NHS
Royal Devon
University Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING IN PUBLIC

Wednesday 22 November 2023
11.15 – 14.30
Exeter College Future Skills Centre,
Exeter Airport Industrial Estate
Exeter, EX5 2LJ
AGENDA

As of 21/11/2023

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.	**Annual Review of the Governors Register of 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 23 August 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	**Q2 2023/24 Performance Report**	John Palmer, Chief Operating Officer	Information	✓	12.01 45
	Lunch Break 12.46-13.30				
8.	**CoG Business**				
8.1	**Reports from:** **- CoG Coordinating Committee** **- Task and Finish Groups** **- Public and Member Engagement Group**	Jeff Needham, Lead Governor, Chair CoG Coordinating Committee and Task and Finish Groups Dale Hall, Public Governor, Chair PMEG	Information	✓	13.30 10

8.2	**Elections to CoG 2023**	Melanie Holley, Director of Governance	Information	✓	13.40 2
8.3	**Report from the Annual Members Meeting 2023**	Melanie Holley, Director of Governance	Information	✓	13.42 2
8.4	**Annual Membership Report to the Council of Governors**	Jess Newton, Head of Communications and Engagement	Information	✓	13.44 10
8.5	**Nominations Committee update**	Shan Morgan, Chair	Information	✓	13.54 5
9.	**Stakeholder Engagement – no reports**				
10.	**Information**				
10.1	**Discussion with a Non-Executive Director**	Tony Neal, Senior Independent Director	Discussion		13.59 30
	The next meeting of the Council of Governors is Wednesday 6 March 2024 at a venue to be confirmed.				

Meeting closes at 14.30

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS

Meeting date: 22 November 2023 **Agenda item:** **2.0, Public meeting**

Title: **Annual Review of the Register of Governor Interests**

Purpose: To present to the Council of Governors (CoG) the annual update to the Register of Governor Interests.

Background: The Trust is required to undertake an annual refresh the Register of Governor Interests for publication on the Trust website. The Corporate Affairs Team wrote to Governors asking them to confirm their interests. Nil returns were required.

Key Issues:
The updated register is attached.

Governors are reminded to raise any issues regarding conflicts of interest during the course of a meeting should any arise and to let the Trust know if their interests change at any time.

Following the meeting, the updated register will be published on the Trust's public website here:
https://royaldevon.nhs.uk/about-us/foundation-trust-and-membership/council-of-governors/foundation-trust-documents/

Recommendation: That the Council of Governors notes the updated Register of Governor Interests.

Presented by: Melanie Holley, Director of Governance

Royal Devon University Healthcare NHS Foundation Trust

REGISTER OF GOVERNORS' INTERESTS

Version:	73
Sponsor:	Foundation Trust Secretary
Approval authority	Not required
Date of approval:	Not required
Date of Issue:	22 November 2023
Date of next review:	As required, or November 2024

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REGISTER OF GOVERNORS INTERESTS

The following Governors of the Royal Devon University Healthcare NHS Foundation Trust have declared interests as listed below:

Name	Declared Interest
Catherine Bearfield	• Member, Labour Party
Quentin Cox	None
Maurice Dunster	• Independent Board Chair, Symphony Health Services (SHS), subsidiary company of Somerset NHS Foundation Trust. SHS is an at scale NHS Primary Care provider.
Kay Foster	• Volunteer, Seachange, Budleigh Salterton
Gillian Greenfield	None
Dale Hall	• Owner and Director of Opinion Research Services Ltd (ORS); ORS Genesis Ltd; ORS Genus Ltd; and ORS Genius Ltd. • Director, Woodridge Court Management Company • Trustee, Devon Branch of Campaign to Protect Rural England (CPRE) • Editor of Ashford Newsletter • Member, Conservative Party
Ian Hall	• Member, Conservative Party • Councillor, Devon County Council • Member of the GMB Union • Chairman of Trustees, Axminster Skate Park • Joint Chair, One Eastern Devon Partnership Forum
Naomi Hallett	None
Zoe Harris	None
George Kempton	• Trustee and National Chairman, NHS Retirement Fellowship • Trustee and Chairman, Friends of St Peter's Church • Clerk to the Trustee Board, Jubilee Almshouse, Tawstock • North Devon District Hospital Involving People Steering Group • Age UK Policy Sounding Board
Simon Leepile	• Member, Unison • Employee, University of Exeter
Sue Matthews	• Director and Treasurer, Save Our Hospital Services Devon • Chair, Litchdon Medical Centre Patient Participation Group (PPG) • Chair, Barnstaple Alliance Primary Care Network PPG • Member, Involving People Steering Group, Royal Devon • Member, Healthy Ageing Northern Devon Steering Group, OneNorthernDevon • Patient and Carer Initiative Trainer, University of Bolton • Member, Royal College of Nursing • Member, Green Party

Name	Declared Interest
Carol McCormack-Hole	• Parish Councillor, Fremington Parish Council • Chair, Patient Participation Group Queen's Medical Centre, Barnstaple • Member, Involving People Steering Group, North Devon District Hospital • Member, Devon County Council Joint Engagement Forum • Member, Clinical Commissioning Group, Clinical Policy Engagement and Consultation Group • Member, Healthwatch Devon Steering Group • Member, South West Outpatients Transformation Group • Member, One Northern Devon Communities
Jeffrey Needham	• Member, Conservative Party • Member, National Lead Governor Association • Chartered Scientist and Fellow of the Institute of Biomedical Sciences • Chartered Biologist and Fellow of the Royal Society of Biology
Rachel Noar	• Volunteer, Living Options Devon • Governor, Deaf Academy
Emily Partridge	None
Brenda Pedroni	• Director, Apple Tree Farm Services Community Interest Company (CIC), a not-for-profit organisation providing educational and therapeutic support for children and young people with special educational needs and disabilities in North Devon.
Heather Penwarden	• Chair and Trustee, Dementia Friendly Honiton (Charitable Incorporated Organisation (CIO) • Walk for Health Leader with Leisure East Devon • Chair, Community Hospitals Association - Project Advisory Group • Member of the Q Community and through that a participant in various Health & Care research projects • Patient Experience Contributor to the International Journal of Integrated Care • Patient Experience Contributor to the German Federal Association of Managed Care inter-disciplinary think-tank
Tom Reynolds	• Committee member, Ilfracombe Town Rugby Club • Member, Unison
Angela Shore	• Chair, Research Committee and fellowship committees, Diabetes Research and Wellness Foundation • Chair, Health Research Board Ireland (external advisory committee doctoral training account) • Chair, Operations Committee, IQVIA Peninsula Prime Site • Member, Executive Committee, IQVIA Peninsula Prime Site • Member, NIHR (National Institute Health Research) BioResource Steering Committee • Member, NIHR Rare Disease Working Group • Member, NIHR-BHF Cardiovascular Partnership
Clare Stevens	None
Avril Stone	None
Nigel Richards	None
Jayne Westcott	None

Name	Declared Interest
Richard Westlake	• Member, Labour and Cooperative Party • Retired Member, ASLEF trades union • Northbrook Manager (Secure Unit)

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

Held on Wednesday 23 August 2023
Exeter College Future Skills Centre
Exeter Airport Industrial Estate
Exeter, EX5 2LJ

Present

Shan Morgan, Trust Chair

Public Governors
Eastern:
Kay Foster
Rachel Noar
Barbara Sweeney
Heather Penwarden

Northern:
Catherine Bearfield
Carol McCormack-Hole
Jeff Needham

Southern:
Hugh Wilkins
Richard Westlake

Staff Governors:
Tom Reynolds
Cathleen Tomlin

Appointed Governors:
Ian Hall, Devon County Council

Apologies
Janet Bush, Southern
Bob Deed, Northern
Maurice Dunster, Eastern
Dale Hall, Northern
Simon Leepile, Staff
George Kempton, Northern
Gill Greenfield, Southern
Angela Shore, Appointed - University of Exeter
Jayne Westcott, Staff

In Attendance:
Bernadette Coates, Governance Coordinator (minute taker)
Sarah Delbridge, Head of Communications and Engagement
Hannah Foster, Chief People Officer (minutes 18.23 - 28.23
Melanie Holley, Director of Governance
Sean Lewis, BSL interpreter
Alastair Matthews, Non-Executive Director
Martin Marshall, Non-Executive Director
Tony Neal, Non-Executive Director
Caron Wolfenden, BSL interpreter

Item	Minute		Action
1.	**18.23**	**WELCOME AND APOLOGIES**	
		Ms Morgan welcomed everyone to the meeting, including Governors, Board members and interpreters for Mrs Noar. The apologies were noted as above.	
2.	**19.23**	**DECLARATION OF GOVERNOR INTERESTS**	
		There were no new declarations of interest. Mr Hall reminded the CoG of his role as Joint Chair, One Eastern Devon Partnership Forum.	
3.	**20.23**	**SECRETARY'S NOTES**	
		Mrs Holley updated the meeting on the following: **Confirmation of the outcome of the Lead Governor and Deputy Lead Governor election process**: Mr Needham and Mrs Penwarden had been	

		elected as Lead and Deputy Lead Governor respectively, following the recent election and ratification process. Mrs Holley said they would take up their posts after the Annual Members Meeting, adding that for Mrs Penwarden this was subject to her re-election as a Governor. Mrs Holley gave her thanks to them both for stepping forward, and to Mrs Sweeney for her commitment to the Lead Governor role over the last 12 months. **Dates of forthcoming meetings**: • **CoG meeting on Tuesday 26 September**. This was a meeting called for the CoG to receive the Nomination Committee's recommendation regarding the recruitment of a new NED. Mrs Holley said it was important the meeting was quorate and asked for apologies to be submitted. • **Annual Members Meeting (AMM), Wednesday 27 September**. This would take place at Petroc College's Tiverton campus 16.00-18.00. Mrs Holley said the Board meeting in public would take place in the morning, with a member engagement event in the afternoon followed by the AMM. Exact timings for the Board meeting and member event would be shared in due course. • **The next Joint CoG and Board Development Day takes place on 8 November 2023**. Mrs Holley confirmed the venue was the Future Skills Centre and timings would be confirmed in due course. • **The next formal CoG meeting was on 22 November 2023** with the venue again being the Future Skills Centre **Nightingale Hospital Exeter**. Mrs Holley said there were a number of issues raised at the CoG Development Day on 12 July 2023 related to patient travel to the Nightingale Hospital Exeter, including parking and road signage. She said she had taken an action to follow these up and a detailed response from the Divisional Director was circulated to all Governors at the end of July 2023. Mrs Holley asked if there were any further questions in relation to the response circulated, please raise theme under the Chief Executive Question and Answer session as previously advised. **Care Quality Commission (CQC) inspection report.** Mrs Holley said the CQC report was due to be published by the end of the week and Governors, along with Trust staff, would receive the press release ahead of publication. There being no questions, the Secretary's Notes were noted by the CoG. **The Council of Governors noted the Secretary's Notes.**	
4.	**21.23**	**CHAIR'S REMARKS**	
		Ms Morgan said the meeting was the last formal CoG meeting for some Governors whose terms of office were due to end on 27 September 2023 at the AMM – Mrs Sweeney, Ms Bush, Mr Wilkins and Mrs Tomlin. Ms Morgan thanked Mrs Sweeney for her contribution as a Governor and more recently as Lead Governor. She thanked Ms Bush for her work and Mr Wilkins for his thoughtful challenge, particularly in relation to the Nominations Committee. Ms Morgan thanked Mrs Tomlin for providing her perspective as a Staff Governor. Ms Morgan outlined the agenda for the Confidential meeting. There would be an update from her as Chair and also a more detailed report from the Nominations Committee. Later in afternoon, the CoG would be providing	

		valuable feedback for the Non-Executive Director (NED) and Chair appraisals The day would conclude with feedback from communities and an evaluation of the day. Ms Morgan provided a brief outline of the Royal Devon's response to the Lucy Letby case, which all at the Trust had been shocked by. The Executive Team was considering how the Board assured itself, with Ms Morgan saying she had spoken to Mr Tidman, Deputy Chief Executive, and Mrs Mills, Chief Nursing Officer, about an urgent review on a wide range of issues, including all of the ways of raising concerns at the Trust. Ms Morgan said the outcome of this review would be presented to a Board meeting in public. Knowing the case will have been of concern for the CoG, Ms Morgan said feedback from the Governors during the meeting on how the Trust should respond would be welcomed. **The Council of Governors noted the Chair's Remarks.**	
5.	**22.23**	**APPROVAL OF THE 8 JUNE 2023 PUBLIC MEETING MINUTES**	
		The minutes of the 8 June 2023 public meeting were approved. The action tracker was noted, with the actions completed. There were no matters arising.	
6.		**ACCOUNTABILITY AND ENGAGEMENT**	
6.1	**23.23**	**CHIEF EXECUTIVE'S PUBLIC REPORT**	
		Mrs Foster introduced herself as the Trust's Chief People Officer. She said she was presenting the Chief Executive report on behalf of Mr Tidman, who sent his apologies as he was attending a system-wide meeting on Urgent and Emergency Care. Mrs Foster said she had discussed with Mr Tidman the topics to be covered in the update. Regarding the Letby case, Mrs Foster said there had been a discussion at the weekly Executive Director team meeting the previous day, with the focus on what can be done to avoid such a case. Mrs Foster said the national COVID-19 inquiry was under way, with the first phase coming to an end on 19 August 2023. She said there were six modules in total, with the second focussing on governance and decision making. Mrs Foster said the Trust would engage with it if and when required to. Mrs Foster provided an update on recent industrial action taken by Junior Doctors and due to be taken later in the week by the Consultants. She said it resulted in significant pressure on staff and had an impact on patients. The Trust worked hard to plan for industrial action and the periods of striking were very challenging. A 15 year national NHS workforce plan had been published in June 2023. Mrs Foster said this was a huge opportunity for staff and patient care; however, the Trust would need to work with training and education partners on it. Mrs Foster said there had been a visit to North Devon District Hospital (NDDH) on 2 August 2023 from Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care. Lord Markham had met with key stakeholders and discussed the 'Our Future Hospital' building programme. Mrs Foster said it had been confirmed that NDDH was in the	

		national hospital programme. She said Phase One at NDDH had begun, which was the rebuilding of staff accommodation. In terms of system recovery, Mrs Foster said the Trust was engaging nationally on this, including regular reporting and monitoring of progress. She added that some of the detail was contained in the performance report being discussed later in the meeting. Mrs Foster said that Devon Partnership Trust had received some capital investment and if its plans were approved by NHS England, it would create two new regional inpatient centres for adult whose needs cannot be met through general mental health wards. Mrs Foster said she the NHS Devon's Domestic Abuse and Sexual Violence team won the Excellence in Primary and Community Care Award at July 2023's NHS Parliamentary Awards. The team had contributions from the Royal Devon in the form of the Safeguarding Teams and also the Sexual Assault and Referral Centres. In addition to this the Trust had been shortlisted in three categories for the Health Service Journal Awards 2023. The first was the NHS England National Rapid Genome Sequencing Service for the Acute Sector Innovation of the Year award. This cutting-edge service for critically unwell babies and children is based in the Exeter Genomics Laboratory of the South West NHS Genomic Laboratory Hub, hosted by the Royal Devon. The second was a new equipment bag for community nurses, developed by a team of specialists from the Royal Devon's Northern services, shortlisted for the Primary and Community Care Innovation of the Year award, with the third being an innovative project aimed at minimising the carbon footprint associated with the use of anaesthetic gases in healthcare, being shortlisted for the Towards Net Zero award. Mrs Foster said the winners would be announced at a ceremony in November 2023. Noting that the CQC report was due to be published later in the week, Mrs Foster said the Executive Team was expecting it to be a fair reflection of the inspection and work was commencing on the action plans. Mrs Foster said the Trust was launching its Extraordinary People Awards, an awards scheme for staff and volunteers to be nominated by their colleagues or by patients and public. There were a number of categories and the award ceremony would be held in November 2023. Mrs Foster said Governors were encouraged to engage in the awards. Mrs Foster said the Trust had received two new robots for robotic surgery, paid for by funding from NHSE. She said this was good for patients and good for the recruitment and retention of staff, citing an example of a recent consultant interview where a candidate had shown a film of the use of a robot as part of the interview process. The Trust had opened a memorial garden on 19 August 2023 at the RD&E Hospital, following a fundraising effort by a Junior Doctor. Mrs Foster said the garden would also be used as an outdoor therapy space for dementia patients. Mrs Foster said that recruitment in community nursing had improved, particularly in Bideford, where there had been a longstanding issue, which was good news. The new discharge hub at NDDH, opened in July 2023 and saw 78 patients discharged in first week, which Mrs Foster said was more than the previous lounge discharged throughout the whole of May 2023.	

		Mrs Foster said the Trust had a programme to promote Epic MY CHART to accelerate the number of users and said Governors could also help spread the word in their communities. Mrs Foster said she had no further news and she was happy to take any questions. Ms Morgan thanked those Governors who attended Lord Markham's visit, adding that she had written to him afterwards to emphasise the points the Trust had made, particularly in relation to the new hospital and the Trust's track record of delivery. As part of the visit, Lord Markham had visited the new Jubilee Ward at NDDH, which had been delivered on time and on budget. **The Council of Governors noted the Chief Executive Report.**	
6.2	**24.23**	**OPEN QUESTION AND ANSWER**	
		Mrs McCormack-Hole said she was keen to understand more about robotic surgery and its benefits, as this could help Governors when talking to the public. She asked if it was possible for Governors to see the film that Mrs Foster had referred to. Mrs Foster said this was not possible as it belonged to the interview candidate, with Ms Morgan adding that an update on robotic surgery had been noted as an item of interest for Governors following the last Development Day. Mr Hall asked if patients and the public were embracing robotic surgery and the use of Artificial Intelligence in healthcare generally. Ms Morgan said this had been discussed at the July 2023 Joint CoG and Board Development Day. The Governors and Directors heard how the Trust was embracing digital in all aspects of its operations and they had also got a sense of how the public was feeling about it too from feedback that Governors had sought in their communities. Mrs McCormack-Hole said she had been distributing leaflets about MY CARE in her local community. She commented that people who did not attend the hospital very often were not aware of it. Mrs Foster agreed, adding that people only tended to think of it when they needed it. Staff were encouraged to mention it at appointments but it also required publicity outside of the hospitals. Mrs Foster said there would be a campaign during the Autumn, which would also include primary care. Mr Westlake said the Governors had discussed the Letby case in the pre-meeting that morning, particularly in relation to the CoG's role in appointing the NEDs who appoint the Executive Directors. He said he looked forward to the interim report coming to the Board meeting, ahead of any public inquiry. Mr Westlake said it was important how the Trust's information was presented as there was real concern in the community about the case that did not need to be heightened about the Trust. Mrs Tomlin added that reassurance to staff on Whistleblowing was also important in light of the case. Mrs Holley noted the comments and reassured the Governors about the seriousness with which the Trust was taking the case. The review was underway, including looking at red flags being escalated, mortality and learning from deaths, Whistleblowing and Freedom to Speak Up. It would also look at external reviews and outside assurance. Mrs Holley said this was a significant review for the Trust to undertake and it was keen to ensure any learnings were taken. Mr Westlake referred to the update that had been circulated to Governors on the Nightingale Hospital, saying he was still receiving concerns about it from people in his community. Mr Westlake said the people he had spoken to all	

		said the treatment received at the Nightingale was excellent, the concerns were all about travelling there. He cited one example of a person he knew who lived in West Devon who refused to use the Nightingale due to the issues with signage, directions and parking. He said there appeared to be an impasse between the Trust and Devon County Council and he asked how this could be moved forward and the concerns of patients taken up. Ms Morgan said the Trust was aware that travelling to the Nightingale was not easy for everyone and not all the issues were within the control of the Trust. She added that the Nightingale was established during the COVID-19 pandemic and it was never intended to be attended by any other means than in an ambulance; however, it was now being used for routine work and the Trust would continue to work to improve the experience of patients travelling there. Mr Westlake said he had attended the opening of the RD&E memorial garden, after seeing publicity for it online. He commented it would have been nice for all Governors to have been informed in advance of the opening and had the opportunity to attend. He added that he did mention at the event that some of the other gardens at the RD&E required some maintenance and this had been noted. Ms Morgan noted the comment about letting all Governors know of the event, adding that there was a balance to be struck in overburdening Governors with commitments. Miss Foster commented on the Extraordinary People Awards and said Governors had previously been involved in the judging of these and invited to the ceremonies. This input had stopped as far as she was aware and she felt it was important that Governors, as volunteers, were involved. She recalled that she was told for the last award ceremony that there was not sufficient space for all Governors to be invited. Mrs Foster and Mrs Holley noted the comments and said they would feedback it back to the Communication and Engagement Team. Mrs Foster added that the number of places at the ceremony can be limited depending upon the amount of external funding received for the event. **ACTION: Request for Governors to be involved in the Extraordinary People Awards judging and ceremony to be feedback to the Communications and Engagement Team.** Miss Foster said that since Mrs Tracey had resigned as CEO, the Governors had not heard anymore about a plan for a new CEO. Ms Morgan said there was a plan and she would be updating the CoG in the Confidential meeting. Miss Bearfield as for more information on the two new regional centres for DPT. She added that the publication of a national workforce plan was a positive and when could the Governors expect to hear more details. In terms of DPT, Mrs Foster said the Royal Devon was not yet aware of the details, with DPT still needing to submit its formal proposals to NHSE. For the national workforce plan, Mrs Foster said a paper was due to be presented to the October 2023 Public Board meeting; however, some detail in the national plan was still awaited. Mr Hall asked if it was possible to add Whistleblowing to the Trust's risk register. He said it was possible it had not had the focus it should have had, and he wondered if adding it to a risk register would enable the Governors to monitor it. Mrs Holley said that Whistleblowing was managed through the Governance Committee, which then reported to the Board at its meetings in public. She said that if the Governance Committee had a concern, it would escalate it to the Board and commission a piece of work if necessary. In terms	**MH/HF**

		of risk, Mrs Holley said that risk management went through the Safety and Risk Committee, which reported to the Governance Committee and up through to the Board. Mrs Holley added the Board had a Board Assurance Framework for corporate strategy risks and this was now presented and discussed at public Board meetings, the last time being in July 2023. Mr Matthews added that the Audit Committee also had some oversight on staff raising concerns, with an audit on Freedom to Speak Up in the 2023/24 audit plan. The report arising from this audit would be presented to the Audit Committee. There were no further questions for Mrs Foster on the Chief Executive Report.	
7.		**PERFORMANCE & ASSURANCE**	
7.1	**25.23**	**Q1 2023/24 PERFORMANCE REPORT**	
		Mrs Foster presented the report, saying she would provide an overview of the key themes and the story through the quarter before opening up for questions. The Trust was making progress with its performance at a time when demand was generally increasing. It had been a challenging period, in part also due to the periods of industrial action. Mrs Foster outlined some of the impacts of industrial action which included not just the strike days themselves but the recovery afterwards, changes to annual leave, as well as the loss of leadership capacity. There was also the impact on staff morale and patient care. Mrs Foster said that the Trust was in Urgent and Emergency Care Tier 1, the highest tier of oversight due to its operational performance, and it had made progress during the quarter. Long waits were a concern and Mrs Foster said the last 104 week wait patient was on the list for that day. She added that progress had been impacted by industrial action. The South West Ambulatory Orthopaedic Centre and the Centre of Excellence for Eyes at the Nightingale Hospital had both helped improve the Trust's recovery, with the Trust able to protect the services at the Nightingale. Mrs Foster said the Exeter Walk in Centre was now back to being open seven days a week and the improvements to the Emergency Department at the RD&E Hospital were continuing, with the new ambulance front now opened. Mrs Foster said focus was also turning to the winter plan and it was important that Devon worked as a system on this, as a sustained system response to demand was the right thing to do for patients. The Trust had reduced its number of patient with No Criteria to Reside but there was still work to do to reduce this further in order to free up beds and improve patient flow. Mrs Foster said that demand in cancer services was increasing, with the Trust placed in Tier 1 for this too. She said the report showed progression in the services and the Trust was close to moving out of the Tier. Never Events were a focus for the Board, with some reported during the quarter. In terms of finances, Mrs Foster said Devon was in National Operating Framework 4 which meant it was significantly challenged and a significant amount of support was being provided. This included Deloitte working with the system on its financial and operational plan. Mrs Foster said the system was on plan for 2023/24 but it was very challenging. There had been an improvement in data quality and the Trust had introduced a single financial ledger from April 2023. Its introduction had created some challenges, and impacted upon some reporting.	

		Moving on to people, Mrs Foster said the national Agenda for Change pay award had been paid to staff during the quarter. This accounted for nearly all of the Trust's workforce, apart from Doctors. In terms of recruitment and retention, Mrs Foster said this was improving; however, the Trust had started the financial year with more people on the payroll than planned. There were a number of Northern services medical workforce risks and the Trust was starting to see recruitment into some of the hard to recruit posts, which was positive. Mrs Foster invited questions. Mrs Sweeney said that the Governors had discussed the questions in their pre-meeting, putting them together in themes. She thanked Mrs Foster the realistic performance update, noting there were a lot of positives; however, she asked what the Executives and NEDs were most worried about, given all the pressures for the NHS. Ms Morgan said the Trust, quite rightly, was under pressures to meet its targets whilst under enormous financial pressure and this created a real tension. Mrs Foster said she agreed this was the main concern for the Executive team. Miss Foster referred to the patient experience section of the report, noting that lack of communication was still the main theme for comments and complaints. She said that Governors and NEDs reading the report can only work with the information provided and there was no information in the report on community services. She expressed concern about this and asked how complaints were managed from theses services. Mrs Holley clarified that the data given in the performance report was the total Trust picture, so the two acute hospitals and all the community sites in East and North. She added that the RD&E had been including community data in its report since 2017 when it took on the Eastern community hospitals. Mrs Holley said the that the NEDs do also challenge at Board meetings about whether there was enough visibility of community services in the report. She added that the Governance Committee recently received a report on community services and any concerns would be escalated up through to the Board. Miss Foster said that the Governors could only act on what they could see and the information was not visible in the report. Ms Morgan noted the concerns, adding that many of the services were closely inter-related and with an already dense and complex report, there was a risk of making it even more complex by adding further detail. Ms Morgan said that the Board had agreed to look at more detailed community services data and was discussing whether that this would be three- or six-monthly. She reassured the CoG that the community services would be included in the Letby review the Trust was undertaking. Mrs Holley commented on Miss Foster's comment that the CoG can only work with the data it sees. She said its role was to hold the NEDs to account so Governors could ask the NEDs if they were assured by the information they were seeing. Ms Morgan said there had been a presentation to the Board on community services and this had shown the complexity of the services and said she would note adding a similar presentation to an agenda for a CoG meeting or Development Day. **ACTION: Presentation on community services to added to the list for a CoG meeting or Development Day**. Mr Westlake commented there was a tension between primary and acute care and health services could do more to help people understand the services provided by different organisations. This was noted. Mr Westlake said he had found some areas on the Trust website which required updating and he agreed to let the Engagement Team know so this could be looked at.	**MH**

		Mr Westlake raised issues he was hearing in his community about appointment administration. He said people receive several letters or emails from different departments about appointments and there did not appear to be any coordination. He said there appeared to be an expectation that people regularly use email and this is not always the case. Ms Morgan said that using MY CHART might be helpful for people and asked Mr Westlake to discuss this with people if they raised issues with him about appointment administration. Miss Foster said that colleagues used MY CHART to generate their work and if patients used it too, it would be beneficial. She added the Trust was aware of digital exclusion and that MY CHART would not be available for everyone. **ACTION: Mr Westlake to contact the Engagement Team with the information requiring updating on the Trust website.** Mrs Noar said in reading the report, she was not sure how the Patient Advice and Liaison Service (PALS) were working to deal with complaints and whether the number of complaints was increasing or decreasing. She said that she recommended people go to PALS with their comments or concerns but asked if she was right to do so, as the work of PALS was not visible to her. Ms Morgan replied that the work of PALS and the complaints team would form part of the review into the Letby case. She added there would be a session on patience experience, including complaints handling, at the 8 November 2023 Joint CoG and Board Development Day. Mrs Noar said she would find it helpful if the performance report contained statistics on complaints, comments and concerns. She would also find it helpful to understand how people who use British Sign Language would access PALS. Mrs Holley said that level of detail was presented to the Patient Experience Committee (PEC), adding that the session at the Development Day will outline the complaints process and the Trust's patient experience strategy. She said she would ask Carolyn Mills, Chief Nursing Officer, to include details on accessibility of PAMS to the session. Mr Wilkins referred to the two graphs in the report which provided complaints data for Northern Services and Eastern Services. He noted that the Eastern graph comprised only of 'Closed – Exec resolution' complaints, whilst Northern services had these and 'Closed – early local resolution' complaints. He asked if the Board was assured on knowing what the data meant and that it understood what was meant by 'Closed - Exec resolution'. Mrs Holley said there were different routes for complaints were managed. She said she would note the query for inclusion in the November 2023 session. Mrs Tomlin commented that domestic staff were no longer receiving time and half pay for overtime as this had only been for the period of the pandemic. She said she believed other staff were still receiving this additional pay and asked for assurance that all departments were being treated the same. Mrs Foster replied that Agenda for Change rates were being paid and the issue may be related to changes in the availability of additional hours rather than a change in rates of pay. She added that one area that had been temporarily funded during the pandemic was additional cleaning, and this had now come out of the budget; however, Mrs Foster said she would note the concern and explore further outside of the meeting. **ACTION: Query on pay for overtime in domestic services to be explored.** Mr Hall asked about the Trust's Root Cause Analysis (RCA) processes when things go wrong, the NEDs understanding of the process and assurance that learning was taken from any incidents. Professor Marshall said that as a	**RW** **HF**

		clinician he had a good understanding of RCA, adding that what was most important was understanding when it was necessary. He said as NEDs, they sought assurance on this from the Executives. Mr Neal said he was the Chair of the Governance Committee, prior to Professor Matthews taking over, and so had a good understanding of the governance performance system and what happens when something important goes wrong. There were Serious Incident and Never Event reports, a key section of which was a RCA of what had taken place, leading to recommendations. Mr Neal said these were followed up through the Governance Committee, to ensure recommendations and learnings had been put in place and embedded into working practices. Mr Matthews said an important part of the learning was ensuring staff were provided with the information. He said he had joined a meeting with Mrs Mills and Professor Harris held to provide feedback to clinicians on the outcomes from Never Event investigations. He said the meeting provided him with assurance that the Trust was passing on what had been learnt and also receiving feedback from the clinicians. Ms Morgan said that the Governance Committee reported directly to the Board and there were periodic reports from Never Events and the learning that was taken. Mr Kempton commented that part of the issue for the CoG was that the performance report reported on progress and the CoG therefore had no knowledge on where issues arose and why and what action was being taken in order to be able to report the progress. He asked how the Governors could ask the NEDs to probe where the problem arose. Ms Morgan replied that the NEDs lead the challenge of the performance report at the Board meetings, following the drafting of the report by Executives who had identified the issues and trends. Mrs Foster gave the example of the Trust's issues with recruitment and retention of staff. This was an ongoing issue with a significant programme of work in place, therefore the performance report contained details of progress against the programme and series of activities. Mr Kempton reiterated that some Governors feel they have not seen the start of the issue and do not understand its origins. Mrs Holley acknowledged that but said that issues can precede Governors joining the CoG and also triggers being forgotten. She said there were a number of ways Governors were informed, for example through Board meetings and also the Chief Executive report at CoG meetings. Mrs Holley said she would give some consideration as to how to remind the CoG of issues. Mrs Bearfield referred to Ms Morgan's comment on the tension between performance targets and finances. She said there was good progress being made on reducing the number of longer waiting cancer patients on the 62 day waiting list. The national target was to half the number of patients on long waits and yet this felt impossible with the cuts to finances. She asked if the Trust communicated back to NHSE and the Secretary of State for Health on the challenge that was being set in meeting the financial and operational targets. Ms Morgan said that part of the communications was through the Trust's operating plan. She said the Trust had signed up to a tough operating plan and at the time of doing so a letter was sent from herself and Mr Tidman to the NHSE regional team, which said its success was dependent on a number of factors. Ms Morgan said other forums for communicating on the challenged were the national and regional NHSE meetings. She had recently spoken to Mr Tidman about this as the messages from the centre at the end of Quarter 1 2023/24 were hard hitting but recognised how all Trusts in Devon were making progress. Ms Morgan added that the Devon system was in special measures with increased scrutiny; although this sometimes did mean the allocation of some additional resource. Mr Matthews said that at face value, increased activity would cost more money; however, quite a large part of the	

		Trust's plan depended upon delivering more activity as if the Trust achieved a certain amount it would receive more funding. Mrs Bearfield said she was impressed by how the Trust achieved its targets and she knew all staff were committed to this. She asked if the Trusts in the region also communicated with each other. Ms Morgan said there were regular meetings of the Chairs of all the Trusts in Devon and with the Chair of Integrated Care Board. There were also informal meetings of the Chairs and CEOs. Professor Marshall said that nationally, NHS Providers represented views on behalf its members, which were provider organisations. Mrs Foster said she had been in post for four years and the Devon system was working better together than it ever had. She said she met regularly with the other Chief People Officers in the county, including earlier that day. Mrs Foster said it was not always easy but Trusts do talk to each other and work together. There being no further comments or questions, Ms Morgan thanked the Governors for their valuable questions. **The Council of Governors noted the Q1 2023/24 Performance Report**.	
7.2	**26.23**	**ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST ANNUAL REPORT AND ACCOUNTS 2022/23, QUALITY REPORT 2022/23**	
		Mrs Holley presented the reports on behalf of the Communications Team who had worked to produce them. They had been published on the Trust website, slightly earlier than previously and would be formally launched at the Annual Members Meeting. She invited questions. Mr Wilkins noted the Trust's £828k expenditure on consultancy and asked if the Board was assured this represented value for money. Mrs Foster said there was a rigorous procurement process around consultancy contracts and if the contract was valued at over £50k, the Trust had to also go to the Devon system for approval to spend. She said a significant amount of the expenditure had been for a digital partner on a specific project. Mr Neal said this was the case, and the Digital Committee, which he chaired, had checked the work to ensure value. Mrs Sweeney commented on the style of the report and asked if the Trust compared this to other Trust's reports. Mrs Holley replied that Annual Reports broadly contained the same information as NHSE issued guidance on what disclosures must be made and the structure of the reports. Some Trusts may choose to design their reports differently but the content would be broadly similar. There being no further questions, the reports were noted. **The Council of Governors noted the Annual Report and Accounts and Quality Report 2023/24.**	
7.3	**27.23**	**REPORT TO THE COG ON THE PERFORMANCE OF THE EXTERNAL AUDITOR**	
		Mr Matthews, as Chair of the Audit Committee, presented the report, which was coming to the CoG due its responsibility for appointing the Trust's auditor. He said that KMPG, as the auditors, had one more year remaining under the current contract. He outlined some of the highlights from the report, following the recent completion of the Annual Report and Accounts. The Trust had submitted audited accounts on time, with Mr Matthews saying he was aware	

		this was not always the case at other organisations. As the Auditors do their work at the end of process, they work under significant pressure in a tight timeframe. There was also the challenge of two ledgers which meant bringing together two sets of accounts and KPMG having to check this. Mr Matthews said that as Audit Committee Chair, he was happy that the Committee saw objective input from the auditors at meetings. He said they provided input on relatively complex accounting matters. From the report, Mr Matthews highlighted that a further training session for Governors on audit would be arranged for the forthcoming year. Mr Matthews said that the Audit Committee recommended that the CoG agrees for KPMG to stay in place as auditor for final year of the contract and invited questions. Miss Foster commented that the KPMG had been the Trust's auditors for some time. Mr Matthews said the last tender process was four years ago, which KPMG won, so they were in their second term. He said it was important for the auditor to understand the Trust whilst maintaining absolute objectivity and he had no reason to doubt that. Mr Matthews said the Trust also received reports from KPMG's professional body on their performance, which provided assurance. Mr Kempton said the Governors were pleased to note in the report the offer of a further audit training session. Mr Wilkins asked if auditors at NHS Foundation Trusts were always one of the 'Big Four' audit firms. Mr Matthews replied that as Trusts are large, complex organisations, it was the larger audit firms who were best equipped to conduct the audits. He said that if it was a smaller firm, the audit fees may be a larger proportion of their income and this can question independence. There being no further questions, the CoG approved the recommendation for KPMG to continue as the Trust's auditors for the remaining year of the contract to October 2023. **The Council of Governors approved the recommendation for KPMG to remain the Royal Devon's auditors.**	
8.		**COG BUSINESS**	
8.1	**28.23**	**EXTERNAL AUDITOR TENDER PROCESS UPDATE**	
		Mr Matthews said that as mentioned above and at the CoG meeting in June 2023, the Trust was coming to the end of KPMG auditor contract and consideration needed to be given for putting a new contract in place from October 2024. The process needed to including CoG involvement. Consideration was still being given to the process, as there were currently difficulties in the audit market, with Mr Matthews saying some Trusts had not received any responses to tenders. He said that auditors who also offer consultancy work are not able to undertake the audit function at a Trust they provide consultancy to and so there was a reducing market. Mr Matthews said the Trust wanted to undertake some market testing to see if there would be a useful response from the market. The other consideration was whether to extend KPMG's contract for one additional year, thus delaying the tender process by 12 months, and Mr Matthews said members of the Audit Committee were meeting again in September 2023 to discuss the options. Mr	

		Matthews said that the Trust goes out to tender, a Task and Finish Group would be established and Governor volunteers wold be sought. Mr Westlake said it was a legal requirement for the Trust to have an audit and asked what would happen if there was no response to a tender. Mr Matthews said the Trust was not expecting no response but the outcome needed to be considered. There being no further comments or questions, the update was noted. **The Council of Governors noted the external auditor tender process update.** *Mrs Foster left the meeting*.	
8.2	**29.23**	**REPORTS FROM COG COORDINATING COMMITTEE AND THE PUBLIC AND MEMBER ENGAGEMENT GROUP**	
		Mrs Penwarden presented the CoG Coordinating Committee report, as she had chaired the meeting in Mrs Sweeney's absence. She provided an overview of the discussions, including updates from the two Task and Finish Groups and Governor training. The CoG meeting agendas had been reviewed, including prioritising items and topics to reduce the length of the day. This included moving the patient experience discussion to November 2023 so that more time could be given to it. Mrs Penwarden invited questions. Mrs Sweeney said that it had been agreed that the 90 minute CoG pre-meeting be more structured and asked for feedback on how that had worked. The CoG agreed it had worked well and it was good practice to have an agenda to provide focus for the meeting. Mrs Penwarden presented the Public and Member Engagement Group report, on behalf of Dale Hall, who chaired the Group. She said she would be chairing the meeting the following week in Mr Hall's absence. There were no questions and the report was noted. **The Council of Governors noted the CoG Coordinating Committee and Public and Member Engagement Group reports.**	
8.3	**30.23**	**ELECTIONS TO COG 2023**	
		Mrs Holley presented the report, which summarised the elections to CoG to date. She said the important point for the CoG to consider was the posts that remained vacant in the Southern constituency. Mrs Holley said the paper set out the considerations and she asked for comments and views. Mrs Penwarden said she had taken part in one of the online 'Meet a Governor' meetings and asked if the Trust could follow-up with those who attended from the Southern constituency but had decided not to take their interest forward. Mrs Holley said if it was decided to run another election to fill the vacancies, the Trust would undertake a very targeted campaign and this would include contacting those who did not take their interest any further. Mrs Penwarden said she had experienced some difficulties with the online nomination form and was aware of someone else who did too, so it was possible that some potential candidates had decided not to persevere. Mr Needham said he had also attended the Meet a Governor sessions and had been in touch with a couple of members after who were concerned about the time commitment. He said the information given out to potential Governors needed to clearer on	

		what exactly was involved in the role. He added that he was pleased that the Eastern and Northern constituencies had enough candidates to progress to a vote. Ms Morgan agreed that the pre-election information needed to be clear on what was expected in terms of the two to three days per month commitment, whilst acknowledging that Governors are volunteers. She said if the role was taking up more time than that per month, consideration should be given to reducing it down. Mr Needham said it was his view that the commitment was more than two to three days a month. He added it can take several days to read the CoG meeting papers, adding that documents also come out so late so as to create a burden on Governors. Mr Needham said the CoG Effectiveness Task and Finish Group was due to have its first meeting in September 2023 and would be looking at the issues. Mrs Sweeney said there was a risk in not running a further election, commenting on previous experience when the CoG had carried several vacancies and the additional commitment this created for Governors. She said she acknowledged the cost of a further election but she would support holding another to fill the Southern vacancies. Ms Morgan asked for any comments on Mrs Sweeney's view. Mr Westlake said it was his view that there should be a review of the election process before including the remaining vacancies in the 2024 election. He said the review should include looking at why people who had expressed an interest had not proceeded. He said this could include the nomination process, the time commitment, the accessibility of meetings in terms of time of the day and location. Mrs McCormack-Hole said she too supported a review before going back to an election, adding that there had been a member event in North Devon earlier in the year which was an opportunity to talk about the role of Governor and some of those who attended were now candidates. Mr Kempton asked why it was necessary for a candidate to have two supporters, given that you would not know who else was a member of the Trust. Ms Morgan said that could be something that could be reviewed. Mr Needham said Mrs Sweeney's point about having enough Governors for the CoG to function was important but he did not support a rush to a re-election whilst there was a CoG Effectiveness Task and Finish Group. He said he would let this Group start its work and then review whether another election was suitable. Mrs Tomlin said that she believed hybrid meetings would help, especially for CoG meetings, particularly for staff. Ms Morgan noted the comment, adding that virtual meetings were more inclusive. Mrs Noar said there had been an issue with booking interpreters, as many were now doing more remote working. She added that smaller meetings online were preferable. Mrs Penwarden noted that in the Eastern constituency there were five candidates for three posts and the possibility of losing two current Governors. She asked if there was any flexibility about this. Mrs Holley said she could review the Constitution to see what was permissible within the rules. Mr Hall said some employers have more flexibility in terms of giving employees time off for community activities. This could be looked at for Governors and it may also lead to an increase in diversity. Mrs Noar agreed, adding the Trust could promote the elections to colleges running health and social care courses as this may attract younger people. This was noted by Ms Morgan.	

		Ms Morgan summarised the discussion and said the CoG had agreed there would be no immediate re-run of the election until the current election was better understood as to why people chose not to stand in the Southern constituency, which included a review of the election information. **The Council of Governors noted the election report and agreed not to immediately run a further election for the Southern vacancies.**	
8.4	**31.23**	**ANNUAL MEMBERS MEETING 2023 – DRAFT AGENDA**	
		Mrs Holley presented the agenda for the CoG to consider and amend as appropriate. She said it was an agenda similar to previous years. She invited comments. Mrs Sweeney said that she and Mrs Penwarden would present the Governor Year item together and it was agreed to update the agenda to reflect that. There being no further changes, the Annual Members Meeting agenda was approved. **The Council of Governors approved the Annual Members Meeting 2023 agenda.**	
8.5	**32.23**	**NOMINATIONS COMMITTEE UPDATE**	
		Ms Morgan presented the report, which provided an update on the NED recruitment process. She said it was progressing well, with the Committee recently meeting to longlist candidates. Informal interviews were underway with GatenbySanderson, ahead of the shortlisting meeting on 31 August 2023. She added that she was very encouraged by the quality of the candidates. Ms Morgan said that the Committee's Terms of Reference had been circulated with the report, following their approval by the CoG. These were for noting only. There being no comments or questions, the report was noted. **The Council of Governors noted the Nominations Committee Report.**	
9.		**STAKEHOLDER ENGAGEMENT – no reports**	
10.		**INFORMATION**	
10.1	**33.23**	**DISCUSSION WITH A NON-EXECUTIVE DIRECTOR – PROFESSOR MARSHALL**	
		Given the time constraints, Ms Morgan introduced Professor Marshall and asked him to give an overview of his role as a NED before taking the conversation into the lunch break. Professor Marshall said he had been asked to describe his experience as a new NED and to outlined what skills and experience he brings to the Board of the Royal Devon. As with all the NEDs, Professor Marshall said he brought scrutiny and the skills and experience required to support and challenge. He said the role on the Board was his first as a NED at an acute Trust. He had experience as both a NED and Executive Director in primary care. Professor Marshall said he joined the Board in November 2022 and so far it had been a good experience. Most notable was the quality of the people he was working	

		with both on the Board and other Trust colleagues. Professor Marshall gave an overview of his professional background as a professional leader in General Practice, his interest in policy, his research work and also his work in government. He said he hoped Governors had seen at Board that he asked how the Trust compared with others and how could it learn from others. Professor Marshall said that as a GP, he had a real commitment to system thinking and had previously been frustrated by how the NHS was so hospital dominated; however, he now understood this a bit more. He said most people's NHS experience was in primary and community care but the main focus on was hospital performance. Professor Marshall said the Trust did need to look more towards community and the one GP practice it managed and it was moving towards this. He said he also brought a focus on people who use health services and the changing role of the public in how healthcare was provided. He said that changing roles and sense of responsibilities was important, with patient self-care and shared decision making. Finally, referring to the conversations earlier on complaints, Professor Marshall said there was lots of work for the Trust to do as to how it measures and responds to patient experience. He said measuring complaints was a very blunt tool and he would encourage the Board to think more broadly about what patient experience means, particularly at a Trust that was challenged and in a NHS that was more dysfunctional than he had ever known in his 35 year career. He invited questions. Mr Wilkins asked about the GP practice the Trust managed. Professor Marshall said that vertical integration had been around for some time and the Royal Devon and Exeter NHSFT had taken on Castle Place Practice in Tiverton in 2017. The Trust and the practice worked to improved its performance and continued to work to improve it further. He said the Trust would need to discuss at some point whether to own more GP practices, to not own any and work more closely with them. Miss Foster spoke about her volunteering with the charity Sea Change in Exmouth and how she had spoken to Dr Hemsley, Medical Director, and Mrs Harris, Divisional Director, at a Board meeting to invite them to visit. She said Mrs Harris had visited the charity and there had been a meeting to discuss how it and the Trust could work together on supporting virtual ward patients. She asked Professor Marshall for his view on the virtual ward and Hospital at Home. Professor Marshall said it was an exciting iteration of intermediate care as keeping people at home was a good idea. He agreed that working with charities such as Sea Change, who are based in their community, was a positive move. Working to bring communities together and providing social prescribing space had huge potential for patients. Professor Marshall said the evidence for social intervention was stronger in some ways than medical intervention. Miss Foster agreed, adding that the Trust needed to be able to measure the benefit of keeping people out of hospital. There being no further comments, Ms Morgan thanked Professor Marshall and encouraged the Governors to continue the discussion during the lunch break. There was no further business and the meeting was closed.	
	34.23	**DATE OF NEXT MEETING** The next meeting was 22 November 2023, at the Future Skills Centre, Exeter Airport Industrial Estate, Exeter, EX5 2LJ.	

Royal Devon University Healthcare NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS

23 August 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**
24.23	August 2023	Request for Governors to be involved in the Extraordinary People Awards judging and ceremony to be feedback to the Communications and Engagement Team.	MH/HF	November 2023	MH emailed Jess Newton and Chris Tidman to request that Governors are involved in the judging panel and the awards event. It was agreed that this would be progressed with 5 Governors being invited to attend the event. Action complete
25.23 (1)	August 2023	Presentation on community services to added to the list for a CoG meeting or Development Day.	MH	2023/24	This has been noted on the list of topics for a CoG meeting or CoG Development Day. Action completed.
25.23 (2)	August 2023	Mr Westlake to contact the Engagement Team with the information requiring updating on the Trust website.	RW	November 2023	BC followed up with RW. General feedback on pages needing updating was sent to the Website Team. Action completed.
25.23 (3)	August 2023	Query on pay for overtime in domestic services to be explored.	HF	November 2023	Overtime is sometimes offered to staff where there is an identified need to cover a task by a given deadline and the skill level required is not readily available on the staff Bank and the task would have serious consequences if not undertaken (applicable to NHS Terms and Conditions of Service staff bands 1-7). The Trust does have a separate Enhanced Pay scheme in place which is used periodically to cover mission critical shifts where patient safety is likely to be compromised. This is therefore generally used in clinical areas to cover a very short notice request,

					primarily for nursing and some Allied Health Professional (AHP) roles.

Signed:

Name: Shan Morgan, Chair

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	7.1, Public Council of Governors meeting	Date: 22 November 2023
Title:	Q2 2023/24 Performance Report	
Presented by:	John Palmer, Chief Operating 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 2 2023/24 (July 2023 to September 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 October 2023 Board meeting (held on 1 November 2023, reflecting on September 2023 performance) with the Executive Overview from the 27 September 2023 Board meeting (reflecting on August 2023 performance). As there was not a Board of Directors meeting in August 2023, an IPR was not produced. 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.	

Royal Devon University Healthcare NHS Foundation Trust

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 September 2023 Board

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

Recovering for the Future

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

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

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

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

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

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

Collaborating in Partnership

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

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

Excellence and Innovation in Patient Care

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

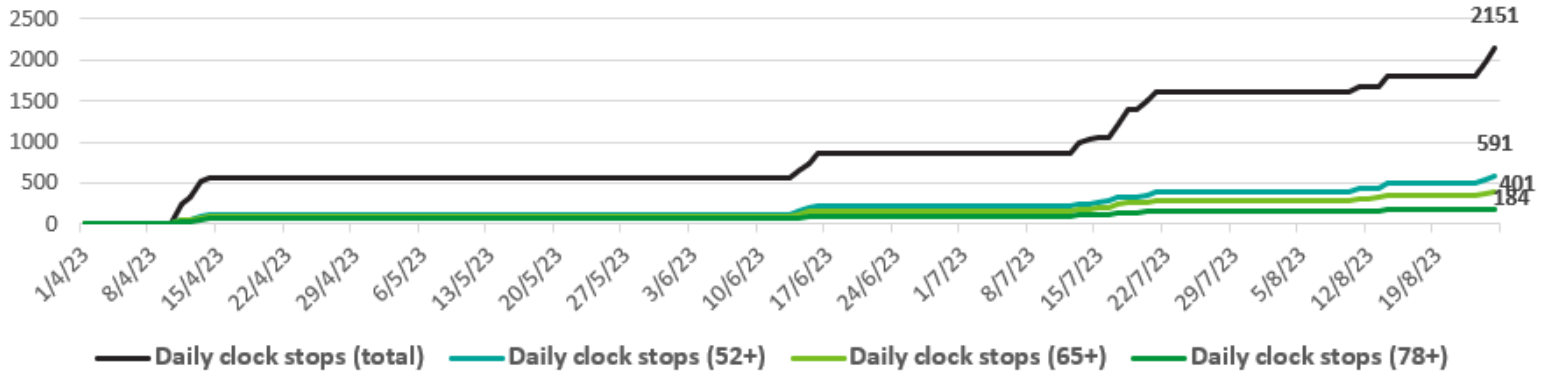
A Great Place to Work

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

Royal Devon University Healthcare NHS Foundation Trust

Industrial Action Impact

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



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

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

Data source: Local BI data on daily clock stops

Balanced Scorecard – Looking to the Future

Successes

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

Opportunities

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

Priorities

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

Risk/Threats

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

Trust Executive Summary September 2023

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Jul-23	This Month Aug-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	2083	2134	51	2078		710
	RTT 78 Weeks waited	Total count	476	470	-6	320		0
	RTT 104 Weeks waited	Total count	1	2	1	0		0
	Cancer - Over 62 day waiters	Total count	271	255	-16	301		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	7.6%	7.0%	-0.6%			6.4%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	72.1%	71.8%	-0.3%	71.6%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	55.0%	50.3%	-4.7%	61.3%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	63.3%	59.2%	-4.2%	68.5%	95%	76.0%
	No criteria to reside	Average daily count	105	102	-3	96		50
	No criteria to reside	NCTR as a % of occupied beds	10.5%	10.0%	-0.5%	9.1%		4.9%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(12,907)	(19,282)		(15,396)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	7,981	17,552		13,036		60,300

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

Northern Services Executive Summary September 2023

Northern Services Operational Performance Dashboard

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

Domain	Measure/metric	Definition	Last Month Jul-23	This Month Aug-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	*Vs baseline (2019/20)*	104.2%	107.7%	3.6%	79.5%	
	A&E attendances	*Vs baseline (2019/20)*	120.4%	121.1%	0.7%	86.8%	
	4 hour wait performance	*Patients seen <4 hours vs total attendances*	64.2%	57.0%	-7.1%	69%	95%
	Ambulance handover delays >30 minutes	*Total count*	302	352	16.6%		
	Residual no criteria to reside	*Average daily count*	41	41	0.0%	32	
	Residual no criteria to reside	*NCTR as a % of occupied beds*	14.5%	14.0%	-0.5%	10.9%	
DIAGNOSTICS	6 week wait referral to diagnostic test	*% of diagnostic tests completed in 6 weeks*	*56.9%*	*60.0%*	3.1%	*N/A*	99%
	MRI activity	*Vs baseline (2019/20)*	*111.4%*	*116.6%*	5.2%	98.6%	
	CT activity	*Vs baseline (2019/20)*	*137.0%*	*149.5%*	12.5%	143.7%	
	Medical Endoscopy activity	*Vs baseline (2019/20)*	*121.6%*	*123.9%*	2.3%	112.3%	
	Non-obstetric ultrasound activity	*Vs baseline (2019/20)*	*105.7%*	*98.3%*	-7.4%	91.1%	
	Echocardiography activity	*Vs baseline (2019/20)*	*86.3%*	*106.7%*	20.4%	95.9%	

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary September 2023

Eastern Services Operational Performance Dashboard

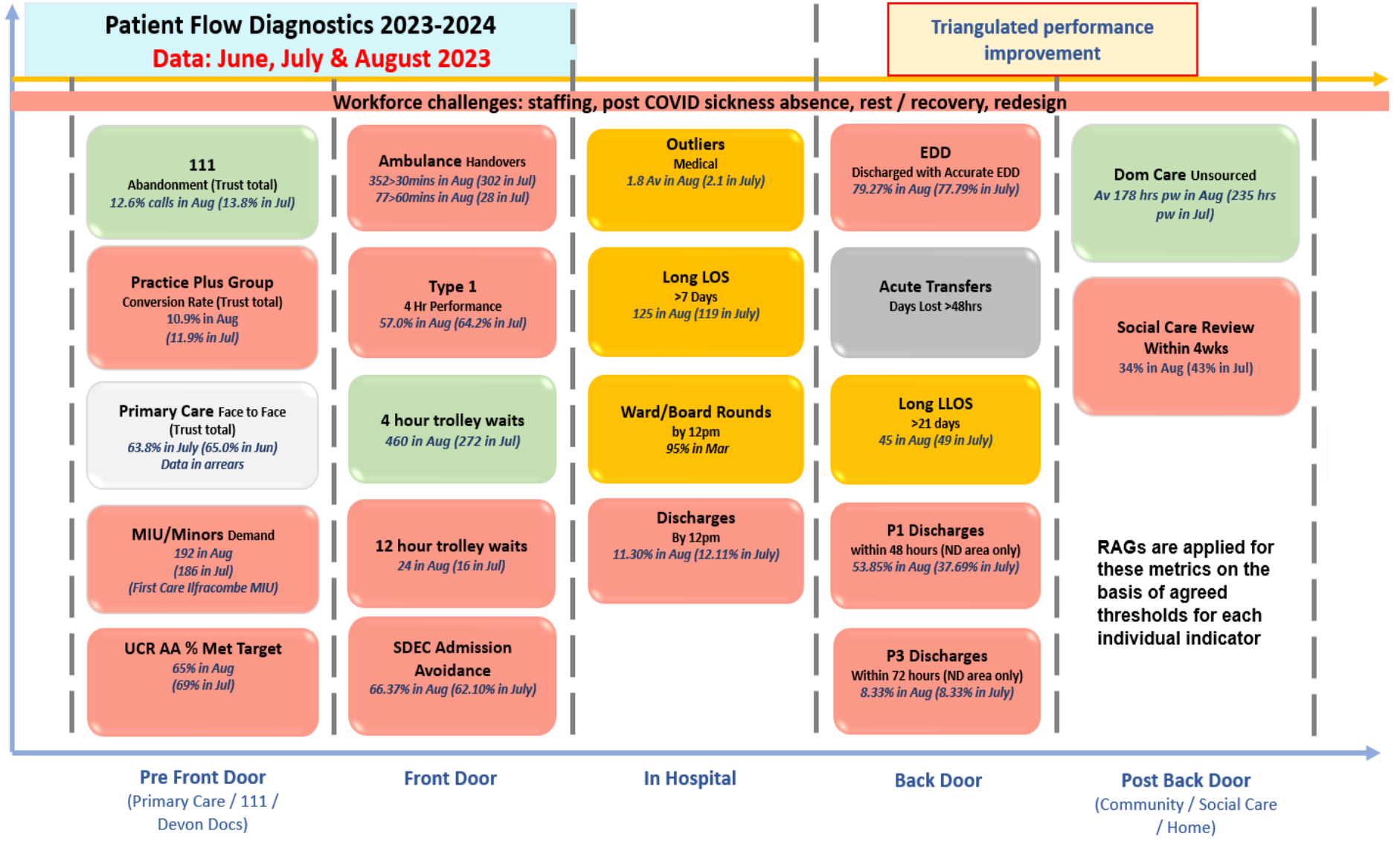
Domain	Measure/Metric	Definition	Last Month Jul-23	This Month Aug-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	88.3%	**106.3%**	18.0%	140.8%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	117.6%	**138.4%**	20.9%	136.2%	75%
	Elective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

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

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

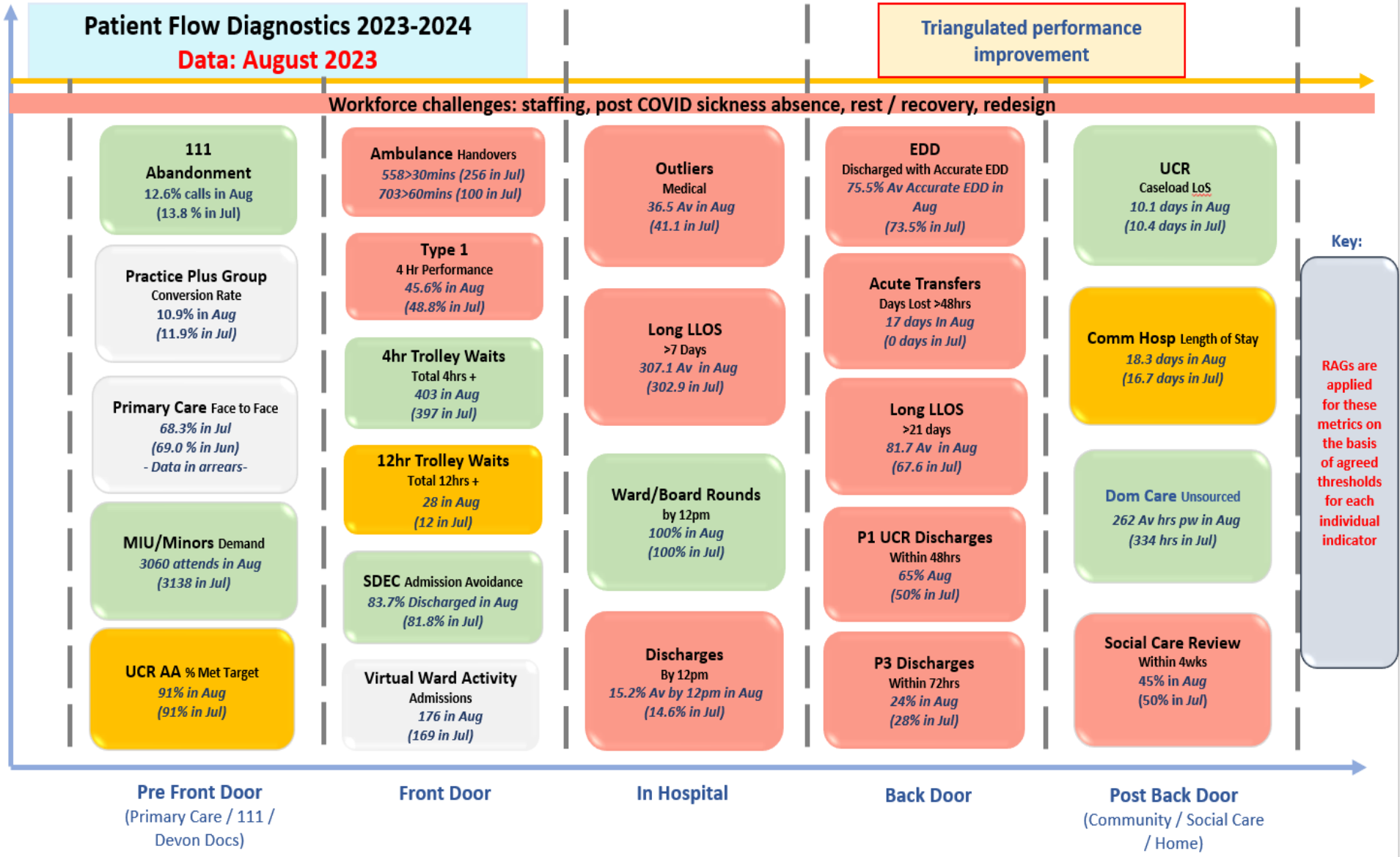
Northern Services Executive Summary September 2023

Northern Services Patient Flow Diagnostic



Eastern Services Executive Summary September 2023

Eastern Services Patient Flow Diagnostic



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

This IPR covers the period of September 2023 which saw further Industrial Action (IA) from the BMA for consultant action between the 19th and 20th followed by junior doctors between the 20th and 23rd of the month. These periods of IA were even more exceptional given that during this period we had consultant and junior doctor action overlapping, a pattern then repeated between the 2-4th October. Once again these periods generated further disruption and delays to service provision. Our staffing body has continued to show immense respect to colleagues exercising their rights of representation and despite the more challenging nature of these rounds of action, remarkably we have still been able to staff most of our shifts safely throughout this period with rostered staff and volunteers. We noted in the last IPR the significant challenge we have to recover our Financial and Operational plan delivery against trajectories as we implement the Winter Plan and whilst this certainly remains the case, we have restored activity levels in September and October that have avoided precipitous worsening of our elective trajectories over the last month. The IPR in this cycle includes the now familiar visualisation of activity lost to Industrial Action and also an overview of our relative position against **National Operating Framework exit criteria**, which will receive even greater scrutiny over the next six months as we move into monthly **System Improvement Assessment Groups** chaired by the NHSE South West Regional Director. The NOF process and the balanced scorecard reflect the need for us to continue triangulating between our grip on **financial recovery**; **tier 1 processes**, our applied work on **never events**; and our **continued support for the system in terms of UEC and elective capability**, including the Nightingale.

Recovering for the Future

The financial position continues to show a **deterioration in month** with an adverse variance of £11.3m for plan. This takes the **year to date deficit to £28.9m**. Within this position are the costs of the impact of industrial action being £2.8m expenditure and £2.5m lost income. The national guidance is that this is still being negotiated and a resolution is expected. Once confirmed this will be backdated and improve the current position. The Finance Committee considered the national guidance on the forecast change proposal and agreed there was not enough certainty on a number of issues to adhere to the protocol and move the forecast position at this time. It was therefore agreed that the forecast position would be held to plan until more certainty can be given. There are a number of pressures being seen within the current run rate which are not associated with industrial action and although a number of recovery actions were agreed in month 4 these are not yet impacting on the level of spend. **A call to action on financial recovery has therefore been launched** to help drive a reduction in current levels of spend to improve the deficit for the last half of the year. The impact of this will need to be quantified as part of the certainty around the yearend forecast and although the Trust is wholly committed to doing all it can to improve the finances without compromising the safety of care to our patients it is anticipated that a forecast change will be enacted in the future.

Urgent care performance saw the Trust sitting behind the planned trajectory for both Type 1 and Types 1-3 targets but with an improvement month on month to 52.3% and 61.8% respectively. It is notable that both sites saw a reduction in attendances, which will have contributed to performance improvement (breaking the pattern of escalating demand over the previous six months). We continue to maintain a forensic drive on flow improvement through **UEC tier 1** by focusing on daily discharge by 12pm, discharge lounge optimisation, minors performance and overnight breaching and we are maintaining a strong focus on out of hospital activity. In this context No Criteria to Reside (particularly Eastern position) has deteriorated against trajectory (and funding mitigation for P1 pathway has been secured); Urgent Community Response continues to outperform national target by c. 20%; unallocated hours post social care assessment continue to reduce; and 205 admissions flowed into our 55 Virtual Ward beds in September (moving to 100 beds by year end). These will all be **essential elements of our Winter Plan** which is on the agenda today – and **the Community Strategy** which will come to November Board. As part of our drive on a large number of mitigations to improve our UEC flow position, over the next few weeks we are aiming to achieve a very strong alignment between the Integrated Care System's Winter Plan and our own, particularly coalescing around the **Care Coordinating Hub, the Strategic Control Centre and Virtual Ward**. Board members will be aware that we have written under separate cover to our system colleagues suggesting additional interventions that we feel will make an even contribution to closing both system and local bed gaps for Winter.

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

The Trust wide operational performance dashboard for September shows that our hopes for **increased elective activity levels** have been realised which is just about offsetting the worst impacts of Industrial Action in order to maintain an improvement trajectory month on month against each of our long waiting targets. We did declare two complex 104 ww patients ("pop ons") at the end of September as indicated was possible in the last round of the IPR. As a result of these late presentations we have commissioned a **final validation of our long waiting patient cohorts** and a check of our clinical outcoming processes with the support of NHSE and the ICB. The terms of this review have been reported through our Financial and Operational Committee this month. We are also now generating detailed weekly data for Elective Recovery tier 1 covering outpatients recovery. In addition we are also now driving a significant amount of collaborative activity through the **One Devon Assurance Board and GIRFT** which will mean in future IPR cycles we will be reflecting detailed operational working and further planning for collaboration with Torbay and South Devon NHS Foundation Trust in relation to cardiology; additional weekend activity at the Nightingale to support orthopaedic long wait demand in University Hospitals Plymouth; and proposals for Spinal Services to support the whole system – all in very close step with GIRFT colleagues through the ***further, faster*** programme.

For **cancer services**, we saw small deteriorations in month in relation to our 62 day waiting target (to 7.9%) and maintained a static position against the Faster Diagnosis Standard where we sit just off national compliance. These positions have regularised month to date in October, however we remain vulnerable on our 2 week wait performance which is principally driven by the huge demand spike in dermatology over the last six months and our regionally agreed support to colleagues in Taunton. This arrangement will shortly come to an end and we will seek to regularise. Our overall improvements resulting in our exit from cancer tiering were recognised by Dame Cally Palmer in a national session conducted with cancer charities last week, where we were presented as an exemplar for successful tier working.

Outside of the financial and operational plan targets, **Diagnostics performance** has deteriorated by just under 5% in Northern Services against the 6 week DMO1 target (despite some good modality performance) and Eastern's position has marginally improved. The improvement team continue to work on a detailed forward trajectory for these services to match those in our other prioritised domains. This trajectory should reflect the welcome initiation of the modular endoscopy function in future IPR cycles.

Collaborating in Partnership

The Board will receive an update on the **community strategy in the November Board cycle** following the strategic paper reviewed in July and the **Winter Plan** at Board today will once again be fundamentally underpinned by the partnership working inherent in the Help People Home Without Delay programme. Meanwhile, the Trust's Interim Chief Executive has written to the ICB with a proposal to build further on our Winter Plan with a range of potential further commitments that will continue to grow our most successful in and out of hospital services such as Virtual Ward, Same Day Emergency Care as well as seeking to support system interventions like the Care Coordinating Hub. We continue to provide significant UEC support to the system as it has suffered several periods of OPEL System 4 over the last six weeks and we are looking to fully understand the learning from the 17 weeks of postcode catchment change which completed on the 10th October 2023. We are hugely grateful to our lead clinicians whom absorbed c. 150 patient attendances and 80 additional admissions during that period in addition to our normal levels of support. This can only be seen as a significant contribution to the safety of the Devon system.

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

Excellence and Innovation in Patient Care

Triangulation of the performance positions with the quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. In the last IPR we indicated that the CMO and CNO would be undertaking **harm reviews of four never events**, the result of which has been no harm in three cases and minor harm in one case. **One serious incident** occurred in the Trust in September in Northern Services in relation to ophthalmology; and a learning review and duty of candour process has been completed. **Three moderate harm medication incidents** took place with two relating to medicines reconciliation issues for a patient at different stages of their pathway, where they received a medication no longer prescribed. Again, these harms are under review. It is also important to note that **19 patient safety incidents** were reported relating to staffing shortages – all of which were assessed as either no harm or minor harm, but we should balance this against current nursing fill rates of 97.25% for Northern and 93.5% for Eastern Services. We also received **notification from the PHSO on two new primary investigations** which will determine whether a full investigation is required.

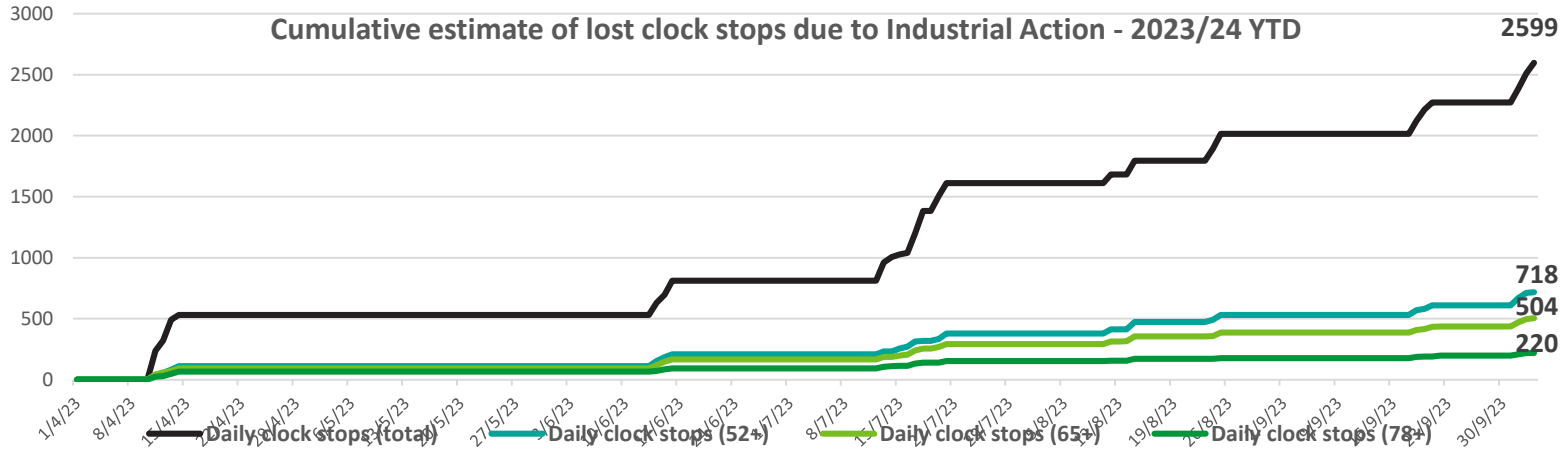
The CNO and CMO are undertaking a series of review activities to ensure that reflection, learning and training are taken from never events and the next leadership event for our senior teams across the organisation will be entirely given over to reflection, learning and follow up activities to provide further assurance.

In this IPR we have expanded the data relating to patient experience; and we note the sustained improvement in volume of complaints closed by early resolution driven by new complaints investigation process. In month we should also note that HSMR remains stable and reducing on a rolling 12 month basis; SMHI remains within expected range; and pressure ulcer and falls incidence remains within normal variation.

A Great Place to Work

Our people intelligence continues to reflect a largely positive picture, with vacancy rate and turnover continuing to fall. The **reduction in vacancies** is now starting to be reflected in the recruitment pipeline data, with reduction of recruitment activities in all stages of the recruitment process. The **sustained reduction in turnover** is positive and will be providing greater stability to the trust, with no staff groups now exceeding the planned rate of 13.5%. Whilst all of this is very positive, it is unfortunate that the levels of temporary staffing usage have not fallen in line with the reduced vacancy rate, with agency spend currently above plan despite rigorous controls being in place. This indicates that whilst vacancies are low, additional staff are still seen as a necessity in some areas. This is likely reflective of a multitude of factors, not least the sustained Industrial Action the Trust has seen in recent months, combined with sickness levels beginning to show signs of increasing. There continues to be a significant focus on reducing temporary staffing usage to support the delivery of the operational plan.

Industrial Action Impact – Local Analysis



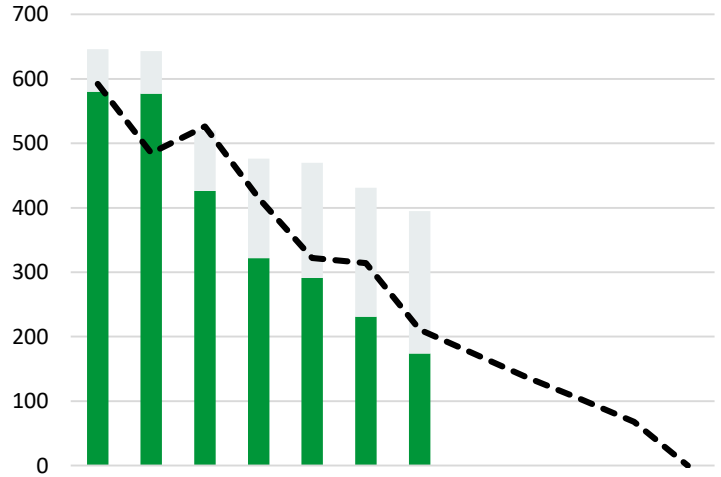
Cumulatively, 2599 clock stops estimated to be *lost* due to Industrial this financial YTD. Of these:
718 x 52+ weeks, 504 x 65+ weeks & 220 x 78+ weeks.

Month	All clock stops	52+ clock stops	65+ clock stops	78+ clock stops	Industrial Action
Apr-23	530	110	92	66	Junior Doctors 11-14th
May-23	0	0	0	0	RCN 1st May
Jun-23	282	99	75	28	Junior Doctors 14-16th
Jul-23	800	170	125	60	Jr Dr's 13-18th, Dr's 20-21st
Aug-23	404	153	96	25	Junior Doctors 11-14th, Dr's 24-25th
Sep-23	256	79	49	21	Junior Doctors 20-23rd, Dr's 19-21st
Oct-23	328	107	67	21	Junior Doctors & Dr's 2-4th
Total	**2599**	**718**	**504**	**220**	

Data source: Local BI data on daily clock stops

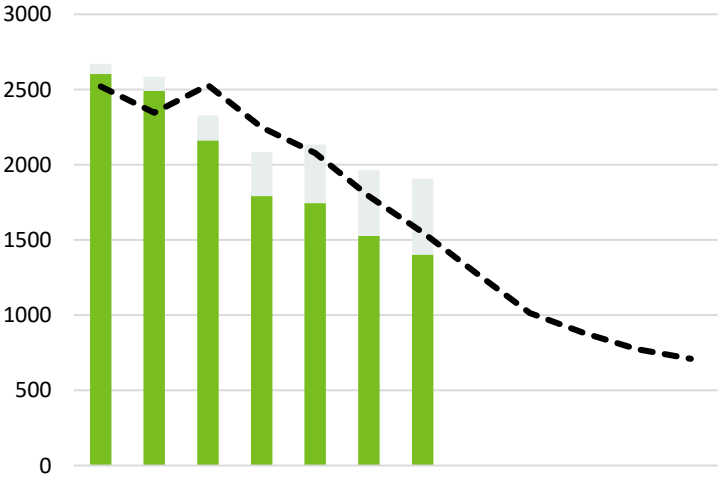
Industrial Action Impact – Local Trajectory Analysis

78+ week waiters - Estimate of Trust position without IA



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
IA Lost Activity	66	66	94	154	179	200	221					
Position without IA	580	577	426	322	291	231	174					
Plan	592	485	526	415	322	314	211	174	137	103	68	0

65+ week waiters - Estimate of Trust position without IA



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
IA Lost Activity	66	92	167	292	388	437	504					
Position without IA	2606	2493	2162	1791	1746	1528	1402					
Plan	2520	2346	2530	2249	2078	1790	1550	1280	1014	881	774	710

Data source: Month end RTT performance and local BI data on daily clock stops

Balanced Scorecard – Looking to the Future

Successes

- Well led and managed Industrial Action periods (despite dual running)
- Recruitment & retention plans continue to show positive results in relation to vacancies
- Completion of provision of a postcode catchment change to support neighbouring Trusts
- Embedding of the Improvement Director to drive performance against financial and operational plan
- Maintenance of elective recovery and quartile 1 level performance from Nightingale SWAOC, CDC and CEE
- Initiation of elective collaboration through GIRFT on cardiology, spinal and orthopaedic services
- National Cancer session as tier 1 exemplar

Opportunities

- Delivery of the 2023/4 financial and operational plan
- Progressive offer to ICB to go further on Winter Plan measures.
- TIF bid for elective infrastructure to resubmit
- GIRFT bid for cardiology 7 day working in development
- Rapid implementation of the Northern Services Acute Medicine Model
- Initiation of the Management of Change consultation in support of OSIG in November
- Development of UEC tier 1 plan / Winter Plan / Community Strategy
- Continuation of Elective Recovery tier 1 plan to clear 78 and 65ww patients
- GIRFT further and faster programme – cardiology, spinal and orthopaedics
- Primary Care Risk Assessment with the ICS
- Learning from Never Events programme of activity.

Priorities

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

Risk/Threats

- Continued Industrial action (new balloting process underway)
- Balancing Devon System support with demands of UEC Tier 1 performance
- Access to UEC funding slippage to support Devon Winter Plan.
- Potential loss of confidence in reporting due to continued data quality issues (though improving confidence)
- Staffing Resilience in Northern Services – Medical, Nursing, HCA and Ancillary
- Staff Morale with constant pressure and cost of living challenges
- Inability to balance delivery across financial and operational plan
- Primary care fragility
- Challenge of taking and applying learning from Never Events.

Financial & Operational Exit Criteria Measures

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

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

One Devon

Trust Executive Summary October 2023

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Aug-23	This Month Sep-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	2134	1965	-169	1790		710
	RTT 78 Weeks waited	Total count	470	431	-39	313		0
	RTT 104 Weeks waited	Total count	2	2	0	0		0
	Cancer - Over 62 day waiters	Total count	255	291	36	294		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	7.0%	7.9%	0.9%			6.4%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	71.6%	71.1%	-0.5%	71.8%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	50.3%	52.3%	2.0%	61.9%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	59.2%	61.8%	2.6%	68.1%	95%	76.0%
	No criteria to reside	Average daily count	102	117	15	72		50
	No criteria to reside	NCTR as a % of occupied beds	10.0%	11.2%	1.2%	6.7%		4.9%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(19,282)	(28,956)		(17,635)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	17,552	21,067		16,128		60,300

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

Northern Services Executive Summary October 2023

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Aug-23	This Month Sep-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	*Vs baseline (2019/20)*	**101.8%**	**120.2%**	18.4%	137.4%	104%
	Outpatient activity (FU)	*Vs baseline (2019/20)*	**134.2%**	**142.6%**	8.5%	111.8%	75%
	Outpatient procedures	*Vs baseline (2022/23)*	**220.5%**	**190.5%**	-30.0%	169.7%	
	Elective inpatient activity	*Vs baseline (2019/20)*	**60.3%**	**62.6%**	2.3%	91.5%	104%
	Elective daycase activity	*Vs baseline (2019/20)*	**113.6%**	**118.1%**	4.5%	117.4%	104%
	RTT 18 week performance	*Patients seen <18 weeks vs total Incomplete pathways*	**51.2%**	**51.6%**	0.4%		92%
	Incomplete pathways	*Total count*	**24407**	**23971**	-1.8%	23187	
	RTT 52+ weeks waited	*Total count*	**2856**	**2538**	-11.1%	2746	
	RTT 65+ weeks waited	*Total count*	**1061**	**967**	-8.9%	939	
	RTT 78+ weeks waited	*Total count*	**210**	**190**	-9.5%	123	
	RTT 104+ weeks waited	*Total count*	**0**	**0**	100.0%	0	
CANCER	2 week referrals	*Performance*	**93.1%**	**86.2%**	-6.9%		93%
	28 day faster diagnosis standard	*Performance*	**75.4%**	**74.8%**	-0.6%	60.4%	75%
	Urgent GP referral 62 day	*Performance*	**100.0%**	**76.4%**	-23.6%		85%
	Cancer - Over 62 day waiters	*Total count*	**43**	**47**	9.3%	97	
	Cancer - % 62 day waiters against total open pathways	*% patients over 62 days against open pathway*	**5.4%**	**6.2%**	0.8%		

Domain	Measure/metric	Definition	Last Month Aug-23	This Month Sep-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	*Vs baseline (2019/20)*	**107.7%**	**107.5%**	-0.3%	79.5%	
	A&E attendances	*Vs baseline (2019/20)*	**121.1%**	**124.5%**	3.4%	86.8%	
	4 hour wait performance	*Patients seen <4 hours vs total attendances*	**57.0%**	**59.6%**	2.6%	69%	95%
	Ambulance handover delays >30 minutes	*Total count*	**352**	**371**	5.4%		
	Residual no criteria to reside	*Average daily count*	**41**	**39**	-4.9%	32	
	Residual no criteria to reside	*NCTR as a % of occupied beds*	**14.0%**	**13.3%**	-0.8%	10.9%	
DIAGNOSTICS	6 week wait referral to diagnostic test	*% of diagnostic tests completed in 6 weeks*	*60.0%*	*55.5%*	-4.6%	*N/A*	99%
	MRI activity	*Vs baseline (2019/20)*	*116.6%*	*116.9%*	0.3%	104.5%	
	CT activity	*Vs baseline (2019/20)*	*149.5%*	*137.1%*	-12.4%	137.6%	
	Medical Endoscopy activity	*Vs baseline (2019/20)*	*123.9%*	*133.7%*	9.8%	114.1%	
	Non-obstetric ultrasound activity	*Vs baseline (2019/20)*	*98.3%*	*116.9%*	18.6%	112.8%	
	Echocardiography activity	*Vs baseline (2019/20)*	*106.7%*	*116.4%*	9.7%	109.7%	

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary October 2023

Eastern Services Operational Performance Dashboard

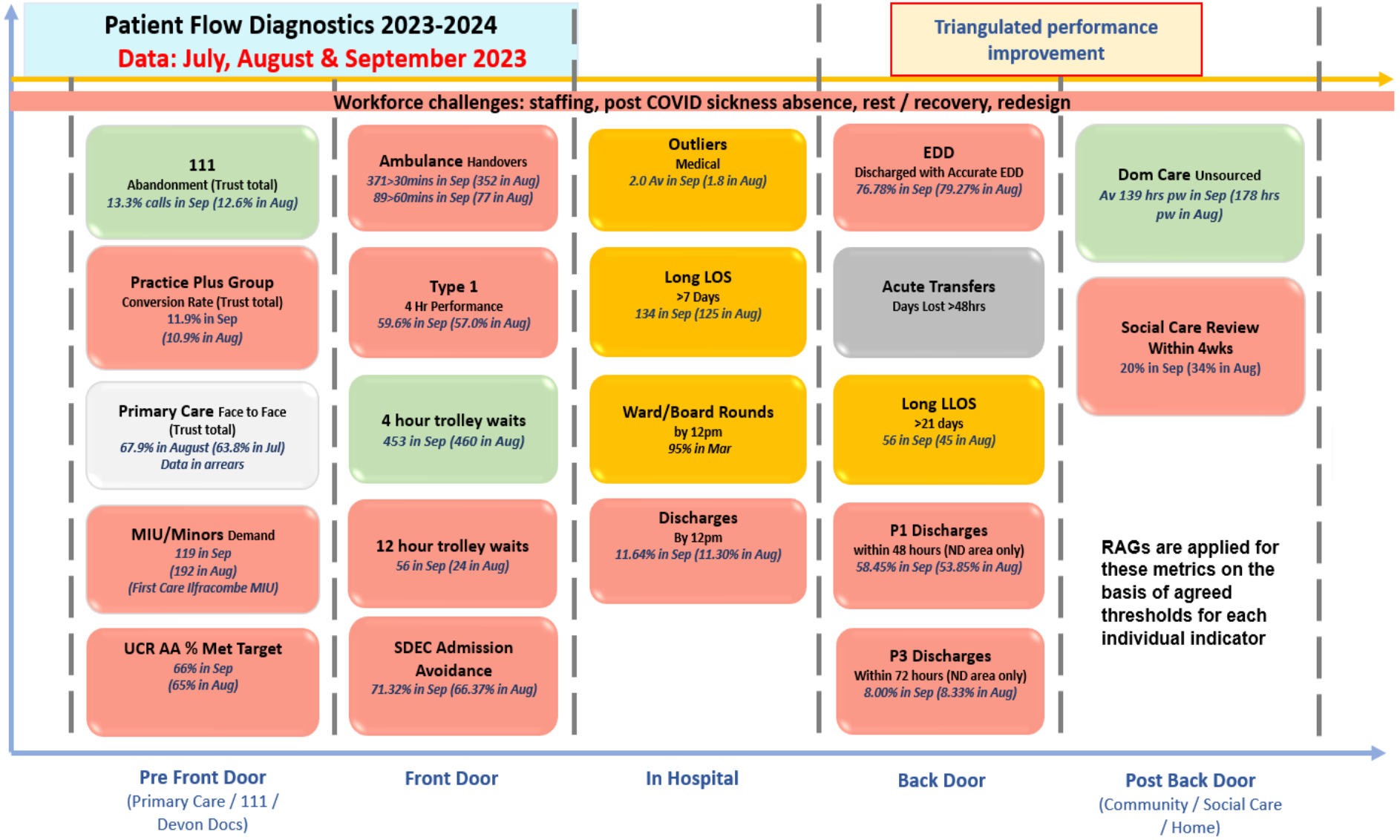
Domain	Measure/Metric	Definition	Last Month Aug-23	This Month Sep-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	108.6%	**97.2%**	-11.4%	95.5%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	135.9%	**126.8%**	-9.1%	127.6%	75%
	Outpatient Procedures	vs baseline (2019/20)	131.4%	**115.8%**	-15.6%	110.2%	
	Elective Inpatient Activity	vs baseline (2019/20)	64.3%	**59.7%**	-4.5%	88.4%	104%
	Elective Daycase Activity	vs baseline (2019/20)	107.4%	**114.5%**	7.2%	121.6%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	56.1%	**56.4%**	0.3%		92%
	Incomplete Pathways	Total count	54758	**55103**	0.6%	57758	
	RTT 52 Weeks waited	Total count	3084	**2883**	-6.5%	1997	
	RTT 65 Weeks waited	Total count	1073	**998**	-7.0%	851	
	RTT 78 Weeks waited	Total count	260	**241**	-7.3%	190	
	RTT 104 Weeks waited	Total count	2	**2**	0.0%	0	
CANCER	14 Day Urgent	Performance	62.7%	46.9%	-15.9%		93%
	28 day faster diagnosis standard	Performance	70.3%	69.7%	-0.6%	75.2%	75%
	Urgent GP referral 62 day	Performance	65.0%	67.6%	2.7%		85%
	% 62 day waiters against total open pathways	62 day waits as a % of total pathways	7.5%	8.4%	0.9%		
	Count of open pathways over 62 days	Total count	212	244	15.1%	197	

Domain	Measure/Metric	Definition	Last Month Aug-23	This Month Sep-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	109.3%	**104.1%**	-5.2%	97.0%	
	A&E attendances	vs 19/20 baseline	87.3%	**88.9%**	1.7%	76.5%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	45.6%	**47.4%**	1.8%	57.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	60.3%	**62.7%**	2.5%	67.3%	95%
	Ambulance handover delays >30 mins	Total count	558	**434**	-28.6%		
	Residual : No Criteria to Reside count	Average Daily count	61.0	**78.0**	21.8%	50	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	8.4%	**10.4%**	2.0%	6.5%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	60.6%	61.2%	0.7%		99%
	MRI activity	vs 19/20 baseline	111.9%	108.6%	-3.3%	107.4%	
	CT activity	vs 19/20 baseline	132.3%	127.6%	-4.6%	115.1%	
	Medical Endoscopy activity	vs 19/20 baseline	79.6%	81.9%	2.3%	94.3%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	103.6%	99.1%	-4.6%	92.3%	
	Echocardiography activity	vs 19/20 baseline	150.7%	151.6%	0.9%	155.4%	

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

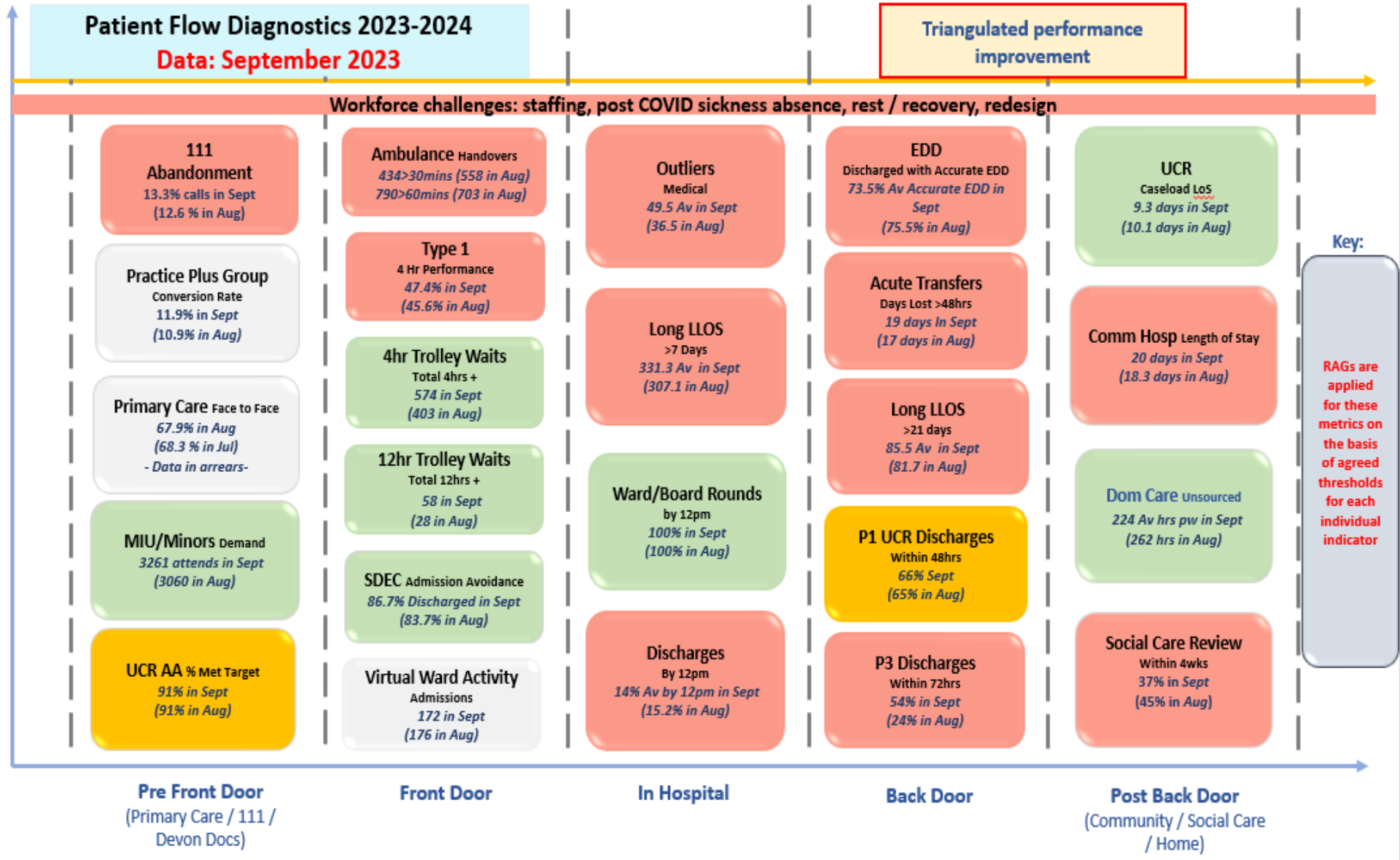
Northern Services Executive Summary October 2023

Northern Services Patient Flow Diagnostic

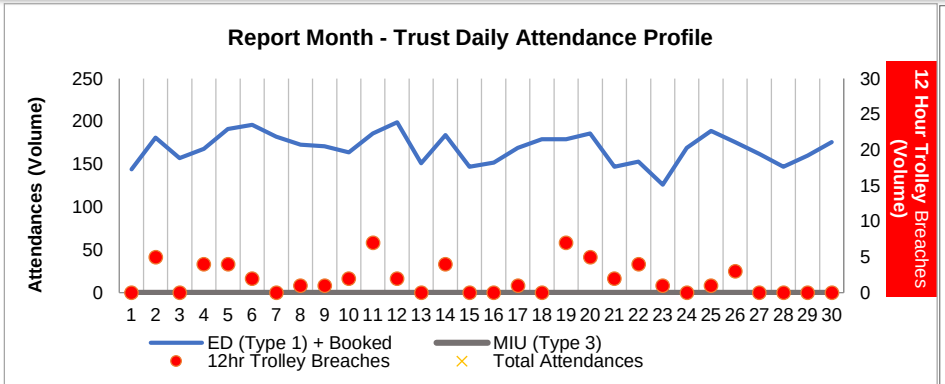


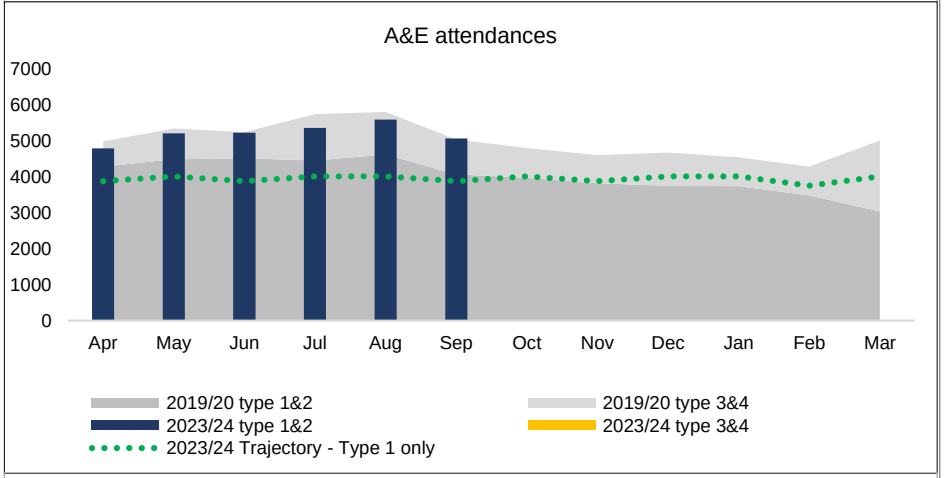
Eastern Services Executive Summary October 2023

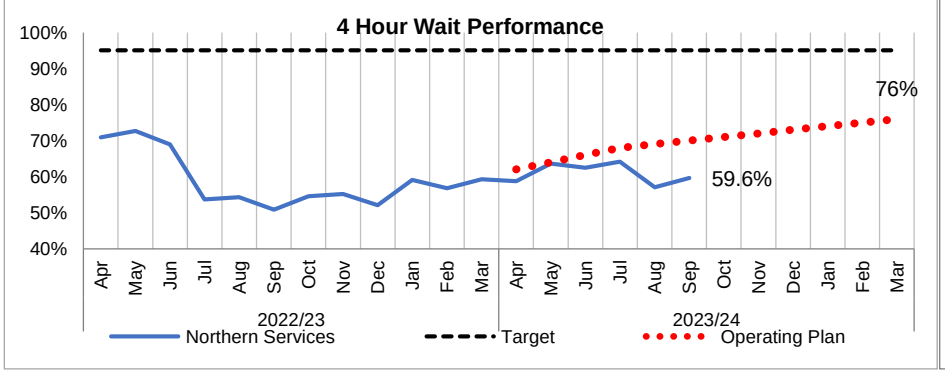
Eastern Services Patient Flow Diagnostic



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



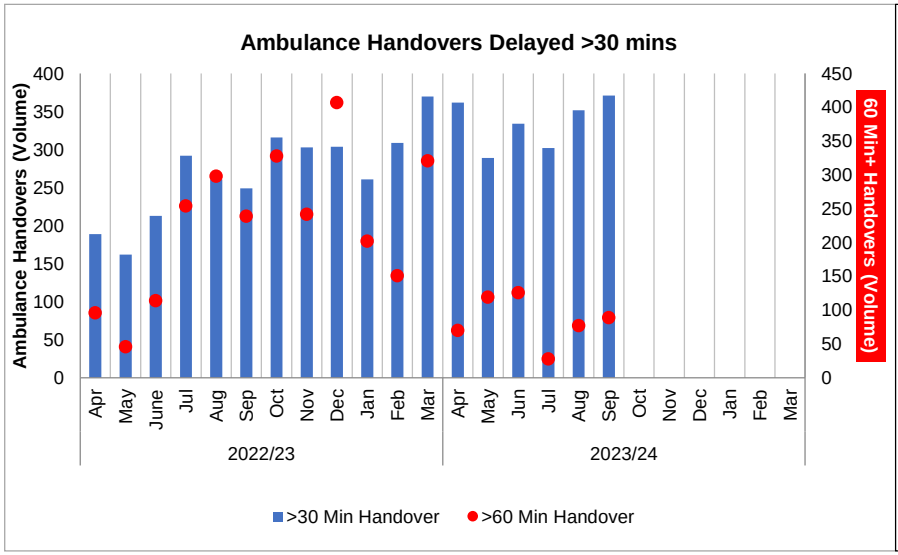


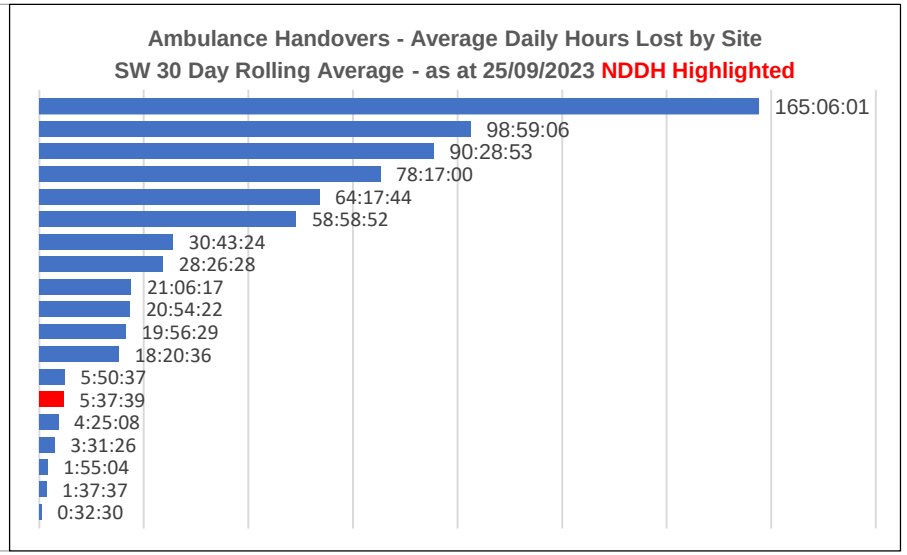


Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	5064	2044	59.6%

- There was a decrease of 527 attendances in September compared to August. However, this was still a 15.88% increase against attendances in September 2022.
- The service reported a 2.6% increase in performance in September against the 4 hour waiting times target.
- The number of 4-Hour breaches decreased from 2403 in August to 2044 in September.
- ED saw a decrease in attendances in September with a peak of 199 attendances on 12 September.
- An action plan is in place with actions to support improvement in 4 hour performance.

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

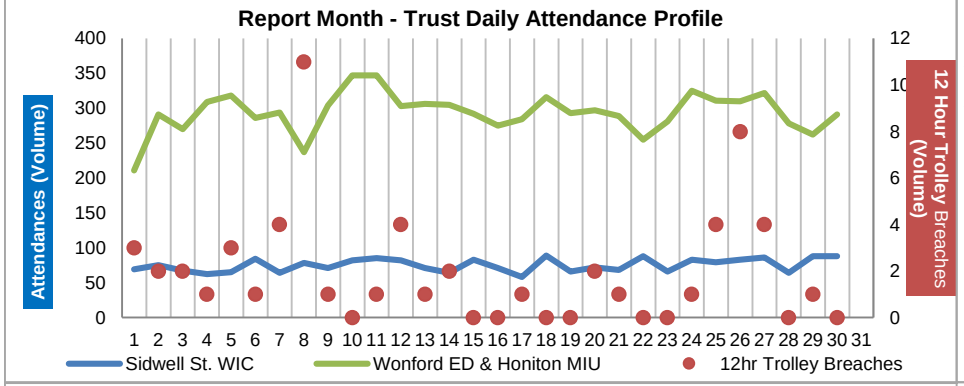


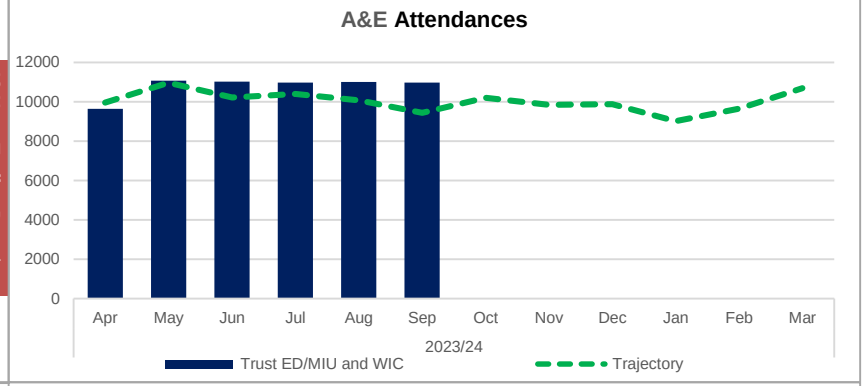


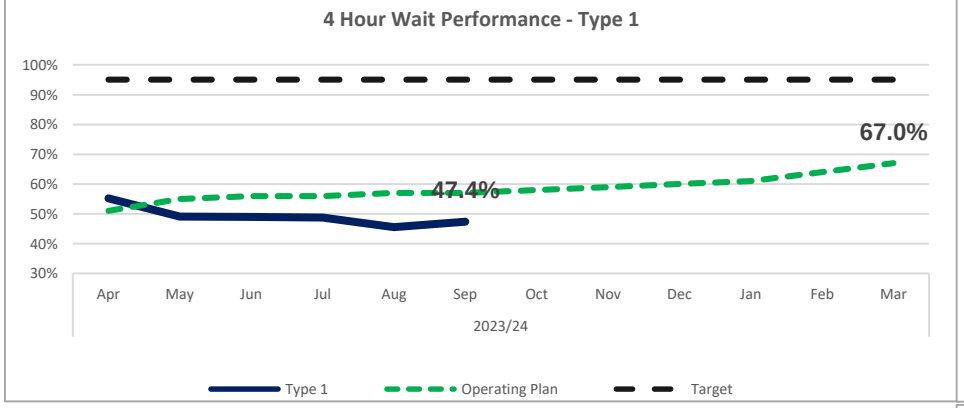
- Ambulance handover delays greater than 60 minutes increased by 12 in September and 30 minute handover delays increased by 19.

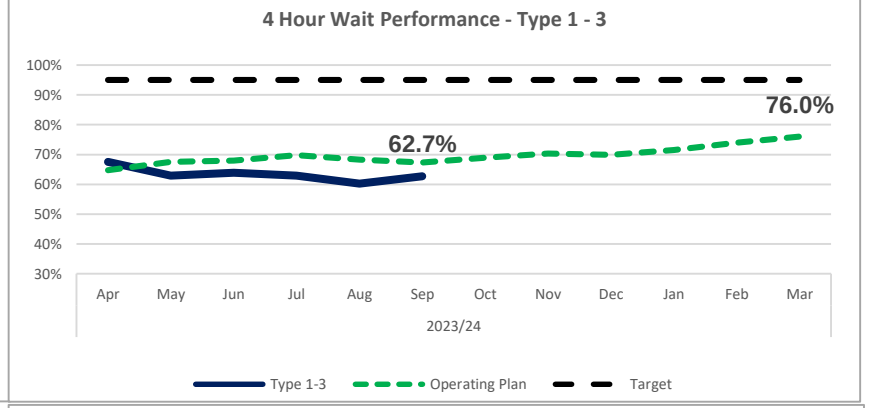
Eastern Services Emergency Department

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









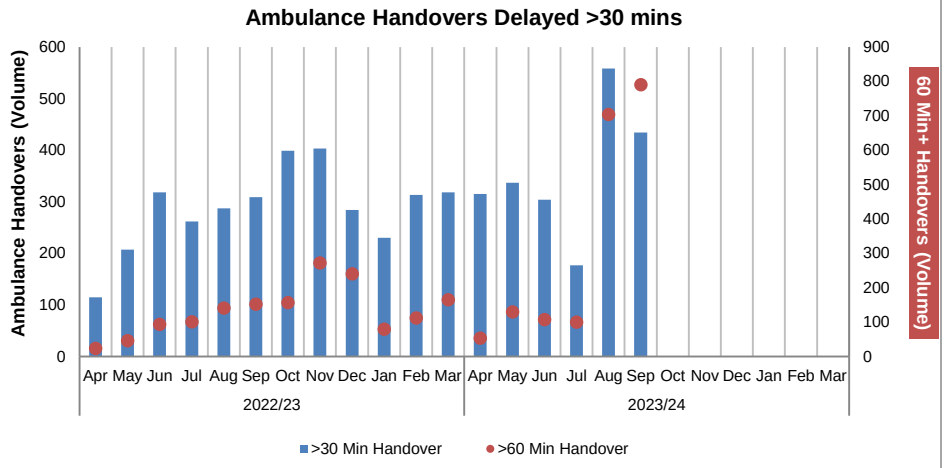
Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	7705	4053	47.40%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	10966	4086	62.74%
Total System Performance (including MIUs)	13525	4263	68.48%

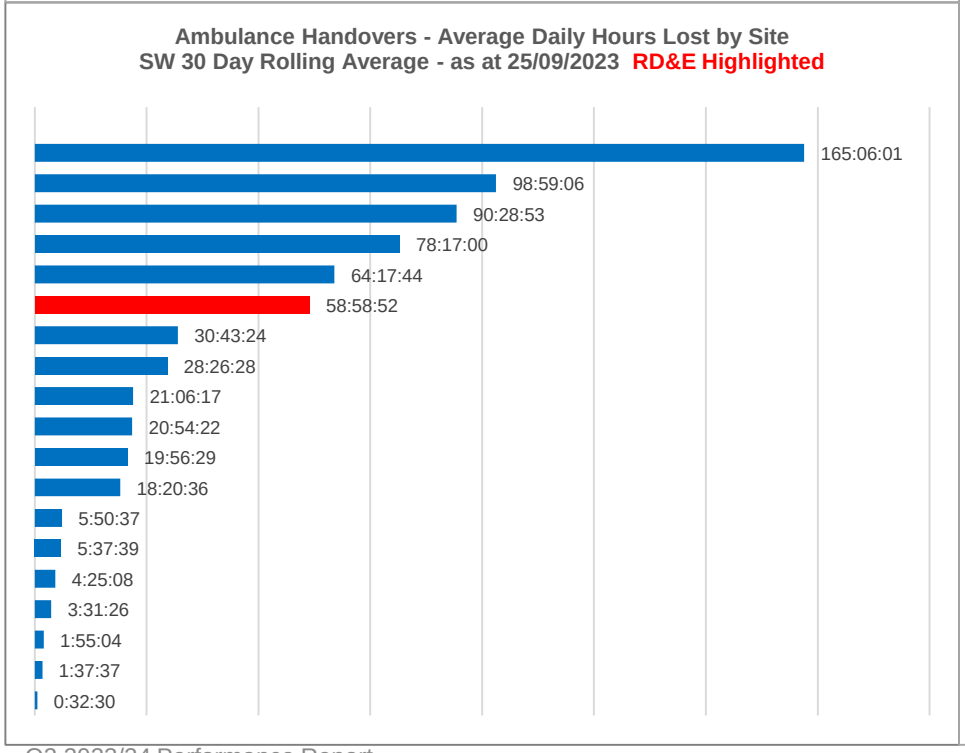
Overall Performance:

- All Type – 4 hour performance increased from 60.26% in August to 62.74% in September (Eastern All Type trajectory for September 67.28%).
- ED Type 1- 4 hour performance increased from 45.56% in August to 47.40% in September (Eastern Type 1 trajectory for September 57.0%).
- Type 1 daily attendance figures were on average 257 per day, representing continued high demand.

Eastern Services Emergency Department

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





Overall Performance:

- SDEC activity saw a slight increase in September, up 10.7% from August with a weekday average of 20 attendances per day.
- Admissions from SDEC decreased from 16.3% in August to 13.3% in September.
- The virtual ward saw 205 admissions (172 Eastern and 33 Northern) with a peak number of patients of 51, the daily average was 32. A plan has been agreed to accelerate virtual ward bed capacity by December 2023.

Actions being taken to improve performance

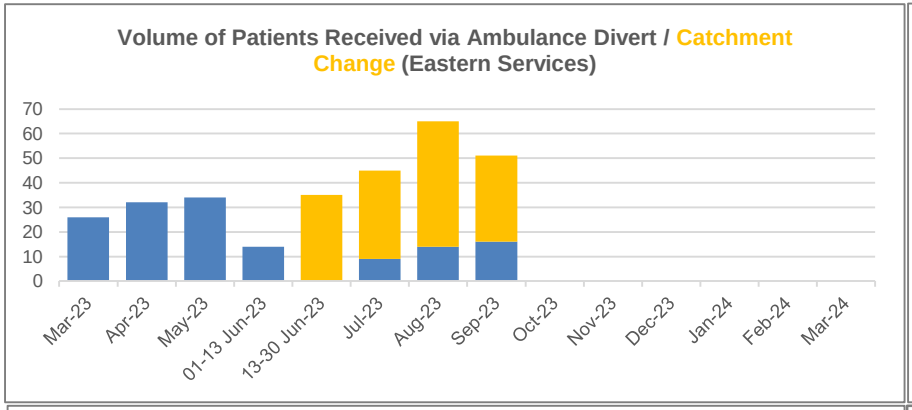
- UEC Simulation Modelling being undertaken with Deloittes.
- ECIST onsite audit of ambulance handovers.
- Task and finish group to reduce attendances of specialty expected patients to ED.
- Focus on improvements to initial time to triage (proportion of patients assessed within 15 minutes of arrival for ambulance arrivals and walk ins).
- Implementation of Trust Internal Professional Standards.
- GP Streaming to reduce minors' attendances and improve performance.
- Focus on mental health patient pathways.
- Extension of Safety Huddles to include evening review

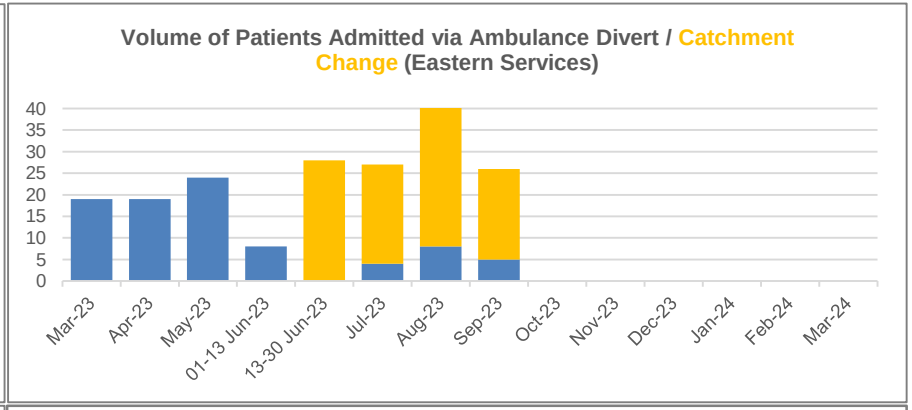
Focus on ambulance reporting

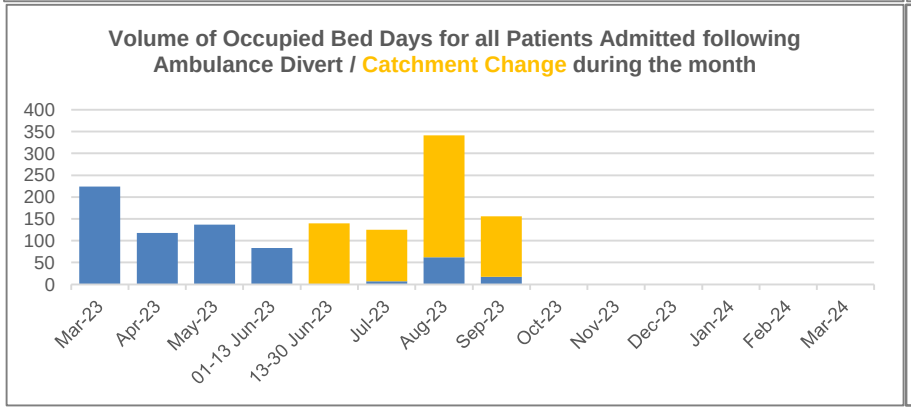
- Monthly ambulance handover meetings established with SWAST to review processes and improvements.
- Regional Hospital Handover Data Quality Task & Finish Group.
- Devon Ambulance Cell and ICB Eastern locality top 5 system priorities to improve ambulance handover delays; MH pathways, specialty expected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

Trust – Provision of System Support for UEC

	Number of Requested Diverts	Number of Diverts Agreed	Number of Diverts Declined	Number of Diverts Requested by UHP	Number of Diverts Requested by T&SD	Number of Diverts Requested by Others
January 2023	18	10	8	7	10	1
February 2023	4	2	2	2	1	1
March 2023	27	21	6	21	2	4
April 2023	19	18	1	14	4	1
May 2023	29	20	9	18	11	0
June 2023	7	2	5	4	2	1
July 2023	0	0	0	0	0	0
August 2023	11	8	3	4	4	3
September 2023	8	5	3	2	0	6







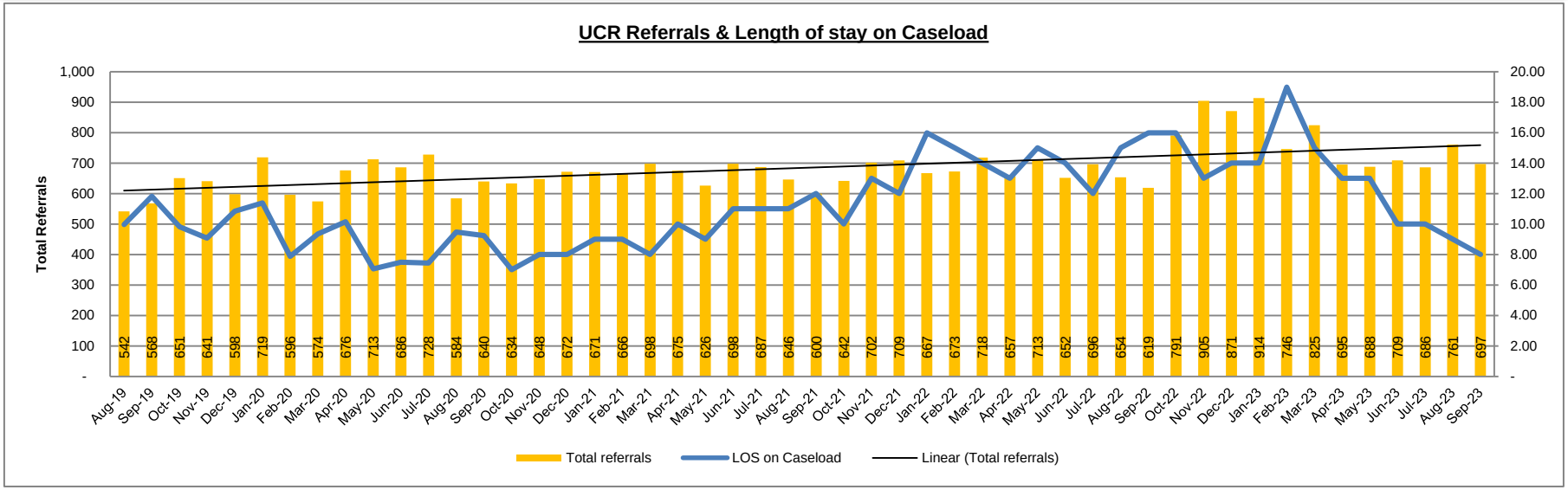
Trust – Provision of System Support for Planned Care

Number of Mutual Aid Requests received by RDUH					
	Received	Completed	Declined	Ongoing	Under Consideration
Apr-23	2		2		
May-23	3		2	1	
Jun-23	2			1	1
Jul-23	1		1		
Aug-23	3		2		1
Sep-23	2			1	1

Number of Mutual Aid Requests made by RDUH					
	Made	Completed	Declined	Ongoing	Under Consideration
Apr-23	1				1
May-23	0				
Jun-23	0				
Jul-23	0				
Aug-23	0				
Sep-23	0				

Trust Urgent Community Response

Admission avoidance and discharge



Urgent Community Response (UCR) Demand and Performance

- Demand for UCR (admission avoidance and supporting discharge) slightly decreased from August to September.
- For September, there were 336 community admission avoidance referrals. We continue to surpass the national target (75%) with 96% of the urgent referrals being responded to within 2 hours.
- Length of stay on the caseload has significantly improved and this is largely down to improved market capacity for domiciliary care which enables UCR teams to discharge patients onto long term care providers in a more timely way.
- Increased senior clinical and operational support to teams has also supported a reduction in length of stay on the caseload, as the teams are more supported to take proportionate risk appetite is being taken.

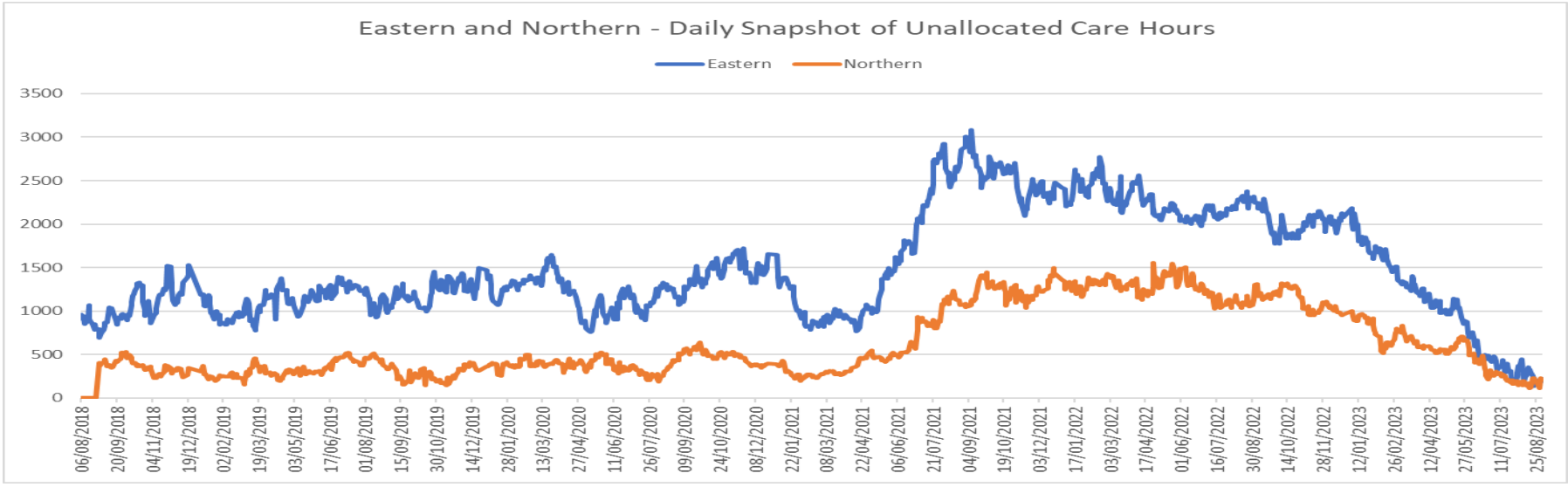
Future developments for UCR

- Increasing demand for UCR from SWAST – currently we respond to an average of 35-40 'SWAST level 1 and level 2 fallers' referrals each month.
- The Care Coordination Hub pilot over winter will support more effective use of existing pathways and greater integration of UCR and Virtual Ward pathways.
- UCR will be open to accept self referrals and respond to Appello pendant alarm referrals from the end of November.

Northern and Eastern Community Services Unallocated and Backfill

Unallocated domiciliary care hours, and backfill position

Unallocated Hours - Post Care Act

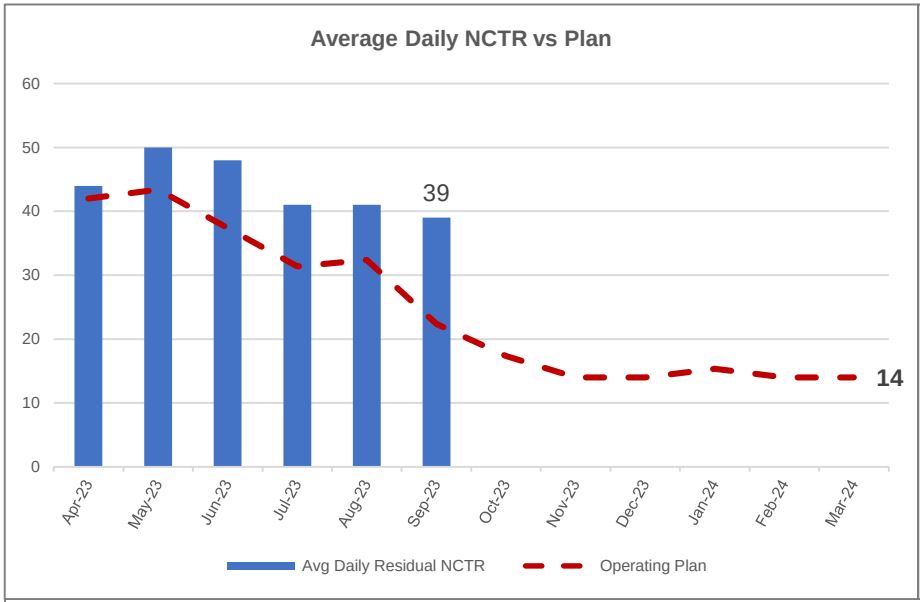


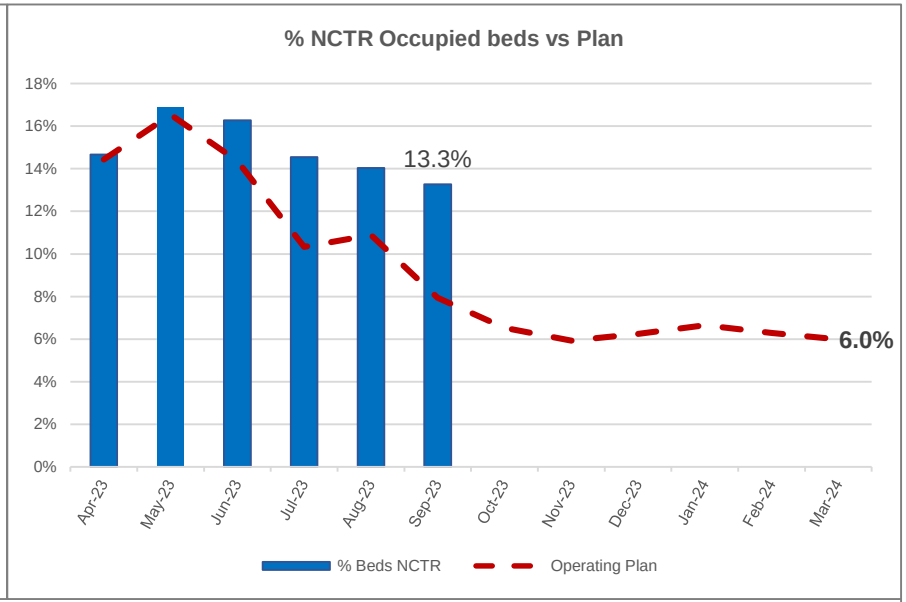
Overall - Unallocated Hours

- Unallocated hours are the number of care hours yet to be provided for in the market after the social care assessment (patients awaiting package of care).
- Total unallocated care continued its downward trend and is a significantly improving position; this is due to effective stimulation of the domiciliary care market with new care agencies coming online and international recruitment.

Northern Services No Criteria to Reside (NCTR)

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





<u>Pathway 0</u> - Actions to Improve Performance

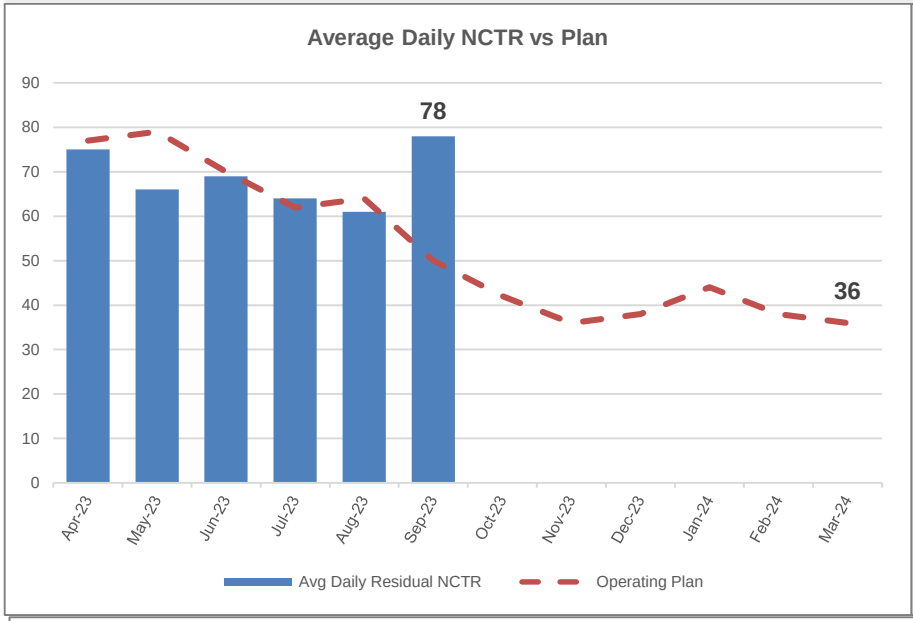
- Medically optimised part of board rounds and updated daily, alongside Expected Date of Discharge (EDDs) and criteria led discharges
- Discharge Lounge open 7 days a week and utilisation is increasing, saving 50 bed days in August and supporting 33% before midday for discharges from core beds
- Discharge pathway mapping in partnership with ICB now completed and system work underway to improve Pathway 0.
- Acute Hospital at Home (Virtual Ward) supporting admission avoidance in the Emergency Department (ED).

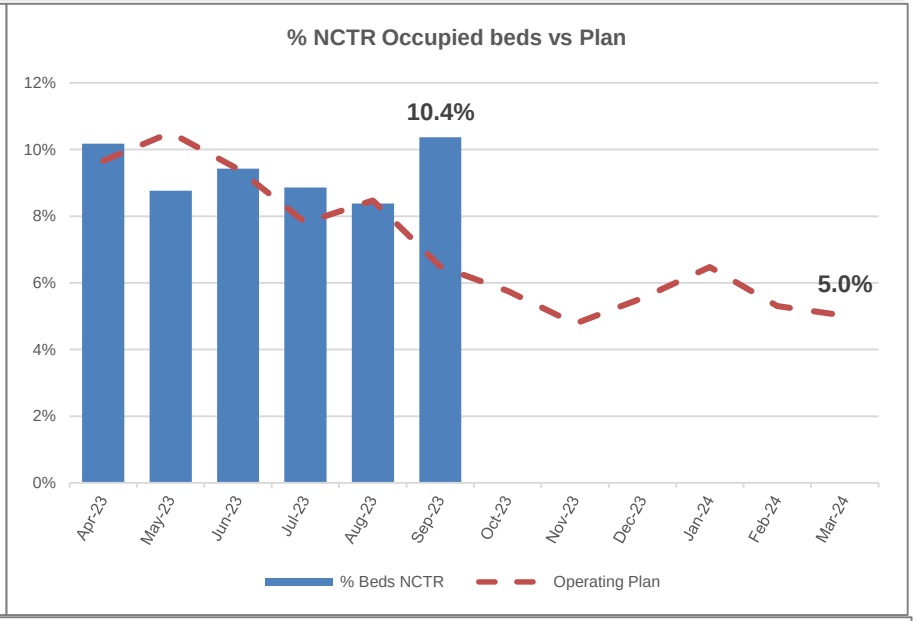
<u>Pathway 1-3</u> - Actions to Improve Performance

- 4 weeks additional 182hrs domiciliary care agency support commenced w/c 2/10/23
- UEC funded 24 hr care live in care model commenced w/c 2/10/23. This will enable more complex patients to be supported at home who otherwise may have required a Pathway 2 or Pathway 3 bed.
- UEC funded 1:1 support in care homes will be starting from w/c 16/10/23 to support care homes in supporting more complex patients on discharge.
- Daily huddle to review performance against discharge targets for each cluster.

Eastern Services No Criteria to Reside (NCTR)

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





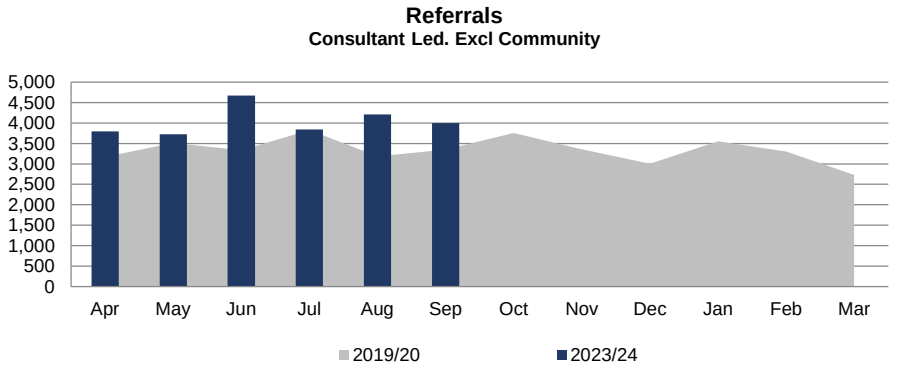
<u>Pathway 0</u> - Actions to Improve Performance

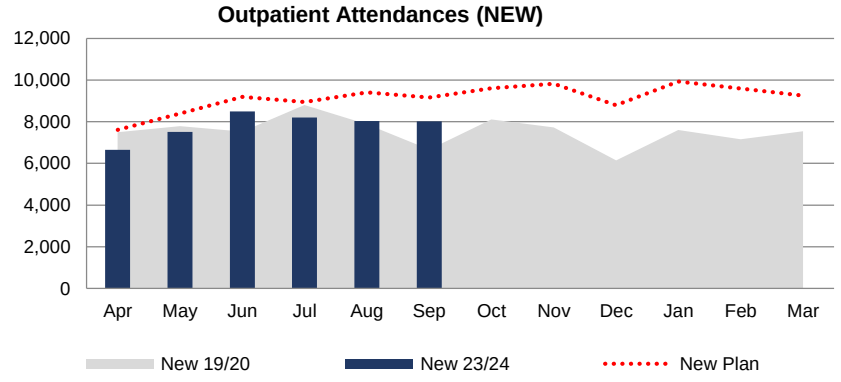
- Criteria Led Discharge utilising the EPR is now in place on a number of wards across Eastern Hospitals. Roll out continues.
- EPR workflow, based on Frimley Park workflow went live Trust wide 25th September. Workshops and floor support continues to encourage regular updates to EDD and appropriate delay reporting for NCTR and medically optimised
- Increased use of discharge lounge for Pathway 0 patients – highest use to date in September (906 patients) of whom 34% were before midday
- Trust wide discharge programme plan in train – planned launch in November.

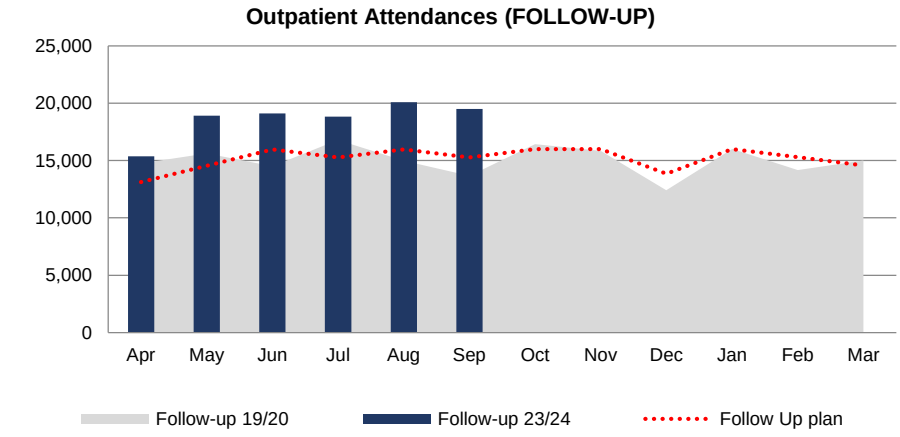
<u>Pathways 1-3</u> - Actions to Improve Performance

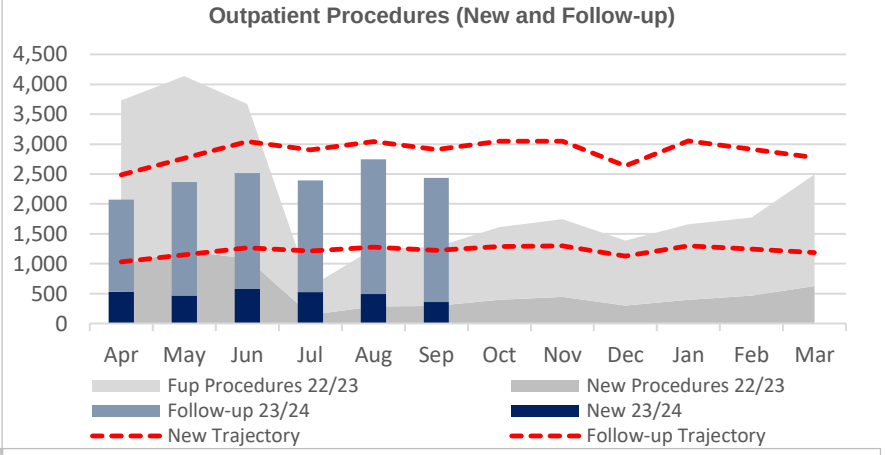
- 4 weeks additional 290hrs domiciliary care agency support commenced w/c 2/10/23
- UEC funded 24 hr care live in care model commenced w/c 2/10/23. This will enable more complex patients to be supported at home who otherwise may have required a Pathway 2 or Pathway 3 bed.
- UEC funded 1:1 support in care homes will be starting from w/c 16/10/23 to support care homes in supporting more complex patients on discharge.
- Daily huddle to review performance against discharge targets for each cluster.

Northern Services Elective Activity- Referrals and Outpatients



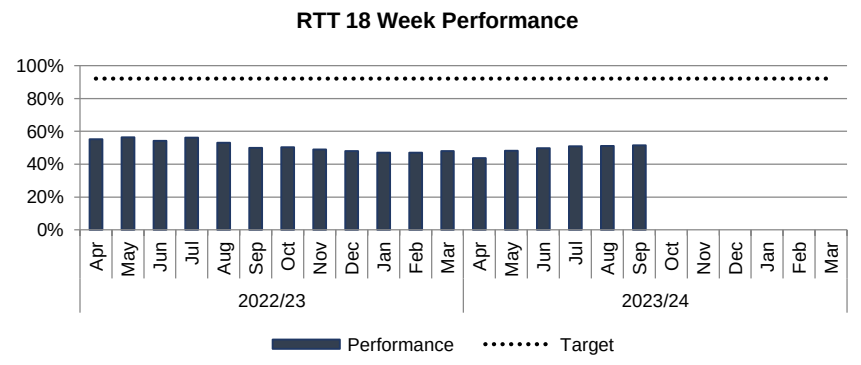




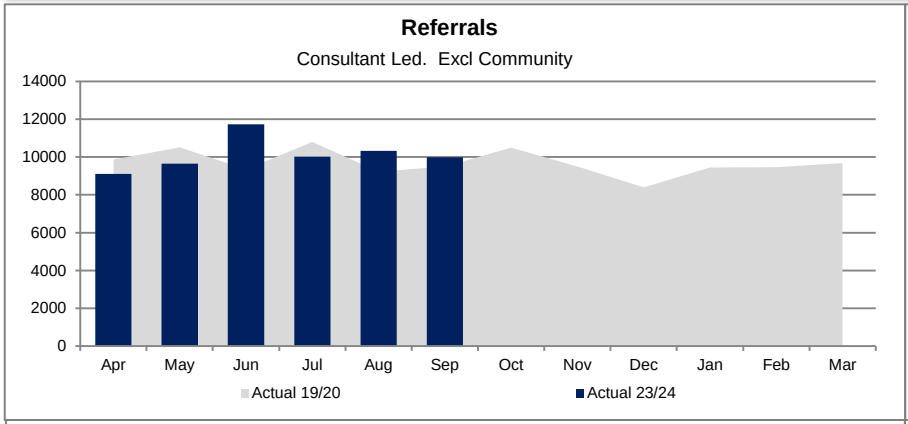


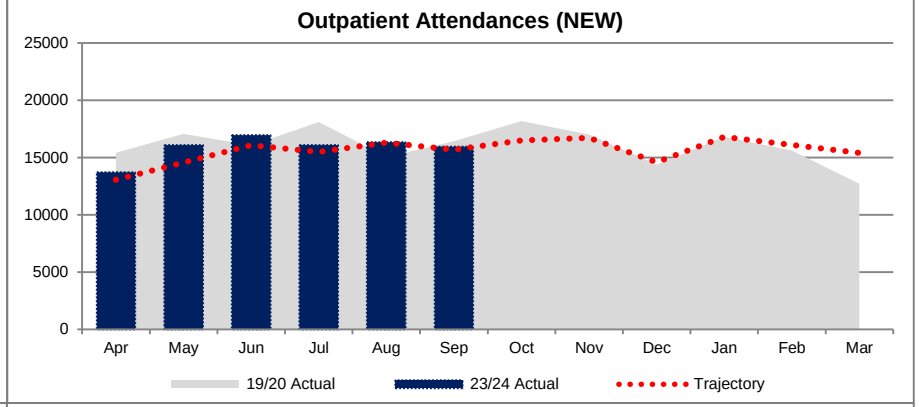
Note: the outpatient activity charts have been amended to show outpatient procedures separately, where as previously outpatient procedure activity was incorporated within the Outpatient New and Follow up charts respectively. This change has been made to provide greater visibility over outpatient procedures. As reported previously, in order to align with national ERF reporting, some specialties are excluded.

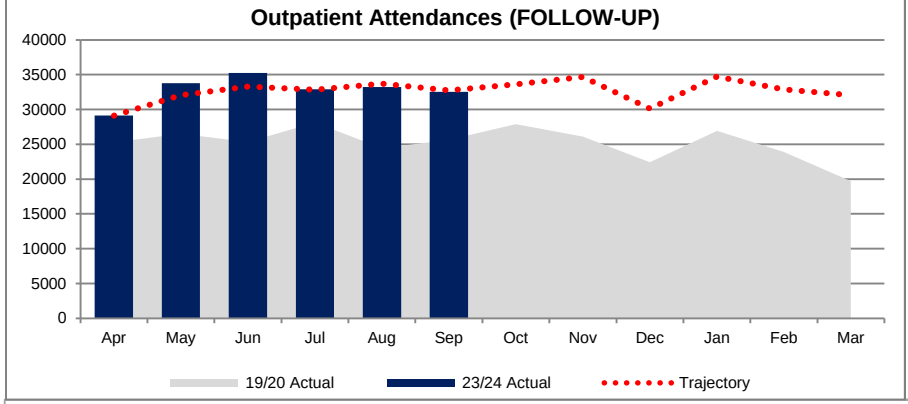
- There were a total of 27,508 Outpatients appointments in September. Of this 8,022 were New appointments and 19,486 were Follow-up appointments. Work is underway to reduce follow-up activity.
- 78.6% of appointments were held Face to Face and 21.4% were Virtual appointments in September.
- There was a slight increase in RTT 18 week performance again in September.
- **Outpatient follow-up**: activity was above 2019/20 volumes and in line with planned volumes for September. Explanations for the higher volume of activity vs 2019/20 have been provided in previous board reporting, but in summary relates to the differences in activity data capture relating to the implementation of a new electronic patient record since 2019/20.

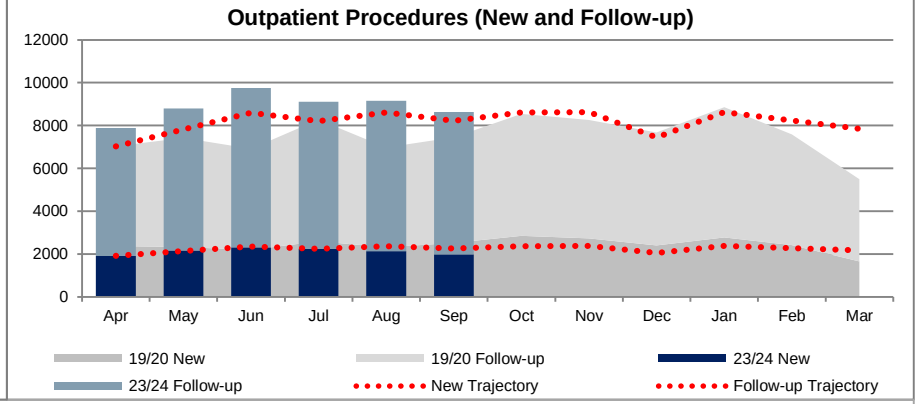


Eastern Services Elective Activity- Referrals and Outpatients









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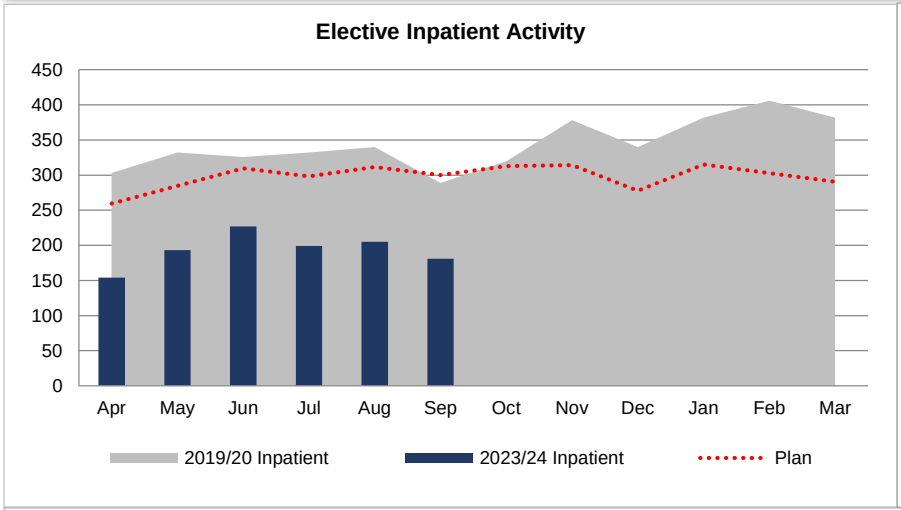
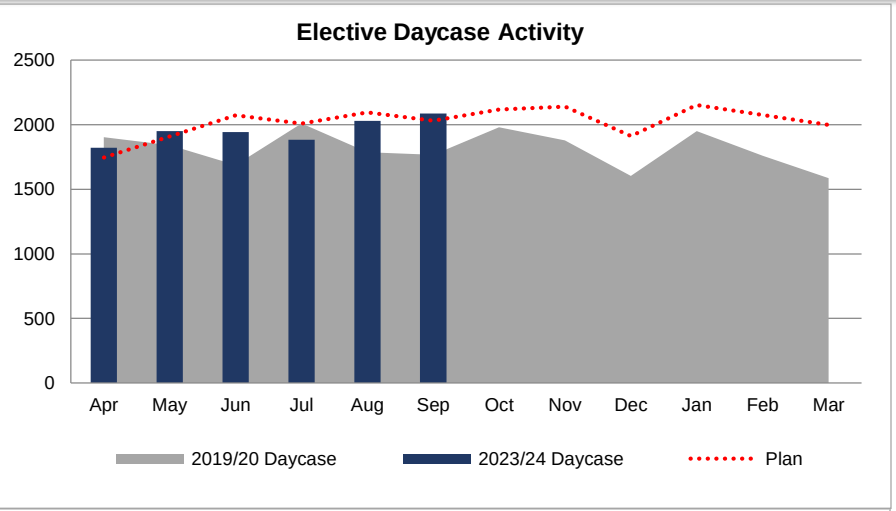
Outpatient attendances (new): was 97% of 2019/20 levels but in line with plan, which is a slight deterioration on the August position. Industrial action continued into September for consultants and junior doctors and so will represent the biggest driver of the variance.

Outpatient attendances (follow ups): was 127% of 2019/20 levels and 99% of planned levels. As previously reported, one of the biggest drivers of the increase on 2019/20 is the recording and reporting of community activity, which has been reviewed and considered appropriate to be counted, but has been raised with NHSE for an external formal view. If any changes are made as a result of this they will be reported in forthcoming IPRs.

Outpatient procedures (new and follow up): was 116% of 2019/20 and 105% of plan. The improvement of recording all outpatient procedures that are performed across the Trust is a key element of the Trustwide Delivering Best Value programme, with plans for further improvement to the end of the financial year.

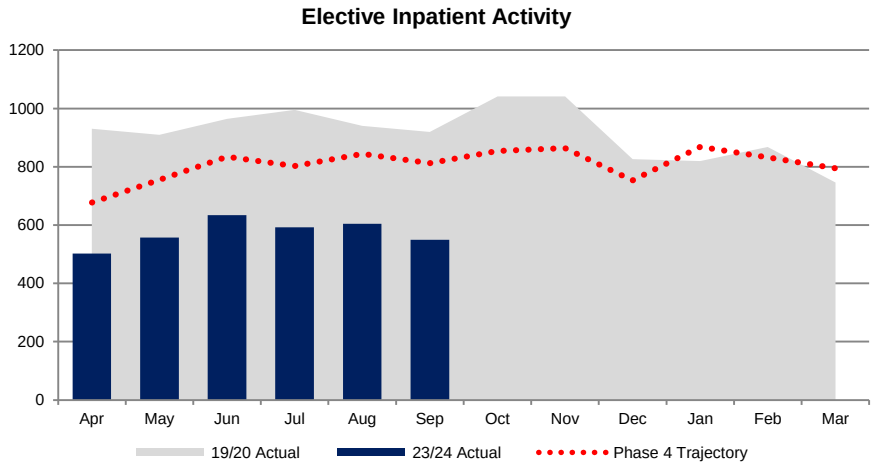
Northern Services Elective Activity- Inpatient and Daycase

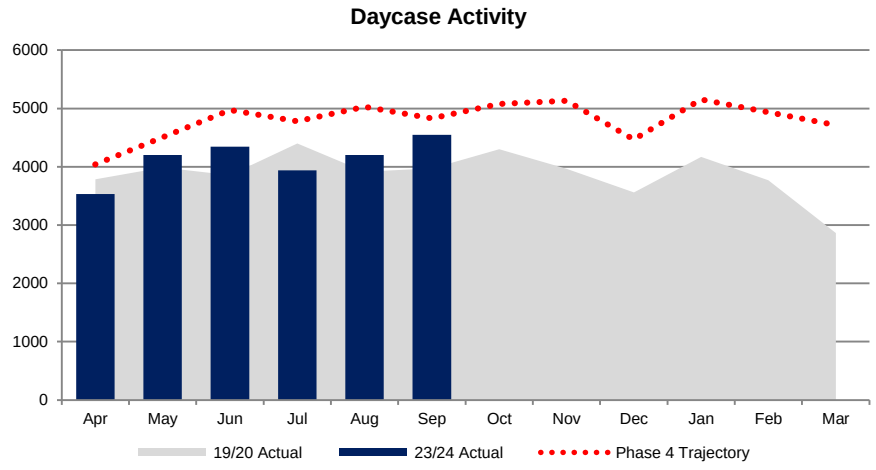




- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient activity decreased during September by 24 and Daycase activity increased during September by 59.
- A period of Industrial Action in September resulted in a higher number of cancellations for elective activity than in previous periods of industrial action.

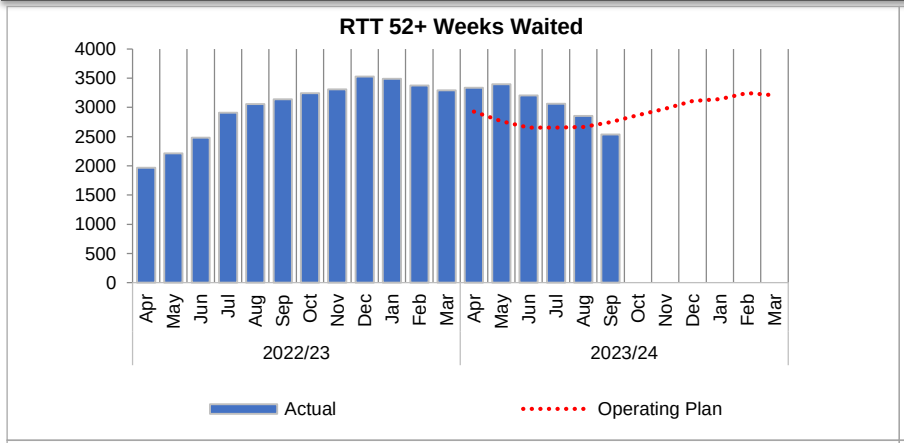
Eastern Services Elective Activity- Inpatient and Daycase

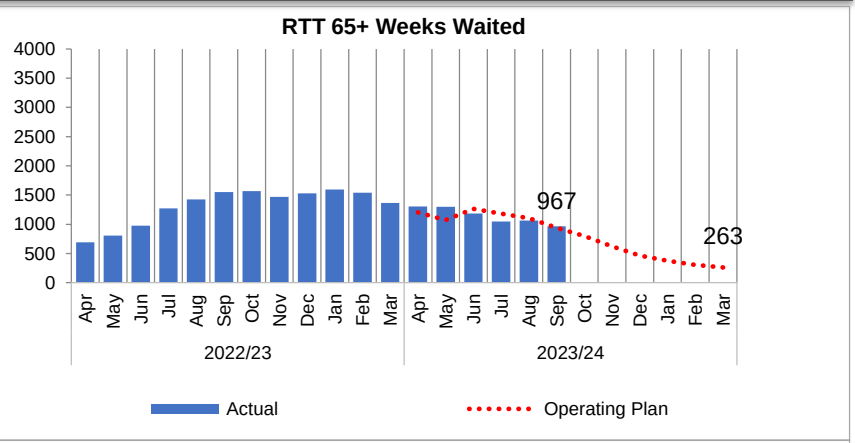


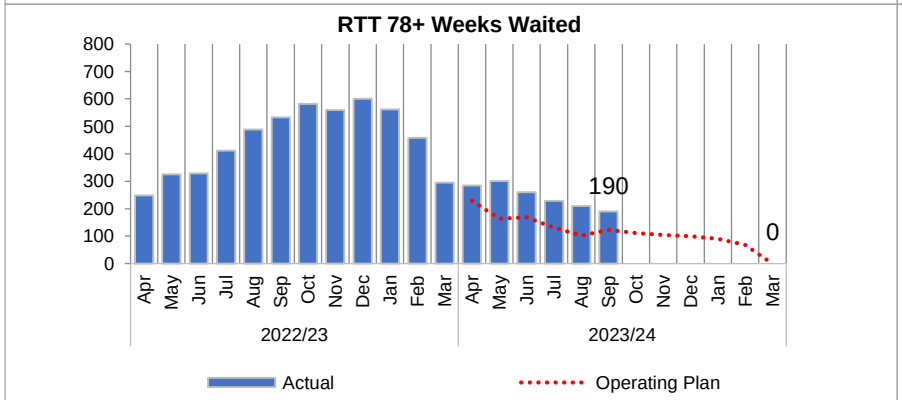


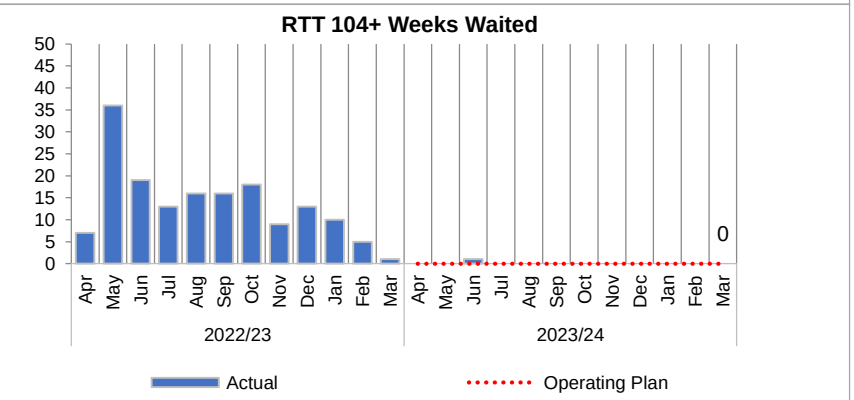
- **Elective Inpatient activity** in September was equivalent to 60% of 2019/20 activity and 68% of planned 23/24 levels.
- **Elective Daycase activity** in September was equivalent to 115% of 2019/20 activity and 94% of planned 23/24 levels.
- The ongoing industrial action impact into September represents the most significant driver of the variance to plan. However, ERF planned activity is also under planned levels at month 6, including Nightingale activity. The charts show an improving run rate here, but a detailed review of ERF activity year to date by scheme is currently under way in order to improve performance for the second half of the year.

Northern Services Elective Activity- Long Waiting Patients



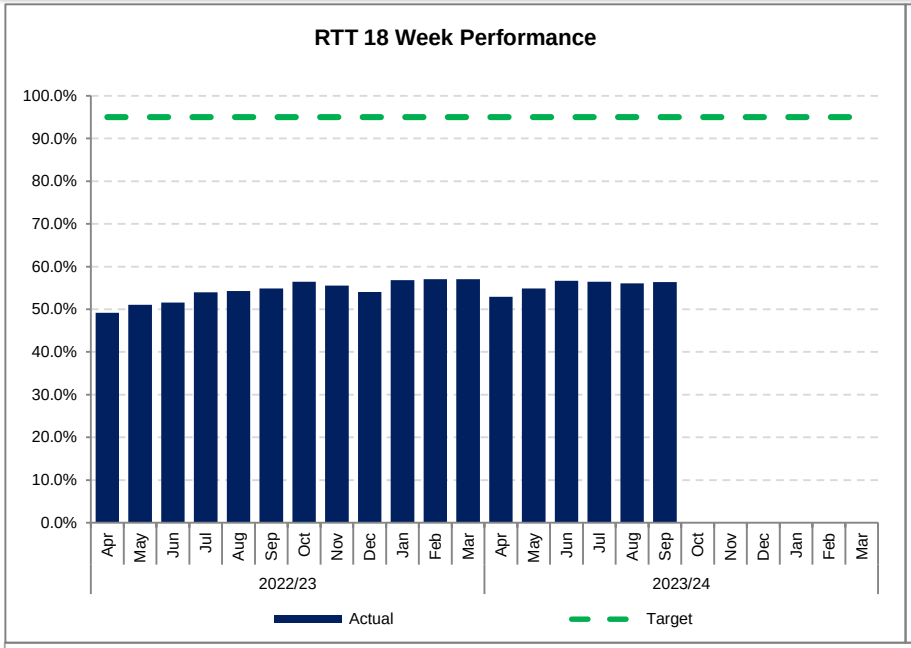


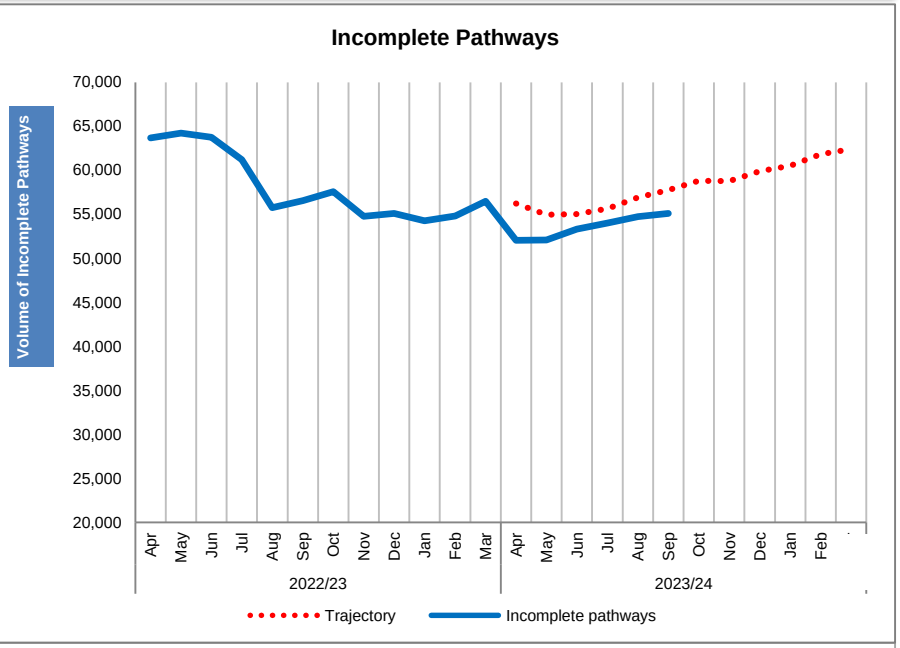




- Regular meetings are being held to ensure that the focus remains on the number of patients waiting 78, 52 and 43 weeks for a first appointment. In addition to focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support longer term and sustainable reductions in waiting times.
- We continue to achieve the target of 0 patients waiting 104 weeks or longer.
- 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 September reduced to 190 despite ongoing industrial action by junior doctors and consultants staff.

Eastern Services Elective Activity- Inpatient and Daycase

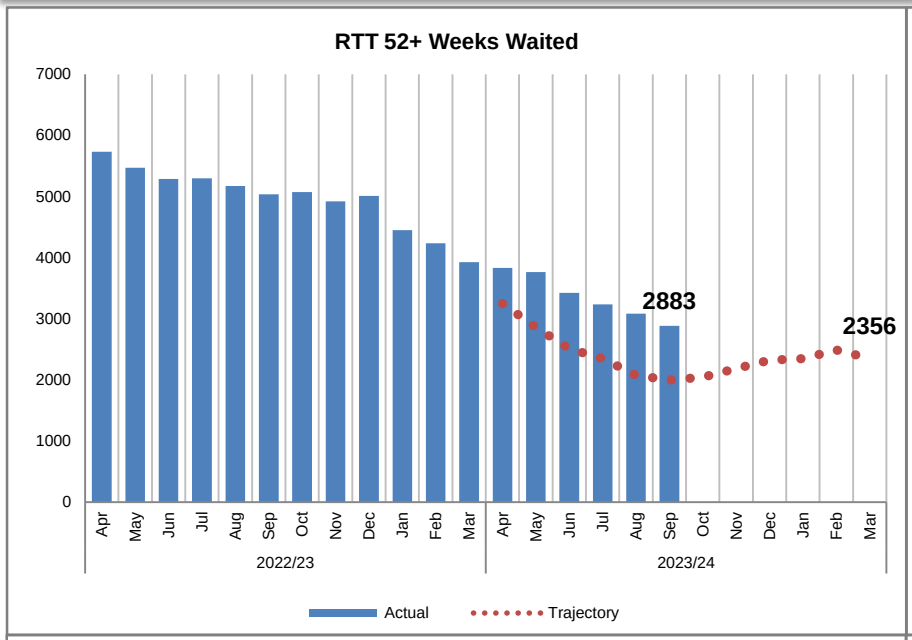


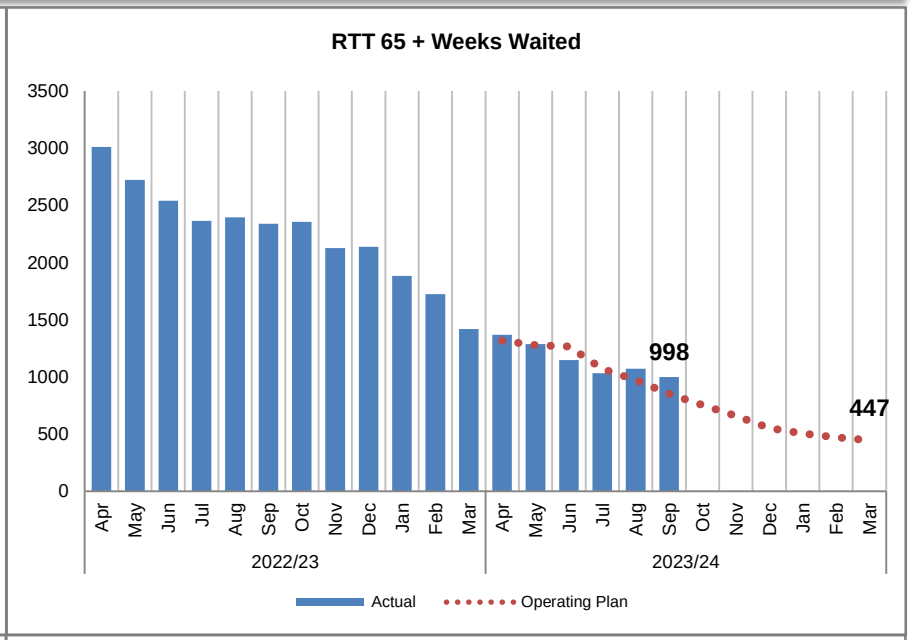


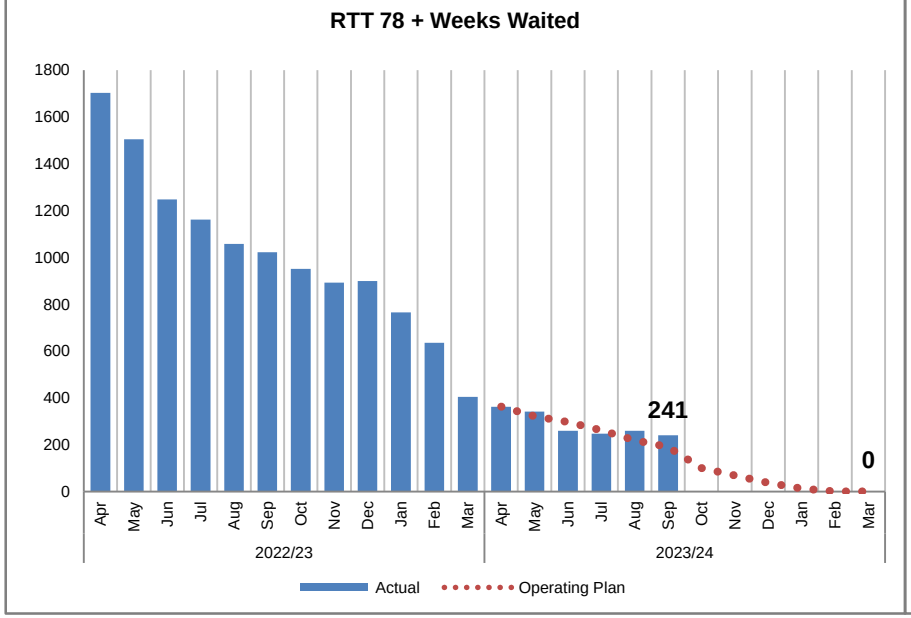
Incomplete pathways: after a period of steady improvement, incomplete pathways continue to rise for the 4th consecutive month. This is line with trajectory, and also in line with the regional and national trend, but is a concern in relation to long-term elective recovery as it shows demand continues to exceed capacity. The work referenced in relation to the review of current ERF schemes will support improvement plans in this area.

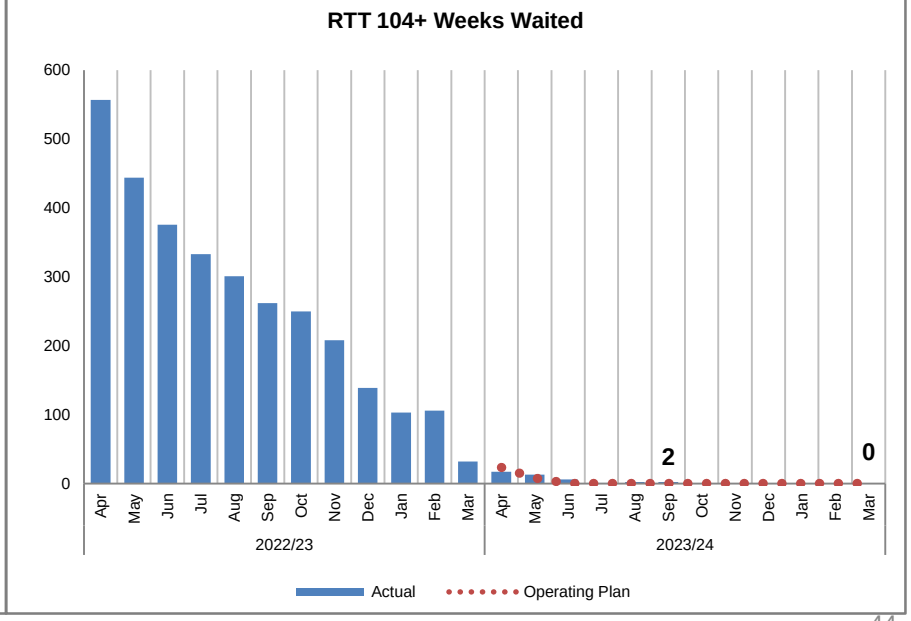
Long waits: despite the continued and sustained impact of industrial action, long waits continue to reduce (improve) month on month. All long wait positions are above (behind) plan, but detailed review has shown that if the direct impact of industrial action is taken into consideration, then the trust would be ahead of plan for all long-wait categories.

Eastern Services Elective Activity – Long Waiting Patients



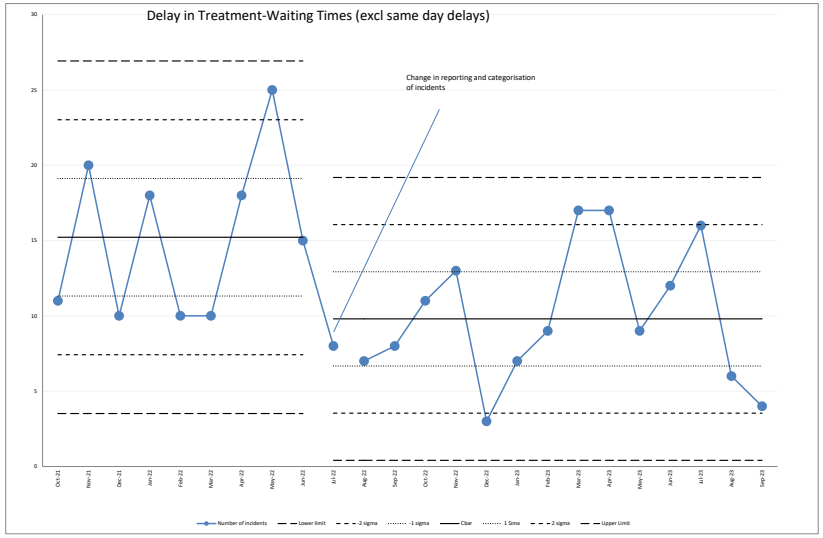






Northern Services - Waiting Well

Northern services reported four incidents for September 2023. None of these incidents resulted in moderate or greater harm.

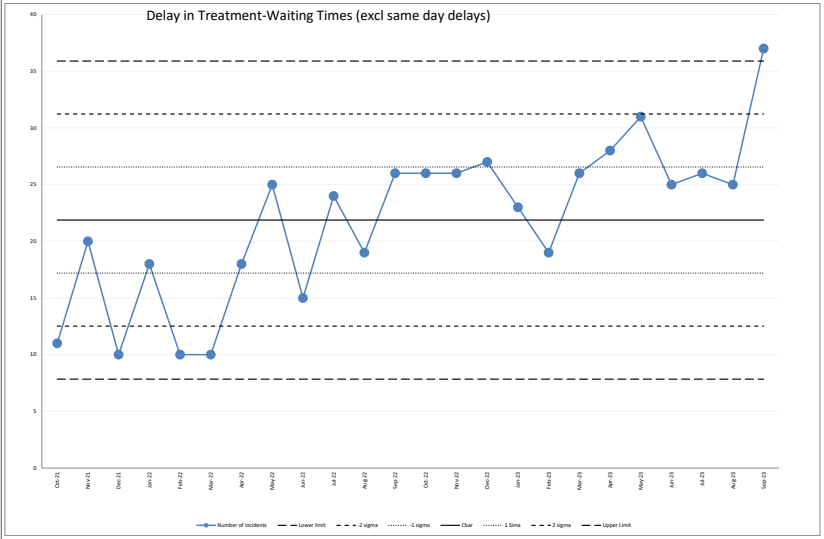


September 2023

	None	Minor	Moderate	Major	Catastrophic	Total
New	2	0				2
Diagnostic request delay	0	1				1
Follow up delay	0	1				1
Total	2	2	0	0	0	4

Eastern Services Waiting Well

Eastern services reported 37 incidents for September 2023, eleven incidents have been initially graded as moderate harm, but ten are awaiting validation.



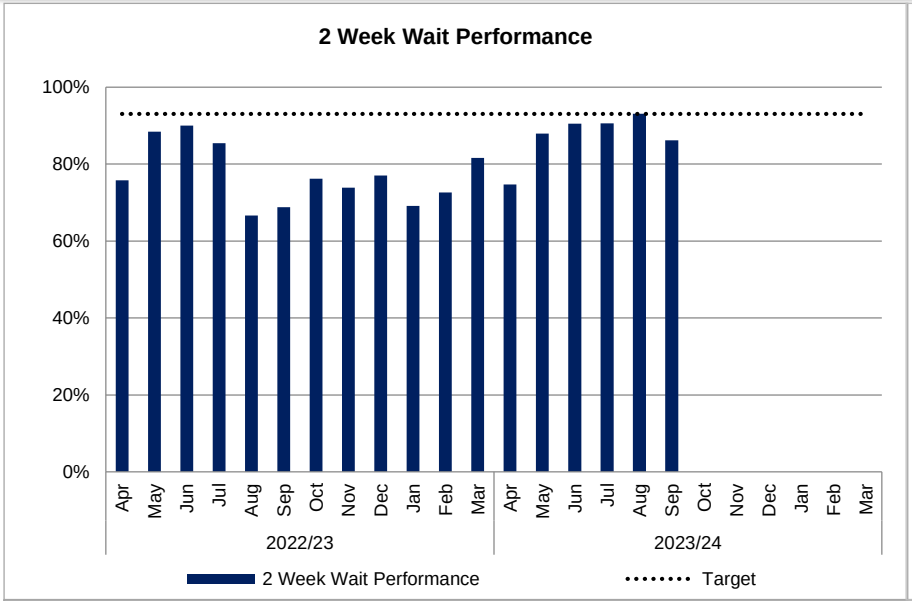
September 2023

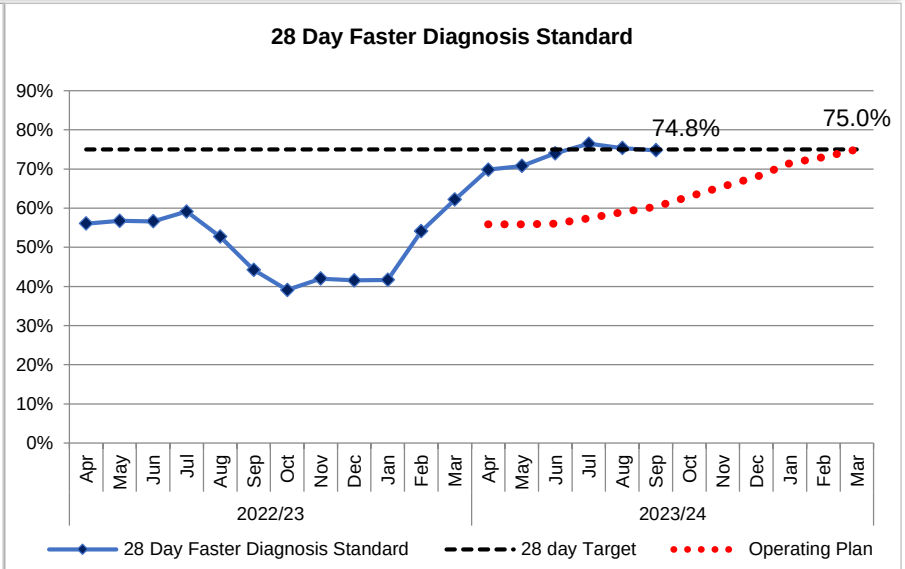
	None	Minor	Moderate	Major	Catastrophic	Total
New	7	3	11			21
Follow up delay	3	4	0			7
Surgery	1	3	1			5
Diagnostic request delay	3	1	0			4
Total	14	11	12	0	0	37

Moderate harm incident:
Patient had surgical appointment cancelled, this is the second cancellation this patient has experienced. Division has contacted patient directly to check on well being and provide advice. Operation to be rescheduled

Ten incidents were reported which were highlighted through the cardiology waiting list review process. Incidents identified through this process are entered onto Datix as moderate, pending clinical review, and the grading is then adjusted as appropriate.

Northern Services Cancer 14 and 28 Day





2 Week Wait Performance

Performance demonstrates an improving trajectory with August submitted position being reported at 93.05% which is above target for the first time in over a year. Unfortunately unvalidated performance for September show a deterioration in performance to 86.2% as a result of capacity pressures in skin. 2WW performance remains challenged in some tumour sites. The highest volumes of breaches in August are observed in Skin and lower GI, however both of these areas achieved in excess of 93%. The specialty that was most challenged in August was the Non-site specific pathway at 61% (where 8 of the 15 patients referred waited longer than 2 weeks for their appointment) :

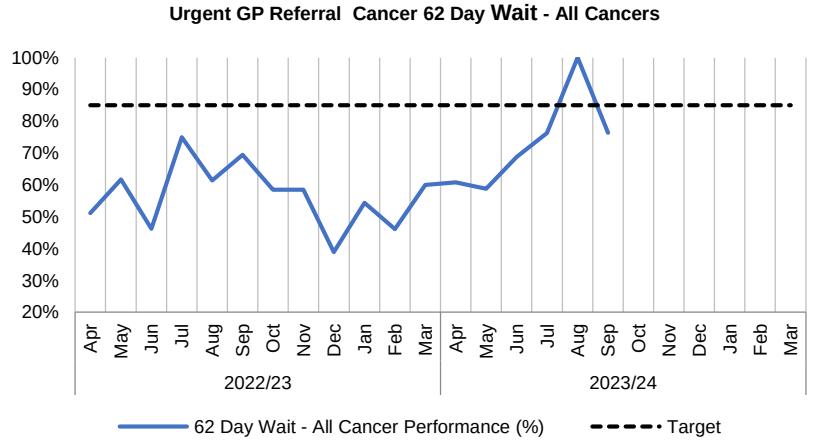
Average waiting times for 1st outpatient appointment were 8 days as an average across all tumour sites. All services are working to reduce first out patient waiting times to 7 days.

28 Day Faster Diagnosis Standard

FDS performance is also improving with significant increase in performance over the last 6 months from 42% in January to 76.5% in July. August performance deteriorated slightly to 75.4%. Unvalidated FDS performance for September has deteriorated further to 74.8% which is just below the 75% threshold. 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 August are observed in:

- Lower GI, 63 breaches (56.85%) This reflects service pressures and endoscopy waiting times, significant additional clinical activity including endoscopy insourcing is currently being delivered to maintain delivery. TNE service is now live and will improve waiting times going forward.
- Urology, 38 breaches (50.65%). Performance has improved significantly over the last few months from 23% in February due to pathway improvements, which are ongoing. Performance has deteriorated in August due to staffing pressures and increases in diagnostic turnaround times
- Gynae, 28 breaches (58.33%), service pressures for 2ww OPA and hysteroscopy impact on 28 day delivery for gynae, additional capacity and staffing plans are in place.

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



- Performance against the 62 day target is generally improving in line with an improved backlog position. Provisional data for September indicates a position of 76.4%. The majority of pathway delays are within the diagnostic and staging phase, particularly for Urology which accounts for 8 of 15 breaches in August. Recent delays in PSMA PET scans have contributed to a higher number of breaches in Urology.
- 62 day performance will improve with actions aligned to deliver 28 FDS, 2WW performance and maintaining a PTL backlog below 6.4%.
- Capacity remains a challenge across some specialties including Oncology for both 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. These are monitored at the Northern Cancer Steering Group.

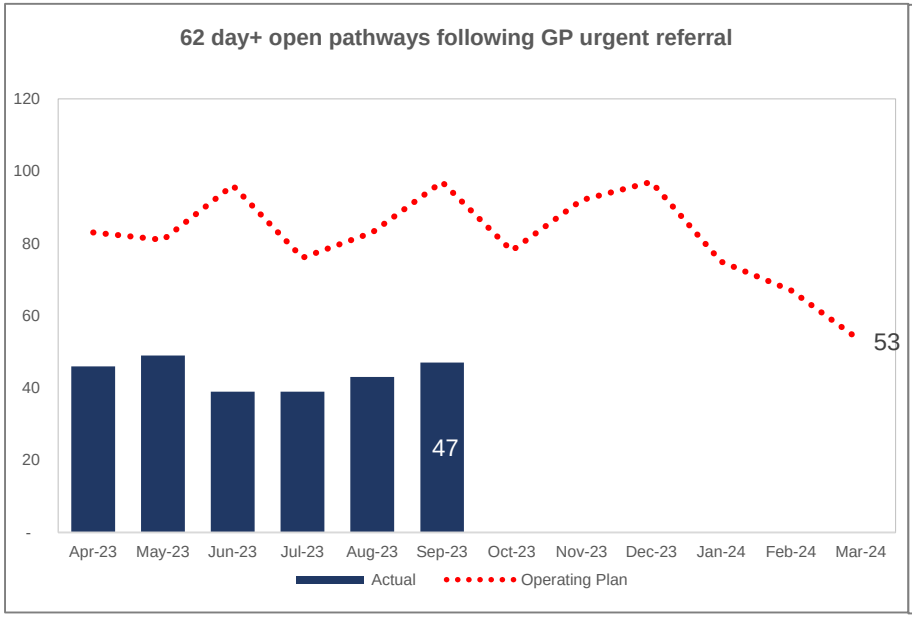
Please note for all 2 week, 28 day, 31 day, and 62 day cancer waiting times indicators, the most recent month's position is unvalidated, and reflects data that are not yet submitted nationally. These data will be refreshed in next month's report.

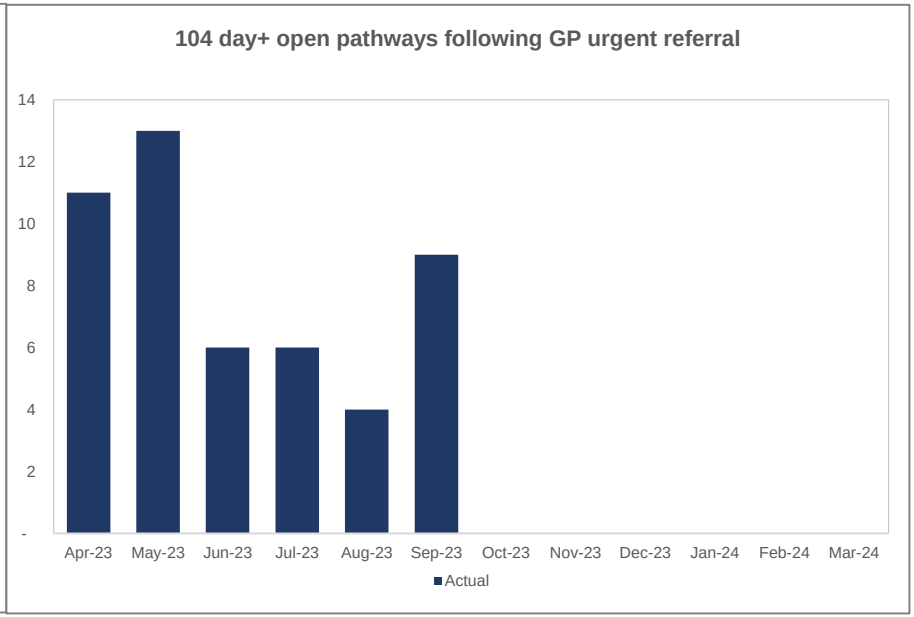
Cancer - 14,31 & 62 Day Wait

	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	Jul	Aug	Sep
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%	74.67%	87.88%	90.50%	90.58%	93.05%	86.19%
	All Urgent (N)		154.0	98.0	90.0	76.0	294.0	282	186	214	138	217	190	146	193.0	103.0	84.0	79.0	60.0	111
	Symptomatic Breast (%)	93%	8.70%	71.74%	80.33%	100.00%	0.00%	100.00%	100.00%	81.33%	75.00%	35.71%	42.86%	58.62%	67.86%	88.89%	90.48%	53.33%	72.22%	53.33%
	Symptomatic Breast (N)		42.0	13.0	12.0	0	1	0	0	2	4	9	12	12	9.0	2.0	2.0	7	5	7
31 Day	All Decision To Treat (%)	96%	84.42%	86.67%	75.76%	83.72%	78.72%	90.00%	87.14%	90.00%	78.33%	82.61%	92.86%	89.04%	91.36%	90.54%	97.53%	88.57%	95.56%	80.00%
	All Decision To Treat (N)		12.0	10.0	16.0	7	10	6	9	6	13	12	4	8	7.0	7.0	2.0	8	2	24
	Subsequent - Surgery (%)	94%	60.00%	33.30%	33.30%	1.00%	100.00%	100.00%	50.00%	60.00%	76.92%	60.00%	38.46%	68.75%	71.43%	35.71%	82.35%	58.33%	87.50%	58.33%
	Subsequent – Surgery (N)		4.0	2.0	4.0	0	0	0	3	4	3	6	8	5	4.0	9.0	3.0	5	1	5
	Subsequent - Anti-Cancer Drug %	98%	60.00%	33.30%	33.30%	100%	100%	97%	88%	77%	93%	78%	100%	96.15%	89.47%	90.00%	100.00%	84.21%	100.00%	93.75%
	Subsequent - Anti-Cancer Drug		4.0	2.0	4.0	0	0	1	3	13	3	8	0	1	2.0	1.0	0.0	3	0	1
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%	20%	0%	57%
	All Screening Service (N)		0.0	1.0	0.0	0	0	0	0	0	0	0	0	0	0.0	2.0	2.0	2	0.5	3
	Consultant upgrade (%)	90%	62.79%	60.00%	75.47%	54.17%	72.22%	55.56%	76.92%	61.54%	72.97%	64.29%	74.00%	69.70%	64.86%	76.47%	82.14%	86.11%	100.00%	80.26%
	Consultant upgrade (N)		8.0	11.0	6.5	5.5	5	8	6	5	5	5	3.5	5	6.5	4.0	5.0	2.5	0	7.5
28 day	28 Ref to diagnosis (%)	N/A	56.04%	56.76%	56.61%	59.11%	52.68%	44.25%	39.08%	42.00%	41.54%	41.66%	54.10%	62.17%	69.81%	70.76%	74.00%	76.46%	75.35%	74.75%
	28 day Ref to diagnosis (N)		244.0	275.0	256.0	119.0	212.0	344	452	551	380	451	358	317	224.0	262.0	240.0	186.0	211.0	199

Northern Services Cancer 62 Day Backlog

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



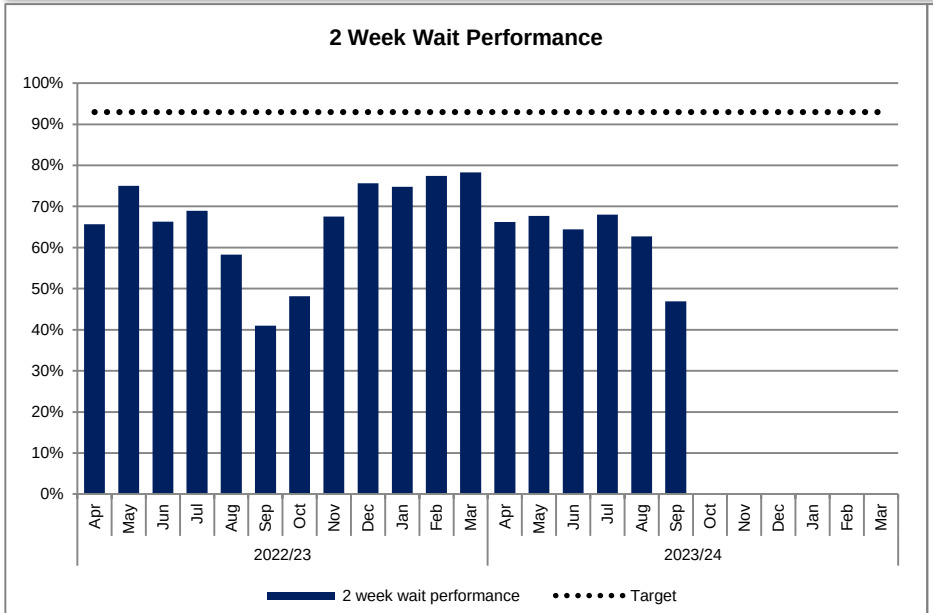


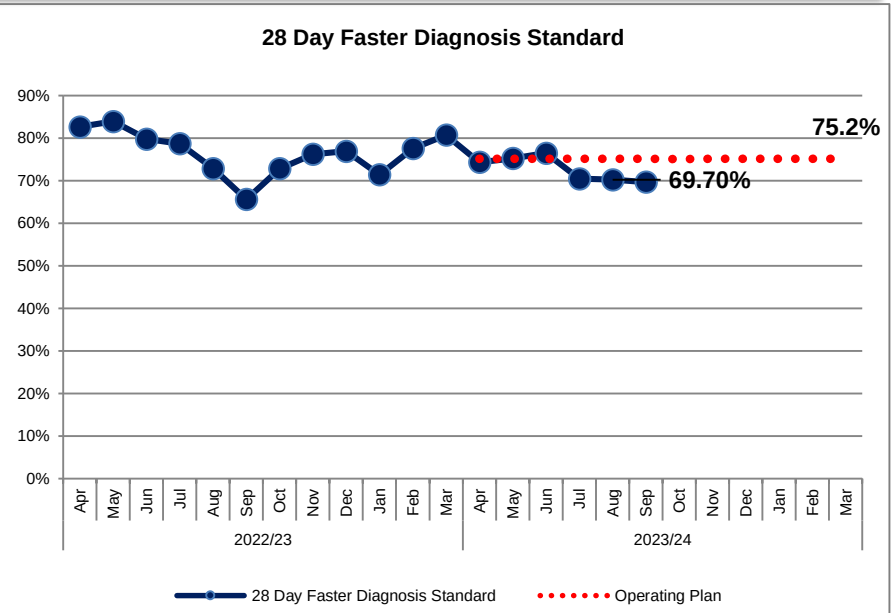
- The number of patients on active cancer pathways waiting more than 62 days has reduced from 395 (29.3%) at the start of September 2022 to 47 (6.2%) at the most recent weekly PTL (02/10/2023) which is significantly better than trajectory and remains under the nationally recommended backlog threshold of 6.4%.
- Performance has slowly been deteriorating over the last 2 months due to capacity pressures within some specialties and increases in some turnaround times.
- The tumour sites with the largest number of patients waiting over 62 days are Colorectal (16 – 7.5%); Urology (12 – 13.8%).
- There are 9 patients (02/10/2023) that remain on a cancer pathway over 104 days, this volume has increased slowly over the last month in line with the increasing number of patients over 62 days.

Key actions:

- Weekly PTL meetings in place for all tumour sites with action logs and formal escalation process in place.
- Colorectal - Substantive consultant appointed with start date agreed in February 2024
- Endoscopy
    - insourcing/weekend lists remain in place.
    - TNE service has commenced.
    - Endoscopy unit expansion awaiting approval.
    - The first cohort of patients have been booked in to the Tiverton mobile unit for procedures in October.
- 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



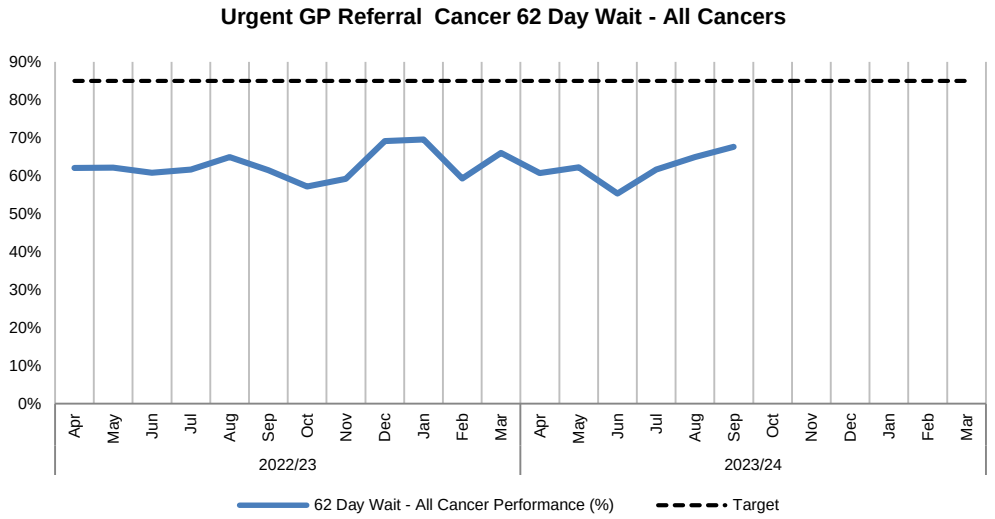


Performance across the East continues to decline – due to both Bank Holidays and Industrial Action, combined with an increase in 2WW referrals. Where possible additional clinics have been sought to mitigate these challenges.

- **Endoscopy** – Interim mobile unit has been delivered to Tiverton. A 7 days a week colonoscopy service will be going live on 16th October to run for 12 months. An independent sector provider will provide 12 point lists equating to 24 points per day. The service will cover both Eastern and Northern Services' longest waits. 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 (PFI, flood risk and contamination risk) and the financial deliverability. The introduction of postal booking will ensure full capacity is utilised across all sites.
- **Gynaecology** – Significant workforce challenges are expected in the coming months. A gynae-oncology consultant has been appointed and will join the team by April 2024. Waiting list initiatives (WLIs) are being undertaken to minimise the impact on performance.
- **Urology** – A third Robotic Assisted Laparoscopic Prostatectomy (RALP) surgeon has been signed off within the Team. Currently experiencing an increase of RARC's which impacts the RALP capacity. Plans in place to operationally respond to the impact of the storyline within a popular BBC soap opera regarding a character's experience of prostatectomy – no increase in referrals noted yet.
- **Upper GI** – Currently holding 3 consultant vacancies and out to advert for 1wte. 3 registrars will rotate into an acting up consultant role for 12 months to support gaps in the rota. This will start on 23rd October with the first registrar on a 3 month rotation.
- **Upper G**I outpatient capacity is improving. Unfortunately OGD capacity remains challenged. Due to advertise 3 consultant vacancies in October/November 2023. Maternity leave will be covered with a registrar acting up from October 2023.
- **Skin** – The service is challenged by increased seasonal referrals at an unprecedented level, as well reduced capacity due to consultant sickness.. WLIs are being undertaken to counter this. Clinics have started for the AI pilot, and although they have yet to have the intended impact on demand it is anticipated that this will develop as use of the service increases over the trial period. Of note, the service is also providing mutual aid to Taunton until end of October 23.

Eastern Services Cancer 62 Day

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



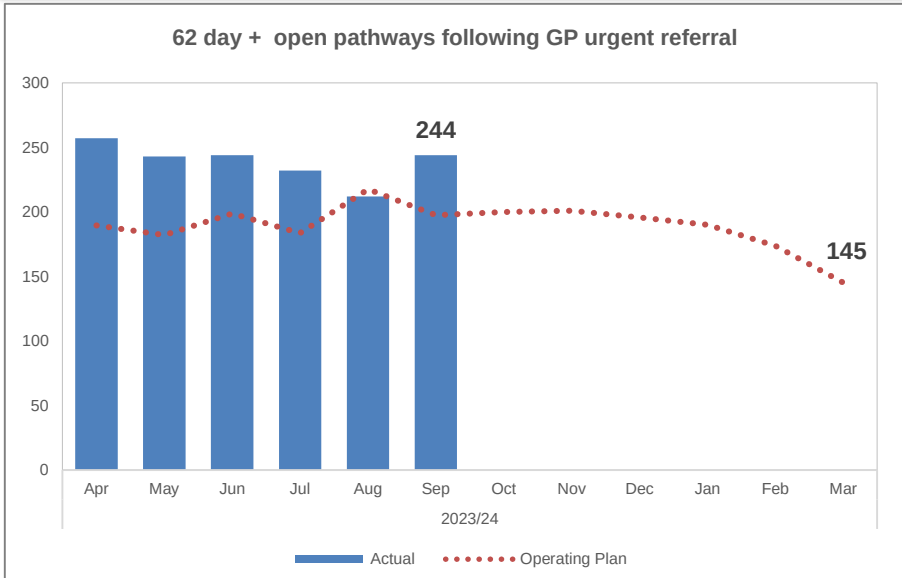
- Oncology appointment capacity across most specialities is constrained, particularly in Lung where there is a 3 week wait for an outpatient appointment pre-treatment due to Consultant vacancies.
- Theatre capacity remains challenged as does Theatre staffing, which will impact the ability to deliver extra sessions.
- The ERF request for 2 substantive Colorectal consultants, which would support On Call Rota and provide additional theatre capacity through cover, has been approved and recruitment is in progress.
- A combination of the impact of industrial action and bank holidays, alongside a volume of patient choice consistent with previous years has contributed to the increase in breaches within 62 day pathways.

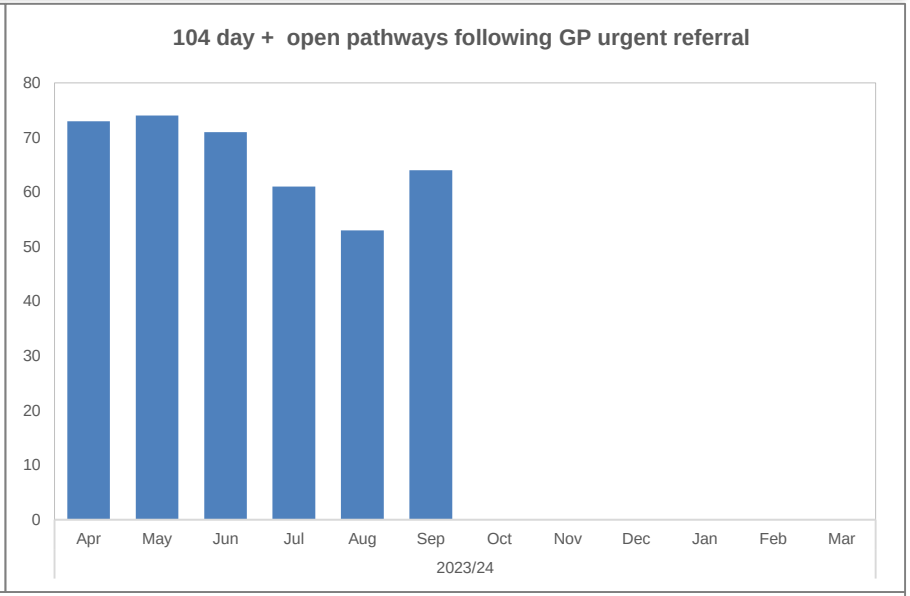
Cancer - 14, 31, 62 & 104 Day Wait

	Performance(%) and Number of Breaches	TARGET	2022/23 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 Apr	May	Jun	Jul	Aug	Sep
14 Day	All Urgent (%)	93%	65.6%	75.0%	66.3%	69.0%	58.3%	41.0%	48.2%	67.6%	75.6%	74.8%	77.4%	78.3%	66.2%	67.7%	64.5%	68.0%	62.7%	46.9%
	All Urgent		760	605	762	763	1027	1434	1253	818	488	559	470	550	734	758	969	853	923	1301
	Symptomatic Breast (%)	93%	20.9%	35.2%	58.1%	57.4%	62.9%	16.7%	40.5%	72.5%	95.8%	93.9%	100.0%	91.4%	92.1%	91.2%	79.3%	78.8%	52.3%	78.1%
	Symptomatic Breast		34	46	18	20	13	30	25	14	1	2	0	5	3	3	6	7	21	7
31 Day	All Decision To Treat (%)	96%	88.5%	86.9%	87.9%	85.4%	89.8%	89.5%	92.2%	87.7%	89.4%	78.5%	86.7%	88.7%	87.3%	85.2%	89.7%	89.2%	85.4%	70.0%
	All Decision To Treat		31	41	34	37	22	21	18	31	25	72	40	34	35	47	34	37	52	97
	Subsequent - Surgery (%)	94%	64.2%	67.1%	76.0%	75.3%	71.2%	61.1%	78.3%	88.3%	82.1%	63.9%	73.0%	66.7%	76.2%	68.9%	67.9%	84.5%	67.5%	73.8%
	Subsequent - Surgery		29	26	25	21	17	28	18	11	14	44	30	34	20	32	35	16	27	27
	Subsequent - Radiotherapy (%)	94%	100.0%	99.2%	95.9%	98.8%	97.6%	98.6%	99.3%	99.3%	99.1%	100.0%	98.3%	99.3%	97.6%	97.9%	96.8%	97.7%	99.1%	99.2%
	Subsequent - Radiotherapy		0	1	4	1	2	1	1	1	1	0	2	1	3	3	4	3	1	1
	Subsequent - Anti-Cancer Drug (%)	98%	100.0%	98.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	98.9%	97.6%	96.8%	100.0%	100.0%	100.0%	100.0%	98.9%	98.6%
	Subsequent - Anti-Cancer Drug		0	1	0	0	2	0	0	0	0	1	3	4	0	0	0	0	1	1
62 Day	All Screening Service (%)	90%	12.5%	28.6%	33.3%	0.0%	0.0%	0.0%	0.0%	20.0%	33.3%	0.0%	28.6%	12.5%	0.0%	15.0%	22.2%	37.5%	0.0%	24.0%
	All Screening Service		3.5	2.5	2	2	4	1	2	4	2	2.5	5	7	3	8.5	7	7.5	13	9.5
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	61	53	64

Eastern Services Cancer 62 Day Backlog

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





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

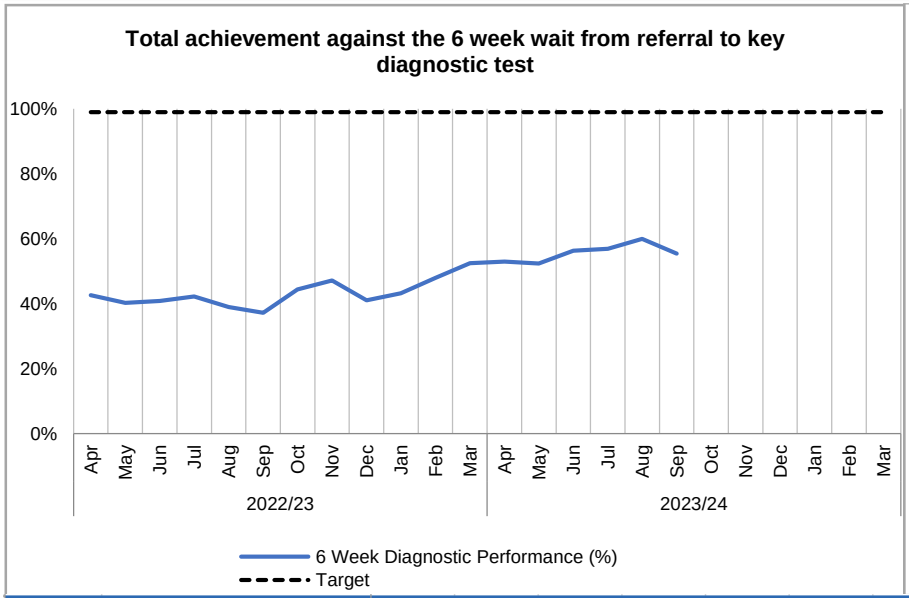
Off trajectory;

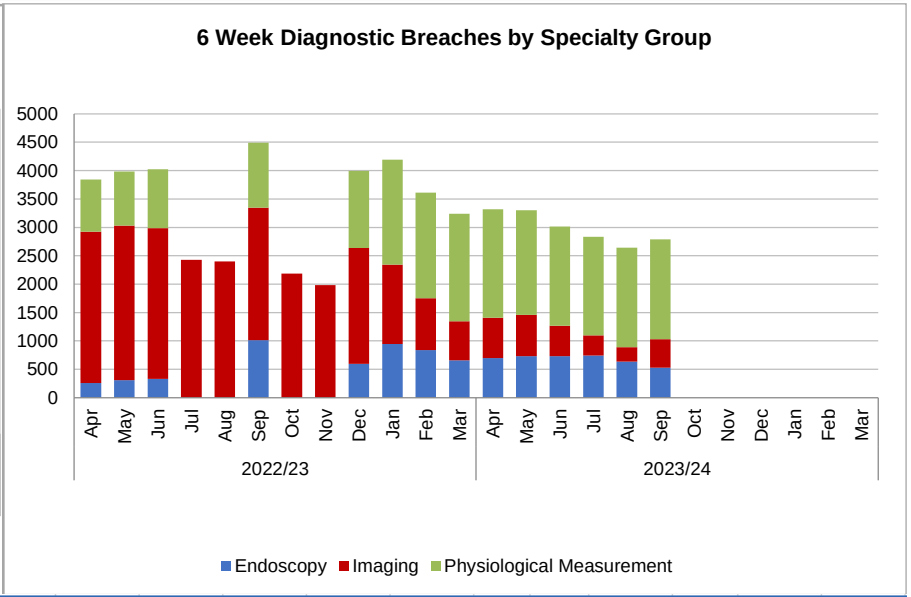
- Urology – Challenged due to a cluster of RALP referrals and late tertiary transfers. Third RALP surgeon was signed off at the end of August 2023. It was decided not to proceed with the insourcing company, however further requests for Mutual Aid may be made later in the year when required.
- Colorectal – remains challenged with long waiting patients due to delays in Endoscopy (plans in place) and theatre capacity (plans in place).
- Gynaecology – Significant workforce challenges are expected in the coming months. However, Gynae-Oncology Consultant has been recruited. WLI's are being undertaken to minimise the impact on performance.
- Skin – higher than expected seasonal increase in 2WW referrals has put significant pressure on the service, combined with annual leave/industrial action and Consultant sickness has led to an imbalance of demand/capacity. WLI is already in action. Also providing mutual aid to Taunton

Key Actions;

- ***Upper GI –*** *Substantive 1 WTE consultant Gastroenterologist post out to advert in October/November (3 WTE Vacancy)*
- ***Gynaecology –*** *Substantive consultant recruited.*
- ***Histology/Radiology –*** *WLI to continue to support multiple pathways*
- ***Skin –*** *WLI to achieve previous 2WW performance. GPSI to work with team for 12 months*

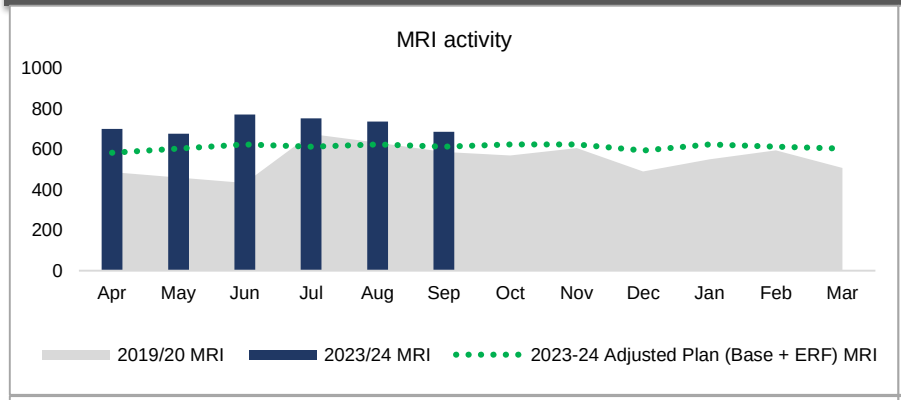
Northern Services Diagnostics - *Fifteen key diagnostic tests*

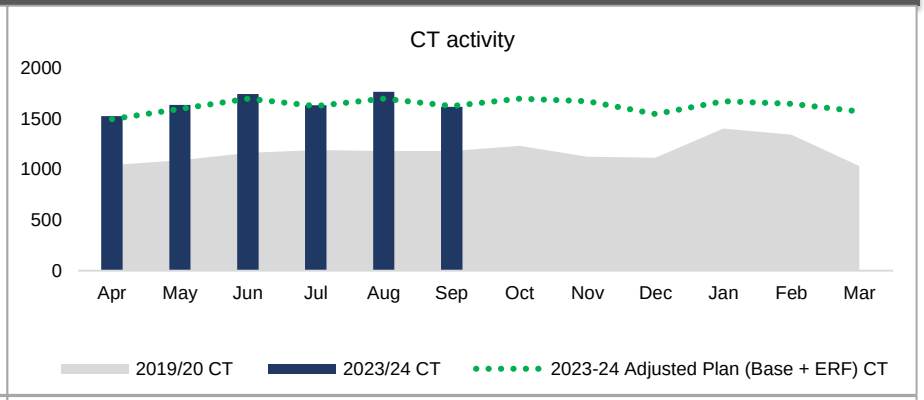


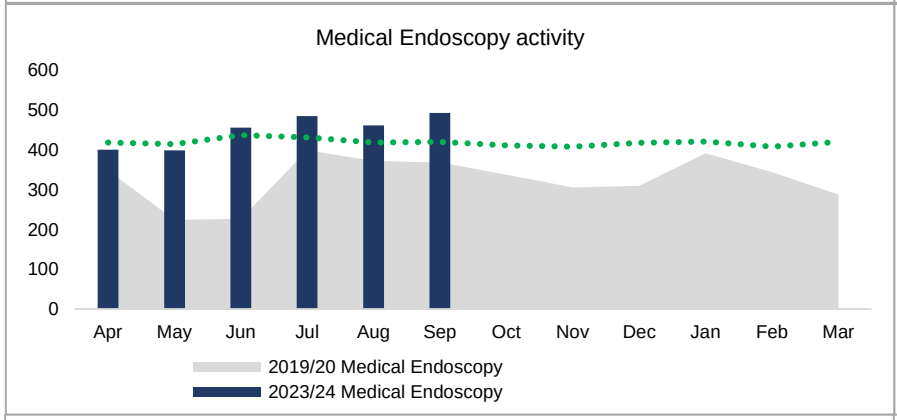


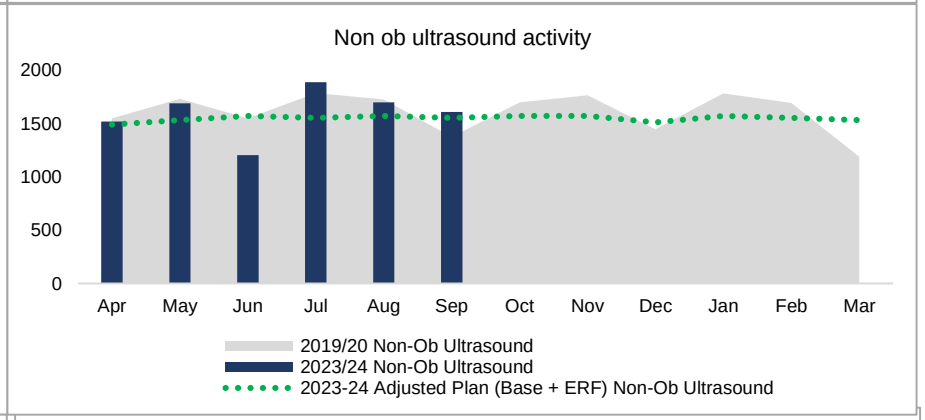
		Achievement against the 6 week wait from referral to key diagnostic test																	
Area	**Diagnostics by Specialty**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**
Imaging	Magnetic Resonance Imaging	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%	96.9%	97.6%	98.4%	97.7%	98.5%	98.9%	99.2%	99.4%	99.1%
	Computed Tomography	55.6%	55.2%	64.7%	65.2%	56.1%	66.8%	81.9%	76.3%	75.2%	78.4%	87.6%	95.3%	95.6%	94.3%	95.9%	93.2%	90.9%	83.1%
	Non-obstetric ultrasound	35.2%	32.9%	30.9%	33.1%	35.2%	35.2%	35.8%	40.9%	36.2%	54.9%	86.1%	88.1%	85.9%	80.6%	85.7%	92.0%	96.1%	76.7%
	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DEXA Scan	11.6%	10.7%	10.5%	11.5%	14.6%	13.8%	14.5%	17.9%	14.3%	15.7%	19.8%	27.8%	29.2%	27.9%	37.0%	49.5%	60.3%	49.8%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%							100.0%	100.0%	99.1%	97.3%	94.8%	97.7%	93.5%	94.7%	98.6%
	Cardiology - echocardiography	31.4%	26.6%	28.3%						27.9%	18.6%	23.0%	23.4%	25.2%	24.4%	28.2%	27.4%	27.8%	22.5%
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	96.3%	96.8%	92.5%			88.5%			97.9%	93.8%	99.1%	96.3%	91.2%	97.2%	98.9%	93.2%	96.8%	72.2%
	Respiratory physiology - sleep studies	22.5%	34.3%	30.8%			17.4%			64.8%	52.3%	42.5%	26.4%	28.6%	41.7%	42.9%	39.1%	31.0%	32.8%
	Urodynamics - pressures & flows	20.4%	25.4%	23.3%			1.4%			39.4%	30.8%	46.2%	35.7%	27.9%	51.5%	37.5%	53.8%	47.7%	24.2%
Endoscopy	Colonoscopy	62.3%	48.6%	43.8%			27.6%			30.6%	32.7%	34.2%	39.5%	37.7%	36.8%	34.6%	27.9%	32.4%	34.1%
	Flexi sigmoidoscopy	64.8%	71.8%	70.3%			28.5%			42.9%	30.9%	29.7%	40.1%	42.8%	39.0%	44.9%	34.7%	44.3%	42.5%
	Cystoscopy	67.0%	75.6%	73.3%			59.8%			74.4%	42.6%	48.4%	83.3%	81.3%	88.9%	91.8%	80.2%	86.7%	85.0%
	Gastroscopy	70.9%	61.9%	60.8%			53.1%			44.9%	39.1%	41.3%	48.2%	41.9%	37.6%	40.9%	40.7%	45.7%	41.5%
Total		42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%	43.2%	48.0%	52.5%	53.0%	52.4%	56.3%	56.9%	59.8%	55.5%

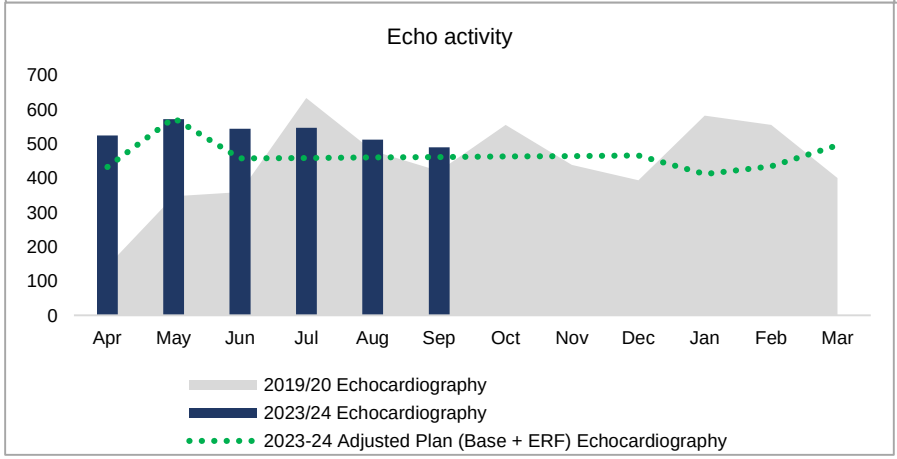
Northern Services Diagnostics - *Diagnostic activity compared to plan across key diagnostics modalities*









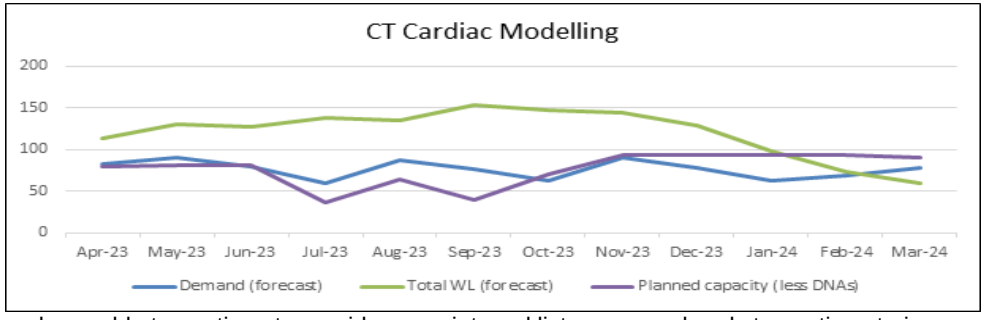


Northern Services Diagnostics

- **MRI –** MRI activity is above plan and performance is being maintained. The MRI scanner experienced a failure in September and was out of action for approximately 1 week although patients have been able to be rebooked (in the mobile unit).

- **CT – Non-Cardiac CT –** We have increased capacity in planning for 23/24 to meet demand and currently at 95% of patients seen within 6 weeks.

- **Cardiac CT** - CT cardiac lists were agreed at RD&E providing an additional 14 scans per session, 3-4 sessions per month. As a result of this increase in capacity, the number of patients receiving their Cardiac CT scan had improved significantly from 39.1% at the end of January to 86.5% in May 2023. Due to a decline in Eastern performance, Northern capacity for cardiac CT at RD&E has been reduced. We continue to work with our colleagues across site to align resources and monitor performance to ensure equality for our patients but this reduction in capacity will result in a decline in performance for Northern CT cardiac scans. We have moved from 89% at the beginning of July to 64% beginning of October. Extra cardiac CT lists on the mobile CT van are in the process of planning but should enable a further 7 weekend lists from November 2023 to March 2024 which is potentially capacity for up to 144 patients.



- **U/S-** We have been able to continue to provide some internal lists over weekends to continue to improve performance. Some capacity at the Eastern CDC has been requested and we are waiting to hear. This has been delayed slightly by sickness absence in the Eastern team impacting on U/S services. Outsourcing was sourced for September and will continue in October for Soft tissue scans, which will reduce the longer waiters. Longer term we have a sonographer who will be training in this area, course commencing February 2024.

- **Endoscopy** -Consultant Gastroenterologist vacancies remains a key constraint, one new consultant started in-post in early October. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases. To further increase capacity an additional of trans-nasal Endoscopy has been identified and this additional capacity was expected to be in place in early August but this was unfortunately delayed until September. This has increased gastroscopy capacity and has indirectly supported 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 Echos.

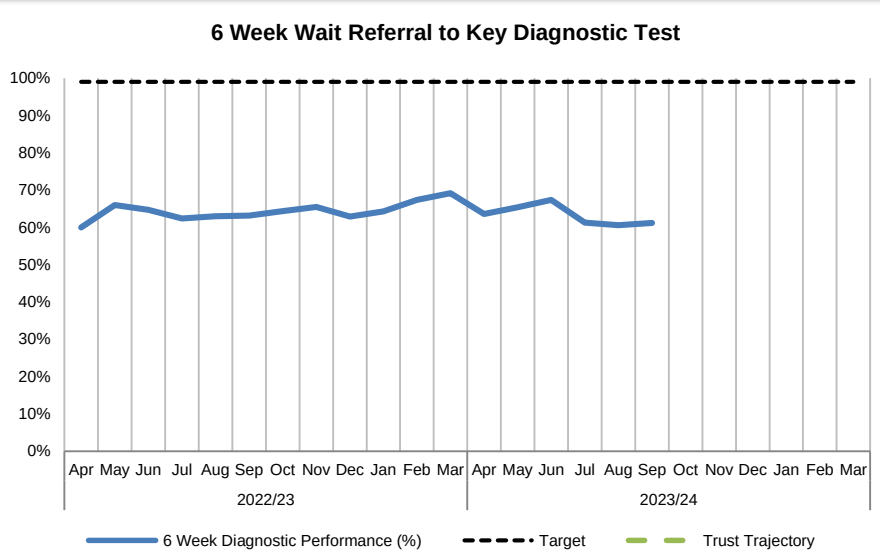
- **Sleep studies –** Additional capacity has been identified across clinics, nurses will carry out additional lists and a new member of staff will be joining in October, when capacity is expected to increase.

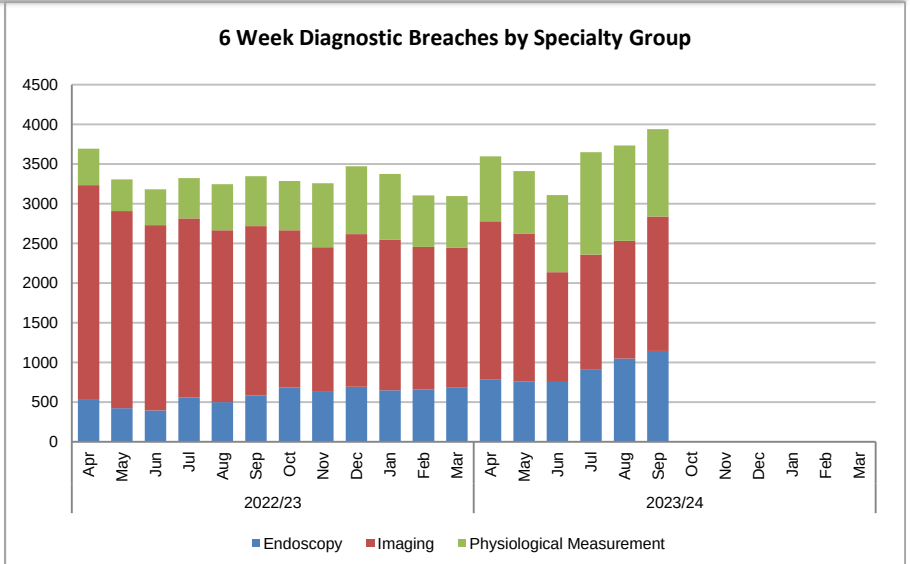
- **DXA –** DXA improvement continues in line with although this is still reliant on 2 individual staff members. The contract with Taunton for one list per month continues for 23/24.

- As part of the Trust's Improvement Programme, a diagnostic improvement workstream has been commenced.

Eastern Services Diagnostics

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

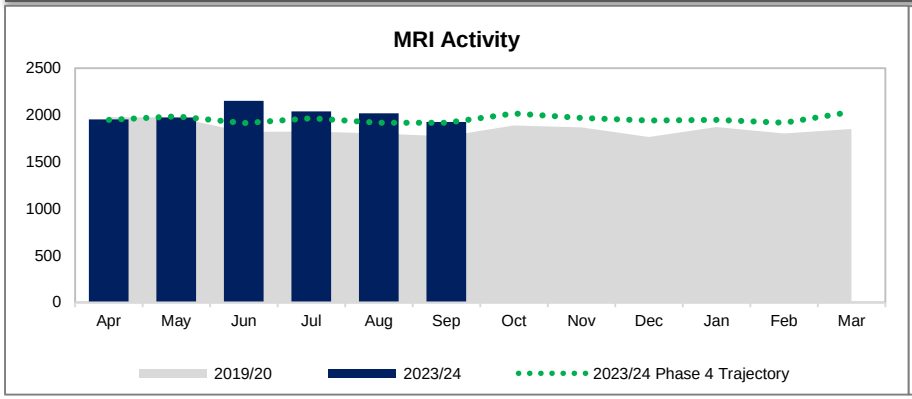


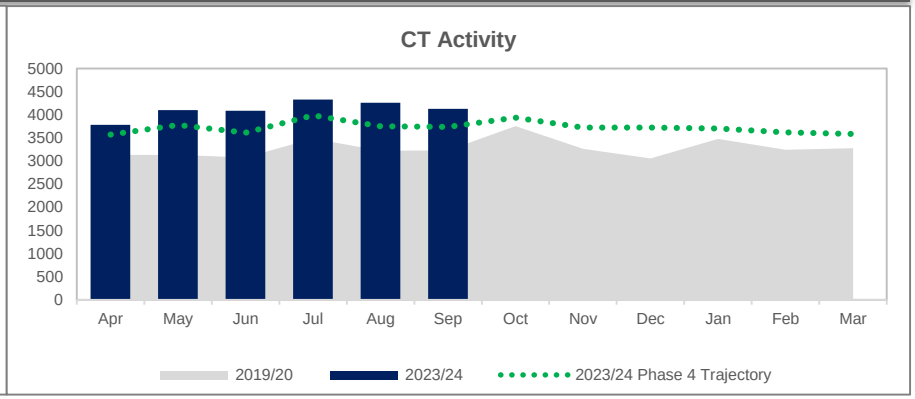


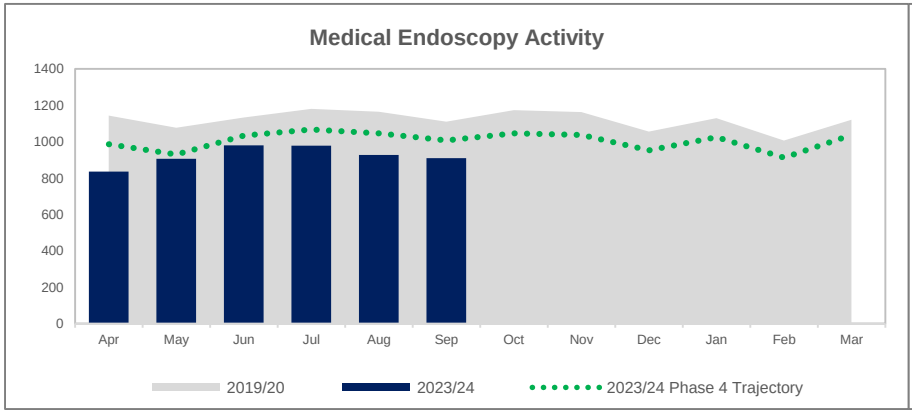
Area	Diagnostics By Specialty	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Endoscopy	Colonoscopy	51.6%	54.9%	53.9%	53.9%	51.2%	53.0%	50.1%	49.2%	53.1%	41.9%	48.2%	38.1%
	Cystoscopy	87.4%	83.5%	88.1%	47.8%	83.1%	83.2%	75.2%	73.6%	73.5%	76.5%	57.9%	59.4%
	Flexi Sigmoidoscopy	51.3%	49.6%	44.8%	82.1%	41.7%	50.4%	51.1%	54.5%	51.4%	43.4%	42.6%	33.7%
	Gastroscopy	69.8%	78.3%	74.8%	74.7%	73.9%	73.5%	66.3%	70.3%	97.4%	69.8%	66.3%	57.9%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	89.5%	92.3%	86.2%	87.9%	83.3%	84.6%	82.5%	79.5%	77.4%	76.5%	81.5%	99.8%
	DEXA Scan	99.2%	98.4%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.3%	100.0%
	Magnetic Resonance Imaging	73.7%	75.6%	68.5%	70.7%	76.5%	73.4%	66.6%	68.8%	72.8%	69.8%	69.3%	72.0%
	Non-obstetric Ultrasound	54.5%	56.7%	56.8%	56.6%	60.1%	66.4%	59.9%	63.8%	70.9%	70.4%	66.6%	70.2%
Physiological Measurement	Cardiology - Echocardiography	75.2%	65.0%	66.6%	66.9%	72.6%	66.3%	61.7%	66.1%	58.8%	43.2%	44.7%	48.0%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	55.4%	65.4%	43.2%	49.4%	61.2%	75.1%	59.3%	62.1%	67.6%	41.5%	37.5%	78.5%
	Respiratory physiology - sleep studies	61.4%	63.1%	60.6%	57.8%	57.7%	66.4%	65.5%	60.7%	61.4%	53.9%	47.0%	44.4%
	Urodynamics - pressures & flows	25.7%	33.7%	28.8%	38.5%	32.2%	37.8%	36.8%	36.8%	27.3%	29.2%	21.3%	20.0%
Total		64.4%	65.5%	63.0%	64.3%	67.4%	69.2%	63.6%	65.4%	67.4%	61.3%	60.6%	61.2%

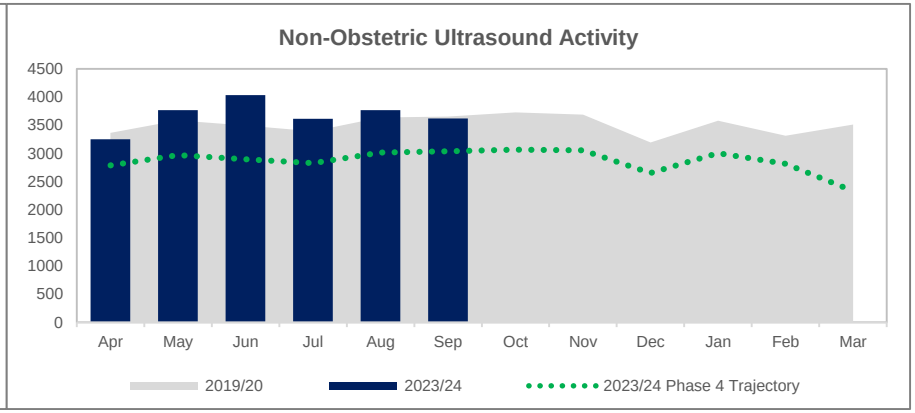
Eastern Services Diagnostics

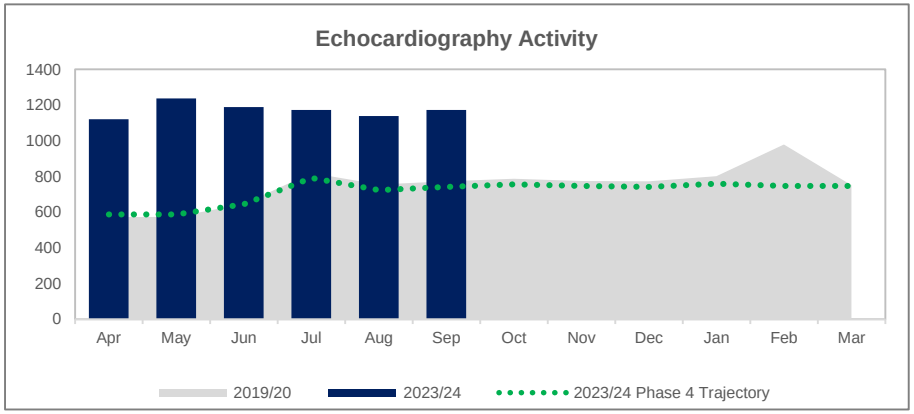
Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests











Eastern Services Diagnostics

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

At the end of September 61.2% of patients were waiting less than 6 weeks – an improvement of 0.6% since the end of August.

CT

- September saw a return to normal capacity however the sustained impact of industrial action continues. All patients whose wait is longer than circa 6 weeks require CT cardiac imaging.
- Breaches over 6 weeks continues to decrease, reducing by 61% since mid August.

MRI

- Cardiac MRI continues to be challenged, although activity has been maintained throughout the Industrial Action. The imaging team have worked with Cardiology to support a new list every Friday and additional lists where cardiologists and cardiac nursing teams timetables permit during weekends
- Non-Cardiac MRI breaches have more notably deteriorated, mainly as a result of industrial action as well as the transfer of capacity to Cardiac MRI. The longest waiting patients for a non-cardiac procedure are currently waiting up to 22 weeks. The team is working through options to address this as a priority.

Non Obstetric Ultrasound

- The ultrasound waiting list remains stable following industrial action
- Musculoskeletal ultrasound continues to encounter capacity issues which the Imaging Team are working with the MSK Radiologists on, seeking to identify opportunities to increase capacity.

Dexa

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

Endoscopy

- Endoscopy mobile unit operational from 16 October and running well. Patients being booked from both Eastern and Northern Services.
- Highest number of points in a week delivered at the start of October – 594.5 points. Increasing volume will be seen with the additional mobile capacity
- Reduced waiting time for 2WW patients waiting for OGD (16 days at start of October down to 9 days at end October)

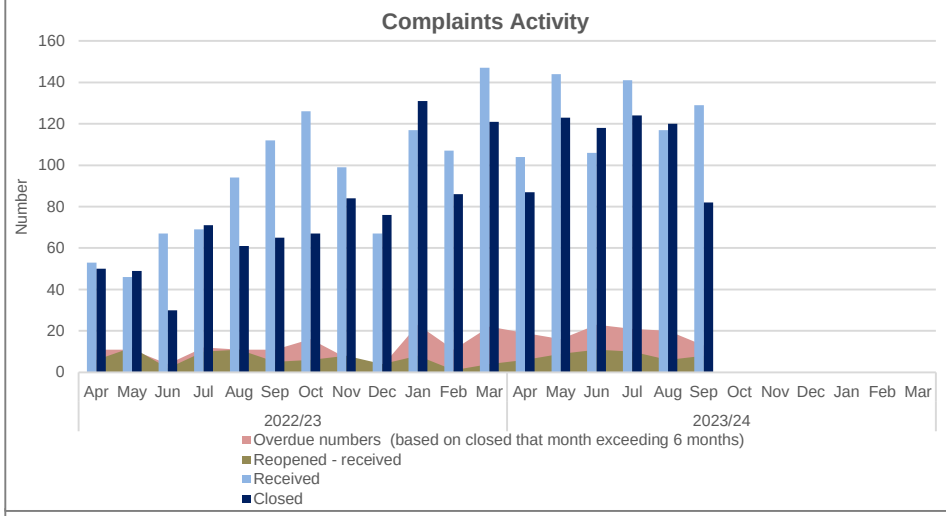
Echocardiography

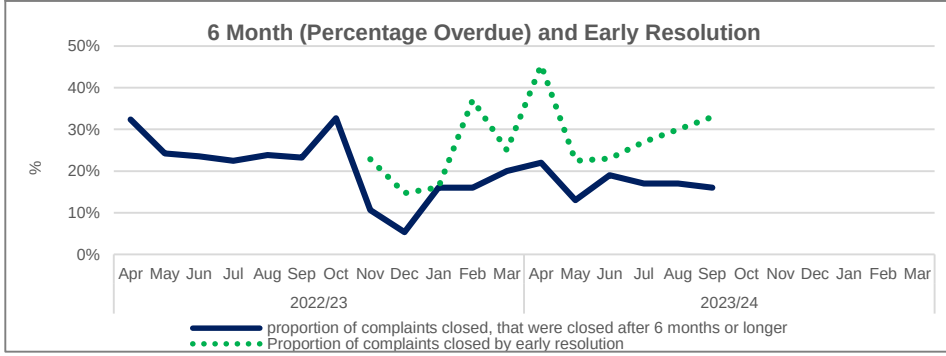
- Demand has increased further on a previously high level with performance remaining challenged. Despite ongoing weekend physiologist clinics, the number of breaches has increased.
- Three band 6 posts were recruited to, with postholders commencing in the New Year. A Business Case is being developed to increase the resource in Cardiology; this includes an increase in the number of echo physiologists.
- An echo task and finish group, led by a member of the consultant team, is working on both protocols to better support the service through more efficient triage, and workflows in Epic to enable this. Additionally, clinical advice for valve surveillance intervals at the outpatient Epic request is being explored.

Respiratory Physiology

- Equipment assistant recruited to release more clinical time to report tests. Capital approval to replace broken equipment – order placed.

Trust Patient Experience





During September, 27 complaints were closed by early resolution (33% of total closed). There has been sustained improvement in the volume of complaints being closed over the last two quarters. The recent development of a new complaints investigation process has a primary driver of improving the quality of complaints responses for the service user, the secondary driver will promote opportunities to resolve complaints within 14 days. This service improvement is currently being rolled out across the Trust and is due to be completed by the end of March 2024.

There was an increase in complaints received in August and a decrease in complaints closed when compared to the previous month. The percentage of complaints closed after 6 months or longer in month has decreased to 16%, this is in part due to the very complex nature of the complaints being received and the resource required by clinicians to contribute to complaint investigations. Overdue complaints are monitored through the divisional PAF meetings, and at weekly complaints huddles between divisions and corporate services.

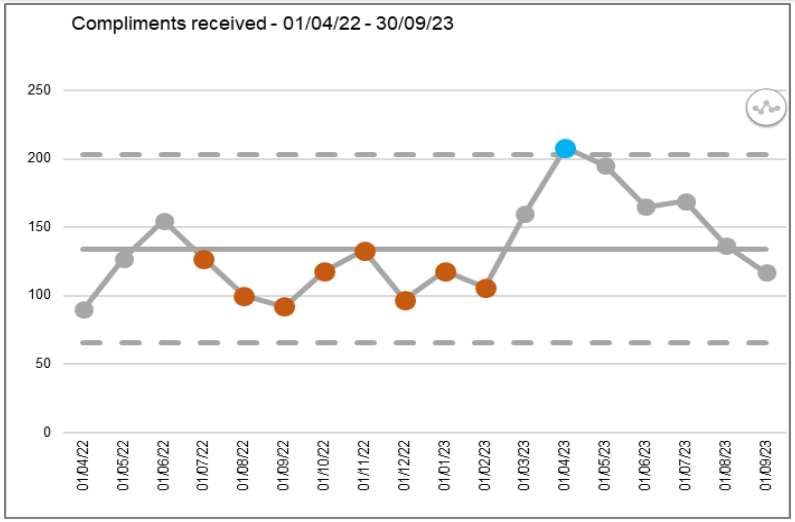
Two new primary investigations were received from the PHSO during September, the primary review will determine whether further investigation is required, and one investigation was closed.

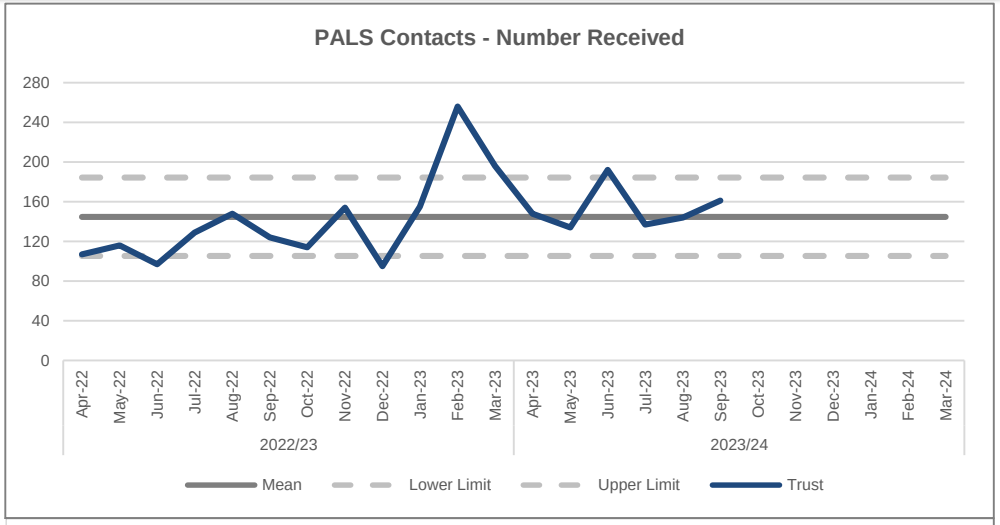
Analysing the main themes from September remain consistent with themes reported in previous months, and wider patient experience metrics. Communication remains the main theme throughout complaints. Values and behaviors of staff is the second most reported theme, which triangulates with PALS and Care Opinion data received.

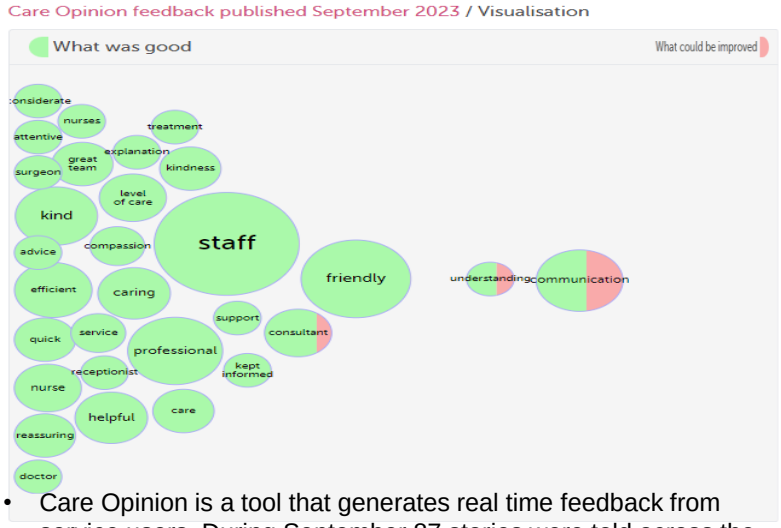
Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
2	15	3	1

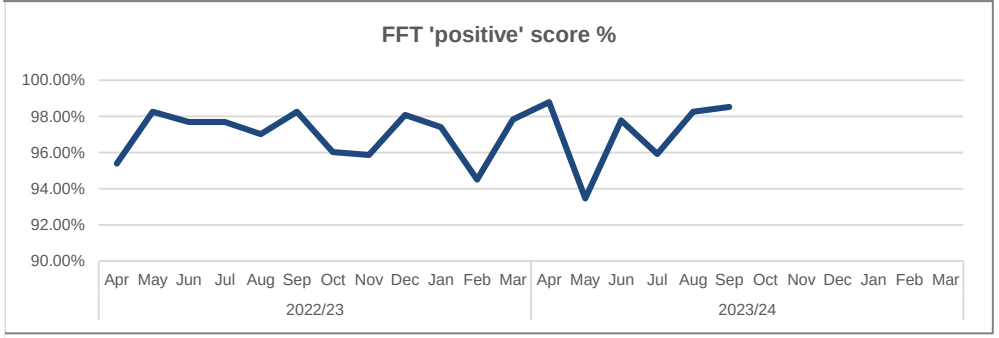
	2022/23												2023/24					
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Complaint received and acknowledged within 3 days	88.89%	84.79%	67.27%	93.50%	96.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%	98.00%	92.00%	91.00%	95.00%
Over 6 months (no of complaints open at end of month)	12	16	4	12	11	13	16	7	3	22	14	23	13	20	18	14	15	22
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27	33	36	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%	17.00%	17.00%	16.00%

Trust Patient Experience





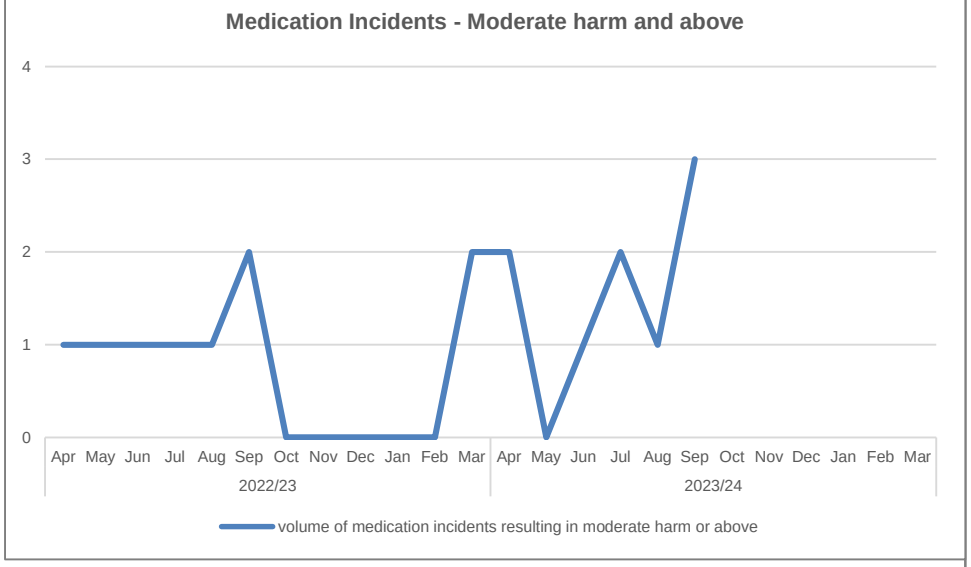


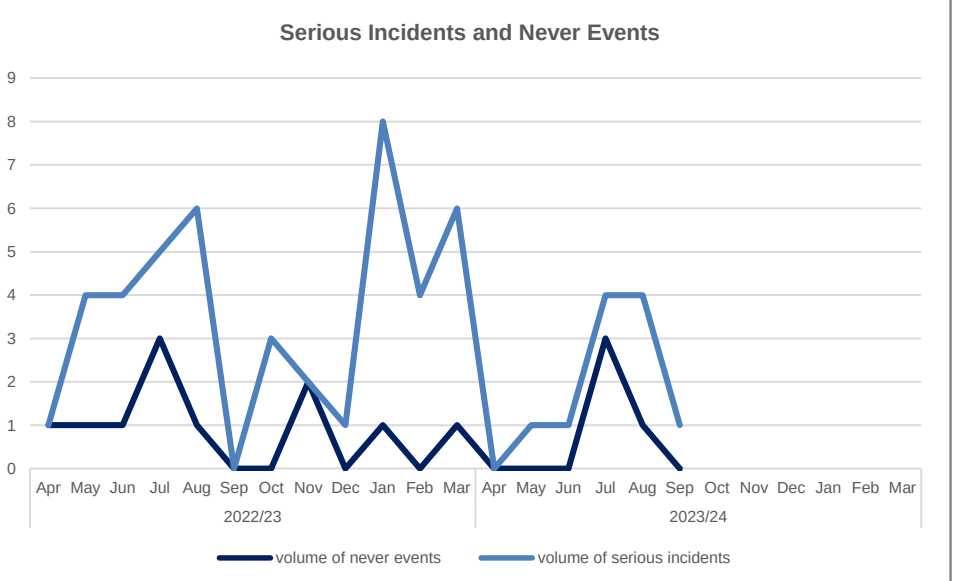


- Care Opinion is a tool that generates real time feedback from service users. During September 87 stories were told across the Trust, of those 14 had a critical element, 5 were not rated as received through NHS choices, 68 (78%) were positive stories. The system is planned to be rolled out (advanced subscription) by end of March 2024 across the trust which will connect staff with service users in real time. Usage of Care Opinion across the trust may explain the declining numbers of compliments logged and recorded.

- Top 5 PALs themes for September were communications, appointments, Trust admins / policies / procedures, values & behaviours & facilities. These themes align with themes arising from Care Opinion feedback with communication, understanding & consultant behaviour (values & behaviours) being the top 2 themes.
- The Trust has an extensive Urgent and Emergency Care programme within which waiting times and flow through emergency settings are monitored, with work ongoing both locally and nationally to improve. The Patient Experience Team are leading a trustwide project with an aim to improve how we communicate with service users, and the People team continue to lead extensive work to deliver the cultural roadmap for Trust colleagues.

Trust Incidents





Three moderate harm medication incidents were reported.

Two incidents relate to the same medicines reconciliation issue for a patient, reported at different stages of their pathway. Summary care record was unavailable for medicine reconciliation resulting in patient receiving a medication no longer prescribed.

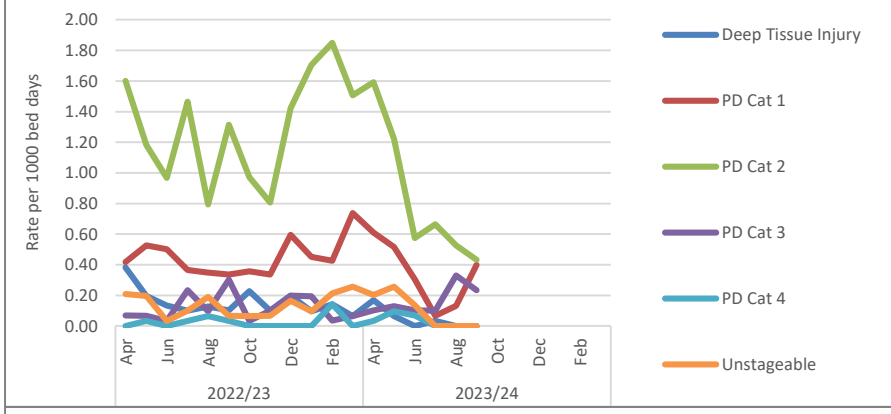
The third incident related to issues with shared care prescriptions. Dosage changes for a rheumatology patient were not being processed in a timely way, which resulted in a rheumatology patient receiving inappropriate dosing.

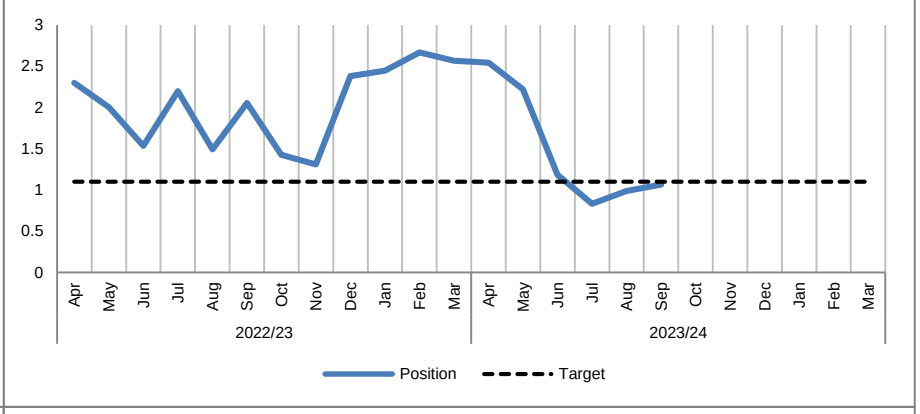
Issues for both patients have now been resolved

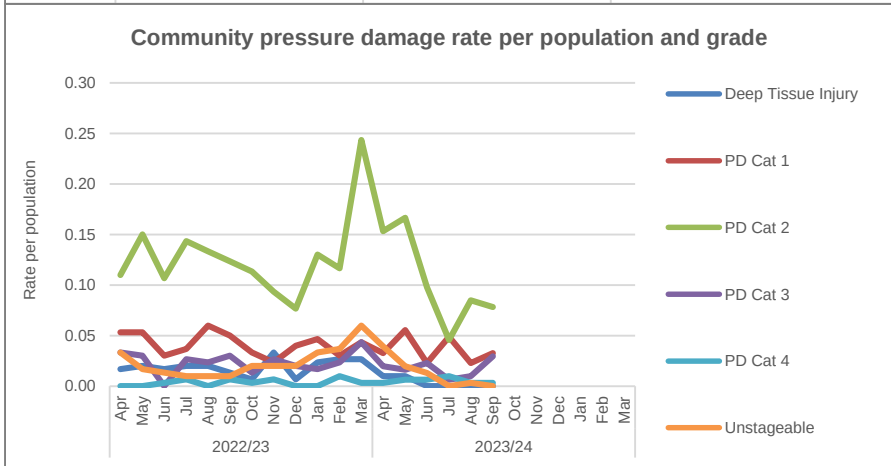
There was one Serious Incident StEIS reported in September 2023. This was a treatment delay in Northern Ophthalmology Services. This incident was highlighted in the August 2023 Waiting Well component of the IPR. A concise learning review has been commissioned for this incident and Duty of Candour has been completed.

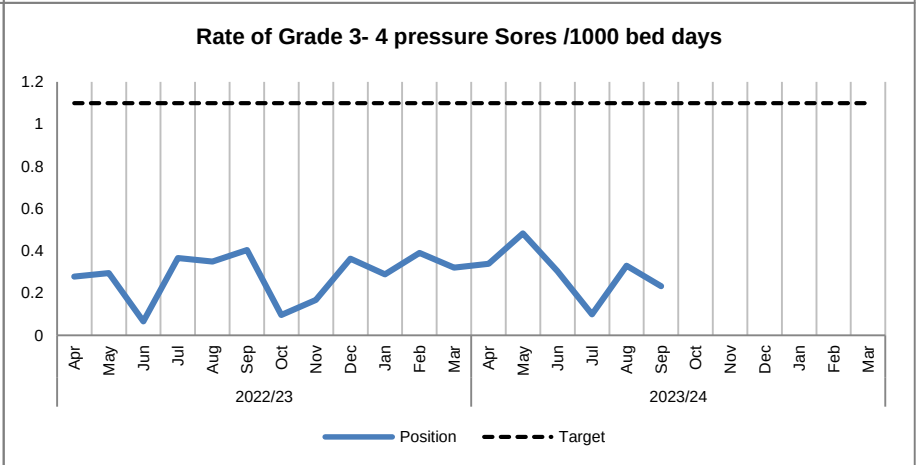
Trust Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care





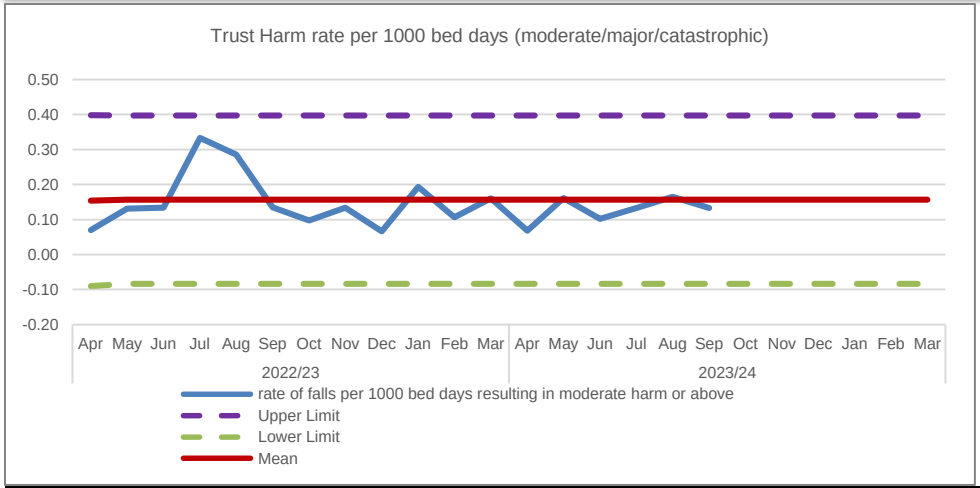




- Healthcare acquired pressure damage remains low and within normal variation. The pressure ulcer prevention strategy appears to be a significant factor in improvements across the Trust.
- In Northern services a targeted programme of improvement work has seen a reduction in both the number of pressure ulcers and the degree of harm. Eastern services reported one category 3 pressure ulcer. This will be subject to investigation as initial review indicated that potential lapses of care contributed to the tissue damage.

Trust Slip, Trips & Falls

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

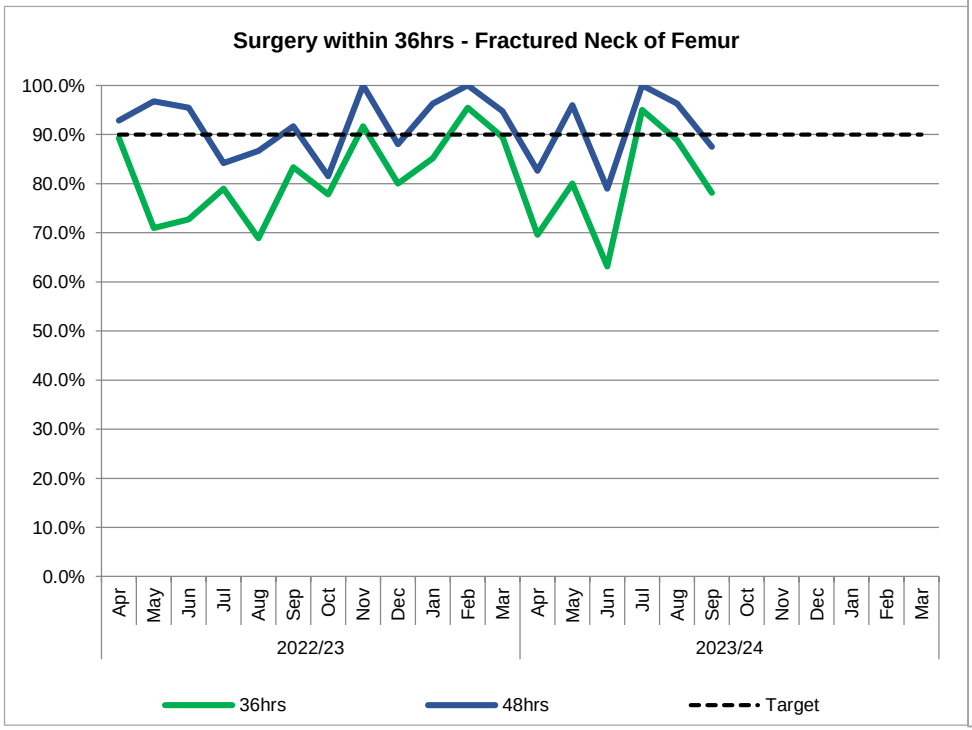


Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Falls	232	200	226	236	194	203	228	206	204	221	203	227	186	184	167	196	188	197
Moderate & Severe Falls	2	4	4	10	9	4	3	4	2	6	3	5	2	5	3	4	5	4

- Falls remain within normal variation.
- Four moderate harm falls were reported which resulted in patients experiencing fractures; two falls were witnessed; two were not directly witnessed. Post fall huddles or reviews are completed for all cases; initial review demonstrates that no suboptimal care issues are associated with the falls.

Northern Services Efficiency of Care – *Patients risk assessed for VTE (*Venous Thromboembloism)

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



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

- In September 2023, 78.1% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 32 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 25 patients received surgery within 36 hours.

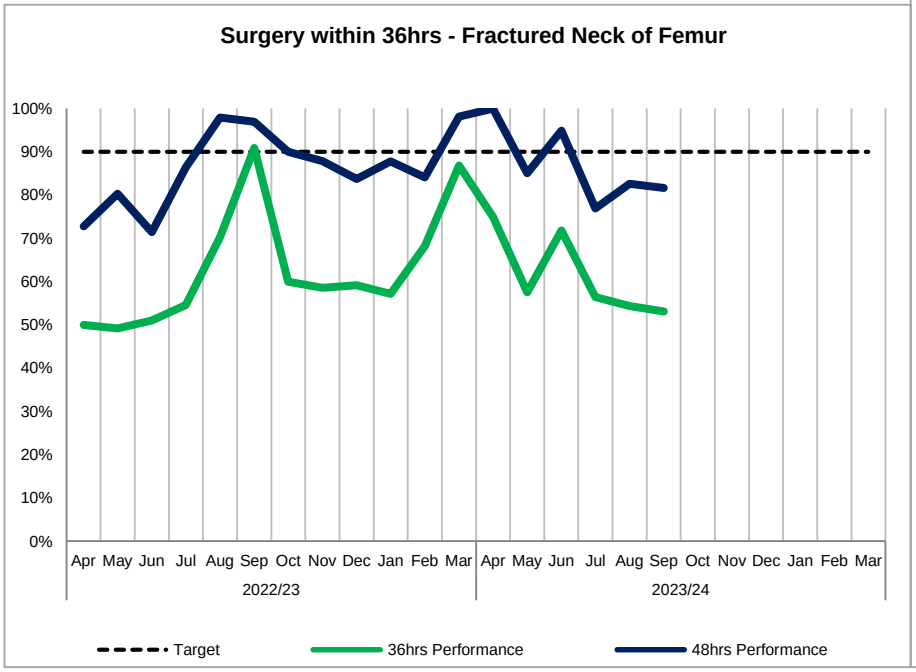
- The seven patients in total that breached 36 hours were due to lack of theatre time and awaiting space on theatre lists. There is an increasing volume of Trauma admissions being seen impacting on capacity. Four patients waited longer than 48 hours; therefore 87.5% of patients received their surgery within 48 hours.

Eastern Services Efficiency of Care

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

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

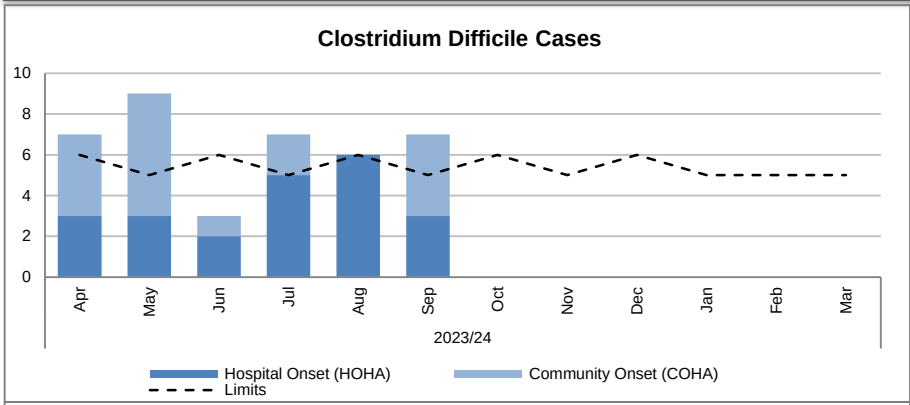
- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.

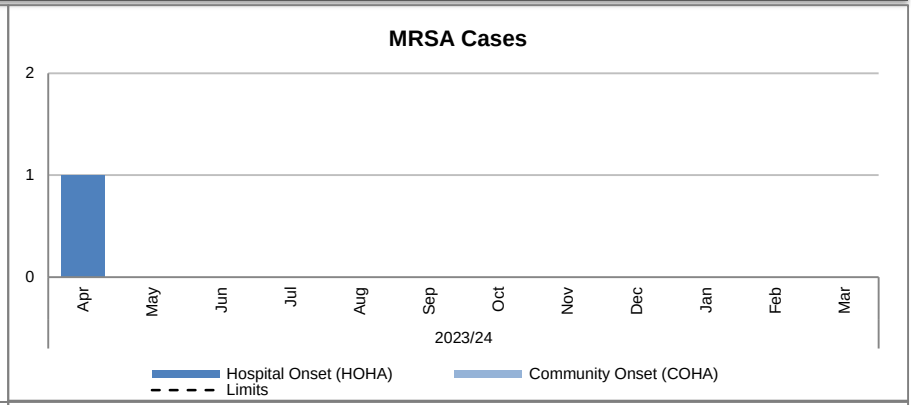


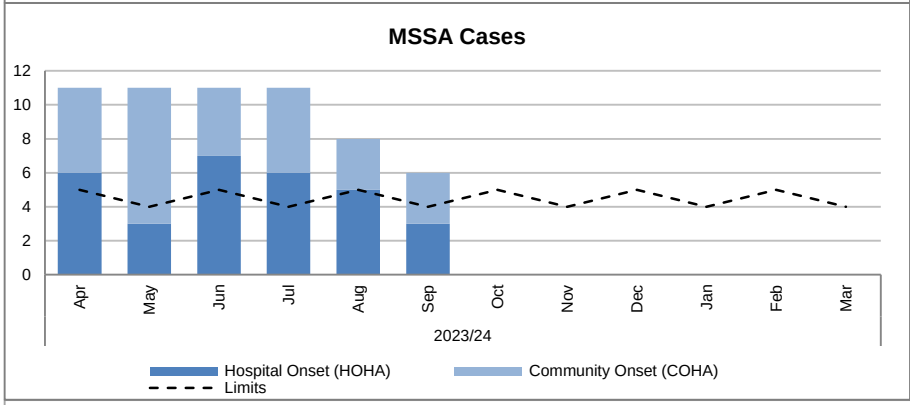
- In September 2023, 53% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There were a total of 59 patients admitted with a FNOF, 46 of these patients were medically fit for surgery from the outset and 26 patients received surgery within 36 hours.
- Nine medically fit patients had to wait longer than 48 hours for surgery. The reason for delay was awaiting space on theatre lists.
- There were a total of 180 trauma patients admitted in September, with two days seeing 11 and 12 trauma patients being admitted, which is extremely high.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 55 Trauma Patients had their surgery during September in PEOC Theatres, which was to the detriment of elective activity. The high trauma numbers in September resulted in a significant number of elective cancellations. The Hip Fracture Lead has reviewed all cases during the month and is confident that the quality of the clinical care remains high and the patients who breached 36 hours, did not come to any clinical harm due to an extended wait for surgery.
- Additional elective work has now moved to SWAOC for Foot and Ankle, Soft Tissue Knees and in October Spinal – this is additional work and therefore has not freed up any additional specific trauma space within PEOC. Within PEOC Theatres there are lists designated to accommodate trauma patients, however, due to the peaks of trauma admissions and the inability to predict demand, elective patients do get cancelled to accommodate trauma patients.

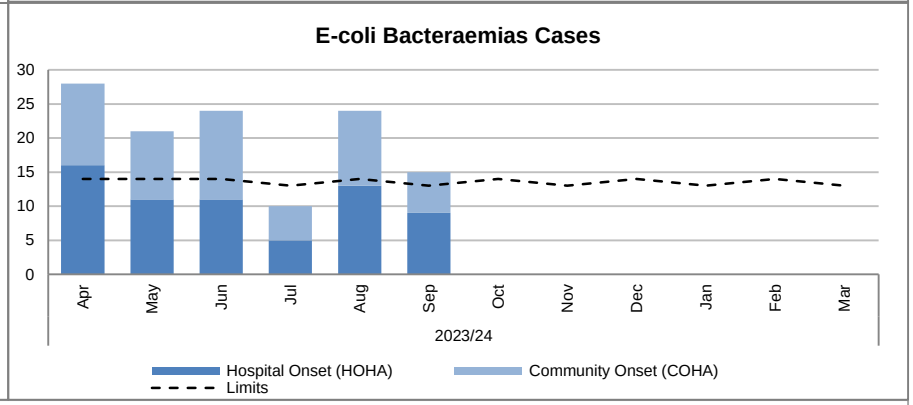
Trust - Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection







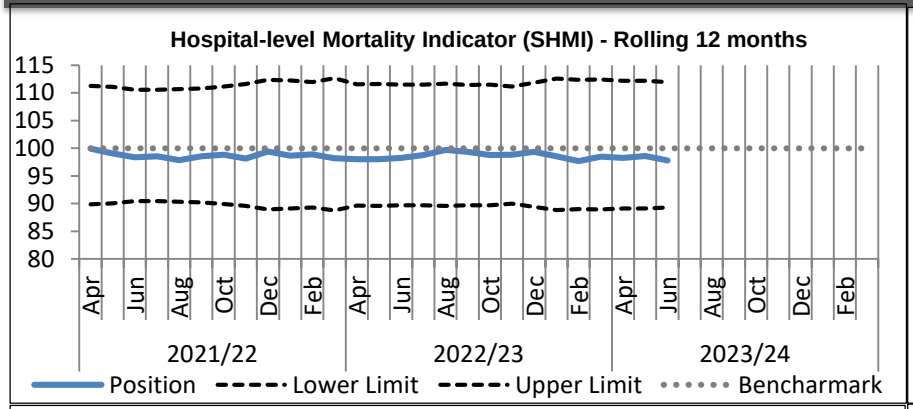


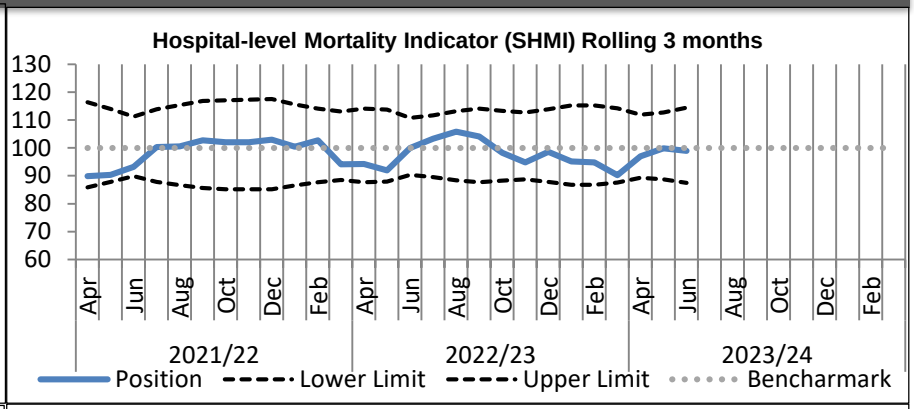
C.Diff – All cases investigated and deemed unavoidable. No Trust learning identified.
MRSA – Nil
MSSA – HCAI incidence remains above trajectory. Healthcare associated cases are investigated in full to establish preventable learning, with feedback where identified to enable improvement action planning. IPC team improvement projects that have been specifically targeted at reducing intravascular device associated infection in 2023 – 24 are underway throughout Eastern services.
E.Coli – September HCAI volume is on par with trajectory for this month. Gram negative bacteraemia rates remain consistently high this year. Urinary foci continues to be the highest causative factor with a significant urinary catheter association for HOHA cases in September. No Trust learning identified.

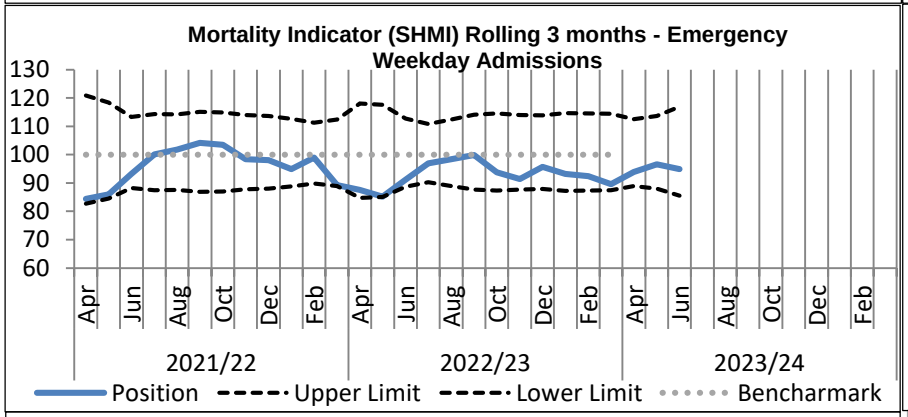
Work to align IPC with the patient safety incident response framework (PSIRF) has begun. A proportionate response to healthcare associated infection, rather than routine case by case review is proposed. This will not impact current mandatory reporting requirements and includes the continuous identification and feedback of trends and infection prevention themes in real time. New PSIRF pathways, in the process of being established, will further enable prompt feedback within divisional emerging safety event review groups and aid contribution to clinical improvement forums.

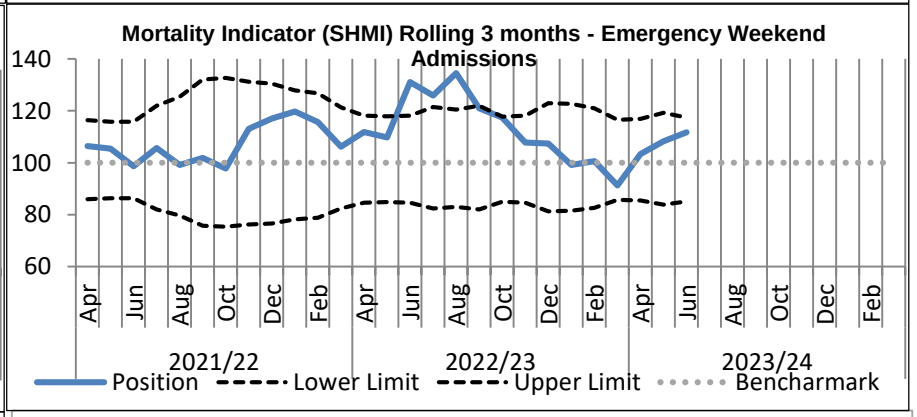
2023-24 trajectories have been agreed to include Northern and Eastern site expectations alongside those set for the Trust as a whole.

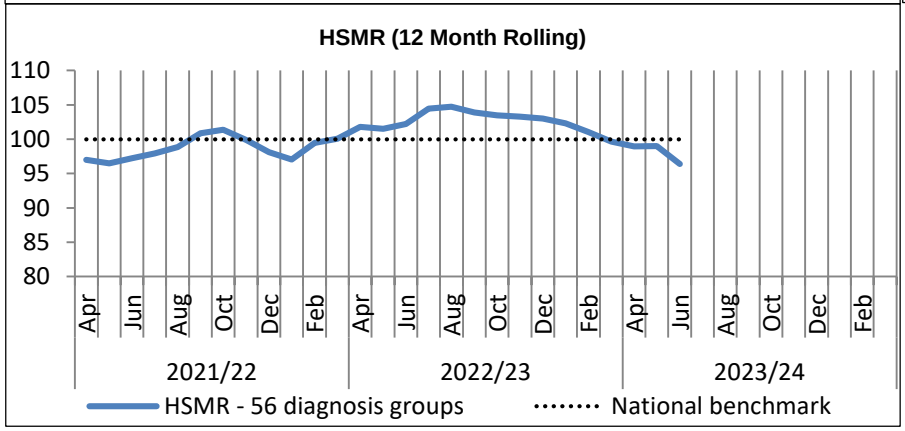
Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*









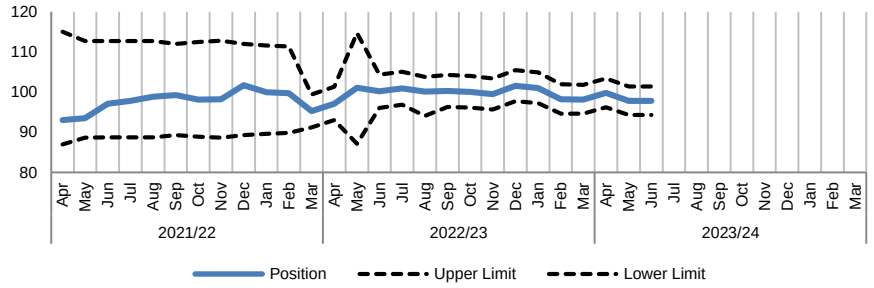


- The Summary Hospital-level Mortality Indicator (SHMI) position remains within the expected range for all metrics.
- The Hospital Standardised Mortality Ratio (HSMR) position remains stable and reducing on a rolling 12 month basis to June 2023.
- The Medical Examiners continue to give independent scrutiny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

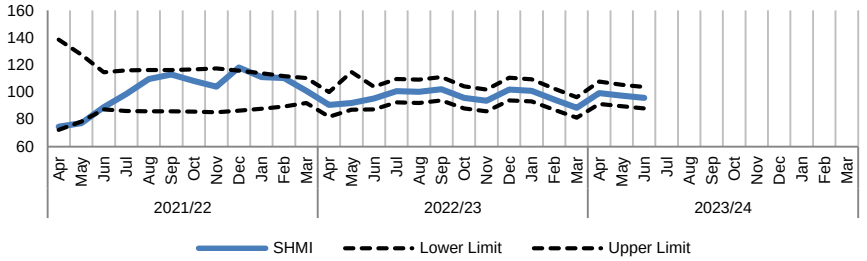
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

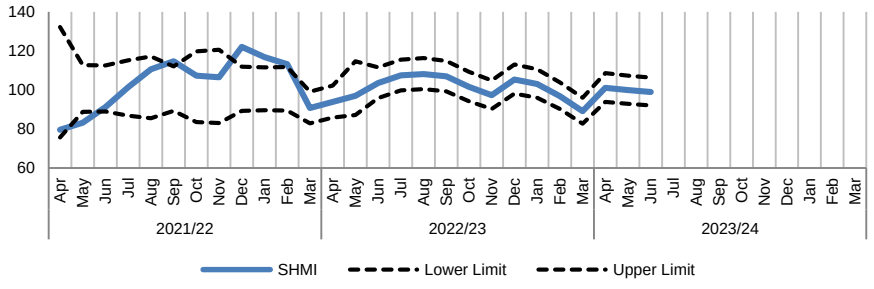
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



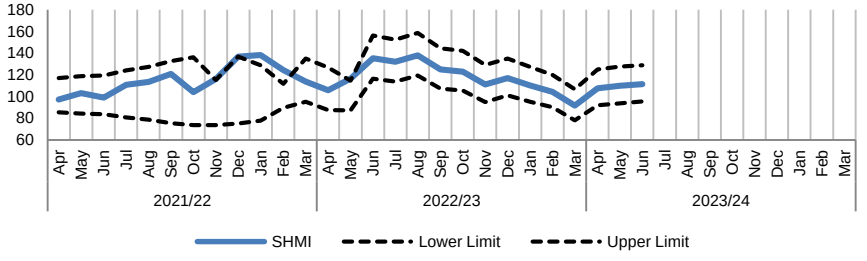
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



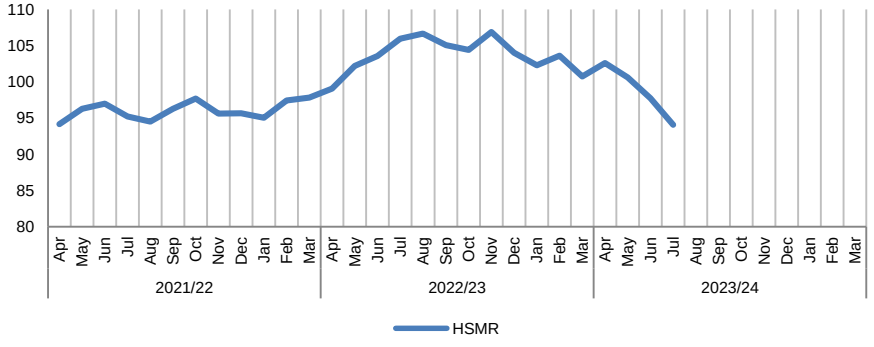
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions

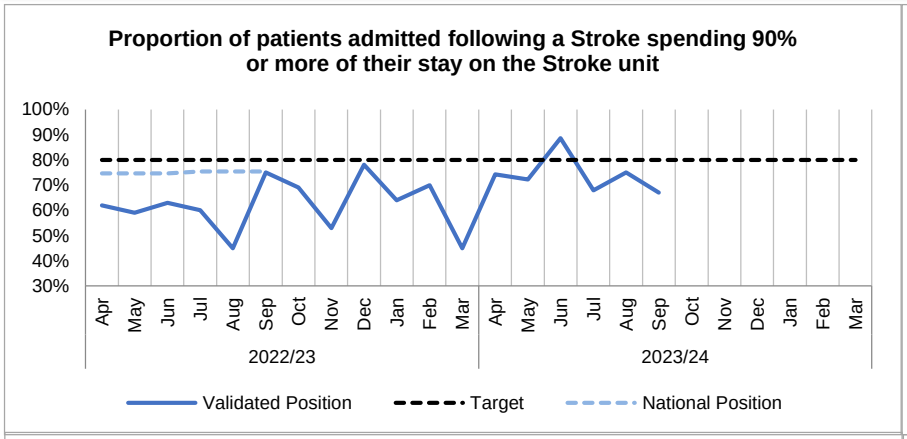


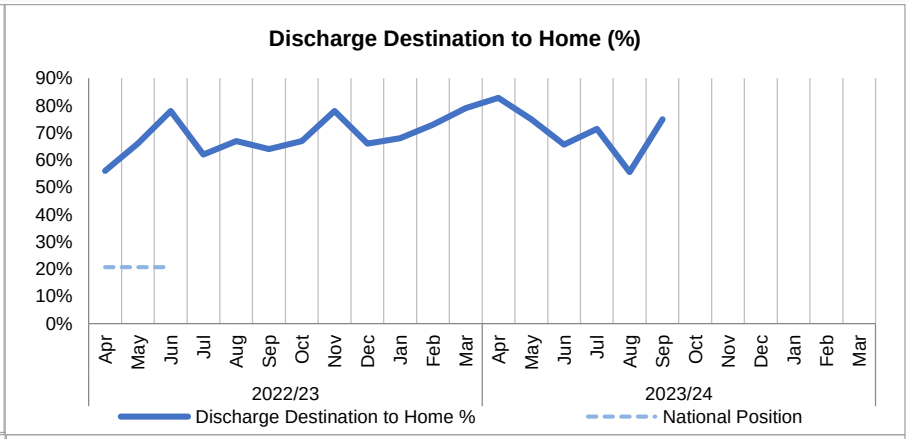
HSMR (12 Month Rolling)

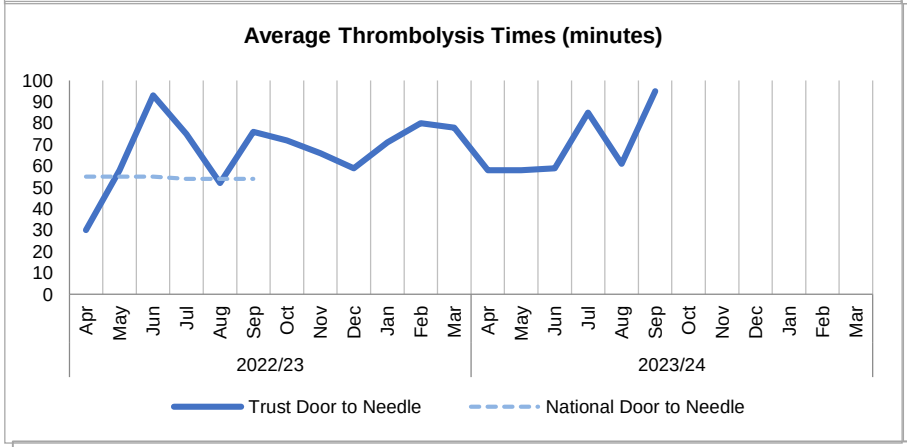


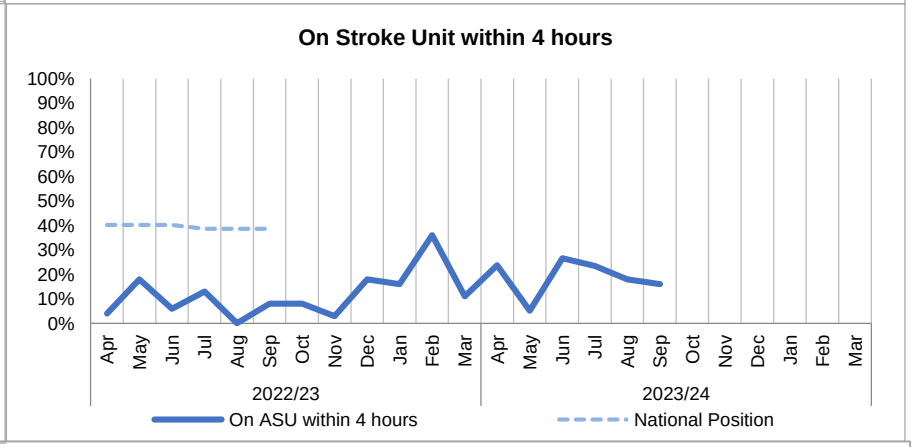
- The SHMI position remains within the expected range for all metrics
- The HSMR position remains stable and reducing on a rolling 12 month basis to July 2023
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, 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*







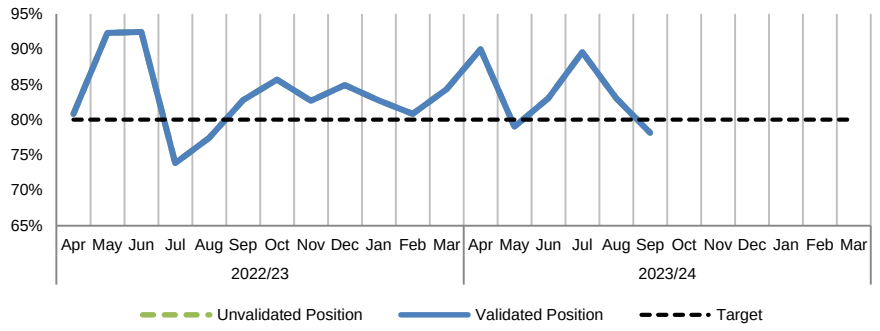


- **90% stay:** Performance against this indicator continues to show a more stable position across the last five months, achieving 67% in September. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow 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 (ASU) in 4 hours:** This target remains challenging due to the high level of occupancy.

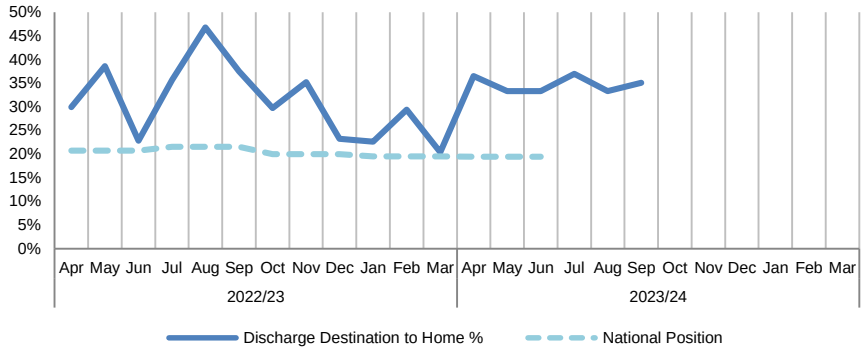
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

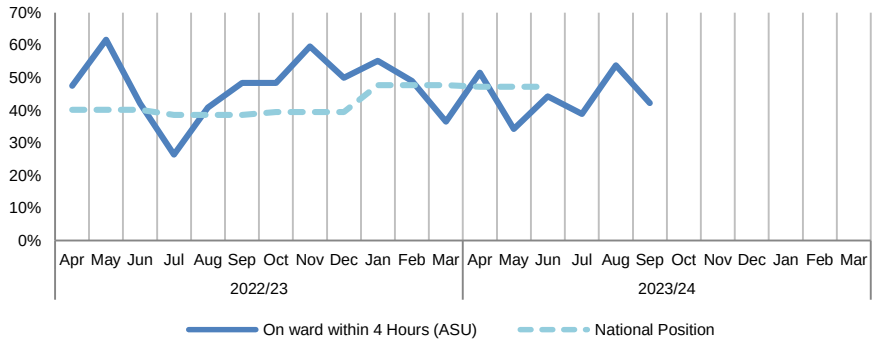
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



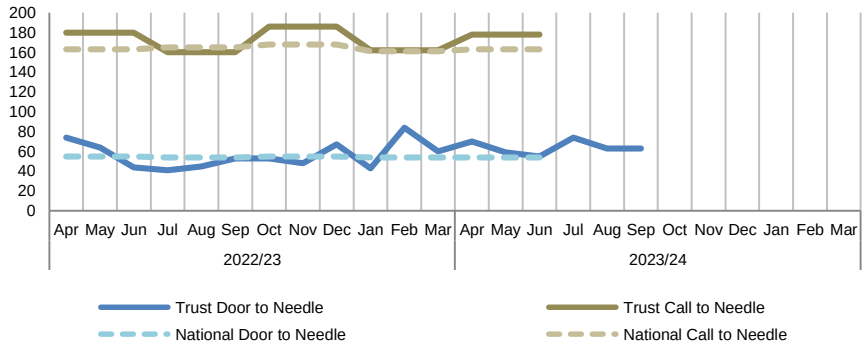
Discharge Destination to Home (%)



On ward within 4 Hours (ASU)

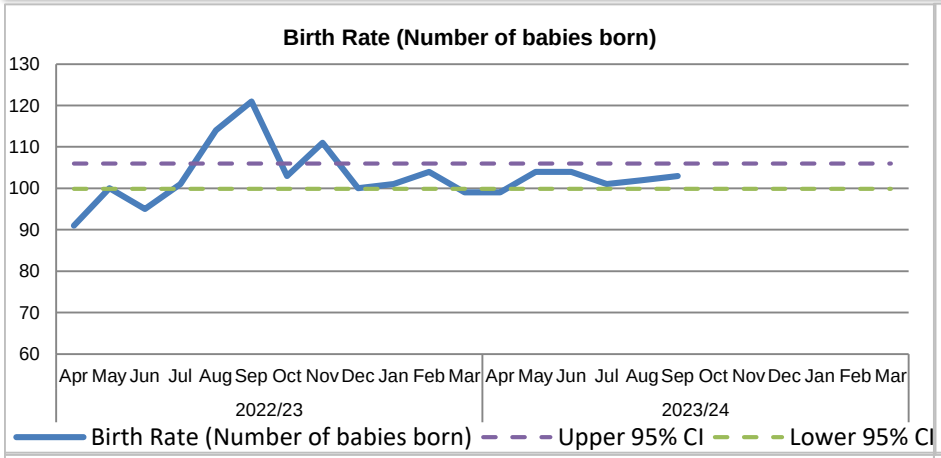


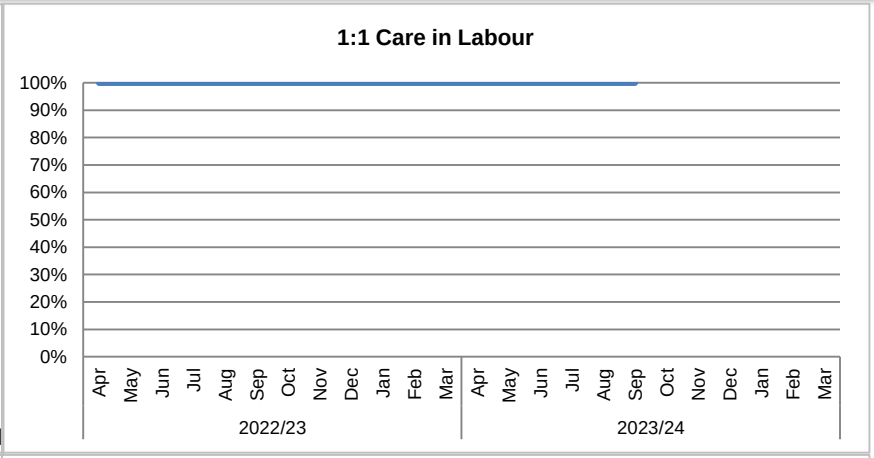
Average Thrombolysis Times (minutes)

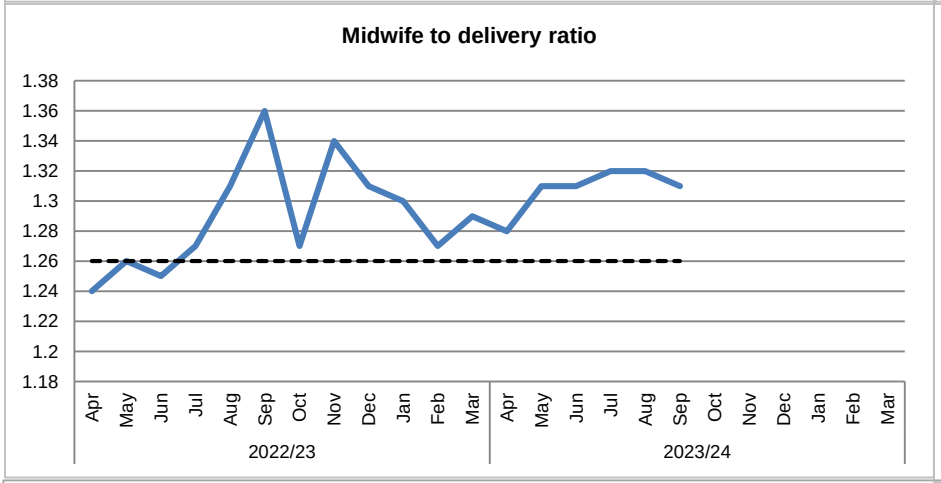


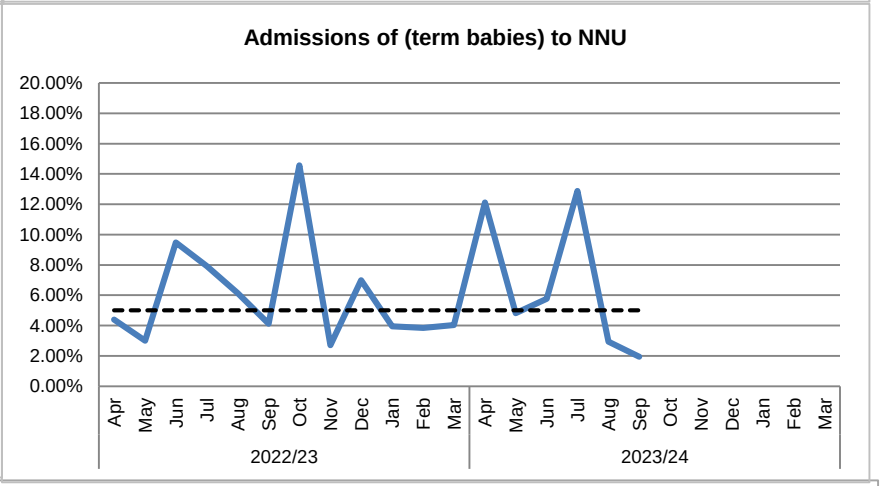
- **90% stay -** The proportion of patients admitted spending 90% of their stay on the stroke unit has dipped just below the target position in September and this corresponds with a reduction in the percentage achieved against the on ward within 4 hours target indicator, this in part is due to the period of operational pressures experienced as a consequence of the industrial action for both Consultants and Junior Doctors for an extended period of time in the month.
- The proportion of patients for whom their discharge destination is home remains stable.
- **Average Thrombolysis times** remain stable and in line with the national position.

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



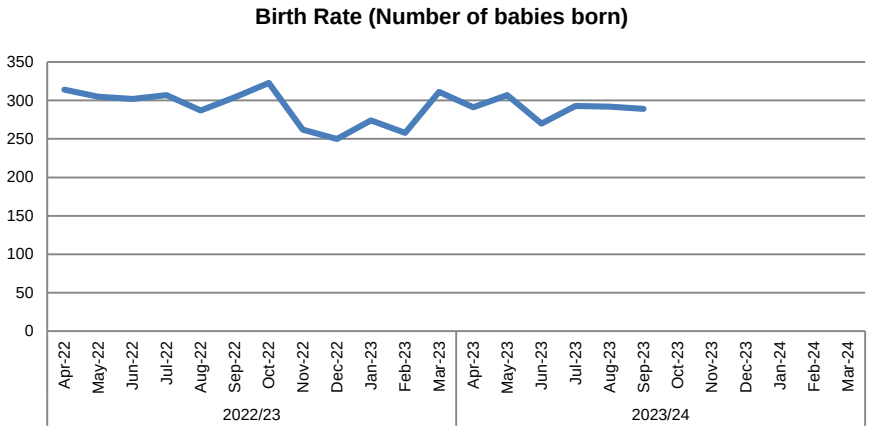


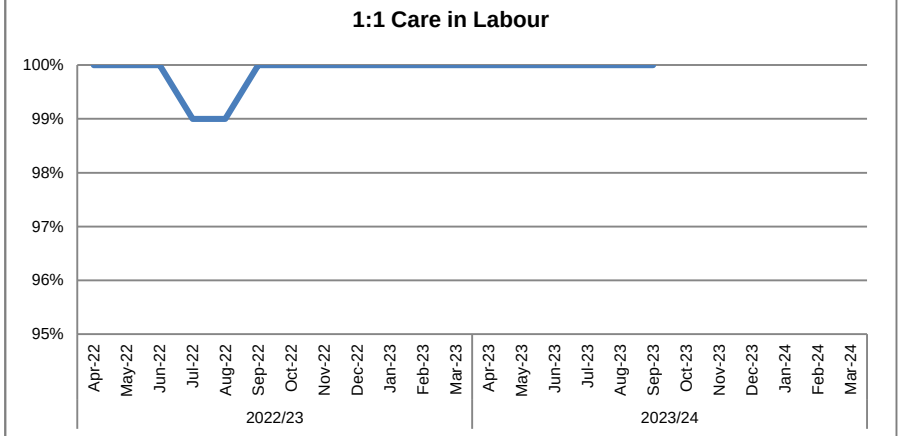


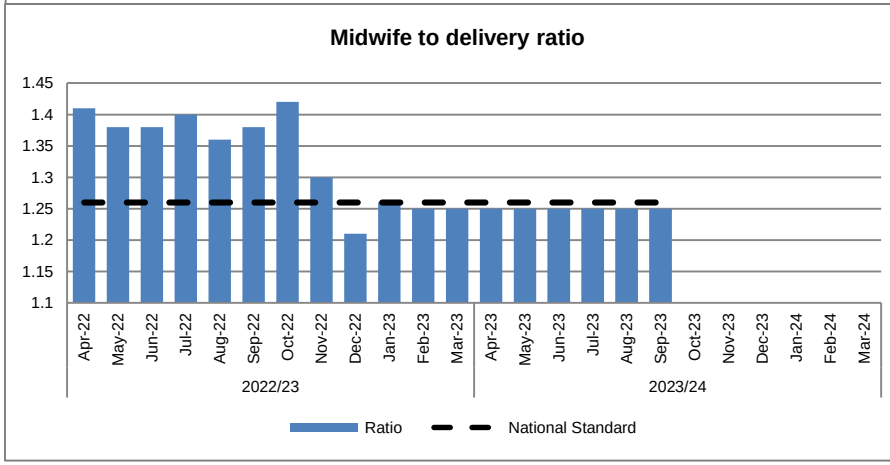


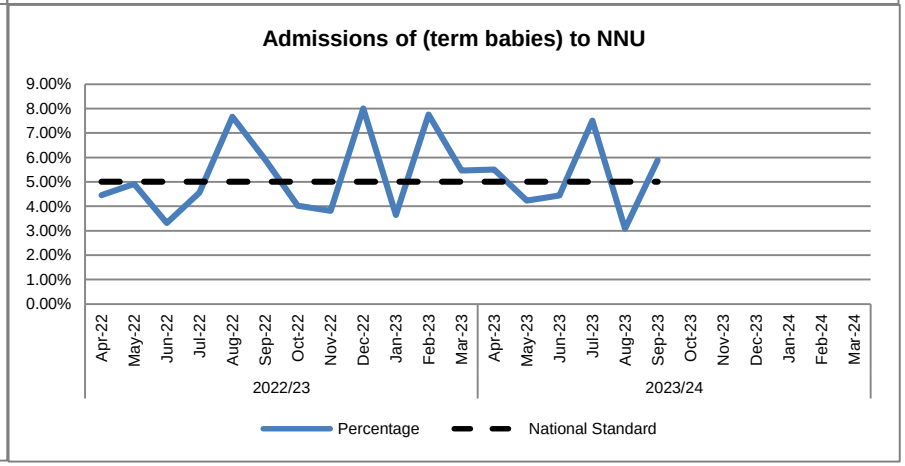
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

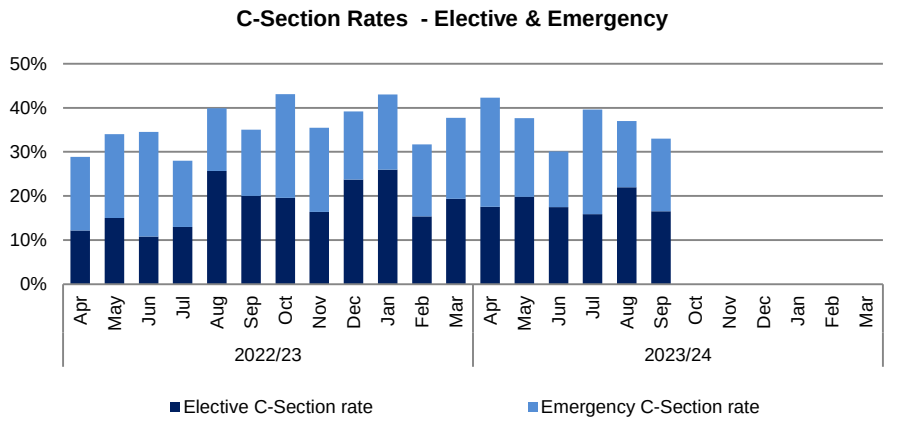


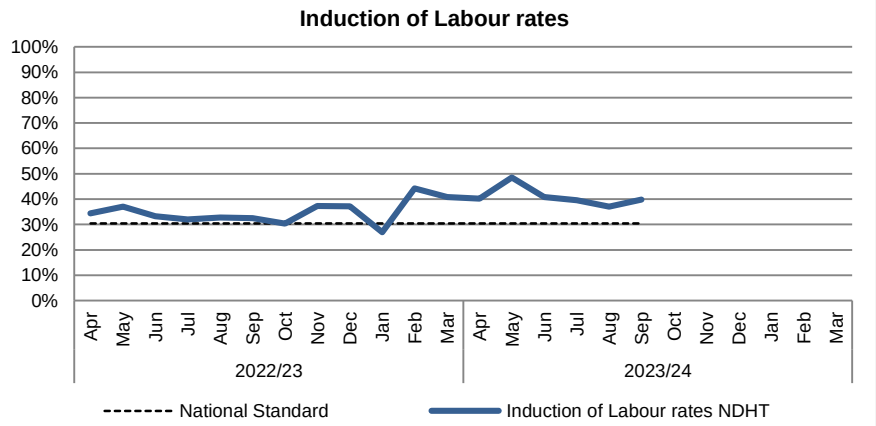


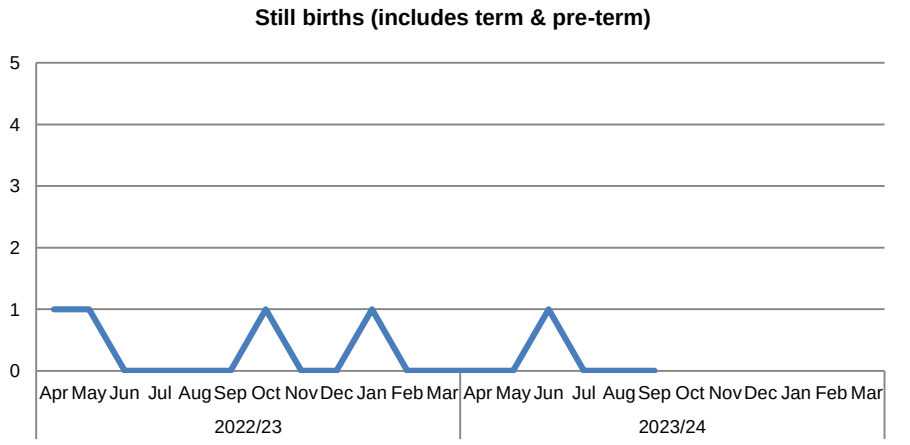


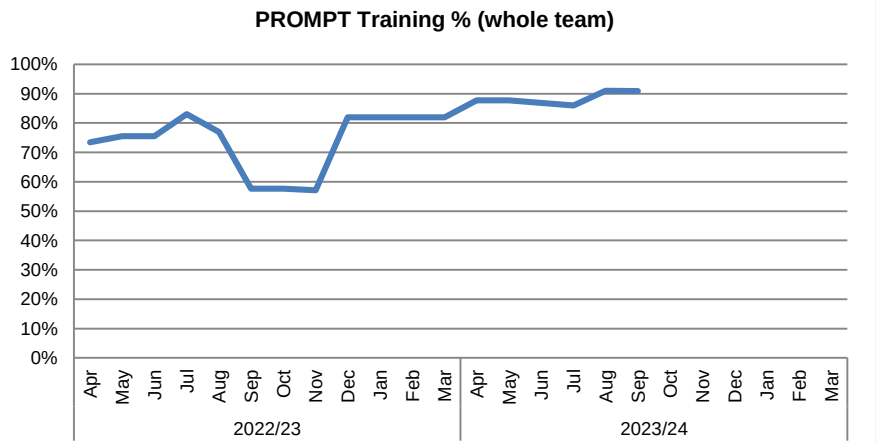


Northern Services Maternity – *Metrics relating to the provision of quality maternity care*





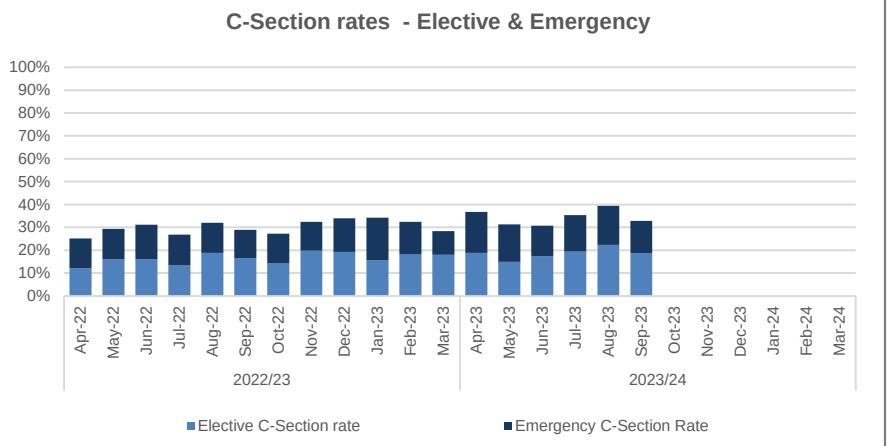


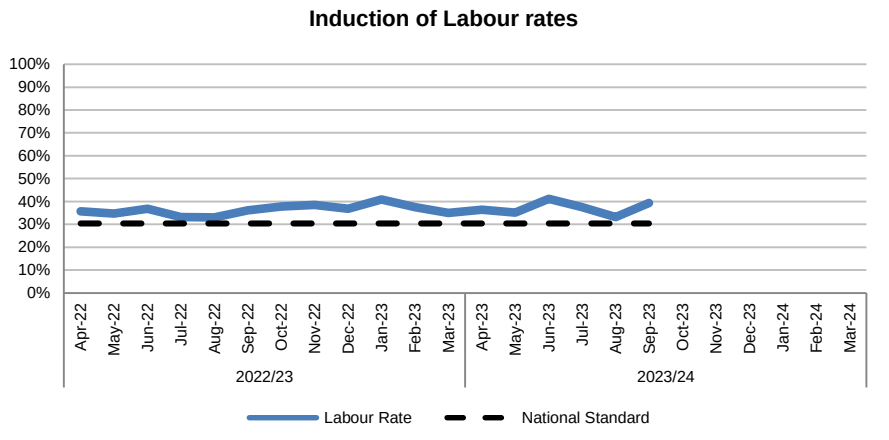


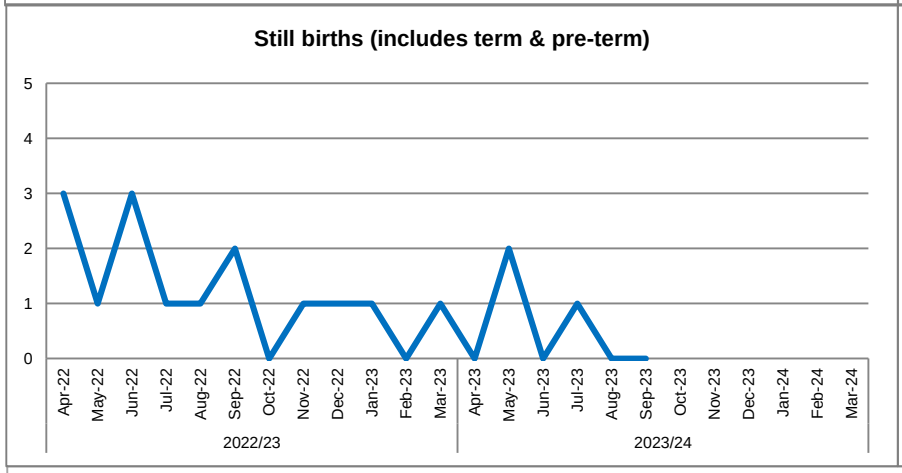
- All induction of labour care in August and September reviewed by speciality governance team. Safe and effective care planning identified in all cases.
- The service continues to prioritise PROMPT training as part of Clinical Negligence Scheme for Trusts (CNST) Year 5 compliance evidence.

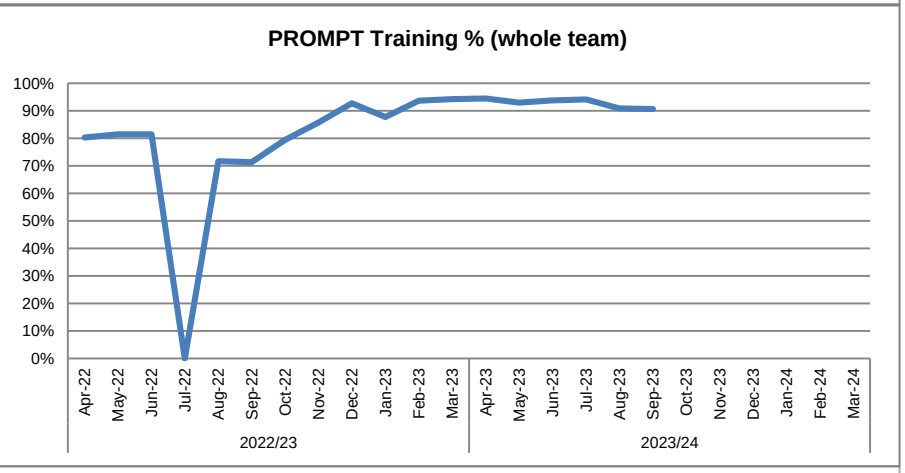
Eastern Services Maternity

Metrics relating to the provision of quality maternity care





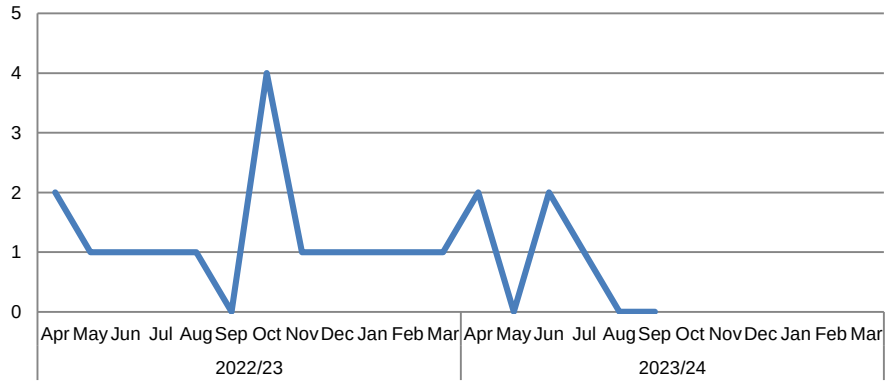




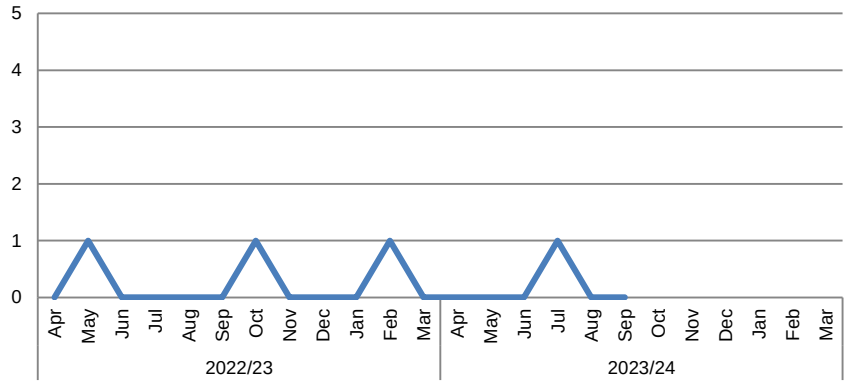
- The service continues to prioritise PROMPT training as part of CNST Year 5 compliance evidence.

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

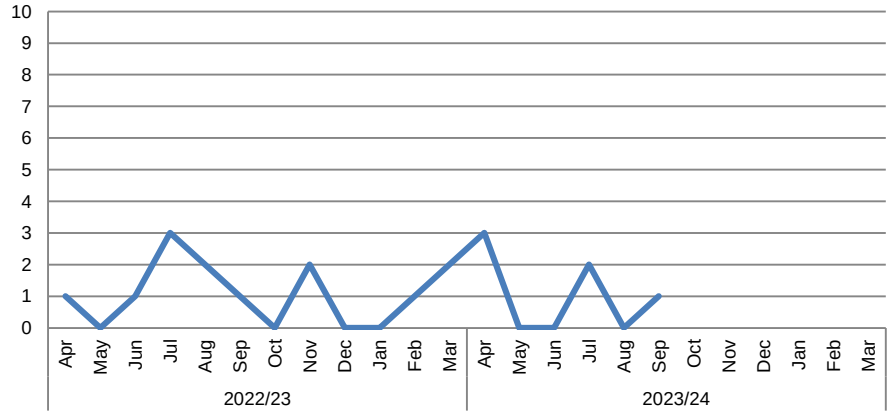
Incidents in current month (moderate and above) (run chart)



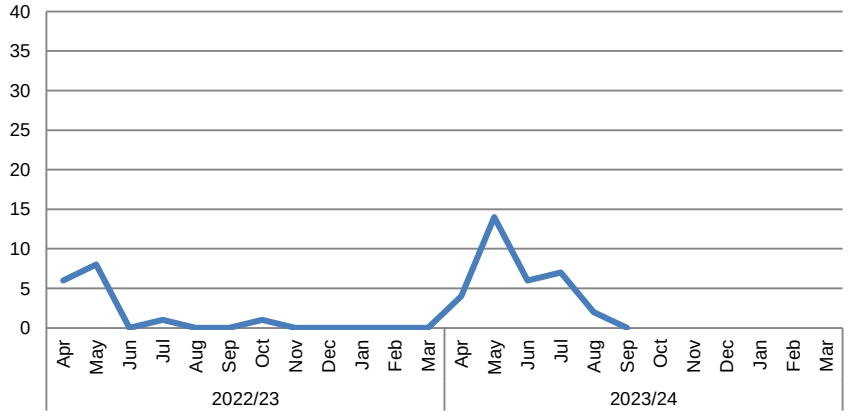
Serious Incidents (run chart)



Complaints Maternity



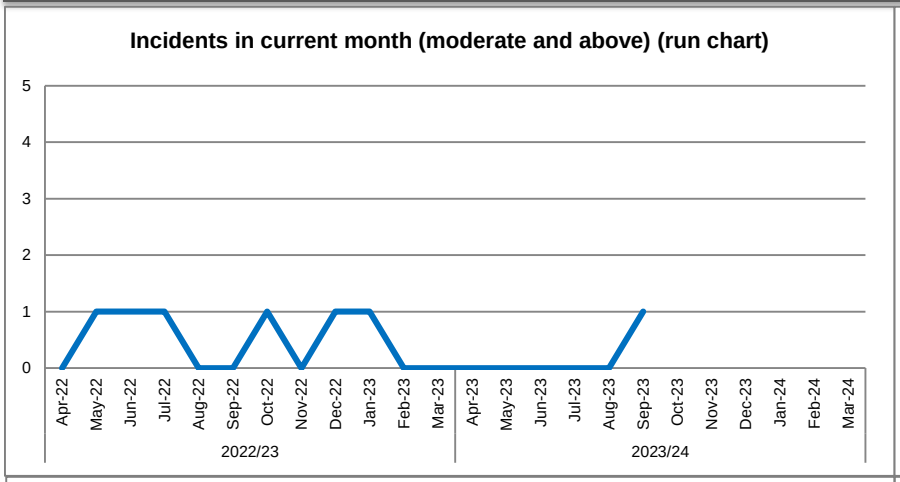
Compliments Maternity

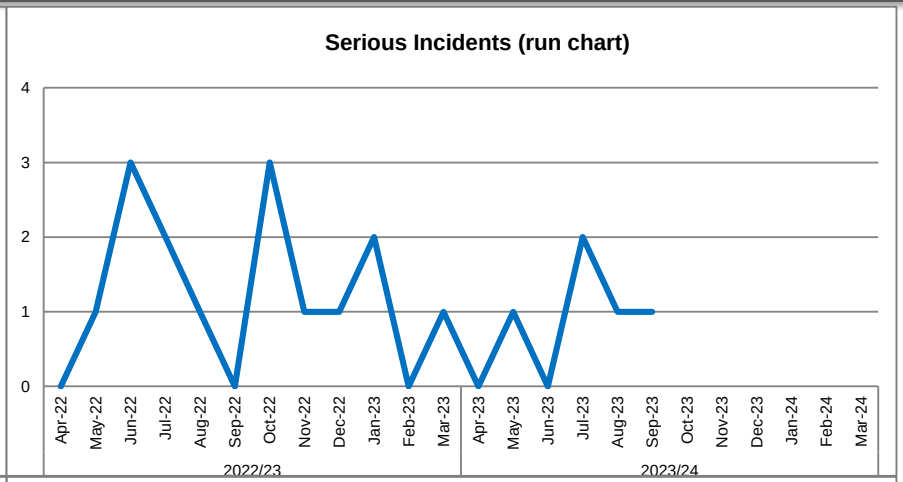


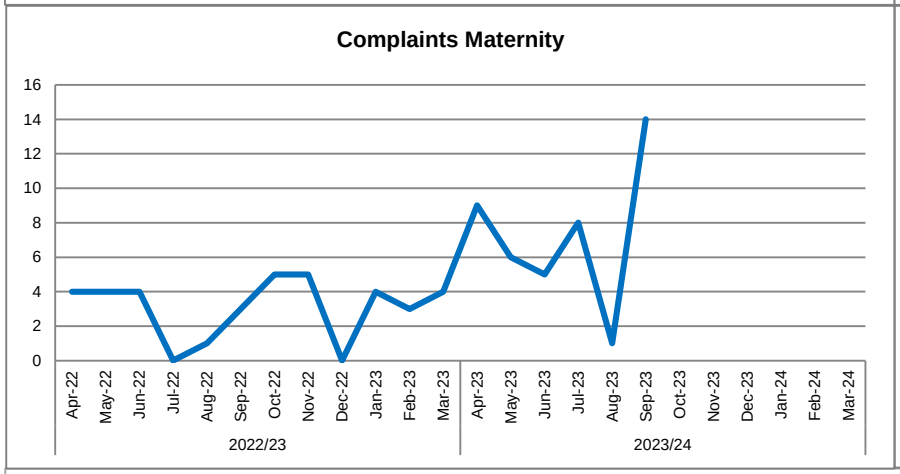
- The service has commenced a service user feedback campaign to promote engagement from service users and help to inform service developments.

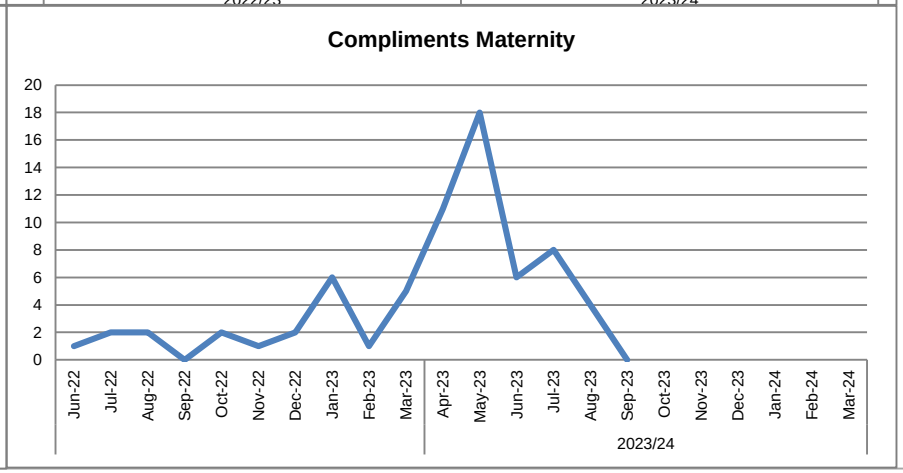
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



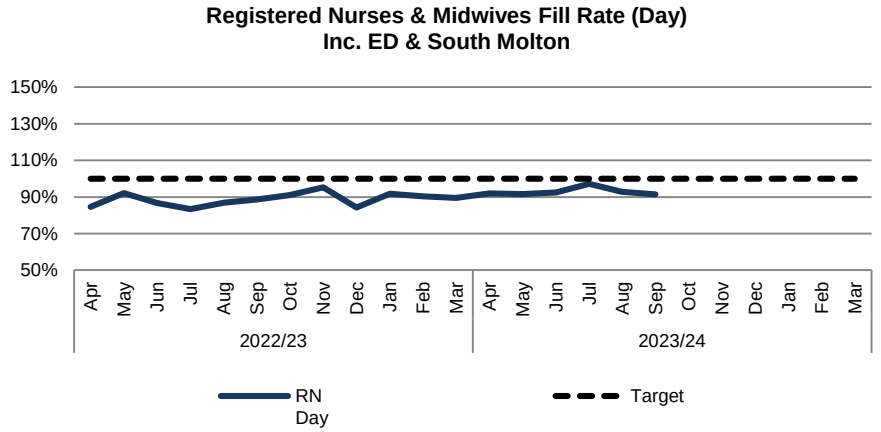


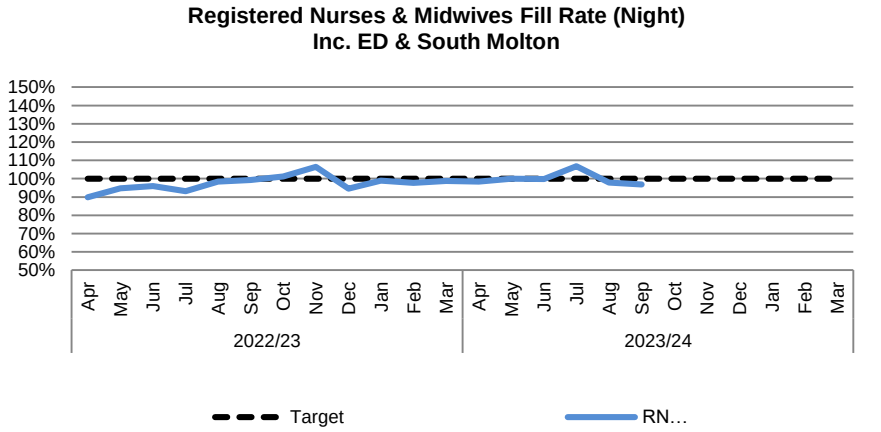


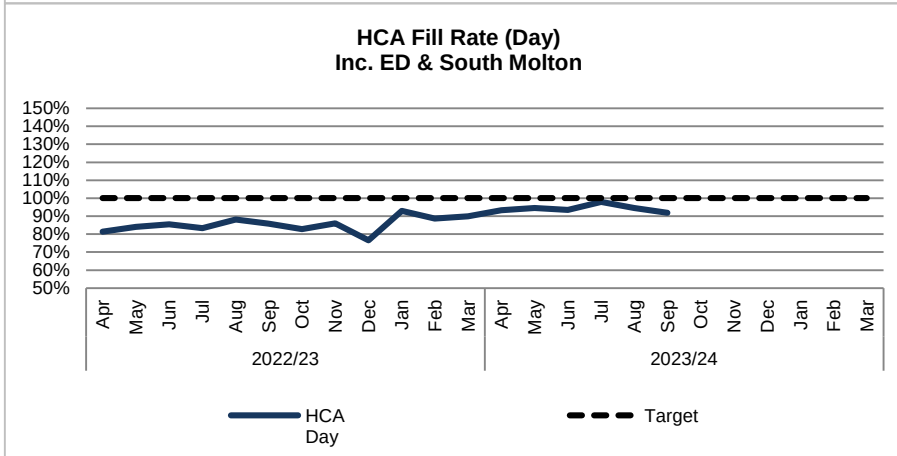


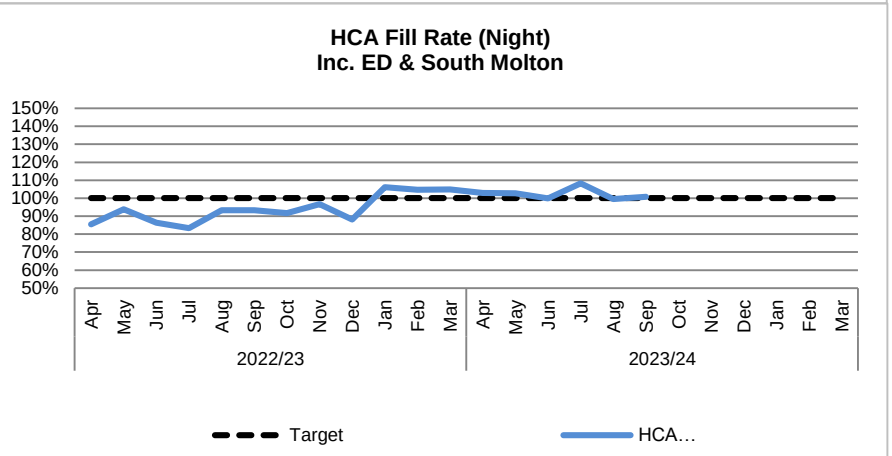
- There was one moderate or above incident in month: Postnatal mother delivered at RD&E collapsed in other South West hospital. Care under Multi-Disciplinary Team (MDT) review.
- There was one Serious Incident reported in month: Healthcare Safety Investigation Branch (HSIB) reportable and under review process.

Northern Services Safe Clinical Staffing Fill Rates





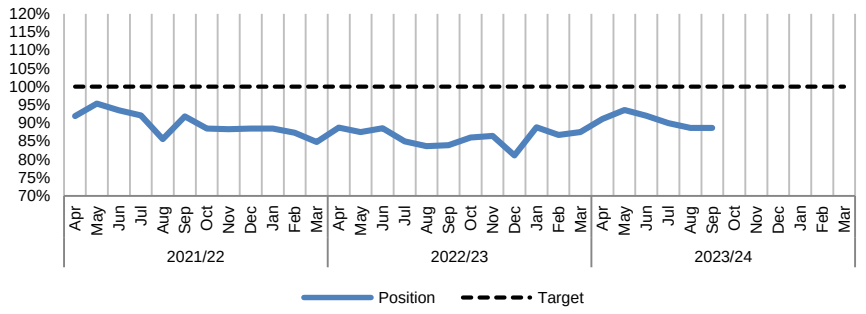


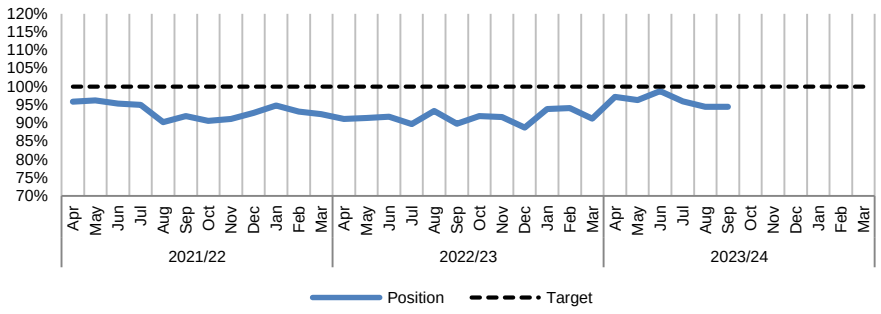


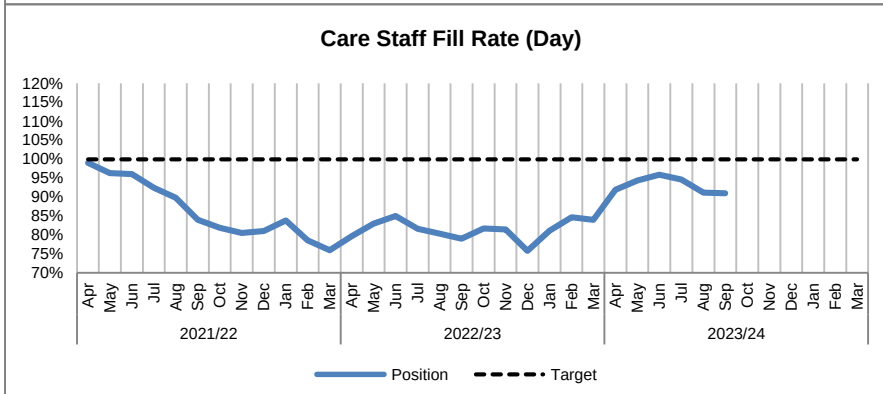
- The fill rate for Northern services was 97.25%
- Five patient safety incidents were reported related to staffing shortages. Three of these were no harm, and the remaining 2 incidents were minor harm
- All patient safety incidents which were graded as moderate harm or greater were reviewed; none of these cite staffing as a causal or contributory factor.

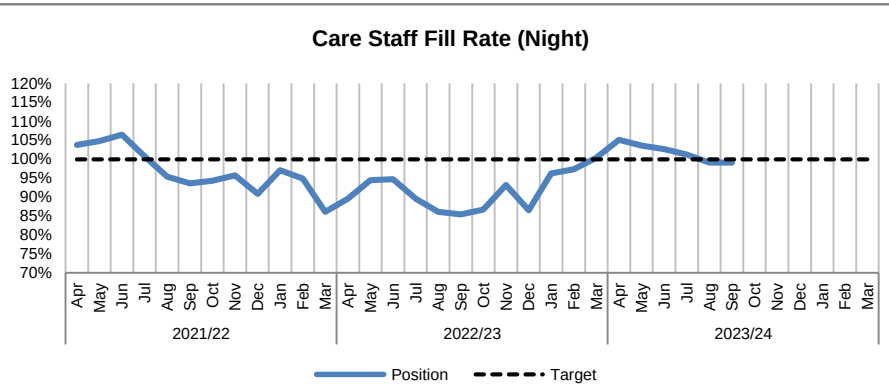
Eastern Services Safe Clinical Staffing – Fill Rate

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



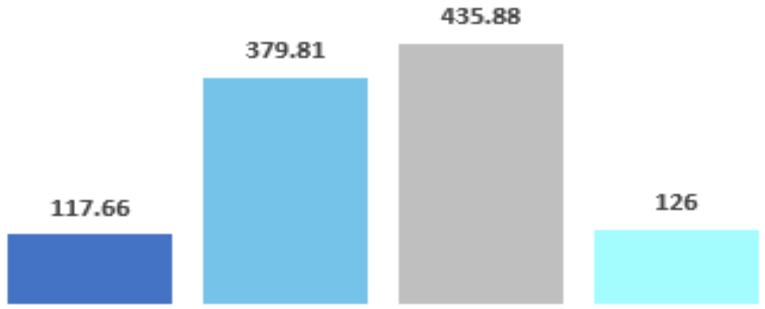


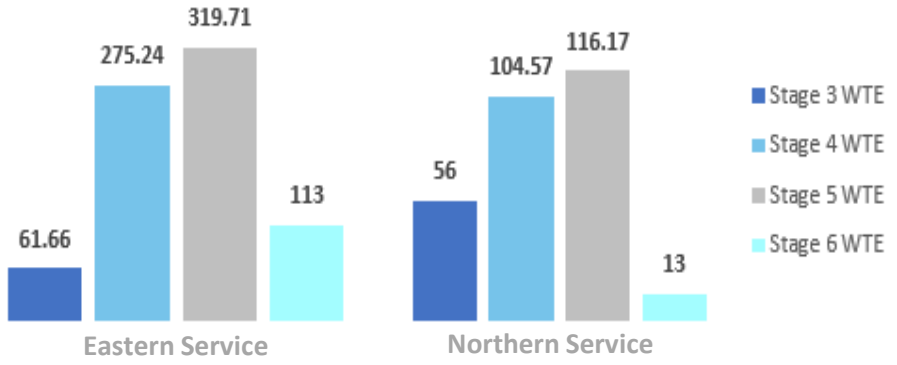




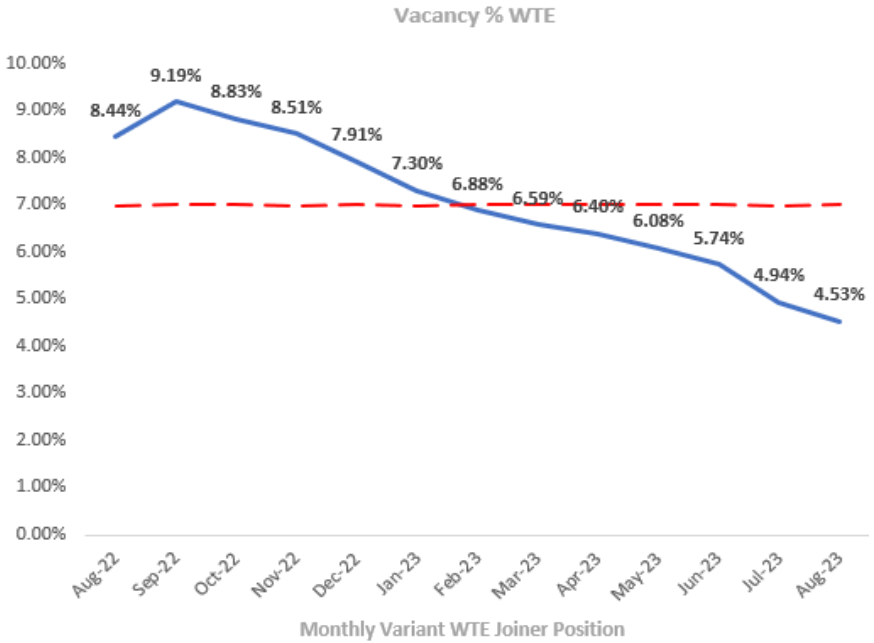
- The fill rate for Eastern services was 93.5%
- Fourteen patient safety incidents were reported related to staffing shortages 12 of these were no harm, and the remaining 2 incidents were minor harm
- All incidents which were graded as moderate harm or greater were reviewed; none of these cite staffing as a causal or contributory factor.

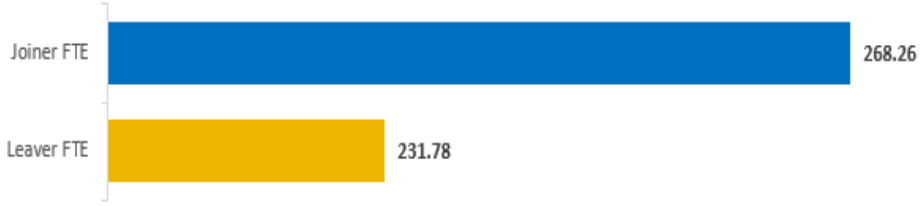
Trust Recruitment Update



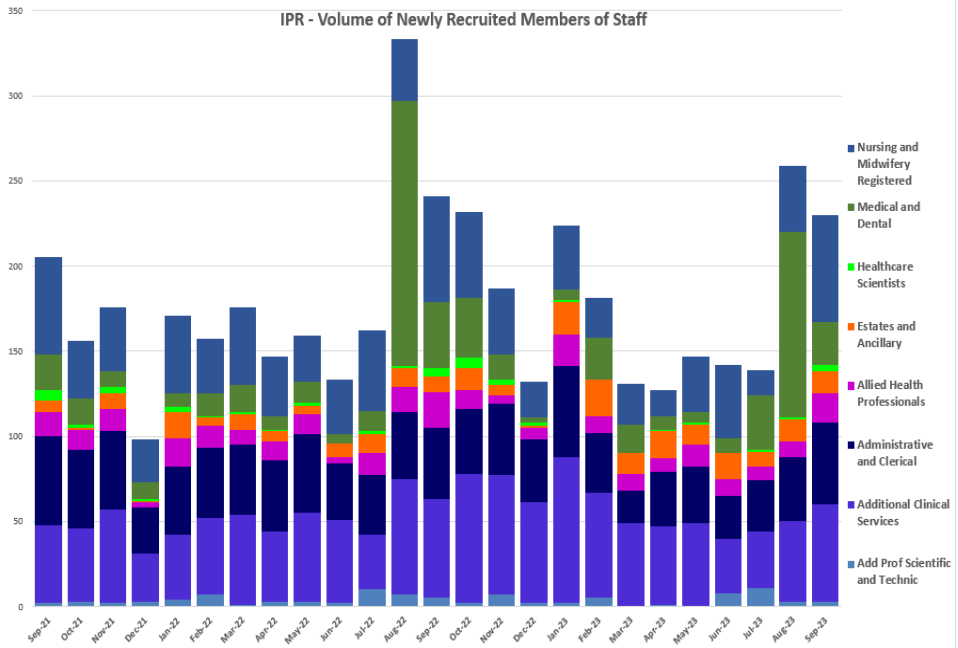


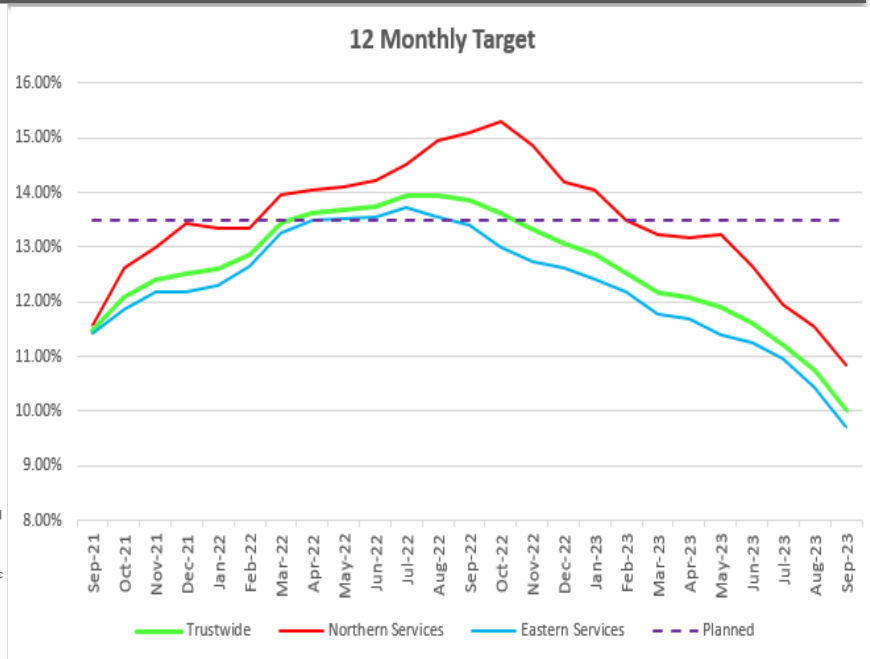
- Stage 3 vacancies have once again seen another decrease from 131 posts out to market in August, to 103 in September. This decrease is also reflected in the WTE from 148.26 down to 117.66 in September.
- Stage 4 (Shortlisting and Interviews) has seen a decrease in both individuals and WTEs sitting at 308 Individuals and 379.81 WTEs at the end of September. The closing in difference between the headcount and WTEs in Stage 4 is also a positive as we are seeing a lower number not being filled and having to be advertised for again demonstrating we are attracting the right people to our roles.
- Stage 5 (Contract and Pre-Employment stage) is continuing to see decreases month on month with a headcount figure of 511 from August's 586. This continues to get closer to the manageable threshold of 500 staff in stage 5.
- Stage 6 (people on induction) has seen a decrease to 126 after the expected high numbers throughout August and September with newly qualified staff and doctors in training joining the Trust.
- Average TTH see's an increase at the end of September from 66.1 in August to 71.8 days partly attributable to having to wait for an available induction slot – this was highlighted as a risk related to impact from industrial action.
- Most of the staff groups have seen increases in time to hire with the largest increase in days occurring in Additional Clinical Services and Estates having an increase of 17 days. Healthcare scientists also see an increase of 11 days.
- Additional Clinical Services returns to being one of the highest applied for staff groups in September sitting at 926 applications from August's 467.
- Medical and Dental falls out of the top 5 applied for Staff groups with AHP returning to the top 5 with 236 applications in September
- The Trust welcomed a further 17 IR nurses at the end of September with a further 17 due to arrive in October.
- Trustwide Vacancy figure continues to decrease from 4.94% in July to 4.53% in August



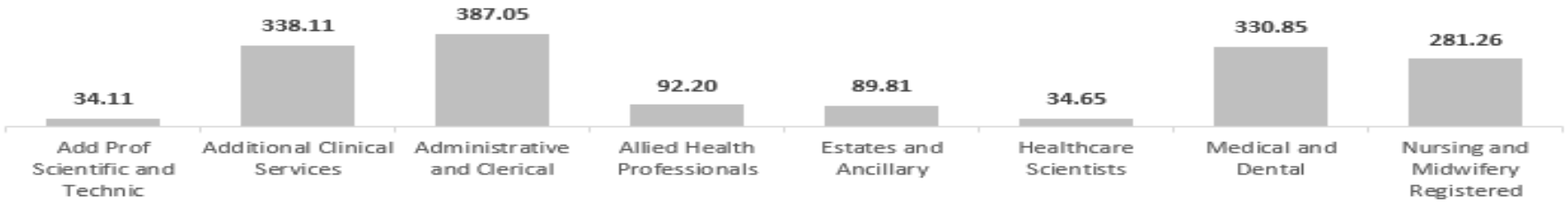


Trust Turnover





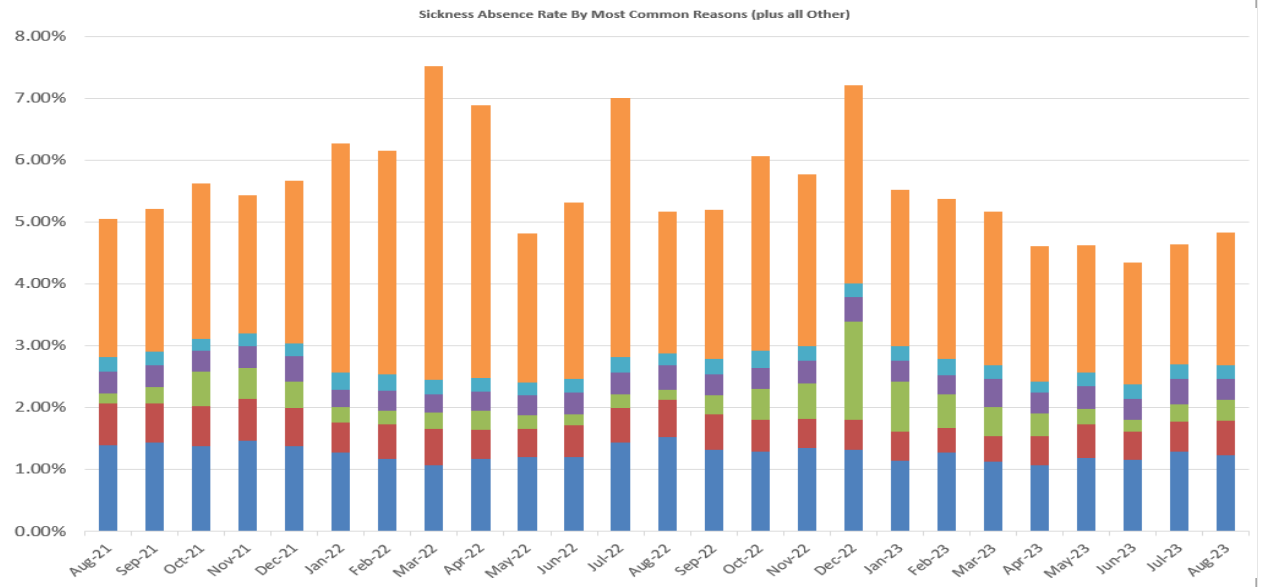
Leavers (FTE) for 12 months to 30th September 2023 – Permanent and FTC Contracts

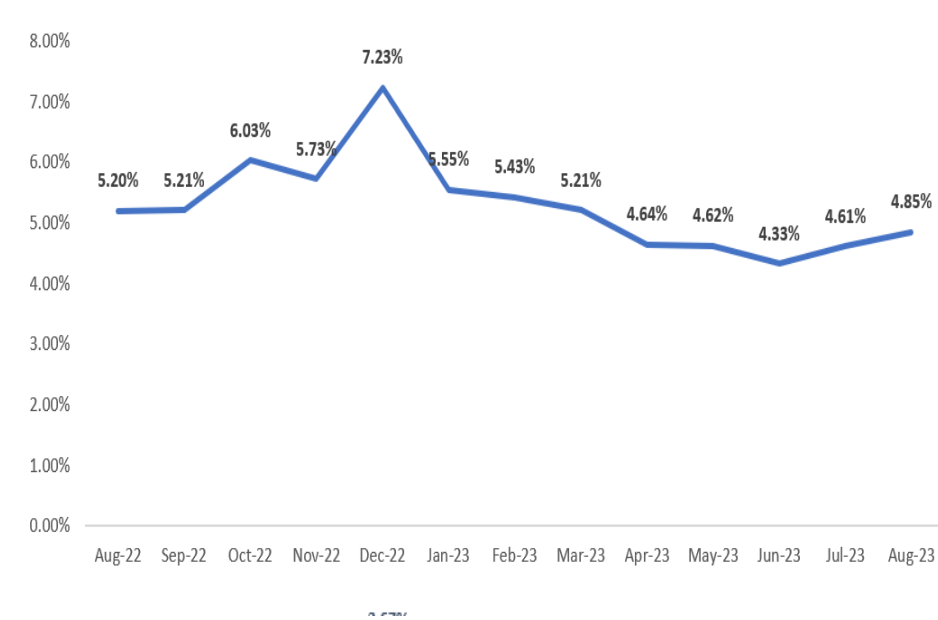


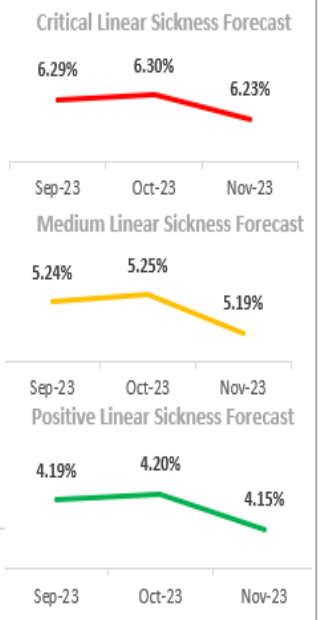
Turnover (data as at end-September 2023)

- Trustwide turnover continues to decrease, now 10% at the end of September from the 10.7% at the end of August providing more stability in our workforce numbers although sickness is impacting this to be fully taken advantage of. This decrease also supports the trajectory to meet the new targets set within the Long Term Workforce plan.
- Eastern Service falls once again from 10.4% in August to 9.7% in September.
- Northern service is also continuing its trend of decreasing from 11.55% to 10.84%
- Additional Clinical Services turnover falls below the Planned rate of 13.5% after being the only staff group above planned rate in the last months
- All remaining staff groups continue to sit below the 13.5% planned rate, each decreasing once again in line with the total decreases across the Trust.

Trust Sickness Absence







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

- The sickness rate for August has seen an increase from July's 4.61% rising to 4.85% making this the third month increase in a row.
- The Trustwide increase is reflected in the Northern service increasing to 4.04% in August from July's 3.84%
- Eastern Service also shows an increase from July rising from 4.89% to 5.15% in August
- Anxiety/stress/depression/other psychiatric illnesses continue to be the highest sickness reason in August making up 23.27%. This however is a decrease from July's sickness reason of 27.4%
- Infectious Diseases has a rise in Sickness reason from July in August sitting at 10.41% of sickness being attributed to this, where previously this was at 5.4%
- Due to the overall trust sickness increasing, this is mirrored in the majority of the staff groups also seeing rises in percentages. The highest areas of increases are Estates with over 1% increase, and Additional Clinical Services increasing by 0.80% from July.
- Additional Clinical Services and Estates continue to be the two highest sick rates at 7.4% and 8.43% respectively. The other staff groups sit around 4% with HCS and Medical staff being below the threshold at 2.05% and 1.68%
- The increase in sickness % is also shown in the cost of sickness which once again increases in August from £1,649,309 in July to **£1,706,457** in August.

Trust Summary Finance Position

Financial Performance - key performance indicators

Consolidated Metrics							
Domain	Measure / Metric	Unit of Measure	This Month Aug-23	This Month Sep-23	Narrative	Forecast Mar-24	Narrative
Income and Expenditure	**I&E Surplus / (Deficit) - Total**	£'000	**-19,282**	**-28,956**	Deficit is £11.3m adverse to plan and continues to be driven by the impact of industrial action on pay costs, under delivery of savings plan, other pay cost pressures, underachievement of ERF income and net increase in drugs costs above plan. The due diligence on the drugs position has been completed that supports the level of costs incurred - although there was a reduction in run-rate compared to the previous month. The Finance and Operational Committee has been assured the key drivers in the worsening position were understood. The year to date position includes the cost of industrial action with the national assumption this will be funded nationally. If resolved this will be backdated, improving the position.	**-28,035**	Due to ongoing discussions nationally regarding the financial impact of Industrial Action on 23/24 plans, the current forecast outturn remains as per plan. There remains ongoing review to inform quantifying risks, mitigations and the potential impact of the financial recovery plan actions implemented to determine the value of any future adverse movement from plan. A call to action has been launched on financial recovery to ensure other cost drivers can be managed to reduce the overall rate of spend for the remainder of the year without compromising patient safety or operational recovery.
	I&E Surplus / (Deficit) v budget	£'000	**-3,886**	**-11,321**		**0**	
	Income variance to budget - Total	£'000	**6,158**	**6,238**	See below	**13,136**	
	Income variance to budget - Total	%	**1.46%**	**1.23%**		**1.30%**	
	Income variance to budget - Patient Care	£'000	**2,390**	**-461**	Correction of the level of ERF income year to date based on the latest NHSE calculations that are subject to a significant time lag receiving the information. The impact fell in one month (£1.8m) as there was no earlier validation methodology available. This is attributable to loss of activity due to industrial action. This adverse position is being mitigated year to date though additional income of £8.4m received in relation to the variable high cost drugs expenditure which offsets the drugs spend within non pay.	**4,349**	Improvement in the forecast relates to an increase in pass through drugs extrapolated from the year to date position. This is offset with an increase in expenditure.
	Income variance to budget - Operating income	£'000	**3,768**	**6,699**	Overachievement of income recovery under DBV workstreams, including non recurrent income benefits offsetting under recovery of Research & Development, Education income contributions to staff costs below planned levels, with corresponding decrease in expenditure to offset. Under recovery of non patient care services also within overall position.	**8,787**	Year to date values expected to continue for the year (adjusted for in month one off benefits) that will be validated as part of the ongoing detailed forecast due diligence.
	Pay variance to budget - Total	£'000	**-4,508**	**-8,431**	Overall impact of £8.4m adverse to plan - £2.8m strike action, pay impact of DBV slippage and £1.5m unfunded pay award costs all falling in month 6. Additional pressures attributable to stretch ERF and additional costs and specialling 1:1 NHSE returns have been completed to collect cost and activity impacts of strike action. Income recovery is not reflected in the YTD position. If resolved nationally this will be backdated and improve the overall position.	**-4,169**	Overall impact of £4.2m adverse to plan includes the impact of future months DBV and Financial Recovery Plan off-set by the impact of strike action. The overall Trust wide forecast is held to plan assuming these cost pressures will be mitigated nationally.
	Pay variance to budget - Total	%	**-1.64%**	**-2.56%**		**-0.64%**	
	Agency expenditure variance to Plan	£'000	**-3,593**	**-4,187**	Increased usage to cover vacancies, sickness, strike support and specialling of highly complex patients awaiting discharge - further work being undertaken to ensure compliance with agency controls and identify high users of agency, including non clinical areas	**-4,526**	Agency plan for the year is £15.1m. £19.7m FOT expenditure is £4.4m less than month 12 2022/23. Focus on understanding agency usage and actions to reduce through the financial recovery plan pay workstream; reporting through monthly performance meetings.
	Agency expenditure variance to agency limit	£'000	**-1,004**	**-1,076**	Agency limit YTD is £10.7m and showing a negative variance due to increased use above plan	**1,698**	Agency limit for the full year is £21.4m
	Non Pay variance to budget	£'000	**-6,107**	**-10,174**	Non pay underspends due to activity levels being slightly behind plan partly due to impact of strike action are off-set by increases in drugs expenditure - though month 6 cost was lower than the previous month. In month £3.0m adverse movement on R&D expenditure is off-set by corresponding income favourable variance above. Overall non pay controls are being implemented as part of the financial recovery plan. However, £8.7m is recovered through additional income and therefore net unplanned for drugs growth is £4m	**-8,089**	Overall impact of £8.1m adverse to plan includes the impact of future months DBV and Financial Recovery Plan off-set by increased drugs expenditure offset by additional HCD income. Net impact of drugs growth is forecast at £8m prior to the impact of the call to action on financial recovery.
	Non Pay variance to budget	%	**-3.86%**	**-5.36%**		**-2.20%**	
	PDC, Interest Paid / Received variance to budget	£'000	**518**	**577**		**962**	
	PDC, Interest Paid / Received variance to budget	%	**9.68%**	**8.91%**		**7.12%**	
	Capital Donations variance to plan - technical reversal	£'000	**53**	**469**	Neutral adjustment when calculating reported financial position.	**-1,840**	Neutral adjustment when calculating reported financial position.
	Delivering Best Value Programme - Total Current Year achievement	£'000	**17,552**	**20,559**	Strong start to the year in terms of savings programme though slippage on recurrent delivery has been off-set by non-recurrent over-delivery. YTD adverse variances continue to be largely driven by non-delivery against digital programme and shortfall in income data capture. Accelerating delivery is part of the financial recovery plan to de-risk forecast and scope additional ideas	**60,296**	Full year internal requirement of £44.7m with £15.6m required from ICB schemes. There is an £8.6m risk to internal forecast position - £3.1m unidentified and £5.5m from risk of double count against ICB schemes.
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	**4,515**	**4,428**	DBV schemes variance to plan: £5.4m Income favourable (£1.8m) Pay adverse £0.8m Non pay favourable	**0**	

Trust Summary Finance Position

Financial Performance - key performance indicators

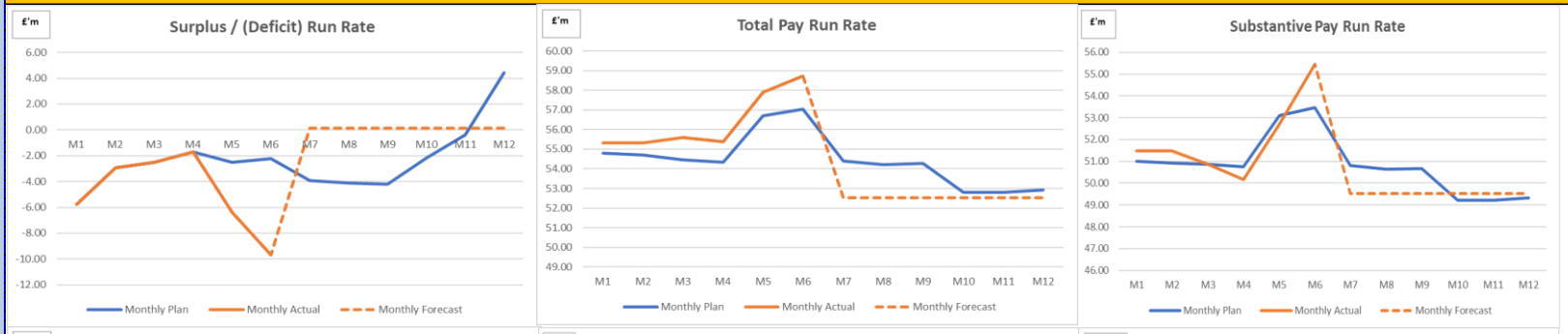
Consolidated Metrics							
Domain	Measure / Metric	Unit of Measure	This Month Aug-23	This Month Sep-23	Narrative	Forecast Mar-24	Narrative
Capital & Cash	Cash balance	£'000	22,010	19,406	(£12.9m) adverse impact of year to date financial position offset in part by improvements in working capital; £7.7m favourable from slippage in the capital programme and net interest received; (£7.9m) adverse slippage on the receipt of capital PDC compared to plan; (£2.7m) adverse opening cash position lower than plan.	19,973	Cash flow currently being assessed to take into account risk and mitigation scenarios and will be reported via the Finance and Operations Committee.
	Cash variance to budget - above / (below)	£'000	-22,909	-15,754		5,479	
	Better Payment Practice v 95% cumulative target - volume	%	75%	75%	Continued improvement in cumulative value of invoices paid within target; volume reduction reflects catch up of invoices of relatively low value In month 87.4% of invoices by value were paid within 30 days and actions to recover performance are positive and continues to include focus on sufficient authoriser capacity; daily bank runs, support to pharmacy and increased finance capacity to address post-implementation vacancies.	90%	All endeavours will be targeted to minimise the impact on suppliers. Recovery to **90% cumulatively** remains the aspiration with assurance being reported through the Audit Committee.
	Better Payment Practice v 95% cumulative target - value	%	81%	82%		90%	
	Capital Expenditure variance to plan - Total above / (below)	£'000	-7,372	-22,633	Capital expenditure to M6 was £13.1m being £22.6m less than assumed in plan. Of the variance, £13.5m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £9.1m behind plan though £12.6m of open orders gives confidence the slippage will recover Whilst the programme is behind plan, there is confidence the slippage will recover and the respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.	1,874	Forecast capital expenditure of £75.0m fully utilises the CDEL and PDC allocations forecast in 2023/24.
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-2,822	-2,145	Slippage on commencing schemes with expectation to recover supported by the value of orders placed.	1,957	£0.2m additional system CDEL allocation and £1.8m donated income off-sets variance in operating income. Donated income is a neutral adjustment when calculating reported financial position.
	Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-4,550	-20,488	Slippage on commencing schemes with expectation to recover: £13.5m lease profiling (IFRS16) £4.4m Endoscopy capacity £0.9m Cardiology Day case Unit £2.1m Community Diagnostics	-83	Net adjustment in PDC - fully utilises the 2323/24 allocations.

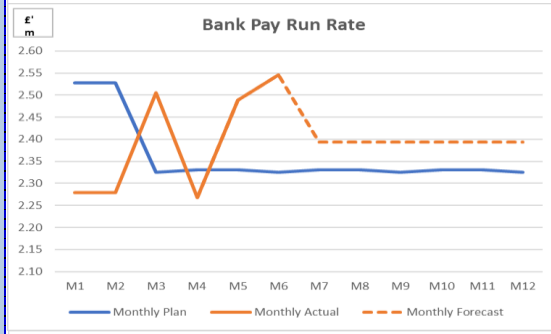
Key

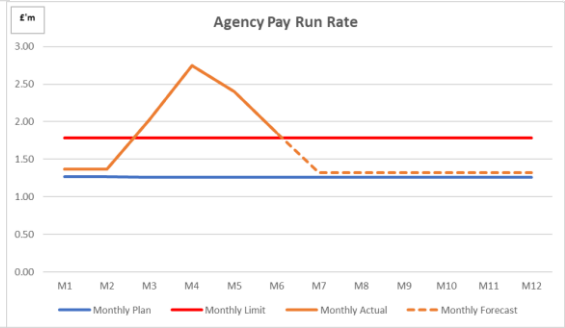
- Total value
- Positive variance value
- Negative variance value <5%
- Negative variance value >5%

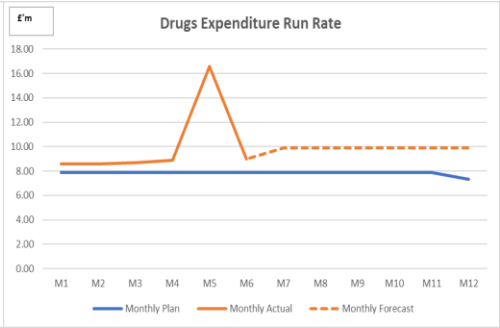
Trust Financial Tables

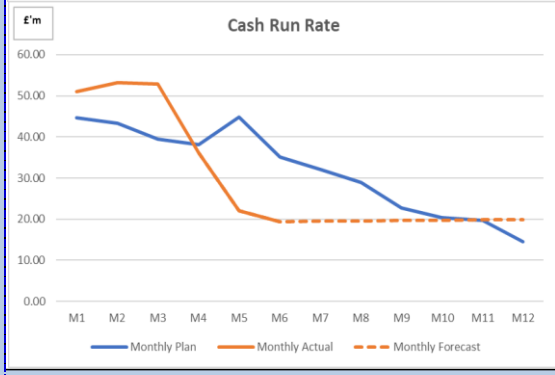
Royal Devon University Healthcare NHS Foundation Trust
Charts
Period ending 30/09/2023
Month 6

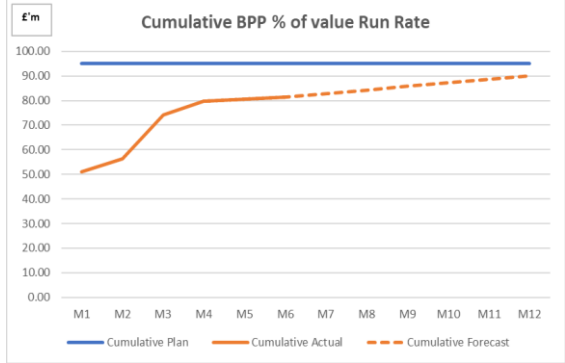












BPP
Continued improvement in cumulative value of invoices paid within target - with actions to recover performance remaining positive and continues to include focus on sufficient authoriser capacity; daily bank runs, support to pharmacy and increased finance capacity to address post-implementation vacancies. Recovery to **90% cumulatively** remains the aspiration with assurance being reported through the Audit Committee.

Income and Expenditure
Call to action focusing on exec level work streams to target run rate imporvement across all domains to bring the run rate back towards planned levels. Runrate charts demosnatrte the scale of the challenge to achieve this.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Income Statement Period ending 30/09/2023 Month 6	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Actual Variance to Budget Fav / (Adv) £'000		Outturn Plan £'000	Outturn Actual £'000	Outturn Actual Variance to Budget Fav / (Adv) £'000
Income							
Patient Care Income	451,643	451,182	(461)	2	890,984	895,333	4,349
Operating Income	56,766	63,465	6,699	3	116,417	125,204	8,787
Total Income	**508,409**	**514,647**	**6,238**		**1,007,401**	**1,020,537**	**13,136**
Employee Benefits Expenses	(329,693)	(338,124)	(8,431)	4	(653,488)	(657,657)	(4,169)
Services Received	(17,984)	(15,362)	2,622		(35,963)	(26,024)	9,939
Clinical Supplies	(45,099)	(42,117)	2,982		(90,000)	(74,160)	15,840
Non-Clinical Supplies	(8,706)	(8,004)	702		(15,428)	(14,408)	1,020
Drugs	(47,386)	(60,256)	(12,870)	1	(94,212)	(119,630)	(25,418)
Establishment	(7,401)	(8,363)	(962)		(13,141)	(15,526)	(2,385)
Premises	(12,951)	(12,306)	645		(25,538)	(24,612)	926
Depreciation & Amortisation	(20,267)	(20,227)	40		(42,010)	(42,010)	0
Impairments (reverse below the line)	0	0	0		0	0	0
Clinical Negligence	(15,912)	(15,912)	0		(26,520)	(26,520)	0
Research & Development	(4,993)	(9,347)	(4,354)	5	(9,012)	(18,694)	(9,682)
Operating lease expenditure	(935)	(911)	24		(1,690)	(1,822)	(132)
Other Operating Expenses	(8,159)	(7,162)	997		(14,847)	(13,044)	1,803
Total Costs	**(519,486)**	**(538,091)**	**(18,605)**		**(1,021,849)**	**(1,034,107)**	**(12,258)**
EBITDA	**(11,077)**	**(23,444)**	**(12,367)**		**(14,448)**	**(13,570)**	**878**
Profit / (Loss) on asset disposals	0	0	0		0	0	0
Interest Receivable	1,045	1,676	631		1,431	2,393	962
Interest Payable	(1,362)	(1,430)	(68)		(2,642)	(2,642)	0
PDC	(6,156)	(6,142)	14		(12,308)	(12,308)	0
Net Surplus / (Deficit)	**(17,550)**	**(29,340)**	**(11,790)**		**(27,967)**	**(26,127)**	**1,840**
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	(85)	384	469		(68)	(1,908)	(1,840)
Net Surplus/(Deficit) after donated asset & PSF/MRET Income	**(17,635)**	**(28,956)**	**(11,321)**	1	**(28,035)**	**(28,035)**	**0**

KEY MOVEMENTS AGAINST BUDGET

1. Deficit is £11.3m adverse to plan and continues to be driven by the impact of industrial action on pay costs and net increase in drugs costs above plan. The due diligence on the drugs position has been completed that supports the level of costs incurred - although there was a reduction in run-rate compared to the previous month.

2. Patient care income impacted by the overachievement of the DBV programme offsetting the correction of the level of ERF income year to date based on the latest NHSE calculations that are subject to a significant time lag receiving the information. The impact fell in one month as there was no earlier validation methodology available.

3. Additional income under DBV offsetting Research and Development, Education and income contributions to staff costs below planned levels, with corresponding decrease in expenditure to offset. Also offsetting non patient care services provided including in year NR benefits released through DBV.

4. Overall impact of £8.4m adverse to plan - £2.8m strike action, pay impact of DBV slippage, £1.5m unfunded pay award costs and additional pressures attributable to stretch ERF and additional costs and specialling 1:1. DBV pay shortfall off-set by additional non recurrent income above plan.

5. In month £3.0m adverse movement on R&D expenditure is off-set by corresponding R&D income.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Statement of Financial Position Period ending 30/09/2023 Month 6	Year to Date Plan £000	Year to Date Actual £000	Year to Date Actual Variance Over / (Under) £000		Outturn Plan £000	Outturn Actual £000	Outturn Actual Variance Over / (Under) £000	Prior Year Mar-23 £000	Actual YTD Movement Incr. / (Dec.) £000
Non-current assets									
Intangible assets	55,625	54,170	(1,455)	1	53,333	52,837	(496)	58,621	(4,451)
Other property, plant and equipment (excludes leases)	428,995	420,199	(8,796)	1	451,271	452,575	1,304	421,298	(1,099)
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	65,481	52,977	(12,504)	2	61,184	62,142	958	54,580	(1,603)
Other investments / financial assets	5	5	0		5	5	0	5	0
Receivables	2,726	3,549	823	2	2,726	3,303	577	3,303	246
Credit Loss Allowances	0	(228)	(228)	2	0	(228)	(228)	(228)	
Total non-current assets	**552,832**	**530,672**	**(22,160)**		**568,519**	**570,634**	**2,115**	**537,579**	**(6,907)**
Current assets									
Inventories	13,550	15,955	2,405	2	13,550	13,550	0	15,624	331
Receivables: due from NHS and DHSC group bodies	17,810	27,068	9,258	2	17,810	17,810	0	39,891	(12,823)
Receivables: due from non-NHS/DHSC group bodies	16,000	26,525	10,525	2	16,000	16,796	796	21,090	5,435
Credit Loss Allowances	0	(889)	(889)	2	0	(796)	(796)	(796)	(93)
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0	0	0
Cash	35,160	19,406	(15,754)		14,494	19,973	5,479	46,033	(26,627)
Total current assets	**82,520**	**88,065**	**5,545**		**61,854**	**67,333**	**5,479**	**121,842**	**(33,777)**
Current liabilities									
Trade and other payables: capital	(11,000)	(5,021)	5,979	2	(11,000)	(11,000)	0	(6,615)	1,594
Trade and other payables: non-capital	(79,849)	(94,979)	(15,130)	2	(79,850)	(79,848)	2	(96,708)	1,729
Borrowings	(14,643)	(18,672)	(4,029)	2	(15,000)	(18,567)	(3,567)	(16,676)	(1,996)
Provisions	(200)	(296)	(96)	2	(200)	(295)	(95)	(295)	(1)
Other liabilities: deferred income including contract liabilities	(10,500)	(12,012)	(1,512)		(10,500)	(10,500)	0	(17,892)	5,880
Total current liabilities	**(116,192)**	**(130,980)**	**(14,788)**		**(116,550)**	**(120,210)**	**(3,660)**	**(138,186)**	**7,206**
Total assets less current liabilities	**519,160**	**487,757**	**(31,403)**		**513,823**	**517,757**	**3,934**	**521,235**	**(33,478)**
Non-current liabilities									
Borrowings	(112,663)	(96,298)	16,365	1	(102,440)	(99,682)	2,758	(102,694)	6,396
Provisions	(970)	(1,264)	(294)	2	(970)	(1,276)	(306)	(1,276)	12
Other liabilities: deferred income including contract liabilities	0	0	0		0	0	0	0	0
Total non-current liabilities	**(113,633)**	**(97,562)**	**16,071**		**(103,410)**	**(100,958)**	**2,452**	**(103,970)**	**6,408**
Total net assets employed	**405,527**	**390,195**	**(15,332)**		**410,413**	**416,799**	**6,386**	**417,265**	**(27,070)**
Financed by									
Public dividend capital	367,341	363,874	(3,467)	2	382,645	387,264	4,619	361,604	2,270
Revaluation reserve	63,956	52,385	(11,571)	2	63,956	52,385	(11,571)	52,385	0
Income and expenditure reserve	(25,770)	(26,064)	(294)	2	(36,188)	(22,850)	13,338	3,277	(29,341)
Total taxpayers' and others' equity	**405,527**	**390,195**	**(15,332)**		**410,413**	**416,799**	**6,386**	**417,266**	**(27,071)**

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.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Cash Flow Statement Period ending 30/09/2023 Month 6	Year to Date Plan £000	Year to Date Actual £000	Year to Date Actual Variance Fav. / (Adv.) £000		Outturn Plan £000	Outturn Actual £000	Outturn Actual Variance Fav. / (Adv.) £000
Cash flows from operating activities							
Operating surplus/(deficit)	(11,077)	(23,443)	(12,366)		(14,448)	(13,570)	878
Non-cash income and expense:							
Depreciation and amortisation	20,267	20,227	(40)		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)	(469)	0	469		(842)	(2,682)	(1,840)
(Increase)/decrease in receivables	0	7,183	7,183		0	26,323	26,323
(Increase)/decrease in inventories	0	(331)	(331)		0	2,074	2,074
Increase/(decrease) in trade and other payables	220	(1,717)	(1,937)	1	222	(16,860)	(17,082)
Increase/(decrease) in other liabilities	0	(5,880)	(5,880)		0	(7,392)	(7,392)
Increase/(decrease) in provisions	0	(11)	(11)		0	0	0
Net cash generated from / (used in) operations	**8,941**	**(3,972)**	**(12,913)**		**26,942**	**29,903**	**2,961**
Cash flows from investing activities							
Interest received	1,045	1,676	631		1,431	2,393	962
Purchase of intangible assets	(900)	0	900		(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(19,331)	(12,654)	6,677		(54,660)	(52,192)	2,468
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	469	0	(469)		842	2,682	1,840
Net cash generated from/(used in) investing activities	**(18,717)**	**(10,978)**	**7,739**		**(55,387)**	**(50,117)**	**5,270**
Cash flows from financing activities							
Public dividend capital received	10,439	2,270	(8,169)		25,743	25,660	(83)
Loans from Department of Health and Social Care - repaid	(635)	(635)	0		(1,270)	(1,270)	0
Other loans received	0	0	0		0	0	0
Other loans repaid	(2,353)	(2,353)	0		(5,174)	(5,174)	0
Other capital receipts	0	0	0		0	0	0
Capital element of finance lease rental payments	(3,692)	(3,367)	325		(8,828)	(8,828)	0
Interest paid	(1,424)	(1,177)	247		(3,978)	(3,457)	521
Interest element of finance lease	0	(312)	(312)		0	(521)	(521)
PDC dividend (paid)/refunded	(6,154)	(6,102)	52		(12,308)	(12,256)	52
Net cash generated from/(used in) financing activities	**(3,819)**	**(11,676)**	**(7,857)**		**(5,815)**	**(5,846)**	**(31)**
Increase/(decrease) in cash and cash equivalents	**(13,595)**	**(26,626)**	**(13,031)**		**(34,260)**	**(26,060)**	**8,200**
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	**35,159**	**19,407**	**(15,752)**		**14,494**	**19,973**	**5,479**

KEY MOVEMENTS

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

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Capital Expenditure Period ending 30/09/2023 Month 6	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	9,324	6,369	2,955		31,074	31,191	(117)
PDC	10,439	3,449	6,990		25,743	25,660	83
Donations/Grants	469	1,279	(810)		842	2,682	(1,840)
IFRS 16	15,488	1,990	13,498		15,488	15,488	0
Total Capital Funding	**35,720**	**13,087**	**22,633**		**73,147**	**75,021**	**(1,874)**
Expenditure:							
Equipment	9,559	2,161	7,398	1,588	15,528	15,577	(49)
Estates Backlog/EIP	2,195	1,137	1,059	3,962	7,371	6,953	418
Estates Developments	6,298	2,540	3,758	1,077	10,047	9,114	933
Digital	1,249	934	315	1,142	4,162	7,629	(3,467)
Our Future Hospital	0	437	(437)	0	0	2,397	(2,397)
ED	1,849	1,688	161	1,320	6,165	4,000	2,165
Cardiology Day Case	3,871	2,705	1,166	169	7,432	7,439	(7)
CDC Nightingale	2,200	79	2,121	1,801	4,400	4,416	(16)
Endoscopy	6,499	203	6,296	378	11,122	12,895	(1,773)
Diagnostics - Northern Schemes	0	0	0	0	3,797	0	3,797
Digital Capability Programme	0	25	(25)	209	1,123	1,123	0
Other	0	1,178	(1,178)	985	0	2,859	(2,859)
Unallocated	2,000	0	2,000	0	2,000	618	1,382
Total Capital Expenditure	**35,720**	**13,087**	**22,633**	**12,632**	**73,147**	**75,021**	**(1,874)**
Under/(Over) Spend	**0**	**0**	**0**		**0**	**0**	**0**

Capital expenditure to M06 was £13.1m; £22.6m less than assumed in plan. Of the variance, £13.5m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £9.1m behind plan but £12.6m of open orders give confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.

Forecast capital expenditure of £75.0m fully utilises the CDEL and PDC allocations forecast in 2023/24.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
Delivering Best value
Period ending 30/09/2023
Month 6

Delivering Best Value Finance Report Month 6		RAG	Year to Date Plan £000s	Year to Date Actuals £000s	Year to Date Variance £000s	Forecast Plan £000s	Forecast Delivery £000s	Forecast Variance £000s	Narrative
Internal Recurrent DBV									
Clinical Activity	Clinical Productivity - Activity		4,323	4,323	0	13,100	13,100	0	
	Data quality, coding & capture		2,500	1,492	-1,008	5,000	5,000	0	Slippage due to phasing differences between programme plan & identified phasing.
Corporate Services	Corporate Services - Integration		498	129	-369	2,000	1,158	-842	
Other Income Opportunities	Overseas visitor income		67	100	33	200	200	0	
	Other Trustwide Income		0	0	0	0	200	200	
Estate Review	Leased Estate DBV		0	20	20	200	200	0	Work ongoing to identify potential opportunity, full confidence of estates team to deliver target in year, remit expanded to include all estate usage costs
Workforce	Temporary Workforce		2,403	1,471	-932	5,200	1,471	-3,729	Agency spend currently above plan, any future agency spend reduction will be cost avoidance not DBV
	Supporting colleagues return to work		0	0	0	500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		1,521	227	-1,294	3,101	1,073	-2,028	Detailed review of opportunities presented to DBV Governance process, expected delivery relates to admin benefit and stationary. Eastern admin delivery £239k below expectation, admin delivery includes £232k delivered non recurrently to date
	Epic Optimisation - Digital		1,367	0	-1,367	2,699	395	-2,304	Expected delivery relates to legacy systems, work ongoing to enable savings to be transacted by month 6. £396k adverse variance to expected delivery due to eastern healthcare records MOC on pause as requested by CT
Procurement	Procurement		250	75	-175	500	461	-39	Detailed review of forecast undertaken by Head of Procurement
Pharmacy	Medicines		150	150	0	300	991	691	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	0	0	400	148	-252	
Covid	Covid Costs		1,300	1,300	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		1,000	1,000	0	2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	93	93	0	175	175	ENT savings identified in northern surgery division
	Total Recurrent DBV		**15,379**	**10,380**	**-4,999**	**37,800**	**29,172**	**-8,628**	
Internal Non recurrent DBV									
Corporate Services	Corporate Services - Integration		2	282	280	0	581	581	
Other Income Opportunities	Other Trustwide Income		0	1,450	1,450	0	2,900	2,900	Capital charges income
Estate Review	Profit on disposal		0	0	0	500	0	-500	Update to DBV Board reflected no delivery expected
Estate Review	Leased Estate DBV		0	889	889	0	130	130	Non recurrent NHS Property Services adjustment
Workforce	Non clinical vacancy controls		500	500	0	1,000	1,000	0	
Epic	Epic Optimisation		0	342	342	0	0	0	
Procurement	Procurement		0	46	46	0	39	39	
Pharmacy	Medicines		0	0	0	0	320	320	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	0	0	0	0	0	Genomics non recurrent benefit due to new analyser
Finance Adjustments	NR Balance Sheet		0	6,344	6,344	4,500	6,296	1,796	Detailed review of accruals and deferred income
	Capital charges review		0	0	0	400	400	0	
	Funding arrangements for transfer of care		250	0	-250	500	436	-64	Forecast based on projections of activity delivered to date
Other Divisional DBV	Other Divisional DBV		0	326	326	0	297	297	Trauma product credit eastern surgery
	Total Non-Recurrent DBV		**752**	**10,179**	**9,427**	**6,900**	**12,399**	**5,499**	
	System Double Count Risk						**-5,511**		
	Total Internal DBV		**16,131**	**20,559**	**4,428**	**44,700**	**36,060**	**-8,640**	

- Year to date position showing plan £16.1m and achievement of £20.1m being £4.4m favourable variance (M5 £4.5m favourable). Movement in position due to pharmacy over delivery now allocated against system strategic schemes being partly offset by an additional NR benefit on rates.
- Full year position showing a shortfall of £8.6m against the plan being a deterioration of £5.5m from M5 reflecting the potential to double count savings from system strategic schemes.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
System Savings
Period ending 30/09/2023
Month 6

Delivering Best Value Finance Report Month 6		RAG	Year to Date Plan £000s	Actuals £000s	Variance £000s	Forecast Plan £000s	Delivery £000s	Variance £000s
System Strategic DBV								
Clinical Support	High Cost Drugs & Devices/Pharmacy		0	508	508	1,700	1,130	-570
Clinical Support	Imaging		0	0	0	850	456	-394
Clinical Support	Pathology		0	0	0	850	882	32
Corporate Services	Corporate Services		0	0	0	1,100	133	-967
Estates	Estates		0	0	0	800	901	101
People Services	Workforce		0	0	0	1,600	500	-1,100
New Models of Care	New Models of Care		0	0	0	4,000	0	-4,000
Procurement	Procurement		0	0	0	3,000	1,509	-1,491
Digital	Digital		0	0	0	1,700	0	-1,700
	Total System DBV		**0**	**508**	**508**	**15,600**	**5,511**	**-10,089**
	Total DBV Delivery		**16,131**	**21,067**	**4,936**	**60,300**	**41,571**	**-18,729**

Forecast delivery of RDUH share of system stretch is £5.5m although further work underway to validate through a series of route to cash meetings. Risk off double count mitigated through offsetting against the internal DBV programme as same spend categories targeted. Although schemes are forecasting under delivery this is in part due to timing of delivery in key strategic work programmes and delivery is assumed with a greater impact in 2024/25.

Phasing of the system plan was for Q4. Impact is reflected in overall Trust forecast which remains on plan as mitigations are being explored through the Financial Recovery call to action.

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 22 November 2023 **Agenda item:** **8.1, 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 Jeff Needham, Lead Governor)
This report provides an update on the discussions and actions from the meeting of the CoG Coordinating Committee held on 11 October 2023.

The meeting was attended by Jeff Needham (Lead Governor, chairing his first meeting), Shan Morgan (Trust Chair), Heather Penwarden, (Deputy Lead Governor), Richard Westlake (Southern), Dale Hall (Chair Public and Membership Engagement Group (PMEG)), Angela Shore (Appointed Governor) and Sarah Delbridge (Engagement Manager). Apologies were received from Kay Foster (Eastern), Melanie Holley (Director of Governance) and Jess Newton (Head of Communications and Engagement). Bernadette Coates attended to take action notes.

The notes from the meeting on 20 July 2023 were agreed as accurate and the actions noted as per the tracker.

The following was considered:

1. **Committee membership**

It was noted that there were two vacancies on the Committee, one for a Staff Governor and one for a Governor from the Public – Northern constituency. An election process in these two constituencies will commence following the CoG meeting on 22 November 2023.

2. **Task & Finish Groups**

Non-Executive Director (NED) Evaluations

Jeff Needham, as Chair of the Task and Finish group, provided an update on the most recent meeting, with a further meeting planned for 31 October 2023. The issues being covered included the opportunities for Governors to observe NEDs and the way Governors capture their feedback. A short report from the Group is included further down.

CoG Effectiveness

The aim of this Group was to ensure all the mechanisms were in place for the CoG to work effectively as a collective, with Jeff Needham Chair of the group. A variety of issues had been raised at the Group's first meeting, and the task of the Group may be greater than first envisioned, although some of the issues may fall into the remit of the PMEG. The CoG Coordinating Committee agreed that the themes arising from the Group should be prioritised and consideration could then be given as to whether more than one Task and Finish Group was needed. The Group's second meeting took place on 7 November 2023 and a short report is included further down.

External Auditors appointment 2023/24
The Coordinating Committee noted that Alastair Matthews, Chair of the Audit Committee, had provided an update at the August 2023 CoG meeting on this work and that the Trust was exploring an extension to the existing External Auditor contract due to concerns about the current auditors market. It was noted that a further update would be presented to the 22 November 2023 CoG meeting and there was no requirement to stand up a Task and Finish Group at this stage.

Document Review Task and Finish Groups
The Coordinating Committee reviewed the document review list. It was noted that a review of the Constitution was due. It was noted that document reviews were not to everyone's interest and this led to a discussion on capturing Governors' skills, expertise and interests to develop a skills bank. From that, interested Governors could be asked to form a Task and Finish Group, on standby for when a document required review. It was agreed to ask the CoG Effectiveness Task and Finish Group to consider this and how best to put it in place.

3. **Meeting Agendas**
Programme for the Joint CoG and Board Development Day 8 November 2023
This was reviewed by the Committee and the Patient Experience session in the morning noted. For the CoG in the afternoon, the Committee agreed to two sessions, one on the Board's Integrated Performance Report and another on Never Events. These would be introductions to the topics with further sessions to be arranged. There would be the routine sessions on feedback from communities and an evaluation of the day.

Agenda for the 22 November 2023 CoG meeting
The programme and agendas for the routine 22 November 2023 CoG meeting were reviewed and noted.

Feedback from the 23 August 2023 CoG meeting
The meeting had gone well and the main feedback was to ensure a lunch break was built into the lengthy public agenda. It was noted this was the case for the 22 November 2023 meeting.

Feedback from the 27 September 2023 Annual Members Meeting (AMM)
Committee members provided feedback on the location, the room being used and the meeting itself. These were noted and would be included in the review of the AMM, which was coming as a separate report to the 22 November 2023 CoG meeting.

Review current list of discussion topics
This was reviewed and amended, noting that a couple of topics would be included at the 8 November 2023 Development Day.

4. CoG Attendance
This is a standing item, with nothing to report as the new Governor Year had started in September 2023 at the recent AMM. It was noted that Governors are expected to attend CoG meetings with an understanding that missing two meetings a year for leave and sickness was acceptable. Individual governor attendances at meetings were monitored through this CoG Coordinating Committee.

5. Any Other Business
It was noted that Jeff Needham had recently joined the National Lead Governor Association, a forum for Lead Governors at Foundation Trusts in England.

Recommendation: That the CoG notes the report from the CoG Coordinating Committee

Presented by: Jeff Needham, Lead Governor

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 22 November 2023 **Agenda item: 8.1, Public**

Title:	**PUBLIC AND MEMBER ENGAGEMENT GROUP (PMEG) REPORT**
Author:	**Dale Hall, Northern Governor and Chair of PMEG**

Purpose: To update the Council of Governors (CoG) on the work of the PMEG

Background: PMEG reports its activities to each CoG meeting.

1. Introduction

All governors are eligible to attend PMEG meetings and it is pleasing that our meetings have been well attended by governors and members of the Communications and Engagement Team (C&ET). We are grateful to the latter for their services and administrative support.

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 greatly appreciated. It was particularly pleasing to welcome five new governors to the November meeting.

PMEG's **Terms of Reference** are to ensure the CoG represents the interests of Trust members and the wider public, to confirm that governors have the support and tools needed to be effective, and to contribute to the development and evaluation of public and member engagement activities. Notably, PMEG's role includes *providing assurance* to CoG of governor involvement in engagement activity. Aspects of this report will touch sensitively on how effectively we can do that currently.

An assessment of PMEG's performance will be made in March each year by CoG.

2. PMEG Agendas

Currently, the chair has little or no input into the content and timings of PMEG agendas: for example, for the last meeting, I was shown the agenda on a Teams screen immediately before the papers went out. It would be worthwhile for the PMEG chair and C&ET head to co-ordinate agenda topics, report styles and timings more effectively.

3. Trust Website

Previous PMEG meetings have referred to the need to improve the Trust's website to inform the public about the expertise of the departments by which they might be treated. Some trusts feature their consultants on their websites just as we feature our governors: see, for example, this link to the Royal United Hospitals Bath's website: https://www.ruh.nhs.uk/RNHRD/patients/services/rheumatology/team_consultants.asp.

PMEG was told it should not discuss the Royal Devon's website until it has been changed sometime in the future, but the time for PMEG to contribute is surely *before and during* the change cycle, not once everything is in place.

In a tiny way, PMEG has contributed already to the website: when a previous PMEG meeting showed that a search for 'Equality and Diversity' on our website yielded zero results, three entries were soon added to the site.

4. Research Ethics

When notice was given of a series of surveys planned for northern heart failure patients receiving remote monitoring, PMEG questioned whether the surveys required medical research ethics review. With some hesitancy, PMEG accepted the reassurance that such approval was unnecessary, but we asked for sight of the Patient Information Leaflets, Informed Consent Form and details of how the surveys would be administered.

So far, we have seen the Information Leaflets but no Consent Form or patient questionnaires. One of the Information Leaflets says:

> "*By reading this information and taking part in the survey you are giving informed consent to this engagement and for the Trust to use your feedback (anonymously) for the purposed outlined above."*

The circular paradox here is that patients were told that by *"reading this"* and *"taking part"* they were giving *"informed consent"* to the survey. Having served for years on the Wales Multi-centre Medical Research Ethics Committee (as an academic and social researcher), I know that such circularity would not pass scrutiny. Medical research ethics requires proper consent forms with signatures; and patients should know that participation in a survey is voluntary, they may withdraw at any time, and their treatment will continue as normal even if they withdraw.

There is reputation risk for the Trust if medical research ethics are not properly considered in its studies, so PMEG will continue to take an interest in these matters.

5. Annual Members' Meeting and Members Event

PMEG received a 9-page data report by the C&ET of a survey of all those who had expressed interest in the event.

Summary of survey findings

- 31 attended (including both staff and public governors but excluding C&ET members who helpfully organised and co-ordinated the meeting
- 21 people responded to the survey
- People heard of the event primarily via the Member newsletter or email
- Illness or weather prevented five people attending; another prefers Zoom; and the seventh was disappointed not to receive the link
- Attendance might be improved by "being closer to Exeter", "avoiding people driving in the dark" and "providing the link with the ticket"
- Attendees were overwhelmingly positive about the event in general, and about the speakers, Q&As and workshops
- But there were criticisms of the focus group arrangements (especially audibility and visibility), mixed opinions of the refreshments, and at least one person thought the room was poorly ventilated
- Some suggestions were made in relation to how the event might be improved.

PMEG accepted the cogency of the following comment:

- "*The lecture hall was not suitable for a meeting of this importance. The focus group session could not be organised properly due to space restrictions. The constant noise from the sound system was totally off-putting. The seating in the lecture hall was cramped and not comfortable for the length of the meeting. The lighting in the room made the presentation screen difficult to see."*

PMEG was pleased to see the following comments:

- *"[The venue] is geographically better for Barnstaple and Exeter…and parking was well provided."*
- *"A well-chosen venue and useful for bringing this event out to the community."*

PMEG Discussion

Meeting format

Given the relatively small size of the meetings, it seems feasible to continue to combine the Annual Members' Meeting and Members' Event. On balance, it is worthwhile to use the Tiverton venue, for it is a good site; but PMEG did not reach a consensus on this. In any case, some of the arrangements need to be improved – for example:

- Use of break-out rooms for focus groups
- Better camera work
- Improved acoustics (will be helped by break-out rooms).

Of course, improvements are always possible, but the C&ET organised the events excellently and should be congratulated and thanked for good meetings.

The Survey

On this occasion the survey used unbalanced response scales for key questions (7, 8, 9 and 10: "*Was X Excellent / Good / Average / Poor?*) that tend to bias responses towards the favourable end of the spectrum. PMEG will continue to encourage the consistent us of balanced scales.

Comments on the Survey Report

The nine-page data report illustrates the dictum that it is easier to write a long report than a short one! PMEG's discussion would have benefited from a one- or two-page written summary of the kind presented above: the nine pages of detailed data was an obstacle to discussion, not a stimulus.

6. Draft Membership Strategy

Much earlier this year, the C&ET prepared excellent drafts of the Trust's first ever Membership Strategy (designed to make membership more meaningful) and over two PMEG meetings, and subsequent detailed email feedback, the governors suggested important improvements, many of which were eventually incorporated – though it required considerable persistence to get PMEG's suggestions noted, even though there was a clear consensus among the governors.

7. General Data Protection Regulations (GDPR)

PMEG's suggestion that the Membership Strategy should include a full Statement on Data Protection since the Trust was in breach of the post-2018 data protection legislation was unwelcome to the C&ET. As chair of PMEG, about four months ago I submitted a considered review of the issues and recommended that the C&ET should consider how

best to do a re-registration exercise for the many long-term public members, but I received no reply. Due to the reputation risk for the Trust, I also sent my submission to the Chair of the Board and Director of Governance who confirmed helpfully that this was a proper matter to have been raised by PMEG.

Some progress has been made on formulating a Trust Privacy Policy rather than relying on Civica's, which was not suitable; but PMEG cannot yet be confident that all the important data protection issues have been addressed fully.

8. Membership Sign-up Form

To join the Trust, members must complete an online or paper sign-up form and provide certain personal data to the Trust. The key GDPR principles are that the information gathered should be as limited as possible, be only what is needed for the Trust's immediate legitimate purpose, and be held only for a reasonable determinate period. The Trust should not hold unnecessary personal data, and should hold legitimate data or for no longer than it needs. In this context, there are three areas of concern for PMEG.

Dates of Birth

The Trust asks people's exact date of birth (not just the year, but the day and month). That, though, is confidential personal information which is often used for security checks in all sorts of contexts, including banking and NHS treatments. A member of the public could legitimately and successfully complain to the Data Protection Commissioner about being asked unnecessarily for their exact date of birth. Good practice opinion surveys always use sensible age bands rather than exact dates of birth. In response, PMEG has been told that:

- *"Civica needs people's exact dates of birth so that it may 'roll-forward' people's ages in its dataset from year-to-year – to keep our age profile data accurate."*

However, this approach to automatically 'updating the data' of long-term members breaches GDPR if all those who joined many years ago were not told clearly that the data they gave would be used and retained indefinitely. I have been told previously that Trust membership is effectively *for life.*

Ethnic Monitoring

For a number of years, the Trust did not monitor the ethnic composition of its membership, but it now rightly proposes to do so again. The draft sign-up form that PMEG has been shown includes no fewer than 18 separate ethnic categories for respondents to classify themselves (it occupies fully half a page of the paper copy). But such disaggregation and detail is not required for our membership purposes: the 18 categories could and should be reduced to, say, five – as follows:

- White
- Mixed or multiple ethnic group
- Asian or Asian British
- Black, African, Caribbean, or Black British
- Any other group
- Prefer not to say.

The effective running of our membership scheme does not require that we know if a member is a Gypsy or Irish Traveller or Indian or Pakistani or Bangladeshi and etc – so we should neither ask the questions nor hold the data we do not need and will not use.

Sex and Gender

Quite rightly the draft membership sign-up form asks people's sex, with the options 'Male' or 'Female' or 'Unspecified'. The question is simple, straightforward and perfectly proper – except that its heading is 'Gender' not 'Sex'. It is wrong to conflate and confuse the two: everyone understands and is used to questions about sex, but gender nowadays has a different meaning that confuses many people.

For example, the 2021 Census for England and Wales hugely over-counted the number of transgender people because groups with a lesser understanding of the English language misunderstood the gender question and wrongly identified themselves as transgender – so those with poor English were five-times more likely than average to identify as having a gender other than that recognised at birth. For example, one in 67 Muslims (1.5% of the Muslim population) identified as transgender (which is clearly an exaggeration). The original estimate was that 0.54% of the total population of England and Wales are transgender, but that has now been shown to be grossly over-estimated.

There are important data protection objections to asking about people's gender unless there is a relevant and useful reason for holding such data. Unlike gender, sex is a standard and key variable in almost all datasets – crucial in criminal data on domestic violence and rape, and in health data (for example, Covid infection rates for men and women and the relative incidences of many conditions). Therefore, let us ask about sex and call it sex.

9. Membership Report

The annual Membership Report for 2022 ran to seven pages and PMEG has suggested that it should be simplified and shortened to make it more accessible to readers, which the C&ET has helpfully accepted. Having seen the proposed changes very briefly on screen, there is one area where more consideration is due.

To monitor the representativeness of our membership, the current report compares the proportions of members in various age groups with the proportion of the general population in the same age groups. For example, the data for the over-75s is as follows:

% of 75+ in Devon Population	% of 75+ Members	Index
12	37.9	315

Seeing those percentages, most members of the public will recognise quickly that people aged 75+ are over-represented in our membership by a factor of three, but the Index figure will be unfamiliar and meaningless to most of them. Despite this, the C&ET proposes to remove the percentage figures from its next membership report while using the Index figure instead. PMEG would also like the area analysis to continue.

10. Governor Elections Campaign

Introduction

The C&ET put commendable effort into the organisation and publicity for the governor elections and PMEG has received a helpful concise data report of a survey of people who expressed interested in becoming governors, including about a dozen who attended the webinars (which this time included some serving governors).

Survey findings

The survey elicited 14 responses: six from respondents who put themselves forward as governors and eight from those who did not. Those who put themselves forward had very

positive reasons for doing so; those who did not had mainly personal reasons for not doing so – though one referred to too many meetings.

Overwhelmingly, respondents learnt about the governor elections from the Trust's newsletter (86%) or word of mouth (29%) (it was a multiple response question). The 'Becoming a Governor' information booklet was very useful to 71% of respondents; the FAQs were very useful to half; the Q&A with current governors was very useful to a third; and the webinars in general were very useful to 29% of respondents. There were references to the online application process being fairly difficult – for example:

- *"I have been using the internet since it was invented but I found that trying to use the Civica site to upload my nomination data was an exercise in total frustration. In the end, I was asked to email the data to Civica for them to insert it into my application form. As a result, there were several errors in the text and the wrong photo was used."*
- *"The compute system kept rejecting my application and I did not have time to keep redoing it."*
- *"Once you get the page open, it does time-out and there is no option to save your work if you need more time. I had to re-write my application three times."*

PMEG

The PMEG discussion suggested that:

- The current constituency boundaries might confuse some potential governors by referring to areas well beyond Devon
- The Trust should seek for governors in the wider community, not just from members.

11. PMEG / C&ET Liaison

As was said initially, the chair has little input into the content and timings of PMEG agendas. It would be worthwhile for the PMEG chair and C&ET head to co-ordinate agenda topics, report styles and timings more effectively; this would facilitate PMEG's role and combine our respective social research and communications experience.

12. Next Meeting of PMEG

Monday December 18th 3.00 to 4.30pm.

13. Recommendations

It is recommended that CoG notes this report as evidence of the conscientious approach taken by PMEG.

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 22 November 2023 **Agenda item:** **8.1, Public meeting**

Title: **REPORT FROM THE NON-EXECUTIVE DIRECTOR APPRAISAL TASK AND FINISH GROUP**

Purpose: To update the Council of Governors on the work of, and the progress being made, by the Non-Executive Director (NED) Appraisal Task and Finish Group.

Background: The Council of Governors agreed to establish Task and Finish Groups in order to undertake agreed pieces of work. One of these Groups is focussed on the appraisal/observation of NEDs by the Council of Governors. It is chaired by Jeff Needham.

Key Issues:
The Group met for another session on the appraisal of NEDs on 31 October 2023. Four Governors attended the meeting.

The subjects discussed revolved around how to standardise the reporting of the appraisal of NEDs at their various activities. It was felt that a common approach must be designed that will apply to all NED activities and that whatever system is chosen it must be usable by all Governors making appraisals. A numerical system will be designed to standardise the appraisal process.

Discussion about the system to be used listed Survey Monkey as a possible system which is being investigated together with any other readymade survey forms that are available to use.

Recommendation: That the CoG notes the report from the Non-Executive Director Appraisal Task and Finish Group.

Presented by: Jeff Needham, Lead Governor and Chair of the Group

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 22 November 2023 **Agenda item:** **8.1, Public meeting**

Title: REPORT FROM THE EFFECTIVENESS OF COG TASK AND FINISH GROUP

Purpose: To update the Council of Governors on the work of, and the progress being made, by the Effectiveness of CoG Task and Finish Group.

Background: The Council of Governors agreed to establish Task and Finish Groups in order to undertake agreed pieces of work. One of these Groups is focussed on CoG effectiveness. It is chaired by Jeff Needham

Key Issues:
The Group met for the second session on the Effectiveness of CoG on 7 November 2023. Six Governors attended the meeting.

The two meetings of the Group have involved intense discussion in an attempt to decide what is the purpose of the Group, i.e. what does CoG Effectiveness mean. All participants, over both meetings had the chance to give their detailed views as to what should be included in the work of the Group.

A list of priority subjects has been agreed around the main themes of how CoG represents the public and how CoG holds the NEDs to account.

Recommendation: That the CoG notes the report from the Effectiveness of CoG Task and Finish Group.

Presented by: Jeff Needham, Lead Governor and Chair of the Group

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 22 November 2023 **Agenda item: 8.2, 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 and August 2023 meetings, reports were presented updating the CoG as the Trust moved through the election timetable as planned.

As a reminder, the 2023 election included 17 posts, comprised: 3 Eastern, 3 Northern, 6 Southern and 5 Staff. There were a number of Governors whose terms came to an end and who were 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.

Key Issues:

1. Voting Results

Due to the number of candidates being more than the number of posts available, a vote was held in the Eastern, Northern and Staff constituencies. The results were as follows:

Public Eastern – Heather Penwarden and Kay Foster re-elected for terms of three years; Nigel Richards elected for a term of two years. The turnout was 15.8%.

Public Northern – Quentin Cox, Sue Matthews elected for terms of three years; Avril Stone and Brenda Pedroni elected for terms of one year. The turnout was 16.3%. To note that in this constituency an additional post of one year was added due to the resignation of Bob Deed in September 2023. This was approved by the CoG and all the candidates that stood in this constituency were informed.

Staff – Simon Leepile re-elected for a three year term; Naomi Hallett and Zoe Harris elected for three years and Clare Stevens and Emily Partridge elected for one year. The turnout was 10.7%.

The full report of voting was shared with the CoG and published on the Trust's website. It is attached for information as Appendix 1.

2. Vacancies Remaining

At the August 2023 meeting, it was reported to the CoG that six vacancies remained in the Southern public constituency as no nominations were received. Following discussion, the CoG agreed not to hold a further election for these six places and therefore the vacancies remain, with Richard Westlake and Gill Greenfield representing the constituency. As it stands, the six vacancies will be included in the routine 2024 election.

3. Evaluation of the election process

At its August 2023 meeting, the CoG agreed that it wished to understand more about why there were no candidates in the Southern constituency. The Trust routinely undertakes an evaluation survey following each election and this year this was circulated to 45 people. These were people who attended the Governor Information webinars, people who made enquiries to the Engagement Team, those who registered with the nominations portal but did not complete the process along with all the nominated candidates. The survey received 14 responses, a response rate of 31%. In terms of barriers to people putting themselves forward, these were: time commitment, lack of knowledge and lack of confidence in being a Governor. Anecdotal feedback from people who did not put themselves forward were:

- Didn't want to go through an election process
- The form was too complicated – so couldn't be bothered to submit a nomination
- Negative conversation with a previous Trust Governor, resulting in individual being put off putting themselves forward.

The Public and Member Engagement Group (PMEG) received and considered the report from this survey at its 30 October 2023 meeting. It agreed to keep the issues under consideration, ahead of the next routine election, including providing Governor support for promoting the role.

4. Voter Turnout benchmarking

As part of the election evaluation process, the Trust asked CIVICA, the election services company, for voter turnout benchmarking data. The average Public turnout in 2023 was 12.4% from 8 acute Foundation Trusts (highest: 17.4%, lowest 6.8%). The Royal Devon's turnout was 16.1%. For the Staff Governor elections, the average turnout was 10.5% of 13 acute Foundation Trusts (highest: 18.7%, lowest 4.8%). The Royal Devon's turnout was 10.7%. All Trusts used a mixture of postal and online voting. The data indicates that the Royal Devon is not an outlier in terms of voting turnout, although there is always more that can be done in terms of promotion, communications and engagement throughout the election process.

Recommendation: That the Council of Governors notes the update in relation to the elections to CoG 2023.

Presented by: Melanie Holley, Director of Governance

Report of Voting

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 12 SEPTEMBER 2023

All term lengths are three years unless specified differently below.

CONTEST: Public: Eastern

RESULT		3 to elect
PENWARDEN, Heather	404	**ELECTED**
FOSTER, Kay	328	**ELECTED**
RICHARDS, Nigel	255	**ELECTED***
NORRIS, Brian	149	
BOWEN, Allen	98	

*2 year term length

Number of eligible voters		3,080
Votes cast by post:	246	
Votes cast online:	242	
Total number of votes cast:		488
Turnout:		15.8%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		486

CONTEST: Public: Northern

RESULT		4 to elect
COX, Quentin	222	**ELECTED**
MATTHEWS, Sue	215	**ELECTED**
STONE, Avril	191	**ELECTED***
PEDRONI, Brenda	148	**ELECTED***
DEXTER, George	115	
FRENCH, Roger	90	

*1 year term length

Number of eligible voters		2,430
Votes cast by post:	206	
Votes cast online:	189	
Total number of votes cast:		395
Turnout:		16.3%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		394

CONTEST: Staff

RESULT		5 to elect
LEEPILE, Simon	798	**ELECTED**
HALLET, Naomi	677	**ELECTED**
HARRIS, Zoe	650	**ELECTED**
STEVENS, Clare	614	**ELECTED***
PARTRIDGE, Emily	562	**ELECTED***
JONES, Clare	518	
WOOD, Chrys	498	

* 1 year term length

Number of eligible voters		13,342
Votes cast online:	1,427	
Total number of votes cast:		1,427
Turnout:		10.7%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		1,427

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Royal Devon University Healthcare NHS Foundation Trust

The Election Centre • 33 Clarendon Road • London • N8 0NW • 020 8365 8909 • civica.com/electionservices • support@cesvotes.com

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS

Meeting date: 22 November 2023 **Agenda item:** 8.3, Public meeting

Title: Report from the Annual Members Meeting (AMM) 2023

Purpose: To update the Council of Governors on the AMM 2023.

Background: The AMM is a statutory meeting which provides an overview of the previous financial year, the accounts and plans for future. The agenda was presented to the Council of Governors (CoG) at its August 2023 meeting.

Key Issues:
All Trust Members (public and staff), Governors and other stakeholders were invited to join our AMM either at Petroc College Tiverton or virtually via MS Teams on 27 September 2023. The meeting received reports from Shan Morgan, Chair, Chris Tidman, Deputy Chief Executive, from Edward Mills at KPMG, the Trust's External Auditors, and from Barbara Sweeney and Heather Penwarden on behalf of the Governors. There was a question and answer session, with questions submitted before the meeting plus questions taken from attendees.

There were 37 people in attendance in total, including staff and public members of the Trust, Directors and Governors. The majority attended in person with 12 joining virtually.

The meeting was preceded by a Members' Engagement Event, which included a presentation on some examples of how the Royal Devon is recovering waiting lists, in particular the work at the Nightingale to deliver orthopaedic and ophthalmic treatment. There was also a series of focus groups on the public perception of the Trust's work to recover waiting lists and what the Trust needs to focus on moving forwards. The feedback from this has been shared with the CoG and Board, and has been used to update information on the Trust's website for patients who are waiting for an appointment or treatment https://www.royaldevon.nhs.uk/patients-visitors/information-and-advice-for-people-waiting-for-treatment/

The Engagement Team undertook a survey with Members and Governors for their views on both the formal AMM and the Members' Engagement Event. This was sent to those who expressed an interest in attending as well as those who actually attended (67 people, with a response rate of 42%). The survey asked about the quality of the sessions, the organisation of the whole event, and the event's publicity. Overall, the feedback was positive, particularly on the content of the meetings, but there are areas to consider, such as the venue location and the need to hold focus groups in separate rooms/areas. This will be used by the Trust to inform planning for future events. The survey results have been discussed in more detail through the Public and Members Engagement Group.

Recommendation: That the Council of Governors note the report.

Presented by: Melanie Holley, Director of Governance

Royal Devon
University Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 22 November 2023 **Agenda item:** 8.4, Public meeting

Title: **ANNUAL MEMBERSHIP REPORT**

Purpose: To provide the Council of Governors with an update on membership data

Background:

As a Foundation Trust, the Royal Devon is a membership organisation. Governors' statutory role includes representing the interests of members and the wider public. This annual report provides the Council with the information it needs to understand the Trust's membership numbers, profile and activity, in order to help the Council and its working groups with planning future membership activity.

The Trust recognises the importance of a broad and active public membership and will continue to work with the Public and Members Engagement Group (PMEG) to develop and deliver our membership strategy and activity.

Public members are required to sign up to become a member of the Royal Devon. Under the Royal Devon's constitution, staff membership is granted by default to eligible staff, with an opt-out process in place. Staff are eligible to be staff members if they are employed by the Trust under a contract of employment which has no fixed term or a fixed term of at least 12 months; or they have been continuously employed by the Trust/exercised a function for the Trust for at least 12 months. Volunteers are not eligible to be staff members, but can become public members.

Overview:

- The following reports provide a snapshot of the Royal Devon's current staff membership and public membership.
- The public membership data used in the reports is generated from our membership database hosted by an external service provider (CIVICA).
- The public membership data is broken down by age and gender. Ethnicity data is not currently gathered though there are plans for this to be reinstated.
- Index scores are used to give an idea of representation, comparing our constituency membership with the latest population census data for that constituency.
- To support our membership strategy, which is in development, data has been added this year to show the reasons why we have lost public members, public member representation by constituency, and community group membership. Governors expressed an interest in seeing this data.

Membership gains and losses:

At the time of reporting (October 2023) the Royal Devon has a total membership base of **20,673** people – **9,133** public members and **11,540** (tbc) staff members.

Figure 1: Breakdown of public members gained and lost by constituency

NEW MEMBERS ACCRUED AND LOST BY CONSTITUENCY 1/10/22 – 30/9/23				
	Public Members	**Joiners**	**Leavers**	**Net gain/loss**
Northern constituency (Mid, North, West Devon & Cornwall)	2,435	152	-96	56
Southern constituency (Exeter & South Devon)	3,642	61	-130	-69
Eastern constituency (East Devon, Dorset & Somerset & Rest of England)	3,051	68	-184	-116
Out of area	5			
Total	9133	281	410	-129

Figure 2: Reasons for public members' leaving

REASON	**LEAVERS 1/10/2022 – 30/9/2023**
Deceased	261
Duplicate	17
Moved	32
Opt out	74
Other	26
Total number of members lost	**410**

- The net loss of **129** public members is an improvement on last year's report, when we had a net loss of **221** members; however, the reporting period covered a longer time period of 18 months rather than 12 months.
- The smaller net decrease is attributed to the Trust keeping members engaged, and both the Trust and Governors recruiting new members.

Public membership representation as at 30 September 2023:

Guidance for interpreting the data for figure 3

- The **index** refers to how representative the Trust membership is when compared with the local population. The index figure is the key figure that tells us if our membership profile has a 'healthy' level of representation. Anything from 80-120 shows healthy representation i.e. representation in our membership is broadly consistent with representation in our local community. Within the index column, red is less than 80, green is 80-120, blue is over 120.

- The index score is calculated using data from the **base** figures for the Royal Devon's local area population. This is taken from the 2021 census figures and updated with yearly census projections.

Figure 3: Local Population Profile report

	Public members	% of Membership	Index score
Age	**9,130**	**100.00**	
0-16	0	0.00	0
17-21	20	0.22	4
22-29	133	1.46	17
30-39	274	3.00	26
40-49	452	4.95	44
50-59	788	8.63	61
60-74	1,966	21.53	110
75+	3,552	38.90	313
Gender	**9,131**	**100.01**	
Unspecified	244	2.67	0
Male	3,625	39.70	81
Female	5,262	57.63	112

- For the local population profile reports for each constituency, **see appendix A.**
- In July 2018, membership data collection on ethnicity ceased after a review carried out when GDPR regulations came in, and any existing data was removed from the database. Following discussion at PMEG, we are proposing to restart capturing our public membership's ethnicity, on the basis that we need to gather this data in order to understand the diversity of our public membership, highlight where further feedback may need to be sought to be representative, and also to support member recruitment efforts. Data will start to appear in this section for those members where we collect this data, once the public membership sign up form has been amended. Meetings have been held with the Trust's information governance team to discuss and agree this.
- As discussed at PMEG, we are also looking into reporting on representation of people with disabilities within our membership, to understand representation. This needs to be developed further and will be included in next year's report.

Figure 4: Population index score by constituency

	Public membership	% of Membership	Index
Northern Constituency	2,435	26.67	107
Southern Constituency	3,642	39.89	187
Eastern Constituency	3051	33.40	62
Out of area	5	0.03	
Total	**9,133**	100	

- For reporting purposes the index score for the Eastern Constituency (East Devon, Dorset, Somerset and Rest of England) has been produced with reference to population data for the East Devon, Dorset and Somerset regions only.

Public members' involvement in community groups

Although not all members choose to indicate which groups they are associated with in our membership sign up form, 157 members are linked to various community groups. Please see **appendix B** for a detailed list.

Developing this report:

The format for this year's report has been reviewed in collaboration with PMEG to provide a simplified and more meaningful overview of our membership profile.

In future iterations of this report, we intend to refine the index score reporting for the Eastern constituency by excluding population data for Dorset and Somerset, as well as the Rest of England, and for the Northern constituency by excluding population data for Cornwall and the Isles of Scilly, so we can understand representation in a more meaningful way. This will allow us to compare and target member recruitment efforts geographically. We are working with CIVICA to provide this information.

Recommendation: That the Council of Governors note the report.

Presented by: Jess Newton - Head of Communications and Engagement

Appendix A: Local population profile reports by constituency

Northern Constituency	Public Members	% of Membership	Index score
Age	**2,435**	**100.00**	
0-16	0	0.00	0
17-21	0	0.00	0
22-29	20	0.82	10
30-39	65	2.67	23
40-49	113	4.64	40
50-59	224	9.20	60
60-74	603	24.76	113
75+	963	39.55	287
Gender	**2,435**	**100.00**	
Unspecified	81	3.33	0
Male	941	38.64	79
Female	1,413	58.03	113

Southern Constituency	Public members	% of Membership	Index score
Age	**3,641**	**100.00**	
0-16	0	0.00	0
17-21	4	0.11	2
22-29	59	1.62	17
30-39	134	3.68	30
40-49	218	5.99	53
50-59	360	9.89	73
60-74	758	20.82	115
75+	1,223	33.59	288
Gender	**3,641**	**100.00**	
Unspecified	84	2.31	0
Male	1,453	39.91	82
Female	2,104	57.79	113

Eastern Constituency	Public	% of Membership	Index score
Age	**3,050**	**100.00**	
0-16	0	0.00	0
17-21	16	0.52	0
22-29	54	1.77	0
30-39	75	2.46	0
40-49	119	3.90	0
50-59	204	6.69	0
60-74	602	19.74	0

75+	1,368	44.85	0
Gender	**3,051**	**100.03**	
Unspecified	78	2.56	0
Male	1,229	40.30	0
Female	1,744	57.18	0

Appendix B: Community group membership

Age UK Devon
Arthritis care
Axminster Hospital Steering Group
Bank HCA
Broadclyst Senior Citizens Club
Budleigh Hub
Devon and Torbay Care Trust
Devon Carers
Devon Health and Social Care Forum and others
Domestic assistance
Exeter angling Association
Exeter City of Literature
Friends of Chidden Brooke Surgery
friends of wyndham house surgery
Go North Devon, Age UK
headway north devon
healthwatch
Hotel services
Ilfracombe Coast U3A
Kilmington Parish Council
League of Friends of Axminster Hospital
League of Friends Tiverton Hospital
Mount Pleasant Health Centre PPG
Neighbourhood watch
nhs
Nutriri
Over&Above
Parish Council
Phoenix group (Women's Institute)
Rotary club
Royal Devon &Exeter
Seachange
Seaton Area Health Matters
SOHS
South Molton Town Council
South West MS Centre
St Margaret's and St Andrew's Church, Littleham and Holy Trinity Church, Exmouth

Stoke St Mary Parish Council
Theatre Assistant
tiverton hospital league of friends
Torridge Volunteer Cars
Village Hall
Voluntary work at Force Cancer
Volunteer at the Hospital
WI, South Molton Youth Council
Women's Institute
work for the trust
Your child, Your voice, Plymouth

ROYAL DEVON ANNUAL PUBLIC MEMBERSHIP ENGAGEMENT LOG – 2022/2023

October 2022 – September 2023		
Media Channel and Target Audience	**Key messages**	**Response rates**
Email		
• The Trust sent emails to 3564 members (39% of members) • Average open rate 56.71% (last year 54.3%) • Average clicks 25%		
October 2022 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – October edition Included • Thank you for coming to our Members' Event and Annual Members' Meeting • Say hello to your new governors	Open rate **57**% Click through rate 6.23%
October 2022 Stand-alone email To all public members with email addresses	Royal Devon Governor Elections 2022 – Get ready to vote!	Open rate **54**% Click through rate 7.45%
November 2022 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – November edition Included • Royal Devon appoints eight new Governors following recent elections	Open rate **57**% Click through rate 6.23%
December 2022 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – December edition Included • A warm welcome to our new Governors	Open rate **58** % Click through rate 5.45%
February 2023 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – February edition	Open rate **60** % Click through rate 5.81%
March 2023 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – March edition Included • Our next Members' Event is set for 19 April – book your place now	Open rate **55**% Click through rate 7.87%
March 2023 Stand-alone email To all public members with email addresses	You're invited! Next members' event - 17 May 2023	Open rate **57**% Click through rate 5.90%

April 2023 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders –April edition Included • Members' Event new date 17 May	Open rate **55**% Click through rate 4.47%
April 2023 Stand-alone email To all public members with email addresses	One month to go: Royal Devon Members' event – 17 May 2023	Open rate **56**% Click through rate 3.54%
May 2023 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – May edition Included • Two weeks to go until our members event – speakers now confirmed!	Open rate **57** % Click through rate 6.89%
June 2023 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – June edition Included • Catch up if you missed our latest members event • Governor elections coming soon	Open rate **52**% Click through rate 3.33%
June 2023 Stand-alone email To all Northern Constituency public members with email addresses	NHS feedback opportunity: New Hospital Programme	Open rate **62**% Click through rate 7.42%
June 2023 Stand-alone email To all public members with known email addresses who expressed an interest in becoming a public Governor	Could you be a Royal Devon Governor? Join our webinar to find out!	Open rate **59**% Click through rate 9.32%
July 2023 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – July edition Included • Would you like to help improve your NHS trust? We are looking for people to join the Trust's Council of Governors as Public Governors.	Open rate **55** % Click through rate 6.46%
July 2023 Stand-alone email To all public members with email addresses	Suzanne Tracey announces decision to step down as CEO of the Royal Devon	Open rate **63** % Click through rate 0.05 %
July 2023 Stand-alone email To all Northern Constituency public members with email addresses	Royal Devon NHS Governor Elections: Nominations now open	Open rate **54** % Click through rate 6.07%
July 2023	Royal Devon NHS Governor Elections:	Open rate **53** %

Stand-alone email To all Southern Constituency public members with email addresses	Nominations now open	Click through rate 5.42%
July 2023 Stand-alone email To all Eastern Constituency public members with email addresses	Royal Devon NHS Governor Elections: Nominations now open	Open rate **57**% Click through rate 4.50%
July 2023 Stand-alone email To all Northern Constituency public members with email addresses	Royal Devon NHS Governor elections reminder: Self-nominations close soon!	Open rate **55**% Click through rate 6.58%
July 2023 Stand-alone email To all Southern Constituency public members with email addresses	Royal Devon NHS Governor elections reminder: Self-nominations close soon!	Open rate **53**% Click through rate 6.85%
July 2023 Stand-alone email To all Eastern Constituency public members with email addresses	Royal Devon NHS Governor elections reminder: Self-nominations close soon!	Open rate **53** % Click through rate 3.24%
August 2023 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – August edition • Save the date: annual members' meeting and event	Open rate **56** % Click through rate 6.55%
August 2023 Stand-alone email To all public members with email addresses	Nominations are open for the Royal Devon's Extraordinary People Awards 2023	Open rate **45**% Click through rate 54%
August 2023 Stand-alone email To all public members with email addresses	Annual Members' Update from Dame Shan Morgan, Chair of the Royal Devon	Open rate **43**% Click through rate 3.70%
August 2023 Stand-alone email To all public members with email addresses	CQC concludes inspections at the Royal Devon and highlights improvements needed	Open rate **49**% Click through rate 9.30%
September 2023 Stand-alone email To all public members with email addresses	Paul Roberts announced as interim CEO of the Royal Devon	Open rate **57**% Click through rate 0.05%
September 2023 E-newsletter To all public members with email addresses	Latest news for our members and stakeholders – September edition Included • An invitation to our public event and Annual Members' Meeting • Elections to the Council of Governors 2023: you still have time to vote	Open rate **47**% Click through rate **5.99**%

September 2023 Stand-alone email To all public members with email addresses	One week left to nominate your NHS heroes for an Extraordinary People Award!	Open rate **43** % Click through rate 7.41%
September 2023 Stand-alone email To all public members with email addresses	Reminder: you're invited to the Royal Devon Members' Event & AMM 27 September 2023	Open rate **46** % Click through rate 3.55%
Social Media		
April/May 2023 Organic posts Facebook, Instagram and Twitter posts	**Promotion of Member Event in Barnstaple**	
June 2023 Sponsored posts (adverts) on Facebook and Instagram Geographic targeting in and around Exeter, Torquay and Barnstaple and Plymouth Age targeting 18 – 65+	**Member recruitment boost** • Sign up to become a Royal Devon member	New members recruited 62
July 2023 Organic posts Facebook, Instagram and Twitter posts	**Governor Elections campaign** • Find out more about the Governor role • Book your place at our 'Becoming a Royal Devon Governor webinar • Governor thoughts on the Governor role – find out more • Want to help your local health services – put yourself forward for the Governor role	
September 2023 Organic posts Facebook, Instagram and Twitter posts	**Promotion of Member Event and AMM in Tiverton**	
Postal Mailings		
August 2023 Mailing to all members without valid email addresses	Chair's Annual Update Included: • Letter from Dame Shan • AMM and Engagement Event invite 2023 • Governor election promotion	

	• Sign up to MY CARE • Call for members to provide an email address	

Member Engagement Events

17 May 2023
Members' event in Barnstaple

- 94% of attendees rated as 'excellent' or 'good'
- For further information request the member event evaluation

27 September 2023
Members' event and Annual Members' Meeting in Tiverton

- 95% of attendees rated as 'excellent' or 'good'
- For further information see the separate summary report submitted for the 22 November CoG meeting

Governor elections campaign

- For an overview of our Governor elections campaign for 2023 see the summary report for the 22 November CoG meeting

- **To request the evaluation surveys for this year's member engagement events and governor elections campaign for 2023, email the engagement team at rduh.royaldevonmembers@nhs.net**

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS

Meeting date: 22 November 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
- Jeff Needham, Lead Governor, Public Governor - Northern
- Heather Penwarden, Deputy Lead Governor, Public Governor - Eastern
- Gill Greenfield, Public Governor - Southern
- Richard Westlake, Public Governor - Southern
- Kay Foster, Public Governor - Eastern
- Rachel Noar, Public Governor - Eastern
- Dale Hall, Public Governor – Northern
- *Vacancy*, Public Governor - Northern
- Simon Leepile, Staff Governor
- Angela Shore, Appointed Governor

Following the Annual Members Meeting in September, two vacancies were created on the Committee due to Governors retiring. One, for a Public Governor – Southern, has been filled by Richard Westlake, as the only other Governor, alongside Gill, in this constituency. In terms of the vacancy for a Public Governor – Northern, at the time of writing, an election process is underway.

The Committee's most recent work has been focussed on the recruitment of a NED. This work was supported by Mrs Holley, Director of Governance, and by Melanie Shearer and Jim Canning from GatenbySanderson, the executive search company. Colleagues from the People Team at the Trust also attended and supported meetings. The Committee agreed it was seeking candidates with experience of holding a senior leadership role in the public, voluntary or academic/research sectors, and candidates who are used to supporting transformation in an environment of significant scale and complexity

Since the last report to the CoG at its August 2023 meeting, the Committee has shortlisted and interviews candidates. It made a recommendation to the CoG at a meeting held on 26 September 2023 to appoint Tim McIntrye-Bhatty as a NED and the CoG unanimously approved this recommendation subject to the usual pre-employment checks being completed.

Following the meeting, the Trust commenced its pre-employment checks and it was in a position to make a unconditional offer to Mr McIntyre-Bhatty in October 2023. Mr McIntrye-Bhatty accepted this and his term of three years on the Board of Directors commenced on 1 November 2023. His induction programme is now underway.

Looking ahead the Committee will be meeting in January 2024. This will be to undertake a

review of the recent recruitment process, to consider its work plan for the year and also to sit as the Appraisal Working Group to receive the reports from the Chair and NEDs appraisals, ahead of making a recommendation to the CoG at a meeting on 23 January 2024.
Recommendation: That the Council of Governors note the report.

Presented by: Shan Morgan, Chair, Nominations Committee