![NHS Royal Devon University Healthcare NHS Foundation Trust]

COUNCIL OF GOVERNORS MEETING IN PUBLIC

Wednesday 23 August 2023
11.15 – 14.10
Exeter College Future Skills Centre,
Exeter Airport Industrial Estate
Exeter, EX5 2LJ

AGENDA

Item	Title	Presented by	Item for approval, information, noting, action or debate	Paper	Est. Time
1.	**Chair Welcome and Apologies**	Shan Morgan, Chair	Information		11.15 1
2.	**Declaration of Governor Interests**	Melanie Holley, Director of Governance	Noting		11.16 1
3.	**Secretary's Notes**	Melanie Holley, Director of Governance	Noting		11.17 2
4.	**Chair's Remarks**	Shan Morgan, Chair	Information		11.19 5
5.	**Approval of the 8 June 2023 Public meeting minutes, Action Tracker and Matters Arising**	Shan Morgan, Chair	Information	✓	11.24 2
6.	**Accountability & Engagement**				
6.1	**Chief Executive's Public Report**	Chris Tidman, Deputy Chief Executive	Information		11.26 20
6.2	**Open Question & Answer**	Chris Tidman, Deputy Chief Executive	Discussion		11.46 15
7.	**Performance & Assurance**				
7.1	**Q1 2023/24 Performance Report**	Hannah Foster, Chief People Officer	Information	✓	12.01 45
7.2	**Royal Devon University Healthcare NHS Foundation Trust Annual Report and Accounts 2022/23, Quality Report 2022/23**	Melanie Holley, Director of Governance	Information	✓	12.46 10
7.3	**Report to the CoG on the Performance of the External Auditor**	Alastair Matthews, Non-Executive Director and Chair of Audit Committee	Information	*To follow*	12.56 10
	Comfort Break 13.06 – 13.16				

8.	**CoG Business**				
8.1	**External Auditor Tender Process Update**	Alastair Matthews, Non-Executive Director and Chair of Audit Committee	Information		13.16 5
8.2	**Reports from:** **- CoG Coordinating Committee** **- Public and Member Engagement Group**	Heather Penwarden, Deputy Lead Governor	Information	✓	13.21 10
8.3	**Elections to CoG 2023**	Melanie Holley, Director of Governance	Information	✓	13.31 5
8.4	**Annual Members Meeting 2023 – draft agenda**	Melanie Holley, Director of Governance	Approval	✓	13.36 2
8.5	**Nominations Committee update including Terms of Reference**	Shan Morgan, Chair	Information	✓	13.38 2
9.	**Stakeholder Engagement – no reports**				
10.	**Information**				
10.1	**Discussion with a Non-Executive Director**	Martin Marshall, Non-Executive Director	Discussion		13.40 30
	The next meeting of the Council of Governors is 22 November 2023, at the Future Skills Centre, Exeter Airport Industrial Estate, Exeter, EX5 2LJ				

Meeting closes at 14.10

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC
OF THE
ROYAL DEVON UNIVERISTY HEALTHCARE NHS FOUNDATION TRUST**

**Held on Thursday 8 June 2023
The Tiverton Hotel, Blundells Road
Tiverton, EX16 4DB**

Present	
Shan Morgan, Trust Chair	**Apologies**
	Janet Bush, Southern
Public Governors	Bob Deed, Northern
Eastern:	Maurice Dunster, Eastern
Kay Foster	Gill Greenfield, Southern
Rachel Noar	Ian Hall, Devon County Council
Barbara Sweeney	George Kempton, Northern
Heather Penwarden	Richard Westlake, Southern
Northern:	**In Attendance:**
Catherine Bearfield	Susie Brooke, BSL interpreter
Dale Hall	Bernadette Coates, Governance Coordinator
Carol McCormack-Hole	(minute taker)
Jeff Needham	Sarah Delbridge, Head of Communications and
	Engagement
Southern:	Angela Hibbard, Chief Finance Officer (minutes
Hugh Wilkins	01.23 – 08.23)
	Melanie Holley, Director of Governance
Staff Governors:	Alastair Matthews, Non-Executive Director
Simon Leepile	Chris Tidman, Deputy Chief Executive (minutes
Tom Reynolds	01.23 – 08.23)
Cathleen Tomlin	Anna Tretheway, BSL interpreter
Jayne Westcott	
Appointed Governors:	
Angela Shore, Appointed, University of Exeter	

Item	Minute		Action
1.	01.23	**WELCOME AND APOLOGIES**	
		Ms Morgan welcomed everyone to the meeting, and the apologies were noted as above. The meeting was confirmed as quorate. Ms Morgan welcomed Mr Tidman, Mrs Hibbard and Mr Matthews as members of the Board of Directors to the meeting. It was noted that Mr Tidman and Mrs Hibbard would need to leave before the close of the meeting.	
2.	02.23	**DECLARATION OF GOVERNOR INTERESTS**	
		Mrs Holley said the following Governors had made changes to their declarations of interest:	

		• Ian Hall had a new declaration as Joint Chair, One Eastern Devon Partnership Forum. Mr Hall was also removing from his declarations Chair of Devon County Council, and he was no longer an elected East Devon District Councilor • Heather Penwarden had the following new declarations: Member of the University of Birmingham's School of Social Policy research project into Citizen Leadership and Integrated Care steering group member for the International Journal of Integrated Care. Mrs Holley reminded the Governors to let her know should there be any changes to declarations of interest and to flag if any potential conflicts arose during the course of the meeting. **The Council of Governors noted the changes to the Governor Declarations of Interest.**	
3.	03.23	**SECRETARY'S NOTES**	
		Mrs Holley provided a reminder of forthcoming meetings. The next meeting for Governors was the Joint Board and CoG Development Day on 12 July 2023 at Sandy Park Conference Centre, Exeter. The next formal CoG meeting would take place on Wednesday 23 August 2023 at the Future Skills Centre, Exeter. Mrs Holley said that the report from the Care Quality Commission's (CQC) core services inspection was published on 26 May 2023. The Trust was completing an action plan for submission to the CQC later in the week. The report from the Well Led inspection was due to be received by the Trust in early July 2023. It was anticipated this would be published in August 2023. Mrs Holley said that one the reports had passed through the Trust's Governance Performance System, a session for the CoG on the report would be organised. There being no comments or questions, the Secretary's Notes were noted. **The Council of Governors noted the Secretary's Notes.**	
4.	04.23	**CHAIR'S REMARKS**	
		Ms Morgan said since the last formal Public CoG meeting the following Governors had resigned: Annie Adcock, James Bradley, Liz Witt, Lydia Balsdon, Nicky Stapleton and Catherine Bragg. She added that some of the detail would be later on in the meeting when discussing the elections to the CoG. Ms Morgan said the items being considered by the CoG in its Confidential meeting were: Report from the Nominations Committee on Non-Executive Director recruitment; a report on the Lead Governor and Deputy Lead Governor posts; and a summary of key points from the six month review meetings with recently elected Governors. Ms Morgan said the Governors also had a session later in the day with colleagues from Devon Partnership Trust on its work and patient pathways. This had been arranged in light of the Governors choosing mental health as a Quality Priority for 2023/24. This would be followed by the routine feedback from communities session and an evaluation of the day.	

		There being no questions, the Chair's remarks were noted.	
		The Council of Governors noted the Chair's Remarks.	
5.	05.23	**PRESENTATION OF THE APPROVED 23 NOVEMBER 2022 PUBLIC MEETING MINUTES**	
		The minutes of the 23 November 2023 public meeting had been approved at a confidential meeting on 8 March 2023 and were presented for completeness.	
		The action tracker was noted, with the action completed. There were no matters arising.	
6.		**ACCOUNTABILITY AND ENGAGEMENT**	
6.1	06.23	**CHIEF EXECUTIVE'S PUBLIC REPORT**	
		Mr Tidman said he would provide an update on national, regional, Devon system and local issues. He said there had been coverage that day in the national media on NHS staffing and cancer care, adding that accountability was at Integrated Care System-level (ICS) and the issues were being managed that way. Nationally there were concerns on financial sustainability and the NHS's ability to work within the allocated budget. Mr Tidman said there had been a gap of £3bn nationally, which had now reduced to £750m. He said there was pressure on all ICSs to assume an optimistic lens on what was possible (i.e., assume all industrial action was resolved) and to work within the cash envelope. Mr Tidman said the Agenda for Change pay award and the rate of inflation were significant issues. There was also pressure to deliver the national pledge to reduce waiting times, with Devon having significant waits. Finally, Mr Tidman said there were issues nationally with ambulance times and handovers during winter. Performance had improved nationally but there was still concern over resilience. Mr Tidman said the Devon system was in Tier 1, the highest level of escalation, as a result of the financial position, long treatment waits and ambulance waits. He said mutual aid was offered within the system, which meant all organisations were affected by each other's performance. To help manage this, there were daily and weekly meetings within Devon and the South West Region.	
		Mr Tidman said that industrial action continued, with a 72-hour Junior Doctor strike due to take place the following week. He said the Trust had a good plan and system in place to mitigate risks. Mr Tidman said strikes were damaging for staff morale and also meant clinic and procedure cancellations. He added that Consultants were also currently balloting for industrial action, with a possible strike in late July 2023. Mr Tidman said there would likely be derogations but it was a concern that senior clinicians would be striking.	
		Mr Tidman said the national NHS Long Term Workforce Plan was long awaited and was due to be published. It was likely to be tied into the NHS' 75th birthday and organisations were waiting to hear more of the Plan and on the funding package.	
		Referring to the national new hospital programme, there had been a Government announcement that certain schemes were being brought forward, with the North Devon District Hospital (NDDH) scheme being one of eight that was being slightly put back as a result. Mr Tidman said details were awaited, and it was important the Trust was in a state of readiness to	

commence work. He added the Trust had started work on rebuilding the staff accommodation blocks at NDDH, which was a positive message for staff.

Looking at the Devon system, Mr Tidman said the ICS was embedding at a time of needing to reduce running costs by 30 – 40%. He added that Jane Milligan, the ICS Chief Executive, had announced she would be retiring in September 2023. The Devon Five Year Forward Plan had been received by the Board at its last meeting and this gave a good sense of the direction for the system. Mr Tidman said Clinical Leaders would be coming together to look at services in five years' time, how Trusts will collaborate, recruit staff and be sustainable. This was being managed through the Peninsula Acute Sustainability Programme for Devon and Cornwall.

In terms of the Royal Devon, Mr Tidman said staffing levels had improved through recruitment to vacancies, with the Trust less reliant on short term agency staffing, which was better for patient care and the financial position. The Trust's challenges were to reduce the longest waits and to improve Emergency Department performance. The financial plan was also challenging but the Trust was ensuring this was patient-centred by, for example, being more productive in theatres and reducing agency spend through recruitment.

Mr Tidman referred to the recent CQC report and said as a Board it had been accepted as fair reflection of the Trust's current position and the Trust would use it as an opportunity to improve. He said the inspection had been triggered by Never Events at the Trust but the CQC had undertaken a broader review. In terms of the Well Led assessment, the report was not due until July 2023; however, the CQC had given positive feedback when at the Trust in terms of the patient-centred and open culture and cohesive leadership team.

Mr Tidman spoke about the Trust building for the future, referencing the works to improve the Emergency Department, which include improving staff facilities. The Trust had also future-proofed it by creating future theatre space. He said there was also soon to be a new Endoscopy room at Tiverton Hospital and the Trust's Genomics team had recently been awarded a new contract for rare disease genomics. Mr Tidman said this all provided reasons to be optimistic.

Ms Morgan thanked Mr Tidman for the update and for deputising for Mrs Tracey whilst she was on compassionate leave and then sick leave from the Trust. She added she had visited the Emergency Department the day before and could see what a difference it would make to staff and patients.

6.2	07.23	**OPEN QUESTION AND ANSWER**	
		Ms Morgan invited questions for Mr Tidman.

Mr Wilkins commented on the Devon ICS being in Tier 1 when it has previously been allocated to Tier 4. He asked if Mr Tidman could clarify. Mr Tidman said that the national System Oversight Framework's highest level of escalation was 4, which was akin to special measures, and the Trust was in 4. A new arrangements was then brought in, which introduced tiers and reversed the numbering, with Tier 1 being the highest level of escalation. The Trust was in Tier 1; however, it was moving to Tier 2 for cancer services.

Mr Wilkins commented on the ICS needing to reduce its operating costs by 30-40% and asked how the required 3-4% national savings would link to that. Mrs Hibbard said the figures quoted were two separate issues. The shortfall in national NHS funding meant that organisations had been given stretch saving targets to reduce even further the funding gap. The ICS running cost | |

savings was for the next financial year and the ICS would need to save 30%-40% on staffing costs or running costs (admin costs). This requirement would be part of next year's financial planning.

Mr Wilkins said he was concerned to hear from Mr Tidman that there was national pressure for Trusts to have an optimistic perspective. Ms Morgan said it was optimism based upon a number of assumptions in terms of financial position, for example reducing the number of patients classed as No Criteria to Reside (NCTR). Ms Bearfield said the issue with reducing this patient group was it was dependent upon community services or care being available and it was hard to be optimistic about that. She asked how much of the savings made would be genuine efficiency savings and how much would be cuts to services. Mr Tidman said that NCTR patients were discharged either to home or to step down care. In Exeter during the winter period, there were over 100 NCTR patients; this was now at 60, but needed to reduce further to 35. Mr Tidman said a lot of the progress had been made through additional recruitment into social care, with domiciliary care also in an improved position; however, pressure on social care budgets remained. He said there were reasons to be optimistic and the Trust was also seeking to partner better with social care. Mrs Hibbard said all the work was being done as a system, and the system was working to map out the consequences to ensure no adverse impact, to ensure a view of all service delivery was kept and the focus was not just on the finances. Mrs McCormack-Hole said she was aware of a number of patient stories in North Devon where care packages could not be put in place. She commented on working with the voluntary sector but also supporting carers more. Mr Tidman acknowledged the contribution of carers and said much of it was unrecognised, adding that the Trust was currently marking Carers' Week. Mr Tidman added that the Trust did work with the voluntary sector, for example through pathfinder support.

Referring to NCTR patients who were ready to leave hospital, Mrs Penwarden said she was aware of a campaign about ending 'Pyjama paralysis' for inpatients and asked if the Trust did enough for people who are in a hospital bed to ensure they were ready to go home. Mr Tidman said the Trust was re-launching its 'Road to Wellbeing' programme for patients, which aimed to mobilise people ready to go home. Ms Morgan said the Trust had also invested in discharge lounges and this had a positive impact for both patients and staff.

Mr Hall said that organisations can only improve if they accept where they are and the CQC report said that improvement was required at the Trust. He commented that the Trust's press release on the report did not reflect that, instead focussing on the good news such as Diagnostics being rated as Good. Mr Hall noted that that the Royal Devon and Exeter Hospital was downgraded on Medicine and Surgery and this was a key issue to be squarely faced by the Trust. Mr Hall said he found that the message to the staff and in the press release was unduly bland, if not to say misleading as it did not face up to the issues related to safety and staffing. He said he believed the Trust should do more to openly acknowledge the issues and allow staff to understand the truth of the task being faced. He said the Trust's press release was in stark contrast to the CQC's. Mr Tidman thanked Mr Hall for his candour. He said the Trust had discussed the CQC outcome with staff and some of the report did make for uncomfortable reading; however, staff said it was a fair report and this had been included in the Trust's press release. Equally, Mr Tidman said the staff recognised the position the Trust was in during the winter, at the time of the inspection, and they were already starting to make progress by the time the

report was published. Mr Tidman said CQC ratings have an impact on staff and internally, the report was not glossed but the Trust consulted on how best to get the messages across to staff and the main message was to accept it as fair. Ms Morgan said there was a tricky balance not to demotivate people but to be transparent on the actions the Trust would be taking.

There being no further questions, Ms Morgan thanked Mr Tidman for his update and the CoG for its questions and comments.

The Council of Governors noted the Chief Executive Report.

7.		**PERFORMANCE & ASSURANCE**	
7.1	**08.23**	**Q4 2022/23 PERFORMANCE REPORT**	

Mrs Hibbard introduced herself to the CoG and said she would be presenting the report outlining how the Trust ended the 2022/23 year financially and operationally. She said that Quarter 4 2022/23 had been a challenging period, with industrial action, infection control and workforce challenges. The Trust moved to Operational Performance Escalation Level 4 (OPEL) throughout the period, with an increase in Emergency Department attendance and patients assigned as NCTR. Mrs Hibbard said the quality metrics were not all where the Trust would like them to be, for example, there had been an increase in falls, pressure ulcers and serious incidents. In terms of positive progress, Mrs Hibbard said recruitment had reduced the vacancy rate, and the hours of opening at the Exeter Walk-in-Centre had been restored. The Trust had also launched its 'Help home without delay' campaign. In terms of waiting times during the quarter, Mrs Hibbard said the Trust was moving towards better performance, adding that she was due to visit the Nightingale Hospital Exeter later that day to see how it could help with improving waiting times further. Mrs Hibbard said the Trust was currently challenged by the delivery of its Cost Improvement Programme but there was credibility in this year's plan due to the Trust delivering its plan in 2022/23. She invited questions.

Mrs Sweeney said the Governors had discussed the report as part of their pre-meeting and they had themed the questions.

Mrs Westcott referred to the data related to the Urgent Community Response (UCR) team and the gradual increase in staffing. She asked if the Board was assured on the future of the team. Mrs Hibbard said the Trust had reviewed demand across all of its services, including the three to five year service need, as part of developing the annual plan. In terms of UCR, this had funding nationally through the ICB and it had been agreed to over-recruit as demand was increasing. Mrs Hibbard said the work of the UCR team was a key component to reducing the number of NCTR patients and the Trust was working on agreement to have the team in place on a substantive basis. She added that there would be a deep dive on community services at the June 2023 Board meeting in public and the Board would be considering what metrics were needed in its Integrated Performance Report (IPR) in order to have the same level of oversight as for acute services.

Miss Foster said she was a volunteer for a charity in Exmouth and she was hearing from them that the Trust Virtual Ward was not working as well as it could from a community cardiac perspective and asked if this was correct. Mr Tidman said the Trust was seen as an exemplar for the Virtual Ward in Devon and the metrics showed it had been effective in avoiding admissions. In addition, the feedback from patients had been positive. That said, Mr Tidman

said there was always room for improvement and he noted Miss Foster's comments. Ms Morgan added that there was a session planned on the Trust's digital strategy, including the use of the Virtual Ward, for the Joint CoG and Board Development Day on 12 July 2023.

Mr Wilkins commented on the Never Events referred to in the report. He said he did not recall any discussion of Never Events at CoG meetings and he had therefore been surprised to read about them in relation to the CQC inspection. He asked if the Board was assured that the NEDs and Governors were sufficiently kept in the picture in regards to Never Events. Mrs Holley replied that the Board were made aware as soon as a Never Event occurred. The Trust followed an investigation process each time and the detail of the investigation, including any learning, was reported to the Governance Committee, and from there through to the Board via the regular Governance Committee reports. Never Events were also reported in the IPR. Mrs Holley said the reports were to the Board meetings in public which the Governors had access to. She added that the CoG could agree it would like to request a session on Never Events. Mrs Holley said the main theme for the Never Events had been human factors, which tied in to the unrelenting pressure and stress on staff. Mr Matthews said that from a NED perspective, he was able to confirm they did receive the immediate reporting of a Never Event. The NEDs had discussed their concerns on the number both at Governance Committee and the Board meetings. There had been discussion on the themes and learning to be taken and the NEDs were aware that the Trust had organised online sessions for medical staff hosted by Caroline Mills, Chief Nursing Officer, and Adrian Harris, Chief Medical Officer. Mr Matthews said he felt properly informed and assured that the actions that could be taken were being taken by the Trust.

Mr Hall referred to the mortality graphs in the report and said the weekend mortality rates for Eastern services were always well within range, whereas there was more variation in Northern services. He added that for June to September 2022, Northern services were above the upper limit of the range at the peak and this appeared to have been worst in country for weekend mortality. Mr Tidman said the data did not mean it was the worst performance in the country at that time; instead it was trigger points for the Trust to look at why the services were outside the range. He added that the strength of the Trust's process was in the Medical Examiners reviewing all deaths at the Trust, as opposed to just statistical analysis. These reviews and any learning arising was reported through the Trust's Governance Performance System to the Governance Committee. Mr Hall noted the response and asked what plan the Trust had to change the weekend mortality rate in its Northern services. Mr Tidman said the Board was well sighted on the issues, and indeed one of the reasons behind the integration of the two Trusts had been to better support care during the week and at weekends. He said that Northern medical services were flagged as a higher risk due to staffing issues. There were a number of ways to support the teams and integrate the teams in order to mitigate some of the risks. Mr Tidman said some of the staffing was now coming through; however, mortality did not always correlate to staff. Mrs Holley added that a deep dive into the issues had been requested and this would be reporting into the Governance Committee. The Governance Committee would then report to the Board.

Professor Shore referred to the March 2023 balanced score card and the loss of confidence on reporting due to data quality. She said it was good to see this was improving but asked if the data quality issues were impacting on other

areas. Mrs Hibbard explained it was a complex issue, particularly given the amount of data the Trust was dealing with. An integrated Electronic Patient Record (EPR) was now in place and it was important to ensure the data was inputted correctly, managed correctly when in the EPR and then extracted correctly. Mrs Hibbard said the Trust used external validation for this and it was also improving staff training on data input so that staff not only better understood how important a stage it was but also that it would make clinical working easier. Work was underway on the data architecture, so that, for example, there was standard reporting across the Trust. Mr Matthews added that the Finance and Operations Committee (FOC) had more of a focus on the issue of data quality than would have been possible at Board meetings and the Board had been receiving its reports. In addition to this, the Audit Committee was soon to receive an Internal Audit review on data quality. He said the issues were well known to the NEDs and the Board and the external validation work had provided assurance and confidence.

Mrs Westcott asked if it was possible to add data on Did Not Attends to the IPR. She said that this was monitored by other Trusts and it may prompt looking at different ways to get people to appointments. Mrs Hibbard said the data was available and was reviewed and used at a Divisional level. She said it was important that all the data presented in the IPR added value to the Board. Mr Tidman added that the Trust's average Did Not Attend rates were one of the best in the country, helped, for example, by the MY CARE patient portal and people being better able to manage their appointments.

Mr Leepile referred to the Waiting Well initiative and asked if this was for all patients or just those on a long waiting list. Mrs Holley replied that it was her understanding that it was a clinical review for people who were the longest waiting, adding that there was an update planned on the initiative to the September 2023 Board meeting. Mr Tidman said he had noted that the IPR could be clearer on who was included in Waiting Well.

Mrs Tomlin asked if the Board was assured that enough was being done to support staff. Mr Tidman said the Board was very focussed on staff, and ensuring the right culture and support was in place. He said the Board knew that staffing levels made the biggest difference to staff and patient care and the Trust had therefore worked on recruitment and retention. Mr Tidman said the Board would be presented with the lessons from the annual Staff Survey at its June 2023 meeting. He said the Board was probably not assured the Trust was doing everything it could but it was focussed on doing more. Mrs Tomlin said the staff appreciated when Board members undertook walkarounds as this provided an opportunity to talk about the issues. Ms Morgan agreed, saying it was valuable for Board members to talk to staff directly to understand the issues faced and planning was underway to restart the NED site visits which were paused during the pandemic.

Mrs Sweeney spoke about the complexity of the IPR and the difficulty in navigating it and understanding it. She asked if it was possible to provide a session for Governors to help understand it and also for consideration to be given to whether it was fit for purpose and if the Governors were getting what they wanted from it. Ms Morgan replied that the IPR was a work in progress and it had been reviewed in order to reflect the Trust's corporate plan. She added it was the Board's report but it was important the Governors understood it in terms of how the Trust was performing. Ms Morgan said a session on the IPR would be noted, with Mr Matthews adding that the NEDs could support the session by giving insight into how they use it.

		ACTION: Session on the Board's Integrated Performance Report (with NEDs invited) to be scheduled.	**MH**
		There being no further questions, the report was noted. Ms Morgan thanked Mrs Hibbard and Mr Tidman, who left the meeting.	
		The Council of Governors noted the Q4 2022/23 Performance Report.	
8.		**COG BUSINESS**	
8.1	**09.23**	**ELECTIONS TO COG 2023**	
		Mrs Holley presented the report, which provided the detail of the 2023 election to the CoG. She highlighted the appendix to the report which provided the detail on recent departures from the CoG as previously requested.	
		There being no questions, the report was noted.	
		The Council of Governors noted the election report.	
8.2	**10.23**	**REPORTS FROM COG COORDINATING COMMITTEE AND THE PUBLIC AND MEMBER ENGAGEMENT GROUP**	
		Mrs Sweeney presented the report from the April 2023 CoG Coordinating Committee. She highlighted that it was the first meeting since the membership had been expanded. There were no questions and the report was noted.	
		Mr Hall presented the report from the Public Member and Engagement Group, reminding the CoG that all Governors were welcome to attend. He highlighted the report from the members event in Barnstaple and the kind of reports the Group had been receiving, including the draft membership strategy. Mrs McCormack-Hole thanked those who had organised the Barnstaple event as it had been a very good meeting. As there were no other comments or questions, the report was noted.	
		The Council of Governors noted the reports from the CoG Coordinating Committee and the Public and Member Engagement Group.	
8.3	**11.23**	**REPORT FROM THE NHS PROVIDERS GOVERNOR FOCUS CONFERENCE**	
		Mr Hall presented the report from himself and Mr Needham, who had both attended the recent NHS Providers Governor Focus Conference in London. He provided an overview of the speakers and also the showcases from other Trusts. There were roundtable discussions with Governors and senior staff from other Trusts. Mr Hall said the report summarised the key points. Mr Needham said there was a clear disparity across Foundation Trust's in how Governors are managed. Questions were invited.	
		Ms Morgan said there was consistency between the report presented and comments Governors had made during the 6-monthly review meetings which she would talk about in the Confidential meeting. She added that she had attended a NHS Providers training module for Chairs on how best to work with Governors and it was clear from this there was variation between Trusts; however, it was her sense that the Royal Devon had significantly more contact with Governors than at other Foundation Trusts. She added there was also	

		huge flexibility in how to work so it was important to consider how to best use the resource and energy Governors provided.	
		Mrs Sweeney said that Mrs Bearfield had suggested during the pre-meeting that the report from the network event be used as a basis for a Task and Finish Group to look at the effectiveness of the CoG and to consider best practice from other Foundation Trusts. It was agreed that a CoG Effectiveness Task and Finish Group would be established and volunteers sought. Ms Morgan suggested that the slides from the NHS Providers session on the role of the CoG from February 2023 be recirculated to aid the group. This was agreed.	
		ACTION: CoG Effectiveness Task and Finish Group to be established, with a communication to all Governors asking for volunteers.	**BC**
		ACTION: The slides from the NHS Providers session at the February 2023 CoG Development Day to be re-circulated as part of the process to establish the CoG Effectiveness Task and Finish Group.	**BC**
		Mrs Noar said she had not been aware of the number of courses that NHS Providers offered Governors and asked if more information could be shared with the CoG. This was agreed and noted.	
		ACTION: Details of NHS Providers Govern Well courses to be shared with Governors.	**SD**
		There being no further questions, the report was noted.	
		The Council of Governors noted the report from the NHS Providers Governor Focus event.	
8.4	**12.23**	**COG COMMITTEE AND WORKING GROUP MEMBERSHIP UPDATE**	
		Mrs Holley presented the report, which reflected the current position in terms of membership of the Committees and working groups. As there were no questions, the update was noted.	
		The Council of Governors noted the update on Committee and Working Group membership.	
8.5	**13.23**	**NOMINATIONS COMMITTEE UPDATE**	
		Ms Morgan said the report on the on-going NED recruitment would be taken as read. There had been a meeting held the previous day and she would update the CoG more fully in its Confidential meeting.	
		There being no comments or questions, the report was noted.	
		The Council of Governors noted the Nominations Committee Report.	
8.6	**14.23**	**EXTERNAL AUDITOR TENDER PROCESS**	
		Mr Matthews, as Chair of the Audit Committee, presented the paper. He said the Trust's current External Auditor contract ended in 2024 and if a full tender process was required, it was then important to allow plenty of time. He said the CoG was the appointing body for the External Auditor and played a key role in the process, which would be supported by the Audit Committee and the finance team. The Audit Committee would in due course discuss the recommended approach and a further report would come to the CoG. Mrs Holley added this was another opportunity for Governors to get involved in a	

		Task and Finish Group and a communication would be sent out in due course to ask for volunteers. Mrs Sweeney recalled her experience from being involved in this work previously, reminding the CoG that she was currently the Governor observer to the Audit Committee. She said someone would need to take on this role from September 2023 onwards when she left the CoG. This was noted. **The Council of Governors noted the report on the External Auditor Tender Process.**	
8.7	**15.23**	**ANNUAL REVIEW OF THE OF THE COG SCHEDULE OF REPORTS**	
		Mrs Holley said a routine annual review had been undertaken and invited questions on the updated schedule. There being no comments, the CoG approved the schedule of reports. Ms Morgan suggested that any future comments be shared with the Effectiveness Task and Finish Group for it to consider. This was noted. **The Council of Governors approved the CoG Schedule of Reports.**	
9.		**STAKEHOLDER ENGAGEMENT – no reports**	
10.		**INFORMATION**	
10.1	**16.23**	**DISCUSSION WITH A NON-EXECUTIVE DIRECTOR**	
		Mr Matthews introduced himself to the CoG and provided an overview of his professional background, including Executive roles in the NHS and private sector. He outlined his portfolio as a NED at the Royal Devon. Due to his finance background, he was Chair of the Audit Committee, the remit of which was to ensure the organisation had financial and operational internal controls in place. He said the Committee worked closely with the Governance Committee and the Internal Audit service, who provided over 1000 days of audit work a year. Mr Matthews said a third of this work was finance-focussed, with the remainder focussed on other matters. The Committee also received regular Counter Fraud reports, with Mr Matthews adding that NHS fraud was broader than just financial fraud. Mr Matthews said he was also a member of FOC, which had been established as part of the integration with Northern Devon. Its focus was two thirds finance and one third operations and it provided an opportunity for the Committee to undertake more detailed reviews than were possible at Board meetings. Mr Matthews said the FOC was a good addition to the Trust's governance. He added that he remained the Chair of the Integration Programme Board. It was established in 2021 and still met monthly to receive assurance around the progress through the integration, in particular on realising the benefits set out in the business case for the merger. Mr Matthews said he chaired the Charitable Funds C and was also a member of the Emergency Preparedness and Resilience Committee. He invited questions. Mrs Penwarden asked Mr Matthews about his recruitment, and whether he was approached to apply or whether he was seeking to be a NED. Mr Matthews replied that he was working as an Executive Director at the time and was approached by the Executive Search Agency engaged by the Trust. He discussed the role and decided to apply.	

Mr Wilkins commented on the work of the Audit Committee not being all finance. He asked if the External Auditors work was just focussed on finance. Mr Matthews replied that the External Auditor was required to provide the Trust with an opinion at the end of each financial year. This included on the accounts and on value for money. Their work also incorporated other aspects of the Trust's work. Mr Wilkins asked if there was also a tender process for the Internal Auditors. Mr Matthews responded that there was a South West Consortium in place for Internal Audit services and it was a very effective organisation both in terms of value for money but also in bringing insights and best practice from other organisations.

Professor Shore asked if Mr Matthews saw research and education coming through to the committees he was a member of or where they focussed mostly on healthcare. Mr Matthews said at the Audit Committee this was seen mainly through the Quality Report, with most of the information on research and education coming directly to the Board. Mrs Holley said much of the reporting on research was through the Clinical Effectiveness Committee to Governance and then to Board. For education, this was through the People, Workforce, Planning and Wellbeing Committee to Governance and then to Board.

Mrs Sweeney asked what issues concerned Mr Matthews the most. Mr Matthews replied the main concern was staffing, as so many other elements of the Trust were affected by it. He said he took comfort from strong engagement from the Executive team, the regular communications to staff and the regular forums for staff engagement. He said he was starting to see the benefit of the Trust's work to increase recruitment. Mr Matthews said he also worried about delivering the Trust's challenging plan, which had to be balanced with the huge financial pressures. He added it was the most challenging plan he had seen in his time on the Board. Ms Morgan said that the Board had been clear on the risk factors in relation to the plan. Miss Foster asked what would happen if the Trust ran out of money, for example would the Trust stop delivering certain services. Mr Matthews said that if the Trust's plan went right off course, it was likely there would be changes in management, rather than stopping care. Ms Morgan said it was important the Trust communicated with NHS England on how it was performing so that it was aware of the challenges. Miss Foster asked if the Board was clear with NHS England on the issued faced. Mr Matthews said that it was, citing an example from a couple of years ago when the NHS published a paper on improving the workforce but with no plans behind it. The Board agreed to write back to say the publication was inadequate with no plans to support it, with Mr Matthews adding that a NHS workforce plan was still awaited.

There being no further questions, Ms Morgan thanked Mr Matthews for all he did and for speaking to the Governors about his role.

There being no further questions, the meeting was closed.

The Council of Governors noted the discussion with Mr Matthews, Non-Executive Director.

	17.23	**DATE OF NEXT MEETING**	
		The next meeting was 23 August 2023, at the Future Skills Centre, Exeter Airport Industrial Estate, Exeter, EX5 2LJ.	

MEETING OF THE COUNCIL OF GOVERNORS

8 June 2023

ACTIONS SUMMARY

This checklist provides a summary of actions agreed at the CoG meeting, and will be updated and attached to the minutes each quarter.

PUBLIC AGENDA					
Minute No.	Month raised	Description	By	Target date	Remarks
08.23	June 2023	**Session on the Board's Integrated Performance Report** (with NEDs invited) to be scheduled.	MH	2023/24	This has been noted on the list of topics for a CoG meeting or CoG Development Day.
11.23 (1)	June 2023	CoG Effectiveness Task and Finish Group to be established, with a communication to all Governors asking for volunteers.	BC	August 2023	BS emailed all Governors to ask for volunteers. BC then followed up with a list of documents. Nine Governors volunteered and the first meeting is arranged for September 2023. Action completed.
11.23 (2)	June 2023	The slides from the NHS Providers session at the February 2023 CoG Development Day to be re-circulated as part of the process to establish the CoG Effectiveness Task and Finish Group.	BC	August 2023	The presentation was circulated as part of a pack of information circulated to the CoG Effectiveness Task and Finish Group members. Action completed.
11.23 (3)	June 2023	Details of NHS Providers Govern Well courses to be shared with Governors.	SD	August 2023	Further discussion was held at the CoG Coordinating Committee, including on the cost of individual attendance at Govern Well course, and how to make value of the courses. This could include inviting NHS Providers to the Trust to provide training to the CoG (as in February 2023). Consideration would also be given to attending a virtual course if specific to a particular role.

Signed:

Name: Shan Morgan, Chair

Agenda item:	7.1, Public Council of Governors meeting	Date: 23 August 2023
Title:	Q1 2023/24 Performance Report	
Presented by:	Hannah Foster, Chief People Officer	
Summary:	The purpose of this report is to provide the Council of Governors with an overview of the Royal Devon's performance in Quarter 1 2023/24 (April 2023 to June 2023). It is compiled from Integrated Performance Reports (IPR) presented to the Board of Directors at its meetings in public. This report combines the full Integrated Performance Report (IPR) presented to the 27 July 2023 Board meeting (reflecting on June 2023 performance) with the Executive Overviews from the June and May 2023 Board meetings (reflecting on May and April 2023 performance respectively). Governors are reminded that the purpose of the report is to allow the Council to focus on what the Royal Devon Board has done to provide assurance on operational challenges and not on operational delivery and to provide an overview of the key issues to note. Governors are further reminded that the Board of Directors' Integrated Performance Reports can be found on the Trust's public website as part of the Board's public meeting papers. https://royaldevon.nhs.uk/about-us/board-of-directors/board-meetings-papers-minutes/ The Council is requested to consider the content of this report.	

Contents

Acronyms – frequently used acronyms

Acronym		Acronym	
2WW	Two Week Wait	CT scan	Computerized Tomography scan
#NOF	Fractured Neck of Femur	DCC	Devon County Council
ADN	Assistant Directors of Nursing	Devon CCG	Devon Clinical Commissioning Group
A&E	Accident & Emergency	DEXA Scan	Dual Energy X-ray Absorptiometry scan
AHP	Allied Health Professional	DH / DoH	Department of Health
AME	Annually Managed Expenditure	DoHSC	Department of Health & Social Care
AMU	Acute Medical Unit	DPT	Devon Partnership NHS Foundation Trust
ASU	Acute Stroke Unit	DRSS	Devon Referral Support Services
BBC	British Broadcasting Corporation	DTOC	Delayed Transfers of Care
CDC	Community Diagnostic Centre	ECG	Electrocardiogram
C. Diff	Clostridium Difficile	ED	Emergency Department
CDEL	Capital Departmental Expenditure Limit	EDT	Electrodiagnostic Testing
CEO	Chief Executive Officer	EIS	Elective Incentive Scheme
CIF	Critical Infrastructure Funding	EMC	Exeter Mobility Centre
CoG	Council of Governors	ENT	Ear Nose & Throat
Consultant PAs	Consultant Programmed Activities	EPS	Electrophysiology Studies
CNST	Clinical Negligence Scheme for Trusts	ERF	Elective Recovery Fund
COHA	Community-onset, Hospital Acquired	ESR	Electronic Staff Record
CPAP	Continuous Positive Airway Pressure	FBC	Full Business Case
CRIC	Capital and Revenue Investment Case	FDS	Faster Diagnosis Standard

Acronyms

Acronym		Acronym	
FTFF	Foundation Trust Financing Facility	LMNS	Local Maternity and Neonatal System
GDE	Global Digital Exemplar	Mardon	Mardon Neuro-Rehabilitation Centre
GP	General Practitioner	MDT	Multi-Disciplinary Team
H1	The first six months of the financial year 2022/23	MIU	Minor Injuries Unit
H2	The second six months of the financial year 2022/23	MoC	Management of Change
HCA	Health Care Assistant	MP	Member of Parliament
HCAI	Health Care-Associated Infection	MRET	Marginal Rate Emergency Tariff
HIP2	Health Infrastructure Plan 2 (2025-2030)	MRI scan	Magnetic Resonance Imaging scan
HOHA	Hospital-Onset, Hospital Acquired	MRSA	Methicillin-resistant Staphylococcus aureus (MRSA)
HR	Human Resources	MSK	Musculoskeletal
HSIB	Healthcare Safety Investigation Branch	MSSA	Methicillin-sensitive Staphylococcus aureus
HSMR	Hospital Standardised Mortality Ratio	MTU	Medical Triage Unit
HWBC	Health & Wellbeing Clinic	MUST	Malnutrition Universal Screening Tool
ICB	Integrated Care Board	NDDH	North Devon District Hospital
ICS	Integrated Care System	NDHT	Northern Devon Healthcare Trust
IM&T	Information Management & Technology	NHE	Nightingale Hospital Exeter
IPR	Integrated Performance Report	NHS	National Health Service
ITU	Intensive Treatment Unit	NHSE/I	NHS England/NHS Improvement
LCP	Local Care Partnership	NLF	National Loan Fund
LoS	Length of Stay	NMC	Nursing & Midwifery Council

Acronyms

Acronym		Acronym	
Non-obs US	Non-Obstetric Ultrasound	SOP	Standard Operating Procedure
OBC	Outlines Business Case	STEC	System Transformation and Efficiency Committee
OPEL	Operational Pressures Escalation Level	StEIS	Strategic Executive Information System
PALS	Patient Advice and Liaison Service	STP	Sustainability & Transformation Partnership
PbR	Payment by Results	SW	South West
PDC	Public Dividend Capital	SWAOC	South West Ambulatory Orthopaedic Centre
PDR	Personal Development Review	SWAST	South Western Ambulance Service NHS Foundation Trust
PHSO	Parliamentary Health Service Ombudsman	T&O	Trauma & Orthopaedics
PP	Private Patient(s)	T&SD	Torbay & South Devon NHS Foundation Trust
PPE	Personal Protective Equipment	TIF	Targeted Investment Fund
PSF	Provider Sustainability Fund	TP	Transperineal Prostate
Q	Quarter	UCR	Urgent Community Response
RD&E	Royal Devon & Exeter Hospital	UHP	University Hospitals Plymouth NHS Trust
RDUH	Royal Devon University Healthcare NHS Foundation Trust	Upper GI	Upper Gastrointestinal
RTT	Referral to Treatment	VTE	Venous Thromboembloism
SDEC	Same Day Emergency Care	WIC	Walk in Centre
SHMI	Summary Hospital-level Mortality Indicator	WLI	Waiting List Initiative
SJR	Structured Judgement Review	WTE	Whole Time Equivalent
SOC	Strategic Outline Case		

Overview – Executive Themes and Actions to Raise at May 2023 Board

Overview

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

Recovering for the Future

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

Overview – Executive Themes and Actions to Raise at May 2023 Board

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

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

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

Overview – Executive Themes and Actions to Raise at May 2023 Board

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

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

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

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

Excellence and Innovation in Patient Care

Triangulation of the performance positions with the quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. In April there were three medication incidents with a moderate impact in the Trust's Eastern Services, and one fall in each of the Trust's Eastern and Northern Services which resulted in a fracture and categorisation as moderate harm. Each are subject to investigation processes in order to maximise opportunities for learning. **There were no Serious Incidents or Never events reported in April in either Service.**

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

A Great Place to Work

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

May 2023 Balanced Scorecard – Looking to the Future

Successes

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

Opportunities

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

Priorities

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

Risk/Threats

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

Overview – Executive Themes and Actions to Raise at June 2023 Board

This IPR covers the period of May 2023 which opened with the end of Industrial Action at the end of April and the organisation's CQC well-led review. The month of May had less complexities than previous months in terms of prevailing service pressures, but did contain three Bank Holidays (including an additional day for the Coronation) and half-term leave which of course has had an impact on activity in month That being said, the month saw the organisation holding relatively closely to its operational and financial trajectories within the Financial and Operational Plan. This month, we have continued to seek to align the Integrated Performance Report with the Financial and Operational Plan for 2023/4 and this is reflected in the overarching scorecard at the beginning of the document which clearly shows our delivery against our key operational and financial targets in month, and the distance to travel remaining for year end delivery. In particular financial and Delivering Best Value updates are now included as intended. Unfortunately we have had two data quality issues to manage in the course of April and May which are detailed below – both declared openly, transparently and with neither patient nor performance impact beyond reporting errors; and both regularised swiftly with NHSE engagement.

Recovering for the Future

The Trust wide operational performance dashboard for May shows clearly that we continued to make positive progress on **elective recovery**, All three long waiting domains of 65, 78 and 104 week waiting patients improved and we maintained a positive position against trajectory. As we have moved into June and shortly into July, despite the loss of more activity through further Industrial Action, we are maintaining close to trajectory performance and are confident of a 0 104ww position by the end of July. This will be a very symbolic achievement for our teams.

For **cancer services**, we were just outside trajectory for our 62 day waiting target partly driven by the significant clinical challenges we continue to manage in colorectal and urological services. We should however note within the Trust wide percentage that Northern Services were just short of the national target of 6.4% in May and have since established a positive trend which has brought the service to compliance (under 6%) in June. The Trust exceeded its in month trajectory for both Northern and Eastern Services on the Faster Diagnosis Standard and it should be noted that we fell just short of compliance with the actual end of year target. Importantly, we are also now very close to a reporting solution for our Cancer Outcomes and Dataset backlog.

Urgent care performance saw the Trust sitting just behind the planned trajectory for both Type 1 and Types 1-3 targets, but actually there was a drop in Eastern Services performance against Type 1 and also ambulance handover performance in May. This dip in performance is explained by a combination of episodic diverts absorbed during this period and the ongoing reconfiguration works in ED as well as a significant increase in attendances (which both sites experienced). In the here and now diverted ambulances should become better managed through the catchment change recently adopted; and the ED works are shortly coming to completion, which provides the opportunity for performance improvement.

Outside of the financial and operational plan targets, **Diagnostics performance** was static against the 6ww target overall in May, but in the areas where we have planned trajectories for this year it is only medical endoscopy that is off plan, with mitigations in place for both Sites in the form of mobile capacity for Eastern and outsourcing/insourcing provision for Northern Services.

Overview – Executive Themes and Actions to Raise at June 2023 Board

The Trust implemented a **new financial ledger from 1st April 2023** and despite significant preparation there have been a number of issues experienced. In the main these have been resolved, but there is a resultant backlog in order and invoice authorisation. Focus has been on ensuring clinical supplies are maintained to avoid any disruption to services. This is reflected in the low level of better payment practice code invoices in the first two months of the year and will also be seen in the month 3 figures. Recovery actions are being worked through to address the backlog. It is expected that we will return to previous levels by month 5. Focus remains on maintaining clinical supply but also smaller suppliers. We have however, been able to validate the Trust wide financial position. Overall **we remain on plan for month 2**, but with an under delivery on our DBV programme which is in part recoverable in future months but offset through underspends due to lower than planned activity levels. There is more work to do in month 3 to provide assurance on the remaining gap on our savings programme.

Collaborating in Partnership
The Board received an excellent presentation from Devon County Council colleagues in the last cycle and this month it is receiving a **deep dive of community services** that will cover further ground in detail. The Executive escalations made to Devon County Council (DCC) and ICB on discontinuity of funding streams has now received a clear response from Jane Milligan and this will provide more certainty and less disruption in terms of booking agency activity for the rest of the year. The IPR reflects that the early stabilisation of funding streams did have a positive impact on care hours lost in May and we will aim for this to continue towards the middle of the year. May's **No Criteria to Reside** financial and operation plan performance was positive against planned trajectory in month but currently the impact of Industrial Action has pushed us behind plan. This position should normalise over the next two weeks and in the meantime we will be seeking to finalise the UEC funding position for this year which remains the one outstanding funding area for clarification by the ICS.

Excellence and Innovation in Patient Care
Triangulation of the performance positions with the quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. In May there were no medication incidents across the Trust and one moderate harm fall in Northern and four in Eastern Service. Overall falls remain within normal variation. One of these harms is subject to investigation processes in order to maximise opportunities for learning. **There was one Serious Incident in Eastern Services (a pathway error) in May and no Never events reported in either Service.**

A Great Place to Work
Across the Trust, we continue to see a positive picture in many of our people metrics, with **turnover and sickness levels continuing to reduce and vacancy rates remaining below the planned level**. Recruitment activity remains positive; however, the number of candidates awaiting pre-employment checks is increasing, putting additional pressure on the recruitment team, with time to hire having also increased. It is possible that this could be attributed to the number of Bank Holidays throughout May 2023.

Data quality and reporting

The last data quality update reported to the Board and included in the IPR was in the April 2023 report, which reported on the successful resolution of known material data quality issues. Within the last month two new issues have been identified and summarised below:

Cancer 62 day consultant upgrade

This metric is part of a suite of supplementary Cancer metrics, performance against which is monitored internally across the Trust and reported to NHSE, but does not form part of the core suite of Cancer metrics that are reported through the IPR or tracked on a weekly basis through the Tier 1 process. It has been identified that incomplete data has been submitted to NHSE since August 2022. Between August 2022 and May 2023, only Northern data was being submitted to NHSE as opposed to Trust wide data covering Eastern and Northern. This issue has been corrected prospectively and retrospectively (re-submitted to NHSE) and additional control / review measures have been put into place.

Referral To Treatment (RTT) monthly data

RTT performance is reported and submitted to NHSE through weekly and monthly submissions. In recent months there have been concerted efforts to improve business intelligence scripts to correct logic errors such as duplicate patients, incorrect start dates etc. and these improvements and progress have been reported in the IPR. This was successfully completed in March, with revised data being submitted through the weekly process from April onwards, but it has been identified that the work to align the monthly submission was still in progress and so the date submitted in the monthly reports for April and May have been overstated for long waits, which is also the data source used for the IPR.

The work to resolve this issue has now been completed, and so the April and May RTT positions have been corrected in this report and going forward the weekly and monthly scripts will align. The May monthly submission to NHSE has been updated and a request made to resubmit the April position. This issue has also been reported to the ICB and to NHSE. A briefing was provided to the Finance and Operational Committee and a number of additional process / control improvements have been implemented, including commencing a review of other data sets with daily, weekly, monthly outputs. This issue affected reporting only, and the scripting improvements made were to align with internal monitoring within the EPR. No patients have been impacted by this issue.

RTT metric	April IPR	Restated April position in May IPR	Variance	% Variance
104+	29	17	12	41%
78+	690	646	44	6%
65+	2,715	2,672	43	2%
Total incomplete*	83,894	75,530	8,364	10%

* Total incomplete pathways are not shown on Trust wide dashboard but are shown individually on Eastern and Northern performance dashboards.

June 2023 Balanced Scorecard – Looking to the Future

Successes

- Positive visit from NHSE SW Regional Director (E with N to follow)
- Completion of Invited Service Review programmes in Cardiology and Spinal Services
- Well led and managed Industrial Action periods
- Recruitment & retention plans are showing positive results in relation to vacancies
- Provision of a postcode catchment change to support neighbouring Trusts whilst maintaining ambulance handover performance
- ICS clear letter response on partnership funding flows
- Appointment of an Improvement Director to drive performance against financial and operational plan
- Secured funding for insourcing & outsourcing and mutual aid capacity to maintain excellent clearance rate.

Opportunities

- Delivery of the 2023/4 financial and operational plan
- TIF bid for elective infrastructure to resubmit
- TIF bid for data layer investment to be submitted
- Rapid implementation of the Northern Services Acute Medicine Model
- Maximising the use of the protected elective care at the Nightingale to continue driving down long waiters
- Peninsula Acute Sustainability programme & nominated fragile services offers opportunities to improve service collaboration
- Initiation of the integration programme, OSIG and CPIG
- Development of UEC tier 1 plan / Winter Plan
- Delivery of tier 1 cancer against clarified exit criteria
- Delivery of tier 1 elective recovery plan and clearance of patients waiting 104wws
- Getting It Right First Time (GIRFT) further and faster programme.

Priorities

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

Risk/Threats

- Continued Industrial action (June 14-17th just completed; July 13 – 18th for Junior Doctors)
- Potential request for extension beyond August 2023 to temporary ambulance catchment change
- Delays in sign off of remaining UEC funding for this year
- Potential loss of confidence in reporting due to continued data quality issues
- Staffing Resilience in Northern Services – Medical, Nursing, Health Care Assistant (HCA) and Ancillary
- Staff Morale with constant pressure and cost of living challenges
- Inability to balance delivery across financial and operational plan
- Primary care fragility

Overview – Executive Themes and Actions to Raise at July 2023 Board

This IPR covers the period of June 2023 which saw further Industrial Action from the BMA between the 14th and 17th of the month. Unfortunately this generated further disruption and delays to service provision and at the time of writing we have just addressed another period of unprecedented back to back BMA junior doctor and consultant actions in the latter half of July (with more dates to follow at the end of August as matters stand). We have to reflect once again on the enormous respect that colleagues have paid to each other during the industrial action periods by maintaining service provision for our patients whilst also supporting colleagues' rights of representation. At the same time, we can only acknowledge the compounding impact of continuous action on our ability to deliver continuous service to our population and on the general morale of our staff. It makes it all the more remarkable therefore, that in terms of overall position against the Financial and Operational Plan trajectories we have maintained relatively good progress against our planned trajectories against our elective recovery targets, alongside a more static position against UEC and NCTR. This gives us a relatively sound performance position as we enter into Quarter 1 reviews of our Devon wide performance over the coming days.

Recovering for the Future
The Trust wide operational performance dashboard for June shows clearly that we continued to make positive progress on **elective recovery**, All three long waiting domains of 65, 78 and 104 week waiting patients improved month on month and we remained close to Finance and Operational Plan (F&OP) trajectory. At the time of writing we are holding a very small number of 104ww risks which relate solely to Industrial Action cancellation of complex all day lists; and we are about to commence detailed demand and capacity reviews of our remaining 78 and 65ww specialties with NHS England's Improvement Support Team. If the 104ww cannot be cleared in July, it will certainly by the end of August – and this will be a major milestone for our recovery.

For **cancer services**, we improved month on month in relation to our 62 day waiting target and also held within F&OP trajectory. Northern Services maintained a nationally compliant position within the overall Trust 62 day waiting position which is also reflected in the wider suite of cancer measures in the IPR. Alongside this we were able to report both a month on month improvement and a compliant position against the national target for the Faster Diagnosis Standard. These improvements have been recognised in recent discussions and there may be a resultant change in tiering as a result following the Q1 review.

Urgent care performance saw the Trust sitting behind the planned trajectory for both Type 1 and Types 1-3 targets and with a relatively static position month on month. The maintenance of performance was achieved despite a growth in attendances against baseline, and ambulance handover improved during the course of the month in Eastern, contributing positively to Devon's overall CAT2 ambulance performance. However, we are aiming for significant improvement on 4hour performance between now and October, so over the course of late June and July we have been building up a deeper analysis of our current underperformance against trajectory and the available mitigations available. This has led to a strong Northern Services focus on optimising the new discharge lounge and in Eastern Services a similar focus on driving ED minors performance in the recently restored ED footprint (which doubles minors capacity). In recent days, the Trust has achieved full compliance against the 70% target and the aim has to be to sustain this level of performance.

Outside of the financial and operational plan targets, **Diagnostics performance** has improved 6ww target overall in June which is a positive move on from the static position of recent months and builds on some of the specialty level improvements noted in last month's IPR. Whilst there is a month on month loss of activity for echocardiography and non-obstetric ultrasound, echocardiography remains significantly above plan and a replacement outsourced provider is being sought for non obstetric ultrasound in the North.

Overview – Executive Themes and Actions to Raise at July 2023 Board

The month 3 finance position continues to be on plan year to date despite an increase in pay costs and an under delivery of the delivering best value savings plan, both of which are mitigated by the underspend on non-pay. This position is also reflected in the forecast, where the Trust is holding the £28m deficit position but with variations as per the year to date position. There remains a significant risk to delivery of the year-end position. The cost of Industrial Action and loss of ERF income should be mitigated through the national change in ERF regime to recycle funding back to systems to cover this cost pressure, although further guidance is awaited. However, the most significant risk remains the delivery of the savings programme. Mitigations are in place for some degree of forecast local slippage but any movement of the system savings programme is likely to be difficult to manage at local level.

Progress continues to be made on resolving the ledger implementation issues with most system related issues now resolved. The focus is now on clearing the backlog of invoice progressing and authorisation to settle outstanding supplier accounts. Good progress has been made and there is an improvement in the better payment practice code reported for month 3 and a trajectory to return to good performance by month 5. Areas of manual authorisation processes, which were an issue prior to the new system but now exacerbated due to the build up of backlog, are being reviewed to streamline the process.

Collaborating in Partnership
The Board received an excellent presentation from the community team in the last cycle and work has commenced on building the community strategy for discussion in October's Board. The Executive escalations made to the ICB on discontinuity of UEC funding streams are still in progress and whilst a first release of UEC funding has been indicated this week (mainly in relation to community investments), the entirety of available funding and its allocation to projects is still incomplete. On a positive note, the stabilised funding for discharge does seem to be reflected in the continued improvement in the number of care hours (not) lost in June. June's No Criteria to Reside financial and operation plan performance was static against planned trajectory in month, but the further impact of additional Industrial Action has pushed the organisation further behind plan. Despite the recent further round of Industrial Action the current Trust NCTR position is slowly improving – but within that the Northern position remains significant exposed, partly due to the inherent lack of access to P2 rehabilitation beds in Northern Devon. We have escalated this concern internally and externally with the ICS and resolution of UEC funding will have to provide additional activity in the second half of the year.

Excellence and Innovation in Patient Care
Triangulation of the performance positions with the quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. In June there was one medication incident across the Trust, one serious incident which is subject to investigation and three falls classified as moderate harm. Overall falls remain within normal variation, as do our reports across mortality indices.

A Great Place to Work
June was a month that saw positives and challenges. Importantly Agenda for Change (AFC) staff received the pay award and the lump sum which resulted in the vast majority of colleagues receiving an adjustment. June also saw the 72 hour Junior Doctors strike, with 402 shifts affected in East and 123 North. The action was well managed, however a significant number of other colleagues, particularly Consultants changed leave and accrued Time Off In Lieu (TOIL) to keep services safe. The Trust is very appreciative of colleagues stepping in to support services however this will have a delayed impact on capacity through time owed to those that have worked.   The Trust has now seen vacancy levels fall for eight consecutive months, with an overall vacancy rate of just above 6%. Simultaneously, successful selection of candidates remains positive with a significant increase in the number of candidates in the pipeline. This is very positive news however higher volumes risk delays in processing although time to hire is also improving. Continued reduction in turnover across the Trust is a sign of improved retention and is also contributing to the positive vacancy position. It is likely this alongside an improved take home pay position as a result of the pay award, is having a positive impact on retention, as filling vacancies reduces pressures on other staff, thus improving their experience.

Data Quality

RTT

In the May IPR, data quality issues were highlighted with the monthly RTT position that had been reported to Board, and the work that was underway to reconcile this with the validated weekly returns that are made. This was completed and the April, May and June positions reported in the IPR and to NHSE are now using a consistent methodology with the weekly position.

Another change in month was a formal request from NHSE for revised RTT trajectories to update the submissions made in the operational plan. The Trust made no amendments to the 78+ and 104+ trajectories, but did submit an improved trajectory for 65+, which improved the March 2024 position from 868 Trustwide to 710. This improved trajectory was based on improved clock stop activity in the first quarter, excluding the impact of industrial action, and was agreed with operational teams. Further ongoing industrial action would likely have a material impact on the ability of the Trust to meet the new trajectories and so this will be closely monitored. The revised trajectories have been incorporated into the IPR for Trustwide, Eastern and Northern services.

Activity reporting

A proposal was taken to the Finance and Operational Committee to change the way activity is reported in the IPR. The activity reporting has been adjusted to align with the national Elective Services Recovery Framework (ESRF), which excludes specific specialties and commissioners from the broader activity dataset. This change does not mean the previous activity reporting was incorrect, but by making the adjustment it aligns the Trust reporting to the national reporting guidance for elective recovery. This change has been reflected in this month's IPR, and applied retrospectively (e.g. previous month's activity reporting has been adjusted to reflect the exclusions applied).

One of the implications of this change is that it reduces the volume of outpatient follow ups as a percentage of 2019/20- this has been an issue for some time with board reporting, as it relates to the EPR implementation in that a broader range of activity (particularly midwifery and community) is now counted and reported as outpatient activity, but was not in 2019/20 pre Electronic Patient Record (EPR) implementation.

July 2023 Balanced Scorecard – Looking to the Future

Successes

- Positive engagement with NHSE SW Regional Director on UEC position
- Well led and managed Industrial Action periods
- Recruitment & retention plans continue to show positive results in relation to vacancies
- Provision of a postcode catchment change to support neighbouring Trusts whilst maintaining ambulance handover performance
- Embedding of the Improvement Director to drive performance against financial and operational plan
- Maintenance of elective recovery and quartile 1 level performance from Nightingale SWAOC, Community Diagnostic Centre (CDC) and Centre of Excellence for Eyes (CEE)

Opportunities

- Delivery of the 2023/4 financial and operational plan
- TIF bid for elective infrastructure to resubmit
- TIF bid for data layer investment to be submitted
- Rapid implementation of the Northern Services Acute Medicine Model
- Driving forward of the integration programme through OSIG and CPIG to achieve phases 1 and 2 implementation
- Development of UEC tier 1 plan / Winter Plan
- Delivery of tier 1 cancer against clarified exit criteria (with potential to move back to tier 2 shortly)
- Delivery of tier 1 elective recovery plan and clearance of patients waiting 104wws
- GIRFT further and faster programme
- Primary Care Risk Assessment.

Priorities

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

Risk/Threats

- Continued Industrial action (July 13 – 18th for Junior Doctors and 20-21st now completed, August 24-25th to follow)
- Potential request for extension beyond August 2023 to temporary ambulance catchment change
- Delays in sign off of remaining UEC funding for this year
- Potential loss of confidence in reporting due to continued data quality issues
- Staffing Resilience in Northern Services – Medical, Nursing, HCA and Ancillary
- Staff Morale with constant pressure and cost of living challenges
- Inability to balance delivery across financial and operational plan
- Primary care fragility
- 3 investigations underway which meet Never Event criteria.

Trust Executive Summary

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month May-23	This Month Jun-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	2585	2329	-256	2530		710
	RTT 78 Weeks waited	Total count	643	520	-123	466		0
	RTT 104 Weeks waited	Total count	13	7	-6	0		0
	Cancer - Over 62 day waiters	Total count	292	283	-9	295		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	9.0%	8.4%	-0.6%			6.4%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	74.4%	77.8%	3.4%	70.8%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	54.8%	54.4%	-0.4%	59.9%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	63.2%	63.4%	0.3%	67.3%	95%	76.0%
	No criteria to reside	Average daily count	116	117	1	107		50
	No criteria to reside	NCTR as a % of occupied beds	11.1%	11.4%	0.3%	10.7%		5.3%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(8,678)	(11,191)		(11,191)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	3,523	5,413		7,246		60,300

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

Northern Services   Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month May-23	This Month Jun-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	Vs baseline (2019/20)	94.8%	107.1%	12.3%	122.2%	104%
	Outpatient activity (FU)	Vs baseline (2019/20)	123.2%	125.5%	2.3%	110.1%	75%
	Elective inpatient activity	Vs baseline (2019/20)	57.8%	69.6%	11.8%	95.0%	104%
	Elective daycase activity	Vs baseline (2019/20)	106.0%	115.2%	9.2%	122.9%	104%
	RTT 18 week performance	weeks vs total incomplete pathways	48.1%	49.8%	1.7%		92%
	Incomplete pathways	Total count	23899	24313	1.7%	23663	
	RTT 52+ weeks waited	Total count	3395	3203	-5.7%	2656	
	RTT 65+ weeks waited	Total count	1299	1182	-9.0%	1264	
	RTT 78+ weeks waited	Total count	301	260	-13.6%	169	
	RTT 104+ weeks waited	Total count	0	1	100.0%	0	
CANCER	2 week referrals	Performance	87.9%	90.4%	2.5%		93%
	28 day faster diagnosis standard	Performance	72.7%	76.1%	3.4%	56.0%	75%
	Urgent GP referral 62 day	Performance	58.7%	58.3%	-0.4%		85%
	Cancer - Over 62 day waiters	Total count	49	39	-20.4%	96	
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	6.7%	5.7%	-1.0%		

Domain	Measure/metric	Definition	Last Month May-23	This Month Jun-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	96.8%	110.7%	13.9%	81.5%	
	A&E attendances	Vs baseline (2019/20)	116.0%	116.0%	0.0%	85.9%	
	4 hour wait performance	Patients seen <4 hours vs total attendances	63.6%	62.5%	-1.1%	66%	95%
	Ambulance handover delays >30 minutes	Total count	289	334	15.6%		
	Residual no criteria to reside	Average daily count	50	48	-4.0%	37	
	Residual no criteria to reside	NCTR as a % of occupied beds	16.9%	16.3%	-0.6%	14.4%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	52.4%	56.3%	3.9%	N/A	99%
	MRI activity	Vs baseline (2019/20)	147.3%	178.1%	30.8%	143.7%	
	CT activity	Vs baseline (2019/20)	150.0%	150.0%	0.0%	146.0%	
	Medical Endoscopy activity	Vs baseline (2019/20)	177.7%	200.4%	22.8%	192.2%	
	Non-obstetric ultrasound activity	Vs baseline (2019/20)	97.6%	77.6%	-20.0%	101.5%	
	Echocardiography activity	Vs baseline (2019/20)	164.8%	151.5%	-13.3%	127.4%	

Legend:
- Positive value
- Negative value < 5%
- Negative value > 5%

Eastern Services Executive Summary

Eastern Services — Operational Performance Dashboard
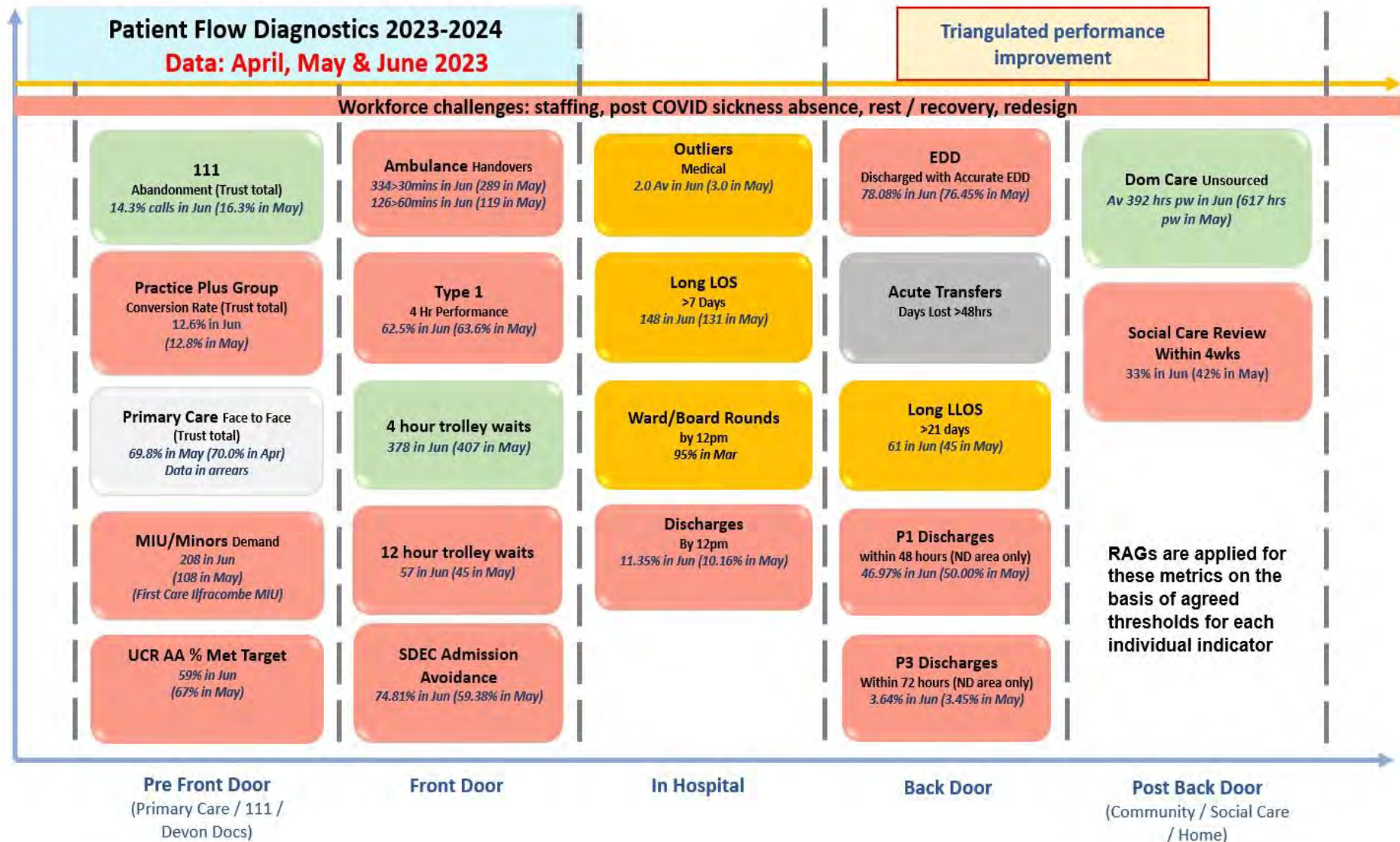
Domain	Measure/Metric	Definition	Last Month May-23	This Month Jun-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	93.9%	105.5%	11.5%	131.6%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	127.7%	141.9%	14.2%	130.6%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	61.4%	69.2%	7.8%	92.6%	104%
	Elective Daycase Activity	vs baseline (2019/20)	103.7%	119.8%	16.1%	135.1%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	54.9%	56.6%	1.8%		92%
	Incomplete Pathways	Total count	52112	53333	2.3%	55042	
	RTT 52 Weeks waited	Total count	3764	3422	-9.1%	2510	
	RTT 65 Weeks waited	Total count	1286	1147	-10.8%	1266	
	RTT 78 Weeks waited	Total count	342	260	-24.0%	297	
	RTT 104 Weeks waited	Total count	13	6	-53.8%	0	
CANCER	14 Day Urgent	Performance	67.6%	64.3%	-3.3%		93%
	28 day faster diagnosis standard	Performance	77.6%	78.3%	0.8%	75.2%	75%
	Urgent GP referral 62 day	Performance	61.8%	66.6%	4.7%		85%
	% 62 day waiters against total open pathways	62 day waits as a % of total pathways	9.6%	9.1%	-0.5%		
	Count of open pathways over 62 days	Total count	243	244	0.4%	199	

Positive value

Negative value < 5%

Negative value > 5%

Domain	Measure/Metric	Definition	Last Month May-23	This Month Jun-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	105.5%	104.6%	-0.9%	101.4%	
	A&E attendances	vs 19/20 baseline	87.8%	92.8%	5.6%	86.0%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	49.1%	49.0%	0.0%	56.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	63.0%	63.9%	0.9%	68.0%	95%
	Ambulance handover delays >30 mins	Total count	337	304	-10.9%		
	Residual : No Criteria to Reside count	Average Daily count	66.0	69.0	4.3%	70	
	Residual : No Criteria to Reside proportion	As a % of occupied beds					
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	8.8%	9.4%	0.7%	9.4%	99%
	MRI activity	vs 19/20 baseline	65.4%	67.4%	2.0%		
	CT activity	vs 19/20 baseline	100.1%	118.2%	18.1%	108.3%	
	Medical Endoscopy activity	vs 19/20 baseline	130.8%	132.7%	1.9%	137.2%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	84.0%	86.6%	2.5%	86.2%	
	Echocardiography activity	vs 19/20 baseline	105.1%	115.5%	10.4%	97.8%	
			215.7%	184.2%	-31.5%	182.3	

Northern Services   Patient Flow Diagnostic

Patient Flow Diagnostics 2023-2024
Data: April, May & June 2023

Triangulated performance improvement

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

111
Abandonment (Trust total)
14.3% calls in Jun (16.3% in May)

Ambulance Handovers
334>30mins in Jun (289 in May)
126>60mins in Jun (119 in May)

Outliers
Medical
2.0 Av in Jun (3.0 in May)

EDD
Discharged with Accurate EDD
78.08% in Jun (76.45% in May)

Dom Care Unsourced
Av 392 hrs pw in Jun (617 hrs pw in May)

Practice Plus Group
Conversion Rate (Trust total)
12.6% in Jun
(12.8% in May)

Type 1
4 Hr Performance
62.5% in Jun (63.6% in May)

Long LOS
>7 Days
148 in Jun (131 in May)

Acute Transfers
Days Lost >48hrs

Social Care Review Within 4wks
33% in Jun (42% in May)

Primary Care Face to Face
(Trust total)
69.8% in May (70.0% in Apr)
Data in arrears

4 hour trolley waits
378 in Jun (407 in May)

Ward/Board Rounds
by 12pm
95% in Mar

Long LLOS
>21 days
61 in Jun (45 in May)

MIU/Minors Demand
208 in Jun
(108 in May)
(First Care Ilfracombe MIU)

12 hour trolley waits
57 in Jun (45 in May)

Discharges
By 12pm
11.35% in Jun (10.16% in May)

P1 Discharges
within 48 hours (ND area only)
46.97% in Jun (50.00% in May)

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

UCR AA % Met Target
59% in Jun
(67% in May)

SDEC Admission Avoidance
74.81% in Jun (59.38% in May)

P3 Discharges
Within 72 hours (ND area only)
3.64% in Jun (3.45% in May)

Pre Front Door
(Primary Care / 111 / Devon Docs)

Front Door

In Hospital

Back Door

Post Back Door
(Community / Social Care / Home)

Eastern Services Executive Summary

Eastern Services   Patient Flow Diagnostic

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

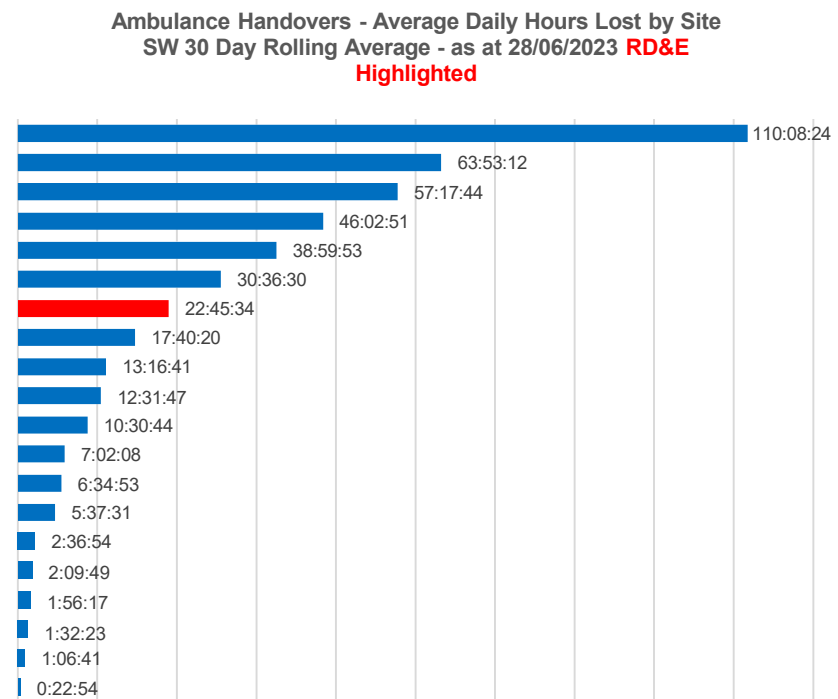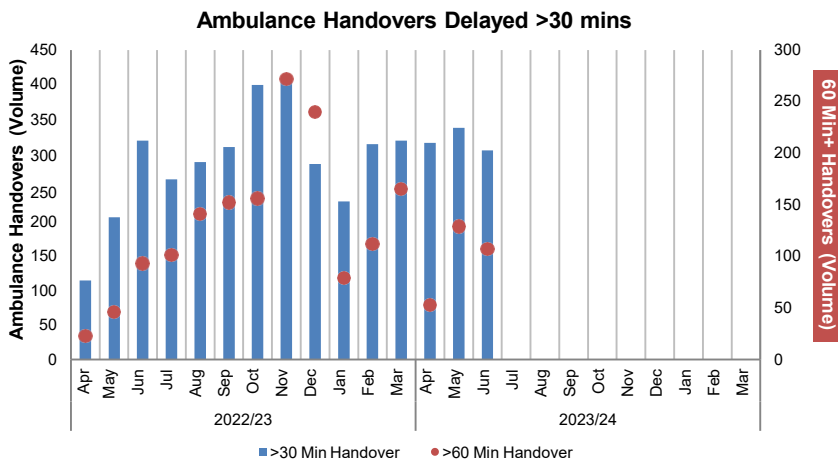## Report Month - Trust Daily Attendance Profile

Legend:
- ED (Type 1) + Booked
- MIU (Type 3)
- 12hr Trolley Breaches
- Total Attendances

A&E attendances

Legend:
- 2019/20 type 1&2
- 2019/20 type 3&4
- 2023/24 type 1&2
- 2023/24 type 3&4
- 2023/24 Trajectory - Type 1 only

4 Hour Wait Performance

Legend:
- 2022/23 Northern Services
- Target
- 2023/24 Operating Plan

Overall Performance:

Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	5222	1959	62.5%

- ED saw an increase in attendances in June with a peak of 209 attendances on the 19th June.

- In June the total daily hours lost in ambulance handover delays was 375 hours. This is an increase in comparison to the total daily hours lost in May.

- In June the overall number of ED attendances increased by 13 patients against May. It is notable that both ambulance arrivals and self presentations have increased. The service reported a 2.34% decrease in June against the 4 hour target in May

- The number of 4-Hour breaches increased from 1874 in May to 1959 in June.

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

Ambulance Handovers Delayed >30 mins

Legend: ■ >30 Min Handover ● >60 Min Handover

Ambulance Handovers - Average Daily Hours Lost by Site
SW 30 Day Rolling Average - as at 28/06/2023 NDDH Highlighted

- 110:08:24
- 63:53:12
- 57:17:44
- 46:02:51
- 38:59:53
- 30:36:30
- 22:45:34
- 17:40:20
- 13:16:41
- 12:31:47
- 10:30:44
- 7:02:08
- 6:34:53
- 5:37:31
- 2:36:54
- 2:09:49
- 1:56:17
- 1:32:23
- 1:06:41
- 0:22:54

- 60 minute handover delays increased by 45 in June; 30 minute handovers increased by 7.

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Eastern Services Emergency Department

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

Report Month - Trust Daily Attendance Profile

Attendances (Volume) — left axis (0–400)
12 Hour Trolley Breaches (Volume) — right axis (0–2.5)

Legend: — Sidwell St. WIC — Wonford ED & Honiton MIU ● 12hr Trolley Breaches

A&E Attendances

2023/24 (Apr–Mar), axis 0–12000

Legend: ■ Trust ED/MIU and WIC --- Trajectory

4 Hour Wait Performance - Type 1

49.0% ... **67.0%**

2023/24

Legend: — Type 1 --- Operating Plan --- Target

4 Hour Wait Performance - Type 1 - 3

63.9% ... **76.0%**

2023/24

Legend: — Type 1-3 --- Operating Plan --- Target

Type of Activity	Denominator	Patients >4 Hours	% Performance
ED Only	7727	3940	49.01%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	11021	3978	63.91%

Overall performance

- All Type 4-hour performance improved slightly from **62.96%** in May to **63.91 %** in June.

- ED Type 1 4-hour performance **remained at 49.0% from May to June 2023.** The total accumulative time lost post Decision To Admit decreased from 4,169 hours lost from DTA to transfer/discharge in May to 2,553 hours in June 2023.

- The average number of ED attendances per day was 257 across June 2023 representing a high level of demand

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Eastern Services Emergency Department

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

Ambulance Handovers Delayed >30 mins

Ambulance Handovers - Average Daily Hours Lost by Site SW 30 Day Rolling Average - as at 28/06/2023 RD&E Highlighted

Same Day Emergency Care (SDEC) activity continued to increase with June up 4.4% on May with a week day average of 22 attendances per day. Admissions from SDEC reduced to 14.8%.

Virtual Ward saw 189 admissions (149 Eastern & 40 Northern), 196 discharges and a peak number of patients of 50. Activity continues to maximise occupancy.

Points for escalation

- Child and Adolescent Mental Health Services operating in Business Continuity Plan resulting in no out of hours service provision and increasing numbers of children being directed to ED and increased Length of Stay (LoS) for children of >24 hours in ED.
- Mental Health demand remain high with limited bed capacity leading to long waits in ED and patients admitted to acute beds waiting for mental health beds
- Catchment resize Standard Operating Procedure went live on Tuesday 13 June.

Actions being taken to improve performance

- Review of attendance avoidance opportunities highlighted by Deloitte report
- ED redesign - Minors / Low Acuity Minors Flip work has a revised completion date of the 17 July 2023 which completes the permanent reconfiguration of minors and majors
- Development of a minors stream focus to improve wait time in this patients group
- Awaiting confirmation of UEC funding for UEC schemes for GP Streaming, Low Acuity Attenders and E-triage awaiting
- Task and finish group to reduce attendances of specialty expected patients to ED.
- Implementation of Trust Internal Professional Standards.
- Focus on mental health patients pathways – Chief Operating Officer (COO) to COO positive discussions on-going
- Renewed focus on target of moving all patients clinically ready to proceed in ED within 1 hour

Focus on ambulance reporting

- Monthly ambulance handover meetings established with SWAST to review processes and improvements
- Regional Hospital Handover Data Quality Task & Finish Group
- Devon Ambulance Cell and ICB Eastern locality top 5 system priorities to improve ambulance handover delays; Mental Health pathways, specialty expected patients to ED, GP streaming, ED e-triage and ambulance handover data validation.

Activity & Flow

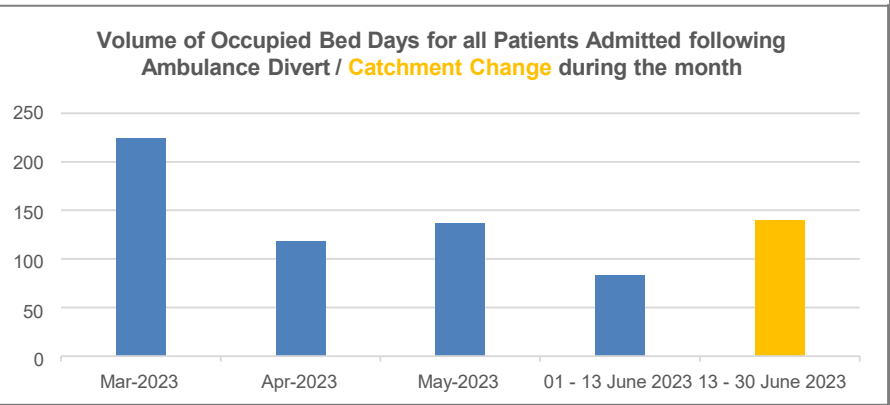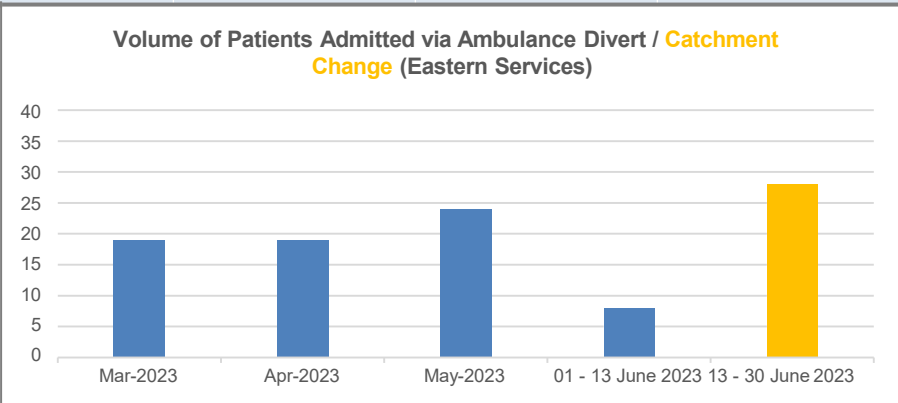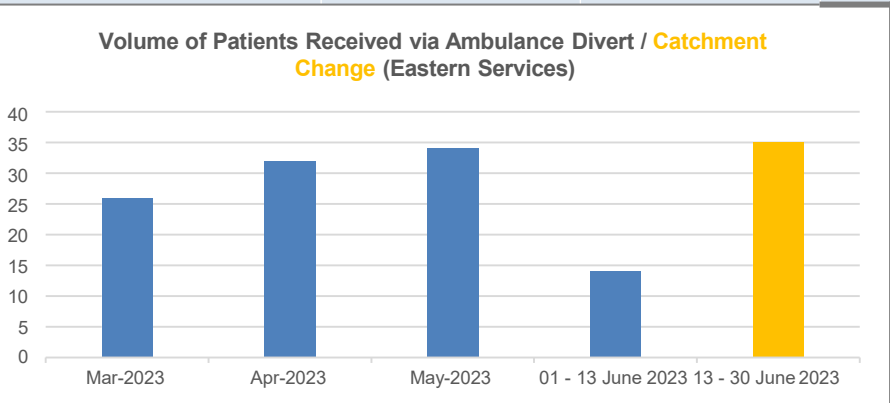Operational Performance

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	Number of Requested Diverts	Number of Diverts Agreed	Number of Diverts Declined	Number of Diverts Requested by UHP	Number of Diverts Requested by T&SD	Number of Diverts Requested by Others
January 2023	18	10	8	7	10	1
February 2023	4	2	2	2	1	1
March 2023	27	21	6	21	2	4
April 2023	19	18	1	14	4	1
May 2023	29	20	9	18	11	0
June 2023	7	2	5	4	2	1

Volume of Patients Received via Ambulance Divert / Catchment Change (Eastern Services)

Volume of Patients Admitted via Ambulance Divert / Catchment Change (Eastern Services)

Volume of Occupied Bed Days for all Patients Admitted following Ambulance Divert / Catchment Change during the month

Trust – Provision of System Support for Planned Care

Number of Mutual Aid Requests received by RDUH

	Received	Completed	Declined	Ongoing	Under Consideration
April 2023	2		2		
May 2023	3		2		1
June 2023	2			1	1

Number of Mutual Aid Requests made by RDUH

	Made	Completed	Declined	Ongoing	Under Consideration
April 2023	1				1
May 2023	0				
June 2023	0				

Executive Lead: John Palmer

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UCR Referrals & Length of stay on Caseload
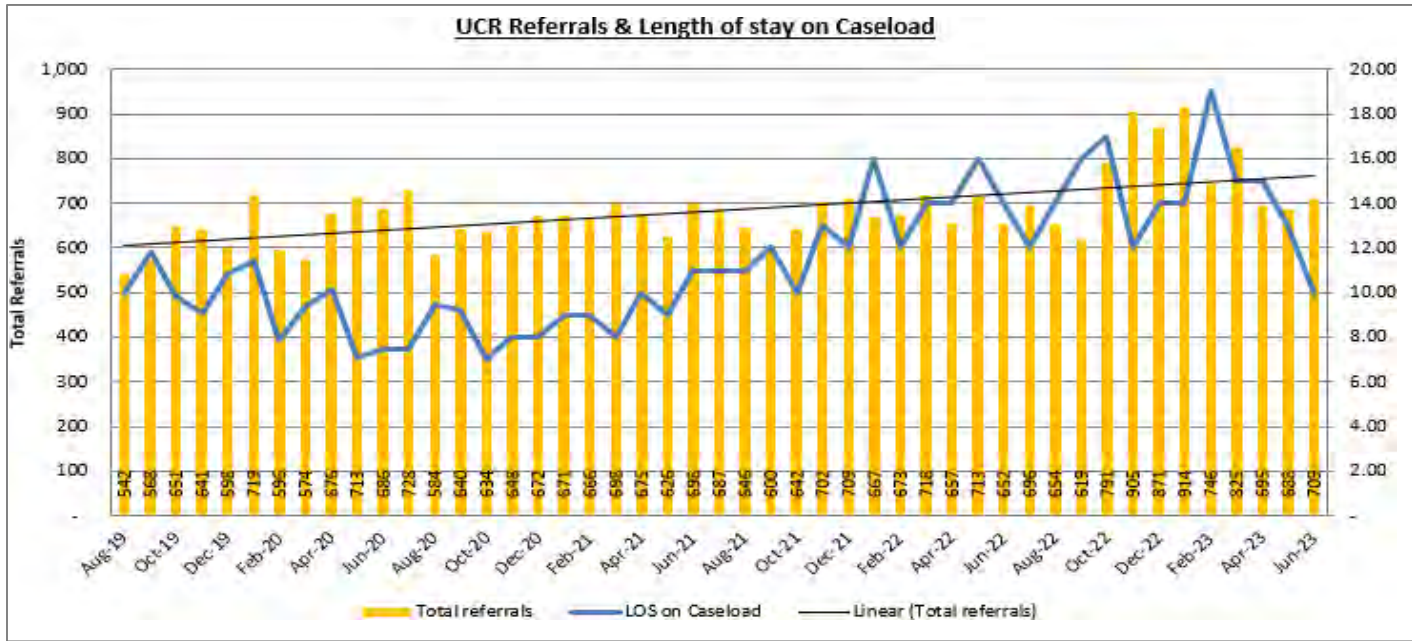
UCR Demand and Performance

- Demand for UCR (admission avoidance and supporting discharge) increased slightly from May into June but remains below the November – January peak in activity.

- Average length of stay has improved to 10 days which peaked in February at 19 days and has been consistently in the mid teens since July 2022. This improvement is due to a significant improvement in backfill due to a number of new providers entering the market with increased capacity to provide ongoing care and supported by 7 day stay reviews for Eastern services. The average number of patients on the caseload has reduced which offers the team more opportunity to complete quicker reviews and plans for discharge.

- There were 277 admission avoidance referrals in June, 56 of which needed a two hour response. 93% of these referrals were responded to within two hours which is commendable against a national target of 70%.

- SWAST referrals into UCR remained the same in June; 17 in total for Northern and Eastern UCR. Royal Devon linked in with system wide meeting with SWAST to ensure a joined up response and action across the system to ensure that this service is being utilised to it's full extent.

Northern and Eastern Community Services Unallocated and Backfill

Unallocated domiciliary care hours, and backfill position

Unallocated Hours - Post Care Act
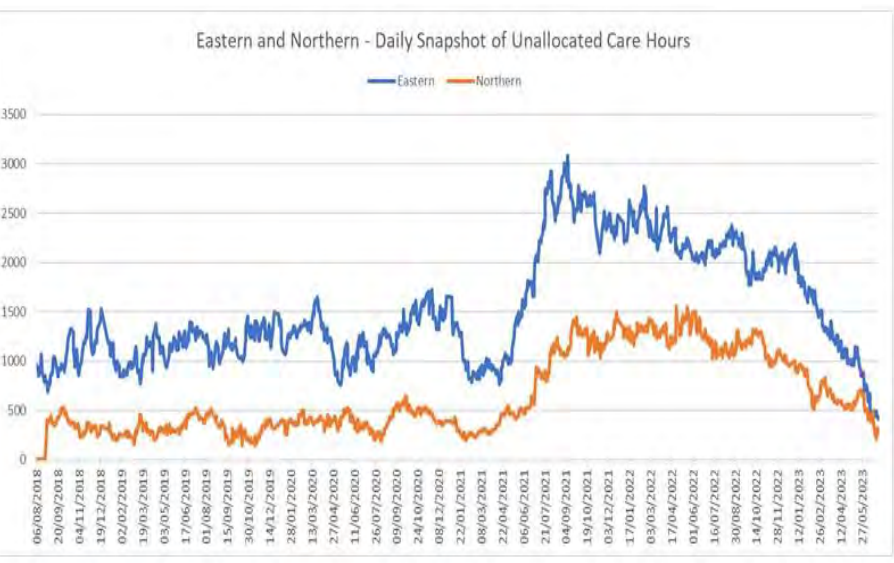
Backfill Pre Care Act with onward Referral Not Made
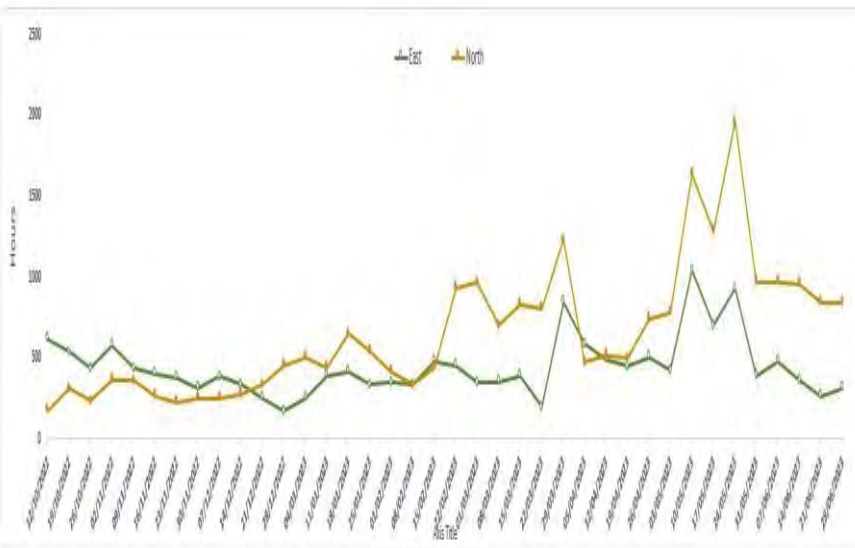
Overall - Unallocated Hours

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

Eastern – Pre Care Act Backfill

This is the lowest recorded figure in recent years. This is largely due to the impact of new providers and international recruitment improving market capacity. The measures put in place continue to improve the position with daily reviews of the caseload and backfill by UCR Leads, weekly 10 day length of stay meetings, complex hospital social care assessors linked to Community teams and utilisation of Community Service Managers for escalation of issues and weekly review of performance. Working on a trajectory of 200 hours by November 2023.

Northern – Pre Care Act Backfill

Northern are showing an improving position with improved market position as noted above. Twice weekly huddles are set up for escalation to CSMs and enables escalation to occur where allocation for a care act assessment exceeds 5 days. An additional short term social worker supporting the hospital discharge team from 09th July will have an initial focus on patient flow to help enable a 36% reduction by the end of July and the team are also looking to change the model for the care act assessment to involve Community teams / Care Direct Plus. Both these actions will look to positively impact the backlog for continuous improvement and work towards the trajectory of 200 hours by November 2023.

Northern Services No Criteria to Reside
Patients with no criteria to reside as a proportion of occupied beds

Average Daily NCTR vs Plan

% NCTR Occupied beds vs Plan
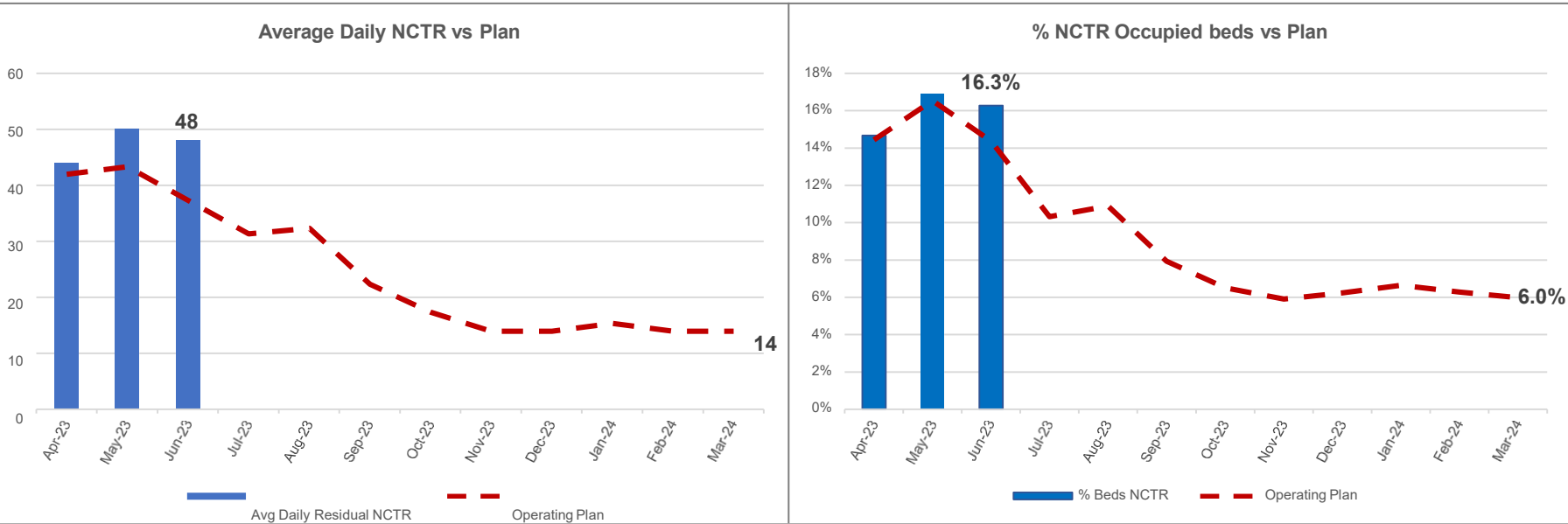
Pathway 0

P0 position is steadily improving as measures implemented to improve the position take effect.

Actions to Improve Performance

- Training planned for new junior doctor cohort in August to continue Criteria Led Discharge
- New Frimley workflow will facilitate timely discharge and identify any barriers early in the pathway
- Monitoring of a new watchlist with live data to undertake immediate actions where barriers are identified
- The new discharge lounge is facilitating timely discharge with an increase in the number of patients being discharged through the new lounge
- Implementation of recommendations from recent Peer review underway to improve all pathways

NCTR position

- The overall NCTR position improved slightly in June but is above the trajectory for this month. Time to transfer timings on P1 – 3 are not currently recording accurately but will be provided when new EPIC build goes live in September.
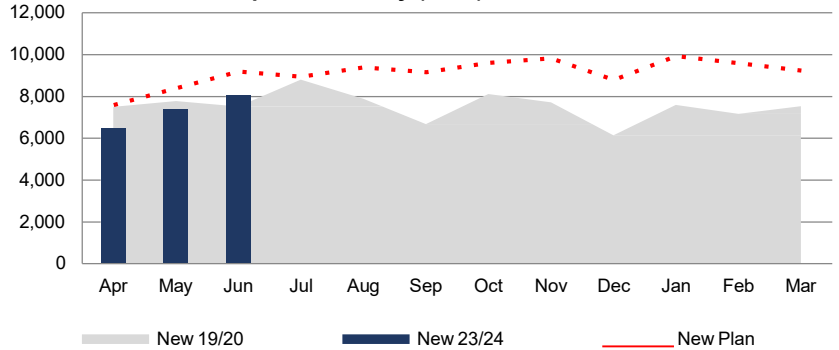
Actions to Improve Performance

•UEC business cases drafted (pending funding decision) for Northern and Eastern services for continuation of live in carer service and additionality of 1:1 support in care homes to enable efficiencies on pathways 2 and 3.

•Improved occupancy (aim 80%) for P2 beds by reviewing extension to short term placements, earlier escalation of delays in completing the care act assessment, increased use of Social Care Reablement to facilitate discharge, identify where admission could have been prevented and ensure standardisation of rehab received.

- Expediting backlog of patients awaiting care act assessment to improve flow with trajectory for improvement set – supported by additional social care role and changing who completes the care act assessments. It should be noted that social care capacity remains an issue.

•Further development of the new Hospital Discharge team – increased involvement and earlier discussion at Board rounds / with wards, improved case management and development of assistant practitioner roles to review goals for earlier release of care capacity

- Targets set to support NCTR trajectory for number of discharges per week and maximum number of patients waiting per pathway 1-3
- NCTR escalation calls set up bi-weekly to monitor targets and take action where required

Eastern Services No Criteria to Reside

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

Average Daily NCTR vs Plan

Legend: Avg Daily Residual NCTR — Operating Plan

Values shown: 69, 36

% NCTR Occupied beds vs Plan

Legend: % Beds NCTR — Operating Plan

Values shown: 9.4%, 5.0%
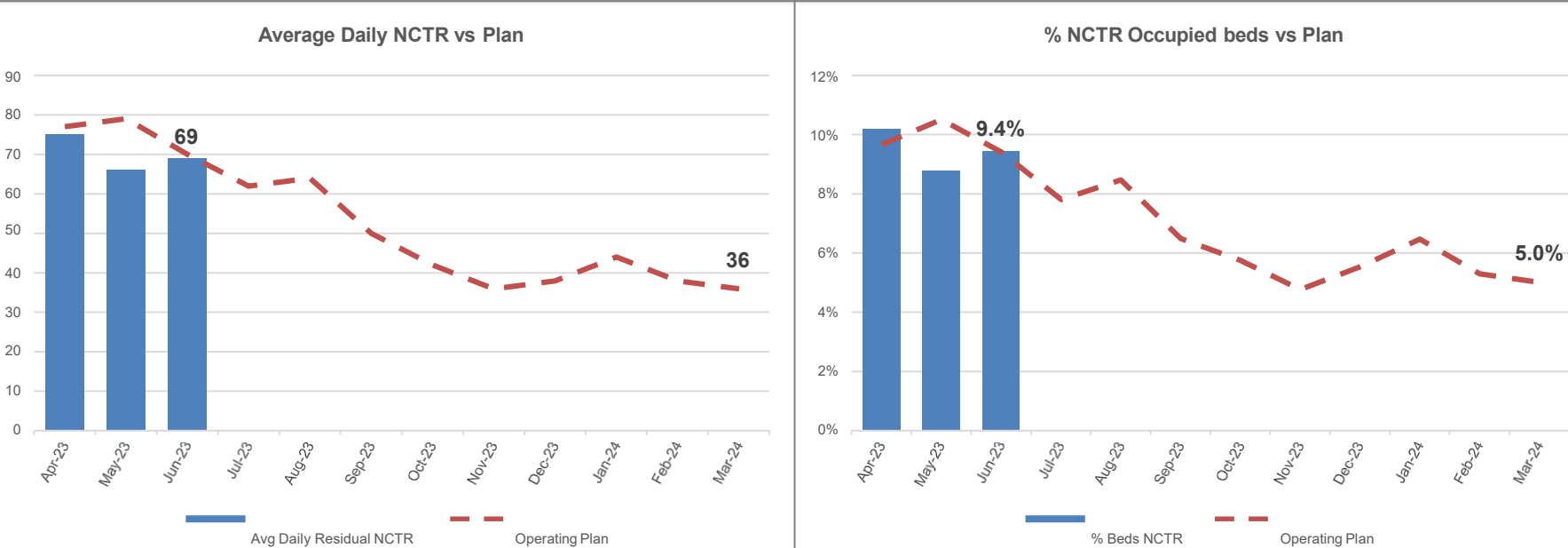
Pathway 0 (focus on morning discharge)

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

Pathways 1 – 3

The national target of 2 days time to transfer for Pathway 1 was maintained this month. Time to transfer for Pathway 2 and Pathway 3 remained the same at 6 days and continues to be our focus for improvement.

- UEC business cases drafted (pending funding decision) for Northern and Eastern services for continuation of live in carer service and additionality of 1:1 support in care homes to enable efficiencies on pathways 2 and 3.
- Daily rigour through Help Me Home Meetings with a view to change the structure of the meetings to locality led to expedite discharges
- Review of P2 model to align more with Northern services of block book beds with an aim to reduce length of stay

Sidebar navigation: Activity & Flow | Operational Performance | Patient Experience | Quality & Safety | Our People | Finance

Northern Services Elective Activity- Referrals and Outpatients

Referrals
Consultant Led. Excl Community

Legend: 2019/20, 2023/24

Outpatient Activity (NEW)

Legend: New 19/20, New 23/24, New Plan

Outpatient Activity (FOLLOW-UP)

Legend: Follow-up 19/20, Follow-up 23/24, Follow Up plan
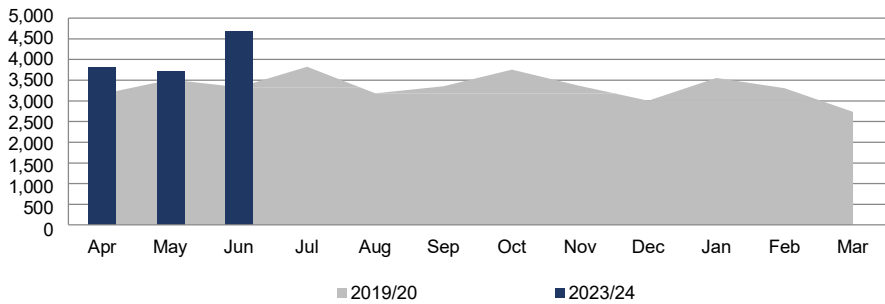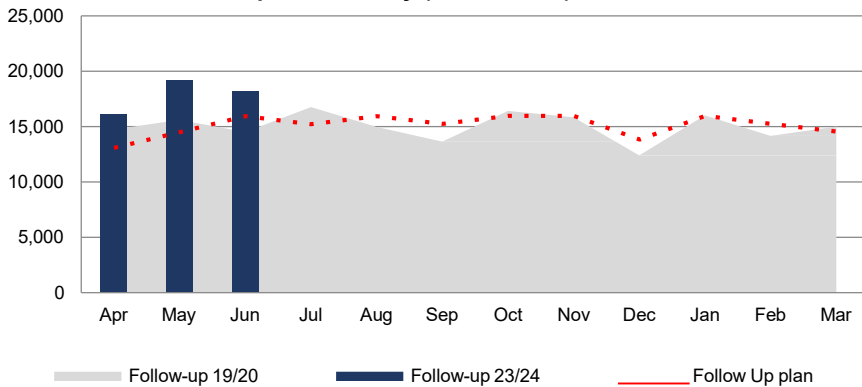
Outpatient Attendances (New and Follow-up) by Appointment Type (Cons only)

2022/23 — 2023/24

Legend: Face to Face, Virtual
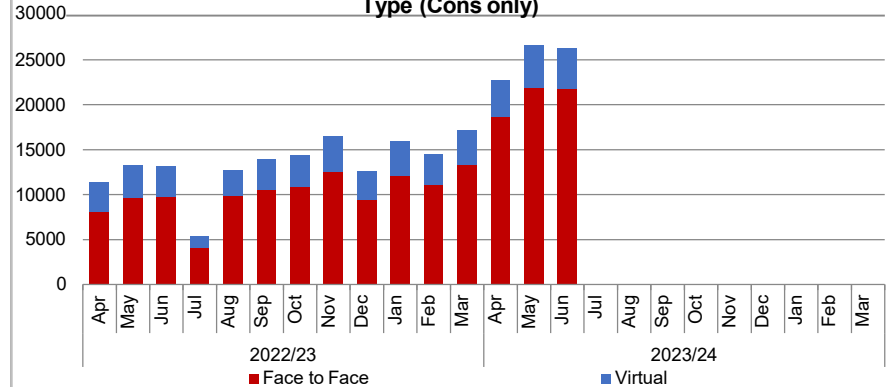
- There were a total of 26,259 Outpatients appointments held in June. Of this 26,259, 8,051 were New appointments and 18,208 were Follow-up appointments.

- 82.75% of appointments were held Face to Face and 17.25% were Virtual appointments.

- There was a slight increase in RTT 18 week performance in June.

- As these numbers reduce focus is moving to 65 weeks wait in line with the national aspiration to have no patients waiting over 65 weeks by March 2024.

- A Three day period of Junior Doctor Industrial Action caused a reduction in Outpatient activity as Consultants rearranged their schedules to provide sufficient inpatient cover on wards.
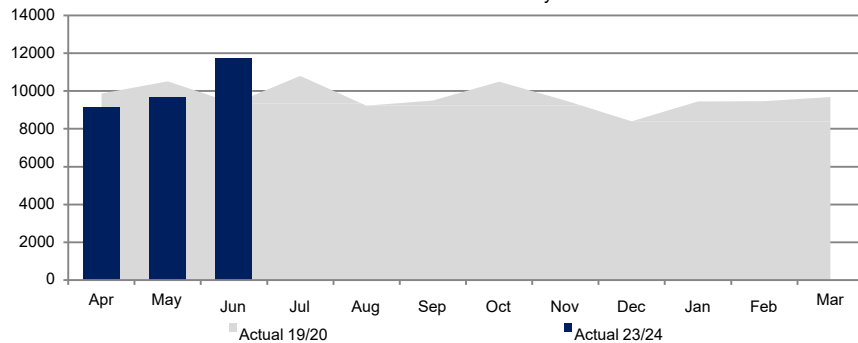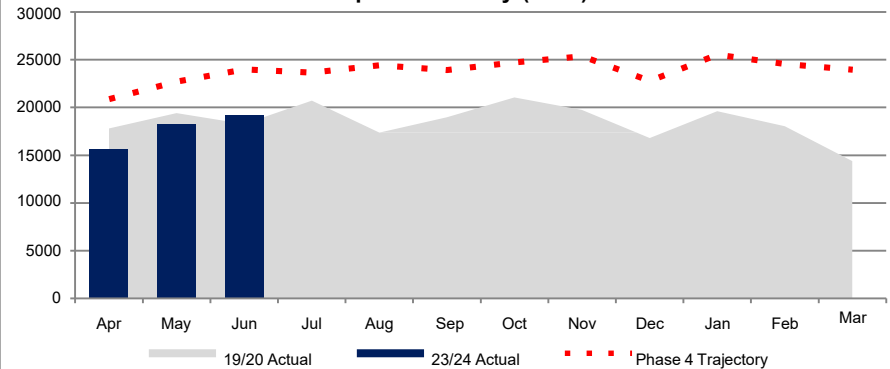
RTT 18 Week Performance
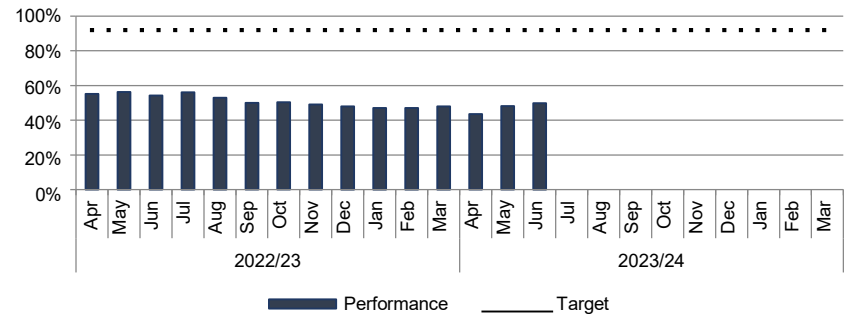
2022/23 — 2023/24

Legend: Performance, Target

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

Eastern Services Elective Activity- Referrals and Outpatients

Referrals
Consultant Led. Excl Community

Legend: Actual 19/20, Actual 23/24

Outpatient Activity (NEW)

Legend: 19/20 Actual, 23/24 Actual, Phase 4 Trajectory

Outpatient Activity (FOLLOW-UP)

Legend: 19/20 Actual, 23/24 Actual, Phase 4 Trajectory

Outpatient Attendances (New and Follow-up) by Appointment Type
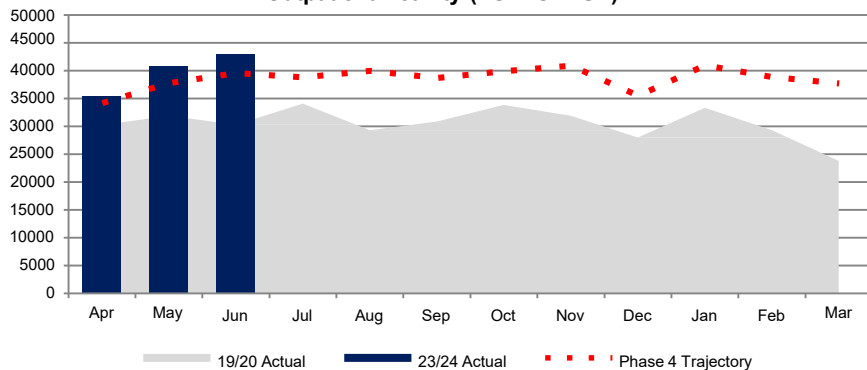
Legend: Face to Face, Telephone
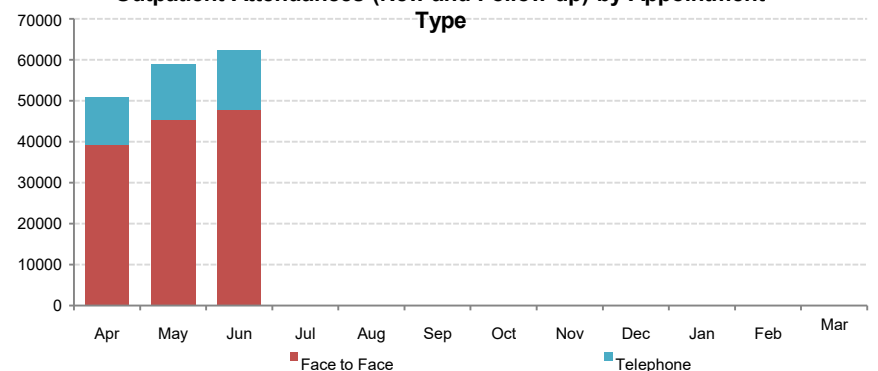
New Outpatient activity: was 105% of 2019/20 volumes, which is an improvement on prior month, and in excess of the NHSE target, but lower than planned activity. Month on month improvements were seen across all specialties, but with the great increase in Ophthalmology where services have expanded through ERF funding. Other notable increases in activity include Cardiology and Dermatology. Despite improvements, planned activity was negatively affected by industrial action, which is expected to continue into July.

Follow up Outpatient activity: was an increase on prior month, and above plan. One of the major drivers of the higher activity than 2019/20 is in community services, where activity is now recorded and reported, but was not in 2019/20. If adjusted, this take activity as a % 2019/20 from 142% to 125%. The major specialties that are showing higher volumes than 2019/20 are Ophthalmology (see above), General surgery and Orthopaedics, and Oncology and Gynaecology. The majority of these specialties either have large outpatient follow up backlogs or are seeing a greater number of patients as follow ups due to length of time between first appointment and surgery. This is expected to improve over time as time to treatment improves.
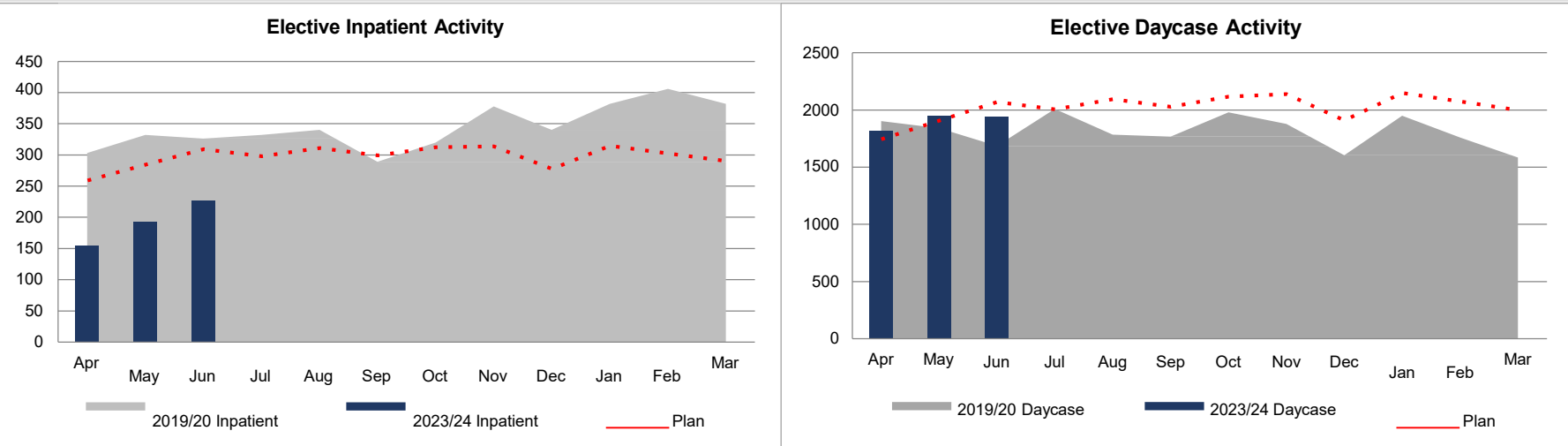
Outpatient Improvement/Transformation:
Patient Initiated Follow-Up (PIFU): 3.4%. Current performance is at 3rd Quartile, aiming for top quartile by rolling out to further specialties to improve performance. Gynae and Gastro (Trust wide) & in Breast Northern identified as key opportunities. PIFU also being expanded in 10 services already live. 2929 patients discharged to PIFU in April, Top 5 in the country for numbers on PIFU.
Did Not Attend (DNA): 3.7%. Current performance puts us in top quartile. Currently developing digital letters and 2 way text message service proposal to improve further.
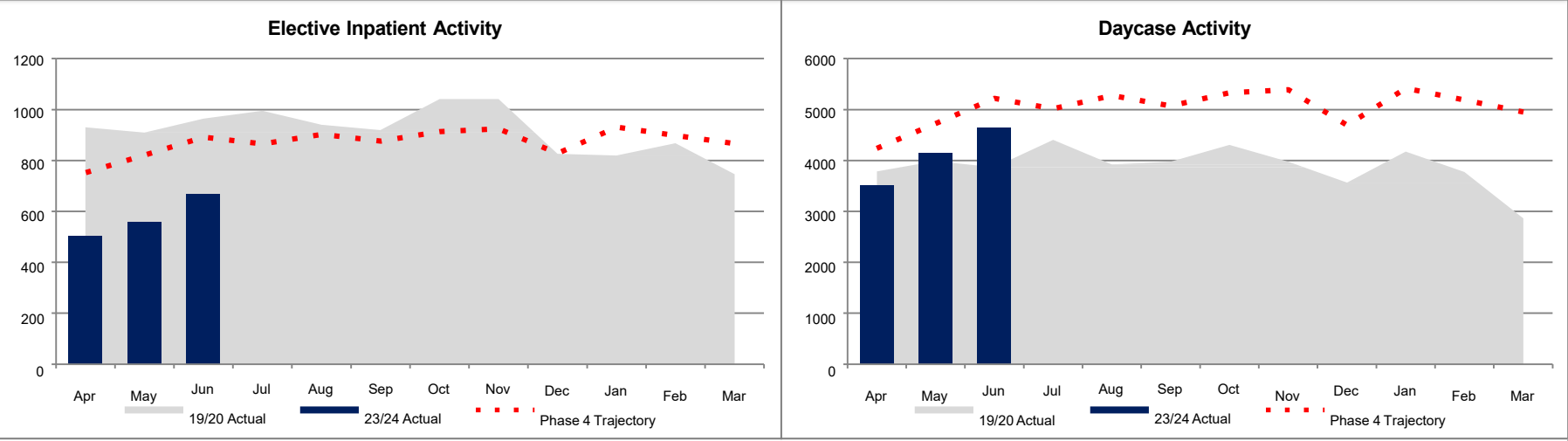**Productivity:** Clinic template review project underway with first 10 meetings completed and key themes identified for further improvement work. 2 specialties so far have agreed increase to templates.

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Northern Services Elective Activity- Inpatient and Daycase

Elective Inpatient Activity

Elective Daycase Activity

- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting.

- Elective Inpatient increased during June by 35 and Daycase activity decreased slightly during June by 7, this was due to Surgeon and Theatre Staff unavailability.

- A three day period of Industrial action by Junior Doctors between 14 and 17 June caused a reduction in elective activity during the month.

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Eastern Services Elective Activity- Inpatient and Daycase

Daycase activity: was 120% of 2019/20, which is an improvement on the prior month, and higher than NHSE target, but still short of planned activity. The improved position was attributed to increases in Ophthalmology (Elective Recovery Fund (ERF) funded expansion at the Nightingale and Axminster), Plastic surgery, and Dermatology.

Inpatient activity: was 69% of 2019/20, which is an improvement on the prior month but still short of planned activity. The improved position was attributed to increases in Ophthalmology (ERF funded expansion at the Nightingale and Axminster), Plastic surgery, and Dermatology. The lower inpatient activity was planned for the current year, and is reflective of changes to intended management as a result of the EPR implementation (compared to 2019/20).

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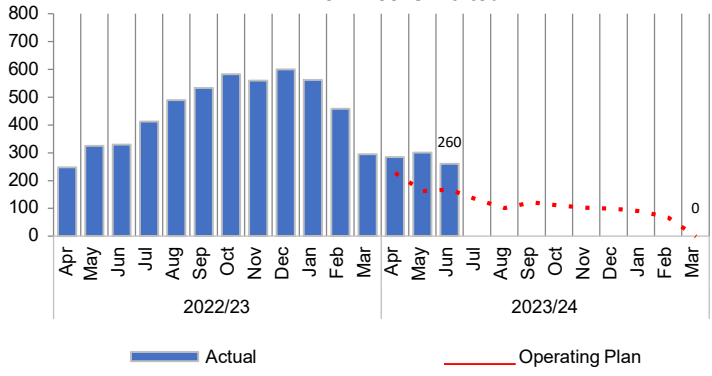# Northern Services Elective Activity- Long Waiting Patients
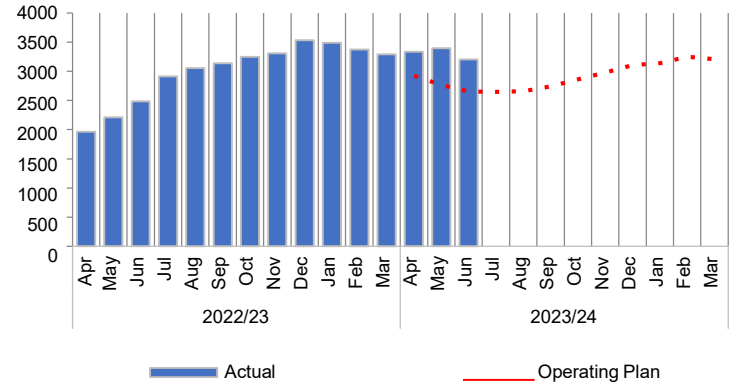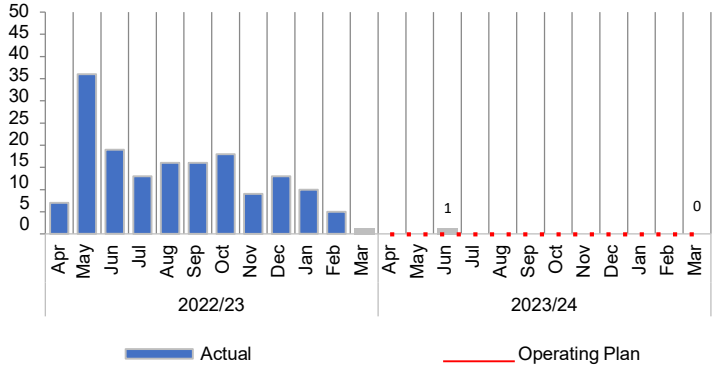

RTT 52+ Weeks Waited

RTT 65+ Weeks Waited
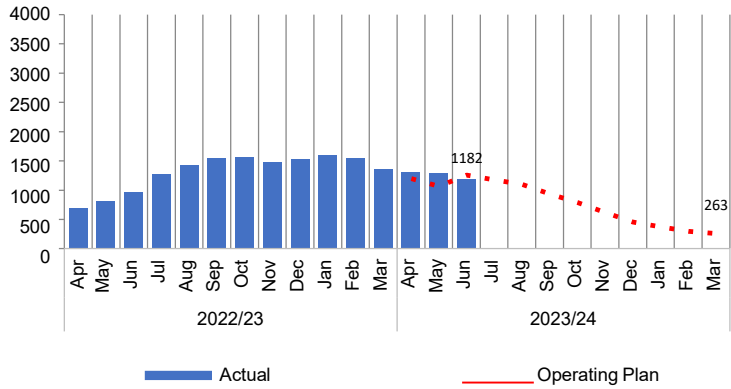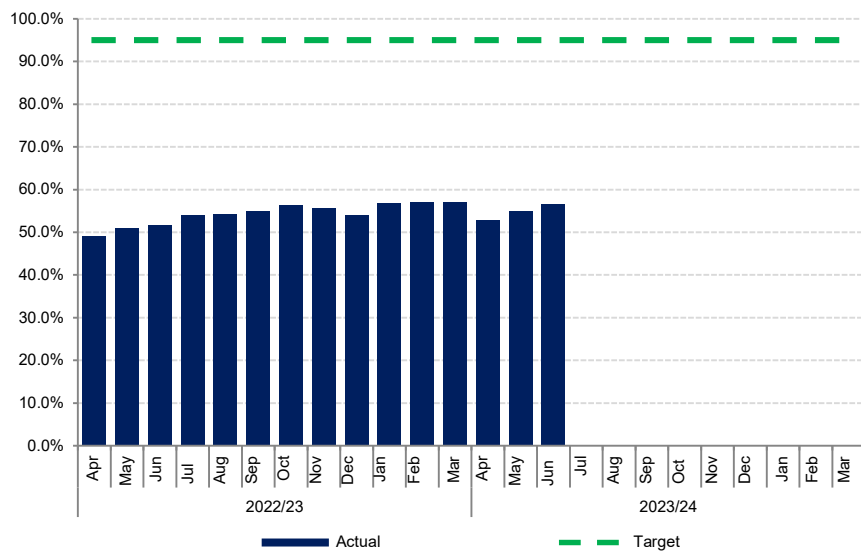
RTT 78+ Weeks Waited

RTT 104+ Weeks Waited

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

- There was one patient waiting 104 days, at the end of June as a result of an incorrect stop of an RTT clock. The patient is due to be treated in July.

- There are significant efforts being made to reduce the number of patients not yet seen by 52 weeks to help reduce the overall pathway. The number of patients waiting 52, 65 and 78 weeks continues to decrease.

- Having had a similar number of patients waiting over 78 weeks since March, the impact of these efforts is beginning to be seen as the number of patients waiting over 78 weeks at the end of June reduced to 261. This is expected to reduce further in July.

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Eastern Services Elective Activity- Inpatient and Daycase

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RTT 18 Week Performance

Incomplete Pathways
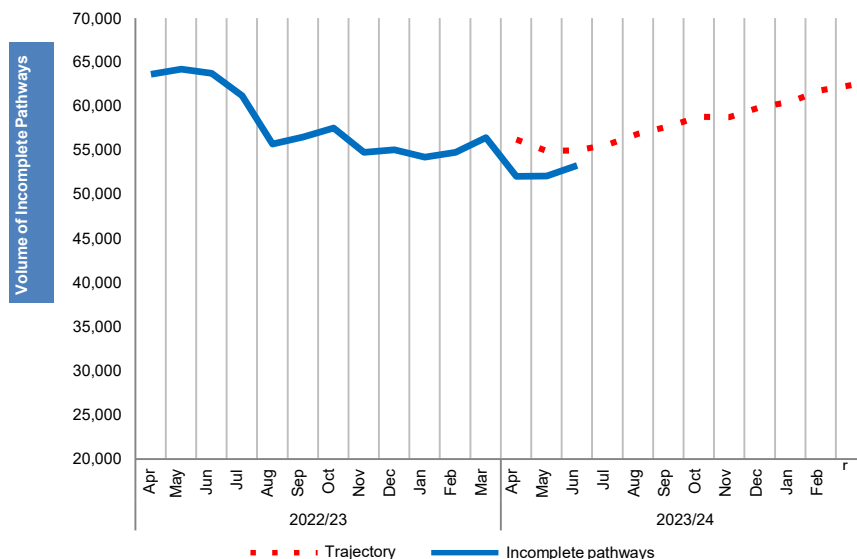
Eastern services incomplete pathways increased between May and June, which is due to clock starts exceeding clock stops, particularly during the weeks when industrial action took place in mid-June. This impact can be expected to continue into July with further industrial action planned.

The RTT long waits position continues to improve across all wait categories month on month, but is behind plan in most areas, which is largely attributed to the impact of industrial action since April. The Trust was requested to formally re-submit long wait trajectories for 65+, and has improved the March 2024 plan from 868 to 710 Trust-wide, which equates to 447 for Eastern services.

Eastern Services Elective Activity – Long Waiting Patients

RTT 52+ Weeks Waited
Values shown: 3422, 2356
2022/23, 2023/24
Actual, Trajectory

RTT 65 + Weeks Waited
Values shown: 1147, 447
2022/23, 2023/24
Actual, Operating Plan

RTT 78 + Weeks Waited
Values shown: 260, 0
2022/23, 2023/24
Actual, Operating Plan

RTT 104+ Weeks Waited
Values shown: 6, 0
2022/23, 2023/24
Actual, Operating Plan

Executive Lead: John Palmer

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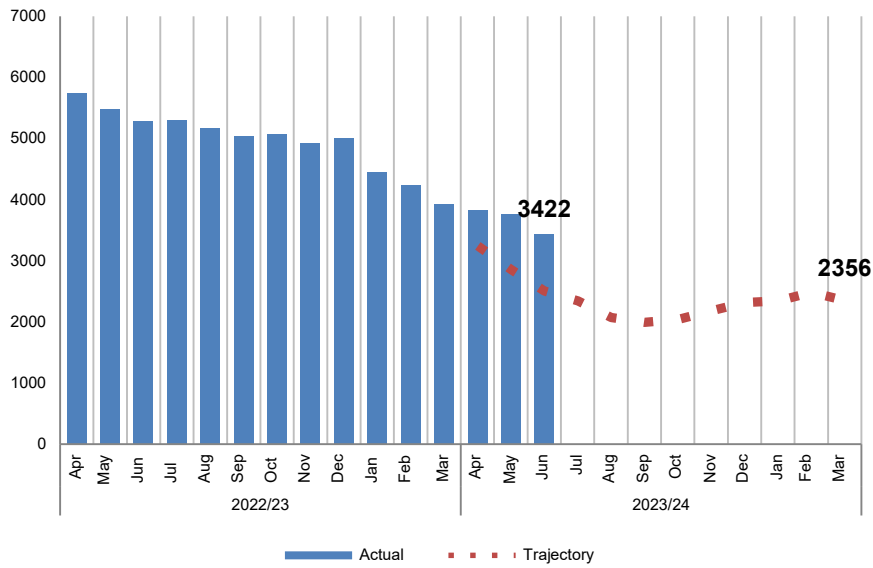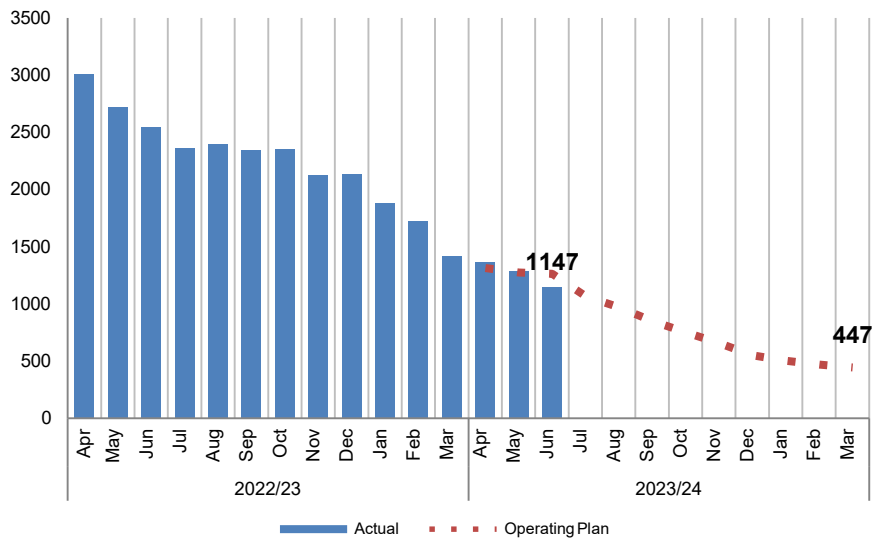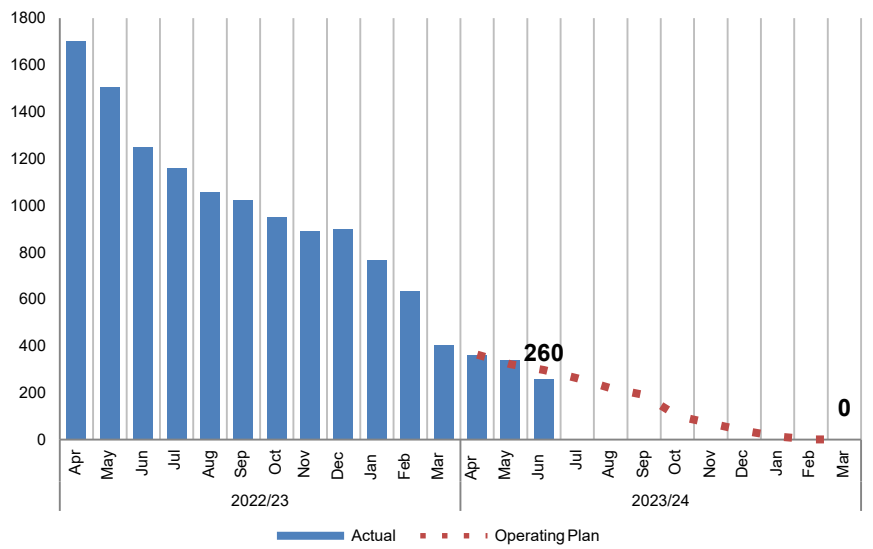
Northern Services Waiting Well

Across the same time period in Northern 12 incidents were reported for June 2023, these are broken down by the level of harm against stage of pathway below.

Delay in Treatment-Waiting Times (excl same day delays)
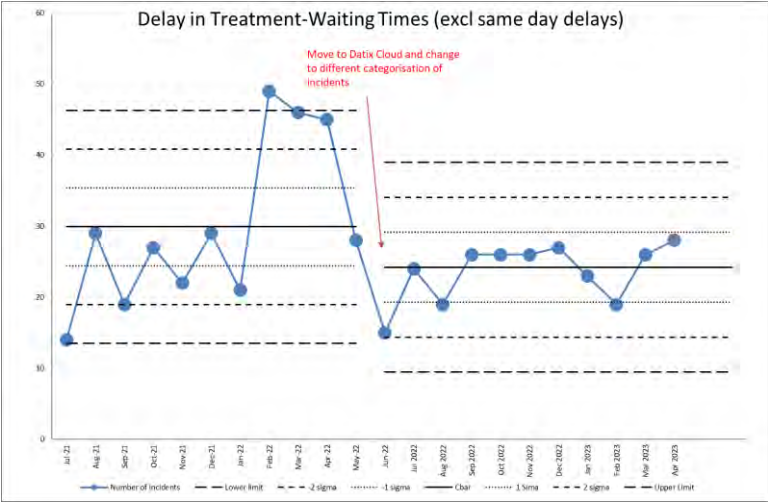
	None	Minor	Moderate	Major	Catastrophic	Total
New	1	3	2			6
Follow up delay	2	1	2			5
Surgery	1	0				1
Diagnostic request delay						
Total	4	4	4	0	0	12

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Eastern Services Waiting Well
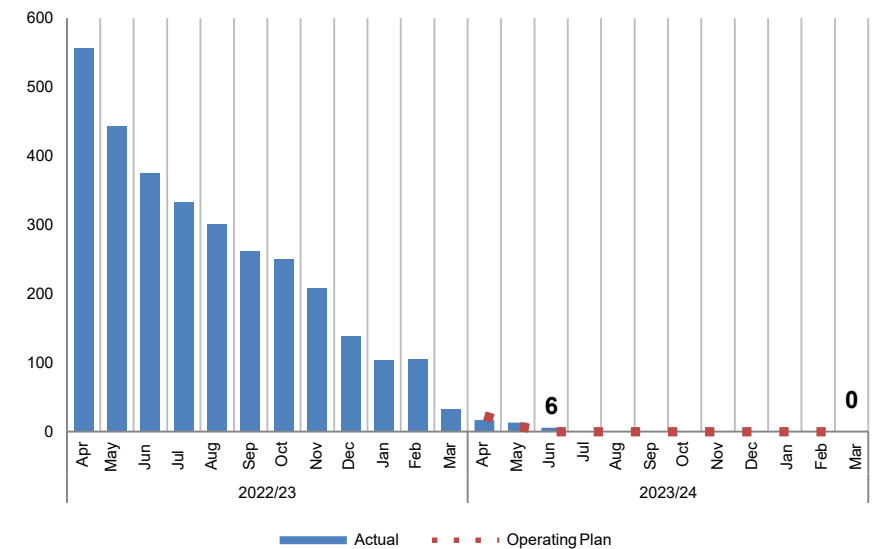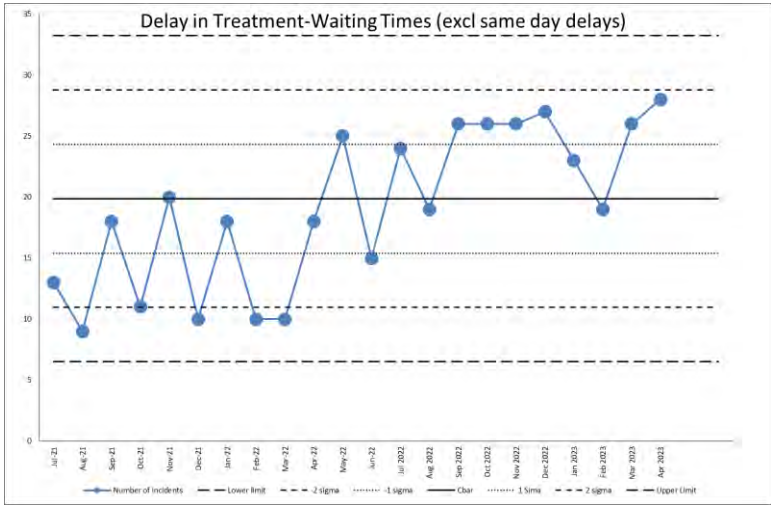
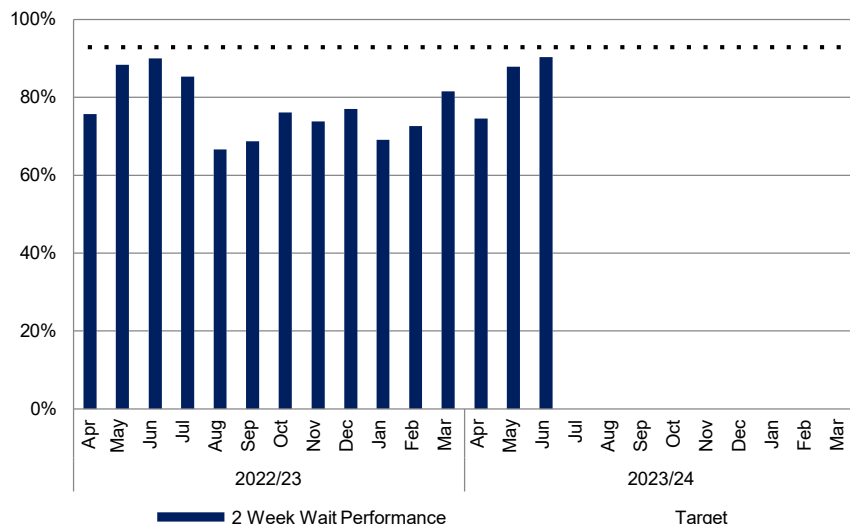Across the same time period in Eastern Services, 25 incidents were reported for June 2023. These are broken down by the level of harm against stage of pathway below.

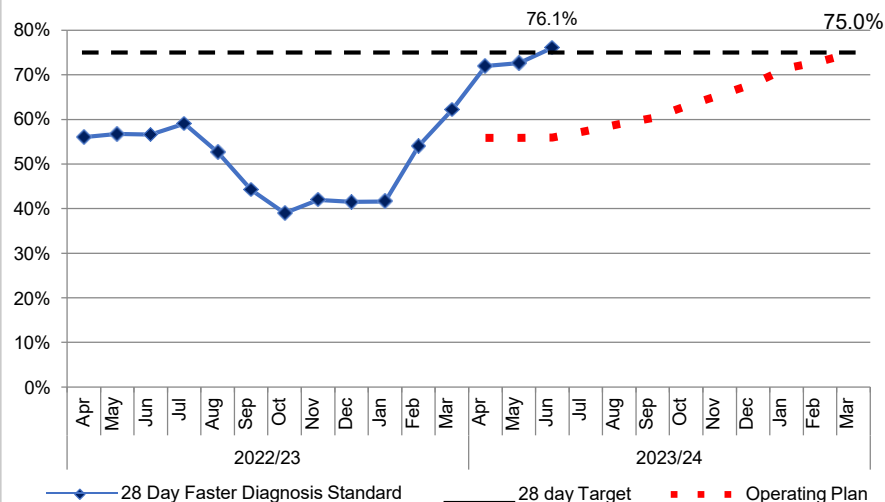|	None	Minor	Moderate	Major	Catastrophic	Total
Follow up delay	6	4				10
New	5	2				7
Surgery	5	0				5
Diagnostic request delay		3				3
Total	16	9	0	0	0	25

Northern Services Cancer 14 and 28 Day

2 Week Wait Performance

28 Day Faster Diagnosis Standard

2 Week Wait Performance

Performance demonstrates an improving trajectory with provisional performance for June at 90.4% from 87.9% in May. 2WW performance remains challenged in some tumour sites, the highest volumes of breaches in June are observed in:

- Lower GI 27 breaches (84.8%) - staffing across the colorectal team remains under significant pressure, this combined with increasing volumes of referrals into the LGI service (20% increase in 2ww referrals since last year) has caused delivery of the 2ww target to be challenging. A significant amount of additional activity is being delivered to mitigate this position on a weekly basis. Locum and substantive consultant posts are out to advert, a provisional interview date for the substantive post is scheduled for early August.
- Gynae 17 breaches (81.3%) – capacity for both 2ww outpatient and hysteroscopy remains stretched, however additional clinics have been scheduled to limit this impact.
- Average waiting times for 1st OPA have improved to 8.4 days in June from 10 days in May across all 2WW tumour sites.

- All services are working to reduce first outpatient waiting times to 7 days.

28 Day Faster Diagnosis Standard (FDS)

- FDS performance is also improving with significant increase in performance over the last 6 months from 42% in January to 75.7% in June. Provisional June performance of 75.7% would be the first month that performance has met the 75% target for over 12 months. This position is above the year end improvement threshold and the submitted improvement trajectory. Action plans to support the delivery of this are being monitored as part of the Trust's Cancer Recovery Action Plan via the Northern Cancer Steering group with specific actions to improve waiting times for first outpatient appointments and diagnostic turn around times. The highest volumes of breaches in June are observed in:
  - Lower GI, 101 breaches (43.6%) This reflects service pressures and endoscopy waiting times, significant additional clinical activity including endoscopy insourcing is currently being delivered to maintain delivery. Transnasal Endoscopy (TNE) service is planned to go live in August which is anticipated to improve endoscopy waiting times.
  - Skin, 27 breaches (90.36%). Performance has significantly improved in recent months and is above target, but a number of patients do breach where diagnostic biopsies are taken prior to excision.
  - Urology, 24 breaches (66.2%). Performance has improved significantly over the last few months from 23% in February due to pathway improvements, which are ongoing.
  - Gynae, 17 breaches (75.4%), service pressures for 2ww OPA and hysteroscopy impact on 28 day delivery for gynae, additional capacity and staffing plans are in place.
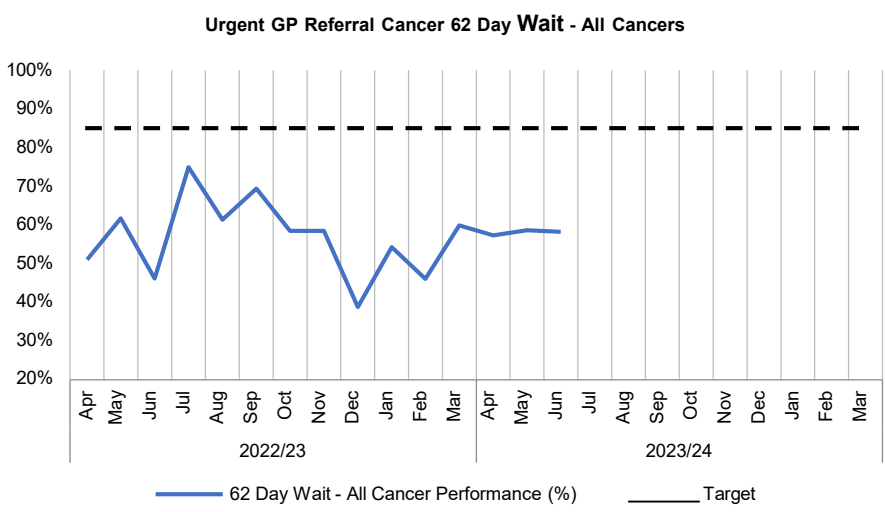
Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

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

Urgent GP Referral Cancer 62 Day Wait - All Cancers

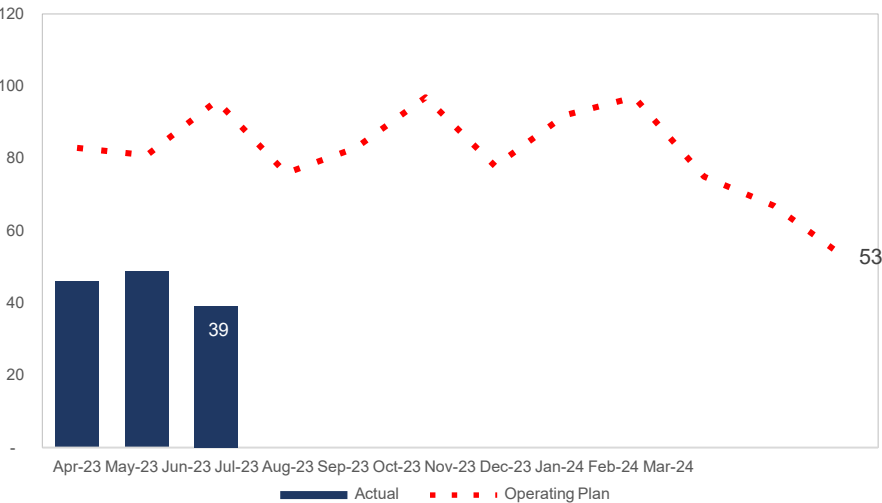Legend: —— 62 Day Wait - All Cancer Performance (%) ------- Target

- Performance against the 62 day target is improving in line with an improved backlog position, current (unvalidated) performance for June is 58.3% which is in line with the submitted performance for May at 58.7%. The majority of pathway delays are within the diagnostic and staging phase, particularly for Urology and Colorectal tumour sites.
- The largest volume of breaches for June is in Urology (7).
- 62 day performance will improve with actions aligned to deliver 28 FDS, 2WW performance and maintaining a Patient Tracking List (PTL) backlog below 6.4%.
- Capacity remains a challenge across some specialties including Oncology where currently there are delays for new patient appointments and treatments.
- Patients are monitored throughout their 62 day pathway regularly and weekly site specific PTL meetings are in place for all tumour sites.
- Every service has an up to date Cancer Recovery Action Plan with specific actions against delivery of each of the national CWT indicators where operational standards are not being achieved. These are monitored at the Northern Cancer Steering Group.

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

Cancer – 14,31 & 62 Day Wait

	Performance(%) and Number of Breaches	Target	2022/23 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 Apr	May	Jun
14 Day	All Urgent (%)	93%	75.75%	88.40%	90.01%	85.38%	66.59%	68.77%	76.15%	73.84%	77.04%	69.09%	72.62%	81.61%	74.61%	87.91%	90.35%
	All Urgent (N)		154.0	98.0	90.0	76.0	294.0	282	186	214	138	217	190	146	193.0	102.0	87.0
	Symptomatic Breast (%)	93%	8.70%	71.74%	80.33%	100.00%	0.00%	100.00%	100.00%	81.33%	75.00%	35.71%	42.86%	58.62%	67.86%	88.89%	90.48%
	Symptomatic Breast (N)		42.0	13.0	12.0	0	1	0	0	2	4	9	12	12	10.0	2.0	2.0
31 Day	All Decision To Treat (%)	96%	84.42%	86.67%	75.76%	83.72%	78.72%	90.00%	87.14%	90.00%	78.33%	82.61%	92.86%	89.04%	89.86%	92.54%	92.68%
	All Decision To Treat (N)		12.0	10.0	16.0	7	10	6	9	6	13	12	4	8	7.0	5.0	6.0
	Subsequent - Surgery (%)	94%	60.00%	33.30%	33.30%	1.00%	100.00%	100.00%	50.00%	60.00%	76.92%	60.00%	38.46%	68.75%	63.64%	30.77%	75.00%
	Subsequent – Surgery (N)		4.0	2.0	4.0	0	0	0	3	4	3	6	8	5	4.0	9.0	3.0
	Subsequent - Anti-Cancer Drug %	98%	60.00%	33.30%	33.30%	100%	100%	97%	88%	77%	93%	78%	100%	96.15%	88.24%	100.00%	90.91%
	Subsequent - Anti-Cancer Drug		4.0	2.0	4.0	0	0	1	3	13	3	8	0	1	2.0	0.0	1.0
62 Day	All Screening Service (%)	90%	100.00%	66.67%	100.00%	100%	0%	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	33.30%	0.00%
	All Screening Service (N)		0.0	1.0	0.0	0	0	0	0	0	0	0	0	0	0.0	2.0	1.0
	Consultant upgrade (%)	90%	62.79%	60.00%	75.47%	54.17%	72.22%	55.56%	76.92%	61.54%	72.97%	64.29%	74.00%	69.70%	64.52%	81.25%	77.50%
	Consultant upgrade (N)		8.0	11.0	6.5	5.5	5	8	6	5	5	5	3.5	5	5.5	3.0	9.0
28 day	28 Ref to diagnosis (%)	N/A	56.04%	56.76%	56.61%	59.11%	52.68%	44.25%	39.08%	42.00%	41.54%	41.66%	54.10%	62.17%	71.99%	69.41%	76.07%
	28 day Ref to diagnosis (N)		244.0	275.0	256.0	119.0	212.0	344	452	551	380	451	358	317	186.0	227.0	196.0

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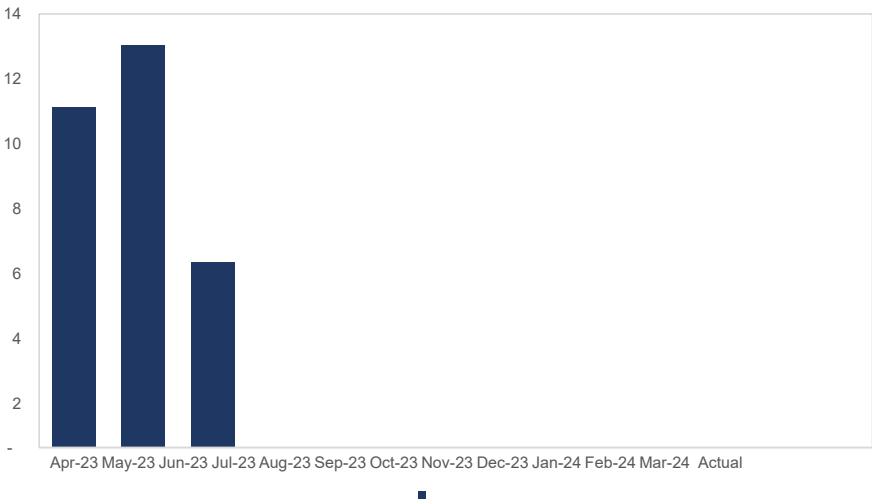Patient Experience
Quality & Safety
Our People
Finance

Northern Services Cancer 62 Day Backlog
Cancer patients awaiting treatment more than 62 days following GP urgent referral

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

62 day+ open pathways following GP urgent referral

Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24

Actual ..... Operating Plan

104 day+ open pathways following GP urgent referral

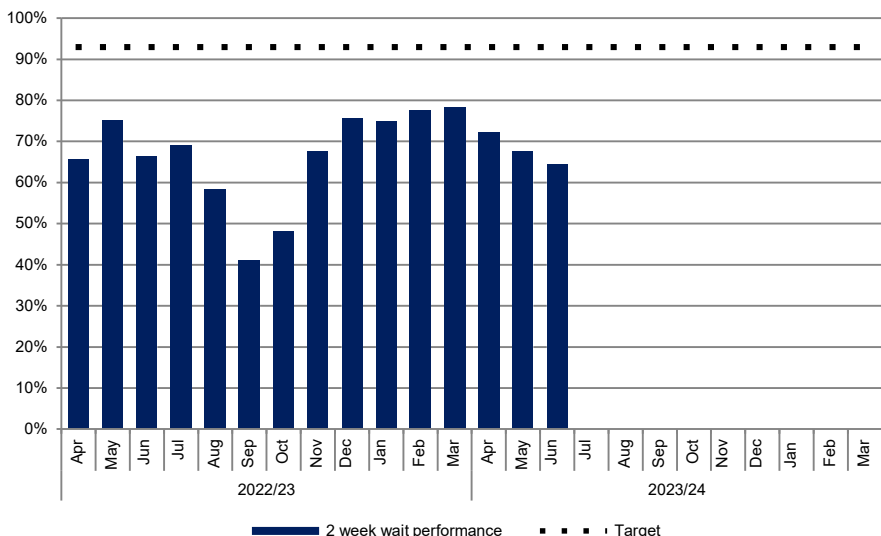Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Actual

- The number of patients on active cancer pathways waiting more than 62 days has reduced from 395 (29.3%) at the start of September to 40 (5.6%) at the most recent weekly PTL (10/07/23) which is significantly better than trajectory and is now under the nationally recommended backlog threshold of 6.4%.
- The tumour sites with the largest number of patients waiting over 62 days are Colorectal (15 – 7%); Urology (9 – 9.8%). These volumes have been consistently reducing since January (from 72 Urology and 42 Colorectal), although Colorectal volumes have increased slightly over that last few weeks.
- There are 7 patients (10/7/23) that remain on a cancer pathway over 104 days, this volumes has been reducing slowly and reflects complex pathways, patient initiated and medical delays. Next steps are in place for all these patients and increased oversight arrangements are in place .
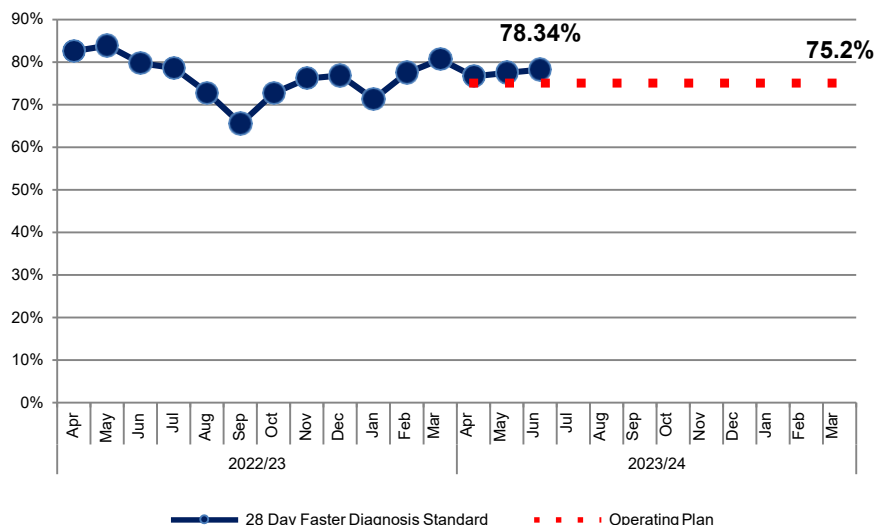
Key actions:
- Weekly PTL meetings in place for all tumour sites with action logs and formal escalation process in place.
- Colorectal - Substantive and Locum consultant posts out to advert. Interviews for the substantive post are scheduled for early August
- Endoscopy - insourcing/weekend lists remain in place and further insourcing capacity with additional provider has now commenced, TNE service planned to start in August.
- Urology - Revised prostate pathway commenced in February and under regular review, further work underway to streamline staging investigations.
- Work to improve Radiology and Pathology waiting times has been initiated.

Eastern Services Cancer 14 and 28 Day

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

2 Week Wait Performance

28 Day Faster Diagnosis Standard

2 Week Wait Performance

Performance across the East has been declining since April – due to both Bank Holidays and Industrial Action, combined with an increase in two week wait (2WW) Referrals (i.e.

approx. 300 for the week of 07/06/2023 for Dermatology). Where possible additional clinics have been sought to mitigate these challenges.

- Endoscopy – Interim mobile unit at Tiverton due for delivery 24th July. Planning is underway for a 7 days a week colonoscopy service to be live towards the end of September 2023 and to run for 12 months. The permanent new build solution of 3 endoscopy suites at Tiverton will then take over in August 2024. There is a risk to the timescales for delivery of the plan in relation to the Tiverton site (Private Finance Initiative (PFI), flood risk and contamination risk).

- Gynaecology 2WW performance remains challenged due to an imbalance of demand/capacity (increased demand during a period of Leave/Absence etc.) however this is being rectified with additional Waiting List Initiative (WLI) for both Post-Menopausal Bleeding and Hysteroscopy clinics. Super Saturdays are planned to continue reducing the current backlog.

- Urology continue to fail to meet the 28 Day target for Prostate. Redesign of process and a workforce restructure within the Clinical Nurse Specialist (CNS) Team are underway to support this pathway, moving triage to the CNS Team and additional transperineal (TP) Biopsy capacity to be included. Successful recruitment of the Band 8a CNS with a start date in October. It is noted that recovery is reliant on Radiology and Histology and quick turnaround times.

- Breast are currently maintaining performance by cross-covering (due to continued Consultant absence) – however are currently out to recruit for a Locum post to protect the current position as well as the wellbeing of the Team. The Northern team are supporting the service by treating patients on the periphery of the borders.

- Upper GI Outpatient capacity is improving. Unfortunately Oesophagogastro duodenoscopy (OGD) capacity remains challenged.

- Skin performance is currently maintained using WLI and good-will of Consultants. However spikes in referrals (up to 300 per week) have been noticed in June. AI is due to be implemented in August 2023 with one clinic per week currently planned.

- Radiology – CT and MRI turnaround times continue to improve for 2WW patients (11 and 13 days for request to report in June for CT and MR patients respectively). Continued outsourced reporting capacity is being employed to support recovery of turnaround times, and funding has been secured to continue to support additional activity throughout the year. For CT guided biopsy, interventional radiology mitigations include a new consultant for Sept 2023 with a further advert going live this month.

Eastern Services Cancer 62 Day

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

Urgent GP Referral Cancer 62 Day Wait - All Cancers
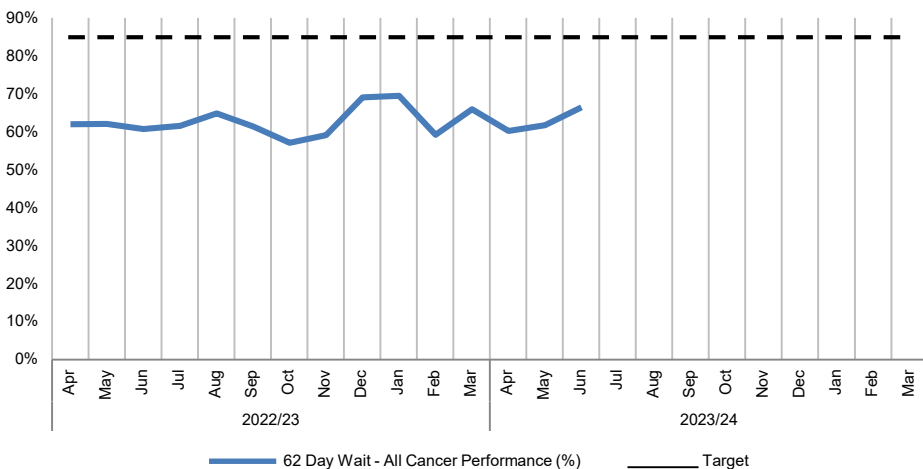
- Oncology appointments across most Specialities are challenged for capacity, particularly in Lung.
- Theatre capacity remains challenged. Additional Saturday lists have been sought for Urology.
- A proposal for substantive ERF Colorectal Consultants, is being considered
- Histology – Turnaround times are stable and will improve when the new consultant pathologist comes into post in August. The further two consultants will join the department in January. Two dissection practitioners are about to qualify to practice independently and will bring further improvements in turnaround times in early autumn.

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

Cancer - 14, 31, 62 & 104 Day Wait

Performance(%) and Number of Breaches	TARGET	2022/23												2023/24		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
14 Day All Urgent (%)	93%	65.6%	75.0%	66.3%	69.0%	58.3%	41.0%	48.2%	67.6%	75.6%	74.8%	77.4%	78.3%	72.2%	67.6%	64.3%
All Urgent		760	605	762	763	1027	1434	1253	818	488	559	470	550	552	758	972
Symptomatic Breast (%)	93%	20.9%	35.2%	58.1%	57.4%	62.9%	16.7%	40.5%	72.5%	95.8%	93.9%	100.0%	91.4%	94.6%	91.2%	79.3%
Symptomatic Breast		34	46	18	20	13	30	25	14	1	2	0	5	2	3	6
31 Day All Decision To Treat (%)	96%	88.5%	86.9%	87.9%	85.4%	89.8%	89.5%	92.2%	87.7%	89.4%	78.5%	86.7%	88.7%	86.5%	85.8%	90.3%
All Decision To Treat		31	41	34	37	22	21	18	31	25	72	40	34	32	41	39
Subsequent - Surgery (%)	94%	64.2%	67.1%	76.0%	75.3%	71.2%	61.1%	78.3%	88.3%	82.1%	63.9%	73.0%	66.7%	75.9%	72.5%	59.8%
Subsequent - Surgery		29	26	25	21	17	28	18	11	14	44	30	34	19	25	41
Subsequent - Radiotherapy (%)	94%	100.0%	99.2%	95.9%	98.8%	97.6%	98.6%	99.3%	99.3%	99.1%	100.0%	98.3%	99.3%	98.1%	97.7%	96.0%
Subsequent - Radiotherapy		0	1	4	1	2	1	1	1	1	0	2	1	2	3	5
Subsequent - Anti-Cancer Drug (%)	98%	100.0%	98.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	98.9%	97.6%	96.8%	100.0%	100.0%	100.0%
Subsequent - Anti-Cancer Drug		0	1	0	0	2	0	0	0	0	1	3	4	0	0	0
62 Day All Screening Service (%)	90%	12.5%	28.6%	33.3%	0.0%	0.0%	0.0%	0.0%	20.0%	33.3%	0.0%	28.6%	12.5%	0.0%	5.6%	28.9%
All Screening Service		3.5	2.5	2	2	4	1	2	4	2	2.5	5	7	2	8.5	13.5
104 days Volume of Patients Waiting Longer than 104 Days at Month End		52	53	70	68	58	59	54	84	81	84	81	62	73	74	71

Eastern Services Cancer 62 Day Backlog
Cancer patients awaiting treatment more than 62 days following GP urgent referral
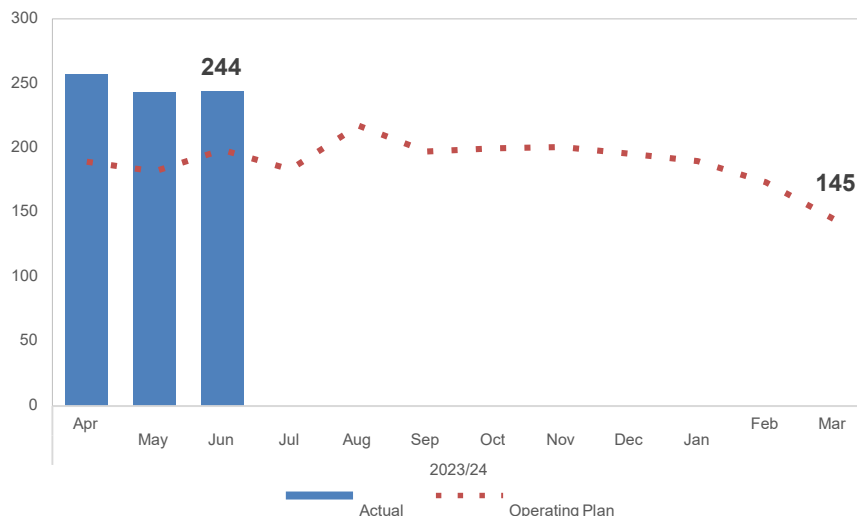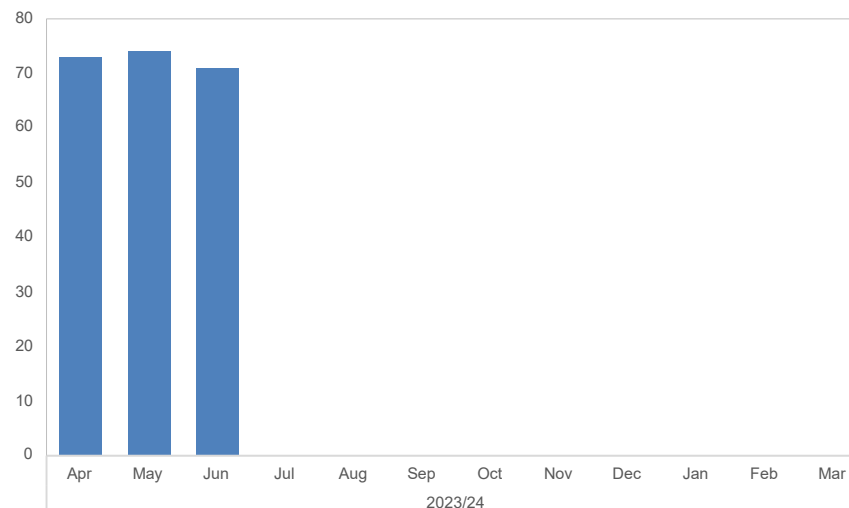
62 day + open pathways following GP urgent referral

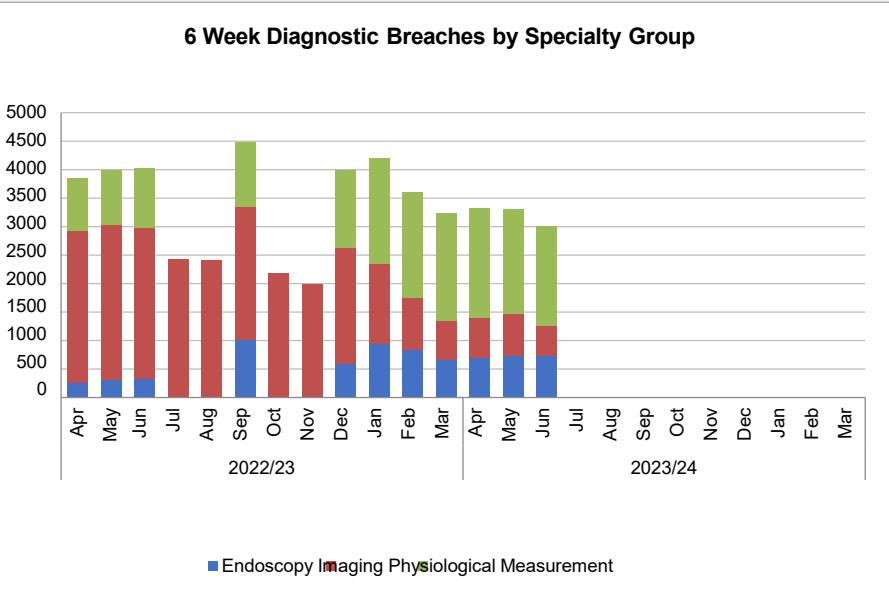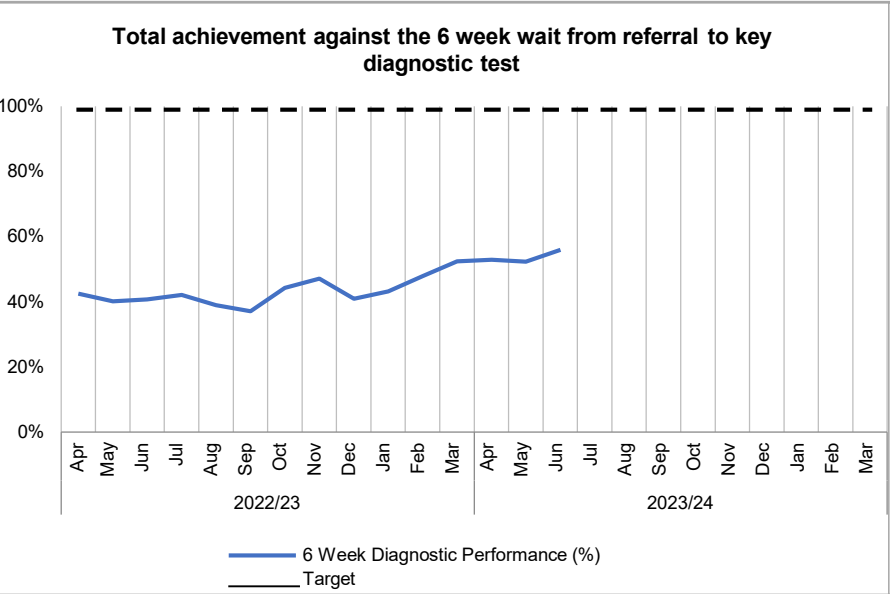**104 day + open pathways following GP urgent referral**

Challenged tumour sites

- Urology – challenged due to a group of Robotic-Assisted Laparoscopic Prostatecomy (RALP) referrals and late tertiary transfers. A request for Mutual Aid support was unsuccessful. A new clinic has been introduced in a referring centre with an Eastern Consultant to support streamlining of the pathway and review the appropriateness of referrals. Additional capacity (Super Saturdays) will support the reduction of the RALP backlog. Third RALP surgeon is currently in training and is due to have completed their training in Q2 FY 23/24. Consideration for using insourcing company to potentially provide additional capacity

- Lung - Increased number of long waiting patients; reviewing Radiology pathway. There are also delays in Oncology clinic capacity – currently 3 week wait for appointment prior to treatment.

- Upper GI - have a higher than expected number of long waiting patients, in part due to a number of patients waiting approx. 4 weeks for their first Outpatient Appointment. Additional capacity has been sought and performance should improve in the coming months.

- Colorectal - remains challenged with long waiting patients due to delays in Endoscopy (plans in place) and theatre capacity (plans in place).

- Gynaecology – Significant workforce challenges are expected in the coming months. Advertising for Gynae-Oncology Consultant. WLI's are being undertaken to minimise the impact on performance.

Key Actions

- **Upper GI –** *Substantive Consultant Gastroenterologist post out to advert (3 Whole Time Equivalent (WTE) Vacancy)*
- **Gynaecology –** *Substantive Consultant post out to advert*

Northern Services Diagnostics - *Fifteen key diagnostic tests*

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

Legend: 6 Week Diagnostic Performance (%) — Target

6 Week Diagnostic Breaches by Specialty Group

Legend: Endoscopy — Imaging — Physiological Measurement

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
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%
	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%
	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%
	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%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%							100.0%	100.0%	99.1%	97.3%	94.8%	97.7%
	Cardiology - echocardiography	31.4%	26.6%	28.3%						27.9%	18.6%	23.0%	23.4%	25.2%	24.4%	28.2%
	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%
	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%
	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%
Endoscopy	Colonoscopy	62.3%	48.6%	43.8%			27.6%			30.6%	32.7%	34.2%	39.5%	37.7%	36.8%	34.6%
	Flexi sigmoidoscopy	64.8%	71.8%	70.3%			28.5%			42.9%	30.9%	29.7%	40.1%	42.8%	39.0%	44.9%
	Cystoscopy	67.0%	75.6%	73.3%			59.8%			74.4%	42.6%	48.4%	83.3%	81.3%	88.9%	91.8%
	Gastroscopy	70.9%	61.9%	60.8%			53.1%			44.9%	39.1%	41.3%	48.2%	41.9%	37.6%	40.9%
Total		42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%	43.2%	48.0%	52.5%	53.0%	52.4%	56.3%

Table title: Achievement against the 6 week wait from referral to key diagnostic test

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

Northern Services Diagnostics - *Diagnostic activity compared to plan across key diagnostics modalities*
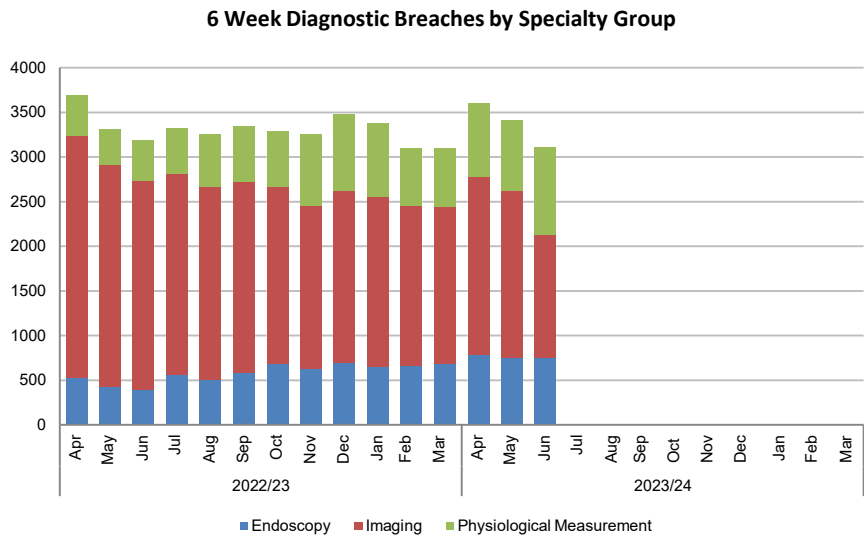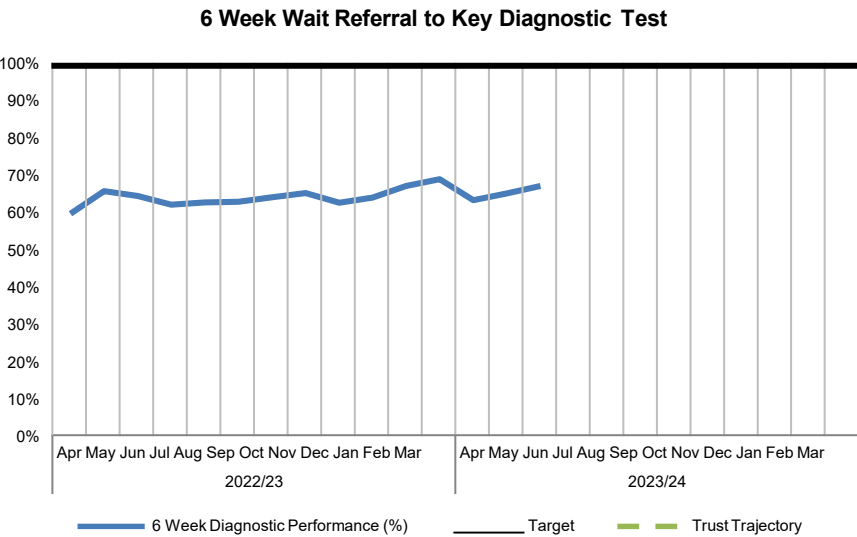
Northern Services Diagnostics
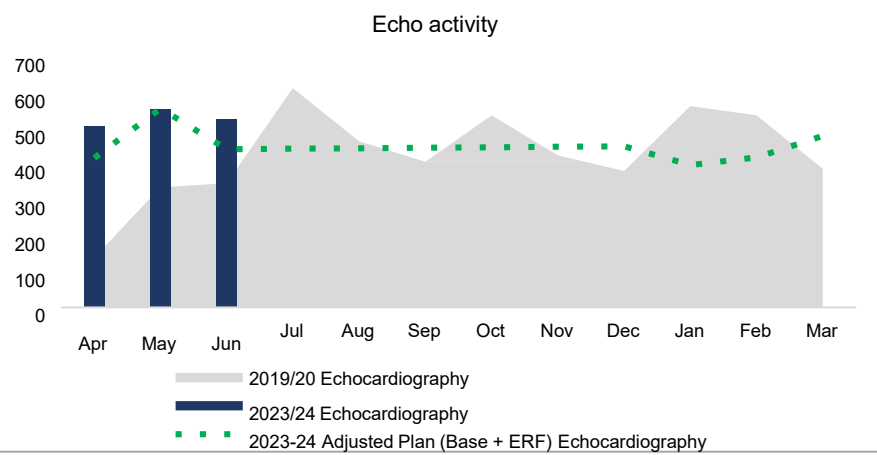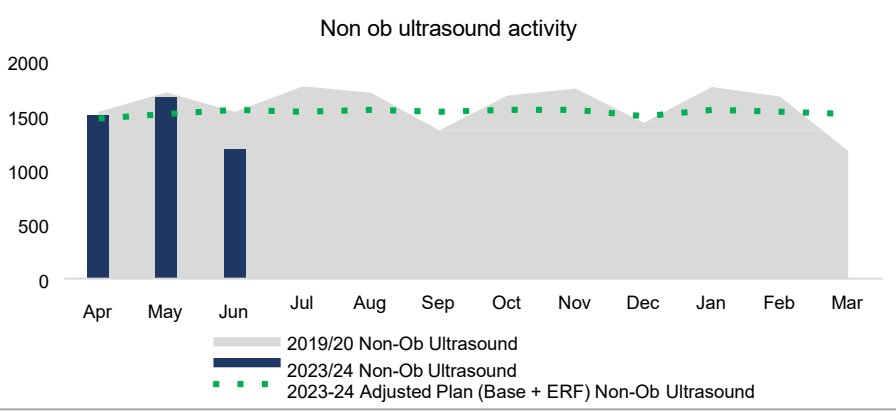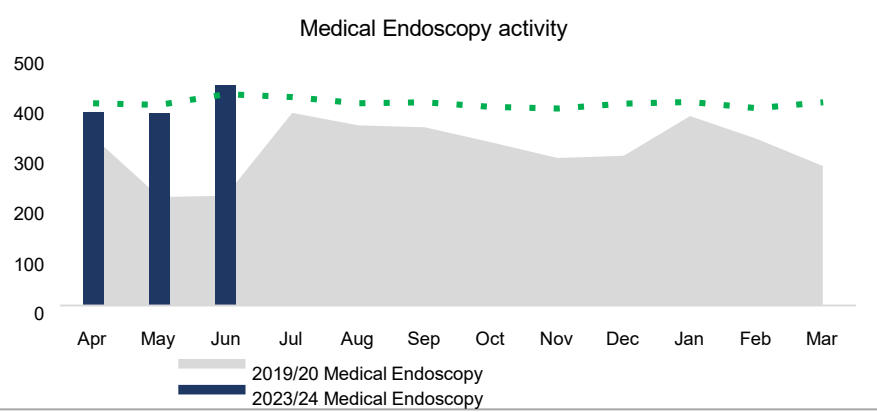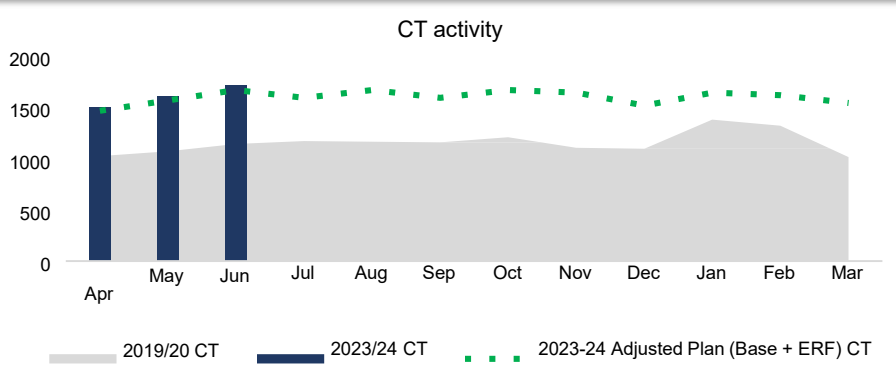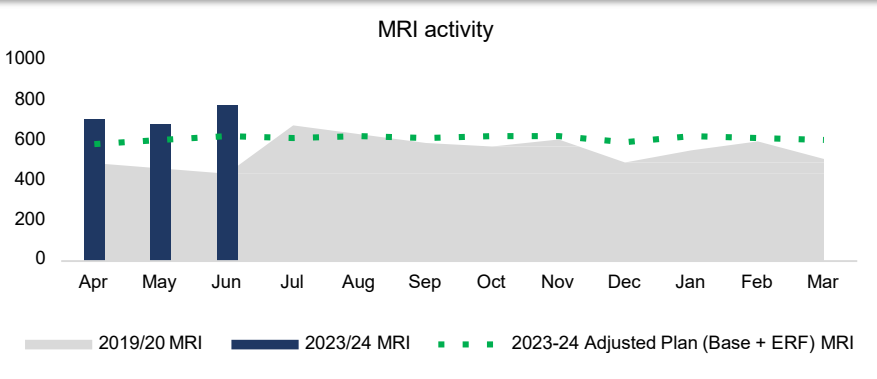
Key issues at modality level:

- **MRI –** MRI activity is above plan and performance is being maintained.

- **CT – Non-Cardiac CT –** We have increased capacity in planning for 23/24 to meet demand and currently at 94% of patients seen within 6 weeks.

- **Cardiac CT** - CT cardiac lists were agreed at RD&E providing an additional 14 scans per session, 3-4 sessions per month. As a result of this increase in capacity the number of patients receiving their Cardiac CT scan has improved significantly from 39.1% at the end of January to 86.5% in May 2023. Due to a decline in Eastern performance Northern capacity for cardiac CT at RD&E has been reduced from 4 sessions in July to 1.5 sessions. This reduction has been extended into September. We continue to work with our colleagues to align resources and monitor performance but this reduction in capacity will result in a decline in performance for Northern CT cardiac scans.

- **Ultrasound** - we have been able to continue to provide some internal lists over weekends to continue to improve performance. We are also looking at outsourcing options available to maintain and continue to improve this position, and have now requested some capacity (initially 200 scans) at the Eastern CDC and await to hear an outcome. Ultrasound has moved from 36% of patients being seen within 6 weeks in January 2023 to 87% in July 2023 but we still have some recovery to achieve.

- **Endoscopy** -Consultant Gastroenterologist vacancies remains a key constraint. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases. To further increase capacity an additional of trans-nasal Endoscopy has been identified and this additional capacity will be in place in early August. This will increase gastroscopy capacity and will indirectly support improvement in colonoscopy and sigmoidoscopy as regular lists will be preserved for these diagnostic procedures.

- **Echocardiogram** – Despite increasing the capacity the Inpatient demand for ECG continues to outstrip capacity. Funding has been secured from NHS England which will be used to recruit an additional Echo-cardiographer to carry out Inpatient Echo's.

- **Sleep studies –** Additional capacity has been identified across clinics, nurses will carry out additional lists and a Clinical Admin post has now been shortlisted with interviews to be held on the 10th August. Bi weekly Monday clinics will commence from the 17th April seeing an additional 4- 5 patients per clinic

- **DXA –** DXA improvement continues with 28% performance in May 2023 to 41% in July 2023. Since the previous IPR; total waits have continued to be reduced in line with the trajectory, this is still reliant on 2 individual staff members. The contract with Taunton for one list per month continues for 23/24.

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

6 Week Wait Referral to Key Diagnostic Test

Legend: 6 Week Diagnostic Performance (%) — Target — Trust Trajectory

6 Week Diagnostic Breaches by Specialty Group

Legend: Endoscopy — Imaging — Physiological Measurement

Area	Diagnostics By Specialty	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Endoscopy	Colonoscopy	64.0%	63.5%	58.3%	51.6%	54.9%	53.9%	53.9%	51.2%	53.0%	50.1%	49.2%	53.1%
	Cystoscopy	91.5%	88.9%	93.2%	87.4%	83.5%	88.1%	47.8%	83.1%	83.2%	75.2%	73.6%	73.5%
	Flexi Sigmoidoscopy	74.6%	74.5%	62.2%	51.3%	49.6%	44.8%	82.1%	41.7%	50.4%	51.1%	54.5%	51.4%
	Gastroscopy	56.7%	68.7%	68.0%	69.8%	78.3%	74.8%	74.7%	73.9%	73.5%	66.3%	70.3%	97.4%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	77.1%	81.3%	85.4%	89.5%	92.3%	86.2%	87.9%	83.3%	84.6%	82.5%	79.5%	77.4%
	DEXA Scan	98.4%	98.2%	99.4%	99.2%	98.4%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%
	Magnetic Resonance Imaging	69.6%	69.1%	72.9%	73.7%	75.6%	68.5%	70.7%	76.5%	73.4%	66.6%	68.8%	72.8%
	Non-obstetric Ultrasound	53.1%	52.7%	51.2%	54.5%	56.7%	56.8%	56.6%	60.1%	66.4%	59.9%	63.8%	70.9%
Physiological Measurement	Cardiology - Echocardiography	74.5%	71.4%	72.7%	75.2%	65.0%	66.6%	66.9%	72.6%	66.3%	61.7%	66.1%	58.8%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	72.5%	67.1%	61.2%	55.4%	65.4%	43.2%	49.4%	61.2%	75.1%	59.3%	62.1%	67.6%
	Respiratory physiology - sleep studies	60.0%	58.6%	65.8%	61.4%	63.1%	60.6%	57.8%	57.7%	66.4%	65.5%	60.7%	61.4%
	Urodynamics - pressures & flows	34.5%	28.6%	26.9%	25.7%	33.7%	28.8%	38.5%	32.2%	37.8%	36.8%	36.8%	27.3%
Total		62.4%	63.0%	63.2%	64.4%	65.5%	63.0%	64.3%	67.4%	69.2%	63.6%	65.4%	67.4%

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

Eastern Services Diagnostics

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

Eastern Services Diagnostics
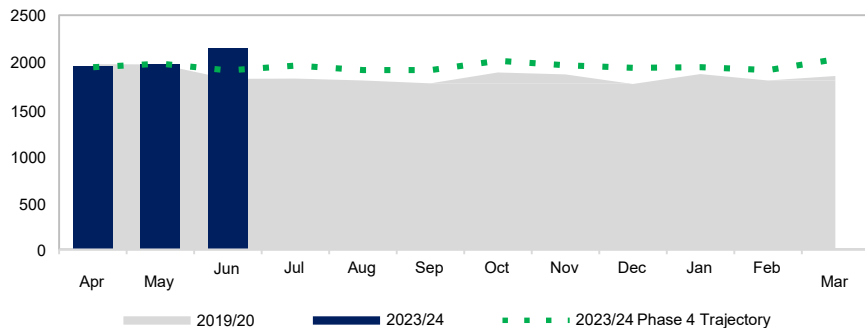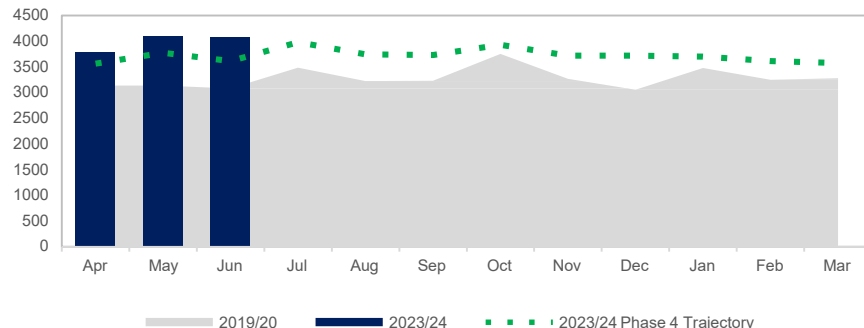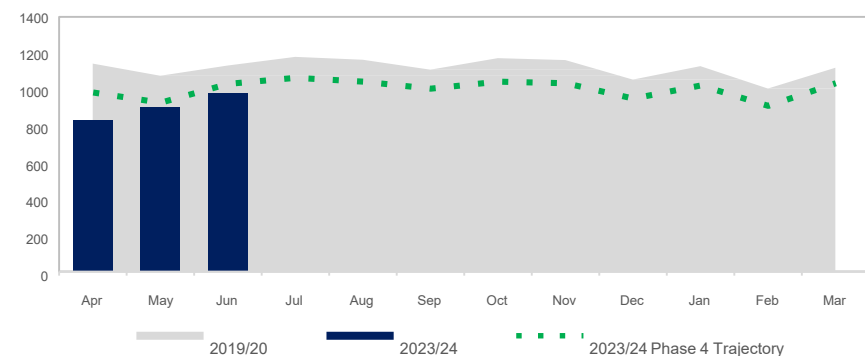*Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests*

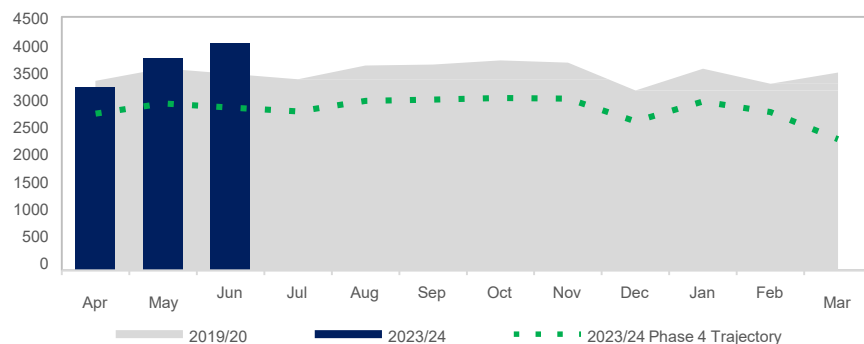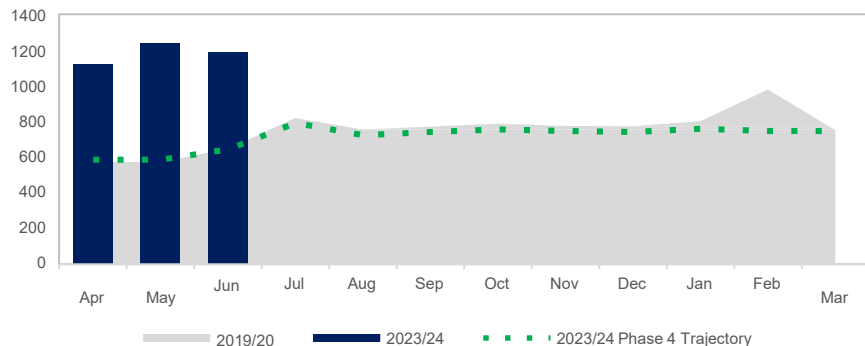At the end of June, 65.4% of patients were waiting less than 6 weeks – an improvement of 1.8% from the end of April, representing 302 fewer patients.

CT
- There has been a continued decrease in performance in June due to
    - a full day's list having to be stood down by one of the 3rd party provider at short notice, this resulted in 10 unused slots
    - unplanned scanner downtime for 1.5 days approximately 16 unused slots
- Northern services continue to use capacity but due to the increase in Cardiac CT for Eastern services the reduced capacity offered during July and August looks likely to continue beyond September to aid recovery of Eastern services' Cardiac CT position, this will be discussed further with Northern services.

MRI
- The position continues to improve during July
- MRI Cardiac continues to be challenged, working with Cardiology exploring how to utilise the MGNC scanner more fully to support a new list every Friday and possible ad hoc additional lists where cardiologists and cardiac nursing teams timetables permit

Non Obstetric Ultrasound
- US waiting list shows significant improvement

Endoscopy
- The endoscopy team continue with super weekends to increase capacity –6 additional lists were delivered in June with 8 planned for July. Along with this, ERF funding is utilised to fill in week gaps in the rota where possible to ensure that maximum activity is achieved. A focus is currently being prioritised on the longest waits, a number of which are likely to be removed or pathway paused. Consultant advert now out to recruit into the 3 x vacancies within the team and there is focus to increase the number of points per list for the nurse endoscopists.
- There has been a delay to the mobile endoscopy unit as this requires a Letter of Indemnity (LOI) from the PFI provider. There is currently no indication when this LOI will be received. Delivery of the mobile unit is expected on 24 July, however services cannot be connected without the LOI.

Echocardiography
- Demand remains high & therefore performance challenged. Despite ongoing weekend physiologist clinics, the number of breaches has increased in the most recent month (493) compared to the previous position of 417.
- Work on the dashboard continues with BI as well as with the productivity team to optimise test requests.
- Retention of staff remains challenging with four vacancies, currently. There is continued reliance on the use of locum physiologists to support the service both to fill these vacancies and also the increasing demand on the service. However, a recruitment plan is in place with two adverts currently active and a development post commencing in September. A further advert will be placed imminently, for the most-recently received resignation.

Respiratory Physiology
- Neurophysiology - Approval received to recruit an agency staff member and purchase additional reporting equipment to enable additional sleep studies to be delivered (awaiting capital number). Current capacity enables 1 test per week, the interventions will raise this to up to 6 tests per week.
- Respiratory – request being submitted to Capital Planning Group (17/07/23) to replace 2 broken and 1 lost sleep study machines. Currently running at 33% reduced capacity. Tests to return to full capacity when equipment is replaced.

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Complaints Activity

Legend:
- Overdue numbers (based on closed that month exceeding 6 months)
- Reopened - received
- Received
- Closed
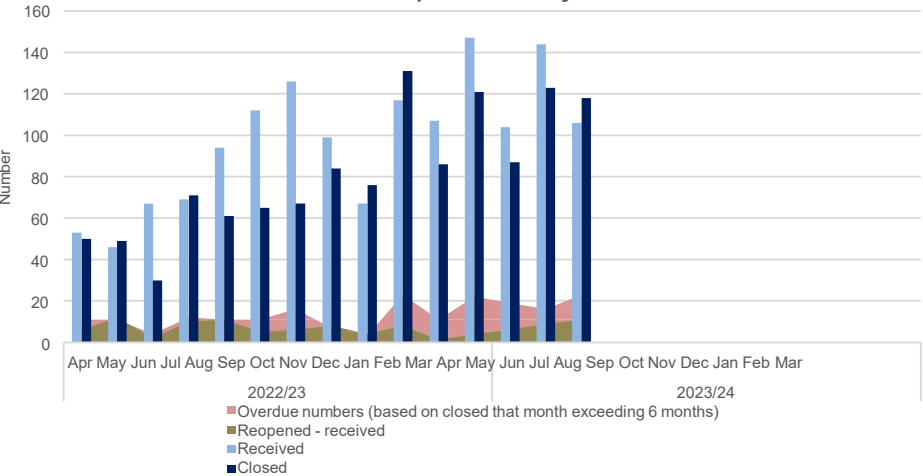
6 Month (Percentage Overdue) and Early Resolution

Legend:
- proportion of complaints closed, that were closed after 6 months or longer
- Proportion of complaints closed by early resolution

- During June, 27 complaints were closed by early resolution which represents a slight increase compared to the previous month.

- Four new primary investigations were received from the PHSO during June, the primary review will determine whether further investigation is required, and 2 investigations were closed.

- 'Communication' remains the main theme throughout complaints and the Patient Experience Committee have commissioned a deep dive into understanding this overarching theme to ensure action and learning.

Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
4	15	2	2

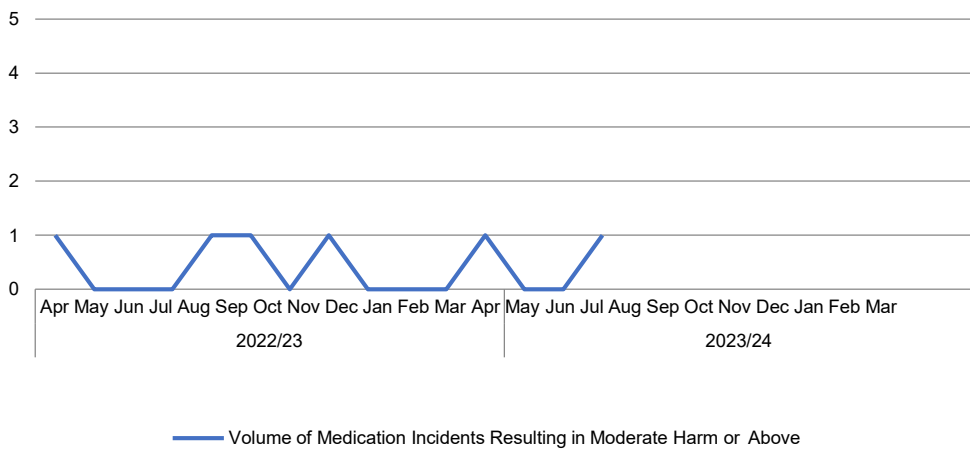| Month	2022/23												2023/24		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Complaint received and acknowledged within 3 days	88.89%	84.79%	67.27%	93.50%	96.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%	98.00%
Over 6 months (no of complaints open at end of month)	12	16	4	12	11	13	16	7	3	22	14	23	13	20	18
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27
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%

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Northern Services Incidents

Medication Incidents - Moderate Harm & Above

Volume of Medication Incidents Resulting in Moderate Harm or Above

- There was one medication harm incident in June 2023 with moderate harm, involving a chemotherapy drug that was discontinued due to unclear documentation on the discharge summary. This is subject to investigation.

Serious Incidents & Never Events

Volume of Never Events   Volume of Serious Incidents
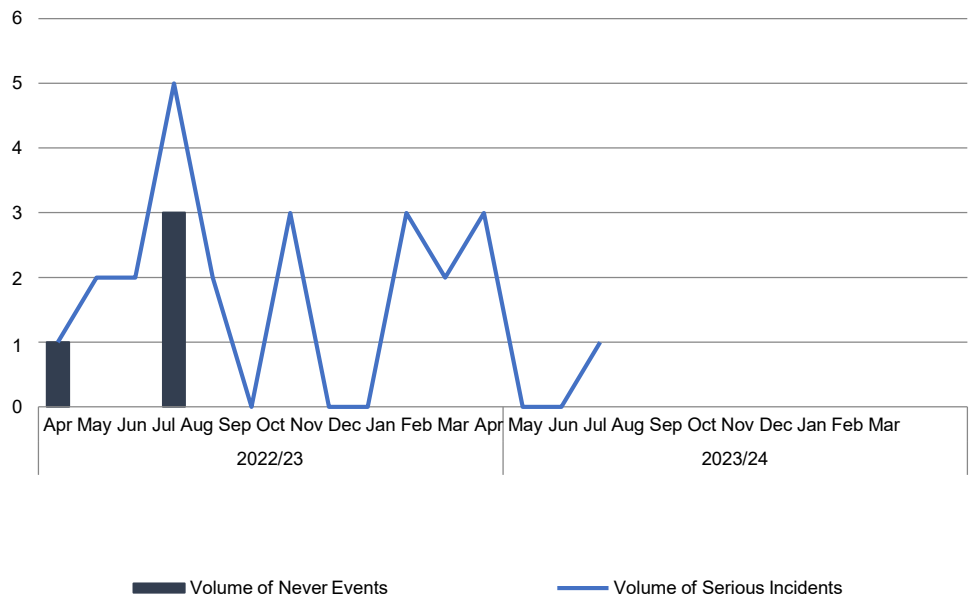
- There was one serious incident in June 2023. This is a late diagnosis of lung cancer. A Serious Incident investigation has commenced.

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Eastern Services Incidents

Medication Incidents - Moderate harm and above

volume of medication incidents resulting in moderate harm or above

Serious Incidents and Never Events

volume of never events   volume of serious incidents

- Patient Safety Incidents remained within normal variation. There were no serious incidents, never events or medication incidents resulting in moderate or greater harm.

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

NDHT Pressure damage rate per 1000 bed days

Legend: Deep Tissue Injury, PD Cat 1, PD Cat 2, PD Cat 3, PD Cat 4, Unstageable

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

Legend: Position, Target

Community pressure damage rate per population and grade

Legend: Deep Tissue Injury (DTI), PD Cat 1, PD Cat 2, PD Cat 3, PD Cat 4, Unstageable

Community Nursing and population: Newly Identified Pressure Ulcers - Grade 3 - 4

Legend: Position

- There has been 2 x category 4 pressure ulcers reported in June. One case relates to a patient wearing a plaster cast and is subject to investigation. The second case is related to a particularly frail and deteriorating patient and is currently being investigated.

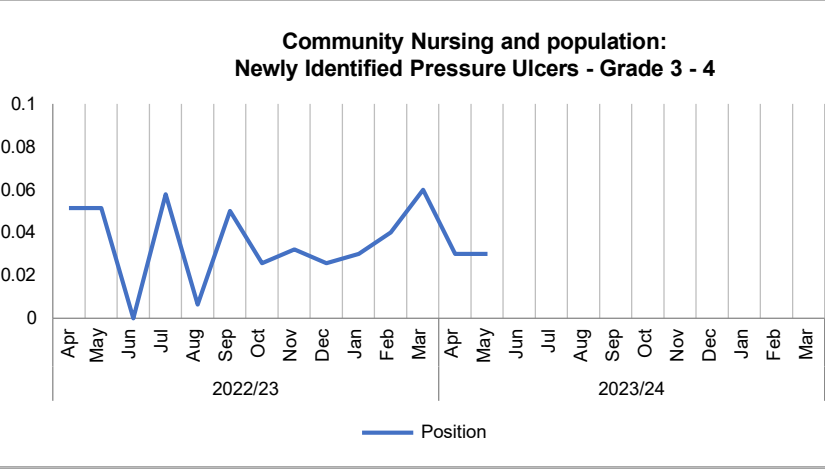- Pressure Ulcer Quality Improvement work continues across inpatient wards. Improvements are being seen in pressure ulcer risk assessment completion and the early identification of category one and category two pressure damage which have both reduced in month.

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Eastern Services Pressure Ulcers
Rate of pressure ulceration experienced whilst in Trust care

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Acute Pressure damage rate per 1000 bed days

Legend: Deep Tissue Injury, PD Cat 1, PD Cat 2, PD Cat 3, PD Cat 4, Unstageable

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

Legend: Position, Target
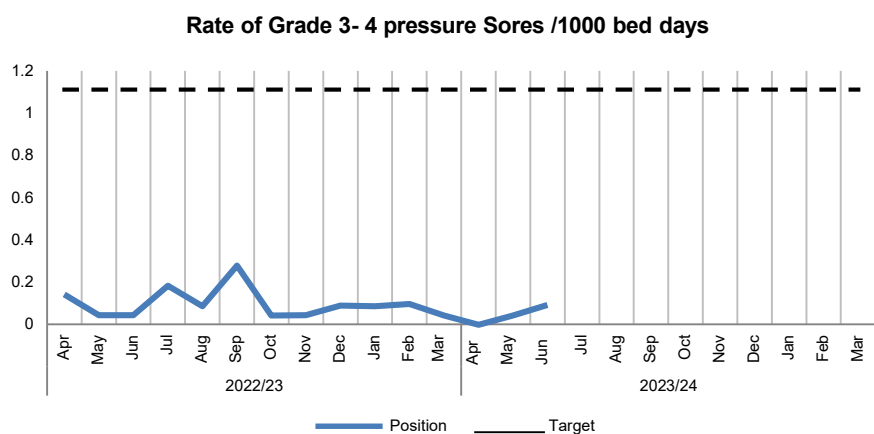
Community pressure damage rate per population and grade

Legend: Deep Tissue Injury, PD Cat 1, PD Cat 2, PD Cat 3, PD Cat 4, Unstageable

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

Legend: Position, Target

A review of our process' has improved our working practice and all Pressure Ulcers have been validated. Harm from pressure ulcers remains low, with the most significant risk factor being extremes of age (patients aged 90+)

Inpatient setting: An unstageable device related incident in fracture clinic will be reviewed, the thematic review will include previous incidents to ensure our learning processes are robust. The investigation will look at themes and include previous harms to challenge if our processes are sufficiently robust.

Community setting: there has been a rise in the category 2, and unstageable pressure ulcers; this increase is attributed to patients experiencing Skin Changes at Life's End (SCALE).

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

Number of Adult admissions > 1 day against total number of falls and those with harm (moderate, severe or catastrophic)

☐ Admissions ■ Total Falls ■ Moderate & Severe Harm Falls
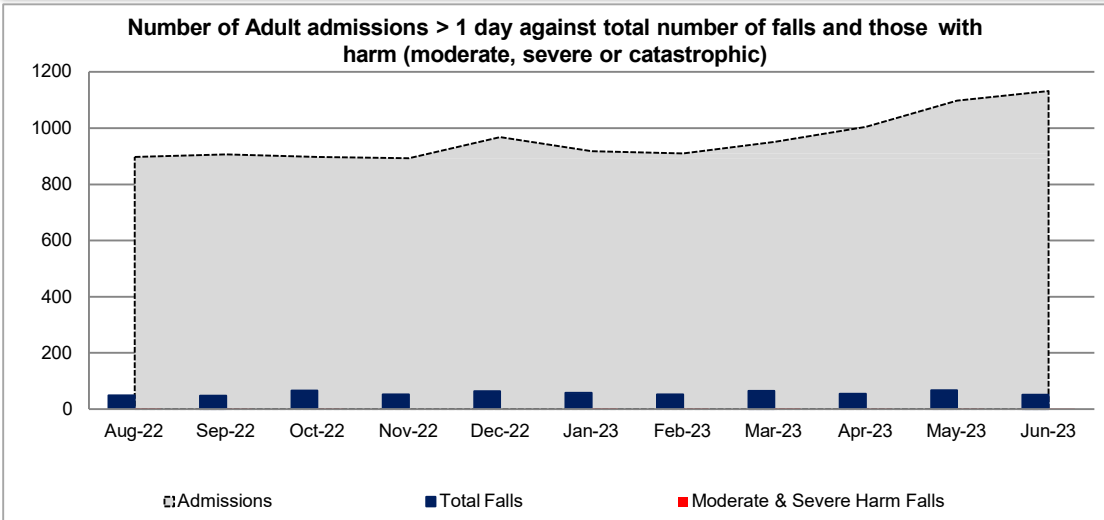
Month	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Admissions	897	907	897	893	968	918	910	951	1004	1098	1132
Total Falls	49	48	66	52	64	58	53	65	55	67	51
Moderate & Severe Harm Falls	2	1	1	0	0	2	3	2	1	1	1

NDHT - Harm rate per 1000 bed days (moderate/severe/catastrophic) - 01/04/20 - 01/06/23
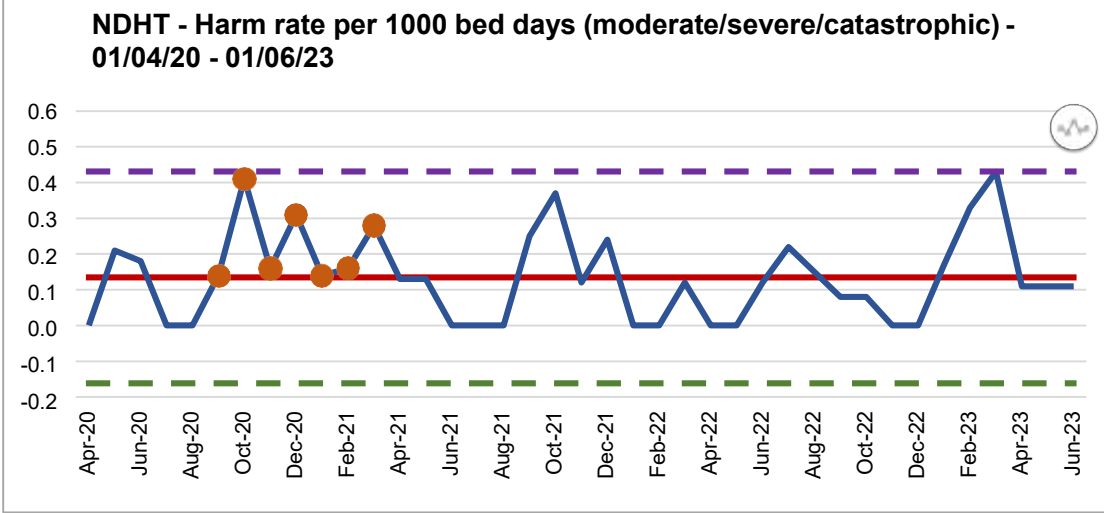
- In June 2023 95% of patients admitted did not fall.

- Falls remain within normal variation

- There was one harmful fall in June, which is subject to an investigation to identify learning.

- The first 'Falls Bootcamp' was completed with Tarka Ward, which was a success and a Tarka Falls Improvement Plan was created. All other wards are scheduled to attend a 'Falls Bootcamp' as part of the Falls Reduction Workstream.

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Eastern Services Slip, Trips & Falls

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

RDE Harm rate per 1000 bed days (moderate/major/catastrophic)

Legend:
- rate of falls per 1000 bed days resulting in moderate harm or above
- Upper Limit
- Lower Limit
- Mean
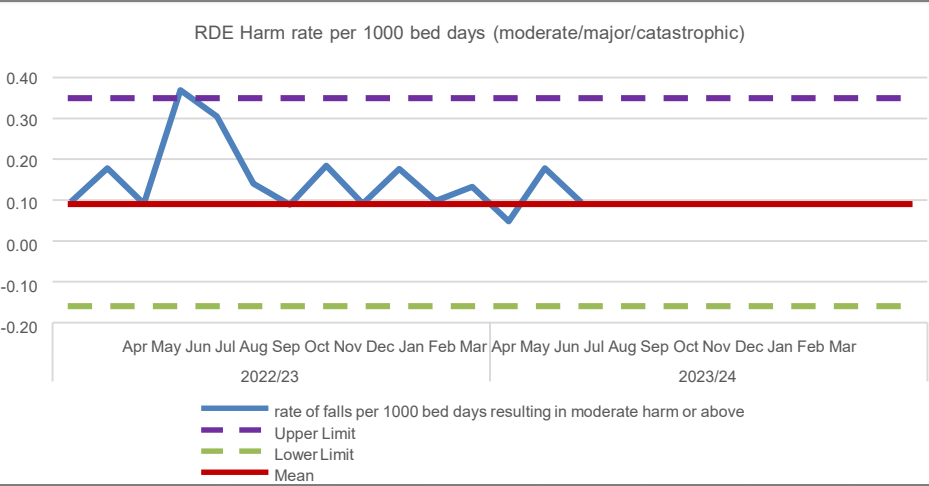
Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Falls	167	141	131	160	143	151	160	154	137	157	148	161	134	113	118
Moderate & Severe Falls	2	4	2	8	7	3	2	4	2	4	2	3	1	4	2

Falls remain within normal variation. There were two falls reported as resulting in moderate harm. One patient had an observed slip which resulted in a fractured elbow. The second was an unobserved fall from bed, the actual level of harm from this fall has not been finalised and is likely to be reduced to minor. There were no suboptimal care issues identified

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

Northern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NDDH	73%	60%	65%	81%	76%	82%	78%	77%	76%	71%
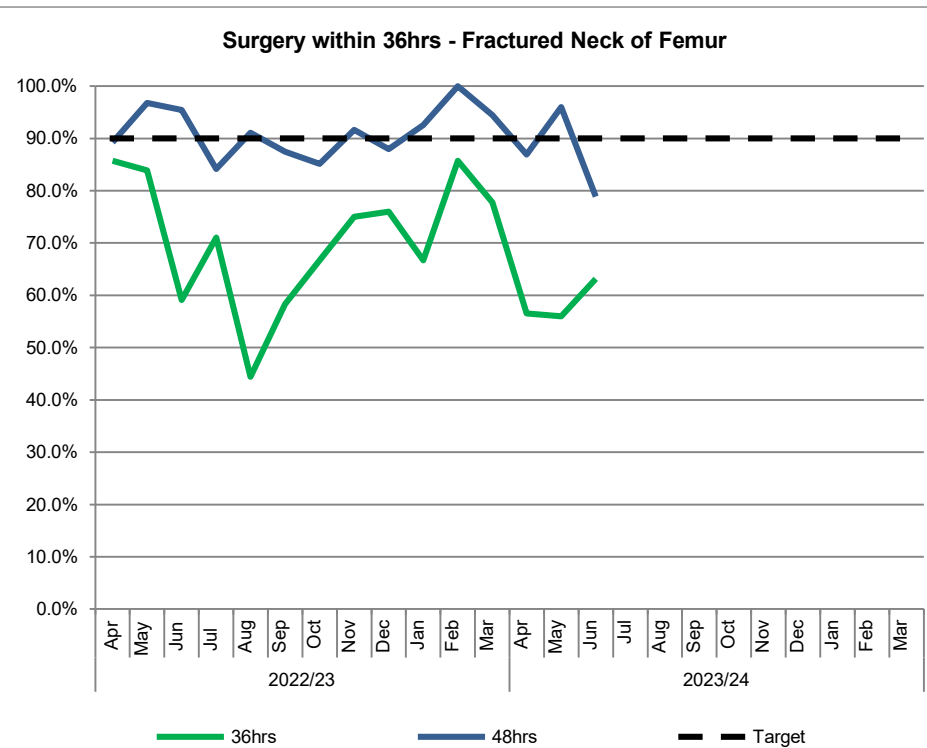
- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for Venous Thromboembolism (VTE) on admission, demonstrates a stable position.

Surgery within 36hrs - Fractured Neck of Femur

Legend: 36hrs | 48hrs | Target

- In June 2023, 63.2% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 19 patients with a fractured NOF in that month who were medically fit for surgery from the outset and of these, 12 patients received surgery within 36 hours.

- The 7 patients in total that breached 36 hours were due to lack of theatre time and awaiting space on theatre lists. There is an increasing volume of Trauma admissions being seen impacting on capacity and there was a particularly high number of Trauma admissions seen in June. Four patients waited longer than 48 hours; therefore 78.9% of patients received their surgery within 48 hours.

- Validation of the June figures has demonstrated a previous discrepancy in the methodology used to calculate the time to surgery. This have been rectified for June's position and will be retrospectively applied to all months in the next IPR, which will have a positive impact on achievement.

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Eastern Services Efficiency of Care

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

Eastern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
RDE Wonford	76%	75%	73%	72%	81%	88%	87%	82%	79%	87%
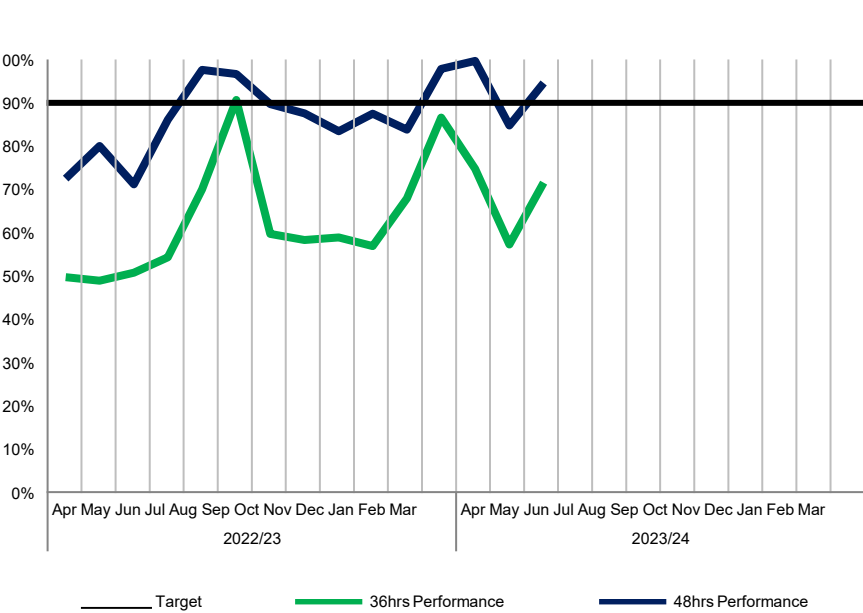
- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position, with improved performance seen in June 2023.

Surgery within 36hrs - Fractured Neck of Femur

Legend: Target, 36hrs Performance, 48hrs Performance

- In June 2023, 71.8% of medically fit patients with a fractured NOF received surgery within 36 hours. There were a total of 47 patients admitted with a fractured NOF, 39 of these patients were medically fit for surgery from the outset and 28 patients received surgery within 36 hours. Two medically fit patients had to wait longer than 48 hours for surgery, therefore 95% of patients received surgery within 48 hours. The main reason for delay was awaiting space on theatre lists.
- There were a total of 187 trauma patients admitted in June, with a spike of 38 Trauma admission across a single three day period between Sunday 18th –Tuesday 20th.
- Where clinically appropriate all fractured NOF cases are given priority in theatres over elective patients. 49 Trauma Patients had their surgery during June in PEOC Theatres, which was to the detriment of elective activity.
- The Hip Fracture Lead has reviewed all cases during the month and is confident that the quality of the clinical care remains high and the patients who breached 36 hours, did not come to any clinical harm due to an extended wait for surgery.
- Work is being actively progressed to increase the volume of Orthopaedic and Spinal activity that can be redistributed to the Nightingale Hospital, to free up theatre capacity on the Wonford site.

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Trust - Healthcare Associated Infection
Volume of patients with Trust apportioned laboratory confirmed infection

Clostridioides difficile Cases
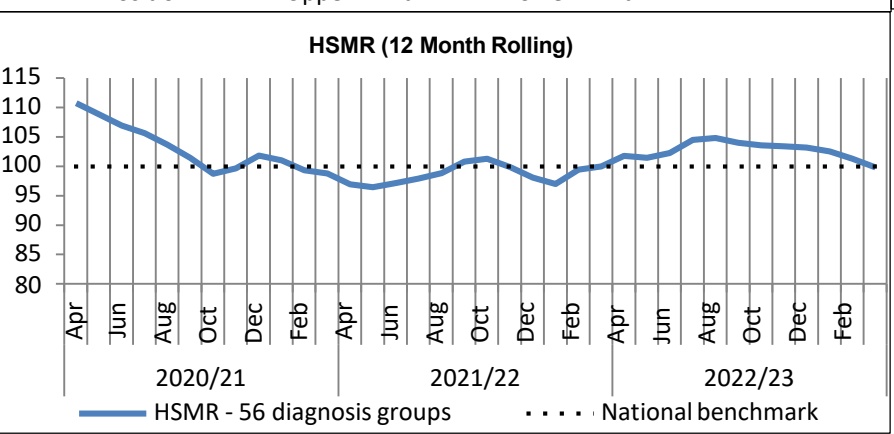

Legend: Hospital Onset (HOHA) · Community Onset (COHA) · Limits

2023/24

MRSA Cases

Legend: Hospital Onset (HOHA) · Community Onset (COHA) · Limits

2023/24

MSSA Cases

Legend: Hospital Onset (HOHA) · Community Onset (COHA) · Limits

2023/24

E-coli Bacteraemias Cases

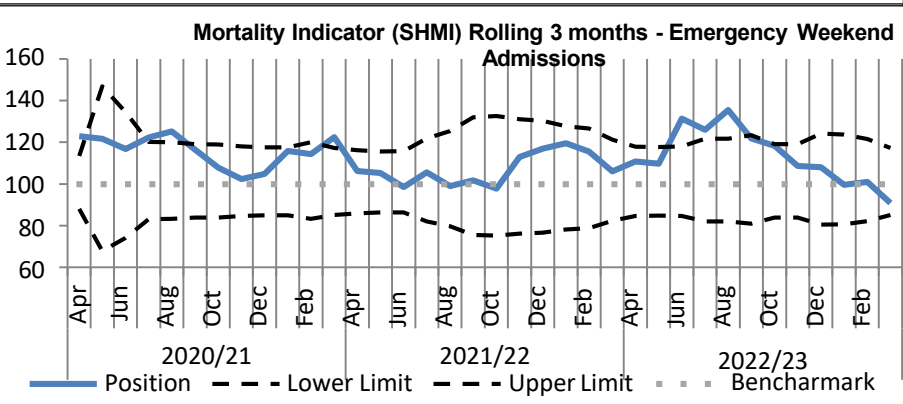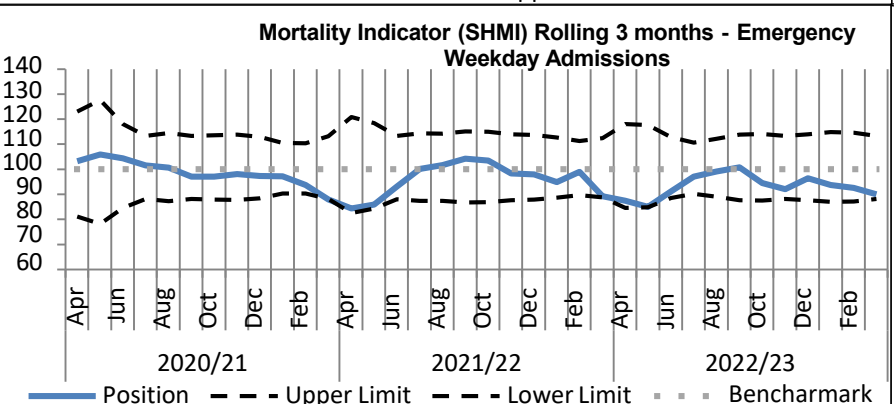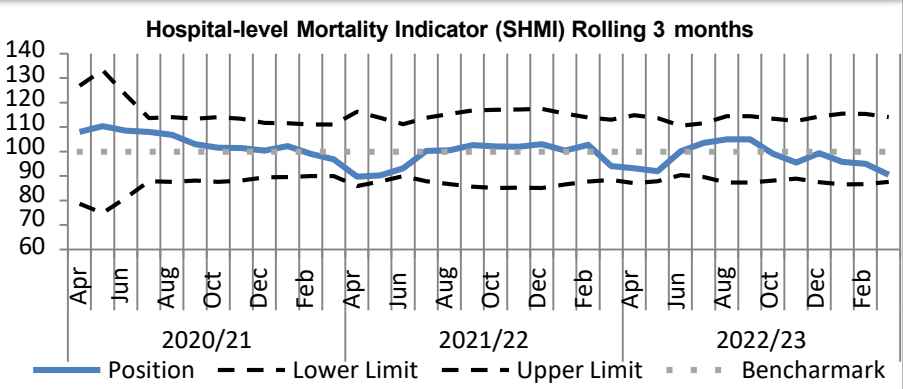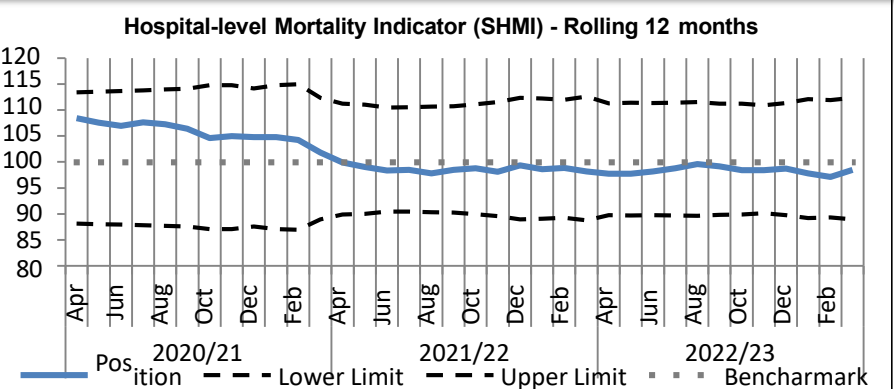Legend: Hospital Onset (HOHA) · Community Onset (COHA) · Limits

2023/24
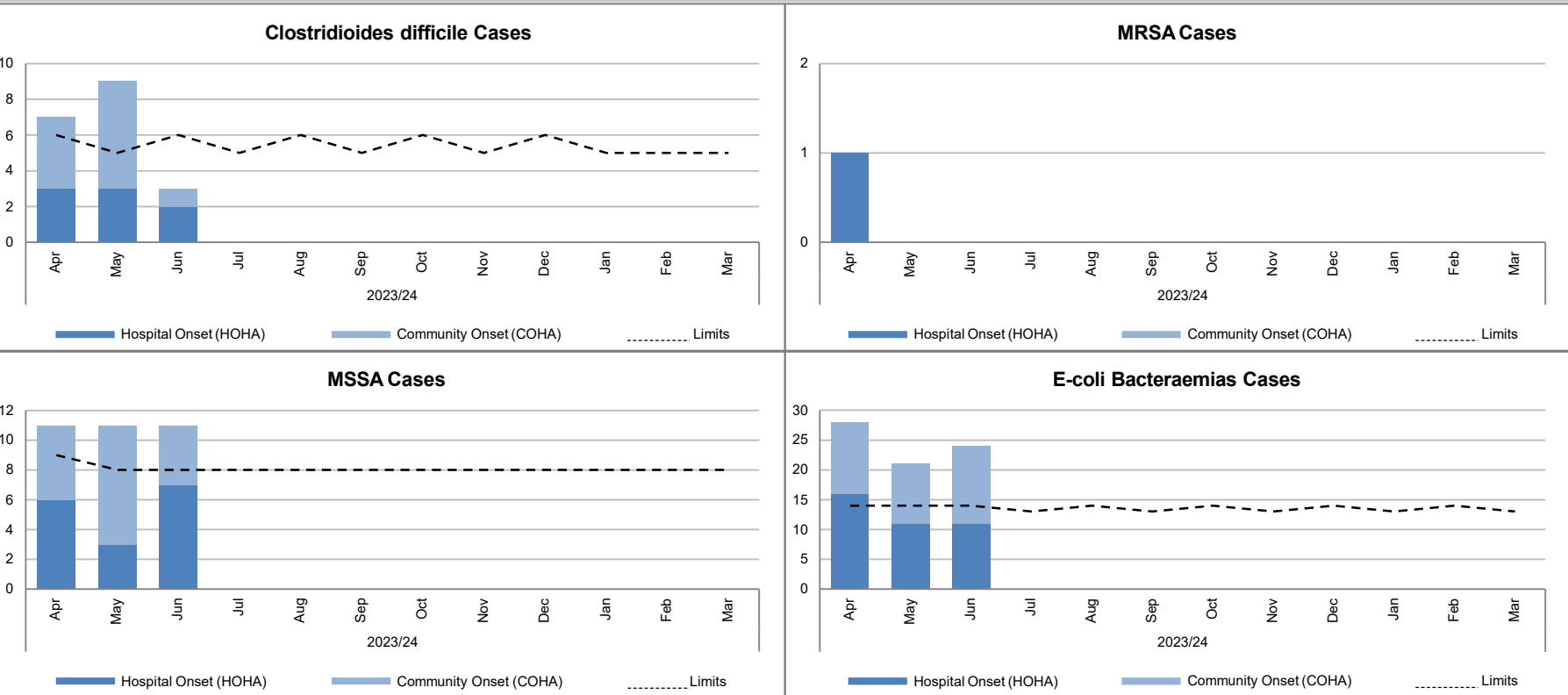
C difficile – Two Hospital Onset (HOHA) and one Community Onset (COHA) cases. No learning identified from investigation of these cases

MRSA bacteraemia – Nil

MSSA bacteraemia – Thorough case analysis of the seven HOHA cases and four COHA cases were undertaken. No Trust learning was identified that may have prevented five of the HOHA cases. In one HOHA case, associated with a Peripheral Venous Cannula (PVC), prompt medical review following the identification of pain and erythema at the PVC site may have prevented this bacteraemia. Another of the HOHA cases, also associated with a PVC, may have benefited from the new addition to the VIP (Visual Infusion Phlebitis) scoring chart which is in the process of being updated by the Vascular Access Team; this change will see the requirement to monitor PVC sites for an additional 48hrs after removal following a VIP of 2 or more. No Trust learning was identified for one of the COHA cases. The other COHA case, associated with a CVC, may have been averted if concerns of the line site were escalated as per Trust policy, which may have resulted in a more prompt review of the patient.

E coli bacteraemia – Of the 11 HOHA cases, one had a gastroenterology source, one a hepatobiliary source, five were urinary source of which four were associated with urinary catheters, one respiratory source and three cases were unknown source. Of the 13 COHA cases, there were four hepatobiliary sources, six urinary sources of which three were associated with a urinary catheter, one gastroenterology source and one source unknown.

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

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

Position — Lower Limit — Upper Limit — Benchmark

2020/21 2021/22 2022/23

Hospital-level Mortality Indicator (SHMI) Rolling 3 months

Position — Lower Limit — Upper Limit — Benchmark

2020/21 2021/22 2022/23

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

Position — Upper Limit — Lower Limit — Benchmark

2020/21 2021/22 2022/23

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

Position — Lower Limit — Upper Limit — Benchmark

2020/21 2021/22 2022/23

HSMR (12 Month Rolling)

HSMR - 56 diagnosis groups ⋯⋯ National benchmark

2020/21 2021/22 2022/23

- The overall mortality figures are within national confidence intervals for 12 month and 3 month rolling SHMI and are below all our Peninsula peers. The 12 month HSMR has continued to fall.

- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians, where appropriate.

Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics
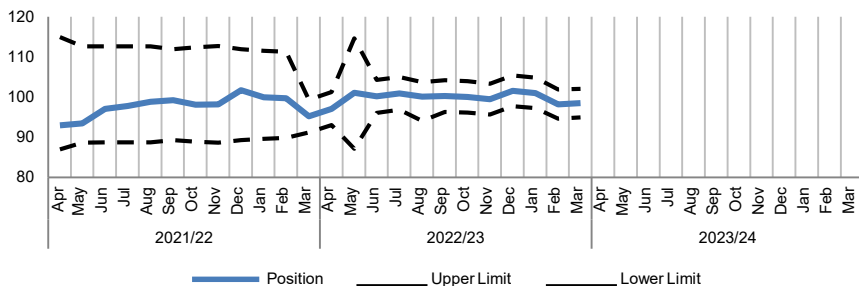
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Hospital-level Mortality Indicator (SHMI) - Rolling 12 months

Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions
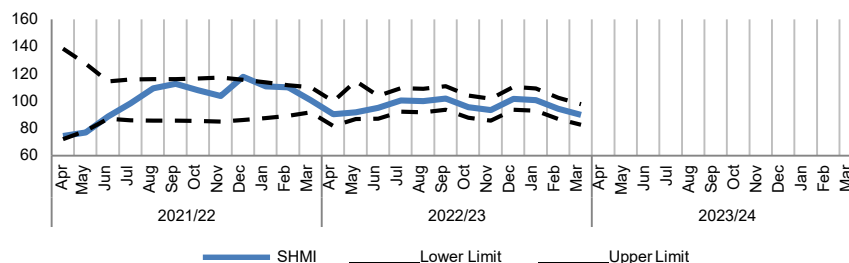
Hospital-level Mortality Indicator (SHMI) Rolling 3 months
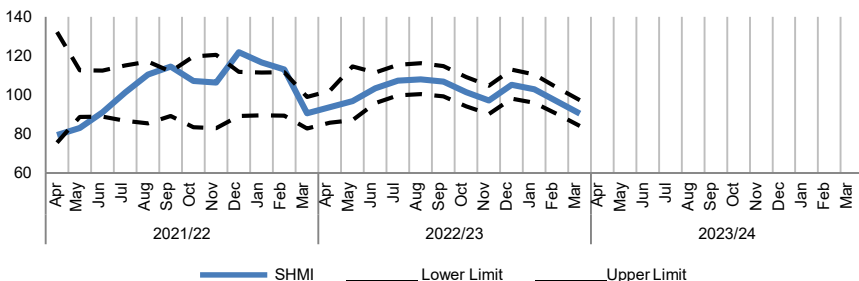
Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions
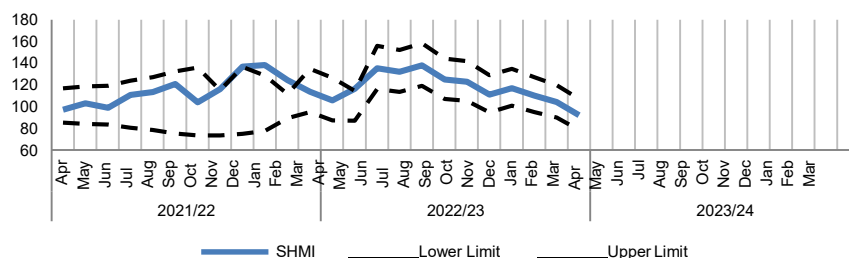
HSMR (12 Month Rolling)
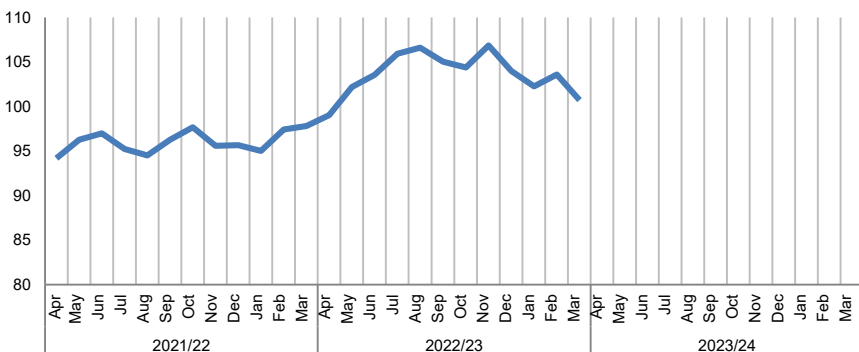
- The SHMI position remains within the expected range for all metrics and demonstrate a continued downward trend.

- The HSMR position remains stable on a rolling 12 month basis to March 2023

- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians where appropriate. No new emergent themes are currently being identified through this process.

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

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

Discharge Destination to Home (%)

Average Thrombolysis Times (minutes)

On Stroke Unit within 4 hours
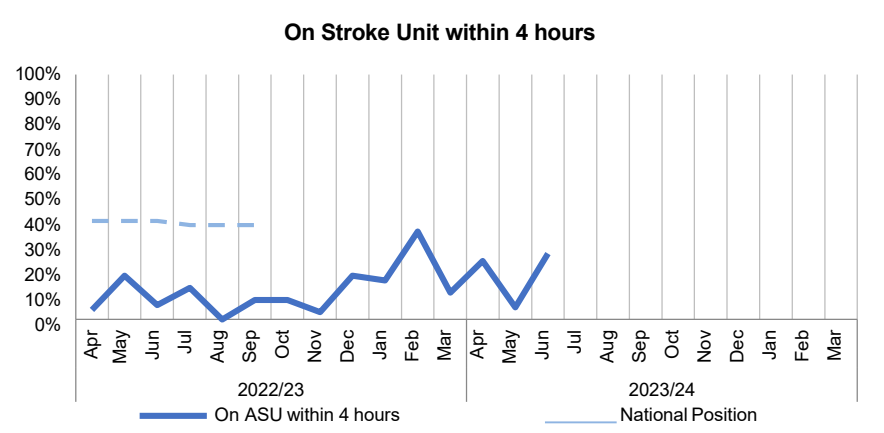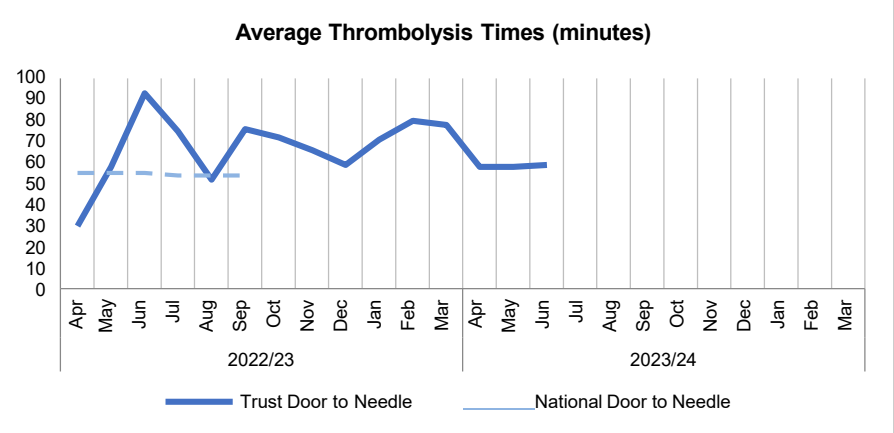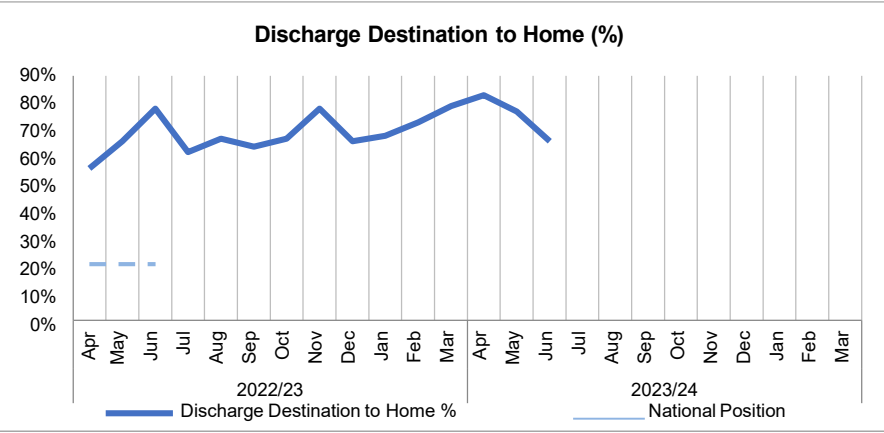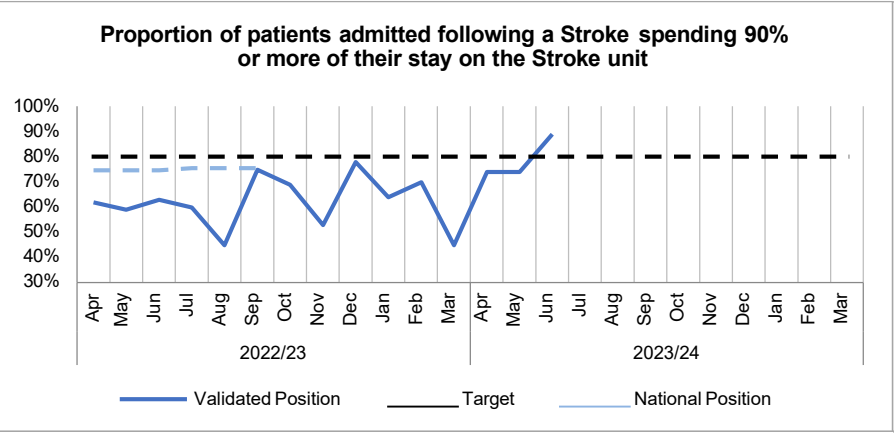
- 90% stay: Performance against this indicator continued to show signs of consistent improvement, with the target being exceeded for the first time since April 2022, achieving 89%. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group continue to focus on reviewing the ringfencing processes with the site management team.

- Discharge destination: This metric is relatively stable and is above the national average.

- Thrombolysis times: Thrombolysis time is broadly stable over time. Overall the number of eligible stroke patients for thrombolysis is low

- Acute Stroke Unit in 4 hours: This target remains challenging due to the high level of occupancy; however the position has improved in June.

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Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

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

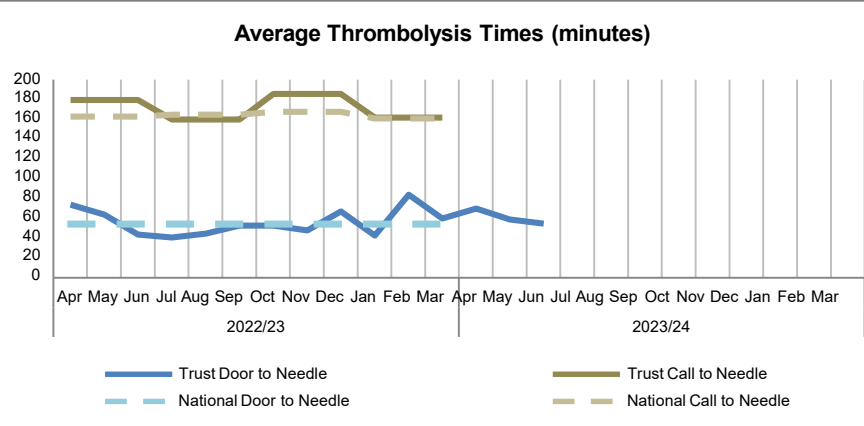Legend: Unvalidated Position — Validated Position — Target

Discharge Destination to Home (%)

Legend: Discharge Destination to Home % — National Position

On ward within 4 Hours (ASU)

Legend: On ward within 4 Hours (ASU) — National Position

Average Thrombolysis Times (minutes)

Legend: Trust Door to Needle — Trust Call to Needle — National Door to Needle — National Call to Needle

- 90% stay -The proportion of patients admitted spending 90% of their stay on the stroke unit has improved in June and is above target at 83.1%. Also in June 44.3% was achieved against the on ward within 4 hours target indicator, which 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.

Birth Rate (Number of babies born)

1:1 Care in Labour

Midwife to delivery ratio

Admissions of (term babies) to NNU

- Term admissions to Neonatal Unit (NNU) all reviewed via ATTAIN (Avoiding Term Admission Into Neonatal Units) process and no safety concerns identified.

NB Admissions due to lack of dedicated transitional care facility in Northern Services continue to impact on numbers. Services across RDUH continue to explore Transitional care provision as part of integration optimisation.

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Eastern Services Maternity

Metrics relating to the provision of quality maternity care

Birth Rate (Number of babies born)
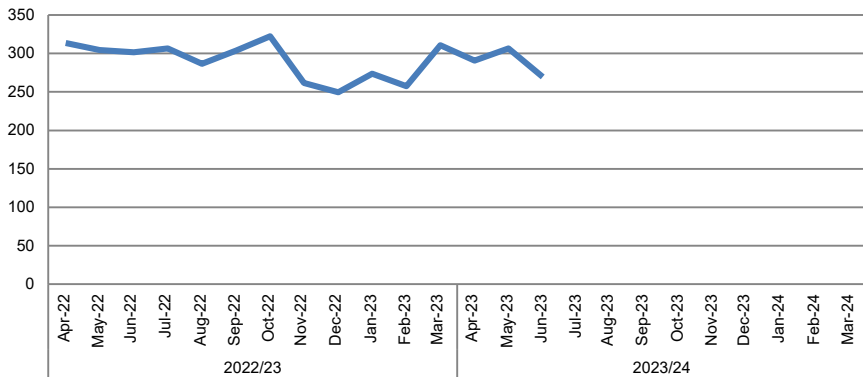
1:1 Care in Labour
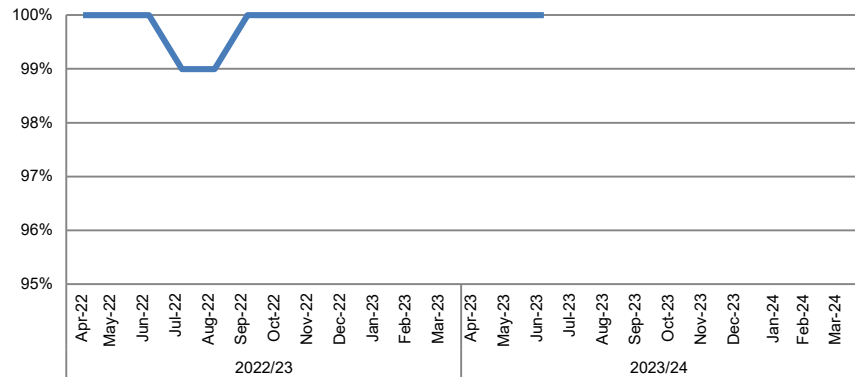
Midwife to delivery ratio
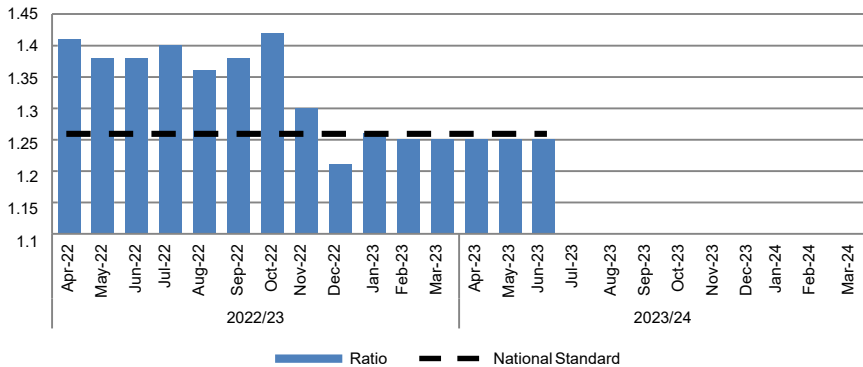
Admissions of (term babies) to NNU
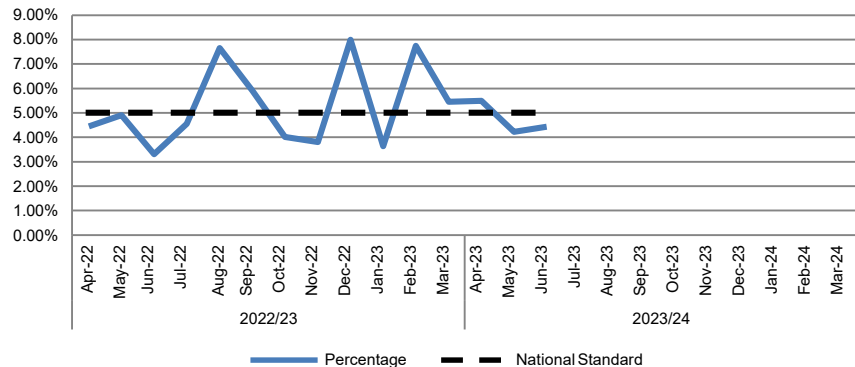
- Term admissions to NNU all reviewed via ATTAIN process. No safety concerns identified. To note, these remain in line with national picture due to the provision of dedicated transitional care facility in East.

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

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C-Section Rates - Elective & Emergency

- Elective C-Section rate
- Emergency C-Section rate

Induction of Labour rates

National Standard — Induction of Labour rates NDHT
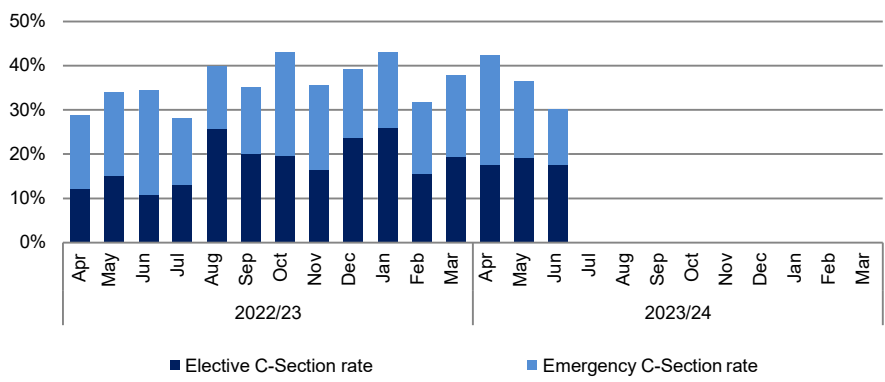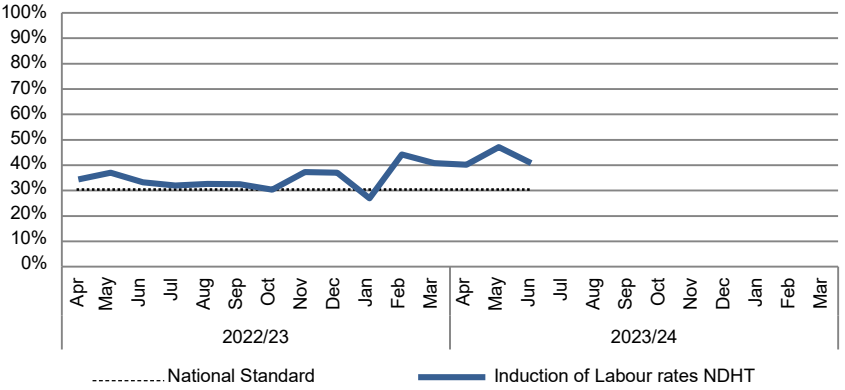
Still births (includes term & pre-term)
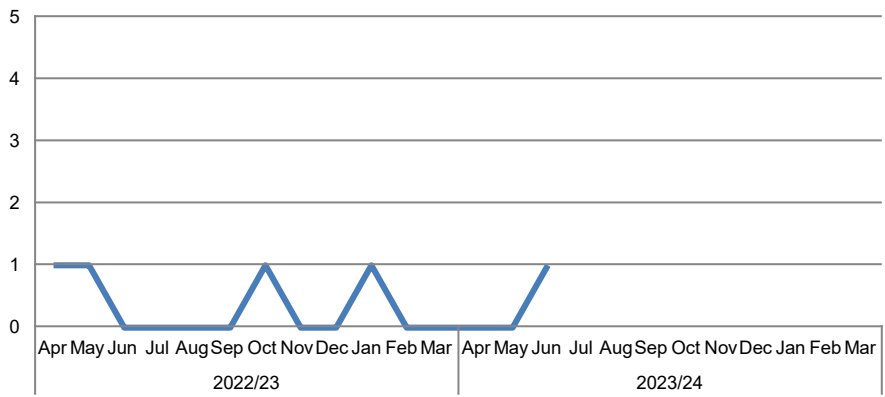
PROMPT Training % (whole team)
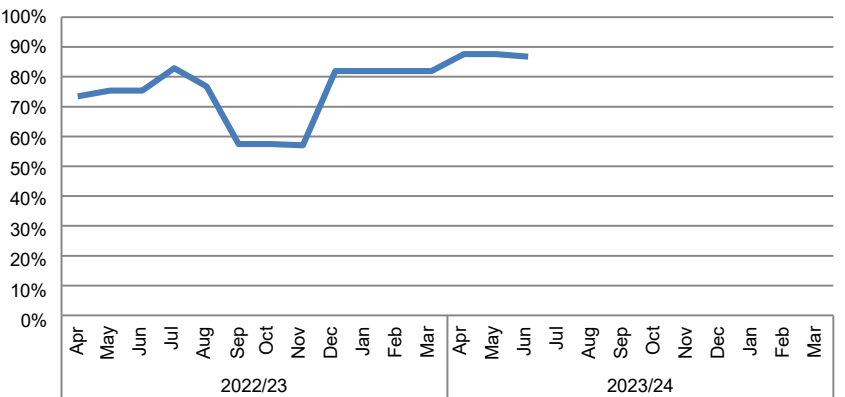
- There was one stillbirth in month which will be fully reviewed via the Perinatal Mortality Review Tool (PMRT) process

- PROMPT (Obstetric Multi-Professional Training) training compliance maintained in month, service continues to prioritise as per CNST Year 5 compliance trajectory

Eastern Services Maternity
Metrics relating to the provision of quality maternity care

C-Section rates - Elective & Emergency

- Elective C-Section rate
- Emergency C-Section Rate

Induction of Labour rates

— Labour Rate   - - National Standard

Still births (includes term & pre-term)

PROMPT Training % (whole team)
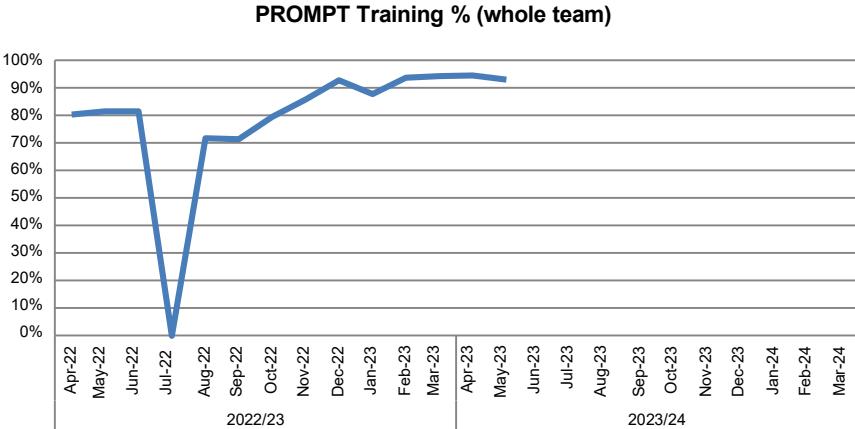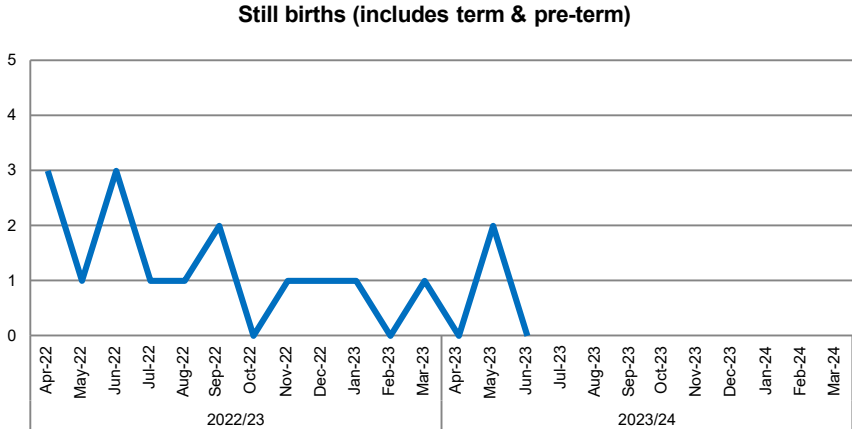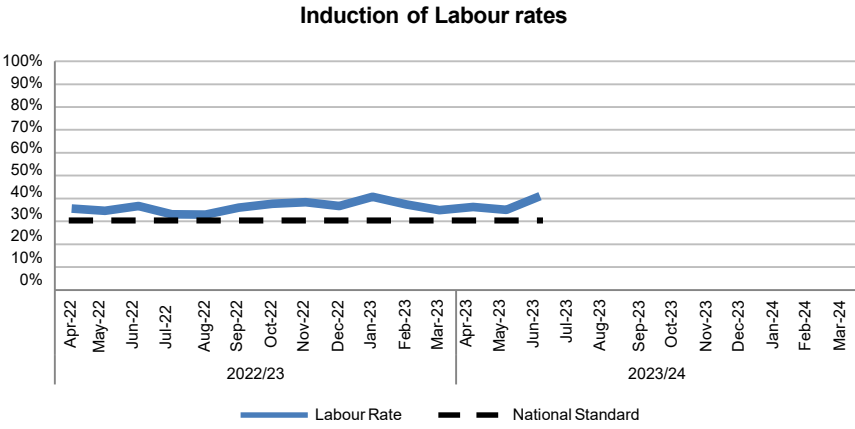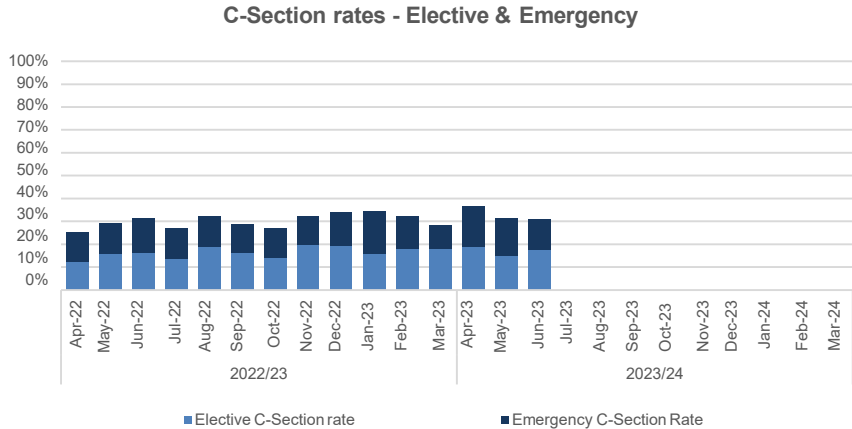
- Induction of labour rates continue to increase in line with the National picture.

- PROMPT training compliance maintained above 90% in month, service continues to prioritise as per CNST Year 5 compliance.

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

Incidents in current month (moderate and above) (run chart)
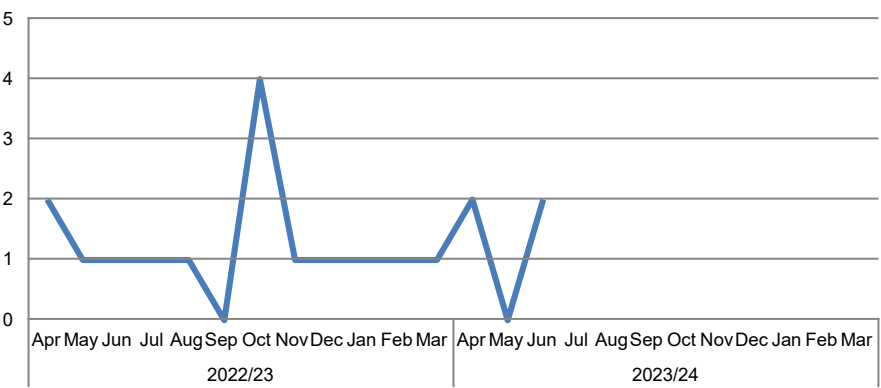
Serious Incidents (run chart)
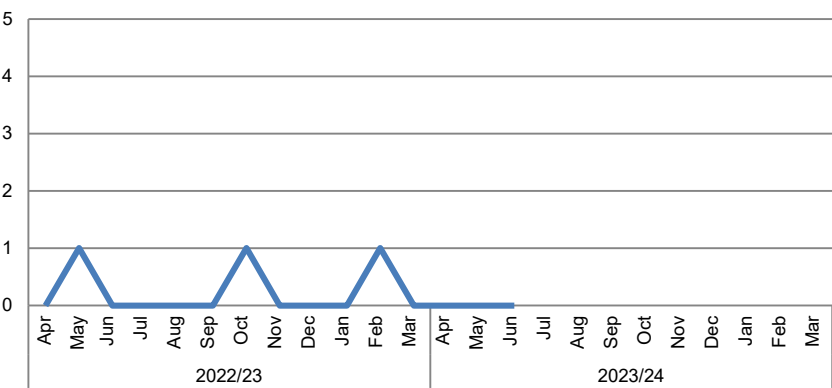
Complaints Maternity
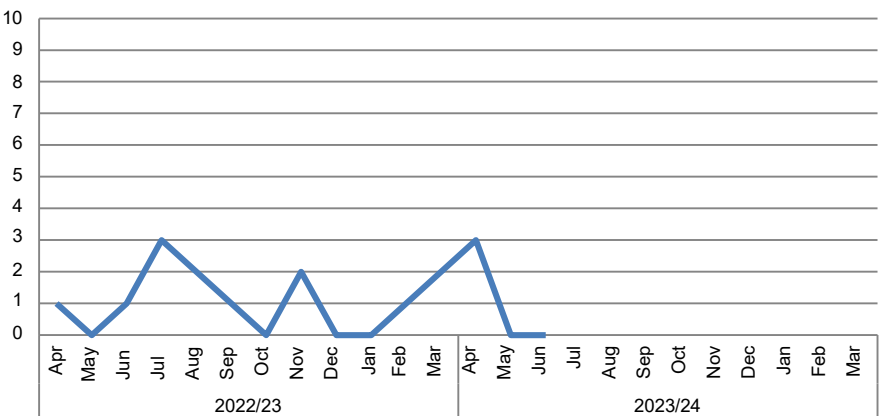
Compliments Maternity
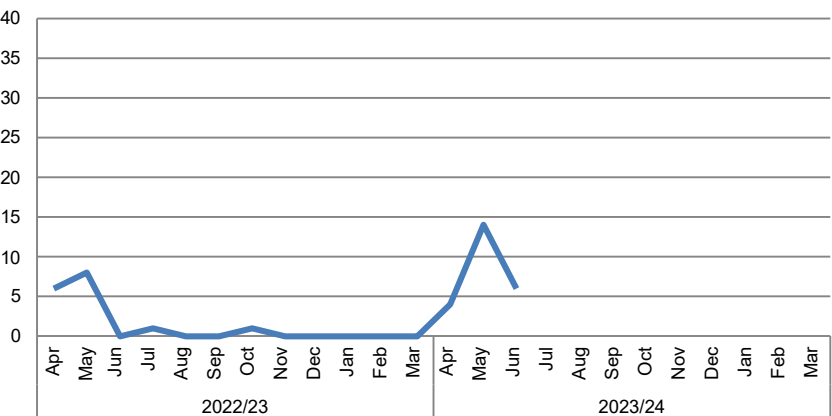
- There were 2 moderate or above incidents in month: 1 stillbirth which will be investigated via the Perinatal Mortality Review Tool (PMRT) process and 1 Term admission to NNU which will be investigated via the Avoiding Term Admission into Neonatal Units (ATTAIN) process.

Eastern Services Maternity

Metrics relating to the provision of quality maternity care

Incidents in current month (moderate and above) (run chart)
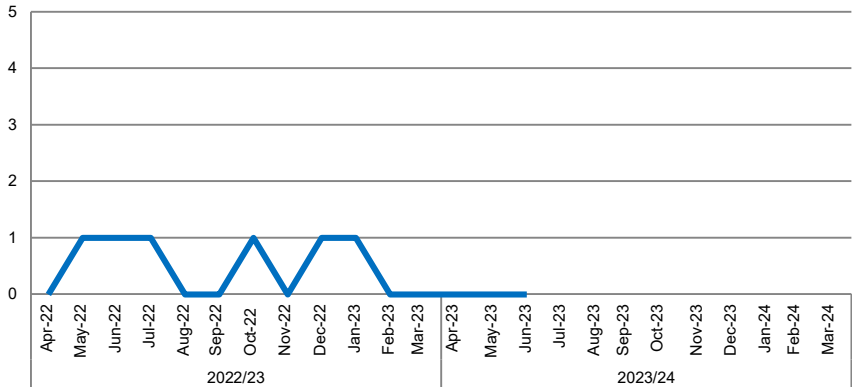
Serious Incidents (run chart)
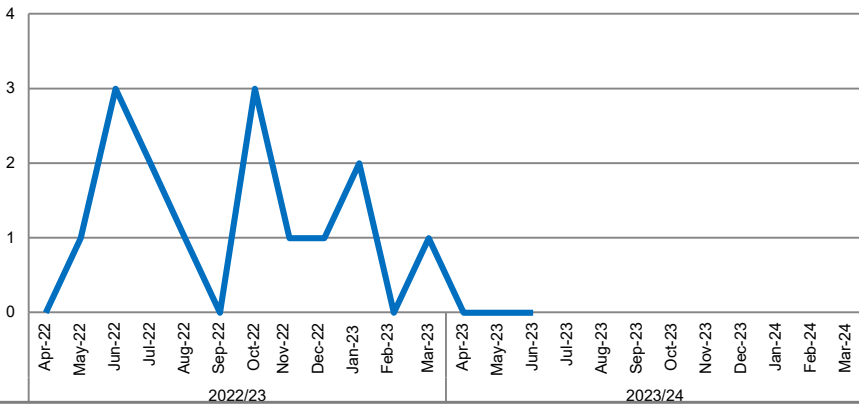
Complaints Maternity
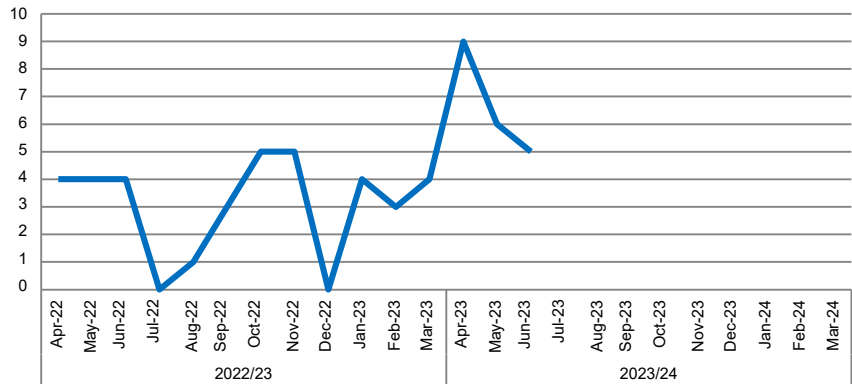
Compliments Maternity
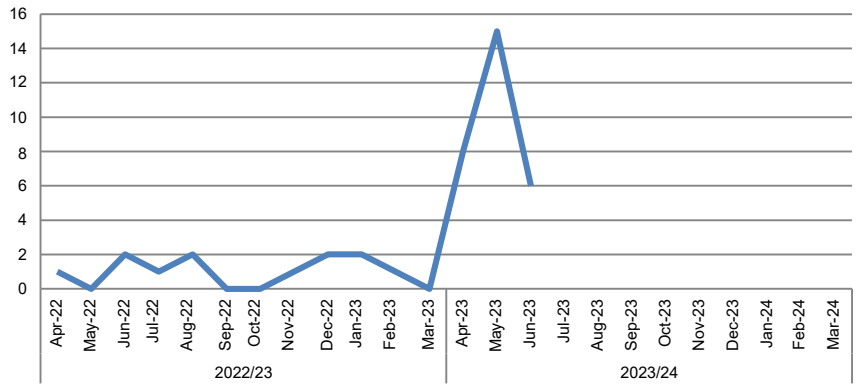
- Service continues to work with the Devon Maternity and Neonatal Voices partnership to encourage service user feedback and provide personalised response in line with Trust early resolution.

Northern Services Safe Clinical Staffing Fill Rates

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

Legend: RN Day — Target

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

Legend: Target — RN Night

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

Legend: HCA Day — Target

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

Legend: Target — HCA Night
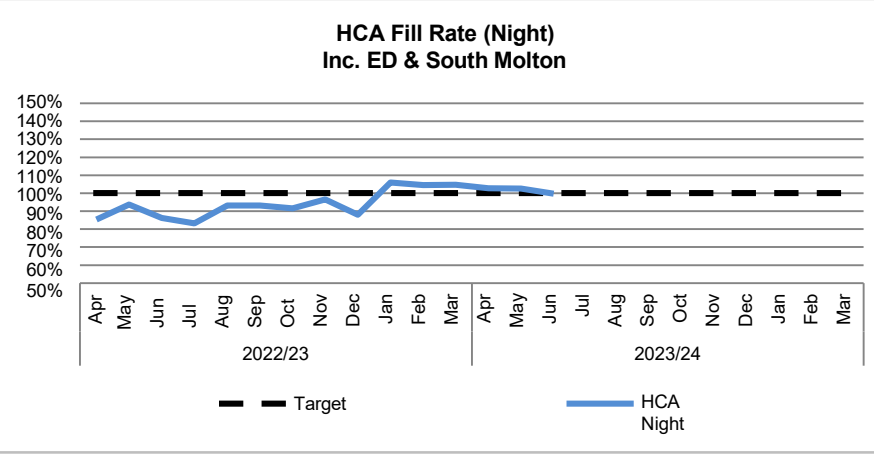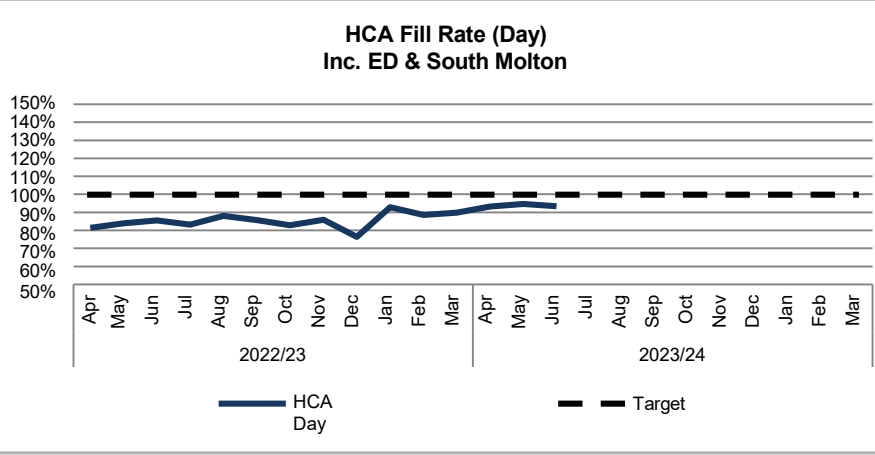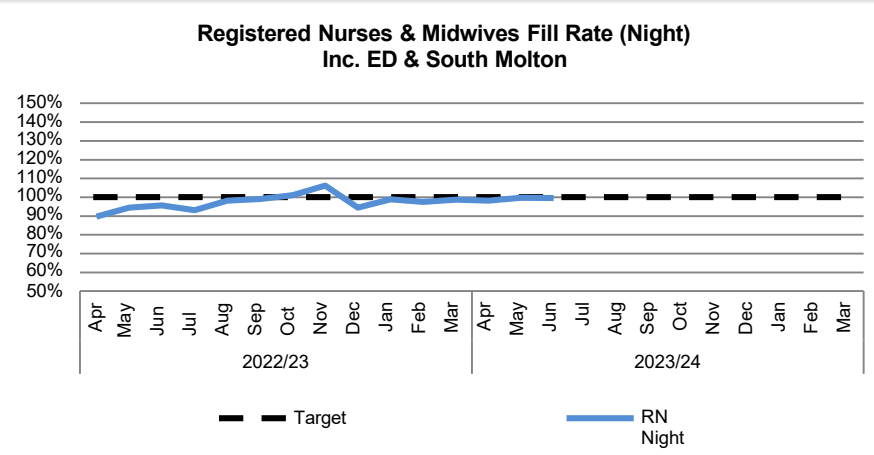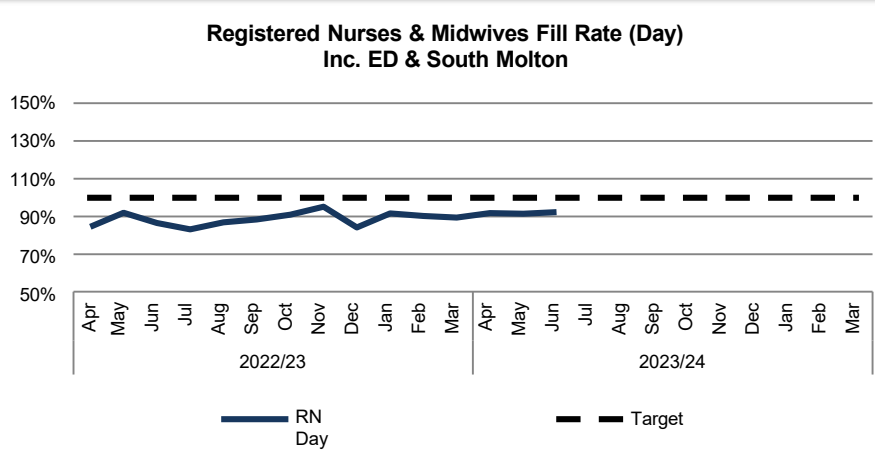
- All staffing fill rates remain 92% or above. Daytime fill rates continue to be more challenging due reduced availability of temporary staff.

- There were 8 reported incidents relating to low nursing and midwifery staffing in April with none scoring moderate or above.

- NB - staffing risks are assessed and mitigated through a number of established processes and strong professional oversight by members of the Senior Nursing and Midwifery teams on a daily basis.

Eastern Services Safe Clinical Staffing – Fill Rate

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

Registered Nurses & Midwives Fill Rate (Day)

Registered Nurses & Midwives Fill Rate (Night)

Care Staff Fill Rate (Day)

Care Staff Fill Rate (Night)
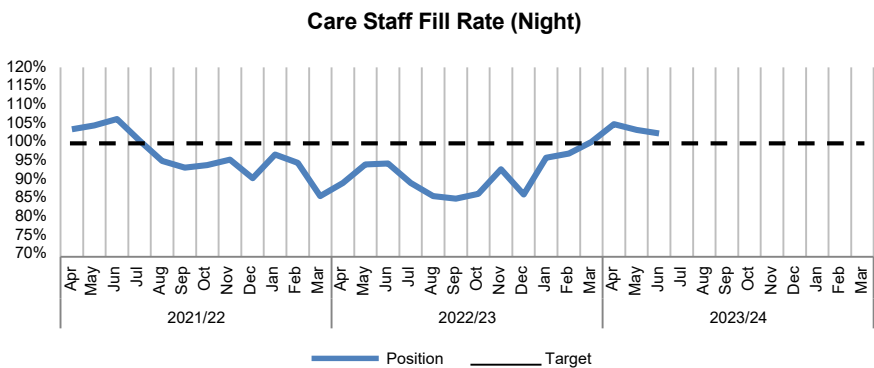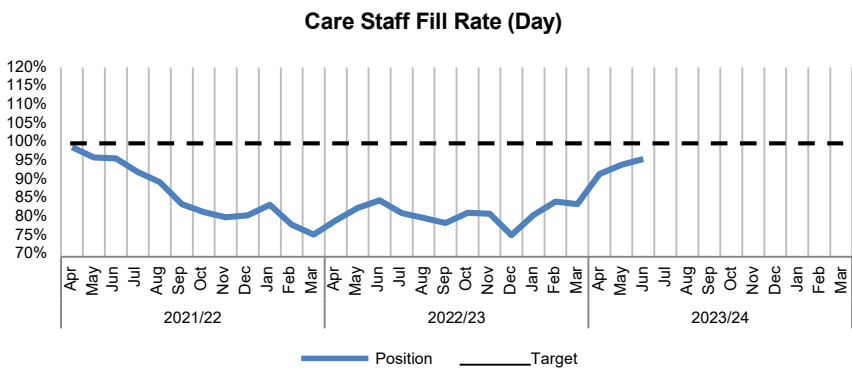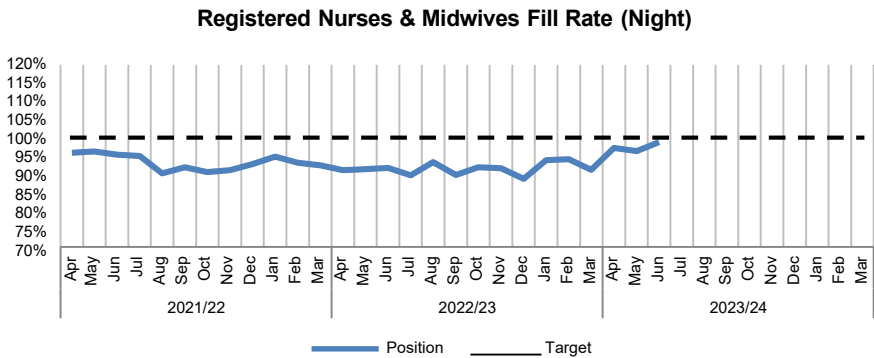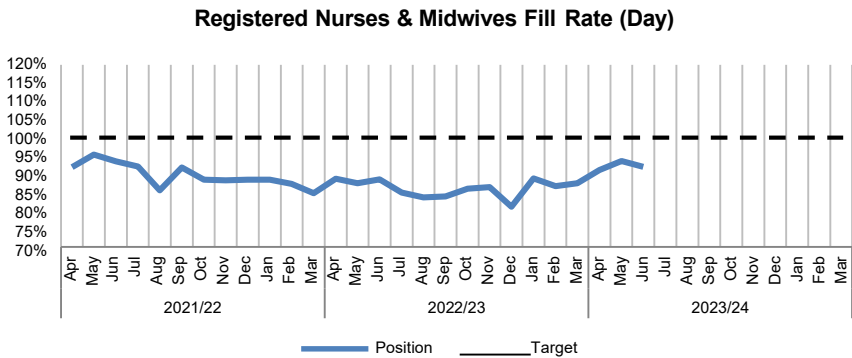
- The fill rate for Eastern services in June 2023 was 97.3%

- There were four patient safety incidents related to staff shortages reported in June 2023. All of these were reported as no harm.

- All patient Safety Incidents which resulted in moderate or greater levels of harm were reviewed. None of these cited staffing issues as either a causative or contributory factor.

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Eastern Services Safe Clinical Staffing

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

Medical - Staff FTE (£Million)

Nursing - Staff FTE (£Million)

Nursing Reasons for Bank/Agency Usage
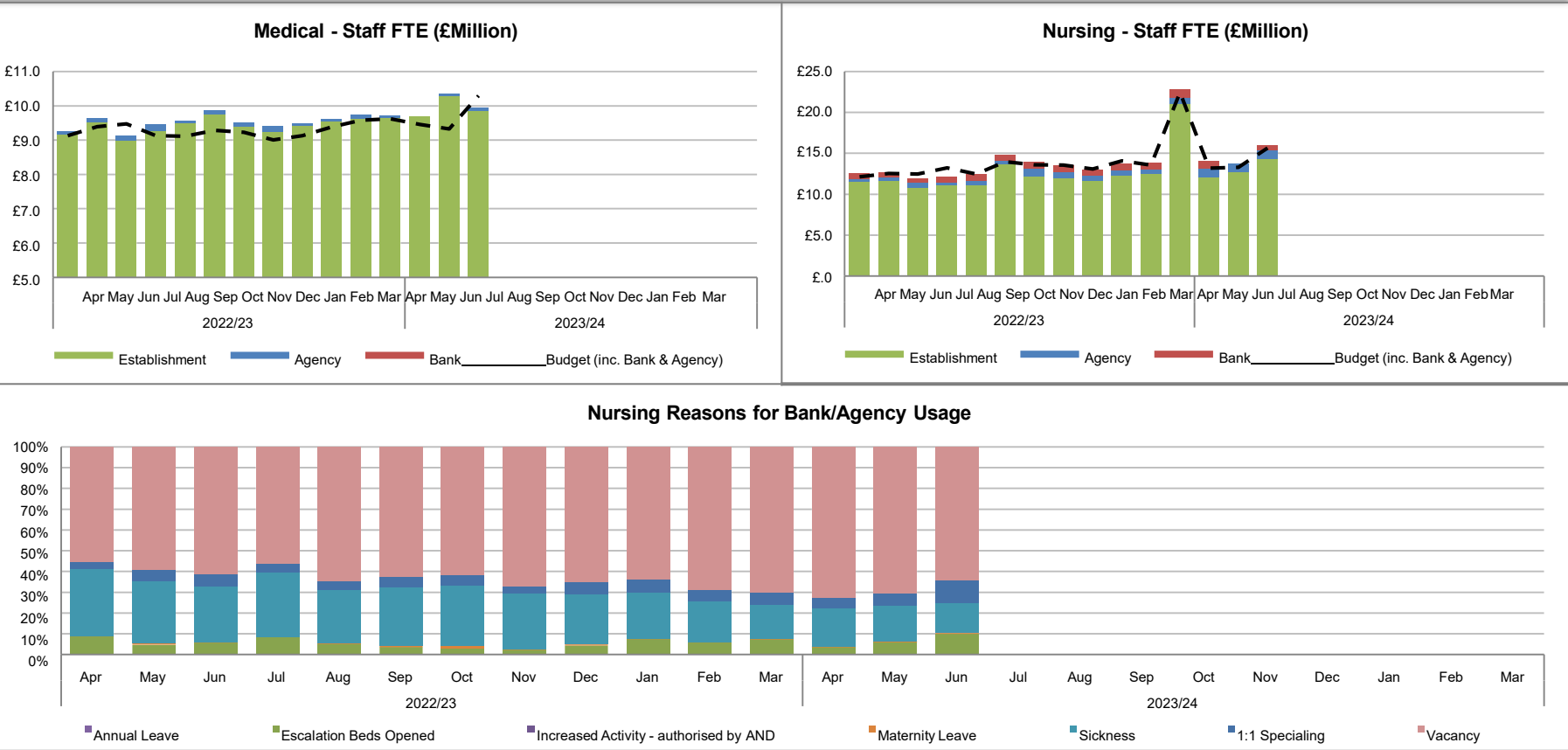
- There was a significant increase in the number of patients who required 1:1 support due to complex mental health presentations or cognitive impairments which created of risk of harm to themselves or others. Over 11% of bank and agency spend was used for 1:1 support. This is the highest proportion of spend noted for this reason. The demand created on services would have been higher, as this spend does not include ward establishment or security staff who are involved in providing 1:1 support.

608.3

397.0

464.8

242.0

271.0

14.0

161.8

80.2

125.9

143.5

14

- Sum of Stage 3 WTE
- Sum of Stage 4 WTE
- Sum of Stage 5 WTE
- Sum of Stage 6 WTE

Eastern Service

Northern Service
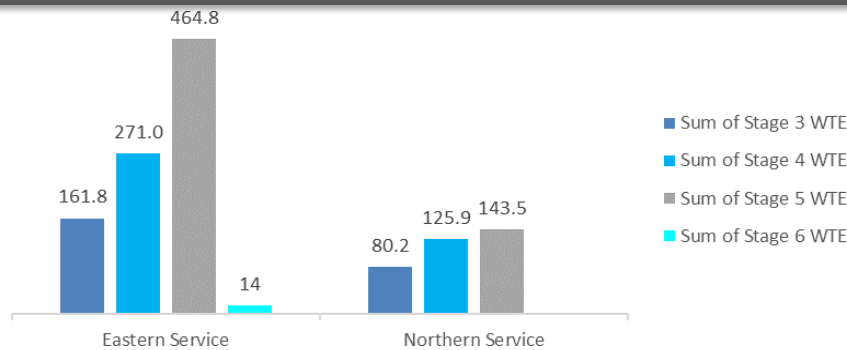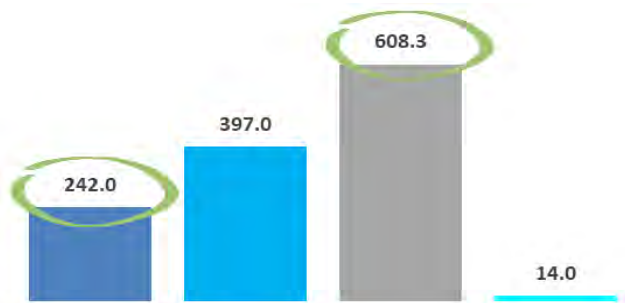
- While the numbers at Stage 3 (194 vacancies out to market) are little changed month on month, there has been significant progression of cases moving from Stage 4 (shortlisting and interview) into Stage 5 pre-employment checks. 705 people are in Stage 5 (up from 594 in May) which exceeds the accepted manageable threshold of caseload volume for these administrative tasks.

- Our Time to Hire (TTH) – Time from Advert Published to Contract Offered) reduced to 62.2 for the Trust – following an increase in May which may have been attributable to the three bank holidays that month.
  - o Improvements in the TTH can be seen across all of our workforce groups, with notable reductions in the past month to Additional Clinical Services (70 from 82.2), Healthcare Scientists (75.1 from 81.5) and Nursing & Midwifery Registered (70.8 from 79.1)
- The staff groups attracting most applications remain Administrative & Clerical, Additional Clinical Services, and Nursing & Midwifery Registered.

- We have seen an increase in unique visits month on month to Career Gateway
  - o Top searches in June by role being Manager (33%), Nurse (27%), Doctor (20%).

- The Royal Devon Website is our greatest recruitment attraction tool with c 50% of applicants coming from this source, NHS Jobs second and Career Gateway Job Alerts third.

- 37 international nurses arrived in June (25 nurses delayed from May). 20 further nurses are expected to arrive by end of July. We are still experiencing considerable pressure in terms of accommodation across both East and North despite efforts being applied.

- The vacancy picture remains stable at a Trustwide level, 6.1% and below the planned for 7%.

Vacancy % WTE

12.00%

10.00%

8.00%

6.00%

4.00%

2.00%

0.00%

Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23

Monthly Variant WTE Joiner Position

May-23 New Hire — 131.48

May-23 Leaver — 106.48

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Trust Turnover

IPR - Volume of Newly Recruited Members of Staff

Legend:
- Nursing and Midwifery Registered
- Medical and Dental
- Healthcare Scientists
- Estates and Ancillary
- Allied Health Professionals
- Administrative and Clerical
- Additional Clinical Services
- Add Prof Scientific and Technic

12 Monthly Turnover

— Trustwide   — Northern Services   — Eastern Services   - - Planned

Leavers (FTE) for 12 months to 30 June 2023 - *Permanent and FTC Contracts

Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	*Medical and Dental	Nursing and Midwifery Registered	Students
34.23	351.70	391.96	90.45	89.65	34.45	32.29	286.33	0.40

Turnover (data as at end-June 2023)

- Turnover continues to fall Trustwide, now 11.6% at the end of June.

- The decrease in the Eastern rate continues with the rate down to 11.3%.

- After a succession of months in which turnover had plateaued, Northern Services fell from 13.2% to 12.6% in June.

- The Additional Clinical Services and Estates and Ancillary groups remain those most affected by turnover, both seeing month on month increases overall in June to 16% and 13.4% respectively - though this rise was mirrored on the Eastern site only.

- For Admin and Clerical in the North there was 0.7% fall in the rate bringing it back below 14%. In the East A&C remains stable at 12%.

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Trust Sickness Absence

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

Legend: ■ Stress (and related illness) ■ Musculoskeletal problems ■ Cold, cough, flu ■ Gastrointestinal problems ■ Injury, fracture ■ Other
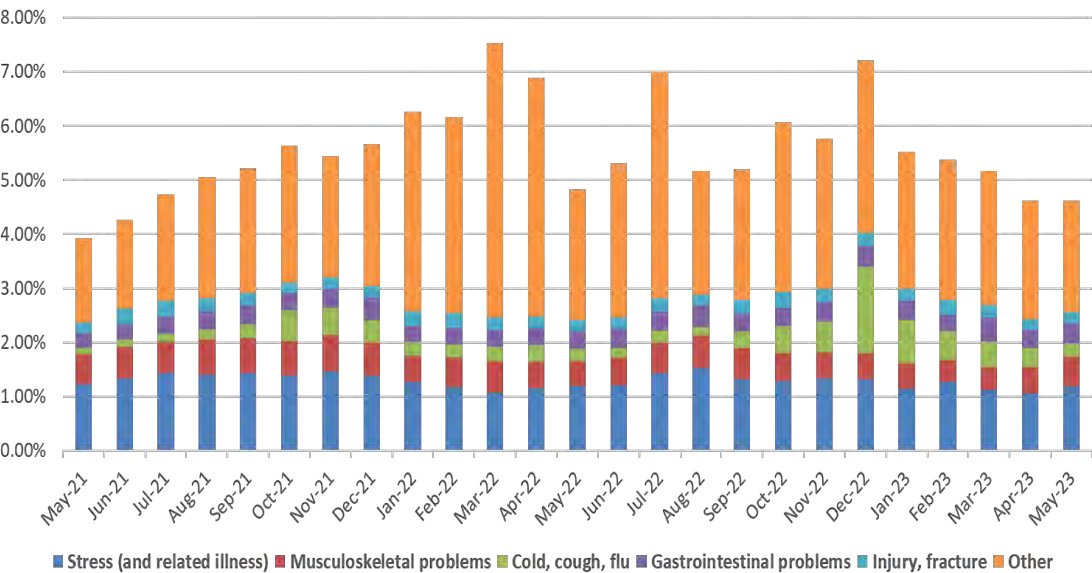
Historic Trend Actuals - Sickness %

Critical Linear Sickness Forecast
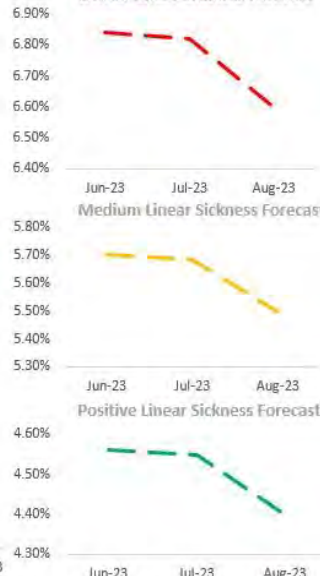
Medium Linear Sickness Forecast
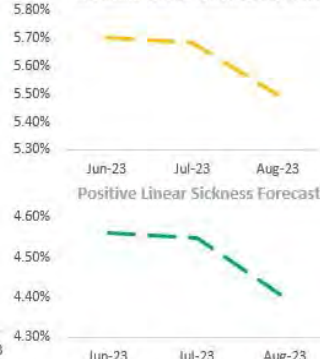
Positive Linear Sickness Forecast

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

- The sickness rate was little changed in May, with only a minimal increase seen in the overall Trust rate (< 0.1%) to 4.64%.

- By service, a similar picture with our Northern Services showing a further marginal fall (4.38%) and for Eastern Services a minor rise (4.74%).

- In May, Anxiety/stress/depression/other psychiatric illnesses continued to be the predominant cause for sickness absence, with over a quarter of days lost in the month attributed to this reason overall; in Eastern it was a slightly higher proportion at over 26%, while in the North slightly less then a quarter of overall cases (23.6%).

- The continued improvement in sickness absence for our Registered Nursing & Midwifery staff was maintained with a further reduction to below 4.5% overall and similarly reflected on both sites.

- Additional Clinical Services (ACS) however increased overall to 7.41% - an increase most impacting the Eastern site, with the rate for ACS in the North actually falling to the lowest rate (6.35%) recorded in the past 13 months.

- There were further decreases on both sites in May for Estates and Ancillary to below 7% overall – this being the lowest monthly rate recorded for the group since the summer months of 2021.

- The Trust offers a proactive programme of mental health first aid as well as stress management and burnout workshops. The People Function has been actively involved in leadership and management training development to improve managers understanding and ability to utilise the stress risk assessment.

- Single session therapy is available to those who do not need the full six sessions of counselling support and consultative support is offered to teams who are exposed to repeated adversity, e.g. ICU and ED as well as instigating a trauma response (TRiM), where it is deemed appropriate. These services assist in the early identification and subsequent intervention, whilst also supporting a culture shift towards positive mental health action.

- As part of NHS charities funding we have been able to access a psychotherapist for team support.

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Trust Cultural Dashboard Executive Summary

Latest Pulse Survey Questions

Provider ● RDU(E) ● RDU(N)

Question	RDU(E)	RDU(N)
Overall behaviour in this organisation is respectful *		
If a friend or relative needed treatment I would be happy...	75%	65%
I would recommend my organisation as a place to work	61%	61%
Care of patients / service users is my organisation's top...	76%	76%
I feel safe to speak up about things that concern me in...	68%	67%
I am able to make improvements happen in my area of...	60%	56%
I am able to make suggestions to improve the work of my...	72%	72%
There are frequent opportunities for me to show initiative...	67%	68%
I am supported to develop in my role	57%	57%
I feel fairly treated at work	70%	70%
I get regular, positive feedback	58%	59%
Time passes quickly when I am working	72%	67%
I am enthusiastic about my job	68%	69%
I look forward to going to work	56%	57%

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

Latest Agency Spend as % of Total (Model Hospital)

● ProviderValue ● PeerValue ● BenchmarkValue

RDU(N): 5.0 5.0
RDU(E): 4.0 4.0

Latest Bank Spend as % of Total (Model Hospital)

● ProviderValue ● PeerValue ● BenchmarkValue

RDU(N): 10.0 7.0
RDU(E): 5.0 5.5

Latest Vacancy Rate by Provider

RDU: 5.3%
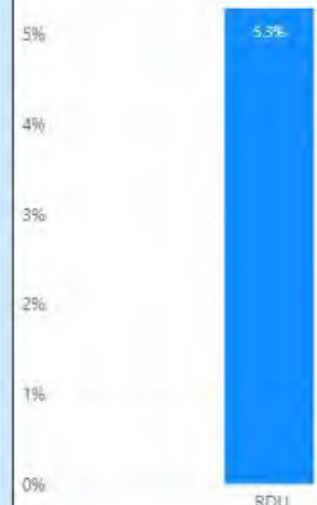
Latest Vacancy numbers by Staff Group

■ Overall substantiv... ● Health care assist... ● Allied health pr... ● Consultants (in...

644 192 133

Latest Rolling 12 Month Absence Rate

provider ◆ RDU

(line chart from Jul 2022 to Mar 2023, ranging approximately 5.6% to 6.2%)
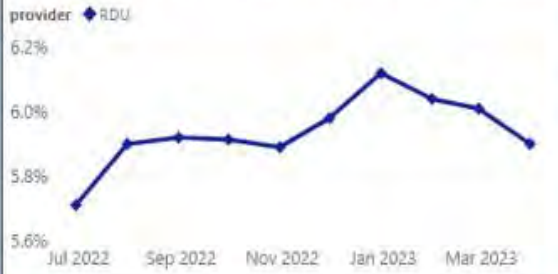
12 Month Average: Cases Reported to FTSU Guardians (Model Hospital)

RDU(E): 97
RDU(N): 39
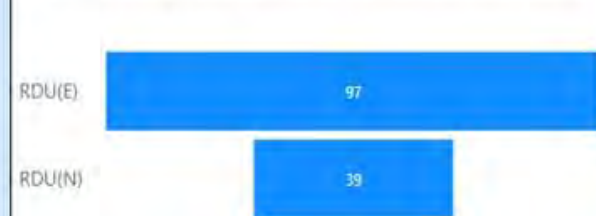
Some data for northern and eastern services is still separate, however it is expected that metrics will become combined over time. This information provides an insight into our performance as a Trust in these areas. Key points have been noted below:

- Responses for 10 of the people pulse questions are broadly comparable for eastern and northern services. For northern services 3 questions have a lower positive response markedly for when answering "if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation" where there is a 10% difference between eastern (75%) and northern (65%) responses.
- The Royal Devon absence rate has continued to decrease in recent months .
- There is no system comparison in this dashboard as there is a significant time lag with data being provided to update the dashboard. This is being fed back to the ICB to understand if anything can be done in future to expedite availability of this data moving forward. Deloitte have been commissioned to develop a systemwide workforce dashboard and this cultural dashboard has been shared to ensure no duplication of effort.
- We are looking to ensure board reporting of this in the IPR in the month after the People Pulse being run to get a more consistent cycle of reporting.

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Trust Overview of Survey Response Rates

	Q2 2021/22 People Pule	Q3 2021/22 Staff Survey	Q4 2021/22 People Pulse	Q1 2022/23 People Pulse	Q2 2022/23 People Pulse	Q3 2022/23 Staff Survey	Q4 2022/23 People Pulse	Q1 2023/24 People Pulse
Date range	5th - 21st July 2021	Oct - Nov 2021	19th Jan - 4th Feb 2022	13th - 29th April 2022	13th - 29th July 2022	Oct - Nov 2022	18th Jan - 3rd Feb 2023	17th -28th April 2023
Eastern Response Rate	19.0%	46%	12.5% ↓	10.7% ↓	8.5% ↓	36%	7.5% ↓	10.9% ↑
Northern Response Rate	20.1%	51%	13.0% ↓	11.9% ↓	9.7% ↓	39%	7.9% ↓	11.4% ↑
Overall Response Rate	Not recorded (Pre integration)			10.5%	8.8% ↓	37%	7.6% ↓	10.8% ↑

Notes:

- People pulse includes all bank workers, honorary and locum staff and therefore is sent to a greater number of staff members, when compared to the annual staff survey.

- People pulse runs for a period of between 2 and 2.5 weeks, compared to 8 weeks for the annual staff survey

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Northern Services

Chart legend:
■ People Pulse Q4 2022/2023 (Jan/Feb 23)   ■ People Pulse Q1 2023/2024 (Apr 23)

Question	Q4 2022/2023 (Jan/Feb 23)	Q1 2023/2024 (Apr 23)
Overall behaviour in this organisation is respectful *	73%	
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	75%	65%
I would recommend my organisation as a place to work	62%	61%
Care of patients / service users is my organisation's top priority	78%	76%
I feel safe to speak up about things that concern me in the organisation	61%	67%
I am able to make improvements happen in my area of work	55%	56%
I am able to make suggestions to improve the work of my team /	70%	72%
There are frequent opportunities for me to show initiative in my role	63%	68%
I am supported to develop in my role	56%	57%
I feel fairly treated at work	65%	70%
I get regular, positive feedback	55%	59%
Time passes quickly when I am working	72%	67%
I am enthusiastic about my job	67%	69%
I look forward to going to work	51%	57%

Across northern services 9 of 13 scores have increased of which 5 scores increased by more than 4%. The positive response to "time passes quickly when I am working has dropped by 5%. Concerningly there has been a 10% drop to the positive response to the question "if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation". Increasing the positive response to this question has been identified as a key executive priority.

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Eastern Services

Question	People Pulse Q4 2022/2023 (Jan/Feb 23)	People Pulse Q1 2023/2024 (Apr 23)
Overall behaviour in this organisation is respectful *	73%	
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	74%	75%
I would recommend my organisation as a place to work	57%	61%
Care of patients / service users is my organisation's top priority	77%	76%
I feel safe to speak up about things that concern me in the organisation	60%	68%
I am able to make improvements happen in my area of work	55%	60%
I am able to make suggestions to improve the work of my team /	69%	72%
There are frequent opportunities for me to show initiative in my role	63%	67%
I am supported to develop in my role	55%	57%
I feel fairly treated at work	66%	70%
I get regular, positive feedback	56%	58%
Time passes quickly when I am working	56%	72%
I am enthusiastic about my job	64%	68%
I look forward to going to work	50%	56%

■ People Pulse Q4 2022/2023 (Jan/Feb 23)   ■ People Pulse Q1 2023/2024 (Apr 23)

Across eastern services 12 of 13 scores have increased across of which 8 scores increased by more than 4%. The response to "I feel safe to speak up about things that concern me in the organisation" has increased by 8%. In the last quarter there was concern around the drop in positive response to 'time passes quickly when I am working', which has seen a decrease in score of 13%, however this quarter the score has increased by 16% suggesting the previous quarter drop may have been an anomaly.

Activity & Flow
Operational Performance
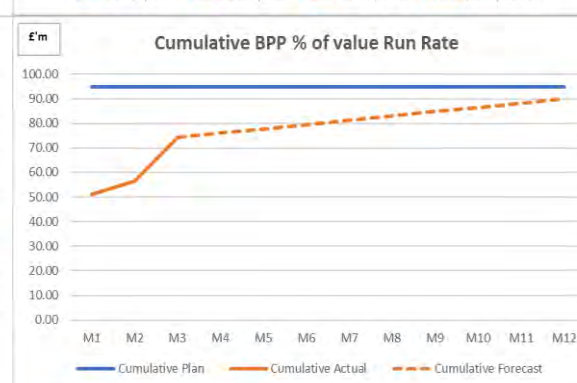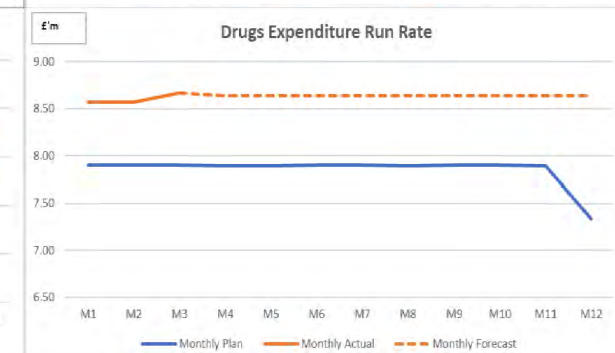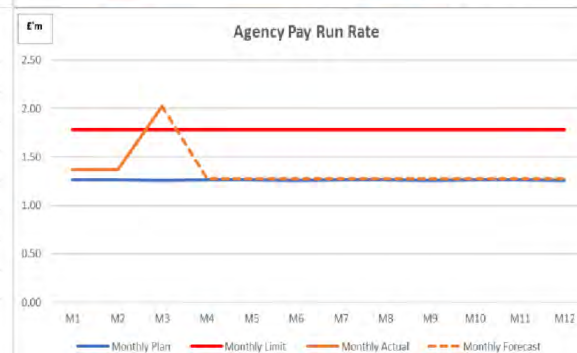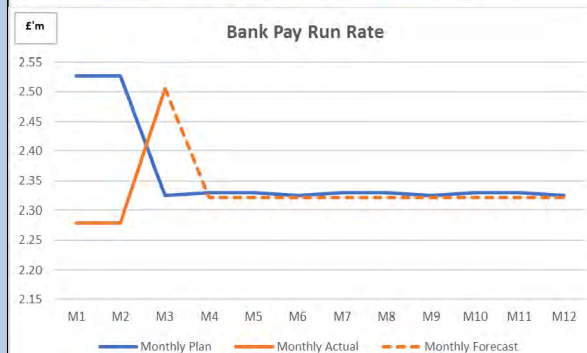Patient Experience
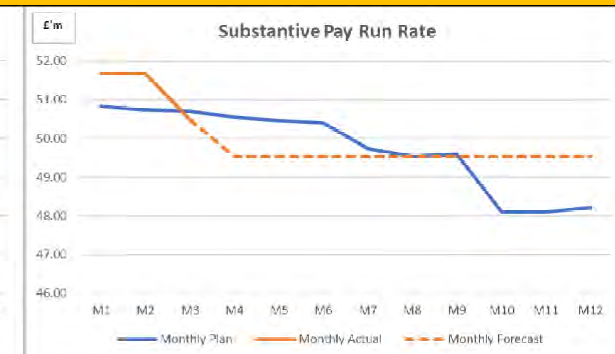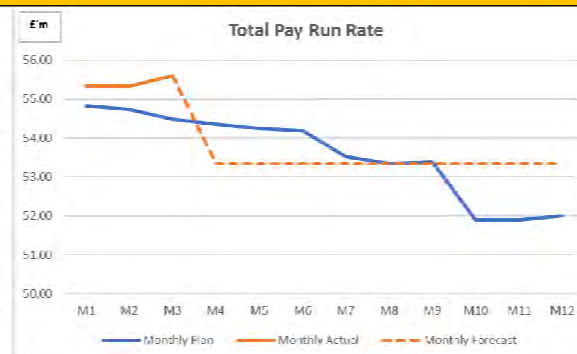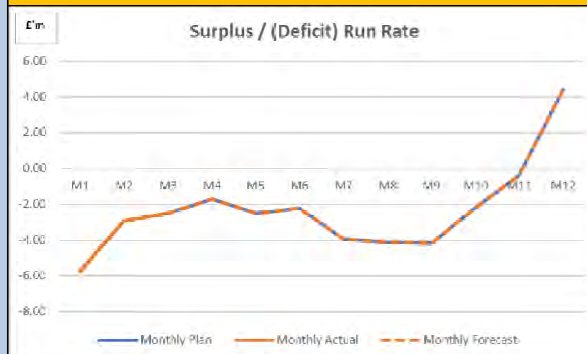Quality & Safety
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Financial Performance - key performance indicators

Domain	Measure / Metric	Unit of Measure	This Month May-23	This Month Jun-23	Narrative	Forecast Mar-24	Narrative
	Consolidated Metrics						
	I&E Surplus / (Deficit) - Total	£'000	-8,678	-11,191		-28,035	
	I&E Surplus / (Deficit) v budget	£'000	0	0		0	
	Income variance to budget - Total	£'000	-1,894	-2,517		-4,636	
	Income variance to budget - Total	%	-1.14%	-1.00%		-0.47%	
	Income variance to budget - Patient Care	£'000	-28	-294	NHS England drugs and devices below planned levels.	-870	NHS England drugs and devices below planned levels.
	Income variance to budget - Operating income	£'000	-1,866	-2,223	(£0.7m) Research & Development income (£0.5m) Education and Training (£1.0m) Other Research is being reviewed against planning assumptions; the SOCI highlights underspends on expenditure that are consistent with the reduced income assumptions YTD and FOT.	-3,766	(£1.9m) Research & Development income (£1.0m) Education and Training (£0.9m) Other Reviewing issues and will reflect in future forecasting.
Income and Expenditure	**Pay variance to budget - Total**	£'000	-1,126	-2,275	Overall impact of £2.3m adverse to plan (£1.2m strike action, £1.0m DBV slippage) NHSE returns have been completed to collect cost and activity impacts of strike action. Any income recovery is not reflected in the YTD position and would be a future benefit if national funding was available.	-3,517	Overall impact of £3.5m adverse to plan (£2.4m strike action, £1.1m DBV slippage) Any income recovery is not reflected in the YTD position and would be a future benefit if national funding was available.
	Pay variance to budget - Total	%	-1.03%	-1.39%		-0.55%	
	Agency expenditure variance to Plan	£'000	-204	-969	Planned expenditure is net of Delivering Best Value savings target though impacted by usage to cover industrial action. £4.8m YTD expenditure is £0.6m less than month 3 2022/23.	-1,132	Agency plan for the year is £15.1m. £16.1m FOT expenditure is £8.0m less than month 12 2022/23. Focus on understanding agency usage and actions to reduce; reporting through monthly performance meetings.
	Agency expenditure variance to agency limit	£'000	828	586	Agency limit YTD is £5.3m	5,092	Agency limit for the full year is £21.4m
	Non Pay variance to budget	£'000	3,014	4,485	Activity impact of strike action. Review to be undertaken to consider the full year impact.	6,975	Activity impact of strike action.
	Non Pay variance to budget	%	4.76%	4.73%		1.89%	
	PDC, Interest Paid / Received variance to budget	£'000	6	254		1,096	
	PDC, Interest Paid / Received variance to budget	%	0.00%	0.03%		0.00%	
	Capital Donations variance to plan - technical reversal	£'000	0	53		82	Off-sets adverse variance in Capital (CDEL). Neutral adjustment when calculating reported financial position.
	Delivering Best Value Programme - Total Current Year achievement	£'000	3,523	5,413	YTD variance largely driven by non-delivery against Epic benefits (£1.1m), detailed delivery plans finalised and forecast year end under delivery of £4.1m. Scoping of additional ideas underway and a Q1 review being set up with Programme Leads and Divisional Directors to identify further opportunities. DBV schemes variance to plan: (£0.7m) Income adverse (£1.0m) Pay adverse (£0.1m) Non pay adverse	60,296	Full year internal requirement of £44.7m with £15.6m required from ICB schemes. £5.8m unidentified is a risk to internal forecast position (£11m prior month). Risk of ICB schemes being quantified.
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	-1,043	-1,833		0	
	Cash balance	£'000	53,279	52,864	Trade payables are £6.1m higher than outturn as a consequence of issues following the implementation of the new finance system. The cash benefit is also supported by £5.9m slippage on the capital programme.	20,357	
	Cash variance to budget - above / (below)	£'000	9,906	13,427		5,863	
Capital & Cash	Better Payment Practice v 95% cumulative target - volume	%	36%	79%	Issues with the new finance system. Actions to resolve include focus on sufficient authoriser capacity; daily bank runs and support to pharmacy, increase finance capacity to address post-implementation vacancies. Additional capacity is significantly reducing the volume and value of uncoded invoices and is reflected in the improvement.	90%	All endeavours will be targeted to minimise the impact on suppliers. Recovery to 90% **cumulatively** remains the aspiration with the objective for incremental improvement to **recover the in-month 95% of value target by month 5.** Assurance will contine to be reported through the Finance and Operational Committee.
	Better Payment Practice v 95% cumulative target - value	%	56%	74%		90%	
	Capital Expenditure variance to plan - Total above / (below)	£'000	-4,029	-5,876	Capital expenditure to M3 was £2.5m; £5.9m less than assumed in plan. Whilst the programme is behind plan, there is confidence the slippage will recover based on open orders of £8.7m. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.	2,368	Forecast capital expenditure of £75.5m fully utilises the CDEL and PDC allocations forecast in 2023/24.
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-887	-1,053	Slippage across a number of schemes expected to recover.	-82	Off-sets favourable variance in operating income. Neutral adjustment when calculating reported financial position.
	Capital Expenditure variance to plan - PDC above / (below)	£'000	-3,142	-4,823	Slippage on commencing schemes with expectation to recover: £2.3m Endoscopy capacity £1.6m Cardiology Day case Unit £1.0m Community Diagnostics	2,450	£1.4m additional Endoscopy allocation. £1.1m New Hospital Programme allocation.

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

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Trust Finance Overview

Royal Devon University Healthcare NHS Foundation Trust
Charts
Period ending 30/06/2023
Month 3

Surplus / (Deficit) Run Rate — Monthly Plan, Monthly Actual, Monthly Forecast

Total Pay Run Rate — Monthly Plan, Monthly Actual, Monthly Forecast

Substantive Pay Run Rate — Monthly Plan, Monthly Actual, Monthly Forecast

Bank Pay Run Rate — Monthly Plan, Monthly Actual, Monthly Forecast

Agency Pay Run Rate — Monthly Plan, Monthly Limit, Monthly Actual, Monthly Forecast

Drugs Expenditure Run Rate — Monthly Plan, Monthly Actual, Monthly Forecast

Cash Run Rate — Monthly Plan, Monthly Actual, Monthly Forecast

Cumulative BPP % of value Run Rate — Cumulative Plan, Cumulative Actual, Cumulative Forecast

BPP
Issues with the new finance system. Actions to resolve include focus on sufficient authoriser capacity; daily bank runs and support to pharmacy, increase finance capacity to address post-implementation vacancies. Additional capacity is significantly reducing the volume and value of uncoded invoices and is reflected in the improvement.

All endeavours will be targeted to minimise the impact on suppliers. Recovery to **90% cumulatively** remains the aspiration with the objective for incremental improvement to **recover the in-month 95% of value target by month 5**. Assurance is reported through the Finance and Operational Committee.

Deep Dives
Reviews will be undertaken on areas of large variance, particularly pay and drugs, to identify issues and actions; these will be presented to the next Finance and Operational Committee.

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Royal Devon University Healthcare NHS Foundation Trust Income Statement Period ending 30/06/2023 Month 3	Year to Date			Outturn		
	Plan	Actual	Actual Variance to Budget Fav / (Adv)	Plan	Actual	Actual Variance to Budget Fav / (Adv)
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
Patient Care Income	222,458	222,164	(294) **1**	883,336	882,466	(870)
Operating Income	28,202	25,979	(2,223) **2**	113,438	109,672	(3,766)
Total Income	**250,660**	**248,143**	**(2,517)**	**996,774**	**992,138**	**(4,636)**
Employee Benefits Expenses	(163,982)	(166,257)	(2,275) **3**	(642,861)	(646,378)	(3,517)
Services Received	(8,973)	(7,384)	1,589 **4**	(35,963)	(31,468)	4,495
Clinical Supplies	(22,530)	(17,641)	4,889 **4**	(90,000)	(81,256)	8,744
Non-Clinical Supplies	(4,353)	(3,934)	419 **4**	(15,428)	(14,736)	692
Drugs	(23,697)	(25,809)	(2,112) **5**	(94,212)	(103,519)	(9,307)
Establishment	(3,694)	(4,402)	(708) **5**	(13,141)	(13,608)	(467)
Premises	(6,474)	(6,686)	(212) **5**	(25,538)	(26,181)	(643)
Depreciation & Amortisation	(10,138)	(10,107)	31	(42,010)	(42,010)	0
Impairments (reverse below the line)	0	0	0	0	0	0
Clinical Negligence	(7,956)	(8,078)	(122)	(26,520)	(26,520)	0
Research & Development	(2,493)	(3,154)	(661) **6**	(9,012)	(10,916)	(1,904)
Operating lease expenditure	(467)	(359)	108 **5**	(1,690)	(1,436)	254
Other Operating Expenses	(4,073)	(2,809)	1,264 **5**	(14,847)	(9,736)	5,111
Total Costs	**(258,830)**	**(256,620)**	**2,210**	**(1,011,222)**	**(1,007,764)**	**3,458**
EBITDA	**(8,170)**	**(8,477)**	**(307)**	**(14,448)**	**(15,626)**	**(1,178)**
Profit / (Loss) on asset disposals	0	0	0	0	0	0
Interest Receivable	605	879	274	1,431	2,527	1,096
Interest Payable	(687)	(708)	(21)	(2,642)	(2,642)	0
PDC	(3,078)	(3,077)	1	(12,308)	(12,308)	0
Net Surplus / (Deficit)	**(11,330)**	**(11,383)**	**(53)**	**(27,967)**	**(28,049)**	**(82)**
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	139	192	53	(68)	14	82
Net Surplus/(Deficit) after donated asset & PSF/MRET Income	**(11,191)**	**(11,191)**	**0**	**(28,035)**	**(28,035)**	**0**

KEY MOVEMENTS AGAINST BUDGET
Overall achievement against plan
1. Patient care income impacted by reduced income expectation on pass-through drugs and devices.
2. (£0.7m) Research & Development income, (£0.5m) Education and Training, (£1.0m).
3. £2.3m Variances across all staff groups on substantive and bank. Medical pay reflects impact of strike action (£1.2m) and slippage on delivering DBV (£1.0m). NHSE returns compiled to collect cost and activity impacts of strike action; recovery is not reflected in the YTD position and would be a future benefit if national funding was available.
4. Activity impact of strike action.
5. Review to be undertaken to consider the comparison with plan run rate at month 7 2022/23 and full year impact.
6. Off sets reduced income from R&D activities.

Royal Devon University Healthcare NHS Foundation Trust **Statement of Financial Position** Period ending 30/06/2023 Month 3	Year to Date				Outturn				Prior Year	
	Plan £000	Actual £000	Actual Variance Over / (Under) £000		Plan £000	Actual £000	Actual Variance Over / (Under) £000		Mar-23 £000	Actual YTD Movement Incr. / (Dec.) £000
Non-current assets										
Intangible assets	57,221	56,366	(855)	1	53,333	52,837	(496)		58,621	(2,255)
Other property, plant and equipment (excludes leases)	423,894	417,784	(6,110)	1	451,271	453,027	1,756		421,298	(3,514)
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	51,803	52,820	1,017	2	61,184	62,142	958		54,580	(1,760)
Other investments / financial assets	5	5	0		5	5	0		5	0
Receivables	2,726	3,383	657	2	2,726	3,303	577		3,303	80
Credit Loss Allowances	0	(228)	(228)	2	0	(228)	(228)		(228)	0
Total non-current assets	**535,649**	**530,130**	**(5,519)**		**568,519**	**571,086**	**2,567**		**537,579**	**(7,449)**
Current assets										
Inventories	13,550	16,929	3,379	2	13,550	13,550	0		15,624	1,305
Receivables: due from NHS and DHSC group bodies	17,810	21,165	3,355	2	17,810	17,810	0		39,891	(18,726)
Receivables: due from non-NHS/DHSC group bodies	16,000	24,566	8,566	2	16,000	16,796	796		21,090	3,476
Credit Loss Allowances	0	(885)	(885)	2	0	(796)	(796)		(796)	(89)
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0		0	0
Cash	39,437	52,864	13,427		14,494	20,357	5,863		46,033	6,831
Total current assets	**86,797**	**114,639**	**27,842**		**61,854**	**67,717**	**5,863**		**121,842**	**(7,203)**
Current liabilities										
Trade and other payables: capital	(11,000)	(4,601)	6,399	2	(11,000)	(11,000)	0		(6,615)	2,014
Trade and other payables: non-capital	(79,847)	(102,842)	(22,995)	2	(79,850)	(79,850)	0		(96,708)	(6,134)
Borrowings	(13,968)	(17,730)	(3,762)	2	(15,000)	(18,634)	(3,634)		(16,676)	(1,054)
Provisions	(200)	(295)	(95)	2	(200)	(295)	(95)		(295)	0
Other liabilities: deferred income including contract liabilities	(13,577)	(13,220)	357		(10,500)	(10,500)	0		(17,892)	4,672
Total current liabilities	**(118,592)**	**(138,688)**	**(20,096)**		**(116,550)**	**(120,279)**	**(3,729)**		**(138,186)**	**(502)**
Total assets less current liabilities	**503,854**	**506,081**	**2,227**		**513,823**	**518,524**	**4,701**		**521,235**	**(15,154)**
Non-current liabilities										
Borrowings	(101,576)	(98,928)	2,648	1	(102,440)	(99,839)	2,601		(102,694)	3,766
Provisions	(970)	(1,270)	(300)	2	(970)	(1,276)	(306)		(1,276)	6
Other liabilities: deferred income including contract liabilities	0	0	0		0	0	0		0	0
Total non-current liabilities	**(102,546)**	**(100,198)**	**2,348**		**(103,410)**	**(101,115)**	**2,295**		**(103,970)**	**3,772**
Total net assets employed	**401,308**	**405,883**	**4,575**		**410,413**	**417,409**	**6,996**		**417,265**	**(11,382)**
Financed by										
Public dividend capital	356,902	361,604	4,702	2	382,645	389,797	7,152		361,604	0
Revaluation reserve	63,956	52,385	(11,571)	2	63,956	52,385	(11,571)		52,385	0
Income and expenditure reserve	(19,550)	(8,106)	11,444	2	(36,188)	(24,773)	11,415		3,277	(11,383)
Total taxpayers' and others' equity	**401,308**	**405,883**	**4,575**		**410,413**	**417,409**	**6,996**		**417,266**	**(11,383)**

KEY MOVEMENTS

1 Slippage on capital programme forecast to recover by year end
2 The plan was based on a forecast outturn balance sheet at month 7 2022/23 that was significantly different at year end as shown; the YTD balance sheet being more reflective of outturn than plan.
3 Trade payables are £6.1m higher than outturn as a consequence of issues following the implementation of the new finance system. The cash benefit is also supported by £5.9m slippage on the capital programme.

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Royal Devon University Healthcare NHS Foundation Trust	Year to Date				Outturn		
Cash Flow Statement							
Period ending 30/06/2023	Plan	Actual	Actual Variance Fav. / (Adv.)		Plan	Actual	Actual Variance Fav. / (Adv.)
Month 3	£000	£000	£000		£000	£000	£000
Cash flows from operating activities							
Operating surplus/(deficit)	(8,170)	(8,477)	(307)		(14,448)	(15,626)	(1,178)
Non-cash income and expense:							
Depreciation and amortisation	10,138	10,107	(31)		42,010	42,010	0
Impairments and reversals	0	0	0		0	0	0
Income recognised in respect of capital donations (cash and non-cash)	(53)	0	53		(842)	(760)	82
(Increase)/decrease in receivables	0	15,207	15,207		0	26,375	26,375
(Increase)/decrease in inventories	0	(1,305)	(1,305)		0	2,074	2,074
Increase/(decrease) in trade and other payables	220	3,109	2,889	1	222	(16,858)	(17,080)
Increase/(decrease) in other liabilities	0	(4,672)	(4,672)		0	(7,392)	(7,392)
Increase/(decrease) in provisions	0	(6)	(6)		0	401	401
Net cash generated from / (used in) operations	**2,135**	**13,963**	**11,828**		**26,942**	**30,224**	**3,282**
Cash flows from investing activities							
Interest received	605	879	274		1,431	2,527	1,096
Purchase of intangible assets	(300)	0	300		(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(8,107)	(4,546)	3,561		(54,660)	(52,822)	1,838
Proceeds from sales of property, plant and equipment and investment property	0	0	0		0	0	0
Receipt of cash donations to purchase capital assets	53	0	(53)		842	760	(82)
Net cash generated from/(used in) investing activities	**(7,749)**	**(3,667)**	**4,082**		**(55,387)**	**(52,535)**	**2,852**
Cash flows from financing activities							
Public dividend capital received	0	0	0		25,743	28,193	2,450
Loans from Department of Health and Social Care - repaid	0	0	0		(1,270)	(1,270)	0
Other loans received	0	0	0		0	0	0
Other loans repaid	0	0	0		(5,174)	(5,174)	0
Other capital receipts	(1,394)	(1,394)	0		0	0	0
Capital element of finance lease rental payments	(1,752)	(1,573)	179		(8,828)	(8,828)	0
Interest paid	(557)	(341)	216		(3,978)	(3,376)	602
Interest element of finance lease	0	(157)	(157)		0	(602)	(602)
PDC dividend (paid)/refunded	0	0	0		(12,308)	(12,308)	0
Net cash generated from/(used in) financing activities	**(3,703)**	**(3,465)**	**238**		**(5,815)**	**(3,365)**	**2,450**
Increase/(decrease) in cash and cash equivalents	**(9,317)**	**6,831**	**16,148**		**(34,260)**	**(25,676)**	**8,584**
Cash and cash equivalents at start of period	**48,754**	**46,033**	**(2,721)**		**48,754**	**46,033**	**(2,721)**
Cash and cash equivalents at end of period	**39,437**	**52,864**	**13,427**		**14,494**	**20,357**	**5,863**

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

Royal Devon University Healthcare NHS Foundation Trust Capital Expenditure Period ending 30/06/2023 Month 3	Year to Date				Full Year Forecast		
Scheme	Plan £'000	Actual £'000	Variance slippage / (higher) £'000	Open Orders £'000	Plan £'000	Actual £'000	Variance slippage / (higher) £'000
Capital Funding:							
Internally funded	3,108	2,108	1,000		31,074	31,074	0
PDC	5,247	424	4,823		25,743	28,193	(2,450)
Donations/Grants	53	0	53		842	760	82
IFRS 16	0	0	0		15,488	15,488	0
Total Capital Funding	**8,408**	**2,532**	**5,876**		**73,147**	**75,515**	**(2,368)**
Expenditure:							
Equipment	853	241	612	230	15,528	13,354	2,174
Estates Backlog/EIP	732	481	251	3,437	7,371	6,948	423
Estates Developments	599	416	182	980	10,047	6,896	3,151
Digital	416	113	303	504	4,162	7,465	(3,303)
Our Future Hospital	0	213	(213)	1	0	1,060	(1,060)
ED	616	594	23	1,640	6,165	5,000	1,165
Cardiology Day Case	1,781	154	1,627	893	7,432	7,439	(7)
CDC Nightingale	1,100	51	1,049	154	4,400	4,400	0
Endoscopy	2,312	6	2,306	222	11,122	12,984	(1,862)
Diagnostics - Northern Schemes	0	0	0	0	3,797	3,797	0
Digital Capability Programme	0	0	(0)	179	1,123	1,123	0
Other	0	263	(263)	488	0	936	(936)
Unallocated	0	0	0	0	2,000	4,113	(2,113)
Total Capital Expenditure	**8,408**	**2,532**	**5,876**	**8,728**	**73,147**	**75,515**	**(2,368)**
Under/(Over) Spend	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Capital expenditure to M03 was £2.5m; £5.9m less than assumed in plan. Whilst the programme is behind plan, there is confidence the slippage will recover based on the value of open orders. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.

Forecast capital expenditure of £75.5m fully utilises the CDEL and PDC allocations forecast in 2023/24.

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

COUNCIL OF GOVERNORS PAPER

Meeting date: 23 August 2023   **Agenda item: 7.2 Public meeting**

Title: Royal Devon and Exeter NHS Foundation Trust Annual Report and Accounts 2022/23

Purpose: To present to the CoG the Royal Devon University Healthcare NHS Foundation Trust's (RDUH) Annual Report and Accounts 2022/23.

Background: The Trust is required by the regulator, NHS England (NHSE), to produce an Annual Report for each financial year in line with NHSE's Annual Reporting Manual. A report was presented to the 8 June 2023 CoG meeting in public on progress with the Annual Report's production.

Following the Board's approval at its June 2023 meeting of the RDUH's Annual Report and Accounts, the Report was laid before Parliament as a key component of the Trust's overall accountability framework in line with Schedule 7, paragraph 25 (4) of the National Health Service Act 2006. In addition, the Trust's Constitution states in regards to presentation of the Report:

47.1   *The following documents are to be presented to the Council of Governors at a meeting of the Council of Governors:*
     47.1.1 the annual accounts;
     47.1.2 any report of the external auditor on them; and
     47.1.3 the annual report.
47.2   *The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.*
47.3   *The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 47.1 with the Annual Members' Meeting.*

Key Issues:

Since the last meeting, the RDUH's Annual Report and Accounts 2022/23 have been laid before Parliament. The Report is therefore now a public document and has also been published on the Trust's website. It will be presented to the Royal Devon's Annual Members Meeting on 27 September 2023 as per the Constitution. In addition, the External Auditor's Annual Report 2022/23 is attached. As required, this has been published alongside the Trust's Annual Report and Accounts on the Trust website.

The Quality Report 2022/23 has also been published on the Trust website as required and is attached for information.

Recommendation: For information.

Presented by: Melanie Holley, Director of Governance

Royal Devon University Healthcare NHS Foundation Trust

Annual Report and Accounts 2022/23

Royal Devon University Healthcare NHS Foundation Trust

Annual Report and Accounts 2022/23

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a)
of the National Health Service Act 2006.

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CHAIR'S INTRODUCTION .... Page 1

FOREWORD

These accounts are prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

CHAIR'S INTRODUCTION

This report covers both my first year as Chair and the first year of the Royal Devon University Healthcare NHS Foundation Trust.

Since our integrated Trust was created on 1 April 2022, our teams have worked hard to welcome one another and learn from each other, and we have gone at a pace to ensure we maintained our focus on our quality and operational priorities, as well as stabilising our priority services. As we head into 2023/4, we are now focused on maximising the benefits of our integration for our patients across Northern and Eastern Devon.

It has been a challenging year and our services have continued to be very busy, with staff shortages and the COVID-19 pandemic continuing to impact upon our services. Against this backdrop, we've taken some major steps forward, including launching our five-year Trust strategy: Better Together, rolling out a new electronic patient record system across our Northern services and completing a number of important building developments to improve our services. We also launched a world-first genetic testing service, working with our academic partners at the University of Exeter and further afield, which demonstrates our commitment to being a research-led organisation.

We've worked more closely as a Devon-system than ever before too. This is demonstrated at the Nightingale Hospital Exeter led by the Royal Devon, where staff from across Devon provide care to patients living right across the county. We are committed to playing our full part in the Devon Integrated Care System.

As we've achieved all this, I've been struck by how friendly and helpful our staff are despite the challenges, as well as their astonishing commitment to doing the very best for our patients and for each other, right across the Trust. Our staff do amazing work in a wide variety of roles, whether that's in our acute and community hospitals, in our specialist services, in our domestic and wider support services, or in any of our teams. The resilience of our staff has been a main concern for the Board, and we continue to work hard to recruit to our vacancies and to do everything we can to ensure the Royal Devon is a

great place to work.

I've been really impressed at the support we have from our volunteers too. Our Council of Governors has been strengthened to include representatives from the whole area covered by our new Trust and we have very committed and experienced Governors volunteering their time who make an invaluable contribution to the work of the Trust. Volunteers play a fundamental role in our services too, enhancing the experience of our patients. It is clear that a huge number of people work collaboratively together to make the Royal Devon what it is – and we are indebted to you all.

We have been proud to continue our work this year with local universities and colleges as we develop our strengths in research and ensure we are an employer of choice for both clinical and non-clinical roles. We recognise the important role we play in our community, and this year we have focused strongly on building relationships and agreeing our shared goals as part of local care partnerships, which are focused on using our collective strengths to improve our communities.

We are grateful for the fantastic support we receive from our stakeholders, community organisations, leagues of friends and charities too – we couldn't provide the services we do without you.

This annual report details what an extraordinary year it has been, during which our colleagues have achieved so much, whilst experiencing challenges every day. As we look ahead to 2023/4, we must do so with optimism. There will undoubtedly be challenges ahead, but I am confident that with everybody who makes up the team at the Royal Devon – our colleagues, volunteers, Governors, communities and partners – we will be able to face them successfully together.

Dame Shan Morgan
Chair
Royal Devon University Healthcare NHS Foundation Trust

PERFORMANCE REPORT: OVERVIEW

Performance report overview introduction

The purpose of this overview is to provide a short summary that gives readers information about the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon), its purpose, the key risks to the Trust achieving its objectives and how it has performed during the year.

The Royal Devon is a foundation Trust and, as such, we are legally required to produce an annual report and accounts. We are obliged, by our regulators, to follow a clear structure and to ensure we include certain mandated information that sets out how we have performed during the preceding financial year and how we have used the resources available to us. Our focus in preparing this report has been to make sure that we give a true and accurate account of our work over the last financial year.

Introduction by the Chief Executive

Welcome to our Annual Report and Accounts 2022/23.

Our report looks at the last 12 months, talks about some of our key achievements and the challenges we have faced, and looks forward to our plans for 2023/24.

Our organisation was created on 1 April 2022, and over the past year we have focused on bringing our teams together, developing a shared culture and developing plans for some of our highest priority clinical services.

Our first year as the Royal Devon has also been the first full year of recovery for the NHS from the COVID-19 pandemic and we experienced a number of ongoing challenges, including issues with infection prevention and control, high levels of demand for our services, workforce shortages, and industrial action. Our staff rose to these challenges magnificently, demonstrating professionalism and strong teamwork, and continuing to deliver compassionate care to our many patients who depend upon us.

We were pleased that against this backdrop, we delivered our plans for the year as an organisation, achieving better than our planned deficit of £18m, finishing the year at a £16.7m deficit. This is of course not where we want to be, and we are working closely with our system partners to reach a more sustainable financial position both for our organisation and for Devon. We have also worked hard to address our workforce shortages, and as well as improving our vacancy position, we are working as a system to consider how we best use the workforce we have available.

The challenges caused by the pandemic meant that at the close of 2021/22, more of our patients were waiting longer for elective care than ever before. We have acted to address this, and teams across our services have made incredible progress to reduce the numbers of long waiting patients. We are sorry to our patients who are still waiting too long, and we will continue our focus on reducing our waiting lists as we head into 2023/24.

We have continued to develop the services offered through the Nightingale Hospital Exeter and our Jubilee Ward at North Devon District Hospital to support this work. As we head into 2023/24, we have plans to open a new cardiology day-case unit at the RD&E hospital, a new endoscopy unit in Tiverton, a discharge lounge at North Devon District Hospital, and we've got two new surgical robots in place, all of which are helping us to reduce our waiting lists and improve the care we provide.

We head into 2023/24 in a challenging national context, but taking significant optimism from the progress we made in 2022/23 and the strength of our partnerships, with our system colleagues, with our research and academic partners, and with our local community groups.

I want to finish by saying to our staff, volunteers, patients and all of our stakeholders: thank you for everything you do. Your commitment and compassion has helped us deliver the very best care

and services we can to our patients. I am extremely proud of all that we have achieved together and look forward to working with you all next year.

Kind regards,

Signed:

Chris Tidman
Deputy Chief Executive Officer
**Date: 28 June 2023**

About the Royal Devon University Healthcare NHS Foundation Trust

The Royal Devon University Healthcare NHS Foundation Trust (the Royal Devon) was established in April 2022, bringing together the expertise of the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust.

Stretching across Northern, Eastern and Mid Devon, we have a workforce of almost 16,000 staff, making us the largest employer in Devon. Our core services, which we provide for more than 615,000 people, cover over 2,000 square miles across Devon, while some of our specialist services cover the whole of the peninsula, extending our reach as far as Cornwall and the Isles of Scilly.

We deliver a wide range of emergency, specialist and general medical services through North Devon District Hospital and the Royal Devon and Exeter Hospital (Wonford). Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. We also offer a range of specialist community services, Sexual Assault Referral Centres (SARC) and a GP practice.

Our hospitals are both renowned for their research, innovation and links to universities.
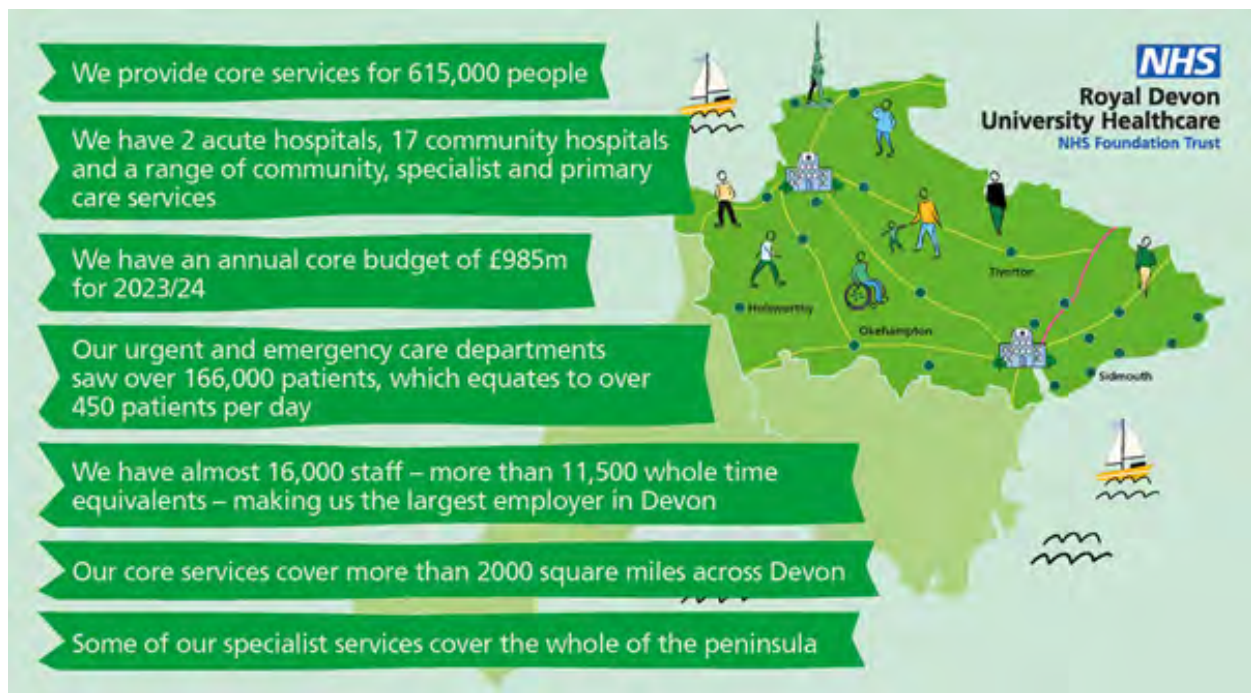
Royal Devon and Exeter (Wonford) Hospital, Exeter

The Royal Devon and Exeter (Wonford) Hospital is our district general hospital in Exeter. It provides emergency, urgent and planned care services to people in Exeter, Eastern Devon and the surrounding areas.

As a teaching hospital, it delivers undergraduate education for a full range of clinical professions and it is the lead partner for the University of Exeter College of Medicine and Health, as well as a leading centre for high quality research and development in the South West peninsula.

The Royal Devon and Exeter (Wonford) Hospital is home to a number of our highly acclaimed specialist units and centres, including the internationally renowned Princess Elizabeth Orthopaedic Centre, our award-winning Centre for Women's Health, and the purpose-built Mardon Neurorehabilitation Centre.

North Devon District Hospital (NDDH), Barnstaple

North Devon District (NDDH) Hospital is our district general hospital in Barnstaple. It provides emergency, urgent and planned care services to people in Northern Devon and the surrounding areas.

NDDH provides a 24/7 emergency service and is a designated trauma unit operating within a trauma network serving the whole of Devon and Cornwall.

The hospital also offers a range of general medical services, including cardio-respiratory, stroke care and gastroenterology, alongside a number of general surgical services including orthopaedics, urology and colorectal specialities.

Integrated health and social care community services

Our teams of integrated health and social care community professionals across Eastern and Northern Devon work to rehabilitate patients, avoid admissions, and promote health, wellbeing and independence. We also support people who may need short term support until they regain their independence or specialist end-of-life care and provide local outpatient and self-referral services, such as sexual health clinics.

We manage a range of inpatient and outpatient services from 17 community hospital locations, which provide accessible local hubs for our communities. These span a wide geographical area, and include minor injuries units and a variety of outpatient services.

Our community teams work closely with a wide number of health and care professionals, including colleagues working in the acute hospital, social care, primary care, mental health and other partner organisations to support people to self-manage their long-term conditions, improve their mobility and maintain their independence.

Specialist community services

The Trust is the main provider of specialist community healthcare services across Northern, Eastern, Mid and South Devon, including podiatry, dentistry and sexual health.

We also run Sexual Assault Referral Centres (SARC) across Devon, Cornwall and the Isles of Scilly, as well as adult and paediatric bladder and bowel care services in these areas.

Nightingale Hospital, Devon

The Nightingale Hospital Exeter was purchased by the Royal Devon University Healthcare NHS Foundation Trust in March 2021 on behalf of NHS organisations across Devon and the South West region to continue the site's legacy of supporting local people.

It has now been transformed into a state-of-the-art facility that is helping to further reduce waiting times for certain procedures. The Nightingale is now home to the following services:

- Southwest Ambulatory Orthopaedic Centre, which has two operating theatres for day case and short stay elective orthopaedic procedures

- Centre of Excellence for Eyes, which is delivering diagnostic outpatient services and cataract surgery

- Devon Diagnostic Centre (DDC), which is hosting CT, MRI, X-ray, ultrasound and fluoroscopy services

- The Royal Devon University Healthcare NHS Foundation Trust's Rheumatology department

In 2022/23

- We cared for 184,739 inpatients, 66,521 day cases, and 1,078,313 outpatients

- Our Emergency Departments had 136,892 attendances; our Minor Injuries Units had 13,068 attendances; and our Walk-In Centre had 20,010 attendances

- We looked after 1,691 people in our community hospitals

- We provided care to 59,217 people in their homes

- 4,759 babies were delivered

Our year in photos

Our Trusts merged to become the Royal Devon

On 1 April 2022, the Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT) formally merged to become the Royal Devon University Healthcare NHS Foundation Trust.

New orthopaedic ward opens

In May, Jubilee Ward, the Royal Devon's newest inpatient ward, opened on the North Devon District Hospital site. Named in honour of the Queen's Platinum Jubilee, the ward now cares exclusively for inpatients having elective orthopaedic surgery such as knee and hip operations.

Celebrating our extraordinary staff and volunteers

On the evening of Tuesday 21 June 2022, we held our Extraordinary People Awards ceremony to celebrate the incredible staff and volunteers who work across our Trust. The awards have 11 different categories and over 400 nominations were received.

New electronic patient record system, Epic, goes live across Northern Devon

In July, we went live with our new electronic patient record, Epic, across Northern Devon. This huge digital milestone means we can now improve the experience for all of our staff, patients and carers across Northern and Eastern Devon.

Trust honoured for its support for students

Our support for T Level students won a prestigious employer award from Petroc, the North Devon further education college, and a mention in the Gatsby Report, a prestigious educational directory.

Services at Budlake Centre celebrate one-year anniversary

We marked the one-year anniversary of our Budlake Outpatient Hub in Exeter Community Hospital (Whipton) being expanded to offer local people a number of outpatient services, including cardiology, heart failure, colorectal, gastroenterology and neurology.

Another year of outstanding results in the National Cancer Patient Experience Survey

The outcomes of the 2021 National Cancer Patient Experience Survey show that patients across the Trust were well supported and informed throughout their experience from diagnoses to treatment. The survey was completed by over 1,317 patients who attended NDDH and the RD&E Wonford.colorectal, gastroenterology and neurology.

First trainees begin using new surgical simulators to tackle the COVID-19 training backlog

In August, our new surgical simulation unit began enhancing gynaecology and general surgery training for the many trainees who, as a result of the COVID-19 pandemic, were unable to complete their competencies and progress to consultant level.

New service in Seaton supports end-of-life patients in their own homes

We launched our new service, Seaton Hospice at Home, in collaboration with the Seaton and District Hospital League of Friends, to provide expert palliative care to local patients and ongoing bereavement support to their families.

Exeter wins £15m NIHR funding for Biomedical Research Centre

More than £15m in government funding will help us improve diagnoses and develop better precision approaches to target the right therapies to the right people using cutting edge technologies. The new NIHR Exeter Biomedical Research Centre partnership is led by us and the University of Exeter, in partnership with other NHS organisations across the region.

Award-winning NHS team recognised at prestigious awards

The South West Ambulatory Orthopaedic Centre (SWAOC), based at the NHS Nightingale Hospital Exeter, was highly commended in the Health Service Journals acute sector innovation of the year award category for its innovative work to support people needing orthopaedic care.the region.

Royal Devon represented at Buckingham Palace

His Majesty King Charles III and The Queen Consort Camilla hosted a reception at Buckingham Palace to celebrate the contribution of East and South-East Asian communities. The Royal Devon's Dr Manish Gandhi, Dr Ash Kotecha, and Edmond Hernaez were invited.

RD&E Wonford emergency department's new entrance opens

In February, we completed the next major milestone of the RD&E Wonford Emergency Department redesign, with the opening of the new main entrance and waiting areas. This, alongside other key changes, will help to accommodate the increasing number of people accessing our emergency and urgent care services.

Ongoing works timeline is as follows:

- Completion of Internal ED reconfiguration works July 2023

- Completion of Paediatric Resus October 2023

- Completion of Children's ED & PAU Summer 2024

£1.25m eye care hub for South Molton Hospital opens

People with eye conditions in North Devon and Torridge now benefit from reduced waiting times and access to state-of-the-art equipment at our Ophthalmology Hub, thanks to a generous £500,000 donation from the South Molton League of Friends.

Research and development

There is a clear link between research and improved health outcomes which is why the Trust is committed to embedding research in the care we provide, supporting our staff to develop their own research and fostering excellent collaborations with key partners in order to achieve this.

All departments and all staff play a role whether that is developing and delivering research in their specialty area, working with life sciences partners about the approach and feasibility of their research, recruiting patients to studies led by our own staff and by other organisations and by implementing the evidence from research to improve care delivery.

In January 2023 the two research and development teams merged, and the ability to work together across our now wider region will provide more opportunities for all patients to benefit from research participation. As with all Trusts, recovering research activity post-pandemic has been a key focus during this past year.

5275 participants have been recruited to over 222 clinical trials and studies with research activity being delivered across the Trust's clinical specialties. The research benefits from support from the National Institute for Health and Care Research (NIHR) Exeter Clinical Research Facility (which has just been awarded core funding for a further five years), and the NIHR Exeter Patient Recruitment Centre. This funding and support enables us to work with commercial and non-commercial partners across a broad range of research development.

21 grant submissions are currently being supported with 12 trials currently being delivered under the leadership of Trust staff. Trust staff have also published over 372 papers demonstrating the strength and breadth of activity and our national and international impact.

Our close collaboration with the University of Exeter continues, supported by our Joint Research Office (JRO), a leading centre for high quality research, development and innovation and the NIHR Clinical Research Facility. This relationship has been further cemented this year with the collaboration being awarded an NIHR Biomedical Medical Centre (BRC), which will provide more than £15m over the next five years. The BRC is the first of its kind in the South West Peninsula and will translate scientific discoveries into tangible benefits for patients, partnering with other Trusts in the region and beyond to accelerate the development of better precision approaches to

target the right therapies to the right people using cutting edge technologies. Click here to read more: **https://royaldevon.nhs.uk/news/exeter-wins-15m-nihr-funding-for-west-country-s-first-biomedical-research-centre**.

Other highlights include grant success for the team led by Mr Al-Amin Kassam, Orthopaedic Consultant. The team were awarded over £900,000 from the NIHR to carry out ground-breaking research in 'Hipster', a trial which will explore the use of pioneering robotic surgical methods to improve outcomes for hip replacement patients.

Chronic Obstructive Pulmonary Disease (COPD) is the most common respiratory disease in the UK affecting approximately three million people and has been identified by the NHSE CORE20PLUS5 programme as one of the five clinical areas requiring accelerated improvement. The 'MucAct COPD' trial led by Prof Michael Gibbons is assessing the clinical and cost-effectiveness of nebulised sodium chloride in patients with COPD. By working collaboratively with Primary Care colleagues, the respiratory research team are the top recruiting site in the UK and their approach to running the trial is now being rolled out across other UK sites.

Colleagues in Northern services have worked proactively to increase the number of nurses, midwives and allied health professionals taking the Principal Investigator role with five now leading studies including:

- Angela Tithecott, Heart Failure Lead Advanced Clinical Practitioner leading the 'EVOLUTION HF' study

- Physiotherapist Victoria Typaldou with the 'AFTER' trial looking at rehabilitation after ankle fractures

- Physiotherapist Ruth Wood leading the 'iRehab' study exploring rehabilitation following treatment in intensive care

- Physiotherapist James Rodger leading the 'BOOST-IS' study looking at interventions for symptomatic lumbar spinal stenosis and

- Nurse Consultant Naomi Clatworthy supporting the 'ICI GENETICS' study to identify the role of genetic factors that predispose to immune checkpoint inhibitor toxicity and 'QLG' looking to develop a cancer survivorship questionnaire.

Supporting the life sciences sector is a key objective for the NIHR. The Trust hosts one of only five NIHR Patient Recruitment Centres (PRC) designed to support late phase commercial trials at pace and scale. PRC Exeter is the top recruiting centre and highlights this year included exceeding the target for a Moderna COVID-19 booster trial and retaining 97% of all participants. The Trust also has commercial activity outside of the PRC with over 40 principal investigators currently and x92open commercial trials.

Focussed activity continues to implement the Chief Nursing Officer for England's nursing research strategy and allied health professionals national research strategy with membership of regional implementation groups. The launch of the Trust's own broader strategy including nursing, midwifery and allied health professionals and Healthcare Scientists launched in December 2022 with a six-year plan. The annual Chief Nurse Research Fellows' programme is now supporting it's third cohort with this approach adopted by all Trusts in the SW Peninsula and some funding provided by the NIHR CRN.

Rapid life-saving checks for babies and children

A world-first national genetic testing service that can diagnose and potentially save the lives of thousands of severely ill children and babies within days rather than weeks, has been developed by the Royal Devon in collaboration with world-leading genomics research groups at the University of Exeter and clinicians and academics worldwide.

Reuben was fighting for his life, but doctors could not pin down the reason and tests were inconclusive. By analysing Reuben's genome - looking at billions of letters of DNA code in his body - it was found that mutations in the CSP1 gene meant he could not break down nitrogen and that was causing toxic levels of ammonia in his blood to build up.

Reuben received the correct medication quickly and he is now doing well at home and waiting for a liver transplant to cure his condition.

His mum, Eleanor, said: "All the care Reuben received would not have happened as quickly and his early diagnosis meant we knew what to expect."

You can read more about the service, which launched in October 2022, here: **https://royaldevon. nhs.uk/news/world-first-national-genetic-testing-service-to-deliver-rapid-life-saving-checks-for-babies-and-kids/**

Charity update

The RD&E Charity (charity number 1061384) is the registered working name of the Royal Devon's Eastern services general charity, while Over and Above (charity number 1051463) is the registered working name of the Trust's Northern services general charity.

In April 2022, following the integration of RD&E and NDHT, the two charities also integrated to form the Royal Devon University Healthcare NHS Foundation Trust Charity (Registered Charity Number 1061384). Working closer together, the charity will be able to provide even more support for local NHS services.

The charities support the work of the Royal Devon by investing in key areas such as equipment, patient and family support, capital projects, staff training and transforming our hospitals into more welcoming and comfortable environments. The charities funds supplement NHS provision to make a real difference to patients, their families and the staff that treat them.

Many of our donors wish to give to an area close to their heart, especially those who have experienced our care or left money to us in their will. We gladly honour donor's wishes and maintain different funds allocated to particular wards, departments and services.

Our latest appeals

While also supporting with fundraising and donations for specific wards or departments, our charities mostly focus their fundraising on our three appeals:

- Our Cancer and Wellbeing Fern Centre appeal raises operating costs to keep this vital service running. The Fern Centre supports patients throughout their cancer journey, offering complementary therapies, counselling, bra fittings, hair loss support and support groups

- Our Starfish appeal is raising money to create a dedicated warm, bright and engaging space for the children, young people and families who use our children's services and outpatient waiting areas at the RD&E Wonford

- The #HelpUsHelpYou appeal was launched to support Royal Devon colleagues during the coronavirus pandemic. The fund helps us to support the physical and mental wellbeing of our colleagues.

Fundraising for these projects enables us to benefit large numbers of patients and staff to ensure we can provide those extra things that make a difference.

Fundraising activities

Our supporters have been busy fundraising for us over the last year – here are just a few of the incredible challenges that have been completed for our charities:

Group of friends begin three-day Jurassic Coast challenge to raise money for the Stroke Unit

Four RD&E Charity supporters hiked along the Jurassic Coast in September to raise money for the Stroke Unit at the RD&E Wonford. They walked a total distance of around 112km over three days along the South West path from West Bay to Studland.

Louise's Story

Louise Butcher was training for the London virtual marathon in 2022 when she was diagnosed with Lobular breast cancer.

Louise completed the London virtual marathon the same week as undergoing radiotherapy, raising an incredible £1265 for Over and Above.

Louise said: "I wanted to support the charity and the hospital that has supported me so they can help anyone else who finds themselves in my shoes."

Royal Devon leaders take the leap for NHS charities

Last summer, Hannah Foster, Chief People Officer, and Professor Adrian Harris, Chief Medical Officer, jumped out of a plane at 15,000 feet, raising funds for both our charities. After a 20-minute three-mile ascent, the plane doors opened and, they faced a minute's freefall before their parachutes opened and they floated back to solid ground.

Bow's Story

Bow was born prematurely in December 2011, weighing just 1lb 6.5oz, and was taken straight to the neonatal unit. During his time there, Bow had daily battles with many of the general problems of premature babies. He also had a bleed on the brain over his first Christmas, and so was taken to a hospital in Bristol for emergency brain surgery.

Jodie, Bow's mum, said: "Sadly, one of the biggest battles we had was when Bow contracted Necrotizing Enterocolitis. This was the hardest four-week period of the whole neonatal journey, but like everything else, somehow, Bow got through it."

Since his time on the neonatal unit, Bow has also had a number of surgical procedures, including two bilateral hernia surgical repairs, and suffers from chronic lung disease. This resulted in him needing to be constantly attached to oxygen for a further two years after he left the neonatal unit.

Jodie said: "Over the last nine years, with Bow's complex medical needs, we've found ourselves at the Royal Devon very often – either through routine appointments or stays on a ward when things aren't quite right. Every single time the care and service has been faultless. Bow has received the best possible care and, as parents, we are reassured by the excellent knowledge the hospital provides.

"Bow does still have some ongoing things to deal with and hurdles to jump, but we are reassured in the knowledge that, when needed, the paediatric team at the Royal Devon will always be there and know exactly what to do."

Our charity shops

The Over and Above charity shops in Barnstaple and Westward Ho! continue to go from strength to strength. The Barnstaple shop completed its expansion in November, creating a larger space to sell small items of furniture. The shop has seen a fantastic response from customers and an increase in takings.

The combined income between the two shops in 2022/23 was an incredible £223,026.38, a 30% increase on the previous year.

All funds are in support of the Cancer and Wellbeing Fern Centre based at North Devon District Hospital, which is run solely on charitable funds. Thank you to all of the wonderful customers for continuing to support our shops.

Wider fundraising and charity support

In addition to support for our hospital charities, we see huge support from the wider charity sector. These include FORCE cancer charity and the Exeter Leukaemia Fund, NHS Charities Together, and a number of corporate and private sponsors who have enabled us to provide celebrations for our staff. Our hospital Leagues of Friends are also fundraising to donate fantastic additional equipment to enable us to improve our services for patients. We are hugely grateful to everybody that supports our patients and our team at the Royal Devon in so many different ways.

Volunteering

Volunteers make a valuable contribution to the Royal Devon and we continue to develop the volunteer service and volunteer roles across the Trust.

Across the Trust, there are many examples of fantastic volunteering projects that make a real difference to those who use our services and our colleagues every day. During the year Volunteering Services moved to being managed by the Patient Experience Team, and the safety and governance of volunteering was monitored and overseen by the Patient Experience Committee. Internal Audit Southwest benchmarked our services against the Lampard recommendations, which provided limited assurance following which a comprehensive action plan was developed and operationalised by the patient experience operational group.

New volunteering roles have been developed in the Royal Devon Emergency Departments in response to operational challenges faced in emergency care. These roles have been developed to support those in our waiting rooms by providing refreshments to patients and visitors, general errand running and engaging with and reassuring patients and visitors.

Meet and greet volunteers provide a fantastic service on our acute sites, they are the first point of contact, offer a friendly face and are on hand to point people in the right direction.

Spotting a volunteer has been made easier this year in our Eastern services with the introduction of the purple volunteering 'helping hands' polo shirts which had only previously been available in Northern services.

Re-establishing ward volunteers this year on the care of the older person wards in Eastern services has been a huge benefit to both patients and colleagues. Ward volunteers across the Trust support staff to help make the patients' mealtimes as enjoyable as possible. Many older patients are at high risk of dehydration and malnutrition, and volunteers can make a huge impact on this important aspect of patient well-being. Volunteers helped us celebrate Christmas on our care of older people wards this year.

We also recently welcomed back the second Pets as Therapy dog at North Devon District Hospital. Lord Simon shown here with his owner Claudia Stanley.

Trained chaplaincy volunteers continued to provide bed to bed pastoral and emotional support visiting over the last year across Exeter, Barnstaple and Tiverton. We also have a number of honorary chaplains who give unpaid time, they provided a more complex and supportive role to patients and families including end of life care over the past 12 months.

National Volunteer Certificate (NVC) was launched this year and was introduced to support volunteers to demonstrate that they have undertaken high-quality training in theory, and carried out a period of practice to be able to volunteer safely in health and social care. We are proud that two of our volunteers have recently completed this programme which has been developed by Health Education England.

Our strategy: Better Together

In the summer of 2022, we launched our new strategy, Better Together.

Our colleagues, governors, patients and stakeholders helped to shape our strategy, and so Better Together reflects their ambitions for our services across Eastern and Northern Devon, whilst also embedding our new values and building on the legacies of NDHT and the RD&E.

The strategy sets out how we will enhance staff experience and our determination to achieve great care for our population, drawing on:

● clinical excellence

● digital capabilities

● innovation and creativity

● cutting-edge research and development

● the value we place on partnerships and our amazing staff

Accompanying the strategy is a five-year roadmap which sets out the identified key deliverables and completion dates.

https://www.royaldevon.nhs.uk/about-us/better-together-our-strategy-mission-and-values/

Our mission, objectives and values

Our mission:

We are working together to help you to stay healthy and to care for you expertly and compassionately when you are not.

Our values:

- Compassion
- Integrity
- Inclusion
- Empowerment

Find out what our values mean to our staff by watching this video:

https://vimeo.com/727456769/8007898dfd

Our CARE objectives:

- **Collaboration and partnerships** - we will work in partnership to improve the health of our communities
- **A great place to work** - we will create a culture that retains, develops, supports, and attracts people to work as part of a team to deliver patient-centred care
- **Recovering for the future** - we will deliver an equitable recovery and capacity for further change
- **Excellence and innovation in patient care** - we will embrace new technologies and ways of working to deliver the best possible care and to enable people to stay well

Here's the progress we are making against these objectives:

1. Collaboration and partnerships

Our first objective sets out the importance of working in partnership to improve the health of our communities. Key pieces of partnership work include strengthening our local care partnerships across Eastern Devon, continuing our work with One Northern Devon, forming our Patient Experience Committee, and launching our Green Plan.

Partnership working across Devon

In July 2022, 42 integrated care systems (ICSs) were created across England as part of the changes following the publication of the Health & Care Act 2022. ICSs are, in effect, new partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. The new partnerships will build upon and expand already existing partnerships and are based on the principle of co-operation.

The Devon ICS - One Devon - is a collaboration of the NHS and local councils, as well as a wide range of other organisations like the voluntary sector, who are working together to improve the lives of people in Devon. Five place-based local care partnerships (LCPs) sit underneath the ICS reflecting the geography of the county: Northern, Eastern, Southern, Western and Plymouth.

The local care partnerships are not new organisations – they're a renewed partnership that, by aligning resources and efforts, will collectively seek to make a difference to the lives of people across Devon. The Royal Devon is involved in two of these place-based partnerships – the Northern Local Care Partnership and the Eastern Local Care Partnership.

Tackling health inequalities

During the year, a small team (Policy and Partnerships) was established and tasked with developing and delivering the organisation's approach to tackling health inequalities and meeting the Trust's obligations on health inequalities.

The Board established a task and finish group on health inequalities to steer the work of the team, to review work already underway and agree how the Board will be kept updated, and to accelerate the work on the Trust's status as an anchor institution.

The Board reviewed the work undertaken by the group and also considered the progress made on restoring NHS services inclusively, ensuring datasets are complete and timely, and mitigating against digital exclusion as set out in the NHS national planning guidance. Information was also provided to the Board on the work the Trust is doing in relation to health inequalities as part of its partnership work through the two local place-based partnerships where the Trust is a key player (the Northern Local Care Partnership and the Eastern Local Care Partnership) as well as the work undertaken on health inequalities by the One Northern Devon partnership.

The information received by the Board was published as part of the Trust's Board papers in March 2023 and the Board will receive further updates every six months. A Trust-wide strategy on health inequalities will be agreed by the Board in the coming months and this will set the approach over the coming years subject to further national guidance and/or reporting expectations.

The Northern Local Care Partnership (NLCP)

The Northern LCP (NLCP) brings together partners from across health and care in Northern Devon. The NLCP has the benefit of being able to build on the work of the already well-established partnership body that sits within it - One Northern Devon (OND). OND was founded in 2008 and is a coalition of willing partners across health, education, government, elected members, business, voluntary sector and charity – you can read more about OND's highlights for 2022/23 below.

OND has three programmes of work that sit under the One Northern Devon partnership – person, place and system:

- The person programme aims to enable the delivery of person-centred services and OND has developed a 'Flow' approach that it is rolling out pilots, where funding allows, in all parts of the health and social care system – emergency services, community mental health, primary care, secondary care.

- The place programme focusses on working in a place-based way with and in communities. There are seven 'One Communities' in each of the towns in Northern Devon.

- The system programme is about co-ordinating collaborative work across system partners, including but wider than health and social care, into the service providers that work in the wider determinants of health (H&SC plus councils, housing associations, education, police, leisure providers, DWP etc).

One Northern Devon (OND) achievements for 2022/23

Some highlights for OND this year include:

- Being shortlisted for the HSJ Place-Based Partnership Award, presented at the Rural Services Network conference on Rural Health and Social Care

- Being asked to be on the closing panel at the Kings Fund Integrated Care in Practice seminar

- Professor Sir Michael Marmot – one of the leading international experts in health inequalities - presenting at OND's Health Equity Stakeholder Workshop

- Leading on NHS Devon's Joint Forward Plan development - Community Development priority

OND has also been at the forefront of a practical approach to delivering person-centred care called 'Flow'.

It is particularly helpful for people who have a number of risk factors for poor health and multiple complex needs.

High Flow was highlighted by the chief executive of the NHS Confederation at his opening address to the conference, "We need to demonstrate to everyone – not least the critical minds of the Treasury – where improvements are taking place and how they are delivering efficiencies as well as improving health outcomes.

"The good news is that much is already happening up and down the country. Take for example the High Flow project in Northern Devon which has brought agencies together to reduce ED demand among those with complex and multiple needs."

The Eastern LCP (ELCP)

The ELCP is a collaboration of NHS, local councils, GPs, voluntary sector organisations and communities across Eastern Devon who are working together to better integrate services and work differently by providing more care in people's homes and the community. The area covered by the ELCP is diverse ranging from Axminister over to Okehampton and includes the city of Exeter.

Unlike the NLCP, there was no pre-existing pan-locality partnership infrastructure in place so the emphasis has been on developing relationships, on improving urgent care flow and engaging more strategically with the VCSE sector.

Over the year the main focus has been on three key prevention issues that are of

particular relevance to Eastern Devon based on the Joint Strategic Needs Assessment (JSNA) and the views brought together by community conversations. These are: unpaid informal carers; children and young people's mental health; and social isolation and loneliness. Joint VCSE/Statutory services projects on these focal areas have been established to turn the dial on these issues in the locality.

Partnering with the University of Exeter

The health and care system in Exeter comprise a number of NHS organisations and a strong network of non-NHS organisations who play a key role in supporting the sector in the region. Health and wellbeing is central to the new University of Exeter Strategy 2030 and one of the five missions of the Exeter Civic University Agreement.

To bring this collation of interests together, the Healthy Exeter Panel task and finish group was established to support the delivery of the CUA Mission to Enhance the health and wellbeing of our citizens. This collaborative group, comprising representation from all the major statutory and voluntary sector organisations responsible for the provision of health and wellbeing in Exeter, as well as academics from the University of Exeter, was convened to identify priorities and opportunities for collaboration.

The aims of the Healthy Exeter Panel were to:

1. Help identify opportunities for improved collaboration and partnership working across health and wellbeing providers and agencies in Exeter

2. Provide strategic- and thought-leadership to support existing, and new, multi-partner initiatives which support health and wellbeing across Exeter

3. Provide advice to deliver new initiatives which support academic or student engagement in public or VCSE sector organisations which bring about mutual benefit

4. Promote greater reflexivity in partner institutions to encourage and support opportunities for enhanced collaboration

5. Help identify and draft-in additional and more relevant members of partner organisations to help progress specific initiatives where appropriate

The work of the panel focused on three key areas:

1. Workforce recruitment, careers and retention

2. Service engagement - who is accessing services and what is stopping those that don't?

3. Community - isolation/empowerment

The Healthy Exeter Panel task-and-finish group has now finished its task and the next steps are to establish the best mechanisms to take forward the priorities identified.

Year one of our patient experience strategy

In April 2022 we launched our 2022-25 Patient Experience Strategy (**https://www.royaldevon. nhs.uk/patients-visitors/patient-experience/ patient-experience-strategy-2022-2025/**). This strategy underpins the delivery of our Trust Strategy, ensuring patient experience of our services feeds into everything we do.

We are now a year on from the launch of the Patient Experience Strategy and there is no doubt that it has been a challenging year. But we hear feedback regularly from our patients that tells us the care we are delivering is 'outstanding' and 'amazing'. That our staff are 'friendly', 'caring' and 'understanding'. The majority of experiences are positive, and equally the feedback which is negative is helping us to improve.

We have also made significant progress with Trust-wide projects that aim to improve patient experience at the Royal Devon.

● We have heard and discussed a patient/carer story at every Board of Directors meeting over the past year, bringing the voices of patients and their carers to the forefront of our conversations.

● We are an early adopter of the new NHS Complaints Standards. We are leading the way towards a quicker, simpler and more streamlined complaint handling service that helps us improve care and our patients feel respected.

● As part of our commitment to carers we now include carer awareness training to staff, and offer free parking and meal vouchers to carers that support the cared for person as an inpatient.

● We have strengthened our collaborative working with Devon Carers. We have made over 2,000 referrals to their hospital services team in the past year, helping thousands of carers get practical support after the cared for person is discharged from hospital.

● We launched a new role for volunteers in the Emergency Departments at both RD&E (Wonford) and NDDH and are investing in the development of our volunteers by supporting them to complete the National Volunteer Certificate (NVC) programme.

● We set up our patient experience committee, which includes representation from Healthwatch, Maternity Voices Partnership and our Council of Governors.

● We are celebrating where we have acted on feedback by including 'You said, we did' reporting into PAF meetings, our patient experience operational group, and our patient experience committee.

● We have made our 2022-25 patient experience strategy available in alternative formats. There is a **summary document**, a **full strategy document**, and an **accessible patient experience strategy** (compatible with screen readers)

Alongside the launch of our strategy in 2022 we also formed our Royal Devon Patient Experience Committee, which includes Royal Devon leaders and representatives from our Council of Governors, Maternity Voices Partnership, and Healthwatch Devon.

Working in partnership, the committee aims to raise the profile of patient experience, help the Trust deliver its new patient experience strategy, and ensure that effective change and improvements are made to patient experience.

Launching our Green Plan

In June 2022, we formerly launched our Green Plan, which demonstrates our social responsibility as a

Trust and our ambitions to reach net zero carbon emissions. This includes delivering sustainable models of care, supporting staff to implement green improvements across our service, and reducing the environmental impact of our buildings and energy.

We aim to be a leading advocate for the sustainability agenda, and we are committed to working with our local partners for broader changes that promote sustainability and improve the wellbeing of our local communities.

Read our full sustainability report on page 142 for more information about our progress in this area.

2. A great place to work

This objective recognises that our staff and volunteers are our greatest asset, and so we need to create a culture which retains, develops, supports and attracts people to work as part of our Royal Devon team.

Supporting the health and wellbeing of colleagues

We know from listening to our staff that as well as improving staffing levels, the health and wellbeing support we offer is vitally important. This is a huge area of focus for us, with progress including:

- Running our first Team Royal Devon week in October 2022 to celebrate colleagues and promote some of our staff benefit, health and wellbeing and inclusion offers

- Supporting staff with the cost of living crisis through obtaining and promoting staff discounts, sharing financial wellbeing information, adding value meals to our staff restaurants, and setting up a staff food larder for colleagues

- Strengthening our in-house psychological and personal support services to provide staff with increased access to occupational health and wellbeing, staff counselling, and pastoral and spiritual care support

- Running inclusive leadership training to support managers and leaders, setting up more staff networks and support groups, and introducing career coaching for colleagues from an ethnic minority.

Launching Our Charter

In September 2022, we launched Our Charter, which brings together the core messages from our key Trust policies into a simple document to help us develop a shared culture for our organisation.

Our Charter, which was created collaboratively with staff across our Trust, helps us to live our new values, detailing the responsibilities staff share and the rights they should expect, regardless of their role.

Enhancing our learning and development offer

A core part of making the Royal Devon a great place to work centres around creating better development opportunities which all of our staff can easily access. This includes:

- Being the first Trust in the UK to offer combined NHS National Leadership Academy and accredited qualifications, giving staff the opportunity to complete programmes such as the Edward Jenner, Mary Seacole or Rosalind Franklin programmes alongside an accredited apprenticeship qualification

- Creating and delivering a range of inhouse management and leadership programmes and masterclass sessions, including courageous conversations, coping with change and manager's mental health

- Giving staff the opportunity to work with accredited coaches to improve areas such as self-confidence, feedback skills, and communication and listening skills.

Strengthening our talent pipeline

We are taking a number of steps to attract and develop skilled younger people, helping us to grow our talent pipeline across the Royal Devon, such as:

- We have a large number of people undertaking apprenticeship qualifications and are offering several new apprenticeships in areas such as administration, pharmacy, estates and facilities, and childcare roles

- We offer supported internships and Project Search employment opportunities to help young people with disabilities gain employment at our Trust

- We run NHS cadets each Tuesday evening to promote a number of the different career opportunities at the Royal Devon to local 14-18-year olds and we continue to work in partnership with colleges and local sixth forms to showcase the different careers available at the Royal Devon and offer work experience programmes to students completing vocational qualifications

Accelerating filling our vacancies

In recognition of the staffing challenges we face, which are reflected nationally, we have committed to prioritising accelerating filling our vacancies. This includes:

- Mobilising and expanding our recruitment capacity

- Launching a new recruitment portal, the Career Gateway, which has enabled us to develop a faster recruitment process and a better experience for candidates

- Running a number of recruitment events where candidates can speak to teams and interview for roles, with many jobs being offered on the spot

- Developing a suite of engaging and attractive recruitment materials which include information on career progression and development pathways, as well as launching a new area on our Trust website where the public can find out more about the different careers across the Royal Devon

This work is already having an impact and during 2022/23 we welcomed 2170 new colleagues to the Trust and our overall vacancy rate went from 9% to 6.4% (7% target). We also saw a 5% reduction in our time to hire.

3. Recovering for the future

Delivering equitable elective care and seeing our longest waiting patients as quickly as possible is a key priority area for the Royal Devon. There is lots of work underway to support elective recovery, including opening Jubilee ward, our dedicated orthopaedic ward at NDDH, and opening ringfenced beds at the Nightingale Hospital Exeter. We have also continued to place a significant operational focus on discharging patients in a timely way, are developing our plans for renewing North Devon District Hospital as part of the Government's New Hospitals Programme, and are working towards a stable financial position so that we are able to better plan for the future.

Opening Jubilee Ward at NDDH

Jubilee Ward opened in May 2022 on the North Devon District Hospital site, on time and within budget. The £1.9m, 10-bed ward is helping to reduce waiting times for some orthopaedic procedures.

Named in honour of the Queen's Platinum Jubilee, the ward cares exclusively for inpatients having

elective orthopaedic surgery such as knee and hip operations.

One of the first patients to be treated in the ward was Leonard Perry, from Bideford, who has been waiting for a hip replacement operation. He was delighted to be in the new ward. "It's lovely in here," he said, "this new ward is gorgeous."

Since opening, over 999 patients have been cared for on our Jubilee Ward.

Opening ringfenced beds at the Nightingale Hospital Devon

The NHS Nightingale Exeter was initially part of the national response to the COVID-19 pandemic, caring for nearly 250 patients with COVID-19 from across Devon, Somerset and Dorset.

After being decommissioned as a COVID-19 hospital, the Nightingale was purchased by organisations across the South West and in May 2021, it was announced that the Nightingale would receive a share of national funding to support the reduction in waiting times.

The centre, one of only eight elective surgical hubs in the country to have been GiRFT accredited and recognised nationally for its high clinical and operational standard, has also expanded its services to include hindfoot and soft-tissue knee operations.

The Nightingale is now home to the following services:

- Southwest Ambulatory Orthopaedic Centre, which has two operating theatres for day case and short stay elective orthopaedic procedures

- Centre of Excellence for Eyes, which is delivering diagnostic outpatient services and cataract surgery

- Devon Diagnostic Centre (DDC), which is hosting CT, MRI, X-ray, ultrasound and fluoroscopy services

- The Royal Devon University Healthcare NHS Foundation Trust's Rheumatology department

Since then:

- Over 950 hip, knee and foot/ankle procedures have been performed

- Over 14,600 ophthalmology procedures have taken place

- Over 45,000 diagnostics tests have been complete

- Over 8,350 rheumatology appointments have been carried out

- Over 6,760 pre-operative assessment appointments have been completed

Plans are now underway to expand the DDC into a community diagnostic centre so that it can deliver clinical measurement diagnostics.

Pauline Pauline was advised that she needed cataract surgery following surgery for a retinal detachment. Pauline said:

"Everything was cloudy and I had to stop driving, especially at night, because the lights of oncoming vehicles were like fireworks in my eyes. The loss of clarity with my vision was very restricting."

"Six weeks later I was called and asked to have my cataract surgery at the Nightingale Hospital within a 'see and treat' style. This was excellent. It meant that I received a telephone call, where I was able to ask all of the questions I had. For me this included discussion around pain relief and possible sedation if required. All of my questions were answered. I felt like I knew what to expect."

"On the day the staff were so kind and everything about it was excellent. It took so much of the anxiety out of the experience by having the pre-op and the surgery on the same day – it halved the stress by only needing to attend once making it so much more convenient. It was wonderful!"

Being a part of the Peninsula Acute Sustainability Programme

We are working with colleagues across the peninsula on an ambitious plan to improve acute services for local people and staff as part of the Peninsula Acute Sustainability Programme.

To protect our services for the future, we need to be bold, brave, and radical in transforming services and supporting staff to deliver the best possible care to patients.

The programme is clinically led and at a very early stage. At the moment, a number of workshops are being held with clinical colleagues focusing on paediatrics, medicine and surgical pathways.

An extensive communications and involvement programme is underway to ensure staff, people and communities across the two counties understand

the programme and have multiple opportunities to influence it in a variety of meaningful ways.

Discharging patients in a timely way – getting you home for lunch campaign

Our top priority is to help our patients get better and support them to leave hospital when the time is right. We know that when they're well enough, the best place for them to recover is in the comfort of their own home.

To help our patients, in September 2022, we launched our "getting you home for lunch" campaign. A key part of our discharge planning when patients have a hospital stay is to ensure we try to get them home or to our discharge lounge before lunchtime. Getting our patients home for lunch:

● improves their experience and means they feel more awake at the time of discharge

● reduces unnecessary delays

● is safer and more convenient for patients/families/carers

● improves our patients' access to other services if required (such as pharmacies and shops

● helps us accommodate new patients who need to be admitted.

To help our patients, their families, carers and/or friends understand what they should expect from us regarding discharge and the questions to ask during a hospital stay, we have produced a new patient guide to discharge information leaflet (**https://www.northdevonhealth.nhs.uk/wp-content/uploads/2018/09/Patient-guide-to-discharge-%E2%80%93-think-home-first.pdf**). This includes a helpful discharge checklist to help our patients get home smoothly.

Our Future Hospital Northern Devon

The Government has confirmed its commitment to the national New Hospital Programme (NHP), and the Trust continues to work closely with the NHP team and Department of Health and Social Care on the potential investment opportunity for North Devon District Hospital (NDDH).

The Trust's proposals include: replacement of residential accommodation to provide modern, fit for purpose facilities, a new surgical building to house operating theatres, ICU, maternity and women's and children's services.

This is all in support of the Trust's future model of care with the overall aim of providing modern, connected care for patients, an improved working environment for staff and ensuring high quality emergency and specialist facilities for Northern Devon - now and in the future.

While waiting for approval to proceed to the outline business case stage of the business case, which looks in more detail at the design plans for the hospital, we are focusing on preparatory work including development and control planning for the NDDH site. This work will enable us to demonstrate the end goals, and provide an explanation for any site changes or potential moves within the existing hospital site to facilitate the programme.

4. Excellence and innovation

We are committed to embracing new technologies and ways of working to deliver the best possible care and to enable people to stay well. Clear examples of this include rolling out Epic across the Royal Devon's Northern acute and community services, our continued commitment to research, development and innovation, and launching our patient and transformation strategies.

Rolling out Epic across Northern Devon and the new MY CARE app

On 9 July 2022, we launched Epic across our Northern services, which was a huge digital milestone for our Trust. Having gone live with Epic across our Eastern services in October 2020, having Epic in our Northern services is enabling us to improve the experience for all of our staff, patients and carers.

Because of Epic, our patients' care is now much more joined-up and they don't need to repeat the same information to different members of staff. Epic is also helping us to better mitigate the rurality of our local area through enhanced clinician sharing and virtual clinical input. For example, a shared patient record means that somebody who lives in Lynton could have a medication review with a consultant in Exeter remotely, saving them a long journey and improving their experience of our services.

On our wards, nurses and other staff no longer have to formally document care provided and patient observations, as Epic automatically records mandatory data.

The need to repeatedly ask and document the same information is also no longer necessary as it remains stored in the system. This releases our staff to provide more face-to-face care directly to our patients.

Work to optimise Epic work is ongoing and the Royal Devon is promoting MY CARE to its patients to empower them to be more involved in their care. MY CARE sits on a mobile phone or tablet through an app or can be accessed via a computer. MY CARE is accessible day or night and gives users handy access to their medical information wherever they are.

Key benefits include:

- Seeing the results of most tests when they are available

- Viewing a calendar of upcoming appointments, along with details about attending

- Keeping your care team informed by completing health questionnaires and updating allergy and medical information

- Sending a message directly to your care team from within the app if you have any questions about your care

- Allowing a family member or loved one to access your health and appointment information by enabling proxy access

Watch this video for more information: **https://vimeo.com/800901512**

Our goal is to register 100,000 patients by the end of 2022/23, and to have implemented an electronic 'self' booking service to give patients the opportunity to choose a convenient appointment.

Launching our patient experience strategy

In 2022, we launched our patient experience strategy.

Patient experience is a key element of quality alongside patient safety and clinical effectiveness - each interaction patients have with us is part of their overall experience of receiving care.

Patient involvement reflects an ethos of "nothing about us, without us" and is a key principle of patient experience. The involvement of "experts by experience" provide essential insight to support developing and improving our services for patients in a way that reflects their reality.

Our new patient experience strategy is enabling us to drive long term success and real change, and it provides us with a strong foundation to ensure that a focus on patient experience is at the core of every aspect of our activity in real and measurable ways.

Launching our transformation strategy – your brilliant ideas

The Royal Devon's transformation strategy launched in January 2023.

"Our Recipe for Transformation" is a key part of the Trust's overarching Better Together strategy. It sets out our plan for how we can work together to transform our services to make things better for our patients and staff by supporting and celebrating the brilliant ideas of staff, using new technology and continuing to learn together.

The strategy aims to:

- Foster a culture of curiosity and innovation through listening to our staff and volunteers, recognising that everyone offers a unique perspective about how we could do things differently for our patients and staff

- Improve patient care by delivering more appointments per year through smarter working

- Make our care greener and more cost-effective.

As part of the Transformation Strategy, we have launched Your Brilliant Ideas, which aims to inspire staff and patients to share their ideas and implement change and improvement.

Staff have already shared over 120 brilliant ideas, which have led to practical improvements, like adding pastoral volunteer support onto wards, raising awareness of green initiatives and making sure staff

know about the support that is available to them. It has also started to inspire staff.

We have introduced a productivity team who are working alongside clinical teams to help make best use of our resources and support 25,000 more patients in the first 12 months. Many divisions across the Trust have already had incredible achievements - for example, they have increased physiotherapy clinic capacity by 1,350 per year, Holsworthy respiratory clinics by 500 outpatient appointments per year, and throughput on MRI sessions by 1,000 scans per year.

Developing our enabling strategies

A key area of focus in 2022/23 has been developing the enabling strategies which will be focused on achieving the outcomes set out within our strategic CARE objectives.

Our clinical, digital, people and estates strategies are due to be shared with our Board of Directors in summer 2023 and will be launched once finalised.

Key issues and risks

Operational

The operational planning process is undertaken annually, in order to plan the allocation of resources and support the delivery of key organisational targets. The planning process considers organisational circumstances known or reasonably predicted at the start of the year, however there remains risks to the delivery of key performance indicators, principally due to changes which happen throughout the year.

These include but are not limited to:

- the impact of COVID-19 and other transmissible infections which require flexible patient management to support infection prevention

- changes to service provision in other providers which result in a changed demand on clinical services

- unforeseen increases in referrals, particularly in cancer specialties, requiring urgent two-week outpatient appointments and subsequent diagnostics

- changes in the urgent and emergency care landscape, such as the provision of 111 services, Minor Injury Units (MIU), Walk in Centres (WIC), access to primary care and support for patients with urgent mental health issues

- short term nature of discharge related funding streams which can inhibit flow and impede initiatives to facilitate timely discharge

- strategic focus of social care is on financial recovery, children and younger adults (rather than hospital discharge)

- severe adverse weather affecting capacity

- unplanned workforce availability such as industrial action

- workforce fragility arising from recruitment challenges following the pandemic and Brexit.

In the event of events such as those listed above, further discussions with commissioners, providers and regulators will take place to minimise the risk to performance.

Quality

Operational pressures (both local and regional) secondary to our ongoing pandemic response, continued financial constraints and the delivery of Cost Improvement Programmes (CIP) have the potential to impact the quality of our services.

Mitigation of these risks centre on the robust quality assurance framework which is in place. Assurance is provided through mechanisms including the Integrated Performance Report, the Performance Assurance Framework and Internal Audit Reports. Together, these approaches incorporate a balance of hard, empiric data and soft intelligence which alerts relevant levels of clinicians and managers throughout the Trust to any deterioration in quality.

Finance

The impact of COVID-19 continued through 2022/23 along with the re-emergence of flu during the winter that created significant financial and operational pressures with high demand for our urgent care services. We also experienced a high level of staff sickness, resulting in an increase in bank and agency usage to ensure staffing levels are maintained creating a financial pressure.

These sustained high levels of demand for urgent and emergency care through our emergency departments and medical inpatient beds resulted in increased hospitalisations, delays discharging patients that were medically fit for discharge heightened the operational challenges within the Trust, resulting in further use of escalation beds requiring additional staffing and driving cost growth.

The economic environment continues to pose a significant financial risk to the Trust. Rising costs of inflation above funded levels, in particular energy prices, continued to put pressure on non-pay budgets. In addition, the impact of industrial action and the risk of potential further industrial action as a consequence of the rising cost of living on lower paid staff risks a recruitment and retention deterioration and additional temporary workforce costs. There is also an impact on patients through cancelled appointments and operations, requiring rescheduling and further catch up capacity.

All of the above has significantly impacted on our post-COVID-19 elective recovery with prolonged periods of elective cancellations and contributed to

a £14.6m income shortfall in 2022/23 that required non-recurrent mitigations to achieve the financial plan for the year. Looking forward to 2023/24 activity trajectories have been set which allow additional income to be earned under the revised elective recovery arrangements. However, a number of factors need to be true to ensure the capacity is available to deliver the levels of activity required. In particular an improvement is needed on the volumes of 'no criteria to reside' occupancy to facilitate more timely discharge and flow and enable ring fenced bed capacity for surgical capacity to be held. This remains a significant risk looking forward and the trust is working closely across the ICS on plans for delivery.

Currently the Royal Devon and the Integrated Care System partners are rated in segment four of the System Oversight Framework (SOF) and have entered the Recovery Support Programme (RSP). The Devon system plans for 2023/24 have been designed to meet agreed exit criteria. An ambitious plan for operational and financial recovery has been put in place which will require focused and sustained effort on delivery across the whole system to ensure delivery. Due to the scale of change required there is a risk that plans will slip in year but the increasing collaboration and improved governance across the ICS will help support delivery in a way not achieved previously. Any risk of non-delivery with delay exist from the SOF 4 rating and could result in further regulator intervention.

Going concern statement

After making enquiries of internal information sources and receiving assurance from reviews of the requirements set out in the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), the Board of Directors has a reasonable expectation that the Trust will have access to adequate resources to continue to deliver the full range of mandatory services for the 12 months from the date of approval of the financial statements and fulfil any liabilities as they fall due. The Directors consider that this provides sufficient evidence that the Trust will continue as a going concern for the 12 months from the date of approval of the financial statements.

On this basis, the Trust has adopted the going concern basis for preparing the accounts that has been supported by the Trust's external auditor.

PERFORMANCE REPORT: ANALYSIS

Performance management and assurance

The Trust Performance Assurance Framework (PAF) enables assurance to be provided that performance, including safety and quality indicators, is effectively monitored and reported, thereby supporting managers and clinicians to deliver the required targets. Monthly meetings are held with each of the clinical divisions which are chaired by the operations director, with support from the nursing director, medical director, director of operational finance, and director of people. At the meetings, divisional and speciality level positions are reviewed, covering a detailed set of indicators across safety and quality, performance, operational efficiency, workforce, finance and a wide array of supplementary information.

The reports prepared for the meeting also support the clinical divisions to undertake their own assessments of performance, as well as providing an outline of actions to address any key issues. The actions identified by the divisions are tested and challenged in the meetings.

The PAF is part of the monitoring and performance framework from ward and service line through Operations Boards and Trust Delivery Group to Board. The framework also includes operational steering groups focused on planned care, urgent and emergency care and cancer.

The monthly integrated performance report to Board includes a wide range of national and local performance indicators grouped under the following themes:

- quality and safety

- activity and flow

- operational performance

- patient experience

- our people

- finance

These are accompanied by narrative detailing the contributory issues, the actions planned to restore performance, the timeframes in which the actions are to be undertaken, and identification of any key risks. The integration of these indications within a single report provides an opportunity for triangulation of indicators and themes that is made explicit within the accompanying narrative and overview to the report.

Overview of performance 2022/23

2022/23 has continued to be a challenging year for the achievement of operational performance targets. The Trust has focused on delivering an improved position for both planned care and cancer services, alongside continued safe provision of urgent and emergency care services. The unpredictable nature of COVID-19 demand and the impact of seasonal infections has tested the allocation of both people and other resources to ensure continued delivery of safe healthcare services. This has been further tested by the reorganisation required to support the industrial action by successive sectors of the health care workforce as part of the national pay discussions.

Coordination of the Trust's resilience response has continued to take place through its Incident Management Framework, including t Strategic Command. This has enabled coordination and prioritisation of the Trust's continued operational service delivery. Occasions at which the Trust's Strategic Command has been stood up in 2022/23 have included:

- times of increased COVID-19, and seasonal infection high prevalence

- times of peak constraint in relation to patient flow within the Trust arising from difficulties in relation to discharge, and its associated impact upon inpatient bed availability

- periods of industrial action by sectors of the Trust's workforce, and by the workforce of health system partners including the ambulance service

- in preparation for and in the immediate period after implementation of the new Electronic Patient Record (Epic) across the Trust's Northern services.

The table below, 2022/23 summarises the performance position. Considerable progress has been made into reducing the volume of patients experiencing the most extended waits for elective treatment, and that the financial year has concluded with some key improvements delivered, and a platform on which to build further in 2023/24.

Indicator	Measure	Target	2020/21 Eastern Services (previously RD&E)	2020/21 Northern Services (previously NDHT)	2021/22 Eastern Services (previously RD&E)	2021/22 Northern Services (previously NDHT)	2022/23 RDUH	2022/23 Eastern Services (previously RD&E)	2022/23 Northern Services (previously NDHT)
Referral to Treatment Waiting Times	Proportion of incomplete pathways less than 18 weeks	92%	52.2%	59.0%	49.6%	56.0%	54.2% (March 2023)	57.0% (March 2023)	47.9% (March 2023)
	Volume of patients waiting longer than 52 weeks on an incomplete pathway		6612	1710	5788	1623	7220 (March 2023)	3926 (March 2023)	3294 (March 2023)
	Volume of patients waiting longer than 78 weeks on an incomplete pathway			126	1791	162	699 (March 2023)	404 (March 2023)	295 (March 2023)
	Volume of patients waiting longer than 104 weeks on an incomplete pathway		25	0	657	7	33 (March 2023)	32 (March 2023)	1 (March 2023)
Diagnostics	Proportion of patients waiting less than 6 weeks for a diagnostic test	99%		47.6%		44.1%	61.6% (March 2023)	69.2% (March 2023)	52.5% (March 2023)
Urgent & Emergency Care Waiting Times	Proportion of Patients Waiting Less than 4 Hours for Treatment at the Emergency Department / Walk in Centre / Minor Injury Unit (System Performance)	95%	81.1%	84.7%	72.6%	71.0%	66.0% (March 2023)	68.5% (March 2023)	59.0% (March 2023)
Ambulance Handovers	Volume of Ambulance Handover Delays over 60 minutes	0	0	0	24	115	486 (Month of March 2023)	165 (Month of March 2023)	321 (Month of March 2023)
Cancer Access	Cancer treatment started within 2 months of urgent GP referral	85%	73.9%	84.6%	79.9%	63.2%	61.9% (Month of March 2023)	63.4% (Month of March 2023)	56.5% (Month of March 2023)
COVID	Number of Inpatients with COVID		16	1	114	77	64 (Snapshot as at 31/03/2023)	42 (Snapshot as at 31/03/2023)	22 (Snapshot as at 31/03/2023)
Discharge Performance	Volume of (Green) Medically Fit Patients on Transfer List		60	18	83	78		82 (Month of March 2023)	57 (w/c 27 March 2023)

Highlights for the year include the successful reduction in the volume of patients waiting longer than 104 weeks for treatment, reducing from 664 in April 2022, to 33 patients at the end of March 2023 and the reduction in the volume of patients waiting longer than 78 weeks from 1953 patients in March 2022, to 699 in March 2023.

A suite of activities including support from the National Improvement Support Team and a 10-week challenge from NHSE has enabled the Trust to achieve these two waiting times positions. The Trust also received additional time-limited funding via the Elective Recovery Fund. This has supported additional activity using internal and external resources as part of the improvement programme.

Another key aspect of the improvement programme has been the repurposing of the Nightingale Hospital in Exeter. This is a dedicated facility for provision of elective orthopaedic and ophthalmic surgical procedures, and for provision of increased diagnostic capacity. Building on its previous use as a system asset, it remains for the use of local healthcare system providers and the benefit of patients from across the South-West.

As the Trust moves into the 2023/24 financial year, and delivery of its new 2023/24 financial and operational plan commitments, including the elimination of all 104 week waits by the end of quarter 1, the Trust's focus is shifting to the 78 and 65 week wait patient cohorts and reducing the time patients are waiting for their first appointment.

The continued growth in emergency activity across both the Trust's Northern and Eastern services in 2022/23 has resulted in a need for a particular focus throughout the financial year on maintaining and, at times of peak challenge, restoring patient flow. These challenges have notably included further waves of heightened COVID-19 prevalence, including a wave combined with Norovirus and Flu in Winter 2022/23, and ongoing challenges in the onward discharge of patients identified as ready to leave hospital. Illustrative of these pressures, both the Trust's Northern and Eastern services were at OPEL 4, the highest level of escalation, for three of the four weeks in March 2023, and at its peak, at NDDH upwards to one in every three of the Trust's beds were occupied by patients medically fit for discharge and awaiting onward care.

Ambulance handover delays at both sites have increased markedly in 2022/23 in comparison to previous years, although continue to benchmark favourably to other providers. As a result of comparable urgent care pressures at neighbouring providers, the Trust has with increased frequency in 2022/23 been asked and agreed to provide support to the Devon healthcare system by accepting ambulances diverted from the periphery of the Trust's catchment area, where both clinically appropriate, and when it is in a position to do so. Instrumental in facilitating the maintenance of patient flow at both sites and the Trust's ability to respond to requests for system support such as those referenced above, has been the successful delivery of a number of significant investments including the creation of discharge lounges in both Northern and Eastern services, the creation of a virtual ward whereby patients are under hospital care whilst remaining within their home environment, and the expansion of Same Day Emergency Care provision. The completion of the current phase of the Trust's Eastern services emergency department reconfiguration programme in early 2023/24 will provide a modern and expanded facility from which the Trust will be more equipped to respond to urgent and emergency care pressures going forwards.

The Trust has worked in partnership with the Devon ICS to develop a financial and operational plan for 2023/24. The commitments contained within the Trust's financial and operational plan for 2023/24 means it starts the financial year with plans for continued and accelerated step changes in performance across both elective and emergency care. Building on 2022/23, system collaboration and cooperation will be critical in enabling delivery of these commitments, particularly in relation to its commitment to facilitating swifter discharge of those patients identified as medically fit and ready to leave.

The programme of activities planned by the Trust for 2023/24, including those in relation to increased productivity alongside the estates infrastructure investment programmes already underway, will all play a part, alongside the actions of system partners, in supporting delivery of these commitments. As in previous years, delivery plans will continue to be refined throughout 2023/24, and will build upon the successes of 2022/23.

Financial performance

2022/23 has seen a focussed move to system reporting and individual organisations contributions to financial and operational performance targets. Planning included many areas of uncertainty and risk, particularly from further waves of COVID-19 and the Board of Directors approved a £18.3m deficit financial plan. Overall this plan was met with some improvement due to additional deficit support income received, resulting in a deficit for the year (for performance purposes) of £16.7m. However, delivery of the plan has seen emerging pressures with under delivery of the recurrent savings programme managed through non-recurrent in year benefits. This results in a growth in our underlying deficit overall and increases the challenge for the 2023/24 financial year.

Contracting has continued on a block contract basis from our main commissioners, Devon CCG and Specialised Commissioning (with the exception of high cost drugs through Specialised Commissioning that remained variable). An incentivised Elective Recovery Fund (ERF) provided a variable element to the contract; the ability to earn ERF is determined against system level achievement of activity performance.

During 2022/23 the operational pressures led to a number of workforce challenges, and recruitment and retention across the whole of the NHS worsened. The Trust benefited from savings on substantive staffing but experienced an increase in agency spend as a result, along with the need to cover increasing levels of staff sickness. In total £25.3m was spent on agency against an agency cap set by NHSEI of £12.7m.

Capital expenditure for the year was £56.6m, £5.2m higher than planned due to a number of national schemes being funded partway through the year not recognised at planning stage. This included investment in robotic surgery and discharge lounge in Northern services.

Material capital expenditure by scheme in 2022/23 is set out below:

- £12.7m medical equipment (Trust-wide)
- £10.1m MY CARE electronic patient record (Northern services)
- £8.0m Estate infrastructure programme (Trust-wide)
- £5.8m Emergency Department reconfiguration (Eastern services)
- £2.3m Digital diagnostic capability
- £2.0m Community Diagnostics Programme (Eastern services)
- £2.0m Discharge Lounge (Northern services)
- £1.8m Surgical Robot (Northern services)
- £1.6m Cardiology Day Case Unit (Eastern services)
- £1.2m Ophthalmology Hub (Northern services)

Looking forward to the 2023/24 financial year there are further challenges through the financial regime requiring a return to in-year breakeven for systems. The financial plans for the Trust show an increased deficit position to £28m. To reach this deficit position the Trust will need to deliver savings of £60.3m through a combination of cash releasing savings, productivity gains and COVID-19 cost-reduction. This is a combination of internal savings plans and a system stretch deliverable through further collaboration.

The table that follows highlights the deficit reported in the annual accounts, the surplus / deficit for the purposes of NHSEI reporting (excluding impairments, transfers by absorption and donations).

	2023/24 plan £'000	2022/23 £'000	2021/22 £'000
Surplus / (deficit) for the year (SOCI)	(27,967)	86,968	(4,347)
Add back all I&E impairments - buildings (note 5)	0	5,118	9,776
Add back all I&E impairments - intangibles (note 5)	0	5,321	0
Adjust (gains) on transfers by absorption (note 31)	0	(113,033)	0
Surplus / (deficit) before impairments and transfers	(27,967)	(15,626)	5,429
Remove capital donations / grants - SOCI impact (net value included in note 4 and note 5)	(68)	(1,133)	336
Remove net impact of DHSC centrally procured inventories (net value included in note 4 and note 5)	0	25	420
Adjusted reported financial performance surplus / (deficit)	(28,035)	(16,734)	6,185

Please see the accounts following at the end of the annual report for source numbers relating to the notes mentioned in the table above.

The Royal Devon continues to work closely with the Devon system on the overall financial recovery for the system. A joint financial model was agreed to ensure planning was aligned to inform the published system operational plan for 2023/24.

The agreed level of system deficit with NHS England in 2023/24 is £49.5m (£28m Royal Devon deficit) supported by system-wide strategic schemes of £62.0m (£15.6m Royal Devon included in the requirement above).

The system is focusing on the key priorities of:

● Collaboration across clinical and corporate services

● Maximising procurement opportunities

● ICB contract management

● Driving productivity including workforce and estate

● Digital asset optimisation

Additionally, a joint process was agreed to allocate the notified system capital resource limit to organisations to ensure achievement of capital resource plans.

Our people

In recent years there has been a considerable national focus on our people, with the launch of the NHS People Plan, NHS People Promise, NHS Health & Wellbeing Framework and the NHS HR and OD Programme. The aims of these national programmes align strongly with the Trust's great place to work strategic objective, with much progress having been made over the last year.

The themes of the NHS People Promise have been formally adopted as our Employee Value Proposition (EVP). Our EVP is what we want our employees to feel about the Trust most of the time and what candidates perceive about our organisation as an employer.

This section of the annual report provides some high-level context about the wider workforce, along with information about how the Trust measures performance in relation to workforce and some of the key achievements relating to our people for 2022/23.

Our people are our most important asset, without each and every one of them, we would be unable to provide vital care to our patients. The past few years have seen a considerable tightening of the labour market, with heightened competition between employers to recruit talent. These challenges have been further compounded in 2022/23 due to growing waiting lists and significant operational pressures, both after effects of the COVID-19 pandemic. This has been coupled with increased recruitment challenges as a longstanding result of Brexit. It is an ongoing challenge to ensure we can provide the right support to our people, who are under a sustained period of pressure, to enable them to stay safe and healthy.

In response to the challenges to recruitment, the Trust has worked hard to innovate and improve the way the Trust attracts candidates, retains staff and fills vacancies. This has been driven through a dedicated programme to accelerate filling our vacancies and has included the introduction of a new recruitment system, increased numbers of career fairs and improved marketing materials, all of which have had a sustained impact on our ability to recruit in the

financial year. Retention has also played a key part in improving our position, with every area of the people function contributing to improving the experience of our people and targeted activity having taken place across the Trust to encourage people to stay with the Trust.

This has been a huge success story, with the Trust ending the year with 320 more employees (headcount) than it started with. This is set to continue into the next financial year, with the Trust continuing to attract a healthy pipeline of new employees, combined with a reduction in the number of people leaving our organisation each month. This will in turn enable the Trust to increase capacity to treat our patients, whilst also reducing spend on agency, meaning the Trust can make best use of its financial resources.

Despite a positive position now and in the short term, it is apparent that further challenges are on the horizon. Due to the baby boom generation, there is an ageing population nationally, with an anticipated increase in retirements in the coming years. Furthermore, the Royal Devon serves a large proportion of the South West of England, the region with the highest median age compared to the rest of the country. Based on this, it would be reasonable to expect that the impact on both retirement levels and demand for health services within the Trust will be greater than other NHS organisations. Therefore, it is of vital importance that the Trust is able to plan for its future workforce needs.

The need for dedicated workforce planning resource was recognised and supported as part of the people function leadership restructure last year. A baseline assessment was presented to public Board in February 2023 setting out some of the challenges to the Trust, including projections on population

growth, demographic change and a retirement trajectory. Alongside this work, the HR Systems, Data and Insights team have been firmly established, providing the capability to start transforming our systems in the people function, providing enhanced intelligence through improved data dashboards and supporting forecasting. This has, among other benefits resulted in improved reporting to Board through the Integrated Performance Report.

These teams are setting a firm foundation for the Trust to be able to measure the impact interventions have on our people and to be able to make more informed decisions based on enhanced intelligence moving forward.

The following pages detail some of the key initiatives the Trust has introduced to support it to be a great place to work for all our staff, delivering the high-quality services our communities expect and deserve.

Key achievements during 2022/23

Attraction and recruitment

As previously noted, the recruitment market has become more competitive in recent years, with many industries competing for the same workforce. In response, the Trust has maintained a strong focus on attraction and recruitment, with many advances in the past year.

One such improvement has been the launch of the Career Gateway, a new recruitment system within the Trust. This has allowed the Trust to develop workflows and improve automation to speed up pre-employment checks, with time to hire having decreased to a lower level than the NHS national average.

Another area of improvement has been the development of new trust wide recruitment branding, which is being used online and at recruitment events. This new branding has been designed utilising images of our own staff in various roles, with the ability to make instant applications from posters by scanning a QR code. The branding is colourful and attractive, clearly sets out the value proposition of the roles and is consistent across all platforms.

In the past year, much work has been undertaken on the accessibility of recruitment, with some talented staff not confident in making applications online or not having sight of the Trust's digital marketing. In response to this and to ensure that we maximise the potential to attract a diverse pool of candidates, regular in person career events have been

established. These events allow people to attend the event, be interviewed and walk away with a conditional offer on the day, with over 350 people having been recruited through a combination of face to face and virtual career fair events in 2022/23.

There has also been a focus on working flexibly within our job adverts in the new system, with references to work life balance, flexible working and family friendly policies in every job advert. Many of our job adverts in the past year have also included statements to say 'we are in Devon, but you don't have to be', allowing us to significantly expand the geographical radius in which we are able to recruit. This has been particularly beneficial in recruiting to highly specialist and technical roles that can be carried out remotely, without a need to be on site.

Finally, work has been undertaken to develop the former 'hard to fill roles' group into a trust-wide strategic resourcing group. The Trust has become more sophisticated in its approach, using a quantifiable risk-based approach to ensure that any trends are identified and that the right actions are taken in each scenario, to best support the filling of vacancies across the Trust.

Retention and attrition

Recruitment is vital, but is only effective if we are able to retain the talent that we attract to the Trust. In this vein, there is a dedicated workstream in the accelerating filling our vacancies programme that is dedicated to improving retention within the Trust.

The Trust wants to ensure that our people are recognised and rewarded for the work they are doing. One example of this is the ongoing work to review health care support workers' job descriptions, to ensure that these vital members of staff are remunerated fairly and in line with the responsibilities they undertake. It is expected that this review will result in many band two roles transitioning to a band three towards the start of the next financial year. This is expected to have a significant recruitment and retention benefit to this key staff group.

Another area of focus has been on retention in the first year in post, as Trust data shows that many staff, particularly those who are new to the NHS, leave their roles within a year of joining. A number of schemes have been introduced in the past year to ensure staff have greater levels of support in their first six months, including the introduction of a buddy system, a review of the probationary policy, pastoral support, employee experience feedback and automated checklists for managers to enable them to support new starters in the first six months.

A further area that will be impacting on retention is

the development of our people, with these schemes covered in the People Development section of the annual report.

Speaking up

Following a successful pilot, the Trust has agreed to substantively appoint a lead freedom to speak up guardian (FTSUG). This is an important role for the Trust in supporting staff to speak up and in ensuring that everyone has a voice that counts. It will strengthen the role of the FTSUGs, to promote the support that can be offered to any staff member in need of a listening ear and to help signpost them to the appropriate plan for resolution.

In the last year, the number of freedom to speak up guardians (FTSUG) in post across the Trust has increased from eight to 13, with the introduction of eight FTSU champion roles. The FTSU guardian and champion roles are voluntary and are undertaken by individuals in addition to their substantive role elsewhere in the Trust.

The FTSUGs work with senior management in the organisation to help develop a culture in which staff feel able to "speak up" if they feel that the Trust's values are being compromised.

The Trust has already seen a substantial increase in the number of cases reported to the guardians. It is thought that this could in part be due to increased visibility of the team across the Trust and an increase in people feeling able to speak up.

A survey was also launched in the last year to explore the barriers to speaking up and a full report, including key recommendations to be actioned will be completed early in the next financial year.

Cultural development

The Trust recognises that the journey towards delivering its cultural intent, which is one that embeds a just and learning culture is a journey one of three to five years. The Board of Directors is fully committed to delivering this, with delivery of a year one cultural development roadmap, including the development of new Trust values and behaviours.

Further steps which have been taken this year to support the cultural journey include the launch of Our Charter and the Promoting a Positive Working Environment Policy, both of which have begun to embed the new values and behaviours and promote restorative justice and learning. As a Trust, we aim for all of our staff to be compassionate and inclusive, whilst demonstrating integrity and feeling

empowered.

To achieve this, we aim to ensure these values are embedded in everything we do.

People development

People development is an important part of our journey to become a great place to work. When our staff are offered opportunities to develop, they feel recognised and valued and are more likely to want to stay working with us. By always learning, employees also gain valuable skills and knowledge that can in turn support the Trust to learn and develop, ensuring that we can provide the best possible services for patients.

Over the last year, the people development team has driven many significant developments. These include the launch of the new Trust wide learning management system, Learn+, that supports employees' development and training journey, including induction, developmental training, statutory and mandatory training and appraisal, all in one user friendly system. This has enabled us to offer development using more digital methods so our colleagues are able to do training when they want in a more flexible way.

Following the launch of our new Trust wide strategy, values and objectives, we have created a Senior Leadership Group, made up of quarterly executive-led events engaging with and developing on our most senior leaders. These vital sessions provide space to further understand the strategic goals of the Trust, time to learn new skills and approaches to support delivery of the Trust strategy and maximise our performance. The cultural development roadmap has complemented this work, helping the newly integrated Trust to firmly embed its values and behaviours and enabling the desired culture to be embedded for the future.

Since integration we have also partnered with the National Leadership Academy (NLA) and are now able to run the NHS Leadership Academy programmes ourselves, either as a standalone programme or combined with our Chartered Management Institute Leadership Apprenticeship Programmes. We are the first Trust in the country to be accredited to run these courses outside of the usual national cohorts.

In addition to this, the Royal Devon is a full educational provider of apprenticeships, the same status afforded to an educational establishment such as a college. We run our own leadership and management, administration, customer service and healthcare support worker apprenticeship programmes in-house. We are now extending these programmes to support colleagues across the wider

Integrated Care System in Devon by having cross-organisational cohorts. The Trust recently had its first Ofsted inspection relating to delivery of these qualifications, and received positive feedback in the inspection report.

The people development teams continue to work in partnership with external educational institutions, such as schools, colleges and universities to create career pathways into the Royal Devon. One example includes the first cohort of the Assistant Practitioner Apprenticeship in collaboration with Petroc College who are due to graduate in September 2023. Additionally, this year we have been one of the first Trusts to support T-Level students, have had continued success with our NHS ICS rotational graduate programme, have offered placements to BTEC students and have successfully launched Project Search and internship programmes Trust wide.

#TeamRoyalDevon

We are a team, so earlier this year we launched our first all staff celebration following integration,

#TeamRoyalDevon week. During the week, staff were treated to a range of events, discounts and giveaways, many of which were supported by our local business community. This week was supported by the executive directors, with visits to departments and attendance at events. This was also an opportunity for staff to find out more about our staff benefit, health and wellbeing and inclusion offers.

Events included complimentary yoga classes, reflexology, meditation, bike checks and massages as well as training and information sessions on a range of topics, including sleep, financial wellbeing and menopause awareness. This was the very first #TeamRoyalDevon week, with plans to make this even bigger and better in 2023/24 to show our staff that they are supported, valued and to reward them for their hard work.

Extraordinary people awards

On the evening of Tuesday 21 June 2022, the Royal

Devon University Healthcare NHS Foundation Trust held their Extraordinary People Awards ceremony to celebrate the incredible staff and volunteers who work across the Trust.

The awards have 11 different categories which recognise the outstanding contribution that staff and volunteers make. Over 400 nominations were received and an independent judging panel then created a shortlist of 68 finalists.

The Royal Devon's finalists and their nominators came together at Sandy Park for an awards ceremony. As well as thanking all of our staff and volunteers, our Extraordinary People Awards celebration allows us to say an extra special thank you to those who were recognised by colleagues and patients as being truly extraordinary.

Social, community, anti-bribery and human rights issues

We are committed to ensuring that services are accessible, appropriate and sensitive to the needs of the whole community, with a workforce representative at all levels of the population it serves.

The Trust is working hard to deliver services to its patients and staff, which reflect equality, diversity and inclusion in all areas and respect of human rights, in accordance with the requirements of the Equality Act 2010, the Workforce Race Equality Scheme (WRES), the Workforce Disability Equality Scheme (WDES) and Gender Pay Gap Reporting. Action plans to identify and address issues related to WRES, WDES and gender pay reporting are monitored by the Board and the Inclusion Steering Group chaired by the chief executive officer. We are committed to ensuring the advancement of equality of opportunity between different groups, whether they are people who work for us or the patients and communities we serve. As a public body we believe it is our duty to work towards eliminating discrimination and help foster positive relations between the different groups that make up society.

Our work with the Eastern Local Care Partnership, with our health and social care partners and the voluntary, community and social enterprise sector seeks to address heath inequalities and is carried out in accordance with the Equality Act 2010.

Throughout 2022/23, the Board has remained committed to maintaining an honest and open atmosphere, ensuring that all concerns involving potential fraud have been identified and investigated

in line with the expectations of the NHS Counter Fraud Authority. In any such cases appropriate civil, disciplinary and/or criminal sanctions have been applied, where guilt has been proven to the required standard.

The Trust engages ASW Assurance to provide a suitably qualified and nominated Local Counter Fraud Specialist (LCFS) to support its work in this area. This has helped to create an anti-fraud culture, including a new Counter Fraud Champion role held by the Operational Director of Finance, which has enabled deterrence and prevention measures to be embedded in the organisation which forms part of the annual Counter Fraud report summarising Counter Fraud

Equality performance

The Trust is committed to working to become a national exemplar for diversity, equality and inclusion. We aim to create a positive sense of belonging for everyone, regardless of their background or identity, and to value visible and invisible differences.

For us, inclusion is about positively striving to meet the needs of different people and creating environments where everyone feels respected and able to achieve their full potential. However, we know that there is a lot to learn and do, and we are committed to doing so because it's the right thing to do for both staff and the people we care for.

We take our responsibility seriously in ensuring no person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics as governed by the Equality Act 2010, regardless of race or ethnicity, age, disability, nationality, gender, gender reassignment, sexual orientation, religion or belief, marriage and civil partnerships.

The Royal Devon strategy sets out our mission to work together to help you to stay healthy and to care for you expertly and compassionately when you are not. The strategy emphasises that the Trust is a values-driven organisation and inclusion is central to achieving its mission.

Our Board of Directors understands that inclusion is fundamental to the approach the organisation takes to organisational development, culture change, service improvement, and public and patient engagement. Moreover, while the focus on protected characteristics in this field must remain central to our work, there is a keen sense that there are other barriers that reduce equality of access, or which lead to discrimination and our work must reflect this

activity and outcomes during the year.

The Trust's Audit Committee agrees the annual work plan for the LCFS and receives routine reports on progress against its delivery. The Committee has agreed the Trust's policy for dealing with suspected fraud, bribery and corruption. The Trust submits an annual self-assessment about its counter fraud arrangements and work against the Government Functional Standard GovS 013: Counter Fraud to the NHS Counter Fraud Authority.

Equality of service delivery

broader understanding.

We aim to:

- Improve everyone's – patients, carers, staff experience of the Royal Devon in line with our values and inclusion ambition

- Ensure our services are delivered in a way that is demonstrably inclusive and that enables equality of access for all

- Create an environment where our staff have an ongoing sense of belonging and everyone is able to flourish and progress equally.

The Trust has made a number of appointments to support its ambition to be a truly inclusive organisation including the appointment of an associate director of wellbeing, inclusion and employee experience, an inclusion lead and a diversity and inclusion data analyst.

We have refreshed our approach to inclusion to ensure that it:

- Fully reflects the central importance of inclusion to our corporate strategy

- Builds on the steer provided by the Board – who are vital to setting the tone and leadership on inclusion – drawing upon the experience and insight of our staff and the communities we serve

- Considers the need to build a social movement for change within the organisation focussing on attitudinal shifts and changing ways of working, to fully embrace diversity and inclusion

- The Trust aims to ensure that all of its healthcare services are accessible and inclusive to everyone in

line with our legal duties under the Equality Act 2010

- To help develop a truly inclusive organisation the Trust has adopted inclusion as one of its core values

- We work with a group of people with learning disabilities to ensure that we enable improved access to healthcare services. This has resulted in improved understanding about the issues faced by people with learning disabilities and the introduction of improved communication materials

- We expect staff to challenge any discriminatory or harassing behaviour, and to report them through procedures such as grievance, disciplinary, whistle blowing or incident reporting.

- We are also working hard to meet the requirements made on all NHS organisations of the accessibility information standard. In addition, we aim to make our website as easy to use and understand as possible. We want visitors with disabilities to have the same benefit from using our website as those who are able-bodied.

We have developed a plan on a page which sets out our strategic commitment to inclusion for our staff, patients and community. There have been many achievements in this space including:

- Delivery of inclusive leadership training and wider inclusion training across the Royal Devon, to bolster organisational capability in supporting conversations about inclusion

- An inclusion calendar for staff developed and published

- The launch of a new recruitment model for consultants

- A 'Driving Your Career' programme created and ready for launch

- Royal Devon is the first NHS Trust in the country to be accredited as Communication Accessible

- Specialist inclusion training sessions for #TeamRoyalDevon Week

- Inclusion and employee support and resolution colleagues have partnered together to provide enhanced specialist support for staff concerns relating to inclusion

- A project around inclusive recruitment has begun

- Funding for a pilot associate NED programme has

been secured

- Funding to improve reasonable adjustment offerings and understanding the lived experience of disabled colleagues within the workplace has been secured

- Securing Defence Employers Recognition Scheme (DERS) Gold level accreditation as an integrated trust

- Securing Veterans Covenant Healthcare Alliance (VCHA) accreditation as an integrated trust.

ACCOUNTABILITY REPORT

Quality governance reporting

Patient experience of care

In April 2022 we launched our new patient experience strategy for the newly merged Trust. Our patient experience strategy underpins the delivery of our new Trust strategy and was developed over several months in consultation with both service users and our people. It sets out our high-level vision for the next three years and describes how we plan to put the experience of our patients centre stage through the delivery of five strategic objectives.

The 2022/23 patient experience work plan sets out a number of improvements and developments linked with the implementation of the patient experience strategy, and are in addition to the team's "business as usual" activities. The Patient Experience Committee monitors the progress of the patient experience work plan.

1 **Equal access and opportunity for all**
We aim to deliver care that is fair, inclusive and accessible for all members of the community.

2 **Improving care on the basis of what patients tell us**
We will listen to and act on what patients, their friends and family tell us would improve their experience of care.

EXPERIENCE OF CARE

3 **Working in partnership**
We will work in partnership with patients, carers, stakeholders and the local community to develop accessible, high-quality and responsive services.

4 **Performance**
We will meet our experience-related commitments to our patients as set out in the NHS Constitution and regulatory frameworks.

5 **Cultural transformation**
We will get staff behind a common vision of what success in patient experience looks like and how they can contribute to this.

Monitoring improvement in quality

The Trust adopts a balanced scorecard approach to monitoring quality, presented through the Board's integrated performance report (IPR). The Governance Committee has comprehensive oversight of the quality and safety of care, including all inpatient, outpatient and community services.

A schedule of ward accreditation assessments has been undertaken across both northern and eastern sites during 2022/23 using the care quality assessment tool (CQAT). Key patient experience metrics arising from the assessments are reported to the Patient Experience Operational Group (PEOG) and the Patient Experience Committee (PEC) through quarterly reports. During this period a full review of the ward accreditation programme has been undertaken and a new framework to support accreditation has been developed. This framework will be launched in 2023/24.

Patient experience governance

The Trust's PEOG is a sub-group of the PEC and focuses on improving and sustaining patient experience, promoting co-production and co-design whenever appropriate. Through its work, the group ensures that we are listening to what matters to our patients and acting on patient feedback to continually improve the experience of care we offer.

Patient stories

Listening to, and learning from patient stories is fundamental to improving the safety and experience of our patients and carers. Patient stories are presented at every Board meeting, and during the pandemic we have ensured that the stories continued by holding virtual meetings and phone calls with patients, and sharing videos of feedback direct with Board members. During the last year we have expanded the forums in which patient stories are heard, with a patient story being a standing agenda item at Northern and Eastern services Operations Boards and PEOG. Patient stories are obtained either from compliments, complaints, service transformation projects, letters from patients who have approached the Trust, or from staff who feel that one of their patients has had an experience which we can learn from.

Complaint handling

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

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

The new complaint standards are due to formally launch in spring 2023, however involvement as an early adopter site has helped the alignment of processes, data and reporting across both sites.

Northern and Eastern complaint data reporting was aligned formally in January 2023, therefore the complaint reporting figures for 2022/23 cannot be collectively reported for the whole of this financial year. The data reporting below is separated into before and after the data alignment. The PHSO are planning to introduce reporting guidance in its next phase of complaint management and the Trust will be working with it to progress reporting over the coming year.

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

RDUH - Complaints data
01/01/2023 - 28/03/2023

Legend:
■ Closed – early local resolution   ■ Closed - Exec resolution
— Complaints received
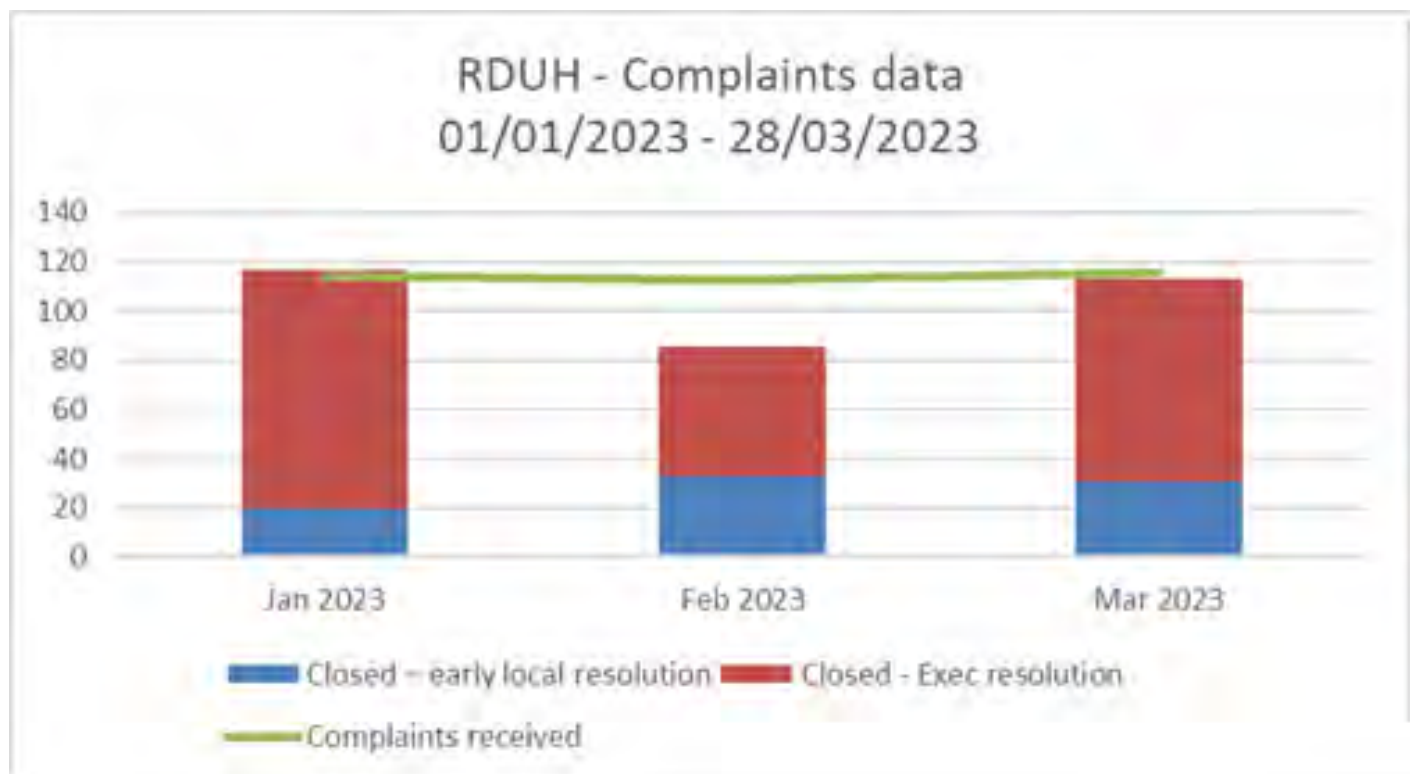
The top five complaint subjects during this period were:

- Communication
- Values and behaviours
- Patient care
- Admissions and discharges
- Clinical treatment – surgical group

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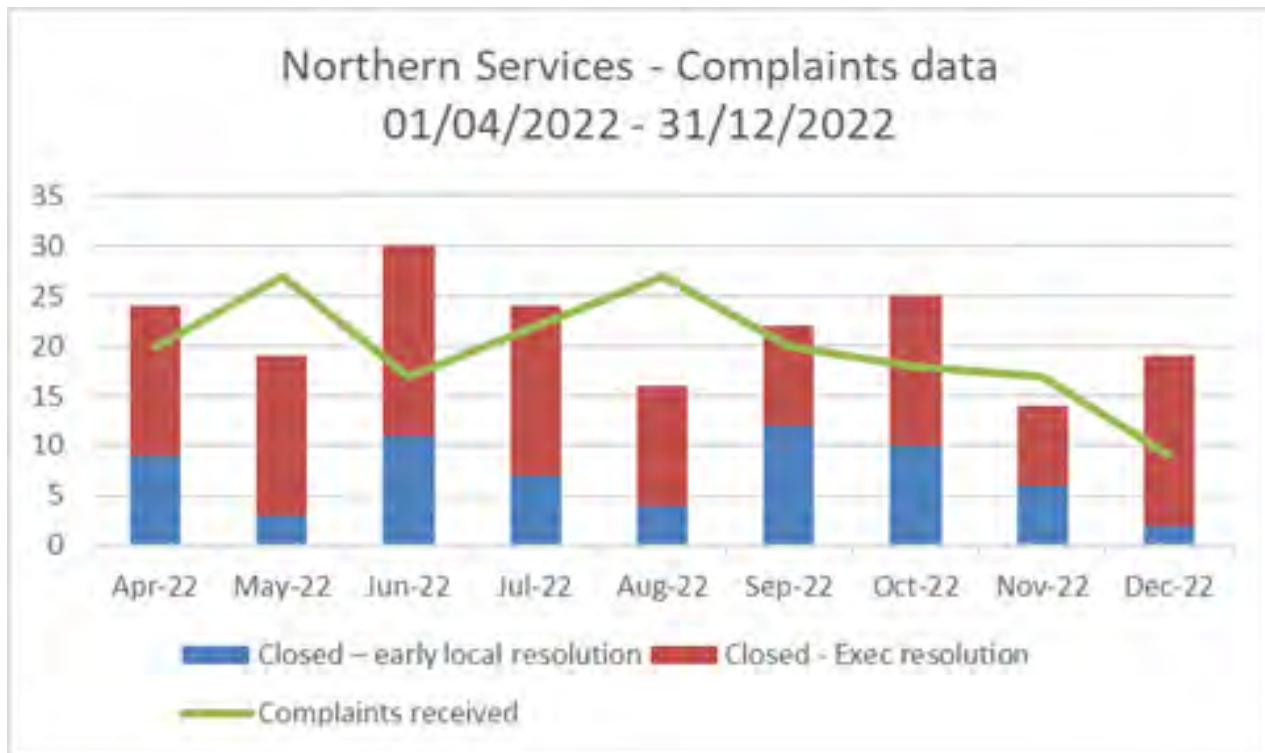
Key performance metrics

All complaints are required to be acknowledged within three working days in line with Trust policy and The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Trust achieved 87% compliance with acknowledging complaints within three working days which fell short of the 95% target. Plans have been put in place to improve this for 2023/24 and compliance with this indicator will be monitored by the patient experience committee.

Complaint timeliness		
	Ack. Within 3 working days	Response exceeding 6 months
Apr-22	93%	13%
May-22	85%	24%
Jun-22	84%	11%
Jul-22	79%	14%
Aug-22	96%	11%
Sep-22	86%	17%
Oct-22	87%	15%
Nov-22	94%	6%
Dec-22	91%	2%
Jan-23	82%	21%
Feb-23	84%	13%

Patient Advice and Liaison Services (PALS) contacts data

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

The top five themes for Trust wide PALS contacts during 2022/23 were:

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

Parliamentary and Health Service Ombudsman

When a complainant remains dissatisfied with our complaint response or the way their complaint was handled by the Trust, they have the right of redress to raise their dissatisfaction with the Parliamentary and Health Service Ombudsman (PHSO). The PHSO will review their concerns and the Trust's management of their complaint, including the outcome of the Trust's investigation. Where possible, and in line with the complainant's wishes, the Trust undertakes many attempts to try to resolve any outstanding areas of dissatisfaction. A complainant can approach the PHSO after this process or as soon as they receive their complaint response.

When the PHSO receives a request to investigate a complaint, their first step is to complete a primary investigation. This involves contacting us to request information to enable them to complete initial checks. Approximately 25% of primary investigations will proceed to a detailed investigation. A detailed investigation will take a closer look at how we have managed the complaint and seek clinical advice on our investigation findings. Once the investigation is complete the PHSO will decide if the complainant's concerns are: upheld, partly upheld or not upheld. If a complaint is upheld or partly upheld, the PHSO will make recommendations for the Trust to resolve this.

During 2022/23 22 PHSO cases were received. The table below shows the number of PHSO cases that were closed during the same period (please note that they may not all relate to the same financial year) and the resulting outcomes.

PHSO investigations 2022/23	Number			
Investigations received	22			
			Outcome	
		Upheld	Partly upheld	Not upheld
Investigations closed	17	2	2	0

The cases that were partly upheld and managed via dispute resolution received recommendations from the PHSO. The Trust complied with all of the recommendations and monitored these via our Trust governance processes.

Patient surveys

Maternity services 2022

The overall results for the Trust's maternity services were very positive.

Out of a total of 59 questions, Northern services' results were in the top 20% of all Trusts. Overall scores for Eastern services were also very positive and incredibly reassuring, with scores higher than or equalling the national average in nine categories. Eastern Services achieved 100% in one category in antenatal care, concerning being spoken to in a way they understood.

Northern services scored well on a range of questions including:

- Were you offered a choice of where to have your baby?

- Did you get enough information from either a midwife or a doctor to help you decide where to have your baby?

- During your pregnancy if you contacted a midwifery team, were you given the help you needed?

In Eastern services, for antenatal care, of the 14 categories reported, they scored above the national average in eight categories and equal to it on one area.

Eastern highlights include:

- Women surveyed felt that they were given enough information during their pregnancy about where to have their baby, compared to nationally

- 93% of women confirmed their partner was involved during labour and birth compared to 89% nationally

- Women reported that they were spoken to in a way they understood 100% of the time.

Both sites have developed an action plan to address any areas for improvement identified through the survey.

National Inpatient Survey 2021

The Trust received the outcomes of the National Inpatient Survey carried out in 2021. The National Inpatient Survey was undertaken prior to April 2022 and therefore reflects the RD&E and NDHT Trusts. The NDHT and RD&E results noted some significant positive changes between 2020 and 2021, and identified some areas for improvement.

The results were analysed by the patient experience operational group, which identified positive results across:

- Confidence and trust in doctors and nurses

- Help, support and information giving by staff; and

- Overall experience of being in hospital.

Actions arising from the survey have been identified and are already being actioned through Trust workstreams. Progress will be monitored through the patient experience operational group.

During the year, the inpatient survey programme, which had been paused due to the pandemic, was resumed at North Devon District Hospital. A team of volunteer surveyors routinely visit inpatient wards to collect patient feedback at the bedside. The ward and senior management receive a report on this feedback within two to three hours, allowing teams to act quickly on the feedback received. Subject to patient consent, selected patient comments are routinely used across Trust communication channels, both internally and externally. It is intended to restart inpatient surveys at South Molton Community Hospital and to introduce them at Royal Devon and Exeter Hospital.

With an increasing reach, social media forms an important feedback channel, together with online feedback from Care Opinion, NHS Choices, compliment cards/letters, postal surveys, face-to-face engagement, contacts to our Patient Advice and Liaison Service and the Friends and Family Test.

Friends and Family Test

The Trust-wide Friends and Family Test (FFT) score for 2022/23 was very positive with 97% of respondents answering either 'Very good' or 'Good' to the FFT question 'Overall, how was your experience of our service?'. This score was based on 12,510 FFT responses.

Patients are routinely asked the reason they answered the FFT question in the way they did and for suggestions as to how the Trust might further

improve the service they have experienced.

In Northern services, patient comments received through the FFT are routinely analysed into positive and negative feedback, themed and presented regularly to the patient experience operational group. The top subject themes during the year were care, staff attitude and communication. The feedback from these themes, which accounted for most of the qualitative FFT feedback received during the period, was nearly all positive.

The FFT programme of work gathers feedback from the majority of services across the Trust. Northern services routinely publishes FFT results and detailed feedback on the Trust website: **https://www. royaldevon.nhs.uk/patients-visitors/patient- experience/friends-and-family-test-feedback- northern-services/**

Care Opinion – Northern services

During 2022/23 the Trust has received 536 personal stories on the Care Opinion website and in the past 12 months Care Opinion stories relating to the Trust have been viewed by the public 60,600 times in total. The plan for the coming year is to roll out the advanced subscription to Eastern services, enabling Trust-wide full responding access to all of our services. The advanced subscription empowers all of our wards, services and teams to maximise the impact of learning from our patients' experiences and to identify quality improvement opportunities from online feedback.

In addition, services are able to respond personally to service users in real time to produce reports that help to recognise themes and regularly report to governance meetings. Care Opinion is monitored by professional bodies and NHS regulators. The website allows us to demonstrate that we are 'listening and learning' to public feedback we receive. We achieve this by highlighting when we have made changes based on the comments made, signposting patients to appropriate services and linking them to service managers when more support is needed. Examples of using Care Opinion feedback can be found below in the 'you said, we did' section of this report.

You said we did

	You said	We did!
1	A raised chair in the waiting room may have been useful. (Emergency department, North Devon District Hospital)	We procured four raised chairs and positioned two in each of the minors and majors waiting areas, with signage indicating that they have a higher seat height to encourage the correct use of them by patients.
2	WiFi would be useful. I had to go outside to use my phone. (Emergency department, North Devon District Hospital)	We created posters to increase patient awareness of the free WiFi which is available in the department.

	You said	We did!
3	The Friends and Family Test There was no one to ask the way to Jubilee Ward as it was very early and there were no directions on the 'Hospital Directory' board. (Main entrance - North Devon District Hospital)	We amended the signage on the 'Hospital Directory' board to include Jubilee Ward.
4	The Friends and Family Test The appointment booking system is quite frustrating - especially as I know I need an appointment every 3 months for PrEP. It would be great to be able to book the next appointment at the end of each previous appointment. (Devon Sexual Health – Sidwell Street, Exeter)	We set up a new PrEP clinic, which is aimed at providing follow-up care for patients on PrEP where they can book directly via an email system. We are now direct booking certain other follow-up appointments, such as depo injections so that patients can book their next appointment when they attend for their current injection. Patients can now directly book in for routine refits for specific methods of contraception, e.g. implant and IUD/IUS methods, without the need for a pre-consultation. We have designed a checklist for the reception team to ensure they are able to book in the appropriate patients correctly.
5	The Friends and Family Test The lack of a waiting room at the bungalow location means that patients, sometimes elderly, have to wait outside, including in the wind and rain. There are no seats and nowhere to shelter. Handrails are needed on the paths to improve access. There is only one small treatment room. (Leg Ulcer Service – North Devon District Hospital)	We relocated the Leg Ulcer Service to Barnstaple Health Centre. There have been extensive improvements to the facilities, including a waiting room and the formation of two bespoke clinic suits, repurposed specifically for Leg Ulcer Service patients. Considerable effort was made by staff to ensure a smooth transfer of patients and equipment without disruption to the usual level of service.
6	The Friends and Family Test A mirror is required in the ladies' toilet. (Endoscopy Suite, North Devon District Hospital)	We fitted a mirror in the ladies' toilet.

	You said		We did!	
7	The Friends and Family Test I think it could have been made clearer to me that whilst my main concern (to be assessed for and fitted with a prostheses) would be handed over to Exeter Mobility Centre, I'd remain in the care of South Molton Community Rehab team – and that the scope of that care could have been better defined. (South Molton Community Rehabilitation Team)		We reminded staff of the importance of discussing roles within the multidisciplinary teams that pull around patients and how we share information.	
8	Care Opinion A patient who was trying to make an appointment with the cardiology department left messages on two occasions as no one was available to take the call. A call back was not received in response to the messages left. (Cardiology Department, North Devon District Hospital)		Telephone coverage has been maximised to ensure that patients are able to contact the department without multiple failed attempts.	
9	Care Opinion The COVID-19 postal swabbing system involves a lot of travelling to drop off the sample at the nearest collection point. (North Devon District Hospital)		We changed our process and most patients are now able to complete lateral flow tests at home prior to admission, in line with the change in government guidelines.	
10	Care Opinion It is difficult to contact the physiotherapy department to book an appointment. (Physiotherapy Department, North Devon District Hospital)		We introduced a new process in the physiotherapy department for answering the telephone and retrieving messages.	

Service improvements

Virtual ward

In October 2020, the Trust launched the Epic electronic patient record system in Eastern services and in July 2022, Epic went live within our Northern services. We now have a common electronic patient record system across Northern and Eastern services, and across acute and community services. This offers us huge potential to transform and improve the way patients access care and how we communicate with each other.

One of the early digital opportunities the Trust is exploring is remote monitoring. The virtual ward (Acute Hospital at Home) is supporting patients at home, who would otherwise come into the hospital environment as an inpatient.

The virtual ward concept is a safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual wards support patients, who would otherwise be in hospital, to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital. The use of the virtual ward (Acute Hospital at Home) links with national NHS priorities to deliver virtual ward capacity across systems.

Our Eastern Acute Medical Unit is piloting this with patients and, where suitable, offering a range of portable devices for patients to use to be monitored at home, allowing them to have more control over their own care through embracing new technologies, research and innovation.

Discharge lounge

Due to a long-term focus on elective and non-elective length of stay and patient flow, North Devon District hospital has not required a discharge lounge since 2012. Although the implementation of MY CARE has improved the discharge process most elements of the discharge take place after the board round in wards contributing to a delay in patients leaving the wards.

Operationally there have been sustained pressures in Urgent Care resulting in bed escalation including increased number of patients with 'No Criteria to Reside', cancellation of elective procedures and increased numbers of patients waiting more than 52 weeks, 78 weeks and 104 weeks.

In response to these pressures a temporary patient discharge lounge was created from 1 March 2022 consisting of four chairs. At the time of writing the impact of the discharge lounge equated to an average of 3.4 patients using the lounge between a Monday to Friday saving 297 bed hours. This correlates to a total saving of 12.3 bed days for the 43 days that the lounge was open.

The early availability of inpatient beds is essential to improving efficiency and flow across the hospital. A key recommendation of NHS Improvement's 'SAFER' patient flow bundle is a requirement that 33% of patients be discharged from base inpatient wards before midday. Considering the limited capacity afforded by the current location, the discharge lounge delivered an overall average of 31% of all transfers before midday, and 76% prior to 2pm. This is beneficial for the patient who will have more access to Pharmacy support and public transport than they would later in the day.

Following the success of this initial test approval for a modular discharge to be funded by national capital monies has been gained. This will create a discharge hub with capacity for eight bedded patients and an ambulatory patient lounge with 10 chairs. This work has been delivered on time and within budget (photos below shows the modular unit in place).

Stakeholder relations

Communicating with, involving, and including stakeholders is the foundation of our approach.

Effective engagement relies on our commitment to listen and communicate openly and honestly with stakeholders. NHS Services are of particular importance and interest to most people – whether provided in the community or in hospital. By working with our stakeholders, our goal is to achieve improved mutual understanding and trust. We want to listen to the ideas of local people and understand them better to help us make improvements to the way we provide services. We aim to create a culture of partnership with patients, staff and the community, for patients to be involved in their care, for ongoing listening and learning, and for everyone to work together in the design and delivery of services for the continuous improvement of the healthcare services:

The Royal Devon works with a wide range of partners from the statutory and voluntary sectors:

- we have established good relations with our local MPs and politicians in local government

- we have, over the years, sought to foster positive relationships with primary care colleagues

- we work closely with the University of Exeter, particularly on the Joint Research Office (JRO), a leading centre for high quality research, development and innovation in the South West peninsula.

- we work in close partnership with many voluntary, community and social enterprises (VCSE) to continually improve care and offer more integrated care

We have talked in more detail about many of these on pages 19-21 of this annual report.

The Integrated Care System Devon, in line with the vision set out in the NHS Long Term Plan, provides a key vehicle for developing the networks and relationships necessary to drive improvements in health and social care in Devon, address the wider determinants of health, and focus our resources in the areas where they are most needed.

The Integrated Care System for Devon

NHS Devon (the integrated care board) is currently developing its joint forward plan (JFP) in collaboration with the five local care partnerships and three health and wellbeing boards in the county.

The plan, which is to be submitted by June 2023, will set out how the system will work together in a different way, to deliver transformational change and improve the health and wellbeing of the population.

It includes nine areas of focus:

1. Primary and community care

2. Mental health, learning disabilities and neurodiversity

3. Women and children

4. Acute services

5. Housing

6. Community development

7. Employment

8. Health protection

9. Suicide prevention

The JFP is a response to the Integrated Care Strategy, which was published in draft on the One Devon website in January 2023. NHS, local authority and other partners were all involved in producing the strategy which was coordinated by the One Devon Partnership (the integrated care partnership).

The Devon system is currently in level four of the system oversight framework (SOF4) due to finance and performance issues, which brings with it enhanced direct oversight by NHS England and additional reporting requirements and financial controls. The JFP therefore reflects the need to focus on system recovery and exiting SOF4 as priority.

A summary of the SOF4 exit criteria are listed below, with an estimated exit date of 2024/25:

1. **Urgent and emergency care** – make progress against national objectives

2. **Elective recovery** – make progress against national objectives

3. **Finance** – develop and deliver realistic balanced plan for 2023/24

4. **Leadership** – demonstrate collaborative decision-making

5. **Strategy** – deliver phase one of PASP

Partners across the county continue to work

together in many areas, including the Peninsula Acute Sustainability Programme (PASP). PASP sees clinicians and staff from across Devon, Cornwall and Isles of Scilly working together to ensure the clinical, workforce and financial sustainability of acute services.

A series of workshops have been underway since December 2022 to review and redesign acute services, initially beginning with paediatric assessment, medical assessment and surgical assessment.

Disclosures

Income disclosures required by Section 43 (2a) of the NHS Act 2006

The Trust has complied with Section 43 (2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012). The Trust's income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Income generated from the provision of goods and services for any other purposes is used by the Trust to provide healthcare services.

Remuneration report

Annual statement on remuneration

The membership of the Remuneration Committee (RC) consists of the Chair and all the non-executive directors for the Royal Devon. The chief executive officer and, as necessary, other executive directors are invited to attend the RC in an advisory role but are excluded on issues directly relevant to them by the Chair of the committee. The committee is supported by the chief people officer and their senior team as required.

For the year following integration, Professor Janice Kay, Senior Independent Director, held the position of Chair of the Remuneration Committee for the Royal Devon, having previously held this role at RD&E pre-integration. Mr Stephen Kirby remained as Deputy Chair throughout the financial year. It should be noted that as this report reflects on the first year as an integrated Trust, there will be some significant differences within the remuneration report, compared to the separate reports for RD&E and NDHT that were published last year.

In addition to the above, there have been five changes to the membership of the RC during 2022-23. Shan Morgan joined the Trust as Chair on the 1 April 2023. Tony Neal joined the Board of Directors on 1 April 2022, having formerly held a NED position in NDHT prior to integration. Kevin Orford left the Board of Directors in June 2022, with Martin Marshall having joined in November 2022. Janice Kay left the Board of Directors on the 31 March 2023.

The committee's main purpose is to set rates of remuneration and terms and conditions of service for the chief executive officer, executive directors and very senior managers (VSMs), who are remunerated on benchmarked salaries outside of nationally agreed pay scales. This encompasses those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust.

Formal adoption of Royal Devon Remuneration Committee Principles & Terms of Reference took place following integration during the RC in April 2022 along with sign off of the annual workplan.

Non-executive director and Chair remuneration is dealt with by the Non-Executive Director Remuneration Committee (NEDRC, see page 116).

In-year remuneration decisions

On 19 July 2022, Steve Barclay, the Secretary of State for Health and Social Care, announced the NHS pay awards for 2022/23, with government accepting the recommendations of the pay review bodies in full. This included a 3% uplift for VSM colleagues, with organisations given flexibility to award an additional 0.5% to ensure that no senior leaders are paid less than the AfC band 9s whom they manage. The Forty-Fifth Annual Report on Senior Salaries by the Senior Salaries Review Board (SSRB) also noted that remuneration of leadership roles should reflect the step-change in challenge, complexity and accountability on promotion. The Remuneration Committee agreed to apply the recommended 3% to all VSM's and agreed that the 0.5% would not be awarded, pending the annual benchmarking exercise later in the year.

The SSRB flagged that there were risks associated with AfC inflation progression being at a greater rate in recent years than VSM pay inflation. It noted the need to prevent erosion in the differential between AfC and VSM pay. It was agreed by the RC that any VSM whose salary is within the AfC range should have the higher of the two recommendations relating to the AfC or VSM cost of living increase applied, to ensure they are not disadvantaged.

Whilst the majority of benchmarking took place during October 2022, the RC reviewed recommendations for some VSM staff whose pay fell within the range of Agenda for Change in July 2022, to ensure the aforementioned points in the Forty-Fifth Annual Report on Senior Salaries were addressed, to ensure these individuals were not disadvantaged. This review resulted in two salary increases.

The remaining salary benchmarking was completed in October 2022, accounting for the 3% uplift applied earlier in the year. As part of this process the RC reviewed remuneration information for the Trust's chief executive officer, executive directors and other VSM's. It was noted that operating income and WTE changes had not resulted in any changes to the categories being benchmarked against. Previously Northern services were benchmarked against NHS and Foundation Trusts when using NHS Providers data, with other roles only being benchmarked against foundation trusts. Now that the integration has taken place, the methodology has been adjusted to ensure all roles are benchmarked against foundation trusts.

The Royal Devon carries out a robust and consistent process for benchmarking all of our VSM posts. The way this data is used means that we can understand and adjust for when a role is remunerated at a significantly lower level than colleagues elsewhere in the country, considering performance and other factors. This has also enabled honest and transparent conversations to happen about pay, with VSMs understanding how their pay is determined.

The Royal Devon, is highly mindful of the gender pay gap and other pay gaps, with our RC continually looking at ways in which these gaps can be narrowed. Information relating to gender has been reviewed in previous years as part of the annual benchmarking process; however, for the first time in 2022/23 the national gender pay gap data was used to understand if there is any national bias and where appropriate the benchmark was adjusted to account for this. This provides assurance that our organisation is applying fair pay locally and is effectively contributing to a national narrowing of the pay gap.

In the current financial context and in light of the new anticipated VSM framework it was acknowledged that it would not be fiscally responsible for staff to have received remuneration increases to 100% of benchmark. On this basis the 2022/23 benchmarking took a balanced but cautious approach to address inequities and provide a fair increase to those whose salaries are significantly below benchmark.

In the previous financial year (2021/22) significant disparities were identified between the remuneration and benchmarking information available for six posts. This was identified as an equality issue, disproportionately impacting on female colleagues, therefore the RC made a balanced decision to award modest non-consolidated increases to those impacted, to reduce the gap between their current salaries and benchmark. Typically, these awards would have been on a consolidated basis, however this was not possible due to the national directive.

In light of the above context, the Remuneration Committee approved the following recommendations:

- Consolidation of the 2021/22 increases as a % of salary.

- Uplift salaries that are significantly below benchmark to 95% of benchmark, unless this would result in an increase of more than 5%. Where this was the case the increase was capped at 5% in recognition of need to balance financial restraint and pay equity.

- Where staff were still developing in role and were below 95% of benchmark, no increase beyond the consolidation of last years' increases and the cost of living from earlier this year were applied.

- All decisions were made in accordance with the Remuneration Principles as set out below and considered benchmarking information from comparator Trusts using NHS Provider data, national median data provided by NHSE/I and individual performance data for each VSM. It should be noted that benchmarking data has not been released by NHSE/I since 2019/20, therefore the benchmarking information has been adjusted locally in line with nationally recommended uplifts since this point.

These recommendations resulted in salary increases for a total of fourteen VSM colleagues. This included four executive directors who were being remunerated below benchmark were the increase was made for equity reasons to achieve 95% of the benchmark salary They were Hannah Foster, Chief People Officer, Angela Hibbard, Chief Finance Officer, Chris Tidman, Deputy Chief Executive Officer and Carolyn Mills, Chief Nursing Officer. The RC received feedback from NHSE/I in relation to these four increases, as the resultant salaries exceeded the £150k threshold. Despite these salary increases being below NHSE/I benchmark, NHSE/I were unable to recommend the increases for support on the basis that ministers are continuing to request NHS organisations apply pay restraint across VSM pay.

On 22 September 2022, the Health Secretary, Thérèse Coffey set out a range of measures to address key NHS challenges, including patient backlogs. This included a statement confirming that the government would be correcting pension rules regarding inflation and would mandate NHS trusts to offer (PCRS) Pension Contributions Recycling Scheme by 2023, as part of its bid to prevent punitive pension rules from encouraging workers to leave the NHS. In response to this statement, the Remuneration Committee reviewed and approved a proposal to introduce a pension recycling scheme that was implemented in November 2022, in line with NHS Employers pension tax guidance.

The RC also undertook a routine review of the VSM process for settlements and redundancy to ensure that the processes are comprehensive, up to date and reflect practices that the Remuneration Committee agree with. As part of this review, an opportunity was identified to be more explicit about how redundancy or settlements are handled for VSMs within the Trust Standing Financial Instruction and Scheme of Delegation (SFI). The RC agreed that the responsibility for agreeing settlements and/or redundancy relating to a VSM should sit with the Remuneration Committee. It was agreed that this would apply to any value if outside of normal contractual terms and anything over £100,000 within normal contractual terms.

Finally, the Trust introduced a new approach to succession planning for the senior leadership group during 2022/23, using the NHS Leadership Academy maximising potential tool to identify individuals with potential for progression. This exercise also identified the risk of each individual leaving the organisation. The RC reviewed a summary report highlighting the overall portfolio of each executive director. The strengths and opportunities from the exercise were identified along with the risks and issues. It is planned that this process will be fed through the divisions, enabling this tool to be used throughout the organisation as well as becoming an annual exercise for the senior leadership group.

NED attendance at RC meetings in 2022/23

	25 April 2022	28 July 2022	12 October 2022	16 January 2023
S Morgan	P	P	P	P
J Kay	P	P	A	A
C Burgoyne	P	A	P	P
B Kent	P	P	P	P
S Kirby	A	P	P	P
M Marshall				P
A Matthews	P	P	P	P
T Neal	P	P	P	P
K Orford	A			

P - Present / A - Apologies

Joiners and leavers:

- Martin Marshall joined November 2022

- Kevin Orford left June 2022

- Janice Kay left March 2023

Senior managers remuneration procedure

Remuneration principles and application

Key principles

1. The committee understands that its approach must strike an appropriate balance with its duty to ensure the effective stewardship of public resources. The Committee understands that senior level positions in the Trust operate in a regional/national context and that remuneration for these positions is primarily determined by the market. In order to remain competitive and attract and retain high calibre staff, the salaries of senior staff must be regularly reviewed to ensure that they remain broadly competitive and that the salaries offered to post holders do not degrade over time so that they are out of line with comparable Trusts. Nevertheless, the committee will avoid paying more than is necessary to recruit, retain and motivate high calibre executive directors and VSMs and will take positions that are publicly defensible.

2. The committee's approach to remuneration will seek to position the Trust in a way that it is able to attract, retain and motivate executive directors and VSMs of sufficient calibre to maintain high quality, patient-centred healthcare and effective management of the Trust's resources.

3. In reaching its determinations, the committee will take proper account of National Agreements, for example Agenda for Change, and guidance issued by the Government, the Department of Health and the NHS market rates for comparable roles in comparable organisations.

4. The committee will treat all people with equality and fairness when determining remuneration. It will seek to gain assurance that remuneration decisions do not exacerbate systemic pay issues.

5. The committee will be rigorous in ensuring that potential conflicts of interest are recognised and avoided. Executive directors and VSMs will not be involved in deciding their own remuneration package.

6. On an annual basis, the committee will consider the remuneration packages of all executive directors and VSMs bearing in mind the performance of the executive directors and VSMs in fulfilling their duties and in regard to the overall performance of the Trust (as set out in Appendix 2). The objectives set for the executive directors at appraisal and the progress against these will be shared with the committee.

7. The committee will consider external benchmark comparison data on the pay and conditions of executive directors and VSMs in comparator Trusts and other external organisations annually. This work will be undertaken on behalf of the RC by the associate director of people. The process followed for benchmarking can be found at Appendix 2. The committee will make judgements on where it wants to position its relative remuneration package for executive directors and VSMs.

8. The committee will seek to apply the principles fairly and transparently and on the basis of data and advice from competent external bodies/consultants or a senior HR advisor as necessary. The committee understands that it will use the data it gathers and the framework set out in the principles to exercise the necessary judgment on pay and reward issues. The committee will ensure that remuneration reflects the extent of the role and responsibilities of individual posts and their contribution to the organisation and will be based on judgements relating to:

   ● Market rates for comparable roles in comparable organisations

   ● The size and scope of the role in question

   ● Advice from the Chair of the Trust in relation to the chief executive officer

   ● Information from the chief executive officer in relation to the executive directors and VSMs

   ● Affordability

   ● Other NHS pay settlements

   ● Wider implications that may arise from setting the remuneration packages of executive directors and VSMs in relation to pay levels determined through national agreements within the NHS

   ● Performance against set objectives

   ● Any other factors deemed appropriate

9. The committee will seek assurance that any pay differentials and / or variation from benchmarks are for justifiable reasons for example performance or experience. It will seek to ensure that the reasons for any variations are

transparently communicated with individuals.

10. The committee will seek to achieve broadly standardised terms and conditions for example on notice periods for all posts which fall within the scope of the principles.

11. The committee will be transparent in the application of its remuneration principles. It is a requirement that details of the remuneration package for Board level directors are recorded in the Trust's annual report.

12. The Trusts recognises that the RC has the authorised responsibility to apply its independent judgement on matters within its remit within the wording and the spirit of the agreed principles. However, there may be times when a different approach is required which steps outside the scope of the principles and in these cases, particular care must be taken and clear justification must be given and recorded. Some circumstances which may require flexibility include temporary promotions; atypical employment conditions; specific issues related to individuals etc.

13. The committee will reserve the right to recruit an executive director or VSM on a salary below the market value in cases where a development plan would enable the employee to reach the minimum standards to undertake the role at a satisfactory level. The committee also reserves the right to pay additional payments to executive directors and VSMs when deemed necessary because of exceptional circumstances. The occasions when additional payments are required will be limited. When considering using additional payments, the RC will need to be able to fully justify and explain why it has opted to take this course of action. It would only normally consider such action on the basis of a clear business case. Special care must be taken to ensure that the use of additional payments is completely transparent and that consideration has been given to the impact on pay inflation among executive directors and VSMs as well as to guard against accusations of bias or arbitrary practice.

14. The committee will on an annual basis (in line with the committee's work plan) ensure effective succession planning is in place for the executive directors and receive assurance from the chief executive officer that effective succession planning is in place for VSMs.

Scope

1. The principles will apply to the pay, awards and terms of employment of the Trust's chief executive officer, executive directors and VSMs and include the following components:

   - the core salary

   - any supplementary payments over and above the core salary in recognition of extraordinary factors such as matching market forces in recruitment; exceptional performance etc

   - additional non-pay benefits over and above the core salary including pensions, vehicle/lease car issues, mobile phones and other such benefits

   - the terms and conditions in regards to issues (such as notice periods, conditions attached at recruitment stage for professional development for example) etc

   - arrangements for termination of employment and other contractual terms.

2. On an annual basis the committee will consider whether any issues have emerged which require consideration of any adjustments to existing remuneration packages such as:

   - at the beginning of a process to recruit a replacement executive director or VSM

   - when issues concerning national inflationary uplifts within the NHS need to be considered – on an annual basis;

   - when changes are made to the size and scope of executive director or VSM portfolios.

Process for benchmarking chief executive officer, executive director and VSM salaries

Each year national benchmarking data is provided by NHSEI and NHS Providers. This data is obtained via national salary survey submissions relating to the remuneration paid to executive and non-executive directors of all Trusts and foundation trusts operating in the UK. Typically, between 140 and 150 Trusts complete the return and data is collated into the annual dashboards. The committee will use these sources of benchmark data to inform the discussion to decide remuneration for all Executive Director and Very Senior Manager positions.

For VSM roles only, the annual benchmarking

exercise will also benchmark VSM roles against the AfC pay parameters for Bands 8D and 9. This will ensure that VSM pay remains aligned to the top salary brackets offered in nationally agreed Agenda for Change pay scales or that salaries exceeding this are clearly justified.

It is recognised that for some non-clinical executive director and VSM posts, the Trusts may wish to attract talent from non-NHS backgrounds. In order to ensure that the Trusts remain competitive and can attract non-NHS talent, executive director and VSM salaries may be benchmarked against private and other non-NHS public sector organisations where high quality comparator information is not available or where the regular benchmarking method produces unexpected results. Data sources to inform this benchmarking exercise will include national job boards, executive search salary data and other data sources that will be agreed with RC at the time of undertaking the benchmarking.

The director of people will also provide analysis of the benchmarking data, history of individuals pay awards and any other data regarding current or planned NHS pay awards to inform the committee.

The following table summarises the agreed approach to benchmarking for executive and VSM posts:

Role Type	NHSE / I Comparator	NHS Provider Comparator	Other Factors
Joint Executive Board (Including Director of Governance)	Supra large acute Trusts (median)	Large acute FTs national peer average of total remuneration	
Joint Directors (e.g. Joint Director of Strategy)	Supra large acute Trusts (median)	Large acute FTs national peer average of total remuneration	-15% to reflect the post is not board level
Site Director Eastern Services (e.g. Director of Nursing, Eastern Services)	Extra large acute Trusts (median)	Large acute FTs national peer average of total remuneration	-20% to reflect the post is not board level
Site Director Northern Services (e.g. Director of Nursing, Northern Services)	Medium acute Trusts (median)	Medium acute FTs national peer average of total remuneration	-20% to reflect the post is not board level

The thresholds for the size of Trust are defined by the turnover and WTE for NHSE/I and NHS Providers data respectively. For NHSE/I data, there are categories for lower quartile, median and upper quartile. The category used for benchmarking is determined by where the Trust turnover sits in relation to the threshold.

Other Information

The chief executive officer completes a formal annual performance review for all executive directors and the Chair reviews the performance of the chief executive officer. These reviews, including the objectives and performance summaries are reported to RC and, whilst the Trust does not currently operate a performance related pay scheme, these reviews are considered as a part of the review of remuneration.

The Trust follows Agenda for Change (AfC) principles in calculating severance packages for redundancy. The redundancy payment will take the form of a lump sum, dependent on the employee's reckonable service at the date of termination of employment. The lump sum will be calculated on the basis of one month's pay for each complete

year of reckonable service, subject to a minimum of two years' continuous service and a maximum of 24 years' reckonable service being counted. Fractions of a year of reckonable service will not be considered. For those earning over £80,000 per year (full time equivalent) the redundancy payment will be calculated using notional full-time annual earnings of £80,000, prorated for employees working less than full time. No redundancy payment will exceed £160,000 (pro-rata).

In accordance with the Agenda for Change Terms and Conditions of Employment executive directors shall not be entitled to redundancy payments or early retirement on grounds of redundancy if:

- they are dismissed for reasons of misconduct, with or without notice; or

- at the date of the termination of the contract have obtained without a break, or with a break not exceeding four weeks, suitable alternative employment with the same or another NHS employer; or

- unreasonably refuse to accept or apply for suitable alternative employment with the same or

another NHS employer; or

- leave their employment before expiry of notice, except if they are being released early; or

- they are offered a renewal of contract (with the substitution of the new employer for the previous NHS one); or

- where their employment is transferred to another public service employer who is not an NHS employer

Future Remuneration Policy table

Element of pay (Component)	How component supports short and long term strategic objective/goal of the Trust	Operation of the component	Performance metric used and time period
• Basic salary	Provides a stable basis for recruitment and retention, taking into account the Trust's position in the labour market and a need for a consistent approach to leadership. Stability, experience, reputation and widespread knowledge of local needs and requirements supports the Trust's short term strategic objectives outlined in its annual priorities and its long term strategic goals	Following market testing (undertaken every year) which seeks to identify salary paid for similar role, individuals are remunerated by spot salary on a case by case basis. There is no predefined upper limit. In accordance with the NHSI Guidance on pay for very senior managers in NHS trusts and Foundation Trusts the Chief Executive Officer contract includes a clause permitting 10% of salary to be clawed back if performance is not considered to be satisfactory.	Pay is reviewed annually in relation to individual performance based on agreed objectives set out prior to the start of that financial year which runs between 1 April and 31 March. Increases are ordinarily in line with the wider NHS workforce as recommended by the NHS Pay Review Body.
• Benefits	N/A	N/A	N/A
• Pension	Provides a solid basis for recruitment and retention of top leaders in sector.	Contributions within the relevant NHS pension scheme. Details of the schemes currently in place can be found at: http://www.nhsbsa.nhs.uk/Pensions.aspx	Contribution rates are set by the NHS Pension Scheme.
• Bonus	N/A	N/A	N/A
• Fees	N/A	N/A	N/A

Service contracts

Name	Title	Date of Service Contract	Unexpired Term	Notice Period
S Morgan	Chair	1 April 2022	31 March 2025	6-months
C Burgoyne	Non-Executive Director	28 June 2021	27 June 2024	3-months
J Kay	Non-Executive Director	1 April 2020	31 March 2023	1-month
B Kent	Non-Executive Director	28 June 2021	27 June 2024	3-months
S Kirby	Non-Executive Director	1 September 2017	31 August 2024	1-month
M Marshall	Non-Executive Director	28 November 2022	27 November 2025	3-months
A Matthews	Non-Executive Director	1 October 2018	30 September 2024	1-month
T Neal	Non-Executive Director	1 April 2022	31 March 2025	1-month
K Orford	Non-Executive Director	29 March 2021	30 June 2022	1-month
H Foster	Director of People	5 August 2019	N/A	6-months
A Harris	Executive Medical Director	1 December 2014	N/A	6-months
A Hibbard	Chief Financial Officer	1 January 2021	N/A	6-months
C Mills	Chief Nursing Officer	18 January 2021	N/A	6-months
J Palmer	Chief Operating Officer	12 April 2021	N/A	6-months
C Tidman	Deputy Chief Executive	30 September 2019	N/A	6-months
S Tracey	Chief Executive	1 July 2016	N/A	6-months

The executive directors are appointed on permanent contracts and have a six-month notice period.

Directors Remuneration 2022/23

Name and Title		Salary (bands of £5,000)	Expense Payments (Taxable) (Rounded to the nearest £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
		£000	£			£000	£000
S Morgan	Chairman (appointed 1 April 2022)	65 - 70	-	-		-	65 - 70
C Burgoyne	Non-Executive Director	10 - 15	-	-		-	10 - 15
JM Kay	Non-Executive Director (left the Board 31 March 2023)	10 - 15	-	-		-	10 - 15
B Kent	Non-Executive Director	10 - 15	-	-		-	10 - 15
S Kirby	Non-Executive Director	15 - 20	-	-		-	15 - 20
M Marshall	Non-Executive Director (appointed 28 November 2022)	0 - 5	-	-		-	0 - 5
AS Matthews	Non-Executive Director	15 - 20	-	-		-	15 - 20
T Neal	Non-Executive Director (appointed 1 April 2022)	15 - 20	-	-		-	15 - 20
K Orford	Non-Executive Director (resigned 30 June 2022)	0 - 5	-	-		-	0 - 5
H Foster	Chief People Officer	155 - 160	-	-		7.5 - 10.0	160 - 165
A Harris	Chief Medical Officer	215 - 220	-	-		7.5 - 10.0	225 - 230
A Hibbard	Chief Financial Officer	175 - 180	-	-		75.0 - 77.5	250 - 255
C Mills	Chief Nursing Officer	160 - 165	-	-		7.5 - 10.0	170 - 175
J Palmer	Chief Operating Officer	175 - 180	-	-		42.5 - 45.0	220 - 225
C Tidman	Deputy Chief Executive	180 - 185	-	-		7.5 - 10.0	190 - 195
S Tracey	Chief Executive	250 - 255	-	-		92.5 - 95.0	345 - 350

There were no annual performance-related bonuses or long-term performance-related bonuses paid to any individual in the financial year.

With effect from 1 April 2019, the PAYE Settlement agreement for non-executive directors where the Trust paid Tax and NI on behalf of the non-executive has ceased. Therefore, there is no benefit in kind reportable.

Directors' remuneration 2021/22

Name and Title	Salary and Fees (bands of £5000) £000	Taxable Benefits (Rounded to the nearest £100) £	Pension related Benefits (bands of £2500) £000	Other Remuneration (bands of £5000) £000	Golden hello/compensation for loss of office (bands of £5000) £000	Gross Total (bands of £5000) £000	Recharges to Northern Devon Healthcare NHS Trust (bands of £5000) £000	Net Total (bands of £5000) £000
J Brent Chair (Term of office ended 31 March 2022)	45-50	-		-	-	45-50	20-25	20-25
C Burgoyne Non-Executive Director (appointed 28 June 2021)	10-15	-	-	-	-	10-15	-	10-15
B Kent Non-Executive Director (appointed 28 June 2021)	10-15	-	-	-	-	10-15	-	10-15
K Orford Non-Executive Director (appointed 29 March 2021)	10-15	-	-	-	-	10-15	-	10-15
C Bones Non-Executive Director (resigned 31 May 2021)	0-5	-	-	-	-	0-5	-	0-5
P Dillon Non-Executive Director (resigned 31 March 2022)	10-15	-	-	-	-	10-15	-	10-15
J Kay Non-Executive Director	10-15	-	-	-	-	10-15	-	10-15
H Khalil Non-Executive Director (resigned 02 June 2021)	0-5	-	-	-	-	0-5	-	0-5
S Kirby Non-Executive Director	10-15	-	-	-	-	10-15	-	10-15
A Matthews Non-Executive Director	15-20	-	-	-	-	15-20	-	15-20
H Foster Director of People	140-145	-	-	-	-	140-145	70-75	70-75
A Harris Executive Medical Director	210-215	-	57.5-60.0	-	-	270-275	135-140	135-140
A Hibbard Chief Financial Officer	160-165	-	80.0-82.5	-	-	240-245	120-125	120-125
C Mills Chief Nursing Officer	155-160	-	97.5-100.0	-	-	255-260	125-130	125-130
J Palmer Chief Operating Officer (appointed 12 April 2021)	105-110	-	32.5-35.0	75-80	-	215-220	105-110	105-110
C Tidman Deputy Chief Executive	175-180	-	117.5-120.0	-	-	295-300	145-150	145-150
S Tracey Chief Executive	240-245	-		-	-	240-245	120-125	120-125

Whilst no bonuses were paid to any individual in the 2021/22 financial year, non-consolidated payments were made to the chief finance officer and chief people officer to reflect that these roles were significantly below benchmark when compared to their colleagues. This reflects a commitment made by the RC in 2020/21, to ensure that female employees who were below benchmark in the previous year would be fairly remunerated in line with benchmarks in the future, subject to requisite experience and satisfactory performance.

The chief operating officer joined the Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT) as an interim in April 2021, before being appointed as chief operating officer in July 2021. The agency costs associated with this period are detailed within the 'other remuneration' section of the above table.

There are no benefits in kind reported this year relating to the mileage allowance paid over and above the HM Revenue & Customs allowance for executive directors as this is now taxed at source.

The final column discloses the net total remuneration for each director in respect of their duties for the Royal Devon & Exeter NHS Foundation Trust.

Ratio between highest paid director and median remuneration received by employees of the Trust

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. In addition, the 25th and 75th percentile ratio is also now required to be reported.

The banded remuneration of the highest paid director in the organisation in the financial year 2022/23 was £255k - £260k (2021/22 was £120k - £125k). This was 7.2 times (2021/22, 3.8 times) the median remuneration of the workforce, which was £35.6k (2021/22 £32.4k).

In 2022/23, one employee received remuneration in excess of the highest-paid director, with remuneration of £377k (2021/22 239 employees received remuneration in excess of the highest paid director, the range of remuneration was £122k - £239k).

The reason for the increase in the highest paid Director's pay compared to 2021/22, and the reduction in the number of employees paid more than the highest paid director, is that in 2021/22 the collaborative agreement meant that only the net salary cost incurred by RD&E for the highest paid director was required to be included.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The calculation is based on the full-time equivalent staff of the Trust at the reporting period end date on an annualised basis. Where there is a sharing arrangement, it is cost to the entity of an individual that identifies them as "highest paid" and not the total of that individual's remuneration.

The chief executive officer is the highest paid director for the purposes of the calculation. The national pay deal is responsible for the change in median pay for employees.

Ratio between highest paid director and median remuneration received by employees of the Trust	2022/23	2021/22
Band of highest paid director - as above	250 - 255	120 - 125
25th percentile remuneration received by employees within the Trust	26.2	23.3
Median remuneration received by employees within the Trust	35.7	32.4
75th percentile remuneration received by employees within the Trust	46.5	42.7
25th percentile ratio	9.6	5.3
Median ratio	7.1	3.8
75th percentile ratio	5.4	2.9

Pension related benefits for defined benefit schemes

This is the aggregate input amounts, calculated using the method set out in section 229 of the Finance Act 2004. This figure will include those benefits accruing to senior managers from their membership of the 1995/2008 Scheme and 2015 Scheme. Any pension contributions made by the senior manager or any transferred in amounts are excluded from this figure.

The amount to be included here is the annual increase (expressed in £2,500 bands) in pension entitlement. In summary: for the 1995/2008 Scheme and 2015 Scheme the increase is calculated using the following formula:

Increase = (20 x PE) + LSE) – (20 x PB) + LSB) – Ees conts.

- PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year;

- PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year;

- LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year;

- and LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

- Ees cont is the employee pension contributions for the financial year

Pension benefits 2022/23

Name and Title		Real increase in pension at age 60 (bands £2,500) £000	Real increase in pension related lump sum at age 60 (bands £2,500) £000	Total accrued pension at age 60 at 31 March 2023 (bands of £5,000) £000	Total accrued related lump sum at age 60 at 31 March 2023 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2023 £000	Cash Equivalent Transfer Value at 31 March 2022 £000	Real Increase in Cash Equivalent Transfer Value at 31 March 2023 £000
H Foster	Chief People Officer	-	-	-	-	-	-	-
A Harris	Chief Medical Officer	-	-	80-85	235-240	405	1,954	-
A Hibbard	Chief Financial Officer	2.5-5.0	0.0 - 2.5	40-45	60-65	602	525	48
C Mills	Chief Nursing Officer	-	-	65-70	195-200	1,570	1,519	-
J Palmer	Chief Operating Officer	2.5-5.0	-	20-25	-	259	207	21
C Tidman	Deputy Chief Executive	-	-	-	-	-	-	-
S Tracey	Chief Executive	2.5-50	5.0-7.5	60-65	110-115	1,172	1,030	92

Supporting notes re table above:

- As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

- The Remuneration Committee authorised the implementation of a pension recycling scheme, effective from November 2022 in response to a statement from the Health Secretary in September 2022 setting out an intention to mandate NHS trusts to offer (PCRS) Pension Contributions Recycling Scheme by 2023. The driver behind this was to remove barriers that currently prevent senior clinicians from taking on additional work / responsibility. In order to ensure an equitable approach this scheme was opened to any member of staff meeting the eligibility criteria in line with national guidance.

- Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

Pension benefits 2021/22

Name and Title	Real increase in pension at age 60 (bands £2,500) £000	Real increase in pension related lump sum at age 60 (bands £2,500) £000	Total accrued pension at age 60 at 31 March 2022 (bands of £5,000) £000	Total accrued related lump sum at age 60 at 31 March 2022 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2022 £000	Cash Equivalent Transfer Value at 31 March 2021 £000	Real Increase in Cash Equivalent Transfer Value at 31 March 2022 £000
H Foster — Chief People Officer	-	-	-	-	-	-	-
A Harris — Chief Medical Officer	2.5-5.0	7.5-10.0	75-80	235-240	1,954	1,814	99
A Hibbard — Chief Financial Officer	2.5-5.0	5.0-7.5	35-40	55-60	525	445	55
C Mills — Chief Nursing Officer	5.0-7.5	15.0-17.5	65-70	195-200	1,519	1,360	130
J Palmer — Chief Operating Officer (appointed 12 April 2021)	0.0-2.5	-	15-20	-	207	164	11
C Tidman — Deputy Chief Executive	2.0-2.5	2.5-5.0	65-70	160-165	1,275	1,140	44
S Tracey — Chief Executive	-	-	-	-	-	-	-

Supporting notes re table above:

- Hannah Foster joined the pension scheme for part of the year, but then opted out and took a refund from NHS Pensions so no amounts are included in relation to pension for her.

- Chris Tidman opted out of the pension scheme 31 August 2021.

- Suzanne Tracey opted out of the pension scheme on 30 November 2020.

- John Palmer is a member of the 2008 section and the 2015 scheme and has no mandatory lump sum

- As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Cash Equivalent Transfer Values (CETV) are not available for members that have reached the normal retirement age or who have commenced drawing their pension or are a deferred member.

Signed:

Chris Tidman
Deputy Chief Executive Officer
Date: 28 June 2023

Staff Report

The Trust would like to thank all staff, volunteers and Governors who contribute so much every day to making the Royal Devon a great organisation and for always striving to do the right thing for our patients, people and communities. Over the following pages the Trust will share the annual staff report, including key metrics.

The following sections summarise the staff numbers, staff costs and exit packages.

Note that the 2021/22 figures reflect the former Royal Devon and Exeter NHS Foundation Trust staff only, with 2022/23 staff numbers including all staff within the newly integrated Trust. There are therefore some significant differences year on year, much of which is as a result of the integration.

Staff numbers

Staff numbers for 2022/23 and 2021/22 are summarised in the table below:

Average number of employees (WTE basis)	Total 2022/23 No.	Permanent 2022/23 No.	Other 2022/23 No.	Total 2021/22 No.	Total 2021/22 No.	Total 2021/22 No.
Medical and dental	1,370	1,341	29	948	930	18
Ambulance staff	13	13	0	2	2	
Administration and estates	2,037	1,893	144	1,559	1,452	107
Healthcare assistants and other support staff	4,005	3,634	371	2,788	2,494	294
Nursing, midwifery and health visiting staff	3,209	2,968	241	2,195	2,105	90
Nursing, midwifery and health visiting learners	15	15	0	16	16	
Scientific, therapeutic and technical staff	1,213	1,187	26	801	778	23
Healthcare science staff	274	274	0	212	212	
Social care staff	0	0	0	0		
Other	11	11	0	13	13	
Total average numbers	12,147	11,336	811	8,534	8,002	532
Of which:						
Number of employees (WTE) engaged on capital projects	12	12	0	5	5	

Staff costs

Staff costs for 2022/23 and 2021/22 are summarised in the table below:

Staff Costs	Total 2022/23 £000	Perman-ently employed total 2022/23 £000	Other Total 2022/23 £000	Total 2021/22 £000	Perman-ently employed 2021/22 £000	Other 2021/22 £000
Salaries and wages	484,240	481,297	2,943	324,631	322,643	1,988
Social security costs	52,861	52,861	0	30,430	30,430	
Apprenticeship levy	2,461	2,461	0	1,601	1,601	
Pension cost - employer contributions to NHS pension scheme	57,347	57,347	0	39,100	39,100	
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	25,129	25,129	0	17,117	17,117	
Pension cost - other*	335	335	0	230	230	
Other post employment benefits	0	0	0	0		
Other employment benefits	0	0	0	0		
Termination benefits	67	67	0	67	67	
Temporary staff - external bank	15,933	0	15,933	0		
Temporary staff - agency/contract staff	25,271	0	25,271	10,610		10,610
TOTAL GROSS STAFF COSTS	**663,644**	**619,497**	**44,147**	**423,786**	**411,188**	**12,598**
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	0	0	0	0		
Recoveries from other bodies in respect of staff cost netted off expenditure	0	0	0	0		
TOTAL GROSS STAFF COSTS	**663,644**	**619,497**	**44,147**	**423,786**	**411,188**	**12,598**
Included within:						
Costs capitalised as part of assets	6,740	6,740	0	315	315	
Total employee benefits excl. capitalised costs	656,904	612,757	44,147	423,471	410,873	12,598

Average staff numbers and thus costs have increased in 2022/23 compared to 2021/22, in part this is due to integration, however there has been additional growth as a result of a successful and targeted recruitment programme to fill our vacancies, with a particular focus on Health Care Support Worker and nursing vacancies.

Exit packages

2022/23

Reporting of other compensation schemes - exit packages agreed in 2022/23	Number of compulsory redund-ancies 2022/23 No.	Cost of compulsory redund-ancies 2022/23 £000	Number of other departures agreed 2022/23 No.	Cost of other departures agreed 2022/23 £000	Total number of exit packages 2022/23 No.	Total cost of exit packages 2022/23 £000	Number of departures where special payments have been made 2022/23 No.	Cost of special payment element included in exit packages 2022/23 £000
Exit package cost band (including any special payment element)								
<£10,000	0	0	17	63	17	63	0	0
£10,000 - £25,000	0	0	3	44	3	44	0	0
£25,001 - £50,000	2	67	0	0	2	67	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	**2**	**67**	**20**	**107**	**22**	**174**	**0**	**0**

Exit packages
2021/22

Reporting of other compensation schemes - exit packages agreed in 2021/22	Number of compulsory redundancies 2021/22	Cost of compulsory redundancies 2021/22	Number of other departures agreed 2021/22	Cost of other departures agreed 2021/22	Total number of exit packages 2021/22	Total cost of exit packages 2021/22	Number of departures where special payments have been made 2021/22	Cost of special payment element included in exit packages 2021/22
	No.	£000	No.	£000	No.	£000	No.	£000
Exit package cost band (including any special payment element)								
<£10,000	3	10	21	65	24	75		
£10,000 - £25,000			1	13	1	13		
£25,001 - £50,000			1	29	1	13		
£50,001 - £100,000	1	57			1	57		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
>£200,000					0	0		
Total	**4**	**67**	**23**	**107**	**27**	**174**	**0**	**0**

Redundancy is based on one month's pay for each completed year of reckonable service (between two and 24 years).

PILON is based on the notice period held within the employees' contract of employment and can range from one month to three months basic pay

A settlement agreement will be made following an Employment Tribunal in conjunction with Trust Solicitors advice on amount to be paid.

Gender equality

The Trust is committed to achieving equality and diversity in all that we do, with gender equality an important factor for our people. The numbers of male and female employees at 31 March 2023 is reported in the table below:

	Female	Male	Total
Directors	7	7	14
Employees*	10,396	2,960	13,356

*The figure for employees is the total number of employees as opposed to the whole time equivalent reported in the staff number section above.

Much of the Trust's pay is aligned to national pay agreements and actions are in place seek to reduce the gender pay gap in areas within the control of the trust. More information on the gender pay gap can be found on page 81.

Sickness absence

A summary of sickness absence for 2022 is summarised in the table below:

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE 2022	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
10,641	146,534	3,884,069	237,710	13.8

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse.

Period covered: January to December 2022

Data items: ESR does not hold details of normal number of days worked by each employee. Data on days available and days recorded sick are based on a 365-day year.

Average Annual Sick Days per FTE has been estimated by dividing the estimated number of FTE-days sick by the average FTE, and multiplying by 225 (the typical number of working days per year).

There may be inconsistencies between these data and the statutory basis for accounts, in terms of the organisation against which staff are reported for a particular month.

Trust turnover – rolling 12-month average

Turnover Rate WTE (12 mth) 2022-23

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Turnover Rate FTE (12m)	13.63%	13.68%	13.73%	13.93%	13.93%	13.86%	13.64%	13.34%	13.07%	12.88%	12.58%	12.24%
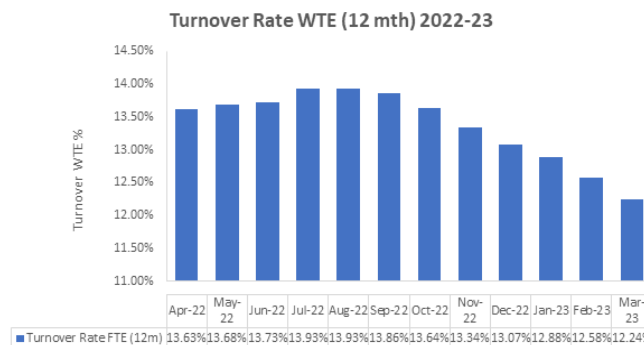
In the previous financial year (2021/22), the Trust saw increased levels of turnover that exceeded the Trusts plan of 12%. This has since recovered from a peak of 13.93% in the summer of 2022, to a level that is close to that planned rate.

This recovery primarily happened during the latter half of the financial year and coincided with the programme of work to accelerate filling our vacancies, which also included a workstream dedicated to retention. Whilst the improvement cannot be directly correlated with this intervention, it is likely that improved staffing levels across the Trust, will have improved staff experience and lowered turnover. Workforce dashboard and intelligence are continuing to be developed and over the next year should allow for correlation between employee experience and turnover.

Staff policies and actions

Recruitment of disabled persons

The Equality Act 2010 defines disability, and makes it clear that a person is disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities. The Trust already takes a variety of approaches to support applicants wishing to join the Trust.

The Trust's Recruitment and Selection Policy is designed to ensure that recruitment is carried out in accordance with the Equality Act 2010. Its aim is to ensure that applicants sense that they have been dealt with professionally, fairly and that they feel that the Trust values its staff. This policy is currently under review using the newly agreed approach to writing people policies, to improve accessibility and embed a just and learning culture.

The Equality and Diversity Policy is also in place and gives full and fair consideration to applications for

employment made by disabled persons relating to their particular aptitudes and abilities. in the last quarter of 2022/23 the Trust has been working on further enhancing its inclusive culture by creating an Inclusion Policy Statement, to ensure we embed inclusion across all of our work and policies, recognising the important role inclusion plays in our staff experience.

The Trust is accredited as a 'Disability Confident Employer'. This means that the Trust will:

- interview all applicants with a disability who meet the minimum criteria for a position, and consider them on their abilities

- consult with employees with a disability about how the Trust can help develop their abilities

- make every effort when employees acquire a disability to ensure they can remain in employment

- act to ensure that all employees develop sufficient awareness of disability to make these commitments work, and

- review these commitments and plan on ways to improve them.

All applicants asked to attend a selection process (whether face to face or via MS Teams) are invited to provide details on any reasonable adjustments that they require so that these can be implemented.

Once a conditional offer of employment has been made, all applicants complete a health questionnaire that is reviewed by the Occupational Health and Wellbeing Service. If issues are identified, the individual will be invited to attend an assessment, from which recommendations are made to the line manager. This ensures that whenever possible the person can be employed safely and with the necessary adjustments in place to enable them to carry out the role.

Experts from the people function are available to provide advice on reasonable adjustments and guidance to managers during and after the recruitment process.

During the probationary period of a new employee to the Trust, the line manager will ensure that reasonable adjustments are provided as appropriate at the commencement of employment. During each review meeting, line managers consider the adjustments required to support the employee's disability. If line managers require further guidance on the Equality Act and Disabilities, support and expertise is available within the people function

including a wealth of guidance and signposting to managers and employees to both internal and external resources; including guidance for staff experiencing stress, anxiety or depression.

Existing disabled staff and staff who become disabled

The chief people officer is accountable for ensuring that the Trust complies with equality law and any relevant NHS standards for the promotion and assessment of equality. The Inclusion Steering Group is chaired by the chief executive officer, reflecting the importance placed by the Trust on the proper and equitable treatment of all applicants, workers and service users regardless of disability. All staff undergo equality and diversity training, raising awareness of personal and Trust responsibilities to those with any protected characteristic, including disability. This training is now part of Learn+ our learning management system, with content having been aligned across the Trust.

As mentioned the core Trust policy that applied during the financial year is the equality and diversity policy. This policy supports those with a disability to continue in employment, including arranging appropriate training for employees who have become disabled persons during the period, and for the training, career development and promotion of disabled employees. This policy was temporarily updated during 2022 in light of integration and is being formally reviewed using the newly agreed approach to writing people policies, to improve accessibility and embed a just and learning culture. The ultimate aim of the policy is to harness the individuality of every employee, so everyone is fully engaged in the work of the Trust, and to protect all workers and service users from all forms of discrimination, harassment and victimisation on the basis of any protected characteristic. The new inclusion policy statement that is under development aims to take this further by ensuring all of our policies and practices reflect the importance of inclusion in all we do.

Whenever possible, we support staff to prevent or minimise the impact of any disability on the ability to work. Early discussions with line managers, and referrals to the Occupational Health and Wellbeing Service, are encouraged so that action can be taken to aid rehabilitation and return to work following illness or injury, making any reasonable adjustments that can support the individual.

Career development and progression of disabled persons

In 2022/23 the Trust has developed a "Driving Your Career" programme to support the career development and progression of colleagues within the organisation. The programme will be piloted in quarter one of 2023/24. Disabled staff have been identified as a key group that we wish to open the programme up to in its early cohorts.

Our recruitment practices (noted above) also support with career development and progression opportunities, with all applicants with a disability being interviewed, providing they meet the essential criteria.

Support for those with learning disabilities

The Trust has continued to increase its support to those with learning disabilities via its work on Project Search. This project aims to provide secure and supported work experience placements to members of our local communities. As a result of this, many have gone on to secure open employment with the Trust, and with other local employers. During the past year we have expanded Project Search across our Eastern services, and it has been widely supported and welcomed.

The Trust has also identified an increasing number of colleagues with Neurodiverse conditions and has started work around inclusion and progression for these colleagues.

Communication with employees

The Trust has a central communications team who manage all internal and external corporate communications within the Trust. This includes communication with staff, patients, foundation trust members, the media and the wider community. The team is responsible for sharing information with staff to help them in their roles, spreading the word about the hospital's latest news and achievements, and ensuring colleagues are involved in what's going on in the Trust.

With such a diverse range of staff in different roles, locations and with different levels of digital literacy, the way staff access information varies greatly. The communications team have therefore adapted to providing information in a variety of ways including twice weekly all staff e-mails, social media groups, television screens and posters throughout the Trust, computer, web and intranet pop-ups, providing

information for managers to cascade to their teams, stands in restaurants and newsfeeds on the intranet.

Additionally, the communications team facilitates staff engagement events including monthly executive led all staff webinars, meetings for heads of departments and webinar series specific to particular topics or themes.

Staff consultation and partnership working

The Trust has continued to strengthen partnership working with Staffside colleagues for the benefit of improving the working lives of our people. Staffside representatives continue to be a part of many committees and steering groups that impact on our people, including the People, Workforce Planning and Wellbeing Committee, Staff Rest Space Group, Space Utilisation and Travel Groups.

The Trust makes significant efforts to listen to and meaningfully consult with staff from all areas. This involves senior managers meeting with Staffside representatives from a broad range of trade unions on a monthly basis at the Partnership Forum. This year saw the integration of the Partnership Forums from the former Trusts into a single entity, with joint Staffside Chairs. Throughout the year the Trust has continued to strengthen partnership working across the wider ICS region by means of the ICS Partnership Forum, which is jointly chaired by our chief people officer and Staffside Chair.

Partnership working continues to be an integral part of everything the Trust does, to ensure that every voice counts. This is illustrated through the case review panels that have been established Trust wide as part of the 'Promoting a Positive Working Environment Policy', which replaces the former bullying and harassment, grievance, performance management and disciplinary policies. These case panels ensure that all cases are fairly reviewed by a panel made up of independent specialists, including relevant subject matter experts, HR experts and Staffside, to ensure that all informal resolution routes have been explored fully before any case is managed formally.

Staffside colleagues also continue to be a core part of discussions and key processes, including management of change processes, development of action plans from the staff survey, development of people function policies, job evaluation and pay decisions.

The year saw a number of periods of Industrial action. During these periods the Trust worked closely

and in partnership with trade unions and employee representatives to ensure services remained safe whilst enabling employees who were entitled and wanted to take strike action were able to do so. Significant efforts were made to ensure colleagues were supported and respected whether they chose to work or take strike action, focusing on the need for people to work together to keep patients and staff safe. The Trust had robust plans and escalation routes in place to manage the risks of industrial action.

Actions to involve employees in the Trust's performance

The Trust has much to celebrate and, like all NHS organisations, some big challenges to face. In order to meet these challenges at the Royal Devon, we will harness the power of our staff to think differently, innovate and learn together. In January 2023, the Trust launched a new transformation strategy, central to which is the "your brilliant ideas" campaign.

This encourages staff from all backgrounds and professions to share their ideas for change through a range of approaches, such as QR codes, emails, picking up the phone or attending one of our transformation cafés, where they can talk to one of our improvement experts in person. The Trust has already received 120 ideas, which our transformation team is helping to make happen.

Support for employee's wellbeing

The health and wellbeing of our people is hugely important to the Trust. We strive to support all our people to improve their physical and emotional wellbeing and help them to lead a healthy lifestyle. In order to be able to care for others, it's important that our people are taking the time to care for themselves.

The support provided by the Trust is comprehensive and includes a range of specialist services including, mental health support, physiotherapy, a dedicated menopause adviser, a dietician, counselling and pastoral support, specialist sleep advice and sleep coaching, fitness to work advice from specialist occupational health advisers or physicians as well as financial wellbeing. Employees also continue to have access to a comprehensive Employee Assistance Programme. The diverse multi-disciplinary team and expertise available to staff has been commended during the Trust's recent Safe Effective Quality Occupational Health Service (SEQOHS) reaccreditation.

Health and wellbeing champions continue to be a valued resource embedded within the organisation

and the 'healthier you' service offers staff the opportunity for one-to-one health consultations regarding lifestyle support. In addition, the health and wellbeing conversation programme is being rolled out with the opportunity for a wellness passport to enable easy and supported transition throughout the workplace if changing roles internally with any identified need or adjustment.

Mental health first aid courses continue to be delivered, and with the ability to deliver MHFA courses in-house, we have strengthened the number of mental health first aiders. Stress and burnout sessions are scheduled on a regular basis accounting for the challenges faced over recent years and with a view to normalising mental health first aid in the same way as physical first aid. Trauma support, in the form of trauma risk incident management (TRiM) is also available. The service is currently in the process of consolidating TRiM and mental health first aid with intention to increase the accessibility and delivery of these services across the Trust, facilitating a culture of prevention, early intervention and enhanced psychological support for all employees.

The Trust continues to hold the Mindful Employer accreditation for the way we promote good mental health among our employees. By signing up to this, the Trust is making a public declaration of its ambition to support the mental health and wellbeing of our staff by agreeing to uphold a number of values. More detail about this can be found on the Mindful Employer website: **(https://www. mindfulemployer.dpt.nhs.uk/our-charter/about-the-charter)**

Counter fraud and corruption

The Trust is committed to countering fraud and corruption and achieves this by working with the ASW Assurance Counter Fraud Team, and by raising awareness of fraud through both the internal intranet and presentations delivered to staff at both divisional and speciality level.

The Trust has a number of policies to guide and support colleagues, such as the Standards of Business Conduct and the Trust's Whistleblowing Policy. Colleagues access Trust policies via the intranet HUB, and are encouraged to seek clarification direct from the policy author, or through the head of governance.

The ASW Assurance Counter Fraud Team monitor and reports fraud to the Board through the Audit Committee.

Health and safety performance

Over the last financial year, the Trust had the following Health and Safety issues as its main points of focus.

Review of the health and safety function

The Symonds Safety Associates Report was released in July 2021 was used to provide the groundwork for a wider conversation about health and safety governance, compliance, capacity and infrastructure. This resulted in the creation of a fixed term head of health and safety, an interim role for six months and the recruitment of a substantive role who took up post in January 2023.

The team is being transformed to a position where it can operate across the Trust but still retain local safety management expertise. A new health and safety support role has been created to support the Northern services health and safety manager and to provide Trust wide support from an admin and clerical basis.

As the team works through the upcoming assurance program and implements the long-term work program that has been devised it is expected that it will need to grow in order to meet the increased pressures.

Trustwide Health and Safety Group

The group is now well established and provides a good platform for the higher-level health and safety issues to be debated. This fulfils the statutory requirement for a health and safety committee and includes representatives from across the organisation and elected safety representatives. It acts as the natural filter to ensure the right issues are escalated to Safety and Risk Committee if required. The terms of reference have been well established and the group has good overall representation.

A health and safety meeting with Staffside safety representative is planned to provide a forum to address issues that could be solved prior to escalation to the Health and Safety Group and ensure we get the full input and expertise of our qualified safety representatives.

Receiving and responding to staff incidents reporting

Health and safety incidents are reported on the Datix system and are presented quarterly to the Health and Safety Group, matters requiring escalation go on to be considered by the Safety and Risk Committee.

The following tables represent the total number of colleague and patient accidents and violence and aggression incidents by financial year.

Figure 1: Patient accidents by reported financial year

Of the 3117 patient accidents, the top sub categories of accident reported during 2022/23 are:

- 2899 slips, trips and falls

- 51 self-harm

Based on outcomes, 98.0% of patient accidents had severity ratings of NONE or MINOR.

Figure 2: Staff accidents by reported financial year

Of the 657 staff accidents, the top sub categories of accident are:

- 152 slips, trips and falls

- 140 contaminated inoculation injuries (needle stick)

- 125 moving and handling

Based on outcomes, 97.1% of staff accidents have severity ratings of NONE or MINOR.

Inoculation injuries and sharps management

There is a lot of work being carried out in the Trust to highlight and control injuries arising from needle sticks and promote safer use of sharps. There are risk assessments in place where non-safety sharps cannot be avoided and staff are reminded of the need to exercise caution at all times when using sharps. Incidents involving needlestick injuries are reported on the Trust reporting platform Datix.

The Health and Safety Executive announced an intention to visit North Devon District Hospital during November 2022. This was part of a national inspection programme to assess how NHS organisations identify and manage the risks of exposure to employees from blood borne viruses as a result of sharp's injuries. Preparations for the inspection visit (cancelled by the HSE) included review and updating of the management of inoculation injury procedures, aligning them with the new electronic healthcare record platform (Epic).

Work to align relevant policies and procedures will continue during the new financial year.

Slips, trips and falls

The task to reduce the likelihood of slips, trips and falls is a continuous piece of work that is considered during site safety walkabouts. It will also feature in the walk-through survey part two process in the health and safety self-assessment program due to start this year. All staff can report such instances through the Datix system.

There is a chance to reduce the likelihood of occurrences in new builds and refurbishments by ensuring that health and safety have a presence during the design and build process. During the cleaning of floors, the domestic staff use wet floor signs and carry out a 50/50 process to ensure there is always a dry walkway.

Violence prevention and reduction

The NHS Long Term Plan and the NHS People Promise both demonstrated a commitment to the health and wellbeing of NHS colleagues, recognising the negative impact that poor staff health and wellbeing can have on patient care. Violence and abuse toward NHS colleagues is one of the many factors that can have a devastating and lasting impact on health and wellbeing.

The NHS national staff survey in 2022 found that:

- 14.7% of NHS staff have experienced at least one incident of physical violence from patients, service users, relatives or other members of the public in the last 12 months

- The impact on staff is significant, with violent attacks contributing to 44.1% of staff feeling unwell as a result of work-related stress in the last 12 months, and 58.4% saying that they were thinking about leaving their respective organisation.

Figure 3: Violence and Aggression incidents by reported financial year

Of the 1241 violence and aggression (V&A) incidents reported it can be noted that:

- 646 non-physical assaults (e.g. verbal abuse)

- 595 physical assaults

Based on outcomes, of the V&A incidents reported, 779 incidents have severity ratings of NONE and 453 have severity ratings of MINOR.

Violence prevention and reduction leads and security management teams for Eastern and Northern services have worked collaboratively during the financial year. Mapping against the national Violence Prevention Reduction Standard has been undertaken to establish the organisations current levels of compliance with the standards objectives and key performance indicators. Current gaps that require further consideration include analysis of violence and aggression incident data using the demographic make-up of the workforce.

Aligning with the organisation's values and strategy, in support of a workplace culture where people act with civility and kindness the "Respect Us" campaign series of posters has been updated and re-launched.

The Trust code of conduct leaflet is applicable to all staff, patients, visitors and volunteers outlining conducts expected and continues to be a reference point for discussion when addressing unacceptable behaviours. Prevention of violence and aggression impacting our staff remains a real concern and an ongoing focus for the H&S Group.

Security

In response to a small cohort of vulnerable patients enacting risky behaviours and gaining unauthorised access to height, additional physical control measures have been installed at the RD&E and NDDH acute sites to mitigate risks. Other measures implemented include updated estates department governance procedures for scaffolding not aiding the ability of any unauthorised person accessing buildings, structures or areas of height.

Moving and handling

The moving and handling service gives vital inhouse support, training and equipment management capacity to the Trust. It is central to ensuring we give the best care possible to patients whilst being moved around and also ensuring we protect the physical health of our staff from back and other moving and handling injuries.

The service is in high demand with MSK risk a important element of staff and patient protection. It is the subject of a wide-ranging review to give the Trust the opportunity to determine the best possible arrangement for a Trust-wide service.

NHS Staff Survey

The National Staff Survey helps to inform improvements in staff experience and wellbeing. The results for 2022 provide a snapshot of how staff are experiencing their time at work.

Figure 4 below presents information concerning People Promise element 4 "We are safe and healthy" and includes some data on negative experiences concerning staff experiencing musculoskeletal (MSK) injury and physical violence in the workplace.

Benchmarking averages are made in comparison with similar Acute and Community Trusts.

Promise Element 4: we are safe and healthy	Royal Devon	National Average	National Worst	National Best
Health & Safety Climate	5.2	5.2	4.6	5.9
Negative experiences (overall)	7.9	7.7	7.3	8.1
Highlighted sub question responses				
MSK injury in past 12 months	28.3%	30.8%	38.0%	22.0%
Physical violence experienced by staff in past 12 months (by patients / public)	12.4%	14.8%	22.8%	7.7%
Harassment, bullying and abuse experienced by staff in past 12 months (by patients / public)	22.5%	28.0%	38.5%	20.6%

Figure 4: NHS Staff Survey 2022 – safety climate

RIDDOR regulations

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), certain categories of incident are reported to the Health and Safety Executive (HSE) for both patients and staff. The HSE recently re-released their Health Services Information Sheet No1 (Rev4).

This information sheet gives guidance on how the RIDDOR regulations apply to the health and social care sector and is aimed at employers and others who have a duty to report under RIDDOR. It will impact on how we decide what we report for patient incidents that meet the guidance laid out in RIDDOR.

Financial Year	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
RIDDORs	61	67	57	62	39	42	20
RIDDORs per 1000 FTE Staff	6.6	7.2	5.9	6.2	3.7	4.0	1.8

Figure 5: RIDDORs submitted to the HSE by reported financial year

(Note: National rate of all reported non-fatal injuries per 1000 employees for human health activities (HSE stats 2021/22) was 3.1)

RIDDOR reports submitted to HSE during 2022/23	Bone fracture excluding finger, thumb or toe	Dangerous Occurrence	Off work for more than 7 days	Total
Collision/ contact with an object			1	1
Inoculation injury (Sharps/Needlestick) – Contaminated		1		1
Moving and Handling			10	10
Other incident			1	1
Physical Assault			2	2
Slips, trips and falls	2		2	4
Walk into/trap/struck by	1			1
Total	3	1	16	20

Figure 6: RIDDORs submitted to the HSE during financial year 2022/23

Fire safety

All aspects of fire safety are managed within the Estates and Facilities Department and the Trust now has dedicated fire risk assessors to carry out all of the fire risk assessment and fire management functions within the Trust.

Fire related external review notices from NHS England that come into the Trust are disseminated to the fire department, and are acted on accordingly working with the relevant department and involving health and safety as required. A recent notice regarding extra bed capacity and the associated fire management risks highlighted how having an internal service gives the flexibility for a quicker more concise response.

Training

Statutory and mandatory health and safety training (including fire) is now undertaken on Learn+, the Trust's learning management system. This allows for concise data to be available for inclusion in reports and for those taking the training to know when it is due.

Work continues to towards aligning fire safety training across the Trust to provide consistent content and mode of delivery that satisfies National guidance contained within the Health Technical Memorandum suite of documents. A full review of course content has been conducted and clarification of course requirements on the Learn+ system is underway.

In January 2023 Northern services secured an on-site training venue at NDDH in which face to face moving and handling training is now being delivered. The new facility has optimised resources and efficiencies for the delivery of training.

In support of conflict resolution training, face to face de-escalation, breakaway and safe holding training sessions continued to be delivered by the in-house training team based in Exeter for Eastern services staff. For Northern services; on a prioritised risk basis, training sessions were delivered to NDDH acute staff by an external training provider. Training needs analysis and options appraisal will be undertaken for the new financial year for continuation of training for Royal Devon acute and community staff.

Risk assessment training for Eastern services staff has been undertaken by the Health and Safety team on a monthly basis.

The new head of health and safety will be working with the talent and learning head and other interested stakeholders to look at health and safety training needs over the next 12 months. One line of inquiry that will be pursued is peer working with other Trusts to ensure we are all aligned in the training we offer.

Fit testing

Fit testing of staff for FFP3 respiratory face masks has been strengthened in response to national core priority requirements for FFP3 resilience, for the protection of staff and patients from respiratory virus infection (aerosol generating procedure risks). The RD&E was seen as an exemplar site in the development of the new requirements

The fit test co-ordinator will continue the programme of fit testing for front line clinical and support staff on a yearly basis (exceeding NHS England's recommendation of two-yearly testing). Further fit testers will be recruited to increase team resilience during 2023/24.

The booking system and performance dashboard enables data to be shared nationally in support of the governments drive to stabilise and build resilience into the use of masks sourced from the UK. A passport system recording pass / fail results will reduce duplication of testing and increase flexibility where staff move between healthcare organisations.

Trade union facility time

The Trust is proud of its work with its trade unions, and works in collaboration with their representatives throughout the Trust. Our Partnership Forum is the formal group where our Staffside and management representatives formally engage and consult.

As part of the trade union (facilities time publication requirements) regulations 2017, the Trust is required to report facility time, which is paid time-off during working hours for trade union representatives to carry out trade union duties.

The 2022 report provided to the Cabinet Office (**https://www.gov.uk/government/statistical-data-sets/public-sector-trade-union-facility-time-data**) is reflective of the period 1 April 2021 to 31 March 2022.

As this period was prior to integration, separate submissions were made for Northern Devon Healthcare NHS Trust (NDHT) and the Royal Devon and Exeter NHS Foundation Trust (RD&E). Both reports have therefore been reflected below:

NDHT trade union facilities time

Number of trade union representatives

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
17	16.03

Percentage of time spent on facility time

Percentage of time	Number of Employees
0%	2
1-50%	14
51-99%	1
100%	0

Percentage of pay bill spent on facility time

	Figures
Total cost of facility time	£90,379
Trust's total pay bill	£167,888,000
Percentage of the total pay bill spent on facility time	0.05%

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours	10.80%

RD&E trade union facilities time

Number of trade union representatives

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
30	26.34

Percentage of time spent on facility time

Percentage of time	Number of Employees
0%	8
1-50%	19
51-99%	3
100%	0

Percentage of pay bill spent on facility time

	Figures
Total cost of facility time	£85,727
Trust's total pay bill	£324,631,000
Percentage of the total pay bill spent on facility time	0.03%

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours	25.50%

Expenditure on consultancy

The total expenditure on consultancy for the 2022/23 financial year was £828,000 compared to £714,000 in 2021/22.

Gender pay gap

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings. In line with statutory reporting the Trust publicly reported its gender pay gap report in line with requirements.

This is available via gender-pay-gap.service.gov.uk. The Trust also publishes an analysis of its annual gender pay gap data, which can be found here: **https://www.royaldevon.nhs.uk/about-us/equality-diversity-and-inclusion/**

NHS Staff Survey

Our approach to colleague engagement and key activities

Our colleagues work together to achieve the best and safest outcomes for people who require acute and community care and working with communities and other stakeholders to keep people well and supported at home.

Colleague engagement helps to:

- deliver continued improvements and programmes of change - engaged colleague are likely to exert more influence over the use of standard processes, teamwork and the degree to which there is a culture of improvement.

- connect clinicians with the organisation as well as the professional agenda and take on leadership roles.

- improve sickness absence.

The Trust has developed a multi-year programme focused on improving colleague engagement as part of a broader organisational development and culture change agenda. Based on overwhelming academic evidence that demonstrates a clear link between committed and motivated colleagues, improved patient outcomes and patient experience, the Trust has consciously sought to build a culture in which colleaguef engagement is viewed as mission critical. Our approach to colleague engagement focuses on:

- creating the conditions for optimum colleague engagement

- assisting people to prepare for and actively participate in changes to care

- contributing to improved patient care now and in the future

- ensuring engagement efforts are as inclusive as possible

Having colleagues who are informed and have access to the information they require to do their jobs is important. However, there are a range of factors including reward, values and behaviour, recognition and leadership as well as giving staff "voice" and influence over their work through greater empowerment.

Our methodology is one that encompasses the whole organisation and is based on the understanding that all colleagues have a level of responsibility to consider and act on colleague engagement and that engagement is a two-way process. It is essential to enable colleagues to develop the necessary skills and behaviours required to manage the scale of change required to deliver health and care differently into the future, and we need to support them to do that. We aim to deliver more joined-up care for people out of hospital and this will only be realised if the culture and outlook of colleagues right across the organisation rapidly adapts. Our colleagues are at the heart of these changes as we lead the way in helping to innovate and transform services, to ensure that our way of delivering care and services is fit for the future.

Our approach to engagement aims to create optimum conditions for job satisfaction, with a particular focus on outcomes in the following areas, so that our colleagues feel:

- **Valued**: Nurture a culture of gratitude and appreciation and implement mechanisms for recognition and award, raising awareness/flagging issues that undermine this

- **Listened to**: Promote two-way dialogue between staff and management and implement tools, activities and training to facilitate active listening and outcomes and amplify staff "voice"

- **Connected**: Generate a welcoming and inclusive work environment in which staff feel a genuine sense of belonging, involving people in a meaningful set of values and behaviours and inspiring them with a clear and compelling strategic narrative

- **Informed**: Colleagues receive open, honest and timely information through a range of appropriate channels to enable them to go about their work fully engaged and motivated

- **Empowered to drive positive change**: Cultivate an environment in which colleagues are trusted and supported to play an active role in continuous improvement and changes to care

- **Wellbeing**: Assist efforts to ensure colleagues feel supported and well in their work and personal life.

As the above environment and culture is generated the Royal Devon's reputation as a good employer is enhanced, consequently improving staff retention and better, safer care.

A range of regular mechanisms are in place to monitor and learn from staff feedback, including:

- NHS Staff Survey: The Trust has continued to engage each division and larger departments in developing and implementing bespoke, local action plans in response to the evidence collated from the staff survey

- People Pulse survey: the quarterly regional People Pulse survey includes 15 staff engagement related questions. A dashboard is being developed to enhance reporting

- Learning from Excellence: colleagues can easily submit reports which celebrate excellence, enabling us to create new opportunities for learning and improving resilience and staff morale

- Monthly all-staff webinar: Colleagues are able to anonymously ask questions ahead of the webinar and in real time, which are then answered by three of our executive and trust directors. A recording and FAQ's are made available afterwards.

In addition to these regular mechanisms, we have also monitored and learnt from colleagues feedback to develop a range of improvements, such as rest spaces, travel to work options, and catering. Alongside this we have also developed a Devon system cultural dashboard which enables us to benchmark and share data with our system partner organisations. This allows for greater partnership and collaboration and sharing of best practice.

Indicator score and benchmarking scores

The NHS staff survey is conducted annually and 2021 saw the most significant changes to the NHS Staff Survey within the last decade, with the survey amended and aligned to the seven People Promise elements, whilst maintaining the two existing staff engagement and morale themes. Sub-scores were also introduced within the element/theme scores, providing greater depth of insight. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The 2022 survey is the first time that the survey has been run for the newly formed Royal Devon, since the integration of Royal Devon & Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT) in April 2022.

The response rate for the 2022 NHS Staff Survey for the Trust was 37% (2021: RD&E: 46% NDHT: 51%). This represents a decline of between 9% and 14%.

The NHS Staff Survey took place in the third quarter of 2022/23, during which time the Trust saw significant operational pressures throughout the survey period. Alongside this, the ongoing recovery work and the continued effects of the pandemic, have combined with other key local factors such as the integration and implementation of MyCare across Northern services. These should be considered contributory factors to the overall landscape in which the survey was conducted.

Scores for each indicator together with that of the survey benchmarking group (acute and acute and community) are presented in chart 1 below.

Chart 1 – 2022 staff survey results

People Promise Elements and Themes: Overview — Survey Coordination Centre — NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.4	5.9	6.7	6.0	4.8	6.1	6.7	6.8	5.8
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	4662	4665	4639	4654	4476	4656	4661	4670	4667

The below charts (2-5) show the scores and the change in survey components for the indicator scores for 2020 and 2021 for both RD&E and NDHT and the benchmarking group (documented under the 'average' row).

Chart 2 - 2021 NHS staff survey results - RD&E

Survey Coordination Centre — 2021 NHS Staff Survey Results > People Promise and theme results > Overview — NHS

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.4	5.9	6.8	6.1	4.9	6.0	6.7	6.9	5.9
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	3,978	4,063	3,926	3,964	3,779	4,038	3,990	4,069	4,060

Chart 3 - 2021 NHS staff survey results - NDHT

Survey Coordination Centre

2021 NHS Staff Survey Results > People Promise and theme results > **Overview**

NHS

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.5	6.2	7.0	6.2	5.3	6.4	6.9	7.1	6.1
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	1,796	1,793	1,782	1,788	1,714	1,784	1,790	1,796	1,795

Chart 4 - 2020 NHS staff survey results - RD&E

Survey Coordination Centre

2020 NHS Staff Survey Results > Theme results > Overview

NHS England

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.2	6.2	6.7	6.3	7.2	8.3	9.5	6.7	7.1	6.4
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	3,816	3,842	3,850	3,792	3,385	3,721	3,826	3,803	3,887	3,852

Chart 5 - 2020 NHS staff survey results - NDHT

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.3	6.4	7.3	6.6	7.6	8.3	9.5	6.9	7.3	6.9
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	1,881	1,887	1,890	1,885	1,587	1,883	1,885	1,884	1,893	1,870

Action plans

During 2022, action planning was performed at a Trust-wide level, and plans at both divisional and local level were also encouraged.

The identification of priorities, recommendations and action planning has to be an inclusive and representative process. As such a task and finish group was established consisting of key representatives from across the Trust including managers, Staffside, staff governors, staff group representatives and the Employee Experience team. Through data analysis, discussions and reviews, they developed the Trust-wide action plan (cross referenced with the NHS People Plan actions and 2022/23 inclusion plan on a page) to address key areas of concern/ priorities.

The action plan was monitored through the task and finish group and additionally through other committees, such as PWPW and Partnership Forum.

Key findings

When we look at the four key indicators for staff sentiment, the Trust has continued to perform well and is rated above average by our people. However, it is important to note that whilst the majority of the scores are above average when compared to similar trusts, scores have declined from 2021, as shown below:

Staff sentiment indicator	2022		2021	
	Benchmarking average	Trust	NDHT	RD&E
I would recommend my organisation as a place to work	56.5%	**59.7%**	67.7%	65.0%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	61.9%	**69.2%**	72.6%	78.4%
Care of patients / service users is my organisation's top priority	73.5%	**76.1%**	81.7%	80.5%
My organisation acts on concerns raised by patients / service users	68.3%	**66.5%**	76.9%	72.5%

The overall 'NHS staff engagement' indicator is assessed by combining the answers to nine key questions from the NHS Staff Survey. The Trust score was 6.8 (out of 10) comparing to 6.8 nationally for similar Trusts (Benchmarking group - acute and acute & community Trusts).

From the nine key indicator areas, colleagues scored the Trust above the national average in eight of the nine areas:

- We are compassionate and inclusive

- We are recognised and rewarded

- We each have a voice that counts

- We are safe and healthy

- We work flexibly

- We are a team

- Staff engagement theme

- Staff morale theme

While the survey highlights key achievements it also identifies areas for improvement. Some of the key initial findings include:

- Northern services saw declines across all nine People Promise elements / themes and 20 out of the 21 sub-scores

- Eastern services in comparison showed a much more stable position – seeing improvements across nine out of the 21 sub-scores

- Despite remaining above average, significant declines have been seen for key questions around recommending the organisation as a place to work or receive care

- Appraisals are an area that continues to decline with many questions below average. This is impacting on the 'We are always learning' People Promise element

- Significant declines were noted in staff feeling confident that patients, service users and staff concerns would be addressed.

Moving forward there is a need to further understand the differing experiences between groups of colleagues (division/department/staff group etc.) to identify additional areas of focus.

Future priorities and targets

To further enhance an inclusive action planning process, this year, we have held listening/feedback sessions for both managers and staff. These sessions allowed us to engage our staff in the action planning process to address the results.

We heard their lived experiences, and their feedback has helped:

- shape what the priority areas of focus should be

- clarify how we can empower managers and staff to make the changes they want to make

Some of the emerging themes from the listening sessions so far are:

- Culture, values and behaviour
- Health and wellbeing
- Communication
- Flexible working
- Patient care
- Learning and development
- Recruitment and retention
- Staffing
- Freedom to speak up
- Bureaucracy
- Empowerment
- Leadership
- Workload and burnout

Some of the areas of focus from the action planning include:

- A focus on ensuring meaningful 1-2-1 conversations
- Further embedding flexible working opportunities
- Continue the successful delivery of the health and wellbeing programme
- Continue to support remedial work for staff groups, divisions and departments with low staff engagement scores – focus of localised engagement plans
- Continue to deliver decisively, such as through the health and wellbeing groups on basic needs, raised by colleagues - this could include physical environment; staff rooms, queues in canteen, outdoor space for staff to take breaks

A Trust wide action plan will be established from the work of the Staff Survey Task and Finish team to address key areas of concern/priorities identified. The plans will be monitored through committees such as People, Workforce Planning and Wellbeing Committee (PWPW), Staff Partnership Forum (with HR and Staffside representatives), and the Board of Directors.

Divisions and larger departments will be requested to refresh their localised action plans, taking them through the PAF.

The Trust will continue to improve on colleague experience, with the aim of maintaining our position to score above the national average as measured by the engagement score in the NHS Staff Survey and other feedback mechanisms.

Off payroll payments

Table 1:

Number of new engagements, or those that reached 6 months duration between 1 April 2022 and 31 March 2023, for more than £245 per day and that lasted longer than 6 months	0
of Which	
Number assessed as within IR35	3
Numbers assessed not as within the scope of IR35	0
Number engaged directly (via PSC contracted to a Trust) and are on the Trust payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 2:

Number of new engagements, or those that reached 6 months duration between 1 April 2021 and 31 March 2022, for more than £245 per day and that lasted longer than 6 months	0
of Which	0
Number assessed as within IR35	0
Numbers assessed not as within the scope of IR35	0
Number engaged directly (via PSC contracted to a Trust) and are on the Trust payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

There were no off-payroll engagements of a board member with significant financial responsibility during the financial year.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023

Number of off-payroll engagements of board members, and /or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	18

Board Assurance Framework (BAF)

The BAF is a Board-owned document whose primary role is to inform the Board about the totality of risks or obstacles that may impede it from achieving its strategic objectives, as outlined in the Trust's long-term strategy document. The BAF also provides assurances that adequate controls are operating to reduce these risks to acceptable levels. Following the Integration of the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust in April 2022, the Board of Directors has reviewed its approach to the BAF, having adopted a new template and process and having identified risks emerging from the new Trust strategy that was launched in 2022.

The Board review the BAF on a quarterly basis, with individual risks receiving review and scrutiny by sub committees of the Board each time they meet. Internal Audit undertake an annual review of the BAF and the processes that support this. For 2022/23 the review was undertaken in quarter four, with the findings being "significant assurance". The BAF is explained further in the Annual Governance Statement on pages 99-106.

Audit Committee

The Audit Committee is a formal, statutory committee of the Board of Directors and is Chaired by Mr Alastair Matthews. Its primary role is to conclude upon the adequacy and effective operation of the organisation's overall internal control system, including without limitation, providing assurance in relation to the financial systems and controls of the Trust.

Four non-executive directors constitute the membership of the Audit Committee – quoracy is at least three members.

The Audit Committee is also attended by representatives the Trust's External Auditors, Internal Audit, Counter Fraud Service, chief operating officer, chief finance officer, site directors of operational finance, and the director of governance. A governor can attend in an observational capacity.

As part of the external audit plan for 2022/23, KPMG highlighted three significant audit opinion risks (expenditure recognition, valuation of land and buildings, management override of controls) and one other audit risk relating to merger, which have been considered by the Audit Committee.

Valuation of land and buildings

The audit risk identified is the carrying amount of revalued land and buildings differs materially from the fair value.

The previous year's land and buildings were last valued for the Eastern assets in 2019/20 and in 2020/21 for the Northern assets. Whilst the auditors did not identify any issues arising from the work performed relating to the revaluation of land and buildings it was agreed that a professional valuation would be commissioned to value the Trust's land and buildings as at 31 March 2023.

KPMG have not identified any issues arising from the work performed relating to the fair value of land and buildings.

Fraud risk from expenditure recognition

The audit risk identified is recognising expenditure that does not exist to achieve a financial target. The setting of a financial target can create an incentive for management to understate the level of expenditure compared to that which has been incurred.

Management override of controls

Professional standards require auditors to communicate the fraud risk from management override of controls as significant. Management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

KPMG have carried out appropriate controls and substantive procedures, testing and substantive procedures, including testing of journal entries, accounting estimates and significant transactions that are outside the normal course of business, or are otherwise unusual. No specific instances of management override were identified from this audit.

Other issues considered by the Audit Committee

Merger

The Trust is reporting a consolidated set of accounts from two separate legacy finance systems for the financial year, acting as separate reporting regions whilst providing consolidated reporting to NHSE on a monthly basis. As such there was a risk that the combined financial statements will be more susceptible to error through varied processes, distinct finance functions and overall consolidation process.

KPMG have not identified any issues arising from the work performed relating to the reporting and consolidation process that materially affects the accounts.

Meeting schedule

The Audit Committee met five times during 2022/23. The names of members and their attendance at the meetings are as follows:

NAME	May 2022	June 2022	July 2022	Nov 2022	Feb 2023
A Matthews	P	P	P	P	P
B Kent**			P	A	A
S Kirby***	P	A	A	A	
T Neal	P	P	P	P	P
K Orford*	P	P			
Professor J Kay	A	P	A	P	A

*Mr Orford left the Trust in July 2022

** Professor Kent joined the Committee in July 2022.

*** Mr Kirby left the Committee after the November 2022 meeting.

P – Present / A – Apologies

Duties and responsibilities of the Audit Committee

Governance, risk management and internal control

The Audit Committee reviews the establishment and maintenance of an effective system of integrated governance across the whole of the Trust's activities

(both financial and non-financial), that supports the achievement of the Trust's objectives.

In particular, the Audit Committee reviews:

- all risk and control related disclosure statements together with any accompanying head of internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the board

- the assurance processes that underpin the achievement of the Trust's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

- the policies and procedures for all work related to fraud and corruption as set out in the NHS England standard contract and as required by the NHS Counter Fraud Authority.

- The annual ISA260 report and Letter of Representation produced by External Audit in relation to the Annual Report, Quality Report and Accounts.

In carrying out this work, the Audit Committee primarily utilises the work of internal audit, local counter fraud specialists, external audit and other assurance functions, but is not limited to these functions. It will also seek reports and assurances from the Governance Committee (including clinical governance, patient safety, quality and CQC compliance) and Directors and Managers as appropriate.

Internal audit

The internal audit function is provided by ASW Assurance. The Audit Committee ensures that there is an effective internal audit function, including the Counter Fraud function, established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the committee, Chief Executive and Board. This is achieved by:

- consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal

- review and approval of the annual internal audit plan, ensuring that this is consistent with the audit needs of the Trust as identified in the assurance framework

- consideration of the major findings of internal

audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise audit resources

- consideration of the annual Head of Internal Audit's opinion

- follow-up by the Governance Committee, or one of its sub-committees, where internal audit's work is an area covered by that committee, as set out in internal audit's plan

- ensuring that the internal audit function is adequately resourced and has appropriate standing within the Trust, and

- an annual review of the effectiveness of internal audit.

External audit

The Audit Committee:

- reviews and monitors the external auditor's independence and objectivity, and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements

- keeps under review the level of non-audit services provided by the external auditor, taking into account relevant guidance

- makes recommendations to the Council of Governors in relation to the appointment, re-appointment and removal of the external auditor and

- approves the remuneration and terms of engagement of the external auditor

Further, the Audit Committee reviews the work and findings of the external auditor and considers the implications of, and management's responses to, their work.

This is achieved by:

- discussion and agreement with the external auditor, before the audit commences, of the nature and scope of the audit as set out in their annual plan

- discussion with the external auditors of their evaluation of audit risks and associated impact on the audit fee, and

- reviewing all external audit reports together with the appropriateness of management responses

Other Functions

The Audit Committee considers the work of other committees within the Trust, the work of which can provide relevant assurance to the committee's own scope of work. This particularly includes the Governance Committee because of its management of the Trust's Corporate Risk Register and the Clinical Audit function.

The Audit Committee also:

- reviews material changes to standing orders and standing financial instructions and schemes of delegation

- receives a report from management on the review of data quality included in the Quality Report and

- is given the opportunity, where possible, to review the accountancy element of any significant financial transaction within the Trust prior to its presentation to the Board of Directors for approval.

- receives a Statement of Losses and Compensation once a year which has been approved by the chief finance officer.

Financial reporting

The Audit Committee reviews and, if thought appropriate, recommends to the Board approval of the annual report and financial statements, focusing particularly on:

- specific enquiry into the question of whether the Trust keeps proper books of account

- the integrity of the financial statements

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the committee

- changes in, and compliance with, accounting policies and practices

- unadjusted mis-statements in the financial statements

- major judgemental areas, and

- significant adjustments resulting from the audit

- the annual ISA260 report and Letter of Representation produced by External Audit in relation to the annual report and accounts

- Providing assurance on behalf of the Board to the Department of Health around the costing process and methodology as required by the reference cost guidance.

Board of Directors reporting arrangements

The Chair of the Audit Committee provides a report highlighting the key issues arising from the Committee to the meeting of the Board that directly follows the Audit Committee. The minutes of the Audit Committee are also available to the Board.

The Annual Governance Statement, which is included in the annual report, reviews in considerable detail the effectiveness of the system of internal control. By concurring with this statement and recommending its adoption to the Board, the Audit Committee also gives the Board its assurance on the effectiveness of the overarching systems of integrated governance, risk management and internal control.

NHS System Oversight Framework

NHS England and NHS Improvement's NHS System Oversight Framework (SOF) provides the framework for identifying where Integrated Care Systems (ICS) and NHS organisations may benefit from, or require support, to meet the standards required of them in a sustainable way, and to deliver the overall objectives of the sector in line with the priorities set out in 2022/23 Operational Planning Guidance

Alongside local strategic priorities, and a single set of metrics that are reviewed across ICS, and their constituent member organisations, the framework looks the following national themes:

- quality of care

- access and outcomes

- preventing ill health and reducing inequalities

- people

- finance and use of resources

- leadership and capability

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy.

Segmentation

The current assessment for the Trust is segment 4 (Providers and Systems enter the Recovery Support Programme). This is as a result of concerns in relation to performance, specifically elective and cancer, as well as issues in relation to patient flow in and out of hospital.

This segmentation information is correct as at 20 April 2023.

Care Quality Commission (CQC)

The Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust merged on the 1 April 2022 to become the Royal Devon University Healthcare NHS Foundation Trust.

The Trust is required to register with the Care Quality Commission and its current registration status is registered in full without conditions.

In November and December 2022, the CQC undertook an announced inspection of the surgical, medical and diagnostic imaging services across the Eastern and Northern acute sites. The full inspection report was published on 26 May 2023 and can be found on the CQC's website. The following changes to ratings were reported:

Eastern	
Medical services**.**	previously rated as good, now rated as requires improvement
Surgical service	previously rated as good, now rated as requires improvement
Diagnostic and imagining services	rated as good

Northern	
Medical services**.**	remains requires improvement
Surgical service	reviously rated as good, now rated as requires improvement
Diagnostic and imagining services	rated as good

A well led planned inspection took place on 3 and 4 May 2023. The final report, rating of the well led element of the Inspection and overall Trust rating is awaited.

Until the new ratings are published, the existing ratings for the acute and community sites are as follows:

Ratings for individual sites/locations/services – Eastern services

Ratings for Royal Devon and Exeter Hospital (Wonford)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Medical care (including older people's care)	Good ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019
Surgery	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Critical care	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019
Maternity	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Services for children and young people	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Apr 2019	Good Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019
Renal Services	Good Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019
Overall*	Requires improvement →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Devon and Exeter Hospital (Wonford)	Requires improvement →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019
Honiton Hospital	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Mardon Neuro-rehabilitation Centre	Good ↑ Feb 2019	Good →← Feb 2019	Outstanding ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Overall trust	Requires improvement →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Community health inpatient services	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Community end of life care	Requires improvement Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall*	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Castle Place Practice	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

Ratings for individual sites/locations/services – Northern services

Ratings for North Devon District Hospital

North Devon District Hospital	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical Care (including older peoples care)	Requires Improvement	Requires Improvement	Outstanding	Good	Requires Improvement	Requires Improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Requires Improvement	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Maternity	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Outpatients	Good	Not Rated	Good	Requires Improvement	Good	Good
Surgery	Good	Good	Good	Requires Improvement	Good	Good
Urgent and emergency services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall Rating	Requires Improvement	Requires Improvement	Outstanding	Good	Requires Improvement	Requires Improvement

Statement of the chief executive officers' responsibilities as the accounting officer of the Royal Devon University Healthcare NHS Foundation Trust

The NHS Act 2006 states that the chief executive officer is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officers Memorandum issued by Monitor (NHSI).

Under the NHS Act 2006, Monitor (NHSI) has directed the Royal Devon University Healthcare NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction.

The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Royal Devon University Healthcare NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the accounting officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the accounts direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- make judgements and estimates on a reasonable basis

- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy

- prepare the financial statements on a going concern basis

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed:

Chris Tidman

**Deputy Chief Executive Officer
Date: 28 June 2023**

Annual Governance Statement

Scope of responsibility

As accountable officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Royal Devon University Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Royal Devon for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a comprehensive governance system in place (which was also implemented at NDHT prior to the integration of the two Trusts in April 2022); this structure has been developed and enhanced over a number of years and continues to be subject to regular review to ensure its continued fitness for purpose. The current governance architecture was established in October 2011. A number of independent reviews have been undertaken over the years which have concluded that the governance system is robust.

The Audit Committee monitors and oversees both internal control issues and the process for risk management. ASW Assurance (internal audit) and KPMG (external auditors) attend all Audit Committee meetings. The Audit Committee receives all reports of the Internal and External Auditors and reports regularly to the Board.

Risk issues are reported through the Governance Committee via the Safety and Risk Committee and the Trust's management structure. Management of risk is delegated to the appropriate level from director through to local management through the Divisional management teams. There are established governance managers and coordinators in post to support the divisions in implementing robust risk and governance processes. Each division has a Divisional Governance Group which meets regularly to manage risk and report and escalate concerns via the five sub committees of the Governance Committee. Performance management of any governance/risk action plan is managed via the Trust's Performance Assessment Framework (PAF) led by the chief operating officer. Strategic risks are managed via the Board-owned Board Assurance Framework (BAF). This document focuses on risks that could prevent the Trust from achieving its strategic objectives.

The Board has appointed a senior independent director to be available to Governors and Members if they have concerns where contact through the normal channels of Chairman, chief executive officer or deputy chief executive officer, have failed to resolve them or for which such contact is inappropriate. In addition, the Trust has a Whistleblowing Policy to guide and protect staff who raise issues of concern. The Trust also has a lead freedom to speak up guardian who oversees the thirteen freedom to speak up guardians who report (via the director of governance) to the chief executive officer and provide regular reports to the Governance Committee.

All staff joining the Trust are required to attend corporate induction which covers key elements of risk management and how to raise concerns. This is further enhanced at departmental induction. Risk assessor training courses are available to staff, providing the skills needed to undertake risk management duties. Staff are trained and equipped to manage risk in a way appropriate to their authority and duties. The Trust's risk management policies and procedures are available on the Trust's intranet. All our staff are signed up to Our Charter, which helps all colleagues understand how to report risks and issues. This will be regularly renewed to ensure there is an understanding and commitment to respect, safety and reporting principles.

An electronic Risk Management system (Datix), which has the ability to record, manage and triangulate incidents, complaints, risks and legal claims has been operational since June 2011. In June 2022 the Trust invested in Datix Cloud IQ. This is compatible with the learning from Patient Safety Events platform which will replace the current national reporting platforms. This investment has allowed oversight of incidents, risks, feedback and claims across both Eastern and Northern services.

An established cohort of senior clinical staff and Governance Managers trained to conduct Serious Incidents (SI) reviews is in place. The Risk Management Team co-ordinates SIs and adverse incidents, which are reported and managed through the Incident Review Group (a sub group of the Safety and Risk Committee). Learning points from SI's and incidents are fed back to relevant clinical teams directly and are highlighted in safety briefings, an iBulletin, and a Trust-wide journal. These are made available to all staff via the local intranet. All SI investigation reports and action plans are shared with the Trust's lead commissioner; NHS Devon Integrated Care Board (ICB) and the Care Quality Commission (CQC).

The risk and control framework

The Board of Directors is responsible for the strategic direction of the Trust. It reviews the Board Assurance Framework ("BAF") quarterly in line with the Trust's Risk Management Policy. The BAF identifies the key risks and mitigations related to the Trust's strategic objectives and key priorities. The Board has identified a number of financial risks to the achievement of the corporate strategy including the Trust's ability to deliver the required cost savings, and the impact of financial pressure on performance targets. In addition to being reviewed by the Board, the BAF risks are reviewed monthly by the relevant sub-committee of the Board. For example, Finance BAF risks are reviewed by the Finance and Operational Committee, safety risks by the Safety and Risk Committee and digital risks by the Digital Committee etc.

The Corporate Risk Register is reviewed by the Governance Committee bi-annually. The Governance Committee reports to the Board of Directors quarterly. The Audit Committee considers the Board Assurance Framework and the Corporate Risk Register when setting Internal Audit's annual work plan.

The director of governance attends both the Governance Committee and the Audit Committee. This supports continuity and oversight of agenda preparation and completion of actions. The Chair of the Governance Committee is also a member of the Audit Committee, ensuring the two committees are aligned and there are not gaps in assurance.

The Board of Directors, as part of the Annual Plan reporting cycle, is responsible for the completion of the Corporate Governance Statement. The Board has adopted a process by which evidence is identified for each element of the statement to provide assurance and support a decision of compliance or gap in compliance (i.e. risk). Where risk is identified this would be risk assessed, mitigating actions put in place and added to the appropriate risk register.

The Governance Committee is chaired by a non-executive director and provides oversight of the risk management process. The committee takes a comprehensive oversight of the quality and safety of care provided by the Trust and provides assurance to the Board of Directors. The work of the Governance Committee is supported by five key sub committees:

- Clinical Effectiveness Committee – chaired by the chief medical officer

- Safeguarding Committee – chaired by the chief nursing officer

- Safety and Risk Committee – chaired by the chief executive officer

- People, Workforce Planning and Wellbeing Committee – chaired by the chief people officer

- Patient Experience Committee – chaired by a non-executive director

These five committees are responsible for monitoring and managing specific types of risk. As outlined above, the committees also review risks on the BAF.

The Safety and Risk Committee, chaired by the chief executive officer, has a number of key sub-groups leading the Trust's management of safety and risk:

- The Patient Safety Group is accountable for delivery of the Trust's patient safety programme and is chaired by the director of nursing. The Mortality Review Group is chaired by Dr Daly, Trust Mortality Lead

- The Incident Review Group is chaired by the director of nursing and reviews all Serious Incidents (SI) and action plans

- Radiation Safety Group is chaired by one of the associate medical directors

- Infection Control and Decontamination Group is chaired by the joint directors of infection prevention and control

- Health and Safety Group is chaired by the chief people officer

- Emergency Preparedness, Resilience and Response Group is chaired by the chief operating officer

- Medical Devices Group is chaired by one of the associate medical directors

- Information Governance Steering Group is chaired by the Caldicott Guardian

Other specialist groups whose work relates closely to safety and risk report via the Clinical Effectiveness Committee include the Medicines Management Group.

The Patient Experience Committee was paused in 2020 during COVID-19 for a review and refresh, and as a result a Patient Experience Strategy was developed and approved by the Board in 2022. This strategy included the re-introduction of the Patient Experience Committee in May 2022, and is chaired by a non-executive director.

In addition, patient experience performance information is also available to the Board of Directors through the monthly Integrated Performance Report and patient stories have continued to be a standard agenda item for the Board of Directors. These stories, which are video recordings of patients sharing first hand their experiences have provided an invaluable connection for the Board to our patients. Selection of the stories is undertaken with the independent support of the comms team ensuring a balance of both "what has gone well" and "even better if". In all cases learning is identified and where relevant appropriate actions put in place.

The Trust has a robust, responsive and reflective reporting and monitoring framework in place in relation to Mortality and Learning from Deaths.

All deaths that occur in the acute and community hospitals are reviewed within 24 working hours by a Medical Examiner, in line with the National Medical Examiner System. This system is responsible for ensuring accuracy of death certification, referral of cases as appropriate to Her Majesty's Coroner, and identification and escalation of governance issues to the Trust and Mortality service. Cases are identified for specialist review in line with National Guidance, and those that fulfil the CQC Duty of Candour regulations (Section 20) identified. Themes identified from this comprehensive review are presented

monthly to the Mortality Review Group which reports into the Safety and Risk Committee.

The Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) are used within the organisation to monitor trends in data quality and mortality. A detailed Trust level mortality dashboard is scrutinised by the Mortality and Review Group on a monthly basis. Mortality is reported to the Board of Directors monthly through the Integrated Performance Report and quarterly through the Joint Governance Committee by a detailed Learning from Deaths Report. The Board also receives relevant mortality reports by escalation from the Governance Committee. The Trust sets a low threshold in relation to responding to deviations in mortality rates, with deep dive case note reviews undertaken to ensure that the causes of any deviation(s) can be identified and acted upon, where required.

The chief nursing officer and chief medical officer have joint director leadership and accountability for Clinical Governance. To ensure executive directors are aware of all safety issues in a timely manner and to utilise their expertise, Safety Huddles are in place. The Safety Huddle comprises of the chief nursing officer, chief medical officer, the Trust director of nursing, the Trust medical director, the associate directors for safety and quality and the risk manager. The huddle takes place once a week and complements the formal Governance Performance System by looking at soft intelligence but also provides an opportunity to discuss incidents/concerns in real time at a senior level.

Risk identification and evaluation

The Trust has a Risk Management Policy which has been approved by the Governance Committee and clearly sets out the process for identifying and managing risk and the Trust's risk appetite. It incorporates a standard methodology in which risk is evaluated using a likelihood/consequence matrix. The roles and responsibilities of staff in managing risk are defined and key posts highlighted. The policy also includes the governance reporting structure. This policy was updated in early 2023 and the revised policy will be launched on the 1 April 2023.

The Trust maintains a comprehensive Corporate Risk Register (CRR) covering both clinical and organisational risks. The risks from the separate Eastern and Northern services CRRs were merged into one Trust CRR following the integration in April 2022. The CRR is currently under review to align with the revised Risk Management policy but at

the present time there are 65 current risks on the Corporate Risk Register. A thematic review of the CRR was carried out and presented to the S&RC in December 2022. The review demonstrated that a large proportion of risks on the CRR (60%, or 39 out of 65) can be categorised into two themes:

- Risks related to demand and capacity = 20 risks (31%)

- Risks related to Workforce and staffing = 19 risks (29%)

This aligns with the operational challenges being faced by the organisation.

The remaining risks on the CRR can be categorised into themes such as digital (15%), mental health provision (8%), estates (6%), infection control (6%), health and safety (3%) and equipment (2%).

Robust action plans are in place and these risks are assigned to an appropriate executive lead and manager who are responsible for ensuring that the risk is either eliminated or managed appropriately. A robust system is in place to monitor progress of action plans, which is undertaken by both the director of governance and the manager of the risk to ensure that risks are proactively managed down to their end target score. A detailed report is produced by the director of governance to the Safety and Risk and Governance Committees on a predefined frequency.

The Trust has divisional risk registers which feed into the Corporate Risk Register. At divisional level, the risk registers contain lower level localised risks which can be managed by the relevant division. The Corporate Risk Register contains the high-level risks and Trust-wide risks. This ensures that risks are identified, managed and escalated appropriately at all levels of the organisation. Risk assessments, including Health and Safety and Infection Control, are undertaken throughout the Trust. All areas of the Trust have trained risk management officers, and the Risk Management Department and director of governance facilitate Risk Surgeries to provide support and training and to ensure consistency in approach.

The Trust has a robust process for assessing risk to cost improvement plans (CIP). A Quality Impact Assessment is undertaken which includes identification of risk, risk score and mitigating actions. The assessment is reviewed and if appropriate authorised by the divisional triumvirate (divisional director, associate medical director and assistant director of nursing). Quality Impact Assessments with a risk score of 12 or above are reviewed by the chief

nursing officer and chief medical officer, with the Trust's Operations Board overseeing the total process.

Other sources used to identify risks include:

- Complaints, Care Quality Commission and Health Service Ombudsman reports and recommendations

- Inquest findings and reports from HM Coroner

- Health and Safety Executive and regulatory body compliance inspections

- Medico-legal claims and litigation reports

- Reviews commissioned from external bodies i.e. Royal Colleges

- Health Scrutiny Committee reports

- Incident reports and trend analysis (via Datix software, identification of hot spots)

- Internal and external audit reports

- Performance Assurance Framework

- Feedback from Governors and Members

- Care Quality Assessment Tool

The Trust has systems and processes in place to assess whether there is sufficient suitably qualified competent staff to meet the treatment needs of our patients safely and effectively. The Trust benchmarks staffing and effectiveness against the model hospital data with both staffing establishments and safe staffing data being reviewed and monitored by the Board in the integrated performance report on a monthly basis.

The demand and capacity planning undertaken to inform the Trust operational plan identifies the broad workforce priorities and involves full clinical engagement with robust exploration of assumptions and appropriate challenge. The Trust is aiming however to improve its longer-term workforce planning approach and is currently identifying its preferred model to support this work. The Trust's People Workforce Plan is being developed with a comprehensive implementation plan to address the workforce challenges for the future.

The Trust uses an e-rostering system for nurses, midwives and care staff. The Allocate Safe Care tool is used to undertake a census three times a day to assess the acuity and care hours per patient day; Staffing tactical meetings happen daily. As a minimum, an establishment and skill mix review is undertaken annually for each clinical area. The Trust has also introduced Medirota for Medical staff for

Eastern services, and Allocate is in place in Northern Services. Alignment of a single system is planned for Medical Staffing e-Rostering in the future, following due process. Medical staff are also included in the tactical meetings at times of extreme pressure and during critical incidents with redeployment of medical staff where appropriate.

The reviews use relevant national guidance as set out and also detail clinical judgement, triangulated with safety metrics and patient outcomes to safe and effective skill mix.

Where service changes are identified, such as a reduction of beds due to staffing shortfalls specifically in community hospital settings, they are always supported by a quality impact assessment.

The Performance Assurance Framework also use metrics including staffing and safety measures to assess the effectiveness and safety of care.

The People, Workforce Planning and Wellbeing Committee is well established and transacts all core governance business in relation to staff. The committee has a workplan, including a cycle of reporting, metrics and dashboards to provide assurance around the quality and capacity of services within the People Function. Regular safe staffing reports are also received to the committee as well as Guardian of Safe Working Hours reports for Consultants. The committee also receives strategic updates relating to staff and ensures an oversight of risks within the people function and wider workforce risks across the Trust.

The committee has sub-groups for People Development, Staff Health & Wellbeing and Strategic Resourcing and also receives updates from the Trust Partnership Forum meetings, with Staffside forming part of the quoracy of the Committee, to enable appropriate levels of challenge and transparency. The committee reports directly to the Governance Committee providing a clear route of escalation through to the Board.

Recruitment and retention remain a priority for the Trust and indeed the wider NHS. In the past year, the recruitment market has become more competitive than ever before. The NHS has released a number of national initiatives in recent years relating to workforce, namely the NHS People Plan, the NHS health and wellbeing framework and the HR & OD review. The Trust has been heavily engaged with these programmes to ensure that everything possible is being done to recruit and retain our people.

The Board review the Integrated Performance Report (IPR) each month, including a core section containing key metrics and information about 'Our People', to ensure that staffing establishment, turnover, sickness etc. are all reviewed and monitored by the Trust.

This year the People Function developed the integrated people function, creating increased capacity and expertise in a number of areas including workforce planning, inclusion, specialist recruitment and workforce systems, reporting and information. The increase in capacity and expertise has enabled significantly improved understanding of the workforce position and risk, to support development of long-term plans that enable quality development, progression, recruitment, improved employee experience and retention.

The Trust believes the above is in line with the 'Developing Workforce Safeguards ' recommendations on using evidence-based tools, professional judgement and outcomes to ensure safe staffing processes exist and are in line with the National Quality Board guidance .

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with and all regulatory requirements have been met.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

[1] **Developing-workforce-safeguards.pdf (england.nhs.uk)**

[2] **2904770 NQB Guidance v1_2_with links A (england.nhs.uk)**

Review of economy, efficiency and effectiveness of the use of resources

The financial environment of the NHS has continued to be challenging post pandemic as recovery of the operational position alongside the need to manage financial control are key priorities. Changes in funding levels as well as legacy cost growth during the pandemic has resulted in a deficit plan being approved by the Trust Board for the 2022/23 financial year.

Focus throughout the year has been on delivery with a review of the financial control environment through undertaking the Healthcare Financial Management Association (HFMA) grip and control review leading to an action plan for improvement monitored by the Audit committee.

The Trust also introduced a dedicated Finance and Operational Committee to provide additional assurance to the Trust Board of Directors. Although previously undertaken as part of the confidential board agenda, given the heightened level of risk around financial and operational delivery a further level of scrutiny was deemed to be appropriate at this time.

Overall in year performance continues to be monitored via an integrated performance report at the monthly meetings of the Board of Directors. Operational management and the coordination of Trust services are delivered by the executive directors. Performance of individual clinical Divisions is monitored formally on a monthly basis through the Performance Assurance Framework which is led by the chief operating officer and supported by all executive directors. This also escalates through to the Trust Delivery Group allowing a route of escalation and multi professional leadership challenge.

An element of assurance provided to the Board is the rigidity of the financial control processes. Internal audit review the overall financial controls to support the head of internal audit opinion and the Trust is rated at a satisfactory level of assurance in this area.

I can confirm that the Trust complies with the cost allocation of and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

As well as key financial controls, Internal Audit has conducted reviews on Integration, Workforce, COVID-19 response, payroll, Care Quality Commission regulations, Cyber Security/Business Continuity, data quality, the Ockendon response

and CNST maternity standards, as well as areas of operational process. In addition, they have annual reviews of the Trust's risk management and governance arrangements.

Information governance

Information governance and data security is managed by the Information Governance Steering Group, led by the Caldicott Guardian. The chief medical officer is the Trust's nominated senior information risk owner and freedom of information lead. Information asset owners for critical systems have been identified; system risk assessments and Information Risk Management training is undertaken annually.

An Information Security Forum, chaired by the Northern services chief information officer, deals with all aspects of information security and data confidentiality. Risks to information security are reported directly to the Information Security Forum (a sub group of the Information Governance Steering Group) and recorded on the Corporate Risk Register. The Trust has completed the Data Protection and Security Toolkit assessment and the Safety and Risk Committee and the Board of Directors has received a report regarding its system for control of information governance.On 29 June 2022 the Trust published the annual Data Security and Protection Toolkit assessment. The return included 49 out of 108 mandatory evidence items and 25 of the 40 assertions. The Trust completed 40 of the 59 remaining evidence items in December 2022, with significant progression on the remaining 19 and is currently rated as "Approaching Standards" by NHS Digital.

The 2022/23 annual Data Security and Protection Toolkit assessment has a completion date of 30 June 2023.The initial baseline was published on 21 February 2023. Work is progressing for full submission in June 2023.

During 2022/23 the Trust reported 14 information governance incidents to the Information Commissioners Office in line with the reporting requirements. The Information Commissioner has responded to nine of these incidents and we are awaiting their outcome in response to three. The ICO stated "No Further Action by the ICO", with the recommendation to investigate the causes of the incidents to ensure we understand how and why they occurred and what steps we need to take to prevent them from happening again. The incidents were fully investigated by the Trust with mitigating actions put in place, including the recommendations from the Information Commissioner. The ICO will

consider taking further action against an individual for inappropriate access in four of the reported incidents, dependant on the findings of the internal investigation report.

Data quality and governance

The Trust continues to actively promote the importance of good data quality throughout the Trust to ensure the accuracy, completeness and timeliness of the data that is held, as well as the importance of the identification and proactive mitigation of risks associated with any inaccuracies.

NHS England guidance and embedded legislation on the recording and monitoring of elective waiting time data is complex and allows for local agreement and flexibility in how some rules are interpreted. To ensure that inherent risks and unintended consequences from local interpretation are monitored, the Trust has a robust framework and meeting structure that supports and drives the Data Quality and Information Governance agenda. This provides the Board of Directors, via the Safety and Risk Committee, with the assurance that effective data quality and information governance best practice mechanisms are in place within the organisation.

The Trust's Access policy establishes a number of principles and definitions and defines roles and responsibilities to assist with the effective management of waiting lists relating to outpatient appointments, elective treatment imaging and other diagnostic tests. Furthermore, standard operating procedures are in place to support staff in applying a consistent and effective approach to waiting list management.

The operational implementation of our access policies has been refreshed through expert input from NHSE Improvement Support Team this year and the commissioning of MBI Healthcare Technologies to review both elective Patient Tracker Lists (North and East) as part of our Tier 1 arrangements. We have also benefitted from a peer review from King's College Hospital NHS Foundation Trust that has informed our updated approach. Similar work has been undertaken through MBI Healthcare Technologies to positively review the Cancer Patient Tracker Lists.

Assessment of data quality incorporating referral to treatment/elective waiting list management is included in the Trust's annual internal audit work plan. The audit process provides independent assurance of the design and operation of controls in place.

To complement the aforementioned thematic consideration of data quality within the governance framework, consideration of data quality is also an intrinsic element of the Trust's elective care operational management framework. Detailed operational monitoring occurs across all specialties and in conjunction with internal metrics against data quality. These are applied to identify areas for improvement and are monitored on a regular basis. Reporting takes place through the Trust's Performance Framework, with escalation where appropriate to the Trust's Governance Performance System. Our data quality approach has been updated and improved through the Business Intelligence Steering Group over the last six months and the implementation of a detailed action plan has significantly improved the reliability of automated data reporting into NHSE through Waiting List Minimum Data Sets (WLMDS).

The start of the 2022/23 financial year represented a unique juncture between the completion of the first full financial year following implementation of the Trust's new Electronic Patient Record (Epic) in the Trust's Eastern services (in October 2020), and the cusp for Go Live for the new EPR implementation in the Trust's Northern services (in July 2022). During the course of 2022/23, the Trust has taken a number of key steps to review as well as to enhance the quality of its elective waiting time data. These have been undertaken as one-off activities, and as an intrinsic part of the Trust's elective recovery programme in 2022/23. Outcomes from the reviews and data quality improvement activities have been reported to the Trust's newly instigated Finance and Operational Committee, and have also informed the development of the Trust's Business Intelligence Strategy. In addition to the BI Steering Group, an executive led task and finish group has been established to provide oversight of all the data quality major activities incorporated within this programme and this has been reported to Board on a monthly basis through the Integrated Performance Report.

The Trust's Digital Committee which has been established as a further sub-committee of the Trust Board, takes oversight of all digital issues, including those referenced above. It works in parallel with the existing governance structure, and as a sub-committee of the Trust's Board of Directors reports directly to the Board.

Review of effectiveness

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes applied in maintaining and reviewing the effectiveness of the system of controls includes:

- The maintenance of a view of the overall position with regard to internal control by the Board of Directors through its routine reporting processes and its work on corporate risk

- Review of the Board Assurance Framework and receipt of Internal and External Audit reports to the Audit Committee

- Personal input into the controls and risk management processes from all executive directors, senior managers and clinicians

- The review of the Trust's risk and internal control framework is supported by the annual head of internal audit opinion which states a significant opinion rating, therefore assurance can be given that there is a sound system of internal control and that the controls are generally being applied.

- Evidence gathering for core Care Quality Commission regulations and registration.

- Assessment against the Care Quality Commission's Essential Standards for Quality and Safety (reviewed by Internal Audit)

- Self-assessment against NHSI's Code of Compliance and NHSI's Governance Framework

- Performance monitoring by the Board of Directors of the Trust's strategy and operational milestones to achieve internal and external targets

- Results of the national patient and staff survey results and development of targeted action plans

- Delivery of the Health and Safety action plan

- The Trust's compliance with the Hygiene code

- The Trust's unconditional registration with the CQC, rated overall as 'Good' March 2019

- Safe Staffing reviews

My review of the effectiveness of the system of internal control has been presented and approved by the Board of Directors. The Board of Directors and the Audit and Governance Committees have been kept informed of progress against action plans throughout the year.

Conclusion

There are no significant internal control issues I wish to report in respect of 2022/23.

Signed:

Chris Tidman

Deputy Chief Executive Officer
Date: 28 June 2023

Directors report

The Royal Devon is an NHS Foundation Trust that is constituted as a public benefit corporation. Its governance structure is founded on a constitution that is approved by the regulator, NHSI. The constitution sets out how the organisation will operate from a governance perspective and what arrangements it has in place, including its committee structures and procedures, to enable the Trust to be governed effectively and within the legislative framework. The Trust's constitution incorporates the legal and statutory requirements necessary to govern the Trust. In addition, Monitor (NHSI) has developed a Code of Governance which all Foundation Trusts must comply with (or explain if they choose not to comply). This details the necessary governance structures and processes that Foundation Trusts should have in place.

Essentially, there are three basic components to the Royal Devon's governance structure:

● The membership

● The Council of Governors (CoG)

● The Board of Directors

Members of the Royal Devon consist of members of the general public who choose to apply for membership and Trust staff (unless they opt out). Members are located in a defined number of constituencies.

Members elect governors and can stand for election themselves.

The CoG consists of elected public governors, staff governors and appointed individuals from key stakeholder organisations (as defined in the constitution). governors help bind the Trust to its patients, service users, staff and stakeholders. Governors are unpaid and volunteer part-time on behalf of the Trust. They are not directors and therefore do not act in a directional capacity as their role is very different. The Trust Chair is chair of both the CoG and the Board of Directors.

Governors are the direct representatives of local communities. They collectively challenge the Board of Directors and hold them to account for the Trust's performance, as well as presenting the interests of foundation trust members and the public and providing them with information on the Trust's performance and forward plan. Governors have a range of statutory powers as well as significant influence over the Trust; they appoint the Chair

and the non-executive directors and ratify the appointment of the chief executive officer.

The Board of Directors of the Royal Devon is ultimately and collectively responsible for all aspects of the performance of the Trust. The Board of Directors' role is to:

● Provide effective and proactive leadership of the Trust within a framework of processes

● Take responsibility for making sure the Trust complies with its licence, its constitution, mandatory guidance issued by NHSI, relevant statutory requirements and contractual obligations

● Set the Trust's vision, values and standards of conduct and ensure the Trust meets its obligation to its members, patients and other stakeholders and communicates them to these people clearly

● Set the Trust's strategic aims at least annually, taking into consideration the views of the CoG

● Be responsible for ensuring the quality and safety of healthcare service, education, training and research delivered by the Trust

● Ensure that the Trust exercises its functions effectively, efficiently and economically

● Develop procedures and controls which enable risk to be assessed and managed

● Take decisions objectively in the interests of the Trust

● Take joint responsibility for every decision of the Board, regardless of their individual skills or status

● Share accountability as a unitary Board

● Constructively challenge the decisions of the Board and help develop proposals on priorities, risk, mitigation, values, standards and strategy.

The Board of Directors has both executive and non-executive directors (NEDs). All non-executive directors are independent. It is a unitary Board which means that both executive and NEDs share the same liabilities and joint responsibility for every decision of the Board. In so doing, Board members bear full legal liability for the operational and financial performance of the Trust. The chief executive officer is the nominated accountable officer and is responsible for the overall organisation, management and staffing of the NHS Foundation Trust, for its procedures

in financial and other matters, and for offering appropriate advice to the Board on all matters of financial propriety and regularity.

In carrying out their role, directors need to be able to deliver focused strategic leadership and effective scrutiny of the Trust's operations, and make decisions objectively and in the interest of the Trust. The Board of Directors will act in strict accordance with the accepted standards of behaviour in public life, which include the principles of selflessness, openness, honesty and leadership (The Nolan Principles).

The Board of Directors is legally accountable for services provided by the Trust and is responsible for setting the strategic direction, having taken account of the views of the CoG, and of the overall management of the Royal Devon.

The Board is led by the non-executive Chair. In addition, there are seven NEDs who, together with the Chair, form a majority on the Board. The executive directors manage the day-to-day operational and financial performance of the Trust.

The Board normally meets to conduct its core business at least 10 times a year. At these meetings it takes strategic decisions and monitors the operational performance of the Trust, holding the executive directors to account for the Trust's achievements.

Board meetings

The Board's meeting schedule for 2022/23 was returned to normal with 10 meetings held with no meeting in July or December 2022. Due to ongoing COVID-19 challenges and following the guidance issued by NSHE/I most meetings were held using MS Teams virtual technology apart from those held in September 2022 and February 2023.

The papers for the monthly public Board meeting and the approved minutes of the previous meeting are published on the Trust's website in advance of the Board meeting. In advance of the legislation compelling NHS Foundation Trusts to hold their Board meetings in public, the former RD&E decided in June 2012, to move to public Board meetings that were accessible to the public. These are meetings that take place in the public arena rather than public meetings, although members of the public have the opportunity to ask questions at the end of the public section of the meeting. Items of a confidential nature are discussed by the Board in private in a monthly confidential meeting.

The issues discussed in the closed sessions tend to be commercial in-confidence issues that may impede the conduct of the Trust's business if they were to be aired publicly. The 1960 Act on Admission to public Meetings is used by the Board to help determine which topics are discussed privately and, over the course of the year, the Board has sought to discuss the majority of its business in the public session. In addition to its formal Board meetings, the Board also holds a number of development and strategy sessions.

The framework within which decisions affecting the work of the Trust are made are set out in the Trust's published Standing Orders, Standing Financial Instructions and Scheme of Delegation, copies of which may be viewed on the Trust's website (**https://www.royaldevon.nhs.uk/#**) or on request from the foundation Trust secretary.

The composition of the Board is in accordance with the Trust's constitution and the policy for the composition of NEDs on the Board. The Board considers it is appropriately composed in order to fulfil is statutory and constitutional function and remain within the NHSI's Licence. In consultation with Governors, it has, through its recruitment of NEDs, been able to maintain a good quality and effective Board that is appropriately balanced and complete.

There is a clear division of responsibility between the Chair and the chief executive officer. The Chair heads the Board, providing leadership and ensuring its effectiveness in all aspects of its role, and sets the Board agenda. The Chair ensures the Board receives appropriate information to ensure that Board members can exercise their responsibilities and make well-grounded decisions. The chief executive officer is responsible for running all operational aspects of the Trust's business, assisted by the team of executive directors.

The Chair and all NEDs meet the independence criteria laid down in Monitor's/NHSI's Code of Governance (Provision A.3.1). The Board is satisfied that no direct conflicts of interest exist for any member of the Board. There is a full disclosure of all directors' interest in the Register of Directors' Interest which is available on the Trust's website or upon request from the foundation Trust secretary. Directors and governors may appoint advisors to provide additional expertise on particular subjects if required.

The Board of Directors is accountable to the membership via the CoG. The Chair informs the CoG about the work and effectiveness of the Board at each council meeting.

The business of the Trust is conducted in an open manner and annual schedules of meetings for the

Board of Directors and CoG are published 12 months in advance.

Board focus

Over the year the Royal Devon Board has led and governed the organisation successfully. Its focus has been on ensuring a sustainable and safe clinical service. A clear governance and management system is in place. The Board reviews in detail the Trust's safety, quality, financial and operational performance at every Board Meeting.

Some of the key issues the Board focused on during the year included discussions and debates on:

- The Trust's continued response to the COVID-19 pandemic, staff health and wellbeing and the Devon mass vaccination programme, as well as the recovery programme

- Operational performance, both COVID-19 and non-COVID-19

- Five-year Trust strategy and the corporate roadmap

- Research and development

- Infection prevention and control

- Workforce, including safe staffing reports, equality and diversity in the workforce and the gender pay gap, the workforce strategy

- Staff and patient survey results

- NHS People Plan update

- Patient experience, including the annual complaints report and the patient experience strategy

- One Devon Integrated Care System

- Outpatient transformation

- Kirkup Report on maternity and neonatal services in East Kent

- Updates on progress against the recommendations of the Ockenden Maternity report

- Health inequalities and public health management presentation

- Digital Transformation presentation

- The Board Assurance Framework including a review of the template and process

- Patient stories

- Deep dives into cancer, outpatient transformation and strategic workforce planning

- Maternity safety presentation

- The Acute Provider Collaborative and terms of reference

- The Royal Devon Better Together Strategy Roadmap 2022-27

- The transformation strategy

- The Board met as the Corporate Trustee

Outside Interests

The Board regularly updates its register of directors' interests to ensure that each member discloses details of company directorships or other material interests in companies which may conflict with their management responsibilities. Board members also have an opportunity at the start of each meeting to declare any interests which might impede their ability to take part in discussions and Directors are aware that such a declaration would be permissible at any time during a meeting, dependent on the issue being discussed and the potential for any conflict to arise.

The Directors' Register of Interests is available from the foundation Trust secretary (01392 404551) or on the Trust website:

https://royaldevon.nhs.uk/about-us/foundation-trust-and-membership/foundation-trust-documents/

Board effectiveness and evaluation

The Board continued to develop its effectiveness during the year primarily through its programme of 'development days'. Development days are seminar sessions that allow the whole Board to explore a range of issues and topics and develop and discuss ideas outside the formal setting of the Board.

A total of four Board development days were held during 2022/23 which focused on:

- Two Board development days focussing on developing the electronic patient record in the peninsula, child protection competence training for Board members, a workshop on the effective board

- Two joint development days with the CoG, focusing on progress on the corporate strategy and roadmap, the governance performance system, engagement with the community, the work of the quality improvement academy.

The Chair undertook appraisals for all NEDs. The process used a system that was co-designed and agreed by the Appraisals Working Group, a group made up of the Chair, the senior independent director and the Governors who sit on the Nominations Committee. The process involved a questionnaire aimed at the specific role of Board members that was used as part of a 360-degree feedback by fellow NEDs, executive directors and Governors.

Feedback on the performance of the NEDs was considered by the Chair and fed back to the NEDs in appraisal meetings. Feedback on the performance appraisals was provided in written form and verbally to the Nominations Committee and an overview of the appraisals was discussed with the CoG. All the appraisals undertaken were favourable with all NEDs performing at or above the expected level. In the event of concerns being identified through the appraisal process, this would be managed in line with the appropriate Human Resource policy. A similar process was undertaken for the outgoing Chair. In this case the process was led by the Senior Independent Director. The same process will be followed for the Trust's new Chair for 2022/23.

Feedback on the appraisals of the Executive Directors was provided by the chief executive officer to the Remuneration Committee (RC). The outgoing Chair and the new Chair of the integrated Trust jointly undertook an appraisal of the chief executive officer and the results of this were fed back to the RC.

Quality governance reporting

We have put in place a rigorous approach to governing the quality of our services. More details about these arrangements are included in the Annual Governance Statement (pages 99-106 of this report).

Well led

The Trust's approach to well led is outlined within the accountability report (from page 42) and also within the Annual Governance Statement (pages 90-106 of this report).

The last independent review of the Trust's well led framework was undertaken by the Care Quality Commission as part of a full routine inspection in

January 2019 at RD&E and June 2019 at NDHT.

At the time of writing this report, the Trust has a planned Well Led inspection by the Care Quality Commission planned for 3 and 4 May 2023.

Foundation Trust code of governance

The Royal Devon has applied the principles of the NHS Foundation Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance is based on the principles of the UK Corporate Governance Code.

Summary board attendance 2022/23

	27 April 2022		25 May 2022		29 June 2022		No July meeting	28 September 2022		26 October 2022	
	Public	Confidential	Public	Confidential	Public	Confidential		Public	Confidential	Public	Confidential
Mrs C Burgoyne	P	P	P	P	P	P		P	P	A	A
Mrs H Foster	P	P	P	P	P	P		P	P	P	P
Prof A Harris	P	P	P	P	P	P		P	P	P	P
Mrs A Hibbard	P	P	P	P	P	P		P	P	P	P
Prof J Kay	A	A	P	P	A	A		A	P	P	P
Prof B Kent	P	P	P	P	P	P		P	P	P	P
Mr S Kirby	P	P	P	P	P	P		P	P	P	P
Prof M Marshall											
Mr A Matthews	P	P	P	P	P	P		P	P	P	P
Mrs C Mills	P	P	P	P	P	P		P	P	P	P
Dame S Morgan	P	P	P	P	P	P		P	P	P	P
Mr T Neal	A	A	P	P	P	P		P	P	P	P
Mr K Orford	P	P	P	P	P	P					
Mr J Palmer	P	P	P	P	P	P		P	P	P	P
Mr C Tidman	P	P	P	P	P	P		P	P	P	P
Mrs S Tracey	P	P	P	P	A	A		P	P	P	P

	30 November 2022		No December meeting	25 January 2023		22 February 2023		29 March 2023	
	Public	Confidential		Public	Confidential	Public	Confidential	Public	Confidential
Mrs C Burgoyne	P	P		P	P	P	P	P	P
Mrs H Foster	P	P		P	P	P	P	P	P
Prof A Harris	P	P		P	P	P	P	P	P
Mrs A Hibbard	P	P		P	P	P	P	P	P
Prof J Kay	P	P		P	P	A	A	P	P
Prof B Kent	P	P		P	A	A	A	P	P
Mr S Kirby	P	P		P	P	P	P	P	P
Prof M Marshall	P	P		P	P	P	P	P	P
Mr A Matthews	P	P		P	P	P	P	P	P
Mrs C Mills	P	P		A	A	P	P	P	P
Dame S Morgan	P	P		P	P	P	P	P	P
Mr T Neal	P	P		P	P	P	P	P	P
Mr K Orford									
Mr J Palmer	P	P		P	P	P	P	P	P
Mr C Tidman	P	P		P	P	P	P	P	P
Mrs S Tracey	P	P		P	P	P	P	A	A

M Marshall joined in November 2022 / K Orford left in June 2022 / No formal Board meetings held in July and December 2022

Board of Directors

Non-executive directors

Shan Morgan DCMG, Chair

Shan joined the Trust as Chair on 1 April 2022. She has a wealth of experience from her career working in a variety of roles in both the Foreign Office and the home Civil Service. She was HM Ambassador to Argentina and Paraguay, and has represented the UK in the European Union. In her previous role, Shan was head of the Civil Service of the Welsh Government in Cardiff and led over 5,500 staff with responsibility for a budget of £17bn. Shan was appointed Companion of the Order of St Michael and St George (CMG) in the 2012 New Year Honours and Dame Commander of the Order of St Michael and St George (DCMG) in the 2017 Birthday Honours.

Carole Burgoyne MBE, Non-Executive Director

Carole joined the Trust in June 2021. She retired from Plymouth City Council in 2019 after 40 years of local government experience. She started her career as a social worker in Plymouth, became a human resources professional and ended as strategic director for people which covered the statutory roles of director of children's services and adult services. Carole has worked with partners in health to lead the transformation of social care in Plymouth and delivered a pioneering project to deliver the integration of commissioning with NEW Devon CCG and an integrated community health and social care services in Livewell Southwest. She worked in a range of senior leadership roles across the Council and led a wide range of services including Corporate Services, Refuse collection, Culture, Sport and Leisure, Community Safety and Housing as well as the Children's and Adults Services. Carole was awarded an MBE for services to children and young people in June 2017. Married and living in Plymouth, Carole is a Trustee of Transforming Futures Multi Academy Trust and a Co-opted Governor of Thornbury Primary School.

Janice Kay CBE, Senior Independent Director

Janice joined the Trust in April 2014. She is Provost at the University of Exeter and academic deputy to the vice chancellor. She line manages three faculties at the University. Janice holds accountability for the University's wellbeing, inclusion and culture remits, and for its climate emergency and advancement activities. She also works closely with external partners to support regional engagement across several areas including education and skills

development. She holds several national positions within higher education, including Advance HE, Office for Students, Teaching Excellence Framework Panel member. Janice was appointed senior independent director in April 2017.

Bridie Kent, Non-Executive Director

Bridie joined the Trust in June 2021. Bridie is a registered nurse, with a background in both clinical and academic appointments, resulting in extensive experience in leadership, quality improvement, practice change, health services education and implementation research. She has held a number of senior academic positions, including head of school and executive dean at the University of Plymouth.

For the last 20 years, she has played a leading role in evidence-based practice uptake and implementation in the UK, New Zealand and Australia, working to enhance the transfer of evidence into practice, and improve quality of care for patients.

Steve Kirby, Vice Chair

Steve joined the Trust in September 2017. Following a period in the NHS, he worked internationally in health, running hospitals before moving to consulting. As a partner at KPMG and then Ernst & Young (EY), he has consulted to a wide range of government and health organisations both in the UK and overseas. He has worked at all levels on a wide variety of health projects and programmes, including large system reorganisations, regulatory issues, and 'at the coal face' helping to develop services or dealing with failing organisations. He was one of the two EY partners who undertook the administration of Mid Staffs NHS FT. Steve was appointed as vice-chair in April 2022.

Martin Marshall, Non-Executive Director

Martin joined the Trust in November 2022. Martin has been a GP for over 30 years, including 10 years as a GP partner in Exeter and most recently serving some of the most deprived communities in East London. He originally began his career as a junior doctor at the Royal Devon and Exeter Hospital (Wonford) and is relocating back to Devon. He has significant experience as a board member, having been a non-executive director for the Care Quality Commission, the Chair of the Royal College of General Practitioners, medical director and director of research and development at the Health Foundation, and deputy chief medical officer at the Department of Health. He has led programmes at the major

academic health science network UCL partners and is currently chair of the Nuffield Trust, an independent think-tank which aims to improve the quality of healthcare in the UK through research and policy analysis.

Alastair Matthews, Non-Executive Director

Alastair joined the Trust in October 2018. He has broad strategic financial and commercial experience gained in both the private and public sectors. He was chief financial officer at the University of Plymouth for five years until November 2020. Prior to that he spent eight years as finance director and deputy CEO at the University of Southampton NHS Foundation Trust. He has been finance director at Ordnance Survey, including being a member of HMT's Financial Reporting Advisory Board, and spent 6 years as VP finance and administration at Computer Sciences Corporation.

He qualified and worked with Price Waterhouse in Bristol and then Southampton on a broad range of assignments across many sectors. Alastair is the Chair of the Trust's Audit Committee and Integration Programme Board.

Tony Neal, Non-Executive Director

Tony joined the Trust on 1 April 2022, having served as a NED at Northern Devon Healthcare NHS Trust since January 2016. Tony has a background as a management consultant in IT and business consultancy with a particular focus on organisational visioning, development and change with previous extensive Board level experience with BT and Fujitsu. He has worked locally with each of the South West Local Authorities and a number of third sector organisations, chiefly as an interim manager and leading/supporting business turn around and change.

Kevin Orford, non-executive director (until 30 June 2022)

Kevin joined the RD&E Board on 29 March 2021. Kevin has a background in finance with previous roles as both an executive director and a non-executive director in the NHS and as a Trustee on charity boards. He has previously served as a non-executive member for governance (Audit and Risk Committee Chair) for Southern Derbyshire Clinical Commissioning Group and was formerly director of finance and then chief executive of East Midlands Strategy Health Authority. He has a special interest in finance, governance and audit and their role in delivering high quality patient care.

He also serves on the Board of the Intellectual Property Office.

Executive directors

Suzanne Tracey, Chief Executive Officer

Suzanne joined the NHS in 1993 having qualified as an accountant with Price Waterhouse. She held the post of director of finance/deputy chief executive at Yeovil District Hospital NHS Foundation Trust since 2002 before joining the RD&E to take up the role of director of finance in 2008 and subsequently deputy chief executive/chief financial officer. Suzanne was appointed chief executive of the Royal Devon and Exeter NHS Foundation Trust in 2016 and later the former Northern Devon Healthcare NHS Trust in 2018. Suzanne became the chief executive officer of the Royal Devon in April 2022. She is also the chair of the Healthcare Financial Management Association (HFMA) Provider Faculty and past president of the HFMA.

Professor Adrian Harris, Chief Medical Officer

Adrian has been the chief medical officer since April 2015. Prior to his appointment, Adrian served as associate medical director for the Surgical Services Division and previously held the role of director of the Emergency Department, spanning 12 years. Adrian has seen healthcare from both a primary and secondary care perspective, having trained as a GP before joining the Trust as a consultant emergency physician in 1996. He is an honorary associate professor in healthcare leadership and management at the University of Exeter Medical School.

In his spare time, Adrian is a practising sports physician and is the head of sports medicine for the Exeter Chiefs Rugby Football Club and intermittently works for the English Rugby Football Union (RFU).

Chris Tidman, Deputy Chief Executive Officer

Chris joined the former Royal Devon and Exeter NHS Foundation Trust as chief financial officer in September 2017, having worked in a number of senior NHS roles in the West Midlands across Acute, Mental Health and Commissioning sectors and as director of delivery and Improvement for NHS Improvement. Chris was appointed deputy chief executive officer for the Royal Devon in January 2021. After graduating in 1991, Chris took his first CFO position in 2005 at South Birmingham Primary Care Trust before joining Birmingham and Solihull Mental Health Foundation Trust as director of resources and leading them to FT status in 2008. Chris joined Worcestershire Acute in 2011 as director of resources / deputy CEO.

Chris has taken on strategic change projects, including major PFI hospital moves, EPR and IT

change programmes, and developing strategic clinical partnerships with neighbouring providers. Chris has been part of the NHS Top Leaders programme and was also HFMA Chair for the West Midlands in 2015.

Hannah Foster, Chief People Officer

Hannah joined the Trust in August 2019, coming to the NHS from Flybe, the Exeter-based airline, where she was director of people. Prior to her Flybe role, Hannah also held top strategic posts for the Church of England and global educational provider Pearson, helping both organisations develop key culture and organisational growth programmes. As well as strategic and business acumen, Hannah brings a strong voluntary and charitable ethos to the Royal Devon.

Carolyn Mills, Chief Nursing Officer

Carolyn joined the Trust as chief nursing officer in January 2021. Carolyn is an experienced nurse whose career in the NHS spans over 30 years, including working in the acute, community and academic sectors. Previous to joining the Royal Devon, Carolyn worked for Hillingdon Hospitals NHS Trust, University College London Hospitals NHS Foundation Trust in assistant chief nurse positions and was director of nursing at NDHT between 2005 and 2014.

From 2014 to 2021, Carolyn was chief nurse at University Hospitals Bristol & Weston NHS Foundation Trust, where she had experience of merging together University Hospitals Bristol NHS Foundation Trust and Weston Area HealthTrust.

Angela Hibbard, Chief Finance Officer

Angela joined the NHS in 2003 following a number of years in the private sector. Angela has held a variety of accounting roles across provider, commissioner and regulator organisations gaining a wealth of experience across the sector and qualifying as a chartered management accountant along the way. Angela moved to the former Northern Devon Healthcare NHS Trust as director of finance in 2018 and was appointed as chief finance officer for the Royal Devon in January 2021.

John Palmer, Chief Operating Officer

John's extensive public sector career spans nearly 25 years and includes executive roles in healthcare, local government, the senior civil service and management consultancy. Before being appointed deputy group chief executive and site chief executive (Denmark Hill) at King's College Hospital NHS Foundation Trust, John was the chief operating officer of Cwm Taf Morgannwg University Health Board, overseeing the delivery of primary, community, hospital and mental health services to 450,000 people across the South Wales Valleys. Prior to this, John worked in a series of national roles in the Cabinet Office, Welsh Government and NHS Wales, having started his career in the Royal Brompton Hospital and then local government in Hertfordshire and Monmouthshire. Most recently, John has been the Silver Commander for North West Anglia Foundation Trust through the COVID-19 second wave.

John joined the Royal Devon as interim chief operating officer in April 2021, before being appointed as chief operating officer on July 2021.

Chair and non-executive director appointments

The Chair and NEDs are appointed by the CoG acting on the recommendation of the

Nominations Committee, which is a committee of the CoG.

The Chair chairs the Committee when appointing NEDs, with the committee chaired by the lead governor when dealing with matters related to the Chair.

During 2022/23, the Nominations Committee completed the following appointments (see the section The Governors' Year below for more detail):

- Appointed Martin Marshall as a NED for a term of three years from November 2022 to November 2025.

- Steve Kirby was re-appointed for an additional one year from September 2023 to August 2024

Membership of Nominations Committee (as at 31 March 2023)

- Chair of the Trust – Shan Morgan (Chair)

- Lead Governor – Barbara Sweeney

- Deputy Lead Governor – Heather Penwarden

- Hugh Wilkins (Southern)

- Gill Greenfield (Southern)

- Kay Foster (Eastern)

- Rachel Noar (Eastern)

- Dale Hall (Northern)

- Vacancy (Northern)

- Simon Leepile (Staff)

- Angela Shore (Appointed – University of Exeter)*

The committee is also supported by the senior independent director when dealing with matters related to the Chairman's appraisal.

*Professor Shore took a break from the committee during 2022/23 and Cllr Ian Hall (appointed governor, Devon County Council) supported the committee for a period before Professor Shore's return.

Non-executive director Remuneration Committee

The Non-Executive Director Remuneration Committee (NEDRC) is made up of Governors and is chaired by the lead governor. The committee is supported by the chief people officer.

Recommendations for any changes to remuneration for the Chair and other NEDs are made by the NEDRC for consideration by the CoG at a general meeting. The committee met in May 2022 to consider Chair, NED remuneration and terms and conditions.

Membership of NEDRC (as at 31 March 2023)

- Lead Governor – Barbara Sweeney (Chair)

- Deputy Lead Governor – Heather Penwarden

- Vacant (Staff)

- Liz Witt (Southern)

- Vacant (Northern)

- Vacant (Eastern)

- Ian Hall (Appointed Governor)

Our Governors and members

The Trust's Council of Governors (CoG) is an elected representative voluntary body and is an integral part of the Royal Devon's governance structure. The CoG provides a vital connection between the Trust, its members and the public.

During the year, the CoG has ensured that it has carried out, as effectively as possible, its joint roles of:

● holding the non-executive directors to account, who in turn hold the executive directors to account

● representing the interests of members and the wider public to the Trust

The CoG experienced a year of significant change following the integration. The overall number of seats on the council increased following a review of the constitution, and a number of governors reached their maximum term of office in the year. This meant that governor elections in the year sought to elect over half of seats on the council.

Following the election,16 new governors were elected, with one re-election of an existing governor. With over half of the governors being new to the role, the CoG and the Trust focused on inducting and supporting governors to understand the role and the work of the Board of Directors.

Growing public confidence in a return to face-to-face meetings enabled greater face-to-face interaction between the CoG and the Board of Directors. This has been beneficial for developing these important relationships. Some meetings have continued to be held online, including some meetings of the Board of Directors, which has also helped the CoG to conduct its work more flexibly and address some of the challenges of having a wide geographical footprint. The Trust recognised the wide geography of our constituencies in choosing face-to-face meeting locations and going forward we have meetings planned at both Eastern and Northern locations.

There is a process in place should the Board of Directors and the CoG find themselves in the unlikely situation that they have a disagreement – this process has not been required during the reporting period. The Trust has a whistleblowing policy for managing formal concerns that cannot be resolved through the existing process and also has a Senior Independent Director who would act as an independent facilitator in such circumstances.

The CoG met four times during the year to conduct its core business. During these meetings, the CoG collectively considered the performance of the Trust over a quarter, highlighting any issues or concerns it had in relation to the way in which the Board of Directors is managing performance. The performance report, (which essentially summarises the performance information that goes to the Board), contains information about the Trust's operational performance and its adherence to various national targets, quality and its financial performance.

The CoG met an additional two times to consider work related to NED appointments.

Key highlights for Governors in 2022/23

Appointment of a new non-executive director (NED)

Following on from 2021/22's significant appointment activity, the Nominations Committee continued to be busy during 2022/23, playing a key role in the selection of candidates to be NEDs on the Board of Directors, for subsequent recommendation to, and appointment by, the Council of Governors. The committee's work considered the policy for the composition of the NEDs on the Board and the skills and experience required on the Board, and involved engagement with the Board and regular updates to the CoG.

The Trust recruited a new NED in 2022 to replace Kevin Orford, who left the Royal Devon in July 2022 to take up a NED position on the Devon Integrated Care Board. The skills required were identified as clinical or legal skills, ideally with IT transformation. The Nominations Committee long-listed and then short-listed candidates, with interviews taking place in September 2022. The appointment of Professor Martin Marshall, who has a clinical background, was approved by the Council of Governors on 22 September 2022. Professor Marshall started his three-year term on the Board on 28 November 2022.

The Nominations Committee also worked from November 2022 to March 2023 to recruit a new NED to replace Professor Kay, who left the Board on 31 March 2023 after completing nine years on the Board of Directors. The skills required were identified as public/voluntary sector. The Nominations Committee long-listed and then short-listed candidates, with interviews taking place in March 2023. The CoG met

on 2 March 2023 and approved the recommendation of the Nominations Committee to not make an appointment from the candidates shortlisted for interview. At the time of writing, a meeting to consider next steps was on-going.

Re-appointment of a non-executive director

The Nominations Committee made a recommendation to the CoG at its meeting on 23 November 2022 to re-appoint Steve Kirby as a NED for a further one-year term from 1 September 2023 to 31 August 2024. Noting Mr Kirby's strong performance as a NED, including in his role as vice chair providing support to the new Trust Chair, the CoG unanimously agreed that Mr Kirby be reappointed for the additional year.

NED appraisals 2022

The Chair conducted the annual appraisals of the NEDs, which included feedback from the council as part of the process. All appraisals were satisfactory and this was agreed by the CoG at its November 2022 meeting.

Further details on the membership of the Nominations Committee can be found on page 116.

Review of NED remuneration

The NED Remuneration Committee met in May 2022 to undertake a review of NED remuneration, additional payments for additional roles (such as Vice Chair, Chair of Audit Committee etc.) and terms and conditions of service. Further details on the Committee and its membership can be found on page 116.

Elections to CoG 2022

Governors undertook work throughout 2022 to support the new Trust's first elections to the CoG. Please see pages 119 and 120 for more information.

Review of the CoG's working arrangements

The CoG agreed to disband the CoG Effectiveness and Patient Safety and Quality Working Groups and continue with the Public and Member Engagement Group, but to review its purpose.

Please see page 120 for more information.

Council of Governor meetings

In addition to the standard agenda items: performance report, working group updates, election updates, operational and strategic updates from the Chair and CEO, there were regular discussions with a NED on their role and remit, alongside progress reports on the recruitment of a NED. The governors held an informal discussion on what feedback they were receiving within their networks and communities as part of each meeting. Below is a selection of issues discussed at the formal routine meetings:

June 2022

- Bridie Kent, NED, held a discussion with the governors about her role and portfolio as a NED

- There was feedback from the recent Patient Experience Committee from the governor member of the committee

- There was a report from the NED Remuneration Committee regarding NED remuneration and terms and conditions as part of the NED recruitment campaign

- There was a session to discuss the roles and responsibilities of the lead governor and deputy lead governor.

August 2022

- The CoG received a report on the recently completed governor elections and the number of vacancies remaining. A plan was presented and supported by governors to hold a further election during September and October with results declared prior to the next meeting in November 2022

- The CoG received and considered the report on the performance of the external auditor, presented by Alastair Matthews, NED and chair of the Audit Committee. The CoG has a key role in the appointment of the external auditor and therefore receives information on performance

- Mr Matthews also discussed his role as a NED with the governors, including his portfolio and roles with the Audit Committee

- The CoG received the annual report and accounts 2021/22 ahead of their presentation at the Annual Members Meeting in September 2022. It also reviewed and agreed the agenda for the Annual Members Meeting

- There was further discussion on the roles and responsibilities of the lead governor and deputy lead governor

- The governors provided their feedback to the Trust Chair on the NEDs as part of the annual appraisal process.

September 2022

- This was a meeting called for the CoG to receive a recommendation on the appointment of a new NED (referred to above).

November 2022

- The governors received reports from the recent CoG election, from the Annual Members Meeting 2022 and the annual membership report

- The CoG considered a proposal from the CoG Coordinating Committee with regards to its working arrangements (as detailed below), which was approved by the majority of governors

- The governors had a discussion with Steve Kirby, NED and Vice Chair, about his role, responsibilities and portfolio

- The CoG received the annual appraisal reports for the NEDs and agreed them all as satisfactory

- The governors met with Dr Sarah Wollaston, Chair of the Devon Integrated Care Board, to discuss the integrated care system in Devon

- The governors had a session with the teams from KPMG (external audit) and ASW Assurance (internal audit) in order to understand more about the role of audit and the Audit Committee at the Royal Devon. Alastair Matthews, NED and Chair of the Audit Committee, also joined the session

2 March 2022

- This was a meeting called for the CoG to receive a recommendation on the appointment of a new NED (referred to above).

8 March 2022

- The full routine meeting planned for this day was shortened due to adverse weather. The CoG had been due to meet in person in Barnstaple but the decision was taken to meet virtually and focus on the 'must do' business. This included the approval of previous minutes, approval of Terms of Reference for the CoG Coordinating Committee and Public and Member Engagement Group, and work to select the governor quality priorities for 2023/24 for inclusion in the quality report 2022/23.

All the agendas and approved minutes from the CoG's meetings in public can be found on the Trust's website:

https://www.royaldevon.nhs.uk/about-us/foundation-trust-and-membership/council-of-governors/public-meetings-and-minutes/

CoG development days

The key focus for the development days during 2022/23 was ensuring the governors were equipped with the skills and knowledge they needed to fulfil their role.

July 2022

- This was a joint CoG and Board development day focussed on the Trust Strategy. There was an update on progress against the strategy and a discussion on the delivery of the roadmap

- Tony Neal, NED and Chair of the Governance Committee, also led a discussion on how the governors could gain assurance from the NEDs on the Trust's performance system

- There was also a discussion, led by Suzanne Tracey, on the public's attitudes to the NHS and how the governors could help the Trust better engage with its community

- The CoG separately met to discuss the annual CoG effectiveness review report.

November 2022

- This was the second joint CoG and Board development day of the year

- Suzanne Tracey provided an update on the Devon system, and Carolyn Mills update the CoG and Board on the governors' quality priorities

- Adrian Harris introduced a presentation from the Trust's Quality Improvement Academy

- The governors met separately to hear an update from the CoG Coordinating Committee on proposals related to the working groups. There was also a discussion on the governors' role in holding NEDs to account and observing them in meetings.

February 2023

- NHS Providers were invited to provide a workshop on the role of the CoG and the relationship between the CoG and the Board of Directors. This included talking about the statutory duties, holding to account and the importance of

good information. There was also a facilitated conversation on how the CoG was going to take forward its work. This was developed in the afternoon as the governors discussed the establishment of a number of task and finish groups

- The governors received a presentation on partnership working at the Trust and discussed how this linked to the role of the governor. This linked to one of the regular discussion slots on the feedback governors are receiving in their communities.

CoG working groups

The CoG started the year with three working groups:

- Public and member engagement
- CoG effectiveness
- Patient safety and quality

The membership of some of the groups had been dwindling for some time. The CoG effectiveness and patient safety and wuality working groups in particular were without Chairs for a considerable period.

The CoG Coordinating Committee conducted a review of the purpose and aims of the working groups and proposed a restructure intended to streamline the work of the governors. The proposal, which was approved by the CoG in November 2022, resulted in the disbanding of the CoG effectiveness and patient safety and quality working groups. There was agreement to distribute the work of these groups between other meetings of the CoG or to establish task and finish groups as needed.

The proposal recommended that the public and member engagement group continued with more frequent meetings and a revision of its purpose.

Since this time, the public and member engagement group and CoG Coordinating Committee have reviewed and updated their Terms of Reference and these were approved by the CoG at its 8 March 2023 meeting. There have also been discussions on how to take forward the work of the disbanded groups via task and finish groups.

Public and Member Engagement Group

The purpose of the working group is to ensure that the Council of Governors is meeting its duty to represent the interests of the members of the Trust and of the wider public.

The group met four times in the year. The key emphasis of meetings throughout the year was on:

- Supporting the first governor election for the Royal Devon
- Recruiting members post-integration, with a focus on Northern Devon
- Planning and evaluation of the first members' events and Annual Members' Meeting of the Royal Devon
- Reviewing the Trust's membership profile and discussing objectives for a future membership strategy
- Receiving updates on engagement projects where the Trust sought views from patients, the public and/or members
- Revising the purpose of the group.

CoG Effectiveness Working Group

The Group met once during 2022/23, in May 2022. It considered how best to receive and manage feedback on the effectiveness of meetings attended by governors and how to take forward the CoG Effectiveness annual review report, which had been produced earlier in the year. Changes to the group's membership throughout the previous year meant the group was without a permanent chair or vice chair. The meeting in September 2022 was stood down due the passing of HM Queen Elizabeth II. The meeting in December 2022 was cancelled, following the CoG's approval of new working arrangements at its meeting in November 2022.

Patient Safety and Quality Working Group

The Group met in May 2022 and discussed the quality priorities it had carried forward into the year and updates on patient experience, including the patient experience strategy work. Changes to the group's membership throughout the previous year meant the group was without a permanent Chair or Vice Chair. Its planned meeting for September 2022 was stood down due to lack of staff and

governor capacity. The meeting in December 2022 was cancelled, following the CoG's approval of new working arrangements at its meeting in November 2022.

Our members

As a membership organisation, the Royal Devon encourages local people to become members. Through the Trust's membership offer, members are kept informed about what is happening at the Trust, are provided with opportunities for them to feedback on our plans for the future, and are advised of other ways they can get involved in the organisation. Members vote for their representatives on the CoG and can stand for election themselves.

Membership is a distinguishing feature of foundation trusts. All foundation trusts are obliged, through legislation, to have members. The Trust aims to have a meaningful relationship with members by developing an on-going dialogue and seeking their feedback to help us improve services.

Membership activity

- The easing of pandemic restrictions and COVID-19 infection rates enabled greater in-person member engagement in the year. In September 2022 we held our first in-person member event since the pandemic began. We shared an update about our new electronic patient record and MY CARE app, and asked for member views on public satisfaction of the NHS. We also made plans to hold our first members' event in North Devon, which will be held in May 2023. The Trust aimed to run the events in a hybrid way (both face-to-face and online), recognising the wide geography of the Trust

- The member email newsletter was revamped and issued regularly, sharing updates on the Trust's latest developments and opportunities to get involved

- A number of engagement opportunities were shared with our members. This included a survey about the patient bedside entertainment system at NDDH and RD&E (Wonford), and a request for people to take part in our Patient-Led Assessments of the Care Environment (PLACE) programme at our hospitals. We also shared opportunities to get involved in wider NHS work, such as the South West Outpatient Transformation Programme. The Royal Devon is a leading centre for high-quality research and development, and we also shared research

opportunities with members

- Members played a key role in voting for new governors to join the CoG in the first election for the Royal Devon.

Members' event and Annual Members Meeting (AMM) 2022

All Trust members (public and colleagues), Governors and other stakeholders were invited to join our AMM and preceding members' engagement event on 28 September 2022.

This was a momentous occasion for us in many ways – it was our first face-to-face members' event since 2019 and our first attempt at doing it in a hybrid way (simultaneously face-to-face and online). It was also our first formal AMM as the Royal Devon.

In our members' engagement event, colleagues spoke to members about how we are improving and transforming care with our electronic patient record system and answered questions about the system. We then spoke to members about the changing public perception of the NHS and what it means for us. We shared this feedback with our Board of Directors and with our governors.

The annual members' meeting provided an overview of the previous financial year, the accounts and plans for future by our Suzanne Tracey, Chief Executive Officer and Dame Shan Morgan, Chair. This was followed by an assurance report from our external auditors and a roundup of the governors' year by Barbara Sweeney, Lead Governor.

Jessica Newton, Head of Communications and Engagement, opening our members' engagement event

GOVERNOR PROFILES

Governors play a key role in representing the interests of members and the public as a collective. They do not, however, represent individual cases. Members and members of the public can contact governors via email to share their views at:

rduh.royaldevonmembers@nhs.net

The governor's' register of interests is available for inspection on the Trust website or from the Trust secretary (01392 404551).

Governors in post as of 31 March 2023:

Eastern constituency (East Devon, Dorset, Somerset and rest of England)

Eastern constituency (East Devon, Dorset, Somerset and rest of England)	
Barbara Sweeney Lead Governor	Barbara was first elected as a public governor in September 2017 and was re-elected in 2021 for two years.
	She has lived in East Devon for over 40 years and has recently retired from further education where she worked in governance. During her working career she has also held senior positions in management in healthcare and in higher education. Three of her four children work in the NHS and her late husband was a Professor of General Practice in Exeter.
	Her particular interest is in the quality of patient experience. She is a strong advocate of remembering the person within the patient, so that they are viewed as an expert and collaborator, rather than recipient, by their healthcare teams.
	Barbara is a trustee at Hospiscare and other voluntary roles include being a lay member of the Patient and Public Involvement Group at the University of Exeter's Academy of Nursing and as a governor on the Local Governing Body of West Exe School, part of the Ted Wragg Multi Academy Trust. Previous Board experience includes eight years as a governor of Exeter College.
Kay Foster	Kay Foster has been a public governor since 2014. She was re-elected in 2017 for a term of three years, and again in 2021 for two years.
	Kay is a retired state registered nurse/midwife with 30 years of nursing experience. Kay spent eighteen years serving as a nursing officer with the Queen Alexandra Royal Army Nursing Corps, retiring as a major. She gained a wide variety of experiences with international postings, including Saudi Arabia during the First Gulf War. She has a BSc (Hons) in Health Services Management.
	During six years as governor, Kay has been a member of several subcommittees and Chairs the Public Members Engagement Group (PMEG). During the COVID-19 pandemic 2020/21 first lockdown, Kay worked closely with the Budleigh Hub, supporting the GP's surgery with referrals for volunteers to help with shopping, prescriptions and phone buddies for the Exmouth community.
	In August 2020, she became a volunteer at the Nightingale Hospital and developed the role of volunteers' coordinator working on the wards caring for COVID-19 patients.

Rachel Noar	Rachel was elected as a public governor in 2019 and re-elected in 2022 for a further three years.
	Rachel is deaf and her family's first language is British Sign Language (BSL). Rachel lives in Ottery St Mary. She worked with young deaf people at Derby College, as an independent support worker, encouraging them to develop independent living skills. She went on to study Contemporary Arts/ Computer Animation, gaining an MA.
	She became a consultant for a disability board for East Midlands Art Council and was a member of the board of EQUATA, an arts agency for deaf/disabled. She worked as an advisory deaf inclusion worker for DCC. Rachel supported hearing families with deaf babies/toddlers. This job centred on giving parents confidence to develop their children's language skills. She also worked with nurseries and schools to develop the inclusion of deaf children in mainstream situations. Since developing MS, she has become the full-time mother of two boys.
Heather Penwarden - Deputy Lead Governor	Heather was elected as a public governor in September 2021 for a term of two years.
	Heather is a retired mental health nurse, cognitive behaviour therapist and clinical supervisor. She enjoyed every minute of her long career working within the NHS in Devon, gaining valuable experience on busy wards, in community settings, GP practices, and as a tutor at Exeter University. She has been a long term carer and is passionate about communities working together in partnership with the statutory care agencies. In her local community of Honiton, Heather has served as; chairman of Governors of Mill Water Special School, chair of Honiton Arts Society and in retirement she is founding chair of Dementia Friendly Honiton and is currently chair of the Honiton Hospital and Community League of Friends.
	Heather is a strong believer in our NHS being accessible and inclusive for those who need it. She is an active member of any committee she sits on and approaches everything with an open and curious mind.
Dr Maurice Dunster	Maurice was elected as a public governor in November 2022 for a term of two years.
	After graduating as a scientist, Maurice had a career in education before taking up a management role with John Lewis Partnership. Following his retirement from the role of Group Organisational Director, he was appointed as a non-executive director of Yeovil District Hospital NHS Foundation Trust where his responsibilities included chair of the Trust Board Workforce Committee. He was also chair of the NHS Dorset Clinical Commissioning Group Primary Care Commissioning Committee and currently is independent chair of Symphony Healthcare Services (SHS), who provide primary healthcare and are owned by Yeovil District Hospital NHS Foundation Trust. SHS holds 16 GP contracts across Somerset and North Devon with c.117,000 registered patients.
	Maurice has a particular interest in developing and improving relationships between primary and secondary care, so that there is better understanding of the challenges facing both sectors, with the aim of improving patient outcomes.

Southern constituency (Exeter, Teignbridge, Torbay, South Hams and Plymouth)

Janet Bush	Janet was elected as a public governor in 2021 for a two-year term. Janet is a writer and editor, specialising in economics. She has worked for management consultants McKinsey & Company for the past 15 years, working on major reports on global trends. Before that, she was a national newspaper and broadcast journalist working for Reuters, The Financial Times, the BBC, and finally The Times where she was Economics Editor. She moved to Devon 20 years ago and has lived in Exeter for the past five years. She was treated at the Royal Devon & Exeter six years ago for a serious condition, and is now keen to serve the hospital in any way she can.
Hugh Wilkins	Hugh was elected as a public governor in September 2021 for a term of two years. Hugh is a clinical scientist with 40 years' experience in service delivery, education and research in hospitals and universities in the UK, Africa and Asia. Much of this work has involved support for the safe and effective use of radiation in diagnosis, treatment and research. He has worked in the public, private and charity sectors. He has been elected to fellowships of five institutions including the Higher Education Academy and the Chartered Management Institute and is a Senior Associate of the Royal Society of Medicine. He took particular satisfaction from a Cabinet Office Charter Mark award for public service excellence to an NHS team which he led. His current portfolio combines voluntary, consultancy, advisory, qualified expert, educational and leadership roles. This includes review of clinical trial proposals for the Health Research Authority, curriculum design and development for the Patient Safety Movement Foundation, and topic leadership for the charity Patient Safety Learning.
Elizabeth Witt	Elizabeth was elected as a public governor in September 2021 for a term of two years. Elizabeth is a retired registered nurse, with a background in both NHS clinical and occupational health and safety. Elizabeth is a member of the Southwest Ambulance Research Group and a national health and safety environmental auditor for St John Ambulance, liaising with the Care Quality Commission. Elizabeth has held previous roles as director of the former Hospital Savings Association, was a former director of Healthwatch Devon and was a public governor of the Norfolk and Suffolk Mental Health Trust Foundation. Elizabeth has a strong interest in the quality of life and services available to people living in our communities and is keen to see service users placed at the heart of everything the local health and social care services may offer.

Richard Westlake	Richard was elected as a public governor in September 2022 for a term of three years.
	Born in Okehampton, Richard followed his father into the railway, enjoying a career spanning 46 years and becoming a high-speed train driver instructor. Richard has represented a ward in Exeter for Devon County Council for 32 years and was elected chair of Devon County Council in 1994/5. He then served the Devon Health Scrutiny Board for eight years as its chair. He has served on numerous committees and organisations, at local, national and international level.
	He currently serves on two charitable trusts in Exeter and chairs the My Surgery Friends/PPG group. This keeps Richard informed of the concerns and issues affecting residents in Exeter.
Gillian Greenfield	Gillian was elected as a public governor in September 2022 for a term of three years.
	Gillian worked locally for the NHS for 44 years; latterly working as a nurse and managing partner in general practice, leading the team to be rated outstanding by the CQC on all assessments. She was vice-chair of Eastern CCG, leading on end-of-life care. She operated at board levels at Devon CCG, and Integrated Care Exeter. She has experience working strategically across health, social and third sector partnerships. At a national level, Gillian worked with the Department of Health on numerous steering groups with a focus on improving the quality of care. She was on the editorial board of a national journal, often writing articles.
	Gillian has been awarded for her work with carers, and has maintained face-to-face contact with patients throughout her career. She brings to the role a wealth of knowledge of working for the NHS at all levels, community connections and the experience of a grounded life. She enjoys hiking with her husband, grandma duties, and providing seated exercise classes for local groups.

Northern constituency (Mid Devon, North Devon, Torridge, West Devon, Cornwall and the Isles of Scilly)	
Catherine Bearfield	Catherine was elected as a public governor for a two-year term in September 2022.
	Catherine worked briefly as a "casualty clerk" at Hackney Hospital, London, and then as a hospital social worker from 1974-78. She then left for Italy where she taught English and yoga for many years. Between 1999-2002 she lived in Gabon, studying anthropology. On returning to Italy, she completed a masters degree in bioethics, then a doctorate in moral philosophy at the University of Rome, La Sapienza. Catherine then taught bioethics on the masters course, and on in-service training courses for doctors and nurses working with the terminally ill, at the San Camillo-Forlanini Hospital in Rome, 2013-2016.
	Catherine moved to Devon in 2018 and, concerned as ever with health issues, joined the Save Our Hospital Services group to learn more about the problems of the NHS locally, and contribute to what can be done. She hopes her varied experience of health systems will be useful as she serves the Trust as governor.

Dale Hall	Dale was elected as a public governor for a two-year term in September 2022.
	Dale came to love Devon when fostered here for ten years. He returned with his wife Rachel in 2016. In between, he lectured in political philosophy at Swansea University and founded Opinion Research Services (ORS), a university spin-out social research company. He also served as a member of the Wales Medical Research Ethics Committee and as a non-executive director of a health authority, housing association and the Wales Quality Centre. In Devon, Dale is a trustee of the Devon CPRE and Devon Communities Together, as well as being a parish councillor in Ashford. Meanwhile, ORS continues as a UK-wide applied social research practice specialising in policing and emergency services, health, housing, and local and national government studies.
	Dale is particularly interested in community consultation, governance, and the importance of free speech and accountability in civic affairs. He produces the village newsletter and runs the Ashford community support network, both of which had their origins in the COVID lockdowns.
George Kempton	George was elected as a public governor for a three-year term in September 2022.
	George was born and educated in Hampshire, where he began his career in pathology. He then moved to Surrey and then North Devon as the scientific head of pathology. After seven years he was seconded to what was the NHS Training Authority, to manage the General Management Training Scheme and to develop competency frameworks for the delivery of healthcare. A further secondment to a London Hospital to co-direct the DOH project Patients First also led to his appointment as an honorary senior university lecturer.
	George's later years were spent in consultancy, both nationally and internationally. He now supports charities supporting the less able, both locally and nationally.
	George is happily married with two sons, three grandsons and one granddaughter.
Carol McCormack-Hole	Carol was elected as a public governor for a three-year term in September 2022.
	Carol has lived in North Devon since 1977. She bought a public house with her husband and continued her teaching career, specialising in pupils who had special educational needs. She had ovarian cancer in 1987 and discovered that North Devon District Hospital did not have a CT scanner. She began the North Devon Scanner Appeal and has been involved in engagement with local health services ever since.
	Carol was a district councillor for 20 years and is still a parish councillor since 1990. Carol was the lay member of the Northern Locality Clinical Commissioning Group and Chair of Devon Senior Voice.
	Now an active member of many community groups, Chair of Queen's Medical Centre Patient Participation Group, Devon County Council's Joint Engagement Group, CCG Clinical Policy Engagement and Consultation Group, Public Stakeholder Network for CCG, Involving People Steering Group at the Royal Devon and member of Healthwatch steering group.
	She has many opportunities to engage with the community and is committed to ensuring that the patient's voice is heard.

Jeffrey Needham	Jeffrey (Jeff) was elected as a public governor for a three-year term in September 2022.
	Jeff has spent his career in the field of medical research starting in virus vaccine research with Glaxo. He then went to the Medical Research Council, based at Northwick Park Hospital. While there, he was appointed as a government consultant to the Boots Company. This changed his career path as later he left the Medical Research Council and set up a private international practice, building a successful practice based on the control of infectious diseases. He is now semi-retired. He has written many scientific papers and chapters in books, as well as writing a technical book based on his own work. He has lectured regularly to students and at conferences, both national and international.
	Jeff is a parish councillor and works with some national charities. He has experience of Devon health services, both as a patient himself and with his daughter on a long-term basis.
Bob Deed	Bob was elected as a public governor in 2022 for a two-year term.
	Bob was born and raised in Surrey, before moving to Devon in 1992. After joining Westminster Bank in 1960, he enjoyed a career in the City of London until retirement in 2003, having been in international banking for 30 years. During his career, Bob gained experience in understanding financial accounts and auditing. Latterly he also worked in public sector finance, including for local authorities and social housing.
	For the past 15 years, Bob has been a district councillor for Cadbury Ward (north of Exeter) and since May 2019 the Leader of Mid Devon District Council. Previously, Bob has been a governor at the RD&E and for the South Western Ambulance Service NHS Foundation Trust.
	Bob is honoured to be a governor of the Royal Devon and looks forward to working with the Board of Directors and other governors, and particularly working with staff governors to ensure the wellbeing of all of the Trust's employees.

Staff constituency

Simon Leepile	Simon Leepile was elected as staff governor in September 2021 for a two-year term.
	Simon was a Farmer in South Africa and worked in a building society before moving to the UK where he joined RD&E in 2008 working in Domestic services. In 2015 he was elected as Unison representative for RD&E and later joined Staffside, as a rep for RD&E and NDHT. He passionately believes good standards of cleanliness in our hospital and community sites reduces infections and promotes a good quality of life. He also supports the NHS training existing unskilled employees to help tackle the staffing shortages.
	Simon has used his Staffside time to train colleagues in basic use of computers, to enable them to access information and complete training. He is also passionate about improving communication between management, staff and patients to improve service delivery. He believes in charitable work and helping those in need. Simon spends his spare time with his family and enjoys watching the Springboks play rugby. He is a member of The Mint Methodist church in Exeter and registered with Exeter City Council as a Taxi driver.

Catherine Bragg	Catherine was elected as a staff governor in November 2022 for a two-year term. Catherine is an occupational therapist working in Exeter Community Rehabilitation Services. She qualified in 1996 and has worked in the NHS ever since, starting in Bristol then in both East and North Devon. Having worked primarily in community rehab services, she also worked at the Royal Devon and Exeter Hospital (RD&E) and at the NHS Nightingale Hospital Exeter during COVID-19. Currently she is working in the Exeter Community Neuro Rehab team. She has been carers champion for her team and is a mental health first aider champion and freedom to speak up champion. She is keen to champion community services and staff health and well-being, and contribute to improving services for both staff and patients.
Nicky Stapleton	Nicky was elected as a staff governor in November 2022 for a one-year term. Nicky has lived in Devon since June 2022, moving from Herefordshire. She is a registered nurse who has worked in a variety of settings, including as a district nursing sister, and as a specialist Parkinson's nurse for the last seven years. Nicky has a strong interest in improving healthcare outcomes and experiences for both patients and staff. She is passionate about supporting nurses to be the best they can be, and firmly believes well-supported staff who feel valued provide good healthcare. Nicky has acted as a critical friend to other trusts, helping them develop services that meet the needs of the local population, ensuring inclusion and challenging discrimination and inequalities. She has experience of committee working in business and voluntary sectors.
Cathleen Tomlin	Cathleen was elected as a staff governor in November 2022 for a one-year term. Cathleen joined the Trust three years ago as a caterer and is currently working as a ward housekeeper on a medical and trauma/orthopaedic ward at the Royal Devon and Exeter Hospital. Cathleen previously worked as a healthcare assistant across Devon and Somerset for four years. She is passionate about helping people with mental health needs and has become a mental health first aid champion at the Trust. Cathleen wants to be part of improving services at the Trust for the patients and staff she works with. Cathleen enjoys cooking and baking for her family and friends and loves to go for long walks and spending time with her many animals.
Tom Reynolds	Tom was elected as a staff governor in November 2022 for a three-year term. Tom moved to the UK from Ireland in 1989 and from Reading to North Devon in 2017. While Tom lived in Reading he worked for Reading University as a contracts manager, leading the European research team, and also worked as an independent consultant to the EU on large-scale international research projects, mainly in climate research. Since moving to Devon, Tom has taken on the role of deputy research and development manager at the Trust and continues to pursue his passion for research. Tom is keen to support and encourage staff input to the development of the Trust, so the senior management team get to hear from those staff working on the front line. Tom plays rugby for Ilfracombe and snooker at his local social club in his spare time, as well as supporting his daughter through her A-Levels.

Jayne Westcott	Jayne was elected as a staff governor in November 2022 for a three-year term.
	Jayne has worked for the NHS for 20 years, starting as a receptionist with her local surgery and working for the Trust for the last 16 years in administration, with six years in health and social care. Since September 2021, Jayne has enjoyed her role as admin information officer with the MY CARE programme, assisting with the launch programme of our new electronic patient record. Jayne also works on the Staff Bank, occasionally, as a receptionist in the emergency department. She has always been passionate about supporting community teams, and is especially keen to improve the communication between the acute and the community.
	Jayne has lived in North Devon most of her life and having worked in various areas of the NHS, Jayne has seen the increased need for services and how North Devon District Hospital has approached these changes. She is looking forward to supporting the Royal Devon in her role as staff governor.

Appointed

Cllr Ian Hall	Councillor Ian Hall is one of two appointed governors and represents Devon County Council, appointed in June 2021 for a three-year term.
	As a district and county councillor for his hometown of Axminster and its surrounding parishes, Ian has a deep passion for improving public services in both the local community and Devon as a whole. Ian believes that if we put the physical and mental health of individuals at the heart of public services then we will provide more resilient and prosperous communities. During his time as an elected member, he has been designated as a mental health champion for DCC and pushed hard for protections against the most vulnerable in society. Ian was the Axminster Skatepark Chair 2016 – present (sports charity).
	He now holds the role of chair of Devon County Council, May 2022 – May 2023 and his civic themes are diversity/inclusivity/equality and mental health. Ian looks forward to supporting the work of a hospital that has so kindly helped personal relatives in the past.
	Ian looks forward to supporting the work of a trust that has so kindly helped personal relations in the past.
Professor Angela Shore	Angela is one of two appointed governors and represents the University of Exeter, appointed in 2016 and renewed in 2019 for a three-year term.
	Angela is Professor of Cardiovascular Sciences and was vice dean research at the University of Exeter Medical School until 2019. Angela is principal investigator of a large team of scientists and clinicians in vascular medicine based at the hospital. She co-leads the Exeter Centre for Excellence in Diabetes Research with Andrew Hattersley. As Scientific Director of the Exeter NIHR Clinical Research Facility she facilitates Experimental Medicine Research for the RD&E/Medical School collaboration. Angela is currently chair of the Diabetes and Wellness Foundation project and fellowship committees and a member of the Diabetes Research Steering Group 6 (complications) led by Diabetes UK.
	Angela was president of the British Microcirculation Society 2017-2020 and Treasurer for the European Society for microcirculation for over 10 years. She is a member of the International Liaison Committee for World Microcirculation Research.

Other Governors in post during the year

- Peta Foxall (Eastern) until September 2022

- Hazel Hedicker (Staff) until September 2022

- Rob Biggar (Staff) until September 2022

- Olwen Goodall (Southern) until September 2022

- Des Kumar (Southern) until September 2022

- Faye Doris (Southern) until September 2022

- Monika Herpoldt-Bright (Northern) until September 2022

- Peter Flatters (Northern) until September 2022

- Anum Shuja (Staff) until September 2022

- Annie Adcock (Northern) until November 2022

- James Bradley (Northern) until December 2022

- Lydia Balsdon (Staff) until February 2023

Governor expenses

Claims were submitted by 12 governors during the year. The total claims for expenses from governors during the financial year 2022/23 was £780.85. In 2021/22 the total was £60. This increase is reflective of an increased number of governors overall,

wider geography of the Trust post-integration, and increased travel expense claims due to some meetings returning to face-to-face.

The CoG members are entitled to claim a £30 allowance for administrative costs such as telephone usage, home printing or postage costs. This allowance can be claimed once annually for each full year of tenure after the Annual Members Meeting when the governor was appointed.

Elections to the Council of Governors 2022

The routine election to the CoG included 19 posts in total. This comprised 12 current posts and seven posts newly created by the Royal Devon Constitution to reflect the Trust's wider footprint and increase in the number of members of staff. The timetable for the election was set so that it met transaction guidance issued by NHS England/NHS Improvement that an election should be held to fill any new governor posts within five months of a merger by acquisition transaction being completed. For the Royal Devon therefore, the election was required to be undertaken by 31 August 2022.

Below is a summary of the posts included by constituency, including detail of governors eligible to stand for re-election and also details of the length of terms to be offered.

Constituency	Number of posts	No of Governor(s) eligible to stand for re-election	Terms of office included in the election
Eastern (East Devon, Dorset & Somerset and Rest of England)	2	1	1 term of three years 1 term of two years
Northern (Mid Devon, North Devon, Torridge, West Devon, Cornwall and the Isles of Scilly)	7	2	3 terms of three years 3 terms of two years 1 term of one year
Southern (Exeter, Teignbridge, Torbay, South Hams and Plymouth)	5	3	3 terms of three years 2 terms of two years
Staff	5	1	2 terms of three years 1 term of two years 2 terms of one year
Total	19		

The usual term of office for a governor is three years, however, the Trust's Constitution provides for terms of office shorter than three years to ensure that the turnover of governors at future elections will not be excessive. Taking into account the elections held in 2019 and 2021 and the fact that an election was not held in 2020 due the COVID-19 pandemic, a look forward was developed to map out governor terms of office and to establish the best way forward in terms of achieving balanced elections across the three-year cycle.

The Trust engaged CIVICA as the election services company to supply its services for the election and to act as the returning officer. At the close of the nominations period in July 2022, there were nine validly nominated candidates and CIVICA issued an uncontested election report. In summary:

Constituency	Uncontested Result
Eastern (East Devon, Dorset & Somerset and Rest of England)	Rachel Noar, re-elected for a term of three years 1 vacancy remained
Northern (Mid Devon, North Devon, Torridge, West Devon, Cornwall and the Isles of Scilly)	George Kempton, Carol McCormack Hole and Jeffrey Needham elected for terms of three years Catherine Bearfield, Dale Hall and Annette Tadman – elected for terms of two years 1 vacancy remained
Southern (Exeter, Teignbridge, Torbay, South Hams and Plymouth)	Gillian Greenfield and Richard Westlake elected for terms of three years 3 vacancies remained
Staff	No candidates 5 vacancies remained

Terms of office commenced at the Annual Members Meeting on 28 September 2022. Governors whose terms of office ended at the Annual Members Meeting were:

Peter Flatters, Monika Herpoldt-Bright, Faye Doris, Olwen Goodall, Des Kumar, Rob Biggar, Hazel Hedicker and Peta Foxall.

A report was presented to the CoG at its 17 August 2022 meeting on the outcome of the election and proposing that a further election be held for the vacant posts. This was agreed by the CoG. Following this, a further two posts were added to the election. This was as a result of Anum Shuja, Staff Governor, resigning as a governor mid-term and due to Anette Tadman, elected uncontested in July 2022, being unable to start her term of office for personal reasons. The CoG was made aware of both of these posts becoming vacant and being added to the election.

The Trust again worked with CIVICA, the election services company, on the second election which was held between September and November 2022, with terms of office to commence on 21 November 2022. The following posts were included:

Constituency	Number of posts	Terms of office included in the election
Eastern (East Devon, Dorset & Somerset and Rest of England)	1	1 term of two years
Northern (Mid Devon, North Devon, Torridge, West Devon, Cornwall and the Isles of Scilly)	2	1 terms of two years 1 term of one year
Southern (Exeter, Teignbridge, Torbay, South Hams and Plymouth)	3	1 terms of three years 2 terms of two years
Staff	6	2 terms of three years 2 terms of two years 2 terms of one year
Total	12	

The results were as follows:

Constituency	Uncontested Result
Northern (Mid Devon, North Devon, Torridge, West Devon, Cornwall and the Isles of Scilly)	Bob Deed elected for a term of two years* Ryan Balment elected for a term of one year
Southern (Exeter, Teignbridge, Torbay, South Hams and Plymouth)	There were no candidates and therefore the three vacancies remained.

Constituency	Uncontested Result
Eastern (East Devon, Dorset & Somerset and Rest of England)	Maurice Dunster elected for a term of two years. The turnout was 18.9%
Staff	Tom Reynolds and Jayne Westcott elected for terms of three years.** Lydia Balsdon and Catherine Bragg elected for terms of two years. Nicky Stapleton and Cathleen Tomlin elected for terms of one year. The turnout was 9.9%.

*As the election was uncontested, as per the Trust's election rules, the terms of office were determined by the drawing of lots by the Returning Officer. Unfortunately, Mr Balment was subsequently unable to take up his post on 21 November 2022 for personal reasons and a vacancy remained.

**Tom and Jayne both met the 'Employment Condition' laid out in our Constitution, in that their previous primary employment had been with Northern Devon Healthcare Trust. They were therefore treated as if they received one more vote than the highest polling candidate, which meant they received the terms of three years. The next four highest polling candidates were also elected. The 'Employment Condition' was introduced into our Constitution for this first election as the Royal Devon to ensure representation from Northern services' staff on the Council of Governors.

At its meeting on 23 November 2022, the CoG agreed to carry the remaining vacancies in the Northern and Southern public constituencies forward to the routine election in 2023, having given regard to the number of governors in post across all the constituencies.

Summary of attendance of Governors at CoG meetings for 2022/23

P = Public / C = Confidential / Name of Governor	9 Jun 22		20 Aug 22		22 Sept 22	28 Sep 22	23 Nov 22		2 Mar 23	8 Mar 22	
	P	C	P	C	NED	AMM	P	C	NED	P (stood down)	C
Adcock, Annie	P	P	P	P	P	P	P	P			
Balsdon, Lydia							A	A			
Bearfield, Catherine						P	P	P	P		P
Biggar, Rob	P	P	A	A	A	A					
Bradley, James	P	P	A	P	A	P	P	P			
Bragg, Catherine							A	A	P		P
Bush, Janet	A	A	P	P	P	P	P	P	P		P
Deed, Bob							A	P	A		P
Doris, Faye	A	A	A	P	P	P					
Dunster, Maurice							A	A	A		A
Flatters, Peter	P	P	P	P	A	P					
Foster, Kay	P	P	P	P	P	P	P	P	P		P
Foxall, Peta	P	P	P	P	P	A					
Greenfield, Gill						P	P	P	P		A
Goodall, Olwen	P	P	A	A	A	A					
Hall, Dale						P	P	P	P		P
Hall, Ian	P	P	P	A	P	P	P	P	A		P
Hedicker, Hazel	P	P	P	P	A	P					
Herpoldt-Bright, Monika	P	P	P	P	P	A					
Kempton, George						P	P	P	P		P
Kumar, Desmond	A	A	A	A	A	A					
Leepile, Simon	P	P	A	A	P	P	P	P	P		P
McCormack-Hole, Carol						P	P	P	P		A
Needham, Jeffrey						P	P	A	A		P
Noar, Rachel	P	P	A	A	P	A	P	P	P		A
Penwarden, Heather	A	A	P	P	P	P	P	P	A		P
Reynolds, Tom							P	P	A		P
Shore, Angela	P	P	P	P	P	A	A	A	P		P
Shuja, Anum	P	P	A	A	A						
Stapleton, Nicky							P	P	P		P
Sweeney, Barbara	P	P	P	P	P	P	P	P	P		A
Tomlin, Cathleen							P	P	A		P
Westcott, Jayne							A	A	A		A
Westlake, RichardP						P	P	P	P		P
Wilkins, Hugh	P	P	P	P	P	P	P	P	P		P
Witt, Elizabeth	P	A	A	A	A	P	P	P	P		P
Morgan, Shan - Chair	P	P	P	P	P	P	P	P	P		P

Present - P   Apologies - A
Did Not Attend - DNA   Not in post -

Voluntary Disclosures

Equality report

The Trust Board of Directors views equity, diversity and inclusion as central to its view of the Trust being an employer of choice, recognising that staff who feel included are happier, deliver better care to patients and bring innovation to the Trust. The Trust chief executive officer leads on the inclusion plans with the support of the chief people officer and the wider People Function.

The Trust recognises the importance of taking a system approach to inclusion and have been working closely with local partners to achieve this, including shared inclusion events and recruitment where appropriate. This has resulted in creating an environment of learning and shared techniques to eliminate discrimination and allow our people to flourish.

Throughout the year significant work has taken place on inclusion whilst ensuring accountability and tracking through governance, as well as listening to soft intelligence provided through various staff networks and groups.

The data shared in the below reports are taken from 31 March 2022, prior to Northern Devon NHS Trust and Royal Devon and Exeter Trust merging on 1 April 2022. For the following section there will be subheadings where data has been reported separately.

Workforce Race Equality (WRES) Report

The Workforce Rae Equality Standard (WRES) was first introduced in 2016 and requires Trusts to compile and submit a standard national report in order to demonstrate its findings and to demonstrate progress against a number of indicators relating to the representation of black and minority ethnic staff.

The WRES is in place to ensure that employees from black and minority ethnic backgrounds have equal access to career opportunities, receive fair treatment in the workplace and aims to highlight any differences between the experience and treatment of white staff and black and minority ethnic staff in the NHS. This is completed with a view to closing any identified gaps through the development and implementation of action plans, focused upon continuous improvement over time.

The Trust publishes a summary of its annual WRES

data, which can be found here, but of note is the improvement of the data held that will allow the Trust to have a better understanding of the experiences of our people.

Royal Devon and Exeter NHS Foundation Trust

The total number of staff employed by the RD&E at 31 March 2022 was 9291, of which 873 were recorded as black and minority ethnic representing 9.40% of the total staff population. The black and minority ethnic population within the Trust has increased by 1.10% (from 8.30%) from the previous reporting period ending March 2021. This increase is despite the fact that the number of staff not having a recorded ethnicity on ESR has increased from 2021 data; a total of 6.88% of staff and an increase of 2.23% (compared to the 4.65% in 2021 data)

The data has shown that 22.78% of people who classified themselves as from a black and minority ethnic background were appointed from shortlisting. This represents an increase from 19.69% for the previous year. 20.85% of people who identify as White were appointed into roles. This could indicate that black and minority ethnic staff were more likely to be appointed having been shortlisted for a role than those who identify as White, a reverse of the results from last year. However, it is worth noting that due to the significant difference in numbers between applicants who are white and applicants from a black and minority ethnic it is difficult to make a solid conclusion.

The data shows that 0.63% (n=4) black and minority ethnic staff entered a formal disciplinary process in the past two years. By comparison 0.27% of staff identifying as white and 0.63% of those recorded as ethnicity unknown / null entered formal disciplinary processes. This relative likelihood of black and minority ethnic staff entering the process compared to white staff represents an increase from the previous year and some black and minority ethnic staff may be included in the ethnicity unknown figure although this figure has decreased from the previous year.

	White Staff			Black and Minority Ethnic Staff		
	2019	**2020**	**2021**	**2019**	**2020**	**2021**
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	26.5%	22.0%	20.4% ↘	33.9%	27.6%	27.5% ↘
% of staff who experience harassment, bullying or abuse from other colleagues	20.0%	21.8%	17.1% ↘	35.6%	27.2%	21.1% ↘

The staff survey data suggests that there has been a reduction in the number of black and minority ethnic staff who have experienced bullying, harassment or abuse in the workplace from either patients, relatives or members of the public, and a statistically significant reduction in those experiencing the above from work colleagues. There has also been a reduction in the number of White staff who have reported experiencing harassment, bullying or abuse from other colleagues; the Trust remains better than the national average on all above metrics.

This data shows that an increased number of staff from white ethnic backgrounds (6.1%) feel that they have personally experienced discrimination at work from their manager or another member of staff. The percentage of black and minority ethnic staff has decreased from last year (15.5%) but remains high.

Data indicates a decrease in the number of black and minority ethnic staff who feel that they receive equal opportunities with regards to career progression (45.7%) however this remain above the national average. This has increased for White staff (62.0%) compared to the previous year's data.

Northern Devon Healthcare NHS Trust

The total number of staff employed by NDHT at 31 March 2022 was 3681, of which 309 were classed as identifying from a black and minority ethnic background and 84 with Ethnicity Unknown/Null.

This shows that 97.72% of staff have stated their ethnicity which is recorded in ESR, a decrease from previous years reporting. Black and minority ethnic staff represents 8.39% of the total staff population an increase of 1.07% from the previous reporting period.

The data has shown that of the 182 people who were shortlisted, who classified themselves as from a black and minority ethnic background, 55 were appointed. This means that 30.22% were taken into employment. 40.59% of people who identify as White were appointed into roles. This shows that black and minority ethnic staff are still less likely to be appointed directly. However, these figures are slightly closer than the previous year, therefore indicating a potential improvement in this area.

The data shows a drop in black and minority ethnic staff being involved in a disciplinary process with the percentage standing at 6.9% of the total, in comparison to 11.4% in the previous report. White staff account for 93.1% of the total involved in a disciplinary process. However, it must be considered that due to the small population of black and minority ethnic staff in the Trust (6.17%) even a small number of staff entering this process will significantly affect the scope of this indicator. The 6.9% in this case amounts to two members of staff.

	White Staff			Black and Minority Ethnic Staff		
	2019	**2020**	**2021**	**2019**	**2020**	**2021**
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	23.2%	22.2%	25.2% ↗	32.8%	36.9%	34.8% ↘
% of staff who experience harassment, bullying or abuse from other colleagues	20.3%	21.1%	20.9% ↘	34.8%	33.0%	27.9% ↘

This data indicates that there has been a decrease in the number of black and minority ethnic staff who have experienced bullying, harassment or abuse in the workplace from either patients, relatives or members of the public compared to last years data.

Although white staff report a slight decrease in experiencing this from other colleagues they report an increase from members of the public compared to a slight decline for BME staff. Despite the improvement black and minority ethnic staff are significantly more likely that their white colleagues to report experiencing this abuse.

	White Staff			Black and Minority Ethnic Staff		
	2019	**2020**	**2021**	**2019**	**2020**	**2021**
% of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	4.6%	4.7%	4.3% ↘	20.0%	17.8%	17.3% ↘

Despite a slight reduction from the previous year's report this data shows that a significantly higher proportion of black and minority ethnic staff feel that they have personally experienced discrimination at work from their manager or another member of staff. The gap between black and minority ethnic staff and white staff reporting discrimination from managers or other colleagues remains statistically significant at 13%.

Workforce Disability Equality (WDES) Report

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

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

Royal Devon and Exeter NHS Foundation Trust

The total number of staff employed by the RD&E at 31 March 2021 was 9291 of which 335 were recorded as having a disability and 2797 with an unknown status recorded on ESR. The total headcount and number of staff who are recorded as having a disability have both slightly increased from last year.

The proportion of staff who do not have their disability status recorded on ESR has increased from last year by 1.65% and only 69.90% of staff have their disability status recorded on ESR. According to ESR information, staff with a disability represent 3.61% of the total staff population. This is a slight increase from the 3.24% of the total staff population recorded last year. It should be noted that for new starters, the employee's disability status is taken from their NHS jobs application and automatically added to ESR so the percentage of staff with a disability status recorded should increase as new recruits join the organisation.

The data has shown that of the 26% people who were shortlisted and classified themselves as disabled were appointed, a decrease of around 7% from last year. 22% of people who identify as not disabled were appointed into roles. The percentage of shortlisted applicants with a disability was 5.93%, a slight increase from last year.

The data for those involved in the capability process is based on data from a two-year rolling average of the current year and the previous year. This shows 2.5 members of staff who have confirmed their status as having a disability, 11.5 members of staff who have confirmed their status as no disability and a further 11 who are registered as unknown. Given these very small figures it is difficult to analyse these results in a meaningful way.

	Disabled			Non-Disabled		
	2019	**2020**	**2021**	**2019**	**2020**	**2021**
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	33.2%	27.1%	26.6% ↘	25.2%	21.1%	19.4% ↘
% of staff experiencing harassment, bullying or abuse from manager in the last 12 months	12.0%	16.1%	13.8% ↘	6.9%	9.5%	6.5% ↘
% Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	27.9%	24.6%	22.8% ↘	14.8%	14.4%	11.2% ↘

The data above shows a favourable improvement in behaviour towards staff by patients, relatives or members of the public as well as colleagues and managers in the last 12 months.

The previous increase seen in negative behaviour from managers has decreased for both staff with and without a disability, although staff with a disability remain more than twice as likely to experience harassment or bullying from managers or other colleagues than staff without a disability.

It should also be noted that the Trust remains below the national average both for disabled and non-disabled staff experiencing harassment, bullying or abuse.

	Disabled			Non-Disabled		
	2019	**2020**	**2021**	**2019**	**2020**	**2021**
% of staff who believe their organisation provides equal opportunity for career progression or promotion	61.6%	54.0%	55.7% ↘	61.3%	60.0%	62.0% ↘

The data shows an improvement of scores for both staff with and without a disability in terms of staff receiving equal opportunities with regards to career progression, this improvement is despite a decrease in the national average for both staff declaring a disability and those who have not.

Northern Devon Healthcare NHS Trust

The total number of staff employed by NDHT at 31 March 2022 was 3681, of which 153 were recorded as having a disability with 246 having an unknown status in ESR. This shows that 93.32% of staff have stated their disability status, which is recorded in ESR. Staff with a disability represent 4.16% of the total staff population. This is at variance to the figures recorded from respondents to the Staff Survey, where the figure recorded from these respondents is 19.2%.

The data has shown that of the 83 people who were shortlisted, who classified themselves as disabled, 29 of these were appointed. This means that 34.94% were taken into employment. 41.49% of people who identify as not disabled were appointed into roles. This shows that people classified as disabled are still less likely to be appointed directly. However, these figures are closer than last year, indicating a potential improvement in this area.

The data for those involved in the capability process shows one member of staff who has confirmed their status as having a disability and 11 members of staff who have confirmed their status as no disability. Given these very small figures it is difficult to make any useful interpretation of the results.

	Disabled			Non-Disabled		
	2019	**2020**	**2021**	**2019**	**2020**	**2021**
% of staff who experience harassment, bullying or abuse from patients, relatives or members of the public	32.1%	29.4%	31.6% ↗	22.0%	21.3%	23.8% ↗
% of staff experiencing harassment, bullying or abuse from manager in the last 12 months	15.6%	15.5%	14.5% ↘	8.0%	7.2%	7.3% ↗
% Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	25.1%	25.5%	21.9% ↘	14.5%	15.3%	15.7% ↗

The data for staff receiving equal opportunities with regards to career progression shows an increase for both staff with a disability and for staff without a disability with a greater increase for staff declaring a disability.

	Disabled			Non-Disabled		
	2019	**2020**	**2021**	**2019**	**2020**	**2021**
% of staff who believe their organisation provides equal opportunity for career progression or promotion	56.9%	53.6%	58.4% ↗	65.1%	62.5%	63.0% ↗

Actions to improve WRES and WDES findings

The Trust has a robust and comprehensive action plan in place to improve the findings from our WRES and WDES data to ensure continuous learning and improvement. These actions include:

- Inclusive leadership training to support leaders in treating everyone equally well, these are being rolled out across an identified leadership group with evaluations taking place

- Inclusive recruitment programme to debias systems and processes with the support of our wider people team. An initial pilot is now being reviewed across our AAC Consultant processes

- Driving your career programme which will start with our minorities ethnic staff groups as they have been identified to face the most barriers, with the programme designed to be rolled out wider following this

- 2023/24 planned programme to better understand the lived experience of disabled staff within the Royal Devon and strengthening of existing and new networks in this area.

Gender pay gap

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings. The Trust publishes a summary of its annual gender pay gap data, which can be found here.

It should be noted that no bonuses are paid within the Trust as part of pay packages; however, for the purposes of the gender pay gap report, Advisory Committee on Clinical Excellence Awards (ACCEA) payments, part of a national scheme are classified as a bonus.

Other than for medical and dental staff (doctors and dentists), some apprentices, non-executive directors and very senior managers (VSMs), all other jobs are evaluated using the national Agenda for Change (AfC) job evaluation scheme. This process evaluates the job and not the post holder and makes no reference to gender or any other personal characteristics of existing or potential job holders. VSM's include executive directors and a small number of other

Royal Devon and Exeter NHS Foundation Trust

Women's hourly rate is:	
22.20% LOWER (mean)	**7.01%** LOWER (median)
Pay quartiles:	
How many men and women are in each quarter of the employer's payroll.	
Top quartile	
32.77% MEN	**67.23%** WOMEN
Upper middle quartile	
17.78% MEN	**82.22%** WOMEN
Lower middle quartile	
20.81% MEN	**79.19%** WOMEN
Lower quartile	
20.47% MEN	**79.53%** WOMEN
Women's bonus pay is:	
44.38% LOWER (mean)	**35.42%** LOWER (median)
Who received bonus pay:	
4.60% OF MEN	**0.53%** OF WOMEN

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

	Pay gap based on median average	Pay gap based on mean average
National benchmark	14.9%	13.9%
Human Health Activities	17.0%	20.8%
Hospital Activities	13.3%	21.2%
RD&E	7.0%	22.2%

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

The figures above indicate that the RD&E gender pay gap is significantly lower than local and national benchmarks. Since last year, performance against the median average pay has improved, with the mean pay gap very slightly increasing. There have only been slight changes in the composition of representation in the quartiles, more notably with the top and lower middle quartiles.

The Trust performance against the relevant national benchmarks continues to be respectable overall. The headline gender pay gap is smaller than the median national average and also lower than both median and mean averages of industry sectors.

Northern Devon Healthcare NHS Trust

Women's hourly rate is:	
27.70% LOWER (mean)	**22.6%** LOWER (median)
Pay quartiles:	
How many men and women are in each quarter of the employer's payroll.	
Top quartile	
34.7% MEN	**65.3%** WOMEN
Upper middle quartile	
16.1% MEN	**83.9%** WOMEN
Lower middle quartile	
15.2% MEN	**84.8%** WOMEN
Lower quartile	
14.7% MEN	**85.4%** WOMEN
Women's bonus pay is:	
26.5% LOWER (mean)	**33.3%** LOWER (median)
Who received bonus pay:	
4.5% OF MEN	**0.6%** OF WOMEN

The table below shows our performance against the most recent official headline pay gap benchmarking, for all employers, from the Office for National Statistics (ONS):

	Pay gap based on median average	Pay gap based on mean average
National benchmark	14.9%	13.9%
Human Health Activities	17.0%	20.8%
Hospital Activities	13.3%	21.2%
NDHT	22.6%	27.7%

The pay gap based on the median average is the most reliable and widely used measure of gender pay equality. When the pay gap is measured using the mean average, this allows "outliers" at either end to distort the measure. The figures above indicate that the NDHT gender pay gap is significantly higher than local and national benchmarks.

The median gender pay gap has been reduced since last year's reporting with the gap between the Trust and national benchmarking now at 7.7% as opposed to 16.7%.

Comparison with the previous year's data show that our pay gap, using both the mean and median

average indicators, has remained relatively stable. The percentage comparison between males and females receiving bonus pay has shown that there is a decrease in the overall amount of bonuses received by males, and an increase in the overall amount of bonuses received by females, although the percentage and overall payments received by males is still significantly higher than that received by females.

Modern Slavery Act 2015

In accordance with the Modern Slavery Act 2015, the Royal Devon University NHS Foundation Trust fully supports the government's objectives to eradicate modern slavery and human trafficking and makes the following statement regarding the steps it is taking to ensure that modern slavery i.e. slavery and human trafficking, is not taking place in any part of its own business or any of its supply chains.

The Home Office's Statutory Guidance on Modern Slavery (2021) (**https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims**)is intended for staff in England and Wales within public authorities who may encounter potential victims of modern slavery and/or who are involved in supporting victims. The Home Office states that these individuals and organisations must have regard to the statutory guidance, with a view to developing a more consistent response to modern slavery victims to ensure they are identified and receive the available and appropriate support.

The process of identification can be very challenging, in particular establishing the means and purpose of activities and differentiating, in terms of the Act, those adults who are subject to poor or illegal work conditions and those who are victims of modern slavery through the use of force, control, deception and threat. Tackling modern slavery and human trafficking requires a collective, co-ordinated and sustained effort from a range of collaborating agencies, both statutory and non-statutory. No single agency or individual can eradicate modern slavery alone and this effective partnership working is essential.

The Trust's position on modern slavery is to:

- Develop an awareness of human trafficking and modern slavery within our Workforce and provide them with information and support to act appropriately to identify, support and refer victims

- Comply with legislation and regulatory requirements

- We are committed to ensuring that there is no

modern slavery or human trafficking in any part of our business and, insofar as is possible, to requiring our suppliers to hold a corresponding ethos and make suppliers and service providers aware that we promote the requirements of the legislation.

Slavery and human trafficking statement for financial year 2022/23

During the last financial year the Trust took, and continues to take, the following:

- The Trust is a key partner in in the development of the Devon and Torbay Modern Slavery Adult Victims Referral/Support Pathway Protocol Anti-Slavery Partnership and is a signatory to this document. The Trust has adopted the quick guide to assist and enable staff to act appropriately in support of victims.

- The Trust has a number of controls in place to ensure compliance with employment legislation.

  - We confirm the identities of all new employees and their right to work in the United Kingdom.

  - All staff are appointed subject to references, health checks, immigration checks and identity checks. This ensures that we can be confident, before staff commence their duties, that they have a legal right to work within our Trust.

  - We have a set of values and behaviours that staff are expected to comply with, and all candidates are expected to demonstrate these attributes as part of the selection process.

  - By adopting the national pay, terms and conditions of service, we have the assurance that all staff will be treated fairly and will comply with the latest legislation. This includes the assurance that staff received, at least, the national minimum wage from 1 April 2015.

  - Our equality and diversity, grievance and prevention of harassment and bullying policies additionally give a platform for our employees to raise concerns about poor working practices.

  - Our policies and practices promote and support diversity and inclusion both as an employer and as a service provider; we recognise and acknowledge that diversity and inclusion are key corporate social responsibilities and a Diversity Network for all staff has been in place since 2017.

- Modern slavery is incorporated within our mandatory safeguarding children and adults training from levels one to three, which applies to all staff and safeguarding policies. Our Trust "Safeguarding Adult Policy", and the Devon Multi-Agency Safeguarding policy, to which our Trust is a partner signatory, also includes modern slavery. Our Trust intranet site includes information and support which sign posts to the modern slavery helpline and website for further information. We also share information via our safeguarding newsletter to raise awareness.

- Our Freedom to Speak: Raising Concerns (Whistleblowing) Policy gives a platform for employees to raise concerns for further investigation, and our Freedom To Speak Up Guardian and Safeguarding teams actively ensure they are accessible to colleagues.

Working with suppliers

- In addition, all other external agencies providing staff to the Trust have been approved through government procurement suppliers (GPS). The Trust will audit and monitor agencies (via GPS) that provide staff once a year to ensure that they are able to provide evidence of identification, qualification and registration.

- Our standard terms and conditions require suppliers to comply with relevant legislation. A large proportion of the goods and services procured are sourced through Government supply frameworks and contracts which also require suppliers to comply with relevant legislation.

Royal Devon University Healthcare NHS Foundation Trust follows best practice guidance and works with multi-agency partnerships to meet the regularity and statutory requirements of the Act and Code of Practice ensuring all reasonable steps are taken to prevent slavery and human trafficking and will continue to support the requirements of the Modern Slavery Act 2015 and any future legislation.

Sustainability report

The Greener NHS campaign is a national programme with statutory targets aimed at achieving Net-Zero (NZ) carbon dioxide (CO2 or CO2 equivalent) emissions from NHS activities. This involves developing and following an ambitious route map to reach NZ by 2040[1].

To support this, the Royal Devon has developed a Green Plan, covering the period 2022-2025. This plan was approved by the Board of Directors in January 2022 and sets out how the Trust plans to go about achieving their long-term sustainability goals and 'Net Zero' targets. The Green Plan is a supporting pillar of the Trust's corporate strategy, being delivered as part of the "Collaboration and Partnerships" objective with the Deputy Chief Executive as Senior Responsible Officer (SRO) and led by the Director of Business, Innovation and Sustainability. The Green Plan acts as a strong foundation to ensure that our environmental ambitions are embedded into everything we do. The plan sets out the objectives, approach, key messages and outputs required to support delivery alongside a timeline and is due to be revised next in 2025.

This sustainability section of the annual report details progress against the Green Plan, and at a minimum, includes the mandatory reporting requirements as required by NHSE's Greener NHS team. The scope of this report is to capture performance over the last year of the Trust activities and historic data pre-merger where available.

[1]And by 2045 net zero for the NHS footprint including all emissions influenced but not directly controlled by the service.

Our sustainability targets:

In our Green Plan there are three overarching strategic targets with supporting objectives:

- **Embody sustainable healthcare** - Prioritising sustainability objectives in order to make sustainable healthcare a business as usual activity.

- **Colleague engagement** - Our ability to deliver on this ambitious Green Plan will be dependent upon all parts of the organisation pulling together as one team. The team provide leadership, training, co-ordination and assurance but it is the actions of thousands of staff members that make the plan impactful.

- **Carbon reduction** - The table below shows the elements that make up NHS carbon emissions – the carbon "footprint".
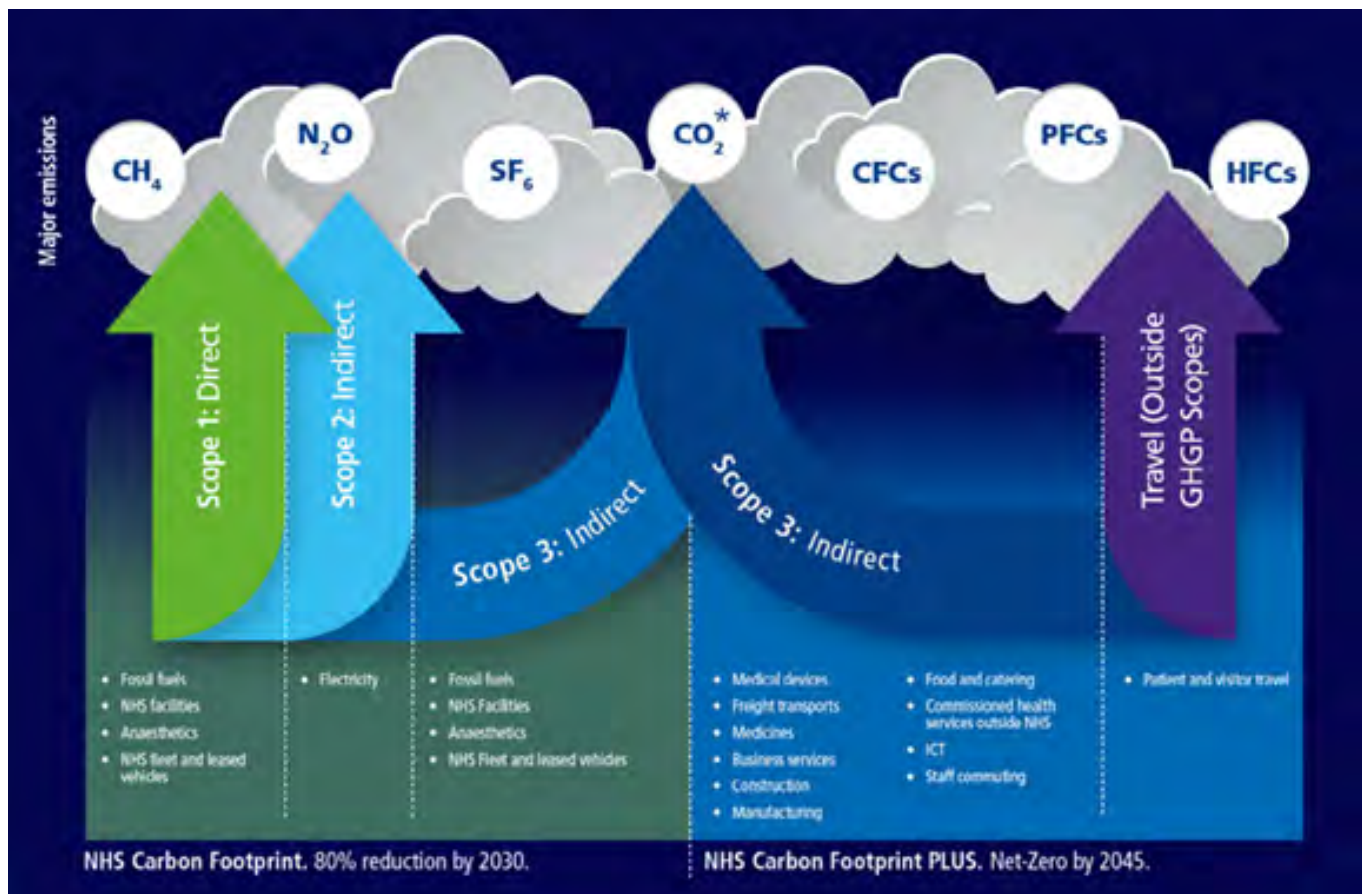
In line with the NHS commitment to become the world's first Net Zero Carbon National Health Service, we are committed to the following carbon targets.

Carbon Footprint:

- Reduced 80% by 2030 (against 1990 baseline)

- Net Zero Carbon by 2040

Carbon Footprint PLUS:

- Net Zero Carbon by 2045

Establish methods to:

- Quantify, measure, monitor and reduce CO2 emissions

The Trust's estimated carbon footprint is 26,439 tonnes CO2 equivalent. Adding personal travel, medicines, medical equipment and supply chain the broader measure of the Trust's NHS Carbon Footprint Plus is 151,711 tonnes of CO2 equivalent. See below.

NHS Carbon Footprint	26,439	tCO_2e
Building energy	17,190	tCO_2e
Waste	735	tCO_2e
Water	302	tCO_2e
Anaesthetic gases	2,373	tCO_2e
Inhalers	113	tCO_2e
Business travel and fleet	5,726	tCO_2e
Personal travel	**23,090**	tCO_2e
Staff commuting	8,549	tCO_2e
Patient travel	9,942	tCO_2e
Visitor travel	4,599	tCO_2e
Medicines, medical equipment and other supply chain	**100,564**	tCO_2e
Medicines and chemicals	34,245	tCO_2e
Medical equipment	20,527	tCO_2e
Non-medical equipment	11,004	tCO_2e
Other supply chain	34,788	tCO_2e
Commissioned health services outside NHS	**1,618**	tCO_2e
NHS Carbon Footprint Plus	**151,711**	tCO_2e

Source: NHS England

Applying average targeted reductions on an annual basis to the 2019/20 baseline (the period from which NHS England defined measuring the net zero trajectories in their reports) the Trust would need to deliver a 12,000 tonnes reduction in its Footprint and 111,000 tonnes reduction in its Footprint Plus to achieve an 80% reduction by 2028-32 and 2036-39 respectively. See below.

Place-based initiatives and targets

The Trust has also agreed to work alongside its Exeter based public sector civic partners to accelerate the net zero objective for its Wonford and Heavitree services and aim for net zero by 2030. As a member of Exeter City Futures the city of Exeter has an

ambitious plan of action based on four themes: Sustainability, Transportation Energy and Capacity.

Our Net Zero roadmap

The Green Plan establishes a series of work initiatives that are designed to make progress on the three strategic targets and their supporting objectives. These are shown in the roadmap below, which includes Royal Devon's goals and National targets.

[3] https://www.exetercityfutures.com/netzeroexeter/

16 Green Plan
Northern Devon & Royal Devon and Exeter Trust
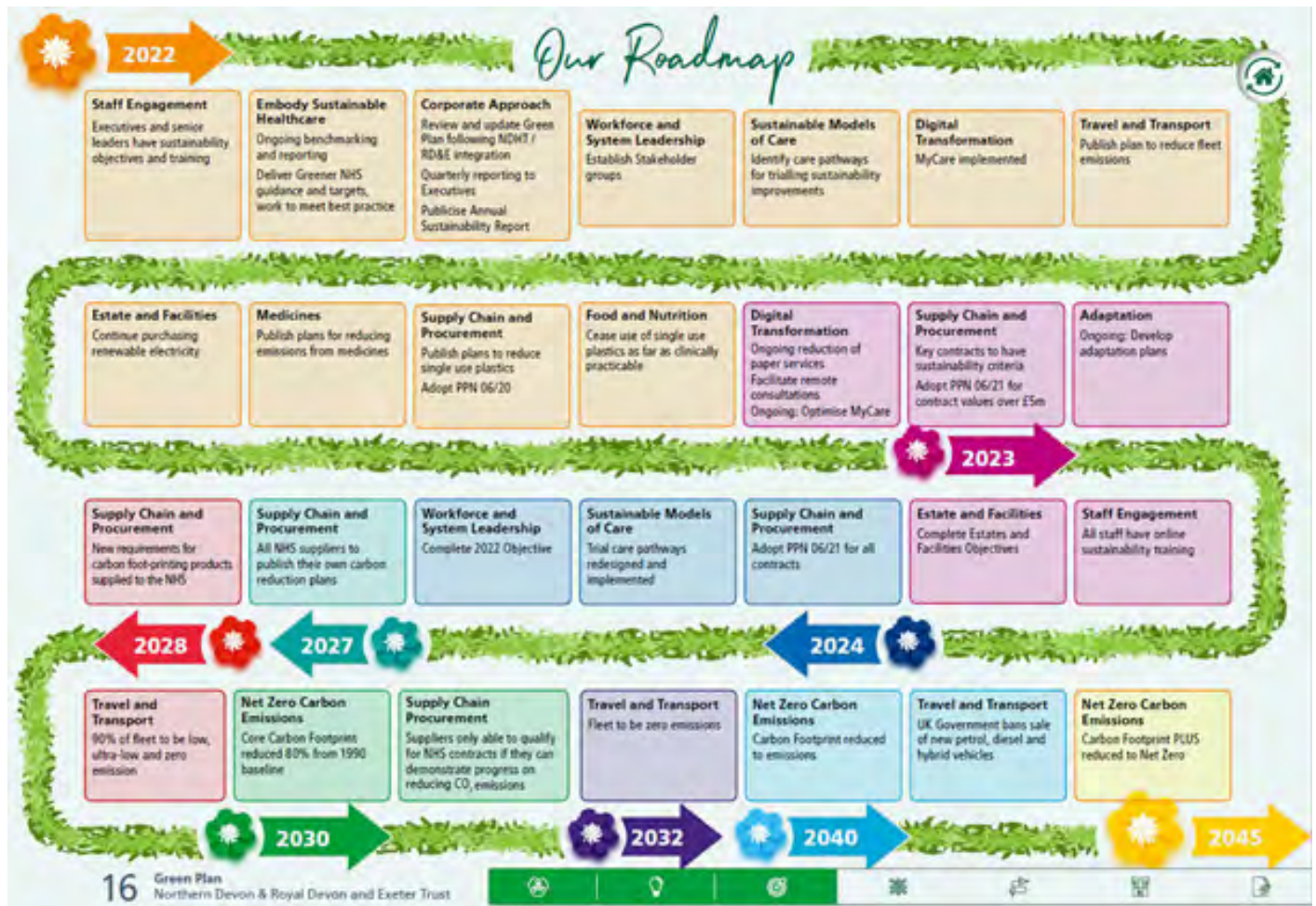
NHS England has developed several 'key areas of focus that the NHS is required to target, in order to reduce carbon emissions, costs and improve our impact on people and the environment. The updates below explain how we are tackling these areas of focus and are able to report on our progress.

Workforce and system leadership

In order to embed sustainability into 'business as usual', the Trust has been working to set up sustainability workstreams and where possible link them into existing initiatives.

An example of this is how the Sustainability team has supported the Brilliant Ideas initiative; anyone can submit suggestions for improvements to the Brilliant Ideas team and in the first few weeks over 70 ideas were received with many of them having a strong sustainability focus.

Sustainability awareness survey and behaviours at work:

- 38.84% of staff agreed that the Trust actively supports the environment, such as resource efficiency, reducing carbon emissions and reducing waste

- 38.64% of staff said that they always turn off equipment and lights when leaving an empty room

- 51.24% of staff said they always recycle products when they can

- 47.41% of staff said they always reduce paper usage by thinking about if something can be kept digitally

Training

Net Zero NHS training is available on Learn+. Our staff can learn about climate change and how the NHS aims to reduce its carbon footprint. The online training helps to raise awareness about the effects of climate change both on our planet and our hospital and the steps we can take to make healthcare more sustainable.

Travel and transport

Cycling Friendly UK Accreditation NDDH – achieved September 2022

More secure cycle shelters have been installed in the past year, accessible via staff ID badges. A new Travel Permit has opened up the use of these cycle shelters to all staff. An additional 10 bike lockers have been installed at Digby Park and Ride to support staff looking to park and cycle. We also continue to promote the Cycle to Work scheme as well as the utility of our Park and Ride facility. Staff in the Exeter area can also benefit from shared transport options such as Co-Bikes, accessible from both Wonford and Heavitree sites.

Electric vehicle (EV) charging for estate vehicles and visiting clinicians

We are undertaking green fleet reviews ahead of procuring EV fleet where operationally appropriate and subject to funding. In Barnstaple the initial installation of five 7kW single charge points and two 22kW single charge points for our estate Vehicles to use as well as four 22kW single charge points for visiting clinicians has begun to reduce travel related CO2e. In Exeter six charge points are installed for our fleet (four of which are at our warehousing facility) and 10 are planned for staff use at the trusts dedicate park and ride service.

Sustainable models of care

Case study one - Virtual wards

Our Acute Hospital at Home (AHAH) service (referred to nationally as the 'Virtual Ward' programme), is a safe and efficient alternative to receiving care as an inpatient on a hospital ward. The service runs trust-wide and we currently have capacity to support fifty-five patients (planned to increase to 100 by December 2023) across a wide range of specialties.

Patients referred to our AHAH service receive the same care, monitoring and treatment that they would from a hospital bed or from a local community service, but from the comfort of their own home. Our AHAH team, which includes doctors, nurses, pharmacists, therapists and

advanced care practitioners, are in touch with patients on a regular basis throughout the day as required.

As part of the development of the AHAH service the Trust is trialling the use of wearable devices. Devices such as watches, connecting through smart phones, are recording real time data on oxygen saturation and heart rate monitoring and transferring this data into the patient's electronic record. Twice daily blood pressure monitoring from our community teams add to this daily data collection. This remote working allows the patient's named consultant to monitor their condition using their own smart technology.

We expect these services to develop further to include cardiology (ECGs) and respiratory (spirometers) and to also incorporate digital weighing scales. These technologies support people living with frailty, heart failure and are likely to be suitable for people receiving home based IV antibiotics as an outpatient service (OPAT: outpatient parenteral antimicrobial therapy service).

By freeing up hospital beds and creating more capacity in this way, our HAH service positively impacts on both healthcare service and environmental sustainability and improves the flow of patients, easing pressures on our emergency departments and helping to reduce waiting times for both planned and emergency care.

Case study two - Outpatient redesign

The NHS's elective recovery strategy included targets to reduce outpatient follow-ups by 25% and move 5% of outpatient attendances to patient-initiated follow-up (PIFU) pathways by March 2023.

PIFU are a pathway redesign to routine follow-up pathways, putting patients and clinicians together to understand short, medium and long-term conditions. They rework the routine pathways to change from routine time-based appointments to a focus on patients who are experiencing symptoms of the condition they have. This has gone live in 20 specialties across the Trust and now provides patients with the opportunity to take their health into their own hands.

There is some promising evidence that PIFU

results in fewer overall outpatient appointments compared to fixed appointment schedules, leading to a reduction in wasted (and low value-added) activity, avoided energy use and reduced carbon miles for patents.

Case study three - Greener emergency department

The Royal Devon Eastern services emergency department (ED) is a national pilot site for the Royal College of Emergency Medicine Greener ED programme. The department has undertaken many of the initiatives required to reach Gold standard under the framework.

This includes reduced paper, increased digitisation of services and information, reduced cannulisation, reduced use of Entonox (saving around 1000 litres of nitrous oxide per week), dry powder inhalers replacing some metered dose inhalers, introduction of social prescribing and an increased modal shift for staff travel.

In addition to the Greener ED initiative the department was selected by the DHSC to run a three-month national trial of reusable facemasks. This trial was successfully completed during the year and we are the first healthcare team to have successfully trialled this Type IIR mask. In the four months of the trial we achieved 8927 washes the equivalent annually of avoiding incineration of over 25,000 single use facemasks.

Estates and facilities

There are four steps outlined in the NHS Estates approach to buildings decarbonisation and the Trust has made progression in each step:

- Step one – make every kWh count

- Step two – Prepare for electricity-led heating

- Step three – Switch to non-fossil fuel heating

- Step four – Increase on-site renewables

Over the last decade the Trust has invested nearly £14m on utilities efficiency projects. This has resulted in marked improvements in efficiency, however our activity has increased while energy costs have soared. Usage patterns have changed in response to COVID-19 precautions.

Current highlights for 2022/23 include:

- Over the last eight years, installed over 16,000 LED lights, which last year delivered energy savings of 4,283,185KWh, worth £1.2m. This is enough electricity to power 1,477 homes

- In 2022/23 £30,000 has been spent on identifying and fixing leaks across the estate, which combined with efficiencies in the Linen Decontamination Unit have saved 14,000m3 of hot and cold water, worth £100,000 and reduced emissions by 116t/CO2. Acting on findings of an annual inspection of heating pipe insulation resulted in savings worth £8,700 and 22t/CO2

- During 2022, several feasibility studies were carried out identifying options for improving building fabric at Wonford Hospital Sterilisation and Decontamination Unit (HSDU), Gladstone House and the wider Heavitree Hospital site which would reduce emissions by 187t/CO2 per year

- Feasibility studies also identified options for changing the buildings from gas fuelled heating to electric air-source heat pumps, which would result in lowering carbon emissions by 1,187t/CO2. This is because UK grid electricity is around 50% low carbon and planned to be 95% low carbon by 2030

- In Northern services two sites have had their oil boilers replaced with air-source heat pumps, saving 5t/CO2 per year.

- The Trust has a total of 746kw PV installed across RD&E Wonford, RD&E Heavitree, North Devon District Hospital and Mardon Neurological Rehabilitation Centre, this generates enough energy to run 216 homes and last year saved 121t/CO2

- All electricity that the Trust purchases from the National Grid is zero carbon with 100% (ND) certified renewable.

Energy

The Trust operates three fossil fuelled combined heat and power (CHP) engines, generating 15.8 million kWhs of electricity each year. This is enough to run 5,400 homes, equivalent to 10% of all Exeter's households. The CHPs increase the amount of natural gas being used on site, but reduce the amount of grid electricity being purchased and over their life will result in a net reduction in CO2 emissions.

With the removal of the two oil boilers last year, oil is no longer in use as a primary fuel on any trust site although it is used as a back-up fuel for providing

heat and power at critical sites. To ensure that these are working effectively they require regular testing, resulting in a small residual use.

The table below shows Trust performance against the base year. The majority of building CO2 emission reduction has been driven by demand reduction projects and the decarbonisation of the National Grid.

		2013 (base year)	2022-23
Scope 1	Gas	8,322	15,804
	Oil	997	63
Scope 2	Electricity	11,958	2,295
	Total	**21,277**	**21**

Scopes as defined by Greenhouse Gas Reporting Protocol.

Waste

For three months during the year Northern services conducted a reusable sharps container trial. These Stericycle Bio Systems reusable sharps containers were installed in three areas.

Staff have reported no issues with use of the different containers. The bins are emptied and decontaminated after each use, with these sharps now having an expected life of 600 uses rather than being single-use and incinerated.

So far 374 single use containers have not been required and saved from incineration. Also, 722kgs of single use plastic has not been required resulting in a saving of 2114 Kgs of carbon.

Biodiversity

As well as carbon, energy and water related improvements, the Trust has used its Biodiversity and Outdoor Wellbeing Action Plan (BOWAP) to inform planting options in the Wonford Bereavement garden design.

In order to enhance biodiversity: 360m2 of land has been planted with wildflowers, 3,500m2 of grass areas across the estate has been designated as "no-mow" and through Spring 2023 a further 1,000m2 of "no-mow" areas will be added. In collaboration with Devon County Council, a further 2,100m2 of verge around RD&E Wonford is managed with a reduced mowing regime that allows a more diverse range of species to flourish. At NDDH we have 3500m2 designated as no mow. 18,000m2 is planted with trees and left wild underneath the canopy and has habitat piles created with fallen/felled branches. 60m2 of wild flower meadow was planted last year.

Medicines

Desflurane

The Trust no longer uses Desflurane, the most pollutant of all the anaesthetic gases, across any of its sites. Other anaesthetic volatile agents - the halogenated hydrocarbons- have seen their harmful impact reduced due to an increase in the use of total intravenous anaesthesia (TIVA).

Nitrous Oxide

Within the Eastern services, nitrous oxide is no longer used in non-maternity anaesthesia. This has allowed work to begin on the permanent decommissioning of the nitrous oxide cylinder manifold and its associated pipeline in Exeter. Northern services are reducing the use of nitrous oxide by switching to cylinder use only and have similarly started the work required to decommission the cylinder manifold.

Entonox

Both Trust emergency departments have moved away from Entonox and are now using Penthrox except in paediatrics. Other departments are also moving over to Penthrox where clinically appropriate e.g. fracture clinic. In maternity where Penthrox is contraindicated a business case to consider capture technology is underway.

Supply chain and procurement

With 60% of NHS emissions coming from procurement related activities, new rules are in place requiring all NHS Trust's to have a minimum of 10% weighting applied to social value criteria in procurement exercises. Proposals for the practical use of this criteria are being incorporated into procurement policies.

Adaptation

Even with collective efforts to reduce future harmful emissions, the effects of past activity is predicted to make further climatic changes inevitable. We therefore need to plan our services in order to adapt to these events.

The latest science (UK climate predictions 2018) suggest we can expect wetter, warmer winters and hotter, drier summers with an increased frequency of extremes.

By 2061:

- Summers will likely be drier by 16-42%, and hotter by 3.6°C-5°C

- Hot spells of over 30°C for more than 2 days are likely to occur around 4 times a year

- Winters will likely be wetter by 16-42%

- The intensity of rainfall over the year will likely be increased by 7.5%, significantly increasing the likelihood of flash floods

Key predictions: UKCP18

The Trust has begun work on developing its adaption plan which will identify health challenges arising from the emergence of key risks such as:

- Coastal flooding,

- Risk to health from high temperatures

- Shortages in water supply for domestic purposes, agriculture and industry

- Risks to natural capital including biodiversity

- Risks to domestic and international food production

- New and emerging pests and diseases

The identification of mitigating factors for these risks will lead to adaption plans for our services, our buildings, emergency planning and liaison with local partners.

Future priorities

The plan for 2023/24 concentrates our efforts across five key areas:

1. Supporting culture change

2. Process driven change

3. Policy driven change

4. Operationalising the plan

5. Carbon measurement

We will support a maturing green culture through our engagement and communications work, including the development of a Green Champions network. Working alongside the Brilliant Ideas initiative we will fast track attractive projects.

National policy changes over the coming few years have the potential to lay the foundations for significant decarbonisation of the Trusts footprint. We will work through the adoption of Cabinet Office PPN notices to establish the methodologies required for incorporating Carbon Reduction Plans (CRP's) into our supply-chain.

The Green Plan will now develop into an operational programme of work and this will lead to more detailed planning in critical areas such as heat decarbonisation, medical gas capture systems and electric fleet vehicles. We will also work to significantly improve our carbon measurement processes and the management of carbon reporting, including the development of a carbon reporting data-library.

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

ANNUAL ACCOUNTS

YEAR ENDED 31 MARCH 2023

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Statement of the Chief Executive's responsibilities as the Accounting Officer of the Royal Devon University Healthcare NHS Foundation Trust

The National Health Service Act 2006 (NHS Act 2006) states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require the Royal Devon University Healthcare NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Royal Devon University Healthcare NHS Foundation Trust and of its income and expenditure, items of comprehensive income and cash flows for the financial year.

In preparing the accounts, and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;

- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual and the Department of Health and Social Care Group Accounting Manual have been followed, and disclose and explain any material departures in the financial statements;

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy; and

- prepare financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed:

Chris Tidman - Deputy Chief Executive

Date: 28 June 2023

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Royal Devon University Healthcare NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of the Trust's income and expenditure for the year then ended; and

- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and

- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and

- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.

- Reading Board and Audit Committee minutes.

- Using analytical procedures to identify any unusual or unexpected relationships.

- Reading the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to expenditure recognition in response to the opportunity to alter the year end position, particularly through the accruals process.

We performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected account pairings with revenue and borrowings and post close journals.

- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.

- Inspecting cash payments and purchase invoices in the period around 31 March 2023 to identify and verify expenditure had been recognised in the correct accounting period.

- Evaluating a sample of accruals posted as at 31 March 2023 and verifying accruals posted as appropriate and accurately recorded.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and

- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 2, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page [X], the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Royal Devon University Healthcare NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Jonathan Brown

for and on behalf of KPMG LLP

Chartered Accountants

66 Queen Square

Bristol

BS1 4BE

30 June 2023

FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2023, have been prepared by Royal Devon University Healthcare NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

On the 1st April 2022, the Royal Devon and Exeter NHS Foundation Trust acquired the assets and business of the Northern Devon Healthcare NHS Trust forming the Royal Devon University Healthcare NHS Foundation Trust through merger by acquisition. These accounts reflect the combined organisation of the Royal Devon University Healthcare NHS Foundation Trust but prior year figures are for the Royal Devon and Exeter NHS Foundation Trust only.

Signed:

Chris Tidman - Deputy Chief Executive

Date: 28 June 2023

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 MARCH 2023

	Note	2022/23 £000	2021/22 £000
Income from activities	3	906,391	594,203
Other operating income	4	120,800	102,734
Operating income		1,027,191	696,937
Operating expenses	5	(1,041,168)	(691,784)
Operating (deficit) / surplus		(13,977)	5,153
Finance costs			
Finance income	10	1,549	32
Finance expense	11	(2,880)	(2,601)
PDC dividends payable		(10,760)	(6,945)
Net finance costs		(12,091)	(9,514)
Other gains	12	3	14
Gains arising from transfers by absorption	31	113,033	-
Surplus / (deficit) for the year		86,968	(4,347)
Other comprehensive income			
Revaluation gains and impairment on property, plant and equipment	16.3	18,441	1,054
Total comprehensive surplus / (deficit) for the year		105,409	(3,293)

The above surplus of £86,968k includes accounting entries that are classed by NHS England (NHSE) as technical accounting adjustments, rather than being operational transactions. The Trust's adjusted operational deficit, as monitored by NHSE, was £16,734k. Note 32 to the Accounts provides a reconciliation between the surplus reported on the Statement of Comprehensive Income and the operational deficit that the Trust reports to NHSE.

The 2022/23 surplus includes £113,033k of gains from the transfer by absorption following the merger by acquisition with the Northern Devon Healthcare Trust (NDHT). The figure represents the value of NDHT net assets transferred as part of the merger on the 1st of April 2022. The 2021/22 comparative values state only the Royal Devon and Exeter NHS Foundation Trust's financial statements and have not been adjusted to include the NDHT comparatives.

STATEMENT OF FINANCIAL POSITION AS AT
31 MARCH 2023

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	15	58,621	37,255
Property, plant and equipment	16	421,298	299,231
Right of Use Assets	17	54,580	-
Investment in joint venture	18	5	5
Trade and other receivables	20	3,075	1,954
Total non-current assets		537,579	338,445
Current assets			
Inventories	19	15,624	10,231
Trade and other receivables	20	60,185	36,958
Cash and cash equivalents	24	46,033	68,575
Total current assets		121,842	115,764
Current liabilities			
Trade and other payables	21	(103,323)	(74,058)
Borrowings	22	(16,676)	(6,277)
Provisions	23	(295)	(191)
Other liabilities	21	(17,892)	(14,083)
Total current liabilities		(138,186)	(94,609)
Total assets less current liabilities		521,235	359,600
Non-current liabilities			
Borrowings	22	(102,694)	(63,038)
Provisions	23	(1,276)	(919)
Other liabilities	21	-	(1,877)
Total non-current liabilities		(103,970)	(65,834)
Total assets employed		417,265	293,766
Financed by taxpayers' equity			
Public dividend capital		361,604	231,681
Revaluation reserve		52,384	40,342
Income and expenditure reserve		3,277	21,743
Total taxpayers' equity		417,265	293,766

The notes on pages 13 to 40 form part of these accounts.

The Annual Accounts on pages 9 to 40 were approved by the Board of Directors on x June 2023 and signed on its behalf by :

Chris Tidman - Deputy Chief Executive

Date: 28 June 2023

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2023

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2021	193,805	40,342	25,036	**259,183**
Deficit for the year	-	-	(4,347)	**(4,347)**
Revaluations - land and buildings	-	1,054	-	**1,054**
Other reserve movements	-	(1,054)	1,054	**-**
Public dividend capital received	37,876	-	-	**37,876**
Taxpayers' equity at 31 March and 1 April 2022	231,681	40,342	21,743	**293,766**
Surplus for the year	-	-	86,968	**86,968**
Transfers by absorption: transfers between reserves	111,833	9,557	(121,390)	**-**
Transfers between reserves	-	(14,078)	14,078	**-**
Impairments	-	(671)	-	**(671)**
Revaluations - land and buildings	-	19,112	-	**19,112**
Other reserve movements	-	(1,878)	1,878	**-**
Public dividend capital received	18,090	-	-	**18,090**
Taxpayers' equity at 31 March 2023	361,604	52,384	3,277	**417,265**

Public dividend capital ("PDC")
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. It also includes additional PDC issued by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as a public dividend capital dividend. PDC has no fixed capital repayment period.

Revaluation reserve
The reserve reflects movements in the value of purchased property, plant and equipment and intangible assets as set out in the accounting policies.

Income and expenditure reserve
The reserve is the cumulative surplus / (deficit) made by the Trust since its inception. The reserve cannot be released to the Statement of Comprehensive Income.

CASH FLOW STATEMENT FOR THE YEAR ENDED
31 MARCH 2023

	Note	2022/23	2021/22
		£000	£000
Cash flows from operating activities			
Operating (deficit) / surplus		**(13,977)**	5,153
Non-cash income and expense			
Depreciation and amortisation		**38,080**	20,956
Impairments		**10,439**	9,776
Increase in trade and other receivables		**(13,816)**	(12,223)
(Increase) / decrease in inventories		**(2,349)**	570
Increase in trade and other payables		**12,102**	360
Increase in other liabilities		**325**	4,992
Increase / (decrease) in provisions		**405**	(875)
Income recognised in respect of capital donations		**(1,954)**	(173)
Net cash generated from operations		**29,255**	28,536
Cash flows from investing activities			
Interest received		**1,549**	32
Purchase of intangible assets		**(14,489)**	(1,096)
Purchase of property, plant and equipment		**(53,622)**	(51,042)
Sale of property, plant and equipment		**3**	2,333
Receipt of cash donations to purchase capital assets		**1,663**	173
Net cash used in investing activities		**(64,896)**	(49,600)
Cash flows from financing activities			
PDC received		**18,090**	37,876
Loans received		**854**	1,617
Loans repaid		**(5,876)**	(4,850)
Capital element of finance lease liability payments		**(6,685)**	(172)
Interest paid		**(2,453)**	(2,047)
PDC dividend paid		**(11,176)**	(6,328)
Net cash used in financing activities		**(7,246)**	26,096
(Decrease) / increase in cash and cash equivalents		**(42,887)**	5,032
Cash and cash equivalents at 1 April		**68,575**	63,543
Received from transfer by absorption		**20,345**	-
Cash and cash equivalents at 31 March	24	**46,033**	68,575

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

The accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and liabilities at their value to the business by reference to their fair value.

Going concern

International Accounting Standard 1 (IAS 1) requires the Board to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity within the public sector. The Directors have a reasonable expectation that the Trust will continue to provide its services in the future. Therefore, these accounts have been prepared on a going concern basis.

In preparing the financial statements, the Board of Directors have considered the Trust's overall financial position. The Trust has produced a financial plan for 2023/24 and has prepared a cashflow forecast to the end of June 2024. From the financial modelling undertaken the Trust is expecting to have sufficient cash to cover its requirements for this period.

It is noted that the cash regime within the NHS for new financial revenue support will be in the form of non-repayable Public Dividend Capital, rather than interest bearing loans. Therefore, should the Trust be in need of cash support it will not be in the form of repayable debt.

Based on the factors outlined above, the Board of Directors has a reasonable expectation that the Trust will have access to adequate resources to continue to deliver the full range of mandatory services for the 12 months from the date of approval of the financial statements and fulfil any liabilities as they fall due.

1.1 Income recognition

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

NOTES TO THE ACCOUNTS

1. **ACCOUNTING POLICIES (CONTINUED)**

1.1 **Income recognition (continued)**

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15.

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity. In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the Devon Health system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time depending upon the terms of the contract.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract, less the fair value of the asset.

1.2 **Expenditure on employee benefits**

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees.

Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

NOTES TO THE ACCOUNTS

1. **ACCOUNTING POLICIES (CONTINUED)**

1.3 **Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.4 **Intangible assets**

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Intangible assets are capitalised when they are capable of being used in the Trust's activities for more than one year and have a cost of at least £5,000.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Measurement and revaluation

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

The fair value of intangible assets is determined where necessary by a valuation undertaken by a professionally qualified independent valuer. Valuations are carried out primarily on the basis of depreciated replacement cost, where the asset is a non-cash generating asset. The frequency of the revaluation is dependent on the change in the fair value of the intangible asset. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment (see note 1.5).

Amortisation and impairment

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

The carrying value of intangible assets is reviewed for impairment if events or changes in circumstances indicate the carrying value may not be recoverable.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Purchased computer software licences are capitalised as intangible assets where expenditure of at least £5,000 is incurred and amortised over the shorter of the term of the licence and their useful lives.

Asset category	Useful life (years)
Software licences	3 - 15

NOTES TO THE ACCOUNTS

1. **ACCOUNTING POLICIES (CONTINUED)**

1.4 **Intangible assets (continued)**

Research and development

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;

- the Trust intends to complete the asset and sell or use it;

- the Trust has the ability to sell or use the asset;

- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its

- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and

- the Trust can measure reliably the expenses attributable to the asset during development.

Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred.

Where possible the Trust will disclose the total amount of research and development expenditure charged in the Statement of Comprehensive Income separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

Other property, plant and equipment assets acquired for use in research and development are amortised over the life of the associated project.

1.5 **Property, plant and equipment**

Recognition

Property, plant and equipment are capitalised where:

- it is held for use in delivering services or for administrative purposes;

- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;

- it is expected to be used for more than one financial year;

- the cost of the item can be measured reliably and;

- has an individual cost of at least £5,000; or

- the items form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

- form part of the initial equipping and setting-up costs of a new building or on refurbishment, may also be "grouped" for capitalisation purposes.

Measurement and revaluation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

NOTES TO THE ACCOUNTS

1. **ACCOUNTING POLICIES (CONTINUED)**

1.5 **Property, plant and equipment (continued)**

Measurement and revaluation (continued)

Property assets

The fair value of land and buildings is determined by valuations carried out by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property based upon providing a modern equivalent asset. Existing use value is used for non-specialised operational property. For non-operational properties, including surplus land, the valuations are carried out at open market value. The frequency of revaluation is dependent upon changes in the fair value of property assets however, in line with NHS England's view, the frequency of property asset revaluations will be at least every five years. Note 16.3 provides details of the most recent valuation which was undertaken.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Assets under construction are valued at cost and may subsequently be revalued by professional valuers when brought into use or when factors indicate that the value of the asset differs materially from its carrying value.

Non-property assets

For non-property assets the depreciated historical cost basis has been adopted as a proxy fair value.

Additional alternative open market value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

Subsequent expenditure

Expenditure incurred after items of property, plant and equipment have been brought into operation, such as repairs and maintenance, is normally charged to the Statement of Comprehensive Income in the period in which it is incurred. In situations where it can be clearly demonstrated that the expenditure has resulted in an increase in the future economic benefits expected to be obtained from the use of an item of property, plant and equipment, and where the cost of an item can be measured reliably, the expenditure is capitalised as an additional cost of that asset or as a replacement.

Depreciation

Items of property, plant and equipment are depreciated on a straight-line basis over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives are determined on a case by case basis. The typical lives for the following assets are:

Asset category	Useful life (years)
Buildings excluding dwellings	6 - 59
Dwellings	20 - 23
Plant and machinery	4 - 20
Transport equipment	5 - 20
Information technology	3 - 15
Furniture & fittings	5 - 10

Freehold land is considered to have an infinite life and is not depreciated.

The excess depreciation on revalued assets over the historical cost is gradually released from the revaluation reserve to the income and expenditure reserve over the life of the asset. On disposal of the asset any remaining revaluation reserve balance is fully released to the income and expenditure reserve.

NOTES TO THE ACCOUNTS

1. **ACCOUNTING POLICIES (CONTINUED)**

1.5 **Property, plant and equipment (continued)**

Impairment

The carrying values of property, plant and equipment assets are reviewed for impairment when events or changes in circumstances indicate their carrying value may not be recoverable.

Decreases in asset values that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount which is to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Increases in asset values arising from revaluation are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, such reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have been if the original impairment had never been recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income.

1.6 **Donated, government grant and other grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

1.7 **Inventories and work in progress**

Inventories and work in progress are valued at the lower of cost and net realisable value. Cost is determined using a first in, first out

Work in progress comprises goods in intermediate stages of production.

Provision is made where necessary for obsolete, slow moving and defective

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at £nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.8 **Provisions**

The Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of where it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount required to settle the obligation. The Trust uses HM Treasury's pension rate of 1.70% (2021/22 minus 1.30%), in real terms, as the discount rate for early retirement and injury benefit provisions.

NOTES TO THE ACCOUNTS

1. **ACCOUNTING POLICIES (CONTINUED)**

1.8 **Provisions (continued)**

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 23, but this value is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.9 **Value Added Tax**

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.10 **Contingent liabilities**

The Trust has contingent liabilities in respect of NHS Resolution legal claims arising in the normal course of activities. Where the transfer of economic liabilities in respect of legal claims is possible the Trust discloses the estimated value as a contingent liability in note 26.

1.11 **Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note, note 29, to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.12 **Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed regulation. By their nature they are items that ideally should not arise. They are therefore subject to specific control procedures compared with the generality of payments. They are divided into different categories, which govern the way the individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

NOTES TO THE ACCOUNTS

1. **ACCOUNTING POLICIES (CONTINUED)**

1.13 **Critical accounting estimates and judgements**

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed.

Accounting judgement - Modern Equivalent Asset valuation

The majority of the Trust's estate is considered to be specialised assets as there is no open market for an acute hospital. The modern equivalent asset valuation is based on the assumption that any modern equivalent replacement hospital would be built on an alternative site within the Exeter. Specialised land and buildings relating to the Northern locations continue to be valued using their site's current locations.

Accounting judgement - Intangible Asset valuation

The intangible asset relating to the Northern Health Record System has been valued on a depreciated replacement cost basis – the Trust adopted the same methodology as was applied to the intangible asset of Eastern Services, which was previously undertaken by an external valuer. This methodology takes into account the learning curve of the Trust as it developed its extended elements of the asset and current market prices, with the assumption that any replacement software would provide the same required functionality.

Revisions to accounting estimates are recognised in the period in which the estimate is revised.

1.14 **Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is £nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments include fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.14 Leases (continued)

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Initial application of IFRS 16

IFRS 16 *Leases* as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 *Leases*, IFRIC 4 *Determining whether an arrangement contains a lease and other interpretations.*

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the forecast cost of capital utilised by the Trust, is paid over as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust.

Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for donated assets and the average daily cash held with the Government Banking Service. Average relevant net assets are calculated as a simple means of opening and closing relevant net assets in the pre-audit version of the accounts after adjusting for the average daily cash held within the Government Banking Service. The dividend charge would not be revised should any adjustments to net assets occur as a result of any changes between the draft and audited accounts.

NOTES TO THE ACCOUNTS

1. **ACCOUNTING POLICIES (CONTINUED)**

1.16 **Financial instruments and financial liabilities**

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are derecognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as 'loans and receivables'. Financial liabilities are classified as 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

Other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the statement of financial position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.16 Financial instruments and financial liabilities (continued)

Impairment of financial assets

At the statement of financial position date, the Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision that is determined specifically on individual assets.

1.17 Corporation tax

The Trust is a Health Service Body within the meaning of s519A of the Income and Corporation Tax Act 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for HM Treasury to dis-apply the exemption in relation to specified activities of an NHS foundation trust (s519A (3) to (8) of the Income and Corporation Taxes Act 1988). Accordingly, the FT is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000 per annum. Until the exemption is dis-applied then the FT has no corporation tax liability.

1.18 Consolidation of NHS charitable funds

The Trust is the Corporate Trustee of the Royal Devon University Healthcare NHS Foundation Trust Charity. The Charity has not been consolidated within these annual accounts as the value of the Charity is low and consolidation into the Trust's accounts would have no material effect. Further information relating to transactions between the Trust and the Charity is disclosed in note 27.

1.19 Interests in other entities

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

1.20 Transfers of functions to / from other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets/ liabilities transferred is recognised as a transfer by absorption within the Statement of Comprehensive Income, but not within operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts. Adjustments to align the acquired assets / liabilities to the foundation trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

NOTES TO THE ACCOUNTS

2. Segmental analysis

The Chief Operating Decision Maker, who is responsible for the allocation of resources and the assessment of the performance of operating segments has been identified as the Trust's Board of Directors.

Throughout the financial year the Trust's Board of Directors received a monthly integrated performance report, that provided information against key standards and targets. The reports included financial performance information which has assisted the Board of Directors with their financial decisions. The monthly information provided to the Board of Directors has been similar to the primary statements within these accounts.

The Board of Directors have received financial information relating to operating segments in the form of analysis of variances against budget. The analysis focusses on variances to budget and does not provide details of total income and expenditure by operating segment. As this analysis is not in a suitable format to be reconciled to the Trust's income and expenditure per the Statement of Comprehensive Income, the information has not been included within these Accounts.

3. Income from activities

	2022/23 £000	2021/22 £000
Income from commissioners under API contracts*	621,175	417,432
High cost drugs and devices income from commissioners	103,824	71,901
Other NHS clinical income	2,991	1,692
Private patient income	2,455	950
Agenda for Change pay award central funding**	21,728	-
Other clinical income	159	-
Elective Recovery Fund	24,627	25,171
Community services income from CCGs and NHS England and Devon County Council	104,303	59,940
Additional pension contribution central funding***	25,129	17,117
	906,391	594,203

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.
https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

**'In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

***The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

3.1 Income from activities - by source

	2022/23 £000	2021/22 £000
NHS England	227,079	152,822
Clinical commissioning groups	154,558	438,738
Integrated care boards	511,040	-
NHS trusts and foundation trusts	691	949
Local authorities	9,106	1
Department of Health and Social Care	20	-
Non-NHS - private patients	1,847	667
Non-NHS - overseas patients (non-reciprocal)	718	283
NHS injury scheme	1,006	538
Non-NHS - other	326	205
	906,391	594,203

NHS Injury Scheme income is subject to a provision for doubtful debts of 24.86% (2021/22 - 23.76%) to reflect expected rates of collection based upon historical experience.

NOTES TO THE ACCOUNTS

3.2 Income from overseas visitors

	2022/23	2021/22
	£000	£000
Income recognised this year	718	283

4. Other operating income

	2022/23	2021/22
	£000	£000
Research and development	24,298	23,945
Education and training	26,699	17,260
Charitable and other contributions to expenditure and for the purchase of capital assets	2,329	173
Non-patient care services to other bodies	33,379	31,877
Staff recharges	8,397	4,930
Reimbursement and top up funding *	4,499	11,989
Support from the Department of Health and Social Care for mergers	-	750
Rental revenue from operating leases	6	5
Consumables (inventory) donated from DHSC group bodies for COVID response	1,167	1,077
Car Parking income	1,937	754
Catering	2,530	1,930
Staff accommodation rental	997	544
Non-clinical services recharged to other bodies	4,704	1,039
Crèche services	868	1,216
Other income**	8,990	5,245
	120,800	102,734

* Reimbursement and top up funding includes the reimbursement of COVID-19 costs such as testing and vaccinations.

**Other income includes pharmacy sales, staff contribution to employee benefit schemes, National Clinical Excellence Awards income as well as Community and Cancer Services funding.

5. Operating expenses

	2022/23	2021/22
	£000	£000
Services from NHS and DHSC bodies	4,935	3,513
Services from non-NHS and non-DHSC bodies	16,114	8,378
Employee expenses - executive directors (see note 5.1)	1,643	765
Employee expenses - executive directors recharged to NDHT (included in income)	-	766
Employee expenses - non-executive directors (see note 5.1)	177	130
Employee expenses - non-executive directors recharged to NDHT (included in income)	-	25
Employee expenses - staff	628,880	400,189
Drug costs	108,189	75,669
Supplies and services - clinical (excluding drug costs)	86,939	62,555
Supplies and services - general	17,010	6,384
Establishment	16,616	11,051
Research and development - not included in employee expenses	17,011	17,527
Research and development - included in employee expenses (see note 6.1)	6,613	5,710
Education and training - not included in employee expenses	2,435	1,553
Education and training - included in employee expenses (see note 6.1)	19,423	15,707
Transport	5,249	3,122
Premises	26,674	18,033
Increase in bad debt provision	247	28
Depreciation on property, plant and equipment and right of use assets	29,965	14,967
Amortisation of intangible assets	8,115	5,989
Impairments - buildings	5,118	9,776
Impairments - intangibles	5,321	-
Audit fees - statutory audit	135	95
Internal audit fees	278	266
Clinical negligence - amounts payable to NHS Resolution (premium)	22,407	14,853
Losses, ex gratia and special payments - staff costs	-	42
Losses, ex gratia and special payments - non staff costs	514	241
Consultancy	828	714
Lease expenditure - short term leases	2,018	-
Other	8,314	13,736
	1,041,168	691,784

"Other expenditure" above includes finance lease irrecoverable VAT expenditure, patient travel, car parking, security, insurance and legal fees. 2021/22 "Other expenditure" also included all operating leases expenditure prior to implementation of IFRS16.

The total employer's pension contributions are disclosed in note 6.1.

NOTES TO THE ACCOUNTS

5.1 Directors' remuneration and other benefits

	2022/23 £000	2021/22 £000
Aggregate directors' remuneration	1,740	1,593
Employer's contribution to pension scheme	80	93
Total	1,820	1,686

In the year ended 31 March 2023 five directors accrued benefits under defined benefit pension schemes (2021/22 - five).

5.2 Auditor's remuneration

The audit fee was £135k in 2022/23 (2021/22 - £95k), this includes £7k for the audit of the Trust's charity.

5.3 Auditor's liability

The Board of Governors has appointed KPMG LLP as external auditors. The engagement letter signed on the 3rd June 2020 states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed 125% of the annual fee in the aggregate in respect of all services (2021/22 - 125% of the annual fee).

6. Staff costs and numbers

6.1 Staff costs

	2022/23 £000	2021/22 £000
Salaries and wages	484,240	324,630
Social security costs	52,861	30,430
Apprenticeship levy	2,461	1,601
Employer contributions to NHSPA	82,811	56,447
Termination benefits	67	67
Temporary staff - external bank	15,933	-
Agency and contract staff	25,271	10,610
	663,644	423,785
Costs capitalised as part of assets	6,740	315
	656,904	423,470

Analysed into operating expenses (see note 5):		
Employee expenses staff	630,523	396,264
Employee expenses executive directors	-	5,321
Employee expenses - executive directors recharged to NDHT (included in income)	-	135
Research and development	6,613	5,710
Education and training	19,423	15,707
Redundancy	67	67
Internal Audit staff costs	278	266
	656,904	423,470

6.2 Average number of persons employed including directors

	Permanent employees Number	Other employees Number	2022/23 Total Number	2021/22 Total Number
Medical and dental	1,341	29	1,370	948
Ambulance staff	13	-	13	2
Administration and estates	1,893	144	2,037	1,559
Healthcare assistants and other support staff	3,634	371	4,005	2,788
Nursing, midwifery and health visiting staff	2,983	241	3,224	2,211
Scientific, therapeutic, technical and healthcare science staff	1,461	26	1,487	1,013
Other	11	-	11	13
Total	**11,336**	**811**	**12,147**	**8,534**

NOTES TO THE ACCOUNTS

6.3 Staff exit packages

Exit package cost	2022/23 Number	2022/23 £000	2021/22 Number	2021/22 £000
Less than £10,000	17	63	24	75
£10,000 to £25,000	3	44	1	13
£25,001 to £50,000	2	67	1	29
£50,001 to £100,000	-	-	1	57
Total number	22	174	27	174

Exit packages relate to staff redundancies and payments in lieu of notice and include employer's NIC.

7. Pensions

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Additionally, the Trust offers a defined contribution workplace pension scheme NEST (the National Employment Savings Scheme). £335k employer NEST contributions were recognised as an expense in 2022/23 (2021/22 - £230k).

8. Retirements due to ill-health

During 2022/23 there were eight (2021/22 - eleven) early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £832k (2021/22 - £933k). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

NOTES TO THE ACCOUNTS

9. **The late payment of commercial debts (Interest) Act 1998**

In 2022/23 the Trust incurred £nil (2021/22 - less than £1k) arising from claims made under this legislation. The total liability accruing as a result of late payments is £nil (2021/22 £nil).

10. **Finance income**

	2022/23 £000	2021/22 £000
Interest on cash and cash equivalents	1,549	32

11. **Finance expense**

	2022/23 £000	2021/22 £000
Loans from the Independent Trust Financing Facility	342	407
Other loans	1,951	2,124
Finance leases	591	74
Unwinding of discount on provisions	(4)	(4)
Total	2,880	2,601

12. **Other gains / (losses)**

	2022/23 £000	2021/22 £000
Gains on disposal of assets	3	15
Losses on disposal of assets	-	(1)
Total	3	14

13. **Better Payment Practice Code**

	2022/23 Number	2022/23 Value £000	2021/22 Number	2021/22 Value £000
Total non-NHS trade invoices paid in the year	212,405	492,838	143,559	353,591
Total non-NHS trade invoices paid within target	194,897	455,455	132,031	327,232
Percentage of non-NHS trade invoices paid within target	91.8%	92.4%	92.0%	92.5%
Total NHS trade invoices paid in the year	4,051	142,141	3,232	41,512
Total NHS trade invoices paid within target	3,510	136,474	2,790	36,268
Percentage of NHS trade invoices paid within target	86.6%	96.0%	86.3%	87.4%

The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

14. **Losses and special payments**

	2022/23 Number	2022/23 Value £000	2021/22 Number	2021/22 Value £000
Losses:				
Cash losses	19	287	6	4
Bad debts and claims abandoned	78	129	42	27
Stores losses, including damage to buildings	5	234	2	98
Total losses	102	650	50	129
Special payments - Ex-gratia	86	285	69	155
Total losses and special payments	188	935	119	284

NOTES TO THE ACCOUNTS

15. Intangible assets

15.1 Intangible assets at 31 March 2022

	IT In-house and 3rd party software £'000	Software licences £'000	Total £000
Fair value at 1 April 2021	42,694	2,616	45,310
Additions - purchased	1,011	85	1,096
Transferred into use - from property, plant and equipment (note 16.2)	13	-	13
Fair value at 31 March 2022	**43,718**	**2,701**	**46,419**
Accumulated amortisation at 1 April 2021	1,238	1,937	3,175
Provided during the year	5,853	136	5,989
Accumulated amortisation at 31 March 2022	**7,091**	**2,073**	**9,164**
Net book value			
Purchased at 31 March 2022	36,627	628	37,255
Total at 31 March 2022	**36,627**	**628**	**37,255**

15.2 Intangible assets at 31 March 2023

	IT In-house and 3rd party software and AUC £'000	Software licences £'000	Total £'000
Fair value at 1 April 2022	43,718	2,701	46,419
Transfers by absorption	14,846	12,763	27,609
Additions - purchased	9,594	5,026	14,620
Reclassifications and transferred into use - from property, plant and equipment (note 16.1)	(23,590)	23,527	(63)
Impairments - to operating expenditure	-	(5,321)	(5,321)
Disposals	-	(416)	(416)
Fair value at 31 March 2023	**44,568**	**38,280**	**82,848**
Accumulated amortisation at 1 April 2022	7,091	2,073	9,164
Transfers by absorption	59	7,305	7,364
Provided during the year	5,961	2,154	8,115
Disposals/derecognition	-	(416)	(416)
Accumulated amortisation at 31 March 2023	**13,111**	**11,116**	**24,227**
Net book value			
Purchased at 31 March 2023	31,457	27,164	58,621
Total at 31 March 2023	**31,457**	**27,164**	**58,621**

The Trust has implemented a new Health Record System for the Northern location, similar to the system that had already been implemented within the Eastern locations. The intangible asset relating to the Northern Health Record System has been valued on a depreciated replacement cost basis – the Trust adopted the same methodology as was applied to the intangible asset of Eastern Services, which was previously undertaken by an external valuer. This methodology takes into account the learning curve of the Trust as it developed its extended elements of the asset and current market prices, with the assumption that any replacement software would provide the same required functionality, this has resulted with an impairment charge of £5,321k.

NOTES TO THE ACCOUNTS

16. Property, plant and equipment

16.1 Property, plant and equipment at the statement of financial position date comprise the following elements:

	Freehold land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022	9,870	226,921	2,380	28,788	85,547	1,797	21,899	99	377,301
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	-	-	-	-	(2,045)	-	-	-	(2,045)
Transfers by absorption	6,630	67,269	524	10,241	20,843	12	3,999	936	110,454
Additions - purchased	-	6,969	-	17,400	8,788	453	2,885	373	36,868
Additions - donated	-	108	6	791	1,033	22	-	-	1,954
Impairments and reversals of impairments - to operating expenses	1,417	(6,688)	-	-	-	-	-	-	(5,265)
Impairments and reversals of impairments - to revaluation reserve	(20)	(651)	-	-	-	-	-	-	(671)
Revaluation	585	(9,515)	466	-	-	-	-	-	(8,464)
Disposals	-	-	-	-	(3,467)	-	(349)	(76)	(3,892)
Reclassifications - net total transferred to Intangible assets (note 15.2)	-	4,257	-	(19,786)	4,938	-	10,654	-	63
Cost or valuation at 31 March 2023	18,482	288,670	3,376	37,434	115,637	2,284	39,088	1,332	506,303
Accumulated depreciation at 1 April 2022	-	13,926	250	-	49,078	1,372	13,397	47	78,070
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	-	-	-	-	(204)	-	-	-	(204)
Transfers by absorption	-	2,484	68	-	10,961	12	1,581	446	15,552
Provided during the year	-	10,991	193	-	7,502	109	4,283	124	23,202
Impairments and reversals of impairments - to operating expenses	-	(147)	-	-	-	-	-	-	(147)
Revaluations	-	(27,065)	(511)	-	-	-	-	-	(27,576)
Eliminated on disposals	-	-	-	-	(3,467)	-	(349)	(76)	(3,892)
Accumulated depreciation at 31 March 2023	-	189	-	-	63,870	1,493	18,912	541	85,005
Purchased at 31 March 2023	18,482	280,860	3,376	36,643	46,125	770	20,151	747	407,154
Donated at 31 March 2023	-	7,621	-	791	5,642	21	25	44	14,144
Total at 31 March 2023	18,482	288,481	3,376	37,434	51,767	791	20,176	791	421,298

The Trust's land, buildings and dwellings were revalued as at 31 March 2023. The valuation was undertaken by Gerald Eve, in accordance with International Financial Reporting Standards and also complies with HM Treasury's requirements to value land and buildings on the basis of utilising modern equivalent buildings that would give the same service potential as is provided by the actual estate that the Trust owns, note 16.3 provides further details.

NOTES TO THE ACCOUNTS

16. Property, plant and equipment (continued)

16.2 Property, plant and equipment at the statement of financial position date comprise the following elements:

	Freehold land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021	9,914	206,973	2,380	16,413	78,267	1,684	18,012	45	333,688
Additions - purchased	-	11,153	-	33,610	6,947	57	2,792	45	54,604
Additions - donated	-	-	-	-	173	-	-	-	173
Reclassifications - net total transferred to Intangible assets (note 15.1)	611	19,191	-	(21,235)	260	56	1,095	9	(13)
Impairment	-	(9,776)	-	-	-	-	-	-	(9,776)
Revaluation	-	1,054	-	-	-	-	-	-	1,054
Transfer to / from assets held for sale	(655)	(1,674)	-	-	-	-	-	-	(2,329)
Disposals	-	-	-	-	(100)	-	-	-	(100)
Cost or valuation at 31 March 2022	**9,870**	**226,921**	**2,380**	**28,788**	**85,547**	**1,797**	**21,899**	**99**	**377,301**
Accumulated depreciation at 1 April 2021	-	6,314	125	-	44,292	1,270	11,168	45	63,214
Provided during the year	-	7,626	125	-	4,883	102	2,229	2	14,967
Transfers to / from assets held for sale	-	(14)	-	-	-	-	-	-	(14)
Eliminated on disposals	-	-	-	-	(97)	-	-	-	(97)
Accumulated depreciation at 31 March 2022	**-**	**13,926**	**250**	**-**	**49,078**	**1,372**	**13,397**	**47**	**78,070**
Purchased at 31 March 2022	9,870	209,025	2,130	28,788	34,597	425	8,473	52	293,360
Donated at 31 March 2022	-	3,970	-	-	1,872	-	29	-	5,871
Total at 31 March 2022	**9,870**	**212,995**	**2,130**	**28,788**	**36,469**	**425**	**8,502**	**52**	**299,231**

At the statement of financial position date there was one asset held under a finance lease, at a value of £1.8m (2020/21 £2.0m). There were no assets held under hire purchase contracts or private finance initiative (PFI).

During 2021-22 the Trust re-purposed the Exeter Nightingale Hospital to provide greater theatre and diagnostics capacity to the wider Devon healthcare system. This re-purpose of the building was supported by NHSEI, with the Trust receiving PDC Capital funding to meet the costs of the reconfiguration. The Trust's specialised buildings are valued using the depreciated replacement cost method, based upon providing a modern equivalent asset (MEA). A fundamental principle of MEA valuations is that a hypothetical buyer would purchase the least expensive site that would be suitable and appropriate for the existing operations. An impairment charge of £9.8m arose as the cost to retro-fit a building is higher than it would be to construct a new building. An impairment valuation was undertaken by Gerald Eve, who are professionally qualified valuers, and was in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual, International Financial Reporting Standards and it also complies with HM Treasury's requirements to value land and buildings on the basis of utilising modern equivalent buildings that would give the same service potential as is provided by the actual estate that the Trust owns.

NOTES TO THE ACCOUNTS

16. Property, plant and equipment (continued)

16.3 Revaluation of land, buildings and dwellings

With the exception of the Exeter Nightingale Hospital, the Eastern land and buildings were last valued in March 2020 and the Northern Assets in March 2021.

The Trust's freehold and leasehold property was valued as at 31 March 2023 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation - Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the depreciated replacement cost (DRC) method, with other in-use properties reported on an existing use value basis.

The Trust's specialised buildings and associated land are valued using the DRC method, based upon providing a modern equivalent asset (MEA). A fundamental principle of MEA valuations is that a hypothetical buyer would purchase the least expensive site that would be suitable and appropriate for the existing operations. The valuation of the majority of the Trust's specialised land and buildings within the Eastern location are based upon the Trust hypothetically being located on a suitable alternative site away from the Exeter city centre, where the cost of the land would be significantly lower, but where the Trust would still be able to re-provide its services. Specialised land and buildings relating to the Northern locations continue to be valued using their site's current locations which in general are already towards or on the outer edges of their respective towns where the costs are already low.

In 2022/23 the net valuation of the Trust's land and buildings increased by £13,323k, with an increase in the revaluation reserve of £18,441k that is partially offset with an impairment charge of £5,118k.

17. Leases - Royal Devon University Healthcare NHS Foundation Trust as a lessee

The Trust holds property and equipment leases.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

17.1 Right of use assets at the statement of financial position date comprise the following elements:

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	2,045	-	**2,045**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	51,370	4,846	127	**56,343**	29,519
Transfers by absorption	-	-	-	**-**	-
Additions	764	2,017	68	**2,849**	343
Remeasurements of the lease liability	310	-	-	**310**	-
Valuation / gross cost at 31 March 2023	52,444	8,908	195	**61,547**	29,862
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	204	-	**204**	-
Provided during the year	5,296	1,388	79	**6,763**	3,069
Accumulated depreciation at 31 March 2023	5,296	1,592	79	**6,967**	3,069
Net book value at 31 March 2023	**47,148**	**7,316**	**116**	**54,580**	**26,793**

17.2 Revaluations of right of use assets

There were no revaluations of right of use assets in 2022/23.

17.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within Borrowings in the Statement of Financial Position. A breakdown of borrowings is disclosed in note 22.

	2022/23 £000
Carrying value at 31 March 2022	**1,873**
IFRS 16 implementation - adjustments for existing operating leases	**58,172**
Lease additions	**2,849**
Lease liability remeasurements	**310**
Interest charge arising in year	**591**
Lease payments (cash outflows)	**(7,275)**
Carrying value at 31 March 2023	**56,520**

Expenditure on short term leases is recognised in operating expenditure disclosed in Note 5.

NOTES TO THE ACCOUNTS

17. Leases (continued)

17.4 Maturity analysis of future lease payments at 31 March 2023

	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	8,896	4,059
- later than one year and not later than five years;	26,105	12,989
- later than five years.	24,939	11,004
Total gross future lease payments	**59,940**	28,052
Finance charges allocated to future periods	(3,420)	(1,135)
Net lease liabilities at 31 March 2023	**56,520**	26,917
Of which:		
Leased from other NHS providers		-
Leased from other DHSC group bodies		26,917

17.5 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the Trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	31 March 2022 £000
Undiscounted future lease payments payable in:	
- not later than one year;	178
- later than one year and not later than five years;	785
- later than five years.	910
Total gross future lease payments	1,873
Finance charges allocated to future periods	-
Net finance lease liabilities at 31 March 2022	1,873
of which payable:	
- not later than one year;	178
- later than one year and not later than five years;	785
- later than five years.	910
	1,873

17.6 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	8,155

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	6,971
- later than one year and not later than five years;	24,403
- later than five years.	34,671
Total	66,045

NOTES TO THE ACCOUNTS

17. Leases (continued)

17.7 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**70,370**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**60,413**
Less:	
Commitments for short term leases	**(427)**
Commitments for leases of low value assets	**(166)**
Irrecoverable VAT previously included in IAS 17 commitment	**(234)**
Other adjustments:	
Rent decreases reflected in the lease liability, not previously reflected in the IAS 17 commitment	**(1,414)**
Finance lease liabilities under IAS 17 as at 31 March 2022	**1,873**
Total lease liabilities under IFRS 16 as at 1 April 2022	**60,045**

18. Investments in associates and joint ventures

	31 March 2023	31 March 2022
	£000	£000
Carrying value at 1 April	**5**	5
Carrying value at 31 March	**5**	5

In 2016/17 the Trust acquired a 20% shareholding in a new company Dextco Limited. Dextco Limited is a joint venture between the Trust and a number of local public sector bodies with the aim of developing energy projects in Exeter.

19. Inventories

19.1 Inventories held at year end

	31 March 2023	31 March 2022
	£000	£000
Drugs	**4,953**	1,938
Consumables	**9,824**	7,770
Energy	**399**	238
Inventories carried at fair value less costs to sell	**448**	285
Total inventories	**15,624**	10,231

19.2 Inventories recognised in expenses

	2022/23	2021/22
	£000	£000
Inventories recognised in expenses	**131,151**	92,644
Write-down of inventories recognised in expenses	**234**	98
Total inventories recognised in expenses	**131,385**	92,742

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £1,167k of items purchased by DHSC (2021/22 £1,077k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

NOTES TO THE ACCOUNTS

20. Trade and other receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables	**49,181**	31,438
Capital receivables	**291**	-
Prepayments	**7,788**	4,984
Allowance for impaired contract receivables / assets	**(796)**	(656)
Other receivables	**469**	287
PDC dividend receivable	**52**	-
VAT receivable	**3,200**	905
Total current trade and other receivables	**60,185**	36,958
Non-current		
Contract receivables	**2,276**	1,364
Allowance for impaired contract receivables / assets	**(228)**	-
Other receivables	**1,027**	590
Total non-current trade and other receivables	**3,075**	1,954
Total trade and other receivables	**63,260**	38,912

	31 March 2023	31 March 2022
Provision for impairment of receivables	**£000**	£000
At 1 April	**656**	628
Transfer by absorption	**269**	-
Increase / (decrease) in provision	**238**	(96)
Amounts utilised, reversed and changes in calculations	**(139)**	124
At 31 March	**1,024**	656

The provision for impairment of receivables relates to specific receivables over 3 months old.

21.1 Trade and other payables

	31 March 2023	31 March 2022
Current	**£000**	£000
Trade payables	**13,514**	7,797
Trade payables - capital	**6,615**	15,584
Other taxes payable	**12,403**	8,286
PDC dividend payable	**-**	306
Other payables	**8,389**	5,666
Accruals	**62,402**	36,419
	103,323	74,058
Current other liabilities		
Other deferred income	**17,892**	14,083

21.2 Non current other liabilities

	31 March 2023 £000	31 March 2022 £000
Other deferred income	**-**	1,877

22. Borrowings

	31 March 2023	31 March 2022
Current	**£000**	£000
Loans from Foundation Trust Financing Facility	**1,270**	1,271
Other Loans	**6,510**	4,828
Lease liabilities*	**8,896**	178
	16,676	6,277
Non-current		
Loans from Foundation Trust Financing Facility	**4,968**	6,238
Other Loans	**50,102**	55,105
Lease liabilities*	**47,624**	1,695
	102,694	63,038
Total borrowings	**119,370**	69,315

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 17.

NOTES TO THE ACCOUNTS

22. Borrowings (continued)

Foundation Trust Financing Facility
Two loans are repayable to the Secretary of State for Health and Social Care. The first loan of £17m was entered into in the year ended 31 March 2006. It is repayable over a 20 year period, ending 30 March 2026, by equal quarterly instalments and the interest rate of the loan is fixed at 4.55% per annum. The second loan of £10m was entered into in the year ended 31 March 2007, and is repayable over a 25 year period, ending 30 March 2032, by equal quarterly instalments and the interest rate of the loan is fixed at 5.05% per annum.

Other loans
Loans of £21m were received from both Hitachi Capital and Siemens Bank in the year ended 31 March 2019. The loans are repayable over a 12 year period ending September 2030, in equal quarterly instalments that commenced in December 2020.

A loan of £18.3m has been received from a supplier (received between 2018/19 and 2022/23). The loan is repayable over an 11 year period ending March 2029.

A loan of £6.2m has been received from Salix (received in 2019/20 and 2021/22). The loan is repayable over a 7 year period ending October 2027.

	Loans from DHSC £000	Other loans £000	Finance leases £000	Total £000
Carrying value at 1 April 2022	7,509	59,933	1,873	69,315
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,270)	(3,752)	(6,685)	(11,707)
Financing cash flows - payments of interest	(343)	(1,520)	(590)	(2,453)
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	-	-	58,172	58,172
Additions	-	-	2,849	2,849
Lease liability remeasurements	-	-	310	310
Application of effective interest rate	342	1,951	591	2,884
Carrying value at 31 March 2023	**6,238**	**56,612**	**56,520**	**119,370**

23. Provisions

	Early retirements £000	Legal claims £000	Injury benefits £000	Other £000	**Total £000**
At 1 April 2022	35	166	316	593	**1,110**
Transfers by absorption	-	60	-	-	**60**
Change in discount rate	-	-	-	(908)	**(908)**
Arising during the year	(2)	126	(58)	1,340	**1,406**
Utilised during the year	(5)	(42)	(17)	(14)	**(78)**
Reversed unused	-	(36)	-	-	**(36)**
Unwinding of discount	-	-	(4)	21	**17**
At 31 March 2023	**28**	**274**	**237**	**1,032**	**1,571**

Expected timing of cash flows:	**31 March 2023 £000**	31 March 2022 £000
In one year or less	**295**	191
Between one and five years	**119**	93
Over five years	**1,157**	826
	1,571	1,110

Legal claims relate to employee and public liability claims.

Contingent liabilities relating to legal claims are shown in note 26.

NHS Resolution is carrying provisions as at 31 March 2023 in relation to Existing Liabilities Scheme and in relation to Clinical Negligence Scheme on behalf of the Trust of £418.8m (2021/22 - £325.2m).

Other provisions relate to the estimated clinicians' pension tax. An equal amount due from NHSE is included in Receivables.

NOTES TO THE ACCOUNTS

24. Cash and cash equivalents

	31 March 2023 £000	31 March 2022 £000
At 1 April 2022	68,575	63,543
Transfer by absorption	20,345	-
Net change in the year	(42,887)	5,032
At 31 March 2023	46,033	68,575
Broken down into:		
Cash at commercial banks and in hand	36	24
Cash with Government Banking Service	45,997	68,551
Cash and cash equivalents as in SoFP and Cash Flow Statement	46,033	68,575

Cash and cash equivalents represents cash in hand and deposits with any financial institution with a short term maturity period of three months or less from the date of the acquisition of the investment.

25. Capital commitments

Commitments under capital expenditure contracts, which relate to property, plant and equipment, at the statement of financial position date were £3,274k (2021/22 - £7,044k).

26. Contingent liabilities

	31 March 2023 £000	31 March 2022 £000
Contingent NHS Resolution legal claims	-	-

27. Related party transactions

The Trust is a public benefit corporation established under the NHS Act 2006. The Department of Health has the power to control the Trust and therefore can be considered to be the Trust's parent. The Trust's Accounts are included within the NHS Foundation Trust Consolidated Accounts, which are included within the Whole of Government Accounts. The Department of Health is accountable to the Secretary of State for Health. The Trust's ultimate parent is therefore HM Government.

The Trust is under the common control of the Board of Directors.

Directors' remuneration and other benefits are disclosed within the operating expenditure, note 5.1.

The Royal Devon Univerity Healthcare NHS Foundation Trust is the Corporate Trustee of the Royal Devon University Healthcare NHS Foundation Trust General Charity ("Charity"), registered charity number 1061384, registered office Newcourt House, Newcourt Road, Exeter, EX2 7JU. The Charity's objective is for any charitable purpose and purposes relating to the National Health Service wholly or mainly for the Royal Devon University Healthcare NHS Foundation Trust. The Trust has received during the year £346k (2021/22 - £58k) revenue income, £Nil grant income (2021/22 £Nil) and £1,068k (2021/22 - £173k) capital contributions from the Charity. At 31 March 2023 the Trust was due £167k (2021/22 - £45k) from the Charity. The Charity's most recent audited accounts were for the year ended 31 March 2022 and the Charity held aggregated reserves of £3,736k.

During the year the Royal Devon University Healthcare NHS Foundation Trust has had a significant number of material transactions with the Department of Health and Social Care ("DHSC"), and with other entities for which the DHSC is regarded as the parent of those entities. Income from activity - by source (note 3.1) and the operating expense (note 5) provides details of revenue transactions with those entities. Below are considered to be the significant material transactions.

	Income £000	Expenditure £000	Receivables £000	Payables £000
2022/23				
Department of Health and Social Care (excludes PDC dividend)	21,140	-	1,260	-
Health Education England	32,274	-	1,640	-
NHS England (Includes Regional offices / Commissioning hubs)	213,650	44	29,041	592
NHS Devon ICB	494,771	216	4,219	80
NHS Devon CCG	148,912	88	-	-
NHS Cornwall and the Isles of Scilly ICB	9,495	-	20	-
NHS Kernow CCG	3,092	-	-	-
NHS Somerset ICB	4,727	-	7	-
NHS Somerset CCG	1,549	-	-	-
Devon Partnership NHS Trust	6,060	2,157	528	455
2021/22				
Department of Health and Social Care (excludes PDC dividend)	22,492	-	667	-
Health Education England	20,589	-	761	-
NHS England (Includes Regional offices / Commissioning hubs)	148,963	67	3,850	-
NHS Devon CCG	429,812	1,004	16,944	100
NHS Somerset CCG	5,318	-	-	-
Northern Devon Healthcare NHS Trust	7,663	1,889	203	350

NOTES TO THE ACCOUNTS

28. Financial instruments

A financial instrument is a contract that gives rise to both a financial asset in one entity and a financial liability or equity instrument in another entity. IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The financial assets and liabilities of the Trust are generated by day to day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Credit risk

Credit risk arises when the Trust is exposed to the risk that a party is unable to meet its obligation to the Trust in respect of financial assets due.

Financial assets mainly comprise monies due from Integrated Care Boards (ICBs) and NHS England for services rendered by the Trust in fulfilment of service agreements, and cash balances held on deposit. It is considered that financial assets due from these organisations pose a low credit risk as these entities are funded by HM Government.

A significant proportion of the Trust's cash balances are held on deposit with the Government Banking Service, and as such the credit risk on these balances is considered to be negligible.

Liquidity risk

Liquidity risk arises if the Trust is unable to meet its obligations arising from financial liabilities. The Trust's financial liabilities mainly arise from net operating costs, which are mainly incurred under legally binding annual service agreements with ICBs and NHS England, and liabilities incurred through expenditure on capital projects. Other liquidity risks are loans repayable to the FTFF and commercial loan providers.

The majority of the Trust's income is earned from NHS commissioners in the form of fixed monthly payments to fund an agreed level of activity. Such fixed payments allow the Trust to accurately forecast cash inflows. The preparation and review of cash flow forecasts together with the controls in place governing the authorisation of expenditure ensure that the Trust maintains sufficient funds to meet obligations as they fall due.

Market risk

Market risk arises when the Trust is exposed to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Currency risk

The Trust receives income denominated in sterling. The Trust, on occasion, does enter into agreements to make payments in non-sterling denominated currencies. Non-sterling payments are principally short term liabilities and for non-significant amounts. Given this, the Trust does not consider that it is exposed to any material currency risk and therefore has elected not to hedge its exposure.

Interest rate risk

The Trust does not enter into contracts where cash flows are determined by the use of a variable interest rate.

Other price risk

The Trust enters into legally binding contracts with both its customers and suppliers that stipulate the price to be paid. As such it does not consider itself exposed to material other price risk.

NOTES TO THE ACCOUNTS

28. **Financial instruments (continued)**

28.1 **Carrying value of financial assets**

	Held at amortised cost £000
Trade and other receivables excluding non financial assets	33,023
Cash and cash equivalents at bank and in hand	68,575
Total at 31 March 2022	101,598

	Held at amortised cost £000
Trade and other receivables excluding non financial assets	**52,220**
Cash and cash equivalents at bank and in hand	**46,033**
Total at 31 March 2023	**98,253**

28.2 **Carrying value of financial liabilities**

	Held at amortised cost £000
Loans from the Department of Health and Social Care	7,509
Other borrowings	59,933
Obligations under finance leases	1,873
Trade and other payables excluding non financial liabilities	65,466
Total at 31 March 2022	134,781

	Held at amortised cost £000
Loans from the Department of Health and Social Care	**6,238**
Other borrowings	**56,612**
Obligations under finance leases	**56,520**
Trade and other payables excluding non financial liabilities	**90,920**
Total at 31 March 2023	**210,290**

28.3 **Fair value**

For all of the financial assets and liabilities at 31 March 2023 and 31 March 2022 the fair value is equal to book value.

29. **Third party assets**

The Trust held £Nil cash at bank and in hand at 31 March 2023 (2021/22 - £Nil) relating to monies held on behalf of patients.

30. **Standards, amendments and interpretations in issue but not yet effective or adopted and early adoption of standards**

The accounts have been prepared in accordance with the 2022/23 Department of Health and Social Care Group Accounting Manual (GAM) issued by Department of Health. The accounting policies contained in that manual follow International Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. IFRS 17 Insurance Contracts which is to be applied for accounting periods beginning on or after 1 January 2021 have not yet been adopted by the Financial Reporting Manual (FReM). The standard is expected to be adopted from April 2025.

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

NOTES TO THE ACCOUNTS

31. **Transfer by absorption**

On the 1 April 2022, the Royal Devon and Exeter NHS Foundation Trust acquired the assets and business of the Northern Devon Healthcare NHS Trust forming the Royal Devon University Healthcare NHS Foundation Trust through merger by acquisition, approved by the Secretary of State for Health and Social Care.

The transfer has been accounted for as 'transfer by absorption' in line with the instructions set out in the Group Accounting Manual. The assets and liabilities transferred have been recognised in the accounts using the net book value as at the date of transfer. A net gain of £113,033k corresponding to the net assets transferred has been recognised within the Statement of Comprehensive Income.

Analysis of balances transferred from the Northern Devon Healthcare Trust is shown below:

	2022/23
	£000
Non-current assets	115,918
Current assets	32,937
Current liabilities	(35,771)
Non-current liabilities	(51)
Net assets	**113,033**

32. **Reconciliation between surplus recorded on the Statement of Comprehensive Income (SOCI) and the adjusted financial performance reported to NHS England**

The Trust's adjusted operational deficit, as monitored by NHS England (NHSE), was £16,734k. The surplus reported on the Statement of Comprehensive Income (SOCI) was £86,968k and this includes accounting entries that are classed by NHSE as technical accounting adjustments, rather than being operational transactions. The below provides a reconciliation between the adjusted operational deficit and the surplus recorded on the SOCI.

	2022/23	2021/22
	£000	£000
Surplus / (deficit) for the year (SOCI)	**86,968**	**(4,347)**
Add back impairments - buildings (note 5)	5,118	9,776
Add back impairments - intangibles (note 5)	5,321	-
Adjust (gains) on transfers by absorption (note 31)	(113,033)	-
(Deficit) / surplus before impairments and transfers	**(15,626)**	**5,429**
Remove capital donations / grants - SOCI impact (net value included in note 4 and note 5)	(1,133)	336
Remove net impact of DHSC centrally procured inventories (net value included in note 4 and note 5)	25	420
Adjusted financial performance (deficit) / surplus	**(16,734)**	**6,185**

Auditor's Annual Report 2022/23

Royal Devon University Healthcare NHS Foundation Trust

June 2023

Key contacts

Your key contacts in connection with this report are:

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This report is addressed to Royal Devon University Healthcare NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

Summary

Introduction

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2022-23 audit of Royal Devon University Healthcare NHS Foundation Trust (the 'Trust'). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).

Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.

Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.

Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	We issued an unqualified opinion on the Trust's accounts on 30/06/23. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust. We have provided further details of the key risks we identified and our response on page 4.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Governance Statement had been prepared in line with the DHSC requirements.
Value for money	We are required to report if we identify any significant weaknesses in the arrangements the Trust has in place to achieve value for money. We have nothing to report in this regard.
Other reporting	We did not consider it necessary to issue any other reports in the public interest.

Accounts Audit

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Findings
Valuation of land and buildings Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'. The Trust has undertaken a full revaluation in year, with its last valuation in 31 March 2020 for Royal Devon & Exeter NHS Foundation Trust.	We did not identify any material misstatements relating to this risk. We assessed the professional qualifications and experience of Gerald Eve. We challenged the valuation using our valuation specialist and review of key assumptions. We assessed the accuracy of the accounting for the change in value and confirmed the relevant disclosures were valid. We considered the estimate to be neutral based on the procedures performed and in line with the Group Audit Manual.
Fraudulent expenditure recognition Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk around year end and the accruals process, for example to under-accrue liabilities to mitigate financial pressures.	We assessed the design and implementation of process level controls for the review of the accrued expenditure at the end of the year. We have performed our substantive testing procedures by inspecting cash payments and purchase invoices in the period prior to 31 March 2023 to verify expenditure had been recognised in the correct accounting period and evaluating a sample of year end accruals to confirm they were appropriate, as well as performing year on year comparison to understand variances. We also assessed the outcome of the agreement of balances exercise with other NHS organisations. No concerns were identified after performing the above stated audit procedures.
Management override of controls We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.	We tested the design and implementation of controls over the posting of journals including post closing adjustments. We also selected journals that were considered high risk, through applying specific risk based criteria, to test and agreed these journals to supporting documentation. We did not identify any material misstatements or raise any recommendations relating to this risk.

Fraud risk from revenue recognition: Auditing standards set a rebuttable assumption that there is a risk revenue is recognised inappropriately. Due to the nature of revenue within the Trust, we do not consider there to be a significant risk of fraud and have rebutted this risk.

Value for money

Introduction

We consider whether there are sufficient arrangements in place for the Trust for each of the elements that make up value for money. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

Further details of our value for money responsibilities can be found in the Audit Code of Practice at Code of Audit Practice (nao.org.uk).

Matters that informed our risk assessment

The table below provides a summary of the external sources of evidence that were utilised in forming our risk assessment as to whether there were significant risks that value for money was not being achieved:

Source	Detail
Care Quality Commission rating	Overall Good – May 2023
	Medical and Surgical services – requiring improvement
Single Oversight Framework rating	RDUH – Segment 4 (Mandated Intensive Support)
	Devon – Segment 4 (Mandated Intensive Support)
Governance statement	There were no significant control deficiencies identified in the governance statement.
Head of Internal Audit opinion	Significant assurance

Commentary on arrangements

We have set out on the following pages commentary on how the arrangements in place at the Trust compared to the expected systems that would be in place in the sector.

Summary of findings

We have set out in the table below the outcomes from our procedures against each of the domains of value for money:

Domain	Risk assessment	Summary of arrangements
Financial sustainability	One significant risk identified	No significant weaknesses identified
Governance	No significant risks identified	No significant weaknesses identified
Improving economy, efficiency and effectiveness	No significant risks identified	No significant weaknesses identified

We have not identified a significant weakness with regards to the Trust's arrangements for ensuring value for money. We reported this as part of our audit report and have provided further details in our commentary on page 6 to 9.

Value for money

Financial sustainability	
Description	**Commentary on arrangements**
This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ How the Trust sets its financial plans to ensure services can continue to be delivered; ▪ How financial performance is monitored and actions identified where it is behind plan; and ▪ How financial risks are identified and actions to manage risks implemented.	Royal Devon University Healthcare NHS Foundation Trust (RDUH) is a member of the Devon Integrated Care System ('ICS'), and, as a part of the ICS, shares responsibility for any deficit position across the system. The ICS reported a £49.1m deficit against a target deficit of £18.2m. RDUH delivered a final outturn deficit of £16.7 million versus an agreed target deficit of £18.3 million, a favourable variance to plan of £1.5 million. The Trust had targeted savings of £33.9 million during 2022/23 but only delivered £17.5 million of these, £16.4 million short of plan. The year end trust deficit position was therefore supported by additional income received from NHS Devon ICB, as well as other underspends and non-recurrent savings identified in year. It was also noted that a significant portion of the Trust savings were non-recurrent, and therefore whilst the Trust continues to work to deliver recurrent efficiency savings, the reliance on non-recurrent funding creates additional pressures on future years. Whilst we acknowledge the challenges to deliver recurrent savings, the Trust should ensure there remains a focus on these savings rather than non-recurrent items. To provide an overview of the level and nature of support required across systems and target support capacity as effectively as possible, NHS England and NHS Improvement allocate trusts and ICB's to one of four segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). The Trust and system was identified with a Single Oversight Framework rating of 4 ('SOF4') during the year, driven mainly by the underlying deficit of the system. The ICS has an agreed deficit plan for the year ending 31 March 2024 of £49 million, of which £28 million relates to RDUH. The £28 million deficit plan includes a challenging savings target of £45 million to be delivered within the Trust, and a further £15 million share of a system stretch target. Given the recent delivery performance on CIP, this will be incredibly challenging to deliver. The Trust have accepted this challenge and have a detailed improvement plan in place which is delivered under the umbrella of the Trust's 'Delivering Best Value' Programme ('DBV'). This programme brings together the operational recovery and financial recovery together under a single governance and delivery framework. The DBV programme is aligned to the domains of the SOF4 exit criteria to bring focus and link to the reporting requirements of the regular oversight under the Systems Implementation Assurance Group (SIAG). The Trust has set up the DBV board, which is responsible for driving the required change, alongside monitoring and challenging improvement plans, including progress against CIPs and other milestones within the overall Improvement Plan. All current and future operating plans progress through the DBV board before the main Board and/or other Committees. This is supported by the appointment of a new Director and appropriate consulting support. The Improvement Plan clearly targets the exit criteria of SOF4 with clear criteria tracked and monitored. It also aims to align with the Devon ICS long term plan and consider 3 year planning, rather than the annual planning typical within the national picture. We therefore have concluded that the Trust has an appropriate reporting framework in place. *(continued overleaf)*

Value for money

Financial sustainability (continued)	
Description	**Commentary on arrangements**
This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ How the Trust sets its financial plans to ensure services can continue to be delivered; ▪ How financial performance is monitored and actions identified where it is behind plan; and ▪ How financial risks are identified and actions to manage risks implemented.	The Trust also has a large capital programme, with capital spend in year of £56.6m, £11.2m of which relates to MYCARE in both locations, primarily Northern introduction. We have considered the arrangements for the reporting of progress of the capital plans and have not identified a value for money risk. The Trust has two financial strategic risks on the Board Assurance Framework reported to the Finance and Operations Committee. The principle risks identified being 'The Trust has a deficit plan which is at risk of being non-acceptable by the regulators. The Trust may be unable to deliver its strategic objectives through the continued cycle of short-term planning and lack of funding for longer term investment and restrictions placed on the Trust' and 'The Trust is unable to invest in capital plans that support delivery of its operation or strategic objectives', these risks are rated 25 and 20 respectively within the February 2023 Board Assurance Framework. The risk register is regularly reported to the Finance and Operations Committee and assurance provided over the key actions such as the ongoing system work and development of longer term efficiency plans being taken to manage the risk to ensure the Board provides appropriate oversight. This shows the identification, awareness and governance processes in place to respond to the risks. There is significant evidence that the organisations within the ICS are working collaboratively, not least reviewing the nil return from the ICB in the Agreement of Balances exercise. There is a fortnightly system recovery board, which tracks all implementation plans and strategic schemes across the system. This has representation from RDUH NEDs to assist in shaping the conversation and feeding back governance objectives to the Trust. **Concluding remarks** There are significant challenges for the organisation with an ambitious improvement programme relying on delivering a large efficiency programme and their part of a system stretch target. This is more challenging given the trust's recent history in delivering CIP, and the underlying systemwide deficit. However, CIP plans appear to be in place with supporting governance processes with systemwide support and focus. While there is continued pressure on reducing the significant system wide deficit, we note that the Trust delivered their planned position for 2023 (albeit through non-recurrent means), and have plans to deliver their CIP plan for 23/24. The Trust however fully recognise the scale of the challenge this represents. Due to these arrangements in place, we have not identified a significant weakness in the arrangements to deliver value for money at the Trust during the year.

Value for money

Governance	
Description	**Commentary on arrangements**
This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ Processes for the identification and management of strategic risks; ▪ Decision making framework for assessing strategic decisions; ▪ Processes for ensuring compliance with laws and regulations; ▪ How controls in key areas are monitored to ensure they are working effectively.	On 1 April 2022, Northern Devon Healthcare Trust and The Royal Devon & Exeter NHS Foundation Trust merged their operations into a single Trust. The Trusts had been reporting collectively for some time previously in anticipation of this and the governance and risk management processes had been close previously due to shared management driving increased harmonisation. The synergy in the combined organisation will be further enhanced as the organisation moved to an upgraded and single ledger system on 1 April 2023. The consolidation process for the year ending 31 March 2023 was more complicated through this process, however the team had been submitting combined returns for the year and we noted no consolidation errors as part of our audit work. We consider the Trust to have effective processes in place to monitor and assess risk. Strategic risks are recorded and identified using the Board Assurance Framework and any identified risks are reported to the Board. The Board Assurance Framework is reviewed quarterly by the Board of Directors. A 5 x 5 scoring matrix is used by the Trust to score operational risks, and any with a score of 15 or higher are presented to the Safety and Risk Committee for approval onto the Corporate Risk Register. The Finance and Operational Committee review the BAF Finance and Operational Risks on a regular basis. Our review of the risk register found this was sufficiently detailed to effectively manage key risks and we viewed evidence of review within both the Governance Committee and Audit Committee with clear escalation up to the BAF where required. Any recommendations raised by Internal Audit or the Local Counter Fraud team are reported to the Audit Committee. Our review of the Audit Committee papers and attendance at the meeting confirmed that there was appropriate discussion and follow up of recommendations for both Internal Audit and Local Counter Fraud. We noted in the May Audit Committee that there were no outstanding Counter Fraud recommendations, but 148 open Internal Audit recommendations that were in progress, however we did note that many of these had recently extended completion dates, with some extended multiple times. Only 3 of the total recommendations were red rated however. The Trust has a set of policies, which clearly outline the expected behaviour of staff members in relation to areas such as Gifts and Hospitality, Manging conflicts of interest (Standard of Business Conduct Policy) and Whistleblowing Policy. Most policies have been approved in line with their review requirements and others have been extended as collective policies are being managed. These policies continued to apply throughout the period. We did not identify any significant risks associated with the arrangements in place for monitoring Fraud, compliance with Laws and Regulations and Officer Compliance with policies. We found there to be appropriate scrutiny and challenge of the budgets and appropriate approval through the budget holders. In order to understand their financial performance against their budget, budget holders are able to access budget performance in the finance system, and are provided with a monthly budget statement. Discussions on performance between Management Accounts and budget holders allowed for appropriate challenge and response to adverse variances. Monthly submissions are made to NHS England through the PFR which is approved by the Chief Financial Officer.

Value for money

Improving economy, efficiency and effectiveness	
Description	**Commentary on arrangements**
This relates to how the Trust seeks to improve its systems so that it can deliver more for the resources that are available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ The planning and delivery of efficiency plans to achieve savings in how services are delivered; ▪ The use of benchmarking information to identify areas where services could be delivered more effectively; ▪ Monitoring of non-financial performance to assess whether objectives are being achieved; and ▪ Management of partners and subcontractors.	CIP performance is reported as part of the Integrated Performance Report ('IPR') and is also tracked through the monthly NHSE/I returns. Management maintains and monitors costs by reviewing the information received from the Model Hospital as benchmarking. The Cost Improvement Programme for the year was targeted at £33.9m, of which the Trust delivered £17.5m in year, of which the PFR states £11.5, is non-recurrent. The Board reporting notes that the £16.4m under-delivery is due to pressures in Urgent and Emergency Care impacting the ability to deliver the elective activity plan. The 2023/24 plan requires significant CIP savings to be delivered, which have been drawn into RDUH's 'Delivering Best Value' (DBV) programme, which is discussed further within financial sustainability. CIP delivery is a key part of this transformational plan. Progress against CIP is also tracked and challenged within the new DBV Board The Trust has a performance management framework in place to set the structure of performance management. This details the format of reporting and outlines roles and responsibilities at each level. The main element of performance reporting is the integrated performance report which provides the Board with key operational performance indicators on a monthly basis. Similar reports are also reported at divisional levels. This report highlights performance in different domains in line with the Trust's strategy and highlights key areas for improvement within each domain. For these areas further information is provided, such as trends, to help inform the Board and provide the full context. An escalation route to the Board Assurance Framework is provided. The Trust forms part of the Devon ICS. Members of the Board and leadership team coordinate successfully within the system and the merger to RDUH has necessitated shared executives for some time. This ensures the Trust is integrated into key system decisions and feeds back to the Trust via relevant Board, Committee and operational/clinical meetings. Planning is performed at an ICS level as well as considering the individual entities that makeup the system, with the aim of achieving financial sustainability at a system level. The Trust's CEO, Chair and relevant NEDs provide updates within their reports to Board with the system financial performance as required. There is currently a significant combined ICS deficit (or system "gap") for Devon ICS and from review of Board papers and Board Assurance Framework, we note Royal Devon University Healthcare NHS FT recognise that the ICS and RDUH require significant transformational plans to address the deficit and close discussions are ongoing within the system to support this end.

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Quality Account
2022/23

Royal Devon University Healthcare
NHS Foundation Trust

CONTENTS

Chief executive officers' introduction

Welcome

Welcome to Royal Devon University Healthcare NHS Foundation Trust (the Royal Devon) quality account for 2022/23. The quality account gives us the opportunity to review what we have been doing to improve the quality of care we provide.

Within this document, we set out our priorities for improvement in 2023/24 and review our progress against the priorities we set out in the 2022/23 quality accounts for Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT).

Over the next few pages, you can read all about some of the improvements staff have made and those we are yet to make, and I hope this captures the spirit of the Royal Devon staff and their ongoing commitment to quality improvement.

We have made significant progress with last year's improvement priorities and we thank staff for their hard work and dedication in achieving this. The priorities for both RD&E and NDHT were:

1. Improving learning from incidents

2. End of life care – digital enablement

3. Developing our safety culture

4. Learning from our successes

5. Embedding best practice in communication

Examples of improvements include:

- There has been significant progress with falls improvement work, the most recent quality improvement initiative implemented is the post-fall huddles. These provide multi-disciplinary reviews as soon as practicably possible after a fall and allow us to provide feedback to the patient and their loved ones on learning resulting from the fall within hours of the incident.

- Following go live across our Northern services, work around digital enablement in end of life care has been revisited and strengthened.

- The Trust developed a Just Culture virtual event series open to all colleagues, facilitated by prominent external speakers to explore the behaviours and principles that underpin a safety culture.

- The Trust transferred to its new risk management system Datix Cloud IQ in June 2022. This system has enhanced reporting and business intelligence and has been developed to be fully compatible with the new national platform – Learning from Patient Safety Events.

- The Communications Access training programme is now available to all Royal Devon colleagues through our learning platform. Promotion of this training and monitoring of uptake will be monitored throughout 2023/24.

Our first year as the Royal Devon has also been the first full year of recovery for the NHS from the COVID-19 pandemic and we experienced a number of ongoing challenges, including issues with infection prevention and control, high levels of demand for our services, workforce shortages, and industrial action. Our staff rose to these challenges magnificently, demonstrating professionalism and strong teamwork, and continuing to deliver compassionate care to our many patients who depend upon us.

We head into 2023/24 in a challenging national context, but take significant optimism from the progress we made in 2022/23 and the strength of our partnerships, with our system colleagues, our research and academic partners, and with our local community.

I want to finish by saying to our colleagues, volunteers, patients and all of our stakeholders: thank you for everything you do. Your commitment and compassion has helped us deliver the very best care and services we can to our patients. I am extremely proud of all that we have achieved together and look forward to working with you all next year.

This report sets out priorities for next year and we look forward to reporting back in 2024.

Chris Tidman
Deputy Chief Executive Officer
28 June 2023

Statement of directors' responsibilities in respect of the quality account

The directors are required under the Health Act 2009 to prepare a quality account for each financial year.

The Department of Health has issued guidance on the form and content of annual quality accounts, which incorporates the legal requirements of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, as amended by the National Health Service (Quality Accounts) Amendments Regulation 2011.

In preparing the quality account, directors are required to take steps to satisfy themselves that:

- the quality account presents a balanced picture of the Trust's performance over the period covered

- the performance information reported in the quality account is reliable and accurate
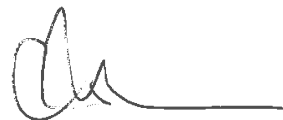
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review

- the quality account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality account.

By order of the Board

Dame Shan Morgan, Chair
28 June 2023

Chris Tidman, Deputy Chief Executive Officer
28 June 2023

Progress on our 2022/23 priorities

Governor priorities

In 2022/23 the Council of Governors took the decision not to identify a specific quality priority, but to endorse those which had been identified as the Trust Priorities.

This was an acknowledgement of the significant challenges the Trust faced as we moved from a pandemic response to "Living with Covid", significant periods of increased operational escalation and the focus on elective care recovery.

Progress on our 2022/23 priorities

Trust priorities

Priority 1	Improving learning from incidents
Rationale and past performance	The 2015 Serious Incident Framework created a rigid approach to how incidents should be investigated. The Patient Safety Strategy (2019) allows Trust's to develop a Patient Safety Incident Response Plan, designing how it will respond to specific incidents. This is described by the Patient Safety Incident Response Framework (PSIRF) with the stated aim of ensuring any response is proportionate to the potential for generating learning from the investigation.
What will we do?	• We will revise our approach to responding to highest frequency incidents: Pressure Ulcers and Patient Falls. • We will take learning to the bedside or patients' home, providing a restorative approach to learning. • We will trend and theme our learning to develop High Impact Actions which lead sustainable improvement.
Measurable target/s for 2022/23	• Establish task and finish groups comprising Subject Experts, Patient Safety Specialists, Safety Systems Leads and Divisional Representation for start of Q3. • Develop an investigatory approach which will reduce the bureaucratic burden of current practice and provide timely learning. • Make recommendations to the Learning and Improvement Workstream of the Patient Safety Strategy Implementation Project for the end of Q3. • Begin systems build to incorporate the revised investigatory approach into our incident reporting processes; so that we can start to generate learning at the point of reporting during Q4. • Implement the revised approaches from Q1 2023/24.
How progress will be monitored	Quarterly Reporting to the Governance Committee
Board sponsor	Chief nursing officer and chief medical officer
Implementation lead	Associate director for safety and quality (Eastern services) Associate director for safety and quality (Northern services)

Progress to date	The Trust has established a Patient Safety Strategy Implementation Project Delivery Group (PSSIPDG) which provides oversight of our emergent approach to learning from incidents. This group reports to the Governance Committee on a quarterly basis.

While the Trust continues to work under the Serious Incident Framework 2015 we are incorporating human factors principles and systems thinking into our current investigations.

We are working in partnership with our Integrated Care Board, who are members of both the PSSIPDG and our Incident Review Group (IRG). This ensures any learning from our incidents can be shared quickly throughout the system, and we are able to adopt broader system learning.

We are continually exploring how we can minimise the bureaucratic burden of learning from incidents, and accelerate learning.

There has been significant progress with Falls improvement work. The Trust has established a Falls Reduction Project Group which is leading on a series of initiatives. The most recent quality improvement initiative implemented is the Post-Fall Safety Huddles.

These are multi-disciplinary reviews of a fall, undertaken as soon as practicably possible after a fall (our aim is within 48 hours). The huddle is an opportunity for the team to reflect upon a fall and to highlight both areas of good practice and learning, including actions to mitigate future risks.

The aim is for the huddles to be non-judgemental, so that all members of the team feel empowered to contribute, and to consider how the fall may have been prevented, and how future falls could be avoided. The multi-disciplinary aspect is particularly important, as it allows for greater collaboration between different professions and staff groups.

The huddles are currently in their trial stage, and are only being carried out for a fall that meet the following criteria:

● Occurred within medical services;

● Was a fall resulting in moderate harm which led to either a fracture or an intracranial bleed

Each huddle is arranged and led, by a clinical matron; this is to ensure consistency of its implementation and to support imbedding the huddles into usual practice

The huddles are subject to ongoing review, utilising a PDSA cycle. Following each huddle, feedback has been sought, in order to inform this improvement approach. There is generally good engagement with the huddles, particularly where multiple professions have been involved.

The division has also made improvements to the huddle documentation as a result of feedback; for example, one area felt that it was important to include staff welfare as a discussion point, to ensure that the needs of staff are considered, as well as the patient. This is now included.

A falls prevention page on the trust wide staff intranet has been recently created. This provides access to a range of key resources for staff and patients to support falls reduction work and provides advice regarding associated care and management at the Trust.

One of the largest impacts has been that we are able to provide feedback to the patient and their loved ones on the learning resulting from the fall and any actions within hours of the incident. |

| | The plan will be to utilise this SWARM approach to falls as our main approach of enquiry, with trending and theming from the huddles generating the learning from these incidents. This will then inform further cycles of continuous quality improvement work.

The next financial year will provide us with the opportunity to extend this approach to other common patient harms, in line with our implementation of PSIRF. |
|---|---|
| RAG rating | |

Priority 2	End of Life Care – Digital Enablement
Rationale and past performance	With the implementation of Epic in Northern services, this provides the opportunity to maximise how we can use our digital infrastructure to drive quality for patients who are entering the final stages of their life.
What will we do?	• We will work with our End of Life (EOL) Steering Group to identify the opportunities arising from our digital platforms. • We will support the development of required Best Practice Advisories or Workflows as part of Epic optimisation. • We will work with the Patient Portal Steering Group to explore the potential of patients being able to identify their end of life wishes via MyCare. • We will identify appropriate flags and alerts to ensure that people brought to hospital in an emergency, where possible, are not admitted if this is against their end of life wishes.
Measurable target/s for 2022/23	• Incorporation of the Quality Priorities into the EOL Steering Group Work Plan. • Digital solutions identified and impact assessed at the end of Q3. • Digital solutions prioritised and change request forms submitted to the Epic Optimisation Patient Safety Workstream to be operationalised at the start of Q4. • Schedule of implementation for digital solutions presented within the Q4 Quality Priorities. • Review of EOL Policy framework incorporating any revisions required to embed the digital solutions.
How progress will be monitored	• Quarterly report to the Governance Committee. • The priority will be incorporated into the work plan for the EOL Steering Group who will monitor progress against their work plan.
Board sponsor	Chief nursing officer and chief medical officer
Implementation lead	Director of nursing (Eastern services)
Progress to date	**Digital** Digital enablement has been part of the End of Life (EOL) Working Group prior to and following the Eastern services Epic go live. For various reasons, the final Eastern services Electronic Patient Record (EPR) did not meet the requirements of the EOL service, including facilitation of Advance Care Planning (ACP) and participation in the National EOL audit (NACEL). The Northern services Epic go live in July 2022 gave an opportunity for this work to be revisited and strengthened. Combined with the support of the EOL Steering Group, this work is being progressed by a dedicated group including EOL and Epic/EPR colleagues and is reviewed at bi-monthly working group and quarterly steering group meetings. These in turn report quarterly into the Clinical Effectiveness Committee (CEC) and the Urgent Care Steering Group. Change requests have been completed for all elements of MyCare workflow development. ACP is nearing completion and following a meeting on 10 March 2023 implementation of the flowsheet will be taken to a change control meeting on 18 April 2023.

	It has been requested that communications go out for community, Emergency Department (ED), inpatients and outpatients about the ACP workflow prior to it going into production (PRD) due to the scale of the work involved. An EOL lead is being identified who will liaise with the Information Officers (IOs) to progress this and once ready it will be taken to Change Control again and then put into PRD.

A clear schedule of implementation for all outstanding EOL digital solutions now needs to be agreed and this links into the wider Trust wide position on extracting data from Epic. A further meeting is required with Epic colleagues to confirm the functionality of the EOL dashboard, reporting and confirmed timescales for the completion of this work.

EOL Policy and Strategy

Work is in progress to integrate both the EOL Policy and Strategy framework across all services and draft documents were reviewed at the EOL Working Group on 25 January 2023. Digital enablement elements will be embedded within both documents.

Final documents will be taken to the EOL Steering Group meeting for sign off on 29 June 2023. |
| RAG rating | |

Priority 3	Developing Our Safety Culture
Rationale and past performance	The implementation of PSIRF has been described by early implementors as being a revolution rather than a change. We will build on the Just Culture work which was prioritised last year, with a structured approach to safety education and training for all staff.
What will we do?	• We will develop a training plan to support all our staff to undertake level 1 Patient Safety Training (Introduction to Patient Safety). • We will identify the cohorts of staff who will require level 2 Patient Safety Training (Preparation for Practice). • We will provide patient safety training to our Trust Directors, Non-Executive and Executive Directors, to support their strategic oversight of patient safety. • We will revise our patient safety intranet pages and communications to increase their accessibility and profile in the organisation. • We will undertake an assessment of our safety culture pre-implementation of the training plan and repeat in 18 months' time when the training programme has been rolled out.
Measurable target/s for 2022/23	• Undertake Patient Safety Culture assessment and report at the end of Q3. • Trust wide Training Needs Analysis completed for levels 1 and 2 of the Patient Safety Training. • Agree Content for New Patient Safety intranet pages and make available on both BOB and HUB, pending the introduction of a new Trust intranet. • Progress through the Statutory and Mandatory Training Framework to ensure that we are able to identify compliance with the training programme via Learn+. • Scope requirements for level 3 training with recommendations for number of places required and costings by end Q4. • Develop full training needs analysis and plan in line with the National Patient Safety Syllabus in Q1 2023/24.
How progress will be monitored	• Quarterly report to the Governance Committee. • This work will be undertaken by the Training Workstream of the Patient Safety Strategy Implementation Project. Progress will be monitored by the Patient Safety Strategy Implementation Project Delivery Group.
Board sponsor	Chief nursing officer and chief medical officer
Implementation lead	Associate director for safety and quality (Eastern services) Associate director for safety and quality (Northern services)
Progress to date	The review of our patient safety culture using the Manchester Patient Safety Framework (MaPSaF) tool took place throughout February and March 2023. This was during a period of high operational escalation. Despite this we had 284 responses to our survey, from a broad range of Trust services. The word cloud illustrates that we had strong engagement from theatres, therapies and Emergency Department across a range of professional groups.

Neurology   Management   Paediatrics   Corporate Affairs
Radiology
Emergency Department HFOP Medicine
Ophthalmology team   ED Community   patients
Centre
Governance Ward   Theatres Mardon rehab
medical imaging Audiology Anaesthetics therapy Medical division
surgery Pharmacy Outpatients
Cardiology physiotherapy   Gastroenterology
Portering
Mardon Neuro Rehab   Radiotherapy

MaPSaF assess the maturity of an organisations' Safety Culture from pathological to generative

A pathological organisation is one with a prevailing attitude of 'why waste our time on safety' and, as such, there is little or no investment in improving safety.

A generative organisation is one where safety is an integral part of everything the organisation does. In a generative organisation, safety is truly in the hearts and minds of everyone, from senior managers to frontline staff.

Overview of Safety Culture at the Royal Devon

The high-level analysis demonstrates that Royal Devon is currently at the bureaucratic stage of organisational maturity.

This is typified as organisations that are very paper-based and safety involves ticking boxes to prove to auditors, assessors and regulators that they are focused on safety.

The NHS Serious Incident Framework (2015) is itself bureaucratic in nature. The metrics within the framework focus on measurable outputs such as how many Serious Incidents has an organisation had, and how many have investigations have been completed within 60 days.

Overview of Safety Culture

The NHS Serious Incident Framework (2015) is itself bureaucratic in nature. The metrics within the framework focus on measurable outputs such as how many Serious Incidents has an organisation had, and how many have investigations have been completed within 60 days.

This required a Governance framework which focussed on measuring process measures and reporting those to Commissioning bodies who were responsible for the oversight of these processes.

In this context it is not surprising that Royal Devon is currently at a bureaucratic level, although the findings do indicate that we demonstrate significant organisational behaviours which are at proactive level. This suggests that while strongly bureaucratic we are on the journey to the next stage of cultural maturity.

Proactive organisations place a high value on improving safety, actively invest in continuous safety improvements and reward staff who raise safety related issues.

A full report of the Royal Devon safety culture survey findings will be developed and presented through the Safety and Risk Committee.

To support developing our safety culture we have launched the national Patient Safety Syllabus **Level One** (Part One) – Essentials for Patient Safety training.

This went live in April 2023 and is offered via our Learn+ system, and is mandatory for all Trust staff. This training includes:

- Listening to patients and raising concerns;

- The systems approach to safety, where instead of focusing on the performance of individual members of staff, we try to improve the way we work;

- Avoiding inappropriate blame when things don't go well;

- Creating a just culture that prioritises safety and is open to learning about risk and safety.

We have completed mapping of the staff who are required to complete **Level One** (Part Two) – Essentials for Patient Safety for Boards and Senior Leadership Teams.

This will be live for Senior Leaders in May 2023. This will be completed after Level One (Part One) and the content includes:

- The human, organisational and financial costs of patient safety;

- The benefits of a framework for governance in patient safety;

- Understanding the need for proactive safety management and a focus on risk in addition to past harm;

- Key factors in leadership for patient safety;

- The harmful effects of safety incidents on staff at all levels.

Level Two – Access to Practice Training is currently being mapped, and will be available in June 2023 to those staff who have an interest in understanding more about patient safety or who want to go on to access the higher levels of training.

The Trust will undertake an additional MaPSaF Audit within the next 18 months to assess if there has been positive movement within our safety culture following the roll out of the Level One and Two training.

To enable safe patient care it is vital conditions are created so that staff feel respected, psychologically safe, and leaders invite engagement and challenge and model these behaviours in their day to day work.

The Trust developed a Just Culture virtual event series open to all members of staff, facilitated by external speakers to explore the behaviours and principles that underpin a just culture.

The full programme is presented below.

There will be a formal evaluation following completion of the full programme. To date, 891 members of staff have participated in the live sessions and 233 have reviewed the recorded sessions. The formal evaluation of the series will be presented to the Trust's Patient Safety Group.

RAG rating	

Priority 4	Learning from our successes
Rationale and past performance	Traditional approaches to safety try and learn from incidents. Most of the people we serve never experience an incident or any harm in our care. The introduction of the Learning from Patient Safety Events (LFPSE) platform, which will replace both the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) allows for national reporting of positive practice and learning from things going well (Safety II). The Trust has invested in Datix Cloud IQ, which is fully compatible with the LFPSE, and supports reporting when things go well.
What will we do?	• We will roll out Datix Cloud IQ to all areas of the Trust, and provide support for staff on how to report a positive occurrence. • We will consolidate our current approaches to Learning from Excellence, maximising the potential to recognise and learn from Excellence. • We will develop a Learning from Excellence QI project to ensure that staff in every part of our organisation are able to report good practice. • We will build Safety II into our governance arrangements for patient safety, in preparation for opening these forums to patients and carers as our Patient Safety Partners.
Measurable target(s) for 2022/23	• Consolidate a single Trust Risk Management System which is compatible with LFPSE reporting requirements. • Learning and Improvement workstream of the Patient Safety Strategy Implementation Project to include the quality priority into their workplan. • Explore options for local capture of Good Care through Safety and Quality Systems; with recommendations to Project Delivery Group at end of Q3 for revising Learning from Excellence. • Governance workstream of the Patient Safety Strategy Implementation Project to recommend approaches to incorporate Safety II into Governance Framework for Patient Safety. • Build Learning from Excellence / Safety II into patient safety intranet pages and Patient Safety communications plan.
How progress was monitored	• Quarterly report to the Governance Committee. • Implementation supported through Patient Safety Strategy Implementation Project Delivery Group (PSSIPDG).
Board sponsor	Chief nursing officer and chief medical officer
Implementation lead	Clinical matron for patient safety and experience (Eastern services) Clinical safety lead (Northern services)

Progress to date	The Trust transferred to its new Risk Management System (RMS), Datix Cloud IQ in June 2022.

This system has enhanced reporting and business intelligence compared with our previous RMS version, and has been developed to be fully compatible with the new national platform: Learning from Patient Safety Events (LFPSE).

LFPSE will replace the two current platforms used for reporting patient safety incidents in the NHS. These are:

The National Reporting and Learning System (NRLS)

NRLS is the platform through which the NHS escalates all of its patient incident data to NHS England. Under the Health and Social Care Act, NHS Trust's have a statutory duty to notify the Care Quality Commission of specific incidents.

Regulation	Notification
16	Certain deaths of people using the service
18(2)(e)	Allegations of abuse
18(2)(g)	Events that stop or may stop the service from running safely and properly
18(2)(a)&(b)	Serious injuries to people who use the activity

Reporting to NRLS fulfils the obligation for these notifications.

Strategic Executive Information System (StEIS)

StEIS is a national portal used for the reporting and reviewing of incidents which meet the criteria for the NHS Serious Incident Framework (2015), including Never Events.

NHS Providers are able to upload incidents onto the StEIS platform, at which point local and national commissions are able to view them, tracking progress towards completion of investigations. Commissioners will independently review completed investigations and either seek additional assurance or approve the incident for closure on StEIS.

The Trust has been working with the Integrated Care Board and NHS England to consolidate our two legacy StEIS portal identities; and we now have a single Royal Devon portal.

Both NRLS and StEIS were due to be replaced by Learning From Patient Safety Events (LFPSE) service on 01 April 2023, although this date has been delayed until September 2023 by the National Patient Safety Team within NHS England.

LFPSE does not only collect information from incidents, but is designed to have a broader scope. The system can be used for reporting and analysis of four types of patient safety events:

● Patient Safety Incident

● Good Care

● Poor Outcome

● Risk

When LFPSE launches, NRLS will be switched off and reporting via the platform will cease. StEIS will be closed to new incidents.

	The Trust remains on schedule to transfer to the new national platform by 1 September 2023. The platform will initially only accept patient safety events which relate to incidents and good care.
	The reporting of good care is to support a range of Safety II approaches to patient safety learning. Current approaches (Safety I) generate learning from enquiry into incidents.
	Most people who access healthcare do not experience any harm, and are very satisfied with the outcomes of their care and treatment. Safety II hypotheses that there is significant learning from the analysis of when things go right.
	The Trust and its legacy organisations have utilised Learning from Excellence (LfE), a peer nominating system, which focuses on the things we are getting right. Using LfE the Trust can improve morale and standards of care. Any member of staff is able to nominate an individual or team, and ensures that staff are acknowledged for their contributions.
	"I received the card and report and I felt very overwhelmed, I felt extremely valued, noticed, a huge sense of achievement and just felt extremely happy. I didn't think what I had done was a very big thing, to me what I did was a really small thing to do, but to someone else it wasn't just a small thing and it made a big difference. I literally felt on cloud 9 for days after receiving the nomination."
	Learning from Excellence nominations are currently captured on the staff intranet pages through a web form. Using LfE, and similar approaches is essential if we aim to have a positive safety culture. The Trust intends to commence "good care" reporting to LFPSE in September 2023. This potentially creates dual reporting process for Safety II information, and Patient Safety Strategy Implementation Project Delivery Group reviewed the options and has agreed that the LfE nomination form will be held within Datix Cloud. There will be an additional question asking the nominator if they are reporting good care.
	This solution holds a number of advantages:
	• All information on Good Care and Excellence will be held in a single cloud-based database, rather than as currently two separate web-based databases.
	• Datix Business Intelligence Module will increase the potential for generating learning from LfE; Standardised reporting becomes possible.
	• It will create the potential to triangulate with other sources of insight, including compliments and other feedback.
	There should be very little change for those making a nomination who will continue to use the LfE pages as a launch page which will link directly to the Datix form. Staff will also be able to make good care nominations from within Datix, and these will be reportable with the LfE nominations, increasing our oversight of good practice.
	The Trust's Safety and Quality Systems team are working in partnership with the National Patient Team (NHS England) and RL Datix on the redesign of the LFPSE form. By working in partnership, we are hoping that we will be able to influence the look and feel of the final product, minimising the administrative burden for those completing the form.
	The final national upgrade from Datix is due in late June / early July 2023. This should enable the Trust to switch to LFPSE earlier than the national final transfer date.
RAG rating	

Priority 5	Embedding best practice in Communication
Rationale and past performance	The Trust has successfully gained accreditation by Communication Access Standards UK. This provides us with the opportunity to improve our communication culture, raise our staff's knowledge of different forms of communication and gain cultural competence in the experience of people who, for whatever reason, communicate differently or require assisted communication to be heard.
What will we do?	● We will implement a training programme for all staff on the fundamentals of good communication. ● We will develop a communication Task and Finish Group to prioritise a Trust wide Communication work plan. ● We will work with Epic Optimisation to maximise our digital support to communication.
Measurable target(s) for 2022/23	● Incorporation of Communication Access Standards into a work plan for the Patient Experience Operational Group. ● Monitoring of number of staff who have completed the Communication Access Standards Training. ● Development of a communications package to highlight availability of the training, with a plan to maintain awareness of the programme. ● Patient Experience Operational Group to be develop a set of key performance indicators to be used.
How progress was monitored	● Quarterly report to the Governance Committee. ● Implementation supported through Patient Safety Strategy Implementation Project Delivery Group (PSSIPDG).
Board sponsor	Chief nursing officer
Implementation lead	Deputy director of nursing (patient experience), Northern & Eastern services
Progress to date	Led by the Royal College of Speech and Language Therapists, Communication Access UK is an initiative developed in partnership by charities and organisations that share a vision to improve the lives of people with communication difficulties. Inclusive communication is about recognising that a person might have communication support needs and to consider the best way to communicate to help them as an individual. Inclusive communication means sharing information in a way that everybody can understand and 1 in 5 people will experience a communication difficulty at some point in their lives. For the Trust, it means making sure that we recognise that people understand and express themselves in different ways. For our patients, families and carers who use our services, it means getting information and expressing themselves in ways that meet their needs. Inclusive communication relates to all modes of communication: ● Face to face communication ● Phone communication ● Written information

Training programme

The Communication Access training programme has been made available to all Royal Devon colleagues and is accessed through the learning platform. Operational challenges such as elective recovery work, industrial action and workforce absences has meant that the numbers of colleagues undertaking the training is less than expected. At the end of 2022/23 8% of staff in Northern services and 14% staff in Eastern services had completed the training.

Monitoring

Monitoring the progress of Communication Access training and progress has been through the bi-monthly Patient Experience Operational Group which reports into the Patient Experience Committee.

In recognition of 'communication' being our highest reportable theme across complaints and feedback, uptake of communication access training will also be monitored in the monthly divisional performance meetings throughout 2023/24.

Communications plan

A high-level communication plan has been developed in support of Communication Access accreditation, with a home page on the Trust intranet highlighting the access to training. Communications have also been put into all-staff updates across both Northern and Eastern services. The Trust plans to apply for reaccreditation with Communication Access UK in 2023/24.

We have given this an amber rating in light of the lower than expected number of colleagues who completed the training in 2022/23.

RAG rating	

Learning from never events

During this reporting period the Trust has reported ten incidents which meet the never event criteria. Never events are defined as Serious Incidents (SI's) that are largely preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Unlike other incidents reportable through the NHS Serious Incident Framework (2015), never events are reported even if they do not result in patient harm. In summary during 2022-23 The Trust has reported the following never events.

Incident Date	Incident Type	Speciality	Harm - national Definition
May 2022	Wrong Site Surgery	Dermatology	Minor
June 2022	Wrong Site Surgery	General Theatres	No Harm
June 2022	Wrong Site Surgery	Dermatology	Moderate
June 2022	Wrong Site Surgery	Dermatology	Moderate
July 2022	Wrong Site Surgery	Ophthalmology	Minor
August 2022	Wrong Site Surgery	General Theatres	Moderate
October 2022	Wrong Site Surgery	Urology	No Harm
October 2022	Retained Foreign Object	Oral and Maxillofacial surgery	No Harm
January 2023	Wrong Site Surgery	General theatres	No Harm
January 2023	Retained Foreign Object	Maternity	Moderate

Initial reviews of the incidents are completed though a 72-hour report, which is shared with both our Commissioners and Regulators. This report identifies any immediate actions taken following the incident, and any learning which can be identified prior to the formal investigation process.

An overview of learning from Never Events was presented to the Safety and Risk Committee in July 2022. The review identified a number of system issues which included.

Environment:

Only one of the wrong site surgery incidents occurred within an operating theatre; the remaining seven occurred in other environments (e.g. wards, outpatient clinics) where invasive procedures occur.

Each of the cases occurred in a busy environment at a time when the wider organisation was under extreme pressure, distractions in the environment played a key part in contributing factors identified.

Communication:

From national initiatives to local policy or standard operating procedures, confirming actions passed in conversation offer safety barriers based on safety critical communication principles; if used these would have afforded the space to confirm a site, a number, a patient's identity, position or action required.

Checklists:

Inconsistent implementation of national initiatives such as Stop Before you Block, a swab count or Local Standards for Invasive Procedures (LocSSIPs).

Timescale:

Gap identified between 'Time Out' and knife / needle to skin. Need identified for a final pause prior to incision or injection to reduce the risk of wrong site surgery events.

Learning into action:

A Never Events Task and Finish Group was formed, to support the Trust to address these system factors through a structured improvement methodology. This group was tasked with evaluating actions taken to date and identifying what additional trust wide actions could be taken to further reduce the risk of re-occurrence.

On 6 December 2022, the chief medical officer and chief nursing officer hosted a Never Events Webinar for senior clinicians. This included setting the context of recent never events, sharing the learning that had emerged to date from the work of the Task and Finish Group. This webinar also shared a personal reflection from a senior clinician who had been involved in a never event.

The Trust has highlighted learning from never events through its communications, including regular updates through the Trust's patient safety newsletter iBulletin and a series of Safety Briefing Posters.

The Trust has worked in close partnership with One Devon, the Integrated Care Board to ensure learning is shared across the care system; and in summer 2023 the Trust will be participating in a programme of work involving providers from throughout the South West.

In January 2023 an update to the National Safety Standards for Invasive Procedures (NatSSIPs) was published. The revised standards (NatSSIPs 2) are intended to share the learning and best practice to support multidisciplinary teams and organisations to deliver safer care.

- The organisational standards are clear expectations of what Trusts and external bodies should do to support teams to deliver safe invasive care.

- The sequential standards are the procedural steps that should be taken where appropriate by individuals and teams, for every patient undergoing an invasive procedure.

To ensure that the Trust responds effectively to NatSSIPs 2 the Never Events Task and Finish Group has evolved into NatSSIPs Implementation Group. This will ensure that actions already in situ to respond to never events will continue to completion and be evaluated as part of the broader improvement work to implement NatSSIPs 2. The implementation of NatSSIPs 2 is one of the Trust's Quality Priorities for 2023/24 (Priority 3); and progress will be reported to the Trust's Governance Committee on a quarterly basis.

Our priorities for 2023/24

Governor priorities

The Council of Governors have selected the following quality priorities for 2023/2024:

Priority 1: Staff retention

There have been significant improvements within the Trust in relation to recruitment and onboarding; modernising the Trust's approach to recruitment and adding a variety of flexible approaches to ensure it is easier for potential employees to apply for jobs at the Royal Devon. This has been supported with significant work to simplify and reduce the time taken for onboarding new recruits.

Building upon this success, the Council of Governors would like to support a focus on improving staff retention to reduce the number of colleagues who chose to leave the Trust. This will include:

- A review of:
  - Current retention strategies including
  - Staff health and wellbeing offers
- A review of the current exit interview process, with a focus to strengthen exit interviews and learning from the data collected from them.

Priority 2: Support to patients experiencing mental ill-health

The Council would like to see priority placed on improving the quality of support to patients who are experiencing mental ill-health challenges whilst receiving care in the Trust's acute and community inpatient sites. This will include:

- A focus on providing a safe environment for Mental Health patients.

- A review of training available to support front line colleagues who work in key department/wards to support them to care for patients who have mental health needs.

- A focus on partnership working with partners to support a timely and appropriate outcome for the patient and our colleagues.

The delivery of the actions will be overseen by the Mental Health Steering Group.

The Governance Committee will receive quarterly updates on progress against the Governor priorities.

Our priorities for 2023/24

Trust priorities

Priority 3: National Safety Standards for Invasive Procedures (NatSSIPs) 2

National Safety Standards for Invasive Procedures (NatSSIPs) 2 was released on 24 January 2023. They are an evolution of the 2015 NatSSIPs, and have been developed to have less emphasis on checklists and instead present a clear concept of proportionate checks based on risks.

NatSSIPs 2 re-launches the WHO checklist. It mandates key stop moments when the standard pathway is confirmed and patient-specific details clarified. This improves both patient safety and team-working, and is designed to reduce misunderstandings or errors and to improve team cohesion.

These national standards cover all invasive procedures including those performed outside of the operating department.

This approach aligns with the aims of the Patient Safety Strategy (2019) and the Patient Safety Incident Response Framework (PSIRF, 2022).

The Trust will establish a task and finish group to lead the introduction of NatSSIPs 2 and develop both the detailed workplan and measurable outcomes for this quality priority.

This priority would be overseen by the Patient Safety Group. The Governance Committee will receive quarterly updates on progress against Priority 3.

Priority 4: Our quality culture

This will build upon the work undertaken in the 2022/23 quality priorities to understand and improve our organisational safety culture. Patient experience is of equal importance to safety and our organisational culture is key to delivering excellent services to the communities we serve.

Our quality culture should reflect the core pillars of the NHS Complaints Standards:

- Welcoming complaints in a positive way and recognising them as valuable insight for organisations.

- Supporting a thorough and fair approach that accurately reflects the experiences of everyone involved.

- Encouraging fair and accountable responses that provide open and honest answers as soon as possible.

- Promoting a learning culture by supporting organisations to see complaints as opportunities to improve services.

This priority will include the implementation of the NHS Complaints Standards together with a focus on the role of supporting our senior leaders as culture carriers.

Work will continue to provide training to all colleagues on patient safety, and together this priority will enhance the Royal Devon's ambition for a Just and Learning Culture.

This priority would be overseen by the Patient Experience Committee. The Governance Committee will receive quarterly updates on progress against Priority 4.

Priority 5: Improving Learning from Incidents

We will continue to build upon the progress made in last year's quality priorities as we implement the Patient Safety Incident Response Framework (PSIRF).

This priority will see the Trust develop an Incident Response Plan, which details the approaches we will take to maximising learning from incidents. This will detail the range of incidents we will prioritise for Patient Safety Incident Investigations (PSII), and our alternative strategies for learning from incidents which we do not subject to PSII.

We will develop and launch a new Patient Safety Policy which will support the delivery of our incident response plan and our revised approaches to our governance and oversight framework to meet the requirements of PSIRF.

We will develop a small team of well-trained expert patient safety investigators to conduct the Trust's PSII to ensure that our investigatory work reflects the core objectives of PSIRF.

This priority would be overseen by the Patient Safety Strategy Implementation Project Delivery Group. The Governance Committee will receive quarterly updates on progress against Priority 5.

Priority 6: Accessible services

Our services operate from a complex estate infrastructure; and our buildings can be difficult to navigate for people with additional support needs, such as physical, sensory or cognitive disabilities. Our patients and their carers may need to access several different environments as part of their care pathway, each with its own challenges for people with disabilities. We need to map out our main care environments so that we are able to make the communities we serve aware of the facilities in place for people with disabilities, such as:

- Changing Places

- Accessible toilets

- Induction loops

- Autism / Dementia friendly waiting areas

- Easy read signage and information

- Accessible parking

Following on from the mapping we will:

- Ensure our accessible facilities are highlighted on the Trust website.

- Develop a prioritised plan to improve accessibility in our main sites.

This priority would be overseen by the Patient Experience Committee. The Governance Committee will receive quarterly updates on progress against Priority 6.

Duty of Candour

The Trust remains committed to being open and honest with patients and their families when things go wrong. A process for the application of Regulation 20: Duty of Candour has been in place since it came into effect on 1 April 2015, this is led through our Governance system.

Monitoring the compliance of Duty of Candour requirements happens at different levels with the use of an electronic incident reporting system (Datix) and organisational compliance is monitored through the Trust's Incident Review Groups which report to the Safety and Risk Committee.

In 2022/23, our Duty of Candour compliance was 95.7%

In 4.3% of cases where Duty of Candour was not completed all efforts were undertaken to identify and engage with the relevant person (the person who was harmed or someone acting lawfully on their behalf) unfortunately, this was either not possible or was declined.

This is identified as an exception for Regulation 20: Duty of Candour under section 5. We are declaring noncompliance with these cases for transparency and no breach of Duty of Candour regulation has occurred.

Quarter	Total Number of incidents (Actual Impact * of Moderate, Major and Catastrophic)	Statutory Obligation **Duty of Candour required**	Duty of Candour completed	Duty of Candour not completed
Q1	69	30	30	0
Q2	65	35	32	3
Q3	62	59	56	3
Q4	41	39	38	1

Learning from deaths

The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.

During 2022/23, 2792 patients of the Royal Devon University Healthcare NHS Foundation Trust died. This comprised of the following number of deaths which occurred in each quarter of that reporting period:

- 629 in the first quarter;

- 676 in the second quarter;

- 760 in the third quarter;

- 727 in the fourth quarter.

The number of deaths included above which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual.

By 5 April 2023, all 2792 deaths had case record reviews. 458 deaths had investigations of the deaths. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

	Case record review (ME scrutiny)	SJR investigation	Incident investigation	HMC investigation	Total deaths with an investigation	Total subject to both care record review and investigation
Q1 22/23	629	33	12	100	124	124
Q2 22/23	676	8	11	105	116	116
Q3 22/23	760	18	11	100	121	121
Q4 22/23	727	4	9	89	97	97

An estimate of the number of deaths during the reporting period for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.

The Trust has adopted the Royal College of Physicians' National Mortality Case Record Review Programme methodology known as the 'Structured Judgement Review'.

The Royal College of Physicians has stated that "SJR methodology does not allow the calculation of whether a death has a greater than 50% probability of being avoidable" and, further, that "The NMCRR programme, supported by the RCP, does not endorse the comparison of data from the SJR between trusts."

As such, the Trust can only present the data available which is summarised below:

	1 = Very Poor Care	2 = Poor Care	3 = Adequate Care	4 = Good Care	5 = Excellent Care	Total
Q1 22/23	1	8	9	15		33
Q2 22/23		2	4	2		8
Q3 22/23		9	4	4	1	18
Q4 22/23	1		1	2		4
Total	2	19	18	23	1	63

Problem in care identified

	Admission and initial	On-going care	Care during	Perioperative Care	End of Life care
Problem in assessment, investigation or diagnosis (including assessment of pressure ulcer risk, venous thromboembolism (VTE) risk, history of falls)	2	3			1
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)	1	4			1
Problem in resuscitation following a cardiac or respiratory arrest (including cardiopulmonary resuscitation (CRP)					
Problem related to operation / invasive procedure (other than infection control)		2	1		1
Problem related to treatment and management plan (including prevention of pressure ulcers, falls, VTE)	1		8		4
Problem with infection management		1			
Problem with medication / IV fluids / electrolytes / oxygen (other than anaesthetic)	1	5			
Problem of any type not fitting the categories above (including communication and organisational issues)	1	10			1

A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified above.

Escalation of the deteriorating patient

Through investigation there was a need identified for greater clarity with roles and responsibilities for the escalation of the deteriorating patient to the Medical Emergency Team (MET) in an area with a higher volume of acutely unwell patients.

Out-of-Hours Hyperacute Stroke Care

Through investigation it was identified that the Out-of-Hours Hyperacute Stroke Care protocol stated that a grand mal seizure is a contraindication to thrombolysis; it was identified that the possibility of a partial seizures may also raise concern about thrombolysis. This has the potential to change the initial management for an atypical presentation.

Continued observation monitoring

Through scrutiny it was identified that there is an opportunity to improve patient and family experience when a patient is at the end of life. Following the decision to switch from active to palliative care there is the opportunity to reduce patient monitoring and observations. This could have a positive impact on the patient's dignity and privacy with family members at the end of life.

A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period.

Escalation of the deteriorating patient

A local process that supports the Trust protocol for triggering Medical Emergency Team (MET) calls was developed. The implementation of this process was supported by multidisciplinary in-situ simulation and delivery of a bespoke training programme on responding to the deteriorating patient.

Based on the National Early Earning Score (NEWS2) prompts within the electronic patient record have been developed to remind staff when vital sign monitoring should be carried out.

The prompt built into the electronic patient record now assists colleagues in knowing when repeat vital signs should be performed.

Out-of-Hours Hyperacute Stroke Care

The hyperacute stroke proforma wording in the section relating to contraindications of thrombolysis has been changed from "Grand Mal seizure at onset" to "significant clinical suspicion that seizure accounts for presentation (e.g. partial seizure, Todd's paresis)". This change supports clinicians in history taking for patients with an atypical presentation.

Continued observation monitoring

An alert has been developed within the electronic patient record to suggest the cancellation of investigations that are no longer appropriate when an End of Life flag is added to a patient's record, this alert will support conversations within the multidisciplinary teams, with patients and their families when patients at the end of life.

An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.

Escalation of the deteriorating patient

Multidisciplinary in-situ simulation and the bespoke training programme on responding to the deteriorating patient have now embedded and occur regularly and supports improvement of non-technical skills with a particular focus on communication.

Out-of-Hours Hyperacute Stroke Care

The changes to the hyperacute stroke proforma have been built into the electronic patient record and are now routinely used in out-of-hours hyperacute stroke care.

The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in the relevant document for that previous reporting period.

There were 21 deaths which occurred in 2021/22 where the outcome from SJR was not available in time for inclusion in last year's Quality Account

- 13 in the first quarter; - 13 SJRs

- 7 in the second quarter; - 7 SJRS

- 1 in the third quarter; - 1 SJRS

- 0 in the fourth quarter. – 0 SJRS

An estimate of the number of deaths included above which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.

As outlined above the Trust has adopted the Royal College of Physicians' National Mortality Case Record Review Programme methodology known as the 'Structured Judgement Review'.

The Royal College of Physicians has stated that "SJR methodology does not allow the calculation of whether a death has a greater than 50% probability of being avoidable" and, further, that "The NMCRR programme, supported by the RCP, does not endorse the comparison of data from the SJR between trusts."

As such, the Trust can only present the data available which is summarised below

	1 = Very Poor Care	2 = Poor Care	3 = Adequate Care	4 = Good Care	5 = Excellent Care	Total
Q1 22/23		6	4	14		24
Q2 22/23		3	2	9	1	15
Q3 22/23		1				1
Q4 22/23						
Total		**10**	**6**	**23**	**1**	**40**

Problem in care identified

	Admission and initial	On-going care	Care during	Perioperative Care	End of Life care
Problem in assessment, investigation or diagnosis (including assessment of pressure ulcer risk, venous thromboembolism (VTE) risk, history of falls)	1	6			
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)		4			
Problem in resuscitation following a cardiac or respiratory arrest (including cardiopulmonary resuscitation (CRP)					
Problem related to operation / invasive procedure (other than infection control)					
Problem related to treatment and management plan (including prevention of pressure ulcers, falls, VTE)	1	5			1
Problem with infection management					
Problem with medication / IV fluids / electrolytes / oxygen (other than anaesthetic)	2	1			
Problem of any type not fitting the categories above (including communication and organisational issues)		4			1

NHS Staff Survey results for indicators question 15 and 14c

Staff Survey question	2020		2021		2022
	RD&E	NDHT	RD&E	NDHT	RDUH
Q15 – Percentage of staff believing that the organisation acts fairly: career progression	58.7%	60.1%	60.2%	61.6%	58.3%
Q14c – Percentage of staff not experiencing harassment, bullying or abuse from staff in the last 12 months	83.2%	82%	86%	82.3%	82.6%

Please note: the scoring for these questions (and question numbers) in 2020 was different, and as a result the data was adjusted for previous years when the 2021 results were issued. The table above contains the adjusted figures, ensuring true year on year comparison are possible.

Freedom to speak up and whistleblowing

Following the recommendations made by Sir Robert Francis in the Mid Staffordshire NHS Foundation Trust Public Enquiry, the Trust appointed a number of freedom to speak up guardians (FTSUG) in January 2017. During 2021/22 the Trust appointed a dedicated lead freedom to speak up guardian and has increased the number of voluntary guardians, firstly by four (as a result of the RD&E merging with NDHT) and then by a further six following a successful recruitment campaign (giving a total of 14 FTSUGs). Our guardians come from a variety of backgrounds, which reflect the majority of staff groups, nursing and midwifery, medical, allied health professionals, facilities and administration. The Trust also introduced the role of speaking up champions, whose main role is to raise the profile of the service.

The appointment of the dedicated lead guardian and the increase in guardians has resulted in greater visibility within all sites and major departments having received a visit and information about the service and how the guardians can be accessed. This together with enhanced communications, refreshed posters and leaflets and screen savers and FTSUG merchandise, has resulted in an increase in the number of staff contacting the service.

The guardians act in a genuinely independent and impartial capacity to support staff who raise any concerns. The guardians report to the Lead FTSUG, who in turn reports into the director of governance. Guardians have access to the chief executive officer, Chair of the Trust and Chair of the Governance Committee as required. The Lead FTSUG reports to the Governance Committee formally twice a year, which reports onwards to the Board of Directors.

The guardians continue to work alongside the senior leadership team and the Human Resources Department to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged to speak up. The success and impact of the service continues to be measured with a variety of internal and external mechanisms, including the quarterly internal People Pulse survey and the annual NHS Staff Survey. The lead FTSUG completes and submits regular data reports to the National Freedom to Speak Up Guardians Office. The data supporting these returns is discussed at the monthly meetings between the FTSUGs to ensure that appropriate advice and action has been provided to staff who access the service, in a way that is appropriate to the individual and also to identify any themes which may require Trust wide action.

In January 2023 the National Lead Guardian for England, Jane Chidley-Clark visited the Trust. During her visit Jane met with the chief executive, director of governance, the lead FTSUG and some of the guardians.

The Trust has a well-established formal route for raising concerns through whistleblowing policy and processes. The director of governance works with the chief executive officer, the Chair of the Trust and Chair & Vice Chair of the Governance Committee to ensure that all concerns raised through the Whistleblowing policy are acknowledged, investigated and reported through the Governance Committee. The Governance Committee's role is to ensure that the process has been followed, that actions have been undertaken, learning is shared Trust wide and most importantly that any colleague who does speak up, does not suffer a detriment.

Participation in clinical audit

During April 2022 – March 2023, 54 National Clinical Audits and five National Confidential Enquiries covered the NHS services that the Royal Devon and Exeter Hospital site provides. During that period the Royal Devon and Exeter Hospital site participated in 45 National Clinical Audits and 4 of the National Clinical Audits Enquiries which it was eligible to participate in.

During the same period, 53 National Clinical Audits and Five National Confidential Enquiries covered the NHS services that the Northern Devon District Hospital site provides. During that period the Northern Devon District Hospital site participated in 47 National Clinical Audits and four of the National Clinical Audits Enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Royal Devon University Healthcare NHS Foundation Trust participated in, and for which data collection was completed during April 2022 – March 2023, are indicated alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry by site.

The national clinical audits that Royal Devon University Healthcare NHS Foundation Trust was eligible to participate in during April 2022 – March 2023 are detailed in Annex One.

Participation in clinical research

There is a clear link between research and improved health outcomes which is why the Trust is committed to embedding research in the care we provide, supporting our staff to develop their own research and fostering excellent collaborations with key partners in order to achieve this.

All departments and all colleagues play a role whether that is developing and delivering research in their specialty area, working with life sciences partners about the approach and feasibility of their research, recruiting patients to studies led by colleagues and by other organisations and by implementing the evidence from research to improve care delivery.

In January 2023 the two research and development teams merged, and the ability to work together across our now wider region will provide more opportunities for all patients to benefit from research participation. As with all Trusts, recovering research activity post-pandemic has been a key focus during this past year.

5275 participants have been recruited to over 222 clinical trials and studies with research activity being delivered across the Trust's clinical specialties. The research benefits from support from the National Institute for Health and Care Research (NIHR) Exeter Clinical Research Facility (which has just been awarded core funding for a further five years), and the NIHR Exeter Patient Recruitment Centre. This funding and support enables us to work with commercial and non-commercial partners across a broad range of research development.

21 grant submissions are currently being supported with 12 trials currently being delivered under the leadership of Trust staff. Trust staff have also published over 372 papers demonstrating the strength and breadth of activity and our national and international impact.

Our close collaboration with the University of Exeter continues, supported by our Joint Research Office (JRO), a leading centre for high quality research, development and innovation and the NIHR Clinical Research Facility. This relationship has been further cemented this year with the collaboration being awarded an NIHR Biomedical Medical Centre (BRC), which will provide more than £15m over the next five years. The BRC is the first of its kind in the South West Peninsula and will translate scientific discoveries into tangible benefits for patients, partnering with other Trusts in the region and beyond to accelerate the development of better precision approaches to target the right therapies to the right people using cutting edge technologies (click here to read more - **https://royaldevon.nhs.uk/news/exeter-wins-15m-nihr-funding-for-west-country-s-first-biomedical-research-centre/**).

Other highlights include grant success for the team led by Mr Al-Amin Kassam, Orthopaedic Consultant. The team were awarded over £900,000 from the NIHR to carry out ground-breaking research in 'Hipster', a trial which will explore the use of pioneering robotic surgical methods to improve outcomes for hip replacement patients.

Chronic Obstructive Pulmonary Disease (COPD) is the most common respiratory disease in the UK affecting approximately three million people and has been identified by the NHSE CORE20PLUS5 programme as one of the five clinical areas requiring accelerated improvement. The 'MucAct COPD' trial led by Prof Michael Gibbons is assessing the clinical and cost-effectiveness of nebulised sodium chloride in patients with COPD. By working collaboratively with Primary Care colleagues, the respiratory research team are the top recruiting site in the UK and their approach to running the trial is now being rolled out across other UK sites.

Colleagues in Northern services have worked proactively to increase the number of nurses, midwives and allied health professionals taking the Principal Investigator role with five now leading studies including:

- Angela Tithecott, Heart Failure Lead Advanced Clinical Practitioner leading the 'EVOLUTION HF' study

- Physiotherapist Victoria Typaldou with the 'AFTER' trial looking at rehabilitation after ankle fractures

- Physiotherapist Ruth Wood leading the 'iRehab' study exploring rehabilitation following treatment in intensive care

- Physiotherapist James Rodger leading the 'BOOST-IS' study looking at interventions for symptomatic lumbar spinal stenosis and

- Nurse Consultant Naomi Clatworthy supporting the 'ICI GENETICS' study to identify the role of genetic factors that predispose to immune checkpoint inhibitor toxicity and 'QLG' looking to develop a cancer survivorship questionnaire.

Supporting the life sciences sector is a key objective for the NIHR. The Trust hosts one of only five NIHR Patient Recruitment Centres (PRC) designed to support late phase commercial trials at pace and scale. PRC Exeter is the top recruiting centre and highlights this year included exceeding the target for a Moderna COVID-19 booster trial and retaining 97% of all participants. The Trust also has commercial activity outside of the PRC with over 40 principal investigators currently and x92open commercial trials.

Focussed activity continues to implement the chief nursing officer for England's nursing research strategy and allied health professionals national research strategy with membership of regional implementation groups. The launch of the Trust's own broader strategy including nursing, midwifery and allied health professionals and healthcare scientists launched in December 2022 with a six-year plan. The annual Chief Nurse Research Fellows' programme is now supporting its third cohort with this approach adopted by all Trusts in the South West Peninsula and some funding provided by the NIHR CRN.

Goals agreed with commissioners

Royal Devon University Healthcare NHS Foundation Trust's income participated in the following quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework in 2022/23.

2022/23 CQUIN Performance								
Commissioner	Code	Description	Target	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Devon ICB	CCG1	Staff flu vaccinations for frontline healthcare workers	70%-90%	N/A	N/A	59%	61%
Devon ICB	CCG3	Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	20%-60%	34.9%	57.8%	41.7%	47.0%
Devon ICB	CCG6	Anaemia screening and treatment for all patients undergoing major elective surgery	45%-60%	49.6%	51.0%	48.9%	55.0%
Devon ICB	CCG7	Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	0.5%-1.5%	0.5%	0.3%	See below	See below
Devon ICB	CCG14	Assessment, diagnosis and treatment of lower leg wounds	25%-50%	60.0%	22.0%	30.0%	27.5%
NHS England	PSS1	Achievement of revascularisation standards for lower limb Ischaemia	40%-60%	67%	65%	75%	100%
NHS England	PSS2	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	65%-75%	N/A	0%	N/A	0%
NHS England	PSS5	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	74%-98%	100%	100%	See below	See below

Additional notes

Commissioner	Code	Comment
Devon ICB	CCG3	Data refreshed after submission. This increased Q1 achievement to 44%
Devon ICB	CCG7	Still awaiting Q3/Q4 data from national team Q3/4 will be combined.
NHS England	PSS2	We had no uptake for this indictor
NHS England	PSS5	Still Awaiting Q3/Q4 data from the national team

Care Quality Commission

The Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust merged on 1 April 2022 to become the Royal Devon University Healthcare NHS Foundation Trust.

The Trust is required to register with the Care Quality Commission and its current registration status is registered in full without conditions.

In November and December 2022, the CQC undertook an announced inspection of the surgical, medical and diagnostic imaging services across the Eastern and Northern acute sites. The full inspection report was published on 26 May 2023 and can be found on the CQC's website. The following changes to ratings were reported:

Eastern	
Medical services**.**	previously rated as good, now rated as requires improvement
Surgical service	previously rated as good, now rated as requires improvement
Diagnostic and imagining services	rated as good

Northern	
Medical services**.**	remains requires improvement
Surgical service	reviously rated as good, now rated as requires improvement
Diagnostic and imagining services	rated as good

A Well Led planned inspection took place on the 3 and 4 May 2023. The final report, rating of the Well Led element of the Inspection and overall Trust rating is awaited.

Until the new ratings are published, the existing ratings for the acute and community sites are as follows:

Key to tables

Ratings	Not rated	Inadequate	Requires Improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➜←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for individual sites/locations/services:

Ratings for Royal Devon and Exeter Hospital (Wonford)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Medical care (including older people's care)	Good ↑ Apr 2019	Good ➜← Apr 2019	Good ➜← Apr 2019	Good ➜← Apr 2019	Good ➜← Apr 2019	Good ➜← Apr 2019
Surgery	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Critical care	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019
Maternity	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Services for children and young people	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Apr 2019	Good Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019
Renal Services	Good Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019
Overall*	Requires improvement ➜← Apr 2019	Good ➜← Apr 2019	Outstanding ➜← Apr 2019	Good ➜← Apr 2019	Outstanding ➜← Apr 2019	Good ➜← Apr 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Devon and Exeter Hospital (Wonford)	Requires improvement →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019
Honiton Hospital	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Mardon Neuro-rehabilitation Centre	Good ↑ Feb 2019	Good →← Feb 2019	Outstanding ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Overall trust	Requires improvement →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Community health inpatient services	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Community end of life care	Requires improvement Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall*	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Castle Place Practice	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

North Devon District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical Care (including older peoples care)	Requires Improvement	Requires Improvement	Outstanding	Good	Requires Improvement	Requires Improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Requires Improvement	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Maternity	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Outpatients	Good	Not Rated	Good	Requires Improvement	Good	Good
Surgery	Good	Good	Good	Requires Improvement	Good	Good
Urgent and emergency services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall Rating	Requires Improvement	Requires Improvement	Outstanding	Good	Requires Improvement	Requires Improvement

NHS Number and general medical practice code validity

The Royal Devon University Healthcare NHS Foundation Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data April 2022 - March 2023

- Which included the patient's valid NHS number was:

Service	Trust	National
Inpatient	99.9%	99.6%
Outpatient	100%	99.8%
Accident and Emergency	99.1%	95.5%

- Which included patient's valid General Medical Practice Code was:

Service	Trust	National
Inpatient	99.0%	99.7%
Outpatient	96.6%	99.5%
Accident and Emergency	80.6%	98.6%

Information governance

The 2022/23 Data Security and Protection Toolkit assessment is due in June 2023. The initial baseline was published on the 21 February 2023. Work is progressing for the full submission in June.

The 2021/22 annual Data Security and Protection Toolkit assessment was published on the 29 June 2022. This was the first submission as the Royal Devon University Healthcare NHS Foundation Trust and included 108 mandatory evidence requirements.

Due to the impact from the implementation of Epic in Northern services and the integration of the two former Trusts, the Royal Devon completed 49 evidence requirements covering both Northern and Eastern Services by submission in June 2022 resulting in the Trust being 'Standards Not Met'. An improvement plan was developed with NHS Digital covering the 59 remaining evidence requirements. The Royal Devon completed 40 of the 59 remaining evidence items by December 2022 with significant progression on the remaining 19. NHS Digital monitored the improvement plan progression and in December 2022 moved the Royal Devon to the current status of 'Approaching Standards'.

Clinical coding

Clinical coding is the translation of medical terminology that describes a patient's complaint, problem, diagnosis, treatment or other reason for seeking medical attention into codes that can then be used to record morbidity data for operational, clinical, financial and research purposes. It is carried out using International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) for diagnosis capture and Office of Population, Census and Statistics Classification of Interventions and Procedures Version 4.9 (OPCS 4.9) for procedural capture.

The service has an establishment of 40 members of staff, split over two departments, in a variety of roles – from the head of clinical coding, clinical coding manager, two deputy clinical coding managers, four NHS digital terminology and classifications delivery service registered auditors (including manager, deputy and senior coder), one NHS digital terminology and classifications delivery service registered trainer, one Epic certified electronic patient record (EPR) lead/senior coder, 30 clinical coding analysts at various stages of their careers (from trainee through to qualified), and one clinical coding optimisation analyst.

23 members of the team have achieved Accredited Clinical Coder (ACC) status (the profession's recognised qualification), with 14 members of the team in trainee positions. The achievement of the ACC qualification provides assurance that the coding of the clinical information is being carried out to a high standard. There are currently two unfilled vacancies.

A robust and structured programme of clinical coding audit is carried out by the Registered Auditors to measure and demonstrate compliance with national coding standards and to ensure that the information and data produced as a result of the clinical coding process is fit for purpose.

All trainee clinical coders attend a National Clinical Coding Standards Course within six months of joining the Trust. All Trust clinical coding analysts attend a Clinical Coding Standards Refresher Course every three years with additional speciality workshops delivered by an approved trainer.

The service was unable to achieve the deadline of reporting data from discharges by the fifth working day of the following month. Northern services department were able to achieve the first (flex) SUS reporting deadline, due to the continued impact of the EPR the Eastern department was able to achieve the second (freeze) SUS deadline, this in turn ensured the Trust was able to meet statutory national reporting requirements.

Royal Devon University Healthcare NHS Foundation Trust 2022/23 DSPT clinical coding audit submission achieved the following percentages of accuracy (this is the first joint audit of both departments): -

	Trust Score	Standards Met	Standards Exceeded
Primary Diagnosis	96.00%	>=90%	>=95%
Secondary Diagnosis	93.38%	>=80%	>=90%
Primary Procedure	93.48%	>=90%	>=95%
Secondary Procedure	93.77%	>=80%	>=90%

Core indicators

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
Domain 1 - Preventing people from dying prematurely	Summary Hospital-level Mortality Indicator (SHMI)	SHMI The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge. SHMI values for each trust are published along with bandings indicating whether a trust's SHMI is '1 - higher than expected', '2 - as expected' or '3 - lower than expected'. For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust in question is considered to have a higher or lower SHMI than expected. Trusts are advised to use the banding descriptions i.e. 'higher than expected', 'as expected', or 'lower than expected' rather than the numerical codes which correspond to these bandings. This is because, on their own, the numerical codes are not meaningful and cannot be readily understood by readers.	November 2021 - October 2022 SHMI : 0.977 (as expected) (10 trusts higher than expected, 98 as expected, 13 lower than expected)	December 2020 - November 2021 SHMI : 0.948 (as expected)(11 trusts higher than expected, 98 as expected, 13 lower than expected)	The SHMI values are comparable (0.997) to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system. (checked 10/03/2023)	The national publication scheme represents a lag in real time values and the Trust actively seeks ways to identify areas of concern. The Trust actively monitor changes through the use of Alerts for key clinical diagnoses groups as presented by the use of the HED tool. In addition to the SHMI data, the Trust also monitors mortality rates using HSMR indexes which are also sourced from HED. The Trust monitors this data regularly via the Patient Safety Group, Safety & Risk Committee and the monthly Board Report. A Medical Examiner (who is a senior doctor - usually a consultant, working for the National Medical Examiners System, and hosted by RD&E) independently scrutinises all deaths that occur at the RDEFT (including community hospitals Sidmouth, Exmouth, Tiverton), and raises concern as appropriate to the Mortality Service within the Trust either by incident reporting, request for structured judgement review, or informal feedback. A Medical Examiner attends the Mortality Review Group monthly, and provides a report to that group, providing an update of their service, and identifying themes of concern and for learning.	Internal Audit 2021/22 Rated Green - no recommendations	NHS Digital Indicator Portal	National Definition
	Palliative Coding	Palliative Coding The SHMI methodology does not make any adjustment for patients who are recorded as receiving palliative care. This is because there is considerable variation between trusts in the coding of palliative care. However, in order to support the interpretation of the SHMI, various contextual indicators are published alongside it, including indicators on the topic of palliative care coding. Reported here, is the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	December 2021 - November 2022 Palliative Coding Spells:40% (Highest 65%, Lowest 12% National average 41%) The Trust is not a specialist centre for palliative care unlike those with the highest values.	December 2020 - November 2021 Palliative Coding Spells:38% (Highest 64%, Lowest 11% National average 40%) The Trust is not a specialist centre for palliative care unlike those with the highest values	1. There is a nine month cross over between each reporting period. 2. The coding rates are comparable to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system. 3. Palliative care coding continues to increase from the previous year following completion of specific interventions intended to improve recording.	The Trust monitors this data regularly via the Patient Safety & Mortality Review Group.	The Trust has two clinical coding auditors who are certified to audit Trust activity - ongoing process of continual review and improvement. Also covered as part of the SHMI Internal Audit 2021/21	NHS Digital Indicator Portal	National Definition

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
Domain 3 - Helping people to recover from episodes of ill health or following injury	PROMS; patient reported outcome measures	Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves; reported at NHS Trust / independent sector provider and CCG level as scores for: (i) Groin hernia surgery (ii) Varicose vein surgery (iii) Hip replacement surgery (iv) Knee replacement surgery. The casemix-adjusted average health gain scores are: The EQ-5D™ Index collates responses given in 5 broad areas (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) and combines them into a single value, comparing pre- and post-operative scores. EQ VAS is a simple and easily understood 'thermometer'-style measure based on a patient's self-scored general health on the day that they completed their questionnaire, but which provides an indication of their health that is not necessarily associated with the condition for which they underwent surgery and which may have been influenced by factors other than healthcare comparing pre- and post-operative scores. Oxford Hip Score/Oxford Knee Score - contains 12 questions on activities of daily living that assess function and residual pain in patients - comparing pre- and post-operative response to condition-specific questions The AVVQ allows patients to self-assess the severity of their varicose veins via a 13-item measure covering all aspects of their varicose veins including physical symptoms such as pain, ankle oedema, ulcers, the effect on daily activities, and cosmetic issues.	Taken from NHS England PROMS portal: In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time. We endeavour to update this linkage process and resume publication of this series as soon as we are able but unfortunately are unable to provide a timeframe for this. We will provide further updates as soon as this is known. Source : https://www.england.nhs.uk/statistics/statistical-work-areas/proms/	April 2020 - March 2021 **Hip replace-ment primary** EQ-5D: 0.57 (England 0.47, Lowest 0.39, Highest 0.57) EQ-VAS: 19.69 (England 15.12, Lowest 9.55, Highest 20.79) Oxford Hip Score: 25.61 (England 22.98, Lowest 17.33, Highest 25.70) **Hip replace-ment revision** EQ-5D: N/A* (England 0.33, Lowest 0.25, Highest 0.41) EQ-VAS: N/A* (England 7.83, Lowest 8.40, Highest 8.40) Oxford Hip Score: N/A* (England 15.44, Lowest 13.33, Highest 17.32) 17.45, Highest 26.29) **Total Hip replace-ment** EQ-5D: 0.57 (England 0.46, Lowest 0.39, Highest 0.57) EQ-VAS: 18.89 (England 14.76, Lowest 9.72, Highest 20.59) Oxford Hip Score: 26.08 (England 22.59, Lowest 17.45, Highest 26.29) **Knee replacement primary** EQ-5D: N/A* (England 0.31, Lowest 0.18, Highest 0.40) EQ-VAS: N/A* (England 7.43, Lowest -0.69, Highest 13.69) Oxford Knee Score: N/A* (England 16.88, Lowest 11.91, Highest 20.25) **Knee replacement revision** EQ-5D: N/A* (England 0.29, Lowest 0.20, Highest 0.22) EQ-VAS: N/A* (England 4.20, Lowest -3.04, Highest 0.71) Oxford Knee Score: N/A* (England 13.49, Lowest 8.70, Highest 12.42) **Total Knee replacement** EQ-5D: N/A* (England 0.31, Lowest 0.17, Highest 0.40) EQ-VAS: N/A* (England 7.27, Lowest -4.31, Highest 13.11) Oxford Knee Score: N/A* (England 16.71, Lowest 11.79, Highest 20.15) * N/A refers to values that have been suppressed due to low patient numbers or non submission	The SHMI values are comparable (0.997) to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system. (checked 10/03/2023)	The national publication scheme represents a lag in real time values and the Trust actively seeks ways to identify areas of concern. The Trust actively monitor changes through the use of Alerts for key clinical diagnoses groups as presented by the use of the HED tool. In addition to the SHMI data, the Trust also monitors mortality rates using HSMR indexes which are also sourced from HED. The Trust monitors this data regularly via the Patient Safety Group, Safety & Risk Committee and the monthly Board Report. A Medical Examiner (who is a senior doctor - usually a consultant, working for the National Medical Examiners System, and hosted by RD&E) independently scrutinises all deaths that occur at the RDEFT (including community hospitals Sidmouth, Exmouth, Tiverton), and raises concern as appropriate to the Mortality Service within the Trust either by incident reporting, request for structured judgement review, or informal feedback. A Medical Examiner attends the Mortality Review Group monthly, and provides a report to that group, providing an update of their service, and identifying themes of concern and for learning.	Internal Audit 2021/22 Rated Green - no recommendations	NHS Digital Indicator Portal	National Definition

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
	Patients readmitted to a hospital within 28 days of being discharged	The percentage of patients readmitted to any hospital in England within 28 days of being discharged from hospital after an emergency admission during the reporting period; aged: 0 to 15 16 or over	HED: Period: November 2021 - October 2022 (i) 0 to 15: 10.6% (National 10.25%, Lowest 3.22%, Highest 18.10%) (ii) 16 or over: 5.87% (National 8.39%, Lowest 3.81%, Highest 14.30%)	HED: Period: November 2020 - October 2021 (i) 0 to 15: 11.23% (National 9.96%, Lowest 3.25%, Highest 16.14%) (ii) 16 or over: 6.02% (National 8.93%, Lowest 4.63%, Highest 12.89%)	1. Worse than the national average 2. Better than the national average Although NHS Digital no longer report this indicator, the data is available from HED using the following report: https://www.hed.nhs.uk/portal/Module.aspx?ReportID=516	Whilst no longer nationally reported Readmission data is monitored by Divisions through their Governance structures and Trust wide in the monthly Board Report. The Trust is aware that changes in NHS working practices such as streaming patients into ambulatory care settings and the transfer of community inpatient services and the subsequent recording on Patient Systems can have an detrimental effect to a reported figure. National work is ongoing to identify a metric definition and recording for ambulatory care, that means they will not negatively affect what is an inpatient based figure.	No	NHS Digital Indicator Portal	National Definition
Domain 4 - Ensuring people have a positive experience of care	Responsiveness to the personal needs of patients	The trust's score with regard to responsiveness to the personal needs of its patients during the reporting period (score out of 100). The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.	Taken from NHS Digital website: Following the merger of NHS Digital and NHS England on 1st February 2023 they are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Most recent dataset available is 2020-21. Source : https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-4---ensuring-that-people-have-a-positive-experience-of-care-nof/4.2-responsiveness-to-inpatients-personal-needs	April 2020 - March 2021 74.7 (England 74.5, Lowest 67.3 Highest 85.4)	The Trust continues to ask these questions as part of the care quality assessment tool (a real time audit).	The Patient Experience committee reviews the full report and oversees any actions required. The 2021/22 Survey has been completed and is being compiled nationally. Results will be available in August 2022.	Internal Audit 2021/22 Rated Green - no recommendations	NHS Digital Indicator Portal	National Definition
	Staff who would recommend the trust to their family or friends	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	2022 Staff Survey 68.8% (All Trusts 62.9% Combined Acute & Community Trusts 62.1%)	2021 Staff Survey 78.4% (All Trusts 67.8% Combined Acute & Community Trusts 67.6%	Picker Institute that oversaw the 2020 staff survey are an approved Survey Contractor having met the necessary data quality standards. They have expertise in this field as the organisation that runs the survey co-ordination centre which oversees survey programmes for acute, mental health and primary care for the Care Quality Commissions.	The Trust Communications & Engagement Team have several workstreams at Corporate, Divisional and local levels including leadership training and staff engagement meetings.	Internal audit 2013/14	NHS England	National Definition

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/ has taken the following actions to take/ to improve this percentage/ proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
Domain 5 - Treating and caring for people in a safe environment	Patients admitted to hospital who were risk assessed for venous thromboembolism	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	A snapshot of VTE compliance within EPIC EPR is presented to the Board of Directors each month through the Integrated Performance Report. 		Jan 23	Feb 23	Mar 23	Total	 East	81 %	88 %	87 %	85.3 %	 North	76 %	82 %	78 %	78.6 %	 Trust				81.96 %	 Based upon this data the Trust has a compliance rate for Q4 of 81.96%	VTE Submissions were paused early 2020 due to the Covid pandemic. As such no Q4 figures are available)	The focus has been on sustaining performance against this target. This has been achieved through a relentless focus by ward clinical teams to ensure that all eligible patients are risk assessed in a timely manner.	On-going work with clinical teams to strive for 100% risk assessment. Monthly performance is reviewed at ward level, at divisional level through the Performance Assurance Framework meetings and through the IPR report to the Board of Directors. As working practices change and patients move into ambulatory care settings, cohort groups are reviewed to check for relevance.	Review is currently in progress of the VTE Assessment reporting by Clinical Teams through the MyCare programme. Internal Audit 2021/22	NHS Improve-ment	National Definition
	Rate of C.difficile infection	The rate per 100,000 bed days of trust apportioned cases of C. difficile infection that have occurred within the trust during the reporting period amongst patients aged 2 or over during the reporting period.	April 2021 - March 2022 11.5 (England 16.47, Lowest 0, Highest 53.6) Figure represents Hospital Onset cases only	April 2020 - March 2021 9.1 (England 15.79, Lowest 0, Highest 80.6) Figure represents Hospital Onset cases only	• Rapid laboratory diagnostics • Provision of written guidance and policy supported by education				
	Patient safety incidents and the percentage that resulted in severe harm or death	The number and where available, rate of patient safety incidents that occurred within the trust during the reporting period, and the percentage of such patient safety incidents that resulted in severe harm or death. A patient safety incident is defined as 'any unintended or unexpected incident(s) that could have, or did, lead to harm for one or more person(s) receiving NHS funded healthcare'.	October 2021 - March 2022 Total Incidents: 8,702 % resulting in severe harm or death: 0.16%* * There were 14 incidents resulting in severe harm or death. Of these, 2 are Covid related.	October 2020 - March 2021 Total Incidents: 7,217 % resulting in severe harm or death: 1.05%* (Apr 2020 - Mar 2021 - England 0.30%) * There were 76 incidents resulting in severe harm or death, however, 69 of these are hospital acquired Covid. Not all hospitals reported each case separately but by outbreak; we reported every patient so we could track real numbers and Candour processes.	The data is directly uploaded from Datix and subject to vigorous data quality checks by the Trust and NRLS.	The Trust has targeted areas of lower reporting to ensure a consistent open reporting culture across all areas. This work is ongoing. It also publishes internally regular reports on 'Learning from Deaths'.	Internal audit 2013/14	NHS Digital	National Definition

Quality account part 3 indicators

Indicator for disclosure (limited to those that were included in Single Oversight Framework (SOF) for 2017/18)		2022/23 (RDUH)	2021/22	Source of Measure	Definition	Audited?	Support-ing Actions
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway		54.2 %	47.0%	NHS England	National Definition	KPMG 2017/18 Internal Audit 2021/22	MBI Review of Active waiting lists against RTT Pathways November 2022 --- Kings College Peer Review - Data Quality in Reporting December 2022 --- MBI Cancer waiting list assurance review February 2023
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	Trust position	59.9%	65.7%	NHS England submission	National Definition	KPMG 2018/19	
	Eastern Devon System includes Tiverton/ Okehampton/Exmouth MIUs	68.5%	72.8%				
All cancers: 62-day wait for first treatment from:	urgent GP referral from suspected cancer	71.28%	77.10%	NHS Digital	National Definition	KPMG 2018/19 Internal Audit 2022/23	
	NHS Cancer Screening Service referral	28.57%	0.00%	NHS Digital	National Definition	PWC 2012/13	
Maximum 6-week wait for diagnostic procedures		62.48%	60.50%	NHS England	National Definition	Internal Audit 2022/23	
C.difficile: variance from plan (hospital acquired)		-18 (42 cases,60 plan)	+4 (35 cases,31 plan)	Public Health England	National Definition	Internal Audit 2021/22 Rated Green - no recommendations	

Statements from our stakeholders

- **Royal Devon Council of Governors**

- **One Devon: NHS Devon Integrated Care Board**

- **Healthwatch Devon, Plymouth and Torbay (HWDPT)**

- **Health and Adult Care Scrutiny Committee**

Statement from Royal Devon Council of Governors

In the period covered by the quality account 2022/23, the Council of Governors decided that there would be no quality priorities selected by the Governors, as the Trust was just coming out of the COVID-19 pandemic period. It was felt that the Trust would be left to work on its own selected quality targets.

Five subjects were selected for the year under review:

1   Improving learning from incidents

2   End of life care-Digital enablement

3   Developing our safety culture

4   Learning from our successes

5   Embedding best practice in communication

It must be remembered when reviewing the report, that time period detailed in the report covers the first year after the formation of the Royal Devon (1 April 2022). Further in the period reported, the Trust has been under exceptional pressures involving colleagues matters, winter infections and trying to get back to normal working after the pandemic. In addition, it is clear that national objectives for improvements influence what Royal Devon can achieve as Royal Devon has to comply with national changes made to for example reporting procedures.

The emphasis of the quality account is on good patient care and associated safety issues. The quality account is, as would be expected, a long and a very detailed piece of work. It is therefore my intention in preparing the Governor statement to limit the statement to outstanding successes and also areas of concern.

The quality account has five main sections which were to be targeted by the Royal Devon. In general, much of what has been reported are successful outcomes of the work over the year. In the section Improving learning from incidents, the incidents selected were pressure ulcers and falls. The work on falls was further refined so that falls in the medical services, falls resulting in fractures

and falls resulting in intracranial bleeds were considered. As part of this successful work, resulting in improvements, was the setting up of huddles involving staff. This improvement has meant that incidents are investigated faster and feedback is given to patients and relatives more quickly which is of great benefit. When considering the end of life care-digital enablement, it is obvious that there is much more work to do. The situation was made more complicated because of EPIC going live across Northern services.

The expected Governance sign off of the EOL policy and strategy did not happen due to operational pressures and a new date has been set for the end of June 2023. A great deal of good work has begun on Developing our safety culture. Training of colleagues has been started at different levels and the training has been extended to executive directors, Trust directors and non-executive directors and NEDs to help with their understanding of strategic safety issues. With many colleagues to train, this area will need careful monitoring to ensure a successful outcome. At the current time Royal Devon is at the bureaucratic stage of organizational management but there are indicators for proactive level meaning that the Trust is moving forward.

The next quality area is that of Learning from our successes. A new risk management system Datix Cloud IQ was implemented in June 2022. This is better than the previous system and is compatible with the new national platform Learning from Patient Safety Events. This platform is replacing two other national platforms but the full introduction has been delayed by NHS England. Royal Devon is on schedule for the changeover and the new platform will also allow monitoring of things that go well. It allows for staff excellence to be acknowledged which will lead to an improvement in morale and also standards of care.

The final quality subject is embedding best practice in communication. The aim is to make the Royal Devon inclusive in all forms of communication whether it

is by written material, published material, E-mail, telephone calls and text messages so all people using the Royal Devon can communicate in a way that they can understand and can handle. There is recognition that not everyone can use the same methods of communication. Progress is slow as the number of staff reporting for training in this field has been lower than expected. This is obviously an area that must be rigorously monitored as it is only by having the appropriately trained colleagues that communication to people can be successfully completed.

Also reported are many other areas of the Royal Devon's work which will not form part of this statement.

In summary it can be recorded that despite all the extreme pressures, much progress has been made with safety and quality and it is obvious that Royal Devon is fully committed to making improvements for the benefit of the patients and staff. There are areas that will need continual and careful monitoring such as staff safety training.

The Governors will be able to check on the progress being made as they receive regular updates on the performance of the Royal Devon at Public Governor meetings and also by attending Board meetings as observers. The Council of Governors seeks assurance through the non-executive directors on key issues such as safety, quality and the effectiveness of the care the Trust provides. The Governors look forward to hearing more about these areas over the coming year.

The Council of Governors has selected two priorities for 2023/24 which are outlined on page 21 of the Quality Report. The Council of Governors will continue to receive regular update reports on progress, via copies of reports submitted to the Governance Committee and also through presentations at future Joint Board and Council of Governors meetings.

Jeff R Needham, Public Governor North, member of the Council of Governors Coordinating Committee, the Nominations Committee and chair of the Task and Finish Group for the Appraisal of NEDs

Statement from NHS Devon Integrated Care Board

NHS Devon Integrated Care Board (ICB) would like to thank Royal Devon University Healthcare NHS Foundation Trust (the Royal Devon) for the opportunity to comment on the quality account for 2022/23. the Royal Devon is commissioned by NHS Devon ICB to provide a range of secondary and integrated community services across Devon. We seek assurance that services provided are safe and of high quality, ensuring that care is effective and that the experience of care is positive.

As Commissioners we have taken reasonable steps to review the accuracy of the data provided within this quality account and consider it contains accurate information in relation to the services provided and reflects the information shared with the Commissioner over the 2022/23 period.

Despite ongoing pressure on staff and services, this auality account has highlighted a number of positive results against key objectives for 2022/23. These include:

Developing a safety culture -The use of the Manchester Patient Safety Framework tool has enabled assessment of the Trusts level of maturity of Safety Culture. Work remains ongoing with the launch of the Patient Safety Syllabus, alongside the Trust's successful delivery of a Just Culture virtual event series facilitated by local and national subject experts. Sessions were well attended with positive engagement.

Improving learning from incidents - has been progressed through the implementation of the Patient Safety Incident Response Framework (PSIRF). RDUH has establishment of the PSIRF Project Delivery Group to provide oversight of the new approach. NHS Devon is sighted on Trust progress through partnership forums and more recently have joined the Incident Review Group supporting wider system learning.

Learning from success – in readiness for Learning From Patient Safety Events (EFPSE) the Trust has transferred to a new Risk Management System; Datix Cloud IQ. The Trust's Safety and Quality Systems team are working in partnership with the National Patient Team (NHS England) and RL Datix on the redesign of the LFPSE form, with consideration for promoting ease of use to promote implementation.

End of life care digital enablement - has progressed and strengthened through the 'go live' of Epic in

July 2022 for Northern services. Work is in progress to integrate both the EOL Policy and Strategy framework across all services. The ICB can identify links to ICB system work in EOL care planning.

Embedding best practice in communication - The Trust has successfully gained accreditation by Communication Access Standards UK , and despite progress in this priority, further work is identified to improve the uptake of the required training. The trust is committed to this ongoing work and for this reason has rated progress as amber.

The ICB also notes and welcomes the 2023/24 priorities outlined by the Royal Devon in their quality account. The Governors have identified two priorities (1 and 2) and the Trust have identified 4 further priorities (4 to 6);

1. Staff retention- building upon the success of previous work, the Governors' have identified a focus on improving staff retention to reduce the number of staff who chose to leave the Trust.

2. Support to patients experiencing mental ill-health - the scope of this will include the full range of Trust services, with the aim of reducing repeat attendances due to support needs not being fully met.

3. National Safety Standards for Invasive Procedures (NatSSIPs) 2 - the Trust will establish a task and finish group to lead the introduction of NatSSIPs 2 and develop both the detailed workplan and measurable outcomes for this quality priority. This priority is aligned to Never Event reporting, investigation and learning.

4. Quality Culture – building on the work undertaken in the 2022/23 quality priorities to further understand and improve organisational Safety Culture. Patient Experience is of equal importance to safety and organisational culture is key to delivering excellent services to the communities served.

5. Improving learning from incidents – the Trust will continue to build upon the progress made in last year's Quality Priorities through the next phase of implementation of the Patient Safety Incident Response Framework (PSIRF).

6. Accessible services - services operate from a complex estates infrastructure, undertaking a mapping exercise will ensure the accessible facilities are highlighted on the Trust website and enable the Trust to develop a prioritised plan to improve

accessibility in our main sites, better service the needs of the community the Trust serves.

In additional to the above priorities, NHS Devon notes the longer-term project planning regarding EPIC, and the focused improvement associated with pro-activate discharge planning from hospital. It will continue to work collaboratively with the Trust to share learning within the wider system.

Each of these programmes will continue to evidence and improve quality and safety for the benefit of patients, families, carers and staff building on the lessons learned from 2023/24.

Care Quality Commission (CQC) - As a commissioner, we have worked closely with the Royal Devon during 2022/23 and will continue to do so in respect of all current and future CQC reviews undertaken, to receive the necessary assurances that actions have been taken to support continued, high-quality care.

On review of this quality account, Royal Devon University Healthcare NHS Foundation Trust show commitment to continually improve quality of care is evident. NHS Devon ICB looks forward to working with the Royal Devon in the coming year, in continuing to make improvements to healthcare services provided to the people of Devon.

Statement from Healthwatch Devon, Plymouth & Torbay

healthwatch
in Devon, Plymouth and Torbay

Healthwatch in Devon, Plymouth & Torbay (HWDPT) welcomes the opportunity to provide a statement in response to the quality account produced by the Royal Devon University Healthcare NHS Foundation Trust (the Royal Devon) for the year 2022/23.

The last 12 months has seen further fundamental changes to the NHS and Local Authorities following the enactment of the Health & Care Act 2022. The Act establishes the foundation of 42 Integrated Care Systems (ICS) for health and social care across England devolving decisions to a 'local' level. The 'One Devon' ICS came into being on 1 July 2022 and much work continues to take place to develop and deliver services that supports the local population be it Primary Care (GP's, Dentists, Pharmacies and Opticians), Hospitals, Mental Health, Community or Social Care services.

All this is taking place as services continue to recover from the effects of the Covid-19 pandemic, the challenges in reducing waiting lists for treatment and unprecedented levels of activity at the hospital 'front door', the Emergency Department, leading to ambulance queues, long waits for those who need admittance to a hospital bed and challenges in discharging patients either to home or to step down facilities.

Reviewing last year's priorities, we acknowledge all the work undertaken in the priority areas to improve the patient journey and experience. We also note that operational pressures have had an effect on delivery of some of the priorities but that plans are in place to complete.

Governor and Trust priorities 2023/24

HWDPT note the priorities for the coming year especially around accessible services and facilities and support to patients experiencing mental ill health. We look forward to seeing the planned improvements that these priorities should deliver for patients.

During 2022/23, Healthwatch has developed its relationship with the Royal Devon and is attending Patient Experience Committee and reporting patient experience of services. We look forward to further developing this relationship over the next 12 months to ensure that the patient voice is heard at service design and decision-making level.

Statement from the Health and Adult Care Scrutiny Committee

Health and Adult Care Scrutiny Committee

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Royal Devon University Healthcare NHS Foundation Trust quality account for the year 2022/23. All references in this commentary relate to the reporting period 1 April 2022 to 31 March 2023 and refer specifically to the Trust's relationship with the Scrutiny Committee.

It is the view of the Scrutiny Committee that the quality account provides a comprehensive account and fair reflection of the services offered by the Trust, based on the Scrutiny Committee's knowledge.

Following the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust formally having merged on 1 April 2022 to become the Royal Devon University Healthcare NHS Foundation Trust, members appreciate the positive work that has been carried out by the Trust in reference to the 2022/23 priorities.

The committee however noted with concern that following inspections undertaken in November/December 2022, the Care Quality Commission (CQC) has found improvement is needed in some services run by Royal Devon University Healthcare NHS Foundation Trust. The Royal Devon and Exeter Hospital moved from good to requires improvement overall for medical care. It was rated as requires improvement for being safe and well-led. Surgery at both The Royal Devon and Exeter Hospital and North Devon District Hospital, dropped from good to requires improvement overall as did the ratings for safe and well-led, while medical care at North Devon District Hospital remains requires improvement overall. Scrutiny will be looking to seek assurances from the Trust that there is a robust action plan to ensure that residents receive safe and timely care.

Members welcomed the CQCs recognition of the quality of the Trusts workforce in terms of safeguarding and treating people with kindness and compassion along with assurance that it leaders know what they need to do to improve services, and where there is good practice that can be built upon.

The committee fully supports both the Governor and the Trust priorities for 2023/24 in their entirety, and expects the necessary focus given to these priorities as the Trust undertakes its improvement journey.

Members appreciate the challenges the Trust faced moving from a pandemic response to "Living with Covid", significant periods of increased operational escalation and the focus on elective care recovery. Members expect the Trust to ensure patients and staff receive the best support possible. The committee welcomes the prospect of a continued positive working relationship with the Trust.

Clinical Audit
Annex One

The national clinical audits and national confidential enquiries that Royal Devon University Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2022/23 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (where known).

	Royal Devon Exeter			Northern Devon			Combined
Title	**Trust Eligible**	**Trust Participated**	**Nos included – status 31/03/2023**	**Trust Eligible**	**Trust Participated**	**Nos included – status 31/03/2023**	**Combined Total**
Breast and Cosmetic Implant Surgery	✓	✓	80 cases (100%)	✓	✓	5 cases (% tbc)	85 cases
BTS Respiratory Audits							
Adult Respiratory Support Audit	✓	X	Trust did not participate	✓	X	Trust did not participate	Did not participate
Smoking Cessation Audit – Maternity and Mental Health Services	X	X	Not relevant	X	X	Not relevant	Not relevant
Case Mix Programme	✓	✓	922 cases (100%)	✓	✓	365 cases (100%)	
(CMP) **(ICNARC)**							1287 cases (100%)
Elective Surgery (National PROMs Programme)	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
Emergency Medicine Quality Improvement Projects (QIPs) 2022/23							
Pain in Children (Care in Emergency Departments)	✓	X	Did not participate	✓	✓	157 cases (100%)	157 cases (100%)
Assessing for cognitive impairment in older people	Audit removed from QA	Audit removed from QA	Audit removed from QA	Audit removed from QA	Audit removed from QA	Audit removed from QA	Audit removed from QA
Mental Health Self Harm	✓	✓	Ongoing	✓	X	Ongoing	Ongoing

	Royal Devon Exeter			Northern Devon			Combined
Title	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
Falls and Fragility Fractures Audit Programme							
National Audit of Inpatient Falls	✓	✓	Awaiting final figures	✓	✓		Awaiting final figures
National Hip Fracture Database	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
Fracture Liaison Service Database	✓	X	Trust did not participate	✓	X	Trust did not participate	Trust did not participate
Learning Disabilities Mortality Review Programme (LeDeR)							
Learning from lives deaths of people with a learning disability and autistic people	✓	✓	100%	✓	✓	100%	100%
Major Trauma: The Trauma Audit & Research Network (TARN)	✓	✓	750 cases (100%)	✓	✓	Awaiting figures	Awaiting figures
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)							
Perinatal Mortality Surveillance	✓	✓	100% of cases submitted. Figures not yet available.	✓	✓	100% of cases submitted. Figures not yet available.	100% of cases submitted. Figures not yet available.
Perinatal confidential enquiries	✓	✓		✓	✓		
Maternal Mortality Surveillance and mortality confidential	✓	✓		✓	✓		
National Perinatal Mortality Review Tool	✓	✓		✓	✓		
Muscle Invasive Bladder Cancer Audit	✓	✓	6 cases (100%)	✓	X	Awaiting final figures	Awaiting final figures

	Royal Devon Exeter			Northern Devon			Combined
Title	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
National Asthma and COPD Programme (NACAP)							
Paediatric Asthma Secondary Care	✓	✓	Continuous data collection	✓	✓	Continuous data collection	Continuous data collection
Adult Asthma Secondary Care	✓	✓	Continuous data collection	✓	✓	Continuous data collection	Continuous data collection
COPD Secondary	✓	✓	Continuous data collection	✓	✓	Continuous data collection 64 cases (100%)	Continuous data collection 64 cases (100%)
Pulmonary Rehabilitation – Organisational and Clinical Audit	✓	✓	Continuous data collection	✓	✓	Continuous data collection	TContinuous data collection
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	X	MyCare issues 22/23 (0%)	✓	✓	80 cases (100%)	80 cases (100% ND)
National Audit of Cardiac Rehabilitation	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
National Audit of Dementia	✓	✓	80 cases (100%)	✓	✓	80 cases (100%)	160 cases (100%)
National Audit of Care at the End of Life (NACEL)	✓	✓	50 cases (100%)	✓	✓	50 cases (100%)	100 cases (100%)
Epilepsy 12 - National Audit of Seizures and Epilepsies in Children and Young People	✓	✓	99 cases (100%)	✓	✓	50 cases (100%)	149 cases (100%)
National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	7 Cases (100%)	✓	✓	6 Cases (100%)	13 Cases (100%)

Title	Royal Devon Exeter			Northern Devon			Combined
	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
National Adult Diabetes Audit							
National Diabetes Foot Care Audit (NDFA)	✓	✓	Awaiting final figures	✓	✓	(100%)	Awaiting final figures
National Diabetes Core Audit (CORE)	✓	X	Did not participate	✓	✓	316 cases (100%)	316 cases (100%)
National Pregnancy in Diabetes Audit (NPID)	✓	✓	Awaiting final figures	✓	X	Did not participate	Awaiting final figures
National Diabetes Inpatient Safety Audit	✓	✓	11 cases (100%)	✓	✓	1 case (100%)	12 cases (100%)
National Cardiac Audit Programme (NCAP)							
National Audit of Cardiac Rhythm Management	X	X	NACSA not relevant to Trust	X	X	NACSA not relevant to Trust	NACSA not relevant to Trust
Myocardial Ischaemia national audit project (MINAP)	✓	✓	576 cases (100%)	✓	✓	Awaiting figures	Awaiting figures
National Adult Cardiac Surgery Audit	X	X	NACSA not relevant to Trust	X	X	NACSA not relevant to Trust	NACSA not relevant to Trust
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	✓	910 cases (100%)	X	X	PCI not relevant to Trust	910 cases (100%) East
National Heart Failure Audit (NHFA)	✓	✓	504 cases (100%)	✓	✓	301 cases (100%)	805 cases (100%)
National Congenital Heart Disease	X	X	NCHD not relevant to Trust	X	X	NACSA not relevant to Trust	NACSA not relevant to Trust

Title	Royal Devon Exeter			Northern Devon			Combined
	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
National Child Mortality Database (NCMD)	✓	✓	100%	✓	✓	100%	100%
National Emergency Laparotomy Audit (NELA)	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
National Gastro-intestinal Cancer Programme							
National Pregnancy in Diabetes Audit (NPID)	✓	✓	110 cases (100%)	✓	✓	45 cases (100%)	155 cases (100%)
National Diabetes Inpatient Safety Audit	✓	X	Did not participate	✓	✓	180 cases (100%)	180 cases (100% ND)
National Joint Registry	✓	✓	Awaiting final figures	✓	✓	100%	Awaiting final figures
National Lung cancer Audit (NLCA)	✓	✓	Awaiting final figures	✓	✓	100%	Awaiting final figures
National Maternity and Perinatal Audit	✓	✓	100%	✓	✓	100%	100%
National Neonatal Audit Programme - Neonatal and special care (NNAP)	✓	✓	100%	✓	✓	100%	100%
National Ophthalmology Database (NOD)	✓	X	Did not participate	✓	✓ (part 22/23 year)	Awaiting final figures	Awaiting final figures – My Care issues
National Paediatric Diabetes (NPDA)	✓	✓	Awaiting final figures	✓	✓	100%	Awaiting final figures
National Prostate Cancer Audit	✓	X	Did not participate	✓	✓	160 cases (100%)	160 cases (100% ND)
Society for Acute Medicine's Benchmarking Audit **(SAMBA)**	✓	✓	67 cases (100%)	✓	✓	32 cases (100%)	99 cases (100%)

	Royal Devon Exeter			Northern Devon			Combined
Title	**Trust Eligible**	**Trust Participated**	**Nos included – status 31/03/2023**	**Trust Eligible**	**Trust Participated**	**Nos included – status 31/03/2023**	**Combined Total**
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	781 cases (100%)	✓	✓	Awaiting final figures	TBC
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	✓	✓	12 cases (100%)	✓	✓	9 cases (100%)	21 cases (100%)
UK Cystic Fibrosis Registry	✓	✓	100%	✓	✓	100%	100%
UK Parkinsons Audit	✓	X	Did not participate	✓	X	Did not participate	Did not participate
Renal Audits:							
UK Renal Registry Chronic Kidney Disease Audit	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
National Acute Kidney Injury Audit	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
Cleft Registry and Audit Network (CRANE)	✓	✓	2 (67%)	✓	✓	Awaiting final figures	Awaiting final figures
National Vascular Registry	✓	✓	Awaiting final figures	✓	X	Not relevant to ND	Awaiting final figures

	Royal Devon Exeter			Northern Devon			Combined
Title	**Trust Eligible**	**Trust Participated**	**Nos included – status 31/03/2023**	**Trust Eligible**	**Trust Participated**	**Nos included – status 31/03/2023**	**Combined Total**
BAUS Urology Audits							
Cystectomy	X	X	Site did not participate	X	X	We do not provide these services	Did not participate
Cytoreductive Radical	X	X		X	X		
Nephrectomy	X	X		X	X		
Nephrectomy	X	X		X	X		
Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	X	X		X	X		
Inflammatory Bowel Disease programme	X	X	Trust not participating	X	X	Trust not participating	Trust not participating
Mental Health Clinical Outcome Review Programme **(NCISH)**	X	X	Applies to mental health trusts only	X	X	Applies to mental health trusts only	Applies to mental health trusts only
National Bariatric Surgery Registry	X	X	Not relevant to trust	X	X	Not relevant to trust	Not relevant to trust
National Audit of Pulmonary Hypertension	X	X	Only 8 designated centres take part	X	X	Only 8 designated centres take part	Only 8 designated centres take part
National Audit of Psychosis EIP Spotlight	X	X	Does not apply to Trust	X	X	Does not apply to Trust	Does not apply to Trust
National Audit of Cardiovascular Disease Prevention	X	X	Does not apply to Trust	X	X	Does not apply to Trust	Does not apply to Trust
Out of Hospital Cardiac Arrest Outcomes (OHCAO) Registry	X	X	Does not apply to Trust	X	X	Does not apply to Trust	Does not apply to Trust
Neurosurgical National Audit Programme	X	X	Does not apply to Trust	X	X	Does not apply to Trust	Does not apply to Trust
Paediatric Intensive Care Audit	X	X	Not applicable to Trust	X	X	Not applicable to Trust	Not applicable to Trust
Perioperative Quality Improvement Programme	X	X	Not applicable to Trust	X	X	Not applicable to Trust	Not applicable to Trust

	Royal Devon Exeter			Northern Devon			Combined
Title	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
Prescribing Observatory for Mental Health							
Improving the quality of valproate prescribing in adult mental health services	X	X	Applies to mental health trusts only	X	X	Applies to mental health trusts only	Applies to mental health trusts only
The use of melatonin	X	X		X	X		

The National Confidential Enquiries that Royal Devon University Healthcare NHS Foundation Trust was eligible to participate in during April 2022 – March 2023 are shown below:

NCEPOD Study Title	Royal Devon Exeter			Northern Devon			Combined
	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined total
Child Health Clinical Outcome Review Programme							
Transition from child to adult health services	✓	✓	Organisational only completed, no patients relevant to criteria	✓	✓	Organisational only completed, no patients relevant to criteria	Organisational only completed, no patients relevant to criteria
Testicular Torsion	✓	✓	Ongoing data collection	✓	✓	Ongoing data collection	Ongoing data collection
Medical and Surgical Clinical Outcome Review Programme							
Community Acquired Pneumonia	✓	✓	Still in progress	✓	✓	Still in progress	Still in progress
Crohn's Disease	✓	X	Did not participate	✓	X	Did not participate	Did not participate
Endometriosis	✓	✓	Ongoing data collection	✓	✓	Ongoing data collection	Ongoing data collection

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
MEDICAL SERVICES DIVISION				
National Cardiac Audit Programme Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	640*	
National Cardiac Audit Programme Cardiac Rhythm Management (CRM)	Yes	Yes	1294	
National Cardiac Audit Programme Percutaneous Coronary Interventions (PCI)	Yes	Yes	816*	
National Cardiac Audit programme National Heart Failure Audit	Yes	Yes	302*	
National Cardiac Audit Programme Adult Cardiac Surgery	No	N/A	N/A	
National Cardiac Audit Programme National Congenital Heart Disease (CHD)	No	N/A	N/A	
National Audit of Cardiac Rehabilitation	Yes	Yes	1026*	
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	100% (828)	
National Audit of Pulmonary Hypertension	No	N/A	N/A	
Out-of-Hospital Cardiac Arrest Outcomes Registry	No	N/A	N/A	
Inflammatory Bowel Disease (IBD)	Yes	No	N/A	Non-participation due to New EPR system data issues
National Asthma and COPD Audit Programme -COPD	Yes	Yes	428*	
National Asthma and COPD Audit Programme -Adult Asthma	Yes	Yes	26*	
National Outpatient Management of Pulmonary Embolism (BTS)	Yes	Yes	100% (12)	
National Smoking Cessation 2021 Audit (BTS)	Yes	No	N/A	Non-participation-COVID-19 & Operational pressures
National Gastro-intestinal Cancer Programme -National Oesophago-gastric Cancer (NOGCA)	Yes	Yes	104*	
National Diabetes Core Audit	Yes	Yes	100%	DOB & NHS Numbers only, data provided by Primary care
National Diabetes Inpatient Safety Audit	Yes	Yes	100%	
National Pregnancy in Diabetes Audit	Yes	Yes	17*	
Renal Audit -UK Renal Registry	Yes	Yes	100%	
National Audit of Dementia	Yes	Yes	30	
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	Yes	716*	
Royal College of Emergency Medicine Pain in Children	Yes	Yes	109*	Audit closes Oct 2022
Falls & Fragility Fracture Audit Programme (FFFAP) National Audit of Inpatient Falls	Yes	Yes	100%	
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes	78*	
National Clinical Audit of Psychosis	No	N/A	N/A	
Prescribing Observatory for Mental Health (POMHUK)	No	N/A	N/A	
Mental Health Clinical Outcome Review Programme	No	N/A	N/A	

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
SURGICAL SERVICES DIVISION				
National Joint Registry (NJR)	Yes	Yes	679	
Case Mix Programme (CMP) ICNARC	Yes	Yes	893*	
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%	
BAUS: Cytoreductive Radical Nephrectomy	Yes	Yes	100%	
BAUS Management of the Lower Ureter in Nephroureterectomy Audit (Lower NU Audit)	Yes	Yes	N/A	Awaiting final data
Elective Surgery (National PROMs Programme)	Yes	Yes	270	
National Vascular Registry (NVR)	Yes	Yes	307*	
National Emergency Laparotomy Audit (NELA)	Yes	Yes	43*	Data issues due to New EPR system
Falls & Fragility Fracture Audit Programme (FFFAP) Fracture Liaison Service Database	Yes	No	N/A	Did not participate
Falls & Fragility Fracture Audit Programme (FFFAP) National Hip Fracture Database	Yes	Yes	614	
National Early Inflammatory Arthritis Audit	Yes	Yes	2*	Data issues due to New EPR system
National Asthma and COPD Audit Programme -COPD	No	N/A	N/A	
Cleft Registry and Audit NEtwork Database	No	N/A	N/A	
SPECIALIST SERVICES DIVISION				
National Gastro-intestinal Cancer Programme National Bowel Cancer Audit	Yes	Yes	126*	Data issues due to New EPR system
National Lung Cancer Audit (NLCA)	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility
National Prostate Cancer Audit	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility
National Audit of Care at End of Life (NACEL)	Yes	Yes	100%	
UK Cystic Fibrosis Registry	Yes	Yes	Adults 136* Children 63*	
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	100%*	
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	100% (230)	
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%	
Paediatric Intensive Care (PICANet)	No	N/A	N/A	
National Audit of Seizures & Epilepsies in Children & Young People- Epilepsy12	Yes	Yes	12*	

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
MEDICAL SERVICES DIVISION				
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) ● Perinatal Mortality Surveillance ● Perinatal confidential enquiries ● Maternal Mortality Surveillance and mortality confidential	Yes	Yes	100%	
National Perinatal Mortality Review Tool (MBRRACE-UK)	Yes	Yes	100%	
National Child Mortality Database	Yes	Yes	100%	
National Asthma & COPD Audit Programme – Paediatric Asthma Secondary Care	Yes	Yes	46*	
National Comparative Audit of Blood Transfusion – 2021 Audit of the Perioperative Management of anaemia in children undergoing elective surgery	N/A	N/A	N/A	Audit did not run
National Comparative Audit of Blood Transfusion – 2021 Audit of Patient Blood Management & NICE Guidelines	No	N/A	100%	
Serious Hazards of Transfusion (SHOT)	Yes	Yes	100%	
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	100%	
COMMUNITY SERVICES DIVISION				
National Diabetes Foot Care Audit	Yes	Yes	538	Includes Community & Acute
National Asthma & COPD Audit Programme – Pulmonary Rehabilitation	Yes	No	N/A	Non-participation due to COVID-19
NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME & DEATH (NCEPOD)/ REVIEW PROGRAMME				
Child Health Clinical Outcome Review programme ● Transition from child to adult health services	Yes	Yes	100%	
Medical and Surgical Clinical Outcome Review Programme ● Community acquired pneumonia ● Crohn's disease ● Epilepsy study	Yes	Yes	100%	

*   Provisional, data not yet finalised/cleansed/data submission on-going

COUNCIL OF GOVERNORS PAPER

Meeting date: 23 August 2023   **Agenda item: 7.3, Public meeting**

Title: Report to the Council of Governors on the performance of the Trust's external auditors

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Purpose: This paper provides the Council of Governors (CoG) with the Audit Committee's (AC) assessment of the performance of the Trust's external auditors, in particular to provide assurance that they have provided a quality, timely and cost-effective service.

Background:

The NHS Foundation Trust Code of Governance document, issued by NHS Improvement, includes guidance to the CoG relating to assessing the performance of the external auditors. The following extracts are included in the document:

"C.3.3. The Council of Governors should take the lead in agreeing with the Audit Committee the criteria for appointing, re-appointing and removing external auditors. The Council of Governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the Audit Committee, which provides information to the governors on the external auditor's performance as well as overseeing the NHS foundation trust's internal financial reporting and internal auditing."

"C.3.4. The Audit Committee should make a report to the Council of Governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable the Council of Governors to consider whether or not to re-appoint them. The Audit Committee should also make a recommendation to the Council of Governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor."

"C.3.5. If the Council of Governors does not accept the Audit Committee's recommendation, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position."

"C.3.6. The NHS Foundation Trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for three to five-year period of appointment."

Key Issues:

The AC assessed the performance of the Trust's external auditors at its meeting on 9 August 2023. It was presented with sufficient information to enable it to assess the performance of the Trust's external auditors and to assist it to provide assurance to the CoG that the Trust's external auditors had provided a quality, timely and cost-effective service so that the CoG can discharge its duties set out in the NHS Foundation Trust Code of Governance.

The CoG should note the Trust undertook a competitive tender exercise in 2019 and KPMG were re-appointed as the Trust's external auditors for a five-year period ending 31

October 2024; the 2023/24 financial year audit is the last under this contract.

During the AC meeting, KPMG recognised there are new Governors in post, with more expected, and were keen to ensure training was provided to CoG to aid their understanding of the role of external audit and other relevant topics.

In particular the following was assessed by the AC:

Timeliness of reporting
The submission of the Trust's audited Annual Report and Accounts and NHSE Finance Return is always challenging for both the Trust and the external auditors due to the short timeframe from the end of the financial year to the filing deadline.

This year the preparation of the Annual Accounts and the audit of them has been more challenging, for the finance team and the external auditors, as additional work was required to consolidate information from two financial systems (Eastern and Northern financial ledgers). Despite this additional complexity the audit team again successfully completed their audit work in advance of the filing deadline, with the Trust's senior financial management team meeting with KPMG on the 30 May 2023 and the Audit Committee receiving a Management letter on the 7 June 2023 together with a draft Auditor's Report.

Throughout the year, and in particular during the period when the audit work is mostly undertaken, the Trust has been in regular communication with KPMG. Responses from KPMG have been professional, helpful and provided within an appropriate timescale.

KPMG has attended all Audit Committee meetings since appointment and has provided papers in a timely basis. Where matters arose regarding the audit of the accounts and annual report the Trust was kept regularly informed and without delay.

To continue to enhance the external audit process, KPMG and the Trust's Finance and Governance departments will hold a post audit de-brief meeting to identify any opportunities to further strengthen the audit process.

Quality of Work
The reports that the Trust received from KPMG have been of good quality, pro-active, with information provided in a concise and professional format. Due to the challenging timescale to provide reports, there have been again some minor errors within their written reports. The Trust will discuss with KPMG the need for further controls and improvements to reduce future mistakes. Advice and information provided by KPMG has been helpful and constructive.

A factor to take into account when considering the performance of the auditors is how smoothly the audit went, were there any surprises? The external audit was carried out well with no major surprises. There was regular and effective engagement between the audit team and the Trust's Finance and Governance teams.

The quality of KPMG's audit work is assessed by external organisations and quality reviews are completed internally on a regular basis across their firm. KPMG also undertook a self-assessment of their performance against Key Performance Indicators and the report of the self-assessment was considered by the AC. The below are extracts from the self-assessment:

"Internal quality reviews are completed on a regular basis across the firm. KPMG continue to engage with external regulators."

"All staff involved in the audit have completed the relevant mandatory training, along with accompanying tests."

"We confirmed our independence at each stage of the audit. Most recently in the final ISA260 report presented to the Audit Committee in June 2023."

"We utilised relevant tools… throughout the 2022/23 audit."

Audit fees

The Trust undertook a competitive external audit tender exercise in 2019. By undertaking this tender exercise, the Trust has gained assurance that the external audit fee has been appropriately market tested and therefore provides good value for money.

The audit fee for 2022/23 was negotiated with KPMG, as previously separate audit fees had been incurred for the audit of the Royal Devon and Exeter NHSFT and the Northern Devon Healthcare NHS Trust. The renegotiated fee of £135,000 provided a saving of £34,500 when compared to the two separate audit fees incurred within 2021/22.

KPMG's self-assessment also advised: "The fee charged for 2022/23 audit was negotiated with management before the outset of the work due to the significant change in scope following the merger of the RDE and NDHT. As a result, the original approved audit days are not a reliable metric. The audit was complicated with two ledgers operating, however, we have still managed to complete our work within the quoted fee with no overruns."

The AC can confirm to CoG that the above is an accurate report of 2022/23 auditor activities and recommends the re-appointment of KPMG as the Trust's external auditor for the 2023/24 financial year being the final year of the contract .

Recommendation:

As the AC confirms to the CoG that the Trust's external auditors have provided a quality, timely and cost-effective service within 2022/23, it recommends that KPMG should continue to be appointed as the Trust's external auditors for the 2023/24 financial year, in accordance with their external audit contract.

Presented by: Alastair Matthews, Chair of the Audit Committee and Non-Executive Director.

COUNCIL OF GOVERNORS PAPER

Meeting date: 23 August 2023   **Agenda item:**   8.2, Public meeting

Title:	**REPORT FROM THE COG COORDINATING COMMITTEE**

Purpose: To update the Council of Governors on the work of, and the progress being made, by the CoG Coordinating Committee.

Background: The CoG Coordinating Committee reports to each Council of Governors meeting.

CoG Coordinating Committee Report (written by Heather Penwarden, Deputy Lead Governor)
This report provides an update on the discussions and actions from the meeting of the CoG Coordinating Committee held on 20th July 2023.

The meeting was attended by Dame Shan Morgan, Heather Penwarden, (Deputy Lead Governor), Richard Westlake (South), Kay Foster (East), Jeff Needham [Chair of 2 Task and Finish Groups] (North), Dale Hall (Chair PMEG) Gillian Champion [South], Angela Shore [Appointed Governor].

The Staff Governor position remains vacant.

Melanie Holley and Jess Newton were in attendance, with Bernadette Coates taking notes. Apologies received from Barbara Sweeny Lead Governor

The notes from the meeting held on the 12th April 2023 were agreed as accurate and the actions noted as per the tracker.

The following was considered:

1.   **Task & Finish Groups**
NED Evaluations
Jeff Needham is chairing this group and gave an update on the first meeting. They are currently in the process of defining what they need to include in their discussions and gathering information from the current and past models of evaluation. It was noted that Shan has feedback on NEDs performance from other arenas of their work and this group only needs to consider evaluating performance where they are visible to Governors. There are only four Governors on this group so more engagement with the work to be encouraged.

CoG Effectiveness

Jeff Needham is also the chair of this T&F group with the aim of ensuring all the mechanisms are in place for the CoG to work effectively as a collective. There are about 7 Governors expressing interest and the first task will be to set an agenda of areas of CoG work to be covered. It was recognised that this is quite an exercise and it was proposed that Governors Training need be included in the process.

Organisation of T&F Groups

We are piloting a new way of getting through CoG business by the use of T&F groups and hoping to enable Governors with limited time available to get involved in specific pieces of work that interest them most. It was suggested that two T & F Groups at present is enough and we will monitor the progress. Historically Governors have been involved in reviewing documents, it is recognised that some find this a rather dry process but that there may be Governors who would like to at some point be part of a Document Review T&F group.

External Auditors appointment 2023/24
This is an important piece of CoG work, Alistair Matthews NED and Chair of the Audit Committee will lead a T&F groups and be looking for Governor involvement

2.   **Organisational Issues**
NHS Emails for Governors.
There was a robust discussion as to the pros and cons of Governors having an NHS email address. Historically it has never been standard practice for this Trust. Some Governors find the number of emails coming from the Trust overwhelming at times and expressed concerns about them getting lost in amongst all their other emails. Some felt that Governors in a position of office i.e. Lead Governor should have an NHS email. It was pointed out that once you have an RDU email you get sent all group emails which would result in a huge amount of more email content most of it not appropriate for Governors. Alternative options were considered – setting up our own separate email address for which could read something like "heatherpublicgovernor@gmail….."or organising a specific inbox for all incoming NHS emails. Action HP requested some help from the IT department to learn how to do this.

Governor Training
It was recognised that the session earlier this year in Exeter from Governwell on the role of the Governor was an excellent way of using training resources. There are individual courses that can also be attended mostly on line and are quite expensive. Suggestions arising from the discussion - there used to be a South West Governors Networking forum which stopped during Covid Action Jess Newton will look into the likelihood of starting this up again, we could invite neighbouring Governors to our Development days? Action to be included on the agenda of the CoG Effectiveness T&F Group for more detailed discussion and recommendations.

Governor Monthly Commitments
Appreciation was expressed to Bernadette for the regular updates on our Governor Commitments in the form of a list of meetings coming up. A request for it also to be in a calendar form will be looked into.

3. **Meeting Agendas**
Review of CoG meeting 8.6.23 held in Tiverton.
Agreed that the content was good especially the presentation and discussion by Devon Partnership Trust.
Agreed that the 90 minutes for Governors only business at the start was helpful but that it should be a bit more structure to enable time for feedback from Patient Experience and Audit Committees and for forming our questions to the Chief Exec' regarding that months IPR. Action Suggest that Governors be invited to put forward any specific items they wish to bring prior to the meeting or at the beginning so it can all be timetabled and discussed more efficiently.

Feedback from 12th July Joint Development Day
Those who attended were unanimous in saying the content was all excellent and also the

sense that everyone was working well together as a collective.

CoG Meeting 23rd August.
The draft agenda was considered too long so we went through agenda items with view to setting priorities. The main issue agreed on was to take out the 1-hour session by HP and Carole Burgoyne on the Patient Experience and reschedule this at the next Joint Development day and make it half a day on all aspects of Patient experience. Also taking out the 1 hour allowed for Lead & Deputy Hustings now not required made the agenda more reasonably timed.

All Governors to be encouraged to put forward suggesting for discussion topics for future development days. Sara Wollaston to be invited back later in the year following Governor Elections for an update on One-Devon

4. CoG Attendance
Governors are expected to attend CoG meetings with an understanding that missing two meetings a year for leave & sickness is acceptable. Individual governor attendances at meetings are monitored through this CoG Coordinating Committee.

Date of future meeting:

- Wednesday 11 October 2023 10.00-12.00 via MS Teams

Recommendation: That the CoG notes the report from the CoG Coordinating Committee

Presented by: Heather Penwarden, Deputy Lead Governor

COUNCIL OF GOVERNORS PAPER

Meeting date: 23 August 2023   **Agenda item:**   **8.2, Public meeting**

Title:	**REPORT FROM THE PUBLIC AND MEMBER ENGAGEMENT GROUP**

Purpose: To update the Council of Governors on the work of, and the progress being made, by the Public and Member Engagement Group (PMEG).

Background: The Public and Member Engagement Working Group reports to each Council of Governors meeting.

1. Introduction

All governors are eligible to attend PMEG meetings; in practice, eight governors attended in February, six attended in April, and seven attended the June meeting alongside three members of the Communications and Engagement Team.

The continuity in the governors attending PMEG meetings is invaluable in ensuring the consistent and progressive consideration of issues, and their helpful contributions and interest are gratefully appreciated. Likewise, the Communications and Engagement Team provide helpful support and guidance in all our meetings.

PMEG's terms of reference are to ensure CoG represents the interests of Trust members and the wider public; confirm that governors have the support and tools needed to be effective; and contribute to the development and evaluation of the Trust's public and member engagement activities. An assessment of PMEG's performance will be made in March each year by CoG.

2. Member event in North Devon

PMEG's June meeting evaluated the North Devon member event in the light of the attendance, comments made by participants, and responses to the feedback questionnaire.

The attendance of 31 people, including 19 public members of the Trust (13 in person and 6 online) and 12 non- members was deemed to be 'good'. Following the event, 17 attendees completed the online feedback survey – which showed overwhelming approval for the content and conduct of the meeting. Four indicative comments were:

> *On the whole, a great deal of discussion and debate [was] pretty comfortably squeezed into the time available. Well done and thank you!*

> *Very professional presentations. Everyone seemed committed to informing the meeting of what is happening in the Trust.*

> *It was a well-organised programme and it was great to see a governor introducing the programme and his fellow governors in the room.*

> *Poor sound, few hard facts but lots of aspiration. Slide presentation not visible on Teams.*

The meeting was extremely well-organised by the Communications and Engagement Team and the venue was rated as very good.

For future events, the main lessons are to achieve better acoustics and/or assistance for those with hearing difficulties and to improve the experience of those on Teams. A technical 'dress rehearsal' would be beneficial next time. Other learning points were: Eventbrite was helpful in registering people; the venue's was generally rated as very good in the event evaluation survey (though some said access for those with disabilities was not ideal and its toilet facilities were limited); to improve communications, attendees should be asked how they heard of the event; and local media coverage of the event was viewed positively.

The full post-event evaluation survey report will be made available separately.

3. Draft Membership Strategy

This spring the Communications and Engagement Team prepared excellent drafts of the Trust's first ever Membership Strategy (designed to make membership more meaningful).

Over two PMEG meetings and subsequent email feedback the governors made important contributions which focused particularly on the following matters:

> Members are not necessarily 'supporters' of the Trust but people who take an active interest in its affairs and health services, and who may approve or disapprove of its policies

> Membership could be more inclusive and diverse if people active in relevant charitable and community groups were encouraged to join as individual members

> The Trust should review its compliance with the data protection regulations

> The Strategy could be a little more concise.

If the Trust undertakes a re-registration exercise for its public members (to comply with the post-2018 GDPR) then member numbers will likely fall significantly, but such a reduction will not be a 'failure', because any who do not re-register will have been only notional members all along.

PMEG has explicitly recognised that making membership meaningful is not primarily about the number of members – instead, it is about offering diverse people inclusive opportunities for informative and worthwhile engagement with the Trust. Diversity and inclusivity are enhanced by recognising that members are not necessarily supporters, and by encouraging relevant people active in their communities to join. (In this context, it has recently been suggested that governors might visit some community groups to talk about membership – but this has not yet been discussed by PMEG as a proposal.)

4. Governor Elections Campaign

Following PMEG's June meeting, the public governors who attended were asked to comment on the promotional documents for the governor elections, including:

> Prospective Governor Information booklet – Becoming a Governor at the Royal Devon (the lengthiest of all the materials with detailed information

> FAQs

> Presentation slides to use in the Meet the Governor webinars.

Even with an apparently large membership and a great deal of effort and publicity by the Communications and Engagement Team, it is difficult to ensure meaningful governor elections are contested: previously the majority of the positions have been uncontested and where there were contests voter numbers were low. However, this summer about a dozen

potential public governors have attended the webinars that were organised for them.

PMEG will review the data following the forthcoming elections. The key test, though, is the quality and commitment of those who are elected.

5. Information for CoG: what governors have heard

PMEG's June meeting agreed that CoG should receive a summary of relevant general information and feedback heard from members

Points from focus groups at the North Devon Member Event

Digital can make services more accessible and help patients feel better-connected with clinicians

We need to build trust in technology: ideas were shared for a patient user-group and ways to build digital confidence; and

Some patients are experiencing duplication of information via multiple channels

From governor engagement with participants at the North Devon Event

My Care was supported but there is a need to raise awareness and confidence through patient experience groups and repeated publicity; Information can be slow to appear on My Care; Data protection is important; My Care could include guidance on indicative waiting times for treatment and the 'length of the queue'

Hospitals at Home is a positive initiative but those with the greatest need have least access to digital. How many patients can this really deal with effectively? Are patients assessed for their suitability?

Some DNAs are due to lack of parking

People experience phones not being answered and answerphone messaged not being followed-up

Whose choice is it to have aF2F/video/telephone appointment?

In mental health consultations virtual can work well for patients

Some patients are afraid to raise issues with PALS because they fear doing so will impact future care [Note: Care Opinion is a platform where people can leave feedback publicly but anonymously]

Concerns about the future of community hospitals.

6. Other Matters

Remote monitoring pilot for the Northern heart failure service

PMEG accepted the assurances of the Communications and Engagement Team that (a) the 30 patients with heart failure in the remote monitoring pilot study will use the equipment for only a few weeks, and (b) the study does not require medical research ethics approval. Such studies need to be monitored carefully, though, because it is better to err on the side of caution due to reputational risk if appropriate approval is not sought.

Membership update report

In November each year CoG receives a standard report of its membership profile. Before the next report, PMEG will consider how to make the report more concise while highlighting key trends more effectively.

Members' Website

The Trust's existing dedicated members website is being decommissioned but there is an excellent members' section on the Trust's general website.

Next meeting of PMEG

Wednesday August 30 from 3.00 to 4.30pm.

Recommendation: That the CoG notes the report from the Public and Member Engagement Group.

Written by: Dale Hall, Chair, PMEG

COUNCIL OF GOVERNORS PAPER

Meeting date: 23 August 2022   **Agenda item:** 8.3, Public meeting

Title:	**Elections to the Council of Governors 2023**

Purpose: To provide an update on the planning for the elections to the Council of Governors (CoG) in 2023.

Background:

The CoG comprises 31 Governors in total; 2 are Appointed Governors with the remaining 29 Governors being elected – 7 Staff and 22 Public.

Elections to the CoG take place each year, with the terms of office for Governors starting and ending at the Trust's Annual Members' Meeting (AMM) each September. At the June 2023 meeting, a paper was presented outlining the vacancies and terms of office included in this year's election, the election timetable, as well as details of the communications and engagement plan. This report updates the CoG as the Trust moves through the election timetable as planned.

Key Issues:

1. Posts included in the 2023 election

As a reminder, the election this year includes 17 posts, comprised as: 3 Eastern, 3 Northern, 6 Southern and 5 Staff. There were a number of Governors whose terms were coming to an end and who were all eligible to stand again for election. Of these, Barbara Sweeney, Janet Bush, Hugh Wilkins and Cathleen Tomlin chose not to stand again, with Simon Leepile, Kay Foster and Heather Penwarden choosing to stand for re-election.

The CoG will say thank you and goodbye to Barbara, Janet, Hugh and Cathleen at the Annual Members Meeting in September 2023.

2. Nomination Period

The nomination period opened on 18 July 2023 and closed on 2 August 2023. There was a short withdrawal period, during which time no candidates withdrew their nomination. The Statement of Persons Nominated was circulated to the CoG and published on the Trust website. The outcome from the nomination period was:

- **Eastern Public Constituency –** 5 candidates for 3 positions
- **Northern Public Constituency –** 6 candidates for 3 positions
- **Staff Constituency –** 7 candidates for 5 positions
- **Southern Public Constituency –** there were no nominations received (with 6 posts remaining vacant from September 2023).

In the lead up to, and during, the nomination period the Trust issued regular communications to the Trust membership and public. This included social media posts, direct emails to members and invitations to join one of the four 'Meet A Governor' sessions, alongside communications to local GP practices. A sincere thank you to all the Governors who attended a 'Meet A Governor' session to speak to members directly about the role and their experience of being a Governor. In addition to this, the Corporate Affairs office was in contact with those Governors eligible to stand again about the timetable for the election, including sending reminders of when the

nomination period was opening and closing.

3. Voting period

There will be a vote in the Eastern, Northern and Staff constituencies. All Trust members in these constituencies will receive voting papers. This will be either via email or post for public members (with the option to vote electronically if by post) and by email for staff members.

Voting opens on 22 August 2023 and closes at 17.00 on 12 September 2023. Results will be declared on 13 September 2023 and terms of office commence at the Annual Members Meeting on 27 September 2023.

During this period, the Corporate Affairs team will be in touch with the candidates to let them know of next steps should they be successfully elected. This will include when the term of office starts, date for new Governor induction and the CoG meeting dates for the remainder of 2023.

4. Next steps for the Southern public constituency

Following the Annual Members Meeting on 27 September 2023, the CoG will have 25 Governors in post from a total of 31. All six vacancies will be in the Southern constituency, which will be left with two Governors (Richard Westlake and Gill Greenfield) out of a total of eight.

In order to help decide what to do next, there are a number of considerations. The Constitution of the Royal Devon states, at paragraph 13.2, that:
"*The Trust shall seek to ensure, subject to the 2006 Act, that the composition of the Council of Governors meet the following requirements:*
13.2.1 the interests of the community served by the Trust are appropriately represented;
13.2.2 more than half the members of the Council of Governors will be elected by members of the public constituencies; and
13.2.3 the level of representation of the public constituencies, the staff constituency and the appointing organisations strikes an appropriate balance having regard to their legitimate interest in the Trust's affairs".

The Trust's Constitution also provides for vacancies arising amongst Governors at paragraph 24:
24.1 Where a vacancy arises on the Council of Governors for any reason other than the expiry of term of office, the provisions of 24.2 and 24.3 apply. [24.2 omitted here as it relates to Appointed Governors]
24.3 Where the vacancy arises amongst the elected Governors, the Council of Governors shall be at liberty:
>*24.3.1 to defer the by-election until the next round of routine elections; or*
>*24.3.2 having regard to the number of Governors remaining in post to represent that constituency, to call a by-election to fill the seat for the remainder of that term of office.*

The above paragraph is a provision for vacancies arising mid-term rather than a routine election resulting in vacancies remaining unfilled; however, the principle of the provision is that the CoG is asked to consider whether to hold a further election or defer to the next routine election, as was the case in 2022 when the routine election resulted in a number of vacancies and the CoG agreed with the proposal to hold a further election in the Autumn.

Given the above, there are a number of issues to be taken into consideration when ensuring provision 13.2 of the Constitution is complied with.

- The Southern constituency includes Exeter, a core population for the RD&E Hospital.
- The CoG has experience of previously holding a number of vacancies and this led to challenges in ensuring the workload of the CoG was managed evenly. As an example, membership of the Nominations Committee and NED Remuneration Committee is constituency-based.
- It is not always the case, but historically there has been a small number of Governor resignations in-year and if this was to happen, as above, it may lead to challenges with the CoG's work and membership of Committees and task and finish groups.
- The second election in 2022 provided learning on targeted communications and engagement, which have been applied this year and have been largely successful (three contested elections out of four). The Southern constituency was left with vacancies following both elections in 2022, so there is clearly an issue with this element of the public membership that requires exploration. A further election would enable targeted communications and engagement focussed on the constituency. The Trust has also captured interest from members in the Southern constituency from the recent nomination period and can follow up to ask why they did not take their interest forward by submitting a nomination.
- If the Southern vacancies are carried forward, there would again be six vacancies in this constituency included in the 2024 election (as was the case this year). The terms of office offered would, however, be adjusted to ensure the cycle of posts is maintained. For information, Gill and Richard's current terms run to 2025.
- The cost of a further election will be approximately £6500, should it be a contested election with a vote required.

The CoG is therefore asked to consider whether it wishes to hold a further election for the six posts in the Southern constituency or defer until the routine election in 2024, noting the requirements of the Constitution.

Recommendation: That the Council of Governors notes the update in relation to the elections to CoG and decides whether to hold a further election in the Southern constituency or to hold the posts vacant until the routine election in 2024.

Presented by: Melanie Holley, Director of Governance

NHS
**Royal Devon
University Healthcare**
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 23 August 2023   **Agenda item:** 8.4, Public meeting

Title: **Annual Members Meeting 2023 – draft agenda**

Purpose: For the Council of Governors to agree the agenda for the Annual Members Meeting (AMM) 2023.

Background: The Rules of Procedure for Members Meetings state that the agenda for the annual meeting will be agreed at the preceding meeting of the Council of Governors (paragraph 8).

Key Issues: The meeting will take place on Wednesday 27 September 2023, 16.00-18.00. At the time of writing the Trust is planning for a hybrid event, and plans to offer people the opportunity to attend in person and virtually. The Trust has booked Petroc College, Tiverton for the event. An invitation to the event is being sent out to Trust Members late August/early September 2023.   The draft agenda is attached at Appendix A and is similar to previous year's agendas, covering an update from the Chair, the Chief Executive, the Trust's External Auditors, the Governors Year and a question and answer session.

Recommendation: The Council of Governors is recommended to agree the agenda for the Annual Members Meeting 2023.

Presented by: Melanie Holley, Director of Governance

DRAFT AGENDA

Annual Members Meeting
Wednesday 27 September 2023
1600 - 1800

**Petroc College ([Tiverton Campus](#)), Bolham Road,
Tiverton EX16 6SH
and via MS Teams**

- **Welcome and approval of the minutes from the 2022 meeting**
  Shan Morgan, Chair   *15 mins*

- **Presentation of the Annual Report & Accounts 2022/23**
  Chris Tidman, Deputy Chief Executive   *30 mins*

- **Auditor's statement**
  Edward Mills, KPMG   *10 mins*

- **Governors' annual report 2022/23 and look forward 2023/24**
  Barbara Sweeney, Lead Governor   *20 mins*

- **Question time**   *45 mins*

COUNCIL OF GOVERNORS

Meeting date: 23 August 2023   **Agenda item:** 8.5, Public meeting

Title:	**Nominations Committee Update**

Purpose: To update the Council of Governors (CoG) on the work of the Nominations Committee.

Key Issues:

The Nominations Committee undertakes the work on the recruitment and appraisals of the Chair and Non-Executive Directors (NEDs) for subsequent appointment and approval by the Council of Governors.

The current membership is:

- Shan Morgan, Chair of the Trust and Committee Chair
- Barbara Sweeney, Lead Governor, Public Governor - Eastern
- Heather Penwarden, Deputy Lead Governor, Public Governor - Eastern
- Gill Greenfield, Public Governor - Southern
- Hugh Wilkins, Public Governor - Southern
- Kay Foster, Public Governor - Eastern
- Rachel Noar, Public Governor - Eastern
- Dale Hall, Public Governor – Northern
- Jeffrey Needham, Public Governor - Northern
- Simon Leepile, Staff Governor
- Angela Shore, Appointed Governor

The Committee is supported by Mrs Holley, Director of Governance, and by Melanie Shearer and Jim Canning from GatenbySanderson, the executive search company. Denise McMurray, Director of People (Eastern), is also attending and supporting meetings.

Since the last report to the CoG, the Committee has met three times as part of the NED recruitment process.

At its 4 July 2023, the Committee considered the development of a pipeline for prospective NEDs. The Committee also reviewed and amended its Terms of Reference. The revised draft was circulated to the CoG for approval. The Terms of Reference were approved by a majority of the CoG and are now attached at Appendix A, being presented at a CoG meeting in public for transparency and completeness.

The Committee agreed it was seeking candidates with experience of holding a senior leadership role in the public, voluntary or academic/research sectors, and who are used to supporting transformation in an environment of significant scale and complexity. The Committee agreed the candidate brief and job advert and agreed to invite an Independent Assessor to join the interview panel. It also agreed to hold hustings with the candidates, as had been done during previous recruitment campaigns.

The Committee agreed the following recruitment timetable:

- 14 August 2023 – Nominations Committee longlisting meeting
- 31 August 2023 – Nominations Committee shortlisting meeting
- 20 September 2023 – candidate hustings
- 21 September 2023 - final panel interviews and a meeting of the Nominations

Committee to agree its preferred candidate
- 26 September 2023 – Council of Governors meeting to receive the recommendation for appointment from the Nominations Committee

The Governors who are not members of the Committee have been invited to participate in the hustings which will take place on 20 September 2023, as have the current NEDs.

The recruitment campaign went live on 10 July 2023 and applications closed on 7 August 2023. The Committee met on 3 August 2023, to hold an inclusion session ahead of the longlisting meeting. Longlisting took place at the Committee's meeting on 14 August 2023. Also at this meeting, the Committee agreed the composition of the interview panel and to hold the candidate hustings on 20 September 2023 virtually on MS Teams. It considered the interview questions, which will be confirmed at the next meeting. The next meeting takes place on 31 August 2023 and the main task will be to shortlist the candidates for the final interview process.

The CoG are reminded of the formal CoG meeting arranged for Tuesday 26 September 10.00-10.30 via MS Teams in order to consider the recommendation on appointment from the Nominations Committee. Governors are requested to submit any apologies, if they have not already done so, to ensure the meeting is quorate.

A more detailed update on the NED recruitment process to date will be provided in the Confidential CoG meeting on 23 August 2023.

Recommendation: That the Council of Governors note the report.

Presented by: Shan Morgan, Chair, Nominations Committee

NOMINATIONS COMMITTEE **–** TERMS OF REFERENCE

Approved Document Ref:	AD 21
Version:	12
Sponsor:	Chair of Trust/CoG
Approval authority	Council of Governors
Date of first approval:	1 October 2006
Date of first issue:	1 October 2006
Review date:	November 2021
Review commenced:	November 2021
Date of approval by NC:	16 November 2021
Date of approval by CoG:	29 November 2021
Next review due by:	November 2024

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NOMINATIONS COMMITTEE

Terms of Reference

Reference to "the Trust" shall mean the NHS Foundation Trust
Reference to "the Chair" shall mean the Chair of the Board/Chair of the CoG
Reference to "the Committee" shall mean the Nominations Committee
Reference to "the Board" shall mean the Board of Directors
Reference to "NED" shall mean Non-Executive Director
Reference to "CoG" shall mean Council of Governors

1.   Accountability

1.1   The Committee Chair shall report to the CoG on its proceedings after each meeting on all matters within its duties and responsibilities. Where the Committee is reporting the names of selected NED candidates for ratification, this will be conducted in private session, after the exclusion of the press and public. The purpose of this is to allow a Governor the opportunity to make a comment which might be inappropriate in the setting of a public meeting.

1.2   The Committee shall make whatever recommendations to the CoG it deems appropriate on any area within its remit where action, confirmation or improvement is needed.

1.3   The Committee shall make a statement in the annual report about its activities, the process used to make appointments and an explanation if external advice or open advertising has not been used or was rejected.

2.   Purpose

2.1   To select candidates to be Chair and NEDs of the Trust, for subsequent recommendation to, and appointment by, the CoG, taking account of the 'Policy for the Composition of the Non-Executive Directors on the Board of Directors', and the skills, knowledge and experience required. To achieve this, the Committee shall carry out the duties and responsibilities described in sections 7.1 and 7.2, as required.

3.   Membership

3.1   Core membership of the Committee shall be in accordance with the Constitution and shall be comprised as follows:

-   Chair of the Trust/CoG
-   Lead Governor
-   Deputy Lead Governor
-   Eight Governors, as follows:
    o   2 from each public constituency (total 6)
    o   1 staff Governor to represent the staff constituencies (total 1)
    o   1 appointed Governor representing stakeholder organisations (total 1)

3.2   The Committee Chair will be either the Chair or, in their absence, the Lead Governor or, in their absence, the Deputy Lead Governor. When the Committee

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is dealing with matters relating to the Chair, the Lead Governor will automatically act as Chair of the Committee.

3.3   With the exception of the Chair, the Lead Governor and Deputy Lead Governor, appointments to the Committee shall be for a period of up to three years, which may be extended. Extensions of office shall be by ballot of the CoG. Governors will be elected by the CoG by means of a ballot organised by the Foundation Trust Secretary in accordance with a process agreed by the CoG.

3.4   Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Chief Executive, Senior Independent Director and external advisers may be invited to attend for all or part of any meeting, as and when appropriate. Human Resource Directorate support will be available.

3.5   The Committee is authorised to seek any information it requires from any employee of the Trust in order to perform its duties.

3.6   The Committee is authorised to obtain, at the Trust's expense, outside legal or other professional advice on any matters within its terms of reference.

4.   Quorum

4.1.   The quorum necessary for the routine transaction of business shall be four members, which must as a minimum consist of the Chair of the Trust or the Lead Governor, and three other Governors from the Committee.

4.2   When acting as the selection panel to select Non-Executive Directors, ideally the whole Committee will meet. In an emergency situation / unforeseen circumstances, membership will comprise as a minimum:

-     Chair of the Trust/CoG (or their nominated deputy)
-     Lead Governor or Deputy Lead Governor
-     3 other Governors from the Committee

4.3   When deciding on matters relating to succession of the Chair at least five members (not including the Chair of the Trust) must be present, except in exceptional circumstances agreed with the Lead Governor.

4.4   A duly convened meeting of the Committee at which an appropriate quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

5.   Procedures

5.1   The Foundation Trust Secretary or their Deputy shall act as Secretary to the Committee.

5.2   Meetings of the Committee shall be arranged by the Secretary of the Committee at the request of the Chair of the Committee.

5.3   Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, and any other person required to attend, no later than seven working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

5.4   The Secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.

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5.5 When considering candidates for longlisting and shortlisting, only members of the Committee present at a meeting shall provide their feedback and / or vote on candidates to be taken forward.

5.6 Minutes of Committee meetings shall be circulated within fourteen days to all members of the Committee and to all other members of the Council of Governors and Board of Directors with their next Council/Board meeting papers, unless a conflict of interest, or matter of confidentiality, exists.

5.7 To the extent that papers are held by members, all papers are to be held securely by members or returned to the FT Secretary for secure disposal. The FT Secretary will maintain the official Nominations Committee file for record purposes.

6. Frequency of Meetings

6.1 The Committee shall meet at least annually and as required to fulfil its duties, as the Chair of the Committee shall decide. Two meetings per year will ordinarily be scheduled, linked to the appraisal cycle for the Chair of the Trust/CoG and Non-Executive Directors.

7. Duties and Responsibilities

7.1 The Committee shall:

- taking account of the CoG's 'Policy for the Composition of Non-Executive Directors on the Board of Directors' which reflects the Board's view of the skills and experience required, periodically review the structure, size and composition (including the skills, knowledge and experience) required of the Board compared to its current position and make recommendations to the CoG with regard to any changes;

- give full consideration to succession planning for Chair and NEDs in the course of its work, taking into account the challenges and opportunities facing the Trust, and what skills and expertise are therefore needed on the Board in the future;

- be responsible for selecting candidates to fill Chair and NED vacancies, and recommending them to the CoG for approval of appointment;

- before any NED appointment is made by the CoG, evaluate the balance of skills, knowledge and experience on the board, and, in the light of this evaluation prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates, the Committee may:

    o use open advertising;

    o the services of external advisers to facilitate the search;

    o consider candidates on merit and in light of the guidance in the Trust's "Policy for the Composition of Non-Executive Directors on the Board of Directors", taking care that appointees have enough time available to devote to the position;

- keep under review the Non-Executive leadership needs of the organisation with a view to ensuring the continued ability of the organisation to compete effectively in the marketplace;

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- ensure that on appointment to the Board, appointees receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board meetings.

7.2 The Committee shall also make recommendations to the CoG as appropriate concerning:

- the re-appointment of the Chair and NEDs at the conclusion of their specified term of office having given due regard to their performance and ability to continue to contribute to the Board in the light of the knowledge, skills and experience required;

- any matters relating to the continuation in office of any NED (including the Chair) at any time subject to the provisions of the Constitution, the law and their service contract.

In order to make the above recommendations, the Committee shall regularly receive the outcome of the appraisals of the Chair and NEDs.

8 Review

8.1 The Committee shall annually review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the CoG for approval.

8.2 These Terms of Reference will be reviewed by the Nominations Committee annually, and approved by the CoG at intervals not exceeding three years.

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Version 12
Approved by the Council of Governors: 18 July 2023
Review Date: July 2026