacancies. (Stage 4 is the interview and shortlisting stage.) With the exception of Medical and Dental, our AfC staff groups are showing a significant gap in shortlisted candidates versus the actual WTE required. Career Gateway data shows that there were fewer applications than last month, though encouragingly there were a greater number of new candidates. Recognising the challenges presented by the job market currently, some suggested actions being considered and actioned are: the prompt re-advertising of unfilled or under-subscribed vacancies with a review and refresh of adverts for maximum impact; also to consider scope for enhanced marketing activity to further "sell" the Trust as data shows that once applicant reaches Career Gateway we are having high % apply.
- Our average time to hire (Advert Approved to Contract Accepted) is currently at a Trust average of 69.4 calendar days, below the National Average (72 days).
- 6 international nurses arrive in April with 20 delayed to the first week of May due to external factors. 25 further nurses will arrive by end of May. We are still experiencing considerable pressure in terms of accommodation across both East and North despite efforts being applied.

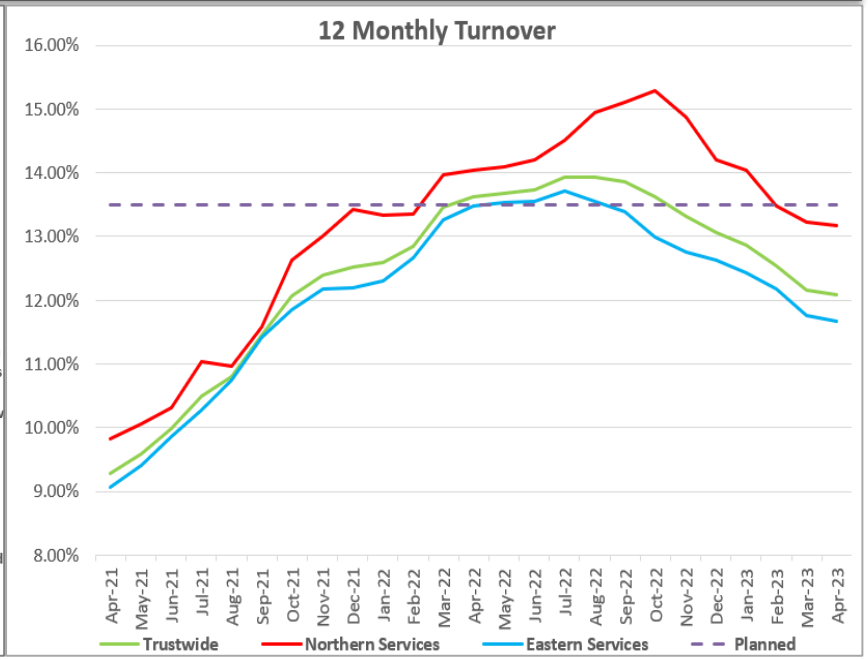


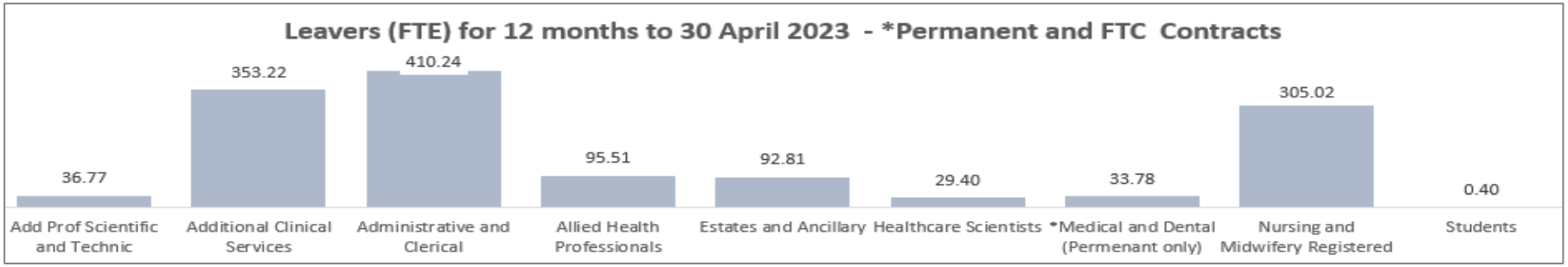




Trust Turnover



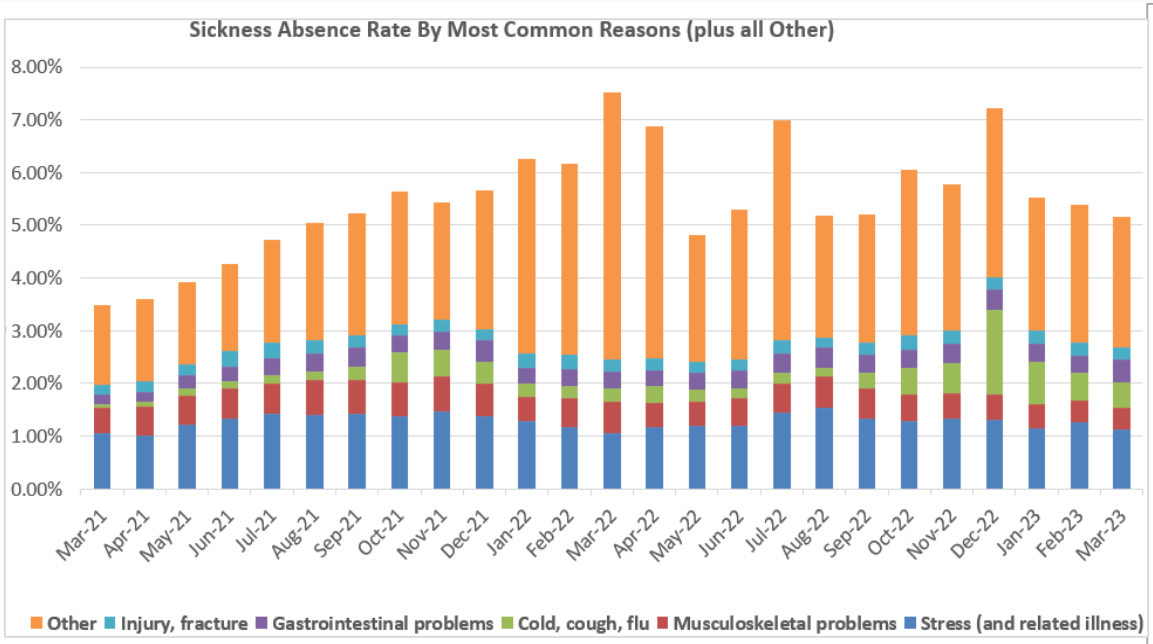


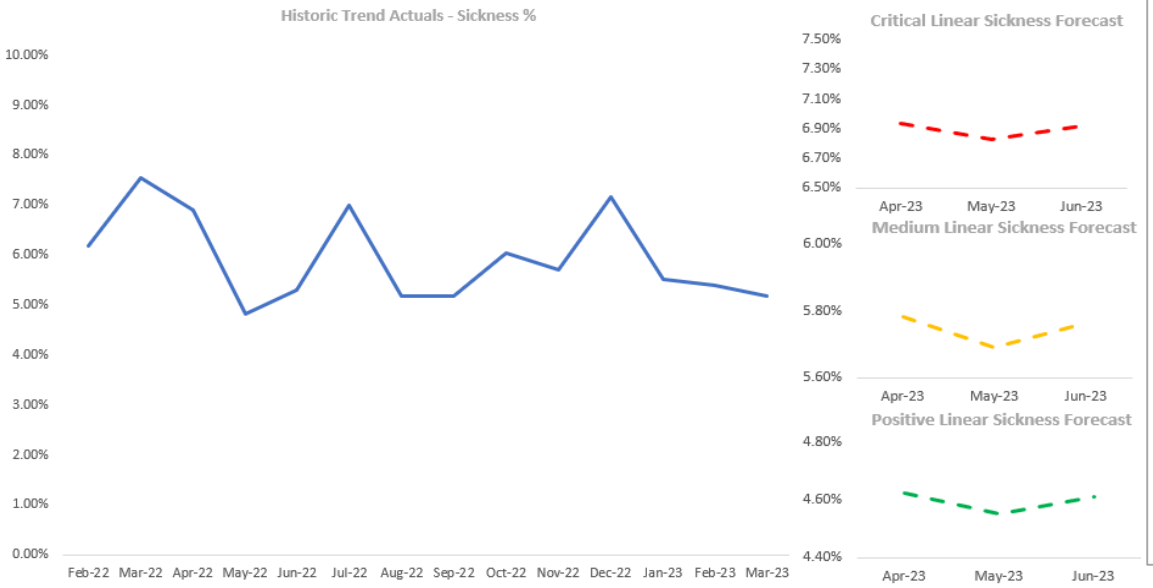


Turnover (data as at end-April 2023)

- The Trustwide turnover rate is now 12.08% following a further slight reduction in the overall rate in April. The rate for Northern Services is also down slightly to 13.18% and Eastern also fell, now 11.67%.
- At Staff Group level, rates are relatively stable with only minor fluctuations seen, though it should be noted that Admin and Clerical in the North has increased by 0.8% to 14.9%, and Additional Clinical Services following a steady period of reducing turnover has gone up in the East by 0.6% to 16.7%.
- The accelerated recruitment to bolster our HCSW workforce is evident when looking at each of the last six months, where ACS on-boarding accounts for over a third of all new hires. Aside from recruitment, retention initiatives are in train to support staff considering leaving or needing additional support.
- Turnover for Registered Nursing and Midwifery continues to fall for both sites to 10.2%, with Northern RN&M further reducing, now at 11.8%.

Trust Sickness Absence





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

Trust Position

- The month sickness absence rate decreased again for March (by 0.2%) to 5.2% overall. Correspondingly, the Northern and Eastern rates also fell with the North at a shade over 5% (from 5.1%) and Eastern down from 5.5% to 5.2%.
- For the corresponding month last year the recorded rate was markedly higher at 7.5%.
- A further decrease in time lost to Cold, Cough, Flu in March compared to the previous three months, though remained a factor accounting for over 9% of illness.
- Similarly, sickness due to Covid-19 remained significant representing 15% all March sickness recorded.
- Proportionally, there was a reduction in the time lost to Anxiety/Stress/Depression in March compared to February, though it remained the prime reason for absence at close to 22% of the total in month.
- Gastrointestinal problems increased to approaching 9% of all sickness – a likely indicator of the prevalence of Norovirus during the month.

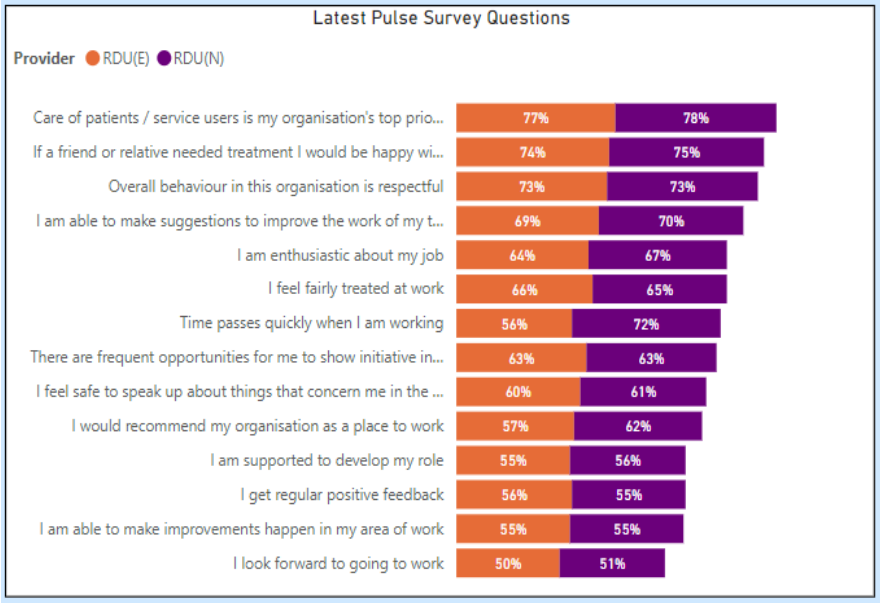
Northern Site Position

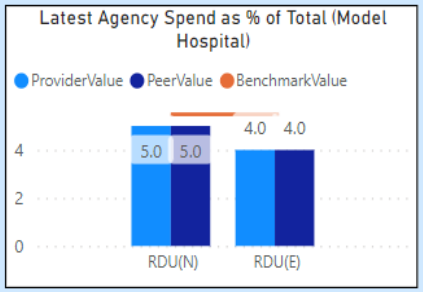
- While the majority of Staff Groups recorded a drop or like – or-like compared with February, Additional Clinical Services increased from 6.7% to 7.8%

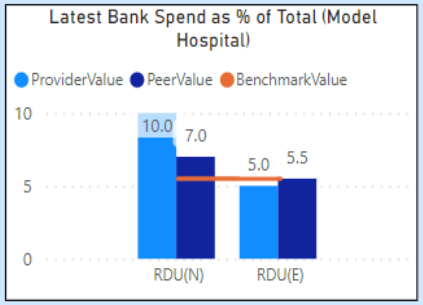
Eastern Site Position

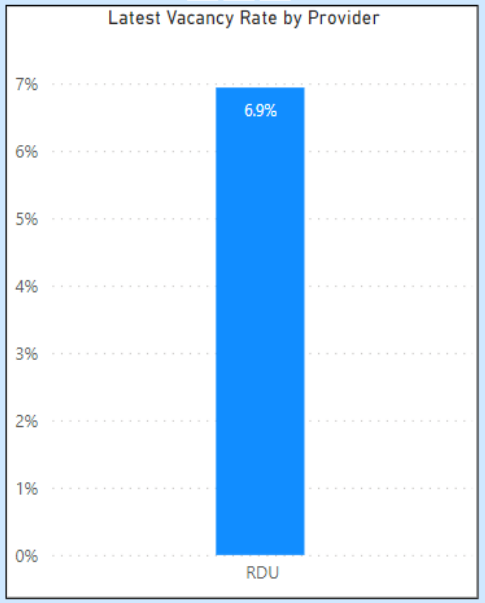
- A further month of improvement for Additional Clinical Services (7.6%) with consecutive months under 8% for the first time since May and June ’22.
- For Estates and Ancillary the rate of 8.8% was the first month since Sep-22 that a rate below 9% has been recorded.

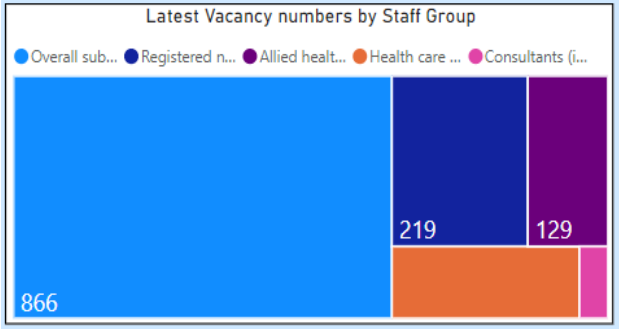
Trust Cultural Dashboard Executive Summary

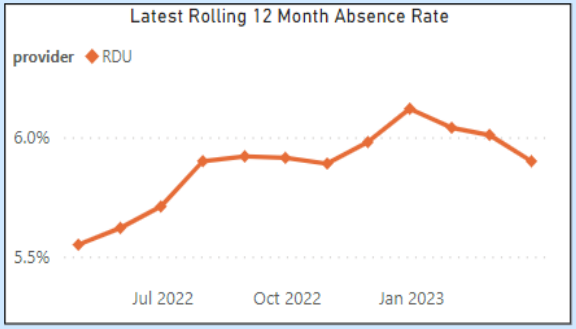


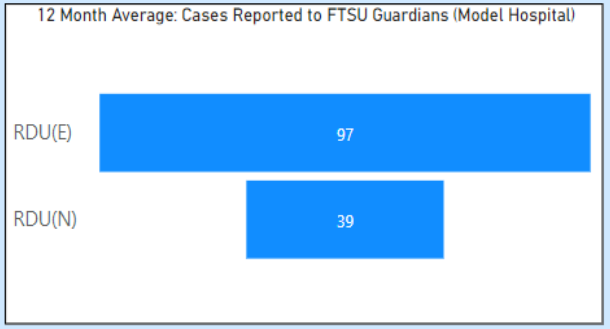












Some data for northern and eastern services is still separate, however it is expected that metrics will become combined over time. This information provides an insight into our performance as a Trust in these areas as well as allowing us to understand where we may be an outlier compared to our system partners. Key points have been noted below:

- The data indicates that although our vacancy levels have significantly decreased, over half of the vacancies in the Devon ICS are still sitting with the Royal Devon, which is reflective of the size of the organisation. This proportion could also be impacted by the way in which establishment is measured in different ways across the organisations.
- The Royal Devon absence rate has continued to decrease in recent months and is the second lowest absence rate in the Devon ICS.
- There is a significant time lag with data relating to agency and bank spend as well as the number of cases reported to the FTSU guardians. This is being fed back to the ICB understand if anything can be done in future to expedite this data moving forward.

Deloitte have been commissioned to develop a systemwide workforce dashboard and this cultural dashboard has been shared to ensure no duplication of effort.

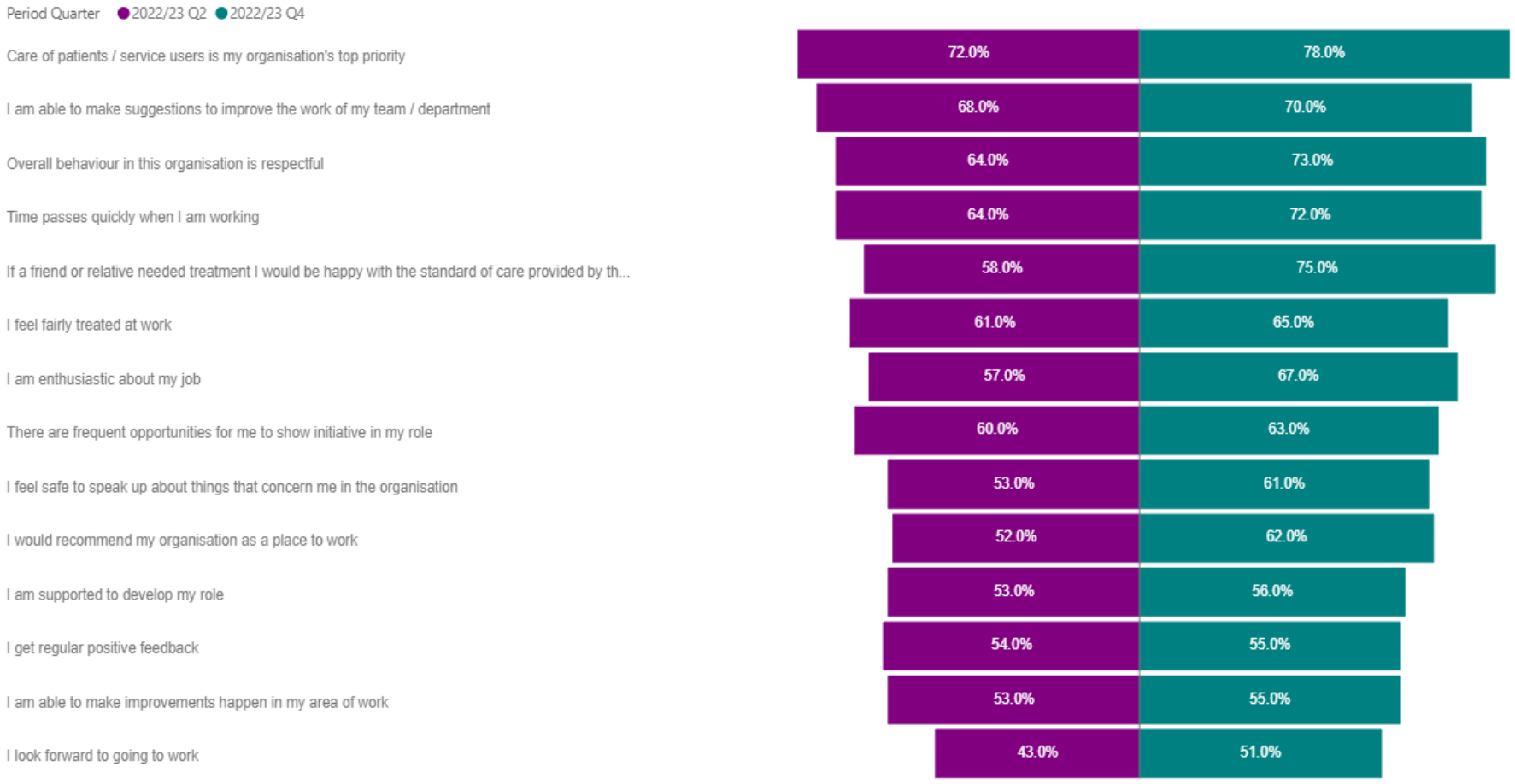
Trust Overview of Survey Response Rates

	Q2 2021/22 People Pulse	Q3 2021/22 Staff Survey	Q4 2021/22 People Pulse	Q1 2022/23 People Pulse	Q2 2022/23 People Pulse	Q3 2022/23 Staff Survey	Q4 2022/23 People Pulse
Date range	5th - 21st July 2021	Oct - Nov 2021	19th Jan - 4th Feb 2022	13th - 29th April 2022	13th - 29th July 2022	Oct - Nov 2022	18th Jan - 3rd Feb 2023
Eastern Response Rate	19.0%	46%	12.5% ↓	10.7% ↓	8.5% ↓	36%	7.5% ↓
Northern Response Rate	20.1%	51%	13.0% ↓	11.9% ↓	9.7% ↓	39%	7.9% ↓
Overall Response Rate	Not recorded (Pre integration)			10.5%	8.8% ↓	37%	7.6% ↓

Notes:

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

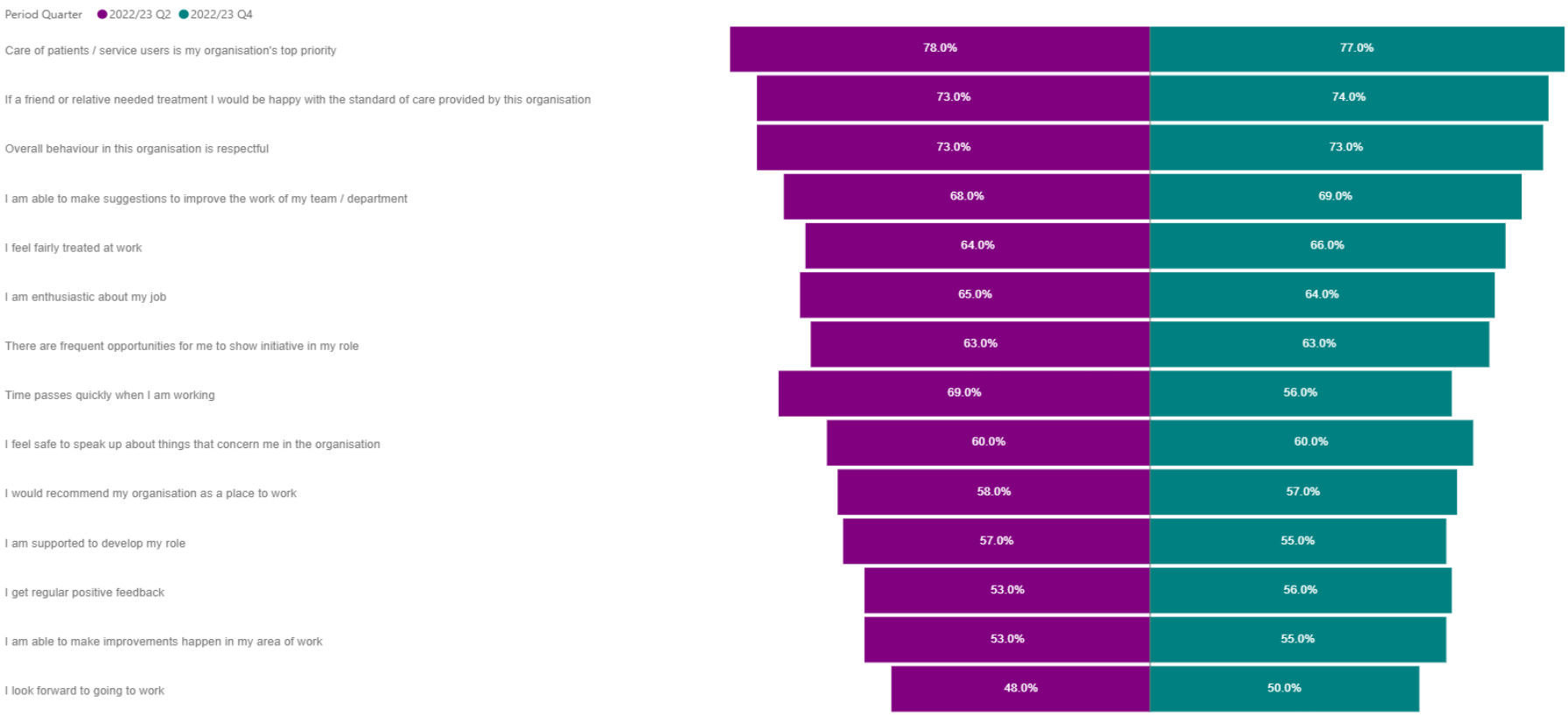
Northern Services



The latest people pulse results for northern services show increased scores throughout the metrics with particularly large increases in the questions 'If a friend or relative needed treatment I would be happy with the standard of care provided by the Trust' (17% increase). The results for this question in both eastern and northern services are higher scoring that our system partners.

The latest People Pulse results are explored in more detail in the Staff Survey Board paper being discussed at the June Board.

Eastern Services



In eastern services the People Pulse results have remained relatively stable, with the exception of 'time passes quickly when I am working', which has seen a decrease in score of 13%, making eastern services the lowest scoring in the Devon ICS for this metric.

Research suggests that when staff find that time passes quickly, it is a sign that they are happily immersed in their work, conversely those who score low in this metric are less likely to be engaged in their work. This is important as engagement and motivation will inherently impact on retention and productivity of our staff.

The latest People Pulse results are explored in more detail in the Staff Survey Board paper being discussed at the June Board.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	9.1,Public Board Meeting		**Date: 31 May 2023**	
Title:	Final 2023/24 Operating Plan			
Prepared by:	Angela Hibbard, Chief Finance Officer			
Presented by:	Angela Hibbard, Chief Finance Officer			
Responsible Executive:	Angela Hibbard, Chief Finance Officer John Palmer, Chief Operating Officer			
Summary:	This report presents the Final 2023/24 operating plan position following detailed planning work undertaken across the Devon ICS and internally and following detailed planning guidance set my NHS England. The plan demonstrates a best-case ambitious position predicated on a number of conditions being true to enable the Trust and the ICS to deliver an improved level of operational delivery alongside a challenging financial savings programme.			
Actions required:	The Board Trust of Directors has already approved the operating plan following a confidential board session to allow plan submission. However, the board is asked to note the minor amendments on the final operational trajectory of 78-week trajectory to zero from the previous modelling of 51 at 31 March 2024			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
			x	**X**
History:	Detailed work has been undertaken through the Finance and Operational committee as well as through confidential board sessions			
Link to strategy/ Assurance framework:	Recovering for the future			

Monitoring Information

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

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

Purpose of paper

The purpose of this paper is to present the Trust Board of Directors with final 2023/24 operating plan for Royal Devon University Healthcare NHS Trust following detailed planning activities undertaken across the Trust and the Devon ICS.

Although the Trust board of directors have approved the plan to support submission to NHS England a final amendment has been made to activity on final negotiations with regulators and the ICB. This does not impact on the financial plan.

2. Background

Significant work has been undertaken over the past 5 months to set an operational plan for 2023/24 aligned to the NHS England national guidance and specifically to address:

- Urgent and emergency care pressures
- Elective recovery
- Financial recovery
- Workforce alignment

Planning has been undertaken across Devon ICS to ensure a collaborative approach to the challenges faced across the county and to ensure a joined up and consistent approach. A number of peer reviews, shared learning and planning sessions have been held to ensure the plan across Devon has a collective ambition to significantly reduce waiting times and improve the underlying financial position.

Although not all of the NHS England's targets have been met the financial position has now been approved with a system deficit of £49m accepted, there are some further discussions around the long wait position predicted at yearend. At the time of writing the final confirmation of the activity trajectories is yet to be received. The acceptance of a deficit [position is against national guidance to breakeven and is on the condition that a recurrent breakeven position can be delivered within a 3-year period.

3. Key Issues for Royal Devon

The Royal Devon plan deficit is £28m for 2023/24. This is after delivery of £45m of internal savings and a share of £16m of system savings. This is accepted as a best case ambitious and challenging plan but there is a route to delivery if the key under pinning assumptions can be held.

The plan delivers a significant level of improved internal productivity and along with additional capacity funded through the elective recovery fund delivers a zero 104 week wait position and a zero 78 week wait position. This latter target is an improvement of the previous position by 51 patients.

The 62-day cancer diagnostic target is accepted to be met as well as the Emergency Department 4 hour wait improvement to 76%. However, this is predicated on an improved flow through the hospital underpinned by a reduced no criterial to reside and length of stay.

However, we still face a significant waiting list pressure with a higher number of patients than we would like predicted to be waiting over 65 weeks for treatment. This reflects the complexity and challenge of the operational recovery effort.

The level of savings challenge is significant but supported through cost avoidance by being more productive within existing resources and improving our coding capture as well as a normal level of non-recurrent support. However, a focus on cost containment and cost reduction will be required to start to shift the cost base to a more affordable and sustainable level. The focus is on efficiency and productivity, sustainable workforce models reducing the reliance on temporary staffing and effective non-pay cost management. The overall impact on workforce increases with the system overlay and a detailed piece of work is needed to be clear on the levels of delivery through vacancy and turnover to establish the further system change needed to deliver the level of ambition.

Overall the plan is extremely challenging and external factors such as industrial action during April are already impacting on delivery in month 1. However, the Trust has committed to do all it can to work towards delivery, whilst maintaining the safety of our services to ensure the future sustainability of delivery and improve waiting times for our population. The Trust will use the Quality Impact Assessment process to ensure decisions are testing for safety impacts and are committed to responding to any safety issues arising in year.

5. Recommendations

The Board Trust of Directors has already approved the operating plan following a confidential board session to allow plan submission. However, the board is asked to note the minor amendments on the final operational trajectory of 78-week trajectory to zero from the previous modelling of 51 at 31st March 2024

BETTER TOGETHER

NHS
Royal Devon University Healthcare
NHS Foundation Trust

Public Board meeting
Our Operating Plan 2023/24

Context

- Challenging operational planning round due to significant challenges nationally, regionally and locally on performance and finance
- Large numbers of patients waiting for elective treatment, not meeting cancer and diagnostics targets, high bed occupancy and flow through the hospitals impacting on A&E performance and ambulance handover delays, high acuity and high no criteria to reside patients.
- Year end deficits across the NHS and the Devon ICS but underlying deficits even greater due to management of position in 2022/23 through non recurrent measures
- Devon ICS as a system placed in SOF4 of the system oversight framework by NHS England
- RDUH has worked collaboratively with the Devon ICS to collectively plan for elective, UEC and finance recovery aligned to the SOF4 exit criteria
- Resultant plan does not meet the national operating plan targets but does recognise a significant improvement across the Devon ICS and therefore has been approved financially by NHS E. Further validation is required on the system waiting list recovery due to levels of 104 and 78 week wait position
- Finance plan required a level of system transformation savings of £60m to evidence the benefit of working together as an ICS in addition to Providers internal savings plans
- Overall deficit for the system at £49m prior to any additional inflationary pressure funding
- Industrial Action since April already impacting on delivery

RDUH – Internal plan, post-system stretch

Financial outcome

Description	Value £m
Deficit	28.0
Savings Plan	60.3
Growth available for investment **(inc-recovery)**	4.0
ERF spend	36.9
Additional ERF income	8.7
Gross financial risk of delivery prior to mitigations	52.7

DBV as at 10/03 plus recovery actions	£m
Productivity (growth) – inc stretch	15.1
Mycare	5.8
Corporate Integration	2.0
Procurement & Medicines	0.8
Transformation team	0.4
Temporary Workforce & recovery workforce control	6.7
Recovery Tech issues (cap chgs, other inc, NR)	8.3
Covid Costs	2.6
Recovery Counting and coding income benefits	3.0
System Stretch	**15.6**
Total	**60.3**

Performance outcome

Activity	% of 22/23
Non EI	103%
EI/DC	128%
Outpatients	103%

Performance target	Trajectory at Mar 24
104 wk waits	0 patients
78 wk waits	0 patients
65 wk waits	868 patients
Cancer 62 day	198 patients
Diagnostic 62 day	85%
Urgent care type 1	70%
Urgent care all types	76%

Elective recovery	% of 2019/20	ICB target %
Elective IP/DC & OP 1st (tariff weighted)	108%	103%

Workforce

Description	wte
Total resources inc temporary	12,477
Growth	309
Savings plans (internal)	-499
Net internal workforce assumptions	**12,287**
Share of system assumptions	-482
Resultant workforce at 31 March 24	**11,805**

Workforce requires further validation

Workforce changes impacted upon by reducing non recurrent capacity/ covid response, reduction of temporary staff use, review of establishments through natural turnover. System savings are indicative at this stage.

Significant challenge but plan set out if plausible **IF** conditions underpinning the plan are held true. Schemes identified for system stretch are the right things to do but require significant support to delivery. Recognise risk on delivery of both finance and performance but need to commit support to delivering the best we can. **Therefore plan represents best case ambition**

Key assumptions for the plan to hold true

- NCTR monthly improvement of 1% down to 5% - must be clear system focus on how this will be achieved and link with discussion on DCC funding position
- UEC funding decision needed to bring certainty to how this contributes to our flow position
- Strengthen position for the acute provider collaborative and acute sustainability work to focus on clinical redesign across Devon
- Support for **additional capacity** into the Trust to support delivery on internal Improvement plan and allow backfill for resourcing support to system workstreams **– and reviewing internal resource to support the ask**
- Outside of current plan but potential bridge on activity for Q1 and Q2 to ensure recovery run-rate does not dip due to removal or outsourcing – system proposal being explored for Tier 1 & IST consideration

Operational Impact

Bed Model	ED 4hour	NCTR	Ring fence	Deesc and LoS	Productivity / Performance
Bed gaps **Northern – Aug / Nov /Dec / Jan** **10-50 bed gap** **Eastern – whole year** **25-50 bed gap**	**Deliver Target** **76%** (assumptions based on D&C + UEC + original investment) Escalation to ICB on PPG streaming and UTC Factor in catchment change?	**Plan to deliver 5%** Northern currently 20% = c.50 beds **5% N = 14 (36 imp)** Eastern currently 12% = 91 beds **5% E = 35 (66 imp)**	**Hold ringfences** Cardiology Taw (to serve N&E) (12 beds) Orthopaedics Dyball and Jubilee (22 + 10 beds) General Surgery, Day Surgery, Lundy, OADM, Knapp (c. 60 beds)	**Deescalate and improve LoS** Use D&C and **UEC funds** to reduce LoS (**c. £5m**) De-escalation assumption April to September Virtual Ward NCTR HPHWD (Honiton?)	**Deliver targets** Can deliver **9%** Outpatients Deliver **improvement on 6% EIP** Deliver **improvement on 6% DC** **+ TIF** **+ Q1/Q2 smoothing** **One Devon GIRFT**

Bed modelling shows a 50 bed shortfall prior to any intervention at each site. NCTR improvement will Trust wide performance trajectories shown in appendices will significantly close this gap with improved LOS required to mange the remainder and allow elective ring fences to be held.

Financial Impact - I&E Position

	22/3 Outturn @ M11 £m	23/4 Plan £m	Comments on variance
Patient Income (incl. COVID in envelope)	850.2	872.0	Increases in ERF/ CDC & Inflation offset by convergence
Commercial Income (incl. recharged COVID)	122.5	113.4	Non-Recurring income increase in 22/3 forecast between M9 & M11
Total Income	**972.7**	**985.4**	
Pay	-610.8	-631.5	Increase due to normalising 22/23 (e.g. Annual leave accrual), Inflation and increased ERF offset with forecast CIP savings
Non Pay (incl. Finance costs)	-378.6	-381.9	
Total Expenditure	**-989.4**	**-1,013.4**	
Operational Surplus/(-Deficit)	**-16.7**	**-28.0**	**£28.0m deficit in line with System expectation**
Gain on transfers from absorption	113.0	0.0	NR Gain in 22/23
Impairments / Donated assets	-3.5	0.0	NR Impairment in 22/23
Surplus/(-Deficit) excluding donated assets income and depreciation	92.8	-28.0	

Plan translates into an I&E budget after apportioning savings target into likely pay, non pay categories.

Plan shows :

- Total income of £0.985bn
- Expenditure of £1.0bn
- Deficit of £28m as per submitted plan

Transfer by absorption in 2022/23 is a technical accounting issue due to the merger – discounted form a financial performance measure. Actual deficit £16.7m

CIP by heading	Internal RDUH	System Stretch	Total
Commercial income	3.7	0.0	3.7
Pay	25.7	6.4	32.1
Non-pay	15.3	9.2	24.5
Total	**44.7**	**15.6**	**60.3**

Savings Programme Overview

Theme	RDUH Plans	Overall Programme RAG	Recurring £m	Non Recurring £m	Total £m
Clinical Activity	Clinical Productivity - activity		13.1	0.0	**13.1**
	Data quality, coding & capture		5.0	0.0	**5.0**
Corporate Services	Integration savings, reduced supplication, general efficiencies		2.0	0.0	**2.0**
Other Income Opportunities	Other Trust wide Income		0.2	0.0	**0.2**
Estate Review	Leased estate VFM		0.2	0.0	**0.2**
	Other Estates review		0.0	0.5	**0.5**
Workforce	Non clinical vacancy controls		0.0	1.0	**1.0**
	Temporary Workforce		5.2	0.0	**5.2**
	Other workforce process savings		0.5	0.0	**0.5**
Epic	Epic Optimisation		5.8	0.0	**5.8**
Procurement	Procurement		0.5	0.0	**0.5**
Pharmacy	Pharmacy		0.3	0.0	**0.3**
Transformation	Transformation		0.4	0.0	**0.4**
Covid	Legacy Covid Costs		2.6	0.0	**2.6**
Finance Adjustments	NR benefits arising in year		0.0	4.5	**4.5**
	Other budget reviews		2.0	0.0	**2.0**
	Capital charges review		0.0	0.4	**0.4**
	Other technical issues		0.0	0.5	**0.5**
			37.8	**6.9**	**44.7**

RDUH Share of System Plans	RAG as at 24/05/23	£m
Clcinial Support		3.4
Corproate Services		1.0
Estates		0.8
Workforce		1.6
New models of care		4.1
Procurement		3.0
Digital		1.7
Total		**15.6**

- Internal Savings programme of £45m, RAG at planning stage due to work required to translate opportunities into deliverable plans – full stock take undertaken
- System stretch based on going further than internal savings through working together at scale
- System savings being supported by Deloittes but with executive level SRO from the system – twice weekly meetings to focus on delivery and escalations
- Alignment of internal and system savings underway to identify areas of cross over.
- Work underway to translate internal plans and system plans into workforce impact aligned reduction in temporary staff, vacancies and turnover to understand impact

RDUH overarching Governance Model

SOF Oversight and Delivery Governance 18.4.23

SOF theme	Governance	Governance / Activity	Target / Results
Strategy & Leadership	Board Financial & Operational Committee	Trust Delivery Group	Financial & Operational Plan 2023/4 Delivery
Integration	Acute Provider Collaborative Integration Programme Board	Clinical Pathway Integration Group / Operational Services Integration Group	Integrated Structure and Clinical Pathways Delivery
Improvement	Delivering Best Value Steering Board	Improvement Director Improvement Scorecard Productivity Plan Savings Plan	Savings Target Delivery Productivity Target Delivery
Operational Oversight and Delivery	Trust Delivery Group Operations Board Tier 1 Executive Oversight (Elective and Cancer) Cancer Cabinet	Planned Care Taskforce & Planned Care Steering Group UEC Steering Group E&N Cancer Steering Group E&N	Target Delivery Elective: 104, 78, 65, 52 wws Cancer: 62 days UEC: 4 hour Diagnostics: 85%

Assurance to the Board:

Chief Executives report
- Briefing on system and national issues including SOF4

IPR – to be redesigned and themed against the operational plan key deliverables

Finance and Operational Committee feedback
- monthly assurance on the delivery of the improvement plan
- Feedback on Tier one oversight

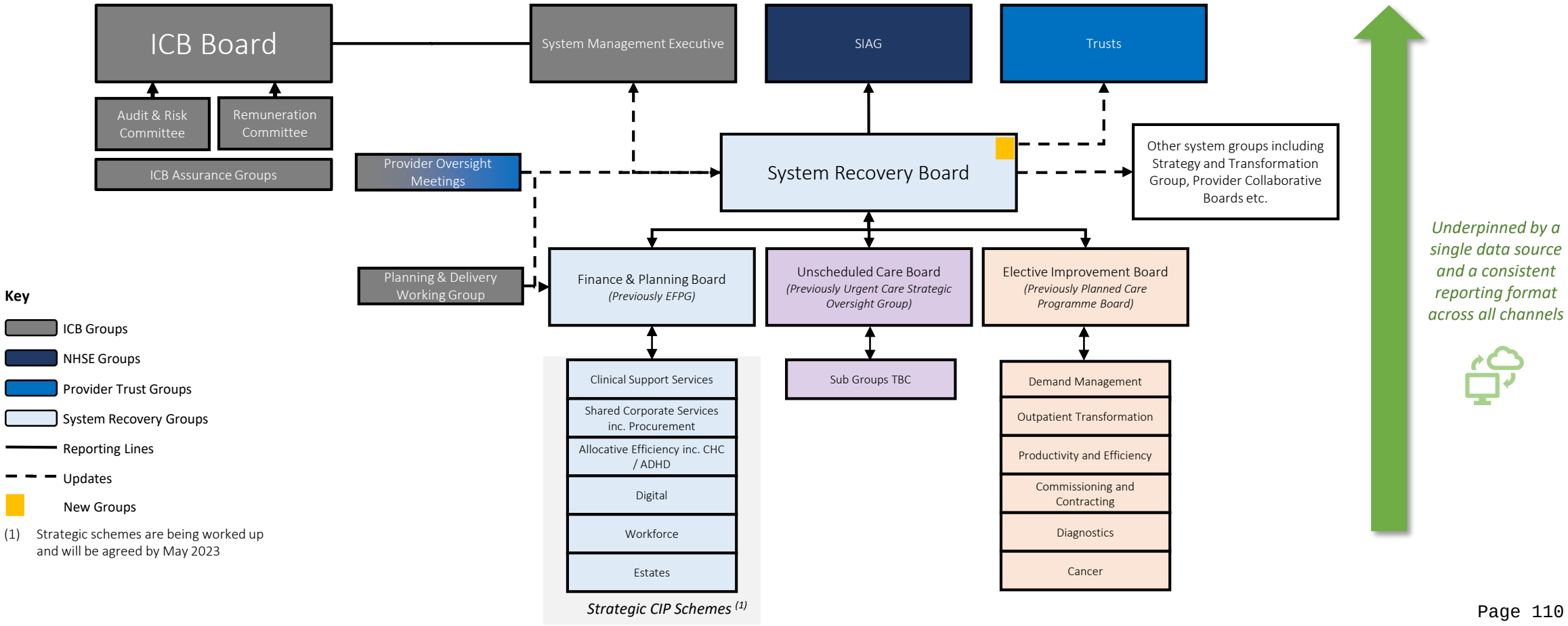
Integration Programme Board feedback
- Regular feedback on integration progress

Board Development Days
- Focus on leadership, strategy and acute provider collaborative

System Recovery Programme Governance

The governance arrangements aim to:

- Provide the structure and organisation to ensure strong direction, oversight, management and control of the System Recovery Programme with clear accountabilities.
- Enable streamlined and timely decision making within clear authorities.
- Enable active management of the Programme in response to changes in the environment to ensure it remains 'fit for purpose'.
- Integrate with and support the higher level governance of the system and NHS England and the South West Region.



(1) Strategic schemes are being worked up and will be agreed by May 2023

Risks to plan delivery

Financial Risk

- Significant savings challenge presents the biggest risk and quantified as 40% non delivery
- Still uncertainty around income due to the rules on ERF, new targets on CDC income and contracts with commissioners outside of the ICS
- Cost risk due to inflation and other costs associated with rising demand for services

Risk	£m
Savings plan delivery	-24.0
Income risks - ERF, CDC, other commissioners	-15.0
High cost drugs and other cost growth pressures	-7.0
Excess Inflation	-5.0
NR benefits not materialising	-2.0
Total Risk	**-53.0**

Operational Risk

- Impact of industrial action on capacity – already seen in April 2023
- UEC demands across Devon and support to neighbouring Trusts with ambulance diverts during times of extremis
- Ringfencing of elective beds impacted through medical demand – NCTR failing to improve and Long Length of stay
- Impact of savings plans on workforce – need to ensure restrictions applied with ‘no impact to front line service’ for non clinical posts as well as clinical
- Recruitment challenges
- Overall staff wellbeing – fatigue, sickness, reduced resilience
- Funding to support additional capacity for longer term recovery

Delivery

- Plan supported with overarching Improvement plan encompassing all SOF4 exit criteria including:
  - Elective Recovery
  - Urgent and Emergency Care
  - Delivering Best Value (DBV) savings and productivity plans
- Governance set out under the umbrella of DBV to monitor delivery and identify mitigations for plan slippage – led by an Improvement Director but will full Executive attendance at DBV board
- Programme level delivery monitored through fortnightly steering group, elective recovery board, board and Divisional Performance and Assurance Framework
- Builds into ICS governance through weekly Financial and Planning Meetings and System Recovery Board
- Assurance on delivery through Finance and Operational Committee through to Trust Board of Directors

Appendices

Summary

- **15th March submission**
- Overall, showing an improved position compared to previous submissions as further detailed work has been undertaken with teams
- The plan is ambitious and will be challenging to deliver- it is showing a c.30% increase on 2022/23 outturn across Outpatients and Elective
- Basis of improvement on 2022/23:
  - Improvement to baseline through removal of Covid pressures seen in 2022/23
  - Improvement in NCTR position down to 5% target
  - Productivity improvement (9% Outpatient new, 6% Daycase and Elective)
  - Activity data quality capture: recording genuine activity that is being undertaken that has not been recorded since EPR go-live (East and North)
  - Improving impact of ERF schemes, including full utilisation of Nightingale

Trustwide

Activity	OP NEW	OP PROC	OP New & Proc	OP FU	OP TOTAL	DC	EL	DC / EL TOTAL
2019/20 Actuals	273,451	161,242	434,693	466,259	900,952	72,640	16,661	89,301
202122 Actuals	199,217	123,718	322,935	417,215	740,150	65,373	11,323	76,696
202223 FOT	259,382	138,028	397,410	614,348	1,011,758	67,343	10,434	77,777
202324 Baseline Plan (inc DQ)	230,836	163,212	394,048	472,193	866,240	64,965	11,532	76,497
ERF	78,680	18,634	97,314	48,177	145,491	15,929	2,342	18,271
Productivity	23,933	4,244	28,178	-	28,178	3,952	633	4,585
202324 Total Plan	333,449	186,090	519,539	520,370	1,039,909	84,846	14,507	99,353

	OP NEW	OP PROC	OP New & Proc	OP FU	OP TOTAL	Daycase	El Inpatient	DC / EL TOTAL
2022/23 FOT as % 2019/20	95%	86%	91%	132%	**112%**	93%	63%	**87%**
2023/24 Plan % 2019/20	122%	115%	120%	112%	**115%**	117%	87%	**111%**
2023/24 Plan % 2022/23 FOT	129%	135%	131%	85%	**103%**	126%	139%	**128%**
Baseline plan as % 2019/20	84%	101%	91%	101%	**96%**	89%	69%	**86%**
Baseline plan as % 2022/23 FOT	89%	118%	99%	77%	**86%**	96%	111%	**98%**
Productivity as % 2022/23 FOT	9%	3%	7%	0%	3%	6%	6%	6%
Productivity as % 2023/23 baseline	10%	3%	7%	0%	3%	6%	5%	6%

Weighted activity	OP NEW	OP PROC	OP New & Proc	OP FU	OP TOTAL	DC	EL	DC / EL TOTAL	TOTAL
Average Tariff (Trust)	140	135				818	3,560		
2019/20	38,278	21,735	**60,013**			59,419	59,315	**118,734**	**178,747**
2022/23	36,308	18,606	**54,914**			55,086	37,145	**92,231**	**147,146**
2023/24	46,676	25,085	**71,761**			69,404	51,643	**121,048**	**192,809**

Weighted activity as % 2019/20	122%	115%	**120%**			117%	87%	**102%**	**108%**
Weighted activity as % 2022/23	129%	135%	**131%**			126%	139%	**131%**	**131%**
103%									**184,110**
Additional ERF money in									**8,699**

RTT: 104+

2. Elective Performance | All

104 wk

RDUH Combined	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	-	-	-	-	-	-	-	-	-	-	-	-
Incomplete 104wk pathways admitted	23	8	-	-	0	0	-	-	-	-	-	-

104 wk

East Devon	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	-	-	-	-	-	-	-	-	-	-	-	-
Incomplete 104wk pathways admitted	23	8	-	-	0	0	-	-	-	-	-	-

104 wk

North Devon	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	-	-	-	-	-	-	-	-	-	-	-	-
Incomplete 104wk pathways admitted	0	0	-	-	-	-	-	-	-	-	-	-

RTT: 78+

2. Elective Performance | All

78+ wk

RDUH Combined	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	66	37	42	25	2	1	-	1	0	-	0	0
Incomplete 104wk pathways admitted	525	448	424	369	320	313	211	173	137	103	68	-
Total	**592**	**485**	**466**	**395**	**322**	**314**	**211**	**174**	**137**	**103**	**68**	**0**

78+ wk

Eastern	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	12	2	-	2	0	0	-	1	0	-	0	0
Incomplete 104wk pathways admitted	351	319	297	261	219	190	100	69	37	12	0	-
Total	**363**	**321**	**297**	**263**	**219**	**190**	**100**	**70**	**37**	**12**	**0**	**0**

78+ wk

Northern	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	54	34	42	24	1	1	-	0	0	-	-	0
Incomplete 104wk pathways admitted	174	129	127	108	102	123	111	104	100	91	68	-
Total	**229**	**164**	**169**	**132**	**103**	**124**	**111**	**104**	**100**	**91**	**68**	**0**

RTT: 65+

2. Elective Performance | All

65+ wk

RDUH Combined	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	1,118	1,170	1,164	1,189	1,121	1,090	1,030	974	889	835	778	638
Incomplete 104wk pathways admitted	1,402	1,176	994	819	705	680	556	454	378	291	255	230
Total	**2,520**	**2,346**	**2,159**	**2,008**	**1,826**	**1,770**	**1,586**	**1,428**	**1,267**	**1,127**	**1,033**	**868**

65+ wk

Eastern	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	505	577	613	646	605	586	557	512	437	397	364	282
Incomplete 104wk pathways admitted	811	700	601	506	470	482	390	311	244	181	165	165
Total	**1,316**	**1,277**	**1,214**	**1,152**	**1,076**	**1,068**	**946**	**823**	**681**	**578**	**529**	**447**

65+ wk

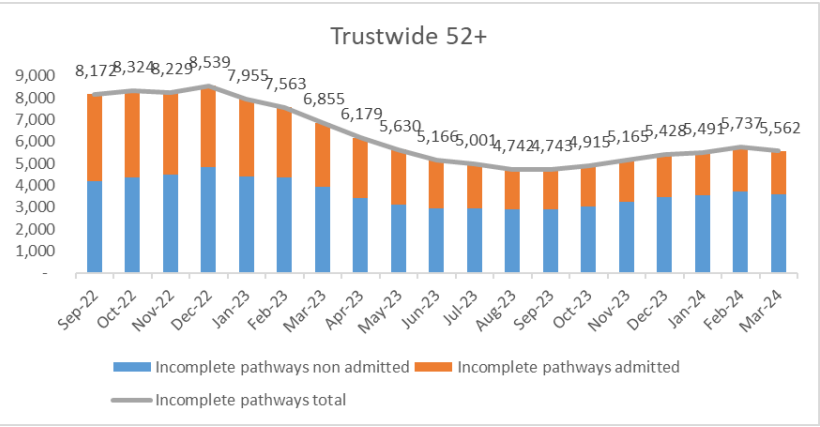
Northern	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Incomplete 104wk pathways non admitted	613	593	552	543	516	504	473	462	453	439	414	356
Incomplete 104wk pathways admitted	591	476	393	313	235	198	167	143	134	110	90	65
Total	**1,204**	**1,069**	**945**	**856**	**751**	**701**	**640**	**605**	**587**	**548**	**505**	**421**

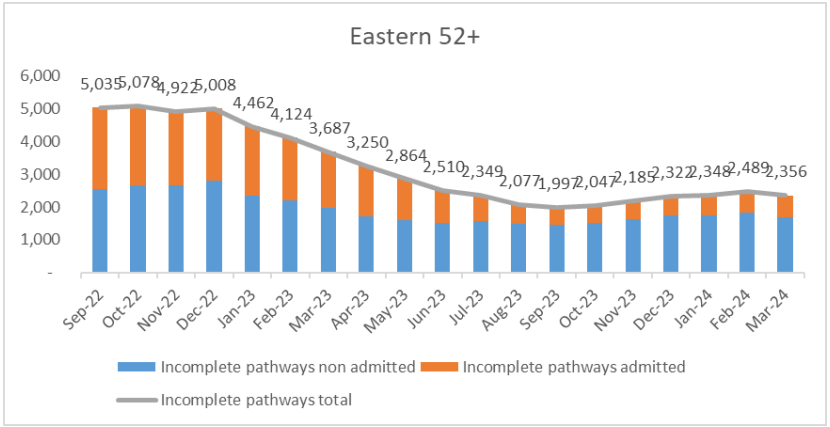
RTT: 52+

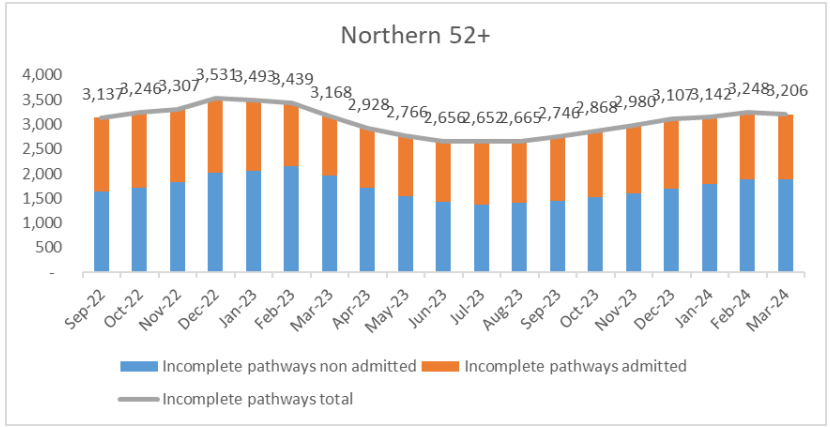
2. Elective Performance | All

- Positive run rate for Eastern, but suggests tip-in issue for Northern for back half of year
- Meets the planning target of a reduction in 52+

		Actual	Actual	Actual	Actual	Actual	Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
		Sep-22	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Eastern	Incomplete pathways non admitted	2,556	2,651	2,661	2,804	2,348	2,214	1,968	1,716	1,590	1,525	1,570	1,496	1,456	1,505	1,630	1,743	1,755	1,835	1,700
Eastern	Incomplete pathways admitted	2,479	2,427	2,261	2,204	2,114	1,910	1,719	1,535	1,274	985	779	581	541	542	556	579	594	654	656
Eastern	Incomplete pathways total	5,035	5,078	4,922	5,008	4,462	4,124	3,687	3,250	2,864	2,510	2,349	2,077	1,997	2,047	2,185	2,322	2,348	2,489	2,356
Northern	Incomplete pathways non admitted	1,630	1,708	1,828	2,026	2,067	2,149	1,970	1,712	1,541	1,430	1,380	1,402	1,450	1,534	1,607	1,699	1,791	1,890	1,894
Northern	Incomplete pathways admitted	1,507	1,538	1,479	1,505	1,426	1,290	1,198	1,216	1,225	1,226	1,272	1,263	1,296	1,335	1,373	1,408	1,352	1,358	1,312
Northern	Incomplete pathways total	3,137	3,246	3,307	3,531	3,493	3,439	3,168	2,928	2,766	2,656	2,652	2,665	2,746	2,868	2,980	3,107	3,142	3,248	3,206
Trust	Incomplete pathways non admitted	4,186	4,359	4,489	4,830	4,415	4,363	3,938	3,428	3,131	2,955	2,951	2,898	2,906	3,039	3,237	3,442	3,545	3,725	3,593
Trust	Incomplete pathways admitted	3,986	3,965	3,740	3,709	3,540	3,200	2,917	2,751	2,499	2,211	2,051	1,844	1,838	1,876	1,929	1,986	1,945	2,012	1,969
Trust	Incomplete pathways total	8,172	8,324	8,229	8,539	7,955	7,563	6,855	6,179	5,630	5,166	5,001	4,742	4,743	4,915	5,165	5,428	5,491	5,737	5,562





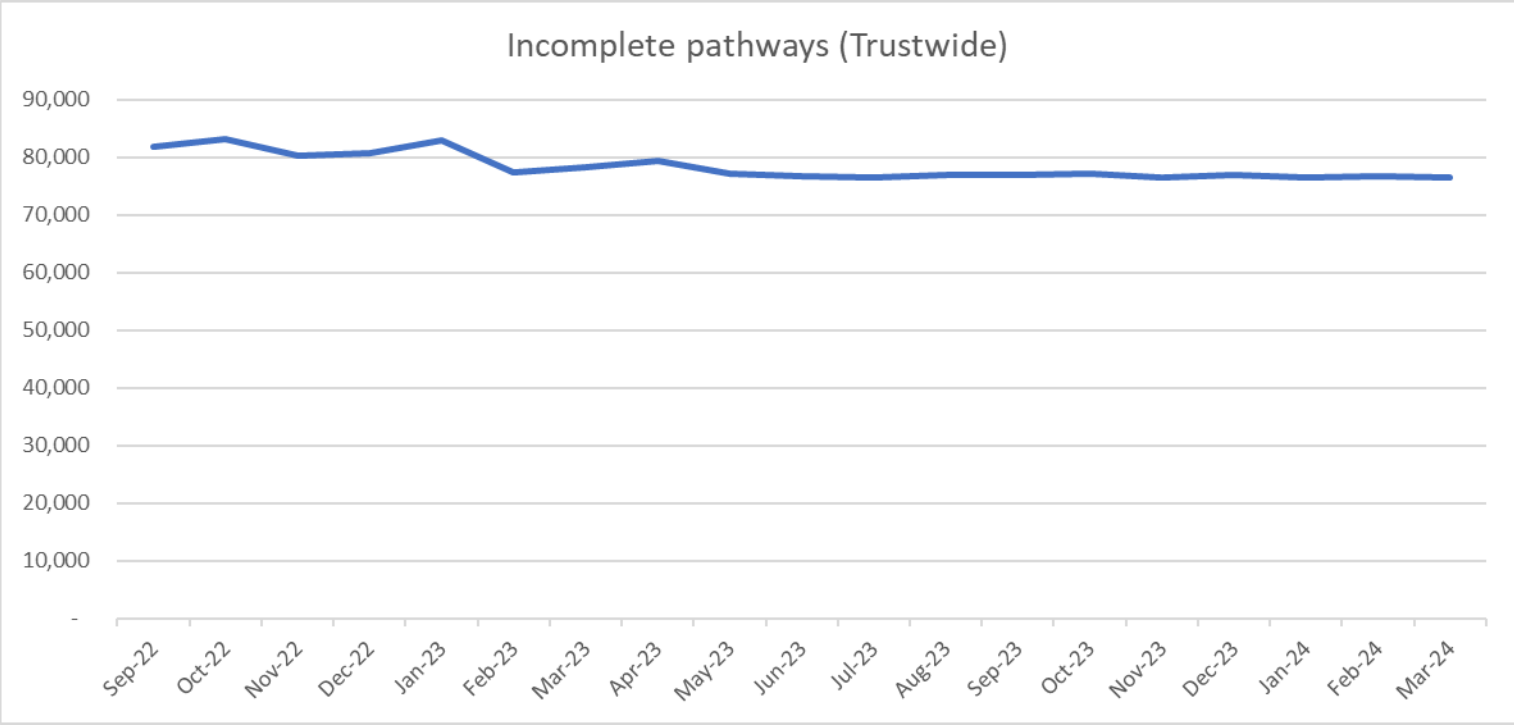


RTT: Total incomplete

2. Elective Performance | All

- The incomplete trajectory shows a slight improvement in overall position

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Clock starts	16,375	17,641	18,392	14,950	16,597	15,628	18,069	16,968	15,571	16,960	16,855	17,632	16,519	16,437	17,414	17,242	17,281	16,760	17,178
Clock stops	14,955	15,601	17,494	13,463	16,779	15,181	17,211	15,978	17,828	17,692	17,096	17,156	16,593	16,327	18,187	16,966	17,697	16,659	17,654
Incomplete	81,785	83,299	80,417	80,831	82,980	77,378	78,300	79,389	77,267	76,701	76,564	77,041	77,080	77,195	76,579	76,894	76,552	76,767	76,469



Cancer: 62 day+

2. Elective Performance | All

- Current trajectory shows improvement from starting position and meeting NHSE targets of 204

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Northern	83	81	96	76	83	97	78	92	97	75	67	53
Eastern	190	182	199	184	218	197	200	201	196	190	174	145
Total	**273**	**264**	**294**	**260**	**301**	**295**	**278**	**293**	**293**	**265**	**241**	**198**

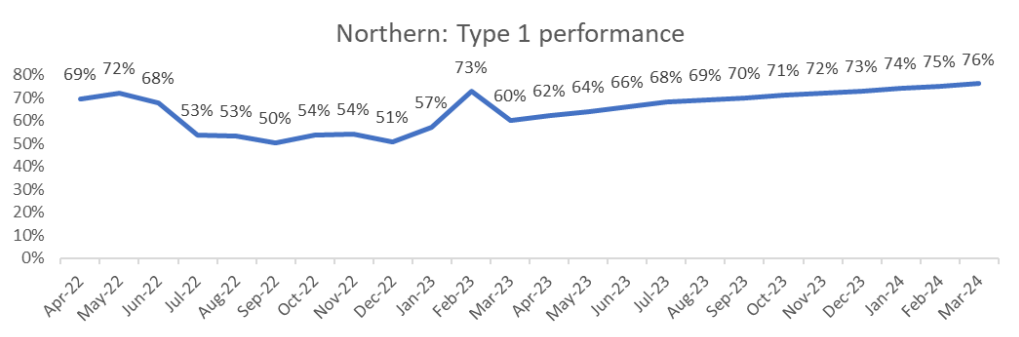
Eastern	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Surgery	161	150	162	150	175	159	157	158	156	156	144	124
Medicine	20	22	27	25	33	30	33	33	30	25	20	14
Specialist	8	11	10	9	10	9	10	10	10	9	10	7
	190	**182**	**199**	**184**	**218**	**197**	**200**	**201**	**196**	**190**	**174**	**145**

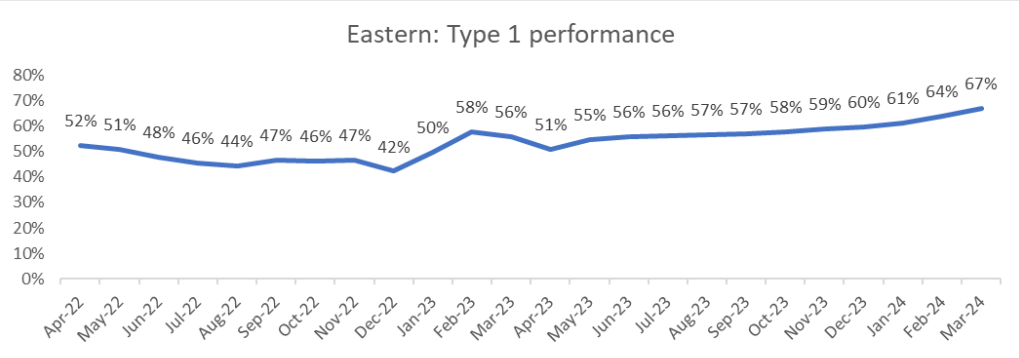
Northern	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Surgery	73	70	74	65	71	65	62	63	60	60	53	46
Medicine	6	8	17	6	8	28	12	24	33	12	10	3
Specialist	4	4	5	5	4	5	4	4	4	4	4	4
	83	**81**	**96**	**76**	**83**	**97**	**78**	**92**	**97**	**75**	**67**	**53**

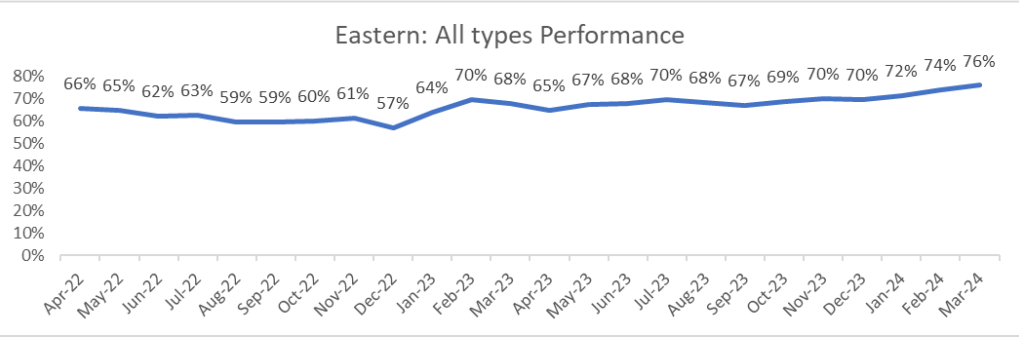
ED 4 hour performance

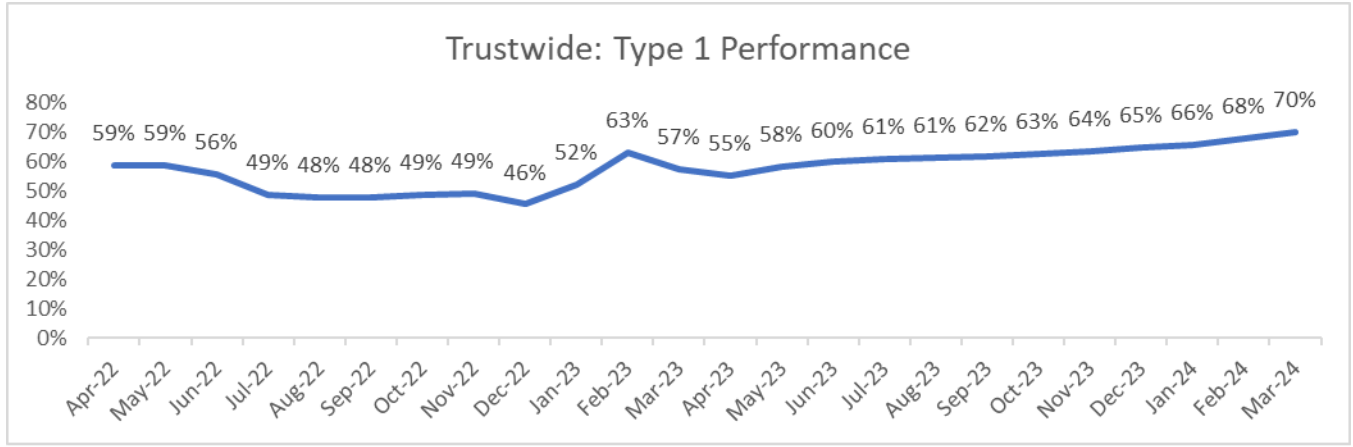
3. Non-elective

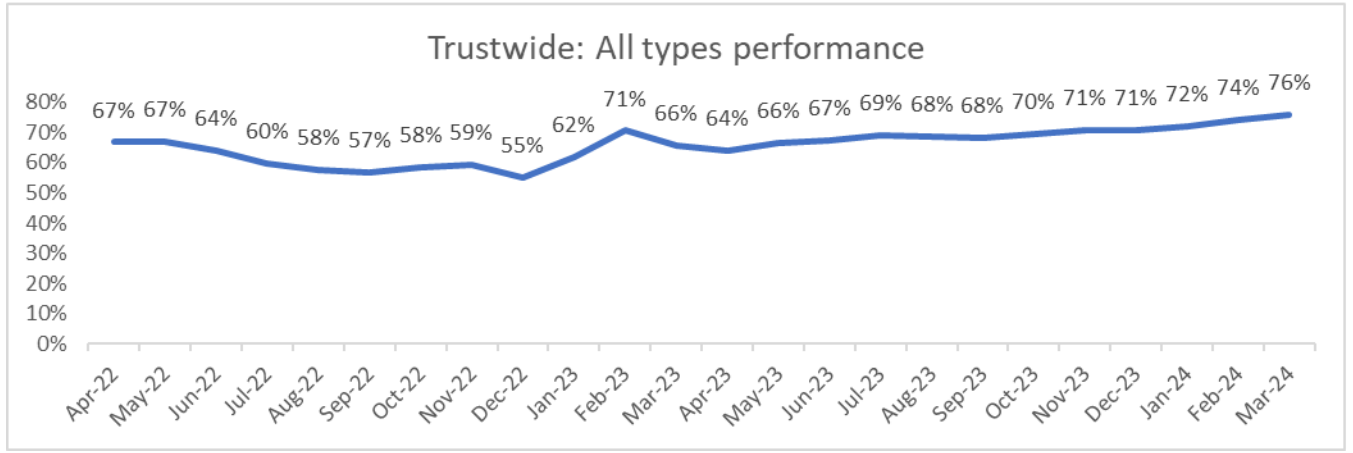
- ED performance trajectories meet the national planning trajectory of 76% by March 2024, but the formal plan submitted only achieves this in March 2024
- Achievement of this target is heavily contingent on UEC funding and NCTR achievement











Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.1, Public Board Meeting		Date: 31 May 2023	
Title:	WDES & WRES Annual Reports			
Prepared by:	Laura Beggs, Diversity and Inclusion Data Analyst and Sharifa Hashem, Inclusion Lead			
Presented by:	Hannah Foster, Chief People Officer			
Responsible Executive:	Hannah Foster, Chief People Officer			
Summary:	The purpose of the report is to inform the board of the results from the recent Workforce Disability Equality Standards (WDES) and Workforce Race Equality Standards (WRES) annual collections for the Royal Devon. Additional analysis has been completed on other protected characteristics, to provide broader intelligence in relation to equality across different characteristics.			
Actions required:	For approval and subsequent publishing on the Trust website (both statutory requirements)			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
		X		
History:	These papers have been reviewed and approved at PWPW prior to being discussed at Board. These papers have not been scrutinised at Governance Committee due to timing of papers.			
Link to strategy/ Assurance framework:	This report is statutory and required to be approved by the Board prior to publishing.			

Monitoring Information

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

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

1. Purpose of paper

The purpose of the report is to inform the Board of the results from the recent Workforce Disability Equality Standards (WDES) and Workforce Race Equality Standards (WRES) annual collections for the Royal Devon University Healthcare NHS Foundation Trust. Additionally, a separate Bank WRES report has been introduced nationally from this year and is being presented and submitted for the first time.

An additional return (Medical WRES) was previously completed nationally by NHS England, however from 2023 it has been requested that this be completed by organisations at a local level; however, unlike the other WRES and WDES reports this return is not currently mandated. To date, there have been challenges in sourcing the required data to complete the Medical WRES return, so at the time of writing this report is not available. Continued efforts are being made within the inclusion team to be able to complete this submission.

Further to feedback from the 2022 reporting cycle, additional reports have been written to provide a greater understanding of employee experience across other groups of staff, namely in the context of sexual orientation, gender identity and those with different religious beliefs. This additional information allows the Trust to gain a more holistic understanding of employee experience, across a wider range of characteristics, providing greater intelligence to enable further development of the inclusion agenda.

It should also be noted that this year is the first year of completing these reports as a merged Trust, with last year's data being based on the merged results from the former Trusts.

2. Background

It is a statutory requirement for trusts to compile and submit a standard national report and action plan each year for the Workforce Disability Equality Standards (WDES), Workforce Race Equality Standards (WRES) and Bank WRES, in order to demonstrate its findings and to flag progress against a number of indicators relating to the representation of ethnic minority staff and staff who have a disability.

It is a requirement that these are approved by the Board and published on the Trust public website.

3. Analysis

A full analysis of the data has been provided within each individual report; however, it should be noted that the papers were discussed and approved at PWPW prior to presentation at Board.

With the new reporting in place covering a broader range of staff groups, it was requested by PWPW that intersectionality be considered in more detail. It was agreed that further triangulation could be completed using a range of datasets; however, due to low numbers of people in each of the categories, it would not always be possible to draw any definitive conclusions.

4. Resource/legal/financial/reputation implications

The reports, once approved by Board, will enable the Trust to meet its statutory requirements in relation to WRES and WDES reporting.

5. Link to BAF/Key risks

Whilst this year's reports have shown improvements in a number of areas, there continue to be a significant difference in the experiences of Black and Minority Ethnic staff and staff with disabilities, compared to white staff and staff without disabilities, representing a risk to the Trust.

6. Proposals

It is proposed that the enclosed reports are approved by the Board and published on the Trust public website.

Royal Devon University Healthcare NHS Foundation Trust

WRES Summary Report 2023

1. BACKGROUND

1.1 The Workforce Race Equality Standard (WRES) was first introduced in 2016 and requires Trusts to compile and submit a standard national report in order to demonstrate its findings and to flag progress against a number of indicators relating to the representation of Black and Minority Ethnic staff.

1.2 The WRES is in place to ensure that employees from Black and Minority Ethnic backgrounds have equal access to career opportunities, receive fair treatment in the workplace and should highlight any differences between the experience and treatment of White staff and Black and Minority Ethnic staff in the NHS, with a view to closing any identified gaps through the development and implementation of action plans focused upon continuous improvement over time.

2. ANALYSIS

2.1 The data period for the information within the submission was 1st April 2022 – 31st March 2023. Whenever previous years data is referenced, this will be an aggregate total of Royal Devon and Exeter Trust and Northern Devon Healthcare Trust, which has not previously been published, as the two trusts merged April 2022. As such there may be discrepancies between previous years data present in this report and any previously published data.

The submission is split into discreet sections, which are addressed beneath the sub-headings below.

2.2 Workforce Data

The total number of staff employed by the Royal Devon Trust at 31st March 2023 stood at 13,443, of which 1,310 were recorded as Black and Minority Ethnic. Based on these figures, Black and Minority Ethnic staff represent 9.74% of the total staff population. It is worth noting only 6.79% of those completing the staff survey identified as being from a Black and Minority Ethnic background.

According to the data the Black and Minority Ethnic population within the Trust has increased by 0.34% (from 9.40%) from the previous reporting period ending March 2022. This increase is despite the fact that the number of staff not having a recorded ethnicity on ESR has increased from 2022 data; a total of 8.52% of staff, an increase of 2.95% compared to the 5.57% in 2022 data.

Non-Clinical Staff (ESR Data)

Band Clusters	% White	% Black and Minority Ethnic	% Unknown/Null
Cluster 1: AfC Bands <1 to 4	88.65%	4.17%	7.17%
Cluster 2: AfC bands 5 to 7	92.91%	3.49%	3.60%
Cluster 3: AfC bands 8a and 8b	92.44%	3.36%	4.20%
Cluster 4: AfC bands 8c to VSM	96.25%	0.00%	3.75%
Total Non-Clinical	**90.26%**	**3.83%**	**5.91%**

Clinical Staff (ESR Data)

Band Clusters	% White	% Black and Minority Ethnic	% Unknown/Null
Cluster 1: AfC Bands <1 to 4	83.24%	7.78%	8.98%
Cluster 2: AfC bands 5 to 7	79.80%	12.07%	8.13%
Cluster 3: AfC bands 8a and 8b	92.64%	5.35%	2.01%
Cluster 4: AfC bands 8c to VSM	91.67%	2.08%	6.25%
Total Clinical	**81.65%**	**10.10%**	**8.24%**

Medical & Dental Staff (ESR Data)

Medical and Dental Grades	% White	% Black and Minority Ethnic	% Unknown/Null
Medical & Dental Consultant	79.22%	13.63%	7.16%
Medical & Dental Non-Consultant Career Grade	43.50%	29.66%	26.84%
Medical & Dental Trainee Grades	61.42%	21.11%	17.47%
Total Medical & Dental	**64.12%**	**20.21%**	**15.67%**

For non-clinical staff the most junior positions have over representation from Black and Minority Ethnic groups when compared to the total percentage make up; in clinical roles (excluding medics) Black and Minority Ethnic groups are very under-represented in the more senior roles and are over represented in bands 5-7. Medics are the most ethnically diverse staff group with 20.21% of staff recorded as Black and Minority Ethnic.

2.3 Recruitment

The data has shown that of the 297 people who classified themselves as from a Black or Minority Ethnic background and were shortlisted, 83 were appointed. This represents an increase in the percentage taken into employment (27.95% compared to 25.85% the previous year).

19.09% of people who identify as White were appointed into roles, a reduction of 9.7% from last year's data. This indicates that Black and Minority Ethnic staff were more likely to be appointed having been shortlisted for a role than those who identify as White. However, it is worth noting that due to the significant difference in the number of shortlisted applicants between White (n=2891) and Black and Minority Ethnic applicants (n=297) it is difficult to reach a definitive conclusion.

2.4 Disciplinary Process

The data shows that no Black and Minority Ethnic staff entered a formal disciplinary process in the past year. By comparison 0.12% (n=13) of staff identifying as White and 0.17% of those recorded as ethnicity unknown / null entered formal disciplinary processes. This relative likelihood of Black and Minority Ethnic staff entering the process compared to White staff represents a decrease from the previous year and some Black and Minority Ethnic staff may be included in the ethnicity unknown figure although this figure has decreased from the previous year.

2.5 Access to Non-Mandatory Training and CPD

The return shows that a higher percentage (80.08%) of Black and Minority Ethnic staff have accessed non-mandatory training and CPD in the last 12 months than White Staff (74.69%), an increase in both figures from the previous year. From the figures above it is likely that role

required training is still being included in this figure, there will be ongoing work on improving the accuracy of the data which should be excluding such training. As such it may look like reported figures next year are lower and inconsistent with this year's report but they should be more accurate.

2.6 **Workforce Race Equality Indicators (from staff survey)**

In 2022 4,672 Trust employees completed the staff survey, 6.76% of which identified as from a Black and Minority Ethnic background.

As there are only two years' worth of data to compare, benchmarking for 2022 has also been included for the below staff survey metrics. Arrow indicators for 2022 are to indicate the comparison with the previous year's figures. Column marked difference allows us to see the percentage difference between the 2022 figures for BME staff relative to White staff.

Bullying, harassment or abuse:

	White Staff			Black and Minority Ethnic Staff			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	22.0%	22.0% ↔(0%)	26.9%	29.4%	28.7% ↓(-0.7)	30.8%	+6.7%
% of staff who experience harassment, bullying or abuse from other colleagues	18.4%	20.7% ↑(+2.3%)	23.3%	22.9%	27.4% ↑(+4.5%)	28.8%	+6.7%

The staff survey data suggests that there has been a reduction in the number of Black and Minority Ethnic staff who have experienced bullying, harassment or abuse in the workplace from either patients, relatives or members of the public, but a statistically significant increase of 4.5% in those experiencing the above from work colleagues. There has also been a 2.3% increase in the number of White staff who have reported experiencing harassment, bullying or abuse from other colleagues; the Trust remains better than benchmarking on all the above metrics.

Equal opportunities with regard to career progression or promotion:

	White Staff			Black and Minority Ethnic Staff			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
% of staff who believe their organisation provides equal opportunity for career progression or promotion	62.3%	59.1% ↓(-3.2%)	58.6%	45.4%	51.0% ↑(+5.6%)	47.0%	+8.1%

This data indicates a 5.6% increase in the number of Black and Minority Ethnic staff who feel that they receive equal opportunities with regards to career progression. This has decreased for White staff compared to the previous year's data, now only 0.5% above benchmarking.

Experience of discrimination at work from manager or other colleague:

	White Staff			Black and Minority Ethnic Staff			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
% of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	5.5%	5.5% ↔(0.0%)	6.5%	16.0%	16.7% ↑(+0.7%)	17.3%	+11.2%

This data shows that the percentage of staff from White ethnic backgrounds feeling that they have personally experienced discrimination at work from their manager or another member of staff has not changes from previous years data.

There has been a 0.7% increase in Black and Minority Ethnic staff experiencing discrimination at work. Both of these figures for White and Black and Minority Ethnic staff are below benchmarking.

2.7 **Board Voting Membership**

The return shows that the total Board members and voting membership is now 93.3% White, with 6.7% not declaring an ethnicity.

3. KEY ISSUES AND ACTION

3.1 The data has indicated a statistically significant decrease in the percentage of Black and Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or members of the public, however there has been an increase in both White and Black and Ethnic Minority staff experiencing harassment, bullying or abuse from other colleagues.

3.2 One of the main concerns is the area of progression is the over 5% increase in Black and Minority Ethnic staff believing the Trust provides equal opportunity for career progression or promotion which is now above benchmarking, although this has decreased for White staff by over 3%.

There still remains a significant concern regarding our black and minority ethnic staff in comparison to White colleagues when experiencing bullying and harassment from managers, team leaders and other colleagues at work. Although the increase is marginal at 0.7% it still remains a concern that we see a significant difference in the experience of our Black and Minority Ethnic staff in comparison to our White staff.

3.3 It is important to note that a number of the experiences of Black and Minority Ethnic staff are likely to be mirrored by those with other protected characteristics and indeed those in other minority groups not necessarily covered by these. It is therefore important to consider intersectionality and inclusion as a whole when looking at actions to promote improved experiences for Black and Minority Ethnic staff. Further evidence can be seen in reporting for our bank WRES reports where gender is more clearly interrogated in the data set.

4. PROPOSALS

4.1 The Inclusion Steering Group has been established across Royal Devon University Healthcare Trust with a join action plan in place to address some of the concerns highlighted in this report.

4.3 As an integrated Trust we are planning to run a programme called Driving Your Career, aimed at bridging the gap between different staff groups and boosting confidence of those taking part. We are continuing to run inclusive leadership training across RDUH. These programmes are designed to support the confidence in our leaders in supporting issues relating to equity, and boost the chances of staff from less represented backgrounds to pass the application process.

4.4 It is proposed that the WRES report are approved by Board to allow for publishing on the public website by the deadline of the 31st October 2023.

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Bank WRES Summary Report 2023

1. BACKGROUND

1.1 The Workforce Race Equality Standard (WRES) was first introduced in 2016 and requires Trusts to compile and submit a standard national report in order to demonstrate its findings and to flag progress against a number of indicators relating to the representation of Black and Minority Ethnic staff.

1.2 Bank workers constitute a sizeable and vital part of the NHS with a central role in ensuring the safe and effective delivery of patient care. Early insights suggest that bank workers are made up of a high proportion of ethnic minority workers; therefore, a bank only WRES report has been launched nationally from 2023. This allows the Trust to review this segment of the workforce through data; to understand where we are now, where we need to be and how we can get there, while ensuring our bank workers are treated with respect, equality and dignity.

1.3 Please note the reporting requirements for the Bank WRES report are different to the WRES report. As such it includes a more detailed breakdown of staff groups by gender and grade when compared to the main report.

2. ANALYSIS

2.1 The data period for the information within the submission was 1st April 2022 – 31st March 2023. This return only includes bank staff who have worked within the previous 6-months from 31st March 2023 The submission is split into discreet sections, which are addressed beneath the sub-headings below.

2.2 **Indicator 1: Workforce Data**

The total number of bank only staff employed by the Royal Devon Trust at 31st March 2023 stood at 2227, of which 27.53% did not have an ethnicity recorded on ESR, compared to 8.52% of non-bank workers.

Of those with a recorded ethnicity on ESR, 7.41% of bank staff identified as being from a Black and Minority Ethnic background compared with 9.74% of non-bank workers, although this figure is likely higher due to the number of bank staff with an unrecorded ethnicity.

Below are the tables submitted to Bank WRES as indicator 1. Staff numbers are broken down by clinical or non-clinical AfC banding and gender.

Please note a high percentage of bank staff do not have their ethnicity recorded onto ESR, which makes analysis difficult. When national data is shared we will be in a better position to offer insights.

Non-Clinical AfC Staff Male

	White			Black and Minority Ethnic												
				Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups		
	British	Irish	Any other White background	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other ethnic group	Not stated
Under band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 2	90	1	20	1	0	1	0	7	0	1	5	0	0	0	0	5	54
Band 3	6	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Band 4	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 5	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 7 and above	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Non-Clinical AfC Staff Female

	White			Black and Minority Ethnic													
				Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups		
	British	Irish	Any other White background	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other ethnic group	Not stated
Under band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 2	161	0	51	0	0	1	0	1	0	1	5	0	1	1	1	6	66
Band 3	46	1	5	0	0	1	0	0	0	0	0	0	0	0	0	0	8
Band 4	9	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Band 5	6	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 6	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 7 and above	7	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Clinical AfC Staff Male

	White			Black and Minority Ethnic													
				Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups		
	British	Irish	Any other White background	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other ethnic group	Not stated
Under band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 2	58	0	7	0	0	1	2	10	1	1	4	0	0	0	2	5	28
Band 3	21	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	47
Band 4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Band 5	13	0	6	0	0	0	0	1	0	0	0	0	1	0	0	0	11
Band 6	5	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	1
Band 7 and above	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2

Clinical AfC Staff Female

	White			Black and Minority Ethnic													
				Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups		
	British	Irish	Any other White background	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other ethnic group	Not stated
Under band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 2	403	2	51	0	1	2	1	12	1	2	14	2	6	0	4	5	113
Band 3	44	0	2	0	1	2	0	0	0	0	0	0	1	0	0	0	114
Band 4	7	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Band 5	136	2	34	0	0	0	1	0	0	0	4	0	2	0	0	2	81
Band 6	81	0	12	1	0	0	0	0	0	0	0	0	0	0	0	0	23
Band 7 and above	23	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	11

Medical and Dental

	White			Black and Minority Ethnic													
				Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups		
	British	Irish	Any other White background	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other ethnic group	Not stated
Male	45	1	10	0	0	1	1	5	0	0	5	0	2	1	1	3	22
Female	36	1	13	0	0	0	2	2	1	0	4	0	0	0	2	0	22

Total Workforce

	White			Black and Minority Ethnic													
				Mixed				Asian or Asian British				Black or Black British			Other Ethnic Groups		
	British	Irish	Any other White background	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other ethnic group	Not stated
Male	251	2	51	1	0	3	4	23	1	2	15	0	3	2	3	13	167
Female	962	6	177	1	2	7	4	15	2	3	27	2	10	1	7	14	446
Total	**1213**	**8**	**228**	**2**	**2**	**10**	**8**	**38**	**3**	**5**	**42**	**2**	**13**	**3**	**10**	**27**	**613**

Non-clinical - Gender	% White	% Black and Minority Ethnic	% Unknown
Male	62.56%	10.34%	27.09%
Female	75.58%	5.14%	19.28%
Total Non-Clinical	71.11%	6.93%	21.96%

Clinical - Gender	% White	% Black and Minority Ethnic	% Unknown
Male	50.21%	12.45%	37.34%
Female	65.98%	5.27%	28.75%
Total Clinical	63.37%	6.46%	30.17%

Medical and Dental - Gender	% White	% Black and Minority Ethnic	% Unknown
Male	57.73%	19.59%	22.68%
Female	60.24%	13.25%	26.51%
Total Medical & Dental	58.89%	16.67%	24.44%

Above is a summary of bank staff ethnicity by gender and staffing group, we can see that the medical and dental workforce have the highest proportion of Black and Minority Ethnic staff and also that Male bank staff are more likely to be Black and Minority Ethnic than their female counterparts

2.3 **Indicator 2: Disciplinary Process**

Disciplinary process differ for bank staff, as such we do not hold a record of staff on the bank who have undergone formal disciplinary processes in the same was as non-bank staff. For the purpose of this return we have not made a submission for this subset of data.

2.4 **Indicator 3: Dismissals**

During the 12 month period 1st April 2022 to 31st March 2023 1 bank worker was dismissed from the Trust. The person in question identified as being a White male.

3. KEY ISSUES AND ACTION

3.1 A high percentage of bank staff do not have their ethnicity recorded onto ESR which makes analysis more difficult, improving the data quality in this regard will enable a more useful analysis of our workforce

3.2 NHS surveys have implemented a bank only staff survey for the first time in 2022[1], which will give a deeper insight into staff experiences in our trust for our bank colleagues, Royal Devon

[1] https://www.nhsstaffsurveys.com/static/05fc3698e31b8e0d936660aa1715e4df/Aggregated-Bank-Only-Survey-Results-2022.pdf

participation in this could help us identify issues to are affecting Black and Minority Ethnic Minority bank staff

3.3 We recognise there may be an intersectionality of Black and Ethnic Minority woman who at bands 2-5 who are more likely to be impacted by the findings of this report based on percentage of staff groups, and action planning must consider the needs of this staff group in a holistic approach.

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WDES Report 2023

1. BACKGROUND

1.1 The Workforce Disability Equality Standards (WDES) was first introduced in 2019 and requires Trusts to compile and submit a standardised national report of its findings and to demonstrate performance against a number of indicators relating to workforce disability equality, including a specific indicator to address the low levels of representation for staff with disabilities at Board level.

1.2 The WDES should ensure that employees who have a disability have equal access to career opportunities, receive fair treatment in the workplace and should highlight any differences between the experience and treatment of those who identify as having a disability versus those who do not, with a view to closing any identified gaps through the development and implementation of action plans focused upon continuous improvement over time.

2. ANALYSIS

2.1 The data period for the information within the submission was 1st April 2022 – 31st March 2023. Whenever previous years data is referenced, this will be an aggregate total of Royal Devon and Exeter Trust and Northern Devon Healthcare Trust, which has not previously been published, as the two trusts merged April 2022. As such there will be discrepancies between previous years data present in this report and any previously published data.

The WDES submission is split into discreet sections, which are addressed beneath the sub-headings below.

2.2 Workforce Data

The total number of staff employed by the RD&E at 31st March 2021 stood at 13,443 of which 549 were recorded as having a disability and 3378 with an unknown status recorded on ESR.

The proportion of staff who do not have their disability status recorded on ESR has increased from last year by 1.67% and only 74.87% of staff have their disability status recorded on ESR. According to ESR information, staff with a disability represent 4.08% of the total staff population. This is a slight increase from the 3.76% of the total staff population recorded last year.

This is significantly different to the data recorded from respondents to the Staff Survey, where the number of respondents answering yes to the question “do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?” stood at 24.74%.

Non-Clinical Staff (ESR Data)

Band Clusters	% Disabled	% Non-disabled	% Unknown/Null
Cluster 1: AfC Bands <1 to 4	5.4%	69.3%	25.3%
Cluster 2: AfC bands 5 to 7	5.9%	78.0%	16.0%
Cluster 3: AfC bands 8a and 8b	5.0%	77.3%	17.6%
Cluster 4: AfC bands 8c to VSM	5.0%	75.0%	20.0%
Total Non-Clinical	**5.5%**	**72.3%**	**22.2%**

Clinical Staff (ESR Data)

Band Clusters	% Disabled	% Non-disabled	% Unknown/Null
Cluster 1: AfC Bands <1 to 4	4.0%	73.1%	22.9%
Cluster 2: AfC bands 5 to 7	4.0%	73.2%	22.8%
Cluster 3: AfC bands 8a and 8b	2.0%	79.6%	18.4%
Cluster 4: AfC bands 8c to VSM	2.1%	66.7%	31.3%
Total Clinical	**3.9%**	**73.3%**	**22.7%**

Medical & Dental Staff (ESR Data)

Medical and Dental Grades	% Disabled	% Non-disabled	% Unknown/Null
Medical & Dental Consultant	1.70%	66.27%	32.03%
Medical & Dental Non-Consultant Career Grade	1.69%	46.89%	51.41%
Medical & Dental Trainee Grades	2.08%	42.91%	55.02%
Total Medical & Dental	**1.84%**	**52.86%**	**45.29%**

The information obtained from ESR for the WDES Annual Collection shows that there is underrepresentation of staff with disabilities at higher pay bands with the highest proportion of disabled staff falling within the lowest bands, particularly for clinical staff. This indicates that staff with a disability may not be progressing through the organisation in the same way our non-disabled staff do. Additionally, the proportion of disabled medical and dental employees is notably low but has increased from previous years data, with the high number of medical and dental staff not having a recorded disability status on ESR, this figure may be higher.

2.3 Recruitment

The data has shown that of the 117 shortlisted applicants who classified themselves as disabled, 37 were appointed. This means that 31.62% were taken into employment, an increase of around 3% from last year. Of the 2957 shortlisted applicants not identifying as disabled, 607 (20.53%) were appointed into roles, a decrease of around 10% from last year's report.

This demonstrates that based on the recruitment activity recorded in this period, those who identify as having a disability are more likely to be appointed from shortlisting than those who do not with the rates of appointment from shortlisting increased for disabled and decreased for non-disabled applicants since last year.

2.4 Capability Process

Trusts who have 10 or fewer cases of disabled staff within the formal capability process for reasons of performance are not required to include these results alongside the analysis of the other metrics. Results for this metric have not been published in line with guidance from the National WDES Team, as there are far fewer than 10 cases within the Trust.

2.5 Workforce Disability Equality Indicators (Staff Survey)

In 2022 4,672 Trust employees completed the staff survey, 24.74% of which declares a disability.

As there are only two years' worth of data to compare, benchmarking for 2022 has also been included for the below staff survey metrics. Arrow indicators for 2022 are to indicate the comparison with the previous year's figures. Column marked difference allows us to

see the percentage difference between the 2022 figures for disabled staff relative to non-disabled staff.

Bullying, harassment or abuse:

	Disabled			Non-Disabled			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	28.3%	28.9% ↑ (+0.3%)	33.0%	20.8%	20.4% ↓ (-0.4%)	26.2%	+8.5%
% of staff experiencing harassment, bullying or abuse from manager in the last 12 months	14.0%	14.3% ↑(+0.3%)	17.1%	6.7%	7.9% ↑ (+1.2%)	9.9%	+6.4%
% Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	22.5%	23.6% ↑(+1.1%)	26.9%	12.6%	14.7% ↑(+2.1%)	17.7%	+8.9%

The data above shows an increase in all metrics for disabled staff experiencing harassment, bullying or abuse compared to last year's data. There has also been a larger increase in non-disabled staff experiencing harassment, bullying or abuse from their manager or other colleagues but a slight reduction in experiencing this from patients, relatives or the general public.

The Trust remains below benchmarking on all metrics which has increased from previous years data.

Reporting incidences:

	Disabled			Non-Disabled			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	45.3%	48.7% ↑(+3.4%)	48.4%	46.8%	49.3% ↑(+2.5%)	47.3%	-0.6%

Reporting of incidents relating to staff experiencing harassment, bullying or abuse at work has increased for both groups. It appears that reporting of these incidents is lower among staff declaring a disability, although the gap is significantly reducing compared to last year's data.

Equal opportunities with regard to career progression:

	Disabled			Non-Disabled			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
% of staff who believe their organisation provides equal opportunity for career progression or promotion	56.5%	53.5% ↓(-3.0%)	51.4%	62.3%	60.1% ↓(-2.2%)	57.3%	-6.6%

The data shows a decline of scores for both staff with and without a disability in terms of staff feeling the Trust provide equal opportunities with regards to career progression, the decline being greater for staff reporting a disability. This regression, while still above benchmarking for 2022, is despite benchmarking remaining the same for staff with a disability and reducing for staff not reporting a disability.

In addition, there remains a 6.6% disparity with a lower number of disabled staff still saying that their organisation provides equal opportunity for career progression compared to their non-disabled colleagues.

Pressure to come to work:

	Disabled			Non-Disabled			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
% of staff who felt pressure from their manager to come to work, despite feeling not well enough to perform their duties	27.0%	23.0% ↓(-4.0%)	30.0%	18.8%	16.0% ↓(-2.8%)	20.8%	+7.0%

The staff survey results show the percentage of disabled staff and non-disabled staff feeling pressure from their line manager to come to work despite not feeling well has reduced from previous years data, most notably for disabled staff. This is in line with a decrease in benchmarking although the gap between the two groups remains this has reduced from previous years data.

Staff satisfaction with extent work is valued by organisation:

	Disabled			Non-Disabled			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
% of staff who were satisfied with the extent to which the organisation values their work	35.5%	37.3% ↑(+1.8%)	32.5%	51.4%	43.5% ↓(-7.9%)	43.6%	-6.2%

The staff survey results show an increase in the percentage of staff with a disability who are satisfied with the extent to which their organisation values their work and a significant decrease in non-disabled staff. There remains a disparity between staff with a disability and staff without feeling valued. The trust is now 4.8% above benchmarking for disabled staff, an improvement of 1.9% against benchmarking compared to previous years data. The Trust is now 0.1% below benchmarking for non-disabled staff.

Adequate adjustments made for staff with a disability:

	Disabled Staff 2021	Disabled Staff 2022	Benchmark 2022
% of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	77.7%	78.9% ↑(+1.2%)	71.8%

The staff survey data shows an increase in the percentage of staff who said their employer has made adequate adjustment(s) to enable them to carry out their work. The Trust is continuing to perform above benchmark.

Staff engagement:

	Disabled			Non-Disabled			Diff.
	2021	2022	Benchmark	2021	2022	Benchmark	
Staff engagement (0-10)	6.8	6.6 ↓	6.4	7.1	6.9 ↓	6.9	-0.3

Staff engagement is a theme identified from the scores of questions relating to motivation, involvement and advocacy. There has been an equivalent decline for both staff with and without a disability and while staff with a disability remains above benchmarking, staff not reporting a disability is now at benchmarking.

2.6 **Board Voting Membership**

The return shows that the Board voting membership has 1 disabled member, 8 non-disabled members and 6 who are marked as unknown.

3. KEY ISSUES AND ACTION

3.1 This year there are some areas of improvement in experience for staff declaring a disability and those who have not however the disparity between the experiences remain concerning. There have been improvements for staff with a disability feeling that the Trust has made adequate improvements and the reporting of harassment, bullying or abuse at work

3.2 The data highlights a concern for staff experiencing harassment, bullying and or abuse, equal opportunities for career progression, and staff engagement.

3.3 The largest disparity between staff declaring a disability and those who have not remain in staff feeling pressure to come to work despite not feeling well and that their work is valued

by the Trust, these metrics have however improved for staff with a disability from last year's data.

3.3 There has also been an increase in staff not declaring a disability status on ESR, particularly among the Medical and Dental staff group.

4. PROPOSALS

4.1 The Inclusion Steering Group has been established across Royal Devon University Healthcare Trust with a join action plan in place to address some of the concerns highlighted in this report.

4.2 It is proposed that the Inclusion Team work closely with other teams in the organisation to highlight the different ways in which staff can speak up. Alongside this we have started a Staff Incident Group to begin sharing the outcomes from previously reported cases to increase safety for those reporting, and to evidence change. From the above report we can see evidence of improvement in the lived experience of our colleagues identifying as having a disability such as in adequate adjustments being made and feeling their work is valued by the organisation.

A key project for 23/24 is to look at the lived experiences of staff with a disability and the ease with which they can access reasonable adjustments within the workplace. This will be in the form of focus groups.

The Trust remains above benchmark for almost all metrics.

Royal Devon University Healthcare NHS Foundation Trust

LGBTQ+ Summary Report

1. BACKGROUND

1.1 This report has been created to go alongside the national mandated reporting of WDES (Workforce Disability Equality Standard) and WRES (Workforce Race Equality Standard) in order to gain insight of staff demographics and experiences in the context of their sexual orientation and gender identity.

1.2 The same parameters have been used as for WDES and WRES so this report excludes bank staff.

2. Analysis

2.1 The data in this report is taken from a snapshot on 31st March 2023 and the latest staff survey results taken at the end of 2022. The submission is split into discrete sections, which are addressed beneath the sub-headings below.

2.2 Workforce Data

The total number of staff employed by the RDUH at 31st March 2022 stood at 13,443, of which 2.39% were recorded as LGBTQ+ (including other sexual orientation not listed). 21.09% of staff declined to provide a response with only 6.71% not having inputted an option on ESR.

Please see below a note on language use in this report.

Sexual orientation					
Heterosexual	Gay/Lesbian	Bisexual	Other[1]	Prefer not to say	Unknown
69.81%	1.24%	1.00%	0.15%	21.09%	6.71%

Currently there are no options besides male/female to record a staff members gender identity on ESR, this is to enable national mandatory Gender Pay Gap reporting

2.6 Staff Survey Data

Groupings for staff survey demographics are below:

Sexual orientation				
Heterosexual	Gay/ Lesbian	Bisexual	Other	Prefer not to say
88.31%	2.18%	1.90%	0.39%	6.21%

Gender identity		
Cisgender	Non cisgender	Prefer not to say
94.54%	0.32%	2.23%

It is worth noting that due to the small number of staff identifying within some of the above categories, specifically 'other' and 'non-cisgender', caution should be applied when interpreting these results.

[1] We note an option in the original data set is "other" and we would like to clarify in this case we use it in the original indicated sense where someone does not feel the options provided best describe their identity. We recognise this can feel uncomfortable as a standalone category and hope this explanation clarifies the use of wording in this report.

The arrow indicators within the tables below indicate whether a score is above or below the Trust average.

Bullying, harassment or abuse:

	Heterosexual	Gay/Lesbian	Bisexual	Other	Not disclosed
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	22.0% ↓	22.5% ↓	27.0% ↑	33.3% ↑	27.0% ↑
% of staff who experience harassment, bullying or abuse from managers	8.8% ↓	7.8% ↓	15.7% ↑	17.6% ↑	16.3% ↑
% of staff who experience harassment, bullying or abuse from other colleagues	16.1% ↓	19.0% ↑	23.3% ↑	22.2% ↑	25.4% ↑

The staff survey data suggests that it is consistently Bisexual staff, along with staff who identified as 'other' and those who have not disclosed their sexual orientation report higher levels of bullying harassment or abuse, additionally gay and lesbian staff also reported higher than Trust average for bullying, harassment or abuse from other colleagues.

	Cisgender	Non cisgender	Prefer not to say
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	22.2%↓	20.0%↓	33.7%↑
% of staff who experience harassment, bullying or abuse from managers	9.2%↓	13.3%↑	16.3%↑
% of staff who experience harassment, bullying or abuse from other colleagues	16.8%↓	28.6%↑	24.8%↑

As above, it is the staff members who chose not to disclose their gender identity, along with non-cisgender staff members that report higher levels of bullying, harassment or abuse, most troublingly from other colleagues.

Reporting harassment, bullying or abuse:

	Heterosexual	Gay/Lesbian	Bisexual	Other	Not disclosed

% of staff saying they or a colleague reported harassment, bullying or abuse	49.4%—	48.4%↓	61.8%↑	-	42.5%↓

	Cisgender	Non cisgender	Prefer not to say
% of staff saying they or a colleague reported harassment, bullying or abuse	48.9%↓	-	39.5%↓

Please note there is missing data in the above tables due to low response rates.

Equal opportunities with regard to career progression or promotion:

	Heterosexual	Gay/Lesbian	Bisexual	Other	Not disclosed
% of staff who believe their organisation act fairly with regard to career progression or promotion	59.7%↑	56.9%↓	64.0%↑	38.9%↓	40.3%↓

This data indicates those who have not disclosed their sexual orientation report the lowest result when assessing if feel that they receive equal opportunities with regards to career progression.

	Cisgender	Non cisgender	Prefer not to say
% of staff who believe their organisation act fairly with regard to career progression or promotion	59.1%↑	50.0%↓	32.4%↓

As with previous results it is those who prefer not to state their gender identity who have the lowest scores while non-cisgender is also below the Trust average.

People Promise sub scores:

As part of the staff survey People Promise elements pertaining to what we wish to see from our Trust as a place to work, have been identified which are a calculation of sub-scores. These sub scores are a calculation of responses to several questions relating to the sub score theme. Below is the data from 3 of these sub scores for the groupings previously mentioned, all rated on a scale of 0-10.

	Heterosexual	Gay/Lesbian	Bisexual	Other	Not disclosed
Staff Engagement	6.9↑	6.6↓	6.6↓	5.9↓	6.2↓
Diversity and equality	8.4↑	7.9↓	8.4↑	7.6↓	7.6↓
Inclusion	7.1—	7.1—	7.1—	5.9↓	6.6↓

	Cisgender	Non cisgender	Prefer not to say
Staff Engagement	6.9↑	6.4↓	5.9↓
Diversity and equality	8.4↑	7.7↓	7.3↓
Inclusion	7.1—	6.8↓	6.3↓

Staff engagement is a theme identified from the scores of questions relating to motivation, involvement and advocacy, the Trust combined average was **6.8**. The data shows that only heterosexual and cisgender staff performed above this average.

Diversity and equality involves questions about staff facing discrimination at work or if the organisation respects individual differences, the Trust overall scores **8.3**. Notable here is the lower scores for those selecting 'other' and those who prefer not to disclose.

The inclusion sub score relates to how valued staff feel by their team and how their colleagues treat each other, the trust average is **7.1**. Again the lowest scores are from respondents selecting the any other or prefer not to say option, along with non-cisgender colleagues.

3. KEY ISSUES AND ACTION

3.1 There is a large disparity in staff choosing to disclose their sexual orientation on ESR and in the staff survey, this may be due to the nature of the staff members who participate in the staff survey, however the staff findings show that those who do not disclose, even in this anonymised survey, report less favourable results on all metrics.

3.2 With the exception Bisexual staff, non-heterosexual and non-cisgender staff report the lowest results for the Diversity and Equality sub score, this is reflected in the experience of these staff experiencing bullying, harassment or abuse.

4. PROPOSALS

4.1 Royal Devon are currently participating in the NHS Rainbow Badge process. This is an assessment and accreditation model in to demonstrate our commitment to reducing barriers to healthcare for LGBT people, whilst evidencing the good work we have already undertaken. Part of which involves both a staff and patient survey, the findings of which will provide us with action planning about how we can make the Trust a more welcoming and inclusive place for our LGBT colleagues.

4.2 We recognise the need for further awareness raising in regards to LGBTQ+ people and issues, we believe this approach will foster a better sense of belonging and inclusion, leading to higher instances of safety and staff sharing their needs and concerns and ultimately lead to better patient care.

Royal Devon University Healthcare NHS Foundation Trust

Religious belief Summary Report 2023

1. BACKGROUND

1.1 This report has been created to go alongside the national mandated reporting of WDES (Workforce Disability Equality Standard) and WRES (Workforce Race Equality Standard) in order to gain insight of staff demographics and experiences in the context of their religious belief.

1.2 In March 2022 Dr. YingFei Gao Héliot published a report on supporting religious identity in the NHS[1], research conducted across five NHS trusts, using the feedback and experiences of NHS staff from a diverse mix of job roles and religious identities, highlighting the benefits of adopting a faith and belief competency framework in the NHS.

1.3 The same parameters have been used as for WDES and WRES meaning this report excludes bank staff.

2. Analysis

2.1 The data in this report is taken from a snapshot on 31st March 2023 and the latest staff survey results taken at the end of 2022. The submission is split into discrete sections, which are addressed beneath the sub-headings below.

2.2 Workforce Data

The total number of staff employed by the RDH at 31st March 2022 stood at 13,443, of which 64.85% have a religious belief recorded on ESR. 27.96% of staff have decided not to disclose their religion/belief with 7.18% not having inputted an option on ESR. Due to set ESR values, we can see that there may be a missed opportunity to identify the 6.7% of staff that identify with 'any other religious identity.

Christian	Prefer not to say	No religion	Unknown	Any other	Muslim	Hindu	Buddhist	Sikhism	Judaism	Jainism
39.83%	27.96%	15.87%	7.18%	6.70%	1.03%	0.77%	0.48%	0.10%	0.07%	0.01%

2.3 Staff Survey Data

Groupings for staff survey demographics are below:

No religion	Christian	Prefer not to say	Any other[2]	Muslim	Hindu	Buddhist
46.64%	42.72%	6.36%	1.37%	0.62%	0.51%	0.49%

[1] Influencing & Supporting Religious Identity in the NHS through Faith Competency

[2] We note an option in the original data set is "other" and we would like to clarify in this case we use it in the original indicated sense where someone does not feel the options provided best describe their religious identity. We recognise this can feel uncomfortable as a standalone category and hope this explanation clarifies the use of wording in this report.

Staff who completed the anonymous survey were more willing to disclose their religious identity compared to Trust ESR data, with the biggest change being in those who identified as having no religious belief. The arrow indicators within the tables below indicate whether a score is above or below the Trust average

It is worth noting that due to the small number of staff identifying within some of the above religious categories, caution should be applied when interpreting these results.

Bullying, harassment or abuse:

	No religion	Christian	Buddhist	Hindu	Muslim	Any other	Prefer not to say
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	20.7%↓	23.7%↑	17.4%↓	20.8%↓	10.3%↓	36.5%↑	26.9%↑
% of staff who experience harassment, bullying or abuse from managers	8.3%↓	9.6%↓	4.3%↓	8.7%↓	18.5%↑	14.5%↑	16.8%↑
% of staff who experience harassment, bullying or abuse from other colleagues	14.5%↓	17.7%↑	30.4%↑	13.0%↓	25.9%↑	25.4%↑	26.7%↑

The staff survey data suggests that staff members who identify with a religious belief generally feel they experience bullying, harassment or abuse more than those who do not, most notably from other colleagues. The groups who identify their religious belief as 'other' or those who prefer not to say generally have the worst experiences.

Reporting harassment, bullying or abuse:

	No religion	Christian	Buddhist	Hindu	Muslim	Any other	Prefer not to say
% of staff saying they or a colleague reported harassment, bullying or abuse	49.3%↓	50.6%↑	-	-	-	42.9%↓	41.2%↓

Staff who did not identify with a specific religious belief were less likely to report harassment, bullying or abuse with those preferring not to say reporting the lowest reporting rates.

Please note there is missing data above due to a low response rate.

Discrimination

	No religion	Christian	Buddhist	Hindu	Muslim	Any other	Prefer not to say
% of staff saying they have experienced discrimination from patients, relatives or members of the public	3.5%↓	5.5%↑	13%↑	21.7%↑	10.3%↑	12.5%↑	6.5%↑
% of staff saying they have experienced discrimination from manager or other colleagues	4.9%↓	6.7%—	17.4%↑	12.5%↑	17.2%↑	9.5%↑	11.9%↑

	No religion	Christian	Prefer not to say
% of staff saying they experienced discrimination on the grounds of religion	0.5%↓	0.6%↓	3.8%↑

Staff members who identified as having a religious belief were more likely to report experiencing discrimination from both patients/public and managers/colleagues. Those choosing not to disclose also reported the highest rates of this discrimination being on the grounds of their religious identity.

Equal opportunities with regard to career progression or promotion:

	No religion	Christian	Buddhist	Hindu	Muslim	Any other	Prefer not to say
% of staff who believe their organisation act fairly with regard to career progression or promotion	58.7%↑	60.8%↑	45.5%↓	79.2%↑	55.2%↓	50.0%↓	41.3%↓

This data indicates that Buddhist, Muslim, 'other' and staff members who chose not to disclose their religious belief feel the Trust acts less fairly with regards to career progression than other religious groups.

People Promise sub scores:

As part of the staff survey People Promise elements pertaining to what we wish to see from our Trust as a place to work, have been identified which are a calculation of sub-scores. These sub scores are a calculation of responses to several questions relating to the subscore theme. Below is the data from 3 of these sub scores for the groupings previously mentioned, all rated on a scale of 0-10.

	No religion	Christian	Buddhist	Hindu	Muslim	Any other	Prefer not to say
Staff Engagement	6.8 —	7.0 ↑	7.2 ↑	8.3 ↑	7.3 ↑	6.6 ↓	6.2 ↓
Diversity and equality	8.4 ↑	8.4 ↑	7.8 ↓	8.5 ↑	7.6 ↓	8.0 ↓	7.7 ↓
Inclusion	7.1 —	7.1 —	7.2 ↑	7.5 ↑	7.0 ↓	6.7 ↓	6.5 ↓

Staff engagement is a theme identified from the scores of questions relating to motivation, involvement and advocacy, the Trust combined average was **6.8**. The data shows those selecting any other or prefer not to say have a below Trust average score while all other groups were at or above the average.

Diversity and equality involves questions about staff facing discrimination at work or if the organisation respects individual differences, the Trust overall scores **8.3**. Notable here is the lower scores for our Buddhist and Muslim colleagues and those who prefer not to disclose.

The inclusion subscore relates to how valued staff feel by their team and how their colleagues treat each other, the trust average is **7.1**. Again the lowest scores are from respondents selecting the any other or prefer not to say option, Muslim colleagues are also slightly below the average.

2.4 **Board Voting Membership**

No religion	Christian	Other	Prefer not to say	Unknown
26.67%	26.67%	6.67%	20%	20%

60% of Board membership have a religious belief recorded on ESR with 20% unknown.

3. KEY ISSUES AND ACTION

3.1 There is a large disparity in staff choosing to disclose their religious belief on ESR and in the staff survey, this may be due to the nature of the staff members who participate in the staff survey, however the staff findings show that those who do not disclose, even in this anonymised survey, report less favourable results compared to the Trust overall, on all metrics.

4 PROPOSALS

4.1 NHS Employers have commissioned The University of Surrey to conduct research into enabling understanding of how faith and belief staff networks work within the NHS, these findings will help improve understanding of the importance of faith and belief networks across the NHS.

4.2 We recognise the need for further awareness raising in regards to religion and faith, we believe this approach will foster a better sense of belonging and inclusion, leading to higher instances of safety and staff sharing their needs and concerns.

Agenda item:	10.2, Public Board Meeting	Date: 31 May 2023
Title:	Royal Devon University Healthcare NHS Foundation Trust Safe Staffing Report for Nursing, Midwifery and Allied Health Professionals (AHPs) (October 2022 to March 2023)	
Prepared by:	Bev Allingham, Strategic Workforce Lead - Nursing, Midwifery, AHPs Will Denford, Executive Support Manager Carolyn Mills, Chief Nursing Officer	
Presented by:	Carolyn Mills, Chief Nursing Officer	
Responsible Executive:	Carolyn Mills, Chief Nursing Officer	
Summary:	The National Quality Board (NQB) guidance (2013) requires Trusts' to undertake a full nursing and midwifery safe staffing review annually, and at least every six months to review nursing, midwifery and care staffing capacity and report this to a public Board meeting. This paper provides a six-month review of the Trust's provision of nursing, midwifery and allied health professionals (AHP) staffing. It provides information on work undertaken to ensure safe staffing levels have been maintained over the last six months (October 2022 to March 2023) and on risks related to staffing. This report provides Trust wide, Eastern & Northern datasets for acute and community services, presenting both a Trust wide and Site specific picture to highlight any variations in the Northern and Eastern locations. There have been no significant changes to nursing, midwifery and/or AHP establishments or skill mix for the period of this report and no changes to the principles of staffing ratios for inpatient areas. The last six months has seen a progressively improving vacancy picture across most nursing, midwifery and AHP professions and areas; resulting in an improved daily staffing picture, less redeployments and less reliance on costly temporary staffing solutions. Industrial action and ongoing operational pressures have at times impacted on the ability to maintain established staffing levels; however, via a dynamic risk assessment process, this risk was continuously monitored and appropriate mitigating actions taken to ensure safe levels of staffing throughout.	
Actions required:	The Board are asked to: • note the content of the report; the work being undertaken to ensure compliance wherever possible with Trust staffing standards, with national guidance and the mitigating actions in place to manage risks associated with staffing gaps (day to day & strategic). • confirm if any further information/assurance is required.	

Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				X
History:	A more detailed version of this paper was presented & reviewed at the People, Workforce Planning and Wellbeing Committee (PWPW) on 18 May 2023.			

Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives: **BAF Risk 2:** Failure to recruit, retain and train the required workforce to ensure the right no. of staff with the right skills in the right location. **BAF Risk 5:** Elective demand and waiting list backlogs are not delivered. **BAF Risk 8:** Risk of a significant deterioration in quality and safety of care. **BAF Risk 10:** Urgent and Emergency Care targets are not delivered.

Monitoring Information

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

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

1. Purpose of paper

The purpose of this paper is to provide assurance to the Board of Directors on the work to ensure safe staffing levels over the last six months (October 2022 to March 2023).

This paper also provides the Board with the key findings and recommendations from the comprehensive 2022/23 Nursing, Midwifery and Allied Health Professionals (AHP) Annual Staffing Review (ASR), aligned to inform the 2023/24 operational planning cycle.

This paper needs to be considered in the context of other reports that Board members receive related to staffing, reports on serious incidents, patient outcomes, patient feedback and clinical risk.

2. Nursing, Midwifery & AHP Staffing

There have been no significant changes to nursing, midwifery and/or AHP establishments or skill mix for the period of this report and no substantive changes to the principles of staffing ratios for inpatient areas.

There have been no regulatory requests for information relating to safe staffing for nursing, midwifery and AHP's in the last 6 months.

A review of the ratio of Registered Nurses (RNs) and Nursing Associates (NAs) has been undertaken which has provided an accurate picture of the current numbers & spread of registrants in the above roles. This is being used to support the Trust's nursing workforce planning.

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

The Trust continues to submit monthly returns to the Department of Health via the NHS national staffing return (Unify). This return details the overall Trust position on actual hours worked versus expected hours worked for all inpatient areas (acute and community), the percentage fill rate for Registered Nurses (RN), Registered Midwives and Health Care Assistants (HCA) for day and night shifts; together with the overall Trust percentage fill rate.

There is ongoing discussion with the national team around including Registered Nursing Associates (RNAs) within the RN part of this return but this has not yet been confirmed. This return also includes the Care Hours per Patient Day (CHpPD).

Nursing & midwifery staffing fill rates and other staffing data is reviewed at the monthly Divisional Performance Reviews and the Trust Operations Board. The data contained within **Appendix 1** is the 6 monthly staffing fill rates for inpatient ward areas for both registered and unregistered staff (in acute and community hospitals).

October 2022 to March 2023 position: Overall fill rates for RNs, RMs, and HCAs are starting to show an improving picture. There remains a level of fluctuation which corresponds with the variation in operational activity, industrial action, requirements to support enhanced observations of care of patients/specialling, and temporary staffing

fill rate. There has been an ongoing focus on training and education to support high quality roster housekeeping and reporting accuracy.

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

- A minimum of twice daily staffing meetings to review ward/dept workload, acuity, staffing levels and skill mix; this permits a dynamic risk-based approach to staffing allocation;
- Agreed RAG staffing levels which act as a guideline to support decision making if there are staffing gaps and at times of extreme pressure e.g. Industrial action;
- Site Senior Nurse/Clinical Site Manager on-call oversight of staffing out of hours.

The data provided broadly aligns to how the daily staffing picture presents and to the staff feedback that we receive.

There was a variation in Northern RM data from October to December 22 due to changes in shift patterns/ways of working and associated roster templates that were not aligned prior to submission. Data from December 22 has been manually validated as a remedy; pending a more sustainable reporting solution being developed for non-standard shifts.

Previous staffing data reporting has not reflected changes in bed complement due to escalation and the revised staffing numbers needed as a result of this. This has been corrected in this reporting period which includes planned increases in bed numbers for the winter period; however unplanned escalations are not included in the report due to their short term/transient nature.

Please refer to Appendix 1 for Northern, Eastern and Trust wide Staffing planned versus actual datasets.

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

There is no national guidance or evidence-based tools to guide safe and effective delivery of AHP services. Staffing levels have historically been determined using capacity and demand data with some national guidance available for specific clinical groups, for example: theatres, stroke services and critical care.

AHP workforce leads have worked alongside therapy colleagues to develop a staffing matrix for Royal Devon to support daily reporting of staffing levels across both Northern and Eastern sites and to support evidence based redeployment of staff as required, which is currently being piloted.

The Trust AHP workforce leads are working with the ICB AHP faculty to progress this work and will link in with any national work regarding this as it commences.

2.3 Community Nursing

Nationally the workforce profile shows a downward trend of community nurses in post; with concerns regarding the average length of service - 4 years nationally. Other findings include a lack of alignment and consistent approaches to the Community Nursing Service, both across the region and also within teams.

There is a high level of vacancies within community nurses across Royal Devon, distributed across 10 clusters and 30 Community Nursing Teams:

Eastern Community Nursing Vacancies	30.1 WTE
Northern Community Nursing Vacancies	55.5 WTE

There are five Community Clusters where their percentage vacancy is above 20%:

Eastern Community Nursing Services		
Exmouth and Budleigh	7.3 WTE	24%
Honiton and Ottery	3.8 WTE	23%
Tiverton and Cullompton	12.4 WTE	37%
Northern Community Nursing Services		
Barnstaple	5.54 WTE	24.6%
Bideford, Northam and Wooda	7.14 WTE	33.91%

Targeted recruitment and retention work is underway to improve the vacancy position across Northern and Eastern Community Services, with a focus on nursing apprenticeships and International Recruitment.

Community nursing has undertaken an initial review of their workforce supported by the new NHSE Community Nursing Safe Care (CNSST) Tool. This data will be analysed and the outcomes used to support a review of the current skill mix & establishments in community nursing with the potential to redesign the community nursing workforce in line with national changes.

On a daily basis, staffing is reviewed as part of operational tactical meetings and there is an agreed RAG/activity prioritisation SOP which is a decision support tool in times of reduced staffing numbers to support allocation of staff.

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

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

October 2022 to March 2023 position: There is significant improvement in the lower than expected staffing levels reported in both Northern and Eastern, compared to the previous six months. The Northern data shows that March had comparatively less staffing related incidents reported than within other months; with Eastern also showing a positive trajectory with about 20 less reported incidents then 6 months ago. This improvement can be attributable to the improving vacancy position across the Trust.

A new Datix category specifically to highlight community nursing specific incidents has recently been added to Datix. This data will be reflected in the next NMAHP safe staffing report to the Board of Directors.

Please refer to Appendices 2 & 3 for Lower than expected Staffing Levels for Nursing / Midwifery and AHP Staff Incidents (acute and community) datasets.

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

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

A system to ensure red flags are reported and reviewed as per national guidance for nursing and midwifery is in place. The use of red flags are well established in maternity services and their use is increasing within nursing.

Monthly reports are generated which require validation of reported red flags and actions that have been taken to mitigate them; these are reviewed in divisional and professional meetings. Red flags were reviewed at the 2022/23 Annual Staffing Review (ASR).

A focussed training and education programme around red flags is currently running to train staff and raise awareness around the importance of using red flags.

October 2022 to March 2023 position: RN shortfall remains the most common reason for raising a red flag in both Northern and Eastern services which aligns with the daily staffing position. A more recent theme raised has been around junior/inexperienced skill mix issues and this is being added to the red flag reasons list.

The red flag data presented within **Appendices 4 & 5** at the time of this report is un-validated.

2.6 National Benchmarking (inpatient beds - acute and community)

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

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

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

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

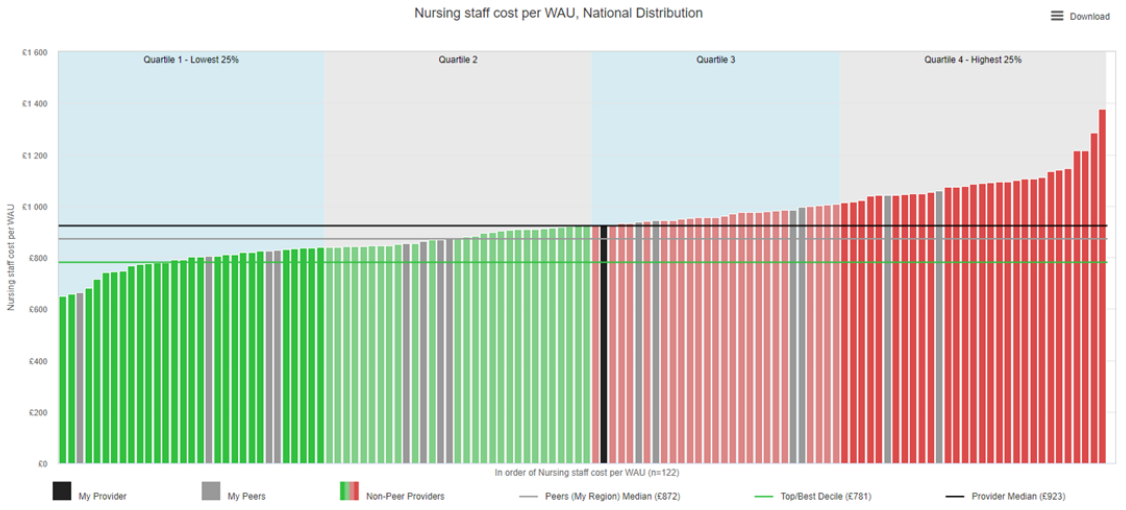
WAU is a measure of efficiency; more productive Trusts will have a lower cost per WAU and less productive Trusts will have a higher cost per WAU. The WAU metric does not directly correlate to the quality of care.

2.7.1 WAU - Nursing

Figure 1: Northern – Nursing staff cost per WAU

The cost per WAU data in figure 1 displays Northern sitting within quartile 1, as in the previous safe staffing report, with a nursing staff cost per WAU of £827.

Figure 2: Eastern – Nursing staff cost per WAU



The cost per WAU data in figure 2 displays Eastern currently sitting within quartile 3, as in the previous safe staffing report, with a nursing staff cost per WAU of £925. Eastern remains slightly above peer Trusts.

It is expected that when the data set is reported for Royal Devon, the quartile reported will probably change.

2.7.2 WAU – Allied Health Professionals (acute and community)

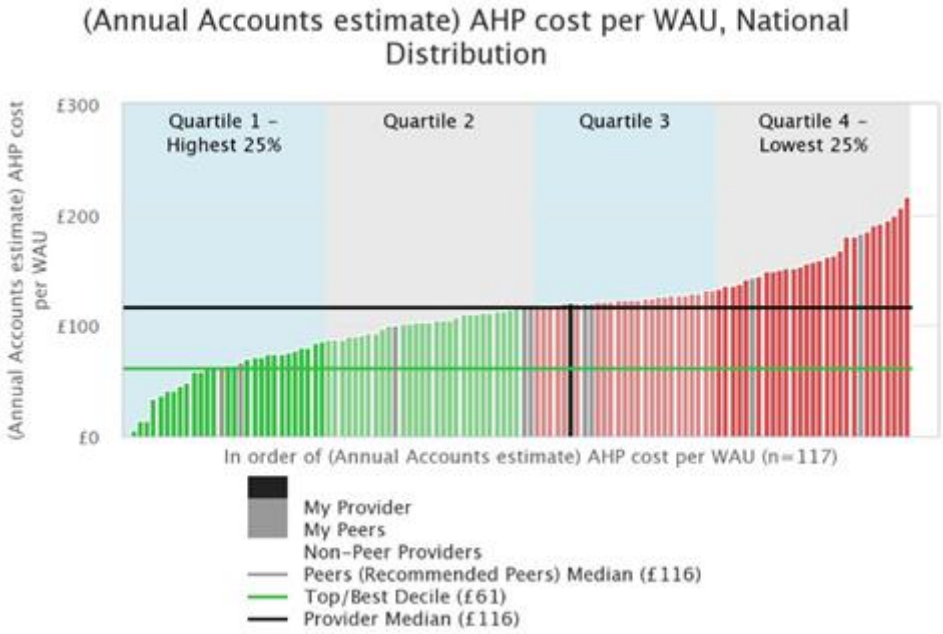
The WAU unit is provided to the Trust, it is delineated by professional group and it takes productivity data from both acute and community services. AHP Productivity is not counted in isolation. The 'Trust' productivity value is then divided by the costs supplied by finance for each professional group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

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

There is a planned internal review of WAU data between July and September 2023 for all services with an initial focus on the metrics that show Royal Devon as an outlier.

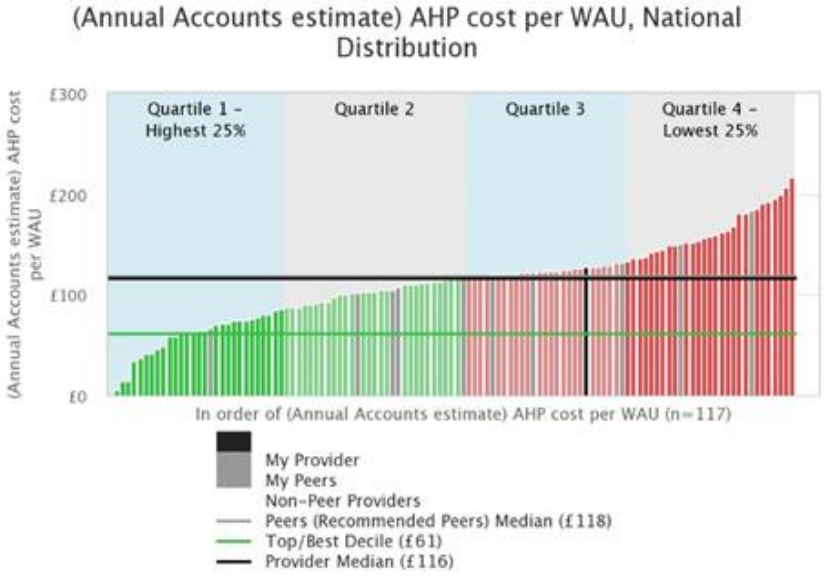
Whilst both Eastern and Northern remain in quartile 3 (Q3) it should be noted that they have both moved from Q4 to Q3 when compared to 2020/2021 data.

Figure 3: Northern – AHP staff cost per WAU



In Northern, 66% of AHP workforce are qualified – compared to 75.9% of peer average and 81.1% national average. Northern has high use of support workers in the AHP workforce which is positive. The average cost per AHP FTE is £45,502 with the peer average: £45,508 and national value: £47,003.

Figure 4: Eastern – AHP staff cost per WAU



In Eastern, 74.9% of AHP workforce are qualified – compared to 76.7% of peer average and 81.1% national average – and higher than Northern Services. The average cost per AHP FTE is £45,375 which is broadly similar to Northern, with the peer average: £46,046 and national value: £47,003.

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

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

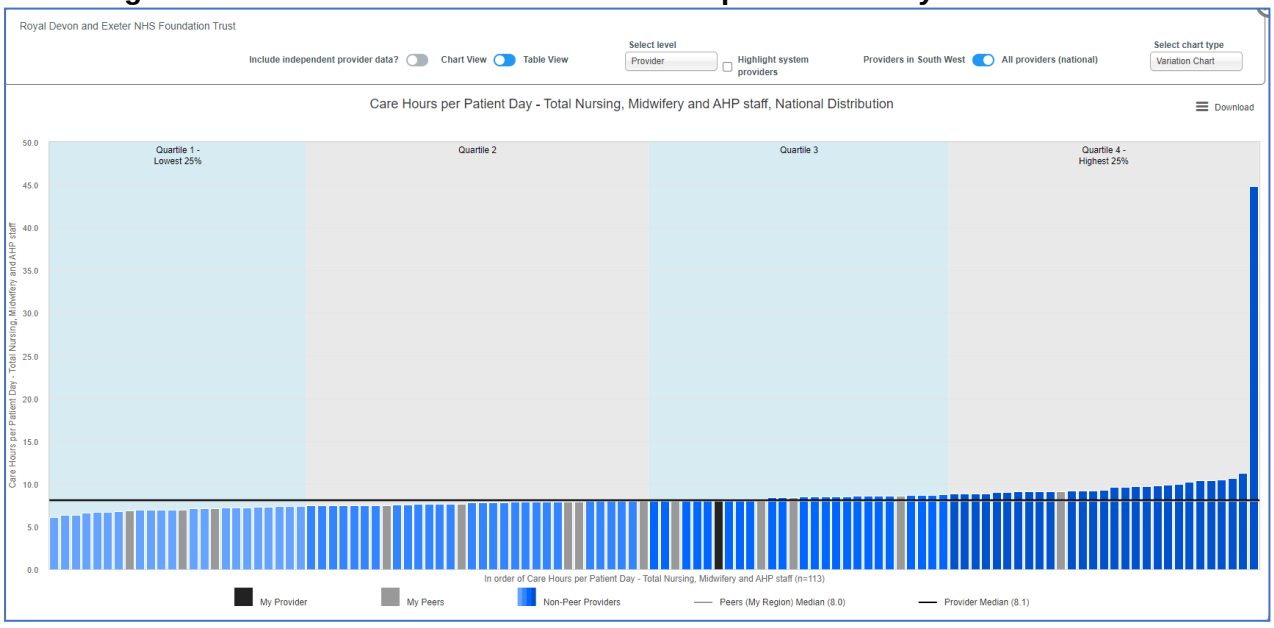
There is an additional CHpPD figure which is reviewed internally which is the *required* CHpPD which considers acuity & dependency data; this is then mapped against the planned and actual CHpPD. The *required* CHpPD regularly exceeds the planned & actual which is further evidence towards a detailed safe staffing assessment. The *required* CHpPD is not reported externally or on the Model Health dashboard.

There is no set standard of what good looks like for CHpPD; it should reflect the activity, acuity and dependency of the clinical ward and the hospital services.

The current data capture methodology does not work for emergency departments and community nursing. There are new specific tools for these areas which are in the process of being implemented and will be reported on in the next safe staffing report.

A training and education programme focussed on raising awareness, alongside timely acuity and dependency data entry and professional judgement is currently running to support staff and improve data quality and reporting. Compliance and reporting are improving.

Figure 5. Eastern and Northern - Care Hours per Patient Day



Data above in Figure 5 shows the Trust (Northern and Eastern) moving slightly within quartile 3 from a quartile 2 position in Northern and Eastern as per the last safe staffing report.

The Trust CHpPD is at 8.2, peers at 8.0, national median at 8.1 - placing the Trust concordant with other providers.

3. Vacancies (acute and community)

October 2022 to March 2023 position: The vacancy position for Northern and Eastern (**detailed in Appendices 6 & 7)** is showing an improved picture, from the previous November report, across nursing, midwifery, AHPs and support workers.

This data set continues to reflect the 14 AHP collective professions rather than just the four therapies professions; which provides a more accurate and representative presentation of all professions at Royal Devon.

This is the first report where Registered Nursing Associates (RNAs) are reported separately. The data is showing a positive variance because there has not been a critical mass of RNAs in establishments so they have usually occupied RN vacancies and been masked in the RN/RM/RNA reporting. This variance will change over the next two years as the numbers of RNAs in the workforce increase.

Trainee Nursing Associates (TNAs) are included within the HCSW vacancies. The RN/RM data includes Band 5 – 8 positions and the HCSW data includes Band 2 & 3 positions.

HCSW recruitment has been positive as the vacancy rate in Eastern has moved from 13.01% last October to 8.59%, and in Northern from 22.25% to 11.70%.

The picture for Registered Midwives (RMs) is also positive, with both Eastern and Northern predicting little to no vacancies by the Autumn. An increasing number of newly qualified midwifes, plus some international recruitment (IR) for Northern, has contributed to this position along with some focussed retention activity.

The AHP registrant and support worker picture has improved but remains fragile due to the small size of some of the services and professions.

For Northern, Orthoptists and Occupational Therapists (OTs) continue to have significant vacancies at 30% and 20% respectively.

In Eastern, Operating Department Practitioners (ODPs) and OTs at 18% and 9.7% respectively are the professions with highest vacancies and impact. Diagnostic Radiographers (DRads) have a vacancy of 16% but have around nine international DRads arriving. Focused recruitment campaigns, investing in clinical apprenticeships and some IR has supported the AHP improving picture.

The main areas that sustain continuing vacancies are theatres (ODPs), community hospitals and community nursing and there are specific recruitment and retention activities underway within these areas.

There is an ongoing programme of recruitment for clinical nursing apprenticeships to support sustainable growth locally of RNs and RNAs, alongside a continuing IR campaign supported by national incentive funding. There is progression towards increasing growth in clinical apprenticeships and reducing IR in the future.

A new rebranded Return to Practice (RtP) campaign was launched in March 2023 across nursing, midwifery and AHPs and there have already been more enquires then previously. The return on investment of this campaign is being monitored.

There is a Trust wide retention programme of work with key areas of focus for nursing, midwifery and AHPs and this is monitored through the Delivering Best Value (DBV) programme of work. A legacy nurse mentor position has been successfully recruited to, along with other system partners through national incentive funding further supporting the retention stream of work.

The Trust engages in all national, regional and local programmes of recruitment & retention work and accesses all external incentive funding that is available.

4. Turnover (acute and community)

October 2022 to March 2023 position: Turnover currently for all groups across Northern and Eastern is higher than the Trust target of 10% although nursing and midwifery is currently at 10.3%. **Please refer to Appendices 8 & 9 for RN, HCSW, AHP and NA Turnover (acute and community) datasets.**

The data notes a gradual improving overview since the last April to September 2022 report. Turnover for unregistered AHPs in Northern and Eastern has increased slightly and there is a fluctuating picture with Eastern AHP turnover in this report. As noted in section 3 (Vacancies) there is an active recruitment and retention programme to address this.

5. Performance against key quality metrics

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

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

6.1 Northern and Eastern risks

A number of risks in relation to Nursing and HCSW staffing continue to be held within Divisional Risk Registers across Northern and Eastern services; with the primary focus of risks on vacancy levels as a result of turnover and difficulties in recruiting to posts related to national and local factors i.e. national shortage of nurses & HCSWs, hard to fill specialist AHP roles, competitive labour market, and falling unemployment rates.

There are three staffing risks currently on the CRR related to NMAHP safe staffing as set out below:

- Risk ID 165: Northern Midwifery Staffing Levels – Score of 16
  (N.B: A proposal will be made to the Safety and Risk Committee in May 2023 to close this risk)

- Risk ID 690: Nursing and HCSW Workforce – Score of 16
  (*N.B: This risk is reviewed by the Board through the regular review of the Corporate Risk Register*)

- Risk ID 14: Management of Chemotherapy Nursing establishment within Cancer Services - Eastern Services – Score of 16
  (N.B: from April 2023, this has been agreed by the Safety and Risk Committee to move from CRR to Divisional Risk Registers)

7. Annual Staffing Review (ASR)

The ASR for 2022/23 has been completed for all divisions (acute and community). The purpose of the reviews as set out by the Chief Nursing Officer (CNO) was to:

- Review alignment of budgets and rostered establishments;
- Assurance of compliance with current relevant regulatory staffing guidance;
- Review of all divisional risks on the risk register related to staffing;
- Reviewing red flag incidents of last year;
- Review of divisional successes and specific challenges related to staffing;
- Review of staffing trends and acuity/dependency data;
- Review of staffing establish skill mix to formally incorporate registered nursing associates;
- Discuss all proposed and planned staffing changes and related risk assessments that would inform the 2023/24 operating plans;
- Review of staffing against national model health benchmarking and regional peers' position.

One area of investment was identified from the above criteria and was included within 2023/24 Operational Planning:

- **Eastern CCU** - need for an extra RN on all night duties to be compliant with Nice Guidelines and British Cardiovascular Society (BTS) recommendations.

There were no other major concerns highlighted or significant changes to establishments from this review. There were a small number of areas identified where changes to either the skill mix or establishment in inpatient areas needed to be made to ensure full compliance with national guidance, changes to acuity and dependency and patient speciality, and these are being managed within divisional financial envelopes.

8. Conclusion

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

This is supported by an improving recruitment and retention picture across the Trust in many professional groups. Where there are continuing challenges, there are targeted recruitment and retention programmes of work ongoing.

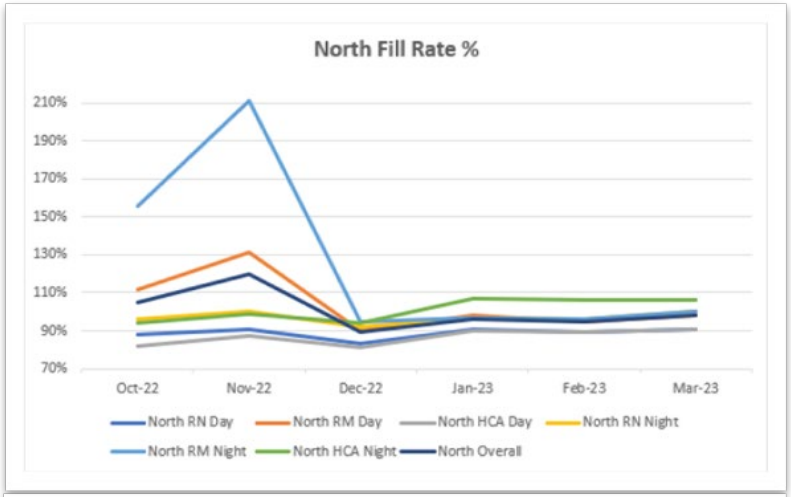
Royal Devon University Healthcare NHS Foundation Trust

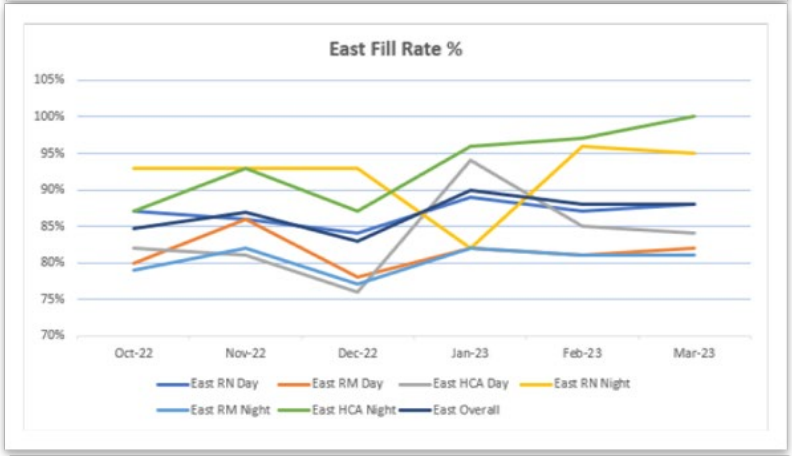
Royal Devon University Healthcare NHS Foundation Trust Safe Staffing Report for Nursing, Midwifery and Allied Health Professionals (October 2022 to March 2023)

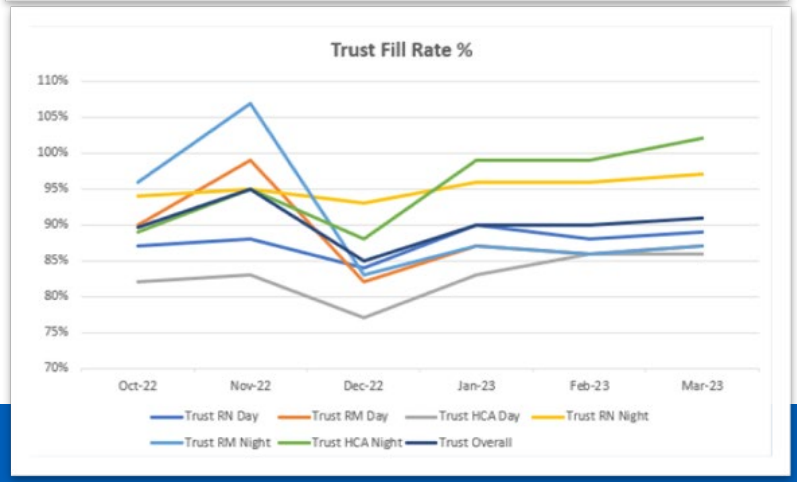
Appendix slide pack

Royal Devon Public Board of Directors – 31 May 2023

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







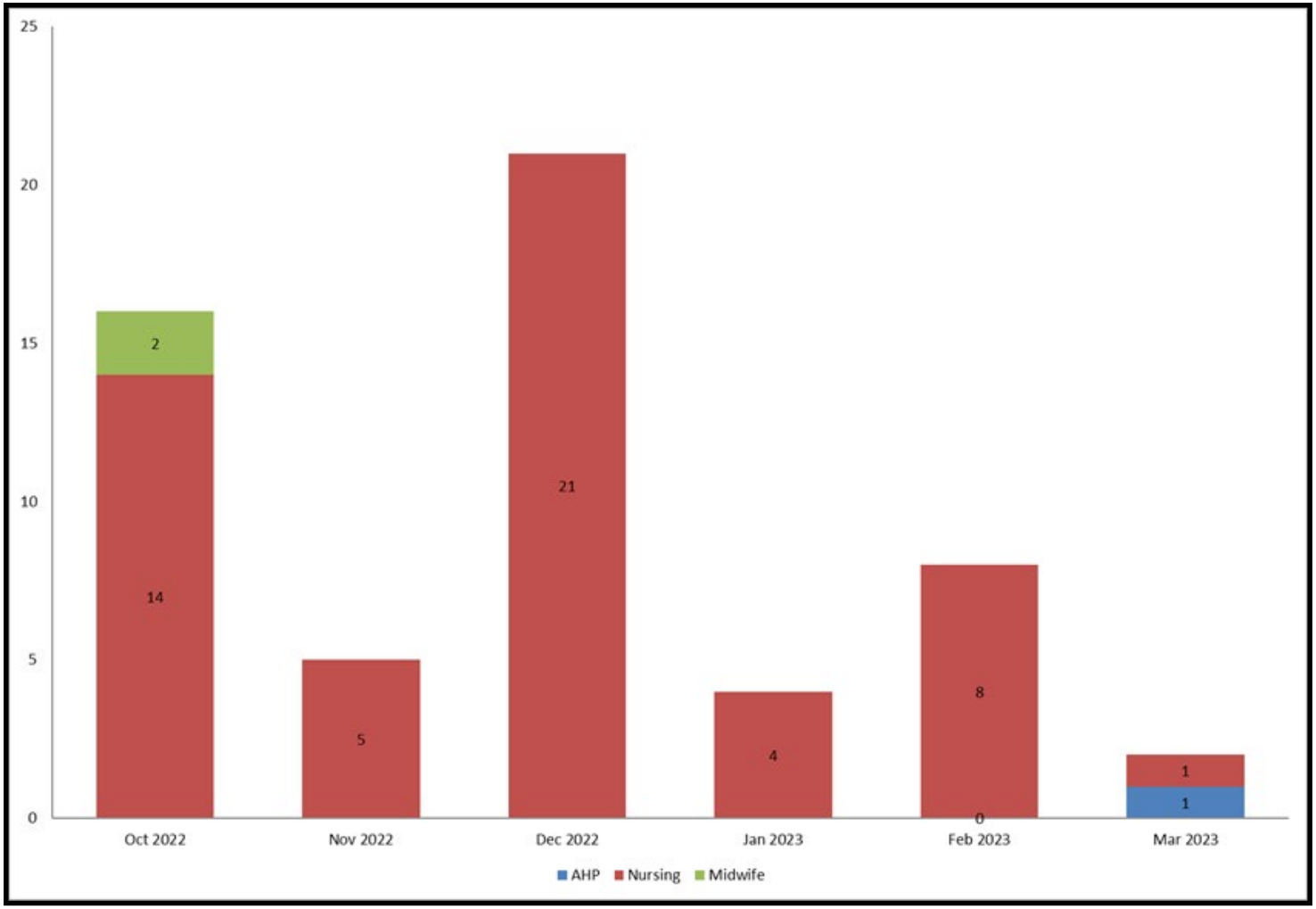
Location	Fill Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
North	RN Day	88%	91%	83%	91%	89%	91%
North	RM Day	112%	131%	90%	98%	95%	98%
North	HCA Day	82%	87%	81%	90%	89%	91%
North	RN Night	96%	100%	92%	97%	96%	100%
North	RM Night	156%	211%	95%	97%	96%	100%
North	HCA Night	94%	99%	94%	107%	106%	106%
North	Overall	105%	120%	89%	96%	95%	98%

Location	Fill Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
East	RN Day	87%	86%	84%	89%	87%	88%
East	RM Day	80%	86%	78%	82%	81%	82%
East	HCA Day	82%	81%	76%	94%	85%	84%
East	RN Night	93%	93%	93%	82%	96%	95%
East	RM Night	79%	82%	77%	82%	81%	81%
East	HCA Night	87%	93%	87%	96%	97%	100%
East	Overall	85%	87%	83%	90%	88%	88%

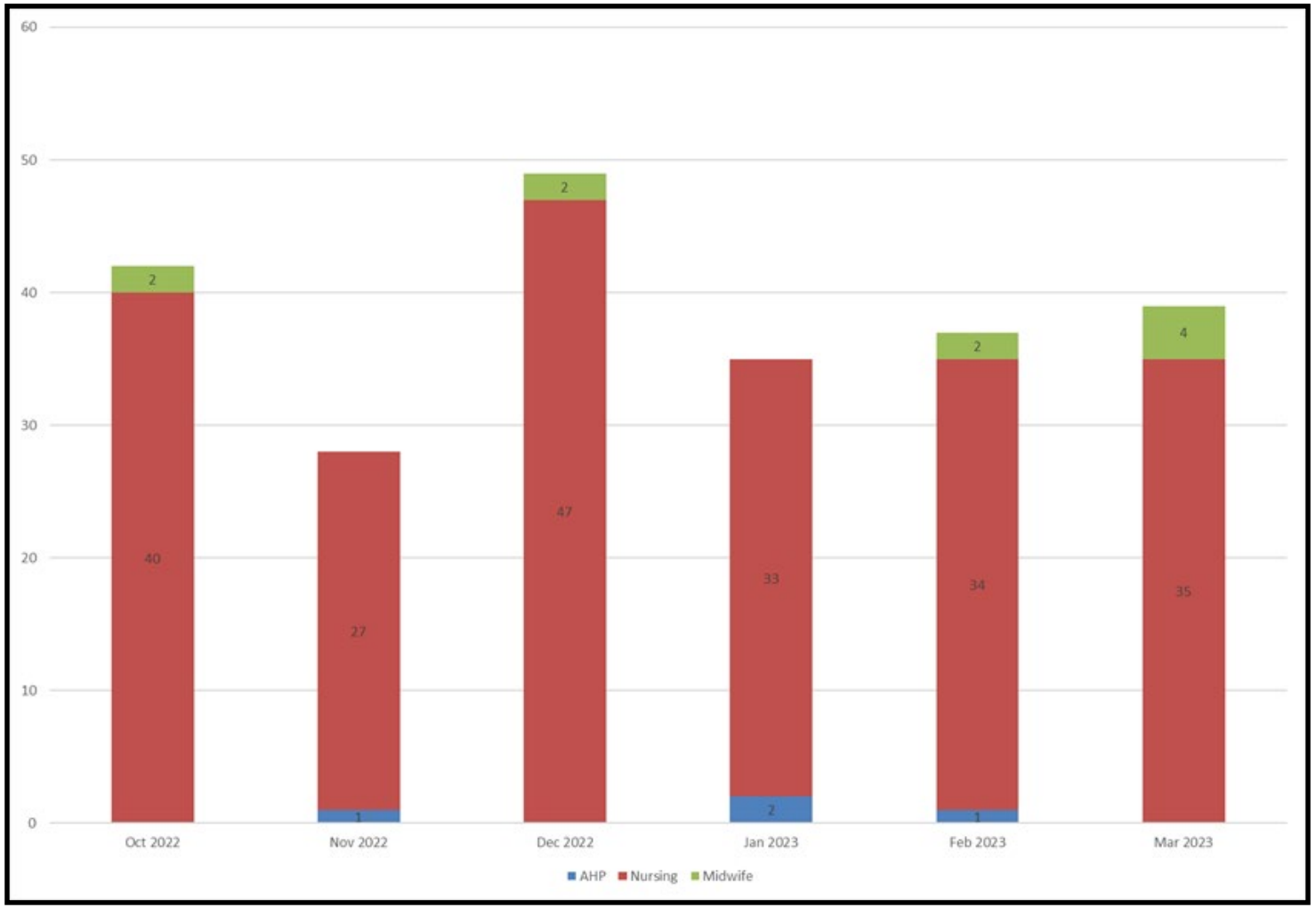
Location	Fill Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trust	RN Day	87%	88%	84%	90%	88%	89%
Trust	RM Day	90%	99%	82%	87%	86%	87%
Trust	HCA Day	82%	83%	77%	83%	86%	86%
Trust	RN Night	94%	95%	93%	96%	96%	97%
Trust	RM Night	96%	107%	83%	87%	86%	87%
Trust	HCA Night	89%	95%	88%	99%	99%	102%
Trust	Overall	90%	95%	85%	90%	90%	91%

	Over 100 % Staffing
	95 - 100 % Staffing
	75 - 95 % Staffing
	0 - 74 % Staffing

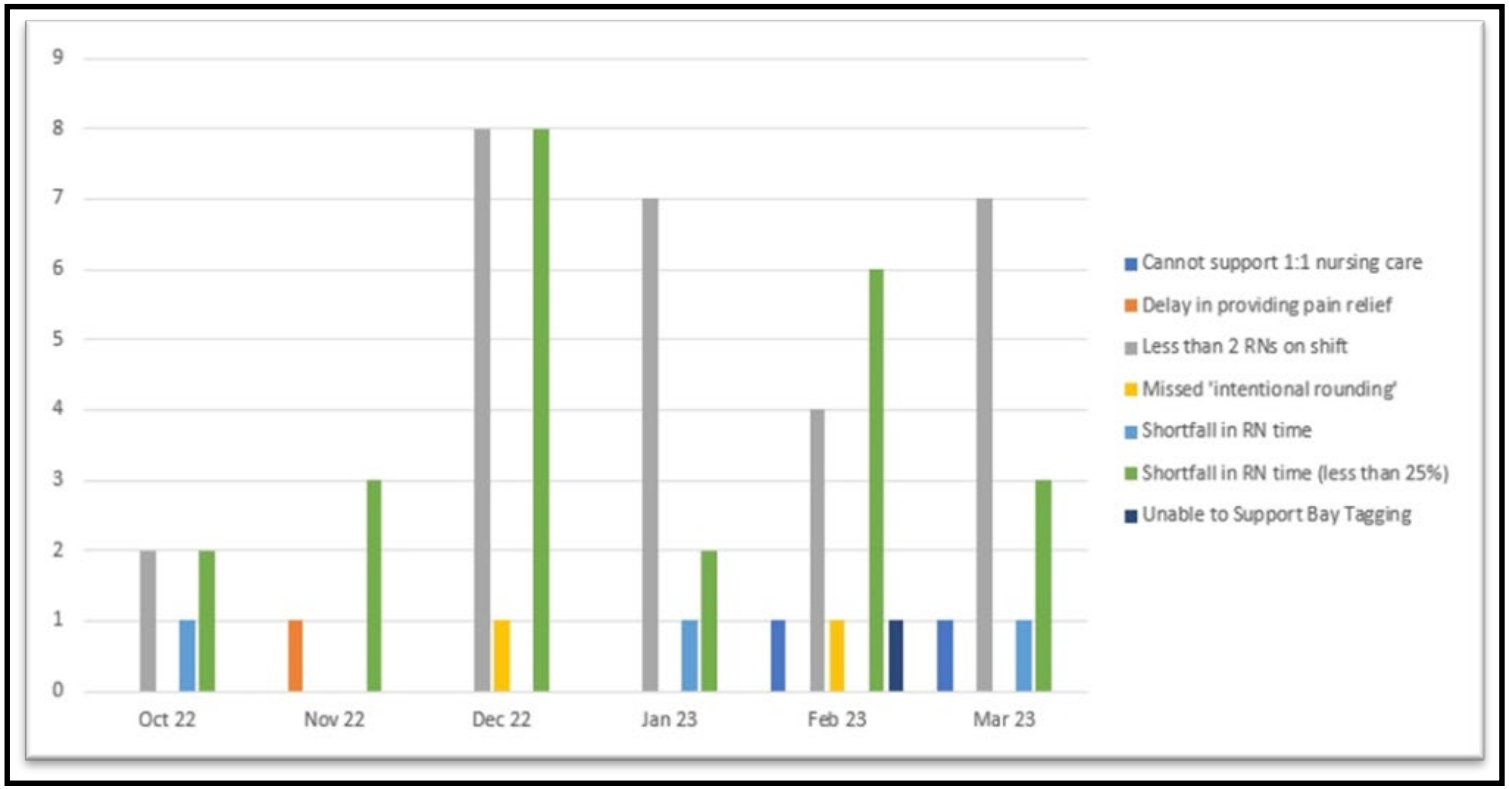
APPENDIX 2 – Northern Services - Lower than expected Staffing Levels for Nursing / Midwifery and AHP Staff Incidents (acute and community) dataset



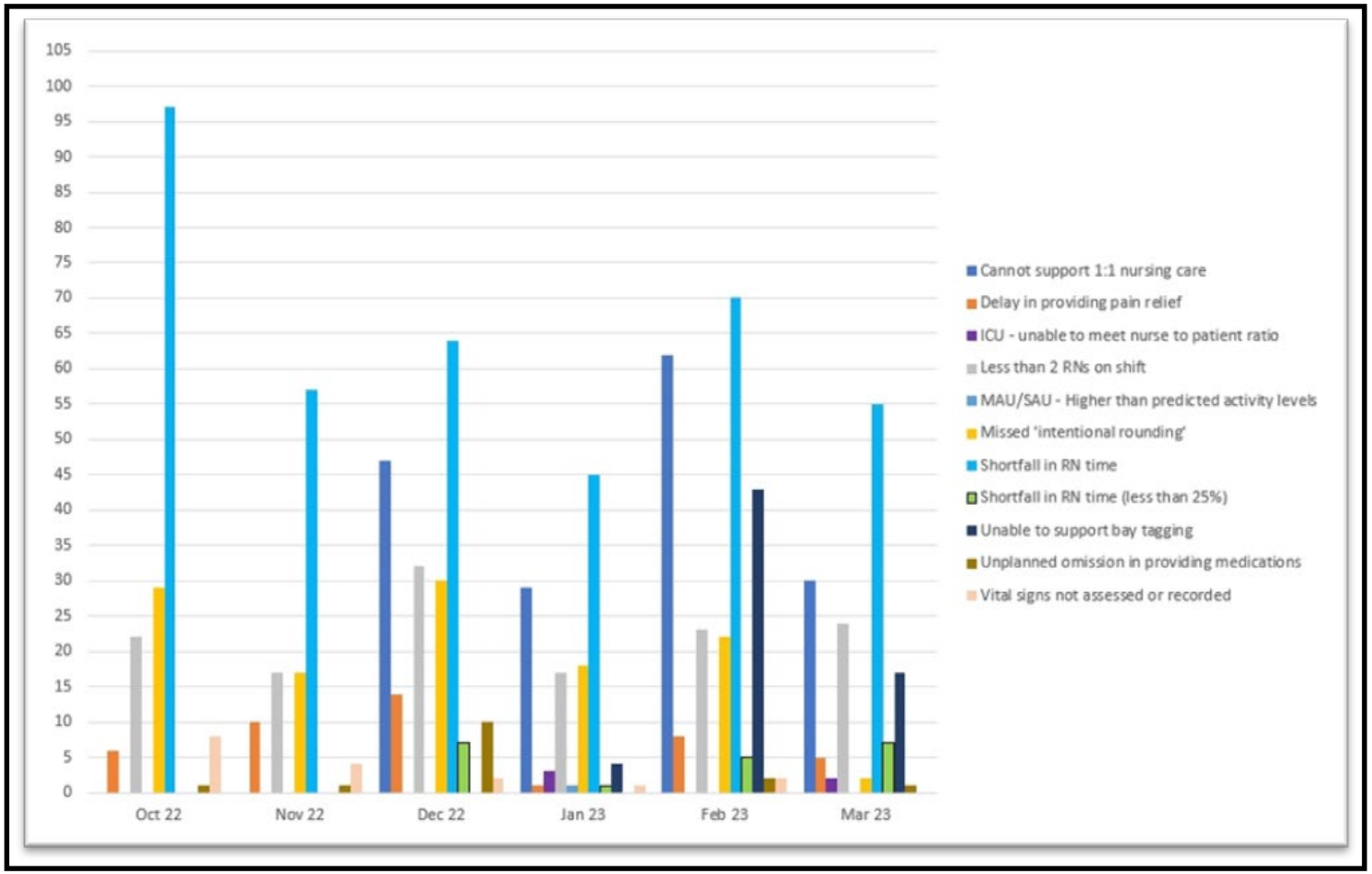
APPENDIX 3 – Eastern Services - Lower than expected Staffing Levels for Nursing / Midwifery and AHP Staff Incidents (acute and community) dataset



APPENDIX 4 – Northern Services - SafeCare Red Flags Raised (inpatient beds - acute and community) dataset



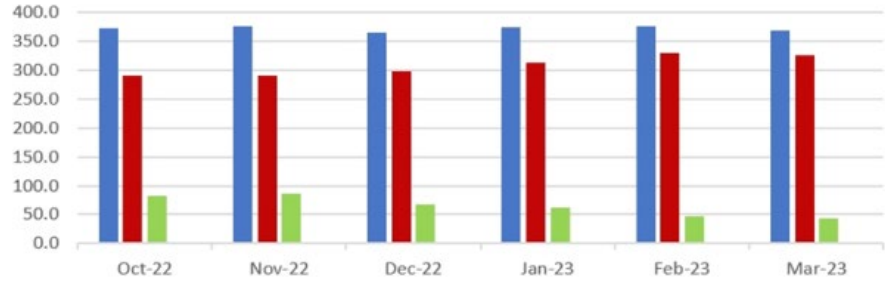
APPENDIX 5 – Eastern Services - SafeCare Red Flags Raised (inpatient beds - acute and community) dataset



Northern Services - Registered Nurses & Midwives Vacancies

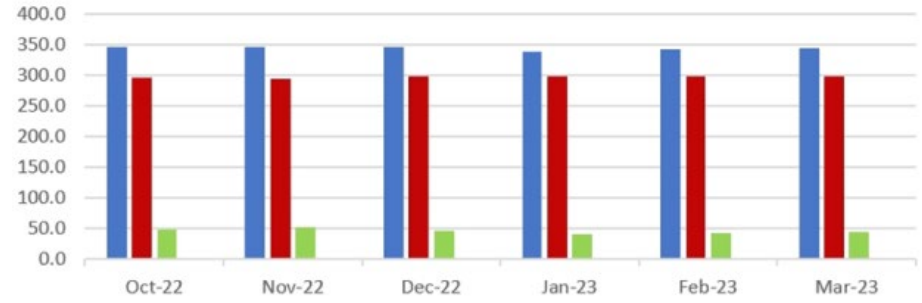
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	942.42	936.24	919.18	925.62	925.58	929.50
Actual	787.37	781.73	790.18	792.89	801.76	805.52
Vacancy	155.05	154.51	129.00	132.73	123.82	123.98
Vacancy %	16.45%	16.50%	14.03%	14.34%	13.38%	13.34%

Northern Services - HCSW Vacancies



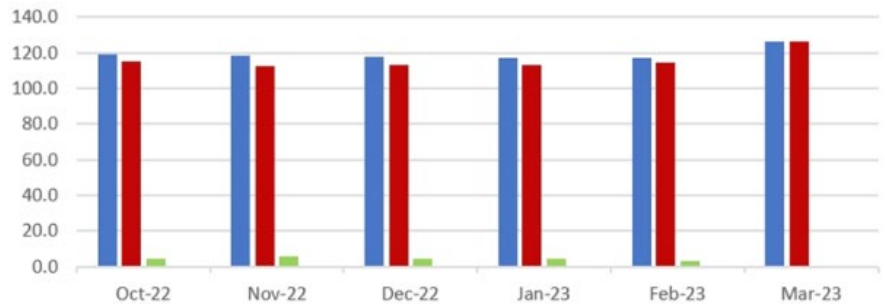
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	373.23	377.07	365.77	375.06	376.06	368.92
Actual	290.20	291.02	298.63	313.85	329.43	325.74
Vacancy	83.03	86.05	67.14	61.21	46.63	43.18
Vacancy %	22.25%	22.82%	18.36%	16.32%	12.40%	11.70%

Northern Services - AHP Registered Vacancies

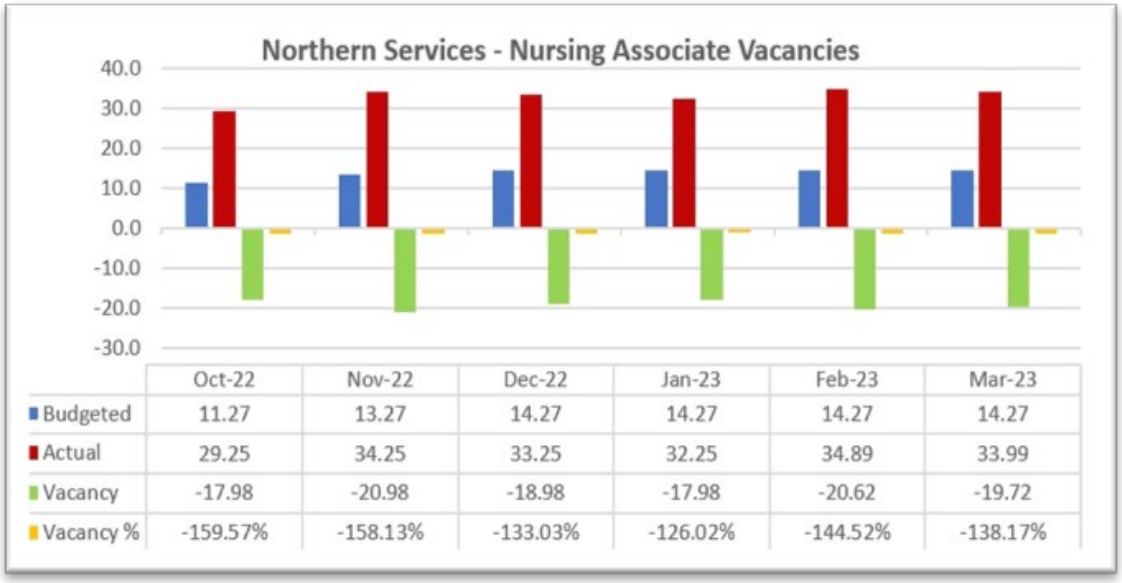


	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	345.92	345.93	345.93	339.73	342.33	343.89
Actual	297.24	294.12	299.00	298.67	299.40	299.11
Vacancy	48.68	51.81	46.93	41.06	42.93	44.78
Vacancy %	14.07%	14.98%	13.56%	12.09%	12.54%	13.02%

Northern Services - Unregistered AHP Vacancies

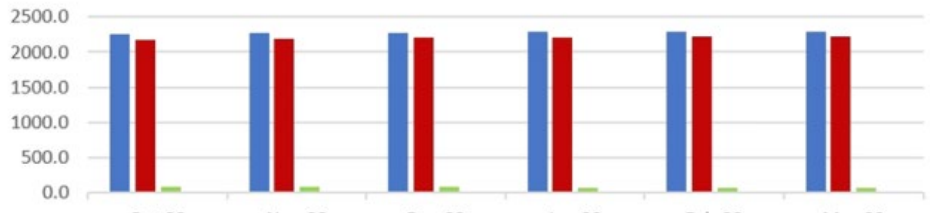


	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	119.36	118.48	117.48	117.35	117.35	126.29
Actual	114.99	112.45	113.20	112.87	114.19	126.19
Vacancy	4.37	6.03	4.28	4.48	3.16	0.10
Vacancy %	3.66%	5.09%	3.65%	3.82%	2.69%	0.08%



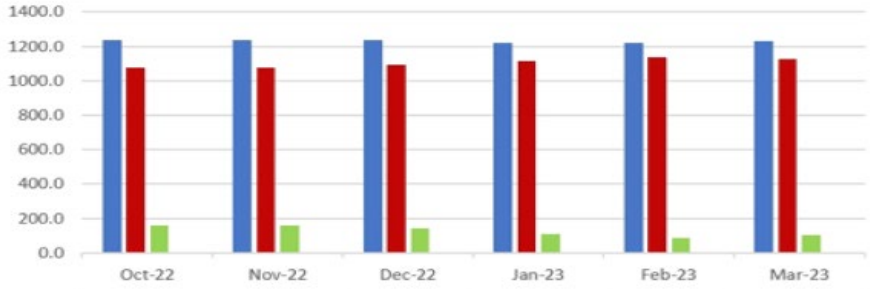
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	11.27	13.27	14.27	14.27	14.27	14.27
Actual	29.25	34.25	33.25	32.25	34.89	33.99
Vacancy	-17.98	-20.98	-18.98	-17.98	-20.62	-19.72
Vacancy %	-159.57%	-158.13%	-133.03%	-126.02%	-144.52%	-138.17%

Eastern Services - Registered Nurses & Midwives Vacancies



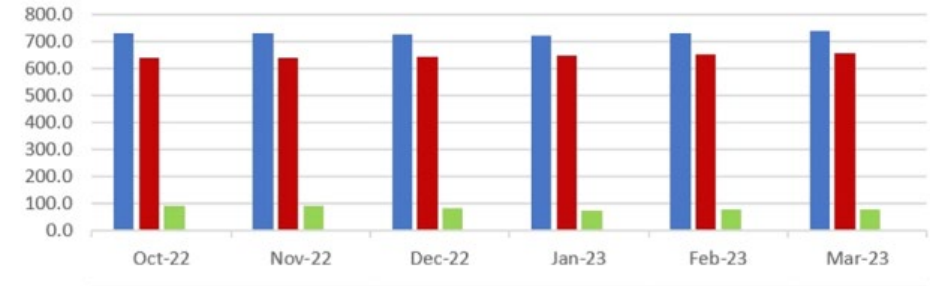
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	2257.98	2276.02	2280.95	2288.48	2293.05	2294.29
Actual	2171.83	2194.58	2201.63	2210.20	2215.60	2219.15
Vacancy	86.15	81.44	79.32	78.28	77.45	75.14
Vacancy %	3.82%	3.58%	3.48%	3.42%	3.38%	3.28%

Eastern Services - HCSW Vacancies



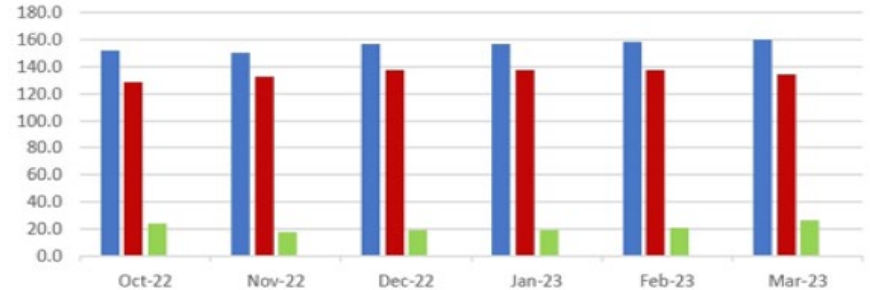
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	1233.9	1235.4	1236.4	1222.0	1222.1	1228.6
Actual	1073.4	1074.3	1091.5	1113.1	1136.3	1123.1
Vacancy	160.5	161.3	144.9	108.9	85.8	105.5
Vacancy %	13.01%	13.06%	11.72%	8.91%	7.02%	8.59%

Eastern Services - AHP Registered Vacancies

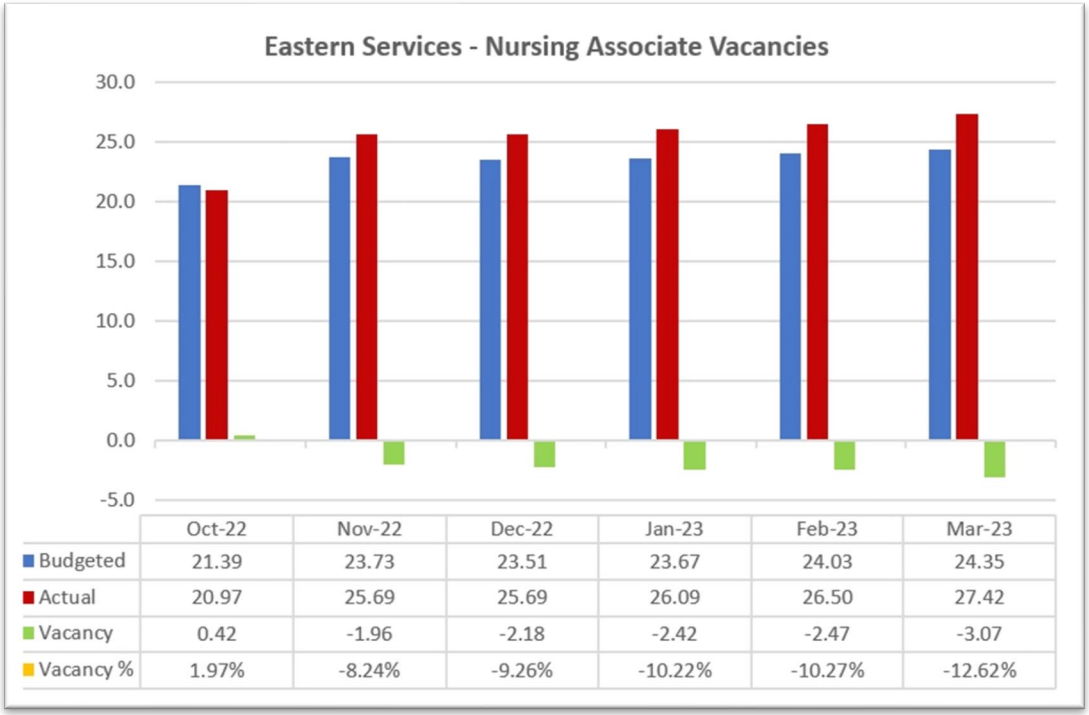


	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	730.19	730.03	726.45	720.79	729.85	736.33
Actual	637.32	637.52	641.07	645.81	652.73	655.78
Vacancy	92.87	92.51	85.38	74.98	77.12	80.55
Vacancy %	12.72%	12.67%	11.75%	10.40%	10.57%	10.94%

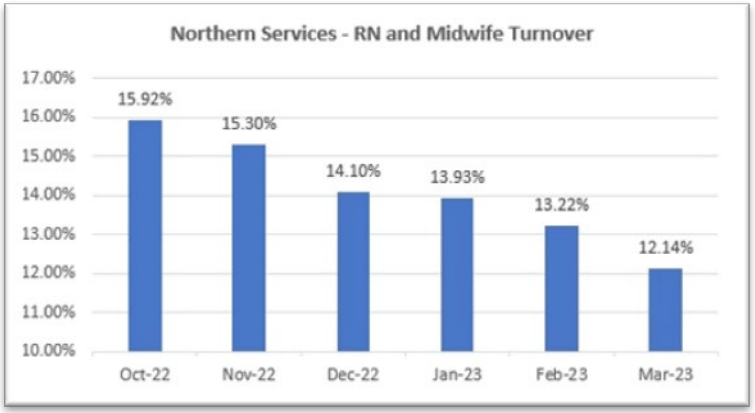
Eastern Services - Unregistered AHP Vacancies

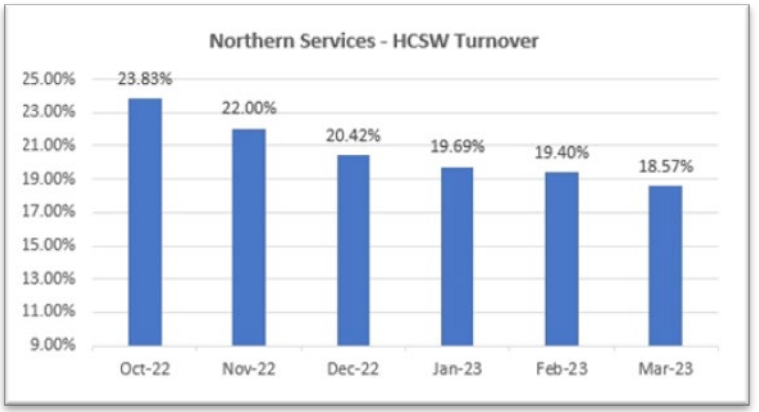


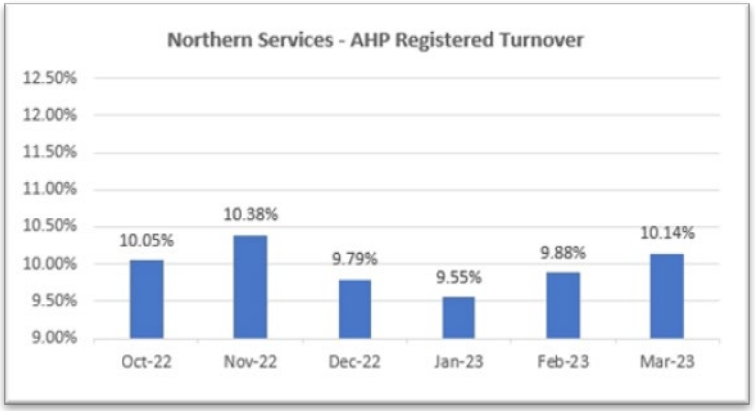
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	152.09	150.46	156.74	156.74	158.65	160.38
Actual	128.35	132.78	137.37	137.64	137.83	134.10
Vacancy	23.74	17.68	19.37	19.10	20.82	26.28
Vacancy %	15.61%	11.75%	12.36%	12.18%	13.12%	16.38%

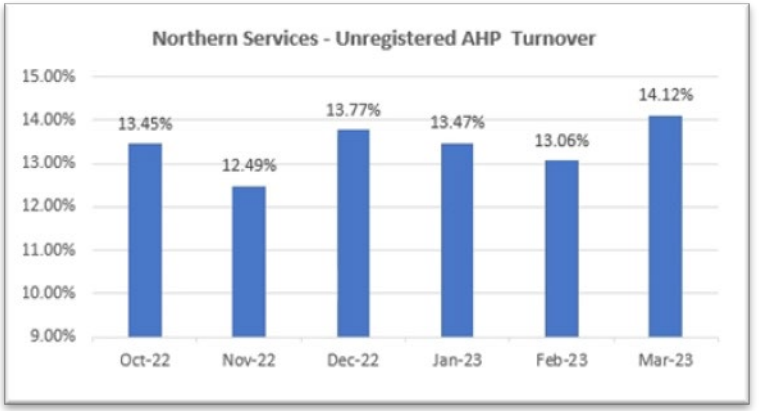


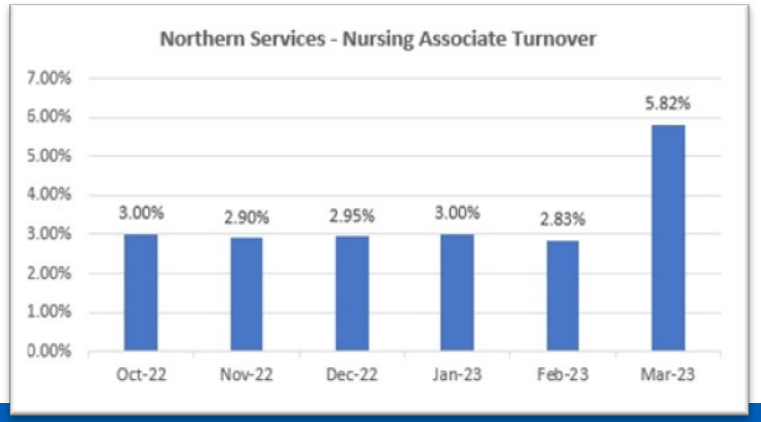
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Budgeted	21.39	23.73	23.51	23.67	24.03	24.35
Actual	20.97	25.69	25.69	26.09	26.50	27.42
Vacancy	0.42	-1.96	-2.18	-2.42	-2.47	-3.07
Vacancy %	1.97%	-8.24%	-9.26%	-10.22%	-10.27%	-12.62%

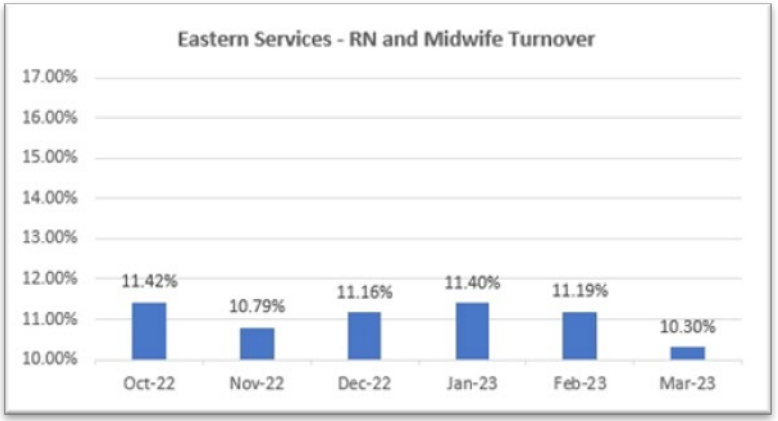

Northern Services - RN and Midwife Turnover
17.00%
16.00%
15.00%
14.00%
13.00%
12.00%
11.00%
10.00%
15.92%
15.30%
14.10%
13.93%
13.22%
12.14%
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23

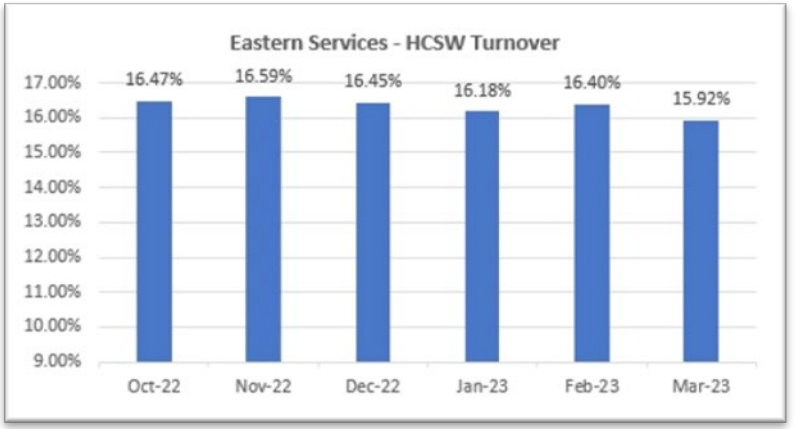

Northern Services - HCSW Turnover
25.00%
23.00%
21.00%
19.00%
17.00%
15.00%
13.00%
11.00%
9.00%
23.83%
22.00%
20.42%
19.69%
19.40%
18.57%
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23


Northern Services - AHP Registered Turnover
12.50%
12.00%
11.50%
11.00%
10.50%
10.00%
9.50%
9.00%
10.05%
10.38%
9.79%
9.55%
9.88%
10.14%
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23


Northern Services - Unregistered AHP Turnover
15.00%
14.00%
13.00%
12.00%
11.00%
10.00%
9.00%
13.45%
12.49%
13.77%
13.47%
13.06%
14.12%
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23


Northern Services - Nursing Associate Turnover
7.00%
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
3.00%
2.90%
2.95%
3.00%
2.83%
5.82%
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23


Eastern Services - RN and Midwife Turnover
17.00%
16.00%
15.00%
14.00%
13.00%
12.00%
11.00%
10.00%
11.42%
10.79%
11.16%
11.40%
11.19%
10.30%
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23


Eastern Services - HCSW Turnover
17.00%
16.00%
15.00%
14.00%
13.00%
12.00%
11.00%
10.00%
9.00%
16.47%
16.59%
16.45%
16.18%
16.40%
15.92%
Oct-22
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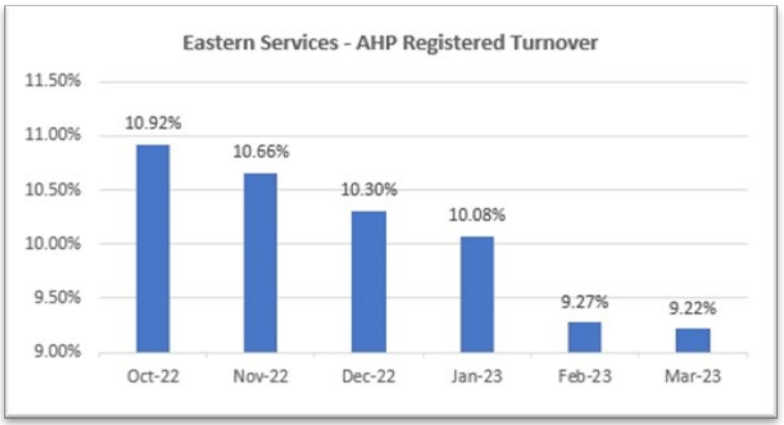
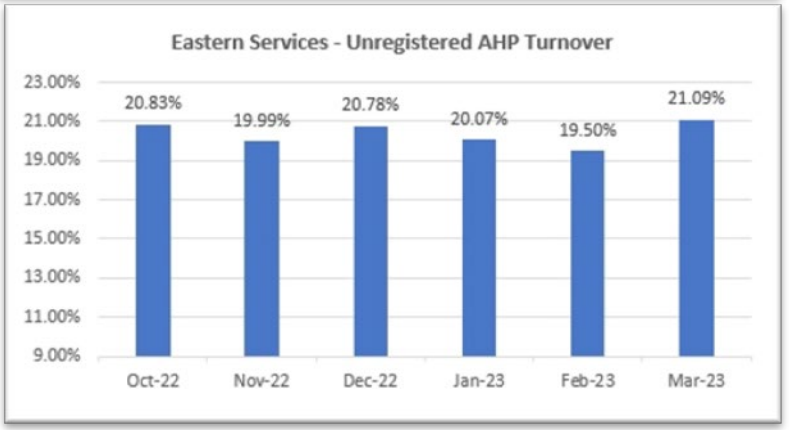
Jan-23
Feb-23
Mar-23


Eastern Services - AHP Registered Turnover
11.50%
11.00%
10.50%
10.00%
9.50%
9.00%
10.92%
10.66%
10.30%
10.08%
9.27%
9.22%
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23


Eastern Services - Unregistered AHP Turnover
23.00%
21.00%
19.00%
17.00%
15.00%
13.00%
11.00%
9.00%
20.83%
19.99%
20.78%
20.07%
19.50%
21.09%
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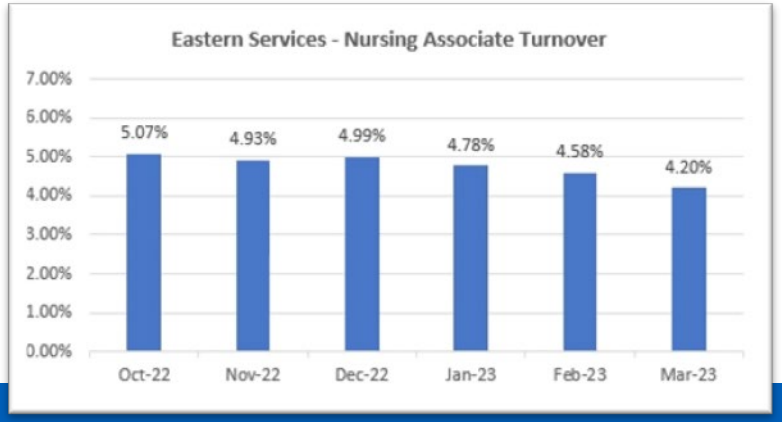
Feb-23
Mar-23


Eastern Services - Nursing Associate Turnover
7.00%
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
5.07%
4.93%
4.99%
4.78%
4.58%
4.20%
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	11.2, Public Board Meeting	**Date: 31 May 2023**
Title:	Six-Month Safe Staffing Report – Medical Staffing – Royal Devon University Healthcare Trust – Eastern and Northern Services	
Prepared by:	Cheryl Baldwick – Deputy Medical Director – Eastern and Northern Services (RDUH) James Hobbs – Executive Support Manager (CMO and MDs) – Eastern and Northern Services (RDUH)	
Presented by:	Karen Davies – Trust Medical Director (Northern Services – RDUH)	
Responsible Executive:	Professor Adrian Harris – Chief Medical Officer (RDUH)	
Summary:	This report provides a six-month review of the Trust's position for the provision of Medical staffing. The report details any significant changes that have occurred in Medical staffing arrangements in the last six months and any risks on the corporate risk register related to Medical staffing. Staffing within General Medicine and medical specialties remains the biggest challenge across both acute sites with continued pressure on services to provide emergency care for acute admissions and substantial shortfall of staff, particularly in Northern Services. It also reflects a period of significant disruption due to the periods of Junior Doctor Industrial Action and the diversion of attention to ensure planning and preparations were effective in dealing with mitigating actions to ensure safe patient care was maintained. Medical staffing in the Divisions of Surgery and Clinical Support Services is more robust, although some challenges remain, particularly with regard to adequate staffing to provide timely care for cancer and long-waiting patients. Medical staffing in these areas cannot be taken in isolation as many of the challenges to increasing activity also rely on additional nursing and AHP staff being available. As there are limited national metrics for medical staffing levels, Trust-defined valid metrics for safe medical staffing are in development and will be submitted to the cross-site Medical Workforce Strategy Group for comment and agreement. Additional revised and cross site comparative Safety and Quality Metrics for the Medical Workforce have now been identified and approved by the Safety and Risk Committee. Further work is planned via Medical Workforce Strategy Group to add to these metrics, which includes Trust-defined minimum staffing levels to provide satisfactory care for emergency patients, urgent cancer treatment, long-waiting patients and routine patients. They incorporate aspects of various national targets and clinical standards, such as seven-day services. Performance against these metrics will form part of this report in future – a dashboard will be produced and revised on an iterative basis, reporting to the Medical Workforce Strategy Group to supplement this paper. Progress has been made in recruiting to a number of hard to fill or high priority roles over previous months, which represents a positive trend.	

Royal Devon University Healthcare NHS Foundation Trust

Actions required:	For the Board of Directors to note this Six-Month Safe Staffing Report for Medical Staffing. To note the range of challenges across the organisation and across specialities, and to note the mitigating actions already in place, underway or being further developed (short term, medium term and longer term), to ensure safe levels of medical staffing can continue to be provided and further enhanced.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				X
History:	This is the fifth six Month Safe Staffing Report for Medical Staffing to the Board of Directors. The Safe Medical Staffing report continues to be refined and adapted over future reports, to ensure it provides sufficient information to meet the additional 'recommendations' from NHSI in relation to 'developing workforce standards', and the expectations / requirements of the Boards of Directors.			
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives; **BAF Risk 2:** Failure to recruit, retain and train the required workforce to ensure the right no. of staff with the right skills in the right location. **BAF Risk 5:** Elective demand and waiting list backlogs are not delivered. **BAF Risk 8:** Risk of a significant deterioration in quality and safety of care. **BAF Risk 10:** Urgent and Emergency Care targets are not delivered.			

Monitoring Information

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

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

1. Purpose of paper

To update the Board of Directors in relation to Safe Staffing for the Medical Workforce across both Eastern and Northern Services. This accompanies the report provided to the Board of Directors, by the Chief Nursing Officer, in relation to Nursing, Midwifery and AHP safe staffing.

2. Background

Following publication of the Francis Report 2013 and the subsequent "Hard Truths" (2014) document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward. This is published on the NHS Choices website.
- Publish information with the planned and actual registered and unregistered nurse staffing for each shift
- Provide a 6-monthly report on nurse staffing to the Board of Directors.

The NHS Improvement "Developing Workforce Safeguards" (October 2018) recommends that Trust reports include safe staffing information for Allied Healthcare Professionals (AHPs) and Medical staff as well as nursing and midwifery staff.

Additional guidance was also provided in 2018 by the Royal College of Physicians in relation to Medical Staffing of inpatient areas, for Physicians. This guidance was used previously to develop minimum doctor numbers for the Medical wards and has informed previous increases in medical workforce numbers.

It is important to note the whilst within the last six months challenges associated with COVID-19, have reduced, some challenges still remain and over the winter period there were compounding operational pressures due to Flu, Norovirus and RSV. However, the long-term effect of the pandemic continues to impact on the wider recruitment and retention position which in turn affects the daily staffing situation, and the ability to ensure levels and skill mix are at the correct levels in order to provide a quality service for our patients at all times.

Data sources mentioned within this report are in the process of validation or indeed development, to provide a useful and robust set of metrics to support the definition of 'safe medical staffing'.

3. Summary

Staffing within General Medicine and medical specialties remains the biggest challenge across both acute sites with continued pressure on services to provide emergency care for acute admissions and substantial shortfall of staff, particularly in Northern Services.

Medical staffing in the Divisions of Surgery and Clinical Support Services/ Specialist Services is more robust, although some challenges remain, particularly with regard to adequate staffing to provide timely care for cancer and long-waiting patients. Medical staffing in these areas cannot be taken in isolation as many of the challenges to increasing activity also rely on additional nursing and AHP staff being available.

As there are limited national metrics for medical staffing levels, Trust-defined valid metrics for safe medical staffing remain in development and will be submitted to the newly re-established and now cross-site Medical Workforce Strategy Group for comment and agreement. However, due to the multiple periods of Industrial Action, these meetings had been repurposed for planning and assurance of safe medical staffing cover during these periods, hence progress on prospective activities has been delayed to respond to these immediate priorities.

Further work is planned via Medical Workforce Strategy Group to add to these metrics, which includes Trust-defined minimum staffing levels to provide satisfactory care for emergency patients, urgent cancer treatment, long-waiting patients and routine patients. They incorporate aspects of various national targets and clinical standards, such as seven-day services. Performance against these metrics will form part of this report in future – a dashboard will be produced and revised on an iterative basis, reporting to the Medical Workforce Strategy Group to supplement this paper.

It is worth noting that ‘safe medical staffing’ levels remains a dynamic situation with the introduction of new roles such as Physician Associates and Advanced Clinical Practitioners. These new disciplines take some of the work that traditionally fell to doctors and therefore the direction of travel is for the Medical Workforce Strategy Group, Nursing Midwifery and Allied Health Professionals Steering Group and Advanced Practice Steering Group to work together with an aligned feed-in from specialties, divisions and sites with the structure of the blended clinical workforce. Integration of services across N&E adds a further welcome dimension but indeed adds a further level of complexity.

4. Key Risks

There are six high-level risks in the Medical Division (Northern Services) on the Trust Corporate Risk Register at present. These are governed through the Safety & Risk Committee. All relate to shortages of medical staff. They are;

- Acute Medicine – risk score 20
- Healthcare for Older People – risk score 20
- Gastroenterology – risk score 20
- Stroke Medicine – risk score 20
- Junior doctors – risk score 16

A comprehensive business case has been developed, outlining the need for an increase in the number of senior and junior staff within Medicine, in Northern Services. This was approved by the Board of Directors in December 2022 and was subsequently escalated through to the ICB 'Triple Lock' process. A comprehensive and reinvigorated recruitment process is now underway to seek to fill these additional roles, and a formal work programme is in place, jointly led by the Chief Medical Officer and the Chief People Officer, inclusive of an additional incentivisation scheme to support successful recruitment.

Medicine in Eastern Services is also challenged, particularly within Respiratory Medicine, which has been added as a risk to the Corporate Risk Register with a risk score of 16, acknowledging the risk of harm for patients waiting for initial assessment for potential lung cancer and delays to diagnosis; however, there has been positive progress in terms of recruitment in this area in the last few months and the risk assessment is therefore under review, reporting to the Safety and Risk Committee.

The Medical Division in Eastern also holds three risks with existing scores of 12; two of these are currently under review due to recent improvements and upcoming improvements in junior doctor recruitment, and recruitment in Emergency Medicine, albeit with a continued but diminishing reliance on locum appointments at middle grade level. Neurophysiology remains challenged at a consultant level and the risk remains the same, with active work ongoing but reflecting the continued national shortage for consultant Neurophysiologists.

- Junior doctors
- Neurophysiology
- Emergency Medicine middle-tier doctors

There are some further potential emergent challenges that are currently being worked through, due to ongoing long-term absence and also upcoming maternity leave that will require additional cover to be identified, within the Medical Services Division in Eastern Services.

Within Specialist Services there are ongoing risks in relation to the provision of Interventional Radiology - specifically out of hours service delivery across the current network; however, mitigating actions have been put in place to cover this service 24/7 across a wider network, with ongoing collaborative work taking place with Taunton

and Somerset NHS Foundation Trust, led by the CMOs and COOs from each organisation, supported by the senior divisional management teams.

There is also a risk on the divisional risk register with a score of 8 regardong the Tier two (middle grade) paediatric rota in Eastern Services, with mitgations currently being progressed. At this stage mitigation includes short term enhanced pay arrangements and on occasion consultants acting down to cover middle grade rota gaps.

In the last six months there have been a total of eight incidents recorded on Datix relating to medical staffing shortages in both Eastern Services (6) and Northern Services (2). Five of these were reported as 'no impact' and three reported as 'minor impact' – categorised as 'Minor - Injury/Illness requiring minor intervention, increase length of stay 1- 3 days'. Five of the incidents have been investigated, with one investigation ongoing, and two investigations awaiting review.

5. Establishment and Vacancies

Comprehensive work undertaken recently within Medicine, on both acute sites, has highlighted some discrepancies between the budgeted medical workforce establishment and that required to safely deliver emergency and contracted elective work across the Trust. In addition, there has been divisional restructuring with the creation of the Community Division across both sites and budgets do not all follow clinical practice.

Based on the current budgeted establishment in the ESR system, there are a range of medical vacancies across sites and divisions. It is not clear that all medical vacancies are visible within ESR and further manual revalidation is required to ensure accuracy of the vacancy position across the Trust as a whole. We anticipate that this will now be completed in advance of the next report to the Board of Directors, with reporting in advance via the Medical Workforce Strategy Group for initial scrutiny, and onwards to PWPW.

6. Recruitment

There has been further successful substantive senior doctor recruitment in both Eastern and Northern services since the last report. This includes posts that have been consistently hard to fill in Oncology and Histopathology - although these services remain under pressure to staff safe rosters. In addition, there has been successful recruitment in some specialties where there are national, or longstanding local recruitment challenges, for example, a joint (N&E) Head and Neck Consultant Surgeon, a Gastroenterologist in Northern Services, an Anaesthetic Consultant in Eastern Services, a HfOP Consultant in Eastern Services and a General Surgery Consultant in Northern services. There has also been further successful recruitment in Respiratory Medicine and in the Emergency Department in Eastern Services, at Consultant level. Trust Doctor recruitment remains successful; however, this equally

remains a continuous process due to the turnover rate for this transient and temporary staff group, across a range of specialities in both Northern and Eastern Services.

7. Junior Doctor Exception Reports with Immediate Safety Concern

Between November 2022 and April 2023, there have been a total of 198 exception reports submitted in Eastern Services and 17 within Northern Services; of these, six within Eastern Services were flagged as an immediate safety concern;

		RDUH	
Type of Exception	Sub-type	Eastern Services	Northern Services
Educational	N/A	9	1
Hours	Total	175	16
	Natural Breaks	10	
	Overtime	159	
	Rest	1	
	Blank	5	
Pattern	N/A	8	
Service Support	N/A	6	
Total	N/A	198	17

Further detail is provided in reports by the Guardian of Safe Working but, in brief, these relate to junior staff within General Medicine regarding short notice absence of junior colleagues and an inability to cover these shifts, leaving shortfalls in staff numbers within General Medicine. No harm to patients was noted or reported. However, this causes worry and anxiety amongst junior staff.

8. Future View

There remains a lack of resilience in several services, particularly those with small total numbers of doctors and national recruitment shortages; however, as outlined in the report, there has been progress in both recent recruitment in some key areas, and a process identified to continue improve the position over future months.

There are some further potential emergent risks that are currently being worked through, due to ongoing long-term absence and also upcoming maternity leave that will require additional cover to be identified, within the Medical Services Division in Eastern Services.

As outlined previously in this paper, a number of key tasks are being developed / progressed;

- The Medical Staffing Business Case for Northern Services has already received board approval to progress; however, until these additional posts are recruited, it will show as an adverse impact on vacancy rates in future reports initially as the establishment figure has increased. Active and enhanced recruitment processes are planned and ongoing.
- Ongoing collective work with Taunton and Somerset FT around key challenged specialities for provision of services on a wider (out of ICS) networked basis.
- Validation of Medical Workforce data, to ensure that reported establishments and vacancies are accurately recorded, to support future reporting and workforce planning.
- Development of a robust and consistent annual establishment review process for the Medical Workforce across all divisions and sites. This will include non-medical roles, such as Physicians Associates (PAs) and Advanced Care Practitioners (ACPs) in conjunction with the Nursing, Midwifery and AHP Workforce Strategy Group. This has been discussed at the previous Medical Workforce Strategy Group and a Task and Finish Group has been commissioned to work on this in the coming months.
- Identification across all specialities of 'minimum safe staffing levels' for the Medical Workforce/non-medical staff working on traditionally medical rotas, and a process to consistently record and report where these levels are breached / challenged. – This forms part of the remit of the aforementioned Task and Finish Group, reporting to the Medical Workforce Strategy Group.
- Two site-based Guardians of Safe Working have now been appointed and, as such, improved access to site-based Guardians will be available to enable more comprehensive future reporting.
- Agreement of key supporting 'safety and quality' metrics for the Medical Workforce, and building these in to the development work list for Business Intelligence and Epic to enable both real time and retrospective reporting. This remains ongoing and is part of a prioritisation process for metric development within Epic / BI.
- Establishment of ongoing reporting of safe medical staffing from divisional teams through to the Medical Workforce Strategy Group, supported by the above actions.
- Reflection on key lessons learned through the period of Junior Doctor Industrial Action and how successful multidisciplinary working will inform future Medical Workforce Strategy.

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.3, Public Board Meeting		Date: 31 May 2023	
Title:	Audit Committee Report			
Prepared by:	Colin Dart, Director of Operational Finance (Northern)			
Presented by:	Alastair Matthews, Non-Executive Director & Chair of Audit Committee			
Responsible Executive:	Angela Hibbard, Chief Financial Officer			
Summary:	A report from the Audit Committee on the key issues arising from the meeting on 4 May 2023.			
Actions required:	It is proposed that the Board of Directors: (i) note the report from the Audit Committee			
Status (*):	**Decision**	**Approval**	**Discussion**	**Information**
		X		**x**
History:	The Terms of Reference were last approved at the 25 May 2022 Board to reflect the needs of the new merged Trust.			
Link to strategy/ Assurance framework:	The primary role of the Audit Committee is to conclude upon the adequacy and effective operation of the organisation's overall internal control system. In setting the Internal Audit plan for the year, the Audit Committee seeks to ensure that a programme of work has been put in place to review the risks of the Trust on a regular basis.			

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

1. Purpose of Paper

1.1 To provide, as requested by the Board of Directors (Board), a report on the key matters for noting and those for escalation arising from the Audit Committee (AC) at its 4 May 2023 meeting.

A copy of the AC minutes is available for inspection.

2. Background

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

The meeting was quorate.

3. Analysis

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

The AC received an update that provided assurance of good progress being made, particularly in the Delivering Best Value (DBV) domain. Assurance was given particularly on eight actions that were behind schedule and five had not yet started. All actions were due to be completed by 30 June 2023 and an Internal Audit review was scheduled in 6 months. A formal reportwill be provided to the 24 July 2023 meeting.

3.2 Standing Financial Instructions (SFI's) and Scheme of Delegation (SoD)

The AC approved minor changes to the Scheme of Delegation relating to:

- Double / triple lock requirements for business cases;
- Joint Delivery Group renamed Trust Delivery Group
- Remuneration Committee terms of reference to include approval of redundancy settlements.

Due to the minor nature of the changes the AC agreed the SFI's and SoD were not required to be presented to the Board in full.

3.3 Review of Data Quality for the Quality Report 2022/23

The AC received a presentation on the metrics that would be included in the report.

The AC noted a number of exceptions where required disclosures were not able

to be made due to national issues:

- Domain 3 - Performance Related Outcome Measures (PROM's). This has been impacted by a change to processing of Hospital Episode Statistics (HES) meaning there was no longer a link to PROM's and the publication of PROM's had been paused. There was no indication when reporting might commence and an internal discussion would take place to decide on the inclusion of data in the Quality Report that was not available.
- Domain 4 – Responsiveness to personal needs of patients. A review of the future presentation of NHS Outcomes Framework indicators was underway following the merger of NHS England (NHSE) and NHS Digital; publication of the expected data in March 2023 was paused.
- Domain 5 - Patients admitted risk assessed for Venous Thromboembolism (VTE). Reporting remained paused since March 2020 due to the COVID-19 pandemic. As above an internal discussion would take place as to whether data should be included in the report.
- Domain 5 – Rate of C. Difficile infection. National data was expected to be issued imminently and was expected to inform the report.

The AC reviewed Part 3 indicators and gained assurance from the Trust's work with NBI and other sources on data quality in relation to the Report.

3.4 **Update on progress with the Annual Report and Quality Reports 2022/23**

The AC received drafts of the Annual Report and Quality Reports with the intent to review progress to ensure the reports were on track for a full review at the 7 June 2023 meeting, prior to recommendation to the Board.

The AC was advised the Council of Governors (CoG) contribution to the Quality Report were progressing on Governor Quality Priorities and the CoG Stakeholder Statement.

The Committee noted the reports were due to be circulated for Executive Directors review and added comments and suggestions for consideration that were noted.

The AC was advised the Governance Committee had reviewed the Annual Governance Statement (AGS).

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

The AC received and noted the 'significant' draft HoIAO. The opinion had been informed by moderation, particularly considering the System Oversight Framework (SOF) rating of 4 across Devon for all Acute providers. Whilst some work was on-going in terms of finalising reports there were no significant issues currently arising that would impact upon the overall draft HoIAO.

3.6 **Draft Annual Accounts 2022/23**

The AC received the draft annual accounts with accompanying analytical review

alongside a number of technical papers outlined below to allow the Committee to discharge its duty on behalf of the Board on the reliability of the financial statements:

- The AC approved the preparation of the accounts on a going concern basis being. “There are no material uncertainties that may cast significant doubt about the Trust’s ability to continue as a going concern”. The AC suggested that given the level of risk in the 23/24 financial plan the accounts should note the ability to use the NHS cash regime and the Board anticipating access to it if required.
- The AC noted the revaluation exercise undertaken together with a net £13.3m increase in value for the combined Trust after reflecting a £5.1m impairment charge in the Statement of Comprehensive Income (SOCI). The impairment charge is a technical adjustment that is reversed ‘below the line’ and does not adversely affect the Trust’s financial position in terms of NHS performance measurement.
- The AC noted the valuation of the Northern MyCare asset and the impairment of £5.3m in accordance with accounting standards. It was noted that the same methodology as the Eastern valuation had been used. As above, the impairment charge is a technical adjustment that is reversed ‘below the line’ and does not adversely affect the Trust’s financial position in terms of NHS performance measurement.
- The AC noted the basis of the transfer by absorption of £113m relating to the net assets transferred from the former Northern Devon Healthcare NHS Trust. It also noted it would be important to be very clear in the explanations provided in the published accounts for this and the charges noted above.
- The AC noted the analytical review showed the movement in income and expenditure from one year to the next and how it resonated with what the Board has been presented during the year.

3.7 **Counter Fraud Interim Report and Annual Plan**

The AC noted:

- The appointment of Byron Kevern as the new Senior Local Counter Fraud Specialist for the Trust.
- Work had commenced on the annual Counter Fraud Functional Standard self-assessment due by 31 May 2023.
- The draft 2023/24 Counter Fraud work plan was presented which is risk based and addresses all of the components of the functional standards. The draft plan reflected comments from the May meeting.

The AC approved the updated Counter Fraud Plan for 2023/24.

3.8 **Internal Audit Interim Report**

The AC noted:

- Delivery of 905 days (85%) of the total 1,065 planned days for the 2022/2023 Audit and Assurance Plan.
- 6 final reports presented to the Committee

- 4 reports at draft report stage
- 2 recommendations from the Payroll audit were not agreed by management and an action was taken to provide an update to the next meeting.

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

The AC approved the Audit Strategy and plan for 2023/24, which incorporated changes arising from discussion and review at the May meeting.

3.10 **External Audit Progress Report**

The AC discussed and noted:

- Audit work had commenced.
- Value for Money ("VFM") risk assessment highlighted a significant risk over financial sustainability, primarily due to the Trust's underlying deficit. The auditors would conduct additional work on this area to come to its conclusion on VFM.

3.11 **External Auditor Appointment**

The AC noted that KPMG was in the last year of its contract as external auditor and a process would soon commence, involving the Council of Governors (CoG) as it had a statutory responsibility for the appointment.

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 4 May 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.

Agenda item:	11.4, Public Board Meeting	**Date: 31 May 2023**
Title:	Finance and Operational Committee Board Update	
Prepared by:	Angela Hibbard, Chief Finance Officer	
Presented by:	Steve Kirby, Non-Executive Director & Committee Chair	
Responsible Executive:	Angela Hibbard, Chief Finance Officer	
Summary:	This is an update paper to give the Board of Directors assurance on the financial and operational business undertaken through the Finance and Operational Committee	
Actions required:	To note the following items as recommended by the Finance and Operational Committee: The Committee **RECEIVED** an update on the progress of the System Recovery Board including governance arrangements. The Committee **RECEIVED** a finance update at month 1 which reflected a £5.8m deficit after delivery of £2.2m of savings. Detailed reporting will commence from month 2. The Committee **RECEIVED** an operational update. The Committee **RECEIVED** the overall System Improvement Plan including governance structures. The Committee **RECEIVED** a DBV 23/24 Update which reflected that £23.9m of opportunities had been converted into opportunities against a target of £45m. This includes positive action that has taken place to change workforce processes. The Committee **RECEIVED** the final Drivers of Deficit Report BAF Risks: • The Committee **SUPPORTED** a reduction in the risk score to 16 for Risk 3, Capital. • The Committee **SUPPORTED** a reduction in the risk score to 20 for Risk 4, Revenue. • The Committee **SUPPORTED** a reduction in the risk score to 20 for Risk 5, Elective Demand and Waiting Lists. • The Committee **AGREED** that the risk score should remain at 25 for Risk 10, UEC Targets and that NCTR should be made more explicit in the narrative. The Committee **RECEIVED** a briefing to provide additional orthopaedic activity, which will be shared with the system	

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

History:	The Finance and operational Committee was held on 11 May 2023

Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives

Monitoring Information

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

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

1. Purpose of paper

To provide, as requested by the Trust Board of Directors, a report on matters arising from the Finance and Operational Committee (FOC) at the meeting held on 11 May 2023. A copy of the approved FOC minutes is available for inspection if required.

2. Background

FOC has been revised in its role to provide additional assurance to the Trust Board of Directors; 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.

Other emerging issues such as development of the operational plan and financial strategy will be given more scrutiny and feedback provided to the Board on progress in preparation for full board agenda items presented to the board when required.

3. Analysis

3.1 Assurance Updates

System Recovery Board

The Committee discussed the System Recovery Board including visibility, clarity of governance structure, engagement and agreed to include as a standing agenda item to receive updates on progress.

2023/24 financial position

The Committee received an update from the CFO that detailed month 1 reporting is not being routinely undertaken due to close down of accounts and reconciling the plan to budget. The CFO was confident in the phased plan being a £5.8m deficit after delivery of £2.2m of savings. The Committee was advised reporting would resume from month 2 onwards.

The update was noted.

Operational Update

The Committee noted an update from the COO including:

- Elective 104 week – there are currently 9 complex patients at risk but it is anticipated that this can reduce to zero by the end of June.
- Elective 78 week – there was impact from industrial action but there is a plan to improve the position over the next 8 weeks.
- Elective 65 weeks – good progress continues towards the improving position.
- Cancer 62 days – slightly behind plan due to industrial action.
- FDS (faster diagnosis) – RDUH has been invited to include FDS data in reporting, which is likely to become a statutory target. This will be included in the IPR and is reflective of moving from Tier 1 to Tier 2.
- No Criteria to Reside (NCTR) – the position has improved with funding streams currently available until the end of June. Funding is now being sought for the whole year.

- Devon as a system will be in Tier 1 for UEC therefore there will be oversight for dynamic conveyancing and catchment support. Constraints remain in the East until system commitments are released.
- A proposal for elective support will be submitted to NHSE to seek funding for the continued use of outsourcing and insourcing during Q1 and Q2.
- A briefing has been developed to take through system governance and discussions have commenced around RDUH being one of 12 Trusts going further to reduce long waits. Clarity on this programme is expected shortly.

The update was noted.

Overarching Improvement Plan

The Committee received an update from the CFO demonstrating actions across finance and operational plans to meet the exit criteria from Single Oversight Framework 4 (SOF4) rating.

The Committee noted:

- The exit criteria covered 5 domains, each with key actions to achieve the exit criteria.
- The Delivering Best Value (DBV) governance structure will provide oversight of the whole improvement plan and its terms of reference will be amended accordingly.
- The delivery will be within the remit of the Improvement Director.
- Reporting will be aligned to the plan and feed into the System Improvement Assurance Group (SIAG) with accompanying evidence of completion of actions.
- The FOC will provide overall oversight.
- The improvement plan will be presented to the May Board meeting.

The Committee acknowledged the clear articulation of the governance structure and

Delivering Best value (DBV) 2023/24 update

The CFO outlined the key highlights as follows:

- £23.9m of opportunities have been converted into plans with £21m yet to be converted from the overall £45m target. A detailed review is being undertaken to identify further opportunities and drive more recurrent opportunities in-year though there may be an element of non-recurrent savings in 2023/24 while there is delay to achieving the full year effect in 2024/25. **Post meeting note, the gap has now reduced to £12m.**
- A stocktake of internal programmes has been undertaken on progress which has highlighted areas requiring support. The Improvement Director will drive this programme to reduce risks and the programme will include the QIA process to ensure that there are no safety issues from any identified opportunities.
- The next DBV Programme Board will focus on mitigation and a deep dive of EPIC benefits.
- Three workforce issues are included on the internal work programme and action being taken:
    - Non-clinical vacancy control – controls are being put into current processes.

  - Temporary workforce reductions – a business case to support moving to a centralised bank.
  - Agency controls – strengthening processes for booking agency, specifically non-framework agency. Benefits are already being seen for a reduction in agency.
- Job planning and e-rostering are being system lead to identify skills and provide a more robust approach with the potential to secure expertise for organisations with the COO and CMO leading.

The Committee noted the report:

Drivers of the Deficit Final Report

The CFO presented an overview of the Drivers of Deficit final report to provide assurance that key issues raised in report had been considered in shaping the 2023/24 plan. The Committee discussed and noted:

- The report reflected work undertaken by Deloittes and refreshes the operational, strategic and structural deficits which result in a gap to reconcile to the underlying position.
- A detailed response has been provided to the key themes including how they map to internal or system savings programmes.
- Concern has been raised on the level of opportunity identified for drug usage due to growth in high cost drugs and further work is being undertaken to understand the cost growth and volumes.
- A plan has not been set for CNST as it links to historical maternity cases however this is expected to reduce over time.
- Work is being undertaken in estates around space utilisation for clinical efficiency and part of this work will explore what opportunities can be achieved and what level of capital that will be required to facilitate any opportunity.
- The report acknowledged the disparities between income levels of growth for education, training and research and work is being undertaken by the ICB to provide an equitable position.
- There as an NHSE requirement for each organisation to provide a statement to confirm the report has gone through Finance and Operational Committee meetings to accept the recommendations.

The Committee noted the report and was assured by the work undertaken by Deloitte which links to the improvement plan and recognises where further work is required.

BAF Financial and Operational Risks

The Committee noted the following updates:

<u>Financial Risks</u>

Risk 3 - Capital

Minor changes had been made to exclude any reference to BAU capital which should be on the corporate risk register, and is being followed up by the Safety and Risk Committee with the risk owners. The CFO recommended reducing the risk score to 16 following a reduction on the consequences of capital on CDEL. The committee suggested that the position continue to be monitored to consider any further delays to the OFH programme.

The Committee supported a reduction in the risk score to 16.

Risk 4 – Revenue
The narrative had been updated to focus on delivery of the plan. As Regulators have now signed off the system financial plan, the CFO suggested reducing the risk from a risk score of 25 down to 20.

The Committee supported a reduction in the risk score to 20.

Operational Risks

Risk 5 – Elective Demand and Waiting Lists
The COO reported that the risk score had reduced from 25 to 20 however despite improvements, RDUH remained in Tier 1 overall for elective recovery and Tier 2 for cancer. This was therefore a de-escalating risk but remains high risk.

The Committee supported a reduction in the risk score to 20.

Risk 10 – UEC Targets
The COO reported on progress and the complexities of NCTR and dynamic conveyancing and therefore suggested the risk score should remain at 25 as this remains one of the most significant risk. It is anticipated that the risk score could reduce in the next quarter.

The Deputy CEO agreed to review the consistency of BAFs in the system and referred to a presentation being made to the next Board of Directors meeting by the Director of Adult Social Care (DAS) and advised of a request for the Integrated Community and Social Care interface be included in a presentation to the Board in January. Further consideration will be given on how to provide the Committee with assurance in this area to future meetings.

The Committee agreed that the risk score should remain at 25.

Outline Briefing of Business Case for Orthopaedic Capacity
The COO presented an outline briefing for orthopaedic capacity and the work being undertaken with the national team for potential opportunities to continue with outsourcing and insourcing. Further proposals have been developed to improve efficiency and productivity and improve current operating levels for orthopaedics.

Support is also being sought for additional modular wards (32 beds) and resourcing and the brief provided evidence on how this will make RDUH more resilient. A meeting is due to be held focussing on the system position to facilitate support for RDUH to provide the activity required.

The Committee recognised the agreement of the Board of Directors to submit a business case to provide additional capacity and recognised that an exit strategy would be required to return to normal activity levels. The committee noted the investment was dependent on a national funding source.

The Committee SUPPORTED the briefing for additional orthopaedic activity.

4. Resource/legal/financial/reputation implications

The update to the board sets out that the Trust will meet its financial plan for 2022/23. The update also sets out that the Trust is unlikely to meet the breakeven expectation for 2023/24 or the minimum starting point for the ICS as being no worse that FOT.

5. Link to BAF/Key risks

Although the BAF was not explicitly reviewed the risk scores for Financial recovery and operational recovery remain at the highest level and in the context of the above update this is an appropriate position.

6. Proposals

To note the following items as recommended by the Finance and Operational Committee:

- The Committee RECEIVED an update on the progress of the System Recovery Board including governance arrangements.
- The Committee RECEIVED a finance update at month 1 which reflected a £5.8m deficit after delivery of £2.2m of savings. Detailed reporting will commence from month 2.
- The Committee RECEIVED an operational update.
- The Committee RECEIVED the overall System Improvement Plan including governance structures.
- The Committee RECEIVED a DBV 23/24 Update which reflected that £23.9m of opportunities had been converted into opportunities against a target of £45m. This includes positive action that has taken place to change workforce processes.
- The Committee RECEIVED the final Drivers of Deficit Report
- BAF Risks:
    - The Committee SUPPORTED a reduction in the risk score to 16 for Risk 3, Capital.
    - The Committee SUPPORTED a reduction in the risk score to 20 for Risk 4, Revenue.
    - The Committee SUPPORTED a reduction in the risk score to 20 for Risk 5, Elective Demand and Waiting Lists.
    - The Committee AGREED that the risk score should remain at 25 for Risk 10, UEC Targets and that NCTR should be made more explicit in the narrative.
- The Committee RECEIVED a briefing to provide additional orthopaedic activity, which will be shared with the system

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.5, Public Board Meeting		**Date: 31 May 2023**	
Title:	Governance Committee (GC) Report			
Prepared by:	Jacky Gott, Assistant Director of Governance			
Presented by:	Tony Neal, Chair of the Governance Committee and Non-Executive Director			
Responsible Executive:	Suzanne Tracey, Chief Executive Officer			
Summary:	A report by exception from the Governance Committee			
Actions required:	For noting			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				x
History:	The last Governance Committee Report was presented to the Board of Directors on 22 February 2023.			
Link to strategy/ Assurance framework:	The Governance Committee reviews and monitors the Corporate Risk Register and identifies and escalates operational risks which it considers could have strategic significance and which the Board might consider placing on the Board Assurance Framework.			

Monitoring Information

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

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

1.	**EXECUTIVE SUMMARY**
1.1	To provide, as requested by the Board of Directors (Board) a report by exception, from the Governance Committee following the meeting on 20 April 2023.
2.	**BACKGROUND**
2.1	The Governance Committee is responsible for ensuring that effective governance is embedded in the organisation and that risks associated with compliance and legislation and regulatory standards are identified and mitigated. It provides assurance to the Board that the Trust has effective systems of internal control in relation to risk management and governance.
2.2	The Governance Committee Chair, on behalf of the Governance Committee, is responsible for reporting back to the Board, in line with the Board's Schedule of Reports after each meeting of the GC, issues by exception.
2.3	A copy of the approved Governance Committee minutes is available for inspection pursuant to the Governance Committee's terms of reference.
3.	**ANALYSIS**
3.1	In line with the schedule of reports, the Governance Committee receives exception reports from the relevant sub committees each time they meet. As of the date of this report, the Governance Committee is assured from the reports that the sub-committees continue to function effectively.
3.2	The Governance Committee (GC) raises the following matters for information with the Board: a) **Non-Executive Director (NED) Patient Safety walkarounds** - following a discussion at the GC in December 2022 on the wider implications of the learning from the East Kent Maternity Review (Kirkup Report), the GC asked how the Trust could learn/replicate the positive safety assurance/oversight of risks and actions that the Maternity Safety Champions role & subsequent activities deliver. Carolyn Mills provided the GC with a number of recommendations focussing on reinstating Non-Executive patient Safety Walkarounds from May 2023. The GC agreed the recommendations to conduct the walkarounds in a more structured way than previously by drawing on the learning from Maternity Safety Champion walkarounds which give a defined safety focus and understanding/reinforcing by including some specific safety culture questions. The GC requested that following a visit, any immediate points for escalation would be sent to Carolyn Mills and Adrian Harris for swift action, and that the NED safety walkarounds would be a routine standing agenda item for GC to allow the Non-Executive Directors to provide a brief verbal update on these safety walkarounds. b) **Clinical 'View from the Bridge'**: the GC discussed in depth a number of key issues facing the Trust: • The recent industrial action (IA) by Junior Doctors had resulted in patient cancellations and will have had an impact on patient experience and their outcomes. The Committee discussed the negative impact on staff wellbeing and team cultures due to the different viewpoints on the moral dilemma of industrial action. It is proposed that the learning from the IA could be scheduled for a Board Development Day discussion. • A recent norovirus outbreak in the East resulted in some difficult discussions and balance of risk to manage patient flow and infection prevention control measures. Key points of learning such as impact on elective activity have been identified which will be used to inform future planning.

- There has been a positive impact to patient flow through the Emergency Department mainly due to reduced admissions and attendances during periods of IA.
- The Northern services medical staffing business case has now been approved via the triple lock process. This is the start of a long journey to successful recruitment which is a significant mitigation for the long-standing risks on the CRR, but in the interim there remains significant medical support requirements from Eastern services.

c) **Responding to and Learning from Deaths (LfD) Q3 2022/23 Update** – Dr Mark Daly provided the GC with a comprehensive update on the continued work to review the weekend admission alert. This has highlighted a higher absence of co-morbidity coding at weekends than weekdays, but concerns remain that quality of care at weekends is a contributory factor to the alert. This predominantly remains a more significant issue in the North and the team are expanding the coding work on this with further analysis underway. Where possible, Northern services have increased consultant cover at weekend, and there is a particular focus on patient waiting times in the NDDH Emergency Department which is substantially longer than RD&E patients.

d) **Medical Examinder Update** – in addition to the above LfD update, the GC also heard from Dr Rebecca Appelboam, Medical Examiner (ME), who described the work of the ME service in detail. The GC were advised of the current focus on engagement with community partners, the ongoing work to improve End of Life care, in particular supporting patients to remain at home if they wish to die at home, and improving communication with primary care on discharge from hospital. These are all key components of the wider work programme required to support the anticipated introduction of a statutory requirement for all deaths both in and out of hospitals to be reviewed and signed off by the ME service, before the death can be registered.

e) **Freedom to Speak Up Guardian (FTSUG) Survey Update** – Jane Dorothy, Lead FTSUG presented the results of a survey undertaken at the end of 2022 focussing on perceived barriers to speaking up. The response to the survey was limited however, those that did respond expressed their perception that speaking up would result in negative behaviours from line mangers, and potential repercussions, a lack of action or change, and not feeling listened to or believed. The GC discussed the results, and the wider work to triangulate this information with the People Pulse survey and other staff data. The GC noted the recommendations and action plan to address the findings but requested further assurance via a balanced scorecard approach on how the various streams of information link together and the overall picture of staff experience.

f) **Clinical Effectiveness Committee**

- The establishment of an Advanced Practice Steering Group to ensure clear guidance and governance framework to support a range of clinicians practicing at Allied Health Professional (AHP) level. This is very closely linked with the Medical and Nursing, Midwifery and AHP Workforce Steering Groups and is focused on how the Trust moves forward with its strategy and planning for a more blended clinical workforce.

- Concerns regarding the fragility of interventional radiology across Royal Devon and Taunton & Somerset NHS Foundation Trust due to staffing issues, on call sustainability and ageing equipment was discussed. The GC were advised that Adrian Harris and John Palmer continue to lead the work on delivering a sustainable service and noted that whilst Royal Devon cannot sustain its previous 24/7 service, it continues to provide service on weekdays and weekends. It was noted by GC that the funding for capital bids for this area were crucial to delivering improvements in the service and agreed that this would escalated to Board for consideration as part of capital funding process.

- Cancer services harm review policy – an interim policy was approved for assessment of potential harm to patients on a cancer pathway where the Trust has not met the 62 day treatment standard. This will include prospective clinical oversight of patients who experience delays awaiting their treatment, and a retrospective review of actual harm for those who have completed treatment after a delay.

- Updates on National Institute of Clinical Excellence (NICE) compliance, national clinical audits participation and Getting It Right First Time (GIRFT) visits were provided. The difficulties in achieving NICE Technology Appraisals (TAs) compliance was noted, particularly in Oncology, and the associated commissioning implications being discussed at an ICB level were noted by the Committee.

g) People, Workforce Planning & Wellbeing Committee

- Accelerating Getting Our Vacancies Filled programme – the GC noted the significant progress across all workstreams with data showing increased recruitment activity and reduced numbers of leavers.

- Statutory mandatory training – assurance was provided that compliance, whilst still below target, has begun to improve. The GC supported the proposal to continue to run training sessions during operational pressures and allow staff to attend as appropriate and possible, rather than a blanket cancellation of all training during periods of OPEL 4.

- Improving Time to Hire test of change update – in December 2022 the GC approved a proposal to ensure that where a quick start date was required, candidates could start in post with a number of the usual pre-employment checks taking place within the 6-weeks of starting in post. The GC noted the limited use of the agreed test of change principles during the 6 month period, and approved the further proposal to continue with the flexibility to use a Disclosure Barring Service (DBS) waiver in exceptional circumstances and only with the Safeguarding team approval.

h) Safety & Risk Committee

- Ophthalmology outpatient (OP) backlog Risk (Northern Services) – the GC were assured of the significant actions underway to address the OP backlog which include plans for the South Molton Eye Centre and implementation of Patient Initiated Follow ups. Futher assurance was provided that there had a been a review of the high risk patients on the waiting list and where appropriate, patients have been prioritised for treatment.

- Medical Workforce Risks (Northern Services) – the GC were provided with assurance that there is good progress being made on the medical recruitment position, both on a temporary and long terms basis via the Accelerating Our Vacancies programme, lead by the Chief People Officer.

- Corporate Risk Register (CRR) review – the GC were provided with a full update on the proposed changes to the CRR as a result of the revised Risk Management Policy and the subsequent review of the risks held on the CRR to ensure that risks were managed at the appropriate level and were focussed on the actions required to mitigate.

- Ockenden update – the GC received and reviewed the quarterly update on the progress towards compliance with evidential requirements. The full report is appended for the Boards information at Appendix A.

- Patient Safety Strategy Implementation project – the GC received an update on the progress of the Project Delivery Group which provides operational oversight to a number of workstreams to redesign the Trust's current patient safety processes and Governance arrangements in line with the requirements of the NHS Patient Safety Strategy and the Patient Safety Incident Response Framework. The training plans for staff were noted by the GC, including the training to be made available for the Board and Senior Leadership teams. This will include:
    - The human, organisational and financial costs of patient safety
    - The benefits of a framework for governance in patient safety
    - Understanding the need for proactive safety management and a focus on risk in addition to past harm
    - Key factors in leadership for patient safety
    - The harmful effects of safety incidents on staff at all levels

i) Quality Priorities

- Quality Priorities 2022/23 Quarter 3 Update – the GC recieved the update, noting that some areas were off track due to delays in national implementation, and that the Safety culture had been completed across the whole organisation , including the Board and was in the process of review.
- Quality Priorities 2023/24 the GC noted the progress with defining the proposals for the 2023-24 priorities. The proposals are as follows:
    - Governors Priorities – Staff retention and wellbeing, and care of patients who have mental health issues whilst in our care.
    - Trust Priorities:National Safety Standards for Invasive Procedures (NatSSIPs), Our Quality Culture, Improving Learning from Incidents

j) Patient Experience Committee

- Resourcing of Volunteers – the GC were provided with an overview of progress with the resourcing of volunteers noting the Trust's ambition to have equal numbers of volunteers across Northern and Eastern sites and the intended benefits gained from maximising the use of volunteers across Royal Devon, including alignment to the NHS Long Term Plan. The GC were assured that the skills of the volunteer workforce was used to best effect. It was also noted that the recent industrial action has provided additional opportunities for volunteers to support areas such as the Emergency Departments. The overview also acknowledged that the Trust had entered into a beneficial partnership with the charity, Helpforce, which supports NHS Trusts. It was noted that this new partnership was proving to be extremely valuable in terms of supporting volunteering across the Trust. Further consideration regarding the development of infrastructure (through the exploration of Charitable funds) to support & develop Royal Devon volunteers was also underway.

- Sources of patient feedback – the GC received an update on the detailing of the variety of methods of patient feedback collected across Royal Devon i.e. through complaints and compliments, Friends and Family Test, Care Opinion, Volunteer Led Surveys, as part of the Patient Experience Service. Assurance was provided that the methods of feedback were being collected, analysed and effectively shared through both patient experience and divisional governance routes. The GC were advised of the further work to improve the triangulation of patient feedback information/themes/trends, and ensure feedback was being effectively utilised for service/organisational improvement, and noted the actions would be managed through the new 2023/2024 patient experience workplan.

- Complaints – the GC were pleased to received confirmation via the Q3 Complaints report that there had been an improvement in the trajectories for complaints across Eastern and Northern services. As a result, those complaints open over six months had reduced by half. The GC commended Andrea Bell and the Patient Experience team for their hard work and in particular noted the work of the Eastern Medical Services Division for their relentless efforts to address the backlog. .

k) **Draft Annual Governance statement** (AGS)– the GC received the draft AGS which is a mandated requirement of the Annual report. The GC undertook a final review and Chair approval, before submitting the final version of the AGS to the Audit Committee.

l) **Draft Governance Committee Terms of Reference** - The GC reviewed its Terms of Reference and the final version is presented in Appendix B with tracked changes for ease of reference. The Board are asked to approve the ToRs.

m) Implementation of the National Patient Safety Strategy

- The GC received an update on the work to deliver the requirements of the National Patient Safety Strategy which was launched by NHSE/I in 2019, but has been delayed nationally due to Covid-19. The overarching approach to patient safety which underpins the NHS PSS is contained within the Patient Safety Incident Response Framework (PSIRF). A key aim of PSIRF is to allow organisations to focus learning response resources on areas where improvement will have the greatest impact. Based on their local incident profile and existing improvement work, organisations will identify areas that will benefit most from patient safety incident response, to create their patient safety incident response policy and plan.

- The GC were informed of the following NHS England resources which outline the full extent and positive impact that PSIRF will make on NHS organisations:
    - Introducing PSIRF animated video – for a general overview of PSIRF, the National Patient Safety Team has produced a 4 min animated video, introducing the framework.
    - PSIRF Early adopter videos – videos sharing the experience of some of the early adopters in piloting PSIRF in their NHS organisations over the last two years

- The GC noted the progress of the four workstreams, and were assured that implementation of the PSIRF at Royal Devon remains on its completion target of 1st September 2023.

n) **Whistleblowing (WB) Annual Report 20221 January 2022 – 31 December 2022** – the GC received the annual WB report, noting the review of the four cases during the time period. It was noted that two of the cases related to concerns around policies and practices and although the policies were found to be robust, it was felt these could be revised to provide greater clarity. It was also felt that if staff had better awareness that policies and procedures were being followed, then potentially these cases would not have been raised as WBconcerns. The GC were assured that the learning from the cases had been actioned and requested that the learning from the review be triangulated with the Freedom to Speak Up report.

o) **Northern Urology service whistleblowing Action Tracker** – the GC received a update on the action plan for concerns raised within the Urology service at North Devon. The GC noted the actions and agreed that it would monitor the action plan through to completion.

	p) **CQC Inspection Report and Well-Led Update** – the GC were advised that the draft report had been received and the factual accuracy process completed. The report is expected to be published in May 2023. The well-led inspections are scheduled to be held on Wednesday 3rd and Thursday 4th May 2023.
4	**RESOURCE / LEGAL / FINANCIAL / REPUTATIONAL IMPLICATIONS**
4.1	No resource/legal/financial or reputation implications were identified in this report.
5.	**LINK TO BAF / KEY RISKS**
5.1	The Governance Committee reviews the Corporate Risk Register twice a year and identifies and escalates risks as appropriate to the Board of Directors that the Joint Governance Committee considers may be strategic and therefore the Board of Directors might consider escalating to the Board Assurance Framework.
6.	**PROPOSALS**
6.1	It is proposed that the Board of Directors notes the report from the Governance Committee.

Appendix A: QUARTERLY UPDATE ON PROGRESS WITH DELIVERY AGAINST OCKENDEN 1 (INTERIM REPORT) AND OCKENDEN FINAL ACTION PLAN

1. QUARTERLY UPDATE ON PROGRESS WITH DELIVERY AGAINST OCKENDEN 1 (INTERIM REPORT) AND OCKENDEN FINAL ACTION PLAN

1.1 The purpose of this paper is to present to the committee a quarterly update on RDUH Maternity and Neonatal Services progress towards compliance with evidential requirements set out in the Ockenden 1: 7 Immediate and Essential Actions (IEA) and Ockenden Final report 92 Essential Actions.

Ockenden 1 (Interim Report) IEA's were published December 2020 and detailed 7 IEA's for all Trusts providing maternity and neonatal care.

Ockenden Final Report was published March 2022 and details 92 Essential Actions (EA's) for maternity and neonatal services in England some of which are actions for system, national and education services to respond and are not actions for Trusts.

Trusts have been advised that all 92 KLOE themes and evidential requirements have been embedded into the Maternity Services Single Delivery Plan due for publication end March 23.

2. DECLARATIONS OF COMPLIANCE

2.1 RDUH maternity services submitted evidence for compliance with the 7 IEA's of Ockenden 1 separately as East and North as the reporting period was set pre-merger.

Following robust evidence submission via a national portal and validated by the regional team, East services evidenced full compliance with all 7 of the IEA's. Northern services evidenced compliance with 6 of the 7 IEA's and an action plan was put into place to reach full compliance. This has since been completed and the service is now fully compliant with all 7 IEA's.

Additional assurance of evidence for compliance was gained via internal audit review and progressed monitored through Speciality Governance Groups and the LMNS (Local Maternity and Neonatal System) Safety and Governance workstream.

3. RESPONSE TO THE FINAL OCKENDEN REPORT

3.1 Whilst trusts have not been asked to formally review status against these additional EA's or to provide any evidence of compliance, RDUH maternity services have developed a paper to provide assurance to the Trust Board detailing outcomes of a high-level review of status to provide assurance and monitor the recommendations of the report. The document contains 92 KLOE and is rag rated. Both East and North services have reviewed the position and updated the document March 23. The revised document will be monitored through Speciality Governance Groups.

Unmet Urgent	Red
Partial Compliance	Amber
Complete	Green
Not A Trust Action	Grey

The complete document is available on request.

The report provides assurance in mitigation around the exceptions to those KLOE specific to both sites due to variation in service.

To provide additional assurance, the evidence to support the agreed position as stated in the document is under review by Internal Audit process.

3.2 **Exceptions to Final Ockenden EA's**

RDUH

- **Risk:** 3.0 Minimum staffing levels must include a locally calculated uplift, representative of the three previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave.

  Mitigation Both sites undertake a workforce review with site directors. A new national workforce programme and accompanying tool is expected for publication April 23.

EAST ONLY

- **Risk:** 6.0 All NQMs must remain within the hospital setting for a minimum period of one-year post qualification. This timeframe will ensure there is an opportunity to develop essential skills and competencies on which to advance their clinical practice, enhance professional confidence and resilience and provide a structured period of transition from student to accountable midwife.

  Mitigation: National guidance has not yet been published but services advised to review structures that support NQM's to ensure they are safe.

  East have reviewed provision and has an imbedded a supportive training programme for all students and newly qualified midwives that supports integrated midwifery exposure and case loading.

- **Risk:** 7.0 All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce***.***

  Mitigation: Both sites have been successful in bids to support 3 LW co-ordinators from each site to attend a train the trainer course to roll out training across the teams compliant with this action.

- **Risk**: 8.0 All trusts to ensure newly appointed labour ward coordinators receive an orientation package which reflects their individual needs. This must encompass opportunities to be released from clinical practice to focus on their personal and professional development.

  Mitigation: East have an informal support package for labour ward co-ordinators, Teams across sites are working to align the offer already in place in North across both sites.

- **Risk**: 9.0 All trusts must develop a core team of senior midwives who are trained in the provision of high dependency maternity care. The core team should be large enough to ensure there is at least one HDU trained midwife on each shift, 24/7.

Mitigation: Awaiting national steer on HDU training requirements. There are currently no national recommendations on this topic due to complexities of competencies and significant staffing and financial commitments required.

- **Risk:**10 All trusts must develop a strategy to support a succession-planning programme for the maternity workforce to develop potential future leaders and senior managers. This must include a gap analysis of all leadership and management roles to include those held by specialist midwives and obstetric consultants. This must include supportive organisational processes and relevant practical work experience.

  Mitigation: The new senior team for RDUH maternity services have begun planning for the process of developing a perinatal strategy that aligns to the trust strategy and proves a framework for delivery of the Maternity Single Delivery Plan.

SAFE STAFFING

NORTH ONLY

- **Risk:**13 In trusts with no separate consultant rotas for obstetrics and gynaecology there must be a risk assessment and escalation protocol for periods of competing workload. This must be agreed at board level.
  Mitigation: A risk assessment is underway.

ESCALATION AND ACCOUNTABILITY

- **Risk:** 22 All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals.
  Mitigation: North have a policy in place. Both sites now have a joined guideline group that feeds into speciality Governance Group and all guidelines will be aligned.

RDUH

- **Risk:** 28 All maternity service senior leadership teams must use appreciative inquiry to complete the National Maternity Self-Assessment Tool if not previously done. A comprehensive report of their self-assessment including governance structures and any remedial plans must be shared with their trust board.
  Mitigation: Maternity self-assessment tool has been reviewed and generated an action plan which is monitored via Speciality Governance Group.
- **Risk:** 29.0 Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services.
  Mitigation: Awaiting national guidance as does not align to patient safety strategy. The service has a cross site Safety and Quality Matron in post.
- **Risk:** 30 All clinicians with responsibility for maternity governance must be given sufficient time in their job plans to be able to engage effectively with their management responsibilities.

Mitigation: Cross site Safety and Quality Matron in post. The governance role/responsibility sits with the Clinical Lead and there is no current remuneration as such for Audit Lead but there is a designated Lead.

- **Risk:** 39 All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent.
  Mitigation: Informal feedback from MVP is used to inform and formulate complaints responses and actions.

COMPLEX ANTENATAL CARE

RDUH

- **Risk:** 51.0 Women with pre-existing medical disorders, including cardiac disease, epilepsy, diabetes and chronic hypertension, must have access to preconception care with a specialist familiar in managing that disorder and who understands the impact that pregnancy may have.
  Mitigation: RDUH provide this service but are awaiting a network position.
- **Risk:** 52.0 Trusts must have in place specialist antenatal clinics dedicated to accommodate women with multifetal pregnancies. They must have a dedicated consultant and have dedicated specialist midwifery staffing. These recommendations are supported by the NICE Guideline Twin and Triplet Pregnancies 2019.
  Mitigation: All midwives will have the knowledge to deal with multiple pregnancy and make appropriate referral to the obstetric specialist. Complex multiple birth pathways have been reviewed across both sites.

PRETERM BIRTH

RDUH

- **Risk** 59: There must be a continuous audit process to review all in utero transfers and cases where a decision is made not to transfer to a Level 3 neonatal unit and when delivery subsequently occurs in the local unit.

  Mitigation: The network lead obstetrician is based in East and provides direct reporting to the network and Peri-prem. Cases are reviewed and reported to network. Work to improve process is being developed by the LMNS.

LABOUR AND BIRTH

NORTH ONLY

- **Risk:** 65 Centralised CTG monitoring systems must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs.

  Mitigation: The service is working on adopting East model in North as part of integration plan.

POSTNATAL CARE

RDUH

- **Risk:** 74 All trusts must develop a system to ensure consultant review of all postnatal readmissions, and unwell postnatal women, including those requiring care on a nonmaternity ward.

  Mitigation: Informal process in place, requires formalisation. Work required will inform guideline group priorities.

- **Risk:** 75 Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum.

  Mitigation: Informal process in place, requires formalisation. Work required will inform guideline group priorities.

- **Risk:** 76 Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary

  Mitigation: Informal process in place, requires formalisation. Work required will inform guideline group priorities.

- **Risk:** 77 Staffing levels must be appropriate for both the activity and acuity of care required on the postnatal ward both day and night, for both mothers and babies.

  Mitigation: Staffing is flexed across the unit to meet acuity in both sites.

BEREAVEMENT CARE

RDUH

- **Risk:** 81 Compassionate, individualised, high quality bereavement care must be delivered for all families who have experienced a perinatal loss, with reference to guidance such as the National Bereavement Care Pathway.

  Mitigation: Service is out to advert for a dedicated Bereavement Lead midwife to align service to the NPCP. Both sites have in place Bereavement Midwives.

NEONATAL CARE

RDUH

- **Risk:** 89 Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.

  Mitigation: Both services provided evidence for full compliance with Safety Action 4 of the CNST. A review and options appraisal in development for North services transitional care service development.

2. LEARNING

2.1 No specific learning issues have been identified for escalation to the Committee.

3. RECOMMENDATIONS TO THE SAFETY AND RISK COMMITTEE FOR APPROVAL

3.1 The Governance Committee is asked to **note** the report.

Royal Devon University Healthcare NHS Foundation Trust

GOVERNANCE COMMITTEE

Terms of Reference

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

1. Accountability

1.1 The Governance Committee (GC) is accountable to and will report directly to the Board of Directors of the Royal Devon University Healthcare NHS Foundation Trust.

2. Purpose

2.1 The GC is responsible for ensuring that governance is embedded in the organisation; the Trust operates within the law and complies with its regulators and delivers safe, quality and effective care. It will provide assurance to the Board of Directors that the Trust has effective systems of internal control in relation to risk management and governance.

3. Membership

3.1 The GC shall be appointed by the Board of Directors.

The membership shall consist of :

- A Non-Executive Chair – appointed by the Board of Directors
- A Non-Executive Vice-Chair – appointed by the Board of Directors
- At least four Non-Executive Directors – appointed by the Board of Directors
- Chairs of all reporting Sub-Committees:
  - Integrated Safeguarding Committee*– Chief Nursing Officer**
  - Clinical Effectiveness Committee* – Chief Medical Officer*** ~~Medical Director (Northern Services) / Medical Director (Eastern Services)~~
  - People, Workforce Planning and Wellbeing Committee* – Chief People Officer
  - Safety and Risk Committee* – Chief Executive Officer

(A nominated deputy must attend in the absence of the Sub-Committee Chair)*

- Medical Staff Committee (MSC) RD&E / Medical Advisor Committee (MAC) NDDH representatives
- Director of Governance
- ~~Deputy Head~~Assistant Director of Governance
- ~~Chief Medical Officer***~~
- Responsible Officer (Revalidation) (Northern & Eastern Services)
- The Co-Chair of the Ethics Committee (as and when the Committee is convened)

***A nominated deputy should attend in the absence of the Chief Nursing Officer*
****A nominated deputy should attend in the absence of the Chief Medical Officer*

Attendees:

- Representation from the Clinical Commissioning Group
- Trust Chair

3.2 The Board of Directors will review the membership of the Governance Committee annually to ensure that it best reflects the requirements of 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 projects.

4. A Quorum

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

- Two non-Executive Directors, one of whom should Chair the meeting
- The Chairs or Deputies from the reporting Committees so each Committee is represented
- There must be one Executive Director present

4.2 A record of attendance will be maintained, the expected attendance is 80%.

5. Procedures

5.1 The GC shall appoint a secretary to prepare agendas, keep minutes/recordings of meetings 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 RD&E Trust Governance shared drive.

5.2 Any member of staff may raise an issue with the Chair or Vice-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.

5.3 Written reports from the reporting sub-committees will be provided to the GC in accordance with the GC Schedule of Reports. The Chair of the sub-committee should ensure that the written report is submitted for circulation in advance of the meeting, or in the event the sub-committee has not met, this should be recorded on the agenda.

6. Frequency of Meetings

6.1 To be held 6 times a year, every other month.

6.2 The GC may require the attendance of any Director, or member of staff, and the production of any document it considers relevant to Governance / Risk management.

6.3 Any member of the GC can request an Extraordinary meeting by contacting the Chair/Vice Chair of the GC who will consider the request.

7. Duties and Responsibilities

1. To agree a Schedule of Regular Reports and to ensure the schedule is followed and where not, the reason why is recorded in minutes.
2. To receive reports which identify key clinical and corporate risks (including patient experience) and ensure it receives assurance that they are being managed.
3. To monitor and assess the workplans provided by the sub-committees and be the point of escalation for any shortfalls in progress.
4. The GC will receive a bi-annual detailed report on the risks on the Corporate Risk Register (CRR). The GC will request a deep dive into individual risks as appropriate.
5. The GC will receive reports by exception on external visits and accreditation to ensure that highlighted shortcomings in the Trust's outcomes or processes are being understood and addressed effectively. The exception report will highlight any unacceptable delays in addressing areas of concern.
6. To receive reports which identify new areas of 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.
7. The GC will review the final Internal Audit self-assessment of compliance against the Care Quality Commission (CQC) regulatory framework.
8. The GC will seek to identify any new or emerging risk areas which may need to be added to the Board Assurance Framework.
9. The GC will provide quarterly reports to the Board of Directors primarily by exception on issues arising at the Governance Committee. The GC minutes will be available to the Board.
10. The GC will provide to the Audit Committee in March (end of financial year) an assurance statement on compliance with the Trust's risk strategy. If the assurance statement is negative, the Governance Committee will provide assurance that a robust action plan is in place.
11. The Chairs of both the Audit Committee and Governance Committee will meet twice a year with the Director of Governance to discuss any areas of concern or improvement in the operation of the Governance Committee and Audit Committee.
12. The GC will request the Internal Audit Team to include specific internal audits as required. Any issues will be raised directly with the Audit Committee.
13. The GC will monitor timely completion of GC Audits with receipt of a progress report submitted twice a year from the Head of Internal Audit.
14. The GC will confirm that the Trust has an annual programme of clinical audit through assurance from the Clinical Effectiveness Committees.
15. The GC will receive and review the Quality Account on an annual basis.

8. Monitoring the effectiveness of the committee

8.1 The GC 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.

8.2 The GC will undertake an effectiveness review annually and report the outcome to the Board

9. Review

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

Agenda item:	10.6, Public Board Meeting		**Date:** 31 May 2023	
Title:	April 2023 Integration Programme Board update to the Royal Devon Board of Directors			
Prepared by:	Fran Lowery, Integration Programme Manager			
Presented by:	Alastair Matthews, Non-Executive Director & Programme Board Chair			
Responsible Executive:	Chris Tidman, Deputy Chief Executive Officer			
Summary:	This document provides a written summary of the key areas discussed at the 23 May 2023 Integrated Programme Board, and provides an update on the Integration Programme delivery.			
Actions required:	To note the update.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
			X	
History:	A monthly report is produced after each IPB to report to the Royal Devon Board of Directors.			
Link to strategy/ Assurance framework:				

Monitoring Information

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

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

INTEGRATION PROGRAMME
Programme Exception Report

1. Overview

The IPB met on 23 May 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 NHSE lessons learnt meetings are arranged from 5-22 June with four senior trust leadership groups to discuss the year 1 integration lessons learnt
- The Operational Services Integration Group met on 10 May, and a slide deck outlining the 18-month programme was presented by the COO
- The Clinical Pathway Integration Group is in development, co-chaired by the CMO and CNO, with its first meeting planned for 22 June
- The Corporate Service Delivery Group met on 24 April, including the corporate PAF, chaired by the DCEO
- The Royal Devon Clinical Strategy and related enabling strategies, is on track to be taken to the Board of Directors in July 2023. A board development session is planned for 6 July.
- IPB agreed its terms of reference for year 2 – attached with this paper as appendix 1

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 23 May:

- Corporate Services Delivery Group update
- Operational Services Integration Group update
- Clinical Pathway Integration Group update
- NHSE year 1 lessons learnt review
- 3-monthly policy report
- Integration programme delivery and governance
- Appendix 1 – IPB terms of reference

2. Corporate Services Delivery Group update

The Corporate Services Delivery Group (CSDG) met on 24 April, chaired by the DCEO. The review of the corporate services efficiency through the corporate PAF is now well embedded, whilst also providing assurance in respect of the corporate integration delivery.

The management of change (MoC) plan for year 1 is now completed. The MoC plans are now in place for year 2 (2023/24), which will be led through the HRBP business as usual route, with updates reporting to CSDG quarterly and then to IPB for assurance, aligning with OSIG.

The focus for CSDG is now on delivering the benefits of integration, through productivity improvements and efficiency. The majority of the corporate service DBV plans are in place, and a 2 weeks deadline had been agreed to finalise trajectories and complete any gaps in savings plans. This group will benefit from the NHSE lessons learnt report in July, and therefore the terms of reference for this group will be refreshed ahead of the July meeting.

It was also reported to IPB that all the corporate services have undertaken a deep dive to review progress for year 1. This included: People function, Digital Team, Finance & Procurement, BI, DCEO portfolio, CEO portfolio, Estates & Facilities. A standard template was produced and was populated by each corporate service and shared ahead of their deep dive. Following discussions with DCEO, CFO and CPO, actions were agreed with each service lead, and these actions will be monitored through CSDG. The next 6-monthly deep dive is planned for October 2023. This will include CNO and CMO portfolios, as well as the Transformation Team.

Following a discussion at IPB is clear that CSDG is in at a different stage to OSIG and CPIG. IPB still requires assurance on MoC delivery and PTIP delivery for year 2, and therefore the DCEO will work with the Director of Governance and the Head of CPMO to ensure the CSDG terms of reference are fit for purpose and to bring this back to IPB for assurance.

3. 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 10 May and will meet monthly throughout 2023 and into 2024.

OSIG reviewed the draft terms of reference, which will be formally approved at June meeting. The group also discussed the draft target operating model, based on the integration FBC. There was considerable engagement & discussion around this from the group. It was agreed that processes and principles need to be in place prior to commencement of formal management of change. It was also recognised that the practical issues for staff including: travel agreements, IT and physical access and joint trust systems would also be addressed ahead of this MoC commencing. This needs to be recognised as a priority if the integration activity is to proceed smoothly once underway.

OSIG received the high-level evaluation of Community Winter Integration Pilot, noted the lessons learned and approved the recommendation to move to formal Management of Change. The communication for this had now gone out.

Plans for next month include reviewing the ‘as is’ data set and starting the MoC for the Community Division. There are also plans to consider the clinical leadership model for Specialist Services, using an opportunity of a vacancy to test shared clinical leadership for this triumvirate – a paper will be presented to OSIG by the Eastern trust MD.

A discussion then followed about the benefits of taking opportunities when they arise to test integration, noting we have learnt from the community informal merger. The CPO also confirmed we need to balance speed with HR policies and engagement of staff to reduce anxiety of our staff. Discussions with pathology and pharmacy are underway, and a proposal for these services is being taken to June's OSIG.

Key risks and mitigations were also shared, as shown below:

Risk	Mitigations
Key Stakeholders unable to reach a decision regarding proposed divisional structures leading to a delay in integration MoC and risk of unrealised benefits	Engagement workshop for site and divisional triumvirates to discuss proposed divisional structures and timelines - 12th June 2023 Staff side engagement - IPD and People Director - monthly meetings with staff side representatives Key Stakeholder plan in development for presentation at OSIG 15th June
HR processes for staff working across both sites not agreed and signed off prior to commencement of Management of Change leading to a lack of clarity and uncertainty regarding remuneration, travel time, accommodation and parking charges	Director of People (E) presenting a paper detailing progress to the OSIG steering group on 15th June Staff side engagement - IPD and People Director - monthly meetings with staff side
Poor Communications and Engagement for Operational Service Integration leading to a lack of clarity, uncertainty, mistrust & demotivation, poor sharing of information and disengagement from staff involved in the operational integration process	Head of Communications and Engagement drafting a Comms and Engagement plan to present to OSIG steering group for approval on 15th June
Risk of unclear principles around the management of Trust wide vacancies and job evaluation of posts that will be included in the OSI MoC process leading to the substantive appointment of posts that are to be included within the OSI consultation or banding / grades being uplifted prior to job evaluation	Director of People (E) presenting paper detailing progress to the OSIG steering group on 15th June Staff side engagement - IPD and People Director - monthly meetings with staff side
Risk of new operational services structure being unaffordable meaning that RDUH cannot proceed with the Operational Services Integration model that best meets the needs of the organisation and delivers integration benefits	Engagement workshop for site and divisional triumvirates to discuss proposed divisional structures and timelines - 12th June 2023. Proposed new structures to be costed
Risk of new structure resulting in compulsory redundancies leading to job insecurities, demotivation, senior staff considering leaving the organisation and breach of integration fixed point	Staff side engagement - IPD and People Director - monthly meetings with staff side. Engagement workshop for site and divisional triumvirates to discuss proposed divisional structures and timelines - 12th June 2023

A further risk raised by the IPB chair was the optimisation of clinical service delivery as part of this process (see below).

Overall IPB was assured that a large amount of work had been undertaken by OSIG over the past month with improving clarity over the activities needed. The IPB chair asked if resources are enough given the greater understanding, and the COO confirmed this was adequate for OSIG at present, but flagged that the CPIG resource may require a review once it is up and running.

The detail of how CPIG and OSIG will align to support the opportunities of clinical service integration was also discussed. The IPB chair asked how the clinical merger of the wider services will be monitored and managed to improve and develop our clinical services for patients as part of the organisational integration of the divisions. The COO replied that he thought that as CPIG was launched, this would be developed and that he would ensure that agendas and work was cross checked across himself, the CMO and CNO. The COO also proposed that a scorecard-type approach would be beneficial and that this would be developed to provide assurance to IPB. The IPB chair asked that the COO, CNO and CMO work this through, including how the sign off process would confirm the clinical service opportunities for each of the many services (c100) was approved (by CPIG for example?), and that an update would be reported back to IPB in June 2023.

4. Clinical Pathway Integration Group

The first CPIG meeting is taking place on 22 June. The terms of reference are in draft, and a stocktake is currently underway with the 8 high priority clinical service leads to understand progress against plan, as well as reviewing the urology service across both sites. There needs to be clarity on co-ordination with OSIG as noted above.

5. NHSE year 1 lessons learnt review process

On 6 April the DCEO met with the national and regional NHSE team to discuss the voluntary NHSE integration lesson learnt review process. The focus of this is to consider 2 key questions:

- Has the merger helped us strengthen the clinical engagement that we weren't able to achieve pre-merger?
- Has the merger been an enabler to strengthen sustainability of clinical services?

The NHSE lessons learnt meetings are now scheduled for 5 to 22 June. The five areas of NHSE interest are:

- Culture
- Impact on workforce
- Corporate integration
- Digital integration
- Spread of innovation/good practice

The CPMO is supporting this work, reviewing key integration documents and then developing key lines of enquiry for the DCEO and CMO to approve. The four groups of senior trust leaders are shown on the next page:

Session	Members	Date
1. Integration Exec SROs	DCEO, CFO and CPO	12 June
2. Site Directors	COO, Trust Directors of Operations, Trust Medical Directors, Trust Directors of Nursing	7 June
3. High priority services (Medicine) x 4	Trust Medical Directors (1 in each session), plus the service clinical leads for: Gastroenterology, Diabetes, Acute medicine and. HfOP/Stroke	6-16 June
4. CNO and CMO	CMO, CNO	22 June

The lessons learnt report will be shared with the executive SROs before being finalised in early July. The final report is expected mid-July, and the findings are expected to be shared with the wider system to share learning from our trust merger. This work will feed through IPB and help to further inform the programme for year 2.

6. 3-monthly policy update report

The Director of Governance provided IPB with a 3-monthly policy update report to provide assurance that the policy review plan is on track. IPB was informed that all the committee chairs have now been met with, to prioritise the policies which relate to their committee, with decisions expected over the next month

It was also flagged to IPB that following the launch of the new trust intranet that multiple policies were uploaded, including eastern, northern and other versions. This is resulting in a manual process now having to be undertaken to review and correct this, a timeframe was not provided for when this work would be completed but IPB was assured this was being dealt with urgently

It was noted that the original plan to merge all trust policies within 1 year was ambitious. IPB is seeking assurance that a plan is in place to ensure that policies are being merged in a timely manner. The IPB chair requested that the Director of Governance returned in 6-months' time to update IPB on progress, to maintain oversight of progress. It was noted that this might be sooner if an issue is flagged in the meantime relating to integration. It is, however, planned to treat ongoing monitoring and performance management of this area through the BAU assurance monitoring process through the Safety and Risk Committee.

7. Integration Programme delivery and management

7.1 Programme governance and risk management

The Head of Corporate PMO met with the Deputy Director of Governance on 5 April to review the year 2 RAID log. There were no new issues identified, and the next risk surgery is planned for 5 June 2023.

It was agreed that the CPIG, OSIG and CSDG terms of reference would be shared with IPB for assurance once they have been signed off by their groups.

Progress against four strategic risks from NHSE Amber Transaction Risk rating letter (March 22) continue to be managed:

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 (draft) developed in December 22. Clinical Strategy engagement in progress, led by CMO. Final to go to Board of Director for approval July 2023	On track
Clinical integration plans providing assurance to NHSE	Develop and share integration plans with NHSE through agreed milestone to provide assurance. Year 1 lesson learnt process in place with NHSE. Overall trust assurance now provided through SOF4 process	On track

7.2 Integration Programme delivery – for Quarter 1 (April-June 2023)

The high-level programme plan for the delivery of the 1st quarter of year 2 is shown below

		2023		
		H1, Q1		
Steering Group	**Key workstreams**	**Apr**	**May**	**Jun**
1. Programme Management IPB	Programme deliverables	Year1 closure report, launch year 2		NHSE & Royal Devon Year 1 integration lessons learnt meetings
	Delivering Best Value	2023/24 Corporate DBV plans in development	Finalise DBV plans	DBV Q1 report
2. Clinical Pathway Integration Group CPIG	CPIG	Draft CPIG ToR		Launch CPIG - 1st meeting
	High risk clinical service integration		8 High risk clinical service plan review, plus Urology	
	Key enablers	NDDH Medicine Workforce business case approved	Clinical Strategy development ahead of BoD July	
	General clinical services			
	Clinical MoCs/EoIs	HRBP support OD programme with clinical leadership team		
3. Operational Services Integration Group OSIG	Operational restructure	Propose divisional structure options		Structure options workshops - 12th
		Community integration review	Specialist services proposal	
	OD & Culture	Develop OD approach and C&E strategy Test structure options (workshop) with key stakeholders		
	Operational MoCs/EoIs	HRBP support OD programme with operational leadership team		
4. Corporate Services Delivery Group CSDG	Corporate PAF	Corporate service deep dives (CEO, DCEO, E&F, Digital, Finance & Procurement)	Corporate service deep dives (BI, People)	
	Trust Systems/ integration efficiencies	Single ledger- 6 April	Harlequin Charity -1 May	
	Policies	Year 2 policy alignment, integrated governance processes - Q1		
	Corp MoCs/EoI			Year 2 MoC plan approved

Key
Completed
In progress
Off track
Not yet started

Appendix 1 – Integration programme Board terms of reference year 2

1.0 Purpose of the Integration Programme Board

The purpose of the Integration Programme Board (IPB) is to oversee the development, monitoring and delivery of the integration programme and full business case (FBC) benefits delivery for the Royal Devon University Healthcare Foundation Trust (Royal Devon).

The main functions of the IPB are to:

- Receive and review assurance and progress reports from three supporting delivery groups: Clinical Pathway Integration Group (CPIG), Operational Services Integration Group (OSIG) and the Corporate Services Delivery Group (CSDG)
- Oversee the effective delivery of the key milestones and programmes of work within each designated steering group.
- Provide assurance to the Royal Devon Board of Directors on the delivery of the integration programme and the merger benefits realisation, aligned with the Delivering Best Value programme
- Provide robust integration governance, including risk management, communication and exception reporting for the operational, clinical and corporate integration, with a focus on transitioning into BAU.

With regards to the CPIG reports, the duties of IPB are to:

- Receive and review updates on the delivery of the clinical high-risk service plans informed by Clinical Strategy delivery plan, and the delivery of any associated clinical integration and transformation plans. Transfer all clinical integration plans into BAU and the new divisional structures (OSIG output), led and owned by the relevant division/directors with oversight through existing performance & assurance processes

With regards to the Operational Services Integration Group (OSIG), the duties of IPB are to:

- Receive and review updates on the development of the new divisional organisational structure and delivery of the implementation plan, including management of change and transformation plans, then embed and sustain

With regards to the Corporate Services Delivery Group, the duties of IPB are to:

- Receive and review updates of the delivery of the corporate services integration plans, corporate services management of change schedule, monitor corporate PAF including 6-monthly deep dives. Monitor corporate integration and efficiency (1%) delivery

The governance of the integration programme for 2023/24 is shown in figure 1 and the workstream executive SROs in figure 2:

Fig. 1 – Integration Programme Governance

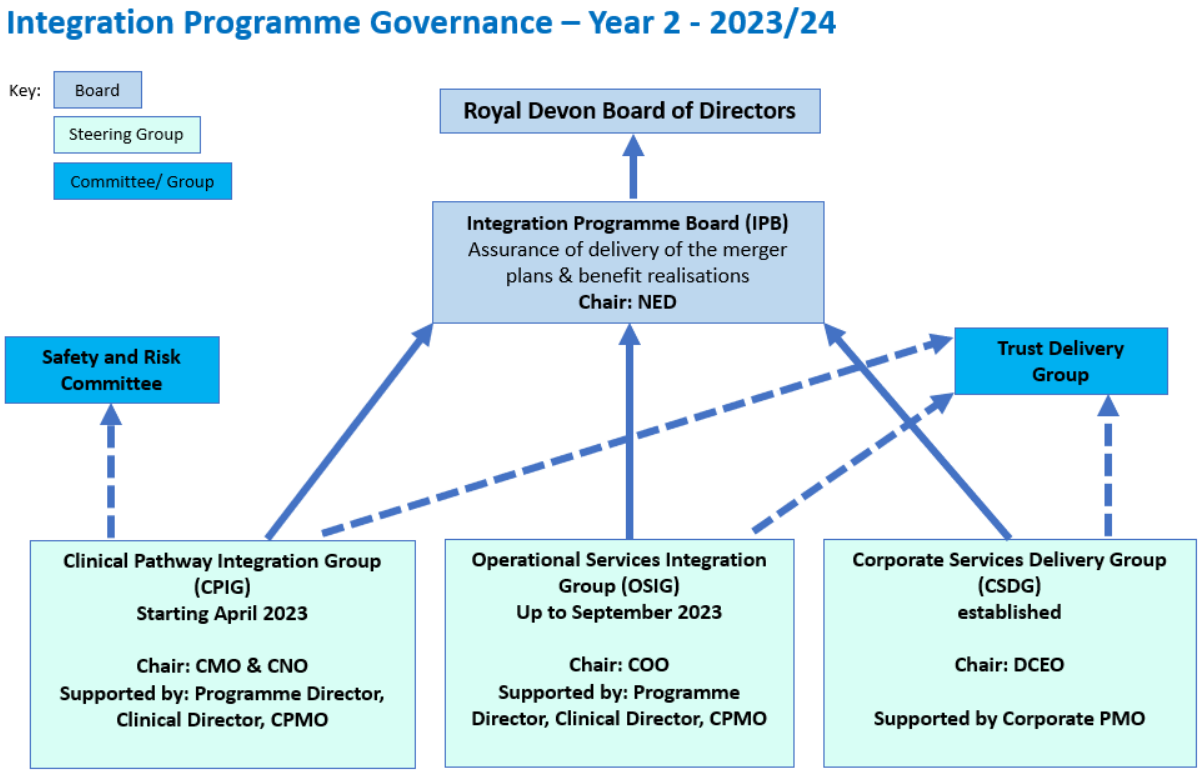


Fig. 2 Workstreams and Exec SRO

	Integration Programme Workstream	Exec SRO(s)
1	**Programme Management**	DCEO, Chris Tidman
2	**Clinical Pathway Integration Group**	CMO, Adrian Harris & CNO, Carolyn Mills
3	**Operational Services Integration Group**	COO, John Palmer
4	**Corporate Services Delivery Group**	DCEO, Chris Tidman

2.0 Membership

2.1 Membership of the IPB will comprise:

Role	Name
NED (Chair)	Alastair Matthews
Deputy Chief Executive Officer (Vice-Chair)	Chris Tidman

Role	Name
Chief Nurse Officer	Carolyn Mills
Chief Medical Officer	Adrian Harris
Chief People Officer	Hannah Foster
Chief Operating Officer	John Palmer
Programme Director	Jill Canning
Head of Corporate PMO	Fran Lowery
Comms & Engagement Lead	Jess Newton
Minute Taker	Penny Manley

3.0 Meetings and Conduct of Business

The agenda shall be agreed by the chair of the IPB. Other staff may be required in attendance at the discretion of the Chair.

Members of the IPB will commit to:

- Attending all scheduled meetings and if necessary nominating a deputy
- Championing the work of the IPB within and outside of their own work areas
- Sharing communications and information as appropriate to promote learning, improvement and good decision-making
- Completing actions within agreed timescales so as not to delay the work of the integration

The IPB will meet monthly with agendas and minutes produced, as well as a Board of Directors report following the meeting.

A meeting quorum will be four members of the IPB and to include the chair or Deputy chair, as well as at least one executive director.

Decisions will normally be reached by consensus, i.e. members are satisfied with the decision even though it may not be their first choice. If agreement cannot be reached, it is a decision by majority and if no majority, the presiding chair has the casting vote.

Administrative support will be provided by the corporate PMO.

4.0 Reporting and Accountability

The IPB will have direct responsibility for managing the integration programme, delegated by the Royal Devon Board of Directors. The IPB reports to the Royal Devon Board of Directors meeting, providing monthly updates via standing agenda items.

The chair of the IPB is responsible for drawing to the attention of the Royal Devon Board of Directors any issues, exceptions and/ or risks that require disclosure, escalation and mitigation.

The CPIG, OSIG and CSDG will report directly to IPB on integration programme delivery in a monthly exception report.

The IPB is responsible for providing adhoc reports to other trust committees and groups on the delivery of the integration programme, progress in delivery of the merger benefits and any agreed actions.

Declaration of Interests

It is important that situations are avoided where conflicts (or potential conflicts) of interest affect (or appear to affect) the integrity of IPB decision-making processes. The IPB chair will begin each meeting by asking for declarations of relevant material interests.

Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise. If a member feels compromised by any agenda item they should declare a conflict of interest and may be asked to leave for **that item.**

Appendix A

Meeting Dates 2023/24

Date	Time	Venue
Tuesday, 18 April 2023	3pm – 4pm	MS Teams
Tuesday, 23 May 2023	3pm – 4pm	MS Teams
Tuesday, 20 June 2023	3pm – 4pm	MS Teams
Tuesday, 18 July 2023	3pm – 4pm	MS Teams
Tuesday, 22 August 2023	3pm – 4pm	MS Teams
Tuesday, 19 September 2023	3pm – 4pm	MS Teams
Oct 23	3pm – 4pm	MS Teams
Nov 23	3pm – 4pm	MS Teams
Dec 23	3pm – 4pm	MS Teams
Jan 24	3pm – 4pm	MS Teams
Feb 24	3pm – 4pm	MS Teams
Mar 24	3pm – 4pm	MS Teams

Appendix B

IPB standing agenda items

NO.	AGENDA ITEM	PURPOSE	SPONSOR	STATUS
1.0	**Preliminary business**			
1.1	Apologies for absence	Information	Chair	Verbal
1.2	Minutes of the last meeting	Approval	Chair	Annex
1.3	Declaration of Interest	Information	Chair	Verbal
1.4	Matters arising, Royal Devon Board of Directors feedback and Action Log	Approval	Chair	Annex
2.0	**Items for discussion**			
2.1	Integration Programme Exception Report	Discussion	Head of CPMO	
2.2	Clinical Pathway Integration Group Exception Report	Discussion	CMO CNO	Annex
2.3	Operational Services Integration Group Exception Report incl MoC Plan	Discussion	COO	Annex
2.4	Corporate Services Delivery Group Exception Report incl MoC Plan	Discussion	DCEO	Annex
3.0	**Items for assurance or information**			
3.1	Programme RAID Log	Assurance	Head of CPMO	Annex
4.0	**AOB– close**			
4.1	Any Other Urgent Business	Discussion	Chair	Verbal
4.2	Date of next meeting:	Information	Chair	Verbal

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	10.7, Public Board Meeting		**Date: 31 May 2023**	
Title:	Our Future Hospitals Programme Board Update			
Prepared by:	Zahara Hyde, Our Future Hospital Programme Director/ Matt Hitchins, Our Future Hospital Programme Admin Manager			
Presented by:	Steve Kirby, Non-Executive Director & Programme Board Chair			
Responsible Executive:	Chris Tidman, Deputy Chief Executive Officer			
Summary:	This is an update paper to give the Board of Directors assurance on the progress of the Our Future Hospitals programme.			
Actions required:	The Board of Directors are asked to note the current position statement of the Our Future Hospitals Programme.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				X
History:				
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives			

Monitoring Information

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

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

Our Future Hospital Progress Update

- Pre-OBC work has continued to be a focus for the Programme this month, alongside initiating scoping for additional estates enabling projects, which include:
    - Supporting development of the Trust Estates Strategy
    - A permanent on-site block that will enable a department/departments to vacate space in the main tower block
    - A diagnostics extension to commission a new MRI scanner in Radiology
    - A review of Barnstaple Health Centre feasibility, making sure that it is the right building for Trust requirements and how best to use the space, alongside refurbishment options

Exploring these projects has been helped by the integration of the Our Future Hospital team with the core Northern Estates and Facilities team, where both are now based in shared offices.

- The Government announcement of the global sum and timescales for the NHP is expected w/c 22 May 2023. The programme team are expecting to receive a programme specific briefing from NHP imminently. This will outline the notional capital allocation included in the strategic business case to MPRG for our programme, along with some indication of a delivery window. Further 1:1 engagement will follow as the NHP team gear up to submit their OBC for the detailed programme delivery in September/October of this year.

- Two areas are amber-rated for delivery in the progress report:

    - Finance – The Long Term Financial Modelling work is currently being completed by Deloitte. Limited progress can be made, but this is not currently a limitation to the Programme.
    - Strategic Context - The strategic context of the Programme is also ‘amber’ pending more detail around the timelines for the development of the Integrated Care Board (ICB) strategies, and the outputs of the acute provider collaborative service reviews.

- One area is red-rated:

    - Interdependent Programme Alignment – There are two potential issues currently. One is related to the Medical Records options appraisal, which was originally due in April. This is becoming increasingly more pressing due to the recent condemning of the social club, which has been used as an on-site medical records storage facility. The other is related to the Epic team’s ongoing requirements for space. This team were originally allocated the Tennis Court building until the end of March 2023 as this space will be required as decant for other teams in preparation for the demolition of Chichester and Munro.

Core Pre-OBC Design Work:

- A paper on experienced-based co-design principles applied to the future maternity services for the northern women's and children's division was presented to the Programme Board. This pilot of patient-staff collaborative design output was well received and will form the template for other services subject to CSDG review.

- A review of the Barnstaple Health Centre usage and opportunity was presented. It was agreed that further work to review future service delivery options was required alongside a feasibility of the estate to provide the future services. External technical input will be commissioned to work alongside the OFH team and community services/outpatient transformation leads.

Strategic Risks:

- The specific risk around the delay in delivering the OFH build was the subject of a paper. This highlighted mitigating actions to address areas of clinical service risk – especially related to estate condition/capacity. The Programme Board approved business cases being prepared that could be used for capital bids if required.

Governance

- The Programme Board reset to begin OBC has been postponed until clear timescales and direction are confirmed for the programme.