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 24 April 2024
Boardroom, Noy Scott House, Royal Devon & Exeter Hospital

AGENDA

As of 18/04/24

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 –** none received	Shan Morgan, Chair	Information	09:32 1
3.	**Declaration of Interests including Annual Review of Register of Directors Interests**	Melanie Holley, Director of Governance	Information (Paper_	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 20 March 2024**	Shan Morgan, Chair	Approval (Paper)	09:37 5
6.	**Matters Arising and Board Actions Summary Check**	Melanie Holley, Director of Governance	Information (Paper/Verbal)	09:42 5
7.	**Chief Executive's Report** – to i	Sam Higginson, Chief Executive Officer	Information (Verbal)	09:47 20
8.	**Patient Story**	Carolyn Mills, Chief Nursing Officer	Information (Paper)	10:07 15
9.	**Performance**			
9.1	**Integrated Performance Report**	John Palmer, Chief Operating Officer	Information (Paper)	10:22 45
	COMFORT BREAK			11:07 10
10.	**Policy & Strategy**			
10.1	**Towards Inclusion Update**	Hannah Foster, Chief People Officer	Information (Verbal)	11:17 10
11.	**Assurance**			
11.1	**Health Inequalities Progress and Performance Report**	Chris Tidman, Deputy Chief Executive	Information (Paper)	11:27 10
11.2	**Strategic Roadmap Update**	Chris Tidman, Deputy Chief Executive	Information (Paper)	11:37 10

11.3	**Board Assurance Framework** –	Melanie Holley, Director of Governance	Information (Paper)	11:47 10
11.4	**Digital Committee**	Tony Neal, Non-Executive Director & Committee Chair	Information (Paper)	11:57 5
11.5	**Finance & Operational Committee**	Steve Kirby, Non-Executive Director & Committee Chair	Information (Verbal)	12:02 15
11.6	**Governance Committee**	Martin Marshall, Non-Executive Director & Committee Chair	Information (Paper)	12:17 5
11.7	**Integration Programme Board**	Alastair Matthews, Non-Executive Director & Programme Board Chair	Information (Verbal)	12:22 5
11.8	**Our Future Hospital Programme Board**	Steve Kirby, Non-Executive Director & Programme Board Chair	Information (Verbal)	12:27 5
11.9	**Review of Board Schedule of Reports**	Melanie Holley, Director of Governance	Information (Paper)	12:32 5
12.	**Information**			
12.1	**Items for Escalation to the Board Assurance Framework**	Shan Morgan, Chair	Discussion (Verbal)	12:37 1
13.	**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.			
14.	**Date of Next Meeting:** The next meeting of the Board of Directors will be held at 09:30 on Wednesday 29 May 2024.			
15.	The Chair will propose that, under the provisions of section 1(2) of the Admission to Public Meetings Act 1960, the public and press should be excluded from the meeting on the grounds of the confidential nature of the business to be discussed.			

Meeting close at 12:48

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	3.0, Public Board Meeting		**Date:** 24 April 2024	
Title:	Annual Review of the Board of Directors' Register of Interests			
Prepared by:	Melanie Holley, Director of Governance			
Presented by:	Melanie Holley, Director of Governance			
Responsible Executive:	Sam Higginson, Chief Executive Officer			
Summary:	An update to the Royal Devon Board of Directors' Register of Interests.			
Actions required:	The Board is required to review and approve the Register of Interests.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
		x		
History:	The Board's Register of Interests is reviewed in full annually.			
Link to strategy/ Assurance framework:	Relates to the Board's overall assurance and to 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	X
Assurance Framework	X	Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

1. Purpose of paper

To present an updated Board of Directors' Register of Interests for review and approval by the Board.

2. Background

The Trust is required to keep a Register of Board members interests and to undertake an annual review as part of the production of the Annual Report. At each Board meeting members are invited to declare any interests and may also amend their formal declaration at any time.

3. Analysis

The attached Register has been updated following an annual review of declarations of interest with additions and deletions shown via track changes.

4. Resource/legal/financial/reputation implications

The Register of Board Interests is a document available for public inspection, it is posted on the trust website and additionally a copy is held in the Trust Secretary's Office for inspection by any member of the public.

5. Link to BAF/Key Risks

None.

6. Proposals

The Board is asked to review and approve the revised Board Register of Interests.

Royal Devon University Healthcare NHS Foundation Trust

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

The following is the current register, as at 24/04/2024 of the Board of Directors of the Royal Devon University Healthcare NHS Foundation Trust and their declared interests. It is available for inspection on the Trust's website (www.royaldevon.nhs.uk) and also by contacting the Trust Secretary on 01392 404551.

Name	Role	Interest
Burgoyne, Carole Mrs	Non-Executive Director	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Trustee and Co-Vice-Chair Transforming Futures Multi-Academy Trust Co-opted Governor Thornbury Primary School, Plymouth
Foster, Hannah Mrs	Chief People Officer	Committee Member, General Charity of the Royal Devon University NHS Foundation Trust Partner, Scorlinch Farm Member of a political party Churchwarden, St Lawrence Church, Clyst St Lawrence
Harris, Adrian Professor	Chief Medical Officer	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Honorary Associate Professor, University of Exeter Medical School Director of Chudleigh Chapel Court Management Company Limited Director of Menegai Medical Ltd, company number 13192153 Member of a political party Partner is a local General Practitioner
Hibbard, Angela Mrs	Chief Finance Officer	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust
Higginson, Sam Mr	Chief Executive Officer	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Chair, Enfield Unity Primary Care Network
Kent, Bridie Professor	Non-Executive Director	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Employee of University of Plymouth – Professor of Leadership in Nursing and Director of the University of Plymouth Centre for Innovations in Health and Social Care: A JBI Centre of Excellence; chief investigator for research Honorary contract with University Hospitals Plymouth NHS Trust (Professor and staff nurse) ~~Honorary contract with Royal Cornwall Hospitals NHS Trust (Honorary Associate Director of Nursing)~~ Member of Royal College of Nursing (RCN); Chair of Forums Governance Group ~~Steering Committee member, RCN Research Society Sub-committee~~Member and committee lead for Clinical Academic Roles Implementation Network (CARIN); a ~~network~~ sub-committee of the Council of Deans of Health Board member and Treasurer, Phi Mu Chapter of Sigma (nursing organisation) Trustee General Nursing Council Trust

Name	Role	Interest
Kirby, Steve Mr	Non-Executive Director and Vice Chair	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Director, St Giles Court (Bristol) Management Limited Director Limited Company, Exeter Golf & Country Club (shadowing from January 2024, before formally becoming Director on 1 April 2024)
Marshall, Martin Professor	Non-Executive Director	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Chair, Nuffield Trust Chair Elect, National Centre for Creative Health Board Member, Gateway Charity for the Homeless, Sidmouth ~~Member~~Fellow, Royal College of General Practitioners ~~Council~~ Fellow, Royal College of Physicians of London ~~Member, Secretary of State for Health Working Group on Primary Prevention of CVD~~ Member, British Medical Journal Commission on Future of NHS ~~Member, Commission on Creative Health~~
Matthews, Alastair Mr	Non-Executive Director	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust
McIntrye-Bhatty, Tim Professor	Non-Executive Director	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Non-Executive Director, NHS Hampshire & Isle of Wight Integrated Care Board Governor, University for the Creative Arts Chair, AIM Community Ltd (an educational charity) Independent Reviewer, European Association for Quality Assurance in Higher Education (ENQA) Non-Executive Director, Chartered Institute of Legal Executives (CILEx)
Mills, Carolyn Mrs	Chief Nursing Officer	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Member, Devon System Recovery Board
Morgan, Shan Dame	Chair	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Member of the Advisory Council of the Bennett Institute for Public Policy Husband is a salaried GP at Edington Surgery, Somerset Trustee of Maritime Museum, Falmouth Member of the Dames Commander Society
Neal, Tony Mr	Non-Executive Director	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust ~~Governor, Bow Community Primary School~~
Palmer, John Mr	Chief Operating Officer	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust Worked as an independent Management Consultant for PRISM Improvement between December 2020 and April

		2021, providing North West Anglia NHS Foundation Trust with executive leadership for winter and COVID-19. PRISM Improvement being asked to quote for operational support during Winter 2022/23.
Tidman, Chris Mr	Deputy Chief Executive	Committee Member, General Charity of the Royal Devon University Healthcare NHS Foundation Trust ~~Company Director, Exeter City Futures Community Interest Company (as representative of the Royal Devon & Exeter NHS Foundation Trust)~~= Daughter is a journalist with the Health Service Journal (HSJ) Wife works as a fundraiser for Seachange, the Health and Wellbeing Hub in Budleigh Salterton. ~~Member, ICB System Recovery Board~~

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

Wednesday 20 March 2024, Boardroom, Noy Scott House

MINUTES

PRESENT	Mrs C Burgoyne	Non-Executive Director
	Mrs H Foster	Chief People Officer
	Professor A Harris	Chief Medical Officer
	Mrs A Hibbard	Chief Financial Officer
	Mr S Higginson	Chief Executive Officer
	Professor B Kent	Non-Executive Director
	Mr S Kirby	Non-Executive Director
	Professor M Marshall	Non-Executive Director
	Mr A Matthews	Non-Executive Director
	Professor T McIntyre-Bhatty	Non-Executive Director
	Mrs C Mills	Chief Nursing Officer
	Dame S Morgan	Chair
	Mr T Neal	Non-Executive Director
	Mr J Palmer	Chief Operating Officer
	Mr C Tidman	Deputy Chief Executive Officer
APOLOGIES:	NONE	

IN ATTENDANCE:	Mrs K Allen	Director of Strategy (for item 055.24)
	Mr M Browning	Programme Director Outpatient Transformation (051.24)
	Dr K Davies	Interim Medical Director (for item 054.24)
	Ms G Garnett-Frizelle	PA to the Board & Non-Executive Directors (for minutes)
	Mrs J Gott	Assistant Director of Governance
	Ms T Grose	Lead Cancer Nurse (for item 054.24)
	Ms K Huxham	Interim Cancer Programme Director (for item 054.24)
	Dr S Kyle	Clinical Lead Outpatient Transformation (for item 051.24)
	Mr P Luke	Interim Director of Operations, Eastern & Director of Transformation (for item 054.24)

043.24 CHAIR'S OPENING REMARKS

The Chair welcomed the Board, Governors and members of the public to the meeting.

The Chair's remarks were noted.

044.24 APOLOGIES

There were no apologies noted.

045.24 DECLARATIONS OF INTEREST

There were no new declarations of interest noted.

046.24 MATTERS TO BE DISCUSSED IN THE CONFIDENTIAL BOARD

Items to be discussed in the confidential Board meeting were noted as budget for 2024/25, update on the outcome of the Operational Services Integration process Phase1, updates from the Finance & Operational Committee, and Our Future Hospitals Programme Board, and Urology Service Change North and East and System Business Case.

047.24 MINUTES OF THE MEETING HELD ON 28 FEBRUARY 2024

The minutes of the public Board meeting held on 28 February 2024 were presented and approved subject to the following amendments:

Minute number 032.24 Integrated Performance Report, pages 5-6 of 13. Bulleted list to be rearranged.

Minute number 033.24, Gender Pay Gap Reporting, top of page 7 of 13 final bullet point to be amended to read "Consultant pay had been removed from some areas of this report, ~~as they are able to earn Clinical Excellence Awards which are more discretionary in nature~~ to ensure that the difference between consultant and non-consultant groups could be demonstrated."

Minute 034.24 Audit Committee Update, page 8 of 13, penultimate bullet point "The original plan was over 1000 days and was above the NHS average in terms of ~~costs~~ days" and "it was agreed that the plan would be reviewed by the Executive Team and other groups with a view to streamline and reduce the ~~cost~~ resource implications."

Minute 034.24 Audit Committee Update, page 8 of 13, final bullet point "The Committee discussed the Value for Money opinion work undertaken by the External Auditors ~~who confirmed~~ which was aimed at confirming that systems, processes and controls were in place"

Minute 035.24, Digital Committee Update, page 9 of 13, second bullet point to be amended "Users who do not have a mobile phone or refuse to use their own personal mobiles will ~~contain~~ continue to have MFA disabled"

048.24 MATTERS ARISING & BOARD ACTIONS SUMMARY CHECK

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

Action 021.24(3) Questions from the public. "Following a question raised by Mrs K Foster regarding whether it might be helpful to have information about the work undertaken by SeaChange with the Trust to help prevent people being admitted to hospital, it was agreed that thought should be given to how the Trust partnered with the voluntary sector." The Board noted that the Patient Story on the agenda related to the Trust's work with SeaChange. In addition, it was noted that the Community Strategy which had previously been presented to the Board included how the Trust collaborated with Voluntary Sector partners and was also covered in the Health Inequalities Strategy which was on the agenda for the meeting. Action complete.

049.24 CHIEF EXECUTIVE'S REPORT

Mr Higginson presented highlights from his Chief Executive's report which included:

- Focus had continued throughout March on delivery of the financial plan and improving operational performance. Thanks were extended to all staff and the Executive Team for their continued efforts.
- The Trust had received the final report from the Care Quality Commission following its inspection of maternity services in both North and East in November 2023 and an update on this was included on the agenda.
- The results of the NHS Staff Survey 2023 had been published with good results for the Trust relating to freedom to speak up. A more detailed update on this was also included on the agenda.
- Building work is underway at North Devon District Hospital for a new admin facility as part of the first phase of the Our Future Hospital Programme.
- A former Trust doctor, Alexander Knight, had appeared in Court on 8 March 2024 and was sentenced for charges related to indecent images of children. A helpline had been set up for anyone who would like to share concerns, although it was noted that there was no suggestion that any of the offences were committed on Trust premises or involved patients. An external review had been commissioned to look at the Trusts management processes and to identify any learning from how this case had been managed.

Clarification was sought on whether there was any national data available on sexual misconduct cases in the NHS which might show whether there were any identifiable underlying factors and it was noted that there was currently no national data available, although it was part of the national conversation in this space.

It was noted that the Chief Executive's Report was now routinely included in the public Board meeting pack available on the public website and much of the content was used in staff communications.

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

050.24 PATIENT STORY

Mrs Mills advised that the Patient Story highlighted an example of partnership working between the Trust and the voluntary sector using Hubs in former inpatient facilities to benefit the wider community. Trust staff work with SeaChange, a voluntary organisation, on a programme of activities designed to help people who may have challenges around their mobility and be at high risk of falls out of hospital.

The Board discussed the presentation and a number of comments were noted:

- The story illustrated a model of how community hospitals can be used to provide broader wellbeing services with input from health, mental health and voluntary services.
- The Trust had engaged with the voluntary sector for the last two winter cycles and the intention was to strengthen that partnership for next winter.
- Although there is not an exact equivalent service in North Devon, support is provided through the work of One Northern Devon.
- Although the Trust is not able to provide funding or grants for these types of initiatives, it can provide support, rent rooms and provide some services. The League of Friends were a possible source of some funding, although it was noted this would be limited and that the power to award grants lay with the ICB and the local authority.

- There would be an opportunity with the new care group for community to undertake mapping of provision in the voluntary sector, as part of the community strategy.

It was agreed that a further discussion should be planed for a Board Development Day to look at community and voluntary services as part of a subset of the Trust's community services strategy. Consideration should be given to inviting a representative of Devon Partnership Trust to the meeting to discuss mental health services as part of this. **Action.**

The Board of Directors noted the Patient Story.

051.24 OUTPATIENT TRANSFORMATION UPDATE

Stuart Kyle and Mike Browning joined the meeting to update the Board on progress of the outpatient transformation programme since their last update in September 2023.

Key highlights included:

- There is a joint Strategic Outpatient Transformation Group which operates across both sites and which is integrated with the Digital Outpatient Advisory Group and with divisional and operational representation. The key workstreams were reduction in outpatient follow-up, 'Did Not Attend' (DNA) reduction, referral pathway optimisation and improvement in productivity.
- The programme developed links with the delivering best value programme looking at being paid fairly for unscheduled activity and digital by default.
- A significant reduction in open pathways had been achieved in 2023/24 and there had been an overall reduction of approximately 9000 patients from the not yet seen waiting list. There had not been as significant an improvement in the overdue follow-up waiting list, but this was an area of focus currently.
- The Trust is in Cohort 1 of the Getting it Right First Time (GiRFT) Further Faster programme which had provided opportunities to engage and share best practice through meetings with clinical leads.
- Patient Initiated Follow-Up (PIFU) – the 5% target had been achieved with the Trust being significantly above the national average in terms of moving patients onto an active PIFU pathway, although there was more work to do with some specialties.
- Validation work that had been done by the Devon referral system is now being picked up by the Trust from April 2024, with the intention of using the external platform for digital communications (Dr Doctor) that the Trust is already using to support this.
- Collaborative work had been undertaken to unify reporting on follow-up in Epic across both sites providing the opportunity to look at and manage clinical risk on the overdue follow-up waiting lists.
- Performance overall on DNAs was good. A deep dive was being undertaken to look at areas with high rates of DNAs to identify if there were opportunities to do things differently.
- Advice and Guidance – the Trust has a very active process with both pre and post-referral advice and guidance, which now has supported remuneration through the ERF framework.
- Work had been undertaken on general outpatient department productivity to optimise use of space with good engagement with divisional and clinical teams

and there was a proposal to implement the Bookwise system already in use in Northern services in Eastern as well.
- Next steps included improving booking processes and scheduling which will then enable a pilot of patient self-scheduling and fast pass technology available in Epic.

The Board discussed the update and the following further points were noted:
- The key to the programme had been good clinical and operational engagement. In addition, the approach had been to enable patients to be well informed and in control of their care, aided by the technology now available to understand their condition and manage it.
- The advice and guidance service provides an interface with primary care. Work was being undertaken to look at communication with primary care colleagues at the end of the process, including looking at the guidance from GiRFT and the standards from the Royal Colleges.
- There were opportunities to use data for research and Dr Kyle would pick this up outside the meeting with Professor Kent. **Action.**
- Work will continue to drive down DNA rates, with a focus on areas where there are particularly high rates and working with system partners and linking into health inequalities work.
- Learning is being shared through GiRFT and the Joint Strategic Outpatient Group feeds back learning through the operational and clinical groups.
- There is a fine balance to achieve efficiency and productivity and outpatients as a training environment for junior doctors. Advice and guidance and effective triage was becoming a key point of clinical training, although it was noted that there could be issues with capacity in clinical rooms for trainees which would be picked up with teams.

It was agreed that a further update would be brought to the Board in six month's time.

The Board of Directors noted the Outpatients Transformation update.

052.24 DEVON JOINT FORWARD PLAN

Mr Tidman presented the Devon Joint Forward Plan update. The Board noted the following:
- The ICB had reviewed and revised the document following feedback from the Trust, other partners and the regulators.
- The links between the programmes within the plan were now stronger and the document also demonstrates more clearly the links to recovery from NOF4.
- It is an aspirational and ambitious document and would develop further over time, but the foundation had to be on achieving operational and financial stability.
- Much of the work outlined in the plan would be dependent on close working and engagement across the system, which the Trust would continue to contribute to.
- It was noted that much of the programme outlined was unfunded and there would need to be further work to ensure the best use of resources to deliver community services across the system.
- Capital allocations were only touched on very briefly in the document. It was noted that the risks around capital had been escalated to the ICB through other

routes, including by the Our Future Hospital Programme Board and through the Acute Provider Collaborative.

It was agreed that the Chair of the ICB should be invited to attend a Board meeting in six months' time to provide an update on progress of the plan. **Action.**

The Board of Directors noted the update of the Devon Joint Forward Plan.

053.24 INTEGRATED PERFORMANCE REPORT

Professor Harris presented the Integrated Performance Report for February 2024 highlighting the following points for the Board:

- Due to the shortened timeframe since presentation of the last IPR to the Board, a light-touch report had been prepared.
- There had been further industrial action by junior doctors during February 2024.
- There had been improvements in Urgent and Emergency Care (UEC), cancer and diagnostics and stabilisation of the financial position.
- Turnover had decreased and was 4% below plan.

A number of points were clarified during discussion:

- No Criteria to Reside (NCTR) would continue to be a significant priority for the Trust in the next financial year. The biggest challenge had been the non-availability of stabilised funding to make placements and provide support to people at home. The outcome of a recent meeting where UEC funding for next year was discussed was awaited. There had been an indication that productive schemes from 2023/24 may receive reinvestment. Whilst discharge hubs had been successful, the issue remained of not being able to release patients to a safe placement to avoid readmission. It was noted that the ICB and local authority do not fund the Trust to provide this element of service in the community and should the Trust wish to look at this, it would need a Board decision to release funding from elsewhere whilst still achieving its deficit, or move the deficit out which would have significant implications and consequences, for example not being able to exit NOF4. This would not be something the Trust would want to look at currently, but may consider at a future date. It was agreed that a strategic conversation about NCTR should be planned for a future Board Development session. **Action.**
- Learning from Never Events – learning is primarily around human factors with a programme of work underway to train the trainers to deliver human factors training. In addition, a national consultation on Never Events was underway and it is likely that as a result there will be a re-engineering of the Never Event process. The outcomes of the consultation would be shared with the Board at a future Board Development session. **Action.**
- A session would also be planned for a future Board Development session to discuss how to build on the changes that had already taken place in the organisation, and move forward with developing the culture and transformation. **Action.**
- Consideration was being given to how to sustain the success from the changes made during the recent four, eight and ten week challenges, with the new care groups having a significant role. In addition, establishment of a balanced scorecard that reflects the IPR, the clinical strategy and sustaining of the tiering work that had been undertaken was being looked at.
- The current staffing position was good, and there was good assurance about the numbers and the vacancy control process.

- The IPR noted improvements in diagnostics and whilst breaches had reduced, steps for the improvement trajectory for breaches were included in the Operational Plan.

The Board of Directors noted the Integrated Performance Report.

054.24 CANCER DEEP DIVE

Mr Palmer introduced members of the team who joined the meeting for discussion of the Cancer Deep Dive update.

Highlights were noted as:

- There had been positive consolidation of leadership and governance in cancer services during the year, and whilst there had been improvements in waiting times, they remained too long in some areas and the ambition is to transform cancer services through increases in productivity.
- There had been data issues for the last couple of years, but it was hoped that these would be resolved in the near future.
- There are significant challenges in oncology nationally, which impact staff and their ability to provide the care needed.

The Board discussed the report presented and further points noted included:

- It was noted that the recommendations referenced investment that would be needed in staff, buildings as well as other areas. Whilst there would be some targeted investment needed over time, the recommendations were not just about funding but rather the need to focus on transformation of ways of working. Consideration needed to be given to break down the needs and demands for the service and prioritise investment over a number of financial years in a way that makes sense clinically.
- Clinical leadership and governance processes for the service would be remapped as part of the overall Operational Services Integration programme, but there was a strong team in place working well together with divisions.
- As far as possible clinicians who want to undertake research are supported, but there is a balance to be achieved between clinical work and research trials.
- Learning from the GiRFT programme will be used as one of the drivers for transformation. It was agreed that a presentation on the outcomes and learning from the GiRFT programme should be added to the programme for a future Joint Board and Council of Governors development meeting. **Action.**
- National work was underway to look at how to capture information about the increase in demand for cancer services, due in part at least to new treatments meaning patients living longer with cancer.

Thanks was extended to the team for attending and for all the work that had been undertaken over the past year.

The Board noted the Cancer Deep Dive update.

055.24 HEALTH INEQUALITIES STRATEGY

Mr Tidman reminded the Board that the draft Strategy had previously been presented at the meeting held in January 2024 and had been reviewed and updated following feedback from Board members regarding the ambition, links to other strategies, the clarity of the workplan including ensuring that it was explicit

that children were prioritised as well as adults and maximising impact within the resource available. The Board noted that:

- The are full workplans for both North and East Devon through One Northern Devon and One Eastern Devon which are reprioritised annually, with six monthly updates to be provided to the Board. It was agreed that workplans should be circulated to the Board for information. **Action.**
- Diabetes and cardiovascular disease had been chosen as areas of focus by the ICS with some funding available, but there was choice at local level on whether these would be areas of focus.
- The ICS was using One Northern and One Eastern Devon as a framework and delivery model for Devon.
- There had been wide engagement with the ICB and partner organisations on the strategy.

The Board of Directors approved the Health Inequalities Strategy.

056.24 STAFF SURVEY RESULTS

Mrs Foster presented a first look at the data from the national NHS Staff Survey Results for 2023. Headline results were noted as:

- There had been Trustwide improvements in most areas, and in all people promise areas, a key metric in the Great Place to Work strategic objective.
- The gap between results for North and East noted in 2022 had resolved.
- All three advocacy questions were above average for the benchmarking group.
- Areas for improvement included a low survey response rate, appraisals, and reporting violence and aggression, and the 'we are always learning' domain. Although the score for experience of line managers had improved, there were still pockets that had not improved as much as had been hoped and a deep dive was planned to look at this in more detail.
- Data on sexual safety had been included for the first time which showed that 418 staff experienced unwanted behaviour of a sexual nature from patients, their relatives or members of the public and 140 staff had experienced this from colleagues.
- Metrics had improved for inclusion but with more to do.
- Work was being undertaken on an improved process for appraisal.
- Next steps included communications to staff and managers on the outcomes, triangulation of all sources of data, action plans at team and divisional level, development of Trustwide actions which will be monitored through the People, Workforce Planning and Wellbeing Committee and the Board.
- A summary of this work would be brought back to the Board in the summer.
- It was noted that morale in the NHS nationally was quite low, although scores for morale regionally were much improved.

The Board of Directors noted the Staff Survey update for 2023.

057.24 CARE QUALITY COMMISSION MATERNITY INSPECTION REPORT

Mrs Mills presented the outcomes of a short notice, routine, announced inspection of the Trust's maternity services by the Care Quality Commission (CQC) which had taken place on 29 – 30 November 2023 which had focused on the 'Safe' and 'Well-Led' domains. The Trust had received an overall rating of 'Requires Improvement', although the report had noted areas of good practice in terms of supportive leadership, clear visions of the service and open culture.

Areas for improvement would be addressed through a dedicated CQC maternity action plan. National themes identified were triage of maternity patients, inequalities, learning from incidents and cultural leadership. The learning identified for the Trust included triage assessment processes and call handling, training compliance, cleanliness, record keeping, staffing levels relating to supernumerary status of labour ward coordinators, supervision and staff development. A plan to improve triage services was developed and implemented immediately after the inspection. In addition, investment in the triage service is planned to provide a dedicated workforce as this is a recommendation of the Royal College of Obstetricians and Gynaecologists. Funding for this has been included in the Trust's financial plan and will go through the triple lock process. There were also some immediate actions required in the report on aligning policies.

The improvement plan is being developed to be submitted to the CQC by 10 April 2024. The Board would receive assurance on progress against the action plan through the Trust's governance processes.

It was further noted that:

- It was noted that the action related to triage processes reflected a change in practice rather than an unsafe practice at the Trust, and feedback on the language used in the report would be provided to the CQC.
- In addition to developing the plan to address the issues in the report, the embedding of the new divisional, Performance and Assurance Framework and the development of the balanced scorecard will lead the service to a point where there is confidence that they can evidence the service provided.
- The report was felt to be a fair reflection of a point in time.

The Board of Directors noted the Care Quality Commission Maternity Inspection Report.

058.24 FINANCE AND OPERATIONAL COMMITTEE

Mr Kirby provided a verbal update from the Finance and Operational Committee meeting held on 13 March 2024. Key items discussed at the meeting included:

- Focus remained on grip and control to ensure that the Trust would start the new financial year in as good a position as possible. The Committee had noted the good progress on Delivering Best Value.
- It would be important to ensure that adequate cash support is requested as part of the Quarter 1 submission to ensure adequate cash balances exist to support the deficit plan.
- The Committee reviewed the implementation of Unit 4, the new ledger system introduced last year where significant learning had been identified regarding both project management and contractual management. A satisfactory assurance rating was given but with recommendations.
- The Committee had requested greater visibility on diagnostics going forward as this was a likely area of external focus.
- The Committee had agreed that due to lack of capital both in the system and nationally, the score for Risk 3 on the Board Assurance Framework should be increased from 16 to 20. This would be presented to the Board at the April meeting.

There were three items that would be discussed at the Confidential Board meeting – a Devon Wide Procurement Business Case, a Devon Wide People Digital Business Case and a contract variation for EPIC for Beaker which is a laboratory management system.

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

059.24 INTEGRATION PROGRAMME BOARD

Mr Matthews provided a verbal update from the Integration Programme Board meeting held on 19 March 2024 noting that consultation had completed for the proposed new structure for the Operational Services Integration and the structure had been agreed. The selection processes for senior leadership within the structure were underway and the intention was that the new senior structure and senior team would be in place from 1 April 2024. Phase 2 of the Operational Services Integration programme would commence shortly and would be completed and in place by 1 November 2024. Thanks were extended to the team and in particular for the individual leadership provided by Jill Canning and Denise McMurray.

The Board of Directors noted the Integration Programme Board update.

060.24 ITEMS FOR ESCALATION TO THE BOARD ASSURANCE FRAMEWORK

No new risks had been noted and amendment of Risk 3 would be covered at the April Board meeting.

061.24 ANY OTHER BUSINESS

Ms Morgan informed the Board that Mr Needham had decided to stand down as a Governor and as Lead Governor on Monday 18 March 2024 and recorded her gratitude for his contribution to the work of the Trust over his time as a Governor.

Ms Morgan invited questions from Governors and members of the public observing the meeting.

Questions from Members of the Public

Ms Bearfield submitted the following question:

"It was heart-breaking to hear Mrs Burgoyne speak about a Community Mental Health service that is working really well as that is exactly what we had in North Devon with the Link Centres in Barnstaple, Bideford, Ilfracombe and Holsworthy. These centres mixed a minimum of professional input with volunteer input at very low cost relative to the huge community and NHS benefits. For your information, at their meeting last week, now that they have run them down, the Devon County Council Cabinet decided to close these centres. This decision was called in by a number of councillors and will now go back to Scrutiny. We know they have no money, but the Council have said that the Mental Health Alliance (MHA) will take over the work which is simply untrue. The MHA have said they have six people in North Devon and no capacity whatsoever to take on additional work. When Devon Partnership Trust (DPT) gave the Council of Governors a presentation last year they promised written feedback on the situation which I don't think we have received. Would it be possible for Ms Morgan to discuss this situation with a view to taking this up with DCC as a matter of urgency?"

Ms Morgan advised that she had raised this issue with the Chair of DPT at a recent meeting and he had confirmed that DCC had withdrawn funding for the Link Centres recognising the difficulties faced by the Council in terms of available resource. Alternative options for maintaining services were being explored, but no resolution had yet been identified. It was noted that DPT had been asked to attend a future Council of Governors meeting or Development Day to provide an update.

Councillor Hall informed the Board that he was Co-Chair of the One Eastern Devon Partnership Forum, whose membership included representatives from the police, fire service, the University of Exeter, district and county councils, the voluntary sector and social care. The Forum was undertaking a deep dive looking at mental health and was also looking at transport, air pollution, climate and housing. The next meeting of the Forum was scheduled for 16 April and he would encourage members of the Board and Governors to attend if they wished.

Mrs Matthews asked what was being done to involve local communities and community groups in the use of community hospital facilities. She further said that it would be helpful for Governors to understand where services are commissioned, for example through DPT or DCC, and why some services are not commissioned in North Devon. Mr Higginson noted that Mrs Matthews had raised a question about the future position of Minor Injury Units (MIU) at Bideford and Ilfracombe at the last Council of Governors' meeting and he had agreed to take an action to look at how much of the issue related to commissioning and how much to workforce and report back to the Council. He further agreed that a conversation was needed with the ICB on how to create a wraparound integrated offer in the North in the same way as the East and he would follow this up. **Action.** It was further noted that mapping would be included in the IPR to show what was being clustered around Community Hospitals and MIUs in terms of current activities. **Action.** It was noted that there was a very active Involving Patients Steering Group in North Devon and Mrs Mills would be happy to put anyone interested in joining the group, for example Parkinson's patients, in touch with the team.

Mrs K Foster reminded the Board that the Patient Story on SeaChange had come about as a result of her discussions with Dr Hemsley and Mrs Harris following the presentation of the Community Strategy to the Board last year which had resulted in Mrs Harris visiting SeaChange. Mrs Foster asked how the impact SeaChange was having in preventing hospital admissions could be measured. Mr Tidman responded that SeaChange had commissioned, with the support of the League of Friends, a forensic cost benefit analysis which had been used a few years ago to secure them a further three years of funding from the ICB. Mr Palmer said there was also an opportunity to think about how voluntary organisations helped the Trust, for example in addressing health inequalities.

Mr Cox raised a number of questions relating to the Outpatient Transformation update and it was agreed that these would be forward to Stuart Kyle and Mike Browning for a response in writing outside the meeting. **Action.** The questions were:

1. There was a reference in your presentation to "partial booking". Could you clarify what was meant by this.
2. Was there choice regarding when the next follow-up would be; is this protocol driven or guideline driven and how much is down to clinician discretion (bearing in mind this could be variable between clinicians).

3. The percentage of overdue clinical risk is interesting, and has always been a difficult thing to measure in terms of whether someone overdue for an appointment for a week is more important than someone else. Mr Cox would have a note of caution about someone overdue an appointment for a year and have to get to two years before they get to 100%. It may be that the condition does not change in a year, but doubling is quite a long time.

Mr Kempton asked how confident the Board were that the results of the national NHS Staff Survey truly reflected the views of the workforce given the low response rate. In addition, he asked whether it was known whether responses were predominantly from a particular staff group or were from a good cross-section of staff. Mrs H Foster responded that detailed analysis of the results was underway and a more detailed report would be presented to the Board at their meeting in June.

Mr Richards, a public Governor, asked a question in relation to an ongoing criminal investigation that the Trust is involved in. Given the reporting restrictions the Judge has placed on this ongoing case, the Chair explained that this could not be discussed at this time.

062.24 DATE OF NEXT MEETING

The date of the next meeting was announced as taking place on Wednesday 24 April 2024 via MS Teams.

Royal Devon University Healthcare NHS Foundation Trust

PUBLIC MEETING OF THE BOARD OF DIRECTORS
20 March 2024
ACTIONS SUMMARY

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

PUBLIC AGENDA					
Minute No.	**Month raised**	**Description**	**By**	**Target date**	**Remarks**
077.23(1)	May 2023	~~Data regarding ED attendances in other coastal areas to be reviewed, to see if similar increases in attendances had been seen and if there was any learning for the Trust from their experiences.~~ Updated action added following Board meeting in September 2023 to give thought to the national allocation formula given the increase in demand for Northern Services noted in the briefing paper circulated.	~~JP~~ Execs	~~September 2023~~ ~~November 2023~~ ~~January 2024~~ ~~March 2024~~ May 2024	**Update 20.07.23** – Initial analysis indicates comparable patterns of growth in type 1 ED attendances in other coastal healthcare systems, at levels in excess of type 1 growth observed nationally. Opportunities for learning from other systems being explored. **Action complete.** **Update 26.07.23 –** Following a further update at the July Board from Mr Palmer, it was agreed that the information with a breakdown of ED attendances and any coastal implications should be circulated to the Board and the ICS for information. **Action ongoing** **Update 21.09.23** – Updated briefing paper incorporating ED attendance trend data to August 2023 circulated. **Action complete.** **Update 27.09.23** – Following discussion at September Board, it was agreed that Mr Palmer would provide wording for an additional action to be added following feedback from Board members that thought would need to be given to formula given the increase in demand for Northern Services in particular noted in the briefing paper circulated. **Action ongoing.**

					Update 25.10.23 – Executive consideration in train about next available opportunity to submit representation for recognition of increased demand within the national allocation formula. **Action ongoing.** **Update 31.01.24** – Update to be presented to the March Board. **Action ongoing.** **Update 20.03.24** – Execs had agreed that a letter would be issued to make sure that assumptions for future year are enclosed & there would be an opportunity within this to make observations about demand pressures and formula pressures. The aim would be for this to be done at the beginning of May 2024. **Action ongoing.**
099.23(1)	June 2023	Following a discussion about length of stay for stroke patients and whether delay in admission to the Acute Stroke Unit impacted length of stay and further impacted where patients were discharged to in the community, the Board was advised that the Acute Peninsula Sustainability review was looking at this and this could be brought to a future meeting.	CT	~~September 2023~~ ~~October 2023~~ ~~November 2023~~ ~~January 2024~~ April 2024	**Update 19.07.23** – Briefing note to be distributed by September 2023. **Action ongoing.** **Update 21.09.23** – The Acute Provider Collaborative has identified stroke as a fragile service & data/KPIs are being collected on all peninsula services. A briefing on stroke will be contained within this in due course. A briefing note on RDUH's N & E stroke performance is being prepared for the Board. **Action ongoing.** **Update 26.10.23** – Delayed due to operational pressures on stroke team. Briefing note to be circulated before the end of December 2023. **Action ongoing.** **Update 28.12.23** – Katherine Allen asked to provide an update, response awaited. **Action ongoing.** **Update 22.01.24** – Briefing circulated to Board members. **Action complete.**

					Update 31.01.24 – Deep dive into stroke services to be planned for a future Board meeting. **Action ongoing.** **Update 17.04.24** – Proposal to transfer to the list of topics for a future Board Development session and close.
173.23(1)	October 2023	A table top exercise to be planned to look at the flags from the Letby case and explore how the Trust would have responded to similar flags to test processes.	MH	~~January 2024~~ April 2024	**Update 24.01.24** – Due to competing demands on the Corporate Governance Team, including the submission for the Thirlwall Inquiry in early January, an extension is requested until April to undertake a table top exercise. **Action ongoing.** **Update 18/04/24** – Due to competing workload demands this has not been completed. A review of the Trust's Whistleblowing Policy is underway and Internal Audit has completed a second round of assurance testing of the policy – both phase 1 and 2 of the review has been rated with a "significant rating". It is requested that this action is reviewed in light of current assurances and ongoing work to strengthen the Trust's offering in terms of Speaking Up and Whistleblowing. The Trust has contributed to the first round of the Thirlwell inquiry. **Action ongoing.**
188.23	November 2023	Support for social prescribers in community to be added to the follow-up discussion on community services planned for a future Board Development Day	JP	July 2024	**Update 25.01.24** – Scheduled for update July 2024. **Action ongoing.**
198.23	November 2023	Following a question raised by a Governor regarding the Federated Data Platform contract awarded to Palantir and whether the Trust would have any local control on how data was shared, it was agreed that the potential risk would be discussed at the Digital Committee	Aha/TN	May 2024	**Update 24.01.23 –** A paper on the Federated Data Platform is on the agenda for consideration at the next meeting of the Digital Committee scheduled for 01.02.24. **Action complete.** **Further update 01.02.24** – TN advised that there is no local control of the data loaded

					onto the Federated Data Platform, as this is a national system. We are aware that at a national level some legal questions are being raised, & will await the outcomes of those challenges & further NHSE guidance. The Digital Committee will continue to monitor both any risk & the implementation of the solution. **Action ongoing.**
012.24(1)	January 2024	Board Assurance Framework – Following discussion it was agreed that work was needed to develop the framework to help the Board use it more effectively. This would initially be undertaken through the Audit Committee with an update to the Board in due course.	AM/MH	April 2024	**Update 18.04.2024** – The Trust's risk appetite and a deep dive of the BAF will be undertaken at the Board development day on 9 May 2024. The BAF will be reviewed against the Corporate risk register and the 2024/25 operational plan to identify any new or additional risks and to ensure existing risks remain fit for purpose. The outcome of this work will be formally reported back to the Board as part of the quarterly BAF update report in July 2024. **Action suggested as complete.**
012.24(2)	January 2024	Board Assurance Framework – Action added following review of January Board minutes. The Board had discussed Risk 7 at the January meeting with challenge that there was probably a wider strategic digital risk to be raised.	TN/AHA	May 2024	**Update 29.02.24** – current BAF risk to be reviewed by Digital Committee in relation to EPIC benefits with a view to moving to the Corporate Risk Register & raising a wider strategic risk about the volume of digital work planned, establishing appropriate governance & capacity to deliver. Next update May Board. **Action ongoing.**
018.24	January 2024	Our Future Hospitals Programme – Suggestion to be made to the Acute Provider Collaborative Board to add an item to a future agenda to discuss the New Hospital Programme in the region.	CT	~~February 2024~~ ~~March 2024~~ April 2024	**Update 28.02.24** - There had been discussion regarding bringing a medium-term financial outlook to the next meeting of the APC Board meeting which would cover New Hospital Programme investment, as well as digital investment but there was more work to do to ensure that all investments were aligned. **Action ongoing.**

021.24(4)	January 2024	Questions from the public – following concerns raised by observers on MS Teams regarding the poor sound quality, it was agreed that the sound system in the Boardroom, Noy Scott House should be reviewed, in particular microphones, to establish if rebalancing needed to be undertaken.	Aha/MH	~~March 2024~~ April 2024	**Update 28.02.24:** MH contacted Estates to see if there is anything further, in addition to the rebalancing of the microphones that can be done. **Action ongoing.** **Update 08.03.24** – Aha advised that what can be done has been done, an upgrade or additional microphones will incur a cost pressure. Options are being explored as to how this could be funded. **Action ongoing.** **Update 18/04/24 –** options remain under consideration. Feedback from March 2024 meeting was that sound quality appeared improved. This will continue to be monitored. **Acton ongoing**
031.24	February 2024	Care Quality Commission Maternity Survey Results Mrs Mills to talk to Andrea Bell to understand if there was more that could be done regarding equality of access and opportunity, with reference to underrepresented groups (in terms of responses to the survey).	CM	April 2024	**Update 13.03.24** – Discussions are underway regarding any other internal actions that may be taken by the Trust to further support access & opportunities to respond to future Maternity surveys. **Action ongoing.** **Update 17.04.24** – Due to the uncertainty of the potential sample areas used by national surveys, the Trust's ability to specifically target support, access and engagement remains limited. However various Trust wide initiatives (i.e. active online media promotion & information posters being displayed in high access/frequency areas) are regularly undertaken to support & promote engagement from across all groups. Further work is also underway by the Trust to continue to support the understanding of its patient demographics & how it can improve equality of access and opportunity, through creation of a specific demographics

					dashboard & the re-establishment of its own local inpatient surveys. **Action complete & propose to close.**
032.24	February 2024	Integrated Performance Report – HSMR/Medical Examiner Role The Audit Committee had been advised that an audit of the Medical Examiner function would be reporting limited assurance due to a significant backlog in cases. Professor Harris to look into this outside the meeting.	AHA	April 2024	**Update 18/04/2024**: The Medical Examiners continue to review 100% of cases within the required statutory timescales and are seen as a national exemplar. The Internal Audit report mentioned, 'Learning from Deaths and Structured Judgement Reviews' continues to be in 'draft' status whilst clarifications and amendments are made prior to the report being presented formally to the Audit Committee in May 2024. Action complete
033.24	February 2024	Gender Pay Gap Reporting – National Clinical Excellence Award Consideration to be given to more actively promoting applications for national Clinical Excellence Awards & highlighting what good looks like.	AHA	April 2024	**Update 17.04.24** – This will be actively promoted for the next round of National Clinical Excellence Awards. **Action complete.**
034.24	February 2024	Audit Committee Update It was agreed that the plan for Internal Audit 2024/25 would be circulated to the Board for information.	AM/AHi	April 2024	**Update 14.03.24** – AM advised that the Audit Committee are awaiting an updated plan from Audit South West. Once received this will be circulated to Board members for information. **Action ongoing.**
047.24	March 2024	Minutes of the Meeting held on 28 February 2024 – a number of amendments were requested.	GGF	March 2024	**Update 21.03.24** – Amendments made. **Action complete.**
050.24	March 2024	Patient Story Following discussion of the role of the voluntary sector, it was agreed that further exploration of this should be included in a Board Development Day discussion on the community services strategy. In addition, consideration should be given to inviting a representative of DPT to discuss mental health services & what may be possible in terms of voluntary sector involvement.	MH	April 2024	**Update 02.04.24** – Added to the list of topics for a future BDD. **Action complete.**
051.24	March 2024	Outpatient Transformation Update Dr Kyle to discuss possible opportunities to use data from this programme of work for research.	Aha/Sky	April 2024	
052.24	March 2024	Devon Joint Forward Plan	SM	April 2024	

		The Chair of the ICB should be invited to attend a Board meeting in six month's time (Sept. 24) to provide an update on progress of the plan. In addition, it was noted that the paper presented included a glossary of terms and consideration should be given to using something similar for Board presentations.			
053.24	March 2024	Integrated Performance Report A number of areas were identified for further discussion at a Board Development Session including: - A strategic conversation about NCTR - Sharing the outcomes of the national Never Events consultation - A discussion on how to build on the changes that had already taken place in the organisation during 2023-24 and how to move forward with developing the culture and further transformation	MH	April 2024	**Update 02.04.24** - Added to the list of topics for a future BDD. **Action complete.**
054.24	March 2024	Cancer Deep Dive A presentation on the outcomes & learning from the GiRFT programme to be added to the agenda for a future joint Board and Council of Governors meeting.	MH	April 2024	**Update 02.04.24 –** Added to the list of topics for joint Board/Council of Governors DD. **Action complete.**
055.24	March 2024	Health Inequalities Strategy Workplans to be circulated to the Board for information.	CT	April 2024	
061.24	March 2024	Questions from Members of the Public Following discussion about the closure of Link Centres in North Devon, Mr Higginson agreed to follow up with the ICB regarding how to create a wraparound service for mental health patients in North Devon similar to that available in the East.	SH	May 2024	
061.24	March 2024	Questions from Members of the Public Mapping to be included in the IPR to illustrate what was being clustered around community hospitals and MIUs in terms of current activities.	JP	May 2024	**Update 18.04.2024 –** the mapping is incorporated in previous community, primary care and mental health strategy, and to be refreshed in next iteration. It is proposed that the Winter Plan for 2024/25 also proactively references supporting voluntary sector provision. **Proposed the action be closed.**
061.24	March 2024	Questions from Members of the Public Dr Kyle to provide a written response to questions raised by Mr Cox regarding the Outpatient Transformation Update.	Aha/Sky	April 2024	

Signed:

Shan Morgan
Chair

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	8, Public Board Meeting	Date: 24 April 2024
Title:	Patient story: 12 Years of follow-up care with Ophthalmology	
Prepared by:	Bethany Hoile, Comms & Engagement Coordinator	
Presented by:	Carolyn Mills, Chief Nursing Officer	
Responsible Executive:	Carolyn Mills, Chief Nursing Officer	
Summary:	The Royal Devon University Healthcare NHS Foundation Trust's 2022-27 Trust strategy articulates the Trust's ambition to deliver equitable recovery and improve its services; whilst continuing to drive positive change through innovation and new ways of working. Ophthalmology is an example of one of our services that has learnt and built on the innovative approaches developed through the pandemic and in 2023/24, increased capacity, reduced waiting times, seen a greater number of patients and significantly reduced backlogs and delays. In this story we hear from Terry, who has retinal vein occlusion and fluid leaking at the back of his eye which impairs vision. Over the past 12 years Terry has attended frequent appointments at the West of England Eye Unit (WEEU) at RD&E Wonford to be monitored and receive intravitreal injections. Terry describes his experience of appointments both before and after the transformational change that the ophthalmology service has implemented at WEEU. He expresses the frustration of waiting times at appointments and of future appointments not being planned ahead. Through the appointment of a dedicated Medical Retina Transformation Lead, who, with the medical retina team, have achieved huge successes in implementing several key innovations to improve productivity and patient experience. This has included the opening of additional injection rooms, improving workflow and efficiencies. In January 2024, a total of 1457 intravitreal injections were given to patients at WEEU, which equates to an additional 857 sight saving interventions in a single month. The service has also expanded the imaging team, meaning practitioners can assess the treatment the patient needs and potentially discuss with consultants on the same day, rather than waiting up to a month. For patients, they will therefore experience an overall shorter appointment time. In addition to the changes at WEEU, the ophthalmology service has made other innovative changes including building new Linear Diagnostic Acquisition pathways in the Centre of Excellence for Eyes, Nightingale and at the South Molton Eye Centre. These have revolutionised patient care and improved performance in the specialties of Glaucoma and Medical Retina. Image Review clinics, called PODs, are now delivered by multiple practitioners overseen by one consultant allowing ophthalmologists to make decisions on 50 patients per session rather than 10. For example, a backlog of 4,000 patients	

	waiting for a medical retina appointment in January 2023, has been reduced to 88 patients at the time of writing. The South Molton Eye Centre in Northern Devon also opened in April 2023 and the £1.4m facility provides diagnostic services and treatments for people with new eye problems and people managing long-term conditions, such as Glaucoma and Medical Retina. The additional capacity and state of the art equipment provided at the centre complements ophthalmology treatments currently provided at Bideford Community Hospital and North Devon District Hospital.
Actions required:	The Board of Directors is asked to reflect on the implications of this story for patients and carers and to reflect on its relevance to the strategic objectives of the Board.

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

History:	Patient stories reveal a great deal about the quality of our service provision, the opportunities we have for learning and the effectiveness of systems and processes to manage, improve and assure service quality. The purpose of presenting a patient story to Board members is to: • Set a patient focussed context to the meeting, bringing patient experience to life and making patient's stories accessible to a wider audience • To support Board members to triangulate patient experience with reported data and information • For Board members to reflect on the impact of the lived experience for these patient(s) and carer(s) and its relevance to the strategic objectives of the Board.
Link to strategy/ Assurance framework:	The issues raised in this patient story are relevant to the delivery of the Trust's Better Together strategy and strategic objectives.

Monitoring Information

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

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

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Agenda item:		Date: 24 April 2024
Title:	Integrated Performance Report – spanning both Northern and Eastern services within Royal Devon University Healthcare NHS Foundation Trust	
Prepared by:	Hannah Foster, Chief People Officer Adrian Harris, Chief Medical Officer Angela Hibbard, Chief Finance Officer Carolyn Mills, Chief Nursing Officer John Palmer, Chief Operating Officer Chris Tidman, Deputy Chief Executive	
Presented by:	John Palmer, Chief Operating Officer	
Responsible Executive:	Hannah Foster, Chief People Officer Adrian Harris, Chief Medical Officer Angela Hibbard, Chief Finance Officer Carolyn Mills, Chief Nursing Officer John Palmer, Chief Operating Officer Chris Tidman, Deputy Chief Executive	
Summary:	To advise the Board of the Trust's performance against key performance standards and targets; and progress on the implementation of the Trust Strategy and key supporting projects.	
Actions required:	The Board is asked to receive the Performance Report and note the current risks and the proposed action plans to mitigate the risks against performance delivery.	

Status (*):	Decision	Approval	Discussion	Information
				X

History:	This is a standing agenda item at each meeting of the Board of Directors.
Link to strategy/ Assurance framework:	This paper details the Trust's performance in respect of key performance standards and targets. Achievement of these performance standards and targets is a key objective within the Trust's Strategy.

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

Royal Devon University Healthcare NHS Foundation Trust

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END OF YEAR PERFORMANCE

Urgent Emergency Care

4 hour waits	79.5% (vs 76%)

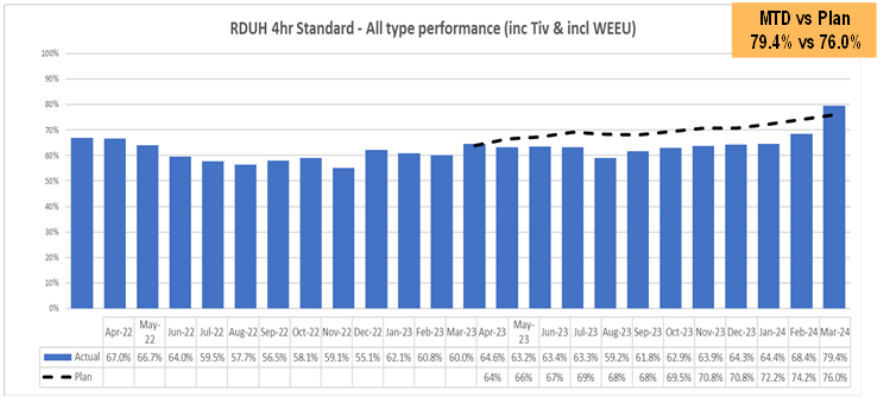
Long Elective Waits

104 week waits	0 (vs 0)
78 weeks	128 (vs 150)
65 weeks	1088 (vs 1200)

Cancer

62 days	5% & 151 (vs 6.4% & 198)
Faster Diagnosis	78% (vs 75%)

UEC 4 HOUR PERFORMANCE



LONG ELECTIVE WAITS PERFORMANCE

COO presentation of unvalidated but most likely 23/24 end of year position

CANCER WAITS PERFORMANCE

62 DAYS

	Total	
All TS	01/04/2024	25/03/2024
Total cancer waits (all TSs)	3020	3021
Patients waiting > 62 days **inc 104+** (All TSs)	151	180
% of 62 days / total	5.0%	6.0%
Patients waiting > 104d + (All TSs)	42	52
% of 104 days / total	1.4%	1.7%

FASTER DIAGNOSIS STANDARD

Month	28 day FDS March 24 Target - 75%	Trajectory
July (submitted)	75.84%	70.90%
August (submitted)	72.02%	71.60%
September (submitted)	71.55%	71.15%
October (submitted)	67.98%	72.10%
November (submitted)	71.04%	72.90%
December (submitted)	77.12%	72.10%
January (submitted)	73.41%	74.3%
February (unsubmitted / incomplete)	78.01%	74.6%
March (unsubmitted - 95% data complete)	77.98%	75.00%

Overview – Executive Themes and Actions to Raise at Board

This IPR covers the performance period of **March 2024** and for the most part (subject to some final validation) covers the end of year position in our core statutory targets. There was **no further Industrial Action** in the course of the month and we saw positive resolution between Government and the BMA on the consultant pay deal, but there was an **extension on the Industrial Action remit for Junior Doctors** which leaves the door open to further action over the next six months. Despite the intensive nature of the final month of the year and all end of year activities running concurrently with the selection process for OSIG phase 1, we saw an **enormously pleasing month of delivery** which capped off a very strong final quarter of the year on all fronts. With system support and a huge internal effort, we achieved our deficit plan; the ten week challenge for elective recovery brought us in under forecasted trajectories, as did the eight week challenge for cancer recovery; and our collective response to the Prime Minister's 76% challenge was simply outstanding and exceeded the target by some distance. Our staff and clinical body rose to every challenge and we well supported by system colleagues in both ICB and SW Region.

We have received over recent days **letters of recognition from Dame Cally Palmer for cancer, Sir Jim Mackey on elective recovery and Sarah Jane Marsh for UEC performance for our end of year delivery** – which we have been delighted to receive (and have appended to the IPR). Through whichever lens you consider our performance, financial, operational or clinical outcome, this is our strongest end of year position since before the COVID pandemic. We should continue to register our immense thanks to our staff for their expertise, effort and passion in delivering this year and providing a platform for delivering the 2024/5 Financial and Operational Plan.

Recovering for the Future

This month's IPR reports the **draft yearend financial position** being a £26.8m deficit. Whilst this is within the original plan deficit of the Trust the plan was amended to reflect additional deficit support funding the Trust received in month 11 and therefore represents a £12m variance from the adjusted plan position. However, this is a tremendous turnaround for the Trust which was seeing a significant deficit run-rate mid-year and therefore needed to instigate a financial recovery plan. The turnaround is evident by the **reported level of savings for the year across the original DBV plan and Financial recovery Plan combined being £77m** of which over half represents recurrent benefit to the Trust. This along with the full year effect of the savings into next year has set a strong foundation for continued recovery into 2024/25. The is no doubt the next 12 months will tough financially but if we continue with the momentum we have built around financial controls, focused cost improvement and efficiency and making the best use of our existing resources balanced with our safety commitments we can start to set out a financially stable future. **A thank you goes out to the whole Trust for the engagement and the efforts that have been made to support our recovery agenda.**

Urgent care performance this month saw the Trust make a **superlative effort to exceed the planned trajectories for Type 1 (combined) and to exceed by some distance Types 1-3 targets** with a very significant month on month improvement between February and March. At site level both sites saw Type 1 improvements with Eastern Services improving by over 10% to 66.31% and Northern Services over 15% to 78.93%. Our overall Trust Types 1-3 performance improved to 77.99% and with a footprint adjustment to include MIU activity to 79.52%. **Therefore, we achieved the performance target set by the Prime Minister (of 76% all Types performance) and we are now hopeful of shortly being declared one of the most improved Trusts in the country for Urgent Emergency Care performance** following the March challenge. More importantly perhaps, we achieved our own Financial & Operational Plan trajectories and nearly our stretched target of 80%, which provides a very sound basis for the year ahead. All of this was achieved whilst providing system support at moments of high pressure in Devon and whilst absorbing patient attendances of 10% above plan in Eastern and 17% in Northern Services. The detailed data that we have been reviewing through the intensive programme of work in March has seen improvements at every point of the patient pathway and in line with this our 30 minute ambulance handover delays reduced considerably by over 13% in Eastern and 21% in Northern Services. **Taken in its entirety, this is the best UEC 4 hour performance that the organisation has achieved since integration and a further thanks has to go to our site, emergency and medicine teams and to all our staff involved in flow for an outstanding achievement.**

Overview – Executive Themes and Actions to Raise at Board

In terms of **elective recovery**, the ten week challenge delivered notable successes. We have finished the year with **no 104 week waits; 128 78 week waits; 1088 65 week waits; and 3803 52 week waits**. In the last four weeks of the ten week challenge we more than halved 78 weeks, reduced 65 weeks by more than a quarter; and 52 weeks by a third – all of which underlines the immense commitment from our teams. We significantly cleared our forecasted position and it remains the case that **were it not for the loss of activity from Industrial Action we would have achieved every target measure within last year's financial and operational plan** with something to spare. It is worth also considering the bigger picture on our performance over the entire year which shows:

- 104 week waits: 0 at end of March 2024, 32 at end of March 2023 – **32 fewer patients**
- 78 week waits: 128 at end of March 2024, 697 at end of March 2023 – an 81.64% reduction / **569 fewer patients**
- 65 week waits: 1088 at end of March 2024, 2672 at end of April 2023 – a 59.28% reduction / **1584 fewer patients**
- 52 week waits: 3803 at end of March 2024, 7204 at end of March 2023 – a 47.21% reduction / **3401 fewer patients**
- Volume of Incomplete Pathways – 73, 573 at end of March 2024, 82,030 at end of March 2023 – a 10.31% reduction / **8457 fewer patients.**

Our challenge will now of course be to maintain a month on month clearance rate that allows us to hold position as one of the top ten Trusts for volume reduction in our long waits.

For **cancer services**, March saw the incredibly positive results of the eight week challenge. We saw a significant reduction Trustwide in month in the volume of patients waiting longer than 62 days on an open cancer pathway from 287 at end of February to 151 at end of March – a 47.39% reduction that brought the overall percentage of patients waiting over 62 days to 5% of the waiting list. We therefore **met the national no greater than 198 patients and under 6.4% targets at financial year end.** Whilst reductions were achieved on both Northern and Eastern Sites in March the reduction was driven most significantly by Eastern Services (from 254 at end of February to 122 at end of March). Whilst Northern Services had been ahead of trajectory all financial year, this marked the first month since August 2023 (and only the second month this financial year) in which Eastern Services met trajectory. Provisional data for March indicates that the **28 day Faster Diagnosis Standard Operational Plan trajectory has also been met for both Northern (provisional performance of 81.8%) and Eastern (provisional performance of 76.0%) sites** for March 2024. In the letter received from the national cancer team, it is observed that we have managed one of the largest improvements in the region over the last quarter in our cancer performance and we are told that in national communications to the region, we have been marked out as achieving one of the largest improvements in NHSE. The year long look shows:

- Volume of Patients on an Open Cancer Pathway longer than 62 days – 151 at end of March 2024, 252 at end of March 2023 – **101 fewer patients**
- Volume of Patients on an Open Cancer Pathway longer than 104 days – 42 at end of March 2024, 84 at end of April 2023 (i.e. halved with **42 fewer patients).**

Outside of the financial and operational plan targets, **Diagnostics performance improved further against the 6 week DMO1 target in March**, which **drew performance across the Trust to close to 70%** (from 69.8% to 70.3% (Northern) and 66.9% to 67.5% (Eastern)). Diagnostic activity in all key modalities on both sites was in line with or in excess of planned trajectory for March. This movement reflects the positive impact that the improvement team focus has made in support of diagnostic services over the last quarter in developing the trajectory and its underpinning work programme to drive performance from 60% to 85% by Q2 next financial year. A year ago performance was c. 65% Eastern Services and 50% Northern Services.

On all three fronts we again should be grateful to the turnaround achieved by our teams in elective, cancer and diagnostics recovery.

Overview – Executive Themes and Actions to Raise at Board

Collaborating in Partnership

Our **No Criteria to Reside** we have **consolidated following the restoration of an improvement trend last month and made further marginal improvements on both sites**. We have improved from 167 patients (16.2%) in February to 148 (14.4%) in March. **UCR 2 hour performance** in both Northern and Eastern Services continues to perform significantly **in excess of the 70% national target**; and we have **made improvements in times to transfer for each of Pathways 1, 2 and 3** in each of Northern and Eastern services in March compared to February (these metrics are all now in the IPR). Following the previous escalations we have made relating to our projected bed gap resulting from NCTR **we do now have a funded demand and capacity plan for the P1 pathway for 2024/5** which alleviates the identified workforce gap in the Urgent Community Response Service; and we are in discussions about the potential for provision of a P2 facility that might move us away from expensive interim placements to an NHS infrastructure. We finish the year well off our target of 5%, but at least with momentum and an improved plan for 2024/5.

Excellence and Innovation in Patient Care

Triangulation of the performance positions with the safety and quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. For February and March (we did not report in February given the light touch IPR):

In terms of **Waiting Well**: we **note seven moderate, one severe and one fatal harms** (the two moderates and the one severe and one fatal harms were from our cardiology waiting list). Two moderate harm incidents were also reported within rheumatology as a result of delayed follow up where additional treatment was required, albeit with no longer term harm, and a further moderate harm in ophthalmology where there was a non-permanent reduction in visual acuity as a result of an extended wait for a follow up appointment.

Two moderate harm medication incidents occurred in the Trust in the February and March periods with one of these remaining under review. In terms of mortality metrics, SHMI remains within the expected range for all metrics and HSMR remains stable and is reducing on a rolling twelve month basis to November 2023 (latest date for which data available). Healthcare acquired pressure damage also remains within normal variation and overall rates are low. **One category 4 pressure ulcer** was identified in community services in the reporting period, but appropriate action was taken when deterioration was identified and no sub-optimal care was noted. Falls are also within normal variation. Across February and March **eight falls with moderate harm were** identified (seven of which resulted in fractures, and 1 in a subdural haematoma). Review undertaken to date have not identified any suboptimal care issues **One new Never event** was reported in February – a wrong implant / prosthesis event during total hip replacement in Northern Services in December 2023, following notification by national joint registry. In **maternity services**, we note **a still birth in Eastern Services and three moderate harms within Northern Services maternity services**, of which two are MSNI referred. We also note variation in our induction of labour rates which will be corrected as augmented labour data is regularised.

A Great Place to Work

Staffing numbers continue to move in the right direction to support financial recovery and workforce stability. There is a small overall reduction in substantive staffing and it is positive to see that despite vacancy controls having been in place for some time, that the overall workforce continues to remain stable, with turnover having continued to decrease. Vacancy rates have slightly increased however, they remain well below the 7% target. Our staffing levels have had a positive impact on bank usage and will have contributed to the Trust ending 2023/24 with a **19.88% reduction in bank usage** and an **average monthly reduction of 13.73% in agency usage** has been achieved, relative to the March ’23 baseline. Sickness has also reduced from the higher winter levels seen in previous months. The Trust has also seen significant improvements in its **statutory and mandatory training** with overall **trustwide compliance now over 85%** as well as within Northern and Eastern individually. We continue to focus on appraisal rates.

Balanced Scorecard – Looking to the Future

Successes

- Well led and managed Industrial Action periods including provision of system support
- Recruitment & retention plans continuing to improve staffing levels
- Delivery the ten week challenge and of elective recovery targets ahead of revised forecast (top ten NHSE absolute reduction of waiting lists)
- Delivery of the national four hour performance target through 80% challenge Improvement of the financial position and against original plan
- Delivery of the eight week challenge for cancer recovery and end of year targets against original plan
- Completion of OSIG Phase 1.

Opportunities

- Closure and communication of the 2023/4 financial and operational plan and its delivery
- Quarter 1 delivery of the 2024/5 financial and operational plan
- Delivery of GIRFT supported business cases for cardiology and urology post triple lock
- Triage service business case for Women's & Children's services
- Hybrid Vascular Theatre delivery plan to FOC
- Continued implementation of the Northern Services Acute Medicine Model
- Movement to OSIG Phase 2
- Completion of Winter Plan and development of Primary & Community Services Delivery Plan
- Continuation of UEC & Elective Recovery tier 1 plans and de-escalation
- System Service collaboration on Cardiology, Urology and Pathology.

Priorities

- Maternity CQC report learning opportunities
- Completion of 24/25 financial and operational plan and initiation of quarter 1 plans to maintain improvement
- Staff Health and Wellbeing
- Reducing the number of NCTR patients through ICB/Region/National escalation and a strengthened plan for 2024/5
- Standardisation of job planning and leave planning
- Completion of our detailed Business Informatics plan and data layer
- OSIG Phase 1 completion and successful appointment of Care Group Triumvirate and associates' appointments, and instigation of Phase 2.

Risk/Threats

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

Financial & Operational Exit Criteria Measures

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

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

One Devon

Trust Executive Summary

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Feb-24	This Month Mar-24	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	1479	1088	-391	710		710
	RTT 78 Weeks waited	Total count	296	128	-168	0		0
	RTT 104 Weeks waited	Total count	1	0	-1	0		0
	Cancer - Over 62 day waiters	Total count	287	151	-136	198		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	9.1%	5.0%	-4.1%			6.4%
	Cancer - 28 day faster diagnosis standard	% patients receiving diagnosis in 28-days	77.9%	77.4%	-0.5%	75.1%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	56.8%	71.2%	14.4%	70.2%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	66.9%	78.0%	11.1%	76.0%	95%	76.0%
	No criteria to reside	Average daily count	167	148	-19	50		50
	No criteria to reside	NCTR as a % of occupied beds	16.2%	14.4%	-1.8%	5.3%		5.3%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(27,077)	(26,845)		(14,900)		(14,900)
	Delivering Best Value & Financial Recovery Plan Savings delivery	Year to date position £000	65,677	77,292		98,055		98,055

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

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Feb-24	This Month Mar -24	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	*Vs baseline (2019/20)*	113.5%	109.4%	-4.1%	122.7%	104%
	Outpatient activity (FU)	*Vs baseline (2019/20)*	153.4%	142.6%	-10.8%	97.1%	75%
	Outpatient procedures	*Vs baseline (2022/23)*	255.0%	165.4%	-89.5%	159.0%	
	Elective inpatient activity	*Vs baseline (2019/20)*	42.9%	55.2%	12.3%	85.3%	104%
	Elective daycase activity	*Vs baseline (2019/20)*	103.9%	117.8%	13.9%	109.1%	104%
	RTT 18 week performance	*Patients seen < 18 weeks vs total Incomplete pathways*	53.7%	54.5%	0.8%		92%
	Incomplete pathways	*Total count*	21150	20912	-1.1%	22419	
	RTT 52+ weeks waited	*Total count*	1662	1466	-11.8%	3206	
	RTT 65+ weeks waited	*Total count*	683	519	-24.0%	263	
	RTT 78+ weeks waited	*Total count*	132	73	-44.7%	0	
	RTT 104+ weeks waited	*Total count*	1	0	-100.0%	0	
CANCER	Cancer - 28 day faster diagnosis standard	*Performance*	79.84%	81.76%	1.9%	75.0%	75%
	31 day general treatment standard	*Performance*	91.72%	88.80%	-2.9%		96%
	62 day general standard	*Performance*	70.45%	79.90%	9.5%		85%
	Cancer over 62 day waiters	*Total count*	33	29	-12.1%	53	
	Cancer - % 62 day waiters against total open pathways	*[illegible] days against open pathway*	4.8%	3.8%	-1.0%		

Domain	Measure/metric	Definition	Last Month Feb-24	This Month Mar -24	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	*Vs baseline (2019/20)*	101.2%	107.3%	6.1%	81.5%	
	A&E attendances	*Vs baseline (2019/20)*	136.4%	132.2%	-4.2%	97.5%	
	4 hour wait performance Type 1 only	*Patients seen <4 hours vs total attendances*	63.9%	78.9%	15.0%	76%	95%
	4 hour wait performance Type 1 - 3	*Patients seen <4 hours vs total attendances*	64.7%	79.4%	14.7%	76%	95%
	Ambulance handover delays > 30 minutes	*Total count*	275	215	-21.8%		
	Residual no criteria to reside	*Average daily count*	46	32	-30.4%	14	
	Residual no criteria to reside	*NCTR as a % of occupied beds*	16.5%	11.4%	-5.1%	6.3%	
	Urgent Community Response 2 Hour Performance	*Performance*	96%	99%	3.0%		70%
	Time to Transfer for Pathway 1	*Average time to transfer*	2.32	2.32	0.0%		
	Time to Transfer for Pathway 2	*Average time to transfer*	7.64	6.78	-86.0%		
	Time to Transfer for Pathway 3	*Average time to transfer*	7.07	6.79	-28.0%		
DIAGNOSTICS	6 week wait referral to diagnostic test	*[illegible] tests completed in 6 weeks*	69.8%	70.3%	0.6%	N/A	99%
	MRI activity	*Vs baseline (2019/20)*	130.8%	144.7%	13.9%	109.1%	
	CT activity	*Vs baseline (2019/20)*	127.3%	144.7%	17.4%	132.3%	
	Medical Endoscopy activity	*Vs baseline (2019/20)*	136.6%	145.1%	8.5%	127.5%	
	Non-obstetric ultrasound activity	*Vs baseline (2019/20)*	106.4%	92.0%	-14.4%	93.1%	
	Echocardiography activity	*Vs baseline (2019/20)*	110.5%	152.6%	42.1%	111.1%	

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary

Eastern Services Operational Performance Dashboard

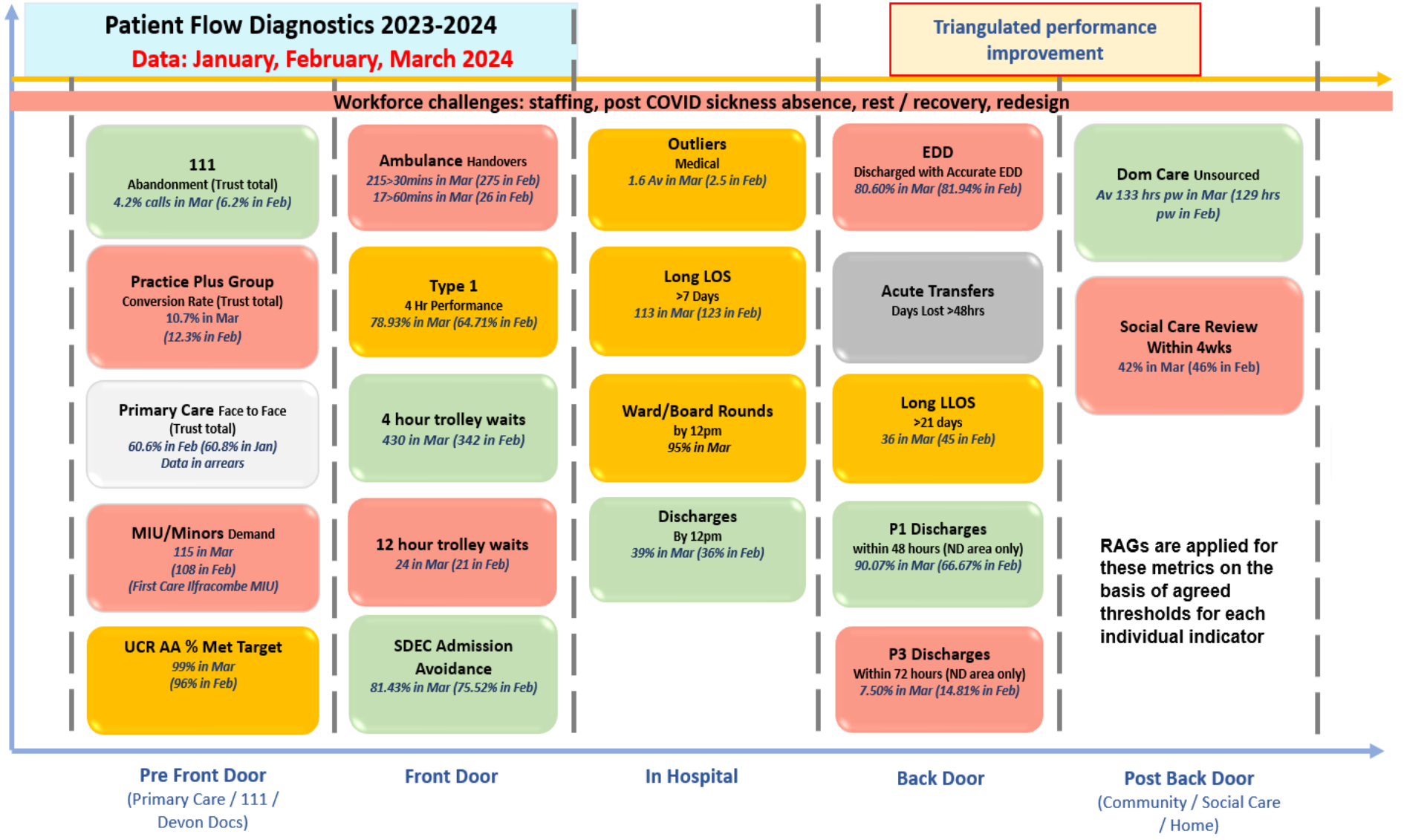
Domain	Measure/Metric	Definition	Last Month Feb-24	This Month Mar-24	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	105.7%	**100.7%**	-5.0%	94.1%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	154.9%	**138.1%**	-16.9%	124.8%	75%
	Outpatient Procedures	vs baseline (2019/20)	144.7%	**135.4%**	-9.2%	101.5%	
	Elective Inpatient Activity	vs baseline (2019/20)	62.8%	**68.7%**	5.9%	85.3%	104%
	Elective Daycase Activity	vs baseline (2019/20)	137.7%	**134.4%**	-3.3%	118.7%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	55.3%	**55.5%**	0.2%		92%
	Incomplete Pathways	Total count	52629	**52661**	0.1%	62432	
	RTT 52 Weeks waited	Total count	2415	**2337**	-3.2%	2356	
	RTT 65 Weeks waited	Total count	796	**569**	-28.5%	447	
	RTT 78 Weeks waited	Total count	164	**55**	-66.5%	0	
	RTT 104 Weeks waited	Total count	0	**0**	#DIV/0!	0	
CANCER	Cancer – 28 day faster diagnosis standard	Performance	77.2%	76.0%	-1.2%	75.2%	75%
	31 day general treatment standard	Performance	86.4%	84.0%	-2.4%		96%
	62 day general standard	Performance	63.1%	65.8%	2.7%		85%
	Cancer - % 62 day waiters against total open pathways	62 day waits as a % of total pathways	10.3%	5.4%	-4.9%		
	Cancer over 62 day waiters	Total count	254	122	-52.0%	145	

Domain	Measure/Metric	Definition	Last Month Feb-24	This Month Mar-24	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	110.5%	**110.7%**	0.2%	100.3%	
	A&E attendances	vs 19/20 baseline	105.3%	**111.0%**	5.7%	90.0%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	52.3%	**66.3%**	14.0%	67.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	67.9%	**77.4%**	9.6%	76.0%	95%
	Ambulance handover delays >30 mins	Total count	893	**774**	-15.4%		
	Residual : No Criteria to Reside count	Average Daily count	121.0	**116.0**	-4.3%	36	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	16.0%	**15.5%**	-0.6%	5.0%	
	Urgent Community Response 2 hour Performance	Performance	89%	**93%**	4.0%		70%
	Time to Transfer for Pathway 1	Average time to transfer	3.32	**2.53**	-31.2%		
	Time to Transfer for Pathway 2	Average time to transfer	6.38	**5.55**	-15.0%		
	Time to Transfer for Pathway 3	Average time to transfer	8.38	**5.33**	-57.2%		
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	66.9%	67.5%	0.6%		99%
	MRI activity	vs 19/20 baseline	111.6%	112.9%	1.4%	109.8%	
	CT activity	vs 19/20 baseline	120.7%	124.8%	4.1%	109.3%	
	Medical Endoscopy activity	vs 19/20 baseline	121.2%	104.1%	-17.1%	92.5%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	101.3%	96.2%	-5.1%	66.5%	
	Echocardiography activity	vs 19/20 baseline	110.7%	140.1%	29.4%	99.4%	

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

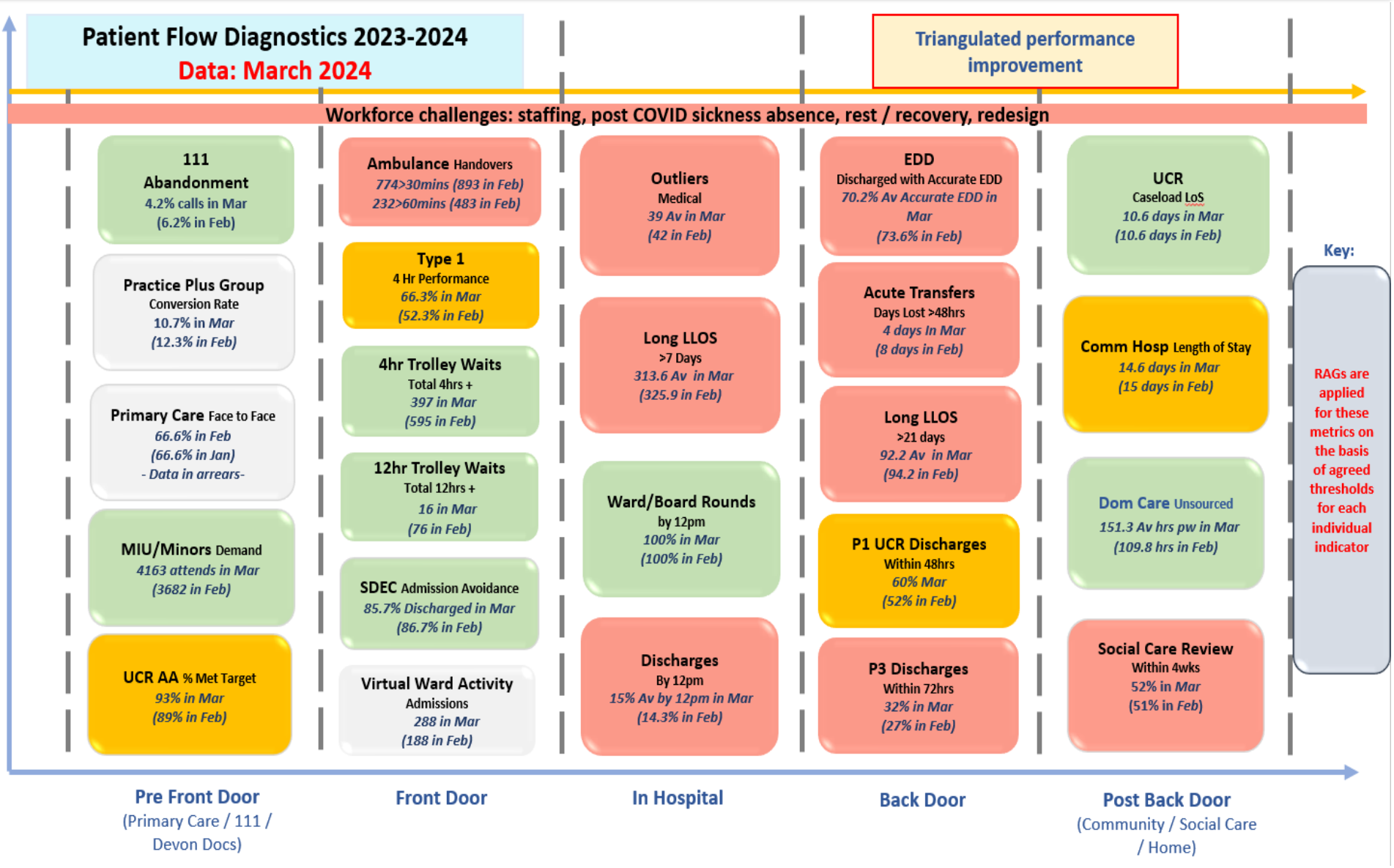
Northern Services Executive Summary

Northern Services Patient Flow Diagnostic

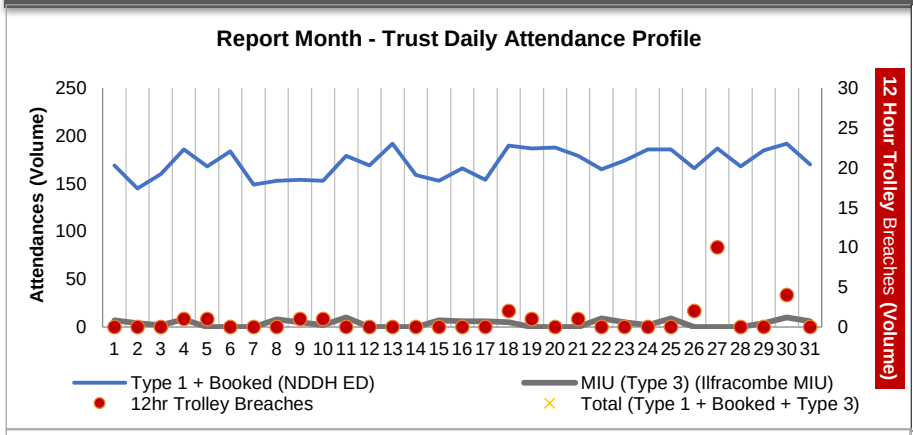


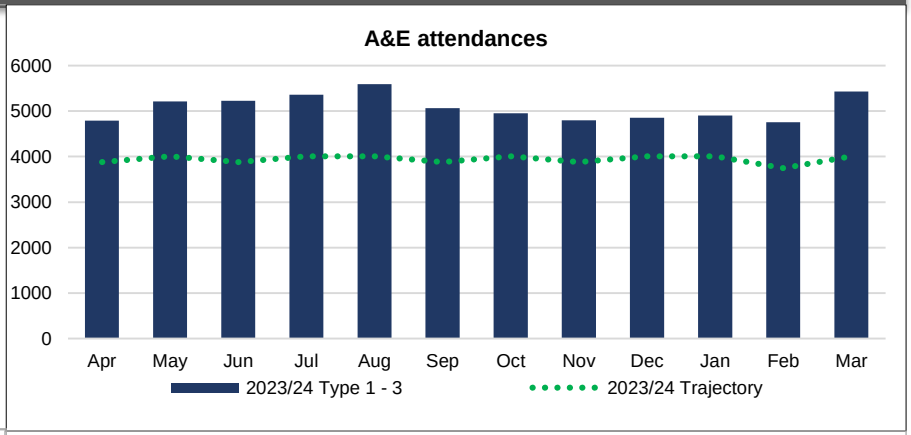
Eastern Services Executive Summary

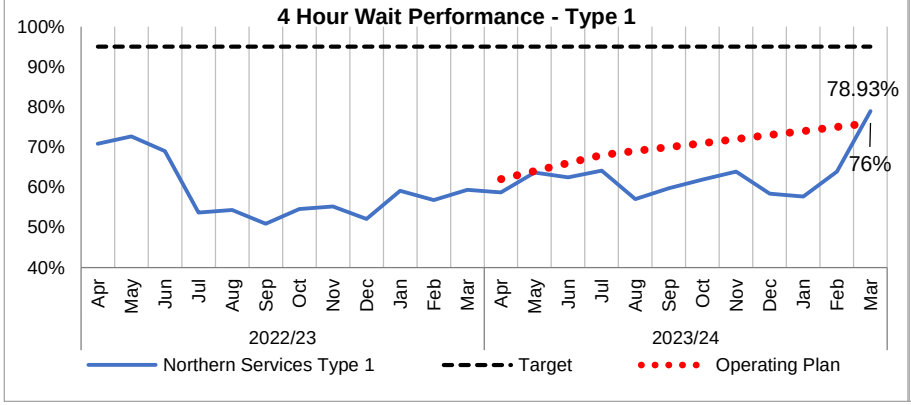
Eastern Services — Patient Flow Diagnostic

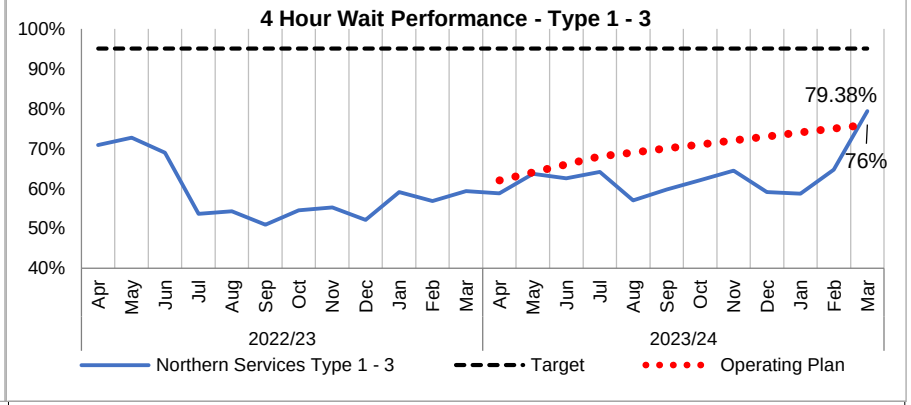


Northern Services Emergency Department – *key metrics relating to activity & performance in urgent & emergency care services*







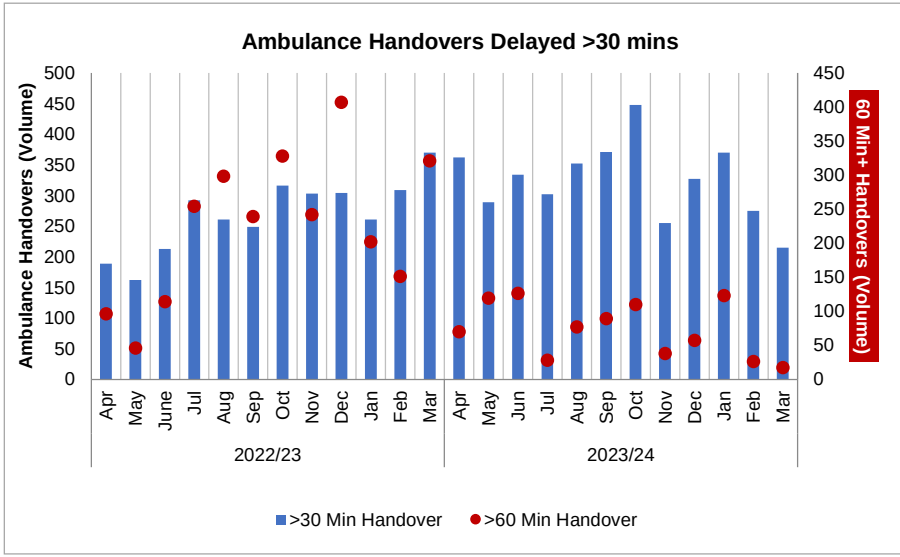


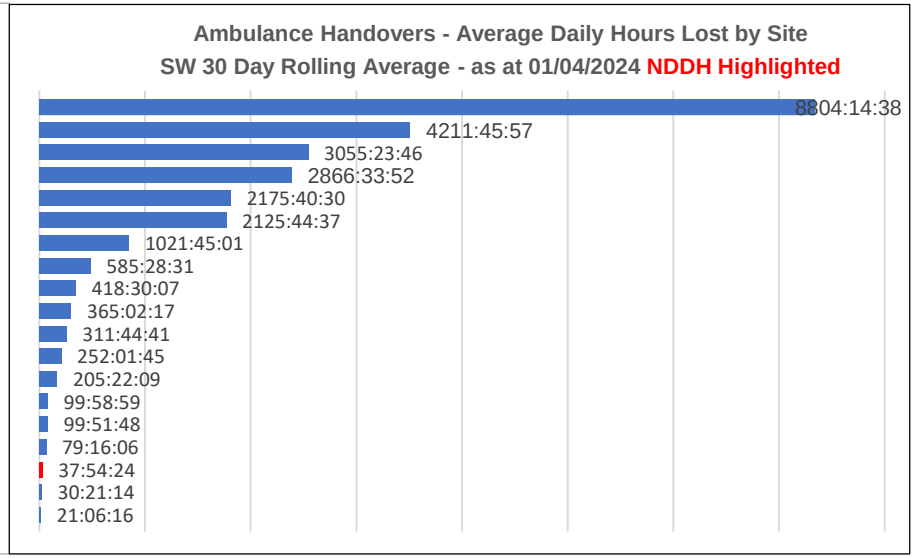
Type of Activity	Denominator	Patients > 4 Hours	% Performance
Type 1 (NDDH ED)	5316	1120	78.93%
Type 1 - 3 (including Ilfracombe MIU)	5431	1120	79.38%

Overall Performance:

- There was a increase of 676 attendances in March compared to February with a peak in attendances of 192 on the 13th and 30th March.
- The service reported a 15.04% increase in March against the 4 hour target in February. Following the 76% challenge that took place, Northern Services type 1 4-hour performance was reported as 78.93%.

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

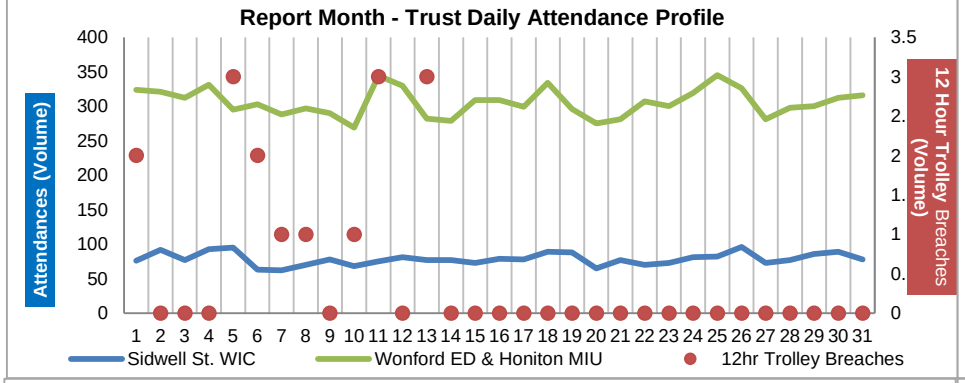


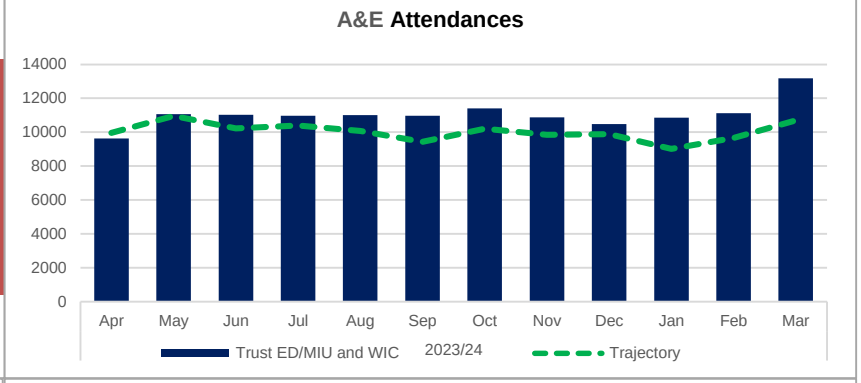


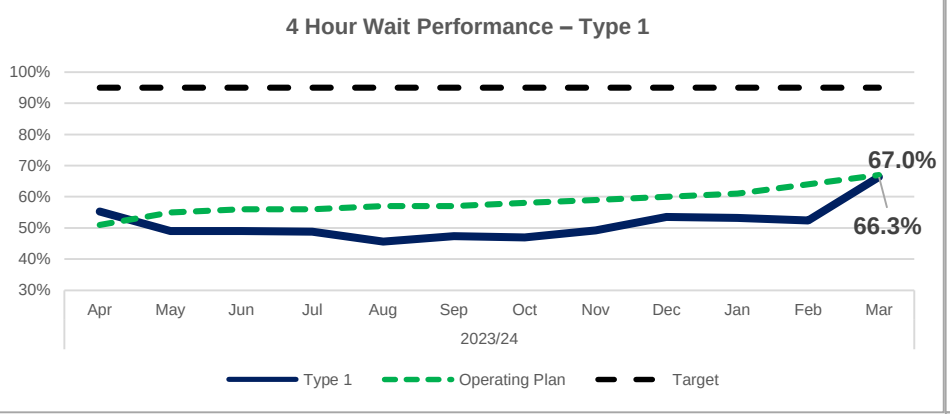
March saw the lowest number of ambulance handovers over 60 minutes since June 2022. 60 min handovers reduced by 9 in March compared to February, 30 min handovers decreased by 60 in March compared to February.

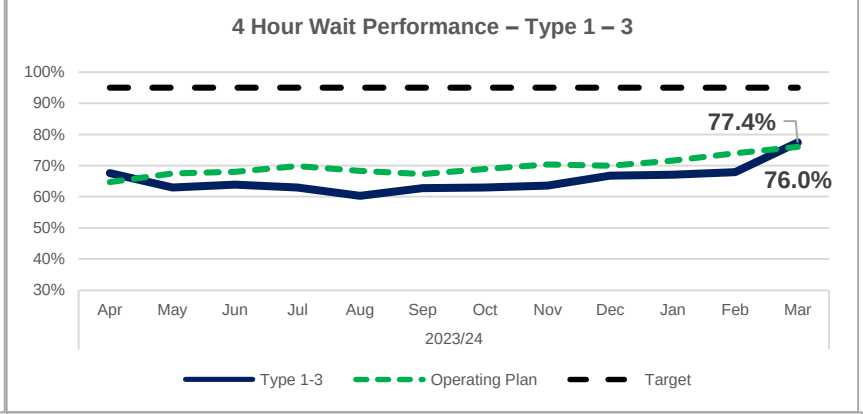
Eastern Services Emergency Department

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









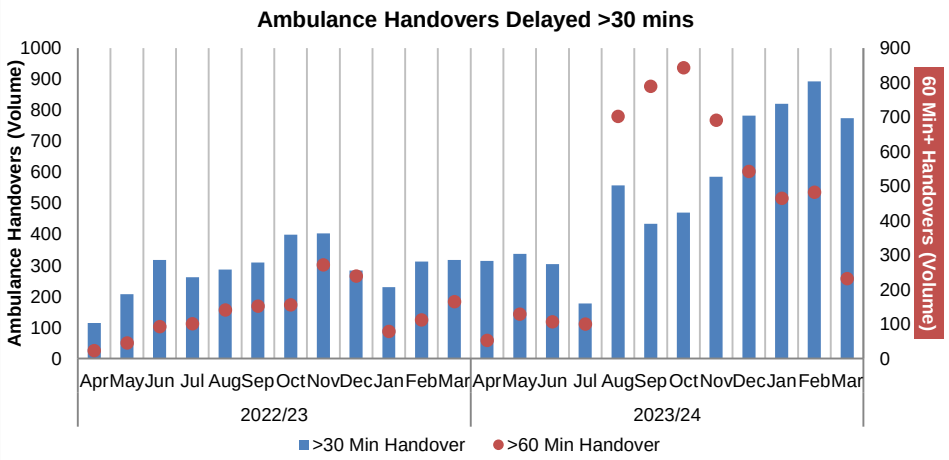
Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	8528	2873	66.31%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	13176	2975	77.42%
Total System Performance (including MIUs)	15011	3067	79.57%

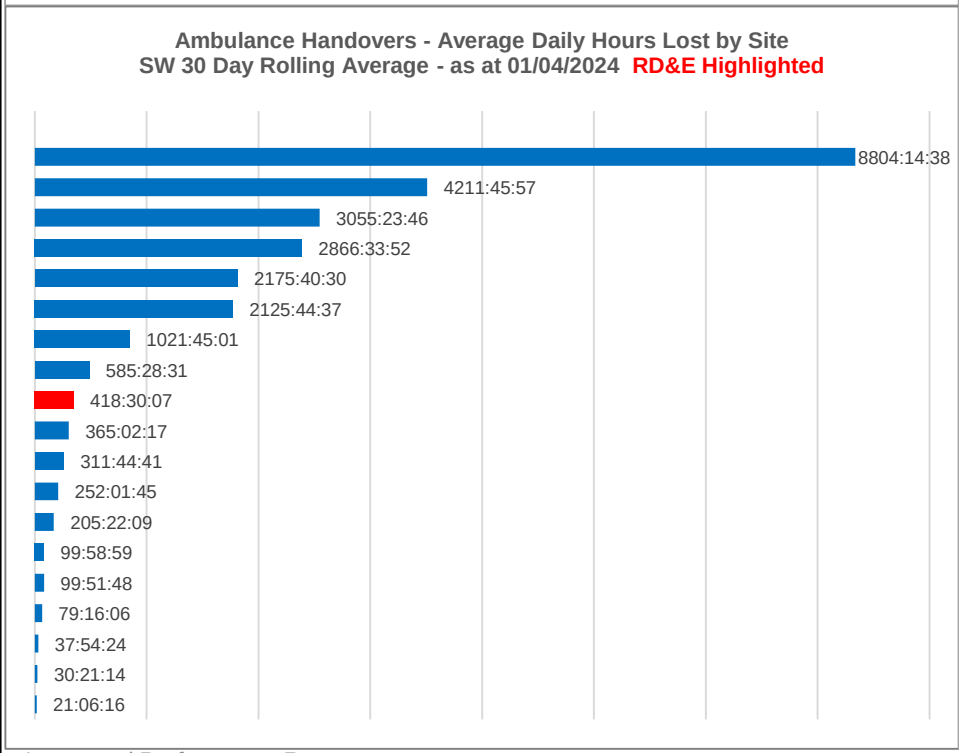
Overall Performance:

- All Type-4 hour performance increased from 67.9% in February to 77.4% in March 2024 (Eastern All Type trajectory for March 76.0%).
- ED Type 1-4 hour performance increased from 52.3% in February to 66.3% in March 2024 (Eastern Type 1 trajectory for January 67.0%).
- Type 1 daily attendance figures were on average 248 per day, representing continued high demand.

Eastern Services Emergency Department

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





Actions being taken to improve performance

- Trust wide 4 Hr performance meeting introduced to oversee improvement plan, including the March UEC capital challenge.
- GP streaming pilot launched November 2023, providing additional capacity during the evening and weekends for patients presenting with primary care problems. The pilot has been extended until the end of April and all shifts are filled. A business case will be submitted to the ICB for recurrent full-year funding.
- Extended GP streaming shifts actioned in March to extend cover from 8am to 10pm on weekdays.
- Additional ED junior doctor twilight shifts implemented in March to provide additional cover on weekdays and weekends from 4pm to midnight.
- The ED Safety Huddles have continued and an evening review with On-Call teams has been introduced.
- ED operational management test of change commenced in March that included the supernumerary ED nurse in charge role and weekend ED operational safety huddles.
- Phase 1 of ED rebuild is complete and Phase 2 which includes a dedicated Paediatric ED with co-located PAU is underway.
- The Minors Working Group continues to oversee actions to improve minors performance, including new models of working.

Focus on ambulance reporting

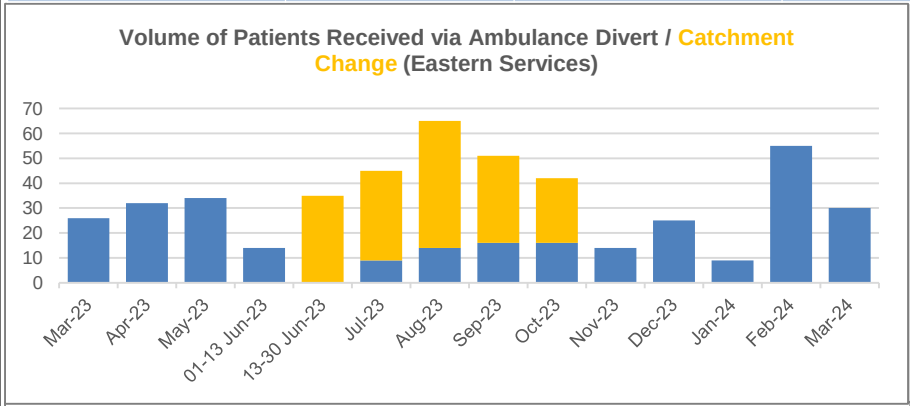
- Monthly ambulance handover meetings have been established with SWAST to review processes and improvements.
- The XCAD hospital ambulance arrivals system was implemented in ED in November 2023. The Acute Admissions Unit when live with XCAD in March.
- Implementation of a Resus Patient Flow Coordinator in ED to improve the efficiency of the ambulance arrival and booking in process.
- Focus on improvements to the clinical pathway of ambulance handovers in ED and implementation of a designated RAT nurse to manage rapid assessment and triage and patient safety of the ambulance cohort/queue.

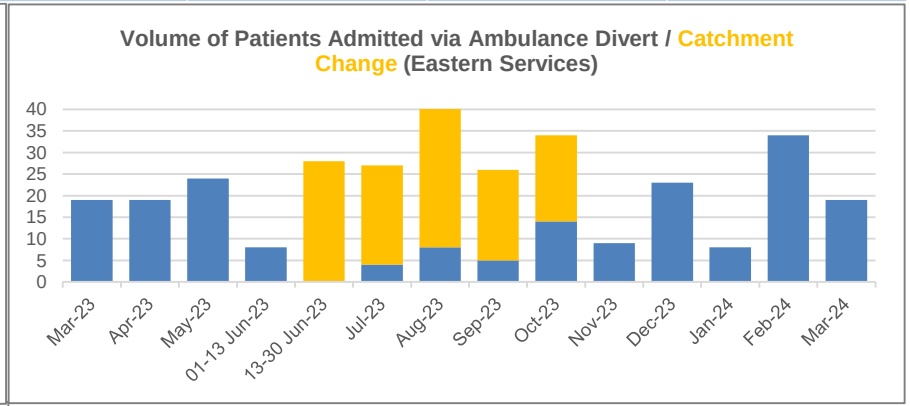
Providing safe alternatives to admission

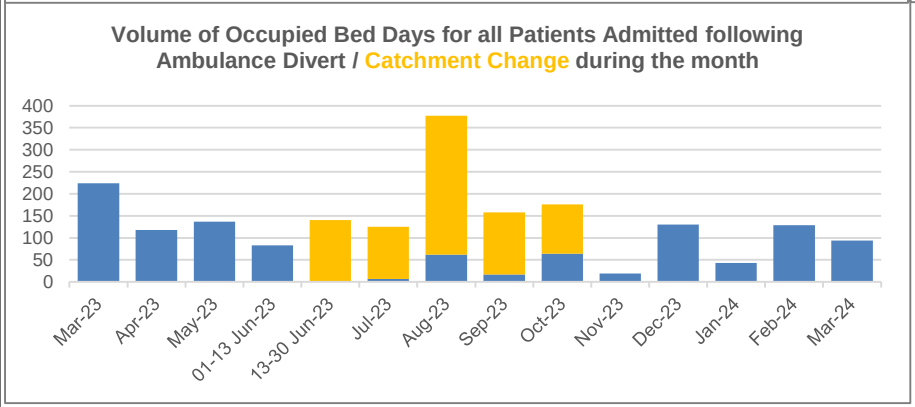
- SDEC activity remained static with 733 attendances (compared to 731 in February), the discharge rate of 14.5% and the daily average seen in SDEC of 37 per day. Good improvements seen through test of change running through March with SDEC attendances increasing on average by 50% on the 3 Saturdays where additional senior clinical decision maker was present.
- The Virtual Ward saw a record of 343 admissions (288 Eastern & 55 Northern), an increase of 44% on the previous month. The peak number of patients on one day was 72 (a new record) and the daily average increased to 54 (from 41 in February). We achieved 99.7% against the ICB target of 344 admissions.

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
April 2023	19	18	1	14	4	1
May 2023	29	20	9	18	11	0
June 2023	7	2	5	4	2	1
July 2023	0	0	0	0	0	0
August 2023	11	8	3	4	4	3
September 2023	8	5	3	2	0	6
October 2023	19	8	11	14	2	3
November 2023	14	8	6	12	1	1
December 2023	9	8	1	6	1	2
January 2024	11	4	2	2	5	4
February 2024	9	6	3	1	0	8
March 2024	7	6	1	3	0	4







Trust – Provision of System Support for Planned Care

Number of Mutual Aid Requests received by RDUH

	Received	Completed	Declined	Ongoing	Under Consideration
Apr-23	2		2		
May-23	3		2	1	
Jun-23	2	1		1	
Jul-23	1		1		
Aug-23	3	1	2		
Sep-23	2			1	
Oct-23	3		2	1	
Nov-23	0				
Dec-23	3		3		
Jan-24	1			1	
Feb-24	0				
Mar-24	1		1		

Number of Mutual Aid Requests made by RDUH

	Made	Completed	Declined	Ongoing	Under Consideration
Apr-23	1				
May-23	0				
Jun-23	0				
Jul-23	0				
Aug-23	0				
Sep-23	0				
Oct-23	0				
Nov-23	0				
Dec-23	0				
Jan-24	0				
Feb-24	0				
Mar-24	0				

Trust - Community Services – Improving End of Life Care

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

- **Reduction in LOS (length of stay)** for patients admitted to hospital in the last 90 days of their life.
- **Reduction in number of patients admitted to hospital** within the last 90 days of their life with 3 or more admissions.

Successes for the Month:

- **Identification of Preferred Place of Death:** Success noted for completion in the 5 priorities of care in recognising the patient preferred place of death.
- **Patients with 3+ admissions aged 75+ years in last 90 days of life**: 8% positive decrease taking the baseline down to 7% from Feb-24 onwards.
- **LOS of patients aged 75+ years admitted within last 90 days of life:** Positive decrease of 6 days, reducing the baseline to 10 days from Feb-24 onwards.
- **5 Priorities of Care overall completion rate:** 11% increase in the overall completion of the 5 Priorities of Care, taking the baseline to 51% from Jan-24 onwards.
- **Patients with TEPs completed on EPIC:** 2% increase in the number of completed TEPs recorded on EPIC, taking the baseline to 70% from Jan-24 onwards.

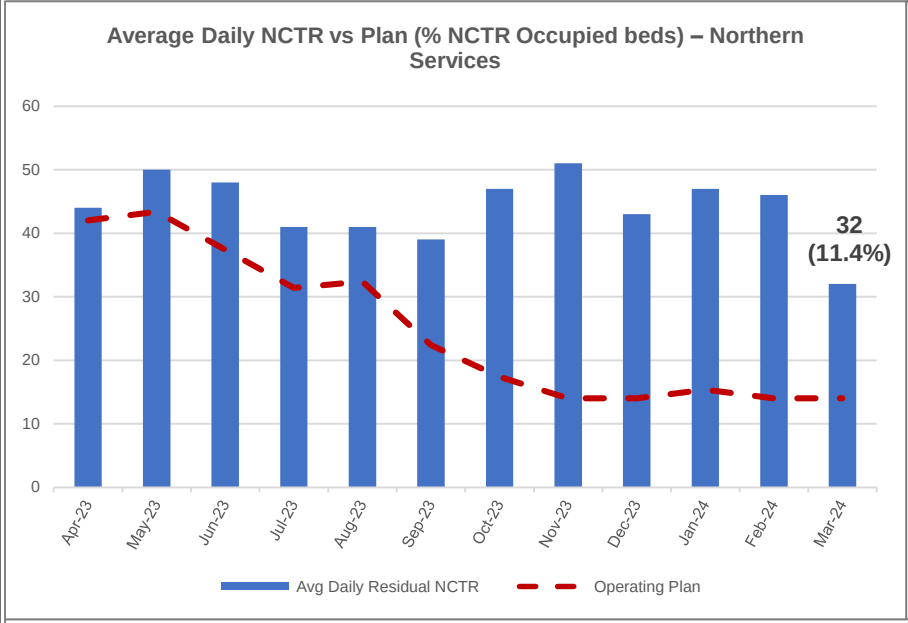
Actions for next month

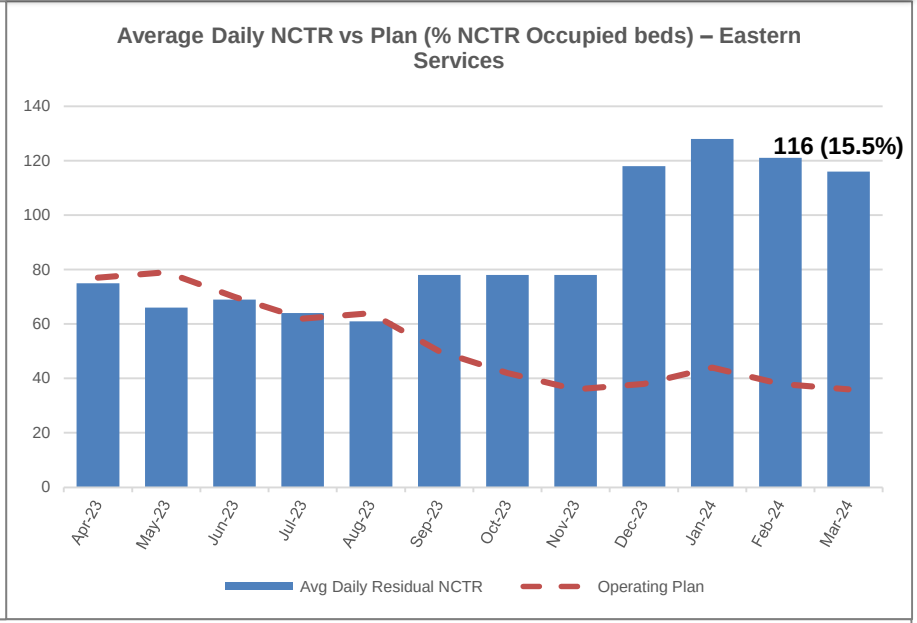
1. **5 priorities of care**
   Ensure consistent use and application of EoL flags on EPIC to enable death in preferred place.
2. **Length of Stay**
   Review data and identify further opportunity to reduce LoS for patients who are EoL.
3. **Use information feedback and survey results** to further enhance training and support to staff, to increase competence and confidence of EoL care.
4. **Establish the link** between Comprehensive Geriatric Assessment, Advanced Care Plan and Treatment Escalation Plan, to improve patient experience.

Workstream	Metric	Baseline	Region	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
End of Life	ACP conversation offered last 12 months of life	TBA	Planned	TBA	TBA	40%	40%	40%
		Actuals	Eastern	N/A	N/A	N/A	N/A	N/A
			Northern	N/A	N/A	N/A	N/A	N/A
End of Life	Identified EOL/LYOL died in their preferred place	35%	Planned	36%	42%	48%	54%	70%
		Actuals	Eastern	29%	33%	35%	45%	42%
			Northern	14%	7%	33%	14%	38%
End of Life	Patients with 3+ admissions aged 75+ years in last 90 days of life	9%	Planned	10%	9%	8%	7%	7%
		Actuals	Eastern	9%	3%	19%	20%	12%
			Northern	5%	6%	30%	8%	10%
End of Life	LOS of patients aged 75+ years admitted within last 90 days of life	14 Days	Planned	15	14	12	10	10
		Actuals	Eastern	19	13	14	16	10
			Northern	22	19	24	9	20

Trust - No Criteria to Reside

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





In December 2023, the reporting for Eastern was brought into line with national requirements, ensuring that the NCTR position includes Pathway 0 delays, this accounts for the significant increase in NCTR number for Eastern from December 2023.

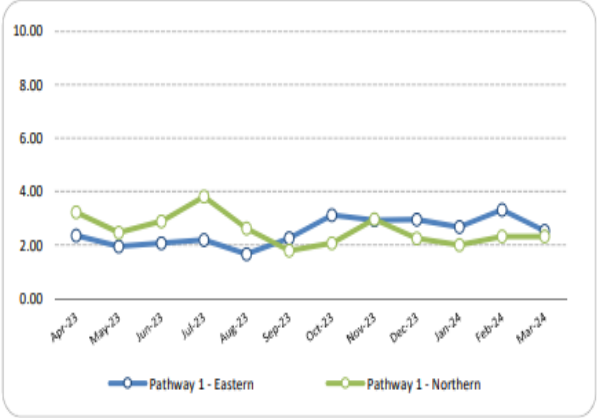
The performance improvement for NCTR in North is largely due to increased focus on flow through community team caseloads to release capacity to respond to the discharge demand. The steady sequential improvement of NCTR in Eastern reflects the weekly review of actions and impact.

Actions to Improve Performance:

- Trust wide 10 week challenge commenced 15th April to enable focussed improvement work from all RDUH Care Groups.
- Audit completed by Deputy Medical Director and Therapy leads to understand the accuracy of the medically optimised patient list. Learning to be shared and embedded as part of 10 week challenge.
- Multiagency workshops planned for April to provide clear improvement actions that will be picked up through the 10 week challenge.
- Formal escalation to the ICB for the capacity gap of 34 full time support workers in order to respond to Pathway 1 demand.

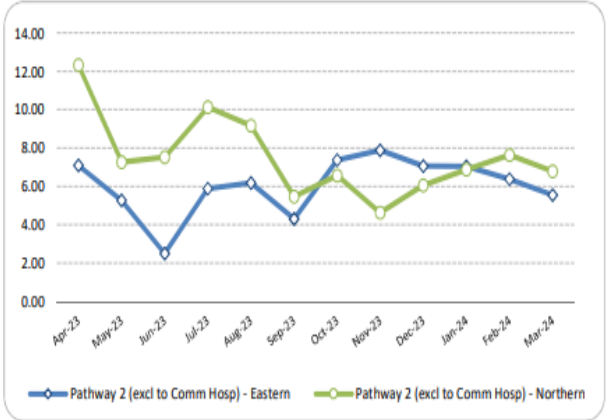
Trust – Time to Transfer for Discharge Pathways 1, 2 & 3

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



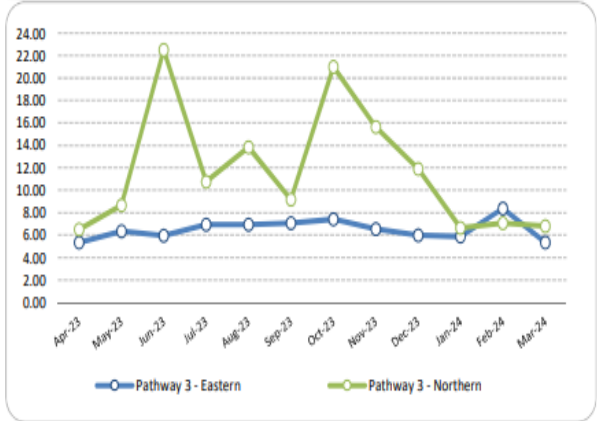
Pathway 1 - Urgent Community Response, Interim Care (SCR), Interim Care - North, Interim Care - South & Out of Area.

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



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

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



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

Time To Transfer is the time it takes from a patient being medically optimised to leaving hospital with appropriate support in place.

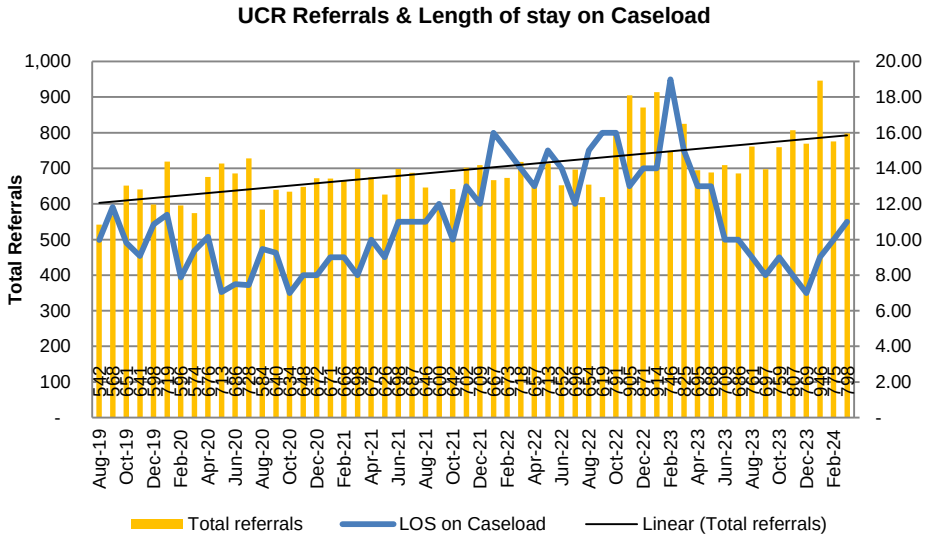
Pathway 1 – returning home with short term care and support, national target 48hrs.
Sustained performance position, meeting the national target of 2 days. Focusing on reducing length of stay on community caseloads through earlier clinical review, has further enabled better flow of patients our of hospital. Winter resilience funding has been utilised through working with Devon County Council to prioritise assessments for individuals with ongoing care and support needs.

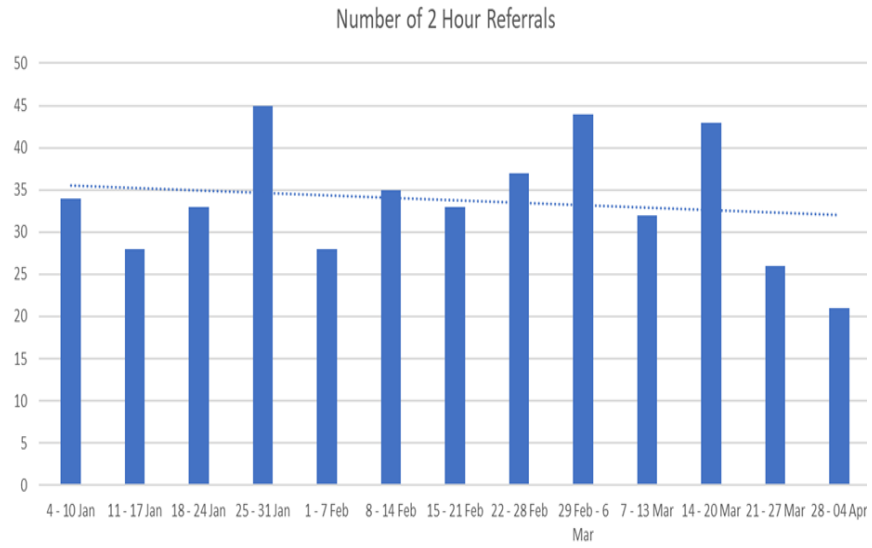
Pathway 2 – short stay care home placement, national target 48hrs.
Average performance remains at 6 days against a national target of 2 days. There remains a shortfall of Pathway 2 beds in order to meet the demand, the issue has been compounded by the closure of a care home in north (where block booked beds were commissioned) in recent weeks. Formal escalations have been made to the ICB and in the interim care home beds are spot purchased which is a less efficient and effective model.

Pathway 3 – long term placement in care home, national target 72hrs.
The performance improvement in North has been sustained at an average of 7 days, with an improvement demonstrated in East from averaging 8 days to 5 days. Senior operational and clinical input to scrutinise the demand for long term care, and ensure pathway 1 and 2 are explored first has helped to improve performance of pathway 3 patient flow.

Trust Urgent Community Response

Admission avoidance and discharge





Urgent Community Response (UCR) Demand and Performance

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

Performance against the 2 hour referral target for March was 95% (70% national target).

- UCR teams continue to exceed the national 2hr response target.
- Two hour referral demand for UCR continued to increase in February and early March but has decreased significantly throughout the Easter holiday period. The primary care referral reduction was the most significant (117% reduction w/c 28th March) likely due to reduced operating hours over the bank holidays.
- Work is underway to investigate if there is a correlation between this reduction and attendance elsewhere (i.e. Emergency Department) to inform future planning discussions with community and primary care colleagues.

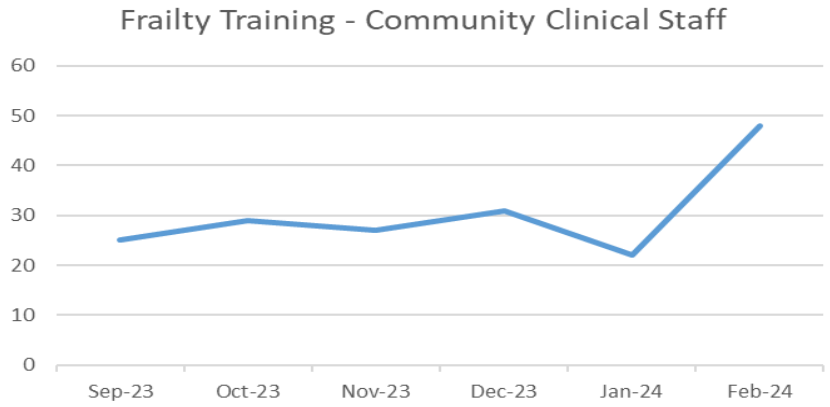
Future developments for UCR

- The Director of Patient Care in the Community Care Group is leading the UCR workstream on behalf of the Devon System. Focus of this work includes a review of the UCR Service Specification against the national guidance, and completion of a gap analysis/ improvement plan to improve consistency and equity of service for the Devon population.

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

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

- Reduction in number of admissions from care homes, due to a fall
- Reduction in length of stay of frail patients 75yrs+



Successes for this month:

- Through partnership working with system colleagues Royal Devon clinicians are now able to refer patients directly for external community service activity via the Joy App. This will facilitate seamless transitions through community pathways for patients e.g. from an NHS strength and balance group through to a community exercise provider.
- A new PowerBI tool for Care Home Falls and ambulance activity has been developed. The scope of this project has been extended to include data from 111, the tool is currently being tested with two care homes (Northern and Eastern) before the model is rolled out more widely. When this tool is live it will facilitate real-time review of falls and admissions from care homes which will enable targeted intervention and support from Care Home team.
- A new Frailty report is available on EPIC, this allows for more in depth analysis of trends relating to people with frailty who are on the Community Caseloads and will inform future actions associated with this workplan. A detailed review of this new report will be undertaken with key stakeholders in April 2024.
- There has been a steady increase in the number of clinical staff who have taken up the opportunity for Frailty e-learning since the launch in September 2023. There was a further, significant, increase in uptake following communication in the Community all staff webinar in January and February 2024.
    - This training incorporates identification of frailty, identification of deterioration of frailty and interventions and management to reduce associated risks which will support staff in their confidence and competence in managing this cohort of patients in the community.

Actions for next month:

- Royal Devon will be supporting and engaging with the Falls and Frailty and End Of Life working group as part of the System Urgent Emergency Care Programme; the initial meeting will be held week commencing 15th April.

Trust – Community Services – Reducing Community Waiting Lists

	Podiatry	Rehab	Weight manag't	MSK	Continence (Adults only)	Tissue viability	Community nurses	UCR	Neuro rehab	Newborn hearing	Home oxygen	SLT	Dietetics
September	2561	3943	1308	3893	8	8	499	44	15	106	7	408	216
October	2341	2690	1169	4075	8	8	581	60	10	148	7	405	256
November	2354	2596	1110	4466	8	8	479	61	22	86	7	374	214
December	2333	2744	1367	4501	8	8	488	72	11	151	7	368	164
January	2275	2708	1268	4471	10	8	525	53	9	95	7	398	218
February	2173	3166	1290	4870	10	33	507	48	17	110	7	451	225
March	2124	3310	1299	4908	10	32	508	44	20	110	7	429	197
% change in month	-2.3%	4.5%	0.7%	0.8%	0.0%	-3.0%	0.2%	-8.3%	17.6%	0.0%	0.0%	-4.9%	-12.4%
% change since Sept	-17.1%	-16.1%	-0.7%	26.1%	25.0% *	300% **	1.8% *	0.0%	33.3% *	3.8% *	0.0%	5.1% *	-8.8% *

* within monthly expected fluctuations

** Increase as a result of initial data position not being complete as excluded patients with no responsible department

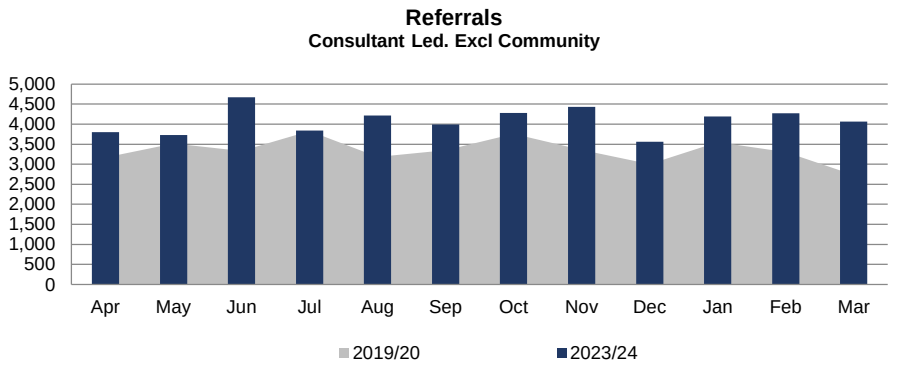
Update on progress:

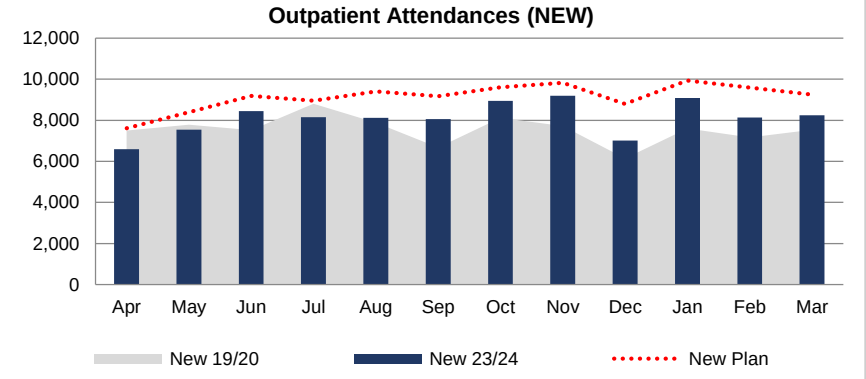
- Continued improvement in validation of episodes with no. future visit / order placed. There has been an overall reduction of 34.67% in the number of episodes on Homecare with no future visits / orders booked, reducing from 6334 to 4138 since mid September 2023.
- There continues to be a focus on waiting list validation and training for teams around EPIC episode management, targeting areas with high numbers of Homecare issues.
- The community team are now liaising with the trust access and validation team to increase knowledge on community pathways and accurate use of Homecare on EPIC to support validation.

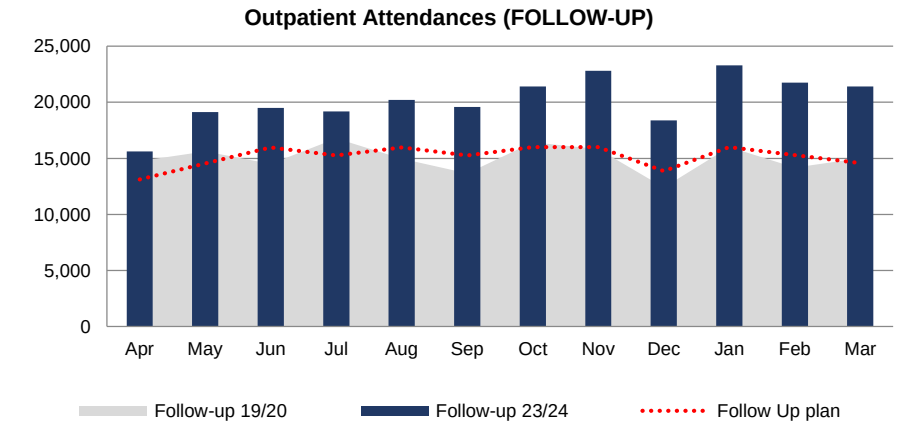
Service specific updates:

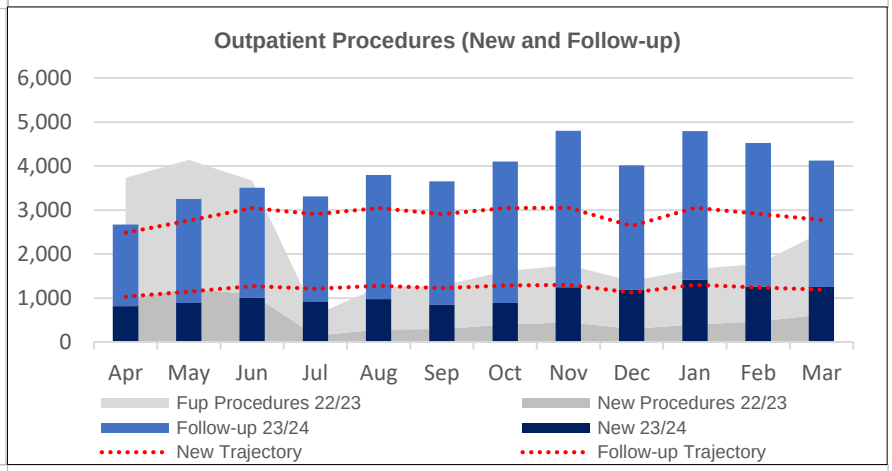
- As a result of data validation, Podiatry demonstrates a 17.1% reduction in the number of patients waiting since September.
- Further benefits will have been realised as a result of recent transformation work:
  - New referral guidelines supporting prioritisation of resource for the most appropriate patients.
  - Transitioning appropriate patients onto 'Patient Initiated Follow Up' (PIFU).
  - Creating more virtual clinics where appropriate.
- Community Therapy makes up 50% of the Community Rehab waiting list. In the last 6 months there has been a decrease of 16.1% on the Community Therapy Waiting list due to validation of patients who had been seen where the episode had not been correctly closed.
- Community MSK services demonstrate an increased waiting list position 26.1%, since September. Whilst there are no patients currently waiting over a year, the trajectory produced by BI initially indicated a worsening position. With the recently approved recurrent ERF funding it is anticipated that this will stabilise or improve the position.

Northern Services Elective Activity- Referrals and Outpatients



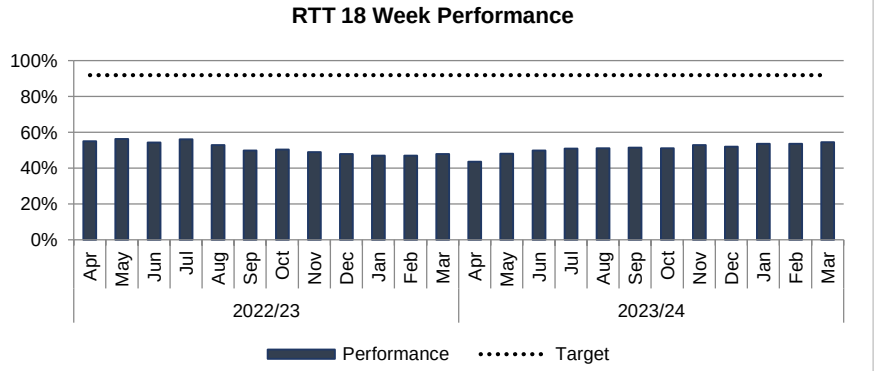




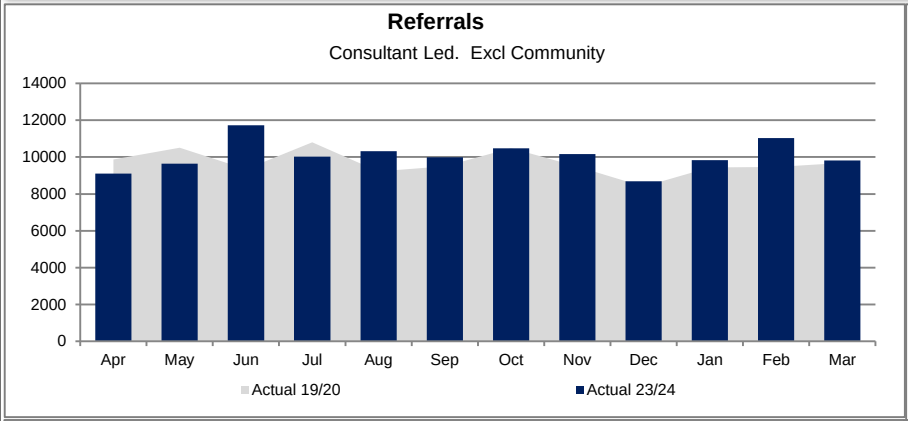


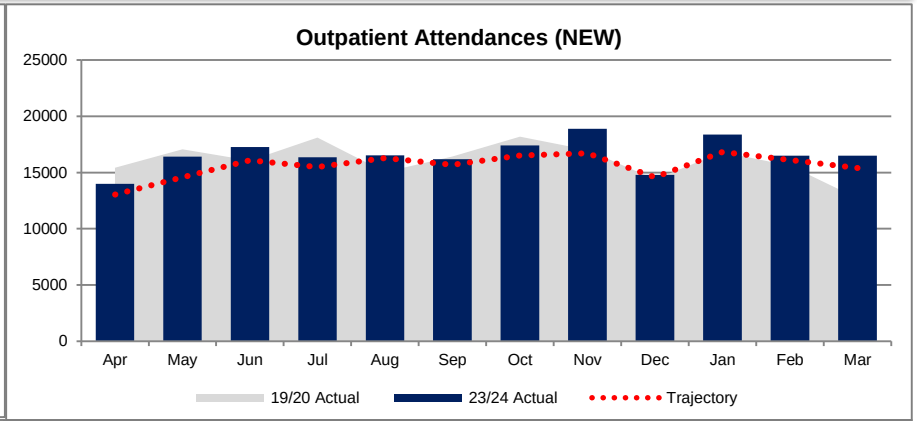
Note: March 2020 activity volumes have been adjusted to reflect an average of all 2019/20 activity due to the impact of Covid in March 2020. This adjustment has been made to give a more accurate view of March 2024 performance.

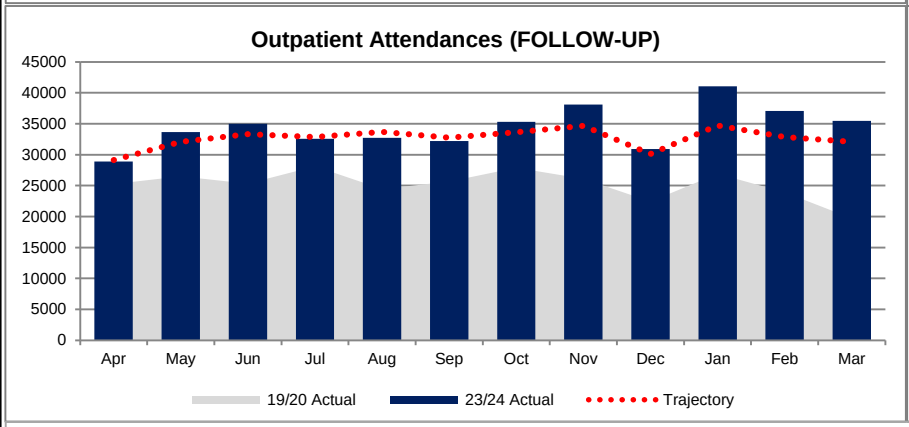
- There were a total of 29,656 Outpatients appointments in March. Of this 8,243 were New appointments and 21,413 were Follow-up appointments.
- There was a slight increase in RTT 18 week performance in March compared to February.

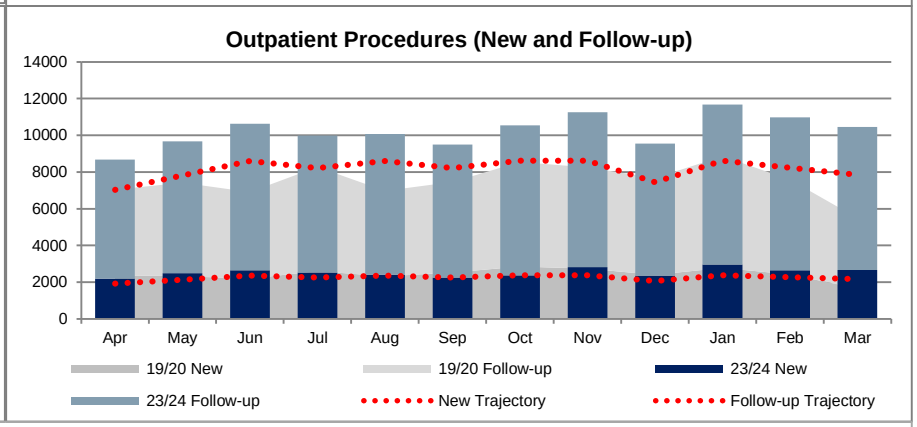


Eastern Services Elective Activity- Referrals and Outpatients







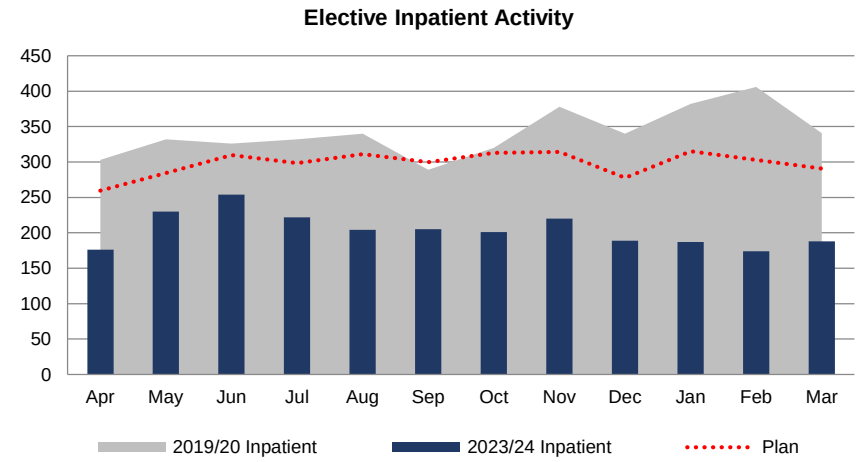


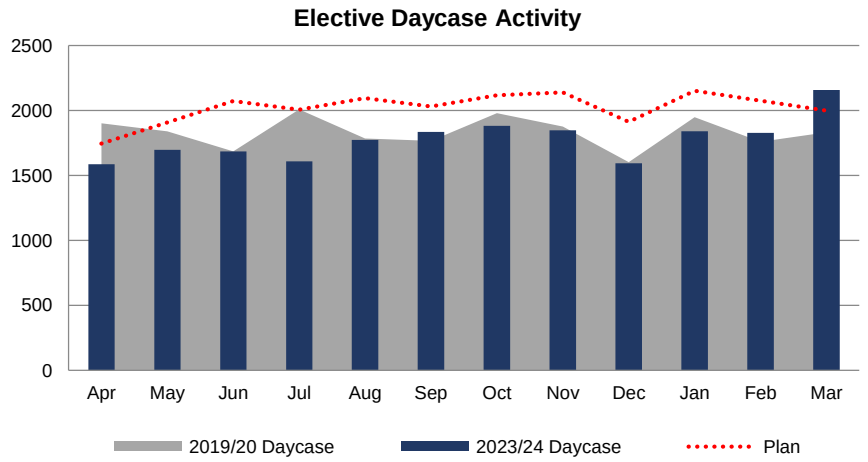
Note: March 2020 activity volumes have been adjusted to reflect an average of all 2019/20 activity due to the impact of Covid in March 2020. This adjustment has been made to give a more accurate view of March 2024 performance.

Outpatient attendances (new): were ahead of plan and 101% of 2019/20. **Outpatient procedures** were ahead of plan and 135% of 2019/20 volumes. This was a reduction on February performance but still positive overall and provides a solid platform for 2024/25.

Outpatient attendances (follow up): were higher than plan and significantly higher than 2019/20 for the reasons set out in previous board reports.

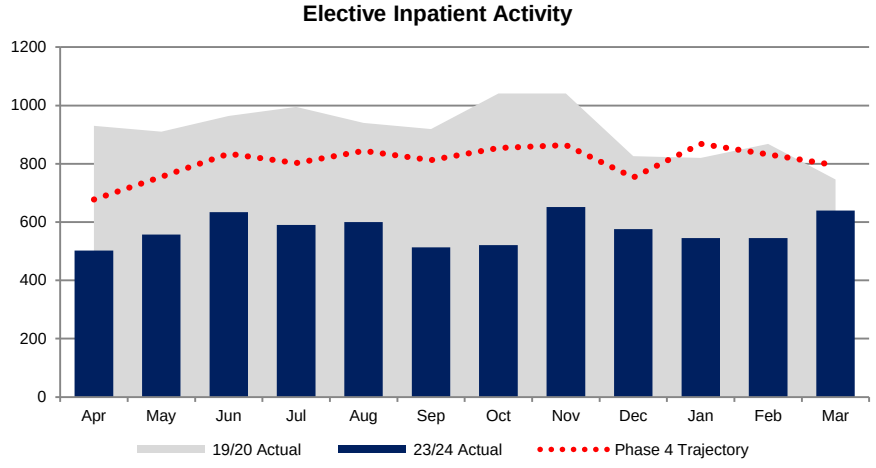
Northern Services Elective Activity- Inpatient and Daycase

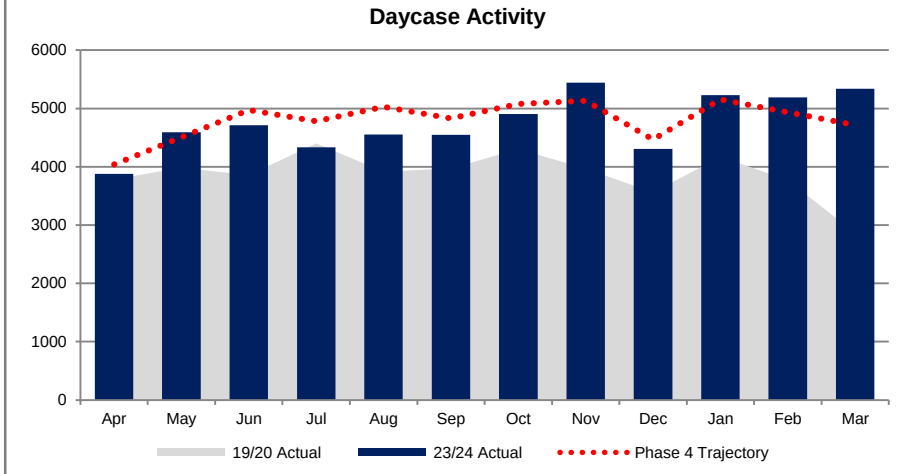




- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient increased during March by 14 and Daycase activity increased during March by 330. Additional lists across various specialties were arranged to help accommodate the long waiting patients.

Eastern Services Elective Activity- Inpatient and Daycase



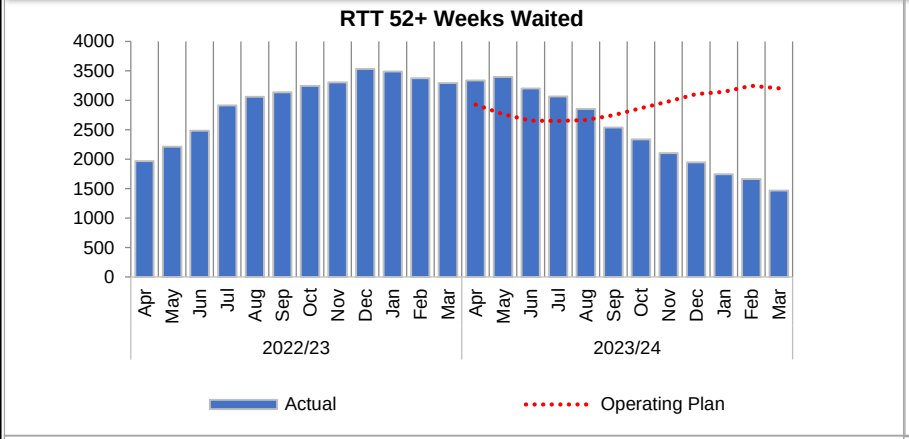


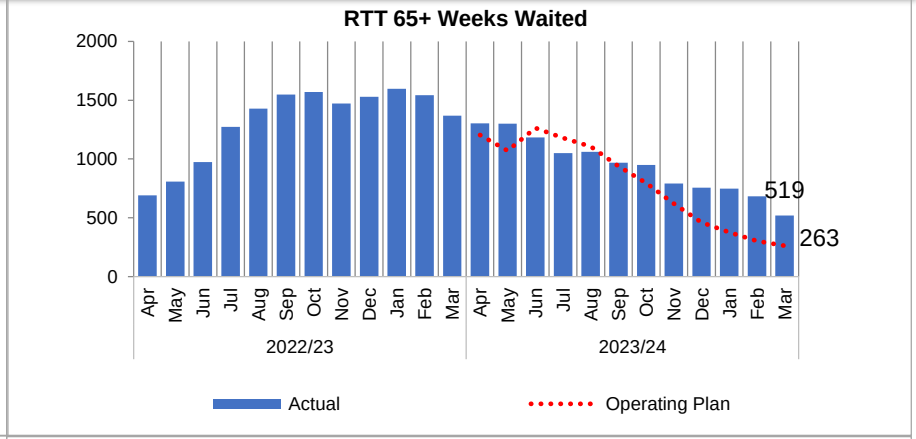
Note: March 2020 activity volumes have been adjusted to reflect an average of all 2019/20 activity due to the impact of Covid in March 2020. This adjustment has been made to give a more accurate view of March 2024 performance.

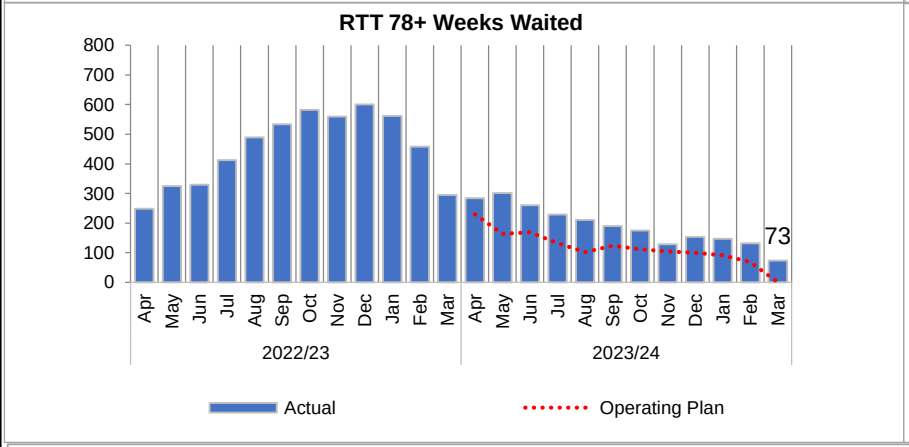
Elective inpatient activity was below plan in March but an increase on February levels.

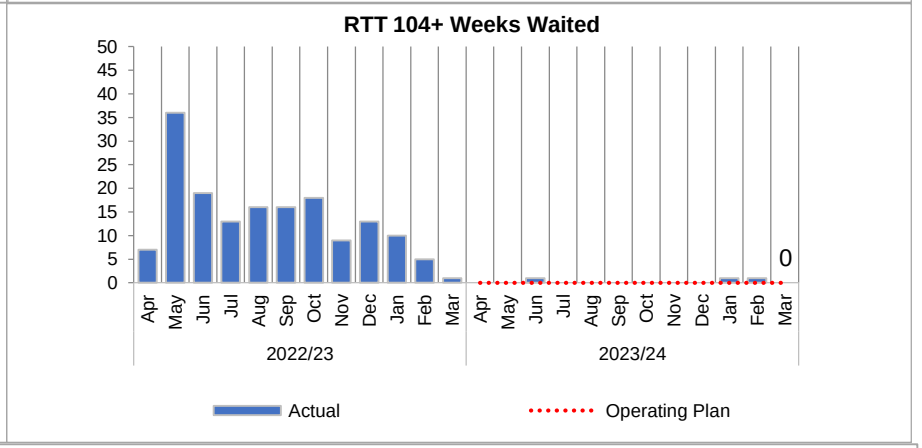
Daycase activity was above plan and also an increase on February levels. Collectively, elective activity volumes are in a positive position and above the ERF threshold.

Northern Services Elective Activity- Long Waiting Patients



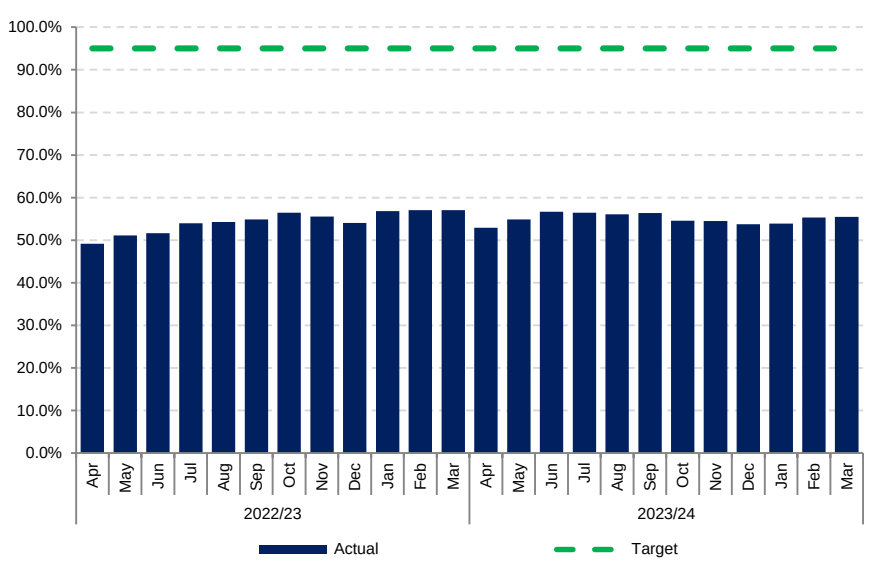


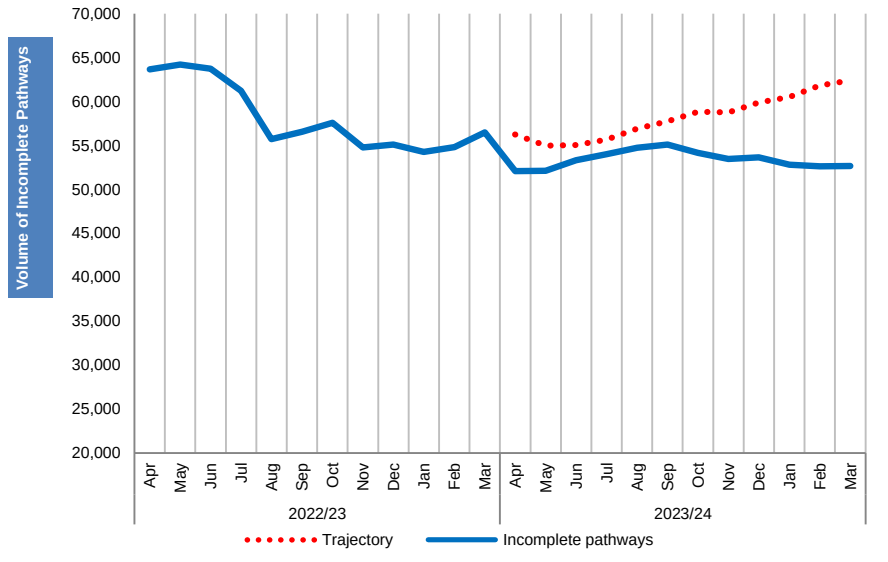




- Following on from the start of the 10 week challenge commencing in January, there has been ongoing improvement in the reduction of patients waiting in excess of 78 weeks and the total number of patients waiting 78+ weeks at the end of March was 73. This improvement supported delivery of a better than planned position for the year end. The forward plan is to eliminate 78 weeks or more within the first half of 2024.
- We still continue to achieve the target of 0 patients waiting 104 weeks.
- The total number of patients waiting 65+ weeks has also reduced in March to 519 compared to 683 in February.

Eastern Services Elective Activity- Inpatient and Daycase

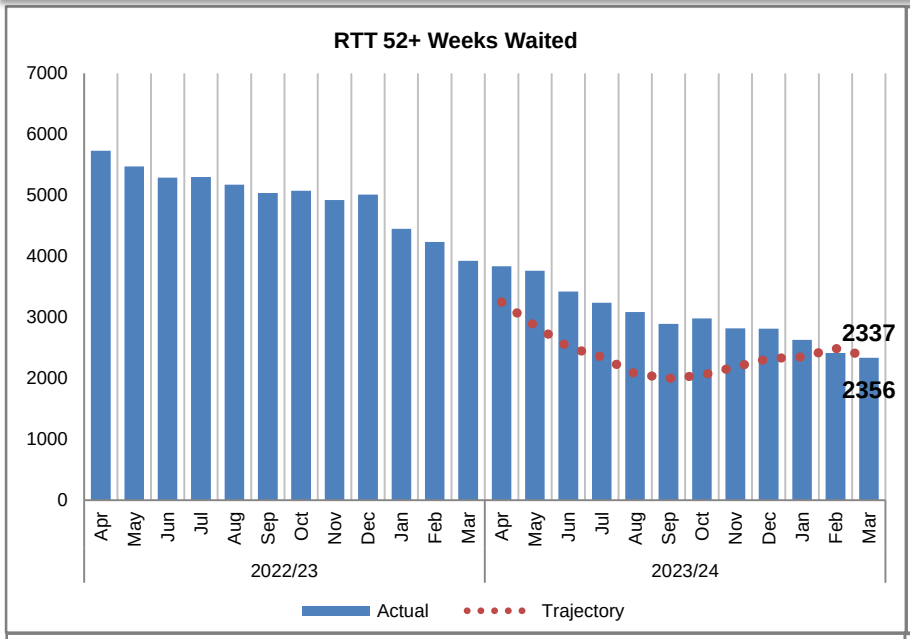


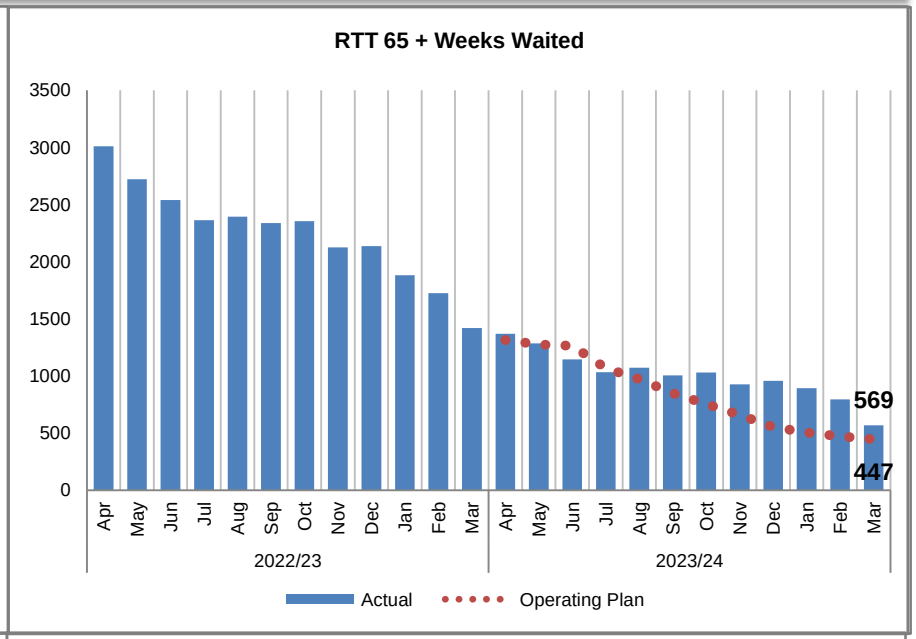


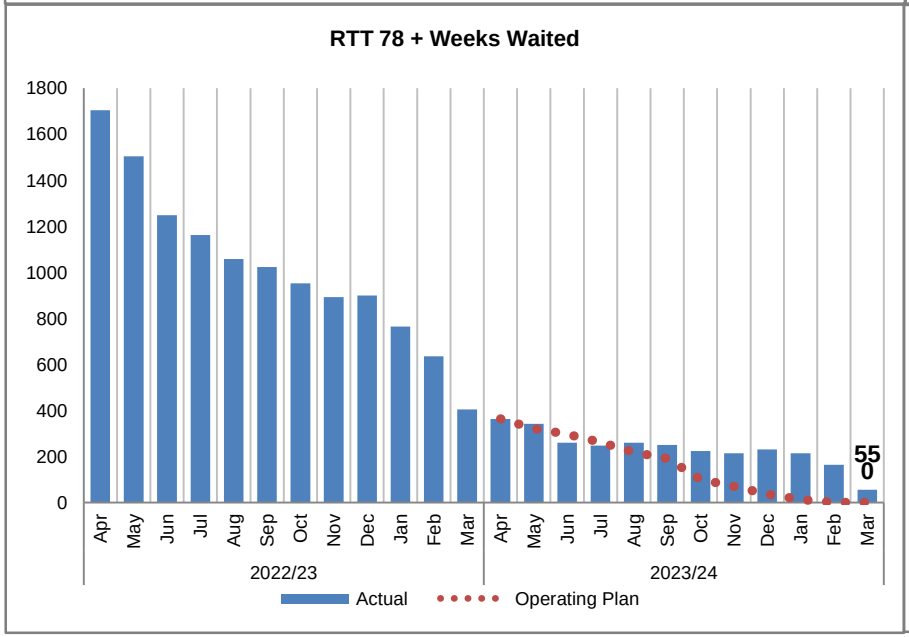
Incomplete pathways: the continued improvement in the overall waiting list is significantly ahead of plan and is contrary to the overall south west position. This shows that at an overall Trust level, capacity is exceeding demand, albeit marginally.

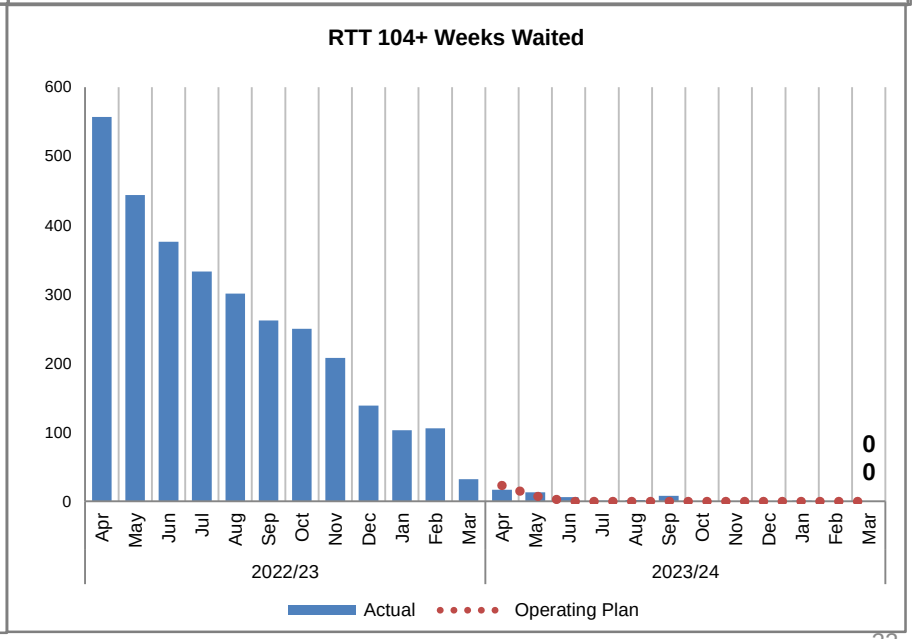
RTT long waits (overleaf): The March position has been particularly strong with improvements across all wait categories. The impact of industrial action in 2023/24 has meant in many cases long waits are higher than planned levels, but performance has been very positive in spite of this impact.

Eastern Services Elective Activity – Long Waiting Patients



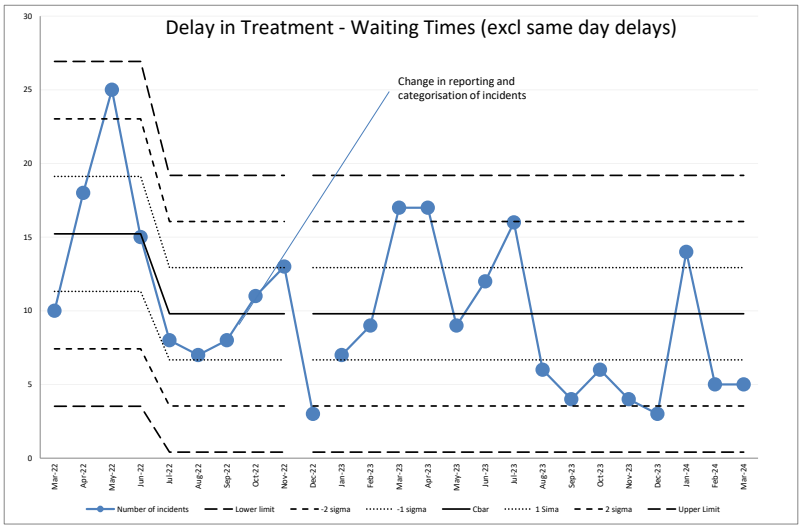






Northern Services - Waiting Well

Within Northern Services there were 10 incidents reported for February and March 2024, which is within normal variation. 8 of these were minor or no harm incidents.



February & March 2024

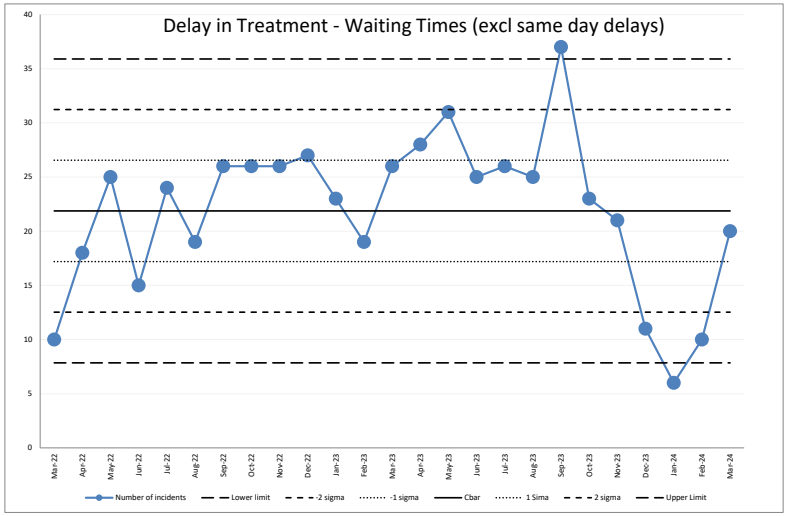
	None	Minor	Moderate	Severe	Fatal	Total
New	2		1			3
Follow-up Delay	1	3	1			5
Surgery						
Diagnostic Request Delay	2					
Total	5	3	2			10

There were two patient safety events which were reported as resulting in moderate harm. One of these is currently under review, as it relates to a delay in initiating treatment, however it is possible that this one week delay has not resulted in any harm to the patient.

The second event involved a patient lost to follow up resulting in a very significant delay. When they were seen in Glaucoma clinic they had experienced a loss in vision, which was not permanent.

Eastern Services Waiting Well

Within Eastern services there were 30 incidents reported for February and March 2024, which is within normal variation. 23 of these were minor or no harm incidents.



February & March 2024

	None	Minor	Moderate	Severe	Fatal	Total
New	3	3	2			8
Follow-up Delay	6	6	3	1		16
Surgery	2	1			1	4
Diagnostic Request Delay	2					2
Total	13	10	5	1	1	30

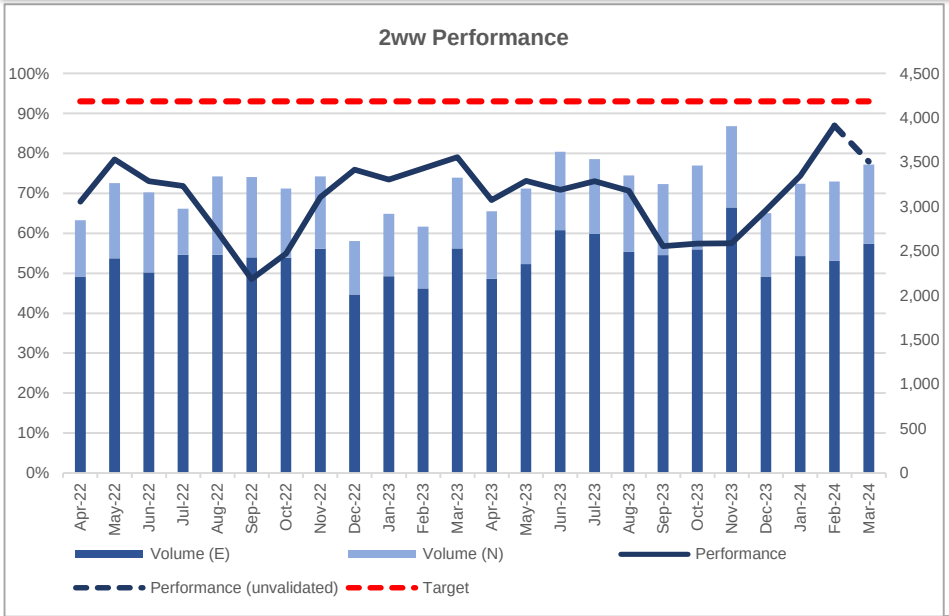
Seven patient Safety events were reported with moderate or greater harm.

Four patient safety events were identified through the cardiology waiting list audit process. The Care Group will undertake a clinical review to establish if these events are linked to their cardiology wait or other factors. In the event of any causal link being identified the Care Group will escalate through the patient safety process so that the appropriate learning response can be implemented.

There were two moderate harm incidents relating to delayed follow-up by rheumatology, both of these have resulted in additional treatment being required, but no longer term harm has resulted.

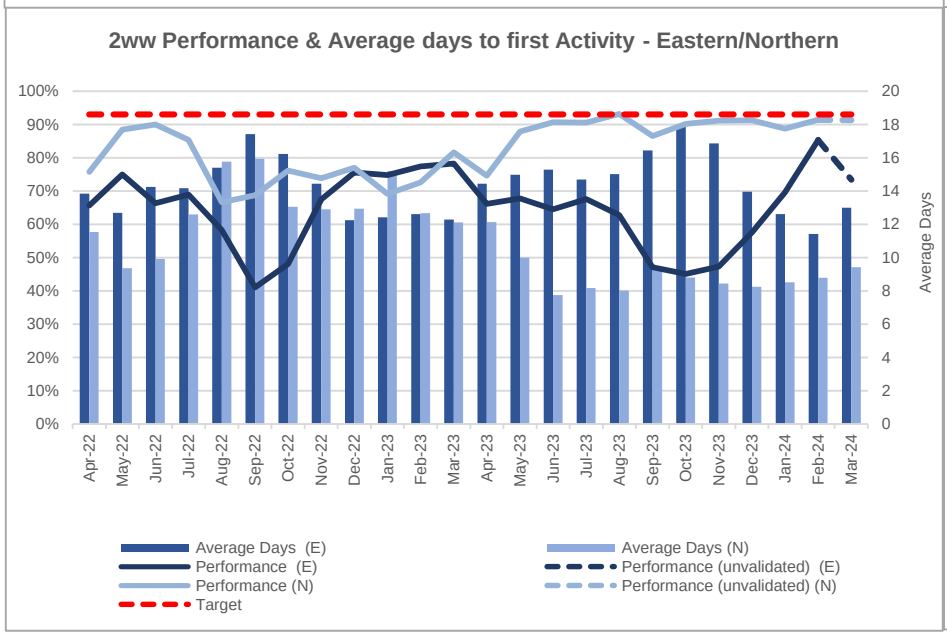
There was a moderate harm event noted by ophthalmology where a patient experienced a non-permanent reduction in visual acuity whilst waiting five weeks longer than expected for a follow up appointment.

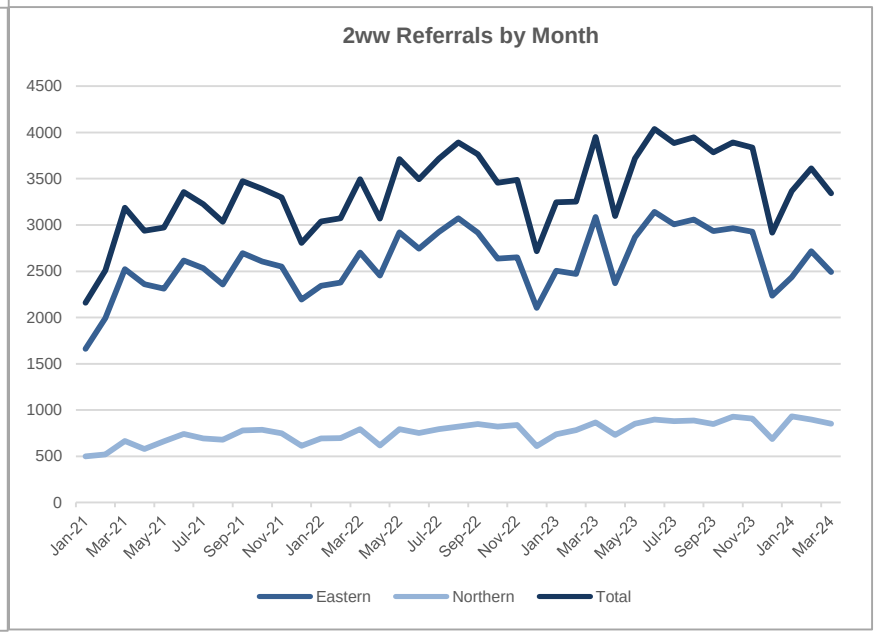
Trust – Cancer – First Appointment



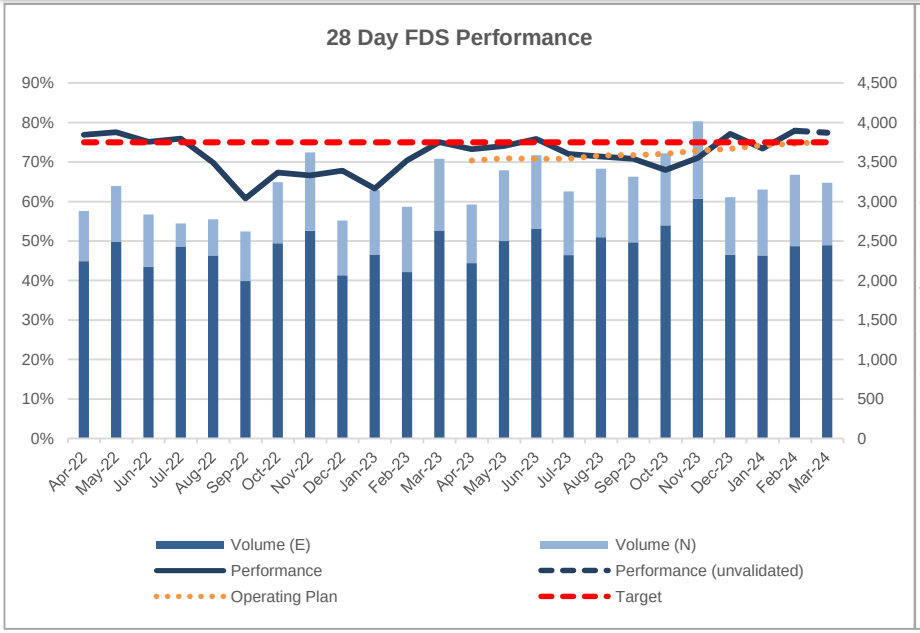
2ww Performance by Tumour Site – March 2024

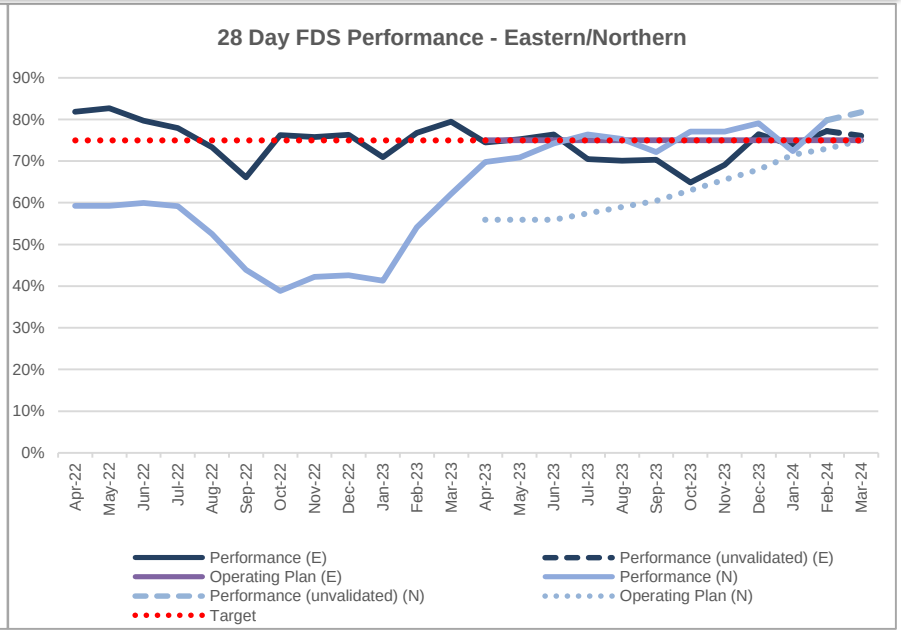
	Eastern		Northern		Trust
Combined Referral Site	**Pts seen**	**Perf.**	**Pts seen**	**Perf.**	**Perf.**
EXHIBITED (NON-CANCER) BREAST SYMPTOMS	35	85.71%	17	88.2%	87.0%
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	21	85.71%	4	100.0%	92.9%
SUSPECTED BREAST CANCER	322	93.79%	139	93.5%	93.7%
SUSPECTED CANCER - NON-SPECIFIC SYMPTOM CLINIC	7	85.71%	14	64.3%	75.0%
SUSPECTED CHILDRENS CANCER	6	83.33%			83.3%
SUSPECTED GYNAECOLOTICAL CANCERS	162	58.02%	70	97.1%	77.6%
SUSPECTED HAEMATOLOGICAL MALIGNANCIES	15	66.67%	2	100.0%	83.3%
SUSPECTED HEAD AND NECK CANCERS	303	72.94%	37	89.2%	81.1%
SUSPECTED LOWER GASTROINTESTINAL CANCERS	407	72.48%	183	95.1%	83.8%
SUSPECTED LUNG CANCER	39	92.31%	18	100.0%	96.2%
SUSPECTED SARCOMAS	104	33.65%			33.7%
SUSPECTED SKIN CANCERS	708	72.46%	276	88.4%	80.4%
SUSPECTED TESTICULAR CANCERS	24	62.50%	3	100.0%	81.3%
SUSPECTED UPPER GASTROINTESTINAL CANCERS	127	88.19%	36	91.7%	89.9%
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	216	67.13%	94	87.2%	77.2%
Total	**2496**	**73.60%**	**893**	**91.3%**	**78.3%**





Trust – Cancer – 28 Day Faster Diagnosis Standard





Eastern FDS Performance by Tumour Site – March 2024

Combined Referral Site	BREACH	PASS	BREACH	PASS
EXHIBITED (NON-CANCER) BREAST SYMPTOMS	1	32	3.03%	96.97%
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	6	13	31.58%	68.42%
SUSPECTED BREAST CANCER	18	301	5.64%	94.36%
SUSPECTED CANCER - NON-SPECIFIC SYMPTOMS	2	4	33.33%	66.67%
SUSPECTED CHILDREN'S CANCER	1		100.00%	0.00%
SUSPECTED GYNAECOLOGICAL CANCERS	64	108	37.21%	62.79%
SUSPECTED HAEMATOLOGICAL MALIGNANCIES	8	10	44.44%	55.56%
SUSPECTED HEAD AND NECK CANCERS	76	256	22.89%	77.11%
SUSPECTED LOWER GASTROINTESTINAL CANCERS	155	224	40.90%	59.10%
SUSPECTED LUNG CANCER	10	33	23.26%	76.74%
SUSPECTED SARCOMAS	37	59	38.54%	61.46%
SUSPECTED SKIN CANCERS	75	638	10.52%	89.48%
SUSPECTED TESTICULAR CANCER	1		100.00%	0.00%
SUSPECTED UPPER GASTROINTESTINAL CANCERS	22	109	16.79%	83.21%
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	109	76	58.92%	41.08%
	585	1863	23.90%	76.10%

Northern FDS Performance by Tumour Site - March 2024

Combined Referral Site	BREACH	PASS	BREACH	PASS
EXHIBITED (NON-CANCER) BREAST SYMPTOMS	3	12	20.00%	80.00%
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS		2	0.00%	100.00%
SUSPECTED BREAST CANCER	8	115	6.50%	93.50%
SUSPECTED CANCER - NON-SPECIFIC SYMPTOMS		1	0.00%	100.00%
SUSPECTED GYNAECOLOGICAL CANCERS	11	48	18.64%	81.36%
SUSPECTED HAEMATOLOGICAL MALIGNANCIES		4	0.00%	100.00%
SUSPECTED HEAD AND NECK CANCERS	7	17	29.17%	70.83%
SUSPECTED LOWER GASTROINTESTINAL CANCERS	52	122	29.89%	70.11%
SUSPECTED LUNG CANCER	7	10	41.18%	58.82%
SUSPECTED SKIN CANCERS	18	231	7.23%	92.77%
SUSPECTED UPPER GASTROINTESTINAL CANCERS	4	31	11.43%	88.57%
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	33	48	40.74%	59.26%
	143	641	18.24%	81.76%

Trust – Cancer – 28 Day Faster Diagnosis Standard

Trust:

- Referral volumes for suspected cancer continue to grow year on year, the Trust observed a 12% increase in referrals between 2021 and 2022 and a further 6% increase 2022 to 2023. To note there is an increase of 11% in Skin, which is one of the high volume tumour sites – performance in this tumour site will impact on overall Trust performance.

- The 2 week wait target is no longer reported nationally, but is however is a helpful internal measure of the timeliness of first pathway activity. Performance for 2ww has improved significantly over the last few months from 65.80% in December 2023 to 86.97% in February 2024

- Submitted Faster Diagnosis Standard for February 2024 was reported above the 75% standard at 77.93%, provisional March data indicates a similar level of achievement.

Northern:

- Over the last four months, the average wait to first appointment across all tumour sites has been around 9 days following an improvement drive earlier in the year. Teams continue to work towards an internal target of 7 days to first appointment.

- The improvement in time to first appointment has had a direct impact on 28 day performance which saw a sustained improvement from 41% in January 2023 to 79.84% in February 2024.

- Challenges with diagnostic turnaround times for Endoscopy, Radiology and Pathology impacts 28 day FDS, across all tumour groups. Endoscopy turnaround times have significantly reduced over the last year and continue to improve, facilitating improving performance in Lower and Upper GI. Approval is awaited for a planned extension to the NDDH endoscopy unit which will create an additional procedure room.

- Gynaecology performance has been challenged over recent months, with delays for Hysteroscopy and Histopathology. However, the additional activity including Hysteroscopy lists funded by the Cancer Alliance have had a positive impact with provisional performance for March above the 75% target. Further pathway improvement work is underway following a deep dive review.

- Urology performance remains challenged due to staffing pressures and diagnostic capacity. Finalisation of the UAN discussions and on-call arrangements will support future planning. A review into the Bladder pathway is due in quarter one of 2024/25 which will support future areas for improvement. Regional pathway work is also on-going.

- Work to improve turnaround times within Radiology and Histopathology continues. This includes additional WLI activity within Histopathology, additional outsourcing for Radiology activity and a 3 month pilot to outsource 24 hour Radiology reporting, funded by the Cancer Alliance.

Trust – Cancer – 28 Day Faster Diagnosis Standard

Eastern:

- Urology performance is linked to turnaround times for Histology tests and in Radiology for MpMRI, as well as waiting times for TP Biopsy. Regional On Call Pressures in the Urology service have led to a reduction in the ability to provide additional activity, however recruitment to support On Call is underway. A review is under way of the 'referral to TP results pathway' to identify potential solutions shorten the time from referral to diagnosis, this includes Cancer Nurse Specialist led referral triage service for all prostate referrals.

- Gynaecology performance is challenged due to a national increase in 2 week wait referrals combined with long-term staff sickness. Additional activity, funded by the Cancer Alliance is in place to clear the backlog of patients waiting. In addition outsourcing is in place to reduce the hysteroscopy backlog, funded by the Cancer Alliance and planned to commence from April 2024. An additional Gynaecology Oncology Consultant is due to start in March 2024 and a Locum is due to start in April for 3 months. The team are reviewing the potential for a one stop service at the Nightingale.

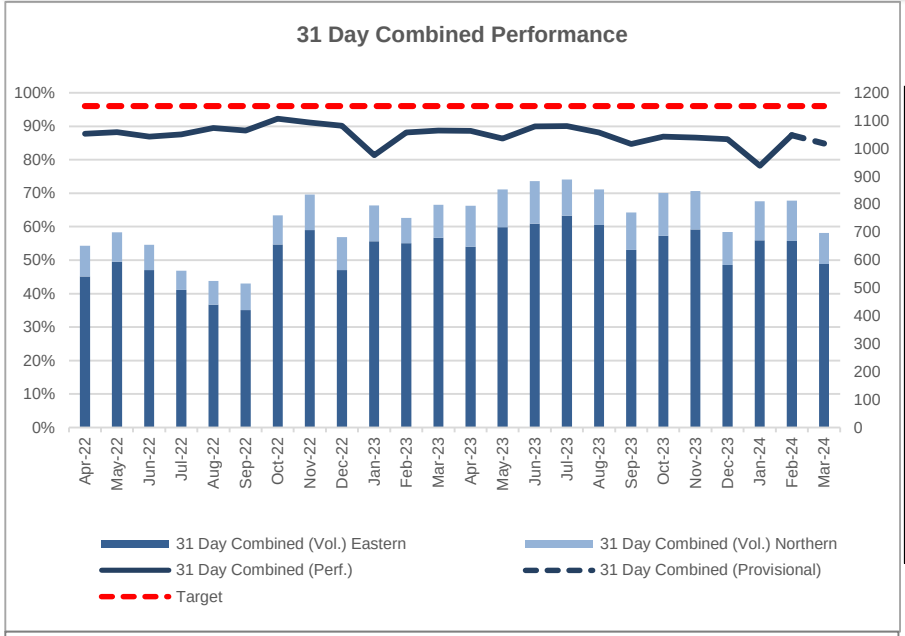
- Lower GI performance has improved with the increase in endoscopy capacity provided in Tiverton. The consultant workforce has increased, with successful recruitment in January 2024 of two permanent ERF funded posts. This will provide the additional capacity needed to implement a new on call rota in June 2024, which will release specialist cancer Consultants for consistent access to theatre. The new theatre schedule is due to be implemented in June 2024.

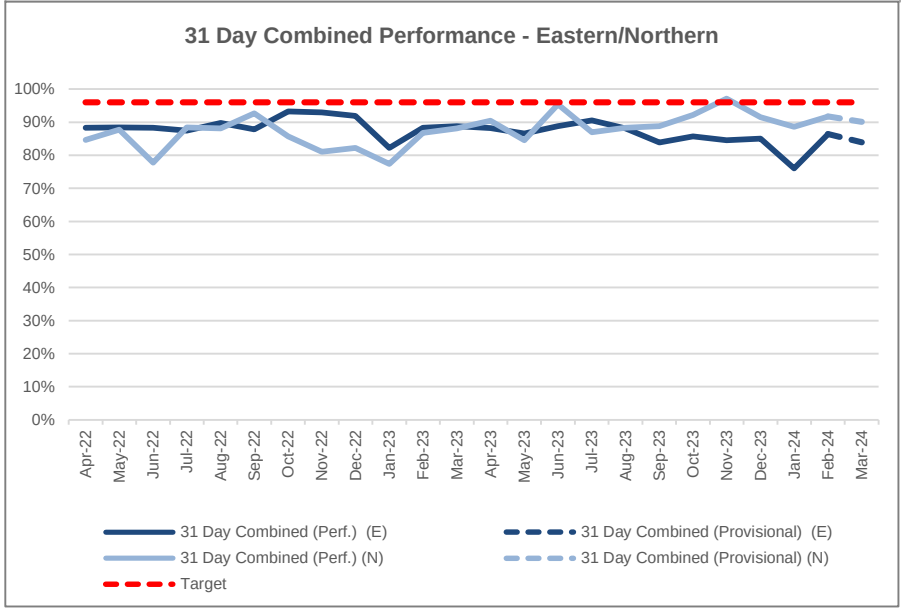
- Sarcoma performance is impacted by a complex diagnostic pathway. Delays to ultrasound are under review. Work is underway to introduce a one stop pathway at the Nightingale, with a potential to go live in July 2024.

- Histology and Radiology services are utilising outsourcing to improve test result turn-around times, which is being supported by funds from the Cancer Alliance. However, the average wait for MRI is currently two weeks due to capacity constraints (particularly impacting prostate patients) - target turnaround time is 7 days.

- Dermatology referrals have stabilised following exceptional seasonal highs in the summer, however there is a backlog of patients waiting for treatment. Demand/capacity mapping is underway to review referral growth (expected to increase from May 2024). The Cancer Alliance have funded 6 additional weekend lists to reduce the treatment backlog. The team are exploring the potential for a 'See & Treat' service at the Nightingale.

Trust – Cancer – 31 Day Treatment Standard

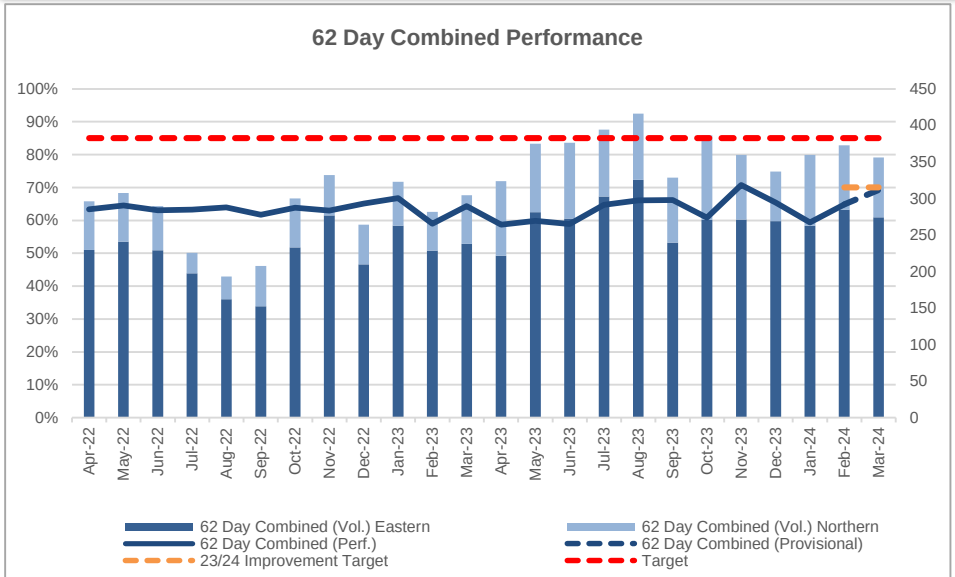




31 Day Performance by Tumour Site – March 2024:

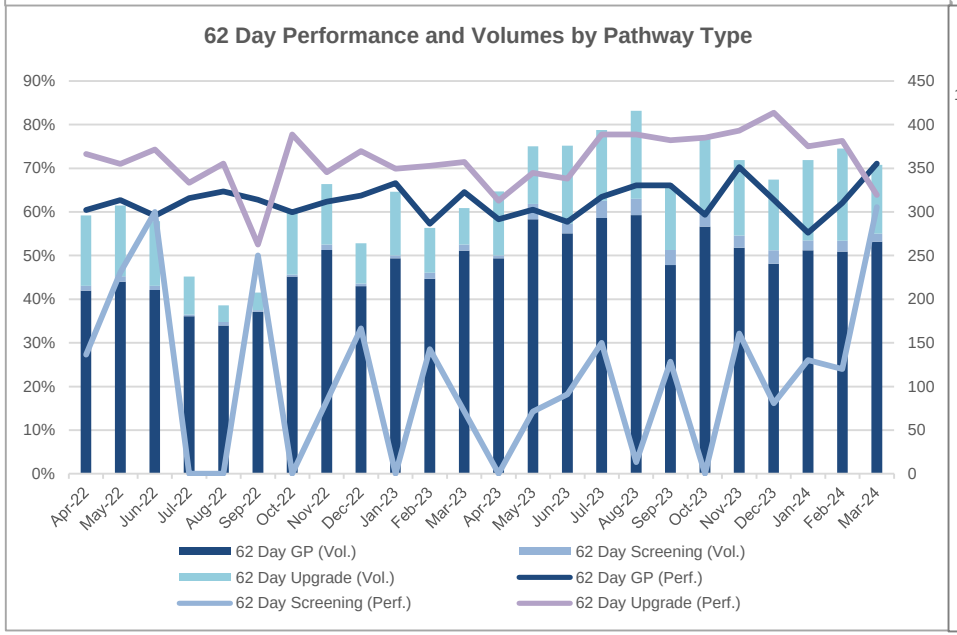
	Eastern		Northern		Trust
Managing Tumour Group	**Pts Treat**	**Perf.**	**Pts Treat**	**Perf.**	**Perf.**
Brain/Central Nervous System	4	100.00%			100.0%
Breast	125	87.20%	17	70.6%	78.9%
Gynaecology	36	91.67%	3	100.0%	95.8%
Haematology	39	100.00%	9	100.0%	100.0%
Head & Neck	27	100.00%	2	100.0%	100.0%
Lower Gastrointestinal	36	91.67%	22	95.5%	93.6%
Lung	33	100.00%	4	100.0%	100.0%
Other	3	100.00%	1	100.0%	100.0%
Sarcoma	12	91.67%			91.7%
Skin	135	61.48%	51	86.3%	73.9%
Thyroid/Endocrine	6	83.33%			83.3%
Upper Gastrointestinal	18	94.44%	8	100.0%	97.2%
Urology	138	84.78%	8	87.5%	86.1%
Grand Total	**612**	**83.99%**	**125**	**88.80%**	**84.78%**

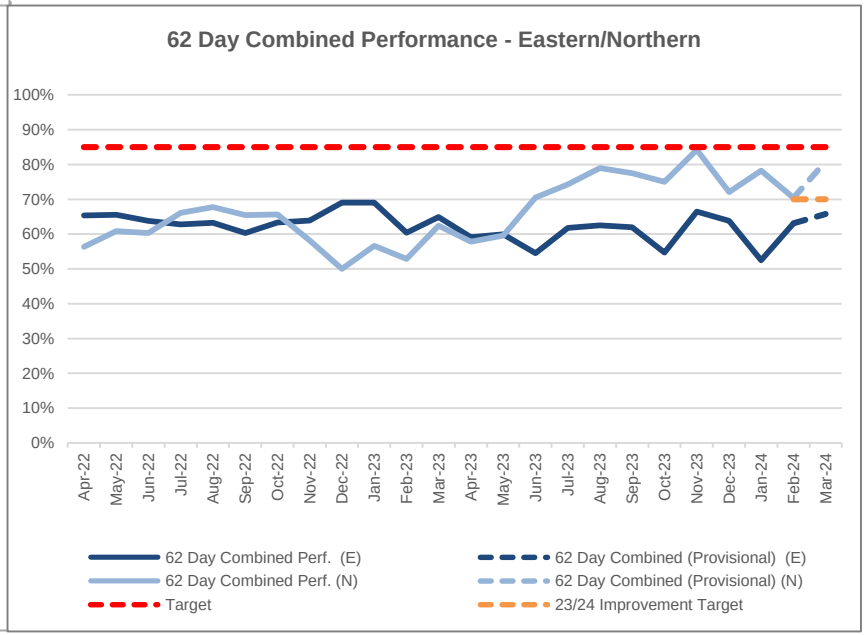
Trust – Cancer – 62 Day Treatment Standard



62 Day Tumour Site breakdown – March 2024

	Eastern		Northern		Trust
Managing Tumour Group	Pts Treat	Perf.	Pts Treat	Perf.	Perf.
Breast	37	71.6%	9	66.7%	70.7%
Gynaecology	14	67.9%	2	50.0%	65.6%
Haematology	14	50.0%	3	66.7%	52.9%
Head & Neck	12.5	40.0%			40.0%
Lower Gastrointestinal	20	55.0%	13	69.2%	60.6%
Lung	21	61.9%	5	80.0%	65.4%
Other			1	100.0%	100.0%
Skin	68	83.8%	33.5	97.0%	88.2%
Thyroid/Endocrine	1	100.0%			100.0%
Upper Gastrointestinal	12	75.0%	9	77.8%	76.2%
Urology	70.5	57.4%	6.5	46.2%	56.5%
Grand Total	270	**65.9%**	82	**79.9%**	**69.6%**





Trust – Cancer

Trust:

- Combined 31 Day performance for February 2024 was reported at 87.35%, below the 96% national standard, unvalidated performance for March 2024 shows a slight deterioration to 84.7%, however this will be subject to further validation.
- Combined 62 Day performance for February 2024 was reported at 64.83%, with an unvalidated March 2024 position of 69.6%.
- Oncology capacity for consultant appointments and radiotherapy delivery are one of the most significant risks that is impacting both sites and contributing to 31 day and 62 day breaches.
- 62 day Backlog – the year end position for the cancer 62 day backlog was reported at 151 which is below the Trust year end trajectory and fair shares target of 198. Significant work by the teams over the last 4 weeks resulted in a reduction of over 130 long waiting pathways since the end of February.
- The Trust undertook a deep dive into cancer pathway delivery, following on from a similar exercise carried out in January 2023, which highlighted key areas of success and areas requiring improvement, as well as identifying investment need in staffing and the estate. This was presented to the Board in March 2024.

Northern:

- Delays in the initial diagnostic phase of pathways coupled with waiting times for further diagnostic tests and imaging to stage disease and plan treatment impact on achievement of the 62 day standard. These include interventional radiology, pathology and PET scans provided by Alliance Medical (notably PSMA PET for prostate cancer staging)
- Challenges within the oncology workforce, especially for breast, are leading to delays which impact 31 and 62 day performance.
- Delays with genomic tests provided by South West Genomic Laboratory Hub impacts on treatment times, most significantly for Lung patients. A working group has been established to review this and minimise delays.
- Skin capacity for more complex treatments remains challenged due to on-going staff sickness. This has resulted in a increase in the number of 31 day breaches and represents a high proportion of 31 day breaches for Northern services.

Trust – Cancer

Eastern:

- Theatre capacity remains a significant challenge across all specialties – however a new theatre schedule is due in June 2024, which will address access issues for cancer specialties. Lower GI (complex procedures) and Urology waiting times for surgery are currently at 6-8 weeks. Additional theatre agency staff have been funded by Cancer Alliance to support staffing pressures in theatres until March 2024.

- There are delays in Oncology outpatients (pre-treatment) for Lung and Head & Neck, due to consultant vacancies. Patients are being booked according to clinical priority.

- There are significant challenges within Radiotherapy due to staffing vacancies, (this is a national issue) combined with an increase in demand. This has seen waits increase for initial outpatient treatment appointment to 5 weeks. The service have had to reduce to 2.5 LINAC usage – which will continue for 2 ½ months. Recruitment is underway (successfully) and staff are working overtime to support delivery of the service.

- The service re-advertised for Consultant Oncologists (3 WTE vacancies) and interviewed in January – with 1.5 WTE successful candidates recruited.

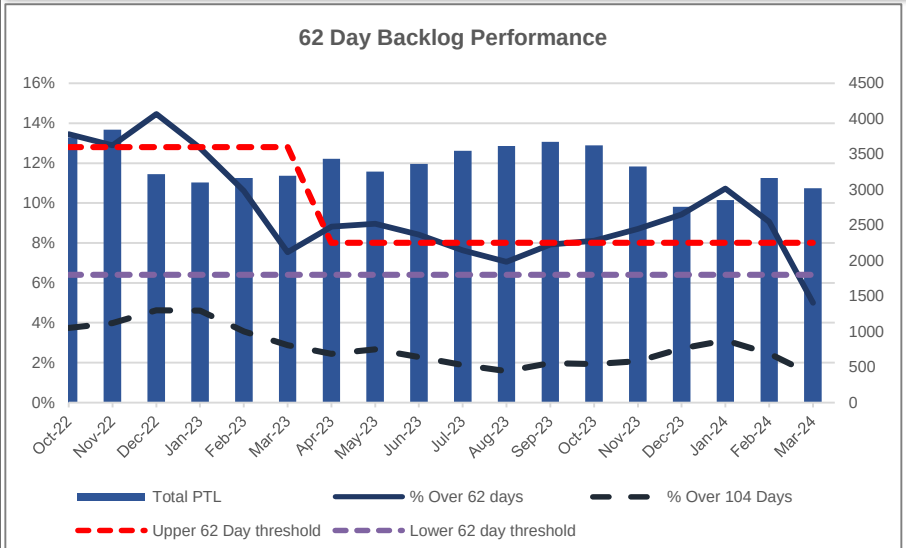
- Performance in Breast is recovering, A review of the Breast Screening pathway is underway to explore opportunities to improve performance in this pathway.

- Additional capacity for SLNB procedures at Heavitree Hospital commenced in March 2024, improving performance for skin cancer patients requiring this procedure from Plastic Surgery.

- Urology are undertaking a number of additional insourcing weekend robotic operating lists throughout April (assuming Anaesthetic cover is available) to reduce the current backlog of RAPNs and RALPs.

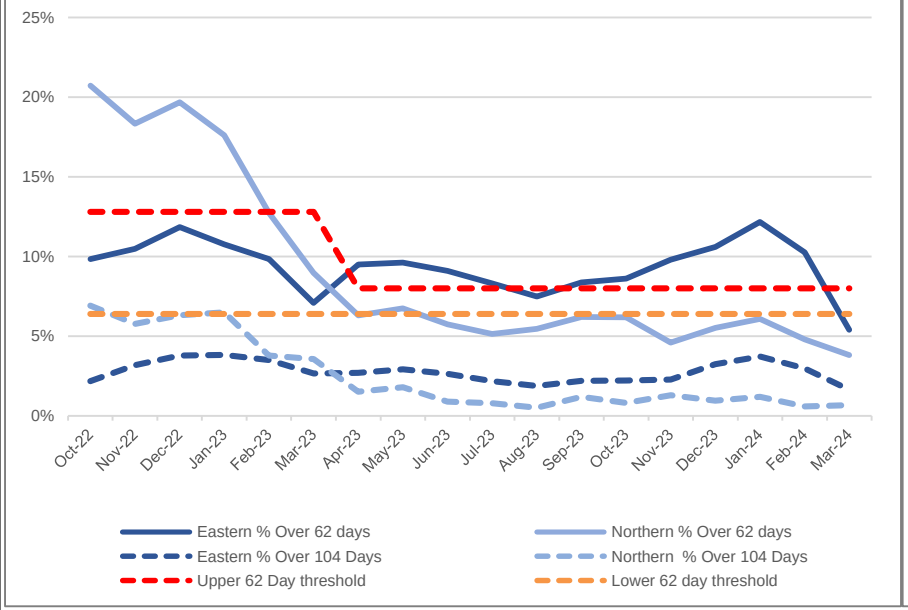
- Skin 31 and 62 day performance has been affected by the increase in referrals over the summer, and the resulting impact on capacity to deliver treatment procedures. Additional activity to recover this position took place in February and March.

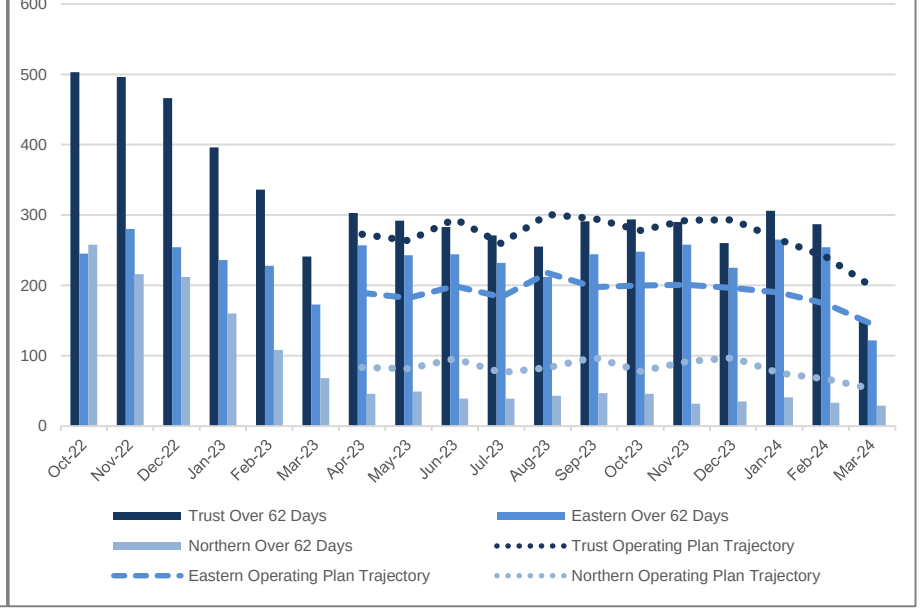
Trust – Cancer – 62 Day Cancer Backlog



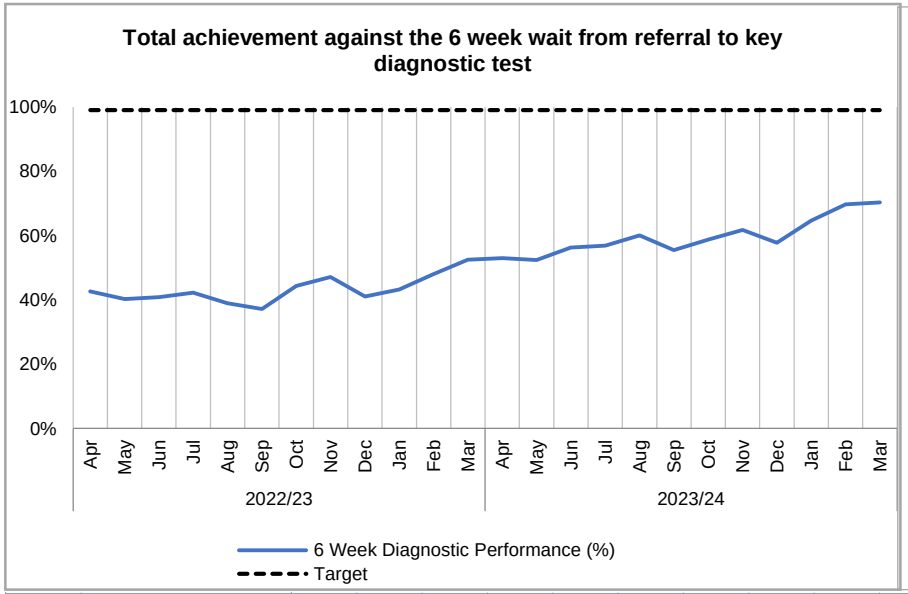
NB. March backlog position as at 01/04/2024

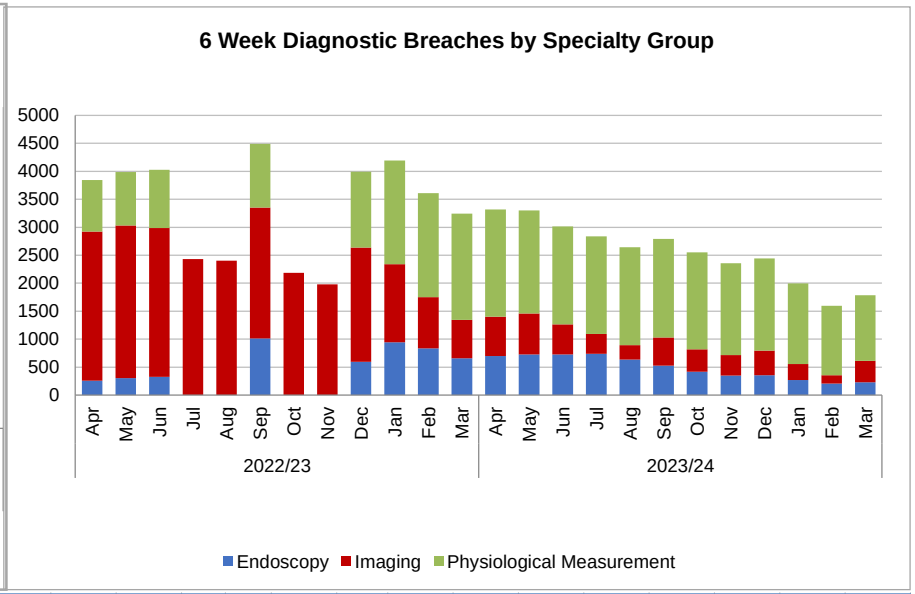
	Total					ES					ES				
	Total	>62 Days	>104 Days	%62 Days	%104 Days	Total	>62 Days	>104 Days	%62 Days	%104 Days	Total	>62 Days	>104 Days	%62 Days	%104 Days
Brain	27	2	1	7.4%	3.7%	22	1	1	4.5%	4.5%	5	1	0	20.0%	0.0%
Breast	251	3	1	1.2%	0.4%	178	1	0	0.6%	0.0%	73	2	1	2.7%	1.4%
Children's	1	0	0	0.0%	0.0%	1	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%
Gynaecology	258	9	0	3.5%	0.0%	195	8	0	4.1%	0.0%	63	1	0	1.6%	0.0%
Haematology	20	3	1	15.0%	5.0%	12	3	1	25.0%	8.3%	8	0	0	0.0%	0.0%
Head and Neck	224	10	2	4.5%	0.9%	187	10	2	5.3%	1.1%	37	0	0	0.0%	0.0%
Colorectal	531	30	5	5.6%	0.9%	346	20	4	5.8%	1.2%	185	10	1	5.4%	0.5%
Lung	58	8	2	13.8%	3.4%	38	5	2	13.2%	5.3%	20	3	0	15.0%	0.0%
Sarcoma	114	10	3	8.8%	2.6%	114	10	3	8.8%	2.6%	0	0	0	0.0%	0.0%
Skin	870	23	8	2.6%	0.9%	664	18	8	2.7%	1.2%	206	5	0	2.4%	0.0%
Upper GI	203	12	0	5.9%	0.0%	185	12	0	6.5%	0.0%	18	0	0	0.0%	0.0%
Urology	431	41	19	9.5%	4.4%	309	34	16	11.0%	5.2%	122	7	3	5.7%	2.5%
Other	31	0	0	0.0%	0.0%	9	0	0	0.0%	0.0%	22	0	0	0.0%	0.0%
Non site specific Symptoms	1	0	0	0.0%	0.0%	1	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%
Total	**3020**	**151**	**42**	**5.0%**	**1.4%**	**2261**	**122**	**37**	**5.4%**	**1.6%**	**759**	**29**	**5**	**3.8%**	**0.7%**





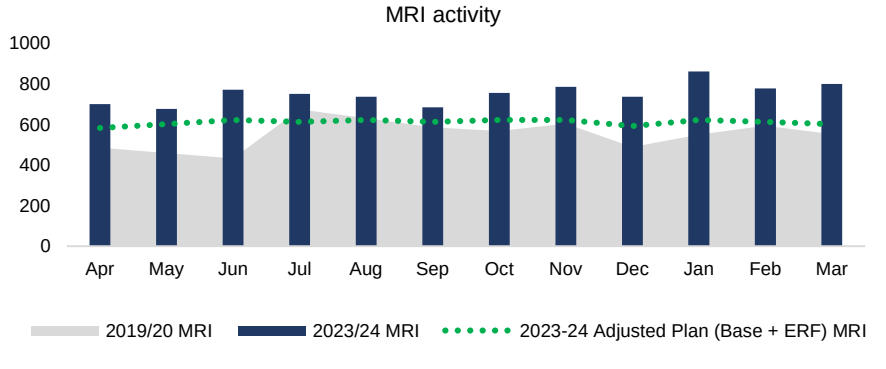
Northern Services Diagnostics - *Fifteen key diagnostic tests*

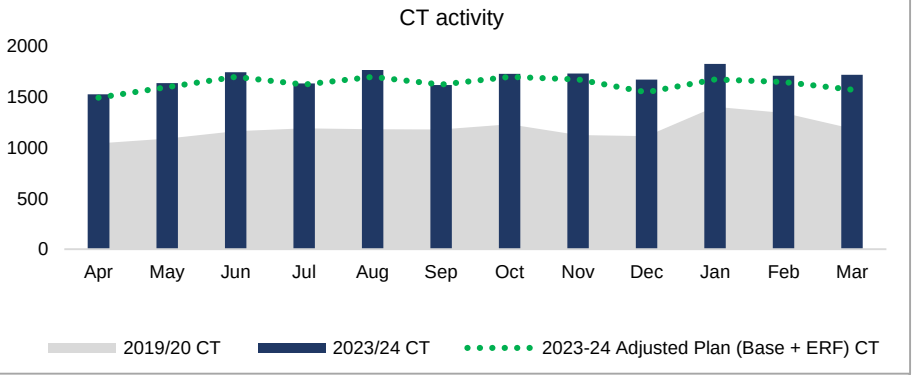


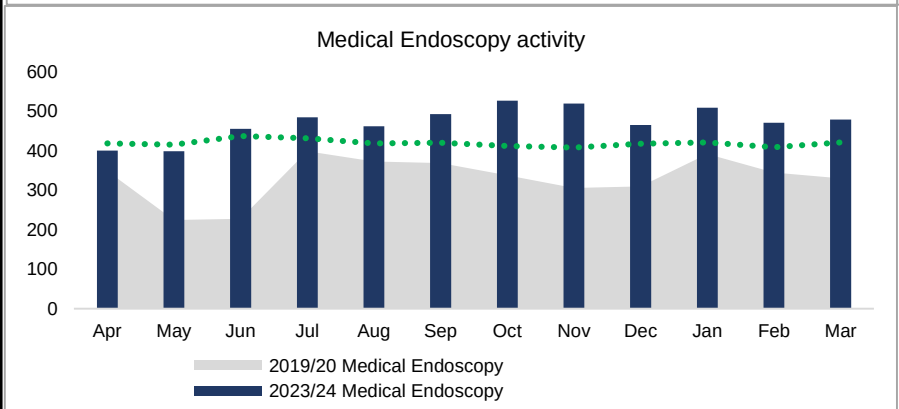


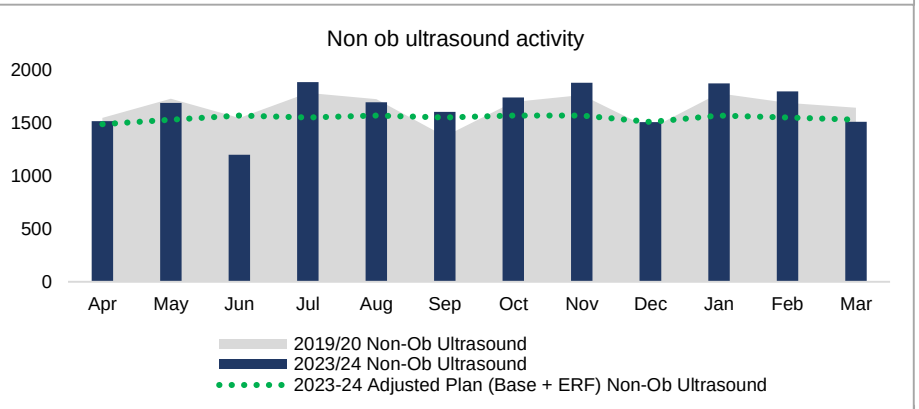
		Achievement against the 6 week wait from referral to key diagnostic test																						
Area	Diagnostics by Specialty	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Imaging	Magnetic Resonance Imaging	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%	96.9%	97.6%	98.4%	97.7%	98.5%	98.9%	99.2%	99.4%	99.1%	99.0%	99.5%	99.7%	96.1%	97.3%	97.9%
	Computed Tomography	55.6%	55.2%	64.7%	65.2%	56.1%	66.8%	81.9%	76.3%	75.2%	78.4%	87.6%	95.3%	95.6%	94.3%	95.9%	93.2%	90.9%	83.1%	85.8%	85.3%	80.3%	84.4%	90.3%	97.1%
	Non-obstetric ultrasound	35.2%	32.9%	30.9%	33.1%	35.2%	35.2%	35.8%	40.9%	36.2%	54.9%	86.1%	88.1%	85.9%	80.6%	85.7%	92.0%	96.1%	76.7%	79.3%	80.7%	73.5%	81.9%	90.6%	74.7%
	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DEXA Scan	11.6%	10.7%	10.5%	11.5%	14.6%	13.8%	14.5%	17.9%	14.3%	15.7%	19.8%	27.8%	29.2%	27.9%	37.0%	49.5%	60.3%	49.8%	64.7%	74.4%	62.3%	94.8%	97.0%	86.1%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%							100.0%	100.0%	99.1%	97.3%	94.8%	97.7%	93.5%	94.7%	98.6%	99.7%	99.1%	99.2%	99.4%	98.6%	98.3%
	Cardiology - echocardiography	31.4%	26.6%	28.3%						27.9%	18.6%	23.0%	23.4%	25.2%	24.4%	28.2%	27.4%	27.8%	22.5%	25.1%	25.5%	24.9%	28.4%	36.0%	38.2%
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	96.3%	96.8%	92.5%			88.5%			97.9%	93.8%	99.1%	96.3%	91.2%	97.2%	98.9%	93.2%	96.8%	72.2%	77.6%	76.8%	93.9%	90.2%	61.0%	71.9%
	Respiratory physiology - sleep studies	22.5%	34.3%	30.8%			17.4%			64.8%	52.3%	42.5%	26.4%	28.6%	41.7%	42.9%	39.1%	31.0%	32.8%	35.2%	35.5%	31.1%	24.7%	37.8%	32.4%
	Urodynamics - pressures & flows	20.4%	25.4%	23.3%			1.4%			39.4%	30.8%	46.2%	35.7%	27.9%	51.5%	37.5%	53.8%	47.7%	24.2%	20.0%	21.3%	5.5%	35.4%	23.8%	34.3%
Endoscopy	Colonoscopy	62.3%	48.6%	43.8%			27.6%			30.6%	32.7%	34.2%	39.5%	37.7%	36.8%	34.6%	27.9%	32.4%	34.1%	38.3%	50.5%	50.0%	71.4%	79.1%	74.0%
	Flexi sigmoidoscopy	64.8%	71.8%	70.3%			28.5%			42.9%	30.9%	29.7%	40.1%	42.8%	39.0%	44.9%	34.7%	44.3%	42.5%	67.9%	80.3%	57.3%	74.7%	88.7%	76.6%
	Cystoscopy	67.0%	75.6%	73.3%			59.8%			74.4%	42.6%	48.4%	83.3%	81.3%	88.9%	91.8%	80.2%	86.7%	85.0%	74.2%	61.4%	56.0%	47.8%	54.8%	72.4%
	Gastroscopy	70.9%	61.9%	60.8%			53.1%			44.9%	39.1%	41.3%	48.2%	41.9%	37.6%	40.9%	40.7%	45.7%	41.5%	53.2%	59.7%	61.5%	72.2%	73.9%	72.3%
Total		42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%	43.2%	48.0%	52.5%	53.0%	52.4%	56.3%	56.9%	59.8%	55.5%	58.7%	61.7%	57.8%	64.6%	69.8%	70.3%

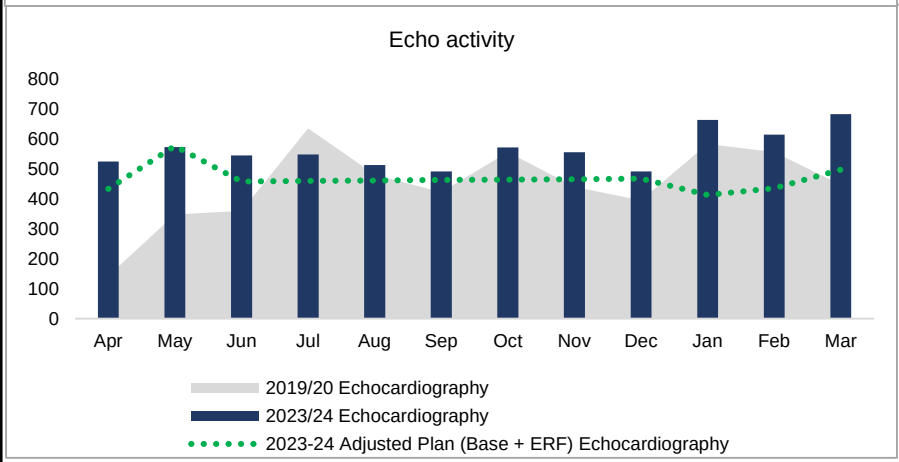
Northern Services Diagnostics - *Diagnostic activity compared to plan across key diagnostics modalities*











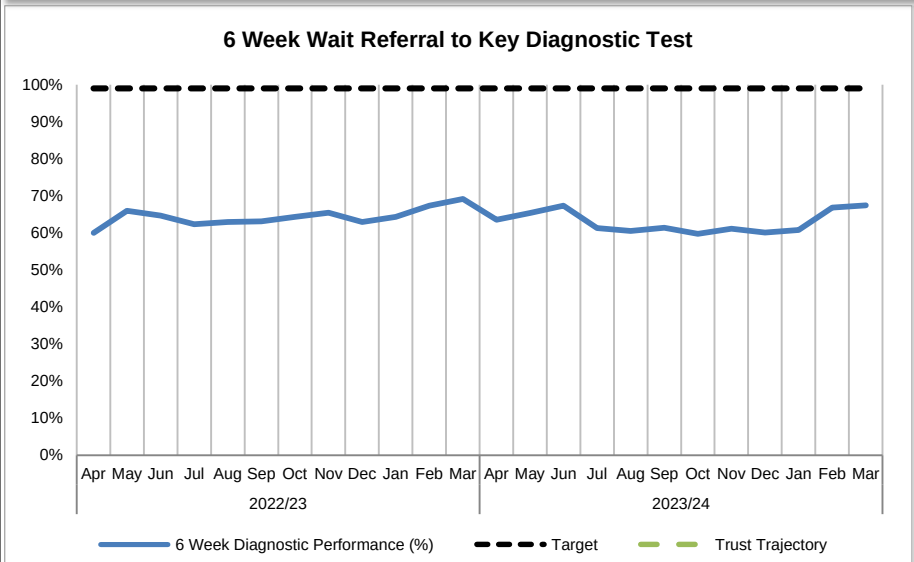
Northern Services Diagnostics

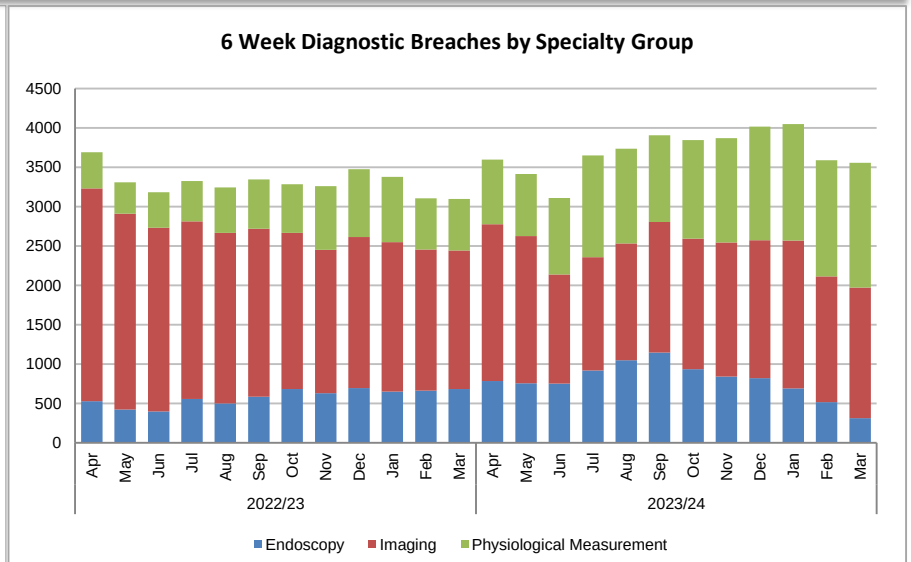
- **MRI –** MRI activity is above plan and performance is being maintained. A change to prostate scanning will impact on capacity and therefore performance, increased costs and additional time that is required for scanning has been incorporated into 24/25 planning
- **CT – Non-Cardiac CT –**We have increased capacity in planning for 23/24 to meet demand and currently performance is stable and consistently above 90-95%
- **Cardiac CT** - We continue to work with our colleagues across site to align resources and monitor performance. Also some changes to delivery for 24/25 will support North Devon patients who are unable to travel
- **U/S-** We have been able to continue to provide some internal lists over weekends. However performance is still significantly affect by leave, bank holidays and sickness. Working towards the ERF supporting a substantive member of staff which would prove more reliable and better value for money per scan compared to outsourcing options.
- **Endoscopy** -Consultant Gastroenterologist vacancies remains a key constraint, one new consultant started in-post in early October A transnasal endoscopy service has been insourced since September (one day per week). TNE insourcing has now ceased and this service will now be provided internally.
- **Echocardiogram** – Despite increasing the capacity the Inpatient demand for ECG continues to outstrip capacity. Funding has been secured from NHS England which will be used to recruit an additional Echo-cardiographer to carry out Inpatient Echo's.
- **DXA –**The contract with Taunton for one list per month continues until June 2024. Performance has declined due to long term sickness, on return this should pick up very quickly.
- **Sleep Studies –** There has been a decrease in activity during March due to sickness within the team and the bank holiday weekend.
- **Urodynamics –** There has been a decrease in activity during March due to Consultant annual leave. A substantive member of staff is also being trained and this should provide additional activity from May.
- **Barium Enema/swallow** – small numbers, at present 100%

As part of the Trust's Improvement Programme, a diagnostic improvement workstream has been commenced and efforts are being made to equalise waits across sites.

Eastern Services Diagnostics

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

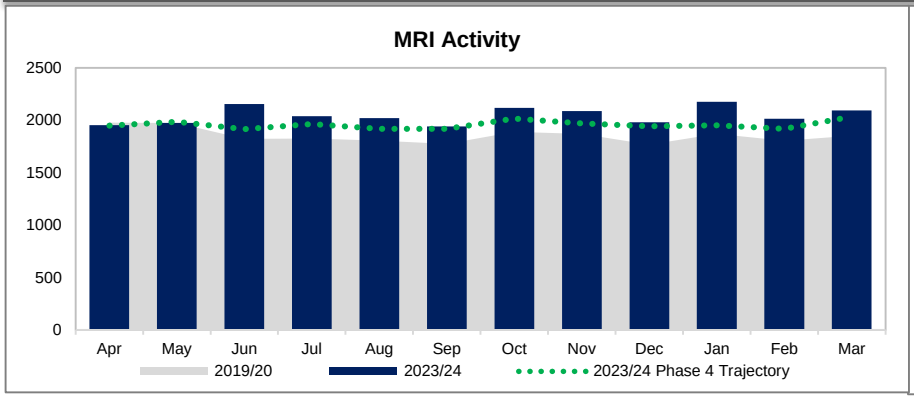


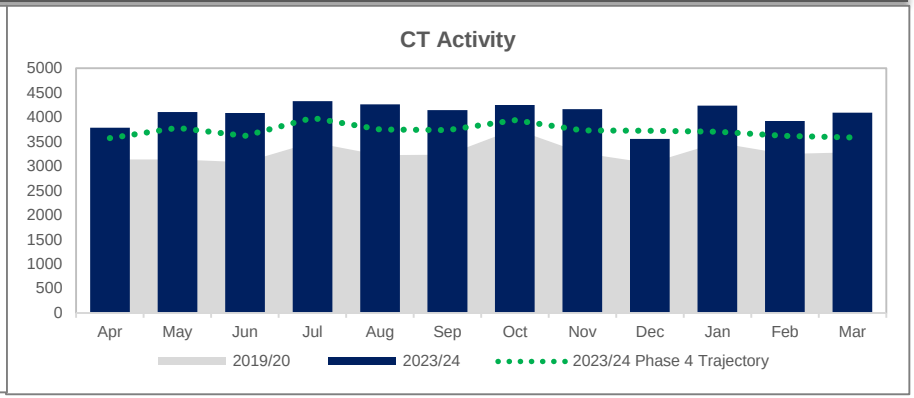


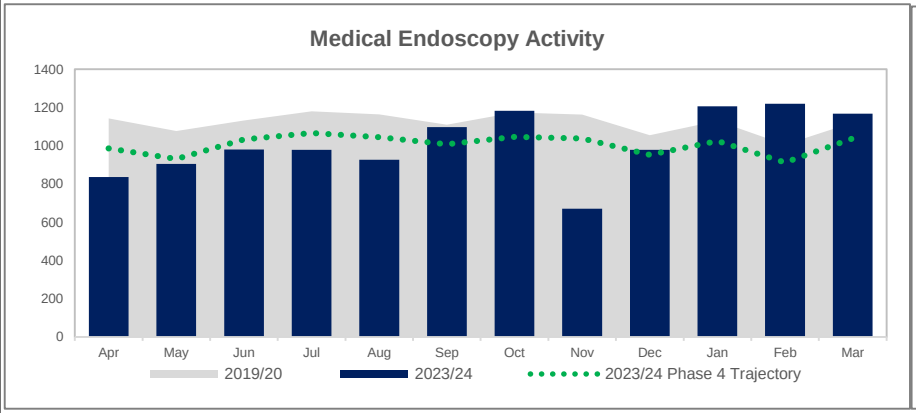
Area	Diagnostics By Specialty	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Endoscopy	Colonoscopy	50.1%	49.2%	53.1%	41.9%	48.2%	38.1%	51.8%	58.3%	52.8%	55.9%	72.0%	73.2%
	Cystoscopy	75.2%	73.6%	73.5%	76.5%	57.9%	59.4%	55.4%	44.3%	47.3%	51.4%	51.5%	76.8%
	Flexi Sigmoidoscopy	51.1%	54.5%	51.4%	43.4%	42.6%	33.7%	43.4%	35.4%	34.5%	51.1%	69.0%	70.4%
	Gastroscopy	66.3%	70.3%	97.4%	69.8%	66.3%	57.9%	58.0%	63.2%	65.8%	72.7%	80.8%	83.0%
Imaging	Barium Enema	-	-	-	-	-	-	-	100.0%	100.0%	97.5%	92.7%	84.8%
	Computed Tomography	82.5%	79.5%	77.4%	76.5%	81.5%	99.8%	99.0%	99.3%	99.3%	98.9%	99.6%	96.6%
	DEXA Scan	98.9%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	99.1%	98.8%	100.0%	100.0%
	Magnetic Resonance Imaging	66.6%	68.8%	72.8%	69.8%	69.3%	72.0%	65.9%	69.0%	66.5%	62.5%	65.6%	66.2%
	Non-obstetric Ultrasound	59.9%	63.8%	70.9%	70.4%	66.6%	70.2%	69.1%	71.0%	68.4%	70.8%	77.0%	77.5%
Physiological Measurement	Cardiology - Echocardiography	61.7%	66.1%	58.8%	43.2%	44.7%	48.0%	46.4%	44.7%	40.5%	41.7%	49.0%	46.0%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	59.3%	62.1%	67.6%	41.5%	37.5%	78.5%	39.8%	60.7%	75.8%	56.0%	56.6%	55.5%
	Respiratory physiology - sleep studies	65.5%	60.7%	61.4%	53.9%	47.0%	44.4%	45.5%	44.2%	35.5%	43.4%	47.4%	41.5%
	Urodynamics - pressures & flows	36.8%	36.8%	27.3%	29.2%	21.3%	20.0%	24.1%	16.1%	6.5%	38.0%	22.4%	22.4%
Total		63.6%	65.4%	67.4%	61.3%	60.6%	61.4%	59.8%	61.1%	60.1%	60.8%	66.9%	67.5%

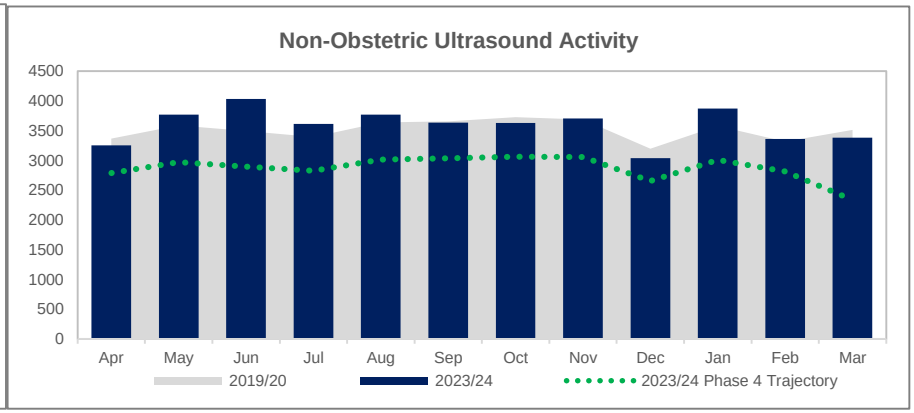
Eastern Services Diagnostics

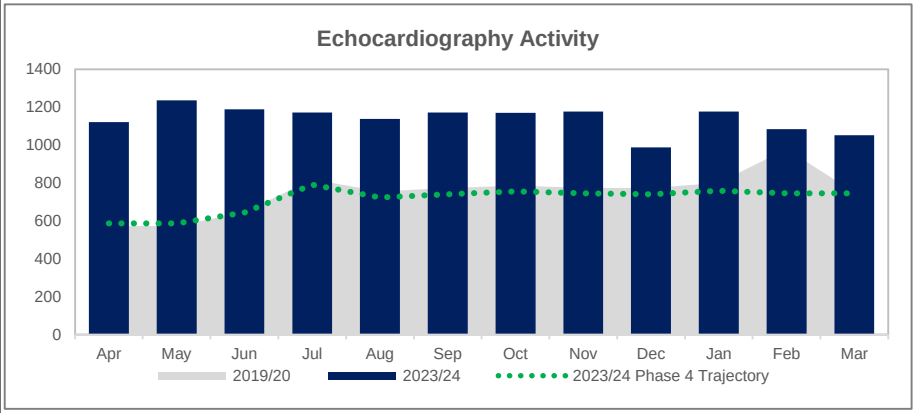
Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests











Eastern Services Diagnostics

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

At the end of March, 67.5% of patients were waiting less than 6 weeks, representing 92 fewer patients than at the end of January.

CT

- Despite a temporary decrease in waits during the month of February, the waiting list for CT at the end of March remains in a similar position when compared to the last IPR in January
- Activity levels have stabilised over the past three months although trajectories currently predict an increase of around 7 extra patients per week, which is due to an increase in referrals for non-cardiac CT
- Breaches for non-cardiac CT remain in single figures; breaches for cardiac CT have seen a small increase, reaching 22 breaches at the end of March. Whilst this is an improved position compared to highs of c250 throughout the summer of 2023, the department are monitoring this closely and are in the process of organising meetings with Cardiology to agree actions, ensuring these breaches do not escalate

MRI

- MR performance continued to see a gradual deterioration over February and March, notably within the non-cardiac unplanned waiting list. Referrals into this area since the beginning of January have been exceptionally high with c40 additional referrals being received per week compared to the average number of referrals received throughout 2023
- Increasing IP numbers remain a significant contributing factor to the growing MR OP waiting lists, putting pressure on OP capacity to maintain IP flow through the hospital
- Activity levels have increased over the past three months, regularly in excess of the baseline plan, which have helped to ensure breaches have not increased at the same rate as demand
- The Imaging team continue explore opportunities to increase capacity and are jointly working with the Northern Imaging team to continually review the PTL and manage long-waiters utilising capacity across the two sites

Non Obstetric Ultrasound

- US has seen an increase in the number of patients waiting on the general US list since January, although MSK waits have improved slightly
- Activity levels decreased during February and March due to sickness absence and annual leave, which has led to a slight increase in breaches over the same period
- Recruitment of a MSK Radiologist and training of 2 Sonographers will help ensure the waiting list position improves over the next 4-6 months. Validation of waits continues in the meantime and opportunities to increase capacity explored.

Dexa

- Dexa waiting lists have improved over the past month and bookings continue to be managed within 6 weeks with no breaches reported

Eastern Services Diagnostics

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

Endoscopy

- Super weekends continue to run – 32 additional lists in March 2024, 22 planned for April 2024
- ERF funding is being used to fill in-week gaps
- In-Health mobile unit operating at Tiverton
- Focus is continuing to maximise the total number of points per list
- Postal and partial booking process implemented to book out to 6 weeks and ensure a higher attendance rate
- A joint north and east endoscopy PTL is being set up to ensure all capacity is equally utilised
- Recruitment to the admin team has strengthened the team's resilience, resulting in an increased number of bookings per day.

Neurophysiology

Issues:

- Minimal admin resource within the small service
- Lack of space to run additional clinics

Actions:

- A Neurology consultant to undertake 5 peripheral studies each week (starting from May)
- 0.4 healthcare scientist recruited – commencing in April 24
- Proposal developed (for approval by Care Group) to support overtime payments for evening clinics

Respiratory Physiology

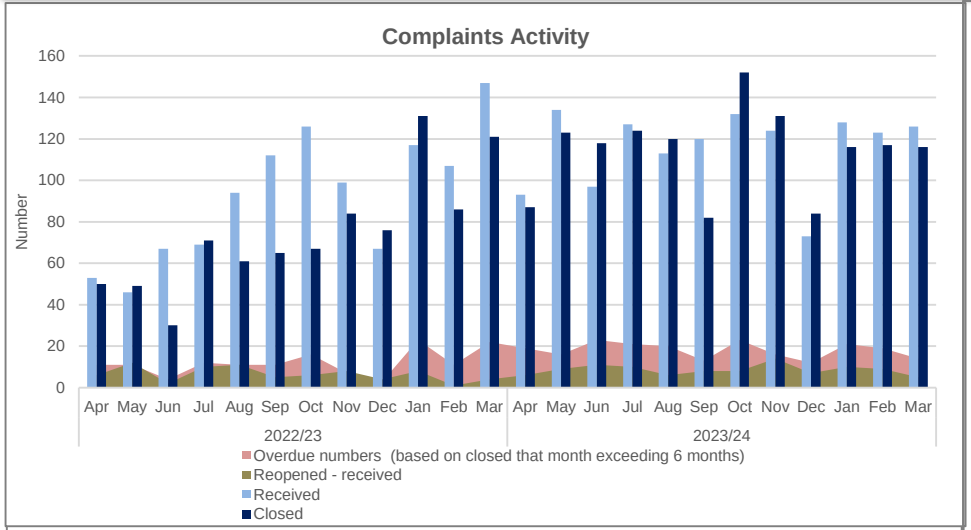
Issues:

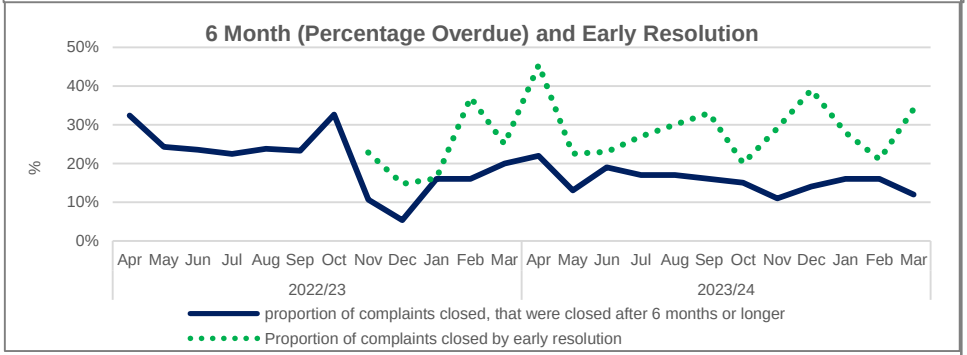
- Lower number of bookings - changes to the booking team resulted in some slots not being used for sleep study patients
- DNA rate of 25%

Actions:

- Task & finish group established to address high DNA rate:
    - Learning being taken from success in Endoscopy
    - Patients being contacted to confirm they want the appointment and can make the time

Trust Patient Experience





In total 126 complaints were received during March 2024, 5 of these complaints were reopened complaints. March 2024 has the lowest number of re-opened complaints recorded in over 12 months.

116 complaints were closed during March and 39 (34%) of these complaints were closed by early resolution (within 14 working days).

In total 102 (88%) of complaints were closed in under 6 months, 14 of the complaints closed were exceeding 6 months at point of closure.

93% of complaints were acknowledged within 3 working days. This continues to be a priority area for the central complaints team who are closely monitoring and working towards improving this national expected standard of 100%, this percentage is on an upward trajectory for Q1 24/25.

In March the PHSO have opened 2 new investigations. There are currently 19 cases open with the PHSO.

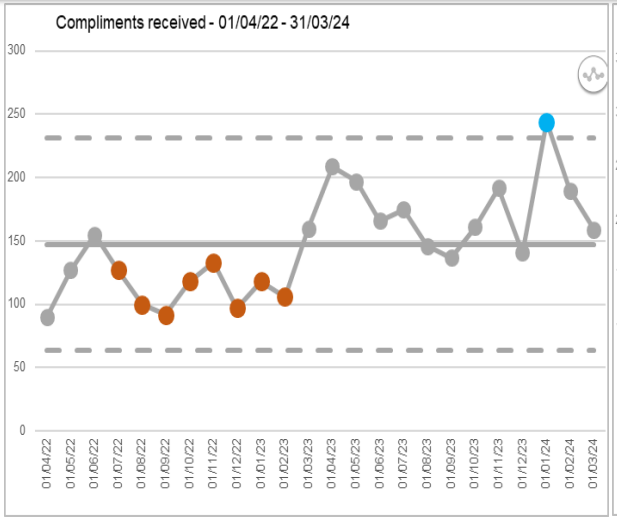
The top 5 complaint themes across complaints for the last quarter are 1) communication with the patient 2) Attitudes of nursing staff/ midwives 3) Patient not listened to 4) Communication with relative/carers 5) Discharged too early.

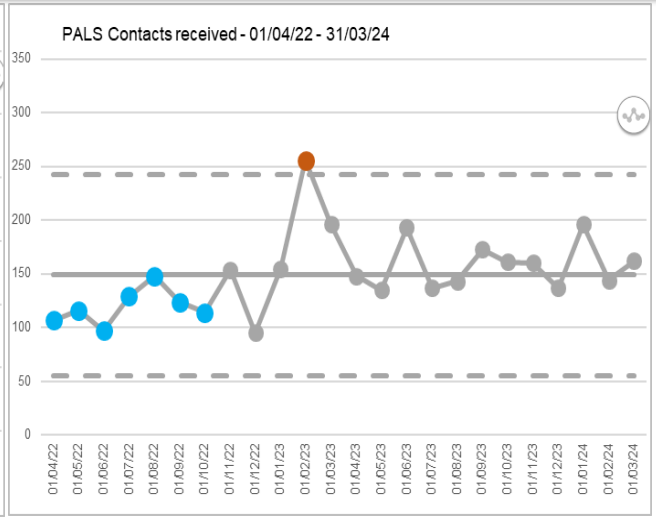
The Patient Experience Team are launching the new communications policy in Q1.

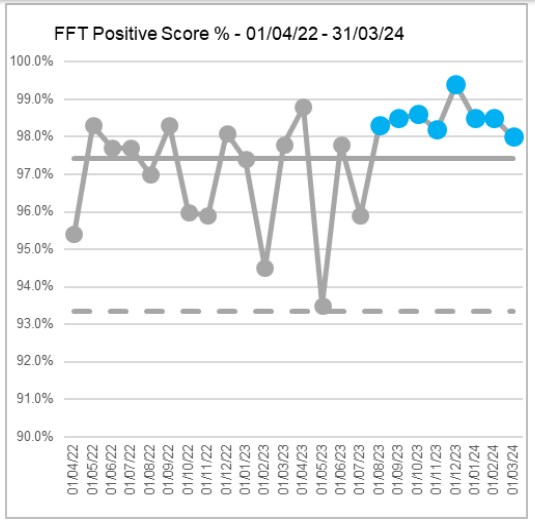
Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
3	10	6	0

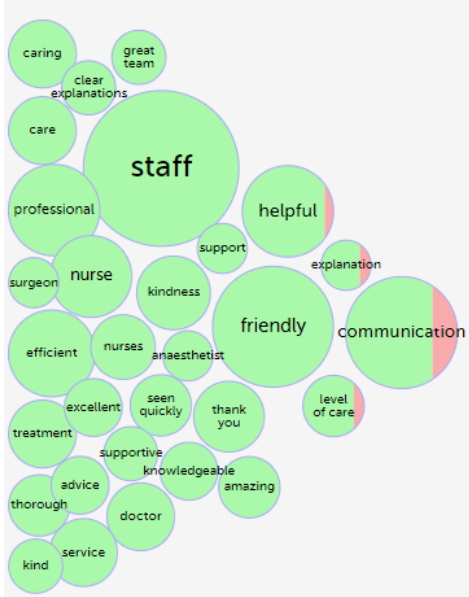
	2022/23												2023/24											
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Complaint received and acknowledged within 3 days	88.89%	84.79%	67.27%	93.50%	96.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%	98.00%	92.00%	91.00%	95.00%	91.00%	97.00%	90.00%	89.00%	96.00%	93.00%
Number of open complaints at month end												356	360	386	350	367	364	406	390	346	339	348	354	360
Over 6 months (no of complaints open at end of month)	12	16	4	12	11	13	16	7	3	22	14	23	13	20	18	14	15	22	19	22	27	28	33	33
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27	33	36	27	31	37	33	35	25	39
Over 6 months (%)	32.35%	24.24%	23.53%	22.45%	23.81%	23.26%	32.65%	10.61%	5.36%	16.00%	16.00%	20.00%	22.00%	13.00%	19.00%	17.00%	17.00%	16.00%	15.00%	11.00%	14.00%	16.00%	16.00%	12.00%

Trust Patient Experience









Care Opinion feedback published March 2024 / Visualisation

What was good

What could be improved

There were 1336 Friends and Family Test (FFT) responses received during March resulting in a 98.0% positive position. There were 159 compliments recorded during the same period, this is a reduction of 16.3% compared to February. Work has been completed to align the compliment recording process Trust wide and will come into effect from April 2024. Communications regarding this change have taken place.

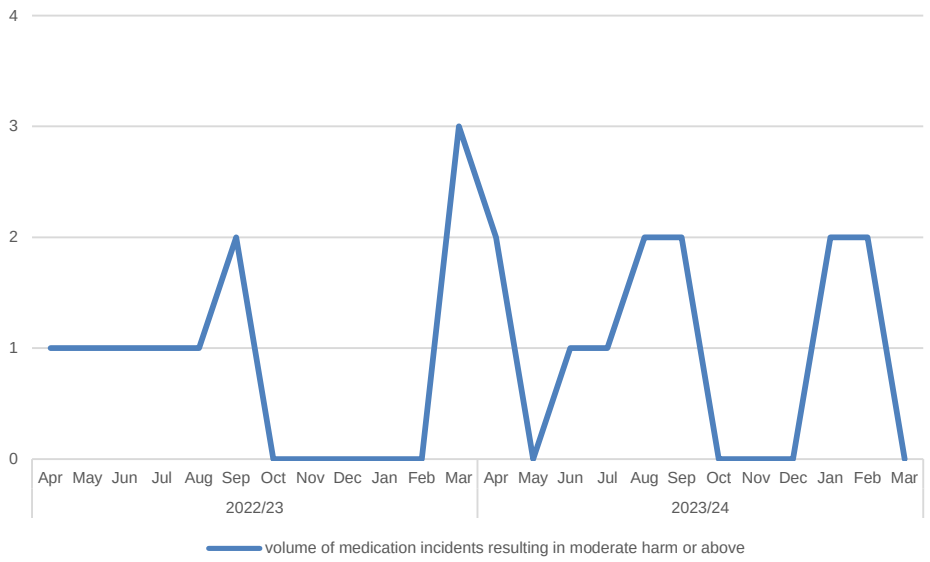
Care Opinion is a tool that generates real time feedback from service users. During March, 168 stories were received. Of these, 19 (11%) had a critical element, 141 (84%) were positive stories recorded and 8 (5%) were not rated (as received via NHS Choices). Care Opinion training is underway for Eastern Services, which will connect staff with service users in real time.

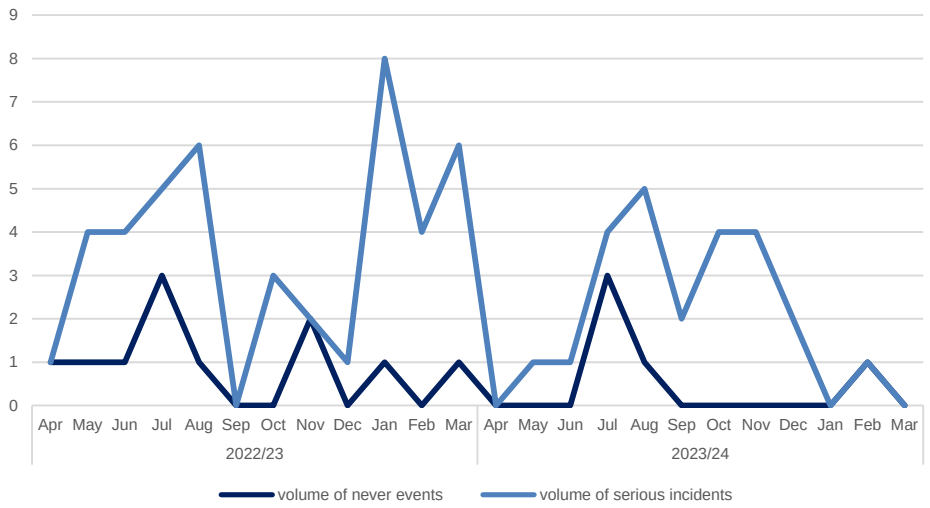
Analysing the main feedback themes received during March remains consistent with themes reported during previous months and within wider patient experience metrics. Communication remains the main theme for improvement. Positive themes recorded include our staff, professionalism, helpfulness and friendliness.

During February and March, seven service improvements ('you said we did') were completed as a result of patient feedback. Five of these implemented changes to improve communication and information, with particular focus on improving outpatient appointments.

Interactive link: https://careopinion.org.uk/visualisations/e84a5202-f516-4d8a-a62b-e4194ba51fa3

Trust Incidents

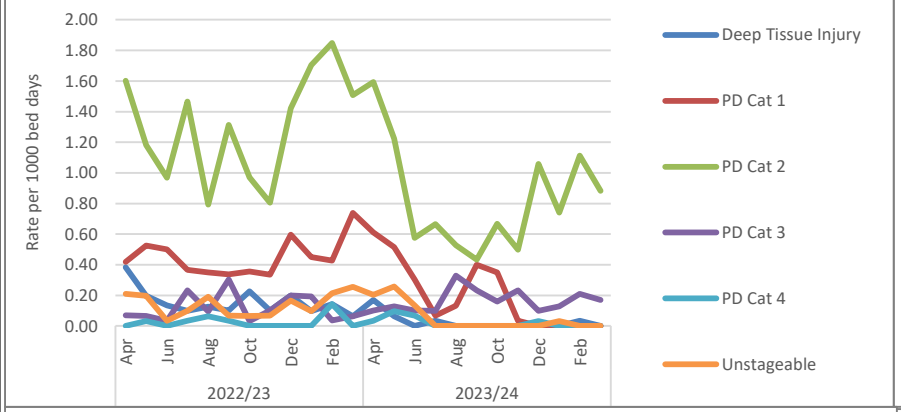


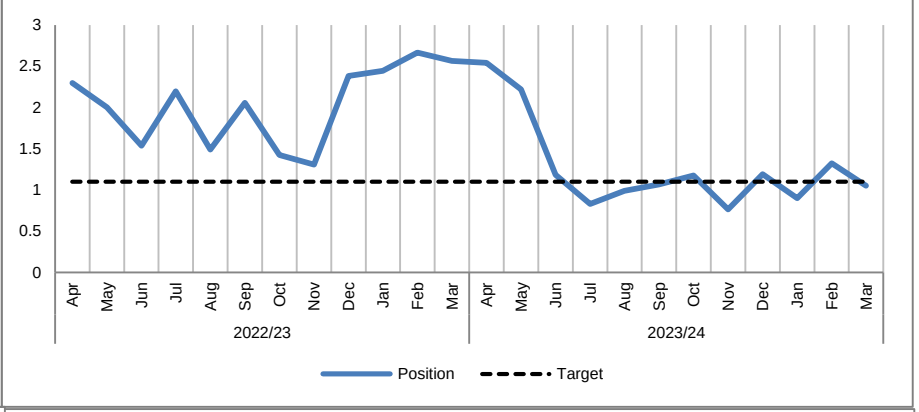


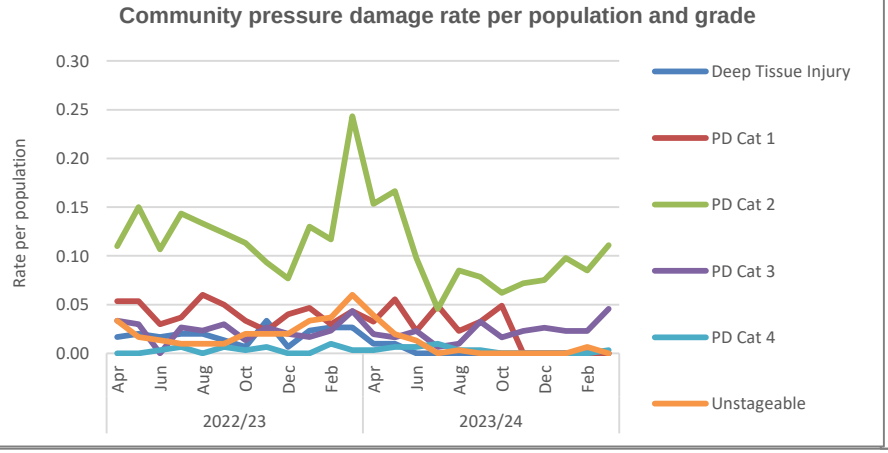
- There were two moderate harm medication incidents reported in February 2024 and none in March. One of these incidents is currently under review, as it involved a delay in medication which resulted in No Harm.
- The second incident involved the unintentional cessation of a medication within Eastern services. This has been escalated to the Emerging Patient Safety Incident Response Panel who have commissioned additional enquiry in collaboration with the Care Group, Patient Safety and Digital services.
- There was one new Never Event reported in February 2024. This was a wrong implant / prothesis event which occurred during Total Hip Replacement in Northern Services Orthopaedics, December 2023. The issue was not identified immediately and the Trust was notified by the National Joint Registry. The patient was able to mobilise on discharge and was not experiencing any unusual discomfort. A Patient Safety Event Learning Review (PSII Methodology) is underway.

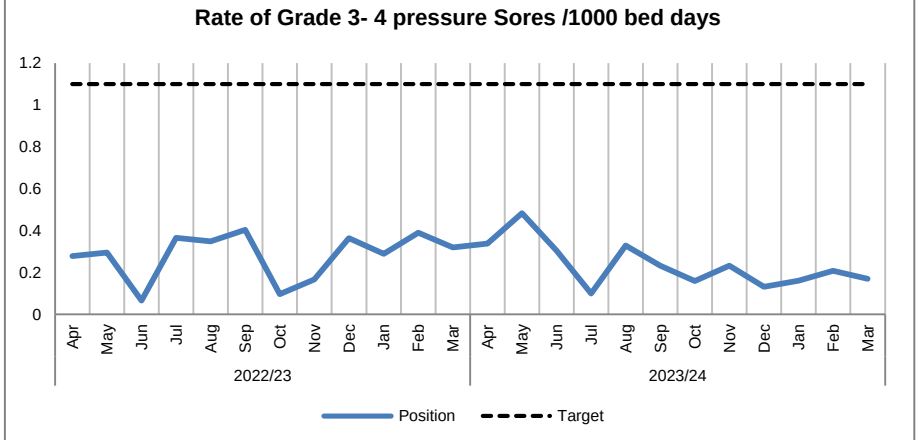
Trust Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care





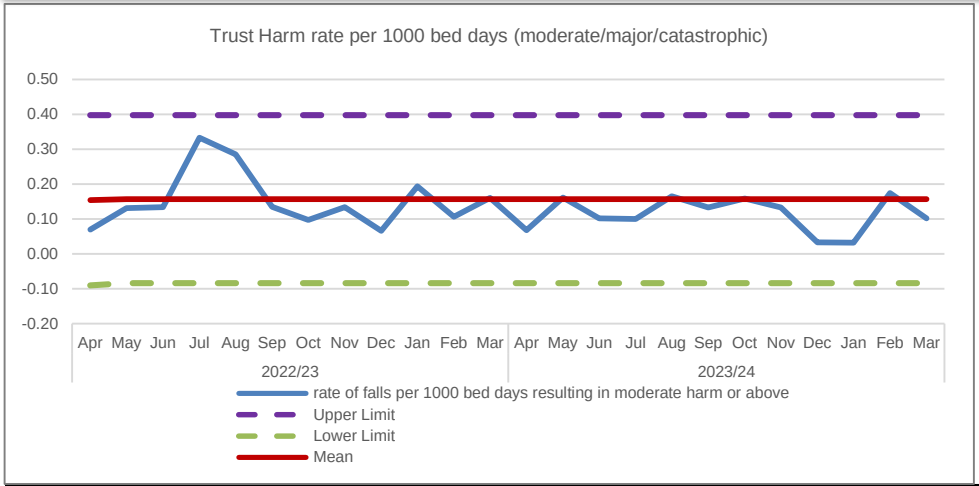




- Healthcare acquired pressure damage remains within normal variation and overall Trust wide rates are low.
- There was one category 4 pressure ulcer identified in community services, for a patient with a pre-existing ulcer who underwent a brief period of reduced mobility.
- Appropriate action was taken when the deterioration was identified and no Sub-optimal care was noted.
- Tissue viability incidents are reviewed in line with the Incident Response Plan. After Action and Multi-disciplinary reviews have been initiated to review themes, identify learning and opportunities for improvement.
- Northern services inpatient areas continue to sustain improvements, with several areas reporting no pressure damage.

Trust Slip, Trips & Falls

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



Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Falls	232	200	226	236	194	203	228	206	204	220	204	227	186	185	167	195	190	195	154	164	200	215	199	187
Moderate & Severe Falls	2	4	4	10	9	4	3	4	2	6	3	5	2	5	3	3	5	4	5	4	1	1	5	3

Falls remain within normal variation

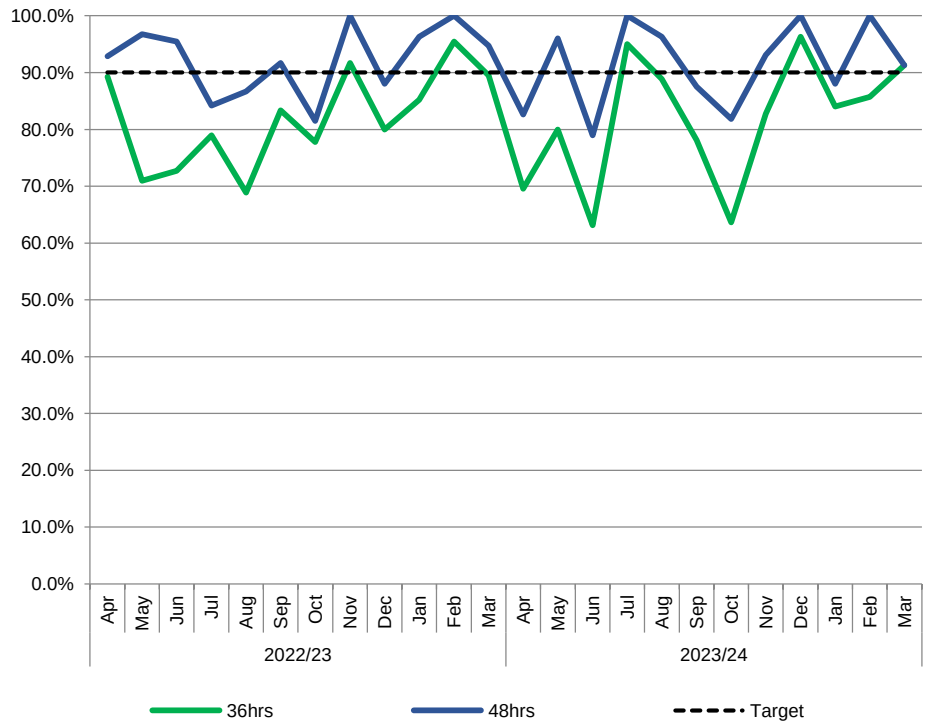
Across February and March, Eastern services reported three falls (two acute one community hospital) , all moderate harm events which resulted in fractures. Post fall – swarm / huddles have been completed to review all of these incidents, and learning identified. Review of the completed huddles demonstrates that there were no suboptimal care issues identified and final duty of candour has been completed.

Across the same period, Northern services reported five falls, four resulting in fractures and one resulting in a subdural haematoma. Initial reviews have not identified any suboptimal care issues and appropriate falls prevention plans were in place for all patients

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

Area	Total	Complete	Incomplete	% Complete
Total RDUH (inc Community)	815	789	26	86%
NDDH	187	166	21	86%
RD&E	536	435	101	84%

- As a snapshot position on 19th April, there was an overall VTE compliance position of 86% for RDUH including community sites and a position of 84% for the RD&E Acute site and 86% for the NDDH Acute site.
- Work is underway to revert to the previous (pre-covid) national reporting standard, process and methodology, subsequent to the changes being invoked within the NHS Standard Contract and requirements regarding VTE compliance



- In March 2024, 91.3% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 25 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 21 patients received surgery within 36 hours.
- The four patients that breached 36 hours were due to awaiting medical review/investigation or stabilisation.
- 91.3% of patients received their surgery within 48 hours

Eastern Services Efficiency of Care

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

Area	Total	Complete	Incomplete	% Complete
Total RDUH (inc Community)	815	789	26	86%
NDDH	187	166	21	86%
RD&E	536	435	101	84%

- As a snapshot position on 19th April, there was an overall VTE compliance position of 86% for RDUH including community sites and a position of 84% for the RD&E Acute site and 86% for the NDDH Acute site.
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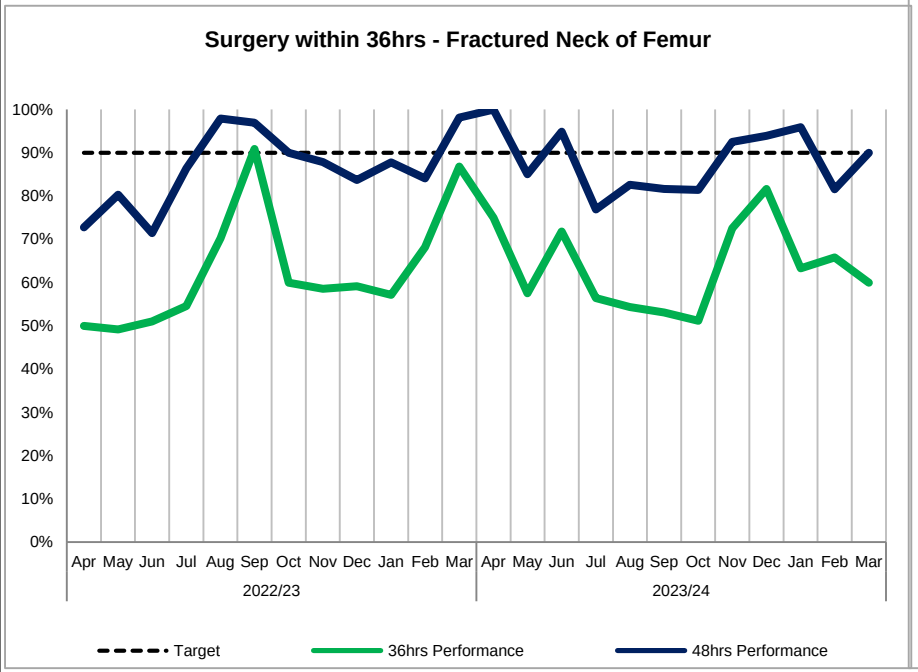
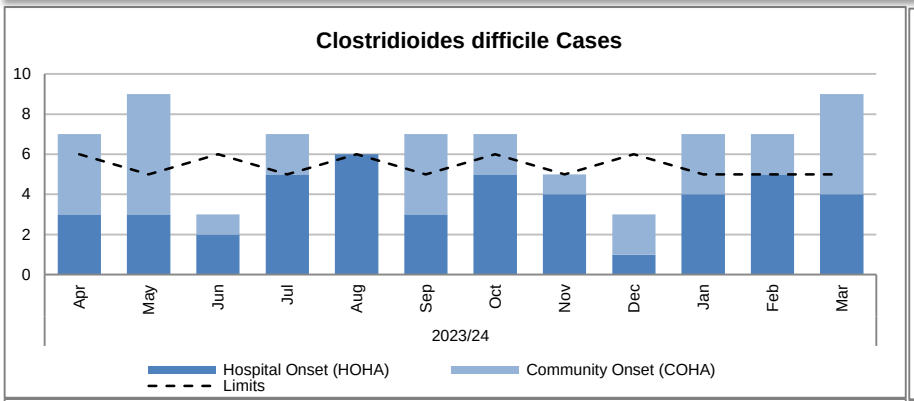
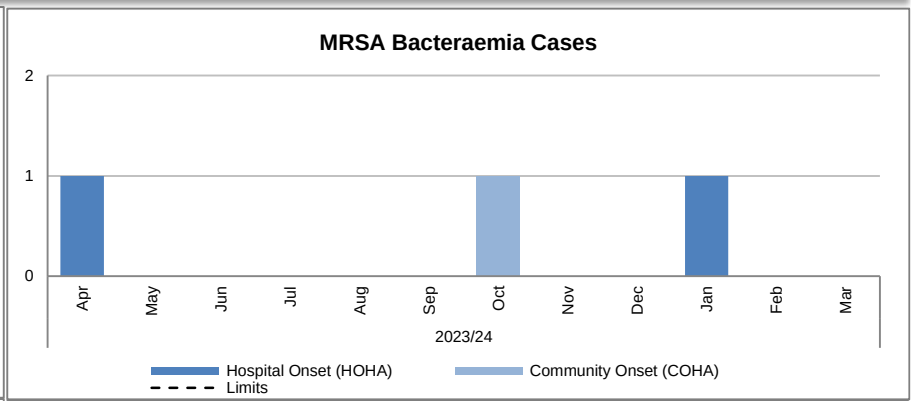


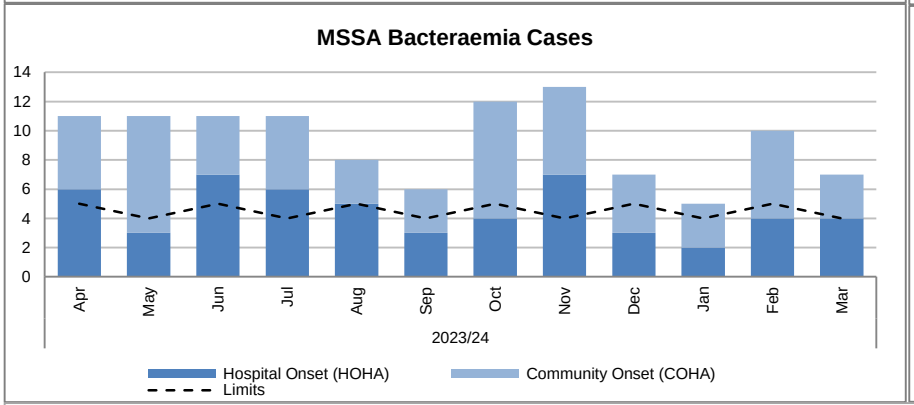
- In March 2024, **60%** of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There was a total of **49** patients admitted with a FNOF, **40** of these patients were medically fit for surgery from the outset and **24** patients received surgery within 36 hours. **Four** medically fit patients had to wait longer than 48 hours for surgery, the reason for delay was awaiting space on theatre lists.
- There was a total of **177** trauma patients admitted in March 2024. In particular the 8th, 11th, 18th and 19th March saw a high number of Trauma patients being admitted varying between 10 and 12 cases on these days.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. **39** Trauma Patients had their surgery during March in PEOC Theatres, which was to the detriment of elective activity.
- The Hip Fracture Lead has reviewed all FNOF cases during the month and is confident that the quality of the clinical care remains high and the patients who breached 36 hours, did not come to any clinical harm due to an extended wait for surgery.
- Additional elective work has now moved to SWAOC for Foot and Ankle, Soft Tissue Knees and since October 2023 Spinal – this is additional work and therefore has not freed up any additional specific trauma space within PEOC. Within PEOC Theatres there are lists designated to accommodate trauma patients, however, due to the peaks of trauma admissions and the inability to predict demand, elective patients do get cancelled to accommodate Trauma.

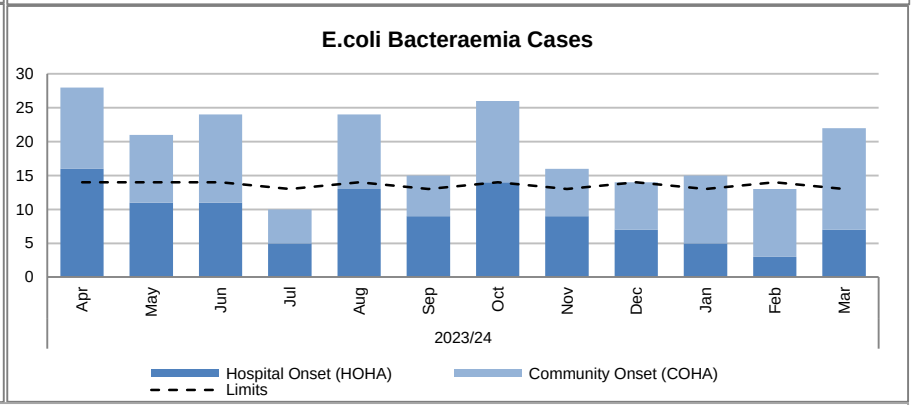
Trust - Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection







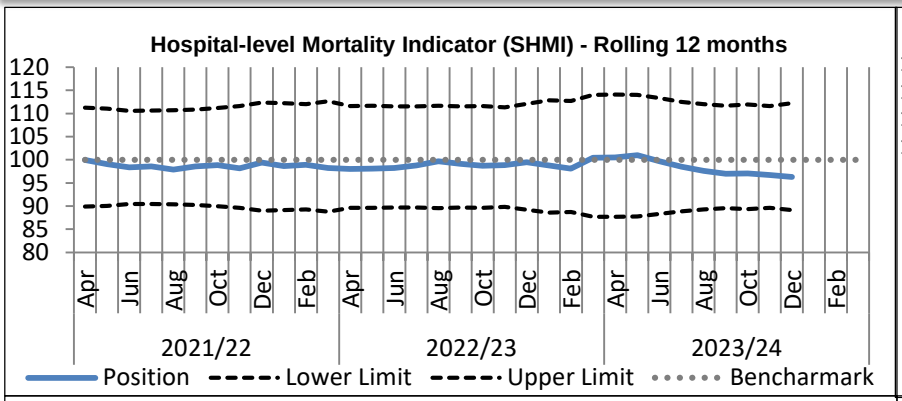


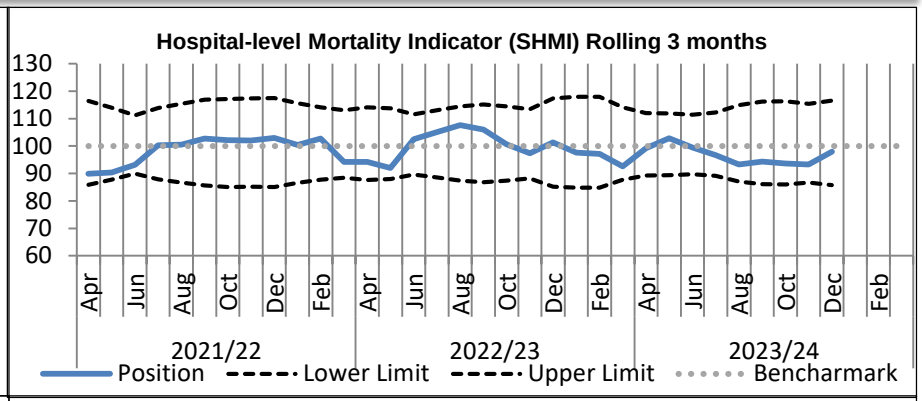
C.diff – The Trust will be above the pre-set NHS Standard Contract threshold expectation for 2023/24. Despite this, the Trust has lower rates of healthcare associated C.diff than both national and regional averages.

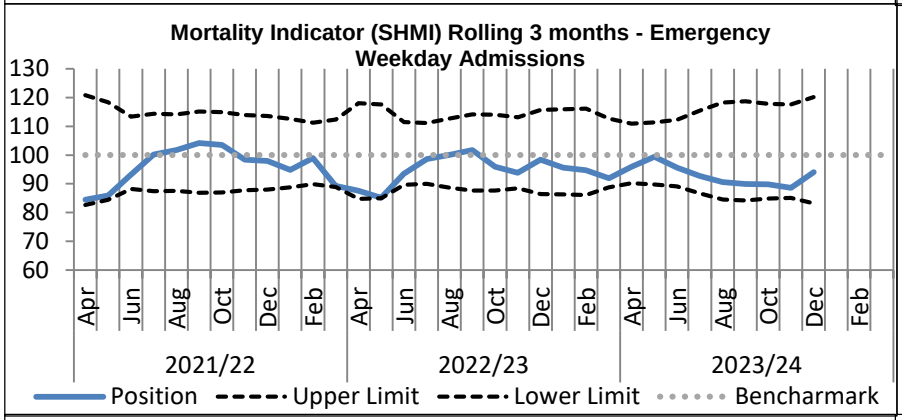
MRSA – No healthcare associated cases since January. All three healthcare associated cases reported in 2023/24 involved a skin/ soft tissue source with no obvious links between cases. All cases involved patients with no prior MRSA history and for whom the MRSA screening criteria was not met. All three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

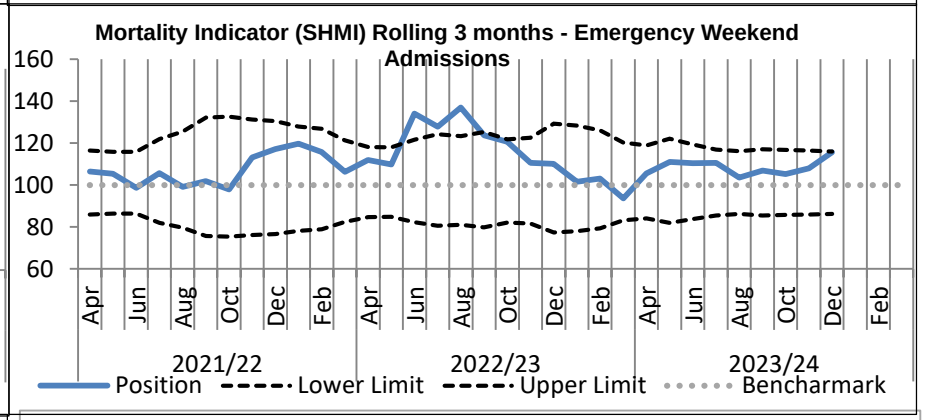
MSSA and E.coli – High rates are still noted for 2023/24 although there has been an improvement in recent months, particularly to healthcare associated MSSA. Infection prevention focus remains targeted at avoidable indwelling device associated infection. A Trust wide gram negative bacteraemia (GNB) improvement plan commenced in 2023 with measurable actions monitored through the Infection Prevention & Decontamination Assurance Group. A targeted MES improvement plan incorporating both GNBSI and MSSA & MRSA reduction is also underway in order to share learning and communicate identifiable and actionable reduction initiatives.

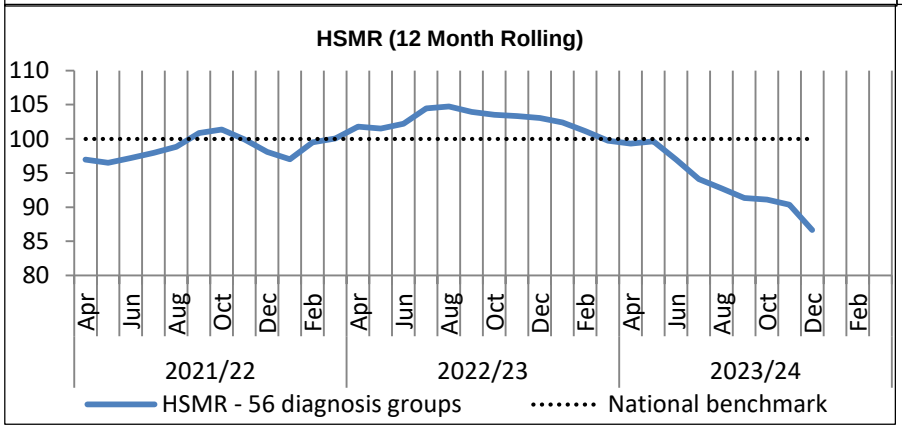
Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*









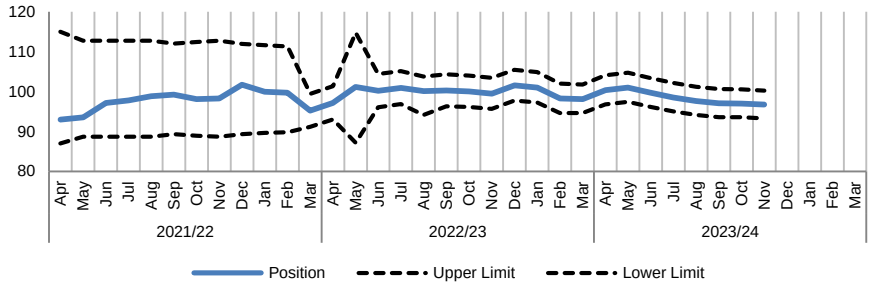


- The SHMI position remains within the expected range for all metrics
- The HSMR position remains stable and reducing on a rolling 12 month basis to December 2023
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process,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

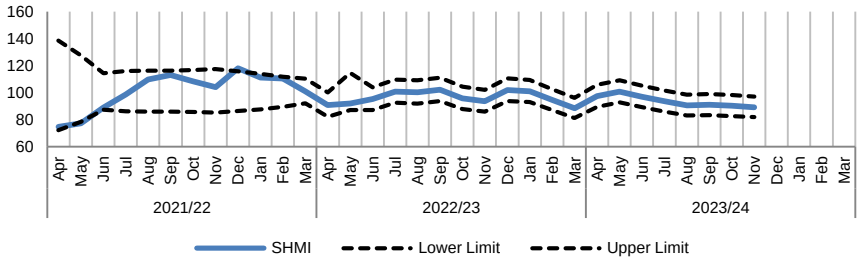
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

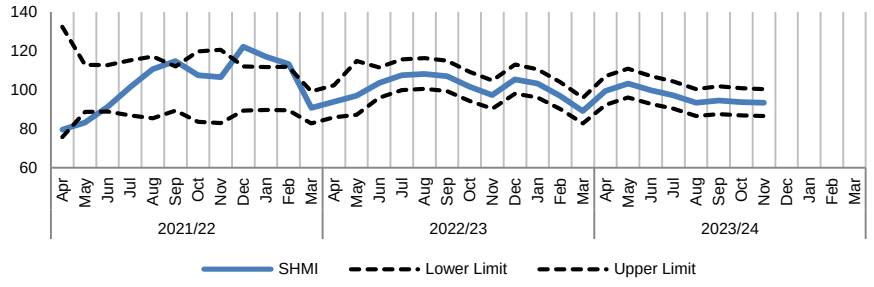
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



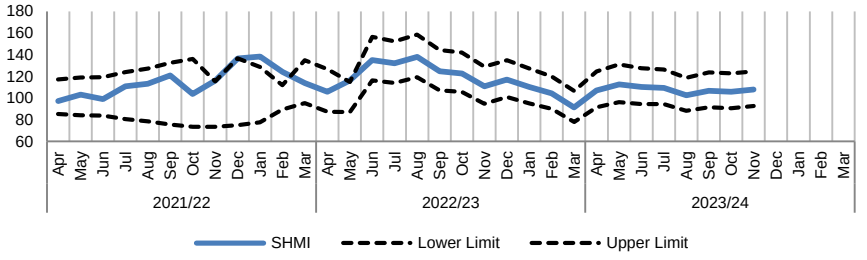
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



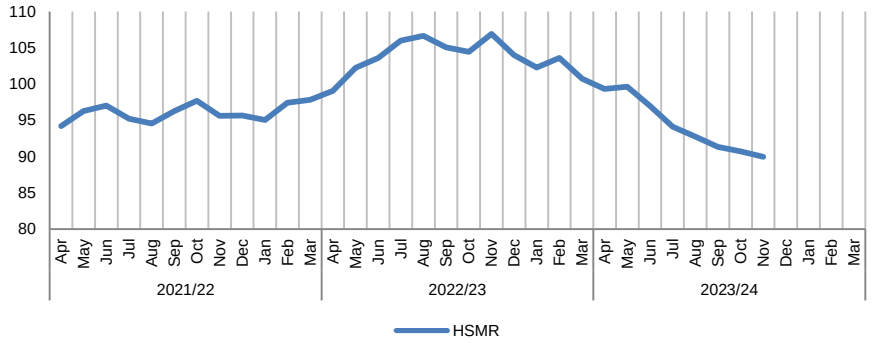
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions



HSMR (12 Month Rolling)



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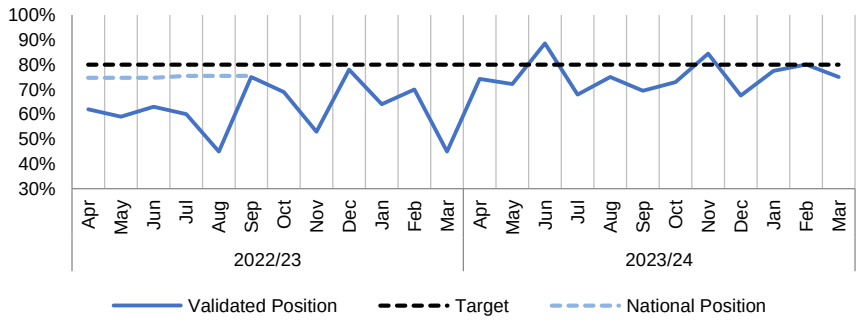
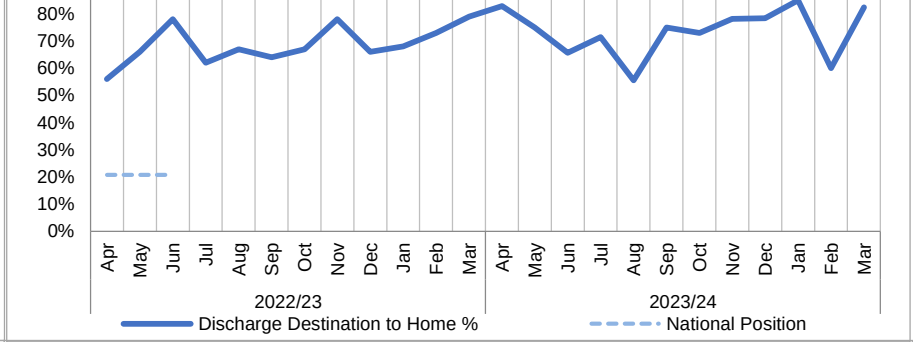
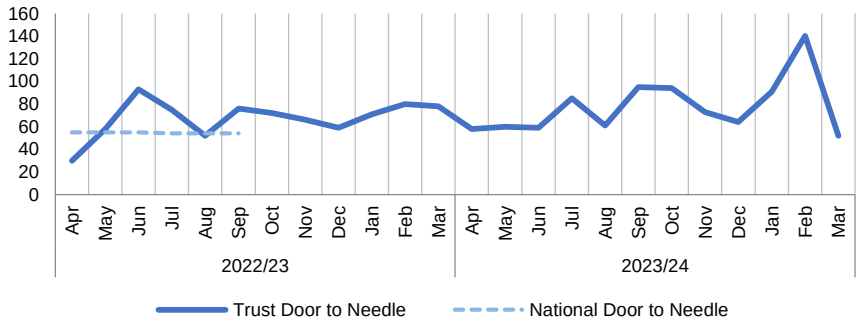
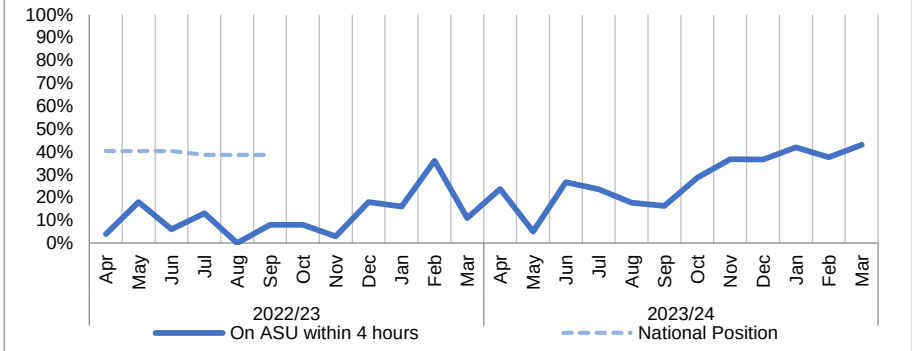
Northern Services Stroke Performance – *Quality of care metrics for patients admitted following a stroke*







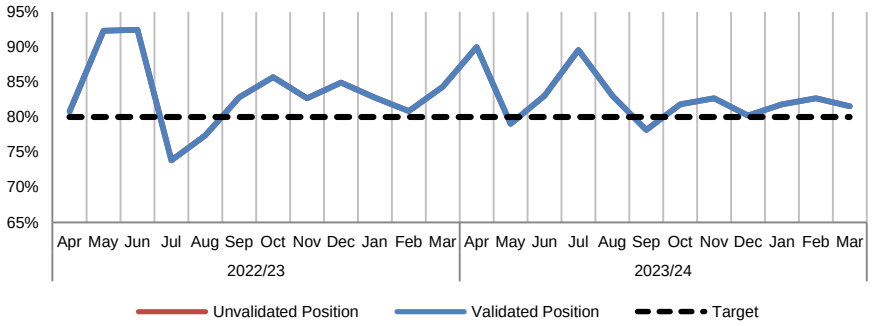


- 90% stay: Performance against this indicator continues to show a more stable position albeit with a slight dip seen in March 2024 achieving 75%. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. This metric has averaged at 75% this year which is a 13% improvement from last year. This is despite a 19% increase in stroke admissions compared to last year. The metric is largely influenced by time taken to get to a stroke unit.
- Discharge destination: This metric is relatively stable and is above the national average.
- Thrombolysis times: This benchmarks well against National performance and is collectively discussed with the ED team during Stroke Governance meetings, average door to needle time for March 2024 was 52 minutes, which is the fastest monthly average this year. There will always be a degree of variation as total numbers are small and so individual patient clinical factors skew data (e.g. need to control BP, diagnostic uncertainly needing clarification).
- ASU in 4 hours: This target remains challenging due to a high level of occupancy and 19% increase in stroke admissions compared to last year, but demonstrates a continued improving position since Sept 2023.
- The multidisciplinary team continue to meet on a monthly basis to analyse exceptions, trends and themes and to identify actions to support ongoing improvements to stroke performance.

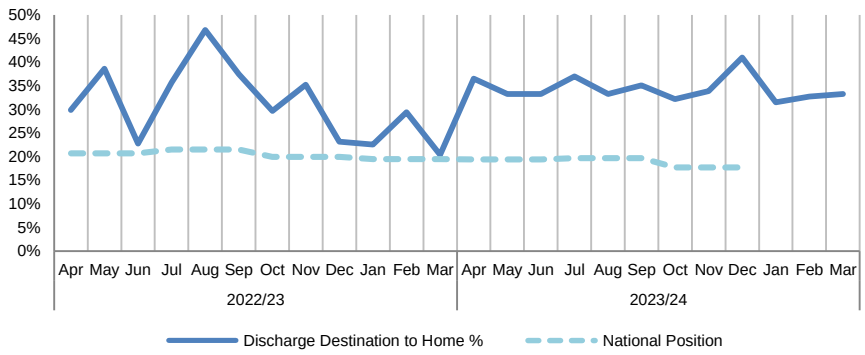
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

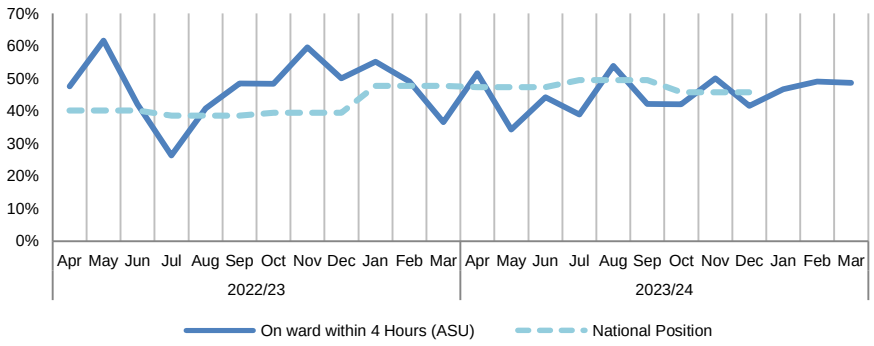
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



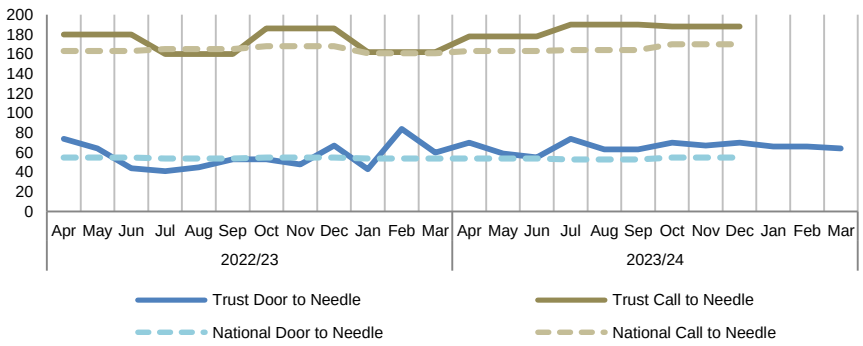
Discharge Destination to Home (%)



On ward within 4 Hours (ASU)

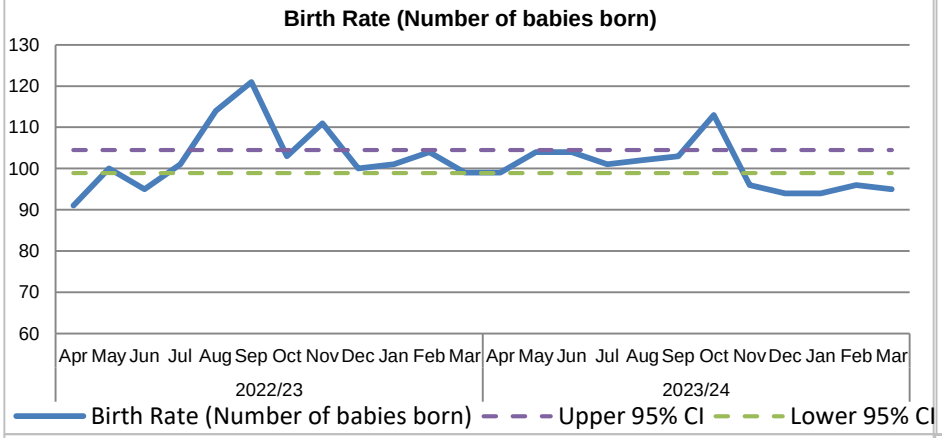


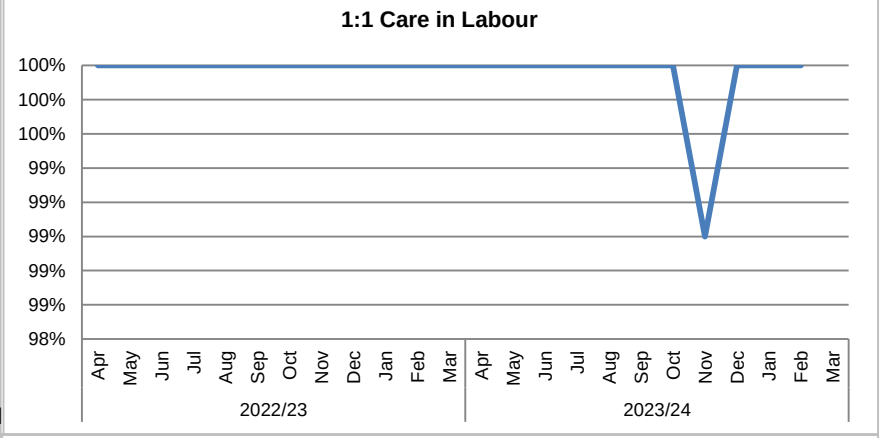
Average Thrombolysis Times (minutes)

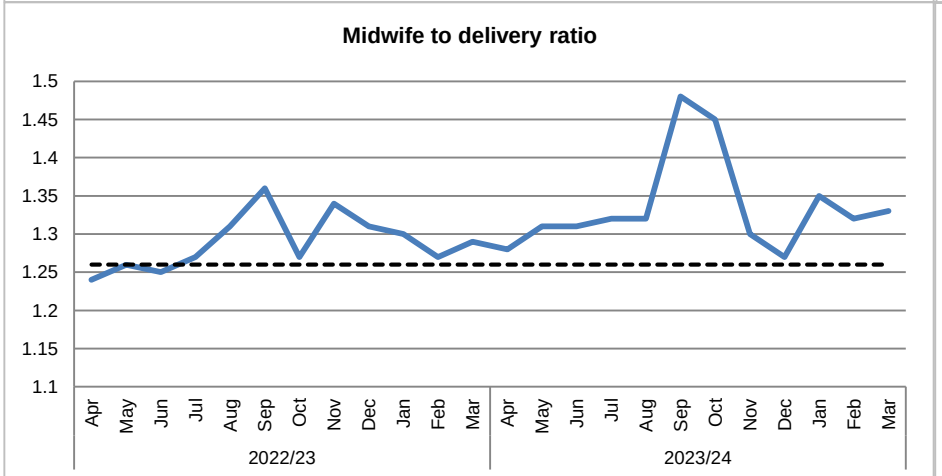


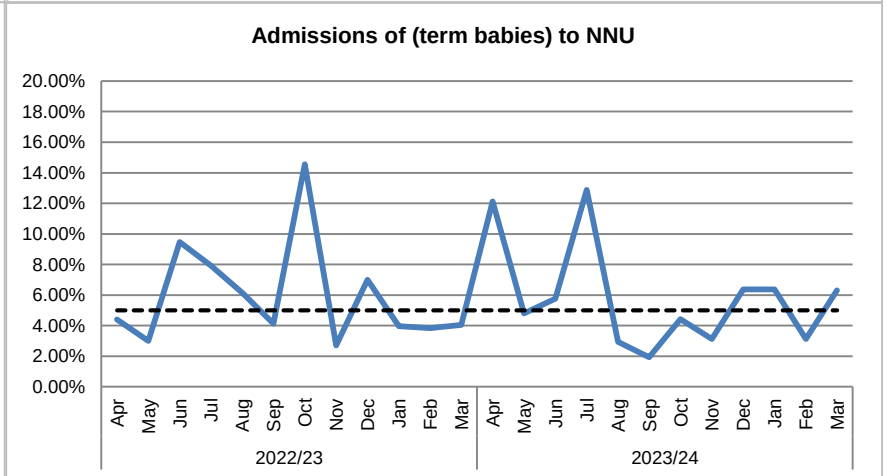
- 90% stay - The proportion of patients admitted spending 90% of their stay on the stroke unit has remained above the target position since September 2023.
- On ward within 4 hours – target indicator has remained relatively stable and is in line with the national position
- The proportion of patients for whom their discharge destination is home remains stable
- Average Thrombolysis times remain stable and in line with the national position.

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





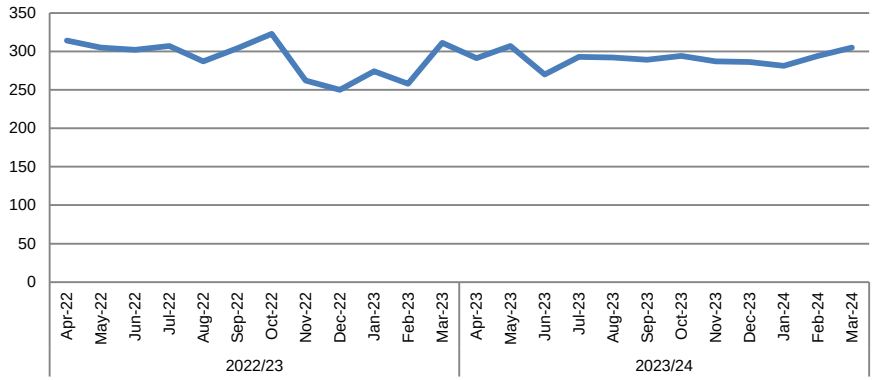


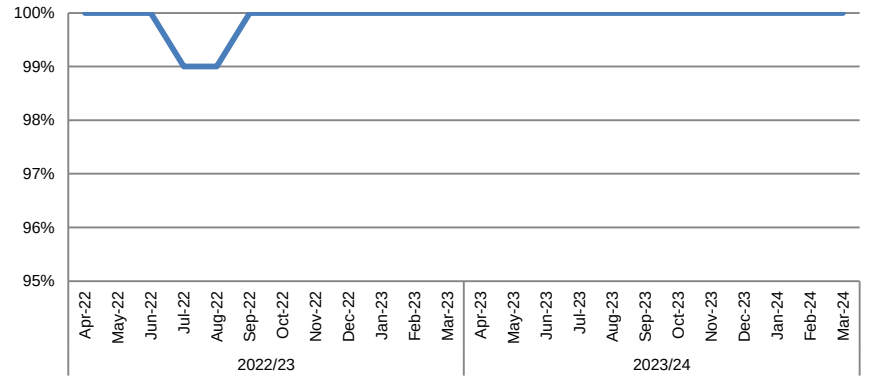


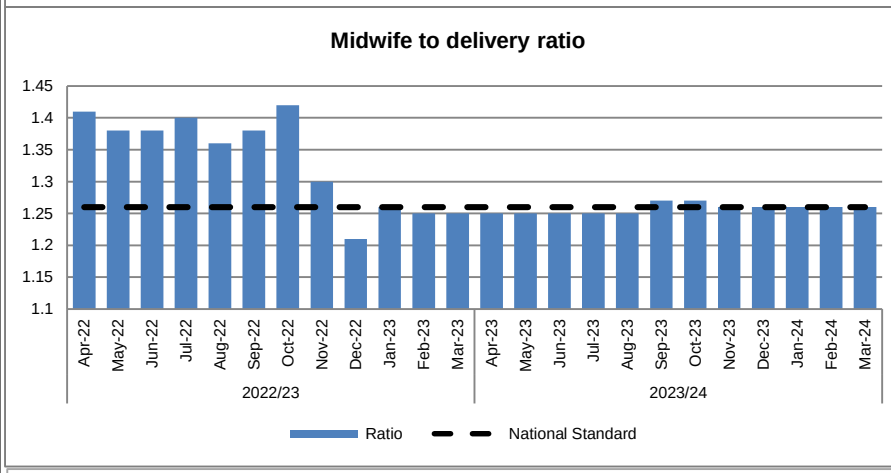
- Birth rate decline in line with national figures
- All Neonatal Unit (NNU) Admissions continue to be reviewed by the ATAIN process and monitored by maternity governance

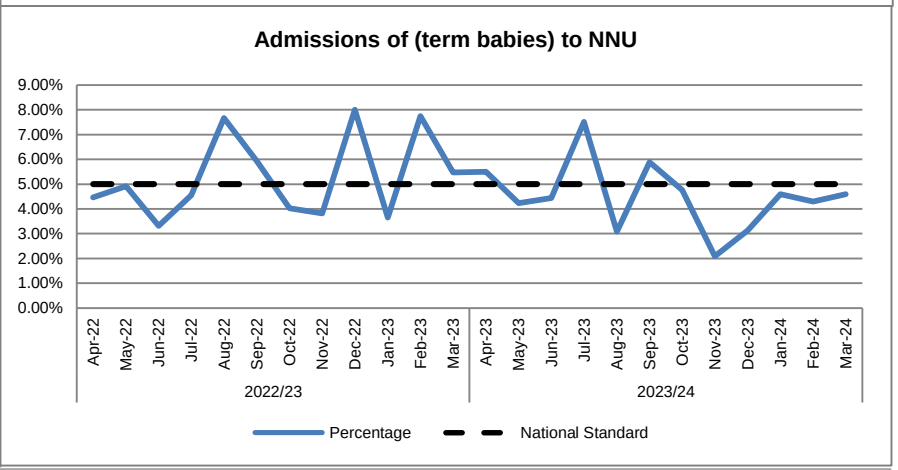
Eastern Services Maternity

Metrics relating to the provision of quality maternity care





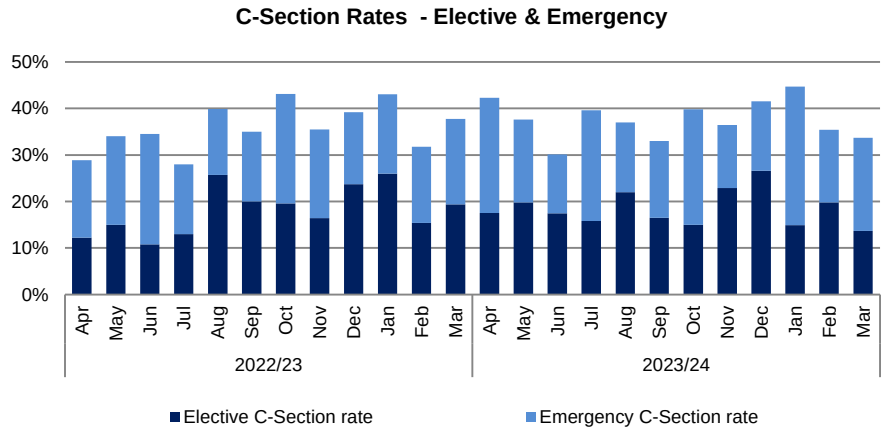


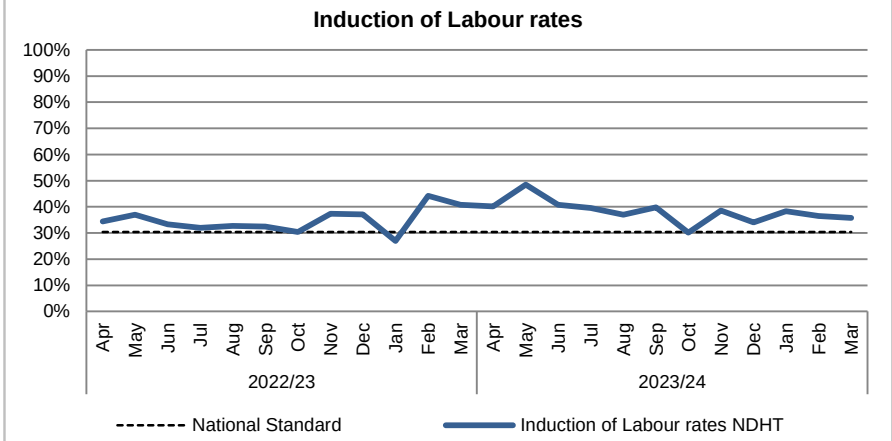


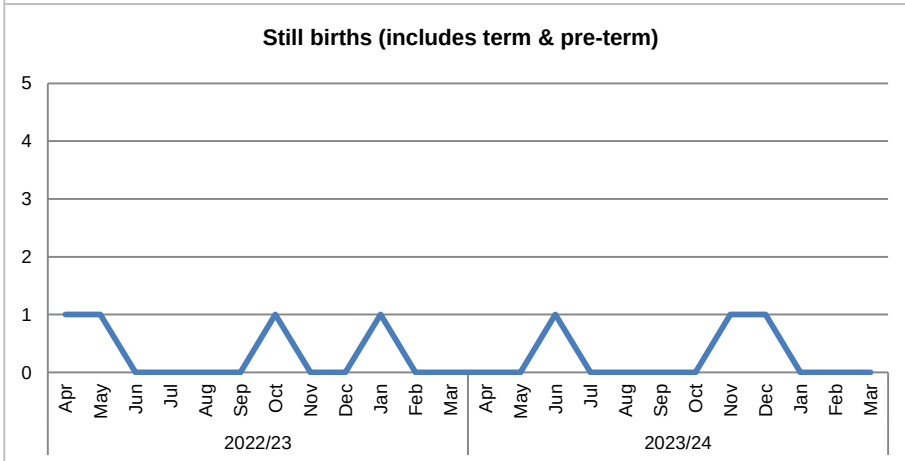
- Birth rate consistent with national figures
- NNU term admission consistently below the SW and national average

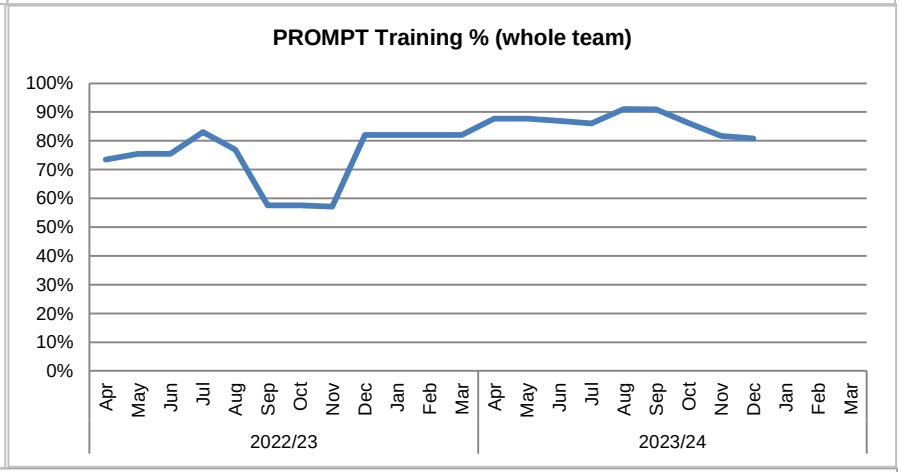
Activity & Flow
Operational Performance
Patient Experience
Quality & Safety
Our People
Finance

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





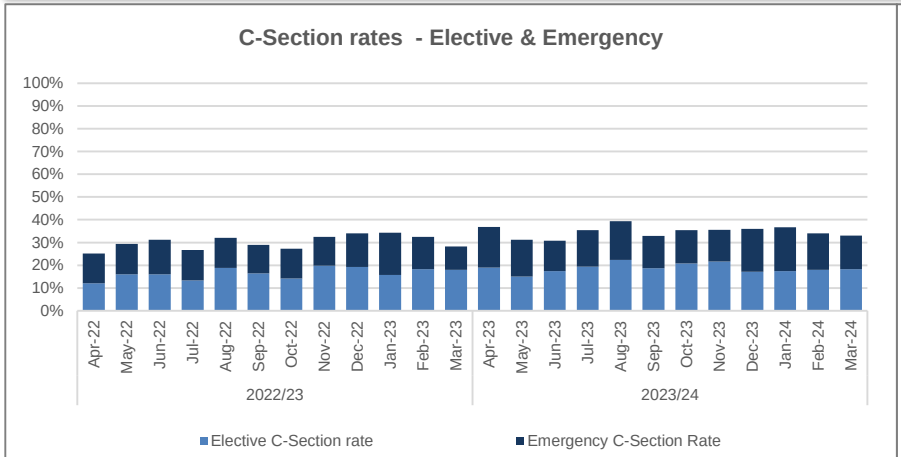


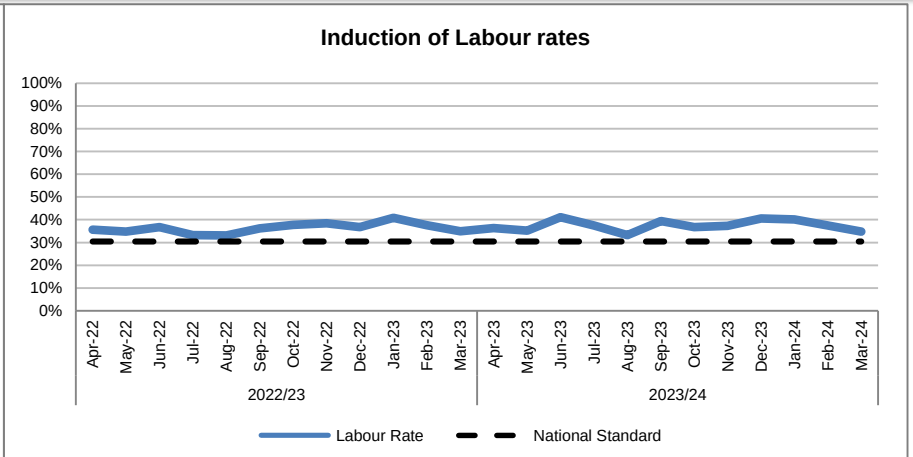


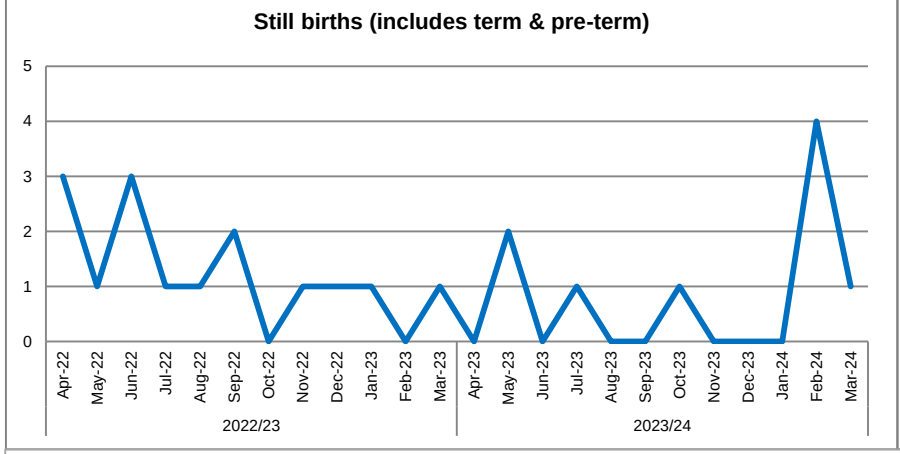
- Caesarean section rates continue to reflect national position
- Induction rates appear reduced due to recalculation of formula by the BI team in March. Previously augmented labours and induction were added together. These two processes have been separated. We are not required to report augmented labour in our figures.
- PROMPT training data temporarily unavailable in North due to staff absence.

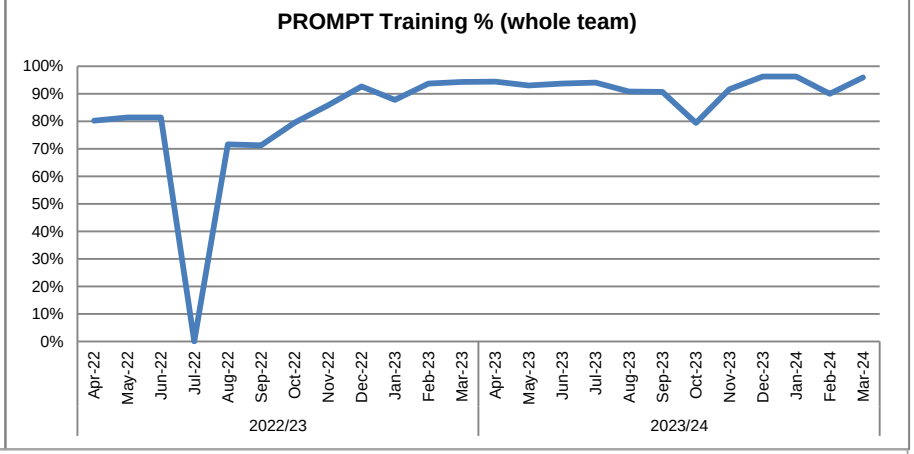
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



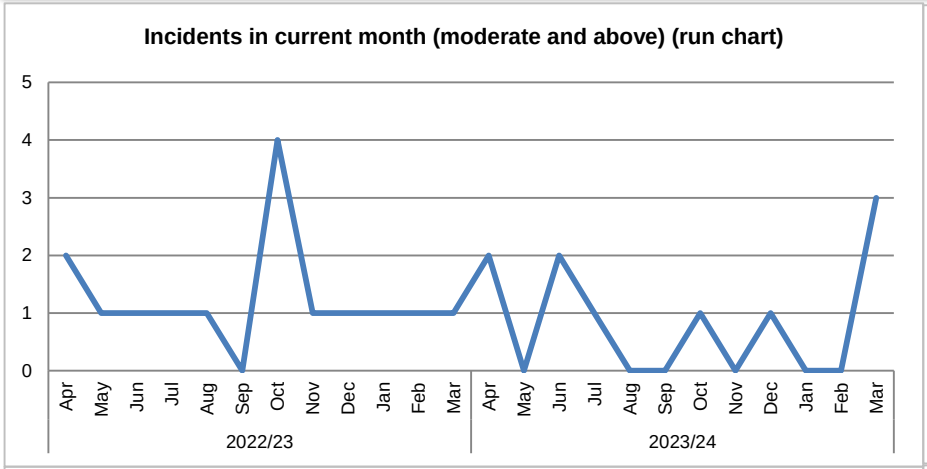


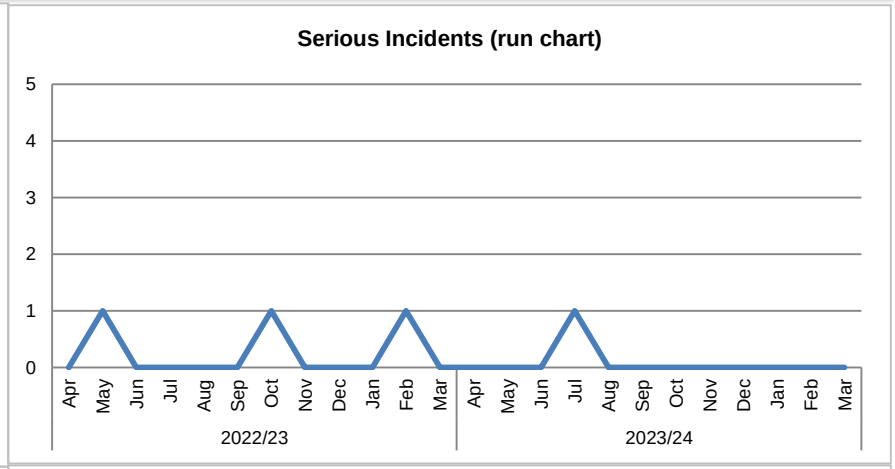


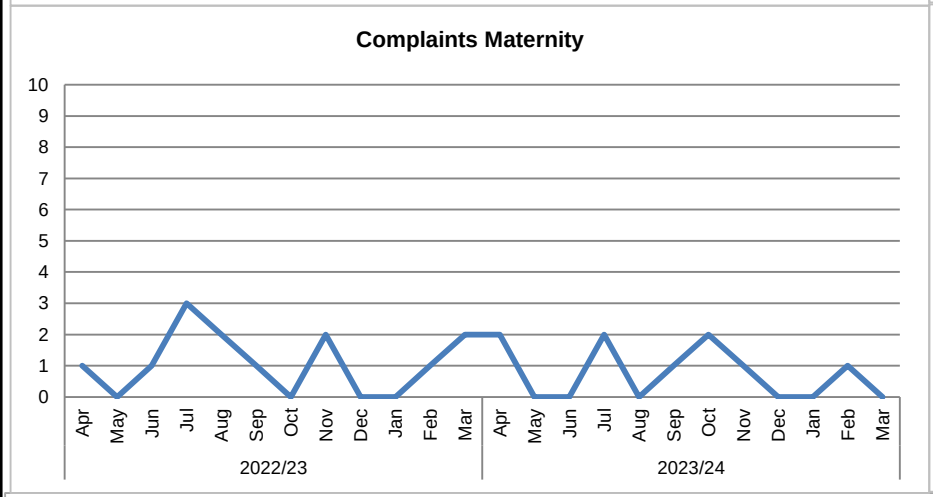


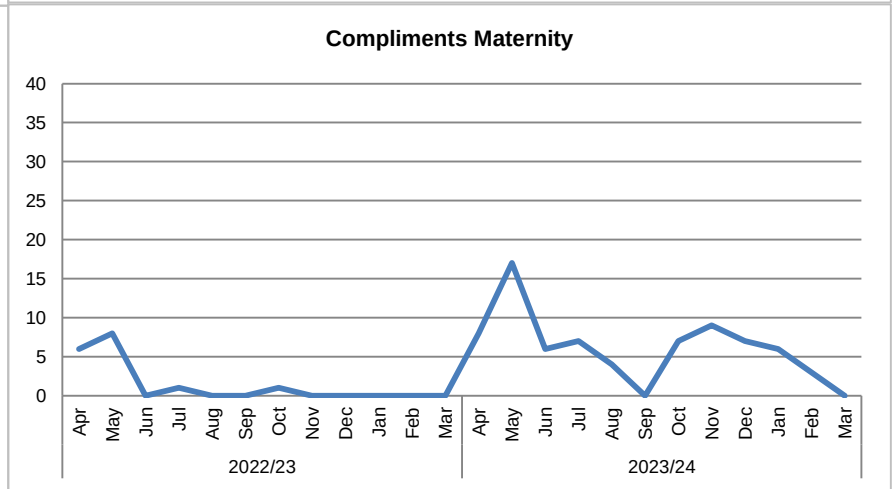
- Caesarean section rate remains in line with national average
- Induction rates appear reduced due to recalculation of formula by the BI team in March. Previously augmented labours and induction were added together. These two processes have been separated. We are not required to report augmented labour in our figures.
- One still birth at 32/40 gestation. Case will be reviewed to determine whether there are any care issues.
- Consistent PROMPT training figures in line with CNST

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





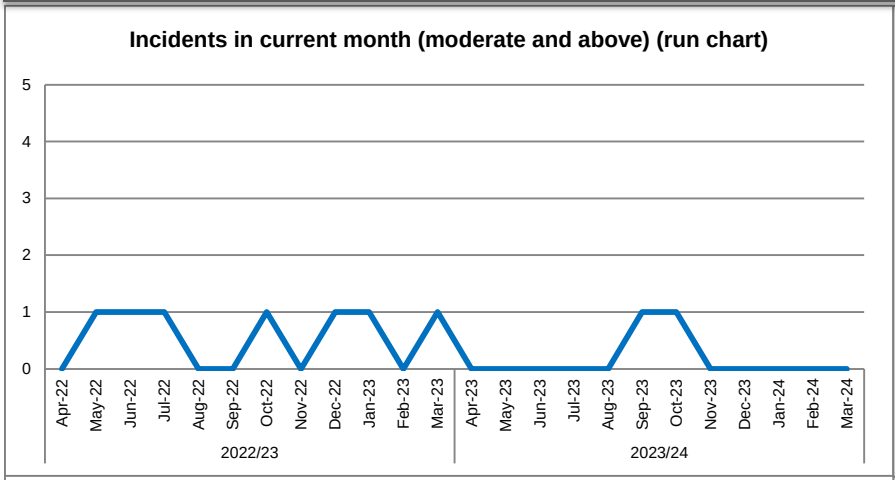


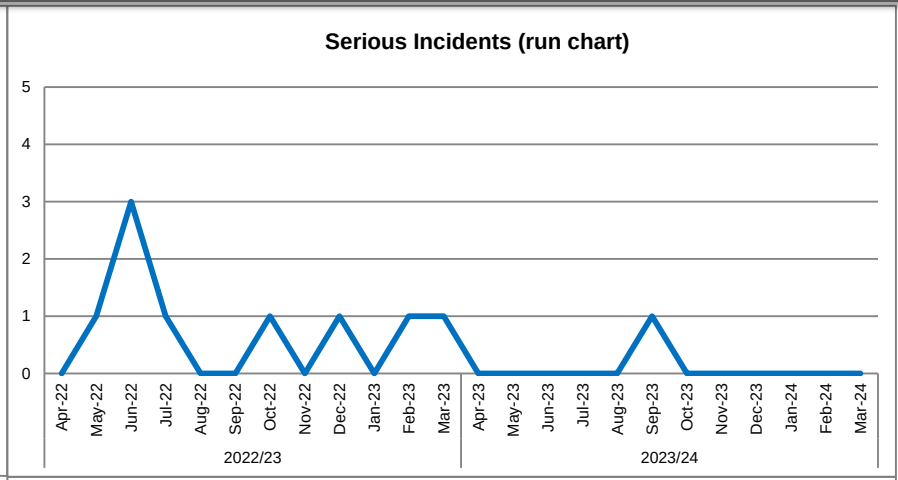


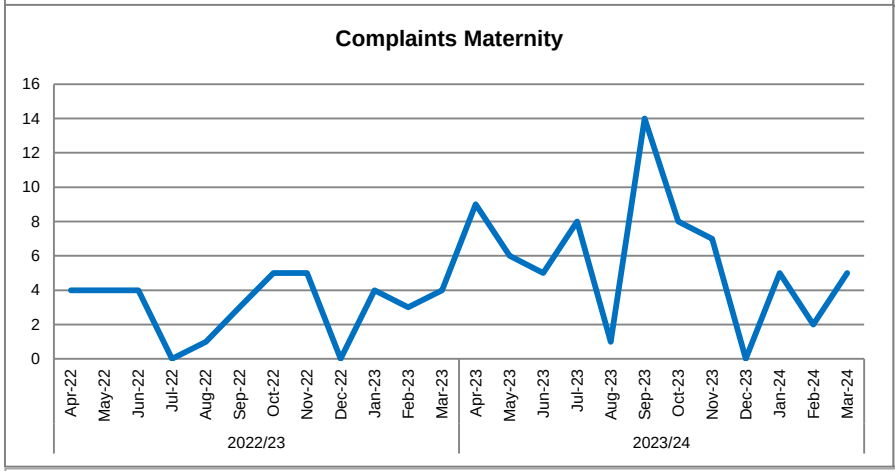
- 3 moderate incidents 2 of which are MNSI referred the other does not meet criteria (MNSI cases will be notified as SI)

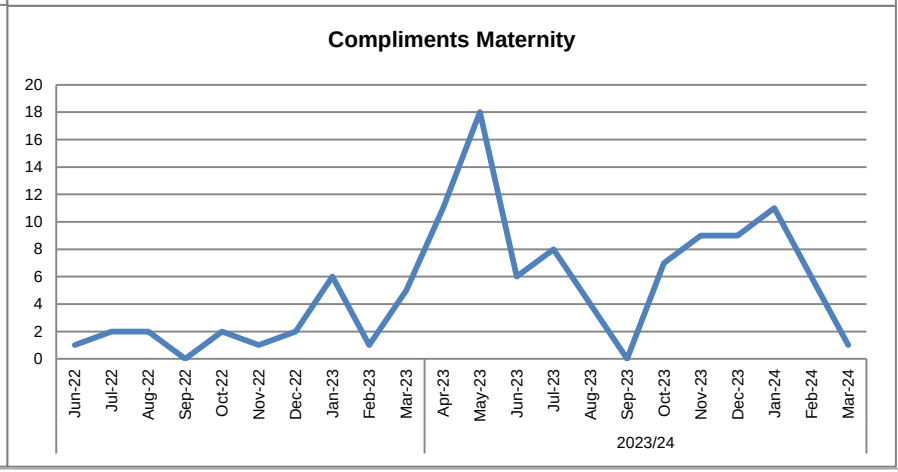
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

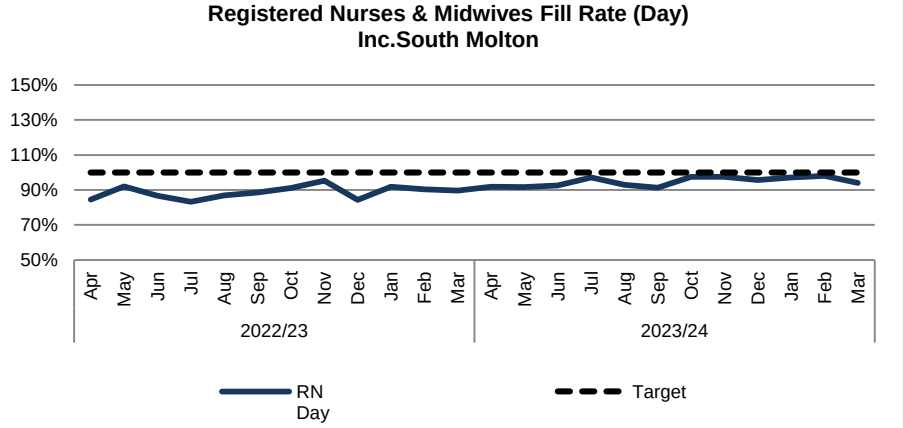


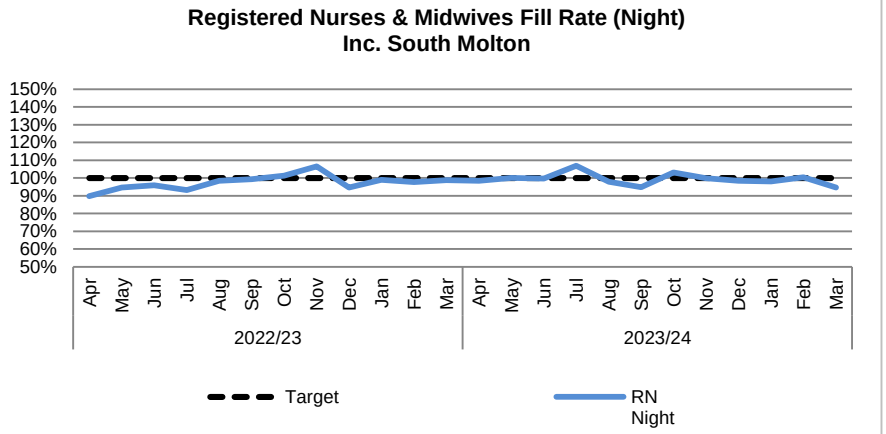


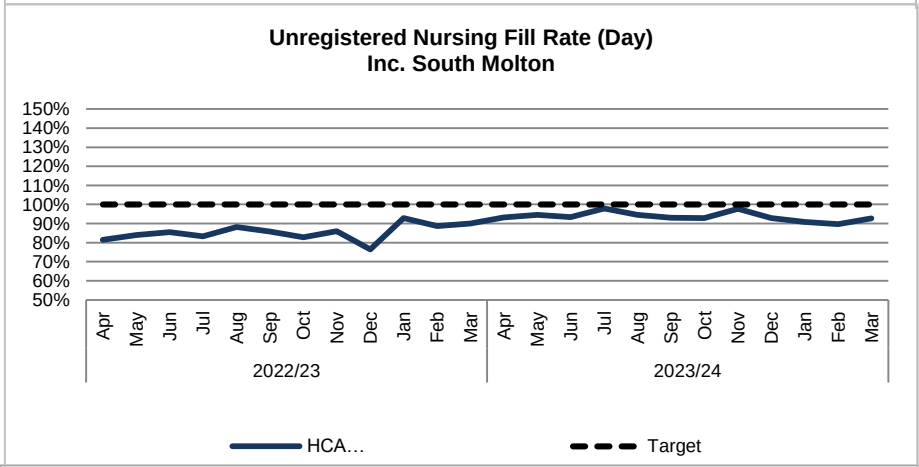


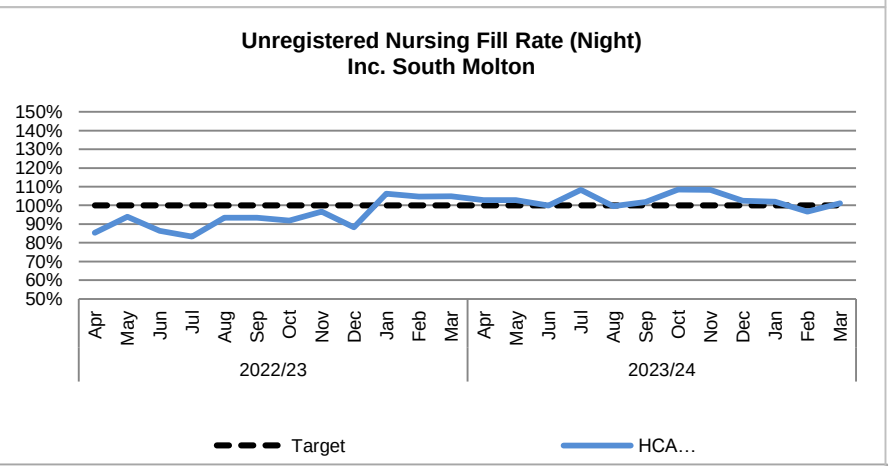


Northern Services Safe Clinical Staffing Fill Rates





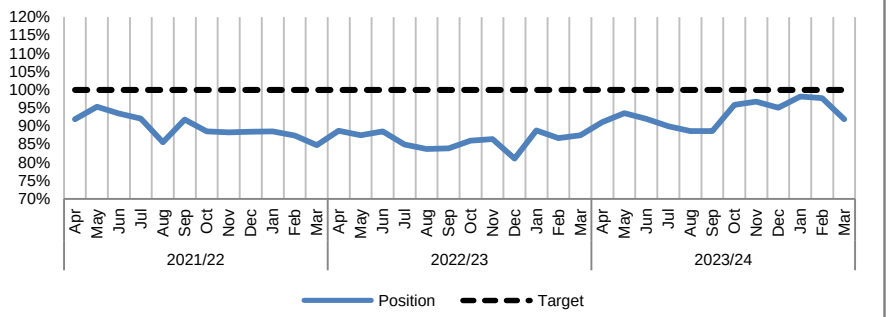


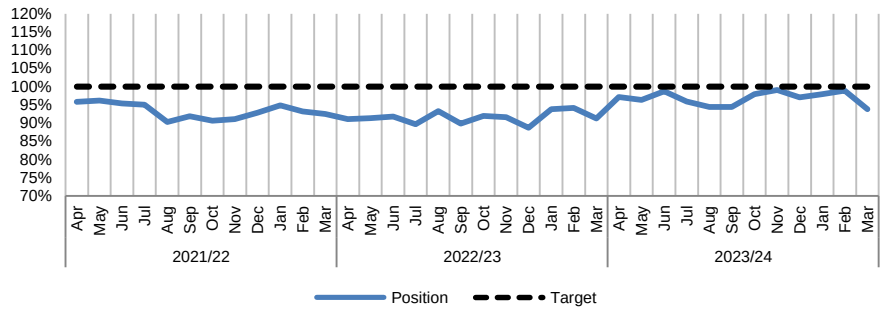


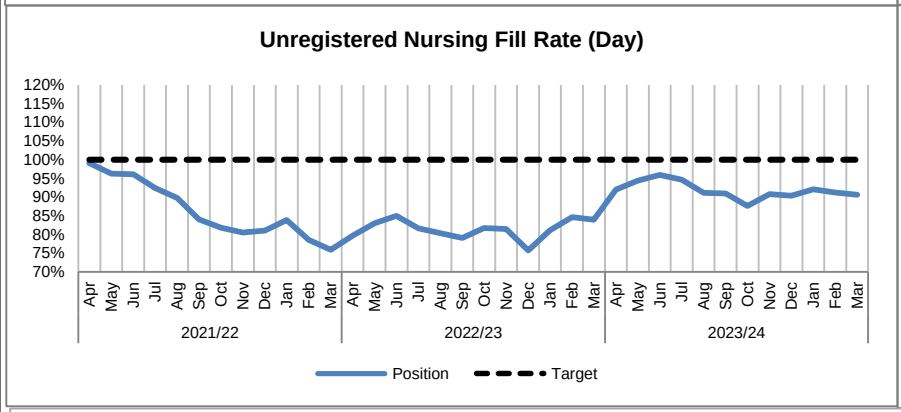
- The Average fill rate for Northern Services was 102.4% against a Trust wide fill rate of 101.1% The fill rate above 100% is attributed to additional staffing to provide enhanced care observations to risk-assessed patients.
- There were two patient safety events reported relating to staff shortages, all of these resulted in no harm to patients.
- A review was undertaken of all patient safety events which resulted in Moderate and above levels of harm. 12 incidents were reviewed, none cited staffing issues as a causal or contributory factor.

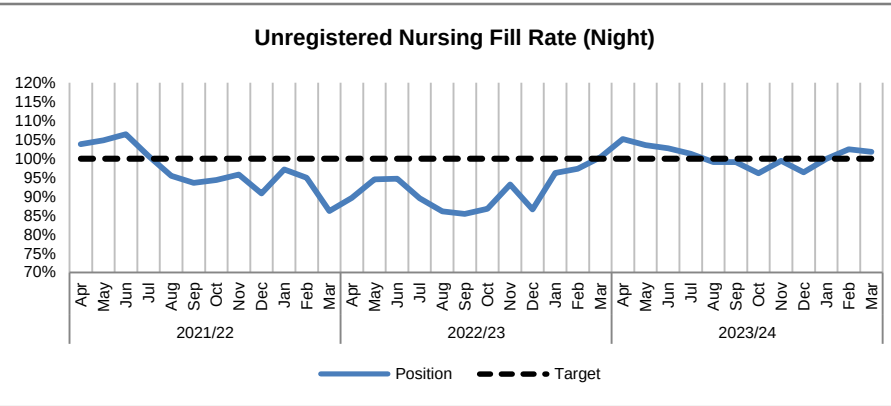
Eastern Services Safe Clinical Staffing – Fill Rate

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









- The Average fill rate for Eastern Services was 95.1% against a Trust wide fill rate of 101.1%
- There were six patient safety events reported relating to staff shortages, all of these resulted in no harm to patients.
- A review was undertaken of all patient safety events which resulted in Moderate and above levels of harm. 12 incidents were reviewed, none cited staffing issues as a causal or contributory factor.

Operational Plan 2023/24

YTD Substantive WTE: **+5.71% over plan**

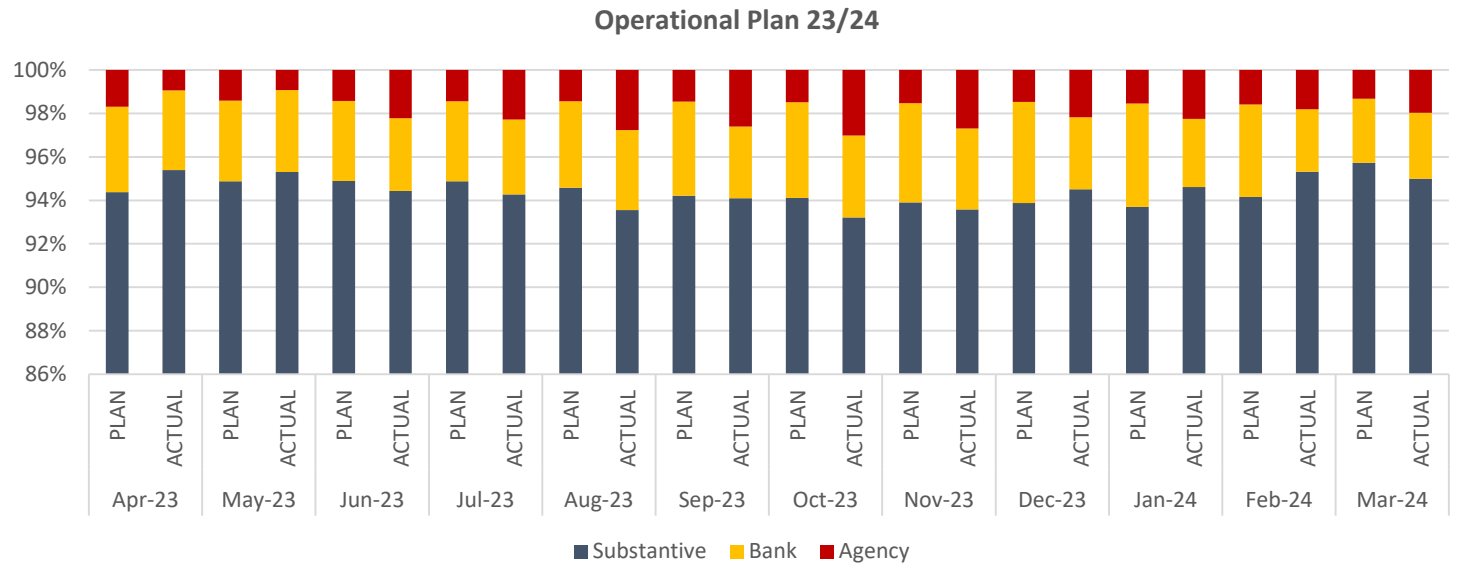
YoY Substantive WTE Change: **+2.82%**

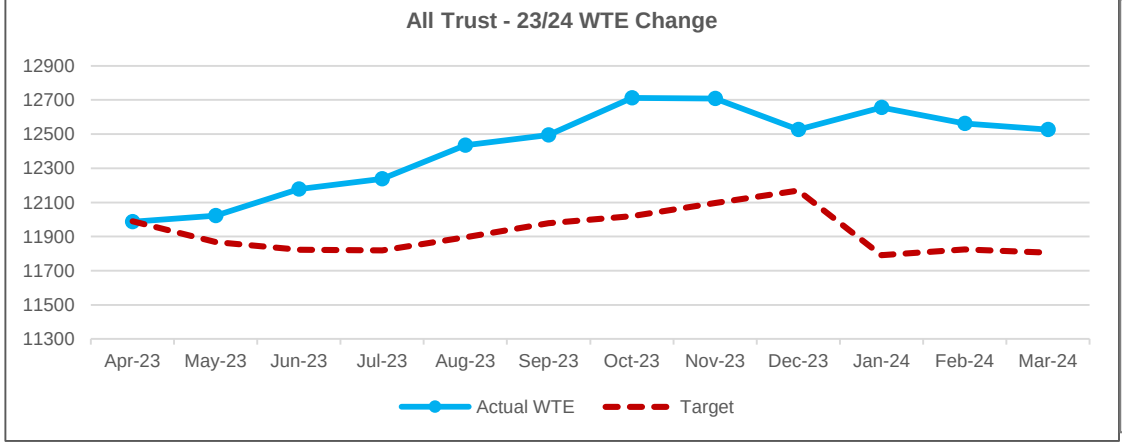
YTD Bank Utilisation: **12.55% under plan**

YoY Bank Utilisation: **19.88% reduction**

YTD Agency Utilisation: **50.86% over plan**

YoY Agency Utilisation: **0.49% reduction**





Key Points

Substantive WTE is +645.58 as at M12: 105wte is attributable to the over-stated opening WTE position 195.68wte due to unrealised DBV schemes, with 371.44wte is attributable to unrealised Devon ICS system schemes.

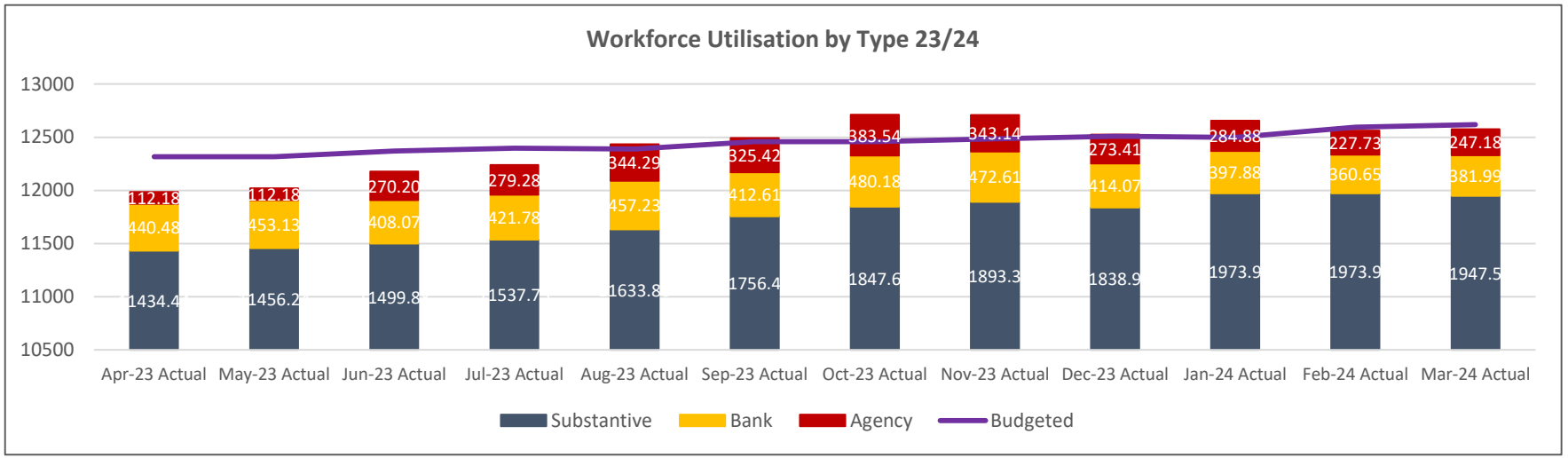
YTD substantive workforce growth is 327.79wte / 2.82% (vs. March '23). Growth YoY is 327.79 / 2.82% (M12 23/24 vs. M12 22/23) M12 against M11 reduced by -26.43wte

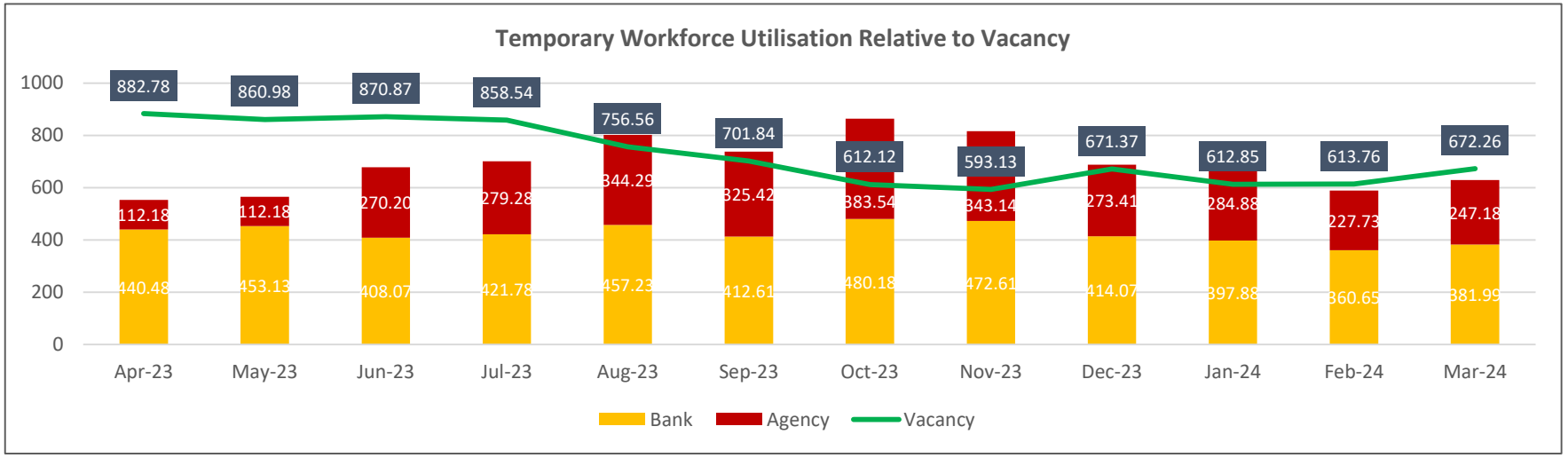
Bank an average monthly reduction of 31.37% in bank usage YTD, against March '23.

Agency: Av monthly reduction of 13.73% in agency usage YTD.

N.B. '**Target**' – total WTE plan by month as per 23/24 operational plan (i.e. substantive, bank & agency combined). **'Actual**' – total WTE utilised by month (substantive, bank & agency combined).

Operational Plan 2023/24





Trust Recruitment Update

Vacancy Data – March 24

- Trustwide vacancy percentage see's yet another increase in March 2024 rising to 3.91%. This has increased consistently from November 2024 when vacancy control (VCP) was implemented.
- March VCP saw the following activity:
  - > 408 approval to recruit forms were reviewed by the Trust VCP group;
  - > 372 were approved
  - > 36 were rejected or deferred or withdrawn
  - > Of those that were reviewed and approved, 6 requests were escalated to the ICB panel for review.

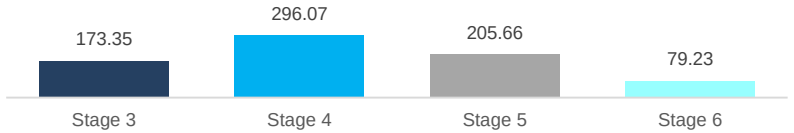
Recruitment

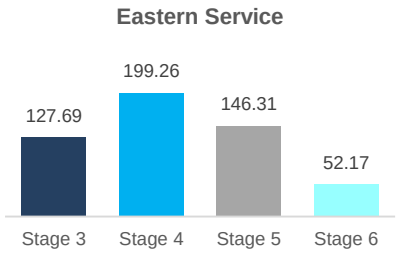
- Recruitment events have been busy with:
  - > 2 additional NQNs being offered
  - > 43 (20 East + 23 North) HealthCare Support Workers (HCSWs)

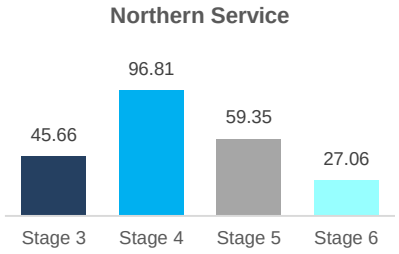
- The Strategic Resourcing and Marketing Teams continue to work with departments where roles are hard to fill with a number of campaigns in train.

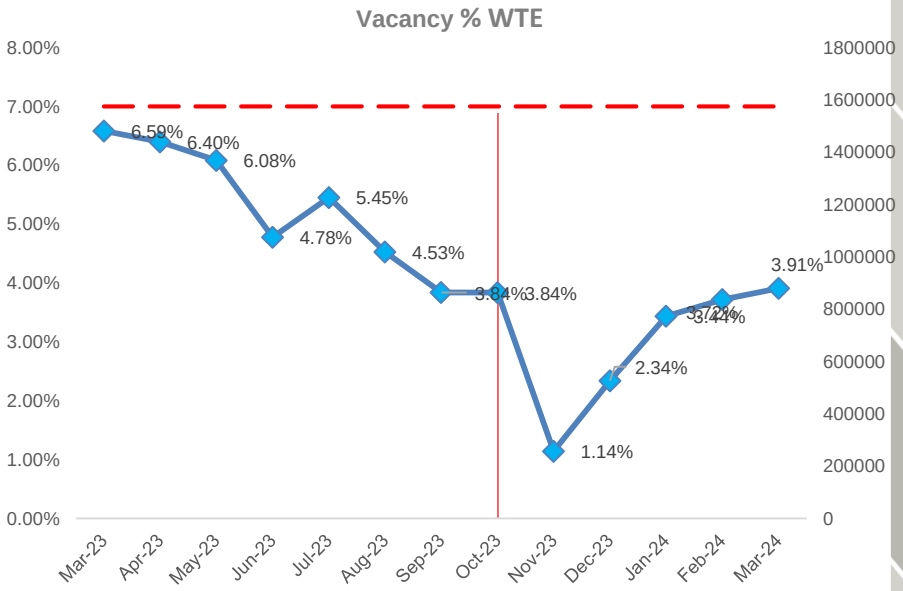
- The Trust's Make Safe Medical Staffing Initiative is focusing on 5 current long-term vacancies to attempt to fill these gaps currently being covered by agency workers. One new consultant (MAU) joined us on 15th April 2024. A visit weekend is scheduled to take place on the weekend of 26th/27th April and will be attended by prospective consultant applicants in anaesthetics and HFoP.

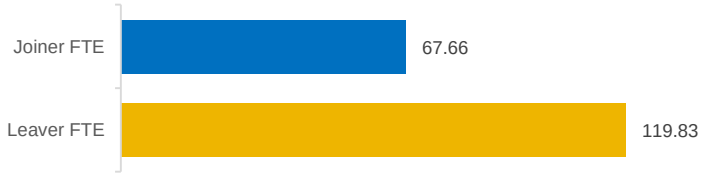
- Next regular recruitment events are on 13th April (HCSWs only) and 27th April (NQNs + HCSWs) both East



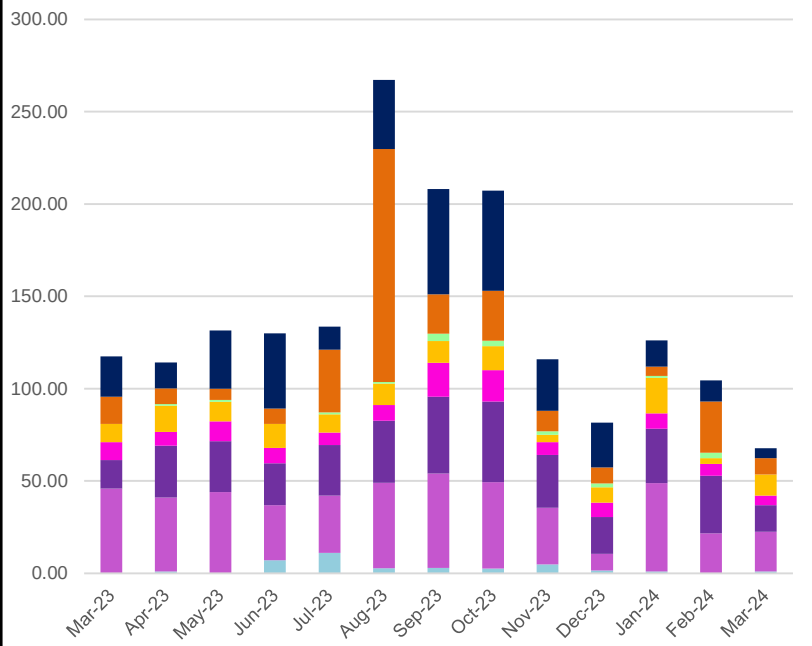


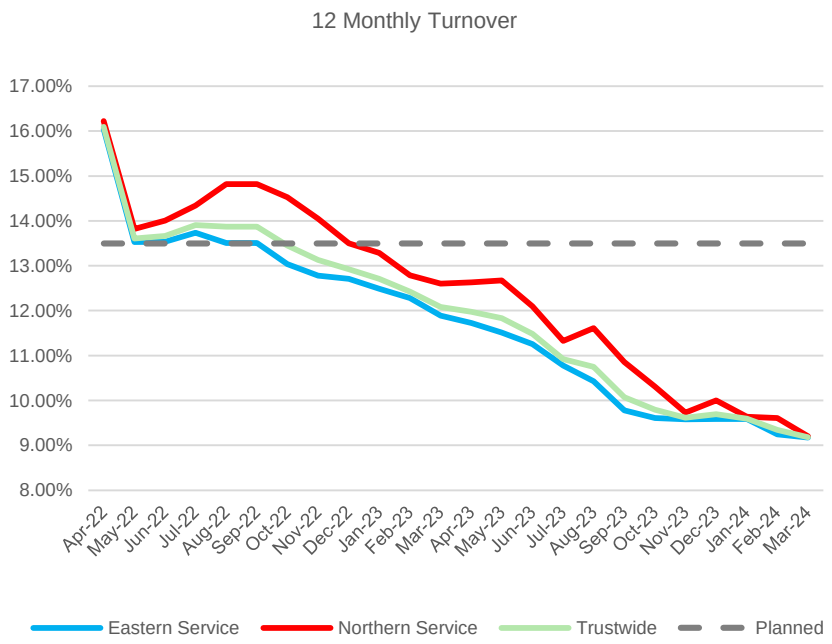


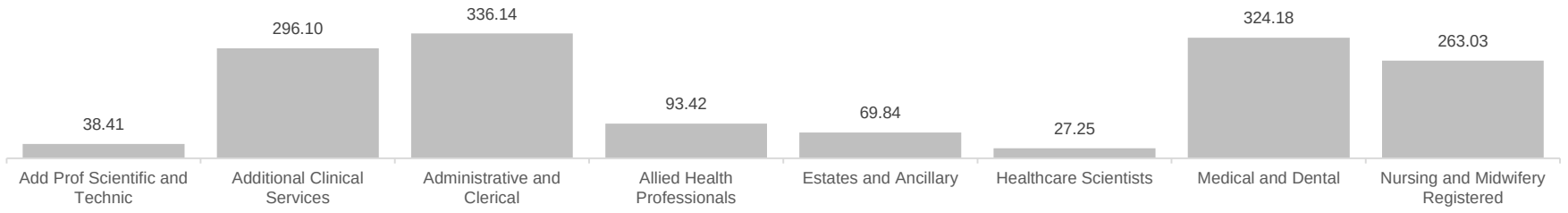




Trust Turnover



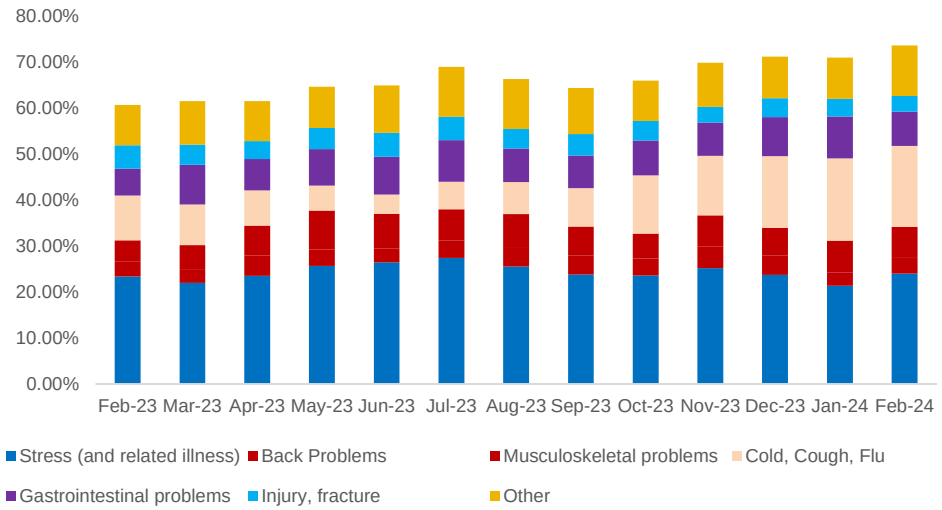


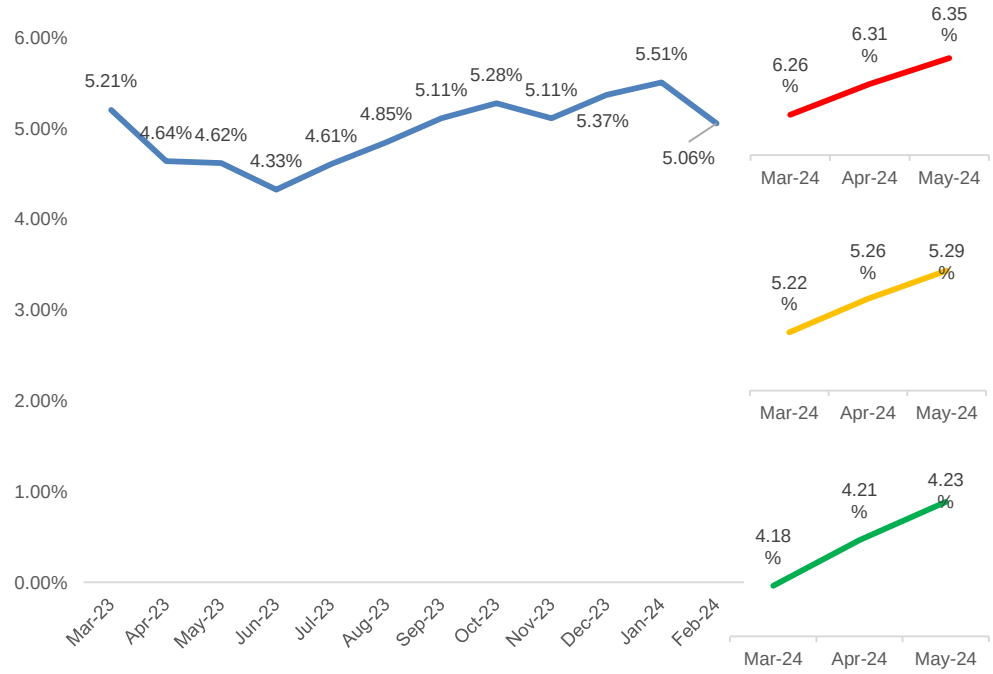


Turnover (data as at end-Mar-2024)

- Trustwide turnover has positively continued to drop again in March across both sites, strongly below the 13.5% threshold.
- Top leaving reason for March 2024 was retirement
- Initial results from our new 'learning from leavers' digital exit survey have been analysed and whilst it is too early for robust trend analysis there are helpful findings on leaver motivation. It is expected that this intelligence will improve over time and feed the work to improve the experience of staff across the organisation, further contributing to improved retention and reduced attrition.

Trust Sickness Absence





Sickness Absence (Data shown for latest complete month: Feb-24)

- Trustwide sickness rate has decreased in February after 3 months of increases. Both North and East have seen reductions. Cost therefore has decreased to £1,830,392 following the previous 2 months exceeding £2mn.
- The biggest drop in sickness is seen in Additional Clinical Services dropping by nearly 1% from 8.05% to 7.08% despite it also being the staff group with the highest percentage level. Admin and Clerical and Estates and Ancillary also see large decreases both dropping by 0.68% in February 2024.
- Sickness reason "Anxiety/stress/depression/other psychiatric illnesses" disappointingly rises in February 2024 to 24.01% after seeing a drop the previous month.. Cold, Cough, Flu – Influenza is still the second biggest reason in February remaining at a similar percentage as January's sickness reasons.
- The number of Trustwide total staff on 28+ Days Sickness still off at the end of February remains the same as in January sitting at 192 staff off.
- Trustwide total number of people approaching Half and Nil pay decreased in February with approaching half pay dropping to 41, whilst people approaching Nil pay drops to 12 people. People on Half and Nil pay sit at 57 and 28 respectively.
- The Trustwide total number of people still off on maternity leave at the end of February is 273 people.
- Sickness FTE days lost with reason "S99 Unknown causes / Not specified" has decreased slightly from 611 FTE days lost to 598 in February 2024.

Trust Summary Finance Position

Financial Performance - key performance indicators

Consolidated Metrics					
Domain	Measure / Metric	Unit of Measure	Last Month Feb-24	This Month Mar-24	Narrative
Income and Expenditure	**I&E Surplus / (Deficit) - Total**	£'000	-27,077	-26,845	**Year end Accounts** Due to the requirement to prepare annual accounts for audit purposes the month 12 accounting timetable for the NHS is extended and as such the information provided for the SOCI is currently draft and subject to audit. In addition, the timings mean that SOFP and SOCF prime documents are not available for inclusion in the appendices. Draft accounts, full primary statements and analytical review will be provided to the Audit Committee meeting in May 2024. **Year to Date Financial Overview** During Month 11 the Trust received deficit support funding for the year of £13m and NHSE reduced down the original plan of a £28m deficit by the same value resulting in a **revised target deficit of £15m for 2023/24**. Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have recognised a revised deficit of £26.9m for the Trust being £12.0m adverse to the revised plan At the end of month 12 the Trust is reporting a year to date deficit of £26.8 being £0.1m favourable to the recognised target deficit. The deficit support funding along with the actions of the financial recovery plan helped to off-set the net adverse variances below, the net impact of which is the driver of the overall deficit position: (£8.9m) drugs (see below)* (£5.2m) additional outsourcing and theatre ERF above plan (£1.8m) specialling of complex patients (£2.9m) unfunded pay award (£3.3m) supernumery costs of International Recruitment (£15.3m) under achievement of original Delivering Best Value programme. £10.4m ERF over achievement of plan through the Being Paid Fairly Financial Recovery Plan * Adverse non-pay variance includes an overspend on drugs from the movement in drugs growth from the point the expenditure plan was set, high cost drugs recoverable through Specialist Commissioning variable contract income and high cost drugs not recoverable under the ICB block contract. In month 12 the Trust also received £27.5m of income to off-set the pension cost of employer contributions paid by NHSE on provider's behalf - this is off-set by a corresponding increase in pay expenditure and is neutral to the financial position. This is a regular year end adjustment that is not reflected in annual planning. **Financial Recovery Plan (FRP) Actions** The Financial Recovery Plan enacted from month 7 has delivered £32.4m of benefit to date against a trajectory of £37.8m - see FRP section below.
	I&E Surplus / (Deficit) v budget	£'000	-6,677	-11,945	
	Income variance to budget - Total	£'000	42,581	83,803	
	Income variance to budget - Total	%	4.56%	8.24%	
	Income variance to budget - Patient Care	£'000	25,799	60,612	
	Income variance to budget - Operating income	£'000	16,782	23,191	
	Pay variance to budget - Total	£'000	-25,514	-57,531	
	Pay variance to budget - Total	%	-4.27%	-8.84%	
	Non Pay variance to budget	£'000	-25,182	-42,273	
	Non Pay variance to budget	%	-7.32%	-11.48%	
	PDC, Interest Paid / Received variance to budget	£'000	853	671	
	PDC, Interest Paid / Received variance to budget	%	6.93%	4.96%	
	Capital Donations and Impairments variance to plan - technical reversal	£'000	585	3,385	Neutral adjustment when calculating reported financial position: £0.2m Donations (included in income above) £3.0m Impairments (included in non pay above). Impairments included £0.4m of equipment and £2.6m of legacy health record system costs.
	Agency expenditure variance to Plan	£'000	-3,896	-3,634	Increased usage to cover vacancies, sickness, strike support and specialling of highly complex patients awaiting discharge - further work being undertaken to ensure compliance with agency controls is reducing the in-month run rate and reducing the adverse variance.
	Agency expenditure variance to agency limit	£'000	1,806	2,590	Agency usage is below the limit set for the year
	Delivering Best Value Programme - Total Current Year achievement	£'000	40,262	44,936	**DBV** Strong start to the year in terms of savings programme though slippage on recurrent delivery has been off-set by non-recurrent over-delivery. The YTD plan assumed the material benefit of strategic system schemes in Q4 that have not materialised. DBV schemes variance to plan: £7.7m Income favourable (£12.9m) Pay adverse (£10.1m) Non pay adverse **FRP** was implemented during month 8 and has delivered £32.4m of savings against the recovery plan profile. The under delivery of £5.4m against the Financial Recovery Plan has been forecast regularly and has been off-set by a corresponding increase in the £26.9m NHSE agreed forecast deficit.
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	-9,181	-15,341	
	Financial Recovery Action Plan - Total Current Year achievement	£'000	25,415	32,356	
	Financial Recovery Plan Actions - Year to date/ Current Year variance to budget	£'000	140	-5,422	

Trust Summary Finance Position

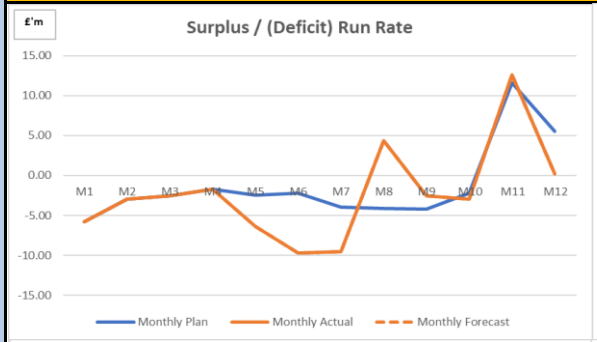
Consolidated Metrics					
Domain	Measure / Metric	Unit of Measure	Last Month Feb-24	This Month Mar-24	Narrative
Capital & Cash	Cash balance	£'000	20,855	23,641	The cash balance is in relation to significant capital payments that are due the following month and therefore is separated out from revenue cash commitments in the working capital draw down calculations. This is to ensure capital cash flows are maintained and not utilised to support revenue positions risking completion of capital schemes
	Cash variance to budget - above / (below)	£'000	1,101	9,107	The revenue cash balance is now at minimum levels and an application has been made to NHSE for £7.0m support in quarter 1 of the 2024/25 financial year.
	Better Payment Practice v 95% cumulative target - volume	%	73%	74%	Continued improvement in cumulative value of invoices paid within target to month 9; from month 10 performance impacted by the timing of notification of in-month cash support with recovery expected to be 79% at year end compared to 85% aspiration.
	Better Payment Practice v 95% cumulative target - value	%	78%	79%	Actual cumulative performance of 79% as a result of achieving 89% in-month performance.
	Capital Expenditure variance to plan - Total above / (below)	£'000	-30,110	3,370	2023/24 capital expenditure was £76.5m. Whilst the final capital expenditure is £3.4m above plan, this fully utilises the CDEL and PDC allocations notified in 2023/24.
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-8,148	6,971	The variance is largely due to additional funding received in-year such as £2.9m Our Future Hospital PDC allocation (excluded at planning stage due to the timing of approved MoUs) and £3.5m Hybrid Theatre CDEL uplift. £3.8m Northern Diagnostic PDC notified at planning stage was returned as the scheme was not able to progress.
	Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-21,962	-3,601	£5.5m underspend on leases allocation was offset with an overspend on non-IFRS 16 allocation. This is in line with NHS England 2023/24 IFRS 16 CDEL Budget & Allocations guidance where the operational capital expenditure is to be managed in totality to ensure CDEL is maximised.

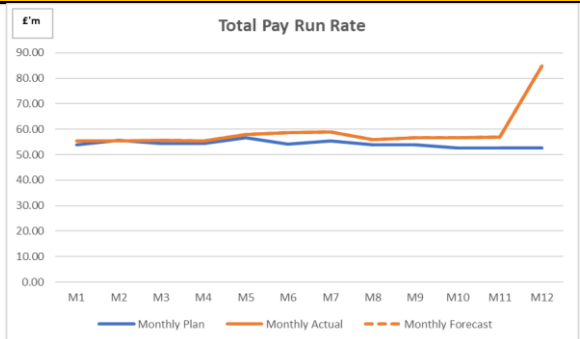
Key

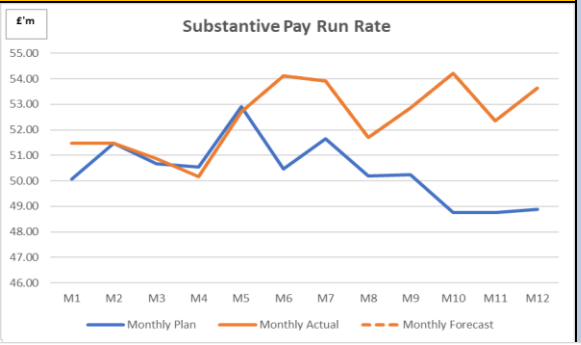
- **Total value**
- **Positive variance value**
- **Negative variance value <5%**
- **Negative variance value >5%**

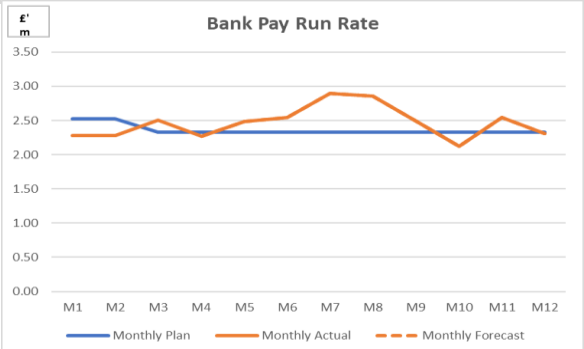
Trust Financial Tables

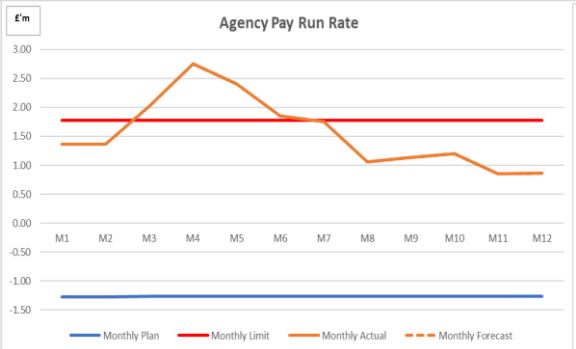
Royal Devon University Healthcare NHS Foundation Trust
Charts
Period ending 31/03/2024
Month 12

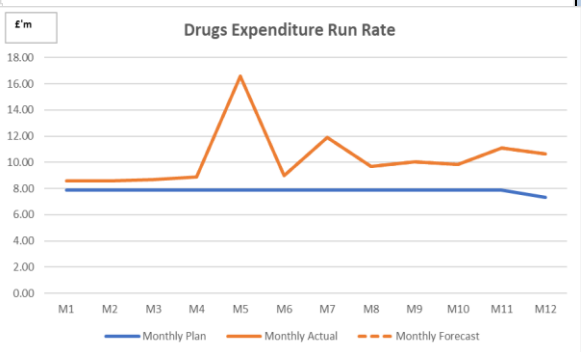


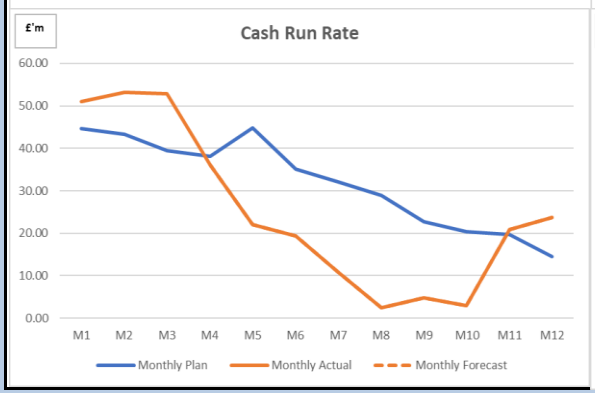


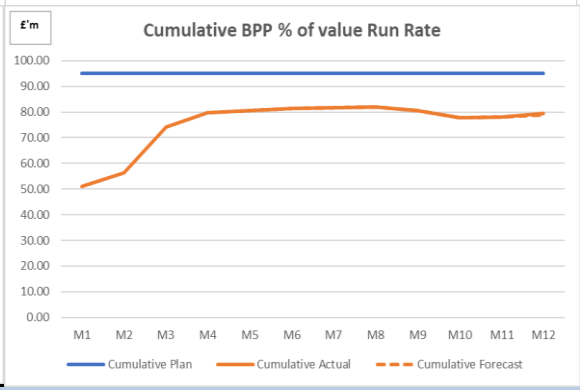












Total Pay Run Rate
In month 12 the Trust also received £27.5m of income to off-set the pension cost of employer contributions paid by NHSE on provider's behalf - this is off-set by a corresponding increase in pay expenditure and is neutral to the financial position. This is a regular year end adjustment that is not reflected in annual planning.

Cash Run Rate
Cash balance improvements are the result of slippage in the capital programme YTD that results in increased payable at year end. This is forecast to reduce significantly in April

BPP
Continued improvement in cumulative value of invoices paid within target to month 9; from month 10 performance impacted by the timing of notification of in-month cash support with recovery to 79% at year end compared to 85% aspiration.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Income Statement Period ending 31/03/2024 Month 12	Year to Date Plan £'000	Actual £'000	Actual Variance to Budget Fav / (Adv) £'000
Income			
Patient Care Income	904,119	964,731	60,612
Operating Income	113,438	136,629	23,191
Total Income	**1,017,557**	**1,101,360**	**83,803**
Employee Benefits Expenses	(650,509)	(708,040)	(57,531)
Services Received	(35,963)	(28,742)	7,221
Clinical Supplies	(90,000)	(87,641)	2,359
Non-Clinical Supplies	(15,428)	(17,045)	(1,617)
Drugs	(94,212)	(123,797)	(29,585)
Establishment	(13,141)	(18,284)	(5,143)
Premises	(25,538)	(27,128)	(1,590)
Depreciation & Amortisation	(42,010)	(41,721)	289
Impairments (reverse below the line)	0	(3,078)	(3,078)
Clinical Negligence	(26,520)	(26,520)	0
Research & Development	(9,012)	(18,742)	(9,730)
Operating lease expenditure	(1,690)	(1,728)	(38)
Other Operating Expenses	(14,847)	(16,208)	(1,361)
Total Costs	**(1,018,870)**	**(1,118,674)**	**(99,804)**
EBITDA	**(1,313)**	**(17,314)**	**(16,001)**
Profit / (Loss) on asset disposals	0	(300)	(300)
Interest Receivable	1,431	2,854	1,423
Interest Payable	(2,642)	(2,997)	(355)
PDC	(12,308)	(12,405)	(97)
Net Finance Costs	**(13,519)**	**(12,848)**	**671**
Net Surplus / (Deficit)	**(14,832)**	**(30,162)**	**(15,330)**
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	(68)	3,317	3,385
Net Surplus/(Deficit) after donated asset & PSF/MRET Income	**(14,900)**	**(26,845)**	**(11,945)**

KEY MOVEMENTS AGAINST BUDGET

Year to Date Financial Overview

Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have approved a revised deficit of £26.9m being £12.0m adverse to the revised plan

During Month 11 the Trust received deficit support funding for the year of £13m and NHSE reduced down the original plan of a £28m deficit by the same value resulting in a target deficit of £15m for 2023/24. At the end of month 12 the Trust is reporting a year to date deficit of £26.8 being £0.1m favourable to plan.

In month 12 the Trust also received £27.5m of income to off-set the pension cost of employer contributions paid by NHSE on provider's behalf - this is off-set by a corresponding increase in pay expenditure and is neutral to the financial position. This is a regular year end adjustment that is not reflected in annual planning. These additional income streams off-set the net adverse variances below:

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

(£8.9m) drugs
(£5.2m) additional outsourcing and theatre ERF above plan
(£1.8m) specialling of complex patients
(£2.9m) unfunded pay award
(£3.3m) supernumery costs of International Recruitment
(£15.3m) under achievement of original Delivering Best Value programme.
£10.4m ERF over achievement of plan through the Being Paid Fairly Financial Recovery Plan

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Capital Expenditure Period ending 31/03/2024 Month 12	Year to Date		
Scheme	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**
Capital Funding:			
Internally funded	31,074	38,249	(7,175)
PDC	25,743	27,655	(1,912)
Donations/Grants	842	638	204
IFRS 16	15,488	9,975	5,513
Total Capital Funding	**73,147**	**76,517**	**(3,370)**
Expenditure:			
Equipment	15,528	10,303	5,225
Estates Backlog/EIP	7,316	8,556	(1,240)
Estates Developments	10,102	11,824	(1,722)
Digital	4,162	9,293	(5,131)
Our Future Hospital	0	2,941	(2,941)
ED	6,165	4,510	1,655
Cardiology Day Case	7,432	8,023	(591)
CDC Nightingale	4,400	4,849	(449)
Endoscopy	11,122	7,454	3,668
Diagnostics - Northern Schemes	3,797	0	3,797
Digital Capability Programme	1,123	2,164	(1,041)
Hybrid Theatre	0	3,500	(3,500)
Other	0	3,101	(3,101)
Unallocated	2,000	0	2,000
Total Capital Expenditure	**73,147**	**76,517**	**(3,370)**
Under/(Over) Spend	**0**	**0**	**(0)**

2023/24 capital expenditure was £76.5m; £3.4m more than assumed in the plan. The variance is largely due to additional funding received in-year such as £2.9m Our Future Hospital PDC allocation (excluded at planning stage due to the timing of approved MoUs) and £3.5m Hybrid Theatre CDEL uplift. £3.8m Northern Diagnostic PDC notified at planning stage was returned as the scheme was not able to progress.

The underspend on leases allocation was offset with an overspend on non-IFRS 16 allocation. This is in line with NHS England 2023/24 IFRS 16 CDEL Budget & Allocations guidance where the operational capital expenditure is to be managed in totality to ensure CDEL is maximised.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
Delivering Best value
Period ending 31/03/2024
Month 12

Delivering Best Value Finance Report Month 12		RAG	Year to Date Plan	Year to Date Actuals	Variance £000s	Narrative
Internal Recurrent DBV						
Clinical Activity	Clinical Productivity - Activity		13,100	13,100	0	
	Data quality, coding & capture		5,000	5,000	0	
Corporate Services	Corporate Services - Integration		1,998	921	-1,077	
Other Income Opportunities	Overseas visitor income		200	200	0	
	Other Trustwide Income		0	0	0	
Estate Review	Leased Estate DBV		0	523	523	
Workforce	Temporary Workforce		5,200	1,471	-3,729	Agency spend currently above plan, any future agency spend reduction will be cost avoidance not DBV
	Supporting colleagues return to work		500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		3,842	1,066	-2,776	Detailed review of opportunities presented to DBV Governance process, eastern admin delivery £239k below expectation.
	Epic Optimisation - Digital		1,935	403	-1,532	Detailed review of opportunities presented to DBV Governance process, £396k adverse variance to expected delivery due to eastern healthcare records MOC delayed
Procurement	Procurement		500	151	-349	
Pharmacy	Medicines		300	1,619	1,319	Over delivery to be recognised against system strategic programme
Transformation	Transformation		400	0	-400	
Covid	Covid Costs		2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	340	340	
	Total Recurrent DBV		**37,575**	**29,393**	**-8,182**	
Internal Non recurrent DBV						
Corporate Services	Corporate Services - Integration		2	674	672	
Other Income Opportunities	Other Trustwide Income		0	2,922	2,922	Capital charges income
Estate Review	Profit on disposal		500	0	-500	Update to DBV Board reflected no delivery expected
Estate Review	Leased Estate DBV		200	889	689	Non recurrent NHS Property Services & rates adjustment
Workforce	Non clinical vacancy controls		1,000	1,000	0	
Epic	Epic Optimisation		0	44	44	
Procurement	Procurement		0	221	221	
Pharmacy	Medicines		0	465	465	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	450	450	NR slippage against transformation budget & Genomics analyser in year benefit
Finance Adjustments	NR Balance Sheet		4,500	7,507	3,007	Detailed review of accruals and deferred income
	Capital charges review		400	528	128	
	Funding arrangements for transfer of care		500	0	-500	
Other Divisional DBV	Other Divisional DBV		0	842	842	Various divisional delivery
	Total Non-Recurrent DBV		**7,102**	**15,543**	**8,441**	
	System Double Count			**-2,009**		
	Total Internal DBV		**44,677**	**42,927**	**-1,750**	

- The 23/24 year end position for RDUH led opportunities was a plan of £44.7m and achievement of £42.9m in line with the M11 forecast position

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
System Savings
Period ending 31/03/2024
Month 12

Delivering Best Value Finance Report Month 12		RAG	Year to Date Plan	Year to Date Actuals	Variance £000s	Narrative
System Strategic DBV						
Clinical Support	High Cost Drugs & Devices/Pharmacy		1,700	1,784	84	
Clinical Support	Imaging		850	0	-850	
Clinical Support	Pathology		850	0	-850	
Corporate Services	Corporate Services		1,100	0	-1,100	
Estates	Estates		800	225	-575	
People Services	Workforce		1,600	0	-1,600	
New Models of Care	New Models of Care		4,000	0	-4,000	
Procurement	Procurement		3,000	0	-3,000	
Digital	Digital		1,700	0	-1,700	
Technical	Technical		0	0	0	
	Adjustment to plan		0	0	0	
	Total System DBV		**15,600**	**2,009**	**-13,591**	
	Total DBV Delivery		**60,277**	**44,936**	**-15,341**	

- £2.0m delivered at year end in relation to the system strategic schemes resulting in a shortfall in delivery of £13.6m
- Overall DBV programme showing under delivery of £15.3m at year end year to date a £0.3m improvement on the M11 forecast position.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
Financial Recovery Plan Savings
Period ending 31/03/2024
Month 12

Financial Recovery Plan Report Month 12		Recovery Plan £'000	Actual £'000	Variance	Narrative
ERF and Data Capture	Income Workstream	9,349	9,349	-0	Slippage on income recovery improved in month 10 and projected to recover over the remainder of the year.
System Support	Income Workstream	4,420	0	-4,420	Reflected in updated FOT
Additional pay award funding	Income Workstream	1,495	1,495	0	
Early Supported Discharge	Income Workstream	300	300	0	
Specialing Out of Area	Income Workstream	500	500	0	
Additional income from facilities	Income Workstream	600	495	-105	
Balance sheet opportunities	Income Workstream	0	3,125	3,125	FRP challenge opportunities initially mapped as non-pay delivery
Pay controls	Pay Workstream	5,052	5,052	-0	
Non Pay controls	Non Pay Workstream	9,842	6,717	-3,125	Actual delivery reflected as additonal non-patient care income
Drugs	Drugs Workstream	1,500	2,003	503	
Other	Other	4,720	3,319	-1,401	£1,011k Reflected in updated FOT
Total		**37,778**	**32,356**	**-5,422**	

- £32.4m of FRP actions delivered against £37.8m plan.
- Under delivery of £5.4m has been off-set by a corresponding increase in the £40m NHSE agreed forecast deficit.

To:
- Sam Higginson, Chief Executive, Royal Devon University Healthcare NHS Foundation Trust

cc.
- John Palmer (Chief Operating Officer, Royal Devon University Healthcare NHS Foundation Trust), Martin Wilkinson (Director of Performance and Improvement, NHS England – South West), Sunita Berry (Managing Director, Peninsula Cancer Alliance)

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

11 April 2024

Dear Sam,

62 day urgent suspected cancer backlog reduction

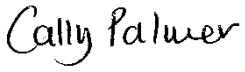
On behalf of the NHS Cancer Programme team, we are writing to congratulate you and your teams for the fantastic progress you have made on reducing your 62 day backlog over the past year and improving Faster Diagnosis performance.

Since the beginning of April 2023, your 62 day backlog has reduced to 151 patients (an improvement of 39.6%), which is below your Fair Shares target for 2023/2024. This is some of the most positive progress we have seen anywhere nationally, and has been a significant contributor to the overall national position – where we have now reduced the backlog to pre-pandemic levels.

I know this has been an incredibly difficult year for the NHS in many ways, not least contending with the disruption from Industrial Action, and this makes the kind of progress you have been able to make all the more impressive.

We have no doubt that with this strong foundation and your continued dedication you will start 2024/25 in an excellent position to continue to make improvements for patients. But for now a huge thank you again for all you have done, and please do pass on our thanks to your teams.

Yours sincerely,



Dame Cally Palmer
National Cancer Director
NHS Cancer Programme
NHS England

Professor Peter Johnson
National Clinical Director for Cancer
NHS Cancer Programme
NHS England

Email: sam.higginson2@nhs.net

NHS England

To:
- Sam Higginson
- Chief Executive
- Royal Devon University Healthcare NHS Foundation Trust

Wellington House
133-155 Waterloo Road
London
SE1 8UG

14 April 2024

Dear Sam,

Local 4 hour performance exceeding 76% across March 2024

I want to say a huge heartfelt thank you to you, your teams and your partners that supported the drive towards the national ambition that at least 76% of your patients in ED attendance were admitted, transferred, or discharged within 4 hours by the end of last year, providing timely access to care for the population you serve.

I know this has required significant focus and dedication, including increasing bed capacity within hospitals and expanding same day emergency care, changing ways of working with a greater focus on streaming, re-direction, direct access and clinical decision-making, and working with system partners to support the expansion and consistent utilisation of urgent treatment centres, virtual wards and urgent community response, as well as transfer of care hubs.

I have visited many organisations since I commenced in my national role, and I am very aware that much of this achievement has occurred as a result of the incredible drive and determination from everyone across the emergency care pathway. A key focus for the year ahead is to work to put this improvement on a sustainable footing, whilst continuing to deliver on the wider ambitions of the Urgent and Emergency Care Recovery Plan.

Thank you again for your hard work, and when you are thanking your teams in your own unique ways, please ensure mine are added. I see beyond the numbers into the experiences of the patients you have treated, when care and compassion are what matter most.

The year ahead will inevitably be more challenging, I look forward to working with you and supporting in any way I can.

Sarah-Jane

Sarah-Jane Marsh
National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer NHS England

NHS England

To: Sam Higginson, Chief Executive
Royal Devon University Healthcare
NHS Trust
Via email: sam.higginson2@nhs.net

Wellington House
133-155 Waterloo Road
London
SE1 8UG

12 April 2024

Dear Sam

Progress against elective targets

I want to thank you and your teams for all the fantastic efforts that have gone into reducing the number of elective waits of over 78 weeks.

Over the past year your teams have gone that extra mile to ensure our longest-waiting patients get the care and treatment they need.

It has been a real team effort to get to this point. From those behind the scenes in Integrated Care Systems (ICS) who have supported providers in identifying additional capacity, admin and booking teams have ensured those slots are filled and of course those on the frontline who delivered the care – everyone has come together to ensure patients were seen.

Your achievements are even more impressive given they have been delivered against the backdrop of another challenging year that saw the longest period of industrial action in the history of the NHS and increased demand on services. Despite this, your teams have made great strides in reducing the backlog and we hope everyone takes some pride in that.

I look forward to working with you in the months ahead to build on your achievements as we continue to reduce the elective backlog and deliver the best-possible care for our patients.

Please ensure my thanks is cascaded to those within your organisation and those who you worked with across your ICS.

Yours sincerely

Sir James Mackey
National Director of Elective Recovery

Royal Devon University Healthcare NHS Foundation Trust

Agenda Item:	11.1, Public Board meeting	**Date:** 24 April 2024
Title:	Health Inequalities Progress and Performance Report	
Prepared by:	Katherine Allen, Director of Strategy and Jeff Chinnock, Associate Director of Policy and Partnerships	
Presented by:	Chris Tidman, Deputy Chief Executive Officer	
Responsible Executive:	Chris Tidman, Deputy Chief Executive Officer	
Summary:	The purpose of this paper is to provide the health inequalities update to the Board of Directors on our progress on better understanding and addressing health inequalities. NHSE released guidance for all Trusts and a requirement to publish a Health Inequalities statement alongside or within the annual report and accounts. This report briefs Directors on the requirements and confirms that the Trust has submitted a draft for inclusion in the 2023/4 annual report and accounts. The health inequalities six-month report has been reframed to align to the health inequalities strategy delivery and objectives. The trends in the waiting list analysis by ethnicity and deprivation remains unchanged. However, the concerns about inequality have generated several streams of work: segmenting the DNA data; specific service waiting list analysis by JSOG; and routine reporting of ethnicity and deprivation in key datasets to increase awareness of inequity. The Royal Devon is supporting several projects in partnership with other bodies, including VCSE and the focus is on demonstrating impact through evaluation and experience.	
Actions Required:	The Board is asked to note the report	

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

History:	The Board of Directors receives a bi-annual report detailing RDUH's partnership work including specific activities to tackle health inequalities and deliver the health inequalities strategy. The structure and content of the report has been adjusted to align to the objectives of the health inequality strategy as well as meet the reporting requirements of the NHS England health inequalities statement.
Link to strategy/ Assurance framework:	Tackling health inequalities is a core component of the Trust's Better Together strategy and strategic objective on collaboration and partnerships.

Monitoring Information

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

Royal Devon Health Inequalities Performance Report

1. Purpose of paper

This paper:

a. Provides an overview of the recent NHS England Statement on Health Inequalities (https://www.england.nhs.uk/long-read/nhs-englands-statement-on-information-on-health-inequalities-duty) which introduces new duties on Foundation Trusts to publish information on health inequalities within or alongside the organisation's annual report from this year.

b. Provides the 6-monthly update to the Board of Directors on our progress in delivering the Health Inequalities strategy workplan to deliver programmes and projects that make a measurable difference to reducing health inequalities in Eastern and Northern Devon and our performance in relation to the NHSE priority areas on health inequalities.

2. Background

2.1 **NHS England's Statement on information on health inequalities:** The NHS Act 2006 (as amended, by the Health and Care Act 2022) places a range of health inequalities duties on the NHS.

To ensure that NHS organisations are taking forward work to address health inequalities, NHS England published a "statement on information on health inequalities" in November 2023. This statement set out the how integrated care boards (ICBs), trusts and foundation trusts should collect, analyse, publish and use information on health inequalities.

The purpose of the Statement is to encourage better quality data, completeness and increased transparency of health inequalities across the NHS. NHS bodies are to use the data to shape and monitor improvement activity.

From 2023 onwards, all NHS bodies are required to reporting progress in reducing health inequalities in or alongside their annual report in a Health Inequalities Statement.

The Statement prioritises a small number of data indicators and a limited number of expectations on how the information should be used.

The Statement for inclusion in the Royal Devon 2023/24 annual report and accounts is in progress and will be approved by the Board through the normal sign off routes.

2.2 **Health inequalities six-month report**: The finalised Health Inequality strategy sets out three overarching objectives and these provide the framework for the workplan and this performance report.

Previous health inequalities Board reports centred on the 2022/23 NHSE national planning guidance priorities on equitable recovery and the table below shows how these have been incorporated into the health inequality workplan.

The 5 NHSE health inequality and recovery priorities	Objective in tackling health inequalities	Paper section
1. restoring services inclusively 2. mitigating against digital exclusion, 3. accurate secondary care datasets	RDUH's role as a provider of healthcare	3.11
4. accelerating prevention programmes	RDUH's role as a partner	3.12; 3.2
5. strengthening system leadership in health inequalities	RDUH's role as an anchor organisation	3.2

3. Analysis: performance and progress report

3.1 RDUH's role as a provider of healthcare

Royal Devon has thousands of touchpoints with patients every day, and has the opportunity to positively impact and reduce health inequalities through these interactions. Reflected in the strategy and workplan is the importance of establishing systematic ways of collecting, analysing and using data to inform the adaption of care delivery to tackle health inequalities.

The following section outlines our activities as a care provider over the last six months.

Objective	Development work: Year 1	Work programme: Year 2 onwards	Outcomes
Use our role as a **healthcare provider** to reduce health inequalities	*As per NHSE Statement.....* • **Understand healthcare needs**. Develop data capabilities: EPIC, PHM, One Devon Dataset, JNSA. Alongside community and partner engagement • **Understand health access**, experience & outcomes • **Collect, analyse and publish** health inequalities information at Board (biannual recovery report and NHSE HI statement) • **Publish** information on HI in annual report • **Use** data/evidence to inform action	• RDUH Core 20+5 delivery programme launched in CVD and diabetes • EPIC-PHM etc combined dataset • Elective recovery – HI input to outpatient transformation, digital inclusion, virtual/remote care delivery • Urgent care recovery – HI input to high intensity users (+High Flow), social prescribing and community connectors • Maturity of personalised care, make every contact count, value-based care and effective	**More years in better health (QALY + SHMI)** **North and East service integration levels up**

3.1.1 Understanding healthcare needs

3.1.2 Understanding health access, experience & outcomes

The Trust is leading on a number of projects that seeks to better understand need and address access, experience and outcomes in the delivery of healthcare. Addressing health inequalities is everyone's business so this is reflected in the way that the Policy & partnerships teams is working - by demonstrating impact through pilot projects; by incorporating health inequalities into business as usual; and ensuring that health inequalities inform project and business plan development. A summary of the key projects is contained below-:

HI Elective recovery data analysis - Waiting List & DNA: Every six months the Board of Directors receive a report analysing the waiting list and DNA data against ethnicity and deprivation. Reporting this is a requirement of the NHSE restoring services inclusively and the NHSE health inequalities statement.

In November 2023 the report was based on a reduced dataset, however this April 24 report benefits from a larger dataset from the ICB. A comparative segmentation (low IMD vs high IMD) with trend analysis was undertaken. The main findings from this enhanced analysis (see Annex A) shows:

- no significant differences in the patient waiting data when analysed as a whole, for patients waiting longest or patients in the 95th percentile.
- no evidence of disparity in waiting time by ethnic group.
- DNA data does not show any meaningful differences in IMD profile or ethnicity and remain below national averages.

However, there is some evidence to suggest:

- Those in the lower IMD profiles may have longer wait times compared to those in the highest (when looking at mean and mode data).
- Some variation in waiting time trends between the North and East sites.
- Variation in waiting times reduction across IMDs as a result of waiting time initiatives
- In regards ethnicity, the rates of 'not stated' for ethnicity data is potentially indicative of under recording for patients from an ethnic minority background.

As a result of this data, the Strategy & Partnerships team is working with the BI team, Outpatients leads and Transformation team to:

Action / project	Forum	Outcomes / Delivery
1. **Explore differences between North and East** – waiting analysis	JSOG (joint strategic outpatients group)	Differences in specific services have been incorporated into existing OPD improvement plans and reported as part of this work. An analysis of health inequalities is not automatic in all JSOG workstreams.
2. **Did Not Attend (DNA) analysis**	JSOG	Whilst the DNA data presented in Annex A, section A3 does not indicate a significant difference in DNA rates across the IMD bands, the data does identify a potential subset of people who cancel at the last minute or who turn up late and can't be seen on the day. The clinical team in JSOG are looking into this to ensure there were no links with health inequalities.

3. Interrogate specific data sets (e.g. clinical speciality or waiting list initiatives)	JSOG	On the basis of the data analysis undertaken the work is focusing on correlating specific waiting list initiatives with identified changes in the data to identify intended or unintended impacts on health inequalities and use this learning to inform future interventions
4. Greater sensitivity and segmentation into routine reporting	ICB BI team	The BI team are integrating regular reporting on ethnicity and deprivation into key datasets used by the Trust to enable better analysis and assurance of equitable delivery

3.1.3 Collect, analyse and publish health inequalities information at Board (biannual recovery report and NHSE HI statement) and publish information on HI in annual report

The NHSE Statement on Health inequalities will be coming to the Board as part of the Annual Report sign off process.

3.1.4 Use data/evidence to inform action

The project to develop health inequalities data/intelligence across RDUH has six workstreams:

Action / project summary	Progress
1. Epic – compass rose This is an Epic module which can overlay data on wider determinants against the patient data enabling clinicians to develop a more holistic picture of need in its widest sense. The data collected will include social issues that impact on health status such as housing; relationships; employment status etc. The information will be collected at key touchpoints for patients (including the app) as well as overlaying ONS data to enable triangulation of data.	The project plan is being scoped with the partnership, transformation, clinical digital and clinical teams. The expectation is that this project will begin by summer 2024.
2. Core 20+5 The partnership and BI teams are developing a health inequalities dashboard which will help better identify the population groups that form part of the NHS Core20+5 target groups	The project plan is being scoped with the partnership, clinical digital and clinical teams to deliver later this year.

3. Core20plus health connector NHSE funded two Core20+5 health connectors in Ilfracombe (coastal deprivation) and North Dartmoor (rural deprivation) as part of a pilot. Connectors were recruited by VCSE organisations and community conversations were established to better understand the needs, issues and strengths of deprived communities.	The pilot has been completed at the end of the financial year and an evaluation is underway. The findings from this work will feed into the community services strategy and the Ilfracombe Task Force programme, led by North Devon District Council.
4. Social Prescribing in ED This pilot project in the emergency department (ED) on the Wonford site connects patients with practical, social and emotional needs that affect their health and wellbeing to activities, groups and services in their own community. The partnership team is working with the ED team to run the pilot and with Westbank to ensure the impact and learning from the project is captured.	The project commenced in March 2024. Two social prescriber link workers from the Westbank charity will work with patients who may benefit from this service. The social prescribing link workers are currently connecting and signposting people to local community groups, using the Joy social prescribing software to better access practical and emotional support.
5. Impact reporting The Partnerships team is working with an external provider (Impact Reporting) on how best to measure, evaluate and visualise the social value and social impact of the partnership work underway across our area. In addition, the team is working with Devon Communities Together (DCT) to use social value to evaluate the impact of the work to embed a social prescriber in RD&E ED.	The work with DCT is being incorporated in the social prescriber project (see section 3.2). The work with the external provider has been delayed due to issues with the provider but this has now been rectified.
6. High Flow /High Intensity Use (HIU) NHSE People who frequently attend ED account for more than 16% of ED attendances and 28% of admissions costing the NHS £2.5bn a year. Repeat attendances are closely associated with health inequalities. RDUH has 30% of Devon's HIU attending its EDs and there is recognition that they have needs which cannot be met by the emergency department. Funding for this comes via NHS England (via the ICB) with a requirement to adopt the NHSE HIU Service Model, and reduce HIU attendances to ED by 40%. Our operational delivery partners for this are VCSE: Encompass South West and CoLab. Clinical leads are in place for North and East. Delivery commenced in January 2024 in North and March 2024 in East. The reason for the delay was the	Based on our experience in delivering the high flow programme in North Devon we have been able to demonstrate that we can provide an enhanced, more joined up version of the NHSE HIU model for the same cost. The High Flow approach (One Northern Devon) has a strong partnership model. With just 6 patients supported in the first year of the intervention, there was a total of £103,831 reduction in activity across all partners as well as other benefits including patient experience, reduced attendances etc. We have developed detailed recording mechanisms to evidence the impact that the service is having and data will become available as the programme progresses. First quarterly results are expected in April.

requirement to start the programme from scratch East; North adapted its existing High Flow programme.	
7. InHIP Remote Monitoring The partnership team were successful in attracting grant income to support a pilot project to improve access and treatment outcomes through the use of remote monitoring treatment pathway in patients experiencing heart failure. The project is focused on existing / newly diagnosed heart failure patients who face health inequalities. There are currently 75 patients involved in this pilot and the early indications are that patients/patient groups (farming community who would not normally access this pathway have been enabled to do so and are accessing medication earlier.	The pilot ended in March 2024 and the evaluation is being assessed. Early indications are: Patient experience is highly positive Clinical experience is improved: Remote monitoring enables up-to-date information that increases clinical oversight / reduces clinical risk. Productivity improvement: The pilot has shown a way of achieving a clinically and cost effective digital remote monitoring treatment service to enable 'at home' monitoring
8. Joint virtual appointments with GP This pilot project is exploring the potential of bringing together complex patients who use the Castle Place surgery, the GP and relevant clinicians in an online virtual MDT. The project has already considered a number of patient cohorts that might be suitable for the virtual MDT including those relying on transport to the Wonford site but the data did not correlate. Data from Castle Place identified that frail patients with renal (and other issues) may be a suitable cohort to further develop this pilot.	This project has been delayed due to the need for additional BI capacity to collate GP data with Trust clinical speciality. It is likely that this project will be transferred and incorporated into the ongoing joint work programme with Community Division.

Supporting delivery of the clinical strategy, particularly community services

There are significant overlaps between the Royal Devon's community services development programme and health inequalities delivery.

The community care group and partnerships team are collaborating on prevention and population health where the two agendas align.

This project and its transition to BAU is noteworthy as it exemplifies the methodology of the health inequalities strategy to demonstrate the 'return on investment case' by evidencing a successful pilot and making it a permanent part of our core service delivery.

9. Community Flow This is a pilot project which originated out of One Northern Devon for patients who do not have established support networks or a friend or family network to help them, and whom staff feel may struggle to sustain their recovery and general health and wellbeing following an admission. Community Flow also aims to enable safer and sustainable discharges, avoid unnecessary	The majority of these patients are at risk of, or have experienced, health inequalities and in the pilot phase Community Flow supported them to improve their own health and wellbeing, link them into their communities, work on the wider issues in their lives that can affect their health, help them build sustainable support networks, and enable

readmission and reduce reliance on health and social care services.	them to function as independently as possible. Since the project started over 650 patients have received this support. In October 2023 the team were transferred to the Community Health and Social Care Teams to ensure targeted focus on re-admission avoidance as part of the Royal Devon winter plan. The Care Group Director has agreed that the Community Flow programme (OND) will be permanently incorporated as a core service within the Community Care Group.

3.2 RDUH's role as a partner

Objective	Development work: Year 1	Work programme: Year 2 onwards	Outcomes
Use our role as a **partner** to reduce health inequalities	• Participate in strong **One Northern Devon** partnership and contribute resources and effort to a shared prevention workplan • Support the development of **One Eastern Devon** to same partnership model as OND • Support maturity of **LCPs** as the ICS delegates more functions to local place level • Support delivery of the **clinical strategy, particularly community services and prevention** • Establish DPIAs with partners to enable joint action	• Pursue joint prevention, regeneration and Levelling Up partnership initiatives • **North -** focus on local priorities: mental health, fuel poverty, high intensity user, social prescribing, homelessness, cost of living • **East: -** focus on local priorities: mental health, loneliness, homelessness • Partner economic case for health inequality improvement programmes	**Services have adapted to people's needs** **Improved health outcomes** **& Reduced cost of delivery**

The Trust is supporting prevention initiatives and addressing the wider determinants of health through its work in partnership with a range of organisations and communities (see Annex B). The following table provides an update on some of the key projects currently underway with partners followed by a summary of how Royal Devon is supporting the partnership infrastructure and activities.

Action / project summary	Outcomes / Delivery
1. Tobacco dependence Smoking remains one of the biggest causes of mortality in England and tackling smoking is the leading modifiable cause of health inequalities. This project is commissioned by DCC and ICB across Devon targeting maternity services and inpatients.	Since the last Board report, the maternity pathway is now fully up and running in both northern and eastern maternity services. All pregnant women are now being offered bespoke support to stop smoking by a trained Midwife or Maternity Support Worker. The pathway now includes vapes as an alternative to pharmacotherapy in the eastern service. Space utilisation in NDDH have now allocated space for a TTD advisor so recruitment can begin

	in earnest. 958 inpatients were referred to the community services for support this year which is an increase from last year.
2. One Communities (Northern Devon) This project, which incorporates One Towns includes One Towns in seven communities in Northern Devon who existing to promote health and wellbeing in their communities. One Towns are partnership forums for a local area. RDUH helps supports the facilitation of these groups.	While each of the seven One Towns are strong there is an issues about ongoing funding for community develop funding depending on whether this is funded by the ICB (using designated health inequalities/prevention monies). Sustainable funding needs to be resolved before the same local town infrastructure can be rolled out in Eastern Devon.
3. Social health audit (Eastern Devon) The Partnerships team is supporting an in-depth study with VCSE organisations and the University of Exeter to map and audit social health provision and connectivity across the locality.	Following some initial delays, this projects is now up and running and expected top deliver outcomes in July/August 2024 that will help inform future priorities and investments going forward.
4. Poverty Truth Commission One Northern Devon – and facilitated by the RDUH partnership team - was successful in bidding to have the Poverty Truth Commission support Ilfracombe. The Commission seeks to discover the answer to the question, 'what if people who struggled against poverty were involved in making decisions about tackling poverty?' The Commission comprise two groups of people: around half of the participants are people with a lived experience of the struggle against poverty. The other half are community/statutory leaders within Ilfracombe/North Devon. Collectively they work to understand the nature of poverty, what are some of the underlying issues that create poverty and explore creative ways of addressing them.	2 Community Commissioner sessions complete - 11 participants have been recruited and attending Opening event planned for Sept 2024 to give more time to recruit civic/business leaders / prep community commissioners Steering group is being set up in May 24 and seeking partners to support the evaluation and facilitation (planning and delivering sessions).

3.2.1 Supporting partnership activities

This section provides an update on our partnership infrastructure and key activities or strategic changes underway.

One Northern Devon

The proposed merger between One Northern Devon and the Northern Local Care Partnership has made some progress despite the ICB pulling back from LCP development as it seeks to extricate the system from NOF4.

A joint OND/NLCP Board development session took place last month and work is underway to ensure alignment of workplans.

There are emerging programmes underway with the Ilfracombe Taskforce, a project led by DCC and North Devon District Council, primarily aimed at tackling the deep-seated root causes of deprivation in Ilfracombe. Royal Devon's community and partnership teams are co-ordinating the health input to these discussions.

Torridge has been designated a Levelling Up area by the government Department for Levelling Up. A Torridge Place Board has been established with RDUH representation. Ideas are being sought for capital expenditure and RDUH is facilitating discussions with health partners about what is achievable within the timescales and meets the levelling up criteria.

One Eastern Devon

The One Eastern Devon Partnership Forum provides a collaborative space in which key stakeholders/anchor institutions from across Eastern Devon work together to improve the lives of people in communities, address inequalities and build community resilience. The forum has agreed that it's priority focus will be on community mental health issues and social connectivity and is tasking a sub group to maximise the contributions of all partners to meeting agreed community mental health objectives. Work is also underway as part of the development of the ELCP to position One Eastern Devon as the key decision making forum for the ELCP.

ICS health inequality collaboration

ICBs in England have committed to devolve prevention and health inequalities funds to local communities. In the 2023/24 financial year, the ICB devolved funding to support health inequalities and prevention to each of Devon's 5 Local Care Partnerships (LCP) - the Northern and Eastern LCPs share was £330k; £121k and £209k respectively. Details on the projects this funding supported is contained in Annex B.

For 2024/5 the Devon ICB has not yet committed to a process which repeats the same allocation criteria. This puts the schemes underway in North and East Devon at risk as they will cease once funding stops (see annex B for detail of the flow projects this impacts).

Both LCPs have asked Royal Devon, as an anchor institution to maintain any devolved ICB funds on behalf of the North and East localities to ensure effective financial management.

Formalising the sharing of information with key partners

RDUH is a member of the Civic University Agreement Partnership Board in Exeter and also has representation on the operational group. With membership from the City Council, the RDUH and University of Exeter the mission of the Board is to collaborate on areas of common ground and shared priority. Work to establish further DPIAs with relevant partners - in particular Devon County Council and the Integrated Care Board will be developed in due course

3.3 RDUH's role as an anchor institution

Objective	Development work: Year 1	Work programme: Year 2 onwards	Outcomes
Use our role as an **anchor institution** to reduce health inequalities	• Map all the health inequality opportunities and activities across RDUH functions i.e apprenticeships (social mobility), Green Plan, Digital, Estates, Finance and Procurement and clinical models of care delivery • Publish progress in line with the NHSE statement and equality legislation	• Secure sustainable funding for health inequalities improvement initiatives • Benchmark the health inequality anchor activities with cost/benefit analysis • RDUH and stakeholder alignment, i.e. District Council Local Plans	**RDUH has net +ve impact on the socio-economic health and wealth of Devon**

As set out in the health inequalities strategy during the first year of delivery the partnership team will map the contributions the Trust is already making to broader social and economic development in Devon.

4. LINK TO BAF / KEY RISKS

The Trust's work on health inequalities is subject to a number of risks including:

- The ICB focus on NOF 4 has diverted attention away from population health and LCP development, including devolving funds to Place.
- Sustaining partnerships at a time of financial austerity requires significant effort and there are risks that some partners retreat to focus on internal priorities.
- Our ambition will always exceed our resources and prioritisation (internally and with partners) will mean compromises in the content and delivery of the workplan.
- BI capacity is at a premium and this means that it can be difficult to prioritise core data analysis resource on health inequalities to drive improvement and accuracy

5. RECOMMENDATION

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

Annex A

Annex A – RDUH Waiting List / recovery data and Health Inequalities

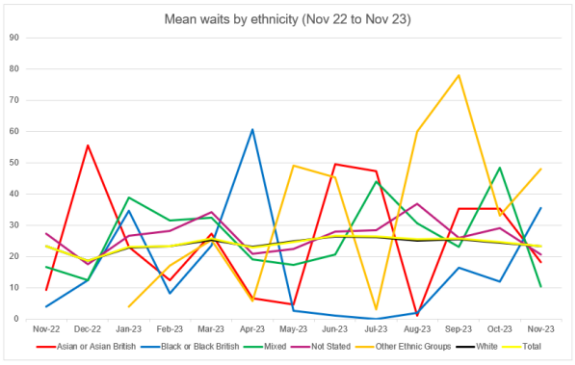
Context

In the previous board report an assessment of the waiting list for RDUH Nov 2023 was examined for evidence of health inequalities related to Ethnicity and Index of Multiple Deprivation (IMD). Based on a snapshot analysis, the conclusion was that there were not any meaningful differences related to health inequalities.

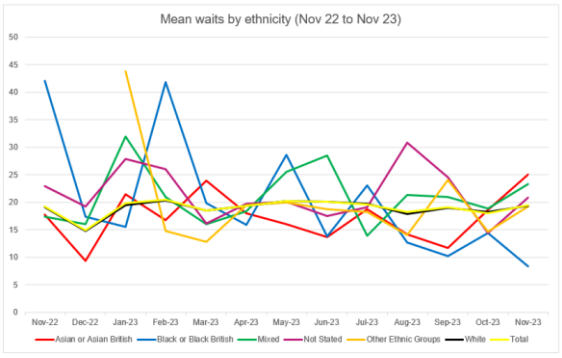
A closer examination of the same dataset (Nov 2022 - Nov 2023) using a more detailed segmented analysis and trend data has now been undertaken in relation to ethnicity and deprivation. Again, due to low volumes, the data is highly variable and does not yield any meaningful or statistical observations.

A1 Waiting list data by ethnicity

North



East



The number of patients where ethnicity is 'not stated' is equal to or exceeds the total number of patients from an ethnic background in the monthly and total data (North 3.5%, East 2.3%). With better data quality and completeness, the data can be re-examined to identify whether any inequality exists.

A2 Waiting list data by IMD

Numbers waiting by volume and IMD

RDUH North

IMD	1 (Most)	2	3	4	5 (least)	Total
Total	1220	2557	4380	2964	766	11878
% of Total	10.3%	21.5%	36.9%	25.0%	6.4%	100.0%
Total % 1-2 vs 4-5		31.8%	36.9%	31.4%		

RDUH East

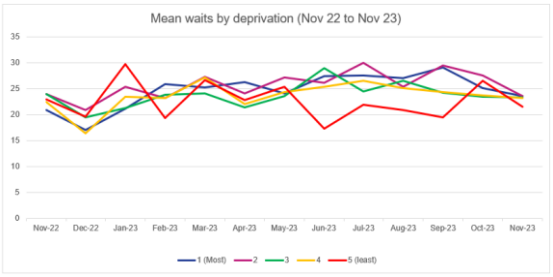
IMD	1 (Most)	2	3	4	5 (least)	Total
Total	1568	5742	9599	10372	3854	31120
% of Total	5.0%	18.5%	30.8%	33.3%	12.4%	100.0%
Total % 1-2 vs 4-5		23.5%	30.8%	45.7%		

The tables above show little evidence to suggest that individuals from lower IMD's are overly represented by volume in the data as a whole. However, it is worth noting that 10% of North Devon's waiting list are in IMD 1 (most deprived) compared to 5% in East Devon.

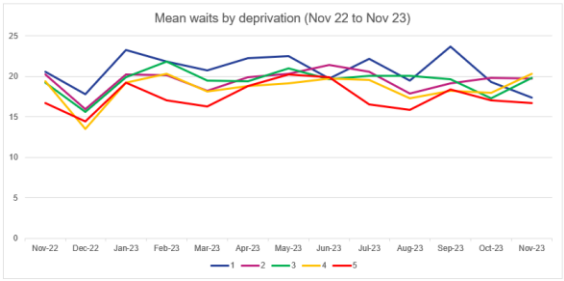
Mean wait times by IMD

Mean wait times by all IMD profiles:

North



East



When analysing mean waiting times by IMD group, there again does not appear to be any notable trends, although the red line (IMD 5 - least deprived) does appear to have slightly lower waiting times.

Mean vs median waits by IMD

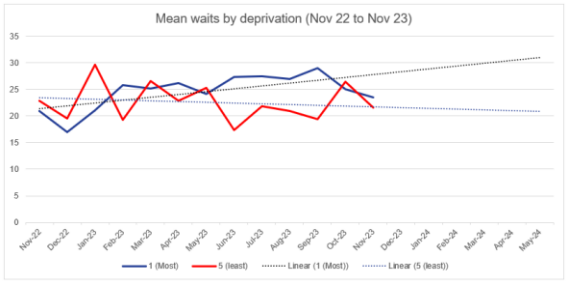
RDUH North	IMD					
Wait Times (wks)	**1 (Most)**	**2**	**3**	**4**	**5 (least)**	**Difference Low vs high weeks (%)**
Mean (24.1)	24.7	25.8	23.9	23.9	23.0	2.8 (+11.6%)
Mean 1-2 vs 4-5		25.3	21.3	23.5		1.8 (+7.5%)
Median (11.1)	11.7	14.2	11.5	11.4	9.3	4.9 (+44%)
Median 1-2 vs 4-5		13	11.5	10.4		2.6 (+23.4%)

RDUH East	IMD					
Wait Times (wks)	**1 (Most)**	**2**	**3**	**4**	**5 (least)**	**Difference Low vs high Weeks / (%)**
Mean (19.0)	20.8	19.5	19.5	18.6	17.5	3.3 (+17%)
Mean 1-2 vs 4-5		20.2	19.5	18.1		2.1 (+11%)
Median (8.6)	10.3	9.3	8.8	8.4	7.7	2.6 (+30%)
Median 1-2 vs 4-5		9.8	8.8	8.1		1.7 (19.7%)

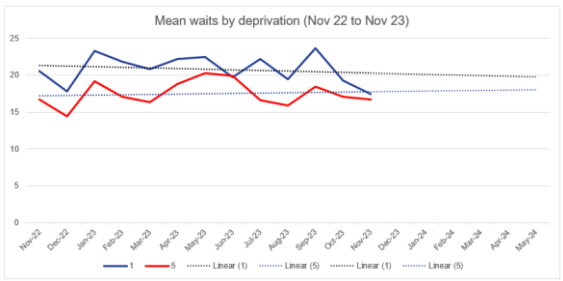
The tables also indicate slightly mean and median higher waiting times for IMD 1&2.

Comparative trend analysis: Mean waits times by IMD 1 (most) vs 5 (least)

North



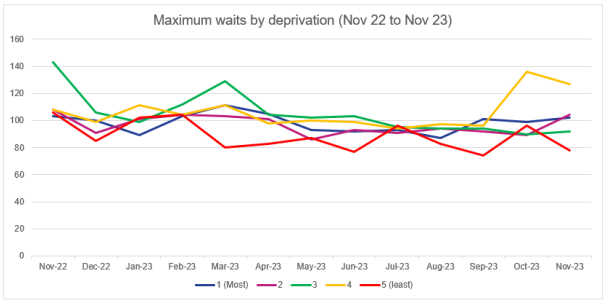
East



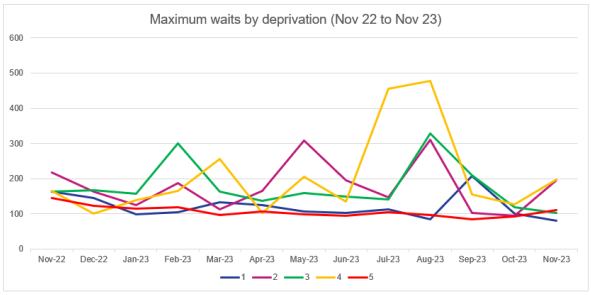
The charts show that the mean waiting time differential between IMD 1 and IMD 5 for both North and East narrowed over Q3, albeit the linear progression forecast over the last 12 months indicates a potential adverse trend, so this will need to be monitored.

Maximum waits by IMD

North



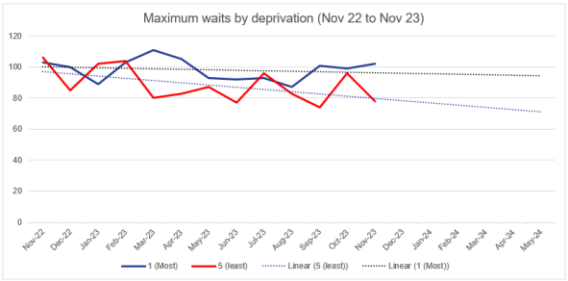
East



The overall volume data for maximum waits shows no discernable pattern other than the red line (IMD 5- least deprived) again have the lowest maximum wait.

Comparative trend analysis: Maximum wait times by IMD 1 (most) vs 5 (least)

North



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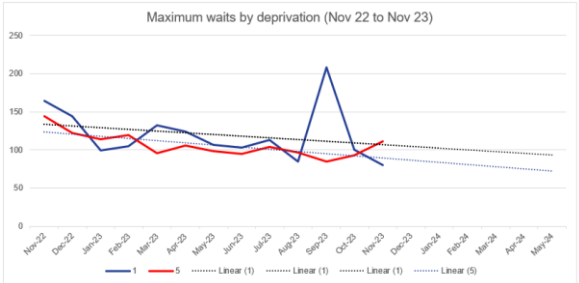
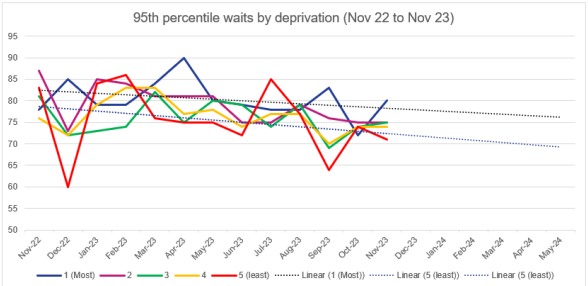


Again, it would appear that the red line (IMD 5 – least deprived) has more usually shown lower maximum waiting times than those patients in IMD 1-most deprived.

95th percentile waits by IMD

North



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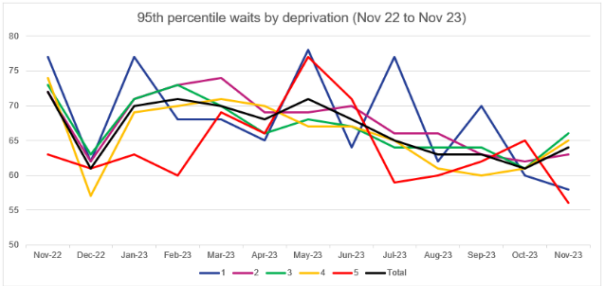
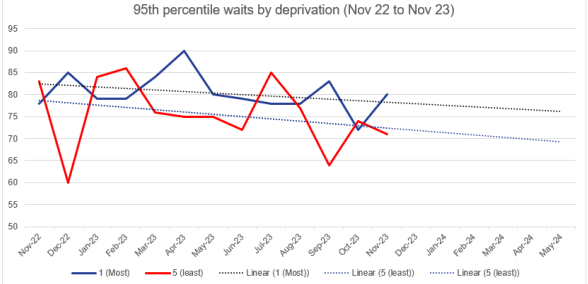
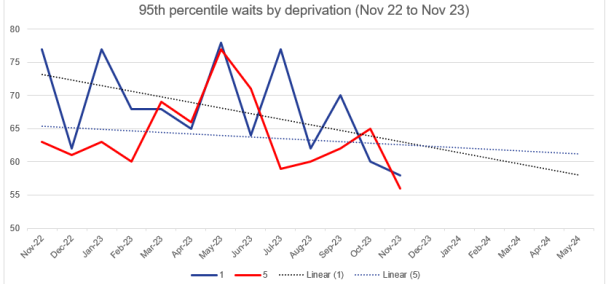






(i) DNA Data

A similar conclusion can be drawn by analysing the 95% tile.

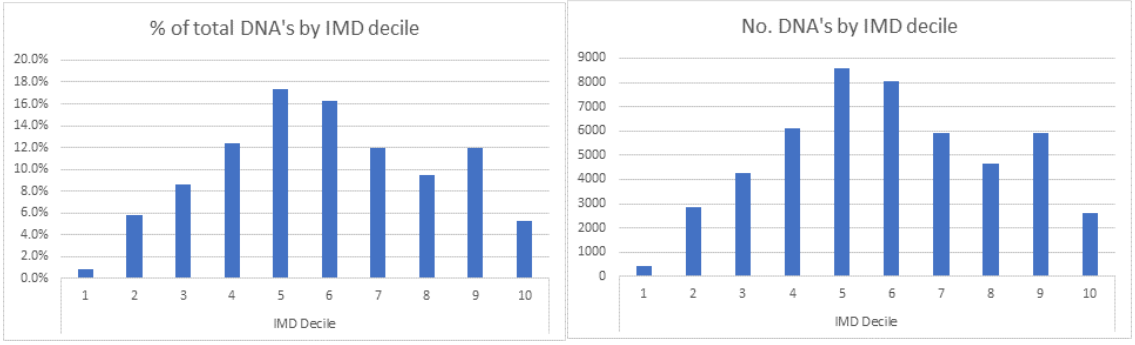
The overall conclusion would appear to be that those patients in IMD 5 (least deprived) would appear to have slightly lower waiting times than those in IMD 1 (most deprived). These findings will be further analysed by the Joint Strategic Outpatients Group (JSOG) to identify whether there is a reason for this e.g increased agency of the IMD 5 group, such as access to support or to transport or whether there is an increased prevalence of co-morbidities increasing complexity.

A3 Did not attends

Ethnicity and DNAs

Only global data was available for analysis which does not appear to demonstrate any disparity in DNA's related to ethnicity. However, due to the limited data set and small numbers in the examined data sample further segmentation or interpretation was not permittable.

IMD and DNA's



The DNA data for IMD deciles shows an unexpectedly different story, where those patients in the least deprived deciles appear more likely to DNA. DNAs would therefore not be a reason for relatively longer overall waits for the most deprived groups.

Conclusions

Given the findings from this more in-depth approach to the data on waiting lists, work is underway:

a. to better understand the issues identified in the analysis including relationships between recovery workstreams/waiting list initiatives and the data.
b. ensuring that reporting on waiting times and ethnicity/deprivation will be routinely reviewed by the Joint Strategic Outpatients Group to identify whether more proactive action needs to be taken to ensure equity of access.
c. With the Epic team/BI to improve the quality and completeness of relevant data sets
d. On ensuring waiting well initiatives take into account existing health inequalities

Annex B

Devolved ICB funding for Eastern Local Care Partnership – update

Health Inequalities Proposal	Allocation	Purpose	Progress	Comment
Eastern LCP VCSE renumeration fund	£10,000	Support for strategic VCSE engagement		Backfill funding in place
Social Prescriber in ED Pilot	£50,000	Clinically-led pilot to embed a social prescribing capability in Eastern ED		Pilot underway
Conference and events fund	£7,000	Support for One Eastern Devon Partnership Forum and ELCP Conference		Conference completed
Extension of East Devon Network Coordinator post	£30,000	Continued investment in East Devon VCSE coordinator function		VCSE coordinator role extended
High Intensity User Case Worker role	£38,000	Enhanced ELCPs capacity to support HIU patients		HIU work in East progressing
Cardiovascular Disease Prevention	£10,000	Community focused BP case finding focused in deprived areas		PH led project underway – focus on deprived areas
ELCP Prevention Priority funding pots	£30,000	Support for the 3 ELCP prevention priorities – CYP mental health; social isolation; informal carers		Projects agreed for 2 priorities. Yet to be selected for social isolation
In-depth mapping of community development/connectors	£24,000	Working within SDCC and VCSE partners to undertake locality audit		Proposal being worked up and aligned with DCC work on the VCSE community
Strengthen VCSE capacity via CSMs	£10,000	Community services to allocate based on need		Provision of Neighbourhood friends to support people discharged from our 3 Eastern Community Hospitals
TOTAL	£209,000			

Devolved ICB funding for Northern Local Care Partnership – update

Health Inequalities Proposal	Allocation	Purpose	Progress	Comments
One Communities – Community development workforce	£24,000	For community developers in each town - to enable match funding from a Lottery bid		Funding has enabled Community Developers to remain in post in each town until March 24 (awaiting Lottery Bid outcome)
Flow programme	£49,000	Funding to bring all Flow projects into one programme		Funding has enabled Flow Co-ordinators to be funded to the end of July 24
NHSE High Intensity training	£11,000	Support flow caseworkers with best practice and mentoring to allow more people to be supported		Training completed and ongoing mentoring with NHSE HIU lead ongoing
Homeless pathway recommendations	£20,000	MDT discharge inclusion health link worker – flow programme		Now included in High Flow within ED starting Jan
Blood pressure case finding	£2,000	Targeting famers at Holsworthy market		Delayed start due to delays with transfer of funding to PCN
Cardiovascular Disease project development	£8,000	Development and co-design of a targeted CVD project		Progressing
Support learning and evaluation of 2023/24 projects	£10,000	Learning from the work to better understand social value/benefits and how to sustain and scale		Working with Exeter University to support evaluation
TOTAL	£124,000			

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Agenda item:	11.2, Public Board meeting	Date:	24 April 2024
Title:	Royal Devon “Better Together” Strategy Roadmap 2022-27 – report period January-March 2024 (Q4 23/24)		
Prepared by:	Fran Lowery, Head of CPMO and Katherine Allen, Director of Strategy		
Presented by:	Chris Tidman, Deputy CEO		
Responsible Executive:	Chris Tidman, Deputy CEO		
Summary	This paper presents the Royal Devon strategy roadmap progress report for Quarter 4 23/24. The paper also sets out the look ahead for the strategic roadmap for 2024/25, including the plans to create a balanced scorecard approach to alignment the CARE objective KPIs with the IPR/PAF process..		
Actions required:	The Board of Directors is asked to note this paper		

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

History:	Every quarter the Trust Board of Directors receive a report presenting the progress in delivering the Royal Devon “Better Together” Strategy, As the new financial year approaches the look ahead has been extended to 12 months.
Link to Strategy / Assurance Framework	Royal Devon Strategy

Monitoring information

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

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

Royal Devon 'Better Together' Strategy Roadmap

1. Executive Summary

1.1 This paper presents the Trust's progress in delivering the last quarter, second year of the Royal Devon's Better Together strategy, as presented in the roadmap: Q4 progress report (covering the period 1 January - 31 March 2024).

1.2 This Q4 quarterly progress update presents assurance to the Board of Directors that the majority of roadmap milestones were achieved in Q4, 2023/4.

1.3 This report also presents a look ahead to the 2024/25 roadmap indicating the ambitions and milestones for the Trust in delivering its strategy.

1.4 The 2024/5 strategy roadmap connects the delivery of the RDUH Better Together strategy with Trust operational delivery. The majority of the milestones have agreed funding and delivery programmes in place. Those milestones which are being speculatively progressed into plans or business cases because they deliver key elements of our strategy are identified by the key.

1.5 The strategic roadmap was reviewed by the Board of Directors in February 2024 to assess ambition, deliverability and cross reference the 2024/5 roadmap against our external context, including the system NOF4 exit criteria, Devon system programmes of work, the emerging RDUH 2024/25 operational plan and improvement priorities.

1.6 As the Trust enters its third year of delivering the 'Better Together' strategy, with the entire suite of enabling strategies in place, high level and summary metrics for each corporate 'CARE' objective are being developed to align with the IPR through a balanced scorecard approach.

1.7 To support our communication of the strategic roadmap, an infographic has been developed and tested with the wider trust leadership group and is now finalised for wider communication (Appendix 2)

2. Measuring delivery

2.1 The Trust is concluding the second year of delivery of the Better Together strategy which is now supported by a full suite of enabling strategies, all aligned to delivery of the Trust's strategic objectives and operational plan.

2.2 From staff and stakeholder feedback it is clear that a great deal of encouragement and confidence is gained from the development of our strategic roadmap which describes how we will use and direct all our resources to improve patient care and deliver 'Better Together'.

2.3 As the Trust enters the next phase of its strategy delivery, we will signal an ambition through a 3 year 'Strategic Staircase' of moving out of financial and performance escalation by the end of 24/25, towards greater autonomy and local decision making in 25/26 and 26/27.

2.4 We have also considered the Board feedback as to how we objectively measure and report on progress. A suite of high level KPIs have now been developed to indicate progress in

each strategic objective. Over the next month we will develop a balanced scorecard approach to ensure that the IPR and strategic delivery are aligned. Each Care Group will also develop their own individual scorecard which will be reviewed at the monthly Performance Assurance Framework (PAF) meetings, giving assurance and clarity on the progress being measured against our CARE objectives.

3. Royal Devon Strategy and Roadmap: Q3 23/24 progress report

3.1 The following section describes the key highlights from the achievements from January-March 2024 (Q4 2023/24).

3.2 **Health Inequalities strategy approval**
The Health inequalities strategy was approved by the Board of Directors in March 2024. This sets out RDUH's role in tackling health inequalities as a care provider, partner and anchor institution. Progress on the strategy delivery plan will be reported to TDG and Board of Directors every 6-months. Milestone complete.

3.3 **High Intensity User programme in ED – launch**
A health inequalities programme to understand and meet the largely social needs of our most frequent attenders to both RD&E and NDDH Emergency Departments launched in February 2024. The programme is in partnership with the VCSE (Encompass) who support patients. The Senior Programme Manager for health inequalities is leading this work. Milestone complete.

3.4 **Peninsula Acute Sustainability Programme phase 2 commenced**
In January 2024 the Peninsula Acute Provider Collaborative (PAPC) approved the mandate for phase two of Peninsula Acute Sustainability Programme (PASP). RDUH has representation on both PAPC and the PASP Board. Phase two will involve a launch, socialisation, and development of the case for change and further development of the scenarios produced in phase one. Milestone complete.

3.5 **Fragile phase 2 programme launched**
Within the PASP phase 2 programme, the fragile services phase 2 programme was also launched in January. The fragile services being supported in this phase include: stroke services, urology and OMFS / head and neck cancer. The work aligns to the One Devon pilot and GIRFT programmes. Milestone complete

3.6 Staff health and wellbeing: New staff facilities - NDDH shower block open
The new staff facilities at NDDH site include showers and bicycle storage to promote healthy & sustainable travel by staff. This has been partially funded with £50,000 from NHS Charities Together. The communication came out to staff on Hub on 11th March. Milestone complete

3.7 Vascular Hybrid Theatre OBC approved (subject to funding)
Following on from the FBC approval in September 23 subject to capital funding, the NHSE Capital Contribution for Phase 1 was approved at FOC 20.02.24, and this was taken to TDG for information on 21.02.24. With an ERF funding stream supporting the revenue cost consequences, this scheme helps support the Trust's elective and cancer recovery programme as well as meeting national commissioning standards for the RD&E - Torbay vascular hub. Milestone complete.

3.8 Healthcare records business case

The Interim Director of Digital services has set out a programme to deliver the business case based on a more ambitious plan to improve quality and efficiency through a single integrated service. This will be produced between Apr 24 – Dec 24 and then approved by TDG in Q4 24/25. Milestone delayed.

3.9 Patient-entered data project extended to PROMs (EPIC)

The patient entered data project started in October 2023, overseen by the Outpatient Advisory Group. This project has now been extended to include PROMS (patient reported outcome measure surveys) questionnaires from clinical teams to incorporate this portfolio under one project.

Epic (and the MyChart patient portal) provides a state-of-the-art way in collecting data directly from patients. Questionnaires and other tools (devices, POC tests) can be completed and results filed directly to the chart.

This strategy is enabling us to empower patients, improve experience and join up care and improve data integrity and reporting. Milestone complete.

3.10 Digitising outpatient appointment letters (digital by default)

Phase 1 of the digital by default programme went live in February 2024. The change means that many patients who have an active MY CARE account receive their Royal Devon outpatient appointment information through MY CARE and not through the post. This update was made in response to patient feedback to improve patient experience and reduce our mailing costs and paper consumption, in line with the Trust's sustainability strategy: in the first month it saved £20,000 on postage costs. Milestone complete.

3.11 NDDH: Develop Staff Accommodation OBC

North Devon Staff Residences OBC has been scheduled for discussion by the Board of Directors at the confidential part of their September meeting. The reasons for the delay are the ongoing discussions with the national team and the need for certainty around RIBA Stage 4 design costs. Milestone delayed.

3.12 Patient Administration programme launch

The Patient Administration programme is now in progress, led by the Director of Strategy. Initial staff groups being supported include: Ward Clerks (Eastern) and receptionists (Eastern), with plans to work with Booking Teams at both sites in the next phase. A strategic business case is planned for Q2 of 24/25. Milestone complete.

3.13 ERF programme evaluation

The Elective Recovery Fund (ERF) is an incentive based payment system for the reduction in hospital waiting lists. The Trust has used the fund to create additional capacity and to stimulate clinical transformation in pathways. The introduction of the ERF has enabled the Trust to invest £52m in 2023/24 to boost our elective recovery as well as generate a financial contribution to support financial recovery. The recently published national planning guidance has confirmed that the ERF framework will continue into 2024/25 and following an evaluation of existing and newly proposed schemes, the Trust's operational plan is for ERF income to increase to £103m. Milestone complete.

3.14 Achieve 80-bed capacity for Virtual Ward

The RDUH Virtual Ward reached planned capacity of 100 patients in December 2023 which achieved this target a year early. Milestone complete.

3.15 Discharge management including summaries improvement project

The Discharge Management Task-and-Finish Group was launched on 26th March, chaired by Community Deputy Medical Director, Lynsey Webb and Alison Moody. The group's purpose is to review and improve the quality of discharge summaries produced at the RDUH, recognising the importance of information sharing as patients transfer from hospital to their homes or alternative care settings. This project aims to support an improvement in patient safety; efficiency (up to 15-20% of primary care appointments are potentially avoidable with improved accuracy of communication), patient experience and accurate coding. Milestone complete.

3.16 Table 1 below shows the progress for Q4 2023/24 H2 against the roadmap.

		2024		
		H2, Q4		
	Strategic Objectives	Jan	Feb	Mar
Better Together: Royal Devon strategic roadmap - Year 3 of 5	Collaboration & Partnership	Health Inequalities Strategy to Board of Directors	PASP phase 2 commences	
		High Intensity User prog in ED - launch	Fragile phase 2 programme launches	
	A great place to work		Staff health and wellbeing. New staff facilities - NDDH shower block opens	
				Patient Administration programme launch
	Recovering for the future		Vascular Hybrid Theatre OBC approved	ERF evaluation
				Achieve 80-bed capacity for Virtual Ward
	Excellence & Innovation in patient care	Unscheduled clinic activity go live (EPIC)	Patient-entered data project extended to PROMs (EPIC)	
			Portal-first letters (digital by default)	Implement data layer FBC completed (Data strategy)

3.17 As per the agreed change control process, all changes to the strategy roadmap are recorded in appendix 1.

4. Royal Devon Strategy Roadmap 2024 / 2025

4.1 **Table 2 shows the Strategy Roadmap for 2024/25** (on 2 pages)

Royal Devon University Healthcare NHS Foundation Trust

Key	
	Completed
	In progress
	Funding source tbc

		2024 H1, Q1			2024 H1, Q2		
	Strategic Objectives	Apr	May	Jun	Jul	Aug	Sept
Better Together: Royal Devon strategic roadmap - Year 3 of 5	Collaboration & Partnership	Agree support arrangements for EPR roll out across Devon (MOU)		RDUH support for Devon system EPR FBC (training and tech)	Soft FM options appraisal launched	Mid-year evaluation of Fragile and ND high priority services	
			Urology - fragile service model implementation	Devon Shared Services Business Cases for Digital, Finance, People	SEND Pathology OBC		
		OSIG: Care Group structure implemented (Phase 1)	CPIG: Year 3 clinical integration plan	Primary Care Support Unit business case/ options	OSIG: Care Group structure (Phase 2 starting)		
	A great place to work		Staff health and wellbeing. NEW staff facilities - RD&E shower block opens	RD&E: Staff Accommodation / Key Worker Housing (OBC) NDDH: Staff Accomodation OBC	RDUH Admin Strategy and pilot	Approval of NDDH Staff Residences Business Case	Completion of NDDH admin decant for OFH prep
		People Digital Business Case - Devon system recovery board	Sexual Safety charter - launch		Violence and Aggression charter - launch	Evaluation of North Devon 'Make Safe' business case - 18-month on	
	Recovering for the future		NDDH MRI OBC	Acute assessment options appraisal (incl SDEC)			Vascular Hybrid Theatre start of building works
		Cardiology Day Care Unit (CDCU) opens	NDDH Theatre Expansion OBC	Introduction of Frailty Service at NDDH	Buttercup One-Stop Community Diagnostic opens		
	Excellence & Innovation in patient care	Launch of Year 2 of Biomedical Research Centre		Halo Lens (virtual reality headset) to improve review of patients in care homes	Enhanced Discharge Management N&E (SDEC)	Evaluate AI pilot in suspected skin cancer pathway (skin analytics)	PSA remote monitoring (prostate cancer support at home)
		MS Teams for virtual outpatient appointments - launch		eMAR pilot launch	Implementation of AI for lung imaging		Medical Retina AI trial
		Healthcare Tech Research Centre commences	EPIC social determinants of health module - work commences	Registry implementation (clinical research)	Asymptomatic blood testing of cancer markers (GRAIL)		

		2024			2025		
		H2, Q3			H2, Q4		
	Strategic Objectives	Oct	Nov	Dec	Jan	Feb	Mar
Better Together: Royal Devon strategic roadmap - Year 3 of 5	Collaboration & Partnership	PASP modelling report	Exeter Heating Network OBC		RDUH deploys EPR tech and training support to support Devon EPRs	PAPC - Review of PASP modelling and next steps	Soft FM options appraisal (OBC)
		CPIG: Year 3 clinical integration plan (6-month review)	OSIG: Care Group structure (Phase 2 implemented)				
	A great place to work		NDDH Staff Residences (start of build)				Key Worker Housing (East) FBC
				Launch and first phase of People Digital System			
	Recovering for the future	Breast Unit OBC	RD&E Children's Emergency Dept opens	Revised SOC for OFH approved (NDDH)			
			Tiverton Endoscopy Unit opens				
	Excellence & Innovation in patient care	Pilot of patient self-booking	Targeted lung health checks rollout (East)			Targeted lung health checks rollout (North)	
			Implement Data Warehouse with NHS Devon				

4.2 There is a positive impact on morale of setting out the future achievements of the Royal Devon. It inspires innovation and a sense of pride in what teams have contributed to the success of the organisation. The graphical summary of the roadmap that has been developed to support the internal communications launch of the 2024/5 plan is attached in appendix 3.

5. Recommendations

The Board is asked to note:

6.1 The progress made during January-March 2024 (Q4 23/24) and the achievement of the milestones.

6.2 The strategic roadmap milestones for 2024/25, and to consider the proposal to amalgamate the outputs of the Care Group balanced scorecards to ensure alignment from strategy through the IPR and PAF.

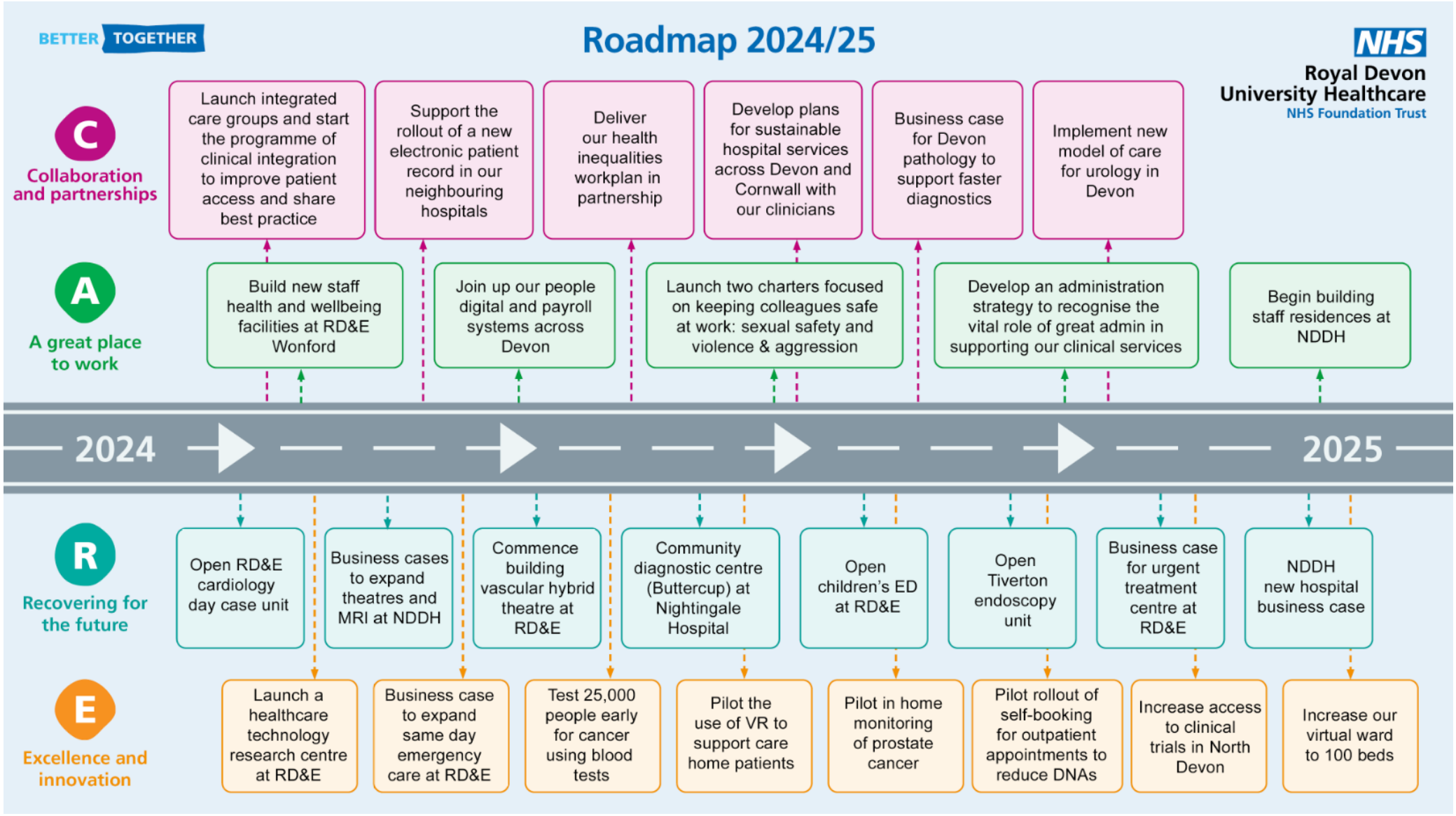
Appendix 1: Strategy roadmap change control record

As per the change control process agreed at the meeting of the Board of Directors in October 2022, the following changes have been made since the paper presented to the Board of Directors in April 2023. These changes are either delays to milestones, items being brought forward, new commitments or redundant commitments. Each change to the roadmap schedule has been approved by the relevant executive SRO.

Table 3: Change controls proposed from Q3 2023/24 milestones

Commitment	Original date due	Proposed new date	Reason for change
Healthcare records business case	March 2024	February 2025	This business case has been delayed to enable a more strategic integrated solution
NDDH: Develop Staff Accommodation Short Form Business Case	March 2024	August 2024	A requirement from NHP for greater cost certainty through RIBA stage 4.

Appendix 2: Strategic Roadmap graphic



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Agenda item:	11.3, Public Board Meeting		**Date:** 24 April 2024	
Title:	Quarterly review of the Board Assurance Framework			
Prepared by:	Melanie Holley Director of Governance			
Presented by:	Melanie Holley Director of Governance			
Responsible Executive:	Sam Higginson, Chief Executive Officer			
Summary:	To present to the Board of Directors the Board Assurance Framework for the Royal Devon.			
Actions required:	Link to status below and set out clearly the expectations of the Board when considering the paper.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
		x	**x**	
History:	The BAF was last presented to the Board of Directors on 31 January 2024. In line with the Boards schedule of reports, the BAF is presented quarterly for review.			
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives			

Monitoring Information

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

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

1. Purpose of paper

To present to the Board of Directors (BoD), the quarterly review of the Board Assurance Framework (BAF) for the Royal Devon University Healthcare NHS Foundation Trust.

2. Background

On 1 April 2022, the Royal Devon & Exeter NHS Foundation Trust integrated with Northern Devon NHS Trust and was renamed the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon). Prior to April 2022 a BAF existed for both Trusts and was reviewed quarterly at the Joint Board Meetings.

The BoD approved a Corporate Strategy for Royal Devon on 27 April 2022. A new BAF was created which outlined the risks of the Trust not achieving the strategic objectives which are detailed within the Corproate Strategy.

The BoD agreed that as part of the operational planning process and in line with good governance, the BAF should once again undergo a review to ensure it accurately updates the risks to the Trust not achieving the strategic objectives. The BoD approved the proposed revised BAF in July 2023 as part of the routine quarterly review.

Individiual BAF risks were last reviewed during March and April 2024 by the Board Committees.

The list of BAF risks is detailed in Appendix A.

The Corporate Risk Register is detailed in Appendix B.

3. Analysis

Summary of current and target assessments of risks

Risk ID	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Position ↔ ↓ ↑	Target
1	16	16	16	16	16	16	↔	8
2	16	16	16	16	16	16	↔	8
3	20	20	20	16	16	20	↑	12
4	25	25	25	20	25	25	↑	12
5	25	25	25	20	20	15	↓	9
6	New risk			20	20	16	↔	8
7 *	9	9	9	9	15	6	↔	6
8	12	16	16	16	16	16	↔	4
9	16	16	Not reviewed	16	16		?	8
10	New risk			25	25	20	↓	4
11	New Risk					20		6

* Risk 7 proposed for removal from BAF as risk mitigated.

Summary of current risk scores heat map

Impact	Likelihood				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Very Likely				3,11	4
4 Likely				1,2,6,8,9	10
3 Possible					5
2 Unlikely					
1 Rare					

Points for the Board to note:

Risk 1 - Degree and Complexity of Change Impacts on Leadership Resilience and Capacity to Deliver
Whilst the pressure on improving financial and operational performance continues, there is a sense of momentum with our year end results that has boosted morale and confidence going into 24/25. However, Devon continues to be a NOF 4 system which means continued scrutiny, and the need for mutual support and collaboration across providers is likely to increase giving rise to further pressure on our leadership team. For this reason, the risk remains at 16.

Risk 2 – Failure to recruit, retain and train to ensure the right number of staff with the right skills in the right location and Risk 6 – Our people not feel looked after or valued. Employee experience is poor and people feel their health and wellbeing is not priorised.
The People, Workforce Planning and Wellbeing Committee (PWPW) reviewed Risk 2 on 21 March 2024.

There was a robust discussion to consider whether the recruitment and retention risk score should be reduced in light of the sustained low vacancy and turnover rates in the Trust, notably in nursing; however, following detailed discussion, it was agreed that there were areas of high risk that are significant to the Trust and that the score should remain as a 16 until progress is made in these areas. Some of the key areas of risk where the Trust would expect to see improvement prior to the risk score decreasing included pharmacy, medics in some areas, scientists, and allied health professionals, specifically Speech and Language Therapists, Dietitians, Operating Department Practitioners, Therapeutic Radiography, Orthoptists and Optometrists. The risks are particularly high for areas where the Trust does not have apprenticeship pathways in place to provide a pipeline. It should also be noted that despite vacancy rates remaining low, they have slightly increased, and this is thought to be as a result of existing vacancy control processes. Based on this discussion, the forecast risk has been adjusted to reduce later in the year, providing improvements to vacancy rates in high-risk areas are realised.

Risk 3 – Trust unable to invest in its Capital Plans
The narrative has been updated to reflect the increasing pressure across the NHS on the shortage of capital funding. CDEL is historically linked to depreciation levels to reflect the reinvestment required in aging assets across the existing estate, equipment and digital environments. However, due to the change in capital regime and lack of strategic capital CDEL is increasingly being used to 'top up' strategic development schemes. Currently, Devon ICS and therefore the Trust is only receiving CDEL of 66% of depreciation levels. This is significantly reducing the amount of BAU capital programme in year and indicates the Trust is

under investing in BAU. In addition, there is a shortfall on the CDEL allocated to cover the impact of leases now being accounted for on balance sheet under IFRD16 and being chargeable to CDEL at the outset resulting in leasing no longer being a viable alternative to capital shortfalls. In addition to CDEL there is still concern over the materilaising of funding for the Our Future Hospitals for the Northern Acute and lack of earmarked strategic estate development investment for the Eastern and Community sites.

Change in risk score
Current risk score – 16
Proposed risk score – 20

Rationale for change
There is an increase in likelihood as the impact of CDEL shortfall is being felt across the Trust with increasing risk to be managed across the estate and equipment replacement programme.

In terms of mitigations the CFOs across Devon are increasing the risk awareness through the ICB to enable more focus on the concerns with the Regional NHS England team. In addition, the internal Strategic Estates group is to refocus attention to BAU and rolling maintenance plans alongside strategic development.

Work is also continuing through the national hospitals programme to support the Northern site redevelopment and whilst work is progressing on some of the enabling works the short form business case for phase 1 and the SOC for the full programme are still subject to national timetabling and approval.

Risk 4 – Non Delivery of the Financial Plan (Trust and System)
Minor changes have been made to the narrative to reflect the move from 2023/24 into 2024/25 however no material changes will be made until the full outcome from the 2024/25 operational planning round is understood.

Change in risk score
Current risk score – 25
Proposed risk score – 25

No change in risk score is proposed until NHS England approve the plan for 2024/25. This is anticipated to be achieved during June 2024 and has been reflected as such in the forecast risk.

Risk 5 – Elective Demand and Waiting List Backlogs are not delivered
The narrative has been updated to reflect the key additional sources of assurance received during Quarter 4 2023/24, notably including both the 10-week elective and the 8-week cancer challenges, and the anticipated additional ringfenced elective capacity that will come on line in early 2024/25 with the opening of the Cardiology Day Case Unit, and the Nightingale One Stop Community Diagnostic Centre.

Change in Risk Score
Current risk score – 20
Proposed risk score – 15

Rationale for change
Activities undertaken as part of the 8- and 10-week challenges across Quarter 4 2023/24 have impacted positively upon exit run rate for cancer and elective target delivery. As a result, there is a proposed reduction in the likelihood that the elective target commitments within the Trust's Financial & Operational Plan, for which national planning guidance has now been received and initial operational plan submissions made, will not be able to be delivered. The review of the risk score has resulted in a recommendation that it might be reduced from a score of 20 to 15.

Risk 6 – Our people do not feel looked after or valued

Risk 6 was also discussed at PWPW on 21 March 2024, and it was noted that there have been some improvements in some areas of the staff survey, including staff believing that managers are taking a greater interest in their health and wellbeing. However, other sources of intelligence such as questions trhough all staff webinars, leavers data etc. provide some conflicting information that demonstrate that there is still a risk in this area. On this basis, it was agreed that the risk score would remain at a 16.

Risk 7 – Risk of not maximising Epic benefits (Trust and System)

The Board had previously proposed that this risk should be replaced with a more strategic system wide digital risk. This risk was reviewed by the Digital Committee at their last meeting on 2 April 2024 and the Committee was assured that financial benefits from EPIC were now being monitored via existing mechanisms reviewing digital finances. The Committee agreed that this risk could therefore be closed.

Risk 8 – Risk of a significant deterioration in quality and safety of care

Delivery towards the NatSSIPs/Never Events action plan continues on plan, however the risk score for BAF Risk 8 has remained at 16 since the last formal review period. This is to continue to reflect the remaining NatSSIPs/Never Events work still in progress, the ongoing national position regarding industrial action for Junior Doctors, and to reflect the findings of the recent CQC review of RDUH Maternity Services.

Since the previous review period, control measures have been implemented to address representation of Community Services performance at Board level. New control measures have also been included to address the findings identified through the recent CQC Maternity review.

Risk 9 – Our Future Hospitals, delays in funding / failure to deliver clinical strategy for Northern services

Whilst progress has been made to obtain an acknowledgement around the risks of delay to the Our Future Hospitals programme, the overall risk remains at 16 due to the fact that we still await confirmation around the approval of the Srategic Outline Case and how early enabling funds could be released to mitigate critical backlog risks. The current leadership changes at the NHP are also increasing risk.

Risk 10 – Urgent and Emergency Care Targets are not delivered

Updates are proposed to the narrative to reflect successful delivery of the Trust's Urgent & Emergency Care (UEC) challenge in March alongside delivery in Quarter 4 of other actions including the transfer of Exmouth MIU which have also positively benefited the Trust's UEC service delivery. The narrative has also been refreshed to reflect further initiatives planned in relation to identified UEC priority areas for capital investment once funding becomes available.

Change in Risk Score

Current risk score – 25
Proposed risk score – 20

Rationale for change

Activiites undertaken as part of the Trust's UEC challenge in March 2024 have impacted positively upon exit run rate for UEC target delivery. National planning guidance has now been received and initial operational plan submissions made. As a result of both the improved run rate, and increased clarity as to 2024/25 UEC delivery expectations, the review of the risk has resulted in a recommendation to reduce the score from 25 to 20 due to a reduced likelihood that the UEC target commitments within the Trust's 24/25 Financial & Operational Plan commitments will not be able to be delivered. This assessed reduction in risk is a month earlier than previously forecast.

The proposed differential in assessed current and forecast risk exposure between the two operational BAF risks, whilst improving for both, reflects the continuing complexity in system dynamics in relation to urgent care, which results in recovery being considered to remain less predictable for UEC than for elective or cancer. This is forecast to perpetuate across the span of the 2024/25 financial year.

Risk 11 – Risk of RDUH being unable to support all the requirements of the Trust's Digital Strategy, other strategic and operational requirements and Devon system wide implementations

This new proposed Digital Capacity risk was presented and discussed at the Digital Committee meeting held on 2 April 2024. It was agreed that further discussion was required at Board level regarding current risk exposure, as it was noted that the inititiaves identified under the Digital Enabling Strategy should be seen as aspirational, as they are dependent on appropriate funds being in place, therefore the consequence score needs to reviewed/lowered.

Review of risk appetite / annual deep dive of BAF risks

As agreed by the Board of Directors, in line with annual operational planning process, the Board is planning to review the Board's risk appetite and undertake a deep dive of current risks. In light of annual planning, this will be undertaken alongside the CRR to ensure all risks are captured and to ensure the BAF remains fit for purpose. This work is scheduled for the Board Development Day on 9 May 2024.

4. Resource/legal/financial/reputation implications

None

5. Link to BAF/Key risks

In addition to being an incredibly useful management tool, regulators require BoDs to have a robust BAF in place as part of the Boards assurance and risk management process.

6. Proposals

For the Board of Directors to:

- Review the current 10 BAF risks, asking questions and providing challenge to ensure that mitigations and actions are progressing timely and ensuring that the scores accurately reflect the current position of the risks.
- To identify any further risks which are not listed.
- To note that in addition to this report, the Board will receive regular updates from the Sub Committees of the Board for the BAF risks that have been delegated for review by Sub Committees.
- To approve the increase in risk score for Risk 3 from 16 to 20.
- To approve the decrease in risk score for Risk 5 from 20 to 15.
- To approve the decrease in risk score for Risk 10 from 25 to 20
- To approve the closure of Risk 7.
- To approve the new Risk 11.

	Strategic Risk (High level version)	SRO	Committee	Current	Target
1	**Degree & complexity of change impacts on leadership resilience & capacity to deliver**	CEO	Board	16	8
2	**Failure to recruit, retain and train the required to ensure the right no. of staff with the right skills in the right location**	HF	GC (via PWPW)	16	8
3	**Trust unable to invest in its capital plans**	AHi	FOC	20	12
4	**Non delivery of the financial plan** (Trust and system)	AHi	FOC	25	12
5	**Elective demand and waiting list backlogs are not delivered**	JP	FOC	20	9
6	**Our people do not feel looked after/valued, employee experience is poor and people feel health and wellbeing are not prioritised**	HF	GC (via PWPW)	16	8
7	**Risk of not maximising EPIC benefits** (Trust and system) **PROPOSAL TO CLOSE**	AHa	Digital	15	6
8	**Risk of a significant deterioration in quality and safety of care**	CM	GC (via S&RC)	16	4
9	**Our Future Hospitals – Delays in Funding/failure to deliver clinical strategy for Northern services**	CT	OFH	16	8
10	**UEC targets are not delivered**	JP	FOC	25	4
11	**RDUH being unable to support all the requirements of the Trust's Digital Strategy, other strategic and operational requirements and Devon system wide implementations**	AHa	Digital	20	6

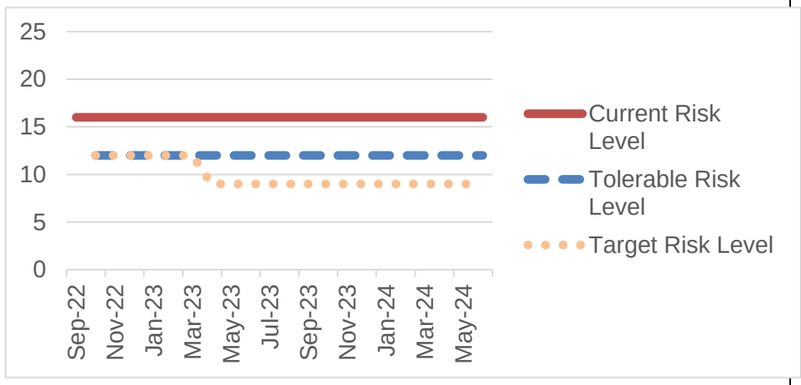
APPENDIX B
Corporate Risk Register April 2024

Risk ID	Risk Title	Current rating	Target rating
4	Cardiology Waiting Times - Eastern & Northern Services	20	4
20	Achieving Cancer Waiting Times targets - Northern & Eastern Services	16	8
30	Obstructions on Means of Escape (Fire Safety) - Joint	16	4
33	Delays in the mental health pathway for patients with no physical medical interventions required in ED	20	8
35	Inappropriate referrals of patients with mental health conditions to ED - Eastern Services	20	8
54	Insufficient junior doctor capacity in Medicine - Northern Services	16	
57	Insufficient capacity to manage HFOP services - Northern Services	20	5
59	Insufficient capacity in Stroke medicine to manage and sustain stroke services - Northern Services	20	5
62	Insufficient capacity to manage the acute medical take - Northern Services	20	5
68	Endoscopy Consultant Cover - Northern Services	20	8
236	Provision of a Clinically Safe, Effective and Timely Cellular Pathology Service	16	8
994	Safe and Effective Pharmacy Staffing & Service at NDDH	16	4
998	Data Security Protection Toolkit (DSPT) Compliance	16	
1026	Instability of Blood Transfusion IT Systems (STTx and EPIC)	15	5
1099	Violence Prevention & Reduction	16	6
1118	Urgent and Emergency Care Risk Assessment	16	8
1155	Children and Young Peoples Mental Health Risk (Eastern Services)	16	8
23	Mental Capacity Act (MCA) and implementation of Liberty Protection Safeguards (LPS) - Joint	12	8
24	Unprecedented Trust pressures - Impact on Learning & Development stat & mand & appraisal compliance	12	4
565	EPIC Electronic Patient Record Data Quality	12	8
999	Data Protection Compliance (including GDPR and DPA2018)	12	
1000	Advanced Practitioners (AP) Risk Assessment	12	4
1080	Bed activity area - Eastern services	12	6
1128	Failure to meet legal requirements for Subject Access Requests (SARs)	10	6
1132	NatSSIPs 2 Implementation	9	6
1154	CYP Eating Disorders (ED) Other Specified Feeding or Dating Disorder (OSFED) or Avoidant/Restrictive Food Intake Disorder (ARFID) (Eastern Services)	12	6

Royal Devon University Healthcare
NHS Foundation Trust

Risk 1 Degree & Complexity of Change Impacts on Leadership Resilience & Capacity to Deliver

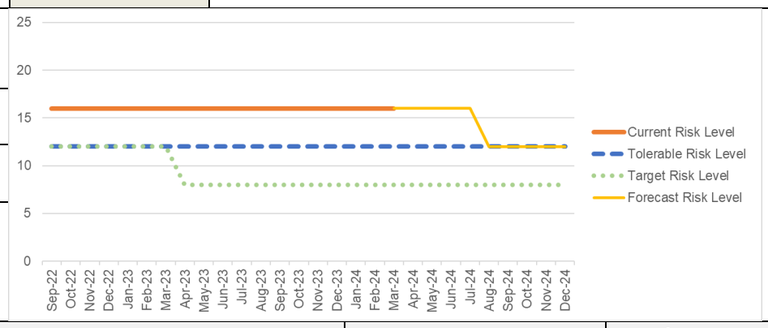
Principal risk (what could prevent us achieving this strategic priority)	There is a risk that the degree and complexity of internal and external demands (and the scale of operational change) has a significant negative impact on leadership and senior management capacity, morale and therefore capability.					**Strategic priority**	A great place to work
Lead Committee	Board	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Our People
Executive lead	CEO / Deputy CEO	**Likelihood**	4 – Likely	3 – Possible	2 – Unlikely	**Risk appetite**	Minimal
Initial date of assessment	14/09/2022	**Consequence**	4 – Major	4 – Major	4 – Major	**Risk treatment strategy**	Modify
Last reviewed	10/01/2023 17/04/2023 18/07/2023 26/10/2023 18/04/2024	**Risk rating**	**16 – Significant**	**12 – Medium**	**8 – Low**		
Last changed	10/01/2023 17/04/2023 18/07/2023 26/10/2023 18/04/2024						



Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating** (assured or inconclusive with further actions required)
• Increased complexity of internal and external demands as we recover services post COVID • Financial constraints preventing solutions being implemented. • Significant strategic and operational change- both within the Trust and across the Devon system. • Heightened regulatory scrutiny in relation to the NHS System Oversight Framework (SOF4) criteria. • • Collaboration and mutual aid support for partner organisations impacts on RDUH leadership capacity	• Corporate Road Map in place to manage pace of strategic change and to ensure capacity & capability is in place to deliver/ use of Board Development Sessions to ensure capacity is in place • Trust Director structure provides additional leadership bandwidth . • Governance structure in place to ensure agile decision making • Leadership Group established for progression, support and development of senior managers, to provide resilience. • Executive coaching and mentoring support in place for Executive Directors. • Inclusive Leadership training set up and being delivered to senior leadership team. • Specialist and executive resourcing team in place substantively to support executive, specialist and hard to fill roles. • Management Support Programme launched. • Cycle of risk and succession planning for the leadership group commenced, including identification of plans to eliminate single points of failure. • Extensive comms plan based on authenticity and gratitude – naming challenges but celebrating success	• Limited ability to control demands that originate outside of the organisation.	• Working with partner organisations to streamline reporting and improvement interventions to/with regulators. • . • Board Development session to be held on determining timing of road map priorities based on available capacity and urgent demands. • Provide greater opportunities for directors/leaders to gain Board level exposure	• Performance Assurance Framework (PAF). • Performance and Governance System around delivery. • Intelligence from the quarterly People Pulse surveys and the annual staff survey. • Successful recruitment to senior leadership posts. • Monthly workforce reports on turnover/ sickness • Appraisal and 360 feedback • Feedback from Trust and system leaders • Regular reporting of annual leave usage for the senior leadership team (March 2023) • Data from health & wellbeing conversations (May 2023) • Intelligence on flexible working requests including approval rates (October 2023) • Information on completion of stress risk assessments (December 2023) • Internal progression metrics (October 2023) • Metrics in relation to leadership competency (May 2023) • Reports on attrition/vacancy levels for 8a+ (July 2023)	• PWPW operates at a level below Governance Committee – Board to consider greater visibility of workforce metrics through Board and sub-committee reporting.	There are a number of actions in place to provide further assurance and to understand the impact of this risk; however, there is a limited amount that can be done to control the external environment and the demands outside of the organisation. Whilst there is assurance that the right actions are included on this plan, it is unlikely that the demands are going to ease in the short term and therefore it is expected that the risk score will remain at the current level.

Risk 2 Failure to Recruit, Retain and Train to Ensure we have the Right No. of Staff with the Right Skills in the Right Location

Principal risk (what could prevent us achieving this strategic priority)	Failure to recruit, retain and train to ensure we have the right number of staff with the right skills in the right location					**Strategic objective**	A great place to work
Lead Committee	Governance Committee (via People, Workforce Planning & Wellbeing Committee)	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Our People
Executive lead	Hannah Foster	**Likelihood**	4 – Likely	3 – Possible	2 – Likely	**Risk appetite**	Minimal
Initial date of assessment	14/09/2022	**Consequence**	4 – Major	4 – Major	4 – Major	**Risk treatment strategy**	Modify
Last reviewed	–21/03/24 – PWPW 08/02/24 - GC	**Risk rating**	**16 – Significant**	**12 – Medium**	**8 – Low**		
Last changed	—21/03/24– PWPW 19/10/2023 - GC						

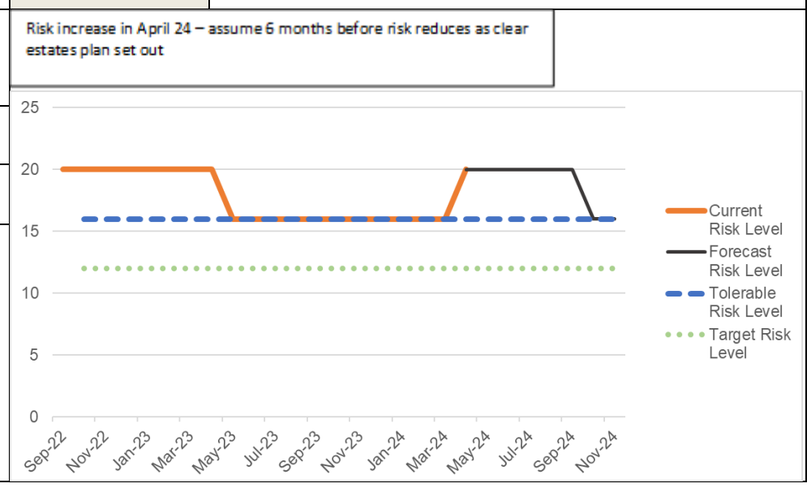


Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating** (assured or inconclusive with further actions required)
• National shortages. • Competitive recruitment market. • Inability to attract candidates in certain staff groups. • Inability to retain existing staff with particular challenges relating to short tenure. • Not fully utilising digital capability. • Challenging financial climate with high levels of vacancy control • Potential for increasing GP numbers to adversely impact recruitment and retention of doctors in the acute setting. • The impact of continued industrial action. • Quality of line management impacts employee retention, and development potential.	• Trust strategy including great place to work objective and Trust values, to create an effective, healthy and inclusive working environment with a just and learning culture • Growing our own workforce with links to key educational providers and own academy status to provide apprenticeships. • Successful international recruitment campaigns. • Sharing of resources Trustwide i.e. clinical / medical staff working across northern and eastern services. • Specialist and executive resourcing team in place. • Career Gateway system • Recruitment fairs • Dedicated workforce planning capacity • Delivering Best Value retention stream. • High quality recruitment branding • Stay conversations piloted and in place. • Candidates can access helpful information and resources prior to their start date on Learn+. • Strategic resourcing group to support recruitment to posts. • Northern medical workforce business case, to increase substantive medical capacity. • Proactive health and wellbeing offer in place. • Interface between Career Gateway and ESR, reducing manual data entry. • Healthcare Support Worker band 2 to 3 process enacted. • Step into health launched to encourage former military candidates to apply for roles across the trust. • Improvements in recruitment and retention have led to a reduced vacancy rate. • Line manager induction in place.	• Lack of strategic workforce plan for the Devon ICS. • Inability to convert temporary workforce to permanent posts. • Sustainable finance solution for pipeline of apprentices sufficient to support retention and transformation. • Staff do not always feel empowered to make changes to mitigate this risk. • Specific line management training is not a requirement for line managers.	• Automated ID & DBS checks for new starters. • Further use of Career Gateway to develop workflows and improve automation. • Development of local 5-year workforce plan. • Position management to move to ESR to provide clear articulation of vacancies at position level • Automate new starter checklist for managers. • Implement discounts and special offers for new starters as part of their welcome. • Prioritise staff accommodation improvement ‘must-dos’ e.g. rest areas. • Apprenticeship pay and reporting proposal. • Survey new starters in week one, month one and month three, then use the results to improve the new starter experience and drive improvements. • Completion of actions within the NHS Long Term Workforce Plan 2023. • Optioneering tool developed and in use. • Line manager development programme launch • People Promise Manager and Exemplar Programme (2024/25)	• Regular monitoring of a range of metrics, including those linked to recruitment and retention at PWPW. • Strategic Workforce Planning Hub • Metrics in the Integrated Performance Report (IPR). • Benchmarking through the ICS Cultural Dashboard. • Employee experience intelligence including quarterly People Pulse surveys and the annual staff survey including measurement of people promise. • Reporting of progress against the NHS People Plan. • Reporting on recruitment pipelines. • Survey results about induction process experience from new starters and recruiting managers. • Weekly workforce infographic data, showing workforce loss / gain and details of the pipeline. • Monthly Workforce dashboard in place. • Vacancy Control Process (VCP) • Recruitment risks regularly escalated to Senior Responsible Officers (SRO)s • Proactive retirement age profiling in place. • Single strategic resourcing role list with risk based prioritisation, that is regularly reported to the Divisions. • Attraction intelligence available to understand why people are joining the organisation.	• Candidate experience information to be collected and analysed to inform improvements. (Date TBC) • Improved health and wellbeing dashboard to be launched (Jun 2024) • Further insight into apprenticeship pipeline to be included in development dashboard (Apr 2024) • Information about progression metrics to be added to development dashboard (Apr 2024) • Analysis of exit survey data once enough information has been collected (Apr 2024)	**Assured** – The PWPW was assured that the right actions are planned to mitigate this risk. Vacancy levels have remained low for a substantial period of time, with small increases in recent months due to vacancy control processes. Despite low vacancy levels and turnover, there are significant areas of risk in certain staff groups and areas of the Trust where vacancy levels remain high. On this basis, the PWPW agreed to retain a score of 16.

				• People development dashboard in place and presented regularly at People Development Group • Digitalised exit surveys launched • Health and wellbeing metrics • WRES, WDES and Pay Gap Reporting.		

Risk 3 Trust unable to invest in its Capital Plans

Principal risk (what could prevent us achieving this strategic priority)	Risk 3 - The Trust is unable to invest in capital plans that support delivery of its operation or strategic objectives							**Strategic priority** Recovering for the future
Lead Committee	Finance and Operational Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Financial	
Executive lead	Angela Hibbard	**Likelihood**	5	4	3	**Risk appetite**	Moderate	
Initial date of assessment	July 2021	**Consequence**	4	4	4	**Risk treatment strategy**	Mitigate	
Last reviewed	Apr 2024	**Risk rating**	**20**	**16**	**12**			
Last changed	Apr 2024			Given current financial climate				

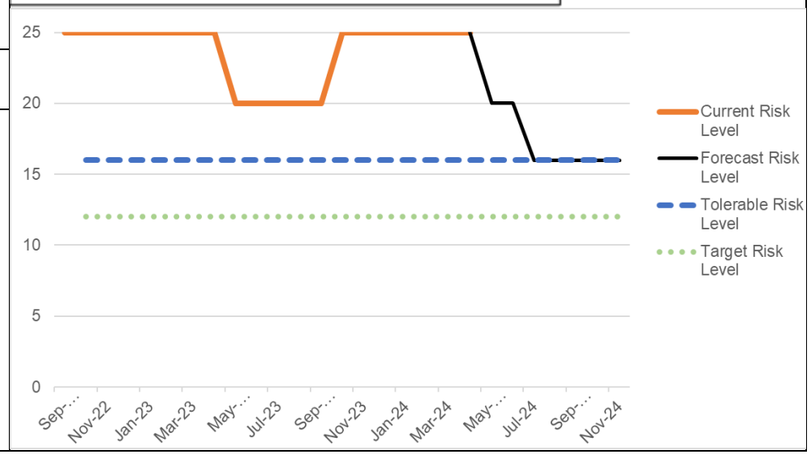


Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
The new NHS Capital regime is managed under ICS level CDEL limits, and capital sources are becoming more constrained at a time that backlog maintenance costs are increasing. Devon ICB CDEL allocation is only 66% of the total depreciation in the system, which should be used an indication of the level of annual reinvestment required on backlog, equipment and technology refresh. This results in a shortfall in the CDEL plan across multiple financial years and the risk of a deteriorating estate and outdated equipment. On top of this the move to implement the accounting standard IFRS16 for leases (now chargeable to CDEL) has resulted in a national shortfall of lease CDEL provision resulting in leasing no longer being a viable alternative option for equipment replacement outside of capital funding. In addition, the ability to carve out strategic capital form internal CDEL limits is challengingas this further reduces the capital available for reinvestment. Strategic capital is therefore reliant on additional national capital made available during the year However, this is often only released for specific purposes and is issued late resulting in difficulty planning timing of	**External** Engagement with the ICS & Regional Capital funding process to ensure fair share allocation of ICS CDEL Engage with ICS prioritisation process for national tranches of funding to ensure ICS process reflects priority of Royal Devon strategic capital needs Link to financial revenue risk and the controls around development of a financial recovery trajectory Continued highlighting of Northern capital needs to NHSE to highlight imperative of timeliness of NHP funding. Raising awareness of growing Eastern estates issues within NHSE due to limited CDEL available **Internal** Internal Strategic capital prioritisation process supported by risk based decision making Oversight meetings: Research, Innovation and Commercial Opportunities Group, Strategic Estates Development Group Regular six facet surveys to ensure up to date risk assessment on estates backlog maintenance Alignment of strategic road map to strategic capital decisions and the development of 'off the shelf' cases in readiness for any national programme capital funding.	**External** Availability of national capital funds to support backlog – particularly for sites not in scope of the NHP (Eastern and community sites) NHSEI approved financial plan – link to risk 4 Approved SOC for Northern Services development programme though NHP Robust prioritisation process of ICS capital needs linked to ICS LTP/Strategy **Internal** Alignment of external funding bids to strategic capital priorities due to the short-term nature of turn around against national funds Evidence of contribution of capital plans to financial recovery trajectory	**External** Continued engagement with NHP team to set out need to progress Northern Services OFH Refresh of ICS NHP direction of travel following outputs from ICS strategic work programmes (i.e. acute services sustainability) Liaison with NHSEI to communicate importance of strategic capital for Devon ICS and link to operational recovery Continued awareness building of shortage of capital and implications on local estate **Internal** Link to financial revenue risk on financial recovery trajectory Specific evidence of high priority strategic capital schemes such as PEC for Royal Devon on how they will contribute to financial recovery. Strategic Estates plan	**External** **Internal** Scrutiny of capital plan delivery through finance and operational committee Monitoring of capital risks through Capital Prioritisation Group IPR reporting on board capital programme spend Board meeting minutes Board updates and Business Cases Reporting of progress against strategic roadmap	**External** Capital prioritisation signed off by ICS leaders **Internal** Visibility of risk on capital restrictions through clinical governance/ Safety and risk	

strategic commitments. Finally, the national hospital programme (a source of future funding for the North) is over subscribed and plans are not yet signed off at Treasury. Timelines continue to be pushed into the future and the critical backlog maintenance will need to be addressed in the North through alternative funding routes should the NHP capital not be made available in time. The strategic threat is therefore that capital is insufficient to manage the growing BAU capital needs and strategic capital development will be limited impacting on the delivery of our corporate strategy, including the redevelopment of the Northern acute site.			– linked to strategic road map. Estates multi year maintenance plan to address key elements of backlog risk (not subject to strategic redevelopment)			

Risk 4 Non Delivery of the Financial Plan (Trust and System)

Principal risk (what could prevent us achieving this strategic priority)	Risk 4 - The Trust and wider Devon ICS have ambitious deficit plans with a challenging level of savings required, which are at risk of non-delivery							**Strategic priority**	Recovering for the future
Lead Committee	Finance and Operational Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Finance	Assumes risk can not reduce until revised plans submitted in may 24 and then signed off by regulators in June 24	
Executive lead	Angela Hibbard CFO	**Likelihood**	5	4	3	**Risk appetite**	Moderate		
Initial date of assessment	July 2021	**Consequence**	5	4	4	**Risk treatment strategy**	Mitigate		
Last reviewed	Apr 2024	**Risk rating**	**25**	**16**	**12**				
Last changed	Apr 2024			Given current financial climate					

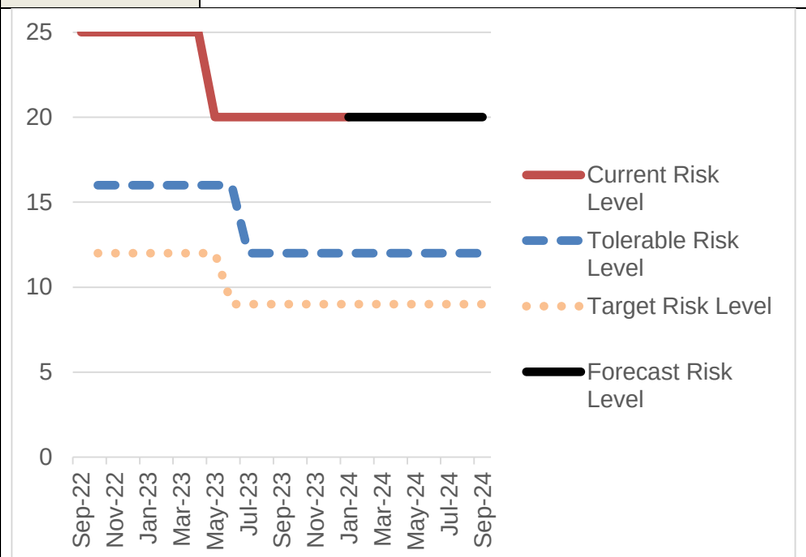


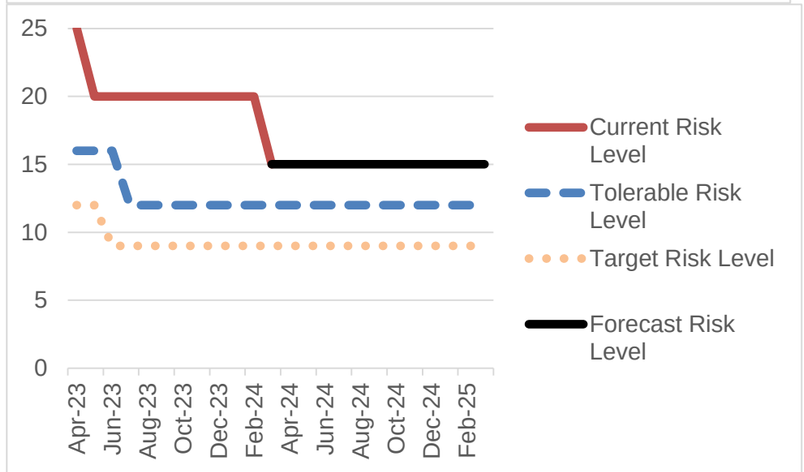
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
The Trust and Devon system have been placed in NOF4 due to the financial and operational performance which places us in the highest tier of national intensive support and additional regulatory scrutiny. The financial plan for 2024/25 is extremely challenging due to the underlying deficit across the Devon system and convergence of income towards the national formula. This plan is not yet approved by NHS England. The three year trajectory of financial recovery is also likely to require a continuous high level of savings delivery to reach financial sustainability. The scale and pace of savings required to be delivered results in a real risk that the target cannot be met in year with the consequence of failing to deliver the overall financial plan internally and across Devon and the regulatory consequences of non delivery including staying in the NOF4 regulatory oversight. The inevitable strategic threat is that the balance between financial and operational recovery is lost and decisions are driven in a way that do not align with our Trust values and may be taken outside of the Trust's	**External** Active Executive engagement within ICS work programmes and System Recovery Board Direct Trust engagement with the region through established finance networks. ICS Financial Principles framework including how growth funding is allocated and risk share agreed under the new aligned payment incentive guidance Continued work across the ICS strategic work programmes to improve the financial plan run-rate to a more beneficial position during 2024/25 and into 2025/26 Common system narrative due to the Deloittes drivers of the deficit work System improvement plan aligned to NOF4 exit criteria to focus on delivery Devon ICS MFTP which models the financial trajectory over the 3-5 year period **Internal** Finance and Operational Committee refocused to a core group to enable detailed assurance to be given to the Trust Board. Financial recovery Board chaired by CEO and work programme supporting Delivering Best Value programme supported by executive leads Comprehensive improvement plan for RDUH aligned to the NOF4 exit criteria joining financial, elective and UEC recovery Enhanced budgetary control and ownership of delivery through use of performance assurance framework to hold to account for delivery RDUH finance strategy linked to clinical strategy and contribution to corporate strategy on longer term financial recovery which sets out the financial modelling assumptions aligned to the Devon ICS LTFM. This includes an investment appraisal criteria to support prioritisation of funding Central governance around delivering best value	**External** Agreement on next steps to take forward inequities work as a system once a trajectory for financial balance is achieved Delivery plans behind the MTFP which evidences how the MTFP will be delivered **Internal** Multi year savings programme to evidence level of opportunity against that required in the refreshed MTFP	**External** ICS workplan on financial recovery linked to strategy need for transformation and key enablers to unlock potential - supported through the work of Deloittes Refresh of the Devon ICS MTFP **Internal** Development of multi-year savings / transformation programme to evidence how the finance strategy will be delivered link to benchmarking information More detailed reporting to Finance and Operational Committee on care group financial positions to provide more depth to IPR	**External** Minuted "View from the Bridge" Updates including: ICS updates on Devon financial position NHSEI updates Updates to inform Board debate from other system committees and meetings Recognition of NDHT subsidy by CCG/ICS subject to NOF 4 approach Feedback from System recovery Board into RDUH finance and operational committee **Internal** Oversight of financial position provided to the Board through the IPR and to Finance and Operational Committee for exceptional items Finance and Operational Committee scrutiny of the Improvement Plan and in particular Delivering Best Value Sub-committee reports to Board Integrated Performance Report Audit committee assurance on grip and control actions Financial Recovery Plan actions to reduce run rate of spend in year	Detailed risk mitigation plan for non-delivery of system workstreams Detailed route to cash for system stretch savings to provide assurance on delivery of the forecast position	

control.	programme in year and longer-term strengthened and embedded from start of the financial year Review of HFMA getting the basics right checklist and action plan being delivered and assured through the audit committee					

Risk 5 Elective Demand and Waiting-List Backlogs are not delivered

Principal risk (what could prevent us achieving this strategic priority)	Risk 5 - There is a risk of the Trust being unable to meet new demand for elective services (including cancer) and / or to provide required levels of activity to either address the waiting list backlog or to deliver the commitment contained within the Trust's Financial & Operational Plan							**Strategic priority** Recovering for the Future
Lead Committee	Finance & Operational Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Regulatory, Quality, Reputational	
Executive lead	Chief Operating Officer	**Likelihood**	3 - possible	4 – likely	3 – possible	**Risk appetite**	minimal	
Initial date of assessment	October 2022	**Consequence**	5 – catastrophic	3 – moderate	3 – moderate	**Risk treatment strategy**	Avoid	
Last reviewed	January 2024	**Risk rating**	**15 - high**	**12 – moderate**	**9 – moderate**			
Last changed	April 2024							





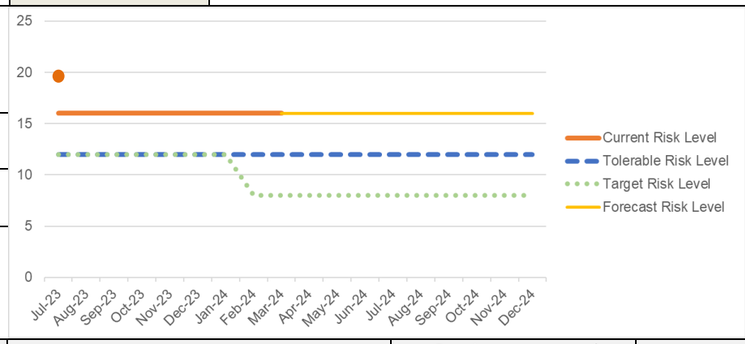
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
A widespread and sustained organisational insufficiency of clinical service capacity for patients needing elective care including cancer care as a result of • Workforce fragility and shortages including as a result of industrial action, • inability to sufficiently invest in infrastructure to either increase capacity or replace equipment, • inability to control increased demand for care services, • inability to deliver productivity and efficiency commitments inherent within the Trust's Financial & Operational Plan	Detailed annual planning cycle, Access to Elective Recovery Fund (ERF) Regular data led reporting to Trust Board, ICS and, NHSEI (region and nationally) on progress against elective recovery trajectory Use of Nightingale Hospital Exeter to provide additional diagnostic and procedure capacity to aid recovery Proactive development of Strategic and Outline Business Cases, to enable timely and detailed responses to national funding when advised as available Active participation in and response to recommendations of One Devon Elective Pilot, and in Further Faster programme Development of effective relationships with ICB and NHSE (both regionally and nationally, including senior attendance at a wide range of system led meetings including Chief Operating Officer / Director of Performance update meetings, System Improvement Assurance Group (SIAG), Devon System Elective Improvement Board, and Nightingale Hospital Programme Board, and in welcoming best practice visits to the Trust	Awaiting decisions following finance and capital investment requests to support changes to existing estate and clinical models Workforce constraints remain – including recruitment of consultants and other specialist posts in some areas and inability to recruit sufficient nursing staff to open planned escalation areas over the winter period. Co-dependency on both ICB and regional partners particularly with regards to strength and sufficiency of capacity of respective elective care service provision, and ability to offer mutual aid capacity where needed Increasing imperative for development of system solutions (eg spinal and cardiology) to identified capacity constraints, with associated time impact for assessment of capacity by providers within system, and demonstration of both collective and individual Trust benefits Pace of development of clinical innovation programme to enable shortfalls in capacity to be overcome Understanding of inequalities of access to care, and associated healthcare impacts	• Expansion of procedures able to be offered from Nightingale, and increased utilisation of Nightingale (March 2024 and ongoing) • Assurance is being sought from the Devon system regarding underwriting of NHE to support continued service delivery (Deputy Chief Executive) • Optimisation work to reduce the impact of MY CARE on outpatient throughput is progressing, and preparations made for the mandating of personalisation in EPIC (Chief Medical Officer). • ERF investment across multiple programmes • Further non recurrent investment in insourcing in Q1 • Continued pursuit of protected elective capacity both in-house and as part of new ventures with Independent Sector partners • Delivery of additional elective capacity facilitated by each of Cardiac Day Case Unit, Tiverton Endoscopy Unit, and Nightingale One	Performance metrics • IPR • PAF • RTT Data • Cancer Metrics • Activity and Referrals data Volume, value and aggregate activity impact of approved Elective Recovery Fund (ERF) bids Internal investment & external sponsorship Changes in Trust's Cancer Tiering Status (September 2023) and Cancer Deep Dive (March 2024) Bed modelling Outpatient Transformation Programme updates (March 2024) Ability to increase utilisation of independent sector ToRs / Minutes and Action Logs of internal meetings strengthened as part of Operational Governance Framework • Delivery Group • PAF • Operations Boards • Access meeting ToRs/Minutes of external/STP meetings: • Devon Planned Care Board • System Asset Programme Board • Cancer Cabinet • Hospital Escalation status • System Delivery & Improvement Group Programme of and feedback from external visits incl NHSE Cancer Improvement Visit (Autumn 2023) Positive impact from 10-week challenge for elective care and 8 week challenge for cancer (Spring 2024) Capital and revenue investments confirmed in Community Diagnostic Centre, Tiverton Endoscopy Unit, and Cardiology Day Case Unit Funding secured for purchase of a robot for Northern Services, and lease of an additional robot for Eastern Services (Summer 2023) Development of a TIF bid for a vascular hybrid and / or trauma theatre capacity, admissions ward and revenue investment in orthopaedics (September 2023)	Current operational and financial planning cycle focuses on 1-2 year plan delivery. Lack of available capital and recurrent revenue funding to support required service changes, and timeliness of regional/ national decision making Sporadic and short notice timeframes in which capital funding is indicated as potentially available and applications are required to be submitted Timeframe for delivery of MY CARE optimisation Local model of care agreed but no agreed Devon ICB future model of care Lack of ICB agreed approach to community engagement, and engagement of wider system partners	

		amongst different population groups	Stop Community Diagnostic Centre • Securing of full funding for a vascular hybrid and / or trauma theatre capacity, admissions ward and revenue investment in orthopaedics • Analysis of system demand and capacity in challenged specialties, and identification where feasible of pan-provider and system coordinated responses including system funding requests (eg spinal surgery, cardiology) *Please note: all actions are ongoing, and being coordinated by the Chief Operating Officer unless otherwise indicated*	Development and approval of Devon system spinal surgery business case (November 2023) Proposed development of Cardiology, and Oral Maxillofacial Surgery business cases (Spring 2024)		

Royal Devon University Healthcare NHS Foundation Trust

Risk 6 Our People do not feel looked after/valued, employee experience is poor and people feel their health and wellbeing are not prioritised

Principal risk (what could prevent us achieving this strategic priority)	Our people do not feel looked after or valued. Employee experience is poor and people feel their health and wellbeing is not prioritised.					**Strategic objective**	A great place to work
Lead Committee	Governance Committee (via People, Workforce Planning & Wellbeing Committee)	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Our People
Executive lead	Hannah Foster	**Likelihood**	4 - Almost Certain	3 - Possible	2 - Likely	**Risk appetite**	Minimal
Initial date of assessment	12/07/2023	**Consequence**	4 - Major	4 - Major	4 - Major	**Risk treatment strategy**	Modify
Last reviewed	–21/03/24 – PWPW 08/02/24 - GC	**Risk rating**	**16 – Significant**	**12 – Medium**	**8 – Low**		
Last changed	–21/03/24 – PWPW						

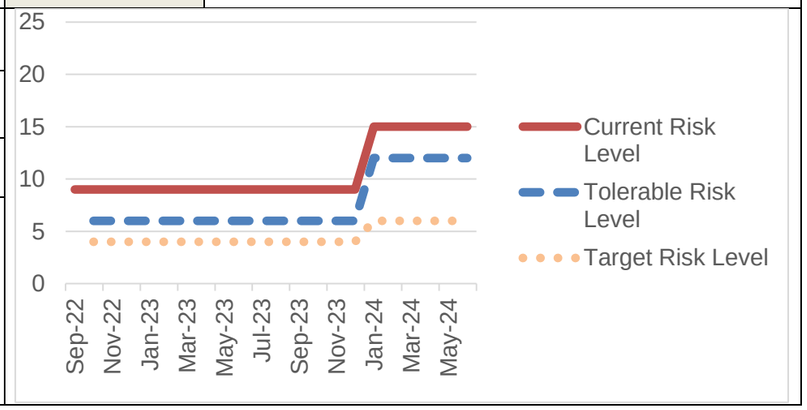


Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (**Evidence** that the controls/ systems which we are placing reliance on are effective)	Gap in assurance / action to address gap (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating (assured or inconclusive with further actions required)
• Demand for services exceeds capacity, increasing workload, potential for burnout, moral injury or/and work related stress. • Not fully utilising digital capability, increasing workload for staff. • Challenging financial climate with vacancy freeze • Working excessive hours is becoming a cultural norm within the NHS leading to burnout. • Integration change fatigue, long waits and public criticism impacting morale. • Increasing levels of violence and aggression towards our people. • Insufficient psychologically safety/inclusion culture. • Insufficient supportive line management to provide positive employee experience and enable wellbeing. • Lack of management time/capacity to support respecting, welcoming, valuing and developing people. • Operational and financial pressures preventing career development, progression and fulfilment. • Capital constraints preventing quality working environment and/or staff accommodation. • Ongoing Industrial Action impacting rest, leave, operational and leadership capacity. • Lack of integrated ways of working and collaboration, leading to silo working and poorer employee experience.	• Trust strategy including great place to work objective and Trust values, to create an effective, healthy and inclusive working environment with a just and learning culture • Proactive health and wellbeing offer. • Our Charter. Promoting a Positive Working Environment Policy and subsequent documentation created with a focus on just and learning culture. • Staff Incident Review Group. • Managing Incivility: becoming a responsible bystander and other strategies training. • Pastoral support, including dedicated role for international recruits. • Freedom to Speak Up Guardians. • Comprehensive development offer for existing staff. • Protection and promotion of taking of annual leave. • Expanded staff recognition schemes launched. • Focus and resources in place for inclusion, employee experience and culture work. • Significant comms and engagement activity with staff via various channels. • Dedicated Staff Rest Space Group. • Line manager induction workshops. • Extraordinary People Awards • Executive inclusion commitments • Board level oversight of inclusion direction	• Process streamlining and automation are not happening quickly enough to reduce workload of staff. • Not all processes and policies support the desired cultural direction. • Training to prevent violence and aggression is not always undertaken by all relevant staff. • Evidence that staff can take breaks. • Protection of management time. • On call arrangements that support work life balance. • Impact of ambitious ICS operational plan. • Impact of NHS Long Term Workforce Plan. • Staff do not always feel empowered to make changes to mitigate this risk. • Inclusion strategy owned at board level.	• Completion of the actions within the Cultural Development Roadmap. • Single Trustwide violence and aggression lead. • Completion of all stages of project simplify. • Line managers and leaders development programme to be launched. • Systemwide launch of campaign to prevent violence and aggression. • #TeamRoyalDevon week. • Improve flexible working options for all groups. • New flexible retirement options. • Phase 1 of the new hospital programme to develop new staff accommodation. • Management of Change (MoC) through Operational Services Integration Group (OSIG). • Completion of NHS England high impact actions (inclusion). • People Promise Manager and Exemplar Programme (2024/25)	• Regular monitoring of a range of metrics, including the Integrated Performance Report (IPR). • Benchmarking through the ICS Cultural Dashboard. • Employee experience intelligence, including quarterly People Pulse surveys and the annual staff survey including measurement of people promise. • Reporting on progress against the cultural development roadmap. • Reporting to the Staff Health & Wellbeing Group and sub-groups. • Health & Wellbeing metrics are available, but will be consolidated into a more comprehensive dashboard (see gap). • Feedback to the Inclusion Steering Group from staff inclusion networks • National Guardians Office statistics on Freedom to Speak Up reporting. • Employee Experience and Survey action plan delivery monitored at PAF meetings. • People development dashboard in place and presented regularly at People Development Group. • Digitalised exit surveys in place.	• Candidate experience information to be collected and analysed to inform improvements. (Date TBC) • Improved health and wellbeing dashboard to be launched (Jun 2024). • Further insight into apprenticeship pipeline to be included in development dashboard (Apr 2024) • Information about progression metrics to be added to development dashboard (Apr 2024) • Analysis of exit survey data once enough information has been collected (Apr 2024)	**Assured** – The PWPW was assured that the right actions are planned to mitigate this risk. Improvements were noted in some areas of the staff survey, including staff believing that managers are taking a greater interest in their health and wellbeing. However, other sources of intelligence such as questions through all staff webinars, leavers data etc. provide

						some conflicting information that demonstrate that there is still a risk in this area. On this basis, it was agreed the risk score would remain at a 16.

Risk 7 Risk of not maximising Epic benefits (Trust and System)

Principal risk (what could prevent us achieving this strategic priority)	There is a risk of not realising/maximising the financial benefits from the Epic implementation, the remaining benefits relate to outstanding management of change activity currently in progress.							**Strategic priority**	Excellence and Innovation in patient care
Lead Committee	Digital Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Clinical Digital Services		
Executive lead	Adrian Harris, Chief Medical Officer	**Likelihood**	–5 – Almost Certain	–4 - Likely	3 - Possible	**Risk appetite**	TBC		
Initial date of assessment	14 October 2022	**Consequence**	3 - Moderate	3 - Moderate	2 - Minor	**Risk treatment strategy**	Modify		
Last reviewed	2 April 2024	**Risk rating**	–15 - High	12 - Moderate	–6 - Low				
Last changed	2 April 2024								

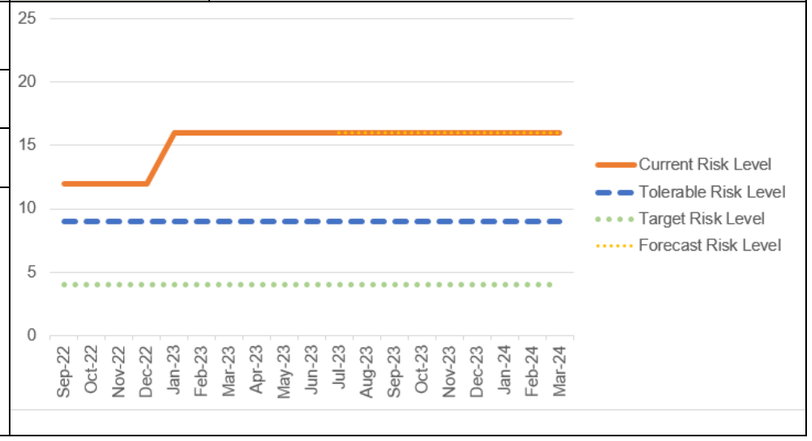


Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
There is a risk that documented financial benefits identified in the Eastern / Northern MY CARE business cases will not be realised / maximised	**Trust committee/governance & clinical service structures including:** Assigned Executive/ Site Director portfolios/accountabilities including relevant statutory roles Single clinical digital services structure in place from April 2023 across RDUH. Single governance process for digital improvement- Series of eight advisory groups reporting to the Clinical Digital & Operational Oversight Group active (as of May 2023) Digital Committee in place across Eastern and Northern Services as a direct Sub-Committee of the Board of Directors Reporting to the Board of Directors via the Digital Committee Appointment of RDUH (cross site) Director of Service Improvement and sub structure to support benefit delivery and integration with transformation programme Clinical Digital services governance meeting commences July 2023 Management of change policy Admin Transformation Programme Manager Role in post Full time comms lead appointed within Transformation to support trust wide engagement on all transformation Projects and Programmes **Support & resources for users/patients:** • Additional 2.5 WTE posts in place focusing on development of MYCARE (patient portal).MyCare marketing campaign launched to increase sign up to 100,000 patient users • Epic IT helpdesk supporting end users/staff with enquiries/issues • Epic training/personalisation sessions to support confidence and efficiency in the use of Epic at a collective and individual level • Tip sheets created and readily available on the EPR system/dashboard to support staff	Secure integrated structure across Eastern and Northern Services not yet agreed and in place in all areas. Continued use of paper letters (appointment) whilst encouraging patient sign up to MYCARE comms referring to reduced carbon footprint leading to Patient complaints	MOC in east / north, decisions required around workload, scanning service and location of paper records storage (12 months) Improved Comms and transparency around functionality of MYCARE & reasons behind paper appt letters – transparency with patients	Bi-monthly reporting to the Board of Directors from the Digital Committee. Support from CEO, Deputy CEO & CMO regarding MOC Clinical digital services and digital services updates monthly to operations boards (N&E) with further updates alt-months to Digital committee. Clinical digital advisory group and oversight group governance structure in place escalating to CEC if required. Benefits realisation progress reporting to Board of Directors / FOC Reporting of benefits – DBV working groups and board. Patient portal – MYCARE – continuing to drive engagement and comms to increase levels of sign up, currently 80,000 users with 5% (avg) increase per month. Target 100,000 by December 2023 and 120,000 by March 2024. Clinical and Digital enabling strategiescomplete / published	Benefits- FBC assumptions not fully realisable in some areas. Limited alternative savings available but still being scoped.	

	• IO Team (NMAHP & MIO Teams) supporting end users across the Trust Other • Stakeholder & staff Communication & Engagement Plan Partnership Agreement with Staffside and Trade Union partners. Active engagement of staff in key programmes • Clinical (medical) leadership capacity strengthened • Health & Wellbeing support for our people • Transformation Strategy launched Jan 2023 Digital and Clinical strategies completed as enabling strategies. Substantive, integrated CDS structure in place Tightening links between finance and digital committee on benefits identification and realisation process to be implemented between digital, operations and finance Refresher training now embedded within ongoing training schedule, blending delivery modalities to include self-guided tip sheets, ad-hoc 'video tip sheets', online learning master classes and face to face training. Single structure agreed and implemented July 2023. Substantive funding shortage for full EPR analyst and training capacity required which may contribute to change fatigue for some staff. Engagement with Age UK to support engagement with the use of Patient Portal – they have a digital champion programme to increase older people's engagement and support with digital systems, for those particularly digitally 'excluded'					

Risk 8 Risk of a significant deterioration in quality and safety of care March 2024

Principal risk (what could prevent us achieving this strategic priority)	Significant deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm, poor clinical outcomes and delivery of sub-optimal patient care.							**Strategic priority** Excellence & innovation in patient care
Lead Committee	Safety and Risk Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient Safety	
Executive lead	Chief Nursing Officer	**Likelihood**	4 - Likely	3 - Possible	2 - Unlikely	**Risk appetite**	Low	
Initial date of assessment	18 October 2022	**Consequence**	4 - Major	3 - Moderate	2 - Minor	**Risk treatment strategy**	Modify	
Last reviewed	15 April 2024	**Risk rating**	**16 - Significant**	**9 - Moderate**	**4 - Low**			
Last changed	15 April 2024							



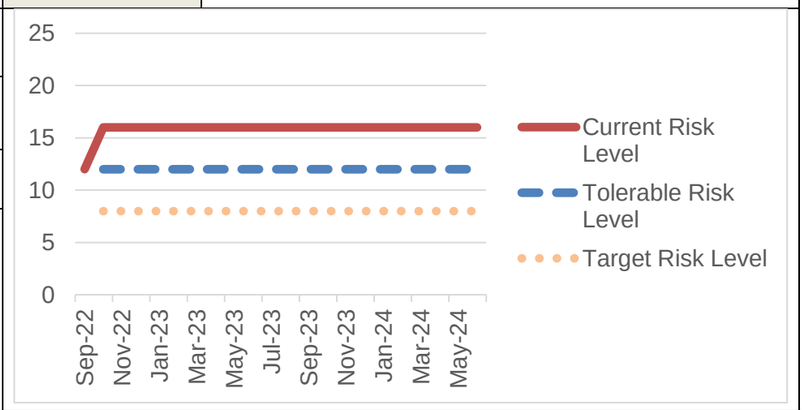
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Widespread loss of organisational ability to focus on quality of care, including patient safety processes due to workforce gaps/staff, Industrial Action, working under pressure to deliver flow & covid recovery, and a failure to engage patients and carers in care leading to: - an increased incidence of avoidable harm; - an increased exposure to 'Never Events'; - higher than expected mortality; - a failure to escalate, report and learn from quality incidents.	**Trust committee/governance & clinical service structures including:** • Assigned Executive & Site Director portfolios/accountabilities • Monthly meeting of Safety & Risk Committee & reporting sub groups (IPC/H&S/Patient safety etc.) • Patient Experience Committee • Clinical Effectiveness Committee • Safeguarding Committee **Strategies, policies and procedures:** • Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems • Risk management framework and policy • Performance management framework • QIA process / criteria for completion **Systems and monitoring:** • Incident Reporting investigation process, SIs/Never Event Reports, Claims • Lessons learned from Never Events • Annual Quality Priorities	Regular Divisional risk reports to S&RC/GC	Strengthen the reporting of medical and clinical education through PWPW report to GC ***Action will be delivered through the creation of a Board Committee for People which will include the reporting of clinical and medical education January 2024 Trust Secretary / Chief Executive*** **March 2024 update: Action ongoing –** Discussions remain ongoing between the Chair, CEO and Director of Governance regarding the governance structures of the Trust	**External Independent Inspections** • CQC • Royal Colleges • GIRFT reviews • Commissioning/network reviews • Audit SW Assurance **Internal Audit programme** • Clinical audit outcomes • Ward assurance/ metrics & accreditation programme **Statutory reporting** • Learning from deaths report • Guardian of Safe Working report • Six monthly safe staffing reports – Medical and NMAHP • SHMI • Annual complaints report • Annual IPC report • Board integrated performance report • Quality report (incl. quality priorities) NHS England Three Year Delivery Plan for Maternity and Neonatal Services (CNST MIS Standards)		

	• Retrospective EPIC dashboards • CQUINs & contract monitoring • Recording of escalation systems NEWS etc • Medicines Management • National Surveys • NICE, NSF and Clinical Audit • Capital Programme • Maternity Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) and Three Year Delivery Plan • Performance reporting and accountability/ performance reviews/ performance dashboards • Clinical audit programme & monitoring arrangements local and national • External audit of quality/patient safety e.g. GIRFT/Royal college reviews • Defined safe medical & nurse/midwifery staffing levels for all wards & departments • Ward assurance/ metrics & accreditation programme • Triangulation of insight from: • Patients and carers – complaints/PAL's/ Health Watch, other stakeholders • Dialogue with regulators to get feedback on local and benchmarked status re quality standards **People:** • Processes in place for staff to raise quality and other related concerns e.g. freedom to speak up guardian, whistle blowing policy • Maintenance of competent clinical staff through recruitment, induction, mandatory training, registration, supervision & re-validation **Industrial Action:** • Gold, Silver, EPPR plans in place to manage business continuity	Review of governance across RDUH Maternity Services to ensure consistent and effective governance process, management of risk, and oversight of audits & action plans to improve performance The trust has had a high number of never events, these are serious incidents which are wholly preventable. Community services were not well represented within the board service and performance measure	Completion of the RDUH CQC Maternity Action Plan – Chief Nursing Officer – July 24 Implement the NatSSIP's action plan to create standardised operating protocols & safety culture (NB this is a quality priority for 23/24) ***Completion timeframe as per 23/24 quality priority objectives – Chief Nursing Officer & Chief Medical Officer Action remains ongoing*** Embedding of comprehensive governance systems to continue to maintain effective delivery of national Patient Safety Management principles – Chief Nursing Officer / Chief Medical Officer – Autumn 2024 Formation of new Royal Devon Safety Committee (in line with National Patient Safety Strategy requirements) and new Royal Devon Risk Management Committee ***Completion by January 2024 – Chief Nursing Officer & Chief Medical Officer***	**Other reporting** • Regular board sub-committee performance/progress reports to GC (patient experience, safeguarding, safety and risk, clinical effectiveness) • Maternity Safety Champion activities • Mandatory training reporting • Health & safety reporting • Claims, inquest reports • Freedom to speak up reports • Whistle blowing reports • Ad-hoc requested specialist specific reports e.g. End of Life • Progress report cultural development • National Patient Safety Alerts compliance reports • HSIB **Screening Quality Assurance Services assessments and reports of:** • Antenatal and New-born screening • Breast Cancer Screening Services • Bowel Cancer Screening Services • Cervical Screening Services **Accreditation/Regulation annual assessments and reports of**; • Pathology (UKAS) • Endoscopy Services (JAG) • Medical Equipment and Medical Devices (BSI) - - Blood Transfusion Annual Compliance Report • PLACE **Action Plans** • National survey action plans • Performance recovery plans **QIA outcomes related to operational planning and Delivering Best Value 2023/24**		

		Gaps in control now closed	***February 2024 update: Preparatory work undertaken (ToRs/Schedule of Reports) and awaiting approval to proceed with new committees.***			

Risk 9 Our Future Hospitals – Delays in Funding/Failure to Deliver Clinical Strategy for Northern Services

Principal risk (what could prevent us achieving this strategic priority)	Continued delay of a positive decision on the Our Future Hospital Strategic Outline Case, resulting in planning blight, a reliance on short term sub optimal investment and a deleterious impact on the recruitment and retention of staff to North Devon							**Strategic priority** Recovering for the future / Great Place to Work
Lead Committee	OFH Programme Board	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Workforce/ Estate	
Executive lead	Chris Tidman, Deputy Chief Executive	**Likelihood**	4 Likely	3 Possible	2 Unlikely	**Risk appetite**	Minimal	
Initial date of assessment	18/10/2022	**Consequence**	4 Major	4 Major	4 Major	**Risk treatment strategy**	Modify	
Last reviewed	18/07/2023 26/10/2023 18/04/2024	**Risk rating**	**16**	**12**	**8**			
Last changed	18/07/2023 26/10/2023							

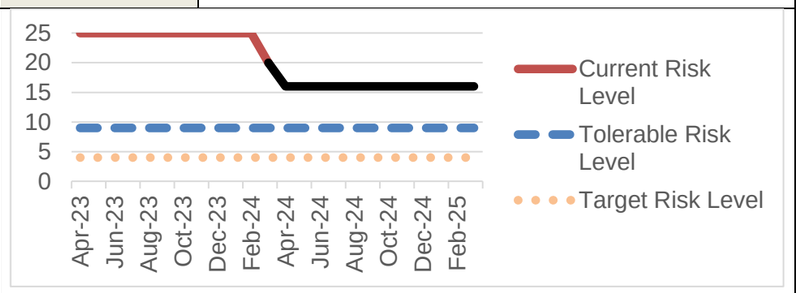


Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**

Next phase of the NHP (including RAAC) means NDDH scheme being pushed back until post 2030; Delays leading to risk around critical backlog maintenance, operational interruption and functional suitability and lack of confidence amongst clinical staff of scheme delivery, hampering recruitment and retention. Underlying financial deficit of the Devon system leads to a more radical Acute Sustainability review of hospital configuration, meaning a detailed Pre Consultation Business Case, slowing down decision making	**Trust Committee / Board Governance** OFH Programme Board meets monthly and reports progress to Board of Directors, including developing options around phase 1 enabling works and deliverability / affordability of various options from part rebuild/refurb to full rebuild Early enabling work starting on accommodation blocks to demonstrate progress. Phase 1 business case being completed and importance socialised with DHSC and NHSE. SOC (v3) to be resubmitted by the end of 2024, outlining the importance of phasing / early enabling works to mitigate key risks. Critical Backlog maintenance and mitigation plans co-produced by Trust and local NHP reps to ensure impacts of any delay to build plans are clearly understood. **Stakeholder Management** Robust internal comms approach with senior clinical staff around understanding process and approach to options Proactive engagement with NHP Executive and political stakeholders particularly NHS England as programme sponsor to stress the importance of early enabling works to demonstrate progress, risks of extended delay and having a deliverable scheme that can pass HM Treasury affordability tests. **System Governance** Trust active participant in Peninsula New Hospital Programme Board. July 2021 SOC supported by the Devon CCG/ICS are clinically necessary and affordable.	Changes in senior leadership at NHP may lead to a loss of corporate memory Risk of delay may not be fully understood by national politicians / DHSC No clear system governance architecture in place to connect Devon's NHP schemes to clinical strategy and medium term financial plans	Further meetings held with NHSE and NHP teams to agree approach to mitigation. Visits from politicians and NHSE to outline the risks of delay. . Request that this is considered as part of the review of system governance	SOC, Board and Committee reports Internal Gateway Assurance MOU for Phase 1 residence short form business case (RIBA stage 4) funding and letter for NHP SRO Dec 2023 confirming PDC funding allocated for 2024-25. Written acknowledgement from NHP team of the inherent risks around delay and the need to consider advanced works as part of SOC/OBC Political statements supporting the early investment in staff accommodation in North Devon & commitments to maintaining momentum	The current political cycle and leadership transition at NHP means it is challenging to plan with any certainty. The best strategy is to progress business cases that are ready for approval and to continue to set out the risks around delays in the build programme.	Despite DH and NHSE commitments, much will depend on the release of the capital funding for the phase 1 enabling works on accommodation and the confirmation around the timing of the preferred option. Until this is in place, it is likely that the risk will remain as 16

Risk 10 UEC Targets are not delivered

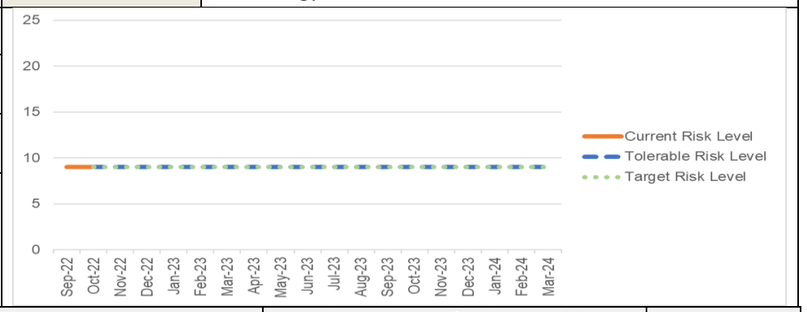
Principal risk (what could prevent us achieving this strategic priority)	Risk 10 - There is a risk of the Trust being unable to deliver the urgent & emergency care commitments contained within the Trust's Financial & Operational Plan due to unscheduled care demands and capacity							**Strategic priority**	Recovering for the Future
Lead Committee	Finance & Operational Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Regulatory, Quality, Reputational		
Executive lead	Chief Operating Officer	**Likelihood**	4 - likely	3 – possible	2 – unlikely	**Risk appetite**	Minimal		
Initial date of assessment	October 2022	**Consequence**	5 – catastrophic	3 – moderate	2– minor	**Risk treatment strategy**	Avoid		
Last reviewed	January 2024	**Risk rating**	**20 - high**	**9– moderate**	**4 – low**				
Last changed	April 2024								



Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
A widespread and sustained organisational insufficiency of clinical service capacity for patients needing urgent care due to unscheduled care demands and capacity, as a result of • System and care partners' failure to deliver necessary improvements to support achievement of 5% No Criteria to Reside • workforce shortages including as a result of industrial action, • inability to control increased demand for care services, including demand for urgent and emergency care • inability to deliver productivity and efficiency commitments inherent within the Trust's Financial & Operational Plan • wider system demand/support for urgent & emergency care through ambulance diverts	Detailed annual planning cycle, including development of operational capacity and resilience plan (Winter plan), Regular data led reporting to Trust Board, ICS and, NHSEI (region and nationally) on progress against urgent & emergency care improvement trajectories Development of effective relationships with ICB and DCC, including senior attendance at a wide range of system led meetings including Chief Operating Officer / Director of Performance update meetings, System Improvement Assurance Group, Devon System Unscheduled Care Board, and active participation in and escalation into Devon System SOF4 Improvement Programme including weekly Tier 1 UEC meetings with NHSE (region), and meetings with National Director of UEC Detailed system wide and organisational winter planning Four week pilot undertaken October to November 2022 with adjusted postcode catchments to support TSDT and UHP Trusts with further ten week adjustment to postcode catchments to support TSDT and UHP agreed. (Summer 2023), Discussions ongoing as to the most sustainable basis by which any ambulance activity might be diverted to RDUH going forward	Co-dependency on system partners particularly with regards to strength, sufficiency of capacity and availability of urgent care including out of hours services within primary care, social care, and mental health care Lack of visibility of and volatility in funding decisions of system partners, particularly with regards to social care Shortfalls in funding within health system leading to increasing fragmentation and short term nature of funding decisions which in turn leads to increasing difficulty in (and resource required to) implement sustainable solutions Workforce constraints remain – including recruitment of consultants and other specialist posts in some areas and inability to recruit and / or retain sufficient nursing staff to maintain WIC service delivery or to open planned escalation areas over the winter period. Continuing workforce fragility for external care providers (e.g. domiciliary care and nursing home care) Ability of neighbouring Trusts and Devon system to respond to equivalent	Infrastructure for emergency patients has progressed throughout 2023/24 including. • Continued progress of the ED Redevelopment programme for Eastern Services, and inclusion of a Paediatric ED element to the programme. Development of business case and securing capital funding to support expansion of SDEC in both Northern and Eastern Services Securing of necessary further funding release by system partners by end Q1 24/25. Refresh of the Operational Capacity and Resilience Plan (Winter Plan) approved by Board in October 2023. Further refresh to be undertaken in Autumn 2024 as an integral part of the Trust UEC plan Sustaining delivery of Trust's UEC Improvement Plan through 2024/25 *Please note: all actions are ongoing and being coordinated by the Chief Operating Officer unless otherwise indicated*	Performance metrics • IPR (monthly) • PAF (monthly) • Activity and Referrals data (IPR monthly) update on UEC funding (Community £3.2m vs £5.2m fair share) Winter Plan (Autumn 2023) Bed modelling (Autumn 2023) Expansion of Virtual Ward, Acute Hospital at Home, and creation of Care Coordination Hub (Winter 2023) Development Plan for Trust's Community Services (Autumn 2023) ToRs / Minutes and Action Logs of internal meetings strengthened as part of Operational Governance Framework • Trust Delivery Group • PAF • Operations Boards ToRs/Minutes of external/STP meetings: • Devon Unscheduled Care Board • Hospital Escalation status • System Improvement Assurance Group Schedule of 1:1s with Chief Operating Officer Devon Partnership NHS Trust Programme of and feedback from external visits (Autumn 2023) Implementation and impact of Trust Improvement Plan Positive impact of March 80% UEC Challenge upon 4-hour performance delivery (type 1 and all types) Successful service transfer of Exmouth MIU (Spring 2024)	Current health operational and financial planning cycle focuses on 1-2 year plan delivery. Lack of visibility of funding availability and funding decisions of social care system partners System funding availability leading to increasingly ad-hoc and short-term funding decisions Local model of care agreed but no agreed Devon ICB future model of care Lack of ICB agreed approach to engagement of wider system partners	

		UEC pressures and demand, and to maintain and coordinate delivery of identified fragile services Volume and frequency of requests for further ambulance diverts to support Devon system Pace of development of clinical innovation programme to enable shortfalls in capacity to be overcome				

Risk 11 Risk of RDUH being unable to support all the requirements fo the Trust's Digital Strategy, other strategic and operational requirements and Devon system wide implementations

Principal risk (what could prevent us achieving this strategic priority)	There is a risk of RDUH being unable to support all the requirements of the Trust's Digital Strategy, other strategic and operational requirements and Devon system wide implementations.							**Strategic priority**	Transforming patient experience through innovation and technology
Lead Committee	Digital Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	IMT		
Executive lead	Professor Adrian Harris	**Likelihood**	5 – Almost certain	3 – Possible	2 - Unlikely	**Risk appetite**	TBC		
Initial date of assessment	19 March 2024	**Consequence**	4 - Major	3 - Moderate	3 - Moderate	**Risk treatment strategy**	Modify		
Last reviewed	2 April2024	**Risk rating**	20 - High	9 - Medium	6 - Low				
Last changed	2 April 2024								

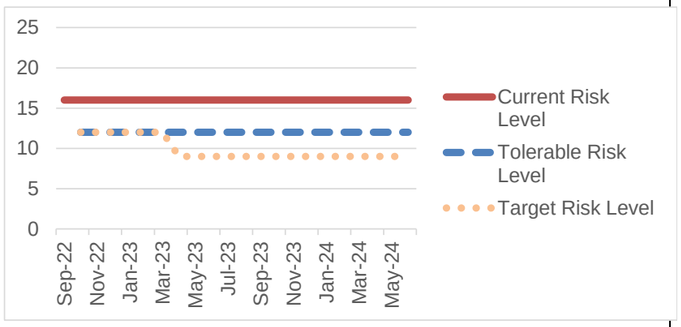
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**

There is a risk that demand of Digital skills is unplanned within the Trust and across the Devon system.	Demand within the Digital teams is co-ordinated and prioritised by the team leads under the leadership of the CMO. Digital workload is considered by the Digital Committee and by the Trust wide SDG. Priority lists are maintained and reviewed of project and development work.	There is limited visibility of digital demand from other projects and investments across the Trust. The demand for Digital skills from the system is unclear, and no robust governance is in place to plan and co-ordinate at system level.	Regularly review and prioritisation, engaging clinical, operational and digital leaders Clear system governance for co-ordinated planning and prioritisation matched to available resource. Regular review and reprioritisation.	Updated workplans submitted to DC. Clarity on deferred work and associated risks, logged in CRR as appropriate. June 2024. DC minutes demonstrating discussion and understanding of workload and forward plans. June 24. Planning and co-ordination process agreed at system level, all projects and business cases planned into a forward work plan and approved at System and Trust levels. July 24. System Digital Board minutes reflecting review and maintenance of the workplan and management of associated issues and resource demand. July 24.	Draft in the Digital Operational Forum and bring to DC in June 24 Meeting minutes and update to Board from DC. Needs discussion at system level with Exec sponsorship to establish and maintain governance discipline matching plans against available resources.	
There is a risk that the Trust is unable to recruit sufficient digital skills to meet need.	Digital vacancies based on current establishment are maintained and recruitment is subject to Trust wide restrictions as part of financial recovery.	Future demand needs to be understood and mapped to a future workforce model agreed by the Trust. Recruitment needs to be enabled to build capacity to meet strategic demand. Measures to improve the attractiveness of the Trust as an employer need to be identified and put into place.	Workforce plan, including recruitment, skills development and succession planning Recruitment plan agreed with HR, and associated advertising and employment package to improve the attractiveness of the Trust as an employer	Digital workforce plan, linked to the Trust wide Workforce Plan, approved by Digital Committee, with financial and operational impacts understood and approved by DSG / Board. Sept 24. Successful targeted recruitment against the Workforce Plan. March 25.	Draft in DOF, circulated to PWPWG and then to DC and DSG for review. Put to Board for info.	
There is a risk of attrition, owing to increased demand for digital skills across the Devon region / nationally.	Attrition and leaver data is available for the Digital teams to understand current rates and trend. Exit interviews provide data on the reasons for leaving.	EPIC and other system implementations will lead to targeted recruitment activity and the potential 'poaching' of staff. Totality of system requirement is not understood. Arrangements for secondment (where quality backfill can be sourced) are not in place.	Clarity of system wide workforce needs and plan for EPIC implementation. System agreement of processes for secondment, escalation of issues and avoiding 'poaching'.	Detailed EPIC implementation plans with clear resource profiles to implementation and ongoing support. Sept 24. Established EPIC governance to manage resourcing, and processes for secondment, backfill, and resolution of conflicting requirements at Trust and system level. Sept 24.	Increased understanding in TSD and UHP of the reality of demand for successful implementation and willingness to accept the associated costs.	

Royal Devon University Healthcare NHS Foundation Trust

Risk 1 Degree & Complexity of Change Impacts on Leadership Resilience & Capacity to Deliver

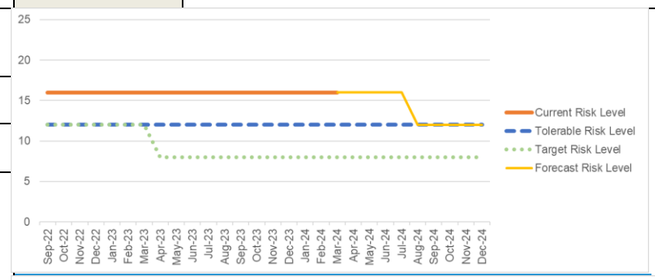
Principal risk (what could prevent us achieving this strategic priority)	There is a risk that the degree and complexity of internal and external demands (and the scale of operational change) has a significant negative impact on leadership and senior management capacity, morale and therefore capability.					**Strategic priority**	A great place to work
Lead Committee	Board	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Our People
Executive lead	CEO / Deputy CEO	**Likelihood**	4 – Likely	3 – Possible	2 – Unlikely	**Risk appetite**	Minimal
Initial date of assessment	14/09/2022	**Consequence**	4 – Major	4 – Major	4 – Major	**Risk treatment strategy**	Modify
Last reviewed	10/01/2023 17/04/2023 18/07/2023 26/10/2023 18/04/2024	**Risk rating**	**16 – Significant**	**12 – Medium**	**8 – Low**		
Last changed	10/01/2023 17/04/2023 18/07/2023 26/10/2023 18/04/2024						

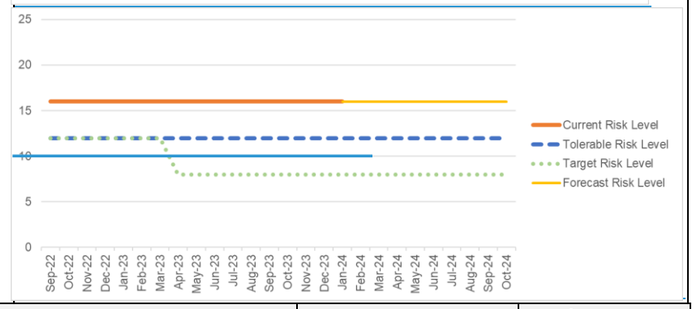


Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating** (assured or inconclusive with further actions required)
• Increased complexity of internal and external demands as we recover services post COVID • Financial constraints preventing solutions being implemented. • Significant strategic and operational change- both within the Trust and across the Devon system. • Heightened regulatory scrutiny in relation to the NHS System Oversight Framework (SOF4) criteria. • ~~Ongoing impact of managing and mitigating the impact of industrial action on leadership resilience~~ • Collaboration and mutual aid support for partner organisations impacts on RDUH leadership capacity	• Corporate Road Map in place to manage pace of strategic change and to ensure capacity & capability is in place to deliver/ use of Board Development Sessions to ensure capacity is in place • Trust Director structure provides additional leadership bandwidth ~~wide Executive and site management structure to support the broader leadership teams~~. • ~~Trust Delivery Group in place for Trustwide operational matters and Operations Boards set up for each site.~~ Governance structure in place to ensure agile decision making • Leadership Group established for progression, support and development of senior managers, to provide resilience. • ~~Active Board role input supporting System Recovery Board to ensure proportionate and triangulated across all domains~~ • Executive coaching and mentoring support in place for Executive Directors. • ~~Executive led Leadership Group meetings / engagement events focussed on delivery of operational and strategic priorities~~ • Inclusive Leadership training set up and being delivered to senior leadership team. • Specialist and executive resourcing team in place substantively to support executive, specialist and hard to fill roles. • Management Support Programme launched. • ~~Leadership development programme based on 'Controlling the Controllables'.~~ • Cycle of risk and succession planning for the leadership group commenced, including identification of plans to eliminate single points of failure. • Extensive comms plan based on authenticity and gratitude – naming challenges but celebrating success	• Limited ability to control demands that originate outside of the organisation.	• Working with partner organisations to streamline reporting and improvement interventions to/with regulators. • ~~Ensuring that improvement interventions requested go through a consistent system governance process~~. • Board Development session to be held on determining timing of road map priorities based on available capacity and urgent demands. • Provide greater opportunities for directors/leaders to gain Board level exposure	• Performance Assurance Framework (PAF). • Performance and Governance System around delivery. • Intelligence from the quarterly People Pulse surveys and the annual staff survey. • Successful recruitment to senior leadership posts. • Monthly workforce reports on turnover/ sickness • Appraisal and 360 feedback • Feedback from Trust and system leaders • Regular reporting of annual leave usage for the senior leadership team (March 2023) • Data from health & wellbeing conversations (May 2023) • Intelligence on flexible working requests including approval rates (October 2023) • Information on completion of stress risk assessments (December 2023) • Internal progression metrics (October 2023) • Metrics in relation to leadership competency (May 2023) • Reports on attrition/vacancy levels for 8a+ (July 2023)	• PWPW operates at a level below Governance Committee – Board to consider greater visibility of workforce metrics through Board and sub-committee reporting.	There are a number of actions in place to provide further assurance and to understand the impact of this risk; however, there is a limited amount that can be done to control the external environment and the demands outside of the organisation. Whilst there is assurance that the right actions are included on this plan, it is unlikely that the demands are going to ease in the short term and therefore it is expected that the risk score will remain at the current level.

Risk 2 Failure to Recruit, Retain and Train to Ensure we have the Right No. of Staff with the Right Skills in the Right Location

Principal risk (what could prevent us achieving this strategic priority)	Failure to recruit, retain and train to ensure we have the right number of staff with the right skills in the right location					**Strategic objective**	A great place to work
Lead Committee	Governance Committee (via People, Workforce Planning & Wellbeing Committee)	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Our People
Executive lead	Hannah Foster	**Likelihood**	4 – Likely	3 – Possible	2 – Likely	**Risk appetite**	Minimal
Initial date of assessment	14/09/2022	**Consequence**	4 – Major	4 – Major	4 – Major	**Risk treatment strategy**	Modify
Last reviewed	–~~18/01/2024~~21/03/24 – PWPW ~~19/10/2023~~08/02/24 - GC	**Risk rating**	**16 – Significant**	**12 – Medium**	**8 – Low**		
Last changed	—~~18/01/2024~~ 21/03/24– PWPW 19/10/2023 - GC						



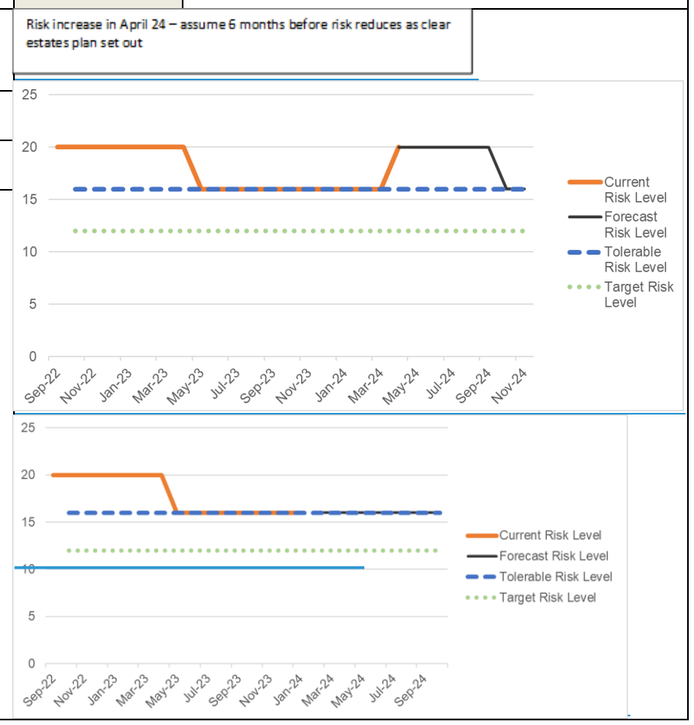


Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating** (assured or inconclusive with further actions required)
• National shortages. • Competitive recruitment market. • Inability to attract candidates in certain staff groups. • Inability to retain existing staff with particular challenges relating to short tenure. • Not fully utilising digital capability. • Challenging financial climate with high levels of vacancy ~~freeze,~~control • Potential for increasing GP numbers to adversely impact	• Trust strategy including great place to work objective and Trust values, to create an effective, healthy and inclusive working environment with a just and learning culture ~~to support recruitment and retention~~ • Growing our own workforce with links to key educational providers and own academy status to provide apprenticeships. • Successful international recruitment campaigns. • Sharing of resources Trustwide i.e. clinical / medical staff working across northern and eastern services. • Specialist and executive resourcing team in place. • Career Gateway system • Recruitment fairs • Dedicated workforce planning capacity • Delivering Best Value retention stream. • ~~New~~ High quality recruitment branding ~~delivered.~~ • Stay conversations piloted and in place. • Candidates can access helpful information and resources prior to their start date on Learn+. • Strategic resourcing group to support recruitment to posts. • Northern medical workforce business case, to increase	• Lack of strategic workforce plan for the Devon ICS. • Inability to convert temporary workforce to permanent posts. • Sustainable finance solution for pipeline of apprentices sufficient to support retention and transformation. • Staff do not always feel empowered to make changes to mitigate this risk. • Specific line management training is not a requirement for line managers.	• Automated ID & DBS checks for new starters. • Further use of Career Gateway to develop workflows and improve automation. • Development of local 5-year workforce plan. • Position management to move to ESR to provide clear articulation of vacancies at position level • Automate new starter checklist for managers. • Implement discounts and special offers for new starters as part of their welcome. • Prioritise staff accommodation improvement 'must-dos' e.g. rest areas. • Apprenticeship pay and reporting proposal. • Survey new starters in week one, month one and month three, then use the results to improve the new starter experience and drive improvements. • Completion of actions within the NHS Long Term Workforce Plan 2023. • Optioneering tool developed and in use. • Line manager development programme launch • People Promise Manager and Exemplar Programme (2024/25)	• Regular monitoring of a range of metrics, including those linked to recruitment and retention at PWPW. • Strategic Workforce Planning Hub • Metrics in the Integrated Performance Report (IPR). • Benchmarking through the ICS Cultural Dashboard. • Employee experience intelligence including quarterly People Pulse surveys and the annual staff survey including measurement of people promise. • Reporting of progress against the NHS People Plan. • Reporting on recruitment pipelines. • Survey results about induction process experience from new starters and recruiting managers. • Weekly workforce infographic data, showing workforce loss / gain and	• Candidate experience information to be collected and analysed to inform improvements. ~~(Jul 2023)~~(Date TBC) • Improved health and wellbeing dashboard to be launched (~~Dec 2023~~Jun 2024) • Further insight into apprenticeship pipeline to be included in development dashboard (Apr 2024) • Information about progression metrics to be added to development dashboard (Apr 2024) • Analysis of exit survey	**Assured** – The PWPW was assured that the right actions are planned to mitigate this risk. ~~Whilst vacancy levels and turnover have generally moved in a positive direction, it was felt by the Committee that because of the current recruitment freeze and financial controls that the risk score would be~~

recruitment and retention of doctors in the acute setting. • The impact of continued industrial action. • Quality of line management impacts employee retention, and development potential.	substantive medical capacity. • Proactive health and wellbeing offer in place. • Interface between Career Gateway and ESR, reducing manual data entry. • Healthcare Support Worker band 2 to 3 process enacted. • Step into health launched to encourage former military candidates to apply for roles across the trust. • Improvements in recruitment and retention have led to a reduced vacancy rate. • Line manager induction in place.			details of the pipeline. • Monthly Workforce dashboard in place. • Vacancy Control Process (VCP) • Recruitment risks regularly escalated to Senior Responsible Officers (SRO)s • Proactive retirement age profiling in place. • Single strategic resourcing role list with risk based prioritisation, that is regularly reported to the Divisions. • Attraction intelligence available to understand why people are joining the organisation. • People d~~D~~evelopment ~~and learning~~ dashboard in place and presented regularly at People Development Group • Digitalised exit surveys launched • Health and wellbeing metrics • WRES, WDES and Pay Gap Reporting.	data once enough information has been collected (~~Dec 2023~~Apr 2024)	~~unlikely to reduce this calendar year.~~Vacancy levels have remained low for a substantial period of time, with small increases in recent months due to vacancy control processes. Despite low vacancy levels and turnover, there are significant areas of risk in certain staff groups and areas of the Trust where vacancy levels remain high. On this basis, the PWPW agreed to retain a score of 16.

Risk 3 Trust unable to invest in its Capital Plans

Principal risk (what could prevent us achieving this strategic priority)	Risk 3 - The Trust is unable to invest in capital plans that support delivery of its operation or strategic objectives							**Strategic priority**	Recovering for the future
Lead Committee	Finance and Operational Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Financial		
Executive lead	Angela Hibbard	**Likelihood**	45	4	3	**Risk appetite**	Moderate		
Initial date of assessment	July 2021	**Consequence**	4	4	4	**Risk treatment strategy**	Mitigate		
Last reviewed	~~Jan~~ Apr 2024	**Risk rating**	~~16~~20	**16**	**12**				
Last changed	~~May 2023~~Apr 2024			Given current financial climate					



Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
The new NHS Capital regime is managed under ICS level CDEL limits, ~~reducing the ability for Foundation Trusts to invest above a set limit. In addition,~~and capital sources are becoming more constrained at a time that backlog maintenance costs are increasing. Devon ICB CDEL allocation is only 66% of the total depreciation in the system, which should be used an indication of the level of annual reinvestment required on backlog, equipment and technology refresh. This results in a shortfall in the CDEL plan across multiple financial years and the risk of a deteriorating estate and outdated equipment. On top of this the move to implement the accounting standard IFRS16 for leases (now chargeable to CDEL) has resulted in a national shortfall of lease CDEL provision resulting in leasing no longer being a viable alternative option for equipment replacement outside of capital funding. In addition, t~~T~~he ability to carve out strategic capital form internal CDEL limits is ~~therefore~~ challenging~~,~~ as this further reduces the capital available for reinvestment. Strategic capital is therefore reliant on additional ~~Additional~~ national capital ~~is~~	**External** Engagement with the ICS & Regional Capital funding process to ensure fair share allocation of ICS CDEL Engage with ICS prioritisation process for national tranches of funding to ensure ICS process reflects priority of Royal Devon strategic capital needs Link to financial revenue risk and the controls around development of a financial recovery trajectory Continued highlighting of Northern capital needs to NHSE to highlight imperative of timeliness of NHP funding. Raising awareness of growing Eastern estates issues within NHSE due to limited CDEL available **Internal** Internal Strategic capital prioritisation process supported by risk based decision making Oversight meetings: Research, Innovation and Commercial Opportunities Group, Strategic Estates Development Group Regular six facet surveys to ensure up to date risk assessment on estates backlog maintenance Alignment of strategic road map to strategic capital decisions and the development of 'off the shelf' cases in readiness for any national programme capital funding.	**External** ~~Evidence of link of strategic capital requests to the financial recovery trajectory~~Availability of national capital funds to support backlog – particularly for sites not in scope of the NHP (Eastern and community sites) NHSEI approved financial plan – link to risk ~~42~~ Approved SOC for Northern Services development programme though NHP Robust prioritisation process of ICS capital needs linked to I~~O~~CS LTP/Strategy **Internal** ~~Alignment of capacity and elective recovery with capital investment need~~ Alignment of external funding bids to strategic capital priorities due to the short-term nature of turn around against national funds Evidence of contribution of capital plans to financial recovery trajectory	**External** ~~Refresh of ICS capital prioritisation process with visibility of outputs to ICS leaders~~ Continued engagement with NHP team to set out need to progress Northern Services OFH Refresh of ICS NHP direction of travel following outputs from ICS strategic work programmes (i.e. acute services sustainability) Liaison with NHSEI to communicate importance of strategic capital for Devon ICS and link to operational recovery Continued awareness building of shortage of capital and implications on local estate **Internal** Link to financial revenue risk on financial recovery trajectory Specific evidence of high priority strategic capital schemes such as PEC for Royal Devon on how they	**External** **Internal** Scrutiny of capital plan delivery through finance and operational committee Monitoring of capital risks through Capital Prioritisation Group IPR reporting on board capital programme spend Board meeting minutes Board updates and Business Cases Reporting of progress against ~~5 Year Financial Strategy through SEDG~~strategic roadmap	**External** Capital prioritisation signed off by ICS leaders **Internal** Visibility of risk on capital restrictions through clinical governance/ Safety and risk	

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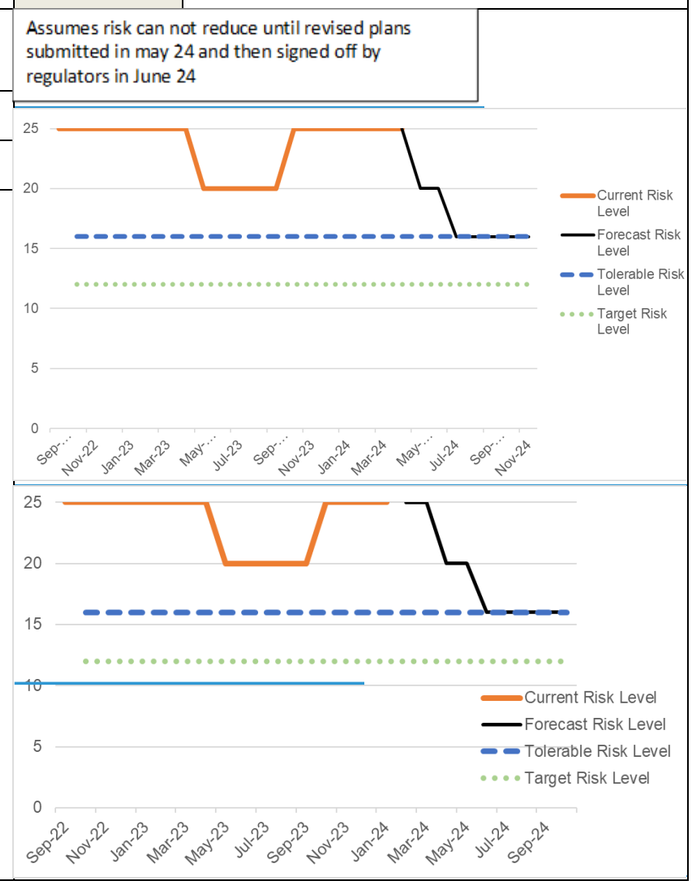
made available during the year ~~but as a System with a deficit financial plan and in SOF4 restrictions on assessing this capital are likely.~~ However, this is often only released for specific purposes and is issued late resulting in difficulty planning timing of strategic commitments. ~~In addition,~~Finally, the national hospital programme (a source of future funding for the North) is over subscribed and plans are ~~likely to be reduced within an affordability envelope.~~not yet signed off at Treasury. Timelines continue to be pushed into the future and the critical backlog maintenance will need to be addressed in the North through alternative funding routes should the NHP capital not be made available in time. The strategic threat is therefore that capital is insufficient to manage the growing BAU capital needs and strategic capital development will be limited impacting on the delivery of our corporate strategy, including the redevelopment of the Northern acute site.			will contribute to financial recovery. Strategic Estates plan – ~~being developed across North and East~~linked to strategic road map. Estates multi year maintenance plan to address key elements of backlog risk (not subject to strategic redevelopment)			

Risk 4 Non Delivery of the Financial Plan (Trust and System)

Principal risk (what could prevent us achieving this strategic priority)	Risk 4 - The Trust and wider Devon ICS have ambitious deficit plans with a challenging level of savings required, which are at risk of non-delivery							**Strategic priority**	Recovering for the future
Lead Committee	Finance and Operational Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Finance		
Executive lead	Angela Hibbard CFO	**Likelihood**	5	4	3	**Risk appetite**	Moderate		
Initial date of assessment	July 2021	**Consequence**	5	4	4	**Risk treatment strategy**	Mitigate		
Last reviewed	~~Jan~~ Apr 2024	**Risk rating**	**25**	**16**	**12**				
Last changed	~~October 2023~~Apr 2024			Given current financial climate					

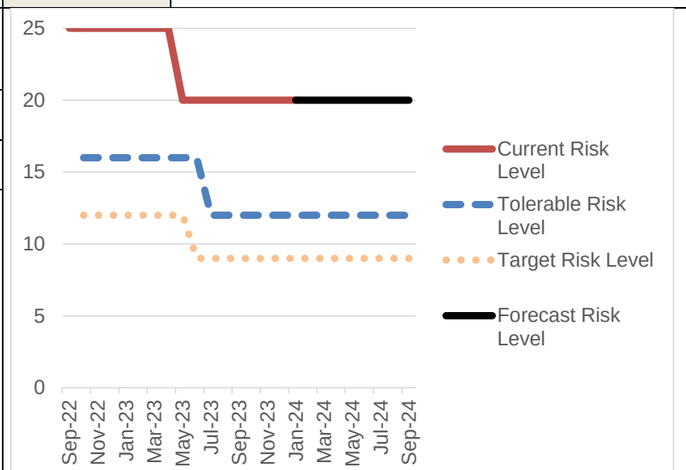


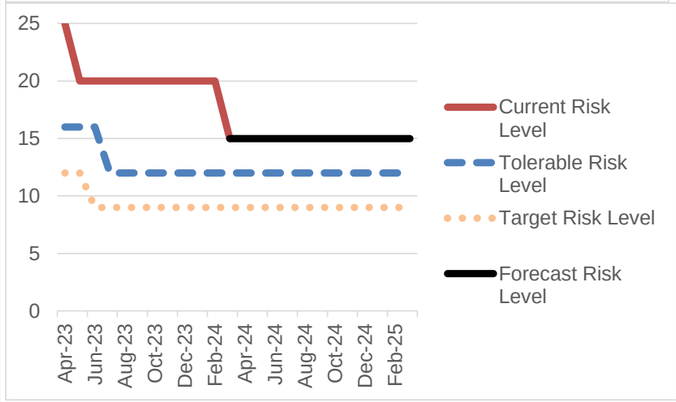
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
The Trust and Devon system have been placed in NOF4 due to the financial and operational performance which places us in the highest tier of national intensive support and additional regulatory scrutiny. The ~~approved~~ financial plan for 202~~3~~/25~~4~~ is extremely challenging due to the underlying deficit across the Devon system and convergence of income towards the national formula. This plan is not yet approved by NHS England. The three year trajectory of financial recovery is also likely to require a continuous high level of savings delivery to reach financial sustainability. The scale and pace of savings required to be delivered results in a real risk that the target cannot be met in year with the consequence of failing to deliver the overall financial plan internally and across Devon and the regulatory consequences of non delivery including staying in the NOF4 regulatory oversight. The inevitable strategic threat is that the balance between financial and operational recovery is lost and decisions are driven in a way that do not align with our Trust values and may be taken outside of the Trust's	**External** Active Executive engagement within ICS work programmes and System Recovery Board Direct Trust engagement with the region through established finance networks. ICS Financial Principles framework including how growth funding is allocated and risk share agreed under the new aligned payment incentive guidance Continued work across the ICS strategic work programmes to improve the financial plan run-rate to a more beneficial position ~~into~~ during 2024/25 and into 2025/26 Common system narrative due to the Deloittes drivers of the deficit work System improvement plan aligned to NOF4 exit criteria to focus on delivery Devo~~-~~in ICS MFTP which models the financial trajectory over the 3-5 year period **Internal** Finance and Operational Committee refocused to a core group to enable detailed assurance to be given to the Trust Board. Financial recovery Board chaired by CEO and work programme supporting Delivering Best Value programme supported by executive leads Comprehensive improvement plan for RDUH aligned to the NOF4 exit criteria joining financial, elective and UEC recovery Enhanced budgetary control and ownership of delivery through use of performance assurance framework to hold to account for delivery RDUH finance strategy linked to clinical strategy and contribution to corporate strategy on longer term financial recovery which sets out the financial modelling assumptions aligned to the Devon ICS LTFM. This includes an investment appraisal criteria to support prioritisation of funding Central governance around delivering best value	**External** Agreement on next steps to take forward inequities work as a system once a trajectory for financial balance is achieved Delivery plans behind the MTFP which evidences how the MTFP will be delivered **Internal** ~~Delivery plan behind the level of savings set out in the RDUH finance strategy~~Multi year savings programme to evidence level of opportunity against that required in the refreshed MTFP	**External** ICS workplan on financial recovery linked to strategy need for transformation and key enablers to unlock potential - supported through the work of Deloittes Refresh of the Devon ICS ~~LTFM~~MTFP **Internal** Development of multi-year savings / transformation programme to evidence how the finance strategy will be delivered link to benchmarking information More detailed reporting to Finance and Operational Committee on care group financial positions to provide more depth to IPR	**External** Minuted "View from the Bridge" Updates including: ICS updates on Devon financial position NHSEI updates Updates to inform Board debate from other system committees and meetings Recognition of NDHT subsidy by CCG/ICS subject to NOF 4 approach Feedback from System recovery Board into RDUH finance and operational committee **Internal** Oversight of financial position provided to the Board through the IPR and to Finance and Operational Committee for exceptional items Finance and Operational Committee scrutiny of the Improvement Plan and in particular Delivering Best Value Sub-committee reports to Board Integrated Performance Report Audit committee assurance on grip and control actions Financial Recovery Plan actions to reduce run rate of spend in year	Detailed risk mitigation plan for non-delivery of system workstreams Detailed route to cash for system stretch savings to provide assurance on delivery of the forecast position	

control.	programme in year and longer-term strengthened and embedded from start of the financial year Review of HFMA getting the basics right checklist and action plan being delivered and assured through the audit committee					

Risk 5 Elective Demand and Waiting-List Backlogs are not delivered

Principal risk (what could prevent us achieving this strategic priority)	Risk 5 - There is a risk of the Trust being unable to meet new demand for elective services (including cancer) and / or to provide required levels of activity to either address the waiting list backlog or to deliver the commitment contained within the Trust's Financial & Operational Plan						**Strategic priority**	Recovering for the Future
Lead Committee	Finance & Operational Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Regulatory, Quality, Reputational	
Executive lead	Chief Operating Officer	**Likelihood**	~~4 - likely~~3 - possible	4 – likely	3 – possible	**Risk appetite**	minimal	
Initial date of assessment	October 2022	**Consequence**	5 – catastrophic	3 – moderate	3 – moderate	**Risk treatment strategy**	Avoid	
Last reviewed	~~October 2023~~January 2024	**Risk rating**	~~20 – high~~15 - high	**12 – moderate**	**9 – moderate**			
Last changed	~~January 2024~~April 2024							





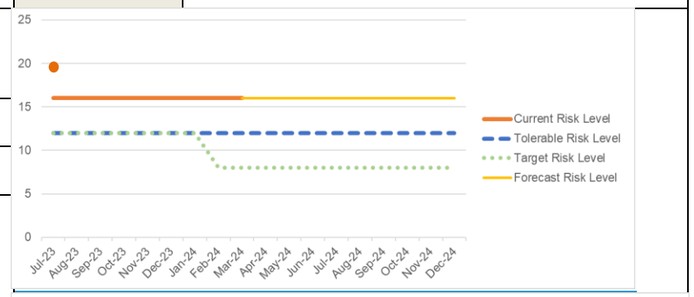
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
A widespread and sustained organisational insufficiency of clinical service capacity for patients needing elective care including cancer care as a result of • Workforce fragility and shortages including as a result of industrial action, • inability to sufficiently invest in infrastructure to either increase capacity or replace equipment, • inability to control increased demand for care services, • inability to deliver productivity and efficiency commitments inherent within the Trust's Financial & Operational Plan	Detailed annual planning cycle, Access to Elective Recovery Fund (ERF) ~~and Targeted Investment Fund (TIF)~~ Regular data led reporting to Trust Board, ICS and, NHSEI (region and nationally) on progress against elective recovery trajectory Use of Nightingale Hospital Exeter to provide additional diagnostic and procedure capacity to aid recovery Proactive development of Strategic and Outline Business Cases, to enable timely and detailed responses to national funding when advised as available Active participation in and response to recommendations of One Devon Elective Pilot, and in Further Faster programme Development of effective relationships with ICB and NHSE (both regionally and nationally, including senior attendance at a wide range of system led meetings including Chief Operating Officer / Director of Performance update meetings, System Improvement Assurance Group (SIAG), Devon System Elective Improvement Board, and Nightingale Hospital Programme Board, and in welcoming best practice visits to the Trust	Awaiting decisions following finance and capital investment requests to support changes to existing estate and clinical models Workforce constraints remain – including recruitment of consultants and other specialist posts in some areas and inability to recruit sufficient nursing staff to open planned escalation areas over the winter period. Co-dependency on both ICB and regional -partners particularly with regards to strength and sufficiency of capacity of respective elective care service provision, and ability to offer mutual aid capacity where needed Increasing imperative for development of system solutions (eg spinal and cardiology) to identified capacity constraints, with associated time impact for assessment of capacity by providers within system, and demonstration of both collective and individual Trust benefits Pace of development of clinical innovation programme to enable shortfalls in capacity to be overcome Understanding of inequalities of access to care, and associated healthcare impacts	• Expansion of procedures able to be offered from Nightingale, and increased utilisation of Nightingale (~~December 2022~~March 2024 and ongoing) • Assurance is being sought from the Devon system regarding underwriting of NHE to support continued service delivery (Deputy Chief Executive) • Optimisation work to reduce the impact of MY CARE on outpatient throughput is progressing, and preparations made for the mandating of personalisation in EPIC (Chief Medical Officer). • ERF investment across multiple programmes • ~~Potential F~~ffurther non recurrent investment in ~~outsourcing~~ insourcing in Q1~~4~~ • Continued pursuit of protected elective capacity both in-house and as part of new ventures with Independent Sector partners • ~~Development of Tier 1 Funding proposal to support continued usage of insourcing~~	Performance metrics • IPR • PAF • RTT Data • Cancer Metrics • Activity and Referrals data Volume, value and aggregate activity impact of approved Elective Recovery Fund (ERF) bids Internal investment & external sponsorship Changes in Trust's Cancer Tiering Status (September 2023) and Cancer Deep Dive (March 2024) Bed modelling Outpatient Transformation Programme updates (March 2024) Ability to increase utilisation of independent sector ToRs / Minutes and Action Logs of internal meetings strengthened as part of Operational Governance Framework • Delivery Group • PAF • Operations Boards • Access meeting ToRs/Minutes of external/STP meetings: • Devon Planned Care Board • System Asset Programme Board • Cancer Cabinet • Hospital Escalation status • System Delivery & Improvement Group Programme of and feedback from external visits incl NHSE Cancer Improvement Visit (Autumn 2023) ~~Completion of NHSEI 10-week challenge (Winter 2022)~~ Positive impact from 10-week challenge for elective care and 8 week challenge for cancer (Spring 2024) Capital and revenue investments confirmed in Community Diagnostic Centre, Tiverton Endoscopy Unit, and Cardiology Day Case Unit Funding secured for purchase of a robot for Northern Services, and lease of an additional robot for Eastern Services (Summer 2023) Development of a TIF bid for a vascular hybrid and / or trauma theatre capacity, admissions ward and revenue investment in orthopaedics (September 2023)	Current operational and financial planning cycle focuses on 1-2 year plan delivery. Lack of available capital and recurrent revenue funding to support required service changes, and timeliness of regional/ national decision making Sporadic and short notice timeframes in which capital funding is indicated as potentially available and applications are required to be submitted Timeframe for delivery of MY CARE optimisation Local model of care agreed but no agreed Devon ICB future model of care Lack of ICB agreed approach to community engagement, and engagement of wider system partners	

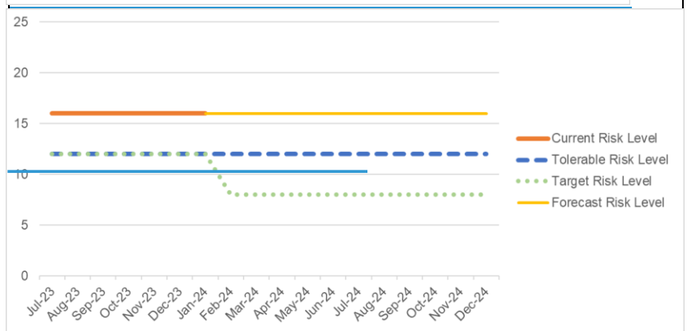
		amongst different population groups	~~and outsourcing arrangements on a time-limited basis whilst ERF schemes for 23/24 are optimised to maintain current run-rate of delivery~~ • Delivery of additional elective capacity facilitated by each of Cardiac Day Case Unit, Tiverton Endoscopy Unit, and Nightingale One Stop Community Diagnostic Centre • Securing of full funding for a vascular hybrid and / or trauma theatre capacity, admissions ward and revenue investment in orthopaedics • Analysis of system demand and capacity in challenged specialties, and identification where feasible of pan-provider and system coordinated responses including system funding requests (eg spinal surgery, cardiology) *Please note: all actions are ongoing, and being coordinated by the Chief Operating Officer unless otherwise indicated*	Development and approval of Devon system spinal surgery business case (November 2023) Proposed development of Cardiology, and Oral Maxillofacial Surgery business cases (Spring 2024)		

Royal Devon University Healthcare NHS Foundation Trust

Risk 6 Our People do not feel looked after/valued, employee experience is poor and people feel their health and wellbeing are not prioritised

Principal risk (what could prevent us achieving this strategic priority)	Our people do not feel looked after or valued. Employee experience is poor and people feel their health and wellbeing is not prioritised.					**Strategic objective**	A great place to work
Lead Committee	Governance Committee (via People, Workforce Planning & Wellbeing Committee)	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Our People
Executive lead	Hannah Foster	**Likelihood**	4 - Almost Certain	3 - Possible	2 - Likely	**Risk appetite**	Minimal
Initial date of assessment	12/07/2023	**Consequence**	4 - Major	4 - Major	4 - Major	**Risk treatment strategy**	Modify
Last reviewed	~~18/01/2024~~21/03/24 – PWPW ~~19/10/2023~~08/02/24 - GC	**Risk rating**	**16 – Significant**	**12 – Medium**	**8 – Low**		
Last changed	~~18/01/2024~~21/03/24 – PWPW ~~19/10/2023 - GC~~						





Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating** (assured or inconclusive with further actions required)

• Demand for services exceeds capacity, increasing workload, potential for burnout, moral injury or/and work related stress. • Not fully utilising digital capability, increasing workload for staff. • Challenging financial climate with vacancy freeze • Working excessive hours is becoming a cultural norm within the NHS leading to burnout. • Integration change fatigue, long waits and public criticism impacting morale. • Increasing levels of violence and aggression towards our people. • Insufficient psychologically safety/inclusion culture. • Insufficient supportive line management to provide positive employee experience and enable wellbeing. • Lack of management time/capacity to support respecting, welcoming, valuing and developing people. • Operational and financial pressures preventing career development, progression and fulfilment. • Capital constraints preventing quality working environment and/or staff accommodation. • Ongoing Industrial Action impacting rest, leave, operational and leadership capacity. • Lack of integrated ways of working and collaboration, leading to silo working and poorer employee experience.	• Trust strategy including great place to work objective and Trust values, to create an effective, healthy and inclusive working environment with a just and learning culture ~~to support recruitment and retention.~~ • Proactive health and wellbeing offer. • Our Charter. Promoting a Positive Working Environment Policy and subsequent documentation created with a focus on just and learning culture. • Staff Incident Review Group. • Managing Incivility: becoming a responsible bystander and other strategies training. • Pastoral support, including dedicated role for international recruits. • Freedom to Speak Up Guardians. • ~~Enhanced~~ Comprehensive development offer for existing staff. • Protection and promotion of taking of annual leave. • ~~Staff~~ Expanded staff recognition schemes launched. • Focus and resources in place for inclusion, employee experience and culture work. • Significant comms and engagement activity with staff via various channels. • ~~Investment in recruitment and retention activity.~~ • Dedicated Staff Rest Space Group. • Line manager induction workshops. • Extraordinary People Awards • Executive inclusion commitments • Board level oversight of inclusion direction	• Process streamlining and automation are not happening quickly enough to reduce workload of staff. • Not all processes and policies support the desired cultural direction. • Training to prevent violence and aggression is not always undertaken by all relevant staff. • Evidence that staff can take breaks. • Protection of management time. • On call arrangements that support work life balance. • Impact of ambitious ICS operational plan. • Impact of NHS Long Term Workforce Plan. • Staff do not always feel empowered to make changes to mitigate this risk. • Inclusion strategy owned at board level.	• Completion of the actions within the Cultural Development Roadmap. • Single Trustwide violence and aggression lead. • Completion of all stages of project simplify. • Line managers and leaders development programme to be ~~introduced, including an option to complete individual modules.~~launched. • Systemwide launch of campaign to prevent violence and aggression. • ~~Launch of a revised approach to reward and recognition.~~ • #TeamRoyalDevon week. • Improve flexible working options for all groups. • New flexible retirement options. • Phase 1 of the new hospital programme to develop new staff accommodation. • Management of Change (MoC) through Operational Services Integration Group (OSIG). • Completion of NHS England high impact actions (inclusion). • People Promise Manager and Exemplar Programme (2024/25)	• Regular monitoring of a range of metrics, including the Integrated Performance Report (IPR). • Benchmarking through the ICS Cultural Dashboard. • Employee experience intelligence, including quarterly People Pulse surveys and the annual staff survey including measurement of people promise. • Reporting on progress against the cultural development roadmap. • Reporting to the Staff Health & Wellbeing Group and sub-groups. • Health & Wellbeing metrics are available, but will be consolidated into a more comprehensive dashboard (see gap). • Feedback to the Inclusion Steering Group from staff inclusion networks • National Guardians Office statistics on Freedom to Speak Up reporting. • Employee Experience and Survey action plan delivery monitored at PAF meetings. • People dDevelopment ~~and learning~~ dashboard in place and presented regularly at People Development Group. • Digitalised exit surveys in place.	• Candidate experience information to be collected and analysed to inform improvements. (Date TBC) • Improved health and wellbeing dashboard to be launched (~~Dec 2023~~Jun 2024). • Further insight into apprenticeship pipeline to be included in development dashboard (Apr 2024) • Information about progression metrics to be added to development dashboard (Apr 2024) • Analysis of exit survey data once enough information has been collected (~~Dec 2023~~Apr 2024)	**Assured** – The PWPW was assured that the right actions are planned to mitigate this risk. ~~The PWPW was assured that the right actions are in place and indicators such as sickness levels are showing normal seasonal trends. However, despite some positive trends, it was agreed that the score should remain the same, given the current context, operational pressures, financial controls and the vacancy freeze.~~ Improvements were noted in some areas of the staff survey, including staff believing that managers are taking a greater interest in their health and wellbeing. However, other sources of intelligence such as

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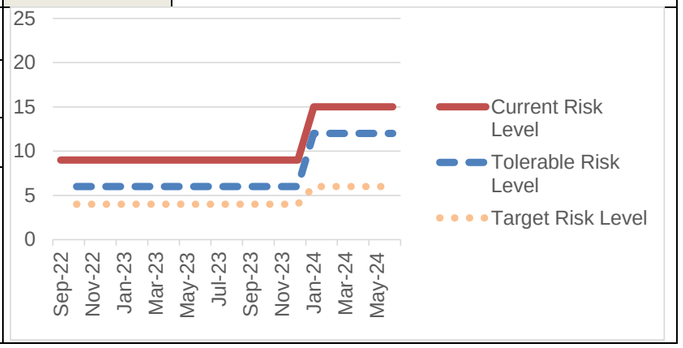
						questions through all staff webinars, leavers data etc. provide some conflicting information that demonstrate that there is still a risk in this area. On this basis, it was agreed the risk score would remain at a 16.

Royal Devon University Healthcare NHS Foundation Trust

Risk 7 Risk of not maximising Epic benefits (Trust and System)

Principal risk (what could prevent us achieving this strategic priority)	There is a risk of not realising/maximising the financial benefits from the Epic implementation, the remaining benefits relate to outstanding management of change activity currently in progress.						
Lead Committee	Digital Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Clinical Digital Services
Executive lead	Adrian Harris, Chief Medical Officer	**Likelihood**	–5 – Almost Certain	–4 - Likely	3 - Possible	**Risk appetite**	TBC
Initial date of assessment	14 October 2022	**Consequence**	3 - Moderate	3 - Moderate	2 - Minor	**Risk treatment strategy**	Modify
Last reviewed	~~15 January 2024~~2 April 2024	**Risk rating**	–15 - High	12 - Moderate	–6 - Low		
Last changed	~~15 January 2024~~2 April 2024						

Strategic priority	Excellence and Innovation in patient care

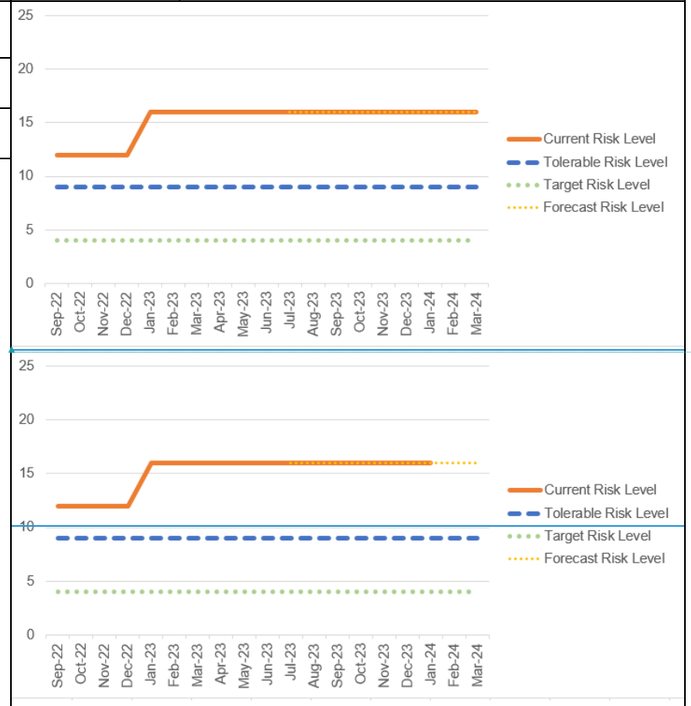


Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
There is a risk that documented financial benefits identified in the Eastern / Northern MY CARE business cases will not be realised / maximised	**Trust committee/governance & clinical service structures including:** Assigned Executive/ Site Director portfolios/accountabilities including relevant statutory roles Single clinical digital services structure in place from April 2023 across RDUH. Single governance process for digital improvement- Series of eight advisory groups reporting to the Clinical Digital & Operational Oversight Group active (as of May 2023) Digital Committee in place across Eastern and Northern Services as a direct Sub-Committee of the Board of Directors Reporting to the Board of Directors via the Digital Committee Appointment of RDUH (cross site) Director of Service Improvement and sub structure to support benefit delivery and integration with transformation programme Clinical Digital services governance meeting commences July 2023 Management of change policy Admin Transformation Programme Manager Role in post Full time comms lead appointed within Transformation to support trust wide engagement on all transformation Projects and Programmes **Support & resources for users/patients:** • Additional 2.5 WTE posts in place focusing on development of MYCARE (patient portal).MyCare marketing campaign launched to increase sign up to 100,000 patient users • Epic IT helpdesk supporting end users/staff with enquiries/issues • Epic training/personalisation sessions to support confidence and efficiency in the use of Epic at a collective and individual level • Tip sheets created and readily available on the EPR system/dashboard to support staff	Secure integrated structure across Eastern and Northern Services not yet agreed and in place in all areas. Continued use of paper letters (appointment) whilst encouraging patient sign up to MYCARE comms referring to reduced carbon footprint leading to Patient complaints	MOC in east / north, decisions required around workload, scanning service and location of paper records storage (12 months) Improved Comms and transparency around functionality of MYCARE & reasons behind paper appt letters – transparency with patients	Bi-monthly reporting to the Board of Directors from the Digital Committee. Support from CEO, Deputy CEO & CMO regarding MOC Clinical digital services and digital services updates monthly to operations boards (N&E) with further updates alt-months to Digital committee. Clinical digital advisory group and oversight group governance structure in place escalating to CEC if required. Benefits realisation progress reporting to Board of Directors / FOC Reporting of benefits – DBV working groups and board. Patient portal – MYCARE – continuing to drive engagement and comms to increase levels of sign up, currently 80,000 users with 5% (avg) increase per month. Target 100,000 by December 2023 and 120,000 by March 2024. Clinical and Digital enabling strategiescomplete / published	Benefits- FBC assumptions not fully realisable in some areas. Limited alternative savings available but still being scoped.	

	• IO Team (NMAHP & MIO Teams) supporting end users across the Trust Other • Stakeholder & staff Communication & Engagement Plan Partnership Agreement with Staffside and Trade Union partners. Active engagement of staff in key programmes • Clinical (medical) leadership capacity strengthened • Health & Wellbeing support for our people • Transformation Strategy launched Jan 2023 Digital and Clinical strategies completed as enabling strategies. Substantive, integrated CDS structure in place Tightening links between finance and digital committee on benefits identification and realisation process to be implemented between digital, operations and finance Refresher training now embedded within ongoing training schedule, blending delivery modalities to include self-guided tip sheets, ad-hoc 'video tip sheets', online learning master classes and face to face training. Single structure agreed and implemented July 2023. Substantive funding shortage for full EPR analyst and training capacity required which may contribute to change fatigue for some staff. Engagement with Age UK to support engagement with the use of Patient Portal – they have a digital champion programme to increase older people's engagement and support with digital systems, for those particularly digitally 'excluded'					

Risk 8 Risk of a significant deterioration in quality and safety of care March 2024~~January 2024~~

Principal risk (what could prevent us achieving this strategic priority)	Significant deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm, poor clinical outcomes and delivery of sub-optimal patient care.							**Strategic priority** Excellence & innovation in patient care
Lead Committee	Safety and Risk Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient Safety	
Executive lead	Chief Nursing Officer	**Likelihood**	4 - Likely	3 - Possible	2 - Unlikely	**Risk appetite**	Low	
Initial date of assessment	18th October 2022	**Consequence**	4 - Major	3 - Moderate	2 - Minor	**Risk treatment strategy**	Modify	
Last reviewed	~~16 January~~15 April 2024	**Risk rating**	**16 - Significant**	**9 - Moderate**	**4 - Low**			
Last changed	~~9 January~~15 April 2024							



Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**

Field Code Changed

Widespread loss of organisational ability to focus on quality of care, including patient safety processes due to workforce gaps/staff, Industrial Action, working under pressure to deliver flow & covid recovery, and a failure to engage patients and carers in care leading to: - an increased incidence of avoidable harm; - an increased exposure to 'Never Events'; - higher than expected mortality; - a failure to escalate, report and learn from quality incidents.	**Trust committee/governance & clinical service structures including:** • Assigned Executive & Site Director portfolios/accountabilities • Monthly meeting of Safety & Risk Committee & reporting sub groups (IPC/H&S/Patient safety etc.) • Patient Experience Committee • Clinical Effectiveness Committee • Safeguarding Committee **Strategies, policies and procedures:** • Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems • Risk management framework and policy • Performance management framework • QIA process / criteria for completion **Systems and monitoring:** • Incident Reporting investigation process, SIs/Never Event Reports, Claims • Lessons learned from Never Events • Annual Quality Priorities • Retrospective EPIC dashboards • CQUINs & contract monitoring • Recording of escalation systems NEWS etc • Medicines Management • National Surveys • NICE, NSF and Clinical Audit • Capital Programme • Maternity Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) and Three Year Delivery Plan • Performance reporting and accountability/ performance reviews/ performance dashboards • Clinical audit programme & monitoring arrangements local and national • External audit of quality/patient safety e.g. GIRFT/Royal college reviews • Defined safe medical & nurse/midwifery staffing levels for all wards & departments • Ward assurance/ metrics & accreditation programme • Triangulation of insight from: • Patients and carers – complaints/PAL's/ Health Watch, other stakeholders • Dialogue with regulators to get feedback on local and benchmarked status re quality standards	Regular Divisional risk reports to S&RC/GC Review of governance across RDUH Maternity Services to ensure consistent and effective governance process, management of risk, and oversight of audits & action plans to improve performance The trust has had a high number of never events, these are serious incidents which are wholly preventable.	Strengthen the reporting of medical and clinical education through PWPW report to GC ***Action will be delivered through the creation of a Board Committee for People which will include the reporting of clinical and medical education January 2024 Trust Secretary / Chief Executive*** **March 2024 update: Action ongoing –** Discussions remain ongoing between the Chair, CEO and Director of Governance regarding the governance structures of the Trust Completion of the RDUH CQC Maternity Action Plan – Chief Nursing Officer – July 24 Implement the NatSSIP's action plan to create standardised operating protocols & safety culture (NB this is a quality priority for 23/24) ***Completion timeframe as per 23/24 quality priority objectives –***	**External Independent Inspections** • CQC • Royal Colleges • GIRFT reviews • Commissioning/network reviews • Audit SW Assurance **Internal Audit programme** • Clinical audit outcomes • Ward assurance/ metrics & accreditation programme **Statutory reporting** • Learning from deaths report • Guardian of Safe Working report • Six monthly safe staffing reports – Medical and NMAHP • SHMI • Annual complaints report • Annual IPC report • Board integrated performance report • Quality report (incl. quality priorities) NHS England Three Year Delivery Plan for Maternity and Neonatal Services (CNST MIS Standards) **Other reporting** • Regular board sub-committee performance/progress reports to GC (patient experience, safeguarding, safety and risk, clinical effectiveness) • Maternity Safety Champion activities • Mandatory training reporting • Health & safety reporting • Claims, inquest reports • Freedom to speak up reports • Whistle blowing reports • Ad-hoc requested specialist specific reports e.g. End of Life • Progress report cultural development • National Patient Safety Alerts compliance reports • HSIB **Screening Quality Assurance Services assessments and reports of:** • Antenatal and New-born screening • Breast Cancer Screening Services • Bowel Cancer Screening Services • Cervical Screening Services **Accreditation/Regulation annual assessments and reports of**; • Pathology (UKAS) • Endoscopy Services (JAG) • Medical Equipment and Medical Devices (BSI) - - Blood Transfusion Annual Compliance Report	~~Comprehensive systems approach to Patient Safety Management; delivered through implementation of the National Patient Safety Strategy (PSIRF)~~	

	People: • Processes in place for staff to raise quality and other related concerns e.g. freedom to speak up guardian, whistle blowing policy • Maintenance of competent clinical staff through recruitment, induction, mandatory training, registration, supervision & re-validation **Industrial Action:** • Gold, Silver, EPPR plans in place to manage business continuity	Community services were not well represented within the board service and performance measure Gaps in control now closed	***Chief Nursing Officer & Chief Medical Officer*** ***Action remains ongoing*** ~~Implementation of National Patient Safety Strategy (inc. PSIRF)~~ ~~***Action complete – new Learning from Patient Safety Events (LFPSE) service went live on 01/12/23***~~ Embedding of comprehensive governance systems to continue to maintain effective delivery of national Patient Safety Management principles – Chief Nursing Officer / Chief Medical Officer – Autumn 2024 Formation of new Royal Devon Safety Committee (in line with National Patient Safety Strategy requirements) and new Royal Devon Risk Management Committee ***Completion by January 2024 – Chief Nursing Officer & Chief Medical Officer*** ***February 2024 update: Preparatory work undertaken (ToRs/Schedule of Reports) and awaiting approval to proceed with new committees.*** ~~To review/change/expand the current IPR metrics & other governance and performance meetings to better represent the breadth of services the Trust is accountable for.~~ ~~***Completion by Autumn***~~	• PLACE **Action Plans** • National survey action plans • Performance recovery plans **QIA outcomes related to operational planning and Delivering Best Value 2023/24**		

			~~2024 – Chief Operating Officer~~			

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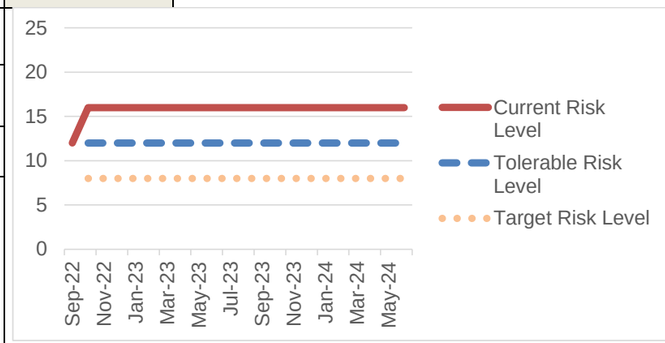
Risk 9 Our Future Hospitals – Delays in Funding/Failure to Deliver Clinical Strategy for Northern Services

Principal risk (what could prevent us achieving this strategic priority)	Continued delay of a positive decision on the Our Future Hospital Strategic Outline Case, resulting in planning blight, a reliance on short term sub optimal investment and a deleterious impact on the recruitment and retention of staff to North Devon					**Strategic priority**	Recovering for the future / Great Place to Work
Lead Committee	OFH Programme Board	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Workforce/ Estate
Executive lead	Chris Tidman, Deputy Chief Executive	**Likelihood**	4 Likely	3 Possible	2 Unlikely	**Risk appetite**	Minimal
Initial date of assessment	18/10/2022	**Consequence**	4 Major	4 Major	4 Major	**Risk treatment strategy**	Modify
Last reviewed	18/07/2023 26/10/2023 18/04/2024	**Risk rating**	**16**	**12**	**8**		
Last changed	18/07/2023 26/10/2023						



Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**

Next phase of the NHP (including RAAC) means NDDH scheme being pushed back until post 2030; ~~Hospital 2.0 pushback suggesting ambition for complete hospital rebuild compared to more deliverable part rebuild/ part refurb. Increase in design complexity and d~~Delays leading to risk around critical backlog maintenance, operational interruption and functional suitability and lack of confidence amongst clinical staff of scheme delivery, hampering recruitment and retention.	**Trust Committee / Board Governance** OFH Programme Board meets monthly and reports progress to Board of Directors, including developing options around phase 1 enabling works and deliverability / affordability of various options from part rebuild/refurb to full rebuild Early enabling work starting on accommodation blocks to demonstrate progress. Phase 1 business case being completed and importance socialised with DHSC and NHSE. SOC (v3) to be resubmitted by the end of 2024, outlining the importance of phasing / early enabling works to mitigate key risks. Critical Backlog maintenance and mitigation plans co-produced by Trust and local NHP reps to ensure impacts of any delay to build plans are clearly understood. **Stakeholder Management** Robust internal comms approach with senior clinical staff around understanding process and approach to options Proactive engagement with NHP Executive and political stakeholders particularly NHS England as programme sponsor to stress the importance of early enabling works to demonstrate progress, risks of extended delay and having a deliverable scheme that can pass HM Treasury affordability tests.	~~Risk of delay by NHP & ICB/Region may not be understood by healthcare delivery partners~~ Changes in senior leadership at NHP may lead to a loss of corporate memory Risk of delay may not be fully understood by national politicians / DHSC ~~Risk of delay may not be fully understood by national politicians~~ No clear system governance architecture in place to connect Devon's NHP schemes to clinical strategy and medium term financial plans	~~Critical Backlog maintenance and mitigation plans to be assessed and shared with NHP team & NHSE (Dec 2023), so financial and service impacts of any delay on capacity or capital funding is clearly understood~~ Further meetings held with NHSE and NHP teams to agree approach to mitigation. Visits from politicians and NHSE to outline the risks of delay. ~~Visits from politicians and NHSE to outline the risks of delay. Letters to DHSC and local MPs to confirm risk position.~~ Request that this is considered as part of the review of system governance	SOC, Board and Committee reports Internal Gateway Assurance MOU for Phase 1 residence short form business case (RIBA stage 4) funding and letter for NHP SRO Dec 2023 confirming PDC funding allocated for 2024-25. Written acknowledgement from NHP team of the inherent risks around delay and the need to consider advanced works as part of SOC/OBC Political statements supporting the early investment in staff accommodation in North Devon & commitments to maintaining momentum	The current political cycle and leadership transition at NHP means it is challenging to plan with any certainty. The best strategy is to progress business cases that are ready for approval and to continue to set out the risks around delays in the build programme.	~~Whilst we now have a government announcement, it is still too soon to say whether it is possible to reduce the current risk score back down to a 4 x 3.~~ Despite DH and NHSE commitments, ~~M~~much will depend on the release of the capital funding for the phase 1 enabling works on accommodation and the confirmation around the timing of the preferred option. Until this is in place, it is likely that the risk will remain as 16
Underlying financial deficit of the Devon system leads to a more radical Acute Sustainability review of hospital configuration, meaning a detailed Pre Consultation Business Case, slowing down decision making	**System Governance** Trust active participant in Peninsula New Hospital Programme Board. July 2021 SOC supported by the Devon CCG/ICS are clinically necessary and affordable. ~~Devon NHPs now part of ToR of the ICS Finance Committee and agreement to review OBCs in light of Peninsula Acute Sustainability Programme~~ ~~**Stakeholder Management**~~ ~~Robust internal comms approach with senior clinical staff around understanding process and approach to options~~ ~~Proactive engagement with NHP Executive and political stakeholders particularly NHS England as programme sponsor to stress the importance of early enabling works to demonstrate progress, risks of extended delay and having a deliverable scheme that can pass HM Treasury affordability tests.~~ ~~NHP roadshow visit to North Devon on 2nd August,~~					

	~~monthly NHP forum meetings, new regional NHP structure from end 2023.~~					

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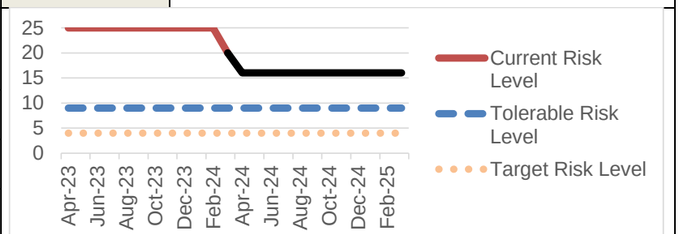
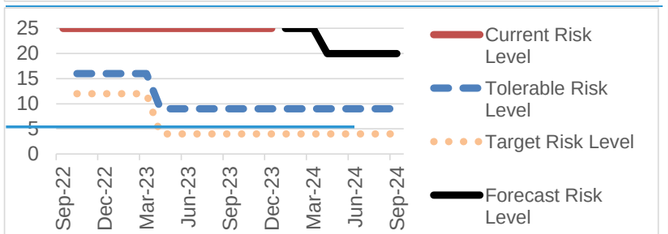
Risk 10 UEC Targets are not delivered

Principal risk (what could prevent us achieving this strategic priority)	Risk 10 - There is a risk of the Trust being unable to deliver the urgent & emergency care commitments contained within the Trust's Financial & Operational Plan due to unscheduled care demands and capacity						
Lead Committee	Finance & Operational Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Regulatory, Quality, Reputational
Executive lead	Chief Operating Officer	**Likelihood**	~~5 – very likely~~ 4 - likely	3 – possible	2 – unlikely	**Risk appetite**	Minimal
Initial date of assessment	October 2022	**Consequence**	5 – catastrophic	3 – moderate	2– minor	**Risk treatment strategy**	Avoid
Last reviewed	~~October 2023~~January 2024	**Risk rating**	~~25 – high~~20 - high	**9– moderate**	**4 – low**		
Last changed	~~January~~ April 2024						

Strategic priority	Recovering for the Future





Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
A widespread and sustained organisational insufficiency of clinical service capacity for patients needing urgent care due to unscheduled care demands and capacity, as a result of • System and care partners' failure to deliver necessary improvements to support achievement of 5% No Criteria to Reside • workforce shortages including as a result of industrial action, • inability to control increased demand for care services, including demand for urgent and emergency care • inability to deliver productivity and efficiency commitments inherent within the Trust's Financial & Operational Plan • wider system demand/support for urgent & emergency care through ambulance diverts	Detailed annual planning cycle, including development of operational capacity and resilience plan (Winter plan), Regular data led reporting to Trust Board, ICS and, NHSEI (region and nationally) on progress against urgent & emergency care improvement trajectories Development of effective relationships with ICB and DCC, including senior attendance at a wide range of system led meetings including Chief Operating Officer / Director of Performance update meetings, System Improvement Assurance Group, Devon System Unscheduled Care Board, and active participation in and escalation into Devon System SOF4 Improvement Programme including weekly Tier 1 UEC meetings with NHSE (region), and ~~monthly~~ meetings with National Director of UEC Detailed system wide and organisational winter planning Four week pilot undertaken October to November 2022 with adjusted postcode catchments to support TSDT and UHP Trusts with~~.~~ ~~f~~Further ten week adjustment to postcode catchments to support TSDT and UHP agreed. (Summer 2023), Discussions ongoing as to the most sustainable basis by which any ambulance activity might be diverted to RDUH going forward	Co-dependency on system partners particularly with regards to strength, sufficiency of capacity and availability of urgent care including out of hours services within primary care, ~~and~~ social care, and mental health care Lack of visibility of and volatility in funding decisions of system partners, particularly with regards to social care Shortfalls in funding within health system leading to increasing fragmentation and short term nature of funding decisions which in turn lead~~sing~~ to increasing difficulty in (and resource required to) implement sustainable solutions Workforce constraints remain – including recruitment of consultants and other specialist posts in some areas and inability to recruit and / or retain sufficient nursing staff to maintain WIC service delivery or to open planned escalation areas over the winter period. Continuing workforce fragility for external care providers (e.g. domiciliary care and nursing home care) Ability of neighbouring Trusts and Devon system to respond to equivalent	Infrastructure for emergency patients has progressed throughout ~~2022/23~~2023/24 including. • Continued progress of the ED Redevelopment programme for Eastern Services, and inclusion of a Paediatric ED element to the programme. Development of business case and securing capital funding to support expansion of SDEC in both Northern and Eastern Services Securing of necessary further funding release by system partners by end Q1 ~~23/24~~24/25. Refresh of the Operational Capacity and Resilience Plan (Winter Plan) approved by Board in October ~~2022~~2023. Further refresh to be undertaken in Autumn ~~2023~~ 2024 as an integral part of the Trust UEC plan ~~Implementation at pace~~Sustaining delivery of Trust's UEC Improvement Plan through ~~Autumn and Winter 2023~~2024/25 ~~Proposed service transfer of Exmouth MIU (Spring 2023)~~	Performance metrics • IPR (monthly) • PAF (monthly) • Activity and Referrals data (IPR monthly) ~~Likelihood of discontinuation of adjustment to postcode catchments 10/10/2023 Winter Director appointment for Devon, and instigation of dynamic conveyancing~~ update on UEC funding (Community £3.2m vs £5.2m fair share) Winter Plan (Autumn 2023) Bed modelling (Autumn 2023) Expansion of Virtual Ward, Acute Hospital at Home, and creation of Care Coordination Hub (Winter 2023) Development Plan for Trust's Community Services (Autumn 2023) ToRs / Minutes and Action Logs of internal meetings strengthened as part of Operational Governance Framework • Trust Delivery Group • PAF • Operations Boards ToRs/Minutes of external/STP meetings: • Devon ~~Urgent~~ Unscheduled Care Board • Hospital Escalation status • System ~~Delivery &~~ Improvement Assurance Group Schedule of 1:1s with ~~Devon County Council Director of Integrated Adult Social Care~~Chief Operating Officer Devon Partnership NHS Trust Programme of and feedback from external visits (Autumn 2023) Implementation and impact of Trust Improvement Plan Positive impact of March 80% UEC Challenge upon 4-hour performance delivery (type 1 and all types) Successful service transfer of Exmouth MIU (Spring 2024)	Current health operational and financial planning cycle focuses on 1-2 year plan delivery. Lack of visibility of funding availability and funding decisions of social care system partners System funding availability leading to increasingly ad-hoc and short-term funding decisions Local model of care agreed but no agreed Devon ICB future model of care Lack of ICB agreed approach to engagement of wider system partners	

		UEC pressures and demand, and to maintain and coordinate delivery of identified fragile services ~~Continuation of ambulance catchment change, alongside~~Volume and frequency of ~~ongoing~~ requests for further ambulance diverts to support Devon system Pace of development of clinical innovation programme to enable shortfalls in capacity to be overcome	*Please note: all actions are ongoing and being coordinated by the Chief Operating Officer unless otherwise indicated*			

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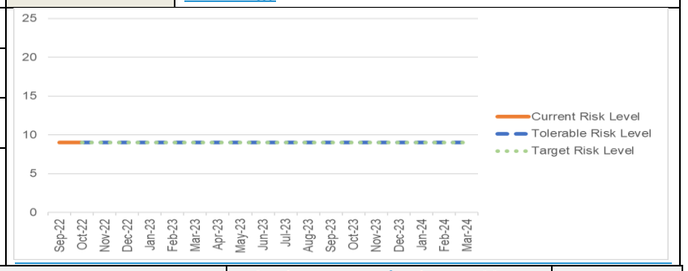
Risk 11 Risk of RDUH being unable to support all the requirements fo the Trust's Digital Strategy, other strategic and operational requirements and Devon system wide implementations

Principal risk (what could prevent us achieving this strategic priority)	There is a risk of RDUH being unable to support all the requirements of the Trust's Digital Strategy, other strategic and operational requirements and Devon system wide implementations.						
Lead Committee	Digital Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	IMT
Executive lead	Professor Adrian Harris	**Likelihood**	5 – Almost certain	3 – Possible	2 - Unlikely	**Risk appetite**	TBC
Initial date of assessment	19 March 2024	**Consequence**	4 - Major	3 - Moderate	3 - Moderate	**Risk treatment strategy**	Modify
Last reviewed	2 April2024	**Risk rating**	20 - High	9 - Medium	6 - Low		
Last changed	2 April 2024						

Strategic priority	Transforming patient experience through innovation and technology



Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**

There is a risk that demand of Digital skills is unplanned within the Trust and across the Devon system.	Demand within the Digital teams is co-ordinated and prioritised by the team leads under the leadership of the CMO. Digital workload is considered by the Digital Committee and by the Trust wide SDG. Priority lists are maintained and reviewed of project and development work.	There is limited visibility of digital demand from other projects and investments across the Trust. The demand for Digital skills from the system is unclear, and no robust governance is in place to plan and co-ordinate at system level.	Regularly review and prioritisation, engaging clinical, operational and digital leaders Clear system governance for co-ordinated planning and prioritisation matched to available resource. Regular review and reprioritisation.	Updated workplans submitted to DC. Clarity on deferred work and associated risks, logged in CRR as appropriate. June 2024. DC minutes demonstrating discussion and understanding of workload and forward plans. June 24. Planning and co-ordination process agreed at system level, all projects and business cases planned into a forward work plan and approved at System and Trust levels. July 24. System Digital Board minutes reflecting review and maintenance of the workplan and management of associated issues and resource demand. July 24.	Draft in the Digital Operational Forum and bring to DC in June 24 Meeting minutes and update to Board from DC. Needs discussion at system level with Exec sponsorship to establish and maintain governance discipline matching plans against available resources.	
There is a risk that the Trust is unable to recruit sufficient digital skills to meet need.	Digital vacancies based on current establishment are maintained and recruitment is subject to Trust wide restrictions as part of financial recovery.	Future demand needs to be understood and mapped to a future workforce model agreed by the Trust. Recruitment needs to be enabled to build capacity to meet strategic demand. Measures to improve the attractiveness of the Trust as an employer need to be identified and put into place.	Workforce plan, including recruitment, skills development and succession planning Recruitment plan agreed with HR, and associated advertising and employment package to improve the attractiveness of the Trust as an employer	Digital workforce plan, linked to the Trust wide Workforce Plan, approved by Digital Committee, with financial and operational impacts understood and approved by DSG / Board. Sept 24. Successful targeted recruitment against the Workforce Plan. March 25.	Draft in DOF, circulated to PWPWG and then to DC and DSG for review. Put to Board for info.	
There is a risk of attrition, owing to increased demand for digital skills across the Devon region / nationally.	Attrition and leaver data is available for the Digital teams to understand current rates and trend. Exit interviews provide data on the reasons for leaving.	EPIC and other system implementations will lead to targeted recruitment activity and the potential 'poaching' of staff. Totality of system requirement is not understood. Arrangements for secondment (where quality backfill can be sourced) are not in place.	Clarity of system wide workforce needs and plan for EPIC implementation. System agreement of processes for secondment, escalation of issues and avoiding 'poaching'.	Detailed EPIC implementation plans with clear resource profiles to implementation and ongoing support. Sept 24. Established EPIC governance to manage resourcing, and processes for secondment, backfill, and resolution of conflicting requirements at Trust and system level. Sept 24.	Increased understanding in TSD and UHP of the reality of demand for successful implementation and willingness to accept the associated costs.	

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Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	11.4, Public Board Meeting		**Date: 24 April 2024**	
Title:	Digital Committee Update			
Prepared by:	Colin Garforth, Programme Support Manager			
Presented by:	Tony Neal, Non-Executive Director and Committee Chair			
Responsible Executive:	Adrian Harris, Chief Medical Officer			
Summary:	Briefing of items discussed at Digital Committee held on 2 April 2024			
Actions required:	Link to status below and set out clearly the expectations of the Board when considering the paper.			
Status (x):	**Decision**	**Approval**	**Discussion**	**Information**
				X
History:	The last Digital Committee update was presented to the Board of Directors in February 2024.			
Link to strategy/ Assurance framework:	The issues discussed are key to the Trust achieving its strategic objectives			

Monitoring Information

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

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

1. Purpose of paper

To provide a briefing on the Digital Committee held on 2 April 2024.

2. Background

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

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

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

3. Analysis

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

3.1 Digital Committee agenda overview including:

- Digital Operational Forum Update – no escalations
- TSD Beaker Implementation – Contracts signed
- DBV Update – 90% of savings for 24/25 already identified
- DSPT – Action plan in place working towards maintaining ‘Standards Met’.
- People Systems Updates:
    - Scaling People Services’ and ‘One Devon Payroll’ business cases are now approved; project team recruitment in progress.
    - New OSIG hierarchy now live in ESR.
    - One All Staff Roster and One Payroll System went live 1 April.

The Board of Directors are asked to note the following discussions:

3.2 Business Continuity (BCA Devices)

- Business Continuity (BC) & Disaster Recovery Policies approved; comms to be issued to impacted teams.
- A position statement to benchmark depts compliance against policy is being drafted for review at future meeting.
- BCA Device compliance has plateaued around 60-70%f following introduction of weekly checks.
- Clear ownership of BCA device compliance is required; this has been escalated to Adrian Harris / Caroline Mills / John Palmer on how best to manage within the new organisational structure.

3.2 Exercise Stormwell

- Planning is progressing; exercise will require a prolonged period of Epic downtime.
- A significant improvement around BC is required to support this.
- It is imperative that exercise is completed before TSD Beaker Implementation, and will need to form part of TSD & Plymouth EPR implementations.

4. Link to BAF/Key risks

4.1 BAF Risks

- Epic Benefits Realistion risk (BAF Risk 7) is now being monitored through existing Digital Finance DBV sessions (finance asked Digital to include any savings relating to EPR within our overall DBV); DC agreed that this no longer requires a separate risk on the CRR.
- A new Digital Capacity risk was discussed.
- Further discussion is required at Trust Board level around current risk exposure; as the various enabling strategies are aspirational (i.e. dependent on funding being in place) it was thought the consequence score could be reduced.

BAF Risk Digital Capacity and Goverr

4.2 Divisional Risks

- DSPT remains the only ‘High’ scoring risk which reflects the amount of effort required to maintain ‘Standards Met’. Achieving the 95% IG Training Compliance target remains a concern.

- 3 new risks were approved at the governance meeting, relating to infrastructure and out of support services; work is now in progress to identify and document the mitigating actions.

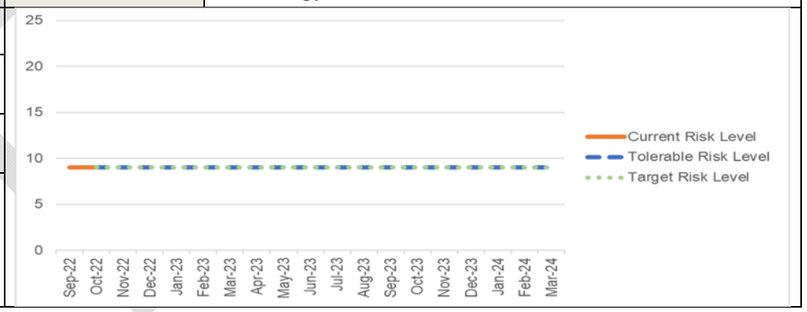
5. Proposals

It is proposed that the Board of Directors notes the report from the Digital Committee.

Board Assurance Framework (BAF): March 2024

Royal Devon University Healthcare NHS Foundation Trust

Principal risk (what could prevent us achieving this strategic priority)	There is a risk of RDUH being unable to support all the requirements of the Trust's Digital Strategy, other strategic and operational requirements and Devon system wide implementations.							**Strategic priority**	Transforming patient experience through innovation and technology
Lead Committee	Digital Committee	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	IMT		
Executive lead	Professor Adrian Harris	**Likelihood**	5 – Almost certain	3 – Possible	2 - Unlikely	**Risk appetite**	TBC		
Initial date of assessment	19th March 2024	**Consequence**	4 - Major	3 - Moderate	3 - Moderate	**Risk treatment strategy**	Modify		
Last reviewed	19th March 2024	**Risk rating**	20 - High	9 - Medium	6 - Low				
Last changed	19th March 2024								



Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in assurance / action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
There is a risk that demand of Digital skills is unplanned within the Trust and across the Devon system.	Demand within the Digital teams is co-ordinated and prioritised by the team leads under the leadership of the CMO. Digital workload is considered by the Digital Committee and by the Trust wide SDG.	There is limited visibility of digital demand from other projects and investments across the Trust.	Regularly review and prioritisation, engaging clinical, operational and digital leaders	Updated workplans submitted to DC. Clarity on deferred work and associated risks, logged in CRR as appropriate. June 2024. DC minutes demonstrating discussion and understanding of workload and forward plans. June 24.	Draft in the Digital Operational Forum and bring to DC in June 24 Meeting minutes and update to Board from DC.	
	Priority lists are maintained and reviewed of project and development work.	The demand for Digital skills from the system is unclear, and no robust governance is in place to plan and co-ordinate at system level.	Clear system governance for co-ordinated planning and prioritisation matched to available resource. Regular review and reprioritisation.	Planning and co-ordination process agreed at system level, all projects and business cases planned into a forward work plan and approved at System and Trust levels. July 24. System Digital Board minutes reflecting review and maintenance of the workplan and management of associated issues and resource demand. July 24.	Needs discussion at system level with Exec sponsorship to establish and maintain governance discipline matching plans against available resources.	
There is a risk that the Trust is unable to recruit sufficient digital skills to meet need.	Digital vacancies based on current establishment are maintained and recruitment is subject to Trust wide restrictions as part of financial recovery.	Future demand needs to be understood and mapped to a future workforce model agreed by the Trust. Recruitment needs to be enabled to build capacity to meet strategic demand. Measures to improve the attractiveness of the Trust as an employer need to be identified and put into place.	Workforce plan, including recruitment, skills development and succession planning Recruitment plan agreed with HR, and associated advertising and employment package to improve the attractiveness of the Trust as an employer	Digital workforce plan, linked to the Trust wide Workforce Plan, approved by Digital Committee, with financial and operational impacts understood and approved by DSG / Board. Sept 24. Successful targeted recruitment against the Workforce Plan. March 25.	Draft in DOF, circulated to PWPWG and then to DC and DSG for review. Put to Board for info.	

There is a risk of attrition, owing to increased demand for digital skills across the Devon region / nationally.	Attrition and leaver data is available for the Digital teams to understand current rates and trend. Exit interviews provide data on the reasons for leaving.	EPIC and other system implementations will lead to targeted recruitment activity and the potential 'poaching' of staff. Totality of system requirement is not understood. Arrangements for secondment (where quality backfill can be sourced) are not in place.	Clarity of system wide workforce needs and plan for EPIC implementation. System agreement of processes for secondment, escalation of issues and avoiding 'poaching'.	Detailed EPIC implementation plans with clear resource profiles to implementation and ongoing support. Sept 24. Established EPIC governance to manage resourcing, and processes for secondment, backfill, and resolution of conflicting requirements at Trust and system level. Sept 24.	Increased understanding in TSD and UHP of the reality of demand for successful implementation and willingness to accept the associated costs.	

Agenda item:	11.6, Public Board Meeting		**Date:** 24 April 2024	
Title:	Governance Committee (GC) Report			
Prepared by:	Jacky Gott, Assistant Director of Governance			
Presented by:	Martin Marshall, Chair of the Governance Committee			
Responsible Executive:	Sam Higginson, 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 28 February 2024.			
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 from the Governance Committee following the meeting on 11 April 2024.
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.
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 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) Physician Associates (PAs)** Following a request from Tony Neal, Non-Executive Director, the GC discussed the role of PAs within the Trust and the national debate and consultation regarding the regulation and use of PAs in the NHS as a whole. The GC were provided with assurance by Prof. Adrian Harris, Chief Medical Officer (CMO) that the PA model used within the Trust was appropriate, that PAs were provided with training and supervision, and were considered as a valued part of the workforce complementing nursing, allied health professions and medical roles across the Trust for the benefit of patient care and patient experience. The GC were in agreement and supportive of the PA roles. **b) Clinical 'View from the Bridge'** Carolyn Mills, Chief Nursing Officer (CNO) and Prof. Adrian Harris, CMO, provided a high level update on the following: • Continued focus on achieving a good year end position for Urgent and Emergency Care, in particular to improve the 4 hour wait target and reduction in waiting lists to enable a positive benefit in patient safety and quality of service. • Operational Services Integration went live from 1st April 2024 with the development of new Care Groups (replacing the previous clinical divisional structure), to provide equity of access and provision of safe, high quality services across the organisation. • Escalations regionally, particulary in Eastern Services, regarding supportive care for children with mental health issues and/or those that require feeding support. **c) Responding to and Learning from Deaths Q3 2023/24 Update** Dr Mark Daly, Mortality Lead Consultant, provided the GC with the Quarter 3 report and the GC were asked to note the report (available in full at Appendix A for information). The GC took assurance on the following matters:

- The work underway to understand the impact on mortality data as a result of the planned national changes to the way that same day emergency care is coded, which will impact all Trusts who provide ambulatory care.
- Analysis of emergency medical admissions at weekends have identified no evidence of systematic problems in quality of care.
- The service remains sighted on the forthcoming process changes in certification of deaths process, expected in late April 2024. The GC received assurance that there was no anticipated change in the law regarding the role of doctors in certifying deaths.
- A robust work plan is underway to address the backlog of Structured Judgement Reviews, and the further efforts to extract any learning themes from the backlog at the earliest opportunity.

d) North Devon Urology Whistleblowing Action Tracker

The GC received an update on the action plan from Heather Brazier, Director of Operations. The GC were assured that the actions continue to address the concerns raised and all actions were on track for delivery.

e) Whistleblowing Report - Concerns raised relating to Paediatrics at North Devon

Melanie Holley, Director of Governance, provided the GC with details of anonymous allegations made of discriminatory behaviour towards international medical graduates (IMG) in the North Devon Paediatric service. The GC sought and received assurance that the concerns have been thoroughly investigated in line with the Whistleblowing Policy and that there were no concerns relating to patient safety or quality of care. The GC were not assured that the recommendations would fully address the concerns raised. It was agreed that recommendations would be further considered by Hannah Foster, the Chief People Officer, in line with the wider inclusion agenda. Hannah was asked to present an action plan for approval to the June GC.

f) Quality Impact Assessment (QIA) Quarter 3 Update

Carolyn Mills, CNO, provided an update on the QIA's reviewed by the Trust Delivery Group (TDG) in Q3 and asked the GC to note the report. The full report is available at Appendix B for information.

The GC noted that the TDG had appropriately considered the Quality Impact Assessments presented in Q3 and were assured that the Trust is making informed and robust decisions in relation to safety and quality.

g) Draft Annual Governance Statement

As part of NHSE's Annual Reporting requirements, the Chief Executive Officer, as Accounting Officer, is required to sign the Annual Governance Statement (AGS) verifying that the Trust has an effective system of internal control in place throughout the financial year. Melanie Holley, Director of Governance, presented the draft AGS to the GC for review and invited comments.

The GC were assured that the Trust was on track to submit the AGS by the 28th June deadline, and acknowledged the breadth of the governance performance system and the associated costs versus the benefits of meetings held. Reassurance was provided that the governance review underway is considering cost effectiveness in addition to streamlining the GPS.

h) Clinical Effectiveness Committee (CEC)

The GC received the CEC update report provided by Prof, Adrian Harris, CMO, and were asked to note the report. The GC took assurance from the following:

- The CEC had approved a number of new clinical procedures and SOPs/clinical guidelines in line with Trust processes and with appropriate clinical input.

- Some progress was being made with regards to the internal reporting of national clinical audits (NCAs) through to the CEC. Assurance was given that there was a robust reporting process to CEC for clinical services not participating in NCAs. These are presented to the CEC on a case by case basis, and a risk based approach is taken to any non-participation. The GC received reassurance that to date there has been no consequence as a result of non-participation in a NCA.

i) People, Workforce Planning and Wellbeing Committee (PWPW)

The GC received an update report from Hannah Foster, Chief People Officer (CPO), and were asked to note the following matters for escalation to GC:

- The need for additional breastfeeding facilities/rooms for staff and patients across Trust acute and community sites to be considered as part of the capital planning process. The GC requested further investigation into this in light of the Trust's current gold standard for Baby Friendly facilities.
- The actions being undertaken to improve appraisal compliance and staff experience of the appraisal process. The GC noted that a paper detailing next steps will be presented to the Operations Board in April 2024.
- The concerns identified by the Q2 2023/24 Guardian of Safe Working (GoSW) report. This included low exception reporting and how junior doctor rota management could be improved. The GC were reassured that appropriate actions and learning identified by the GoSW would be taken forward.

Assurance was provided that the Trust had submitted its Employment Tribunal national return to NHSE and the GC noted the themes identified by the national return regarding disability discrimination.

j) Safety & Risk Committee (S&RC)

The GC received a update from Carolyn Mills, CNO, and were asked to note the contents of the report. There were no items for escalation but the GC received assurance on the following matters:

- A quarterly update on the Trust's maternity and neonatal services progress towards compliance with the evidential requirements set out in:
  - NHS England's Three-Year Delivery Plan for Maternity and Neonatal Services
  - Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 5;
  - Saving Babies' Lives v3a Care Bundle for reducing perinatal mortality
  - Reading the Signals: Maternity and Neonatal Services In East Kent – The Report of The Independent Investigation
  - Ockenden Final Report - Essential Actions
  - The NHSE National Perinatal Culture Programme

  The GC were assured that there were no issues for escalation and that there is appropriate governance assurance pathways and safety champion oversight. The full Q3 update report is provided at Appendix C and the Board is asked to note the information.
- Maternity Services CQC Action Plan Update – the GC were assured that the S&RC continue to monitor progress with the actions and the action plan was submitted to the CQC by the deadline of the 10th April 2024.
- Serious Incident (SI) investigations – the GC were advised that the trajectory to complete SI's was off track but that there had been an improved momentum in recent weeks. The GC received assurance that the Incident Review Group and the S&RC continues to review progress and that further actions had been taken to support achievement of the proposed SI trajectory.

	• 2022 CQC inspection Action Plan update – the GC noted the assurance provided that further actions have been completed and closed, and some extensions approved .. These updates to the CQC action plan align with the information shared with the Board on the 7th March 2024 at the Board Development Day. • An update on progress to reduce Never Events and implement National safety standards for invasive procedures (NatSSIPS) 2 was provided. The GC took assurance that good progress has been made to develop a trustwide Prep – Stop – Block Standard Operating Procedure and a Safety Standards for Invasive Procedures Policy (SSIPP), as well as implement a programme of human factors training. • An update on the current management of the cardiology waiting lists and the cardiology harm review process wasprovided to the GC with assurance that the cardiology clinical and operational team are increasing capacity in the short-term whilst developing longer-term solutions to balance capacity and demand.. The Trust continues to review cases of potential harm for patients on all cardiology waiting lists as previously reported to the Board. Harm is defined as: either death or emergency admission to RDUH whilst on a cardiology waiting list where the death or admission can reasonably be attributed to a delay in treatment. The GC were advised that the previously escalated cases for 2022 and 2023 were reviewed at the Cardiology Specialty Governance Group meeting in November 2023 with recommendations made as to the level of harm and investigation for each case. Assurance was provided that Cardiology and the S&RC have the appropriate governance processes in place to provide oversight of any incidents, investigations and associated learning in line with the Patient Safety Implementation Response Framework (PSIRF). This will continue to be reported to the GC via the S&RC reports. **k) Patient Experience Committee (PEC)** The GC received a report provided by Carole Burgoyne, Non-Executive Director (NED) and were asked to note the contents for information. In particular, the GC noted that the PEC had examined the number of open complaints within the Eastern Medical Division, and a number of potential factors were behind this, i.e. the number of services/specialisms being delivered across Medicine, the complexity of each specific case, and national recongition that admission areas receive proportionately more complaints. The GC were assured that PEC would be using specific data specific data sets, focusing on both the early resolution of complaints and open complaints over three months to measure improvements, timeliness of response, and that activity remains focused in the right areas; providing greater oversight and assurance of performance.
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 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 and appendices from the Governance Committee.

APPENDIX A

Royal Devon University Healthcare NHS Foundation Trust

Governance Committee

Date:	Thursday 11 April 2024
Agenda item:	5
Title:	Responding to and Learning from Deaths Quarter 3 2023/24
Prepared by:	Mark Daly, Trust Mortality Lead; Sally Jefferies, Senior Clinical Audit Facilitator; Lisa Richards, Trust Risk Manager
Presented by:	Mark Daly, Mortality Lead

1. GAPS IN ASSURANCE FOR ESCALATION TO THE GOVERNANCE COMMITTEE

1.1 Emergency Weekend Admissions

Following on from previous reports, higher emergency weekend admission rates in Northern services have continued to be monitored; no new concerns identified following the investigation conclusion. Variance related to greater comorbidity, more likelihood of frailty, more likelihood of patients being in the 85+ age group; and a decrease in weekend admissions alongside an increase in the acuity of patients admitted were reported.

It is thought this may also be an underlying factor in the longer waits in ED, with more well patients going home after initial investigations and/or treatment in ED and only the very unwell patients being admitted.

Thematic analysis of inpatient deaths of patients admitted at weekends in 2022-23 in the North by reviewing the cases referred for Structured Judgment Review (SJR) by the Medical Examiner Service did not identify any underlying themes relating to care provision for this cohort of patients.

SJR work is ongoing for a sample of patients from the Northern weekend emergency admissions alerting group who were admitted following a long ED wait to establish if there are themes and/or problems in care.

1.2 Routine SJR activity

There has been a continued decrease in routine SJR activity due to a combination of the need to prioritise acute work, ongoing clinical pressures and industrial action. This has resulted in some SJR reviewers no longer able to commit to the SJR reviews. This continues to have a negative impact on managing an existing backlog of SJRs that had built up since the COVID period.

An alert from TARN; the Trauma Audit and Research Network, identified the Trust as a mortality outlier has also had an impact on routine SJR activity. While much of the investigation into the alert has centred around data submissions and the alert is now recognised by the Trauma Peer Review as an IT issue, the demand for SJRs to be completed alongside the data investigations into this alert has resulted in further delays with routine SJRs being completed. The TARN work is due to cease with the outcome of the data investigation. To date the TARN SJRs have not identified any issues in care of significance.

The Trust Mortality Lead is looking to enlist new reviewers over the next 1-2 months, with the possibility of recruiting and training Senior Registrars and Senior Nurses.

1.3 Risk of National recording changes for SDEC activity

The RDUH was an early adopter of the same day emergency care (SDEC) pathway. This enables patients to be rapidly assessed, diagnosed, treated and, and if clinically safe to do so, go home on the same day their care is provided. A large number of patients are now seen via this route.

A national move to standardise the recording of SDEC episodes by 1 July 2024 will require RDUH to change from recording inpatient spells in Hospital Episode Statistics (HES) to recording them in the emergency care data set. This change is expected to reduce the denominator in our mortality rate calculations and the risk of indicating an apparent increase in mortality rates, particularly in Eastern services, where the number of patients seen via this route is relatively high in national terms.

The group have agreed to monitor the impact of this change through our National indicator reporting.

1.4 Virtual ward data

It has been confirmed that the submission of virtual ward data to the HES dataset is inappropriate. An exploration of a small subset of apparently anomalous data is being undertaken to identify whether virtual ward data was erroneously included and, if so, what the impact on mortality indictors might be.

Virtual ward activity is not assigned clinical codes so would appear as uncoded episodes, which might explain a spike in these in April 2023. (Uncoded activity is excluded from HSMR metrics affects the risk modelling for SHMI).

2 LEARNING

2.1 Medical Examiner Activity

Q3: Between 01/10/2023 and 31/12/2023 there were a total of **600** inpatient and Emergency Department deaths. The outcome of ME scrutiny for these cases is summarised in the following tables:

Table 1: Number of inpatient and Emergency Department deaths scrutinised by the ME

Q3	Oct 2023	Nov 2023	Dec 2023	Quarter Total
Total	192	187	221	600

Table 2: ME scrutiny has identified potential learning opportunities at a local level

Q3 Area/Group	Oct 2023	Nov 2023	Dec 2023	Quarter Total
Speciality M&M referral	9	7	7	23
Clinical Governance referral	2	1	1	4
Medical Team referral	2	2	3	7
Nursing	1	0	0	1
Other organisation referral	1	2	10	13
Departmental review referral	3	1	1	5

Table 3: ME scrutiny has identified the need for further investigation

Q3 Type of Investigation	Oct 2023	Nov 2023	Dec 2023	Quarter Total
Coroner referral Many referrals are made for statutory indications	26	17	28	71
Structured Judgment Review	16	7	12	35
Incident Reported	3	2	1	6

There is still no national update regarding the statutory date for the ME system, although it is anticipated to go live in late April 2024. Once statutory, no death can be registered unless it's been reviewed by an ME or a Coroner.

At present, the MEs are reviewing 100% of all acute hospital deaths and approximately 80% of all deaths, with more GP practices coming on board all the time. Once statuary the rules will change about who can write a death certificate. There will no longer be a requirement for a doctor to have seen the patient within 28 days or after death. Instead a Doctor who has seen the patient in their lifetime will be able to complete the death certificates. There will no longer be a requirement to view the deceased.

The MCCD is expected to be completely digitalised by the end of 2024. There will also be no cremation forms and registrars are not going to be able to refuse to register a death and this will be fed back to the Medical Examiners rather than the coroner.

2.2 Structured Judgment Reviews

Structured judgement reviews are independent case reviews of the final admission of patients who died in hospital. They are undertaken by a pool of trained reviewers in accordance with the National Quality Board (NQB) criteria. Between 01/10/2023 and 31/12/2023 (Q3), 16 records underwent scrutiny using the SJR methodology (13 in-hospital deaths and 3 out of hospital deaths).

Table 4: Progress with cases prospectively refereed for SJRs. (concern in the quality of care, a learning disability, autism or unexpected death).

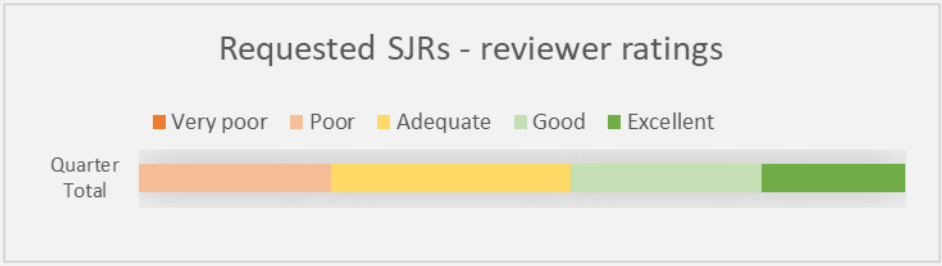
Quarter of death	SJR requested	SJRs completed
22-23 Q1	46	40
22-23 Q2	28	21
22-23 Q3	46	28
22-23 Q4	28	13
23-24 Q1	29	12
23-24 Q2	29	16
23-24 Q3	31	7

Judgements of the overall care provided in the cases reviewed in are summarised in table 5 below.

Table 5: SJR Overall rating of care

Q3

Rating of overall care	Oct 2023	Nov 2023	Dec 2023	Quarter Total
Very poor	0	0	0	0
Poor	1	1	2	4
Adequate	0	3	2	5
Good	1	3	0	4
Excellent	2	1	0	3
Total	4	8	4	16



Where overall care is poor, very poor or excellent, cases are discussed in the SJR reviewer's forum which reports into the Trust Mortality Review Group.

The following have been identified as the top themes of problems in care through 2023 SJR activity (dates of death: 2020-23).

- Recognition that patient is approaching the dying phase and appropriate plans for care are made
- Recognition of, or response to, deterioration
- Initial/ongoing assessments including timing and prognosis
- Communication with patient and family

Recognition that a patient is approaching the dying phase and appropriate care planning for these patients continues to be the biggest problem in care identified through SJRs. This is a recurring theme also reported by the ME service and the National Audit of Care at the End of Life (NACEL).

While it is recognised that support and education is provided in ward areas, the same theme still arises. Patients are admitted to hospital and die as inpatients when it would have been more appropriate and in line with their wishes for them to spend their last days and weeks at home.

The Mortality Review Group acknowledged there is a need for better recognition that a patient is approaching the dying phase and that appropriate plans for care are made in both primary care, outpatient and inpatient settings. Better recognition and planning would enable improved communication with families about the dying phase, leaving them better prepared. As such the issue will be escalated to the regional mortality group led by the ICB, in order to seek a structured system-wide response.

The group also acknowledged the ongoing safety improvement work around recognition of, and/or response to, deterioration. This

2.3 Divisional M&M Processes: Learning and action

Divisional reporting is currently being refined as part of ongoing integration work, with greater emphasis on learning and improvement activity.

Table 6: Summary of Divisional learning

Division	Findings with learning/actions
Trustwide Child deaths/maternal and neonatal deaths	The Thirlwall Inquiry prompted a request for information from all Trusts with 44 questions on governance structures and processes. The Trust response was completed within the short time frame provided. Q3 deaths were reported at the March meeting. No problems in care identified.
Medical Services	Several M&M meetings presented with specific learning points for teams and ❖ **actions** to address air embolus management and suitability for holiday haemodialysis Cases reported to MRG led to discussions of: Inappropriate admissions of dying patients: ❖ Discussion of large amount of work that is being undertaken in the community in the East including additional specialist RNs working with care homes to complete Advanced Care Plans/TEPs. ❖ After Action reviews are undertaken in the community if patients are considered to have been admitted unnecessarily. ❖ This has not yet been rolled out in the north but the out of hours team (PGP) now has doctors with an interest in palliative care which may have an impact. Missed drugs: • Discussion of ED Safety Checklist flagging checks on insulin, antiepileptics etc.
Northern Devon Healthcare NHS Trust Surgery	Several M&M meetings presented specific learning points for teams and ❖ **actions** to address poor documentation and audit waiting lists

2.4 Collaborative working with Learning Disabilities teams for LfD and LeDeR

Learning from the Learning Disabilities Operational Group is reported at MRG. The latest report highlighted the issue of ‘was not brought’ flagged in section 1 of this report.

2.5 Incident Investigations

During Q3 the total number of all incidents reported for patients that have died between 1st October and 31st December 2023 where a date of death has been recorded on the incident module is 341

Below is a summary of the responses taken to 3 incidents identified as fatal leading to death, reported between 1st October and 31st December 2023

Table 7. Summary of learning from incidents

Incident Ref	Incident Description	Learning/Action taken
Case 1 57052: Incident Date 03/01/2023	A patient that attended the ED with chest pain died at home shortly after discharge. The coroner's report noted that the patient had experienced an aortic dissection.	Learning: • The patient had appropriate senior clinical review and assessment resulting in a diagnosis of viral chest infection prior to discharge from the ED. The aortic dissection was a rare presentation of a difficult condition to diagnose. **Action Taken:** No improvement action identified
Case 2 50206: Incident Date 09/10/2023	Concerns of system failure regarding protocol management of a patient with a ruptured AAA as part of a network transfer.	Learning: • Case currently under investigation to establish the nature of the communication issues and their impact on the patient's outcome. **Action Taken:** No immediate improvement action identified
Case 3 54392: Incident Date: 15/11/2023	A patient died at home after being entrapped between the mattress and the bed grab handle. Following referral to the coroner the GP issued the cause of death as 1a: Frailty of old age	Learning: • At the time of being installed the patient was appropriately assessed for a profiling bed with bed grab handles to assist the patient in transferring. • Bed grab handles are not the same as bed rails. Their inclusion on a profiling bed is clinically assessed depending on the mobility and transfer ability of the patient at that time. • While the patient continued to have capacity her health declined quickly. The requirement for the bed grab handles was not reassessed as the patient's condition deteriorated and her needs changed **Action Taken:** ❖ The community safety huddles have been used to support updating risk assessments where the equipment or the patient's clinical condition has changed (for example, reduction/improvement in weight or mobility), and also at regular intervals. ❖ The incident is now used as a case study within the body of training undertaken for Advanced Care Planning to emphasise the importance of completing and adjusting the 5 priorities of care as patient's need alter. ❖ There has been a programmed of work to ensure that all 23,000 medical beds in use within the Community Services are risk assessed in accordance with the requirements of the National Patient Safety Alert: Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death entrapment or falls NatPSA/2023/010/MHRA published in August 2023.

The work undertaken by community services, described under case 3 above, formed part of the Trust's comprehensive action plan to implement the following requirements from NatPSA/2023/010/MHRA, with oversight from the Patient Safety Operational Group:

- All Trust policies and procedures on procurement, provision, prescribing, servicing and maintenance of medical beds, trolleys, bed rails, bed grab handles and lateral turning devices are in line with the MHRA's updated guidance on the management and safe use of bed rails.
- There is a plan for all applicable staff to have training relevant to their role by March 2025 with regular updates planned. All training will be recorded.
- The medical device management system (inventory/database) and third-party provider has been reviewed for devices within the Trust, this includes those which have been provided to a community setting.
- Maintenance and servicing schedules for the devices in the inventory/database, in line with the manufacturer's instructions for use and/or service manual is in place.
- Children or adults with atypical anatomy were prioritised and it has been established that the equipment they have been provided with is compliant with BS EN 50637:2017. Rationale for any non-compliance and measures put in place to reduce entrapment risks are recorded as part of the risk assessment.

2.6 HSMR and SHMI

The latest Trust overall mortality position to October 2023 remained within normal limits/ below the national acute rate as reflected in appendix 1. (Data for November 2023 are affected by the coding backlog).

As reported previously, the downward decline in HSMR has continued, probably in response to an increase in the coding of comorbidities across the Trust. This increase has been due to improved processes within the Coding department and would be further enhanced by better maintenance of the active history list in EPIC by medical staff. From a clinical viewpoint, it is worth spending time to fully populate EPIC at a patient's first clinic visit.

4. RECOMMENDATIONS TO THE GOVERNANCE COMMITTEE FOR APPROVAL

4.1 To note the content of the report, ongoing work to address the gap in assurance for the HSMR/SHIMI and the learning from the scrutiny of death at the RDU.

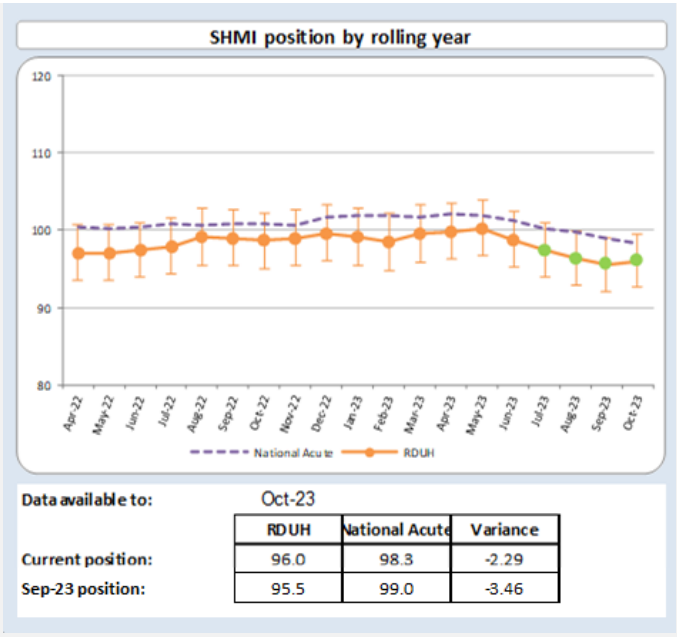
APPENDIX 1: Mortality index position

The mortality index data presented to the March MRG meeting was as follows:

Summary hospital-level mortality indicator (SHMI)

The Trust level SHMI for the rolling 12-month period November 2022 to October 2023 was 96.0

Fig. 1.0 — Trust Rolling 12 Month Trend in SHMI

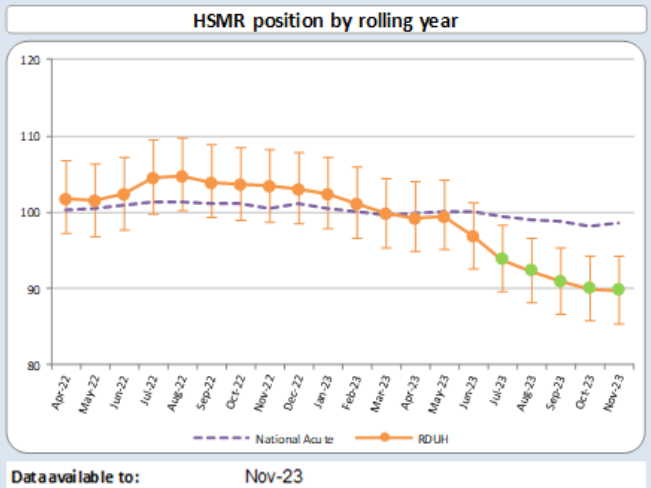


Data available to:	Oct-23		
	RDUH	National Acute	Variance
Current position:	96.0	98.3	-2.29
Sep-23 position:	95.5	99.0	-3.46

Hospital Standardised Mortality Ratio (HSMR)

The Trust level HSMR for the rolling 12-month period November 2022 to October 2023 was 89.9

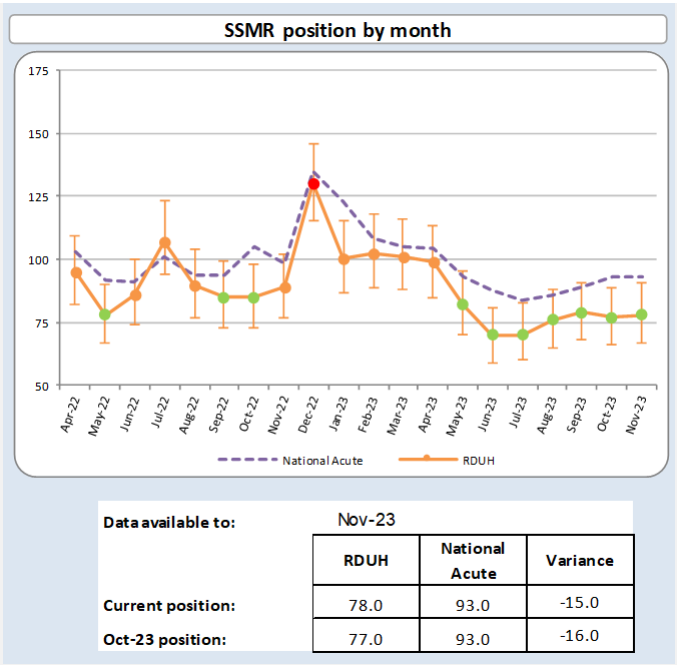
Fig. 2.0 — Trust Rolling 12 Month Trend in HSMR



Data available to:	Nov-23		
	RDUH	National Acute	Variance
Current position:	89.7	98.5	-8.8
Oct-23 position:	89.8802192	98.2	-8.3

Simplified Standardised Mortality Ratio (SSMR)

Fig 4.0 - The Trust's SSMR position by month

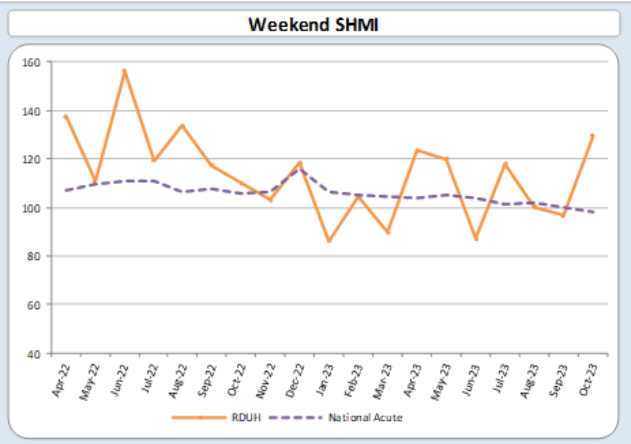


Data available to:	Nov-23		
	RDUH	National Acute	Variance
Current position:	78.0	93.0	-15.0
Oct-23 position:	77.0	93.0	-16.0

Weekend/Weekday SHMI for emergency admissions

The Trust-wide emergency weekend and weekday SHMIs are 129.3 and 92.4 respectively.

Fig 3.0 - The Trust's weekend SHMI position by month



Data available to:	Oct-23		
	RDUH	National Acute	Variance
Current position:	129.3	98.2	31.1
Sep-23 position:	96.6	99.9	-3.3

Governance Committee

Date:	11 April 2024
Agenda item:	8
Title:	Quality Impact Assessments received at Trust Delivery Group - Q3 2023/24
Prepared by:	Will Denford, Executive Support Manager Carolyn Mills, Chief Nursing Officer
Presented by:	Carolyn Mills, Chief Nursing Officer

1. ASSURANCE FOR ESCALATION TO THE GOVERNANCE COMMITTEE

1.1 PURPOSE AND BACKGROUND

The purpose of this paper is to present to the Governance Committee, a summary of all Quality Impact Assessments (QIA) received by the Trust Delivery Group during Quarter 3 2023/24.

Lessons learned from the failings at Mid Staffordshire NHS Foundation Trust i.e. a focus on cost containment and improving efficiency, without due regard for the impact on the quality of service provision; was one of the key drivers for the resultant poor care experienced by so many of their patients. The process of completing QIAs across NHS providers came about as a direct result of the learning in relation to the need for oversight of financial decisions that have a potential adverse quality impact by Board of Directors of NHS Trusts. Completion of QIA's is also a regulatory requirement of the CQC and NHS England to support transparent risk-based decision making.

QIAs are received at the Trust Delivery Group as per the approved Trust QIA process detailed within the Royal Devon Risk Management policy (see Appendix 1). Note to the Committee, the QIA process remains under constant review and is currently being reviewed for the 2024/25 financial year.

This paper provides assurance that the Trust is making informed and robust decisions about proposals outside of the current operational planning cycle which have a potential to impact on patient safety and/or quality of care, that any impact on quality and performance is being regularly and thoroughly assessed, and potential negative impacts are adequately mitigated.

Please note no QIAs were completed within Quarter 2 so a report was not previously provided to the Governance Committee.

1.2 QIAs RECEIVED BY TRUST DELIVERY GROUP

1.2.1 QIA to support investment of an additional 2.0x WTE Paediatric Diabetes Specialist Nurses to achieve regulatory standards (represented an increase in wte)

Outcome: QIA supported, action for the Division to include in their financial planning for 2024/25 operational planning cycle.

The service identified the need to increase provision for an additional 2 WTE Paediatric Diabetes Specialist Nurses to support the facilitation of a number of key clinical strategies & national recommendations outlined within several regulatory reports; improving the clinical effectiveness of the service for children and young people with diabetes.

1.2.2 **Realignment of Bramble Ward Nursing establishment, Eastern Services**

Outcome: Supported recommendation that funding required to sustain the changes is included in 2024/25 budget setting.

The proposed model for the Bramble Ward nursing establishment to ensure safe staffing was presented and approved as part of the Annual Staffing Review cycle 2022 and following this decision, the Paediatric department worked towards implementing this model. However, due to an error in the financial calculations that supported this model, a later financial deficit of £185k was identified. The model is already operational and costs are already in the baseline for the Eastern Services.

1.2.3 **Implementation of "Digital by Default" – Patient Communications (Transformation team savings proposal)**

Outcome: Approved

The QIA established the key risks associated with this trust wide project to reduce the volume of printing and posting, by moving to a "digital by default" approach for outpatient appointment letters; both reducing costs and improving DNA rates. The project, implemented through two proposed phases, would utilize text/email notifications for MyCare users or a digital link sent by text message for non-MyCare users. Functionality will also be inbuilt so that if digital communication is not accessed/activated by the patient within a given timeframe, printed/posted letters will be distributed.

1.2.4 **Medical Division Eastern QIAs**

12 QIAs were presented to the Trust Delivery Group in January 2024 that formally acknowledged a wide range of historical cost pressures within the division which were already in the baseline expenditure and contributing to the Divisions' overspend, but not recurrently funded.

This included:

Heartflow Imaging
Gastroenterology Psychology Service
Heart Failure Clinical Fellow
ED Hot Majors Funding
IMT3 Overestablishment
ED Middle Grades & Junior Doctors
Cardiology Outsourcing & Agency
1:1 Care for LD Patients
Neurophysiology Outsourcing
Severe Asthma Service
Psychodermatology Service
Renal Psychology Service

Outcome: All QIAs supported with the recommendation that funding required to sustain the changes is included in 2024/25 budget setting.

The exception was 1:1 Care for LD Patients, where there was a recommendation to manage this requirement through a Trust wide process for securing expert temporary staff in as cost-effective way as possible.

1.2.5 **QIA Eastern Community Ambulatory Unit Funding**

Outcome: QIA supported with the recommendation that funding required to sustain the changes is included in 2024/25 budget setting.

The Nurse led Community Ambulatory Units were originally resourced to deliver infusions and transfusions. Activity has now increased to deliver multiple infusions from primary and secondary care, aided by an EPIC Community Ambulatory referral and triage process. The QIA notes there has not been an uplift in funding to reflect this increased activity within the service; acknowledging in the event of Community Ambulatory ceasing or reducing treatment delivery due to increased activity, current and future clinical activity would need to be transferred to the acute site.

2. LEARNING

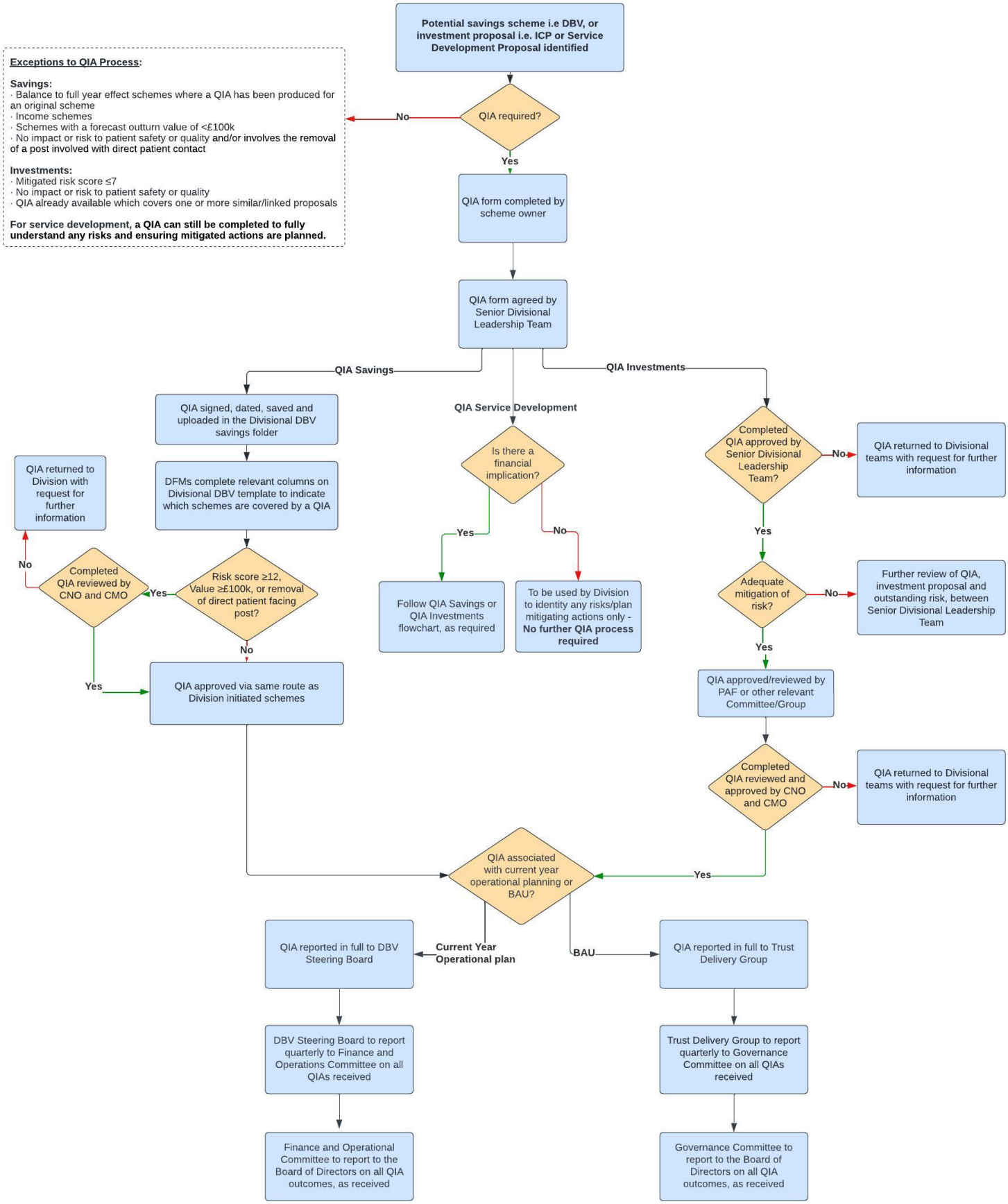
2.1 No specific learning issues have been identified for escalation to the Governance Committee.

3. RECOMMENDATIONS TO THE GOVERNANCE COMMITTEE FOR APPROVAL

3.1 The Governance Committee is asked to:

- **note** the Quality Impact Assessments received at Trust Delivery Group in Quarter 3 2023/24;
- and to **attach** to the Governance Committee report presented to the next Board of Directors.

APPENDIX 1 – Quality Impact Assessment process from RDUH Risk Management Policy



Royal Devon University Healthcare NHS Foundation Trust

Appendix C

Maternity CNST and 3-year delivery plan update & Maternity CQC Action Plan

1. QUARTERLY MATERNITY AND NEONATAL SERVICES UPDATE TO THE SAFETY AND RISK COMMITTEE

1.1 The purpose of this paper is to present to the Safety and Risk Committee a quarterly update on Royal Devon University Healthcare (RDUH) maternity and neonatal services progress towards compliance with the evidential requirements set out in:

- NHS England's Three-Year Delivery Plan for Maternity and Neonatal Services
- Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 5;
- Saving Babies' Lives v3a Care Bundle for reducing perinatal mortality
- Reading the Signals: Maternity and Neonatal Services In East Kent – The Report of The Independent Investigation
- Ockenden Final Report - Essential Actions
- The NHSE National Perinatal Culture Programme

1.2 All of the above are individual work streams that are intrinsically linked and require cross reference to enable evidential requirements to be met. This year is the first year that all evidential requirements have required ICB oversight and compliance agreement.

2. THREE YEAR DELIVERY PLAN FOR MATERNITY AND NEONATAL SERVICES

2.1 The Three-Year Delivery Plan for Maternity and Neonatal care (see Item 10a) sets out how the NHS as a whole will make maternity and neonatal care safer, more personalised and equitable. The delivery plan draws together all Essential Actions from the Final Ockenden report and all key areas for improvement actions detailed in the East Kent report into one single delivery plan for NHS services.

The plan and associated technical guidance provide a framework to support delivery, based around 4 key themes:

- Listening to women and families with compassion which promotes safer care;
- Supporting our workforce to develop their skills and capacity to provide high-quality care;
- Developing and sustaining a culture of safety to benefit everyone;
- Meeting and improving standards and structures that underpin our national ambition.

The delivery plan details the responsibilities for understanding the quality of care and identifying, addressing and escalating concerns for each level of the NHS, with clear objectives for Trusts, ICBs and NHSE.

Success of the national plan will be determined through a variety of process and outcome measures which NHSE, ICBs and Trusts will monitor.

RDUH will use the NHSE Three Year Delivery Plan Trust Systems Support Tool (see Item 10b) to support the development of a delivery action plan for RDUH.

The service will monitor delivery of this action plan through speciality and divisional governance meetings, with a quarterly presentation made to Safety and Risk Committee (and to the Board of

Directors via Governance Committee) to provide assurance of progress and delivery against the actions.

Exceptions and risks

- Listening to women and families with compassion which promotes safer care;
- Achieve the standard of the UNICEF UK Baby Friendly Initiative (BFI) for infant feeding, or an equivalent initiative, by March 2027.
- Collect and disaggregate local data and feedback by population groups to monitor differences in outcomes and experiences for women and babies from different backgrounds and improve care. This data should be used to make changes to services and pathways to address any inequity or inequalities identified.
- Supporting our workforce to develop their skills and capacity to provide high-quality care;
- Provide administrative support to free up pressured clinical time.
- Ensure junior and SAS obstetricians and neonatal medical staff have appropriate clinical support and supervision in line with RCOG guidance and BAPM guidance, respectively
- Ensure temporary medical staff covering middle grade rotas in obstetric units for two weeks or less possess an RCOG certificate of eligibility for short-term locums.
- Developing and sustaining a culture of safety to benefit everyone;
- Make sure maternity and neonatal leads have the time, access to training and development, and lines of accountability to deliver the ambition above. Including time to engage stakeholders, including MNVP leads.
- Support all their senior leaders, including board maternity and neonatal safety champions, to engage in national leadership programmes (see below) by April 2024, identifying and sharing examples of best practice
- At board level, regularly review progress and support implementation of a focused plan to improve and sustain maternity and neonatal culture.
- Involve the MNVP in developing the trust's complaints process, and in the quality safety and surveillance group that monitors and acts on trends
- At Board level listen to and act on Freedom to Speak Up data, concerns raised and suggested innovations in line with the FTSU Guide and improvement tool
- Meeting and improving standards and structures that underpin our national ambition.
- Implement version 3 of the Saving Babies' Lives Care Bundle by March 2024 and adopt the national MEWS and NEWTT-2 tools by March 2025.
- Regularly review and act on local outcomes including stillbirth, neonatal mortality and brain injury, and maternal morbidity and mortality to improve services.

YEAR 5 OF THE CNST MIS

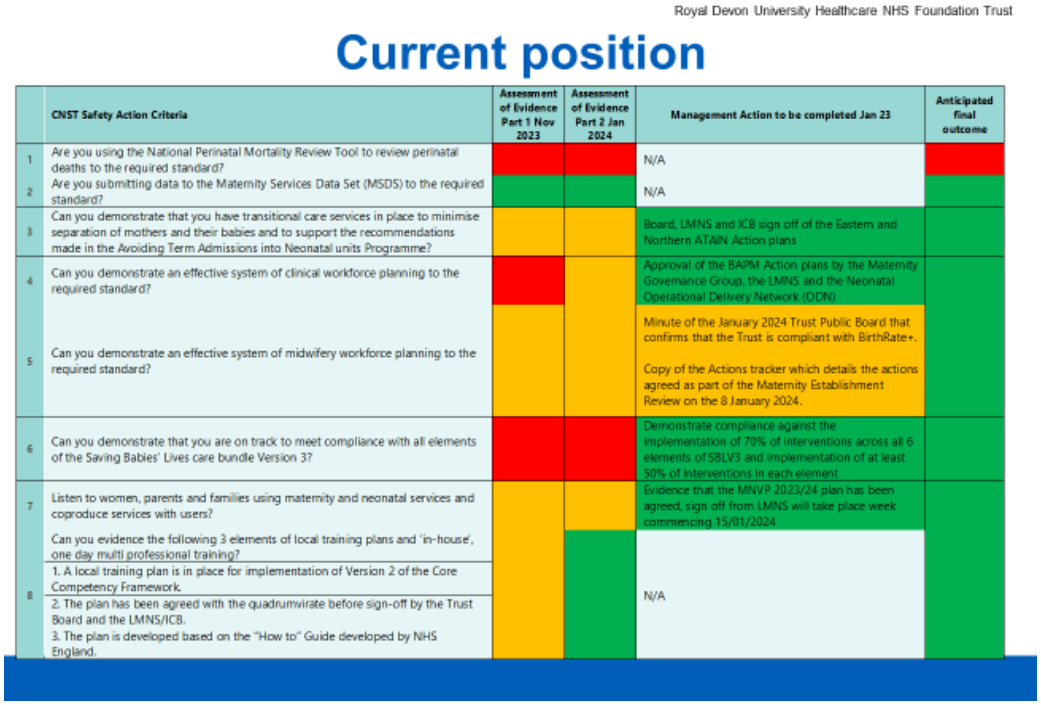
3. Year 5 of the CNST MIS was launched in May 2023. This national scheme supports the delivery of safer maternity care through an incentive element of Trust contributions to CNST. The scheme rewards Trusts that can meet ten safety actions designed to improve the delivery of best practice in maternity and neonatal services. Compliance with the scheme forms one element of determining success measures for delivery of the NHSE Three-Year Delivery plan for Maternity and Neonatal Services.

RDUH maternity and neonatal services are conducting a review of evidential requirements for compliance towards Year 5 CNST to inform associated action plans. The CNST action plan will be monitored via speciality and divisional governance processes and will be reported quarterly to both Safety and Risk Committee and to the Board of Directors (via Governance Committee), This has been formally validated by ASW Assurance in Q4 2023-24 via two separate audits, and the anticipated final outcome is expected on 25th January 2024

The current board declaration submission is scheduled for between 25 January and 1 February 2024.

This year is the first year that Northern and Eastern services have submitted a combined response to the MIS, and risks to delivery were flagged consistently as part of Integration planning. Variation in policy and processes has meant that demonstrating consistent delivery across both sides of the service has been extremely challenging.

The table highlights that the RDUH will be able to demonstrate compliance in 8 out of 10 Safety Actions, with two areas of non compliance under Safety Action 1 (Perinatal Mortality Review Tool usage) and Safety Action 9 (Robust Processes ro provide Board assurance on maternity and neonatal safety issues).



	CNST Safety Action Criteria	Assessment of Evidence Part 1 Nov 2023	Assessment of Evidence Part 2 Jan 2024	Management Action to be completed Jan 23	Anticipated final outcome
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?			N/A	
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?			N/A	
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?			Board, LMNS and ICB sign off of the Eastern and Northern ATAIN Action plans	
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?			Approval of the BAPM Action plans by the Maternity Governance Group, the LMNS and the Neonatal Operational Delivery Network (ODN)	
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?			Minute of the January 2024 Trust Public Board that confirms that the Trust is compliant with BirthRate+. Copy of the Actions tracker which details the actions agreed as part of the Maternity Establishment Review on the 8 January 2024.	
6	Can you demonstrate that you are on track to meet compliance with all elements of the Saving Babies' Lives care bundle Version 3?			Demonstrate compliance against the implementation of 70% of interventions across all 6 elements of SBLV3 and implementation of at least 50% of interventions in each element	
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users?			Evidence that the MNVP 2023/24 plan has been agreed, sign off from LMNS will take place week commencing 15/01/2024	
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training? 1. A local training plan is in place for implementation of Version 2 of the Core Competency Framework. 2. The plan has been agreed with the quadrumvirate before sign-off by the Trust Board and the LMNS/ICB. 3. The plan is developed based on the "How to" Guide developed by NHS England.			N/A	

RDUH Anticipated position

	CNST Safety Action Criteria	Anticipated final outcome		CNST Safety Action Criteria	Anticipated final outcome
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?		6	Can you demonstrate that you are on track to meet compliance with all elements of the Saving Babies' Lives care bundle Version 3?	
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?		7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users?	
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?		8	Can you evidence 3 elements of local training plans and 'in-house', one day multi professional training?	
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?		9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme?	

4. Saving Babies Lives version 3

The Saving Babies' Lives Care Bundle (SBLCB) published May 2023 provides evidence-based best practice, for providers and commissioners of maternity care across England to reduce perinatal mortality. While significant achievements have been made in the past few years, more recent data show there is more to do to achieve the Ambition in 2025. Version 3 of the Care Bundle (SBLCBv3) has been co-developed with clinical experts including front-line clinicians, Royal Colleges, and professional societies; service users and Maternity Voices Partnerships; and national organisations including charities, the Department of Health and Social Care and a number of arm's length bodies. Building on the achievements of previous iterations, Version 3 includes a refresh of all existing elements, drawing on national guidance such as from NICE or RCOG Green Top Guidelines, and frontline learning to reduce unwarranted variation where the evidence is insufficient for NICE and RCOG to provide guidance. It also includes a new, additional element on the management of pre-existing diabetes in pregnancy based upon data from The National Pregnancy in Diabetes (NPID) Audit. There are now 6 elements of care:

- **Element 1** focuses on Reducing smoking in pregnancy by implementing NHS-funded tobacco dependence treatment services within maternity settings, in line with the NHS Long Term Plan and NICE guidance.
- **Element 2** covers Fetal Growth: Risk assessment, surveillance, and management
- **Element 3** is focused on raising awareness of reduced fetal movement (RFM) based on best available evidence, to manage care for women who report RFM. Induction of labour prior to 39
- **Element 4** promotes Effective fetal monitoring during labour.
- **Element 5** on reducing preterm birth recommends three intervention areas to reduce adverse fetal and neonatal outcomes: improving the prediction and prevention of preterm birth and optimising perinatal care

• **The new Element 6** covers the management of pre-existing diabetes in pregnancy for women with Type 1 or Type 2 diabetes, as the most significant modifiable risk factor for poor pregnancy outcomes.

3.2 SBLv3 evidence compliance review with the ICB confirmed 19th January 2024.

Element	Number of compliant interventions	Compliance %
1	10/10	100%
2	14/20	70%
3	1 /2	50%
4	3/5	60%
5	13/27	54%
6	3/6	50%
TOTAL	44	70%

Please note the number of compliant interventions has not been updated to reflect the overall compliance (column is accurate) – this has been confirmed as 70%

An action plan has been created to ensure that the compliant interventions are increased prior to the implementation date of 1/03/2024.

CULTURE

5. **READING THE SIGNALS: MATERNITY AND NEONATAL SERVICES IN EAST KENT – THE REPORT OF THE INDEPENDENT INVESTIGATION.**

This report was published 19 October 2022 and identified 4 key areas for the NHS to act on to improve:

- Identifying poorly performing units
- Giving care with compassion and kindness
- Teamworking with a common purpose
- Responding to challenge with honesty

Whilst trusts were not asked to formally review status against these key themes or to provide any evidence of compliance, RDUH maternity and neonatal services have ensured safety and quality conversations have taken place at all levels based on relevant shared information about safety performance.

This includes the triangulation of discussions and feedback from both staff and service users, quality and safety metrics within the Maternity and Neonatal Safety Champions forum.

All 4 identified key areas for action set out within the East Kent report have been embedded into the NHS England Three-Year Delivery Plan for Maternity and Neonatal Services.

RDUH culture work to date

Stakeholder	Engagement forum
Staff	Bi Monthly Feedback sessions Regular meetings with MVP Mind your language month Check and challenge Hear to Listen (escalate to elevate) Triangulation GMC/ NMC Civility workshops Peri natal bias training NHSEI Health and Wellbeing insights Leadership development 360 Targeted culture audit and survey (ANPN) Menti metre Score culture survey Gold staff award All trust engagement events
Service User	Monthly engagement meeting MNVP meetings Personalised care planning and informed consent

6. **The Perinatal Culture and Leadership programme 2023**

NHS England developed and rolled out a programme which provides opportunities for organisations to understand their own culture relating to the senior members of their maternity and neonatal teams. The purpose of this was to provide and use evidence-based tools, develop tailored leadership strategies for developing compassionate, inclusive and collective leadership and deliver culture change. RDUH commenced on phase 1 of the perinatal culture work in March 2023. Quadrumvirates were identified from both sites. Each quad contained representation from; Obstetrics, Neonatal, Business and Midwifery. The teams have attended and partaken in numerous facilitated sessions.

In August 2023 both sites undertook the SCORE survey, which measures important dimensions of organizational culture. The core instrument integrates safety and teamwork culture, local leadership, learning systems, resilience/burnout and work-life balance. The full SCORE survey integrates employee engagement as well.

In November 2023 reports from the survey where provided for both sites and presented by an independent facilitator/ coach.

The SCORE survey results for each area have been reviewed by the quadrumvirate with additional input from clinical staff, and specific key areas for priority have been identified. The initial discussions have focussed on the 2 identified areas with lowest percentile scores overall. These were related to **team burnout** and local **leadership.**
Report highlights

Notable Insights by Percentile and Key SCORE Items

282 respondents in 9 Work Settings at Royal Devon University Healthcare - East

Cultural Strengths

%ile	
81st	Dealing with difficult colleagues is consistently a challenging part of my job.
75th	Communication breakdowns are common when this work setting interacts with other work settings.
75th	Communication breakdowns are common in this work setting.

Engagement Strengths

%ile	
60th	With respect to the participation in decision making that I experience here, the decision making process is clear to me.
57th	With respect to the growth opportunities in this work setting, I have freedom in carrying out work activities.
55th	With respect to the participation in decision making that I experience here, this organization utilizes input from staff about technology initiatives.

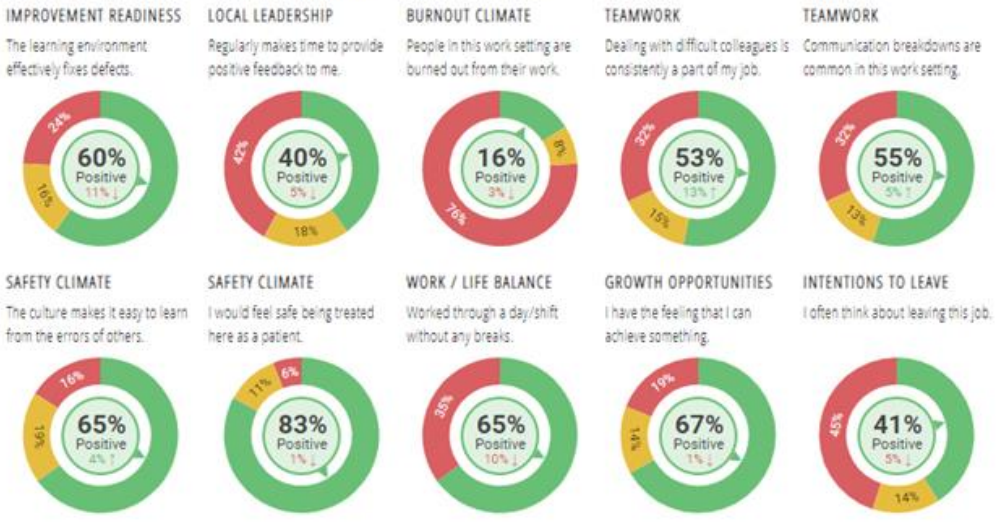
Cultural Opportunities

%ile	
26th	In this work setting, local leadership is available at predictable times.
28th	I feel I am working too hard on my job.
28th	In this work setting, the learning environment allows us to pause and reflect on what we do well.

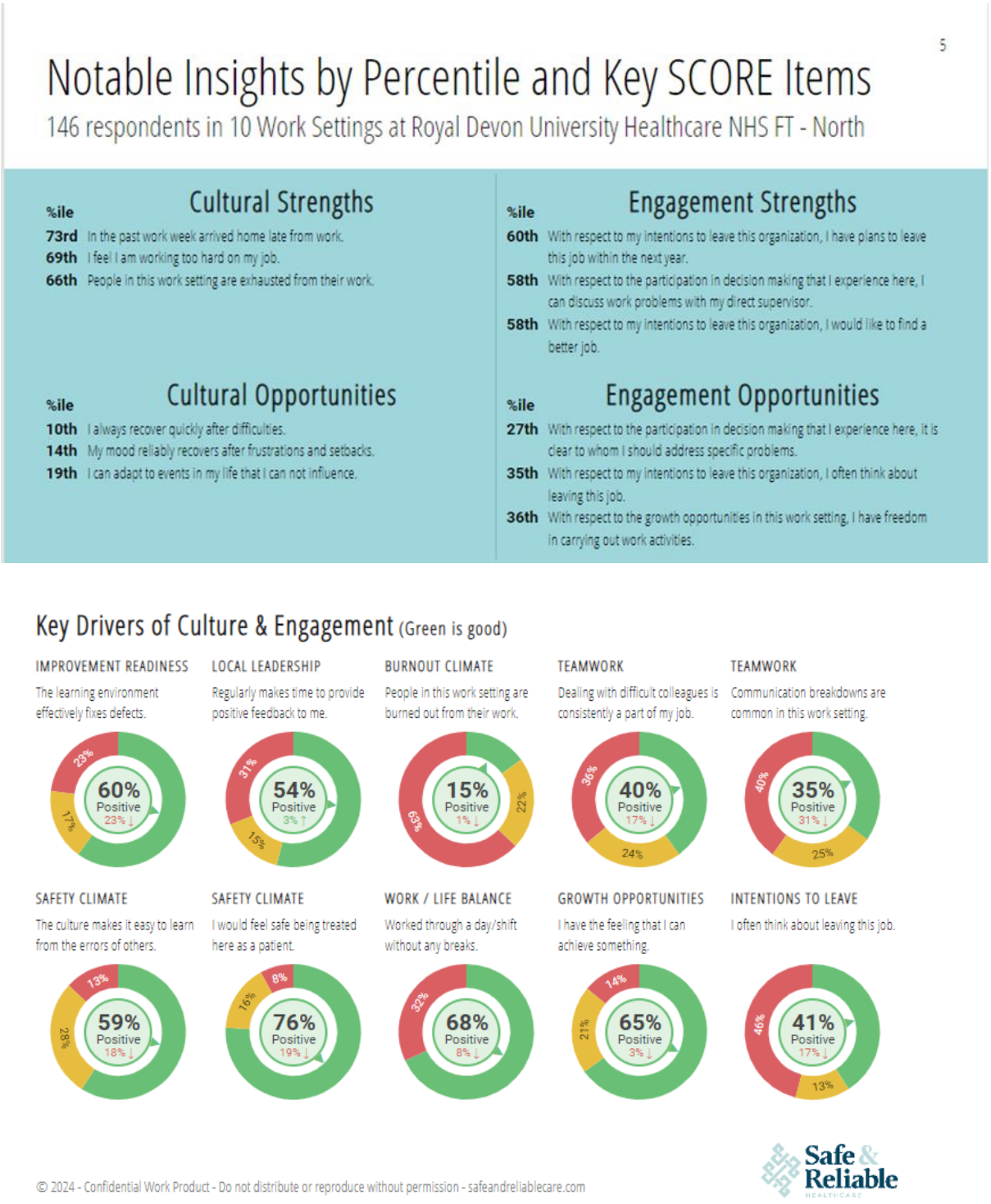
Engagement Opportunities

%ile	
31st	With respect to my intentions to leave this organization, I have plans to leave this job within the next year.
35th	With respect to the growth opportunities in this work setting, I have opportunities for personal growth / development.
38th	With respect to my intentions to leave this organization, I often think about leaving this job.

Key Drivers of Culture & Engagement (Green is good)



Safe & Reliable



Staff forums have taken place to engage in context understanding and action planning.
An overall action plan has been created providing detail of all themes combining both sites.
Ongoing meetings are taking place with individualised specifics for each key area as outlined in the action plan

7. CQC Action Plan

7.1 The trust is on track with all of the immediate safety actions from CQC feedback.

Triage went live 22/01/2024 with a single phone line managed in the East. A complete triage service has been established in the North

OCKENDEN FINAL REPORT - ESSENTIAL ACTIONS

8.

The Ockenden Final Report was published March 2022 and detailed 92 Essential Actions (EA's) for maternity and neonatal services in England, which contains actions for NHSE, healthcare systems, service providers and education services.

All 92 Key Lines of Enquiry (KLOE) themes and evidential requirements have been embedded into NHS England's Three-Year Delivery Plan for Maternity and Neonatal Services, published 30 March 2023. RDUH maternity services undertook review of compliance against the actions for providers ahead of the publication of NHS England's response to Ockenden Final Report: *the Three-Year Delivery for Maternity and Neonatal Services.* Audit South West Assurance have undertaken an audit of evidence to support the initial compliance assessment (report not yet published – date to be confirmed).
The trust is no longer reporting directly on Ockenden and therefore it will be removed from this reporting schedule moving forward.

9. LEARNING

9.1 No specific learning issues have been identified for escalation to the Committee. The trust receives thematic learning via governance assurance pathways and safety champion oversight

The following learning relating to the CNST MIS has been identified:

- Audit time allocated at the start of the year to review our planning assumptions against CNST for the year, to allow early identification of risks, communication of expectations around evidential standards and support delivery with sufficient structure and organisation;
-
- Implementation of all actions outlined in the audit report when addressing delivery of Year 6 of the scheme.

- Q-pulse- The Trust now holds so many actions plans and audits that have been committed to that demonstrating progress against these will be extremely challenging without a robust process in place to monitor and track these. The obvious solution is Q-pulse software, the use of which should be risk assessed via the QIA process to evidence the risk and benefits to move this forward?

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	11.9, Public Board Meeting		**Date:** 24 April 2024	
Title:	Annual Review of the Board Schedule of Reports			
Prepared by:	Melanie Holley, Director of Governance			
Presented by:	Melanie Holley, Director of Governance			
Responsible Executive:	Sam Higginson, Chief Executive Officer			
Summary:	The Board is asked to review and approve the Schedule of Reports for 2024/25 to ensure it receives the correct reports at the right time during the course of the year in order to conduct its business effectively.			
Actions required:	For the Board to review and approve the Board Schedule of Reports 2024/25			
Status (*):	**Decision**	**Approval**	**Discussion**	**Information**
		x		
History:	The Board Schedule of Reports is reviewed annually.			
Link to strategy/ Assurance framework:				

Monitoring Information

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

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

1. Purpose of paper

The purpose of this paper is for the Board of Directors (BoD) to review and approve the Schedule of Reports for 2024/25 to ensure it receives the correct reports at the right time during the course of the year in order to conduct its business effectively.

2. Background

The Schedule of Reports is reviewed annually.

3. Analysis

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

4. Resource/legal/financial/reputation implications

None.

5. Link to BAF/Key risks

None.

6. Proposals

The Board is asked to approve the draft Schedule of Reports for 2024/25.

Apr-23

Royal Devon University Healthcare NHS Foundation Trust

BOARD OF DIRECTORS REPORTS SCHEDULE FOR 2023/24

	April	May	June	July	August	Sept	October	November	December	January	February	March	*Frequency*	*Responsible Exec*	Comment
Policy & Strategy															
Annual Report & Quality Report - Approval			✓										*Annually, as required - C*	*Chief Executive / Chief Nursing Officer*	
Annual Accounts - Approval			✓										*Annually, as required - C*	*Chief Finance Officer*	
Budget Setting Update											✓		*Annually, as required - C*	*Chief Finance Officer*	
Budget												✓	*Annually, as required - C*	*Chief Finance Officer*	
Operational Plan - approval of draft											✓		*Annually, as required - C*	*Chief Finance Officer*	
Operational Plan - approval of final												✓	*Annually, as required - C*	*Chief Finance Officer*	
Presentation of final operating plan in public board		✓											*Annually for approval -P*	*Chief Finance Officer*	
Operational Capacity & Resilience Plan							✓						*Annually for approval -P*	*Chief Operating Officer*	
Towards Inclusion Update													*P*	*Chief People Officer*	Frequency of reporting to Board to be confirmed as work on inclusion evolves, current position of work being reviewed
Performance															
Integrated Performance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*Monthly - P*	*All*	
NIHR CRN SWP Annual Report and Annual Plans				✓									*Annually as required - P*	*Chief Medical Officer*	
Assurance															
Six Monthly Safe Staffing Review		✓						✓					*Bi-Annually P*	*Chief Medical Officer / Chief Nurse*	
Annual Complaints Report to the Board		✓											*Annually - P*	*Chief Nursing Officer*	Presentation moved back to May as requested by CNO. Was moved to Sept in 2023 due to a varitety of factors, but all now resolved, so returning to usual cycle of reporting in May each year
Annual Review of Register of Directors Interests	✓												*Annually, ahead of production of Annual Report - P*	*Chief Executive / Director of Governance*	
~~Annual Sustainability & Development Plan~~										✓				*Deputy Chief Executive*	Removed as the content is included in the Trust's Annual Report
Audit Committee Report		✓	✓			✓		✓				✓	*Quarterly - P*	*Chief Finance Officer / Chair of AC*	update to each Board meeting following a Committee meeting: so Feb, May, July, November plus possible additional meeting June if needed for Ann Accts
Board Assurance Framework	✓			✓			✓			✓			*Quarterly - P*	*Chief Executive/Director of Governance*	Presentation of BAF updates & Strategic Roadmap updates aligned; to be presented quarterly. (As agreed at Board Oct 22)
Cancer Survey													*Annually - P*	*Chief Nursing Officer*	Need to find out which month it will be available for presentation
Charity Committee Report			✓				✓			✓			*Three times a year - C*	*Chair of Charity Committee*	Committee meets three times per year, but also ad hoc meetings as required
CQC Children & Young People Survey													*Annually -P*	*Chief Nursing Officer*	NEEDS TO BE ADDED TO THE SCHEDULE FOR JANUARY 2025 - NO REPORT FOR 2024?

Clinical Negligence Scheme for Trusts for Maternity return to NHS Resolution										✓			*Annually - P*	*Chief Nursing Officer*	
Corporate Risk Register	✓												*Annuallly (to coincide with the last quarterly review of the BAF)-P*	*Chief Executive/Director of Governance*	
Corporate Governance Statement			✓										*Annually P (required by NHSI)*	*Chief Executive/Director of Governance*	To be approved by Board by 30 June each year
Strategic Roadmap Update	✓			✓			✓			✓			*Quarterly - P*	*Deputy Chief Executive*	Presentation of Strategic Roadmap updates & BAF updates aligned: to be presented quarterly. (As agreed at Board Oct 22)
Corporate Trustee meeting								✓					*Annually - separate mtg*	*n/a*	
Digital Committee	✓		✓		✓		✓		✓		✓		*After each meeting - P*	*Non-Executive Director Chair*	Changed to bi-monthly meetings
Finance & Operational Committee	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*Monthly - P*	*Non-Executive Director Chair*	FOC changed to monthly meeting
Gender Pay Gap Report												✓	*Annually - P*	*Chief People Officer*	
Health Inequalities (performance reporting on waiting lists and workplan)	✓						✓						*Twice a year - P*	*Deputy Chief Executive*	Health Inequalities Strategy presented Nov 23. Twice yearly updates to be scheduled Nov and May
Governance Committee Report	✓		✓		✓		✓		✓		✓		*Quarterly - P*	*Non-Executive Director Chair*	Update to each Board meeting following a Committee meeting: so Feb, April, June, August (or Sept if no August Board), Oct, Dec (or Jan if no Dec Board)
Infection Control Annual Programme				✓									*Annually - P*	*Chief Nursing Officer*	
Infection Control Annual Report				✓									*Annually - P*	*Chief Nursing Officer*	
CQC Inpatient Survey						✓							*Annually - P*	*Chief Nursing Officer*	Goes to PEC in August
Integration Programme Board reports	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	*Monthly - P*	*Non-Executive Director Chair*	Added as a monthly report
Items for escalation to the BAF	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	*Monthly - P & C*	*All*	
CQC Maternity Survey										✓			*Annually - P*	*Chief Nursing Officer*	Goes to PEC in Nov
Operational Plan - Condition G6 and Condition CoS7 self-certs		✓											*Annually - C*	*Chief Finance Officer*	To be approved by Board by 31 May each year
Our Future Hospitals Programme Board	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*Monthly - P*	*NED Committee Chair*	Updated Jan 24 - changed to monthly meetings
~~People Plan Update~~															Removed - People Strategy updates as part of wider strategic roadmap updates. Partnership Working/Staff Voice to be picked up through Board Development agenda.
Remuneration Committee Report			✓										*Annually, as required - C*	*Non-Executive Director Chair*	
Research & Development Annual Report						✓							*Annually - P*	*Chief Medical Officer*	
Staff Survey Results												✓	*Annually - P*	*Chief People Officer*	
Urgent & Emergency Care Survey						✓							*Annually - P*	*Chief Nursing Officer*	Goes to PEC in August
WRES/WDES Reports		✓											*Annually P*	*Chief People Officer*	
Information															
Review of schedule of reports	✓												*Annually - P*	*Chief Executive/Director of Governance*	