

COUNCIL OF GOVERNORS MEETING IN PUBLIC

Thursday 8 June 2023
 11.15 – 13.45

Tiverton Hotel, Blundells Road
 Tiverton
 EX16 4DB

AGENDA

As of 01/06/2023

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.	Declaration of Governor Interests	Melanie Holley, Director of Governance	Noting		11.16 1
3.	Secretary's Notes	Melanie Holley, Director of Governance	Noting		11.17 1
4.	Chair's Remarks	Shan Morgan, Chair	Information		11.18 2
5.	Presentation of the approved 23 November 2022 Public meeting minutes	Shan Morgan, Chair	Information	✓	11.20 1
6.	Accountability & Engagement				
6.1	Chief Executive's Public Report	Chris Tidman, Deputy Chief Executive	Information		11.21 15
6.2	Open Question & Answer	Chris Tidman, Deputy Chief Executive	Discussion		11.36 10
7.	Performance & Assurance				
7.1	Q4 2022/23 Performance Report	Angela Hibbard, Chief Financial Officer	Information	✓	11.46 45
	Comfort Break 12.30 – 12.40				
8.	CoG Business				
8.1	Elections to CoG 2023	Melanie Holley, Director of Governance	Information	✓	12.40 5
8.2	Reports from: <ul style="list-style-type: none"> CoG Coordinating Committee Public and Member Engagement Group 	Barbara Sweeney, Lead Governor Dale Hall, Chair of the Public and Member Engagement Group	Information	✓	12.45 10

Item	Title	Presented by	Item for approval, information, noting, action or debate	Paper	Est. Time
8.3	Report from the NHS Providers Governor Focus Conference	Dale Hall and Jeff Needham, Public Governors, Northern constituency	Information	✓	12.55 5
8.4	CoG Committee and Working Group membership update	Melanie Holley, Director of Governance	Information	✓	13.00 2
8.5	Nominations Committee update	Shan Morgan, Chair	Information	✓	13.02 2
8.6	External Auditor Tender Process	Alastair Matthews, Non-Executive Director and Chair of Audit Committee	Information	✓	13.04 5
8.7	Annual Review of the of the CoG Schedule of Reports	Melanie Holley, Director of Governance	Approval	✓	13.09 2
9.	Stakeholder Engagement – <i>no reports</i>				
10.	Information				
10.1	Discussion with a Non-Executive Director – Alastair Matthews	Alastair Matthews, Non-Executive Director	Discussion		13.11 30
	The next meeting of the Council of Governors is 23 August 2023, at the Future Skills Centre, Exeter Airport Industrial Estate, Exeter, EX5 2LJ				

Meeting closes at 13.45

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

**Held on Wednesday 23 November 2022
Via MS Teams
(Recorded via MS Teams)**

Present

Shan Morgan, Trust Chair

Public Governors

Eastern:

Kay Foster
Rachel Noar
Barbara Sweeney
Heather Penwarden

Northern:

Annie Adcock (from minute 52.22)
Catherine Bearfield
James Bradley
Dale Hall
George Kempton
Carol McCormack-Hole
Jeff Needham (from minute 50.22)

Southern:

Janet Bush
Gill Greenfield
Richard Westlake
Hugh Wilkins
Elizabeth Witt (from minute 52.22)

Staff Governors:

Simon Leepile
Tom Reynolds
Nicky Stapleton
Cathleen Tomlin

Appointed Governors:

Ian Hall, Devon County Council (from minute 50.22)

Apologies

Lydia Balsdon, Staff
Catherine Bragg, Staff
Bob Deed, Northern
Maurice Dunster, Eastern
Angela Shore, Appointed, University of Exeter
Jayne Westcott, Staff

In Attendance:

Bernadette Coates, Governance Coordinator
(minute taker)
Chris Tidman, Deputy Chief Executive (minutes 46.22 to 51.22)
Melanie Holley, Director of Governance
Bridie Kent, Non-Executive Director
Steve Kirby, Non-Executive Director
Alastair Matthews, Non-Executive Director
Tony Neal, Non-Executive Director
Jess Newton, Head of Communications and Engagement
Jim Cromwell, BSL interpreter
Tim Griffin, BSL interpreter

Item	Minute		Action
1.	46.22	WELCOME AND APOLOGIES	
		Ms Morgan welcomed everyone to the meeting, including Mr Tidman, Professor Kent, Mr Kirby, Mr Matthews and Mr Neal as members of the Board of Directors. She welcomed all the new Governors who had joined the CoG since its last meeting, namely Lydia Balsdon, Catherine Bearfield, Catherine	

		<p>Bragg, Bob Deed, Maurice Dunster, Gill Greenfield, Dale Hall, George Kempton, Carol McCormack-Hole, Jeffrey Needham, Tom Reynolds, Nicky Stapleton, Cathleen Tomlin, Jayne Westcott and Richard Westlake. Ms Morgan said that unfortunately not all of the new Governors could attend the meeting but she looked forward to meeting them in due course. She added that Ryan Balment, who was elected uncontested in the Northern constituency (alongside Bob Deed), had since let the Trust know that, due to personal circumstances, he was not able to take up his post. A full report on the recent elections was coming later in the meeting.</p> <p>The apologies were noted as above and the meeting confirmed as quorate.</p>	
2.	47.22	ANNUAL REVIEW OF THE REGISTER OF GOVERNOR INTERESTS	
		<p>Ms Morgan presented the revised Register of Governor interests, commenting on the range of interests that Governors had and she that she looked forward to drawing on this experience. Mrs Holley said the Register had undertaken its annual review and since circulation, the following additions for Mrs McCormack-Hole had been received:</p> <ul style="list-style-type: none"> • Parish Councillor, Fremington Parish Council • Chair, Queen's Medical Centre Patient Participation Group, Barnstaple • Member, Public Stakeholder Network (PPGs in Northern Locality) • Member, North Devon Hospital Involving People Steering Group • Member, Devon County Council Joint Engagement Forum • Member, CCG Clinical Policy Engagement and Consultation Group • Member, Healthwatch Steering Group • Member, South West Outpatients transformation Group • Member, One Northern Devon <p>Mrs Holley reminded all Governors to inform her of any changes to the declared interests and to flag any interests should they arise during the course of the meeting. She said that declaration of interest forms for the Governors whose terms started earlier in the week were in the process of being completed and would be added to the Register in due course.</p> <p>Mr Kempton said he had recently resigned as a Member of NHS England and NHS Improvement's Policy Sounding Board for Older People. This was noted.</p> <p>There being no further amendments, the revised Register of Governor Interests was noted.</p>	
3.	48.22	SECRETARY'S NOTES	
		<p>Mrs Holley highlighted the following.</p> <p>The dates for the CoG meetings and Development Days in 2023 were being confirmed and would be circulated soon. She acknowledged this was later than normal and thanked everyone for their patience. She provided a reminder that the next meeting of the Board of Directors in public was Wednesday 30 November. The meeting was being held via MS Teams and the papers would be sent to the Governors with an invitation to observe.</p> <p>There being no comments or questions, the Secretary's Notes were noted.</p> <p>The Council of Governors noted the Secretary's Notes.</p>	

4.	49.22	CHAIR'S REMARKS	
		<p>Noting it was the first formal meeting for the Governors recently elected, Ms Morgan said she had met some of them at induction in October 2022 and at the Joint Board and CoG Development Day on 9 November. She hoped to meet the others in person soon. Ms Morgan commented on the meeting being held virtually and added that poor feedback had been received on hybrid meetings. She said the Trust was reviewing the venue options for future in-person meetings, taking into account COVID safety, cost and accessibility.</p> <p>Ms Morgan said that in its confidential meeting, the CoG would be considering recommendations from the Nominations Committee in relation to Non-Executive Director (NED) appraisals, a NED reappointment and the recruitment of a NED. Following that meeting, the CoG would be receiving some training and development on external and internal audit and how this provides assurance to the Trust. There was then a presentation from, and discussion with, Dr Sarah Wollaston, Chair of NHS Devon, the Devon Integration Care System (ICS). There would then be a discussion on feedback from communities, which was always valuable, and an evaluation of the day.</p> <p>Ms Morgan said a key item for the CoG on the public agenda was the proposal on the working groups. The Governors present at the meeting on 9 November 2022 had discussed this with Mrs Sweeney, Lead Governor, but it was coming for formal consideration by the CoG with the aim to lighten the burden on working groups and to keep the CoG's work on track.</p> <p>There being no comments or questions, the remarks were noted.</p> <p>The Council of Governors noted the Chair's Remarks.</p>	
5.	50.22	MINUTES OF LAST MEETING, MATTERS ARISING & ACTION SUMMARY CHECK	
		<p>The minutes of the meeting held on 17 August 2022 were approved as an accurate record subject to:</p> <p>Minute 38.22, page 8, first paragraph, fourth sentence from the end should read: '...NEDs are always asking questions and seeking assurance...'. Minute 38.22, page 9, first paragraph, Mr Wilkins raised a query into the wording of his comments in relation to the performance report. He agreed to submit alternative wording for consideration. POST-MEETING NOTE: this wording was submitted and agreed with Ms Morgan and included in the approved minutes.</p> <p>Mr Kempton commented on the length of the minutes and asked if they could be reduced by being more focussed on agreed actions and decisions. Ms Morgan noted the comment and said this would be considered regarding being more explicit in the action points; however, she added they were a matter of public record and it was important to capture the discussions the CoG had. She said she did not believe that action or decision points only would do justice to the quality of the discussions.</p> <p><i>Prof. Needham joined the meeting.</i></p> <p>Action Summary Check</p> <p>The CoG noted the actions as per the action tracker.</p>	

		Matters Arising There were no other matters arising not covered elsewhere on the agenda.	
6.		ACCOUNTABILITY AND ENGAGEMENT – NO REPORTS	
7.		PERFORMANCE & ASSURANCE	
7.1	51.22	Q2 2022/23 PERFORMANCE REPORT	
		<p>Mr Tidman presented the report to the CoG. He said that Mrs Tracey, Chief Executive, had provided a comprehensive 'View from the Bridge' on 9 November 2022 at the Joint Board and CoG Development Day so he would provide an overview focussing on the Autumn budget statements before opening up for questions on the report. Mr Tidman said there were a number of views on the allocation of funding for next year and whether this was sufficient. The Chief Financial Officer for NHS England at a meeting earlier in the week had said it was his view it should ensure parity and the NHS was no worse off against inflation than when the original settlement was made. Mr Tidman said that the core capital funding was intact for the next three years. He said Chief Financial Officer for NHS England was not as forthcoming on the 40 new hospitals, with further information expected in the new year and so the Trust needed to be ready for it. Mr Tidman said the Government's Autumn statement also made a commitment to more funding for social care, with £500m released this week to support hospital discharge. Mr Tidman said the Trust would work with Devon County Council colleagues to ensure this made a tangible difference. Mr Tidman said the Government wanted to see improvements in Primary Care access to take pressure off Emergency Departments (ED), reducing ambulance delays and the four hour wait in A&E target. A recovery plan with milestones and measurable outcomes was required to be developed. Long waits for elective and cancer care were also to be reduced. Mr Tidman said this was to be underpinned by a strategic workforce plan based on demand and capacity for the next five years.</p> <p>Mrs McCormack-Hole asked if there was any additional provision announced for pharmacies, commenting that self-help was important in terms of people staying away from ED and she was aware of pharmacies closing or reducing services. Mr Tidman said there was a full primary care provision commitment, which included pharmacies alongside GPs.</p> <p>In terms of the Trust's performance during Q2 2022/23, Mr Tidman said it had been a challenging time, with waves of Omicron COVID-19, delayed discharges, all having an impact on operational status. He said the Trust had managed well in terms of ambulance waits but he did not want to understate the pressure on the ED and ward teams. Mr Tidman said mutual aid had been in place, with the Trust supporting other organisations in the region, for example receiving patients in order to help ambulances getting back on the road. He said when managing emergency care, the Trust also had to manage its work to reduce the long waits for elective care. The Trust's two year waits were expected by the end of year to be at zero or virtually zero. Mr Tidman said the Board was ensuring the work was being progressed at sufficient pace as part of the Trust's recovery plan. He added that cancer performance was also a real focus for the Board, at a time of increased referrals across the country.</p>	

	<p>Mr Tidman referred to the format of the Board's Integrated Performance Report, and said he was aware it was a long document. He said the key themes were drawn out in the executive overviews, which were provided in the CoG's report. He said the challenge from the Board and the NEDs was to get a better fix on the data, and ensuring the actions were clearer and in particular, developing proper trajectories for workforce, cancer care, diagnostics etc. He said that where there were no material trends or the Trust was largely achieving a target, it was important to keep the narrative as slim as possible in order to focus on the key issues.</p> <p>Mr Tidman said the Board was very focussed on the number of 'Green to Go' patients. As part of this, a programme 'Home Without Delay' had been established, working with the Trust's partners to get patients home as soon as possible. In terms of Workforce, Mr Tidman said the Board was very keen the Trust developed a stronger forward look. He provided an overview of recent recruitment events, adding that the Trust had 1200 new staff in the pipeline. The Trust recognised that the region had full employment in many areas so it needed to be nimble and proactive in its recruitment and ensuring its induction processes worked as quickly as possible. Mr Tidman invited questions.</p> <p>Mrs Sweeney said the Governors had met prior to the meeting and grouped their questions into themes and she would invite Governors to ask their questions.</p> <p>Mrs Sweeney said there was some confusion amongst the Governors on the Trust's Reset Week and how this would help the winter pressures. She asked for assurance around how effective the plans for the forthcoming winter would be. Mr Tidman replied that the Trust had a detailed Winter Plan, knowing it would be the most challenging winter yet. The Board had spent a significant amount of time on it, with a focus on what the Trust could do to increase social care capacity, noting that a £10m investment was being made. He said the Trust had also planned for another surge in COVID-19 cases, and the impact this may have upon elective care. Mr Tidman said it was not possible to say with absolute certainty that the Trust had a complete solution to the winter pressures but he could assure the Governors it had a well-developed plan. The Board was assured about ensuring the services provided were safe, that it was being fair with its staff and that the Trust would take the opportunity where possible to reduce the long waits during the winter period. Mr Kirby added that the Reset Week was an excellent initiative and the NEDs had challenged on its sustainability; however, it had shown if the Trust operated slightly differently, it could change the dynamic of patient flow. He added that the data analysis from this work was due to be presented to the Board.</p> <p>Mrs Greenfield commented on the rising number of complaints and asked if the Board was concerned by this and what learning was being taken. Mr Tidman said this had been discussed by the Board and themes had been identified, such as frustration at long waits, whether in ED or for planned treatments. He said the Executive Lead was Carolyn Mills, Chief Nursing Officer, and she would ensure that any learning would be taken.</p> <p>Miss Foster referred to the use of volunteers at the Trust. The Governors were aware of an update from a recent Patient Experience Committee meeting via Mrs Penwarden and it had also been discussed at the Development Day on 9 November 2022. Miss Foster expressed frustration that this was an on-going issue where little progress had been made. She said that if it was accepted that volunteers can be useful for the nursing staff, was the Trust going to consider</p>	
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someone senior being employed to drive the work. Mr Tidman said that COVID-19 had shown that the voluntary workforce could be mobilised quickly; however, having returned to business as usual, processes could take longer. Mr Tidman said the issue needed to be discussed by the Executive Directors before presenting options to the Board. Mr Matthews said he was aware that Mrs Mills was looking at the issue closely. She had recently attended a meeting of the Audit Committee at which it considered an internal audit review on volunteers. There were some concerns that some of the processes were not working as well as they should do. Mrs Mills was considering the recommendation to put leadership in place and she was keen to progress the improvements as quickly as possible. Professor Kent provided assurance that the Board acknowledged the positive impact of volunteers; however, the service needed to be carefully managed and the models may also need to be different across Eastern and Northern services.

Mrs Sweeney said the next set of questions related to mortality rates and the quality of care out of hours. Mr Kempton asked what the Board was doing to ensure the safety of patients and the quality of care was the same at weekends as on weekdays. Mr Hall added that there was evidence that the mortality rate was worse for weekend admissions in the Northern services, noting that performance was better in Eastern services. He asked if the NEDs were assured that this was not due to an absence of diagnostic services or Consultants. He said he was aware this was a national issue but asked if there was a plan to equalise standards of care across weekdays and weekends and across the Trust. Mrs Greenfield commented on the number of discharges at weekends and asked if the NEDs were assured the Trust was working towards a seven day service. She noted the increase in Grade 4 Pressure Ulcers, during August particularly, and asked if the NEDs were assured on the plan for this.

Mr Tidman agreed the issues were connected and so he would respond in the round. He said the Board recognised that the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) provided the Trust with an indication to look into a particular area; however, key to this was the detailed clinical review of all the deaths at the Trust by the Medical Examiners. Mr Tidman said the Board received detailed reviews of mortality and there had been a spike in weekend admission mortality in the Northern services. The detailed reviews of the deaths would look at all the factors involved. In terms of seven day working, Mr Tidman said there was a push for seven day emergency care and six days for routine care. He said the Trust had adequate nursing care but fewer doctors and therapists at weekends, albeit this was improving. Mr Tidman added that some of the learning from Reset Week was that what was stepped up at weekends made a difference; however, this required staffing and funding. Turning to the comments on discharge numbers, Mr Tidman said there were fewer discharges on Saturday and Sundays, but this was not unusual. Professor Kent reassured the CoG that these were all areas which the NEDs challenged at Board. Mrs Holley said that the Board received a Learning From Deaths Report which provided a level of detail that its IPR did not, adding that the Medical Examiner role was new and the Board was still understanding the difference it made. In terms of safe staffing, Mrs Mills was the executive lead for this in terms of nursing, and the Board was provided with data. For Pressure Ulcers, the numbers had increased and not all were avoidable; however, the Trust wanted to avoid as many as possible and it was reviewing why the numbers were increasing, particularly in the community.

		<p>Moving onto staffing questions, Mrs Noar said she was pleased to hear about the Trust's recruitment drives; however, the agency and bank staff position was difficult and asked what was being done to improve this. Mr Leepile added that pre-employment checks took a long time, which caused stress to existing staff as well as to those waiting to join. He asked what was being done to improve this. Mr Tidman said the Board had considered how the Trust promotes and markets its jobs and the People Team had responded to this well. He said in terms of recruitment processes, he was aware this could take a long time and the Trust was seeking to change the time to hire from around 10 weeks to 5 or 6. Work on this would be reporting back to the Board. In terms of ward fill rates, Mr Tidman said these were scrutinised at Board. The number of vacancies were reported and the reports showed how recruiting was making a difference. Professor Kent said the Board was very aware of the impact on staff of vacancies and the time to recruit as raised by Mr Leepile, with Mr Kirby adding that both Professor Kent and Mr Matthews were forensic in their review of the fill rates at Board meetings. Professor Kent said Board members would soon be undertaking their Christmas visits and they would use these to not only thank staff but to find out how staff were feeling so they could bring this into the Board's work.</p> <p>There being no further questions, Ms Morgan thanked the CoG for the questions and the wide-ranging discussion with Mr Tidman and the NEDs.</p> <p><i>Mr Tidman left the meeting.</i></p> <p>The Council of Governors noted the Performance Report.</p>	
8.		COG BUSINESS	
8.1	52.22	COG COORDINATING COMMITTEE AND WORKING GROUPS PROGRESS REPORTS	
		<p>Ms Morgan said a report with a proposal on the working groups had been circulated and reminded those who had been present at the Development Day on 9 November 2022 of the initial discussion then. Mrs Sweeney outlined the rationale behind the proposal for those who had not been present on 9 November 2022. There had been a decline in involvement by Governors in the Working Groups and the proposal had been put together to try and take the work forward in a different way. She noted that Mr Bradley had circulated his views to the Governors and said the proposal was for discussion at the meeting and if it was agreed it was not the right one, an alternative solution would be needed. Mrs Sweeney said the previous Lead Governor, Dr Foxall, had started some of the conversations about re-thinking how the CoG did its work and she encouraged as many Governors as possible to express their views. Mrs Penwarden said it was important to note the proposal sought to keep the Public and Member Engagement Group (PMEG) in place.</p> <p>Mr Hall said he supported the proposal, as although he was new to the CoG, it sought to simplify the burden on the Governors and administrative staff. He said he could see how it brought together the CoG's work without any loss of the material issues.</p> <p>Mr Bradley said this was one of the most important issues in his eight years as a Governor the CoG had faced, given it related to how the CoG operated. He said he felt the proposal restricted Governor involvement and that it was being imposed on the CoG, rather than being the product of a collaborative piece of work amongst Governors, particularly with the recent new intake. He</p>	

		<p>added that he had not seen any evidence of why Governors had left the working groups so there was no way of knowing this proposal would increase engagement.</p> <p>Mr Kempton said he supported the questions around why Governors were not engaging in the working groups. He added that he had stood for election to be a Governor as he wanted to speak on behalf of the patients of North Devon and he was not sure how the working groups would help him to make his voice heard. Mrs Sweeney said the proposal was about wanting the CoG to work more effectively, adding that there were other routes than the Groups for the Governors to make their voice heard, for example the questions asked about the performance report and the session later in the day on feedback from communities. Mrs Holley added that there were no formal exit interviews when Governors left working groups, as membership of these was voluntary; however, Governors had shared their feedback and one of the main reasons was the pandemic with many Governors not wanting to, or enjoying, meeting virtually. Mrs Holley said it was a CoG decision to make on the proposal but she would encourage Governors to make a decision on how it wants to undertake its work, with some important pieces of work currently paused.</p> <p>Mr Wilkins provided feedback on some of the concerns from the CoG Effectiveness Working Group and frustrations that proposals made were not always considered or taken forward. Ms Bush added that there was consensus among Governors that the groups had lost some impetus and Dr Foxall had previously raised the issue of the Governors having the right vehicles to do their jobs properly. She said she welcomed the initiative to improve how the CoG worked. Mr Westlake said, as a new Governor, he had spoken to previous Governors to understand their concerns and he was pleased to see a proposal with a structure to consider to allow Governors to work and challenge in the right way. He said Task and Finish Groups were a good mechanism to use and he supported the proposal and that it be reviewed again in 12 months' time.</p> <p><i>Mrs Witt and Mrs Adcock joined the meeting.</i></p> <p>Mr Leepile noted the comments from some of the newer Governors, and as a Governor in post for just over a year, he had had to manage his expectations as to what the role was as it was quite different to other roles he had had, as a Union Representative for example. He said he found useful to learn from others and to try and be as patient as possible whilst taking time to understand the role. Miss Foster said she had been a Governor for some years and had been a member of all the working groups at some stage. She asked if they were a statutory requirement. Mrs Holley confirmed they were not, but it was how the CoG had chosen to undertake some of its work. Mrs Bearfield said that, as a new Governor, the CoG's role and its structure was not yet clear to her and in particular how CoG related to the wider health system. She was also concerned that there was not sufficient time given to ask questions or discuss issues raised during the CoG's meeting. Mrs Sweeney replied that issues related to the CoG's role in the system was important and it was a whole CoG issue, not one for the working groups. She said that all the work outlined in the working group Terms of Reference could be undertaken in a more efficient way as per the proposal. She said she believed the patient voice would likely be enhanced by the proposal as more work would be undertaken as a collective. Ms Morgan noted Mrs Bearfield's comments, adding that there was the session with Dr Wollaston later in the day and it was also important Governors had the time for questions and discussions,</p>	
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		<p>particularly in its public meetings. Ms Morgan said some of the issues raised related to agenda setting and making more time for discussion. She was aware that Governors wanted to go into more depth on some topics and this would form part of agenda setting in future. Ms Morgan reminded the CoG that agendas were discussed at the CoG Coordinating Committee and so had Governor input.</p> <p><i>Cllr Hall joined the meeting.</i></p> <p>Ms Morgan brought the discussion to a close and summarised the issues. There were not enough Governors willing to take a lead on the Working Groups and the proposal aimed to take the CoG's work forward with the minimum burden possible whilst maximising Governor engagement and effectiveness that respected the collective decision making of the CoG. She said it was important to recognise that Governors had many other commitments and that the proposal sought to maximise the resource of the CoG. Ms Morgan said no function was lost in the proposal and should the CoG agree to take it forward, Governors will work together to develop it. It would be reviewed after 12 months, although this could be earlier if it was felt it was not working. The CoG agreed it had a broad consensus to move forward with the proposal and to review it again in a year's time.</p> <p>The Council of Governors agreed to move forward with the proposal related to the CoG Coordinating Committee and the Working Groups.</p>	
8.2	53.22	ELECTIONS TO THE COUNCIL OF GOVERNORS 2022	
		<p>Mrs Holley presented the report and provided an overview of the election results declared on 21 November, the full report of which had been shared with the CoG. The CoG was left with three vacancies in the Southern constituency and one vacancy in the Northern constituency. It was proposed that all the vacancies be carried forward to 2023. Mrs Holley invited comments and questions. As there were none, the CoG approved the proposal to carry the vacancies that remained forward to the routine 2023 election.</p> <p>The Council of Governors noted the Elections to the CoG 2022 Report and agreed to carry the remaining vacancies to the routine 2023 election.</p>	
8.3	54.22	REPORT FROM THE ANNUAL MEMBERS MEETING 2022	
		<p>Mrs Holley said she would take the report as read, highlighting that PMEG would review the feedback received so that it could be taken into consideration for planning the 2023 meeting.</p> <p>There being no comments or questions, the report was noted.</p> <p>The Council of Governors noted the report from the Annual Members Meeting 2022.</p>	
8.4	55.22	ANNUAL MEMBERSHIP REPORT TO THE COUNCIL OF GOVERNORS	
		<p>Mrs Newton presented the report, which had been expanded to bring the data inline with the Governor year. Noting the earlier working group discussion, Mrs Newton said that the PMEG remained key to the Governors' work and this report fed into its work. She said the report provided an overview of membership numbers, with an increase in Staff Members following the merger. There continued to be, however, a gradual decline in Public</p>	

		<p>Members. Mrs Newton said that through the PMEG, this would be reviewed in terms of a trajectory to increase numbers and how to get there. She added that the team wanted to improve the reporting and so it was working with CIVICA, the public membership database provider, on how this could be done. produce an index score for the constituencies, so we can target areas. She invited comments or questions.</p> <p>Mr Bradley said it was important to consider how the Trust attracted public members, including how to encourage them to stand for election to be a Governor. He said to this end it was important to talk to people who leave the CoG by resigning or choosing not to stand again for election, as well as asking members who attend the prospective Governor meeting why they decide not to stand for election. Mrs Holley confirmed that exit interviews were offered to those who left the CoG, with Mrs Morgan added that a significant amount of communications and engagement work had gone into the election process. She said it would be interesting to see information on how the Trust's membership compares to other Foundation Trusts and whether it was representative. Mr Bradley suggested speaking to Dr Foxall as she had undertaken a lot of work on surrounding Trusts and may have information on this. Ms Morgan asked this be taken forward as an action by Mrs Newton.</p> <p>ACTION: Work to compare the Trust's membership with that of other Foundation Trusts to be undertaken, including speaking to Dr Foxall on the work she had completed in this area.</p> <p>Mr Westlake said since becoming a Governor he had been asking people in Exeter if they were aware of membership of the Royal and the large majority were not. He had been able to promote it and some had joined but there was a general lack of interest. Noting that not everyone would be able to sign-up online, he said it was important to look at how membership was promoted. Mrs Noar said that she felt the word membership was old fashioned and if it was changed, people may see it in a different way. She said that the use of social media was also important, as was making the election nomination process simpler for people. Ms Morgan said the important comments made were noted.</p> <p>Mr Hall asked if the Trust knew why people stopped being members and if membership needed to be renewed. Mrs Newton said there was not a need to renew, and members had to opt-out once they had joined. She said there were a number of reasons for people leaving as members, including moving out of the area and sadly a number of members died each year. Mrs Newton said she had noted that more explicit data on the reason for people leaving as members would be helpful for the report. She added that she was aware that some Trusts had reduced their membership numbers and then used their members as a patient panel in a focussed way. Mrs Newton said this linked to the work the Trust and PMEG needed to do on what it wanted to achieve in terms of its membership.</p> <p>There being no further comments or questions, the report was noted.</p> <p>The Council of Governors noted the Annual Membership Report.</p>	JN
8.5	56.22	NOMINATIONS COMMITTEE UPDATE	
		<p>Ms Morgan said the report highlighted the work of the Nominations Committee, with more detail being presented in the Confidential meeting. She said it underlined the important statutory responsibilities for CoG. Ms Morgan</p>	

		<p>provided an update on the recruitment of Martin Marshall as a NED. Professor Marshall was a practising GP and it was hoped he would join the Trust in time for the November 2022 Board of Directors meeting.</p> <p>There being no comments or questions, the Report was noted.</p> <p>The Council of Governors noted the Nominations Committee Report.</p>	
9.		STAKEHOLDER ENGAGEMENT – no reports	
10.		INFORMATION	
10.1	57.22	DISCUSSION WITH A NON-EXECUTIVE DIRECTOR	
		<p>Ms Morgan thanked Mr Kirby for attending the meeting and said he had been asked to speak to the CoG about his role as Vice Chair and on his portfolio. Mr Kirby thanked the CoG for its invitation to discuss with them his role, adding that he found the CoG's feedback during the meeting incredibly helpful. He provided an overview of his background and career prior to joining the Trust as a NED. This included working for the legal administrators appointed to the Mid Staffordshire Trust. Mr Kirby said he was the Vice Chair of the Trust, Chair of the newly formed Finance and Operation Committee (FOC), established on the request of NHS England/NHS Improvement as part of the merger, Chair of the Our Future Hospitals Programme Board and Vice Chair of both the Governance Committee and Remuneration Committee. Mr Kirby said he was also the NED Maternity Safety Champion in the Eastern services and the Provider representative on the ICS's finance committee. Mr Kirby outlined the three key priorities for him as a NED, namely: 1) the balance of money and patient safety and experience. He said the Board was firm that it could not meet its financial break-even duty without compromising patient safety and experience; 2) the Our Future Hospital Programme in North Devon. Mr Kirby said this would be transformational for healthcare in North Devon and the hurdles to it were national and political. He said the Trust was hopeful it would hear shortly on the funding for the pre-development work; 3) how the NHS Devon system works together as the scale of the change needed had to be at this level. Mr Kirby added that he was looking forward to working with Professor Marshall as the new NED, as he would bring a primary care perspective to the Board. Mr Kirby said he was happy to take any questions or comments and discuss his role.</p> <p>Mr Bradley referred to the Our Future Hospitals programme and said there was likely to be restrictions on funds or a complete cessation as the Trust was in the 4th cohort and therefore at the end of the line for funding. He asked what the Trust would do if the funding was reduced or removed. Mr Kirby replied that the cohorting was not related to being at the end of the line for funding but instead related to the different types of schemes within the 40 hospitals. Some schemes were more complex than others, and the North Devon scheme was smaller as a mix of refurbishment and smaller new builds which he believed made it more attractive. Mr Kirby said that the Trust was involving the local MPs and writing to the people at the centre on the importance of the scheme in North Devon. In addition to this, Mr Kirby confirmed that the Programme Board had developed a 'no funding' scenario, adding that the Our Future Hospital scheme was a must have for the Trust.</p> <p>Miss Foster noted Mr Kirby's experience with Mid Staffs and asked why the Governors and the NEDs at the Trust did not pick up the issues. Mr Kirby said</p>	

		<p>this was a good question, asked one he asked immediately on arrival at Mid Staffs. He said there was not a culture of challenge at Board from the NEDs and also a culture that did not encourage speaking up. Mr Kirby said the drivers for safety were not in place.</p> <p>Mrs Witt asked if Mr Kirby was assured on effective communication and working with Torbay and South Devon NHSFT. Mr Kirby said it was an interesting question, and this had been recently been discussed by the Board as there is an Acute Provider Collaborative in place. He said to achieve solutions to the problems faced, i.e. capacity to do elective work not always interrupted by emergency / urgent work and get the urgency pathway working, the acute providers in Torbay and Plymouth needed to work together. Mr Kirby said there was a dynamic flow of patients now in this part of Devon, with the Trust supporting each other, for example Royal Devon taking ambulances from postcodes closer to Torbay. He added that the Chief Operating Officers meet regularly to discuss how the Trusts work together and there was now a well-established relationship in place. Ms Morgan said the Chairs of the organisations in the region also met on a monthly basis, with the Chairs of the Acute Trusts setting up separate, regular meetings. She said she knew the Chief Executives also met regularly. Ms Morgan said she had recently spent time at Torbay with its Chairman, Richard Ibbottson, to better understand how the Trust works and what its priorities were. Mrs Witt said she was concerned about how staff from the Torbay area perceive the Royal Devon and cited an example. Ms Morgan noted her comments, which she had raised before, and said these had been included by Mrs Penwarden in her recent Governor report to the Patient Experience Committee and so it had been flagged to the Trust.</p> <p>There being no further questions, the meeting was closed.</p>	
	45.22	<p>DATE OF NEXT MEETING</p> <p>The next meeting was to be confirmed.</p>	

MEETING OF THE COUNCIL OF GOVERNORS

23 November 2022

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
55.22	November 2022	Work to compare the Trust's membership with that of other Foundation Trusts to be undertaken, including speaking to Dr Foxall on the work she had completed in this area.	JN	March 2023	March 2023: JN updated the CoG at the meeting on 8 March 2023 to confirm the work had been undertaken and the outputs shared with the Public and Member Engagement Group. Action completed.

Signed:



Name: Shan Morgan, Chair

Agenda item:	7.1, Public Council of Governors meeting	Date: 8 June 2023
Title:	Q4 2022/23 Performance Report	
Presented by:	Angela Hibbard, Chief Financial Officer	
Summary:	<p>The purpose of this report is to provide the Council of Governors with an overview of the Royal Devon's performance in Quarter 4 2022/23 (January 2023 to March 2023). It is compiled from Integrated Performance Reports (IPR) presented to the Board of Directors at its meetings in public.</p> <p>This report combines the full Integrated Performance Report (IPR) presented to the April 2023 Board meeting (reflecting on March 2023 performance) with the Executive Overviews from the March and February 2023 Board meetings (reflecting on February and January 2023 performance respectively).</p> <p>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.</p> <p>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.</p> <p>https://royaldevon.nhs.uk/about-us/board-of-directors/board-meetings-papers-minutes/</p> <p>The Council is requested to consider the content of this report.</p>	

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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 Thromboembolism
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 Board – January 2023

Overview

This IPR covers the period of **January 2023** which continued the themes of December 2022 including significant complex challenges resulting from multiple days of industrial action across the service, infection outbreaks (COVID, Influenza and Norovirus), staff workforce challenges and elevated levels of delayed discharges led to extreme pressure on all parts of the Devon Urgent and Emergency Care system. Equally consistent were **the remarkable efforts of our teams to absorb these pressures and to keep our patient population safe**. After the initial intense pressures through the first half of January, we saw a significant de-escalation and this has meant that we have been able to lessen the intensity of the command structure – at the time of writing we are sitting at OPEL3 on both sites and have exited from a number of our Winter escalation areas, whilst also maintaining the largest proportion of our ring fenced elective activity. It has been positive to see this period of de-escalation, but we are **carefully tracking COVID levels** with an expectation that demand is likely to peak before the end of February.

Recovering for the Future

Whilst 4 hour **ED Performance** has continued to be impacted by the patient flow challenges we have seen a **7.0% improvement in 4 hour performance for Northern (from 52.1% to 59.1%) and in Eastern (from 56.5% to 63.5%); a 14.1% reduction in 30min+ ambulance handover delays in North and 23.5% reduction for East; and a 50.4% reduction for 60min+ handover delays for Northern and 67.1% for Eastern**. Some of this reflects the vicissitudes of the ambulance industrial action, but there is an undoubted return on the efforts of our teams here as well. Whilst the numbers of medically fit for discharge patients waiting has improved it is still of really very significant concern (more of this below), however we can show that our system is making a significant contribution to improving patient pathways as our admission avoidance numbers through the **Urgent Community Response team have increased for the third month in a row (and perform at 93% against the 2 hour target)**.

Elective inpatient activity saw an overall improvement in Northern Services and a decrease in Eastern Services which reflects that we essentially lost the first two weeks of the year to operational pressures. However, we did manage to restore ringfences in relatively short order and therefore have been able to maintain position against our end of year targets for both 78 week and 104 week waiting patients. **At the time of writing we have indicated that we hope to exceed target** (1152 and 54 78 and 104 week waits respectively) dependent on the outcome of the most recent (6 and 7th February) and potential further (1-3rd March) industrial action. It is pleasing that the spinal and orthopaedic teams are now down to single figure numbers of 104 week waiting patients and this reflects their commitment to additional clinics and cases per clinic across Sites.

We have now shared our draft cancer recovery action plan with NHSE and are continuing to see a positive decrease in the number of patients waiting for treatment whilst improving our data quality to increase confidence in reporting. Our current position shows that we have **359 patients waiting over 62 days** and that this continues to reduce (this was 630 in August). There has also been a related reduction in the volume of patients waiting longer than 62 days for cancer treatment following urgent GP referral (reduction of 50 from end December to end January for Northern, and 18 for Eastern). There is a further Improvement in Northern's Dermatology 2ww position which is important given that it is such a high volume specialty, but this is counterbalanced particularly by our ongoing challenges in urology and gynaecology for Northern Services and Breast 2ww and Skin in Eastern.

Diagnostic activity will be coming under greater focus over the coming month with a regional “focus on diagnostics” planned for March – goals are: consistent reduction in 6 week wait backlogs month on month for CT, MRI echocardiography, colonoscopy, gastroscopy, audiology and NOUS by May 2023; optimal level of tests per hour (CT: 3-4 scans per hour, MRI: 2-3 scans per hour, NOUS: 3 scans per hour, Echo: 1 scan per 45 mins, including reporting, and Endoscopy: 95 % of planned endoscopy lists taking place); review of opportunities to optimise histopathology services by the end of March; reduction of DNA levels to 3% and maintain levels at 3% or below, where this level is already being achieved. **With our diagnostics data now restored, we will develop our plan over the next monthly Board cycle.**

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

We continue to focus very strongly on the development of the **2023/24 operational plan**, at Trust and System level. We have now developed a set of scenarios that are under consideration by Chief Executives and the System as we prepare for an important Board to Board with NHSE on the 9th March where we will seek to move to agreement on next year's plan and potentially to a three year position. We have run in depth events with the whole senior leadership team to run through our plans and will be launching Delivering Best Value this month in alignment with these agreements. **We are currently running ahead of our end of year deficit plan of £18.3m with a forecast outturn of £16.3m against an in month position of £15.6m.** Capital spend YTD is £27.9m compared to a plan of £40m. There is confidence the capital programme will recover based on the value of open orders, and is forecast at year end to be £53m (compared to plan of £51.5m).

Collaborating in Partnership

The **Help People Home Without Delay** programme has continued to drive at improving patient discharge to home with social care support throughout January. There is no doubt that the bringing together of the Community Division and the drive to deliver this programme has benefited the time to transfer across pathways and there has been strong leadership from the community team and site triumvirates. However, such has been the patient volume challenge and the **continued deficit of care hours in social care and care homes** that our Winter Plan targets for lowering medically fit to discharge patients have not yet been realised. At the time of writing, we are about to take a set of escalations into our imminent discussions with **Lesley Watts (the national lead for discharge and Chief Executive of Chelsea and Westminster NHS Trust)** to consider what more can be done and whether there are other applications for the currently available non-recurrent end of year spend which we co-own with Devon County Council (£1.7m).

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 January, there were three serious incidents for Northern Services, two for Eastern and one Never Event. There were **two falls resulting in moderate harm within the Trust's Northern Services and four in Eastern**. We also saw increases in pressure ulcer incidence for Northern (December) and Eastern (January) which we believe were linked to focussed work on early identification (Northern) and increased patient acuity (Eastern). We continued to see an **increase in the volume of trauma patients** being admitted to both Northern and Eastern sites, continuing the challenges in scheduling surgery within 36 hours of admission for those with a fractured neck of femur, particularly on the Eastern Site. We note in this cycle that the 3 month weekend rolling SHMI, whilst below upper limit is above local peers (Northern Services) and detailed work is being undertaken to understand more fully the reasons for this. We also **note positively Improved nursing fill rates across all four metrics** (HCA, and RN & RM, Day and Night) for Northern and Eastern in January.

The **CQC well-led inspection has now been rescheduled for the 23rd and 24th March**; and our important **Northern Services Acute Medicine business case will be submitted to the regional triple lock on the 22nd February**.

A Great Place to Work

The Trust continues to **improve its vacancy position** moving to 7.91% Trust wide (10.08% Northern; 7.03% Eastern) at the end of December. Alongside this the (12 month) **turnover position sees an improvement for Northern and slight decrease for Eastern**. In the detail, retirement is cited as the chief reason for leaving by 40% of Registered Nurses in North, and 29% of registered nurses in East. **Sickness predictably increased from 6.12% in November to 7.16% in December**, with 55% of all sickness in December was attributable to coughs, colds, sickness and COVID-19.

Data Quality Update – January 2023

Data Quality and reporting

Diagnostics

As previously reported, the implementation of Epic for Northern services in July has resulted in issues affecting both external and internal reporting. This has affected Endoscopy and Physiological Measurement activity and waiting list reporting, but not imaging reporting as that is not currently an Epic module.

Significant progress has been made on resolving these issues, with January Board (IPR) reporting, December external (DM01) reporting, and now weekly external Waiting List Minimum Data Set (WLMDS) reporting all based on Epic data, with the exception of Audiology, which is still based on a snapshot of Trak data pre go-live. These improvements have been enabled through specific modality Task and Finish Groups, including operational / clinical leads, EPR and BI representation, and have covered data quality issues related to front-end user data entry, EPR configuration issues and / or BI scripting issues.

There are now two remaining issues to resolve prior to obtaining high data quality assurance:

- Echo-Cardiography: until very recently there has been a data entry issue regarding the incorrect classification of Planned / 6 week patients. This is currently being manually corrected by the responsible BI analyst, but a meeting has already taken place with front-end clinicians and EPR team to identify and correct any issues at source. The data therefore being produced is considered to be accurate but resolution of the above will negate the need for post-adjustment by the BI team.
- Audiology: configuration changes were put in place at the end of January 2023, output reporting data will be tested during February with a plan to report accurate and complete information from Epic for internal and external reporting by the end of February 2023. This means that the February IPR (January data) will include Trak snapshot data but the March IPR will report on Epic data.

NHSE anticipate that we will share our outline plan for data layer development to report from Epic imminently.

Long waiting diagnostic patients

Through the external Tier 1 NHSE process, queries have been raised regarding the volumes of Diagnostic long waits that are currently being reported on external WLMDS submissions. Investigation has identified that this issue is directly linked to the Northern reporting issues noted above. The high volume of long waits is associated with the submission of Snapshot Trak data for Northern services, which have not been updated for some time. The resolution of reporting (with the exception of Audiology) is expected to significantly improve this reported position to reflect a more accurate picture. A revised submission has now been made, which has been shared with clinical and operational teams for validation of genuine long waits. Further correction will then happen at source to result in a cleansed data set.

Cancer waiting times

The major data quality issues post Northern go live have now been resolved, with corrections reflected in the IPR. Further work is currently in progress to provide greater end to end assurance over data quality (from user entry to extracting information) but all known issues have been resolved. Work commissioned from an external provider to provide additional assurance of data quality has been completed, with the draft report provided to the Trust for comment. The overall position in relation to data quality and assurance over reported information was very positive. Recommendations primarily relate to training requirements and to develop a comprehensive suite of data quality metrics. This report will be shared in detail at the next FOC.

RTT / waiting list reporting (both sites)

Improvements have been made in this area over recent months, with removal of duplicate pathways and missing values. Revised scripting has now been completed to ensure the reporting of a 'single version of the truth' across various reports, and this script is currently undergoing technical validation. The final stage is to make a test submission to the national RTT data quality tool prior to use for internal and external reporting going forwards. NHSE expects a validated position that will be reflected in their LUNA diagnostic tool by the end of the month.

An update on these Executive led activities was provided to the Finance and Operational Committee in the February cycle and this was then shared in detail with NHSEI SW and national team. In particular NHSE are keen for us to share our overarching action plan that brings all of these activities together.

Board Scorecard – Looking to the Future – January 2023

Successes

- Continued optimisation of EPIC to support Northern Services.
- Nightingale Hospital increasing its range of services and Theatres moving to 90% capacity
- Recruitment & retention plans are showing positive results with vacancies and turnover reducing
- Mutual aid offered to neighbouring Trusts, whilst maintaining good ambulance handover and elective ringfences
- Elective & Cancer recovery plans still on track despite urgent care pressures
- UEC performance improved in Jan
- Data quality work now providing greater assurance

Opportunities

- Insourcing & outsourcing and mutual aid capacity to further reduce long waiters
- Extra discharge funding to support reduction in 'Green to Go' patients
- Integration of 8 high priority services at our Northern services and our operational functions
- Elective recovery 10 week challenge to provide extra support/impetus
- Maximising the use of the protected elective care at the Nightingale over the next 3 months to drive down long waiters
- Peninsula Acute Sustainability programme & nominated fragile services offers opportunities to improve service collaboration
- £2m funding for a new discharge lounge at NDDH will support daily patient flow
- Digital innovations to fast-track patient care – e.g. Dermatology AI pilot / Cataract pathway

Priorities

- Staff Health and Wellbeing
- Reducing the number of Green to Go patients through the Help People Home Without Delay
- Pipeline for recruitment processes to fast-track new starters
- Delivering Best Value to meet financial and productivity plan
- Continued validation work on long waits with NHSEI IST and improvement of 104 week waits
- Launching the Trust's transformation approach

Risk/Threats

- Potential loss of confidence in reporting due to data quality issues
- Further COVID & Flu waves
- Vacancies in community and social care to support patients home
- Local Authority financial pressures impacting on jointly funded discharge schemes
- Staffing Resilience Medical Staff (Northern) / nursing/ HCA/ ancillary
- Continued Industrial action
- Staff Morale with constant pressure and cost of living challenges
- Clearing the Dermatology Cancer backlog
- Risk of reduced ERF funding in 23/24 and associated impact upon activity
- Inability to hit financial targets whilst also reducing waiting lists

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

Overview

This IPR covers the period of **February 2023** which continued the themes of December and January 2022/3 including complex challenges resulting from multiple days of industrial action across the service, infection outbreaks (in particular COVID and then most recently Norovirus), staff workforce challenges and elevated levels of delayed discharges. This maintained extreme pressure on all parts of the Devon Urgent and Emergency Care system. Equally consistent were **the remarkable efforts of our teams to absorb these pressures and to keep our patient population safe**. The month started with RCN industrial action on the 6th and 7th February and was followed by disruption to ambulance services in the same vein through GMB and UNISON action. On each occasion our operational and clinical teams pulled together robust contingency plans that our teams supported brilliantly; and we were grateful for CNO Executive and Trust Director operational leadership throughout. As a result of the continued overall pressures, exacerbated by the complexity of industrial action, we **maintained our command structure at its highest escalation** in order to maintain close oversight of safety, flow, discharge and recruitment processes. At the time of writing we have now completed a further well managed period of BMA led industrial action, led by Trust Medical Directorship and have started to de-escalate following a period of sustained OPEL4 on both sites, triggered by no criteria to reside levels in the North and Norovirus at its highest ever levels in the East. Importantly, throughout these periods of significant operational and clinical challenge, we have been able to be **very proud of our teams for making stepped improvements on our end of year elective and cancer targets, whilst also generating an increasingly robust financial and operational plan for next year**.

Recovering for the Future

February brought a significant increase in activity at our Emergency Departments, Walk in Centres, and Minor Injury Units, with a **6.2% increase in emergency patient presentations to our Northern Services, and a 2.1% increase in Eastern**, in comparison to the longer month of January. Impeded flow within the hospital, arising from a **continuation of the infection prevention & control challenges** experienced the previous month with ongoing prevalence and transmission of both Covid and Norovirus, was reflected in **deteriorations in time to transfer for all Eastern patient pathways, and increases in ambulance handover delays** in both Eastern and Northern Services (Eastern, from 230 to 313 x 30 minute delays, and from 261 to 309 for Northern). **Performance in respect of the four hour ED waiting times standard deteriorated slightly** from 63.5% to 62.6% for Eastern, and from 59.1% to 56.8% for our Northern Services.

We are pleased that the **Sidwell Street Walk in Centre** was able, following a period of significant staffing challenge, to resume opening on Mondays with effect from the end of February. Plans are in place to open on Thursdays, thereby enabling a return to a full 7 day service with effect from April. Same Day Emergency Care activity in Eastern remained high in February with an average of 20.4 attendances per day in February, and combined with continued growth of virtual ward activity which helped to provide organisational resilience to the UEC pressures outlined above. The **reconfiguration of the Trust's Eastern Emergency Department continues at pace**, and at the time of writing the creation of the new ambulance bay is underway.

As part of the Trust's Operational Plan for 2023/24, **improvement plans are being developed to support improved performance in 2023/24 to meet the NHSE ambition of delivery of 76% performance by March 2024**. This improvement is predicated on work with the Devon System on actions to deliver the shared target of 5% No Criteria to Reside and the release of the new financial year's national UEC funding.

As we stand on the cusp of the new financial year, we note that the COVID modelling suggests a significant drop in volumes of patients with COVID in late March / early April followed by a potential further wave across late April into May, potentially of a similar order of magnitude to that seen in late January and early February. Planning will take place through our established command processes and protocols to stand up the required organisational response with the support of our excellent Infection, Prevention and Control team whom have been instrumental through the most recent Norovirus wave.

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

Whilst overall volumes of **elective inpatient activity** were able to increase from January to February at both Northern and Eastern sites, when compared to planned elective inpatient activity levels for February, both sites remained under plan which reflected both industrial action and UEC pressures. The volumes of elective daycase activity that were able to be undertaken decreased at both sites when compared to January. However, we continued to forensically pursue our end of year 104 and 78 week patients waiting for treatment targets with the end of February position showing 5 patients waiting longer than 104 weeks for North and 106 waiting longer than 104 weeks for East at the turn of the month. **With the end of year now upon us, we currently anticipate a Trust end of year position of 23 104ww and 747 78ww against our stretched targets of 54 and 1152.** This position includes the long waiting activity lost during industrial action. We continue to keep referral volumes at both sites under close scrutiny, and note that whilst referrals in Northern Services reduced in December, following peaks in October and November, the increase in referrals received during quarter 3 indicate an 11.5% increase upon the first six months of the year.

There has been a continuation of the month on month improvement in volume of longer waiting patients for **cancer treatment** (reducing to 228 for Eastern at end of February, and to 108 for Northern) – at the time of writing this now stands at **253 patients across the whole Trust** which is only just outside the NHSE target for this year. The position continues to improve, reflecting the enhanced leadership arrangements that have been put in place. Our wider performance has seen: an improvement in 2ww performance in both North (to 71.2% in January) and East (to 77.5%); 62 day (GP urgent) target deterioration by c4% in both East and North to 65.6% (East) and 40.3% respectively); and it is clear that theatre and diagnostic capacity remain key challenges. Business cases for CDC funding for mobile endoscopy and two endoscopy suites at Tiverton have been submitted to provide short and long term options for improving these positions. **Diagnostic waiting times performance** for routinely referred patients improved in February for both sites, with 67.4% (Eastern) and 48.0% (Northern) of patients waiting less than 6 weeks; improvements of 3.1% and 4.8% respectively.

The in-year finance position continued to deliver to the revised forecast deficit of £16.8m, a reduction from plan due to the additional deficit support funding from NHSE as notified in month 10. The challenge continues on delivery of recurrent DBV savings and therefore the position is supported by significant non recurrent support which unwinds into the 2023/24 plan. All risks are being managed and there are no concerns about delivering the overall yearend position. The capital programme remains underspent with a surge therefore needed in month 12 to complete expenditure plans. However, this is not out of line with normal years and is less of a final capital push than last financial year.

Collaborating in Partnership

We continue to work with great focus and commitment on our **green to go position** in partnership with System colleagues. However, during the last month there has undoubtedly been more focus on **escalation and challenge** in relation to potential loss of funding packages as we move towards the new financial year as both ICB and Devon County Council are due to make a number of potential adjustments across a range of funding streams. Given that the Northern Site is currently holding a 23% No Criteria to Reside position and Eastern, 12% against a national target of 5% (and peer performance of 4-7%) then it is critical that any removal of funds is avoided in order that we can successfully discharge patients safely whilst also achieving a restoration of our bed base. Our escalations at Executive level underline the importance of this issue and we continue to pursue it through all available channels.

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 February there were **four serious incidents reported, with two reported in each of Eastern and Northern Services respectively.** There were **two instances of falls resulting in moderate harm in Northern Services, and one in Eastern.** Each are subject to formal investigation processes in order to maximise opportunities for learning

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

Whilst remaining within normal variation, we note **slightly elevated rates of pressure damage** within both Northern (January) and Eastern (February) acute services in this IPR. Within Eastern the increase observed is primarily category 2 pressure damage, and is believed to be attributed to escalation and outlying patients. Further investigation is being undertaken within Northern Services to understand causal and contributory factors. The **continued increase in the volume of trauma patients**, particularly within the Trust's Eastern Services, has contributed to continued challenge in scheduling surgery within 36 hours for those patients with a fractured neck of femur. The identification of further Orthopaedic pathways for which surgery can be undertaken at the Nightingale, will in turn support the release of further theatre capacity at Wonford including for trauma patients. Clinical review has been undertaken by the Hip Fracture Lead of all fractured neck of femur cases during the month, and the review of those patients for whom surgery was not possible within 36 hours has not identified any harm arising from the extended wait.

We note that the most recent 3 month weekend SHMI for Northern Services has reduced again to return to be within control limits following a period of brief escalation, which appears to have been driven by coding issues. Despite significant challenges with flow across both Northern and Eastern sites in February, performance in relation to **stroke metrics on both sites has principally either been maintained or improved**. Focussed work continues across both sites to reduce the volume of overdue complaints, reflecting the significant organisational focus on progressing early resolution of complaints in line with PHSO best practice guidance. The CQC well-led inspection has been rescheduled for the latter part of April.

A Great Place to Work

Clearly our people have dealt with **significant operational challenges** both through the front door and due to industrial action during February and we continue to focus on measures that can be put in place to support their **health and wellbeing** through this period of sustained challenge. It is positive to see the vacancy position in the Trust continues to improve, with new recruits considerably exceeding leavers, both in terms of headcount and whole time equivalents. This is demonstrating the success of our focus on the **recruitment pipeline**. We are also seeing that the volume of leavers is decreasing month on month with turnover on a downward trend. The benefit of this will be felt by our staff and patients, with more people able to support patient care and greater staff stability. Sickness has also moved in a positive direction. The trajectories within the IPR predict the continuation of these positive trends.

Data Quality and Reporting Diagnostics

As previously reported, the implementation of Epic for Northern services in July has resulted in issues affecting both external and internal reporting. This has affected Endoscopy and Physiological Measurement activity and waiting list reporting, but not imaging reporting as that is not currently an Epic module. Last month we reported two remaining issues relating to Echo-Cardiography and Audiology waiting list reporting. These issues have now been resolved. There is one remaining issue in relation to Audiology activity reporting, which is in the process of being resolved, but this is not a metric reported in the IPR.

Cancer waiting times – all known issues have been resolved.

RTT / waiting list reporting (both sites)

Improvements have been made in this area over recent months, with removal of duplicate pathways and missing values. Revised scripting has now been completed to ensure the reporting of a 'single version of the truth' across various reports. This has been a complex project and is now in the final stages, with a number of scripts submitted to the external **LUNA diagnostic data quality tool** to identify and then resolve any remaining issues affecting submission. A review has been undertaken to compare the 'old' script to the new proposed script and aside from resolving data quality issues, the impact on waiting list cohorts / volumes is not expected to be significant, but will ensure that external and internal reporting is consistent. The plan is to submit external reporting on the revised script for March reporting, and will then ensure consistency of reporting going forwards.

Board Scorecard – Looking to the Future – February 2023

Successes

- Elective & Cancer recovery plans delivering improved end of year positions (clearance of the Northern Cancer Dermatology position)
- Development of financial and operational plan
- Well led and managed Industrial Action period
- Nightingale Hospital SWAOC and Wonford PEOC moving to 90% capacity and utilisation
- Recruitment & retention plans are showing positive results in relation to vacancies
- Mutual aid offered to neighbouring Trusts, whilst maintaining good ambulance handover compared to peer
- Data quality programme now providing greater assurance.

Opportunities

- Delivery of the 2023/4 financial and operational plan
- Insourcing & outsourcing and mutual aid capacity to maintain excellent clearance rate into the new financial year
- Securing of UEC and Demand & Capacity funding to support reduction in patients whom are medically fit to discharge
- Securing of “boots on the ground” support for delivering best value
- Integration of 8 high priority services at our Northern services and commencement of our next stage of the integration programme
- Maximising the use of the protected elective care at the Nightingale to continue driving down long waiters
- Peninsula Acute Sustainability programme & nominated fragile services offers opportunities to improve service collaboration and plan delivery.

Priorities

- Safety of our services with a focus on ED and overall flow
- Staff Health and Wellbeing
- Improvement of approach to ambulance diverts
- Completion of the 2023/4 financial and operational plan
- Delivering year end position against our statutory targets
- Delivering Best Value to meet the demands of our financial and productivity plan
- Reducing the number of Green to Go patients through ICB/Region/National escalation
- Driving of pipeline for recruitment processes to fast-track new starters
- Completion of our detailed Business Informatics plan.

Risk/Threats

- Continued Industrial action (BMA anticipated 11th -15th April)
- Potential harm from ambulance diverting outside protocol
- Further IP&C complexity from Norovirus + COVID-19
- Local Authority/ICB financial pressures and disruption in funding flows impacting on jointly funded discharge schemes
- Potential loss of confidence in reporting due to data quality issues
- Staffing Resilience in Northern Services – Medical, Nursing, HCA and Ancillary
- Staff Morale with constant pressure and cost of living challenges
- Inability to hit financial targets whilst also reducing waiting lists.

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

Overview

This IPR covers the period of **March 2023** which continued the themes of December, January and February 2022/3 including complex challenges resulting from multiple days of industrial action across the service, infection outbreaks (a combination of both COVID and Norovirus), and staff workforce challenges. This maintained extreme pressure on all parts of the Devon Urgent and Emergency Care system, and resulted in a sustained period of ICS led Gold Command during which RDUH supported our neighbouring Trusts, but also provided an opportunity for significant escalation of our medically fit to discharge patients and some consequent adjustments to funding arrangements. Our staff continued to make **remarkable efforts to absorb these pressures, to keep our patient population safe and to support our neighbouring Trusts throughout.**

March started positively with a standing down of the planned industrial action by the RCN between 1st and 3rd March, although this was then followed by BMA Junior Doctor industrial action between the 13 and 16th March, and further disruption to ambulance services through GMB and UNISON action. On each occasion our operational and clinical teams pulled together robust contingency plans that our teams supported brilliantly; and we were grateful for Trust Director operational leadership throughout. As a result of the continued overall pressures, exacerbated by the complexity of industrial action, we **maintained our command structure at its highest escalation** in order to maintain close oversight of safety, flow, discharge and recruitment processes. Following a further period of BMA Junior Doctor Industrial Action between 11th and 15th April, we now prepare for a further period of RCN Industrial Action between 30 April and 02 May, as we also approach our CQC Well Led Inspection on 3rd & 4th May. At the time of writing we have been able to successfully de-escalate following a period of sustained OPEL4 on both sites, to OPEL 3 in both Northern and Eastern. Throughout these periods of significant operational and clinical challenge, we remain **very proud of our teams for making stepped improvements on our end of year elective and cancer targets, whilst also generating an increasingly robust financial and operational plan for next year.**

Recovering for the Future

March brought a continuation of the increase in activity at our Emergency Departments, Walk in Centres, and Minor Injury Units, with **a 13.9% increase in emergency patient presentations to our Northern Services compared to February, and a 10% increase in Eastern.** When aggregated with the rise in February, this represents a 21% increase in attendances for Northern, and a 12.3% increase for Eastern across the last two months – and equates to an additional 26 attendances each day (Northern), and 36 (Eastern) respectively. In line with these pressures, the volume of ambulance handover delays increased markedly (Eastern from 112 to 165 x 60 minute delays, and from 151 to 321 for Northern). The improvement (reduction) across both Northern and Eastern sites in the average daily volume of patients considered medically fit and awaiting discharge, reflected the positive impact of process improvements, a degree of reduction in the infection prevention and control challenges, and a reduction in demand for complex discharges. In the face of the aforementioned growth in ED attendances combined with high patient acuity, this improvement was instrumental in supporting flow being maintained within the hospital. **Performance in respect of the four hour ED waiting times standard deteriorated slightly** from 62.6% to 60.3% for Eastern, and increased by 2.5% to 59.3% for our Northern Services. During the month **23 requests for ambulance diverts were made** including load levelling to the Trust's Eastern Services of which the Trust was able to **agree 17.** These resulted in **26 additional patient attendances** to the Trust's Emergency Department of whom **19 patients required inpatient admission.**

Further to the reopening of Sidwell Street Walk in Centre on Mondays with effect from the end of February, we are delighted to be able to report that the **Walk in Centre was able to return to a full 7 day service with effect from 11th April** following the successful recruitment and training of additional staff. Same Day Emergency Care activity in Eastern continued to grow in March with an average of 26 attendances per day (a growth of 23.6% on February), and along with the continued growth of virtual ward activity which admitted 161 patients in March helped to provide continued organisational resilience to the UEC pressures outlined above. The **reconfiguration of the Trust's Eastern Emergency Department continues at pace**, with the reconfiguration of minors and majors part of the current phase of the programme.

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

As part of the Trust's Operational Plan for 2023/24, **improvement plans are being refined to support improved performance in 2023/24 to meet the NHSE ambition of delivery of 76% performance by March 2024.** This improvement is predicated on work with the Devon System on actions to deliver the shared target of 5% No Criteria to Reside and the release of the new financial year's national UEC funding and restoration of Hospital Discharge Funding. In terms of elective recovery we delivered a **2022/23 year end position of 25 patients waiting longer than 104 weeks** (all within Eastern Services) and **688 patients** (293 Northern, 395 Eastern) **waiting longer than 78 weeks.** The overall volumes of elective inpatient and daycase activity were able to increase from February to March at both Northern and Eastern sites, and also increased month on month when compared to planned elective activity levels for March. As we move into the 2023/24 financial year and delivery of our new 2023/24 financial and operational plan commitments, including the elimination of all 104 week waits by the end of quarter 1, we are shifting our focus to 78 and 65 week wait patient cohorts as part of continued Tier 1 arrangements.

There has been a continuation of the **month on month improvement in the volume of longer waiting patients for cancer treatment and we finished the year with 241 patients waiting over 62 days against an original target of 198 which represents a** significant reduction from the in-year peaks of 387 in August (Northern Services), and 281 in November for Eastern Services which saw us enter tier 1 arrangements last year. **At the time of writing we have just been informed that we are being stood down from tier 1 to 2 oversight arrangements which is a positive reflection on the achievements of our teams.** Our wider cancer performance has seen: an improvement in 2ww performance in both North (to 80.0% in February) and East (to 77.8%); improvement in performance against the 28 day faster diagnosis standard at both sites (64.8% Northern, and 80.5% in Eastern); improvement in 62 day (GP urgent) target performance by 16.6% to 75.7% in Eastern, and deterioration in North to 29.3% respectively. The initial 62 day GP urgent position for March for Eastern Services is the highest performance this financial year, and for Northern Services improvement is expected with the actions aligned with delivery of the 2week wait and 28 day faster diagnostic standards. It is clear that theatre and diagnostic capacity remain key challenges. Business cases for CDC funding for mobile endoscopy and two endoscopy suites at Tiverton have been submitted to provide short and long term options for improving these positions. **Diagnostic waiting times performance** for routinely referred patients improved in February for both sites, with 69.2% (Eastern) and 51.5% (Northern) of patients waiting less than 6 weeks; improvements of 1.8% (Eastern) and 3.5% (Northern) respectively. This is the third consecutive month on month improvement observed at both sites, and represents a position circa ten percentage points higher than at the start of the financial year, facilitated by the ERF and additional funding that has been able to be secured to support delivery of the Trust's reduced elective waiting times position in 2022/23.

The year end financial performance has delivered in line with expectations with a £29k positive variance from the month 11 forecast of £16.7m. This reflects delivery of the original plan of £18.3m plus the benefit of £1.5m of additional income support from Devon ICB. The Trust recognises that in year there have been a number of emerging cost pressures due to the non-delivery of the DBV savings programme, drugs growth and inflationary cost pressures. These issues have been offset in year through the management of non-recurrent benefits and underspends allowing the overall plan to be delivered. **This is a tremendous achievement for the organisation given the challenging operational year.** As we move into the new financial year the non-delivery of the recurrent savings plan does impact and the scale of financial challenge increases into 2023/24. This is being managed in two ways, with an internal savings programme focused on productivity and cost efficiency and an ICS wide strategic programme to transform the way we work across Devon to build further savings opportunities through economies of scale. Alongside the revenue position for 2022/23, the Trust delivered a total capital programme of £56.6m of which £25m was delivered in the last month of the year. This is partly due to timing of additional nationally funded programmes, long lead times for equipment, slippage on construction schemes and delays in final decision making due to finite funds to be prioritised. **Again, huge efforts from across the organisation were made to ensure this position was delivered by the yearend.** Moving forward, focus is being put on timeliness of decision making and management of suppliers to support a more phased delivery of the programme.

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

Collaborating in Partnership

We continue to work with great focus and commitment on our **green to go position** in partnership with System colleagues upon which delivery of our 23/24 financial and operational plan is predicated. Across the last month there has been considerable focus on **escalation and challenge** in relation to potential loss of funding packages as we move towards the new financial year as both ICB and Devon County Council are due to make a number of potential adjustments across a range of funding streams. Our escalations at Executive level underline the importance of this issue and we continue to pursue it through all available channels. Whilst we have secured agreement to a three month continuation of funding at current levels, we remain in negotiations with the ICB and Devon County Council regarding annual funding levels.

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 March there was **a Never Event in the Trust's Eastern Services** relating to a retained surgical swab, and an additional **five serious incidents (SIs) reported, with three in the Trust's Northern Services and two in Eastern respectively**. There were **six instances of falls resulting in moderate harm (three in each of the Trust's Northern and Eastern Services), and two medication incidents with a moderate impact (one in each of Eastern and Northern)**. Each are subject to investigation processes in order to maximise opportunities for learning.

Whilst remaining within normal variation, we note **slightly elevated rates of pressure damage** within both Northern acute (February, although yet to be fully validated) and Eastern (March) community services. Within Eastern the increase is primarily in category 3 pressure damage amongst the community caseload. Initial investigations have resulted in only one incident being escalated for investigation and no other lapses in care. Further investigation is being undertaken within Northern Services to understand causal and contributory factors. The **continued increase in the volume of trauma patients**, particularly within the Trust's Eastern Services, has contributed to continued challenge in scheduling surgery within 36 hours for those patients with a fractured neck of femur. The identification of further Orthopaedic pathways for which surgery can be undertaken at the Nightingale, will in turn support the release of further theatre capacity at Wonford including for trauma patients. Clinical review has been undertaken by the Hip Fracture Lead of all fractured #NOF cases during the month, and the review of those patients for whom surgery was not possible within 36 hours has not identified any harm. We note that the most recent **3 and 12 month SHMI positions** for both Northern and Eastern Services are within national confidence intervals and **HSMR** has plateaued and is now starting to fall. Reflective of the continued challenges with flow in March, both Northern and Eastern sites experienced a deterioration in the proportion of stroke patients being able to be admitted to an acute stroke unit within 4 hours. For the Trust's Northern Services, the flow challenges were also reflected in the proportion of stroke patients who spent 90% or more of their hospital stay on a stroke ward (45%, whilst in Eastern Services performance was 84.3%). Focussed work continues across both sites to reduce the volume of overdue complaints, reflecting the significant organisational focus on progressing early resolution of complaints in line with PHSO best practice guidance.

A Great Place to Work

Our people continue to experience significant operational challenges, with sustained periods of industrial action and continued demand on our services. To support our people through these challenges, the Trust is pleased to see that vacancy rates continue to improve, with **a vacancy rate of 6.88%, nearly 2% lower than we had forecast last month** and **new hires continuing to exceed the number of people leaving the organisation** throughout April 2023 and turnover continuing to be on a downward trend and below the current planned rate. This is continuing to demonstrate the success of the recruitment focus, with a healthy pipeline of candidates preparing to start working at the Royal Devon. We know that keeping turnover on a downward trajectory will help productivity, so moving forward there will be a shift in focus, to move towards reaching the optimal level of turnover. In the coming months changes will be made to the people metrics available in the IPR, to demonstrate progress against the operational plan, as well as other key metrics. The trajectories we now have in place, predict the continuation of the positive trends seen to date.

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

Data Quality and Reporting

The Financial and Operational Committee will review the latest iteration of the data quality plan in May. Significant progress in removing data errors from RTT reporting has been noted by NHSE in this reporting cycle.

Diagnostics

All known data quality issues relating to the Northern IPR implementation have now been resolved and all non-imaging data is now being reported from Epic (imaging is external to Epic for North and East).

Further work has also been undertaken on long waiting diagnostic patients, and long waiting reports are now circulated internally on a regular basis for action.

Cancer waiting times

All known data quality issues have been resolved in relation to EPR build and script alignment. The only data quality issues that remain, and will always be present to a certain extent, are 'front-end' data quality issues, where information has been input incorrectly. This is addressed in a number of ways; targeted training where data quality issues are repeated in a specific area, remediation / review / correction by the central Cancer Services team, and the availability of data quality dashboards built in to Epic, so that users can identify data quality issues and correct them at source.

RTT / waiting list reporting (both sites)

Improvements have been made in this area over recent months, with removal of duplicate pathways and missing values. Revised scripting has now been completed to ensure the reporting of a 'single version of the truth' across various reports, and this same script logic is now being used for all internal and external reporting. Some final work is underway to ensure any remaining data quality 'front-end' issues are identified and resolved using the same process as for Cancer waiting times referenced above.

March 2020 reporting

The reference to the 2019/20 year is made throughout this document as a way of comparing recovery to pre-pandemic levels. The Covid pandemic hit the Trust in a material way part way through March 2020, and so resulted in lower volumes of elective activity in that month. As a result, this has an impact on this month's reporting, as volumes are compared to lower March 2020 volumes. Where possible, the narrative has been updated to reflect an 'adjusted' March 2020 position, which takes an average of 2019/20 volumes for the year to provide a more accurate comparison.

Future trajectories

The 2023/24 operational plan has been submitted and trajectories for 2023/24 will be included in the May IPR (featuring April data).

Balanced Scorecard – Looking to the Future – March 2023

Successes

- Elective & Cancer recovery plans delivering improved end of year positions and **step down from tier 1**
- Development of financial and operational plan
- Well led and managed Industrial Action periods
- Nightingale Hospital SWAOC and Wonford PEOC moving to 90% capacity and utilisation
- Recruitment & retention plans are showing positive results in relation to vacancies
- Mutual aid offered to neighbouring Trusts, whilst maintaining good ambulance handover compared to peer
- Data quality programme now providing greater assurance
- Securing of UEC and Demand & Capacity funding to support reduction in patients whom are medically fit to discharge
- Securing of “boots on the ground” support for delivering best value.

Opportunities

- Delivery of the 2023/4 financial and operational plan
- Refresh of the IPR in line with the financial and operational plan
- Insourcing & outsourcing and mutual aid capacity to maintain excellent clearance rate into the new financial year
- Integration of 8 high priority services at our Northern services and commencement of our next stage of the integration programme
- Rapid implementation of the Northern Services Acute Medicine Model
- Maximising the use of the protected elective care at the Nightingale to continue driving down long waiters
- Peninsula Acute Sustainability programme & nominated fragile services offers opportunities to improve service collaboration and plan delivery
- Initiation of the integration programme, OSIG and CPIG
- Opportunity secured to make a TIF bid for elective infrastructure.

Priorities

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

Risk/Threats

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

Northern Services Executive Summary – March 2023

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Feb-23	This Month Mar-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	<i>Vs baseline (2019/20)</i>	107.7%	154.1%	46.4%	87.9%	104%
	Outpatient activity (FU)	<i>Vs baseline (2019/20)</i>	111.9%	135.7%	23.8%	75.5%	75%
	Elective inpatient activity	<i>Vs baseline (2019/20)</i>	40.6%	51.6%	11.0%	121.5%	104%
	Elective daycase activity	<i>Vs baseline (2019/20)</i>	103.6%	129.1%	25.5%	108.7%	104%
	RTT 18 week performance	<i>Patients seen < 18 weeks vs total incomplete pathways</i>	45.0%	45.0%	0.0%		92%
	Incomplete pathways	<i>Total count</i>	24990	24656	-1.3%	15478	
	RTT 52+ weeks waited	<i>Total count</i>	3374	3278	-2.8%	1025	
	RTT 78+ weeks waited	<i>Total count</i>	458	293	-36.0%	76	
	RTT 104+ weeks waited	<i>Total count</i>	5	0	-100.0%	0	
CANCER	2 week referrals	<i>Performance</i>	71.10%	80.00%	8.9%		93%
	28 day faster diagnosis standard	<i>Performance</i>	54.50%	64.80%	10.3%		75%
	Urgent GP referral 62 day	<i>Performance</i>	43.40%	29.29%	-14.1%		85%

Domain	Measure/metric	Definition	Last Month Feb-23	This Month Mar-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1LOS	<i>Vs baseline (2019/20)</i>	95.8%	105.8%	10.0%	105.7%	
	A&E attendances	<i>Vs baseline (2019/20)</i>	118.6%	155.3%	36.7%	143.0%	
	4 hour wait performance	<i>Patients seen < 4 hours vs total attendances</i>	56.8%	59.3%	2.5%		95%
	Ambulance handover delays > 30 minutes	<i>Total count</i>	309	370	19.7%		
	Average daily number of patients waiting and ready for discharge	<i>Total count</i>					
	Average daily number of patients delayed as awaiting community assessment / referral / bed	<i>Total count</i>					
	Average daily number of patients delayed as awaiting resource / assessment to start care at home	<i>Total count</i>					
	Average daily number of patients delayed as awaiting residential / nursing home bed	<i>Total count</i>					
DIAGNOSTICS	6 week wait referral to diagnostic test	<i>completed in 6 weeks</i>	48.0%	51.5%	3.5%	N/A	99%
	MRI activity	<i>Vs baseline (2019/20)</i>	104.2%	144.4%	40.2%	130.6%	
	CT activity	<i>Vs baseline (2019/20)</i>	115.1%	95.2%	-20.0%	142.3%	
	Medical Endoscopy activity	<i>Vs baseline (2019/20)</i>	123.0%	89.2%	-33.7%	172.9%	
	Non-obstetric ultrasound activity	<i>Vs baseline (2019/20)</i>	106.7%	104.4%	-2.3%	179.8%	
	Echocardiography activity	<i>Vs baseline (2019/20)</i>	75.7%	55.0%	-20.7%	26.0%	

Positive value
Negative value < 5%
Negative value > 5%

Eastern Services Executive Summary – March 2023

Eastern Services

Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Feb-23	This Month Mar-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	87.9%	125.2%	37.3%	127.7%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	145.9%	201.9%	55.9%	117.4%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	66.3%	87.2%	20.9%	146.7%	104%
	Elective Daycase Activity	vs baseline (2019/20)	99.0%	151.4%	52.4%	173.4%	104%
	RTT 18 Week performance	Patients seen < 18 weeks vs total incomplete pathways	57.1%	54.7%	-2.4%		92%
	Incomplete Pathways	Total count	54824	54697	-0.2%	47237	
	RTT 52 Weeks waited	Total count	4236	4010	-5.3%	4510	
	RTT 78 Weeks waited	Total count	635	395	-37.8%	1465	
	RTT 104 Weeks waited	Total count	106	27	-74.5%	0	
CANCER	14 Day Urgent	Performance	77.5%	77.8%	0.4%		93%
	28 day faster diagnosis standard	Performance	77.7%	80.5%	2.8%		75%
	Urgent GP referral 62 day	Performance	59.2%	75.7%	16.6%		85%

Positive value
Negative value < 5%
Negative value > 5%

Domain	Measure/Metric	Definition	Last Month Feb-23	This Month Mar-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1LOS	Vs baseline (2019/20)	100.7%	112.0%	11.3%	118.7%	
	A&E attendances	vs 19/20 baseline	87.6%	130.3%	48.7%	104.8%	
	4 hour wait performance	Patients seen <4hrs vs total attendances	62.6%	60.3%	-2.3%		95%
	Ambulance handover delays >30 mins	Total count	313	318	1.6%		
	Daily Average Green (Medically Fit) Transfer List	Total count	87	82	-6.1%		
	Volume of Average Daily Completed Transfers	Total count	11.2	12.9	13.2%		
	Average Time to Transfer (Medically Fit to Discharge) – All Transfers	Total count	5	3.4	-47.1%		
	Average Weekly Hours Requiring Personal Care Backfill	Total count	906	806	-11.0%		
	UCR: Referrals	Total count	746	825	9.6%		
	UCR: Length of Stay on Caseload	Total count	19.0	15.0	-21.1%		
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	67.4%	69.2%	1.8%		99%
	MRI activity	vs 19/20 baseline	103.5%	107.7%	4.2%	109.9%	
	CT activity	vs 19/20 baseline	104.2%	109.0%	4.7%	109.3%	
	Medical Endoscopy activity	vs 19/20 baseline	102.8%	100.8%	-2.0%	92.6%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	116.1%	117.6%	1.5%	66.5%	
	Echocardiography activity	vs 19/20 baseline	194.4%	166.7%	-27.7%	99.4%	

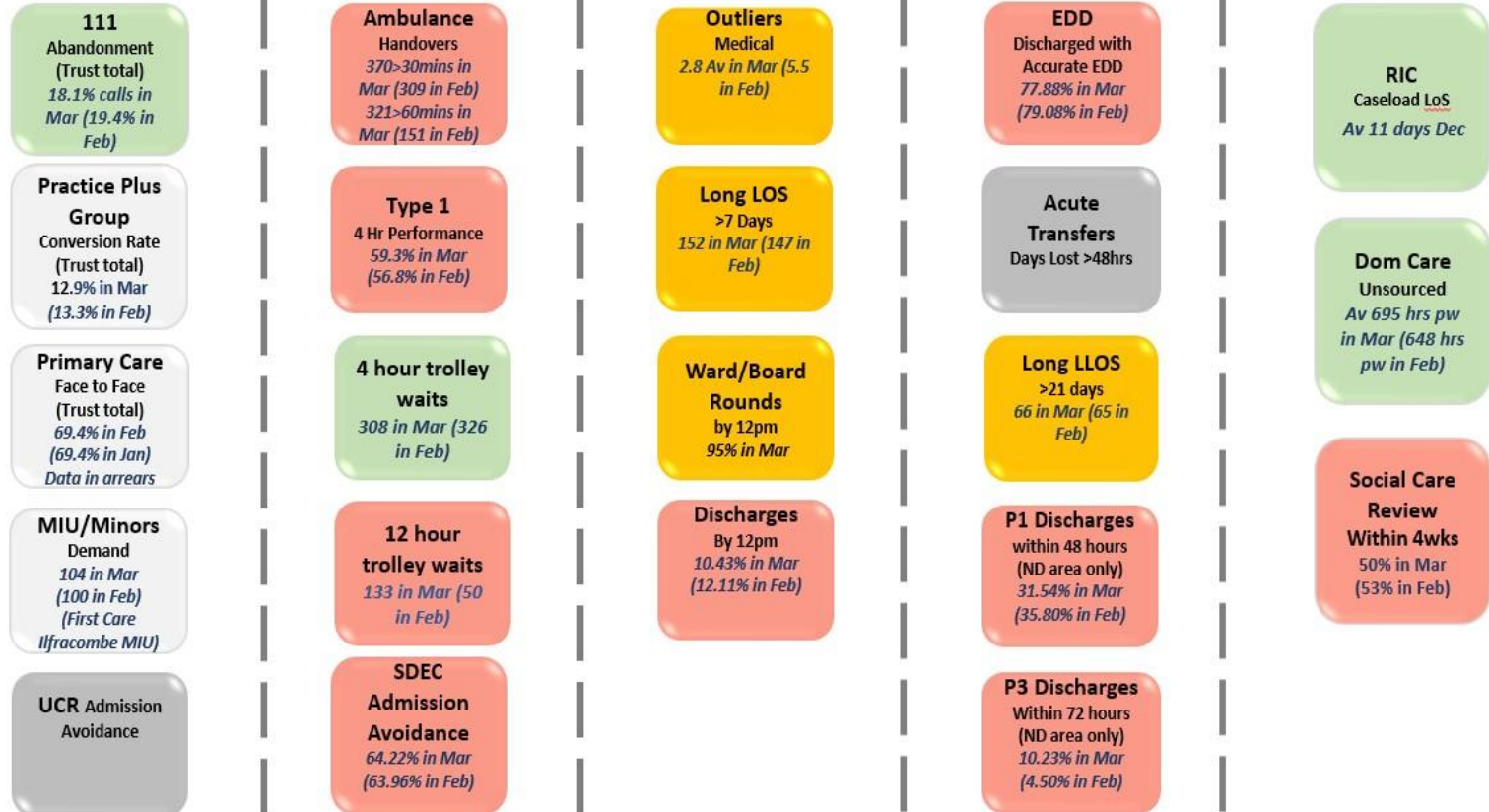
Northern Services

Patient Flow Diagnostic

Patient Flow Diagnostics 2022-2023
Data: January, February & March 2023

Triangulated performance
improvement

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



Eastern Services Executive Summary – March 2023

Eastern Services

Patient Flow Diagnostic

Patient Flow Diagnostics 2021-2023

Data: March 2023

Triangulated performance improvement

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

Key:

111
Abandonment
18.1% calls in Mar
(19.4 % in Feb)

Practice Plus Group
Conversion Rate
12.9% in Mar
(13.3 % in Feb)

Primary Care Face to Face
69.9% in Feb
(69.4 % in Jan)
- Data in arrears-

MIU/Minors Demand
2718 attends in Mar
(2543 in Feb)

UCR AA % Met Target
88% in Mar
(84% in Feb)

Ambulance Handovers
318>30mins (313 in Feb)
165>60mins (112 in Feb)

Type 1
4 Hr Performance
46.6% in Mar
(48.5% in Feb)

4hr Trolley Waits
Total 4hrs +
578 in Mar
(587 in Feb)

12hr Trolley Waits
Total 12hrs +
249 in Mar
(163 in Feb)

SDEC Admission Avoidance
88.5% Discharged in Mar
(87.7% in Feb)

Virtual Ward Activity
Admissions
161 in Mar
(155 in Feb)

Outliers Medical
78.9 Av in Mar
(78.2 in Feb)

Long LLOS
>7 Days
384.3 Av in Mar
(364.9 in Feb)

Ward/Board Rounds
by 12pm
100% in Mar
(100% in Feb)

Discharges
By 12pm
16.9% Av by 12pm in Mar
(15.3% in Feb)

EDD
Discharged with Accurate EDD
71.6% Av Accurate EDD in Mar
(73.1% in Feb)

Acute Transfers
Days Lost >48hrs
4 days in Mar
(3 days in Feb)

Long LLOS
>21 days
108.9 Av in Mar
(106.3 in Feb)

P1 UCR Discharges
Within 48hrs
44% Mar
(33% in Feb)

P3 Discharges
Within 72hrs
48% in Mar
(33% in Feb)

UCR
Caseload LoS
12.1 days in Mar
(19.6 days in Feb)

Comm Hosp Length of Stay
19 days in Mar
(19 days in Feb)

Dom Care Unsourced
1307 Av hrs pw in Mar
(1608 hrs in Feb)

Social Care Review
Within 4wks
49 % in Mar
(52% in Feb)

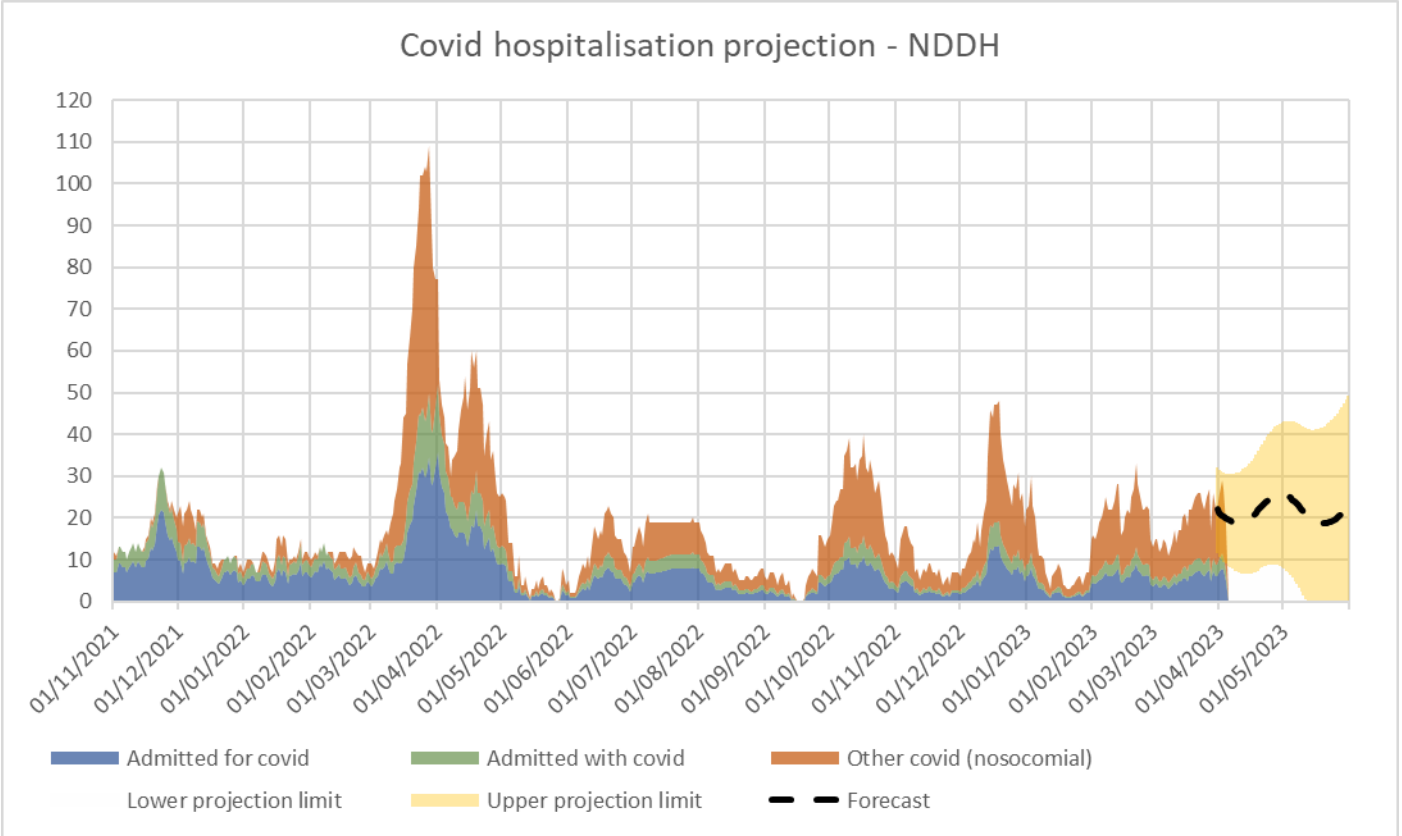
Pre Front Door
(Primary Care / 111 /
Devon Docs)

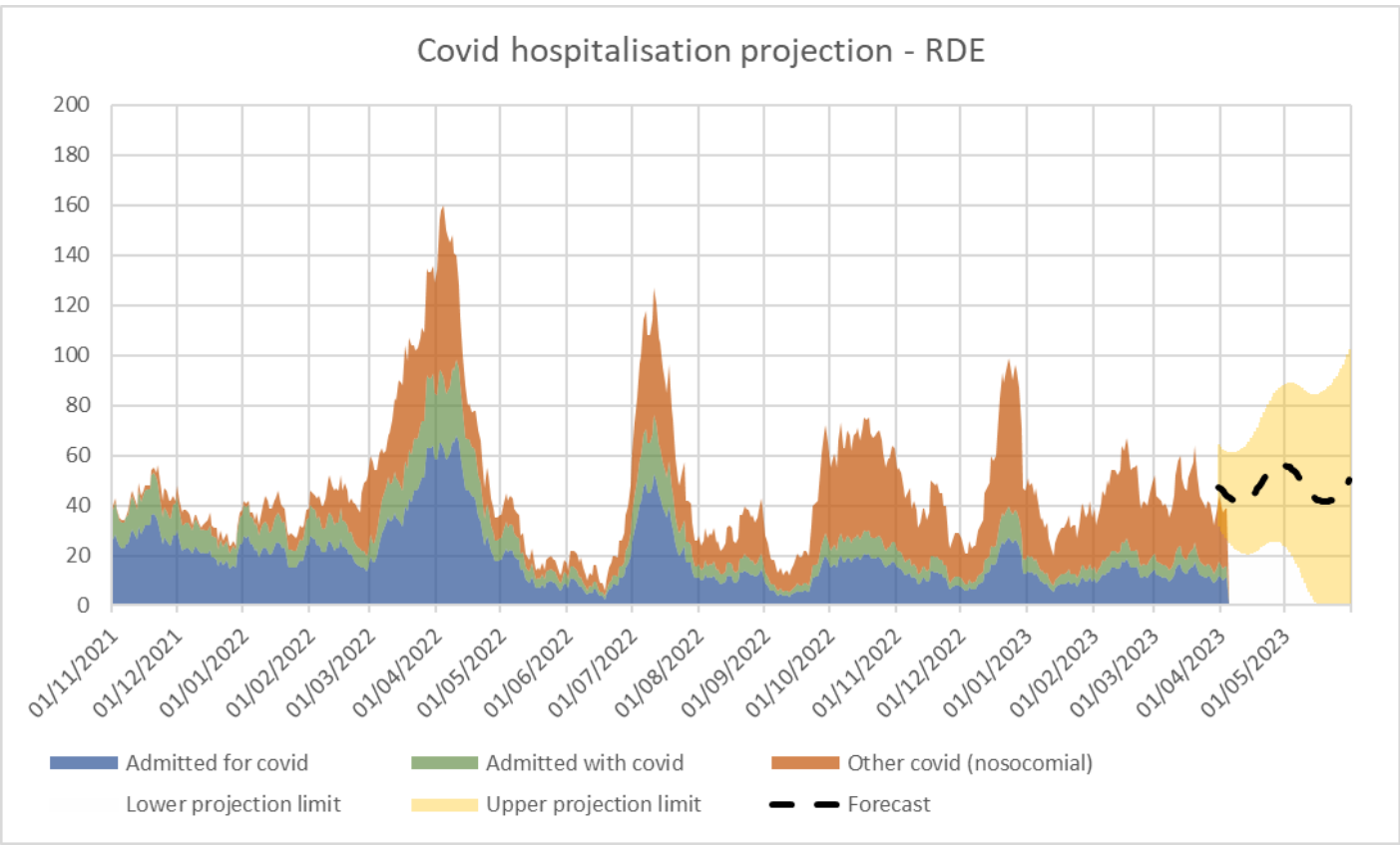
Front Door

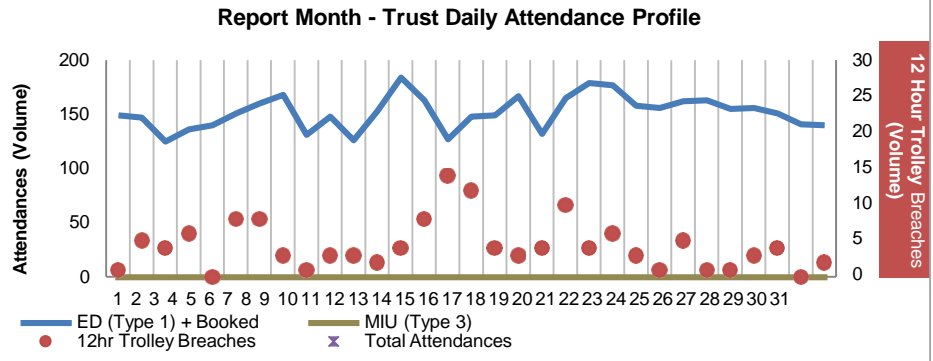
In Hospital

Back Door

Post Back Door
(Community / Social Care
/ Home)



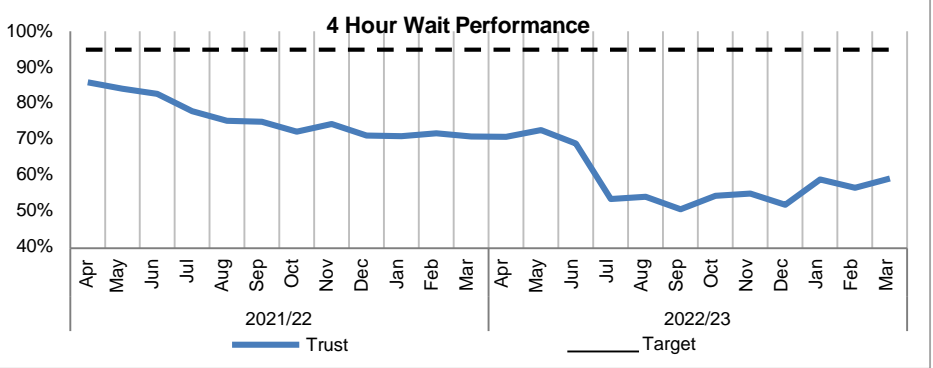
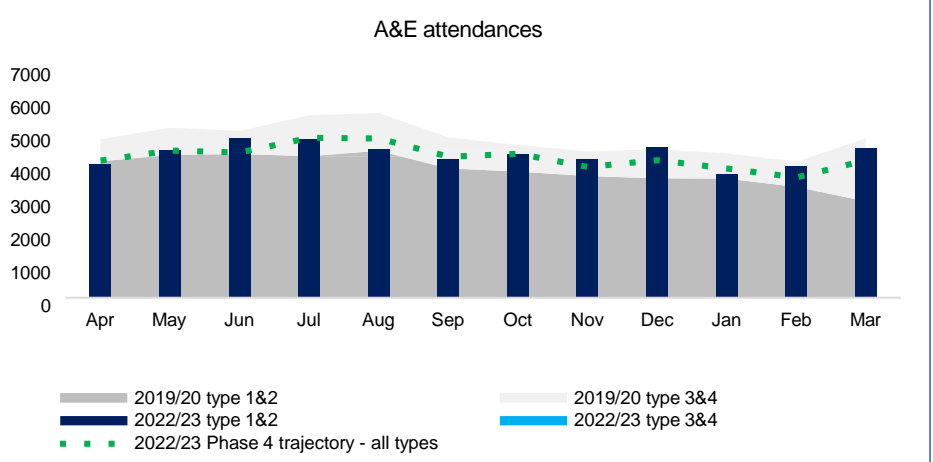


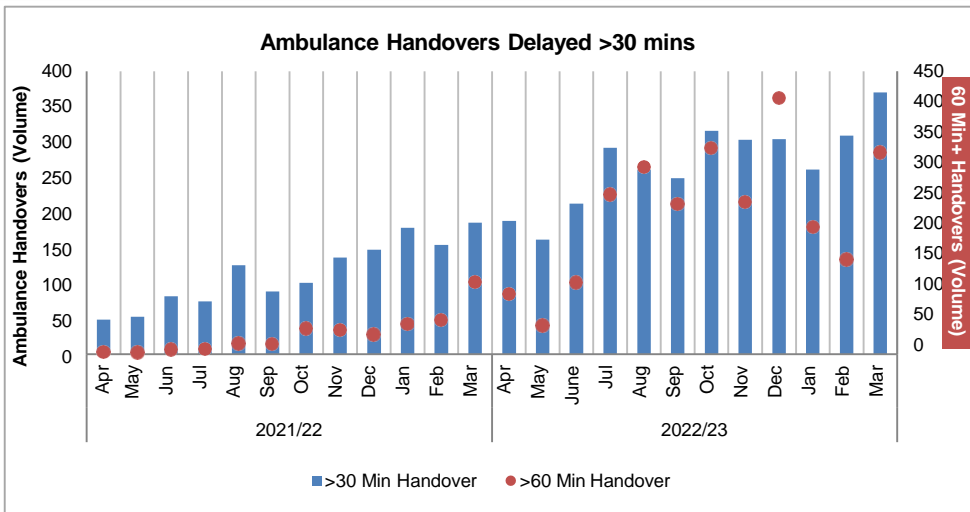


Overall Performance:

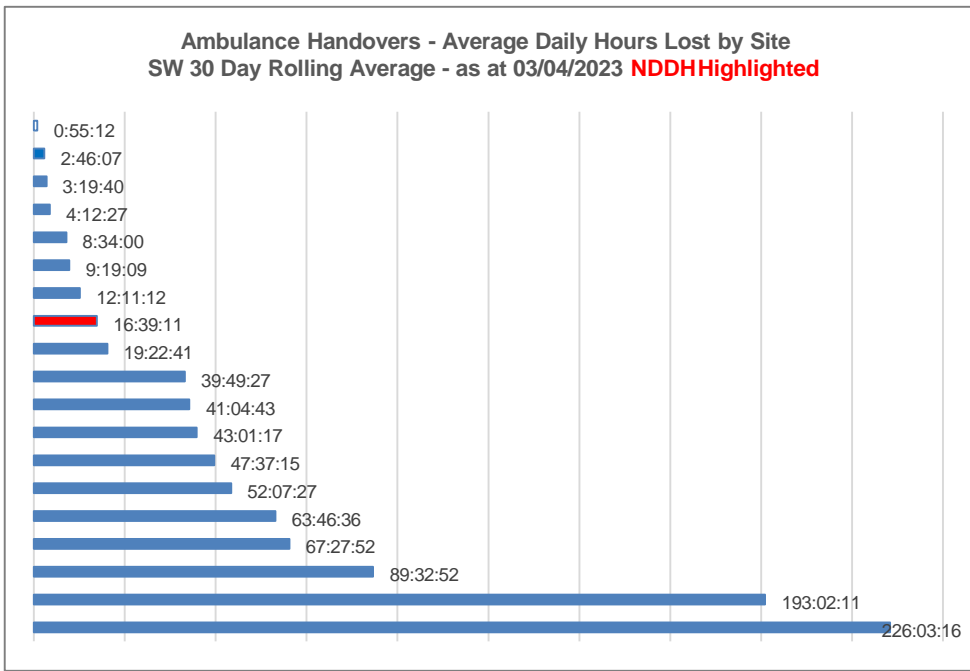
Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	4707	1915	59.32%

- ED saw an increase in attendances in March with a peak of 184 attendances on the 13th March.
- In March the total average daily hours lost in ambulance handover delays was 736 hours. This is an increase in comparison to 410 hours in February.
- Northern Services went into Opel 4 on the 7th March and remained in Opel 4 until the 27th March.
- In March the overall number of ED attendances increased by 575 patients against February. The service reported a 4.40% increase in March against the 4 hour target in February.
- Safety Barometer implemented and live on EPIC.
- New governance processes are being implemented to provide additional assurance of current actions being taken to improve performance. This includes twice-weekly Breach Review Huddles (attended by Group Manager, Clinical Lead and Clinical Matron) and a new monthly Urgent Care Board to monitor and oversee the implementation of the Urgent and Emergency Care Improvement Plan.





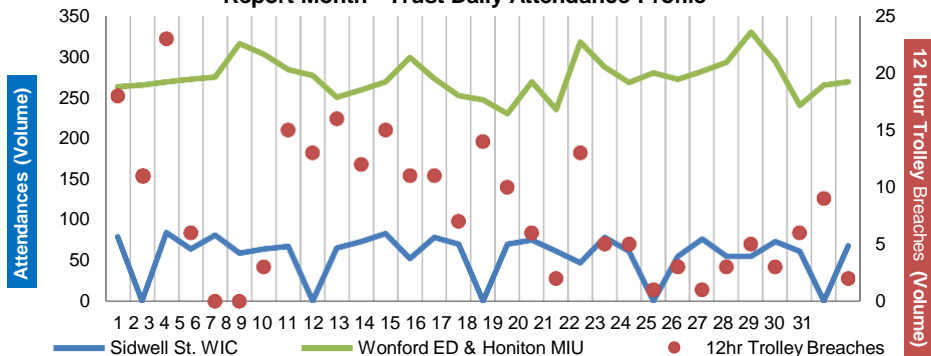
- 60 min handovers increased by 170 in March, 30 min handovers increased by 61.



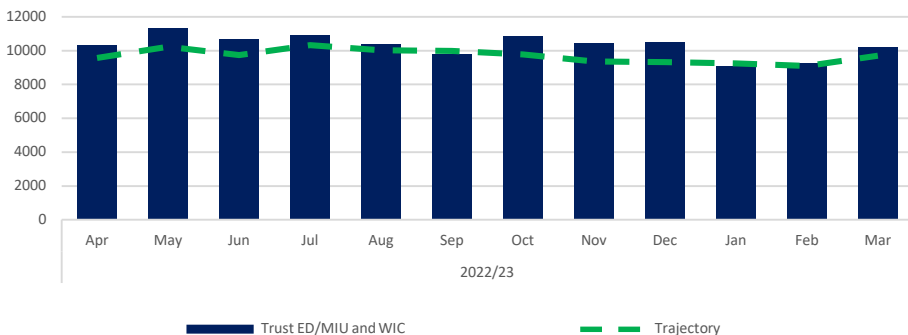
Eastern Services Emergency Department

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

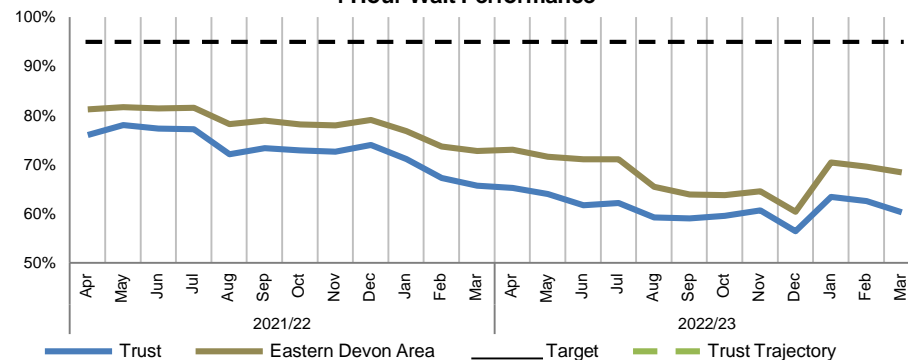
Report Month - Trust Daily Attendance Profile



A&E Attendances



4 Hour Wait Performance



Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	7461	3987	46.56%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	10179	4042	60.29%
Total System Performance (including MIUs)	13362	4212	68.48%

Overall performance

- All Type - 4 hour performance deteriorated from 62.55% in February to 60.29% in March
- ED type 1 performance **46.56%** in March (2% lower than February 2023) and the total number of 12 hour post DTA breaches increase from 163 in February to 249 in March
- ED attendances were approximately 239 per day across March 2023 representing a high level of demand

Points for escalation

- OPEL 4 was declared during the first week of March and the Trust remained in OPEL 4 until Wednesday 29 March 2023 due to infection control and closed wards
- The acuity of patients in the emergency department was high
- There were critical gaps in middle grade rotas particularly for the twilight and night shifts throughout the week commencing 20 March
- ED reconfiguration works impacted on capacity and performance. The HOT escalation area permanently closed on Monday 13 March 2023
- Junior doctor industrial action Monday 13 March to 15 March 2023
- Early closures and planned closures at the WIC and MIU as a result of staffing challenges due to vacancy, sickness and a high number of trainees within the establishment
- Lack of GP streaming service

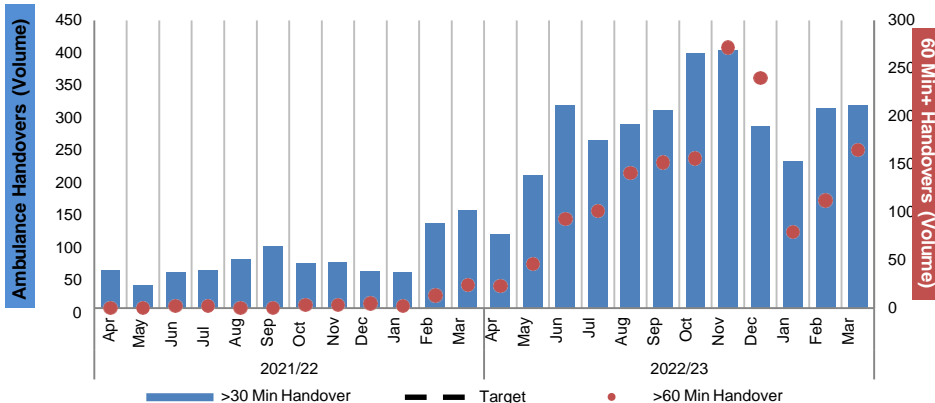
Actions being taken to improve performance

- Successful recruitment, retention and training of staff at the WIC resulted in increasing service provision from 5 days per week to 6 days per week from the 27 February. The service has since reopened 7 days a week in April 2023
- The temporary relocation of minors to the 3 old resus bays and the see and treat rooms was implemented when the new entrance and reception opened on 13 February to improve patient flow and 4 hour performance for self-presenting patients
- Minors / LAM Flip work commenced Monday 20 March 2023 and has completion date of the 25 May 2023. Once complete the permanent reconfiguration of minors and majors will improve patient flow and performance
- Recruitment into ED nursing and medical workforce to reach baseline WTEs to fill current rotas
- Focus on safety and improvements to initial time to triage (% of patients assessed within 15 mins of arrival for ambulance arrivals and walk ins)
- Working with the ICB on Low Acuity Attenders and option to explore GP streaming and location
- Task and finish group to reduce attendances of specialty expected patients to ED
- SDEC activity saw a significant increase in March, up 23.6% on February with a week day average of 26 attendances per day and another record number of attendances at 43 on a single day
- Virtual Ward activity continues to grow with 161 admissions/155 discharges and a peak number of patients of 40.

Eastern Services Emergency Department

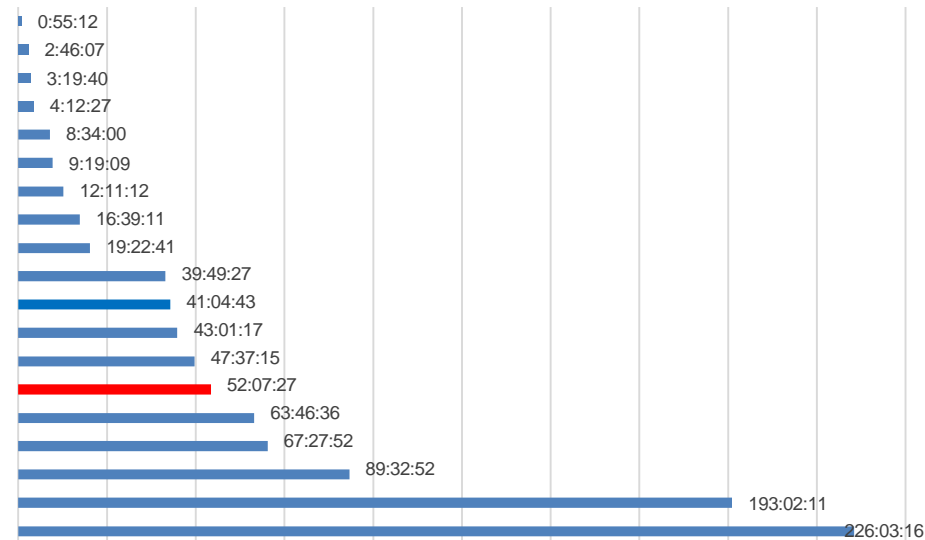
Key metrics relating to activity & performance in urgent & emergency care services

Ambulance Handovers Delayed >30 mins



Ambulance Handovers - Average Daily Hours Lost by Site

SW 30 Day Rolling Average - as at 03/04/2023 **RD&E Highlighted**



Overall performance

- OPEL 4 was declared during the first week of March and the Trust remained in OPEL 4 until Wednesday 29 March 2023 due to infection control and closed wards
- The impact of hospital pressures on patient flow out of ED resulted in an increase in >60 min handover times from 157 in February to 208 in March.

Points for escalation

- The Trust provided mutual support to the system and load levelling ambulance divers were switched on Tuesday 7 March 2023, resulting in ambulance arrivals from PL21 and TQ13 postcodes. The divert was switched off on Monday 13 March 2023
- SWAST data quality and accuracy of SWAST BI data in reporting of Trust ambulance handover times. Unknown impact of cohorting and ambulance handover data resulting from SWAST EPR systems
- Trust ambulance handover data validation based on SWAST reported chargeable handover delays.
- Devon Ambulance Cell do not have capacity at present to correct Trust validated ambulance handover data

Actions being taken to improve performance

- Review of Trust ambulance handover validation methodology of SWAST chargeable ambulance handover delays
- Review of ambulance handover process to be undertaken on completion of the new ambulance entrance opening in the 24 April 2023
- Monthly ambulance handover meetings established with SWAST to review processes and improvements

Activity & Flow

Operational Performance

Patient Experience

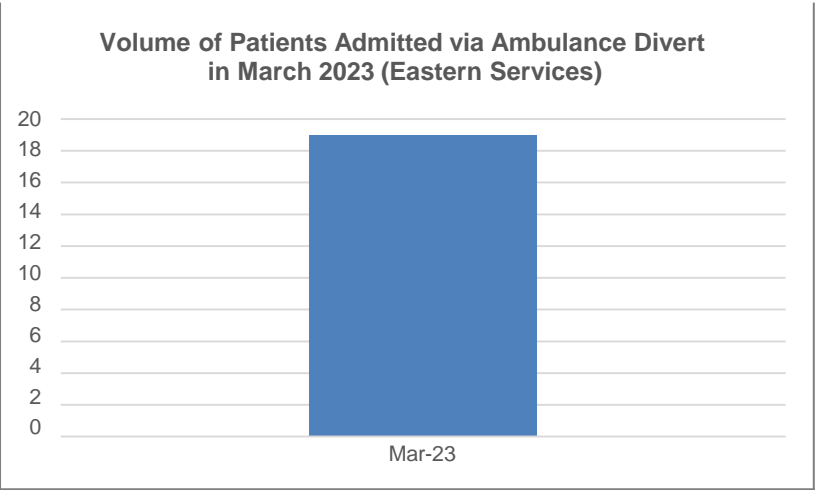
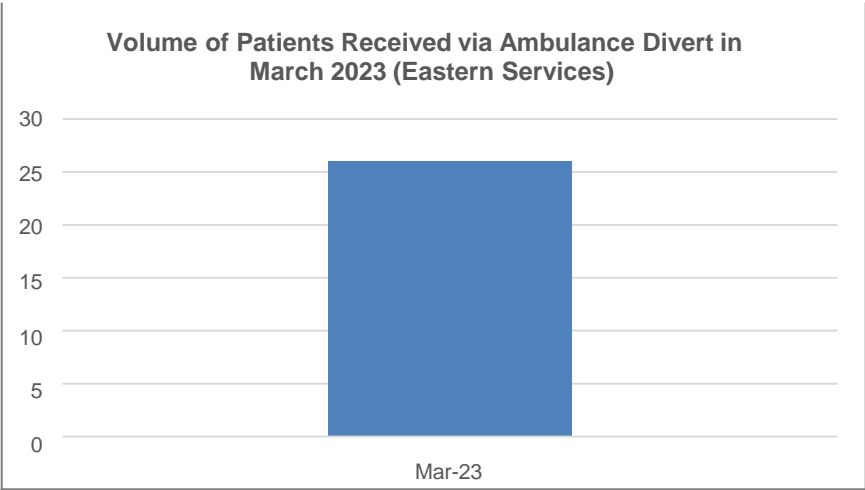
Quality & Safety

Our People

Finance

Trust – Provision of System Support for Urgent and Emergency Care

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



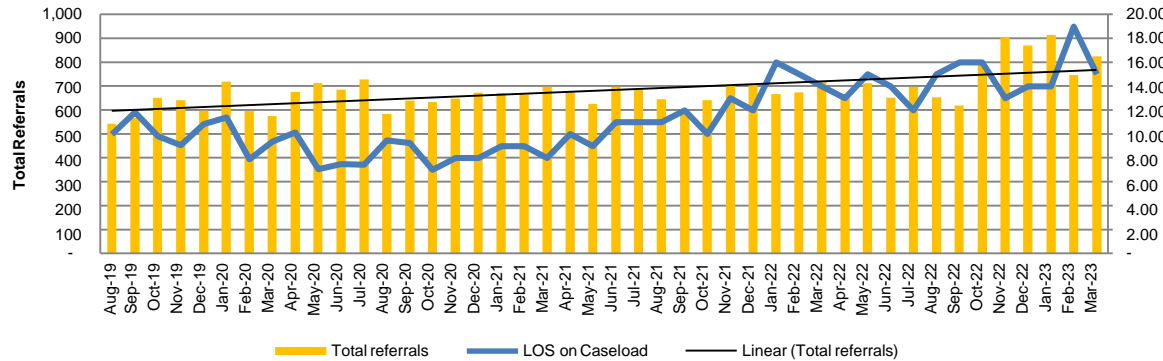
Trust – Provision of System Support for Planned Care

	Number of Mutual Aid Requests				
	Received	Completed	Declined	Ongoing	Under Consideration
April 2022 – March 2023	10	1	6	2	1
April 2023	1				1

Trust Urgent Community Response

Admission avoidance and discharge

UCR Referrals & Length of stay on Caseload



Urgent Community Response (UCR) Demand and Performance

- Demand for UCR (admission avoidance and supporting discharge) increased from February but remained below the November – January peak in activity. In the three months to end of March 2023, there has been a 20.7% increase in the number of referrals compared with the same period last year.

Eastern:

- Length of stay has decreased from an average of 15 days compared with 19 days in February, and compared with 14 days in March 2022. This reduction is due to proactive management of the caseload.
- There were 273 admission avoidance referrals in March, 41 of which needed a two hour response. 86% of these referrals were responded to within two hours.
- There were 19 referrals by SWAST. This increase is a positive and work will continue with SWAST to increase referrals from this pathway.

Northern:

- There were 46 referrals for admission avoidance in March, 26 of which required a 2 hour response – 92% of these received the response within the 2 hours
- There was an increase in SWAST referrals to 18 referrals in March, up from 5 in February and the largest number since the pathway went live in November. This is following support to SWAST to increase the number of referrals and links between SWASTs education and triaging team to promote the UCR service

Activity & Flow

Operational Performance

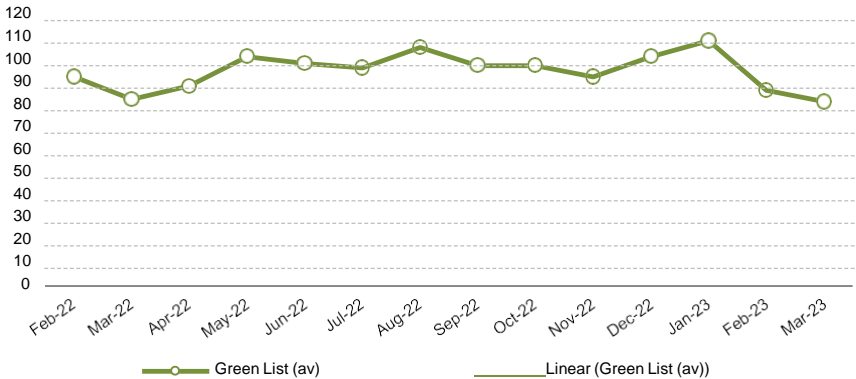
Patient Experience

Quality & Safety

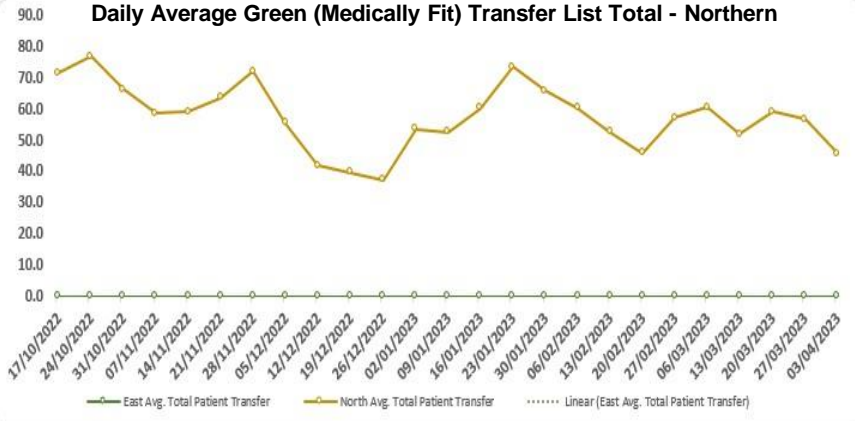
Our People

Finance

Daily Average Green (Medically Fit) Transfer List Total - Eastern



Daily Average Green (Medically Fit) Transfer List Total - Northern



Flow Performance

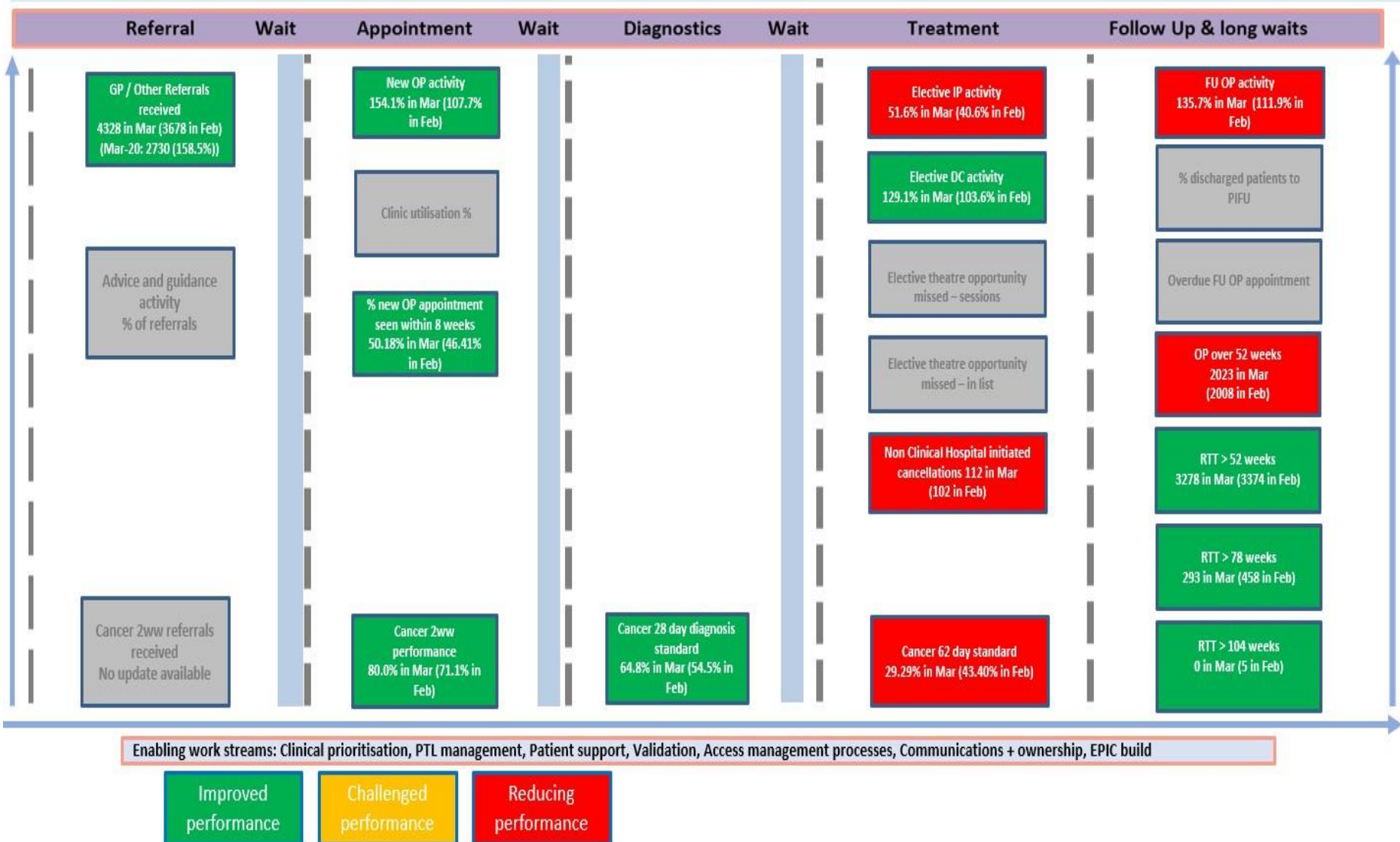
- Overall the average green to go decreased in both Northern and Eastern through March 2023. This is due to a number of complex reasons including improvements in some processes, infection control issues meaning that patients were not “green” to be discharged, and a reduction in demand for complex discharges.
- Eastern: Time to transfer improved across all pathways as follows - Pathway 1 was 2.5 days (against national target of 2 days), Pathway 2 was 6.5 days and Pathway 3 4.3 days. This is the best performance for Pathway 1 for the past 12 months and Pathway 3 for the past 12 months. For Pathway 2, this position has improved from the previous month and is below average for the previous 12 months but remains challenged due to the availability of short term placements.
- Northern: The national target for Pathway 1 Time To Transfer of 2 days was achieved for March. The demand for Pathway 2 has increased in parallel with additional capacity coming online and as a result the Time To Transfer average was 5 days. Performance in Pathway 3 has improved and is averaging at 5 days.
- There are ongoing risks around the wider system funding to support effective flow out of acute and community beds. The Trust has been liaising closely with the ICB and DCC to extend funding for the highest impact services support in particular the agency support for Pathway 1 in areas with high vacancies, Live in Carer to support complex discharges and weekend working for teams that support complex discharge and sourcing of care home placements.

Actions to Improve performance

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

Northern Services Planned Care Metrics 2022-2023

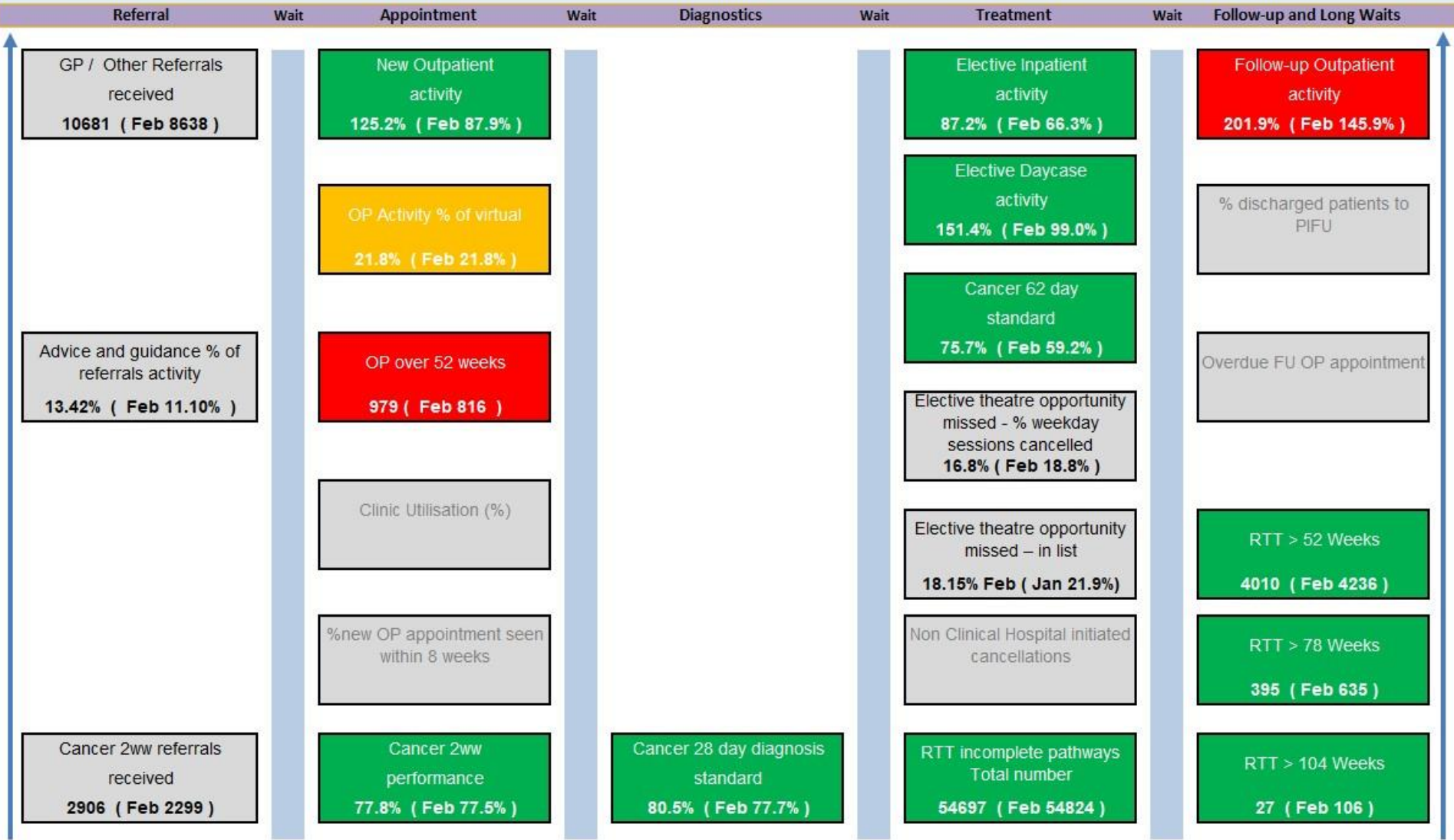
Data: January, February & March 2023



Planned Care Metrics 2022-2023

Data : March 2023

Eastern Services



Enabling work streams: Clinical prioritisation, PTL management, Patient support, Validation, Access management processes, Communications + ownership, EPIC build

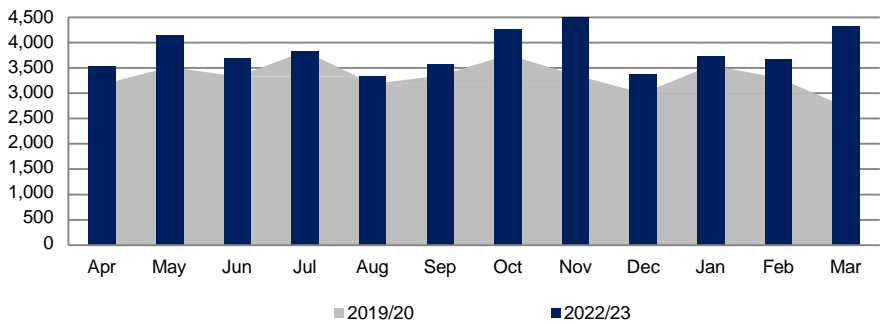
Improved performance

Challenged performance

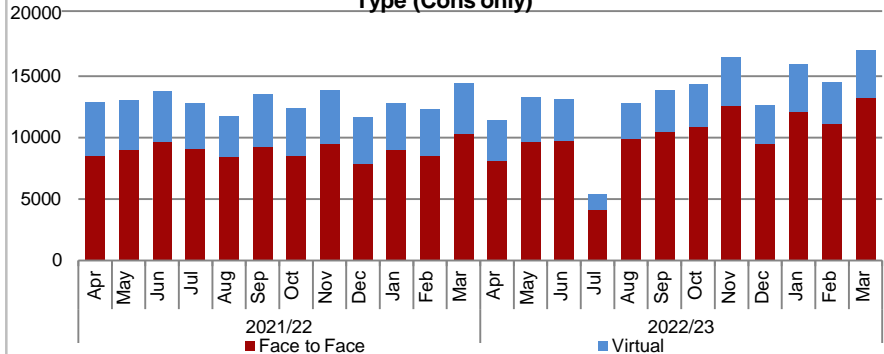
Reducing performance

Northern Services Elective Activity- Referrals and Outpatients

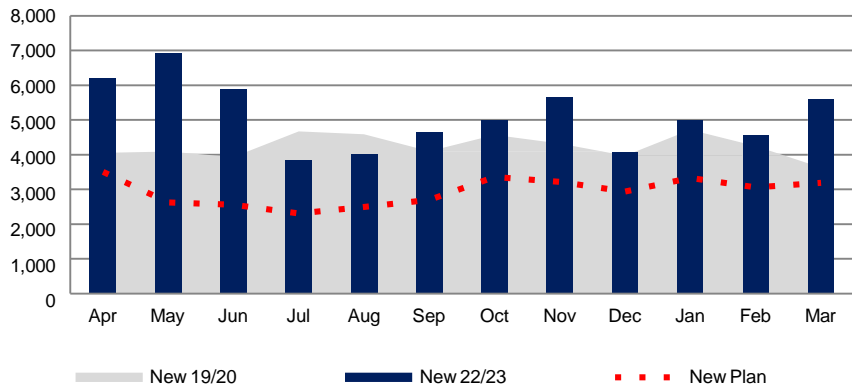
Referrals from All Sources (cons only)



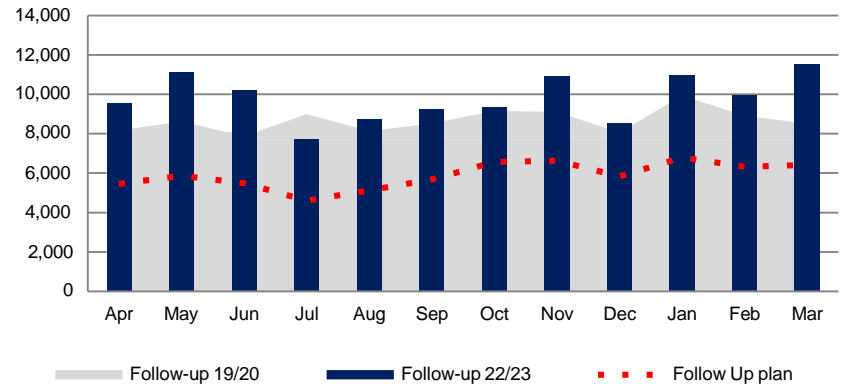
Outpatient Attendances (New and Follow-up) by Appointment Type (Cons only)



Outpatient Activity (NEW)

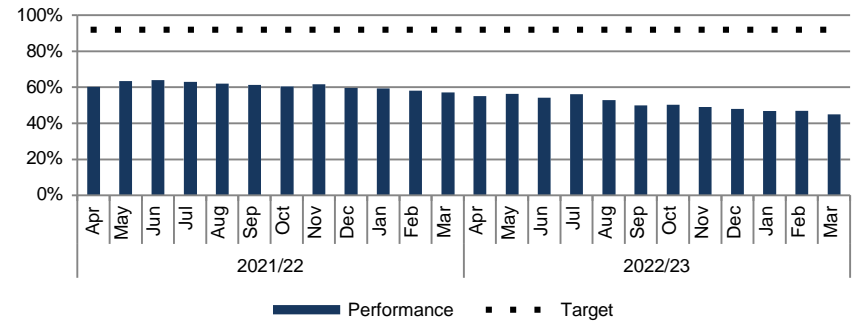


Outpatient Activity (FOLLOW-UP)

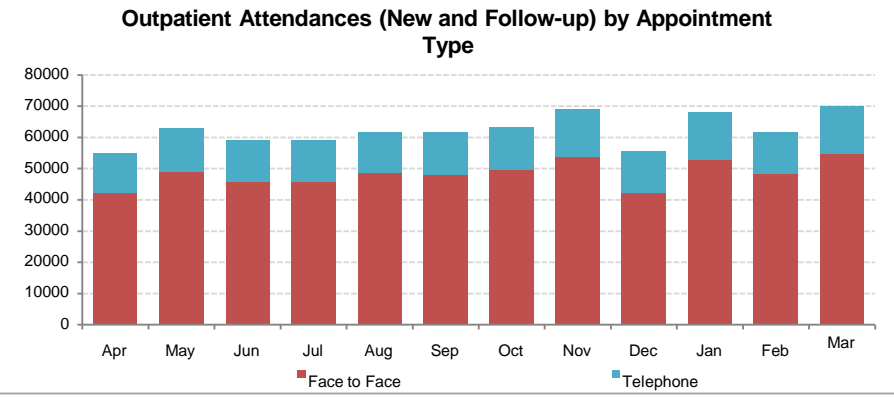
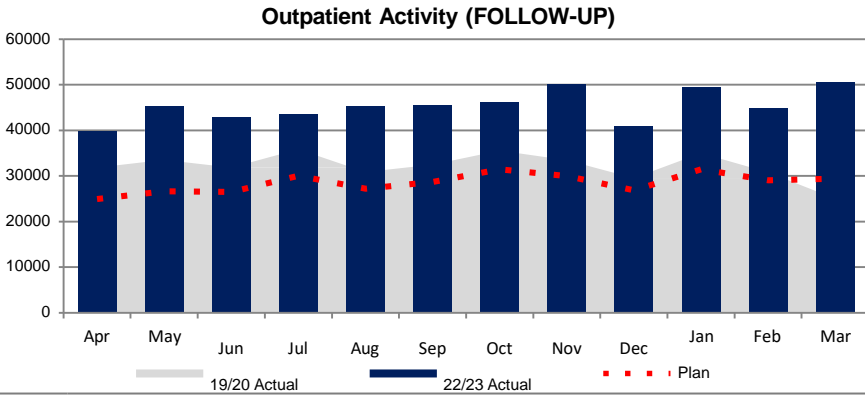
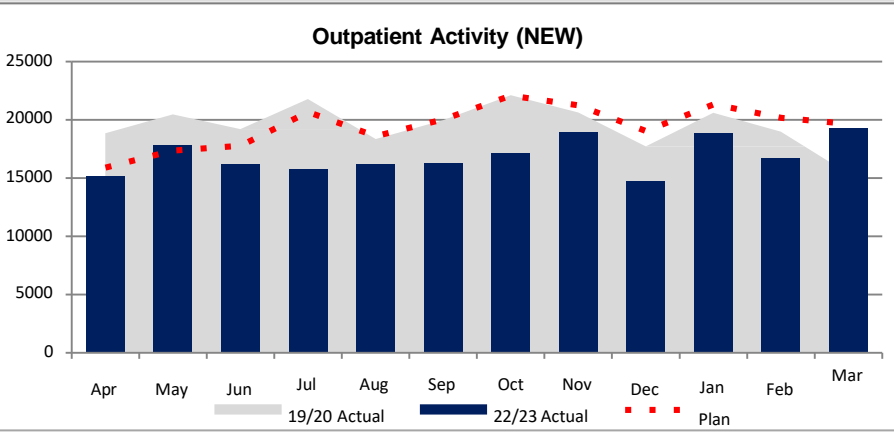
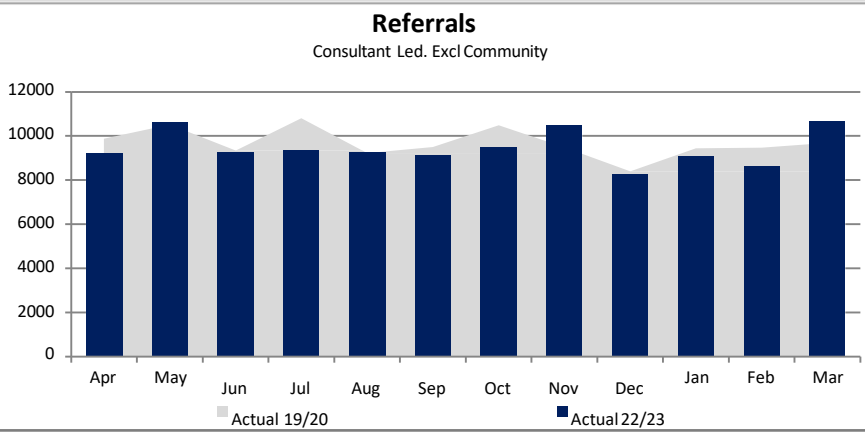


- There were a total of 17,684 Outpatients appointments held in March. Of this 17684, 5590 were New appointments and 11535 were Follow-up appointments.
- We are now able to report on Face to Face and Virtual appointments, 77.5% of appointments were held Face to Face and 22.5% were Virtual appointments.
- There was a slight decline in RTT 18 week performance in March. The focus remained on reducing the amount of 104 and 78 week waits in order to reach the target of zero 104 week waiting patients at year end. We were also under trajectory for the number of patients waiting 78 weeks at the end of March.
- As these numbers reduce focus is moving to 65 weeks wait in line with the national aspiration to have no patients waiting over 65 weeks by March 2024.

RTT 18 Week Performance



Eastern Services Elective Activity- Referrals and Outpatients



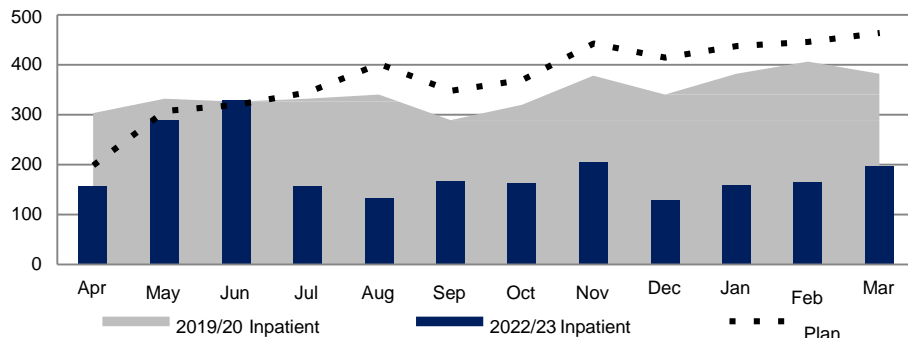
Outpatient new: March activity is showing as 125% of 2019/20 volumes, which is skewed due to the impact of Covid in March 2020. On an adjusted basis, the 2019/20 % is 97%, which is still very positive and was the highest volume of activity reported in the 2022/23 year. This position is driven by two major factors:

- Data quality capture: a significant increase in Ophthalmology activity reported as new Outpatients following a data quality review. This review has focussed on ensuring activity is recorded correctly in Epic as a new or follow up appointment.
- Increased activity: the vast majority of services saw an increased volume of activity in March, but specifically the surgical specialties where a number of additional clinics were put in place focussing on longer waiting patients.

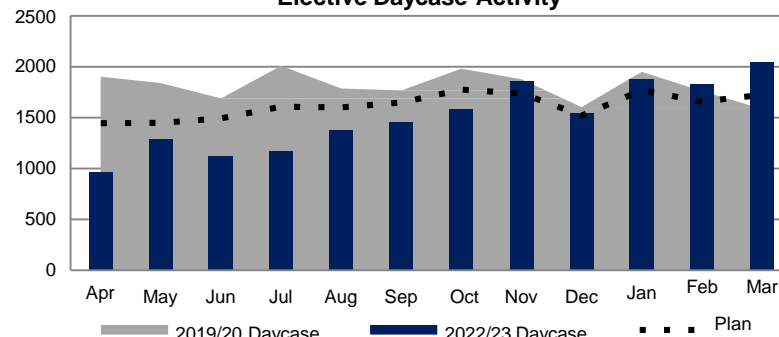
Outpatient follow up: March activity is showing as 202% of 2019/20, but would be 154% when adjusted for Covid in March 2020. This is still a relatively high volume of activity, and was largely driven by the same factors as above regarding higher volumes of clinical activity in March. In the 2023/24 year we expect the volume of Outpatient follow ups to reduce from this level as the accuracy of outpatient procedures improve.

Northern Services Elective Activity- Inpatient and Daycase

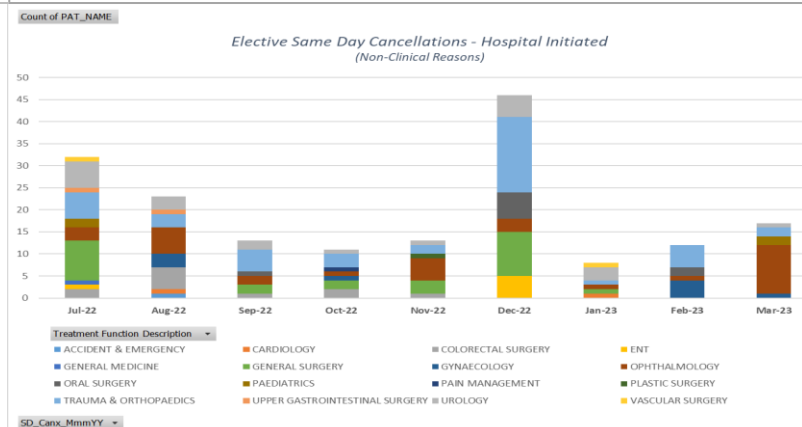
Elective Inpatient Activity



Elective Daycase Activity

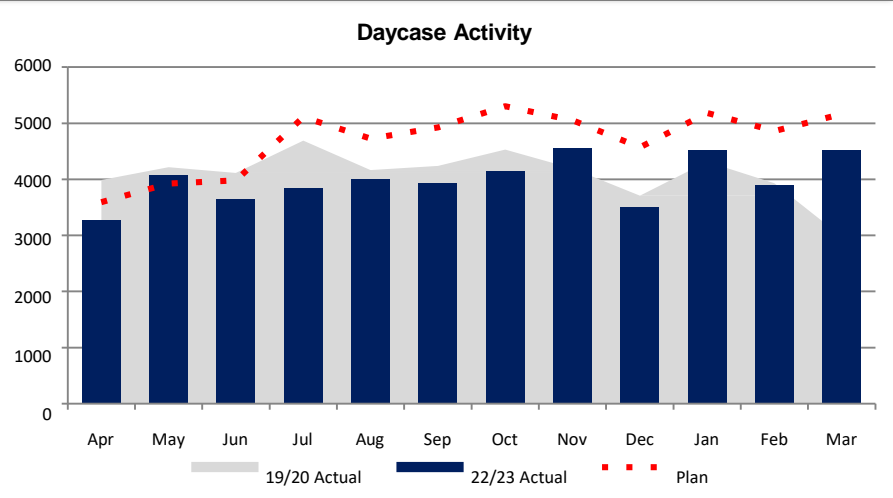
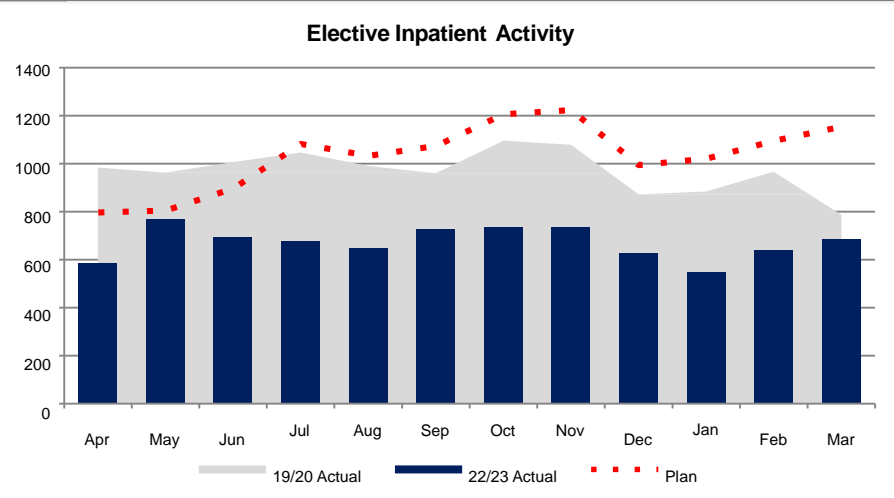


Elective Same Day Cancellations - Hospital Initiated (Non-Clinical Reasons)



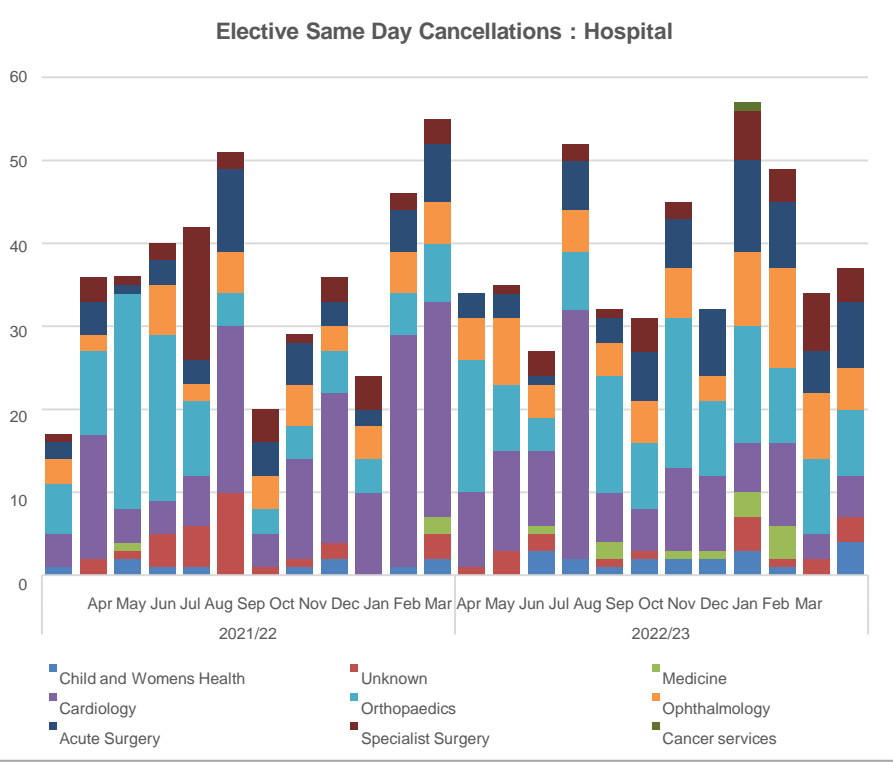
- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- On the 20th March Northern Services remained extremely escalated and there was a requirement to escalate into both our Endoscopy and Day Surgery areas.
- Elective Inpatient activity increased during March by 32 and Day case activity increased during January by 222. Given the length of time that Northern Services remained in Opel 4 during March we were still able to maintain a good level of Elective activity despite the many challenges.
- Industrial action by junior doctors for a period of 72 hours in March led to the cancellation of a relatively small number of elective and day case patients.

Eastern Services Elective Activity- Inpatient and Daycase



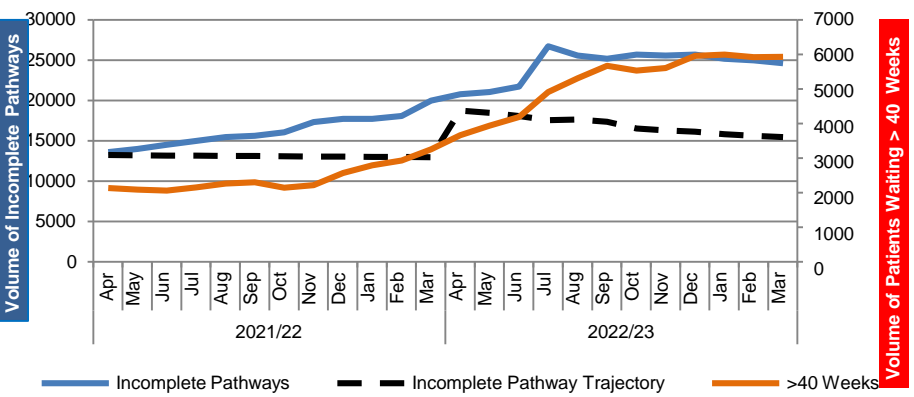
Elective inpatient and daycase activity increased on February's position as expected. The Inpatient position was 87% of 2019/20 but would be 70% when adjusted for March 2020 Covid volumes. Daycase activity was 151% but would reduce to 108% on an adjusted basis. These are still very positive volumes and reflects a genuine run rate improvement on elective recovery.

Major contributors were General Surgery, Ophthalmology and Orthopaedics, all of which put on additional sessions in March and provides a positive position for moving into the 2023/24 year.

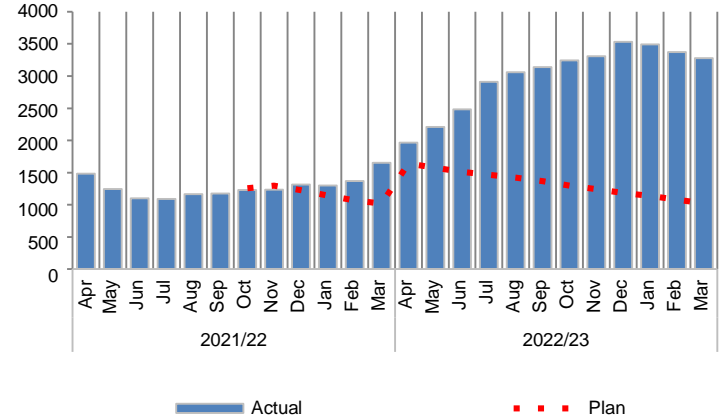


Northern Services Elective Activity- Long Waiting Patients

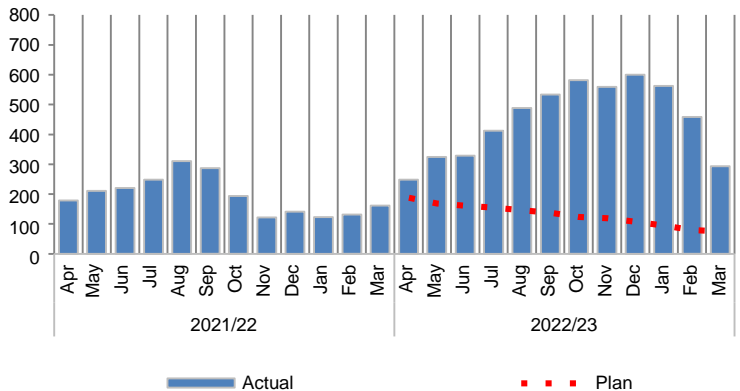
Incomplete Pathways and Longer Waiting Patients



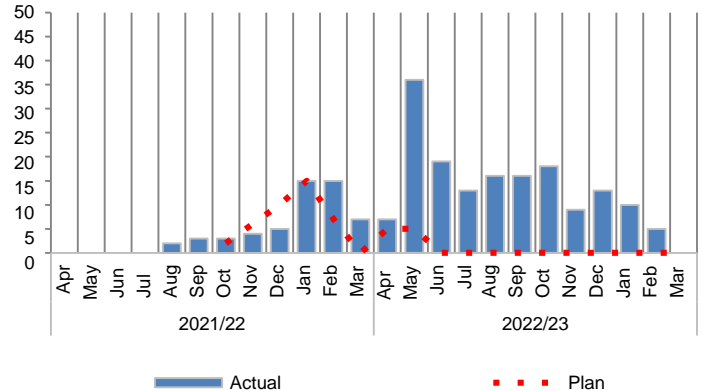
RTT 52+ Weeks Waited



RTT 78+ Weeks Waited



RTT 104+ Weeks Waited



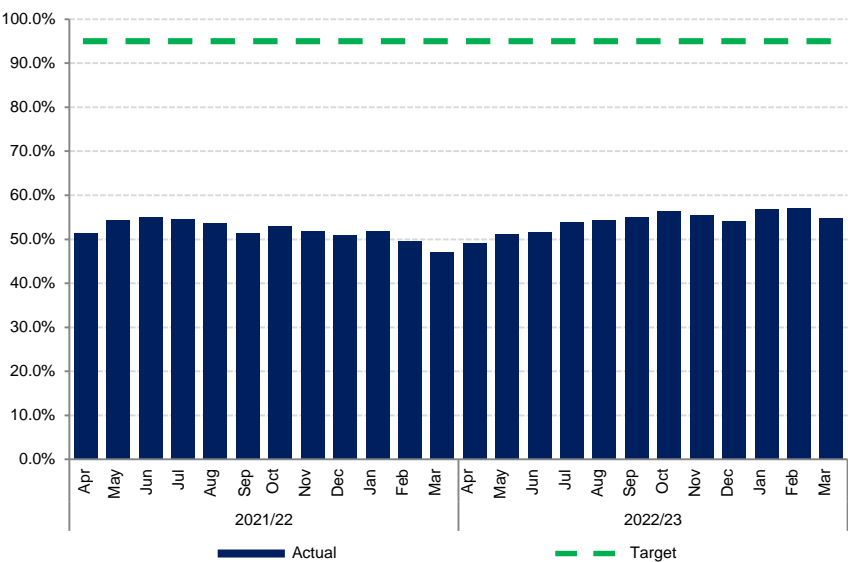
- In addition to regular meetings to monitor and improve RTT, twice weekly meetings were held throughout March with the Divisional Directors to ensure that the target of 0 patients waiting over 104 weeks for treatment was met.
- We continue to ensure that we are well under Trajectory for patients waiting 78 weeks. The number of patients waiting both 78 and 52 weeks continues to decrease, regular meetings are still be held to ensure that the focus still remains on these areas.

Northern Services Elective Activity- Long Waiting Patients Continued

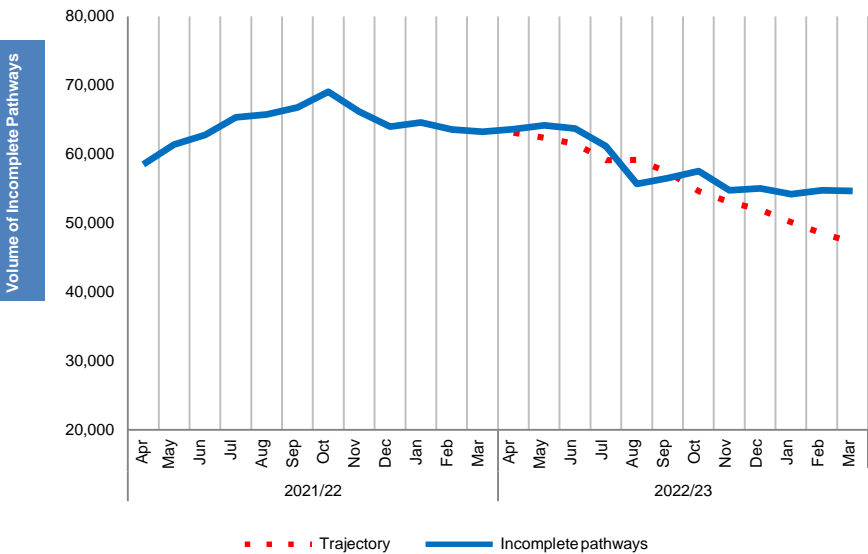
Specialty		2021/22												2022/23											
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
40+ weeks	T & O	525	457	426	459	478	480	415	482	525	599	600	675	765	812	814	951	1008	1075	1018	958	985	948	902	854
	General Surgery	39	51	51	56	71	78	71	74	75	81	80	102	117	115	126	141	146	146	144	148	147	152	141	147
	Dermatology	56	62	58	71	97	126	133	151	186	215	232	277	316	335	349	387	406	413	385	338	312	327	292	357
	Gynaecology	160	159	170	187	198	192	191	180	203	203	207	210	227	263	312	381	485	501	500	567	614	632	688	694
	Neurology	95	114	125	119	89	67	54	75	94	114	125	131	154	169	158	192	193	189	158	139	159	155	153	153
	Colorectal	63	58	61	57	70	73	60	57	66	54	57	52	52	49	50	-	-	-	-	-	-	-	-	-
	Cardiology	16	20	16	10	12	14	17	21	25	30	43	49	54	69	92	144	174	225	236	286	317	345	350	384
	Ophthalmology	605	613	620	654	694	709	690	657	798	838	897	977	1088	1102	1149	1255	1252	1252	1239	1214	1246	1227	1183	1076
	Other	345	323	309	307	304	314	286	293	338	379	390	446	510	627	699	1043	1233	1413	1423	1473	1675	1704	1712	1764
	Upper GI	64	54	52	51	58	59	58	52	60	67	63	52	61	64	74	-	-	-	-	-	-	-	-	-
	Urology	176	186	184	188	201	198	174	187	208	220	244	290	329	344	376	428	443	462	431	485	510	511	502	508
	Grand Total	2144	2097	2072	2159	2272	2310	2149	2229	2578	2800	2938	3261	3673	3949	4199	4922	5320	5676	5534	5608	5965	6001	5923	5937
52+ weeks	T & O	416	327	260	225	221	222	225	244	267	312	344	391	460	522	529	594	590	594	596	552	600	570	522	503
	Neurology	35	44	52	55	44	32	31	36	29	28	40	43	57	74	69	93	110	116	117	85	85	74	79	85
	Cardiology	8	6	5	1	2	7	12	12	10	10	11	15	13	23	27	37	42	72	92	130	164	168	198	215
	Ophthalmology	492	393	311	323	458	373	371	367	401	390	336	459	561	632	720	865	824	823	831	800	820	754	675	560
	Other	425	352	353	366	315	414	438	454	490	436	504	594	694	757	903	1055	1208	1248	1331	1434	1536	1578	1539	1562
	Urology	108	122	118	124	127	134	120	126	119	125	132	153	182	204	235	268	284	284	279	306	326	347	361	373
	Grand Total	1484	1244	1099	1091	1167	1174	1230	1235	1316	1301	1367	1655	1967	2212	2483	2912	3058	3137	3246	3307	3531	3491	3374	3278
78+ weeks	T & O	47	49	55	51	63	62	42	23	22	41	21	33	65	126	97	114	137	140	130	106	118	104	91	56
	Neurology	0	2	1	1	3	9	5	3	2	3	3	3	5	6	5	7	10	7	15	12	12	10	5	3
	Cardiology	0	0	0	1	0	1	0	0	0	0	0	0	2	1	0	0	1	1	4	5	4	1	2	1
	Ophthalmology	72	82	78	93	106	86	45	18	16	19	17	27	44	33	43	58	54	85	116	140	148	151	109	51
	Other	39	50	58	69	98	90	79	49	72	28	58	62	89	106	134	170	204	238	251	226	240	220	189	120
	Urology	21	28	28	33	41	39	23	29	29	32	32	37	43	53	50	63	65	62	66	70	78	76	62	62
	Grand Total	179	211	220	248	311	287	194	122	141	123	131	162	248	325	329	412	471	533	582	559	600	562	458	293
104+ weeks	T & O	0	0	0	0	0	1	0	0	0	1	0	3	2	28	13	5	6	5	5	1	0	0	1	0
	Neurology	0	0	0	0	0	0	0	1	1	0	0	1	1	1	1	1	1	0	1	0	1	0	0	0
	Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ophthalmology	0	0	0	0	0	0	0	1	1	5	4	0	1	0	0	1	2	2	1	3	2	0	0	0
	Other	0	0	0	0	2	1	3	2	3	9	10	3	3	4	1	2	2	4	8	1	7	6	3	0
	Urology	0	0	0	0	0	1	0	0	0	0	1	0	0	3	4	4	4	5	3	4	3	4	1	0
	Grand Total	0	0	0	0	2	3	3	4	5	15	15	7	7	36	19	13	15	16	18	9	13	10	5	0

Eastern Services Elective Activity- Inpatient and Daycase

RTT 18 Week Performance



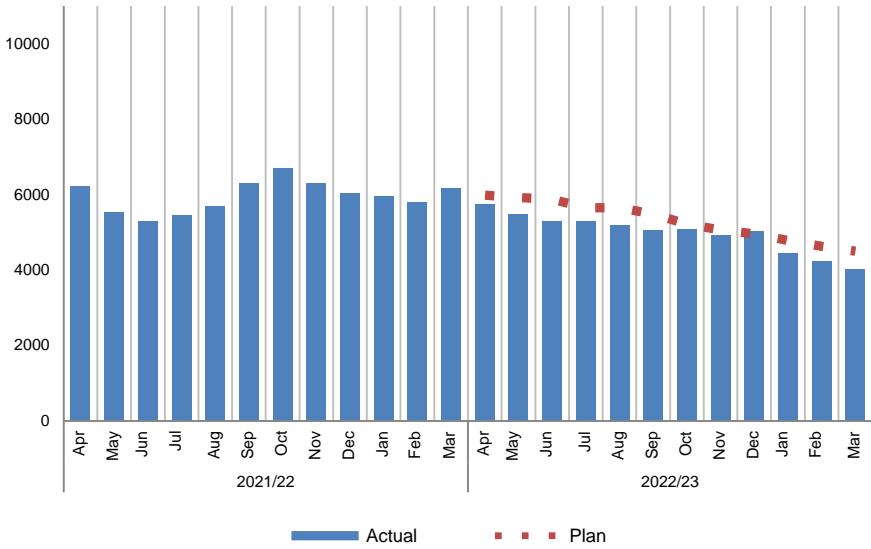
Incomplete Pathways



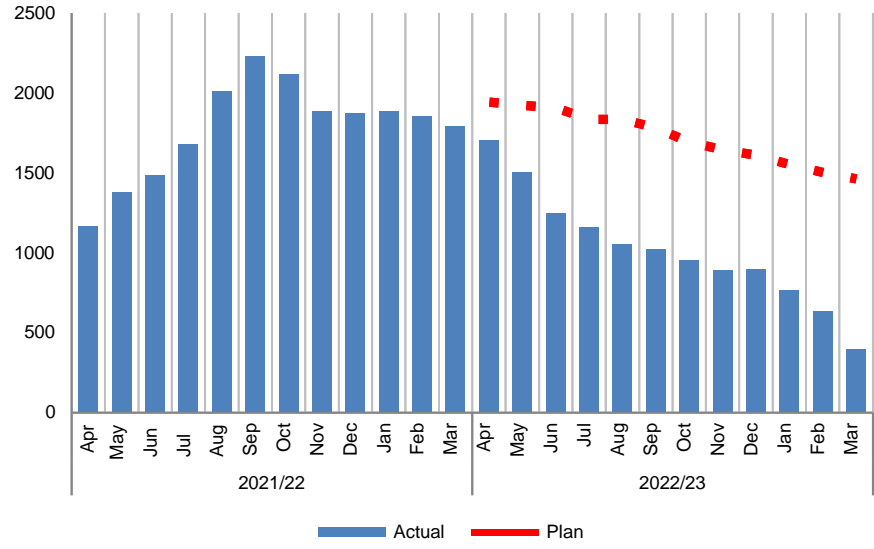
The volume of incomplete pathways reduced (improved) slightly on the February position.

Eastern Services Elective Activity – Long Waiting Patients

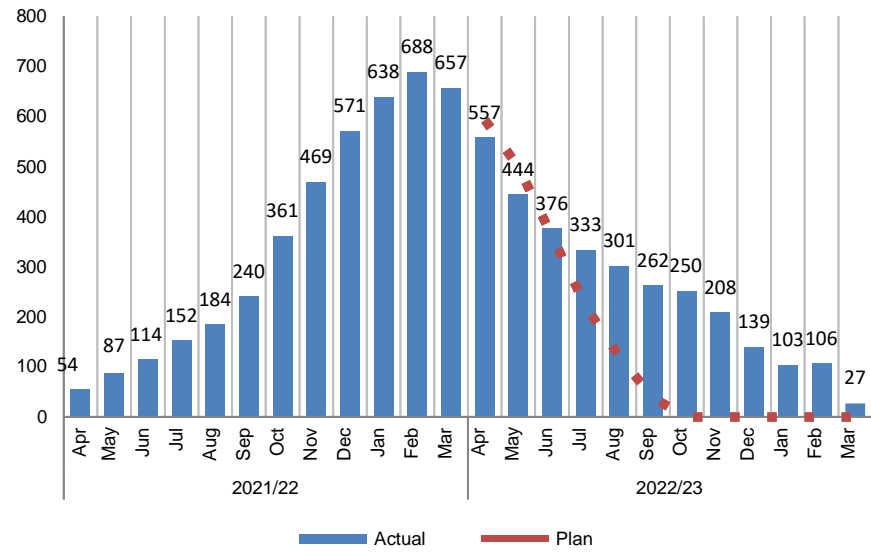
RTT 52+ Weeks Waited



RTT 78 + Weeks Waited



RTT 104+ Weeks Waited



The volume of long waiting patients continued to improve in March across all waiting groups, with 104+ waits down to 27 patients from a starting position in March 2022 of 657. The 2023/24 operational plan shows an expectation of having no more 104+ waits by June 2024 and a continued improvement in the 78+ position.

Eastern Services Elective Activity- Long Waiting Patients

Specialty		2021/22												2022/23											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
52+ weeks	Orthopaedics	1859	1720	1628	1535	1482	1533	1595	1617	1610	1537	1492	1568	1499	1416	1364	1419	1374	1436	1487	1478	1402	1237	1062	893
	Cardiology	414	399	417	407	418	491	530	484	442	414	377	416	429	457	487	520	545	482	428	457	489	443	461	418
	Ophthalmology	1315	1013	941	1046	1212	1399	1489	1456	1610	1404	1365	1608	1345	1164	929	858	688	578	546	452	458	399	390	386
	Colorectal Surgery	445	437	437	448	455	451	498	514	526	553	517	523	526	593	609	618	546	508	513	535	538	541	558	513
	Upper GI	80	86	76	81	94	95	114	99	91	102	107	106	104	104	109	113	101	101	127	140	161	152	140	107
	Total	6224	5531	5272	5445	5682	6284	6691	6299	6021	5952	5802	6173	5731	5473	5289	5298	5173	5034	5074	4920	5008	4449	4236	4010
78+ weeks	Orthopaedics	581	654	697	698	761	810	782	775	843	846	827	820	773	684	584	528	472	457	417	387	339	281	228	142
	Cardiology	108	111	120	126	152	165	175	137	121	134	138	133	153	149	134	129	130	121	94	113	125	121	96	64
	Ophthalmology	61	70	91	137	279	384	343	264	246	307	325	331	271	223	155	140	94	77	80	53	64	45	37	19
	Colorectal Surgery	128	172	175	195	219	233	250	252	260	248	221	183	188	183	149	153	127	119	120	127	127	128	102	81
	Upper GI	23	22	21	23	34	34	35	29	22	19	21	22	30	22	19	28	22	22	29	32	38	41	37	17
	Total	1170	1377	1483	1679	2013	2231	2117	1884	1873	1887	1853	1791	1704	1505	1248	1162	1058	1023	952	892	899	765	635	395
104+ Weeks	Orthopaedics	23	35	47	65	81	114	178	252	340	397	437	445	364	299	261	230	191	162	153	124	72	50	48	10
	Cardiology	6	12	23	28	25	27	46	51	49	59	63	57	58	45	32	31	22	16	12	14	9	10	10	0
	Ophthalmology	0	0	0	0	1	4	6	12	18	18	30	24	13	8	2	6	9	8	5	4	5	2	5	1
	Colorectal Surgery	19	23	28	34	38	41	54	64	75	87	80	75	67	63	46	42	45	42	48	33	26	19	19	13
	Upper GI	1	2	0	2	3	3	7	4	4	2	2	3	2	4	1	1	1	0	0	3	5	5	4	2
	Total	54	87	114	152	184	240	361	469	571	638	688	657	557	444	376	333	301	262	250	208	139	103	106	27

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

Northern Services Waiting Well

March 2023 Waiting Well Northern Incidents	None	Minor	Moderate	Major	Total
Follow up delay	5	0	0	0	5
Surgery	1	0	1	0	2
New	0	0	0	0	0
Diagnostic request delay	0	0	0	0	0
Total	6	0	1	0	7

5 of the 6 incidents with no/minor harm related to validation of Stroke follow up waiting list. Patients have now been booked as a matter of urgency.

1 patient recorded as moderate harm relate to a delayed elective procedure and is currently under investigation.

Patient survey support key aims

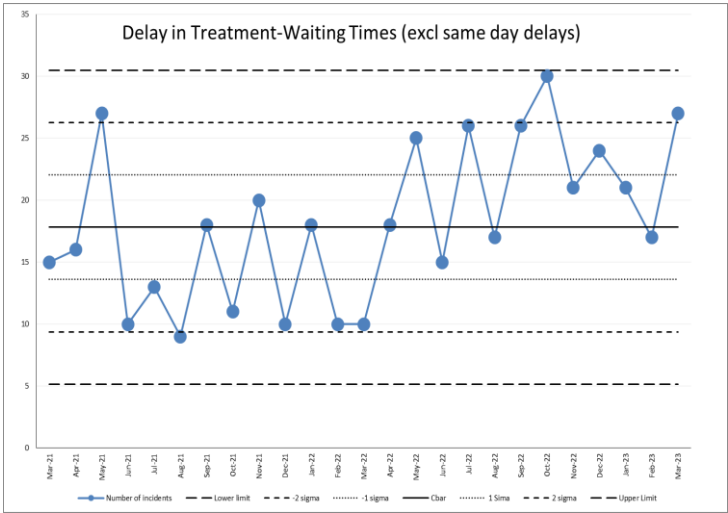
- Identify any patients who no longer want or need to be on a waiting list (patient validation)
- Ensure patients are empowered to seek appropriate help from the health system when needed
- Refer any identified patients that need further community support to local voluntary sector organisation(s)
- The table reflects total activity since the survey was implemented

Patients Sent Survey	15271
Completed Survey	11804
No response (all contact methods tried)	2309
Work In Progress	1158
Outcome of completed Survey's	
Remove from WL	1735
Remain on list with clinical review	1306
Remain on list and referred for community lifestyle support and advice	1772
Remain on list	6,991

- Some delays to patient surveys this month due to funding issues with community lifestyle support services. These are now resolved and funding is agreed for another year. Devon Referral Support Services have a recovery plan in place.
- Increased volumes of surveys planned for northern and eastern, working toward regular survey (every 3 months) of any patient over 26 weeks wait.

Eastern Services Waiting Well

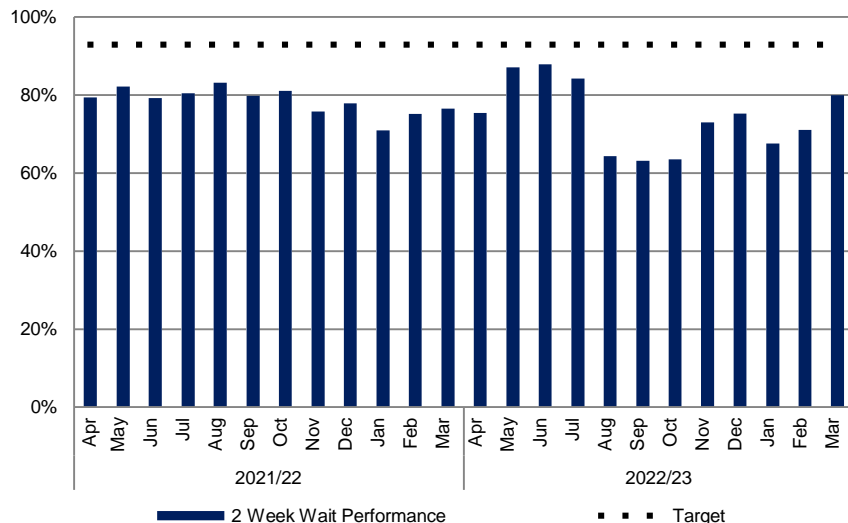
Across the same time period in Eastern 27 incidents were reported for March 2023, these are broken down by the level of harm against stage of pathway below.



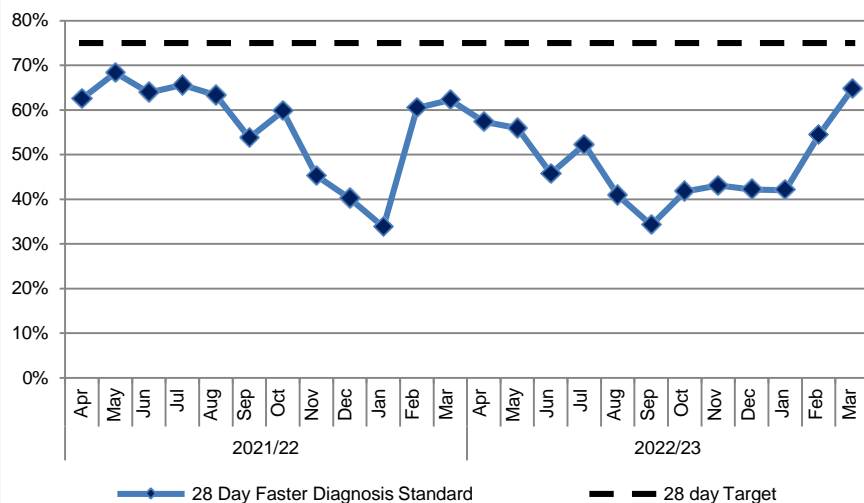
	None	Minor	Moderate	Major	Catastrophic	Total
Follow up delay	6	4				10
New	3	6				9
Diagnostic request delay	1	3				4
Surgery	4					4
Total	14	13	0	0	0	27

Northern Services Cancer 14 and 28 Day

2 Week Wait Performance



28 Day Faster Diagnosis Standard



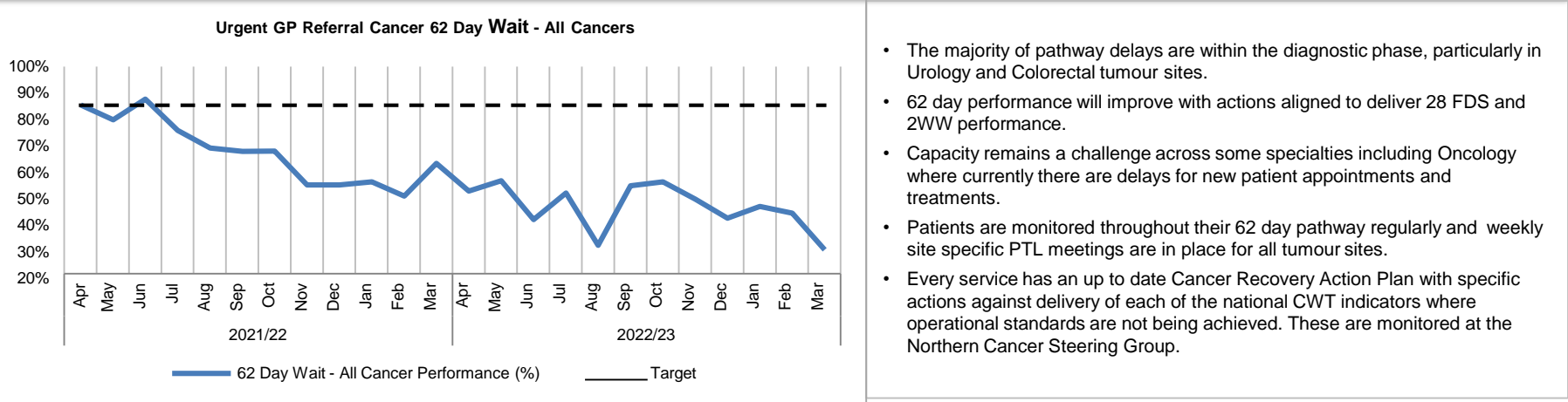
2 Week Wait Performance

2WW performance continues to increase across most tumour sites:

- Urology has improved from 35% (60 breaches) in January to 87% (13 breaches) in March following improvements in waiting times for one stop Haematuria clinics.
- Gynaecology has improved from 52% (54 breaches) in January to 97% (2 breaches) in March which reflects the additional 16 2WW clinics run in Q4 22/23.
- Breast position is currently at 69% (52 breaches) in March and is being closely monitored with additional clinics being arranged as appropriate.
- 2WW performance in March for Colorectal is 83%.- at present locum consultant post remains out to advert and substantive consultant post agreed and will be out for advert in near future.
- All services are working to reduce first out patient waiting times to 7 days.

28 Day Faster Diagnosis Standard

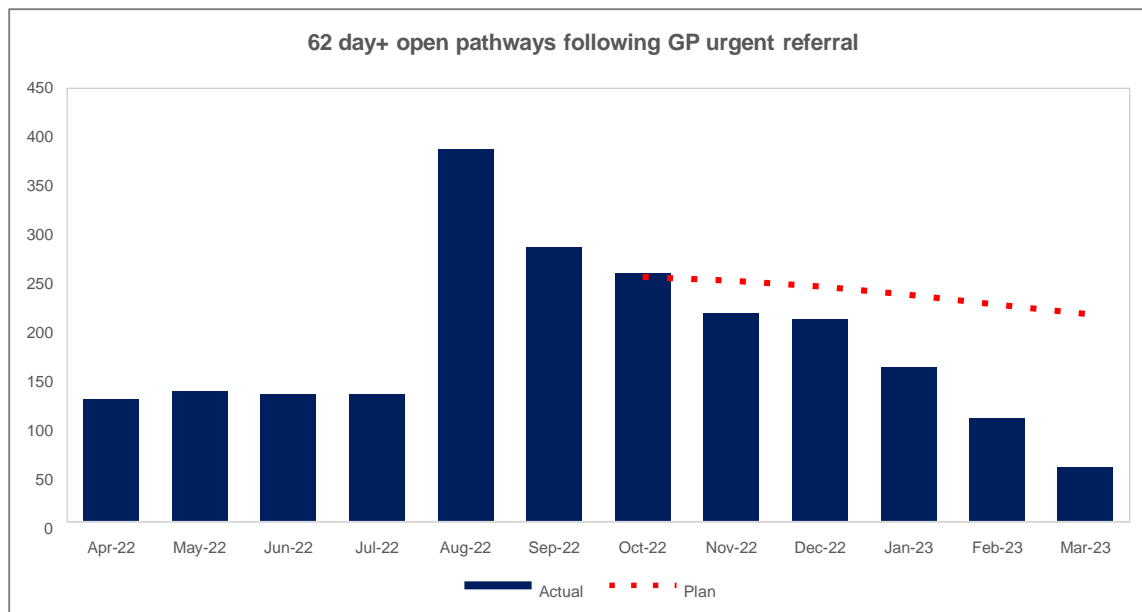
- 2ww performance is directly impacting on ability to confirm diagnosis within 28 days therefore the improvement in 2 week wait performance has led to an overall improvement in the 28 day standard however some tumour sites are not achieving the national target of 75% for 28 day FDS at present. Action 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.
- Gynaecology – has seen an increase in 28 day performance over the last few months and achieved 78% in March. The additional diagnostic capacity clinics delivered in Q4 22/23 have supported this recovery.
- Urology – 28 day performance has improved from 19% (79 breaches) in January to 44% (44 breaches) in March. Actions to support this improvement include - additional cystoscopy clinics, training of additional staff to perform LATPs and additional lists sourced to support LATP turnaround times. The prostate pathway has been revised and went live from the middle of February.
- Colorectal - Although an improving picture, not achieving target of 75%. Breaches have increased as a result of delays accessing endoscopy for colonoscopy. Plans are in place to insource additional endoscopy capacity.



Cancer - 14,31 & 62 Day Wait																																																			
Performance(%) and Number of Breaches		Target	2021/22													2022/23																																			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar													
14 Day	All Urgent (%)	93%	79.44%	82.20%	79.29%	80.49%	83.25%	79.84%	81.06%	75.82%	77.89%	70.96%	75.14%	76.57%	75.44%	87.12%	87.89%	84.31%	64.36%	63.23%	63.50%	72.86%	75.40%	67.66%	71.89%	80.77%																									
	All Urgent (N)		120.0	105.0	148.0	133.0	103.0	150.0	132.0	163.0	159.0	183.0	172.0	190.0	154.0	102.0	86.0	83.0	299.0	285	254	224	152	229	199	154																									
	Symptomatic Breast (%)	93%	6.56%	1.56%	0.00%	8.16%	0.00%	2.17%	0.00%	3.57%	1.75%	3.64%	7.58%	2.67%	8.70%	71.74%	79.31%	100.00%	0.00%	100.00%	100.00%	83.33%	75.00%	35.71%	42.60%	57.14%																									
	Symptomatic Breast (N)		57.0	64.0	40.0	45.0	16.0	46.0	11.0	54.0	56.0	53.0	61.0	73.0	42.0	13.0	12.0	0	1	0	0	2	4	9	12	12																									
31 Day	All Decision To Treat (%)	96%	94.10%	98.98%	94.70%	96.11%	89.36%	86.59%	88.00%	82.22%	88.09%	83.65%	87.25%	84.11%	83.54%	81.80%	76.90%	96.30%	97.37%	97.30%	81.82%	92.86%	80.56%	84.21%	90.00%	87.30%																									
	All Decision To Treat (N)		6.0	2.0	4.0	3.0	6.0	11.0	9.0	16.0	10.0	17.0	13.0	17.0	12.0	17.0	15.0	1	1	1	6	8	14	12	7	8																									
	Subsequent - Surgery (%)	94%	91.60%	94.11%	100.00%	90.00%	66.66%	60.00%	66.66%	91.66%	55.55%	41.66%	75.00%	71.42%	54.54%	20.00%	40.00%	100.00%	100.00%	100.00%	50.00%	60.00%	68.75%	62.50%	31.25%	31.58%																									
	Subsequent - Surgery (N)		2.0	1.0	0.0	1.0	4.0	4.0	3.0	1.0	4.0	4.0	2.0	4.0	5.0	4.0	3.0	0	0	0	3	4	11	6	11	13																									
	Subsequent - Anti-Cancer Drug %	98%	100.00%	100.00%	100.00%	95.65%	83.33%	96.60%	92.59%	100.00%	95.83%	82.60%	90.32%	96.29%	96.15%	92.60%	94.40%	100%	100%	97%	88%	75%	95%	81%	100%	95.83%																									
	Subsequent - Anti-Cancer Drug		0.0	0.0	0.0	1.0	5.0	1.0	2.0	0.0	1.0	4.0	4.0	1.0	1.0	2.0	1.0	0	0	1	3	13	3	6	0	1																									
62 Day	All Screening Service (%)	90%	33.30%	0.00%	33.30%	33.30%	50.00%	44.44%	100.00%	66.60%	100.00%	33.00%	100.00%	28.57%	100.00%	75.00%	100.00%	100%	0%	17%	0%	100%	0%	100%	0%	66.67%																									
	All Screening Service (N)		2.0	1.0	2.0	1.0	1.0	2.5	0.0	1.0	0.5	1.0	3.0	2.5	0.0	1.0	0.0	0	2.5	0.5	0	2	0	1	0	0.5																									
	Consultant upgrade (%)	90%	72.05%	87.20%	96.25%	89.65%	76.74%	83.60%	67.34%	76.71%	78.73%	73.23%	80.00%	62.00%	57.44%	60.00%	74.50%	66.67%	6.00%	65.22%	75.76%	57.14%	72.73%	64.71%	68.42%	59.26%																									
	Consultant upgrade (N)		9.5	5.5	1.5	4.5	10.0	5.0	8.0	8.5	6.5	8.5	11.0	10.0	10.0	11.0	7.0	6	71.43	8	8	13.5	6	6	6	11																									
28 day	28 Ref to diagnosis (%)	N/A	62.60%	68.42%	63.98%	65.65%	63.38%	53.89%	59.82%	45.36%	40.26%	33.89%	60.55%	62.34%	57.47%	56.00%	45.80%	52.34%	40.90%	34.31%	41.83%	43.15%	42.27%	42.12%	54.52%	64.83%																									
	28 day Ref to diagnosis (N)		236.0	204.0	242.0	237.0	229.0	321.0	233.0	394.0	413.0	492.0	292.0	329.0	254.0	268.0	241.0	173.0	263.0	270	395	556	381	459	352	255																									

Northern Services Cancer 62 Day Backlog

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



- The number of patients on active cancer pathways waiting more than 62 days has reduced from 415 at the start of September to 62 at the most recent weekly PTL (10/4/23).
- The tumour sites with the largest number of patients waiting over 62 days are Urology (30) and Colorectal (9); these numbers have been consistently reducing since January.

Key actions:

Weekly PTL meetings in place for all tumour sites.

Colorectal

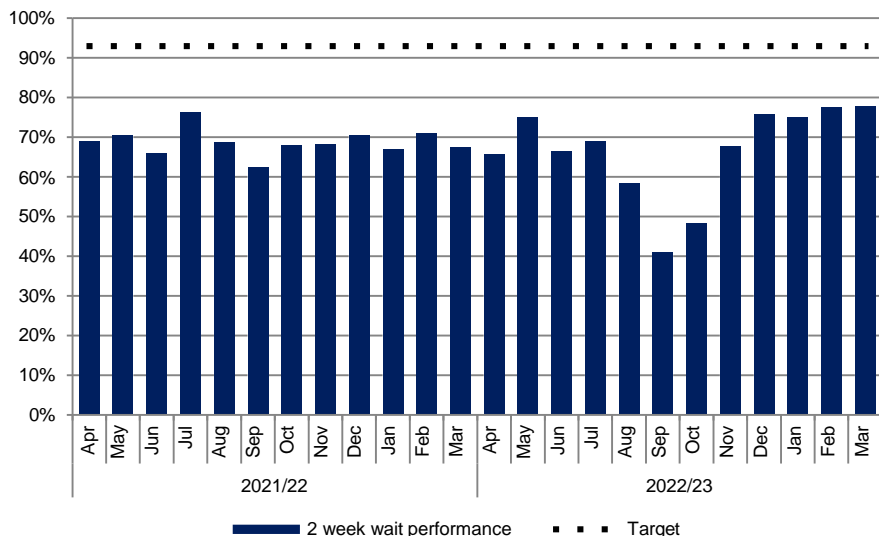
- Endoscopy insourcing in place and further insourcing capacity with additional provider is planned to start in April.
- Locum consultant post out to recruitment

Urology

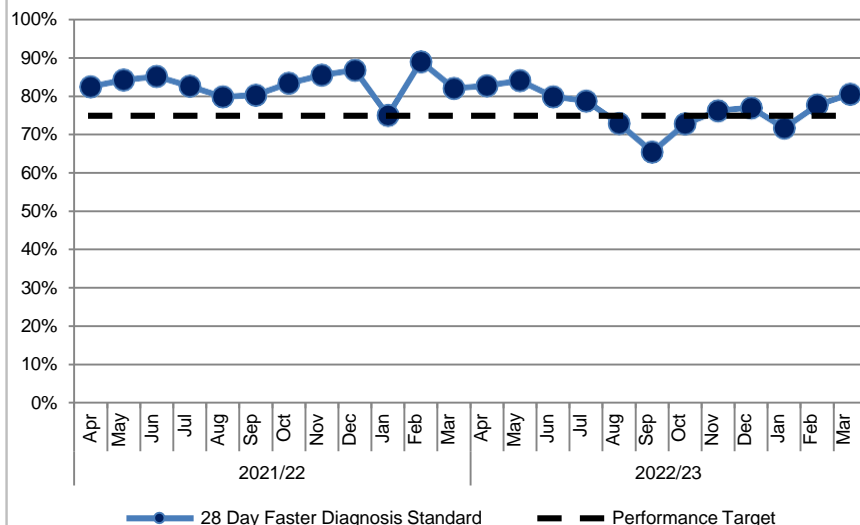
- Medical workforce not currently at full establishment which is impacting on capacity. Locum posts currently out to advert
- LATP biopsy – Additional capacity agreed, staff training in place to increase the number of staff competent to undertake this procedure and reduce waiting times.
- Outsourced cystoscopy capacity was in place throughout Q4 22/23
- Additional Ultrasound capacity aligned with Flexible Cystoscopy capacity has been implemented to support one stop haematuria clinics and reduce waiting times.
- Revised prostate pathway commenced in February and under regular review.

Eastern Services Cancer 14 and 28 Day

2 Week Wait Performance



28 Day Faster Diagnosis Standard



2 Week Wait Performance

- Performance has been improving since November, although it remains significantly below target due to an imbalance of demand/capacity.
- A significant improvement has been maintained in Breast (28.2% in October and 95.97% in March) which is remarkable considering they have had Consultant sickness for the past 2 Months.
- Skin has seen a reduction in performance (92.6% in January and 87.53% in March).
- Lower GI 2WW performance improved (29.2% in January and 42.89% in March). This is due to staffing within the Nurse Triage team due to training and issues with capacity across Endoscopy and Radiology (as 2/3 of patients go straight to test).

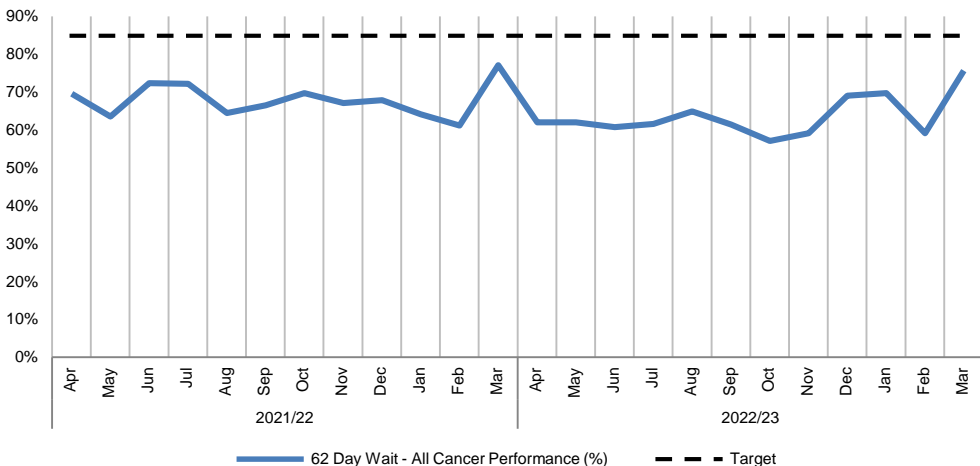
28 Day Faster Diagnosis Standard

- Colorectal performance has significantly improved from January (28.2% in January and 50.93% in March) back to expected performance levels. Additional clinics are being sought to improve capacity – this is routinely monitored and a capacity/demand exercise is currently being undertaken across the entire pathway.
- GI currently have 6 of 16 surgeons on long term leave. Some are due to return in the coming weeks and additional locum support has been sought. Building on the work the teams have undertaken in mapping pathways, including demand/capacity, we are adding to action plans on how to ensure different parts of these pathways are better in balance. This remains work in progress.
- Endoscopy capacity issues effect the GI performance. The team are still undertaking waiting list initiatives to increase capacity. A proposal for additional capacity is being planned. In addition to current waiting list initiatives, the Endoscopy Team were granted funding for an additional 20 lists until the end of March.

Eastern Services Cancer 62 Day

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

Urgent GP Referral Cancer 62 Day Wait - All Cancers



Performance against the 62 Day Cancer Target increased by 17.03% from February to 75.73% in March.

Risks & mitigations

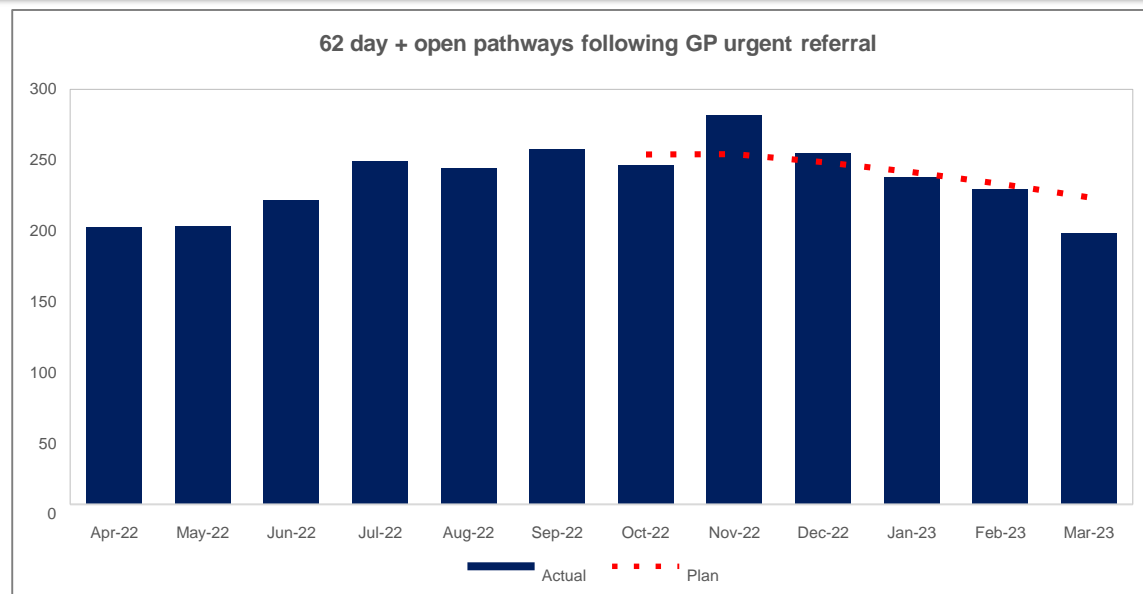
- Theatre capacity remains a significant issue (more complex surgeries/Tertiary patients and an increased demand).
- Delays in Urology due to an increase in demand for RALPs (in part due to Tertiary referrals) – a third surgeon is currently undergoing training on robotics. CNS Team are in process of recruiting which will support and stabilise the service.
- Urology – In March, the Urology team sought mutual aid for RALP patients, with a plan to send 12 patients to Bristol.
- Additional agency staff for Theatres were recruited in March allowing additional lists throughout in order to reduce the backlog of patients waiting beyond breach date. Funding has been secured to continue throughout April.
- Sarcoma – More work needs to be done across the system re these pathways and differences in the offers from each Trust. A joint task force is to be convened by ICB to test deliverability of potential for one stop services at the Nightingale.

Cancer - 14, 31, 62 & 104 Day Wait

Performance(%) and Number of Breaches		TARGET	2021/22												2022/23											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
14 Day	All Urgent(%)	93%	68.9% 70.4% 65.9% 76.3% 68.6% 62.5% 68.0% 68.2% 70.5% 67.1% 70.9% 67.3%												65.6%	75.0%	66.3%	69.0%	58.3%	41.0%	48.2%	67.6%	75.6%	74.9%	77.5%	77.8%
	All Urgent		650	600	833	514	665	841	702	723	642	622	580	781	760	605	762	763	1027	1434	1253	818	488	553	467	562
	Symptomatic Breast (%)	93%	3.7% 14.9% 8.7% 42.0% 30.4%												35.2%	58.1%	57.4%	62.9%	16.7%	40.5%	72.5%	95.8%	93.9%	100.0%	93.0%	
	Symptomatic Breast		52	57	63	29	32	57	49	47	58	48	34	65	34	46	18	20	13	30	25	14	1	2	0	4
31 Day	All Decision To Treat(%)	96%	96.8% 97.4% 94.2% 94.0% 93.1% 91.5% 95.2% 91.0% 93.2% 92.0% 92.4% 92.9%												88.5%	86.9%	87.9%	85.4%	89.8%	89.5%	92.2%	87.7%	89.4%	77.4%	84.9%	83.7%
	All Decision To Treat		9	7	18	18	19	24	14	29	22	23	19	19	31	41	34	37	22	21	18	31	25	60	39	70
	Subsequent - Surgery (%)	94%	83.1% 81.9% 77.3% 88.5% 76.5% 87.5% 85.4% 79.5% 72.7% 75.6% 76.5% 62.8% 64.2% 67.1% 76.0%												75.3%	71.2%	61.1%	100.0%	100.0%	100.0%	98.7%	97.4%	64.9%			
	Subsequent - Surgery		12	15	17	9	16	11	12	16	24	19	19	29	29	26	25	21	17	28	0	0	0	1	3	33
	Subsequent - Radiotherapy (%)	94%	99.3% 100.0% 97.1% 99.2% 98.3% 99.2% 100.0%												100.0%	99.2%	95.9%	98.8%	97.6%	98.6%	99.3%	99.3%	99.1%	100.0%	99.1%	99.3%
	Subsequent - Radiotherapy		1	0	4	1	2	1	0	4	0	3	1	1	0	1	4	1	2	1	1	1	1	0	1	1
	Subsequent - Anti-Cancer Drug (%)	98%	96.8% 98.5% 100.0% 100.0%												100.0%	98.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	98.7%	97.4%	94.1%
	Subsequent - Anti-Cancer Drug		3	1	0	0	0	0	1	1	1	2	0	0	0	1	0	0	2	0	0	0	0	1	3	7
62 Day	All Screening Service (%)	90%	0.0%	16.7%	0.0%	0.0%	15.4%	50.0%	100.0%	15.4%	14.3%	33.3%	0.0%	0.0%	12.5%	28.6%	33.3%	0.0%	0.0%	0.0%	0.0%	20.0%	33.3%	0.0%	16.7%	27.3%
	All Screening Service		2	5	5.5	3	5.5	4	0	5.5	6	2	5	3	3.5	2.5	2	2	4	1	2	4	2	3.5	5	16
104 days	Volume of Patients Waiting Longer than 104 Days at Month End		33	42	42	32	45	36	36	38	46	39	37	40	52	53	70	68	58	59	54	84	81	84	81	62

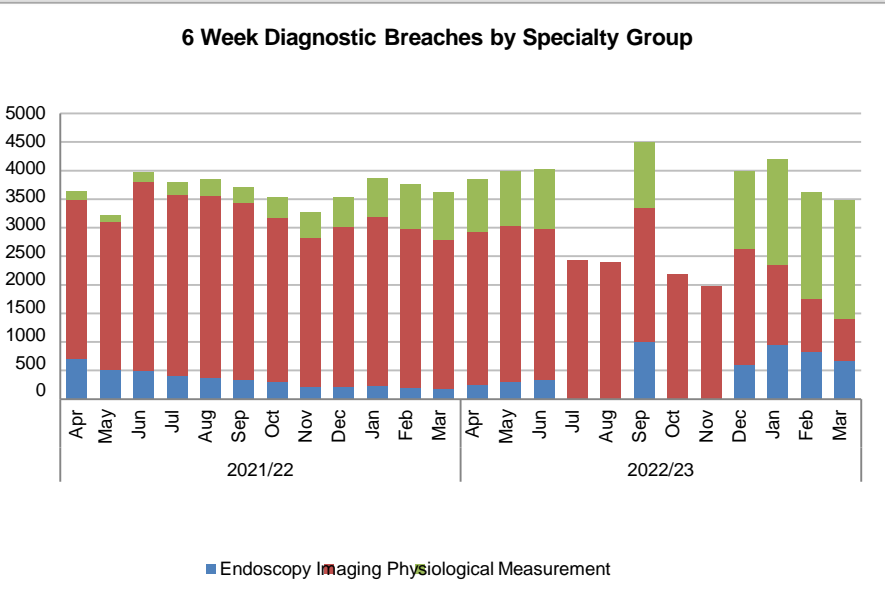
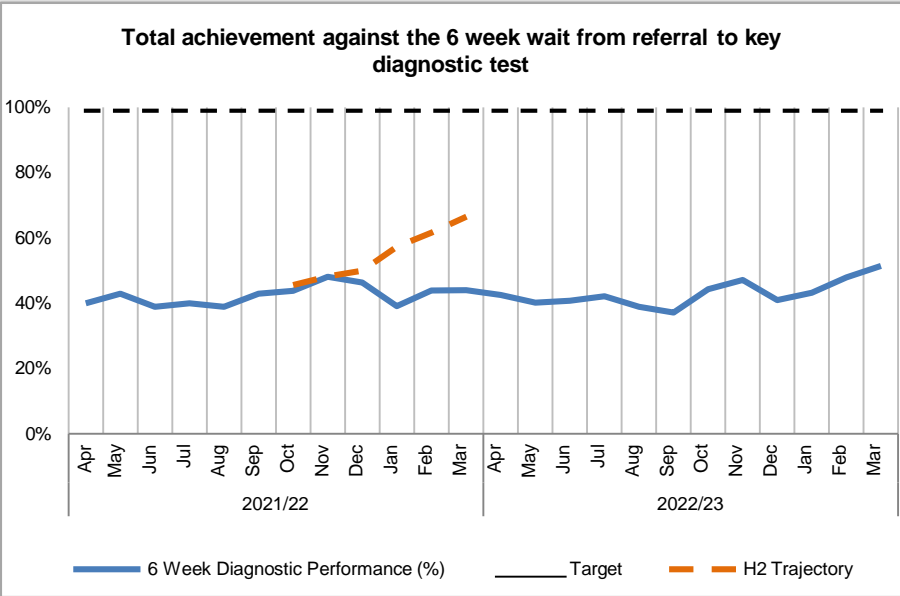
Eastern Services Cancer 62 Day Backlog

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



- 8.0% of patients on a cancer pathway at the end of March had waited longer than 62 days for diagnosis and treatment (NHSE benchmark 6.4%; 6.6% Peninsula performance).
- The number of patients waiting for diagnosis and treatment is significantly higher than plan reflecting the impact of increased demand.
- The decreasing long waiting trend continued throughout March with patients >62 day showing a steady reduction. Activity needs to continue at current levels to prevent tip over from >62 day to >104-day cohorts.
- Histology – experiencing turnaround time delays due to consultant vacancies. Successful recruitment process was conducted resulting in 1 appointment pending in June 2023 and a further two in Nov/Dec 2023. Continued use of Waiting List Initiatives in the interim maintain current position. Additional capital funding to support equipment has been secured via the Cancer Alliance.
- Radiology – CT and MRI reporting backlog has reduced by more than 60% as a result of continued outsourcing. Additional lists have successfully reduced Ultrasound breaches.
- Endoscopy - Super weekends are routinely planned to increase capacity - 10 lists were delivered in February and a further 20 lists during February and March have been funded by ICB. Demand continues to outstrip capacity. The Trust submitted a Business Case for CDC funding to deliver a mobile endoscopy suite to be delivered within 6 months as an interim solution. This has been approved and is planned to be operational from August 2023. A Business Case for two permanent endoscopy suites at Tiverton has been approved by the Regional Team and is due to be submitted to the National Team on 20th April and would see an increase in 2024/25 activity.
- To cover vacancies in the MDT Coordinator team, 3 agency trackers have successfully been recruited for 2 months initially, allowing the MDT Coordinators to cover all MDT work while enabling the team to keep up with validation tasks. Current recruitment; 2 posts to commence in May with only 1 secondment still vacant.

Northern Services Diagnostics - *Fifteen key diagnostic tests*



		Achievement against the 6 week wait from referral to key diagnostic test																							
Area	Diagnostics by Specialty	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Imaging	Magnetic Resonance Imaging	52.2%	62.2%	47.4%	55.4%	54.8%	59.6%	64.9%	69.5%	62.2%	51.8%	69.1%	74.9%	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%	96.9%	97.6%	97.9%
	Computed Tomography	61.3%	68.9%	66.1%	62.2%	64.2%	64.5%	66.1%	61.4%	60.4%	48.0%	56.8%	53.0%	55.6%	55.2%	64.7%	65.2%	56.1%	66.8%	81.9%	76.3%	75.2%	78.4%	87.6%	95.8%
	Non-obstetric ultrasound	32.2%	29.6%	24.1%	25.2%	25.4%	28.9%	27.0%	37.6%	35.4%	32.1%	36.1%	40.1%	35.2%	32.9%	30.9%	33.1%	35.2%	35.2%	35.8%	40.9%	36.2%	54.9%	86.1%	86.8%
	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DEXA Scan	12.0%	15.3%	15.5%	12.2%	14.5%	14.6%	12.5%	11.7%	11.9%	10.0%	12.6%	12.4%	11.6%	10.7%	10.5%	11.5%	14.6%	13.8%	14.5%	17.9%	14.3%	15.7%	19.8%	26.7%
Physiological Measurement	Audiology - Audiology Assessments	89.9%	97.5%	98.3%	98.3%	99.2%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	100.0%	98.8%
	Cardiology - echocardiography	96.0%	99.6%	96.7%	84.8%	67.6%	67.9%	58.6%	57.5%	53.2%	37.1%	37.6%	36.2%	31.4%	26.6%	28.3%					27.9%	18.6%	23.0%	19.5%	
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					-	-	-	-	
	Neurophysiology - peripheral neurophysiology	90.5%	95.5%	71.2%	56.3%	48.1%	70.2%	86.6%	94.3%	95.5%	81.6%	90.5%	96.4%	96.3%	96.8%	92.5%			88.5%		97.9%	93.8%	99.1%	96.3%	
	Respiratory physiology - sleep studies	47.5%	57.7%	41.0%	73.9%	89.3%	68.8%	57.8%	50.9%	49.0%	50.4%	32.4%	29.3%	22.5%	34.3%	30.8%			17.4%		64.8%	52.3%	42.5%	27.0%	
	Urodynamics - pressures & flows	23.1%	36.2%	30.4%	21.9%	18.6%	37.7%	49.4%	51.4%	45.1%	44.6%	35.8%	25.9%	20.4%	25.4%	23.3%			1.4%		39.4%	30.8%	46.2%	35.7%	
Endoscopy	Colonoscopy	42.9%	38.2%	32.5%	38.7%	35.8%	47.1%	54.7%	51.5%	61.6%	72.3%	85.0%	72.0%	62.3%	48.6%	43.8%			27.6%		30.6%	32.7%	34.2%	38.5%	
	Flexi sigmoidoscopy	46.6%	42.1%	39.3%	40.7%	42.9%	52.5%	55.7%	64.6%	74.4%	70.4%	84.2%	74.6%	64.8%	71.8%	70.3%			28.5%		42.9%	30.9%	29.7%	39.4%	
	Cystoscopy	28.7%	42.4%	41.7%	46.6%	43.8%	55.5%	51.1%	62.6%	59.1%	51.8%	51.9%	63.9%	67.0%	75.6%	73.3%			59.8%		74.4%	42.6%	48.4%	83.3%	
	Gastroscopy	37.3%	41.4%	39.7%	56.9%	49.2%	61.0%	65.9%	81.8%	86.4%	83.7%	87.4%	82.0%	70.9%	61.9%	60.8%			53.1%		44.9%	39.1%	41.3%	47.1%	
Total		38.9%	43.2%	39.4%	40.3%	39.1%	42.7%	43.9%	48.2%	46.4%	39.2%	43.9%	41.1%	42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%	43.2%	48.0%	51.5%

Activity & Flow

Operational Performance

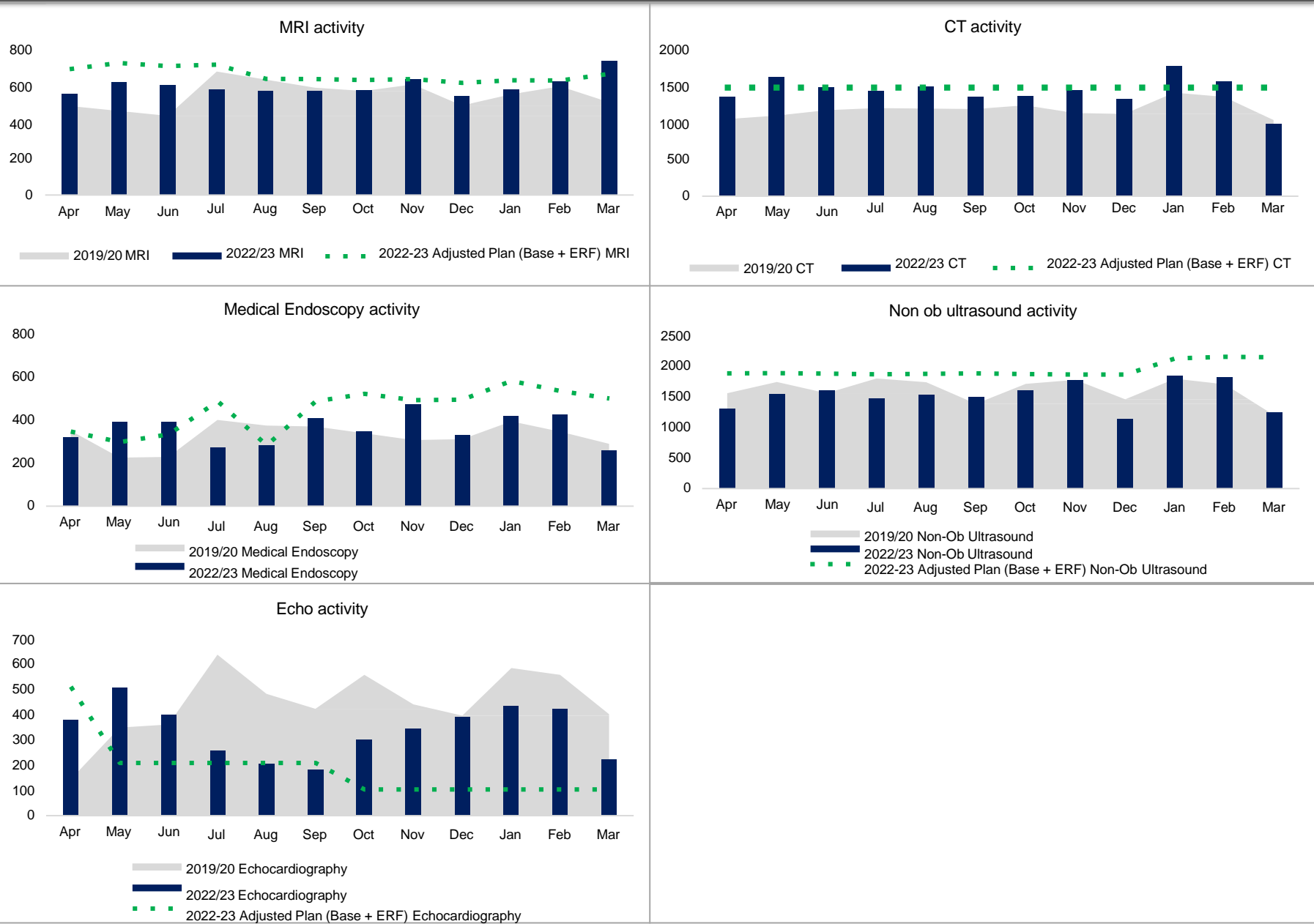
Patient Experience

Quality & Safety

Our People

Finance

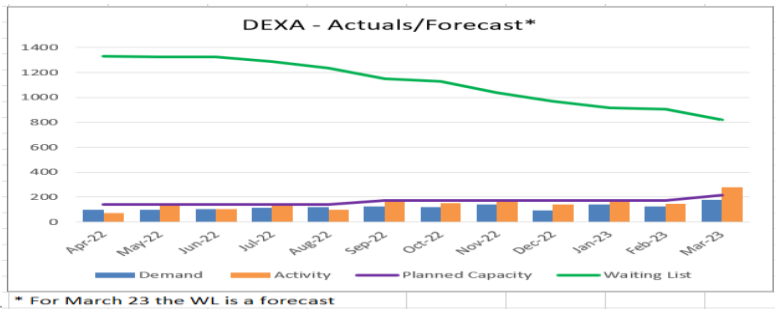
Northern Services Diagnostics - Diagnostic activity compared to plan across key diagnostics modalities



In January the Diagnostic DM01 was reported with up to date data from Epic having resolved a number of DQ issues. Only Audiology hearing assessments are now a snapshot from pre Epic.

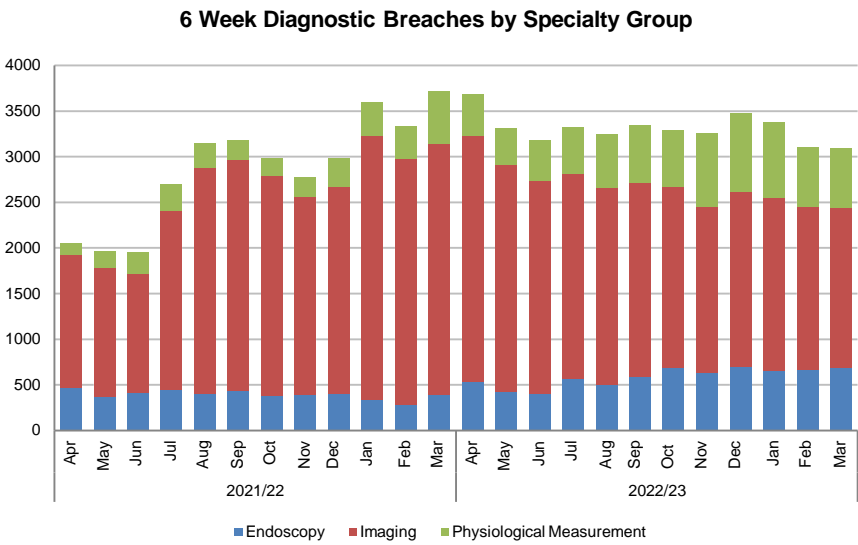
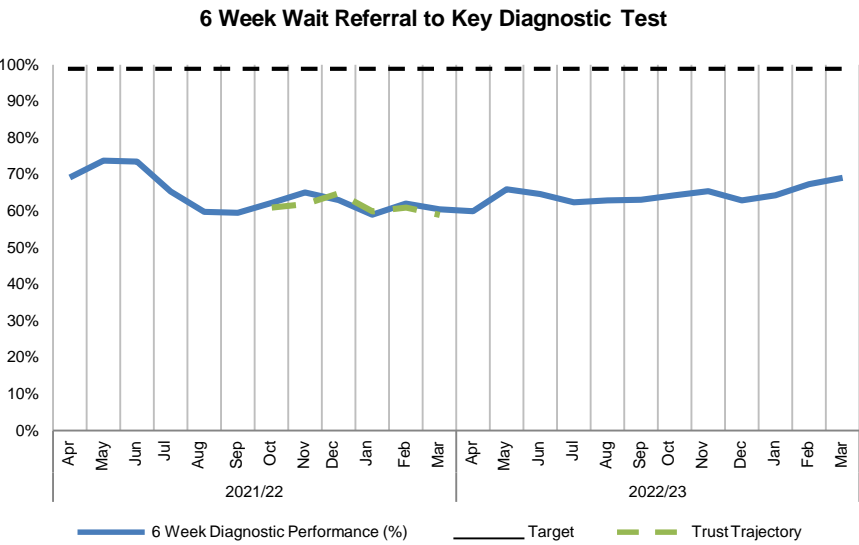
Key issues at modality level:

- MRI** – There has been a recent increase in referrals and we have had to increase inpatient slots to support flow when in OPEL 4 which had meant reducing routine outpatient numbers during this time. To help with this demand, Outpatient work was sourced through the on-site van. Planning for next year sees an increase in capacity to allow for this as well as the increase in demand. There will now be 21 additional days per month from April.
- CT – Non-Cardiac CT** – Whilst activity is below plan it was meeting demand. Since October however there was an increase in 2 week rule referrals which affected this position, this has now stabilized. We have booked a further 16 days of the mobile service before the end of March 2023 to increase capacity. We have increased capacity in planning for 23/24 to meet demand. Unfortunately activity dropped during March as we didn't have access to extra capacity lists. Additional lists are being increased in April, with an increase to 10 lists per month.
- Cardiac CT** - Additional cardiac CT lists have been taking place since October and have continued until the end of March. CT cardiac lists at RD&E have been agreed, providing an additional 14 scans per session, 3-4 sessions per month, these commenced in early December and will now continue into 23/24. As a result of this increase in capacity the number of patients receiving their Cardiac CT scan has improved significantly from 39.1% at the end of January to 80% at the end of March. With the ongoing additional capacity this is expected to improve further in 23/24.
- U/S**- Work with the outsourcing company was suspended for safety reasons. There has therefore been a considerable improvement in the lists however not to the level planned. The suspension of this has also increased the work for the team rescanning some patients. We have been able to provide some internal lists over weekends to continue to improve performance and we are also looking at outsourcing with a company known to the Trust to provide extra capacity should demand increase and it be needed over 23/24
- Endoscopy** -Consultant Gastroenterologist vacancies and nursing vacancies & sickness remains a key constraint. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases only. An insourcing provider had been unable to fulfil 2 weekends per month, so an additional provider has been identified and additional capacity will be in place in April. The original insourcing company has also now managed to deliver 2 weekends per month.
- Echocardiogram** – Task and Finish group commenced on the 13th March to identify discrepancies in the waiting list. An additional of Physiology support is due to start from mid April which will be provided by the current locum. Inpatient demand for ECG continues to outstrip capacity. Service currently supporting 13 additional lists per month with a total of 11 patients per session.
- Sleep studies** – Additional capacity has been identified across clinics and 2 CNS will commence report training in May. Bi weekly Monday clinics will commence from the 17th April seeing an additional 4-5 patients per clinic
- DXA** – DXA improvement now being seen with 26.68% performance from 19.17%. Since the previous IPR; total waits have reduced from 866 to 772 and 6+ improved from 700 to 566 so in line with the trajectory. The contract with Taunton has been agreed in principle and will continue for 23/24. There has been a 32% reduction in the 6wks+ waitlist to date



Eastern Services Diagnostics

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



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
Endoscopy	Colonoscopy	57.1%	64.7%	66.5%	64.0%	63.5%	58.3%	51.6%	54.9%	53.9%	53.9%	51.2%	53.0%
	Cystoscopy	83.1%	82.8%	95.2%	91.5%	88.9%	93.2%	87.4%	83.5%	88.1%	47.8%	83.1%	83.2%
	Flexi Sigmoidoscopy	59.6%	73.0%	76.2%	74.6%	74.5%	62.2%	51.3%	49.6%	44.8%	82.1%	41.7%	50.4%
	Gastroscopy	57.2%	68.0%	72.4%	56.7%	68.7%	68.0%	69.8%	78.3%	74.8%	74.7%	73.9%	73.5%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	64.3%	73.2%	76.8%	77.1%	81.3%	85.4%	89.5%	92.3%	86.2%	87.9%	83.3%	84.6%
	DEXA Scan	97.8%	97.1%	98.9%	98.4%	98.2%	99.4%	99.2%	98.4%	100.0%	100.0%	100.0%	100.0%
	Magnetic Resonance Imaging	66.3%	73.9%	74.3%	69.6%	69.1%	72.9%	73.7%	75.6%	68.5%	70.7%	76.5%	73.4%
	Non-obstetric Ultrasound	51.6%	55.1%	51.6%	53.1%	52.7%	51.2%	54.5%	56.7%	56.8%	56.6%	60.1%	66.4%
Physiological Measurement	Cardiology - Echocardiography	82.1%	86.2%	80.9%	74.5%	71.4%	72.7%	75.2%	65.0%	66.6%	66.9%	72.6%	66.3%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	52.9%	73.2%	69.6%	72.5%	67.1%	61.2%	55.4%	65.4%	43.2%	49.4%	61.2%	75.1%
	Respiratory physiology - sleep studies	60.6%	67.6%	68.3%	60.0%	58.6%	65.8%	61.4%	63.1%	60.6%	57.8%	57.7%	66.4%
	Urodynamics - pressures & flows	26.0%	30.1%	30.3%	34.5%	28.6%	26.9%	25.7%	33.7%	28.8%	38.5%	32.2%	37.8%
Total		60.0%	66.0%	64.7%	62.4%	63.0%	63.2%	64.4%	65.5%	63.0%	64.3%	67.4%	69.2%

Activity & Flow

Operational Performance

Patient Experience

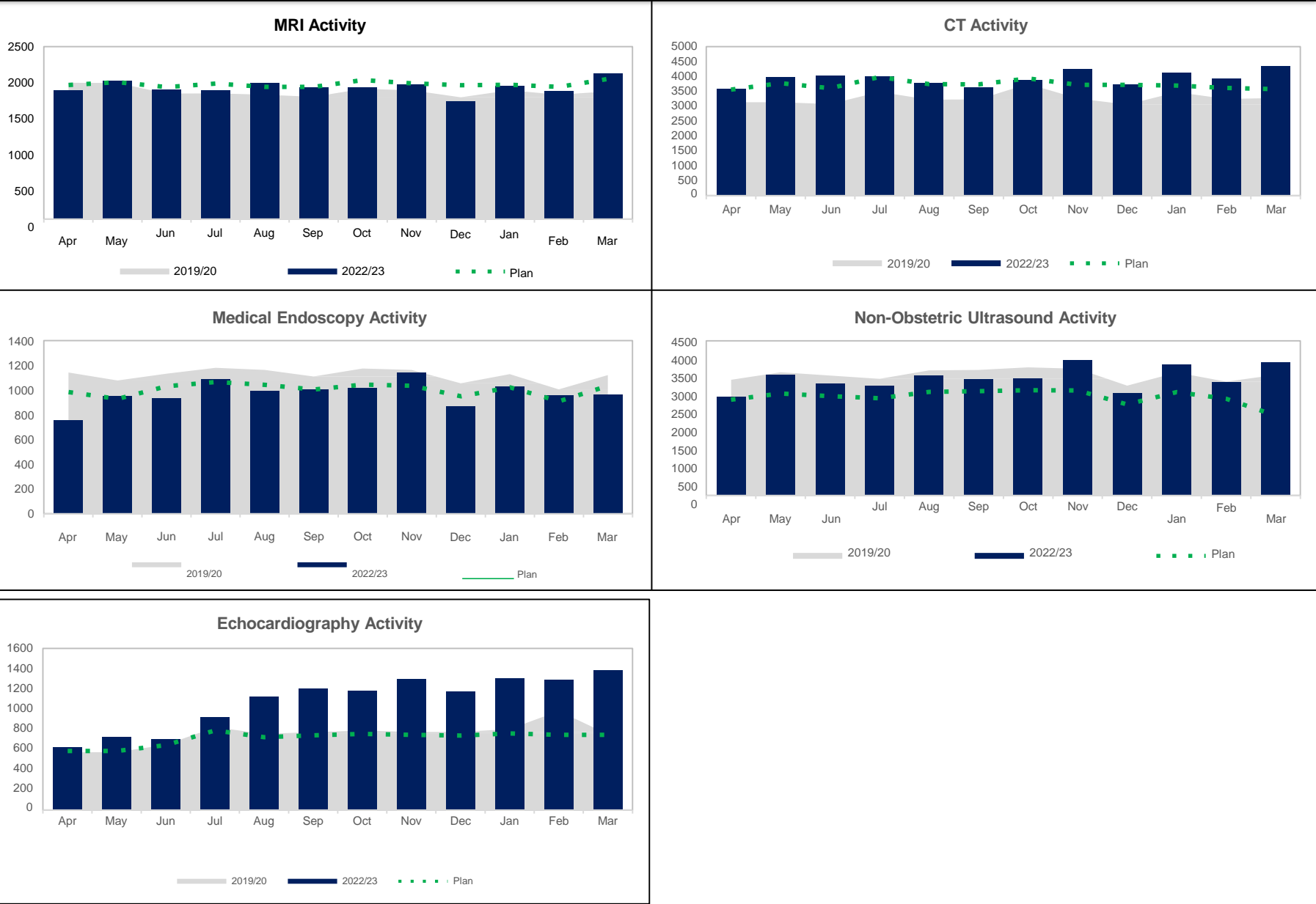
Quality & Safety

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Eastern Services Diagnostics

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



Eastern Services Diagnostics

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

At the end of March, 69.2% of patients were waiting less than 6 weeks – an improvement of 1.8% from the end of February

CT

- CT has seen improved position this month. This will continue to be monitored against the planned recovery position
- Due to the 4 day industrial action in April, 28 cardiac CT slots have been stood down as no medical cover, therefore cardiac breaches are likely to be impacted next month

MRI

- MR sees an deteriorating position this month
- An increase in non-contrast MRI referrals, of more than 100 a week, compared to this time last year is having a direct impact on the waiting lists
- Eastern services are using all available CDC capacity, standing down any reserved slots for North Devon
- Exploring with outsourced MRI providers how to increase throughput on a daily basis to match other providers utilisation

Non Obstetric US

- US breach trend has improved in March but continues with high MSK US breaches
- Following an validation exercise with the third party US provider a number of breaching referrals have been removed from the waiting list
- Exploring potential outsourcing services to support MSK imaging in the short term

Echo

- Activity continues to exceed plan with the team regularly running weekend lists. However 3 resignations in the cardiac physiology team will detrimentally affect future performance. The department will seek support from HR to aid recruitment to this professional role
- BI team developing a new waiting list PTL to enable validation throughout the month

Endoscopy

- The endoscopy team continue with the super weekends to increase capacity – 10 additional lists were delivered in March, with 9 planned for April. Along with this, ERF funding is utilised to fill in-week gaps in the rota where possible to ensure that maximum activity is achieved. A focus is currently being prioritised on the longest waits, a number of which are likely to be removed from the waiting list following the Access Policy.
- The Trust is awaiting full confirmation of funding prior to signing a contract for a mobile endoscopy unit (delivery Aug 2023)
- The business case for a permanent facility at Tiverton will be discussed at the national panel on 20th April. In the interim, discussions are underway with the ICB to continue some additional lists at the Nuffield.

Neurophysiology

- The department has no substantive consultants and is reliant on agency locums. A proposal is being developed to increase the number of clinical scientists and reduce the agency burden. Discussions are taking place with the Strategic Resourcing group to secure a part time substantive consultant.
- Sickness absence within admin workforce has resulted in some slots being unbooked. Approval has been given to advertise a 6 month fixed term post. Support has also been offered by the central admin team
- Clinical and admin validation being undertaken for the waiting list - work to be completed at end April
- BI support is being provided to understand the demand and support development of the above proposal

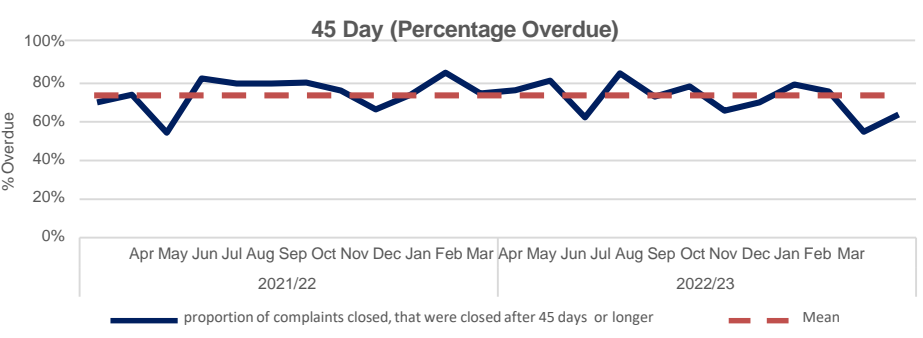
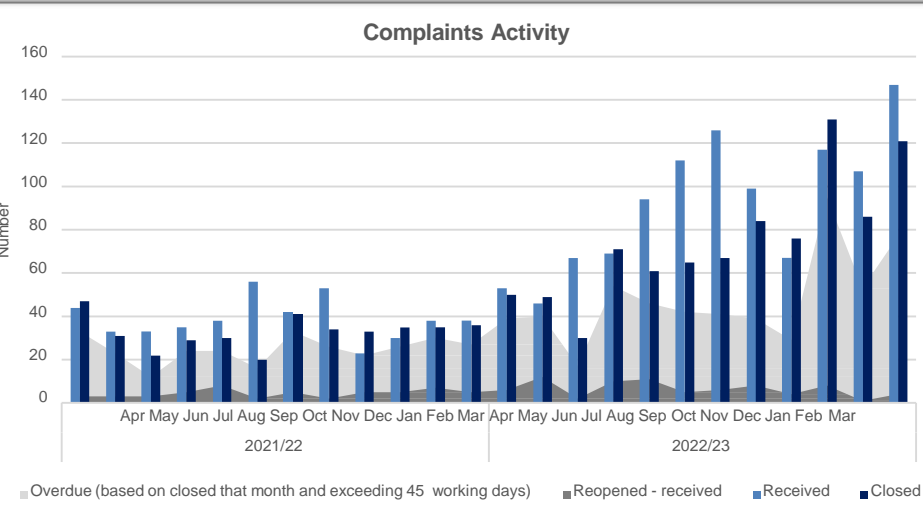
Respiratory physiology

- A proposal is being developed to create a band 2/3 post to set up equipment and monitor/order stock. This work is currently undertaken by clinical staff.
- Funding has been secured to extend a band 6 respiratory physiologist for another 12 months. The Division is reviewing options to secure permanent funding for this post.

Urodynamics

- The volume of patients waiting longer than 6 weeks for a urodynamic test continues to improve month on month.
- The scheduled opening of the service in Ottery in January 2024 will support acceleration of the backlog reduction, and restoration of waiting times to within target timeframes by the end of the 23/24 financial year.

Trust Patient Experience



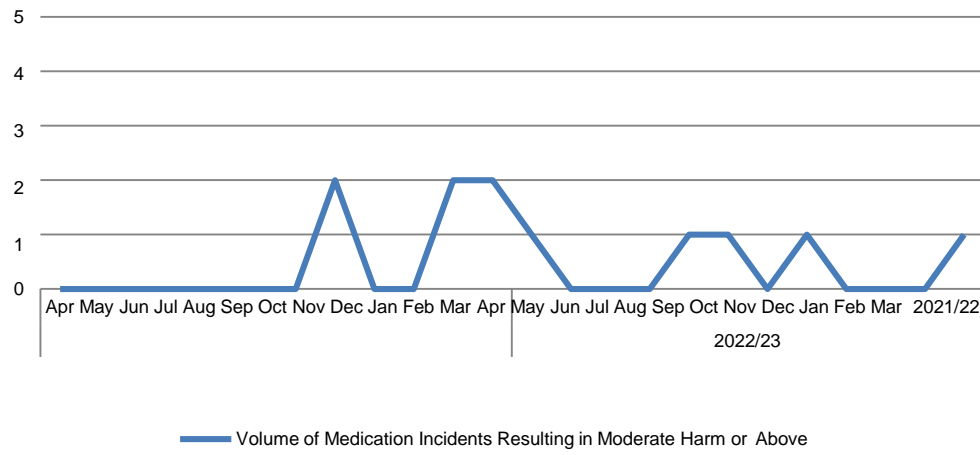
Number of new PHSO referrals received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
4	12	0	1

	2021/22												2022/23											
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Complaint received and acknowledged within 3 days	93.88%	94.87%	94.44%	100.00%	96.08%	95.31%	94.12%	96.55%	89.66%	94.59%	95.83%	88.00%	88.89%	84.79%	67.27%	93.50%	96.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%
45 Day (Percentage overdue)	70.21%	74.19%	54.55%	82.76%	80.00%	80.00%	80.49%	76.47%	66.67%	74.29%	85.71%	75.00%	76.50%	81.50%	62.50%	85.34%	73.19%	78.64%	65.96%	70.23%	79.60%	76.00%	55.00%	64.00%
Over 6 months	2	2	0	4	1	1	4	3	3	6	3	5	12	16	4	12	11	13	16	7	3	22	14	23

- Prior to January 2023 complaints closed by early resolution were not included in the performance data. Including early resolution data has improved the trust wide performance on timeliness of complaint handling.
- Despite the increased numbers of complaints received, Q4 22/23 saw the highest number of complaints closed ever. There has been a sustained increase in complaints being closed each quarter which demonstrates the work that has been undertaken to address the backlog.
- PHSO referrals in month are subject to primary review by the PHSO as to whether further investigation is required.
- Further work is still required to close down the oldest complaints and backlog which mainly concerns the medical division Eastern services.
- Communication remains the main theme throughout complaints along with values and behaviours. However, on comparing the top 10 themes for Q3 and Q4 it can be seen that there has been a large increase in the number of complaints around the 'wait for operation/procedure' and 'Appointment delay (inc length of wait)'. 'Discharge arrangements' has also moved into the top 5 themes where it was sitting just below the top 5 for Q3, also reflecting an increase in complaints with this theme.
- Weekly complaints huddles with the divisions continue to review complex cases and provide support.
- Work with the Ombudsman on the New Complaints Standards continues, the expected launch date of which being April 2023.

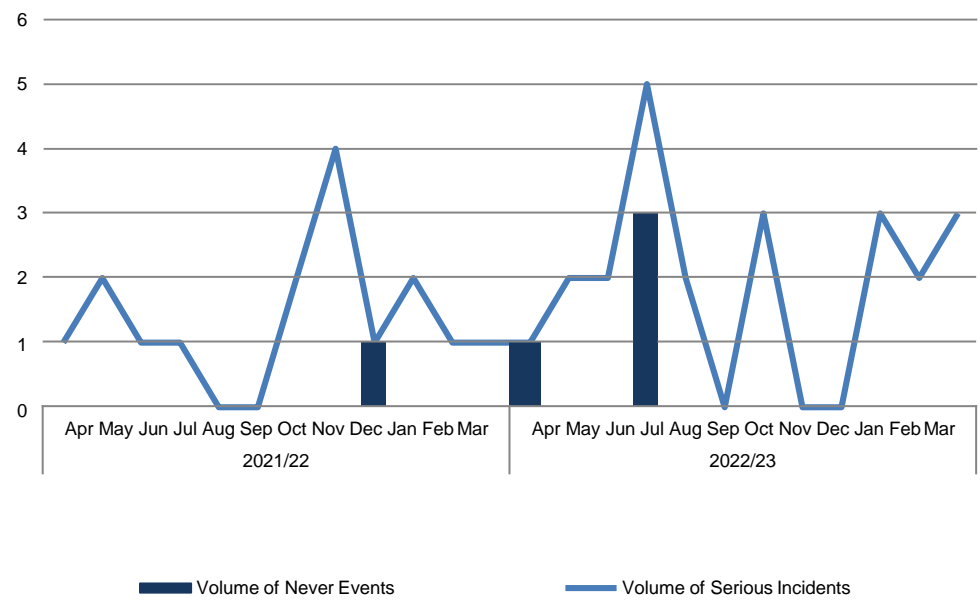
Northern Services Incidents

Medication Incidents - Moderate Harm & Above



In March 2023 there was one medication incident that has been escalated for further investigation.

Serious Incidents & Never Events

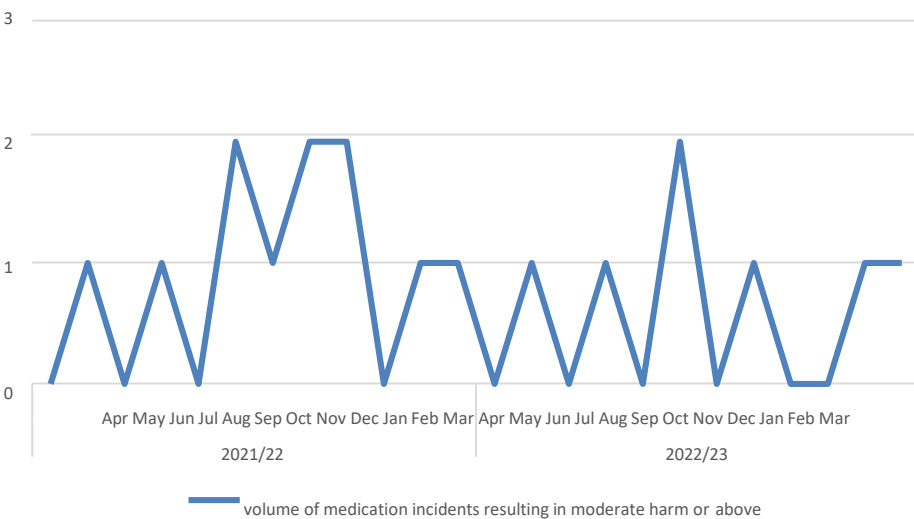


There were 3 reported serious incidents in March 2023 as follows:

- Baby transferred to NNU –incident meets HSIB criteria
- Delayed diagnosis of cancer
- Delayed diagnosis following radiology investigation

All incidents are subject to formal investigation to identify learning.

Medication Incidents - Moderate harm and above



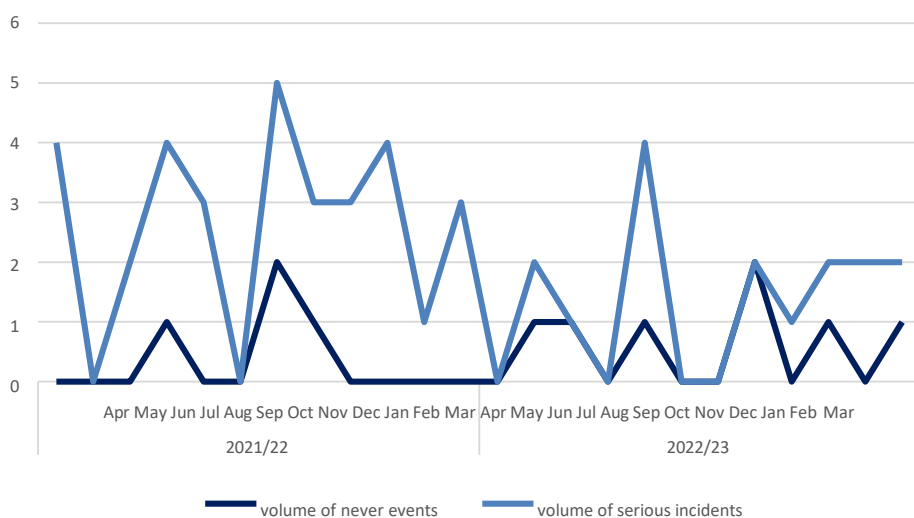
Incidents remain within normal variation. The medication incident was reported as moderate harm, and related to medication for an atypical allergic reaction.

The Trust reported one Never Event in March 2023. This was a retained surgical swab.

The speciality have taken immediate actions:

- Comms to all staff regarding expectations and responsibility around swab counts
- Identify accountable person for swab identification
- Update Epic to ensure accumulative swab counts are accurate, complete and logically documented
- Review process for swab counting for:
 - Delivery, Assisted delivery, PPH/APH, Suturing, Theatres

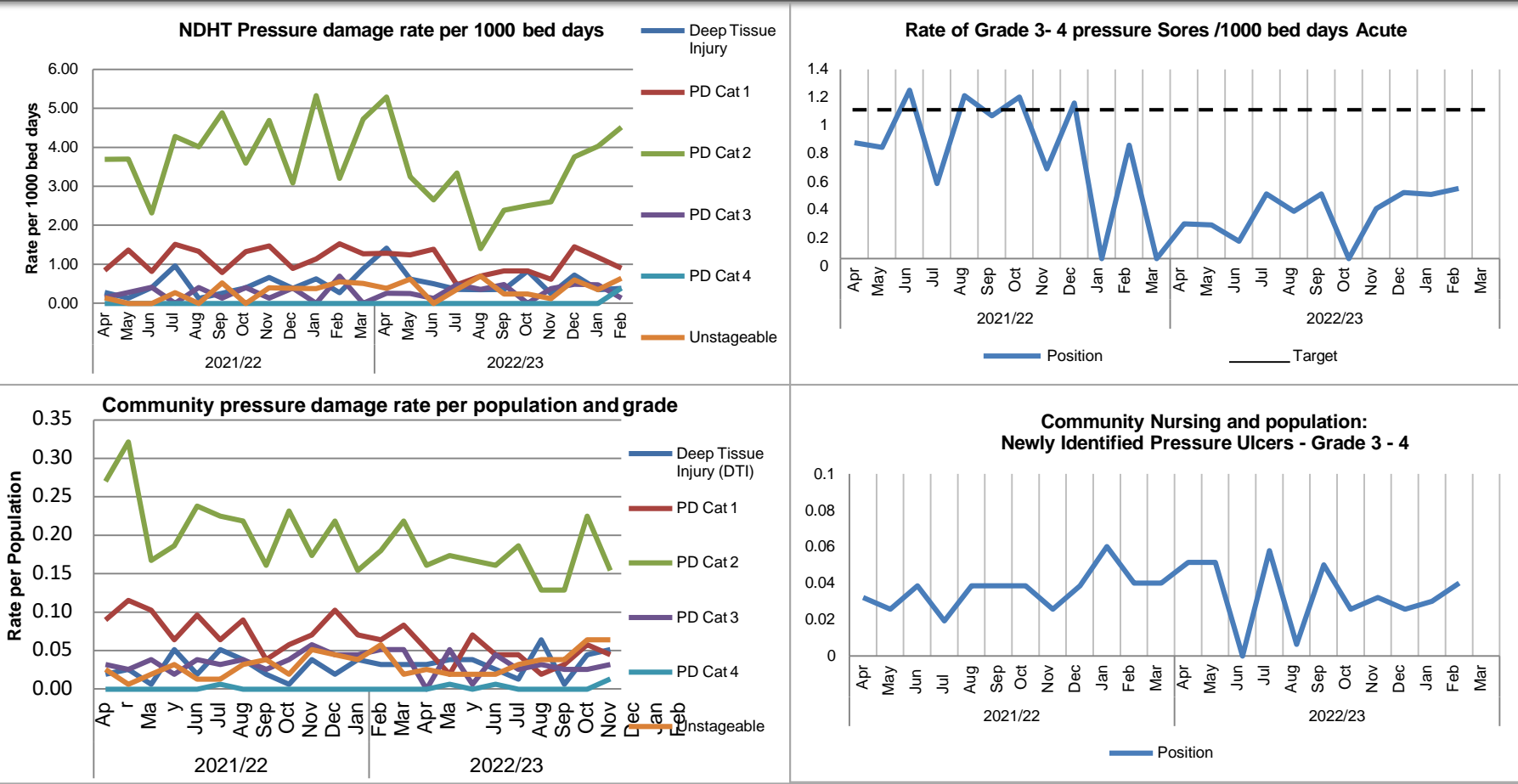
Serious Incidents and Never Events



Investigation has commenced using the revised Patient Safety Incident Investigation approach, this will enable system learning from the investigation.

Two additional Serious incidents were identified. One of these will be a multi agency review of a sudden deterioration occurring in a walk in centre. The second was a patient who was lost to follow up resulting in deterioration of their condition.

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

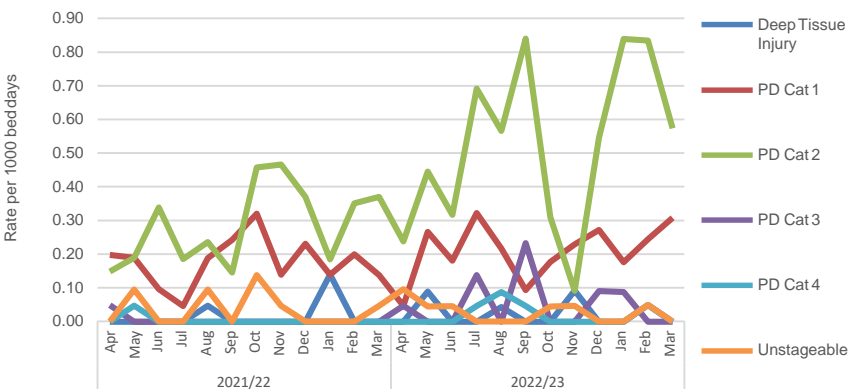


- The pressure ulcer data for February is unvalidated due to staffing challenges so may be subject to change.
- Pressure ulcers in acute and community remain within normal variation. Focussed quality improvement work continues in clinical areas with the highest numbers of pressure ulcers.
- The tissue viability team are undertaking further investigation into the rise in category 2 pressure ulcers which will be referenced in next months IPR.

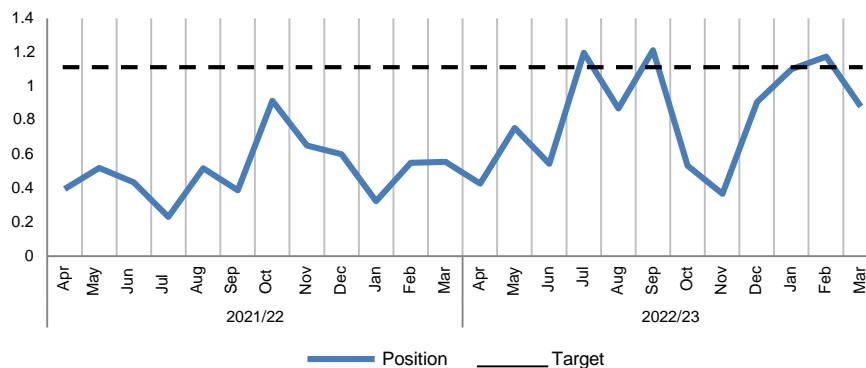
Eastern Services Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care

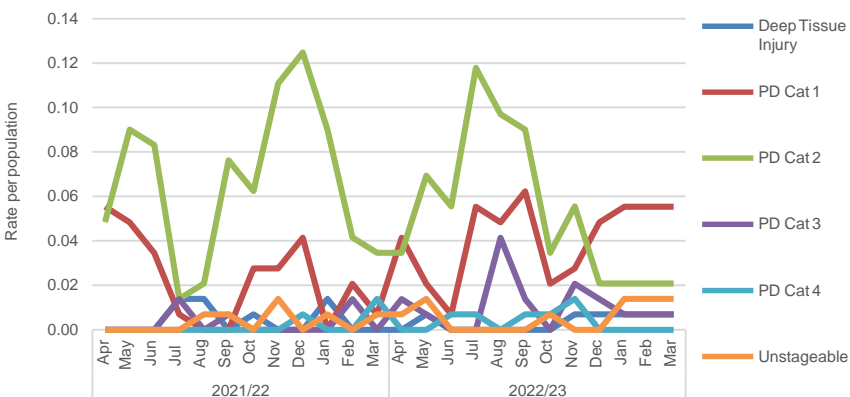
Acute Pressure damage rate per 1000 bed days



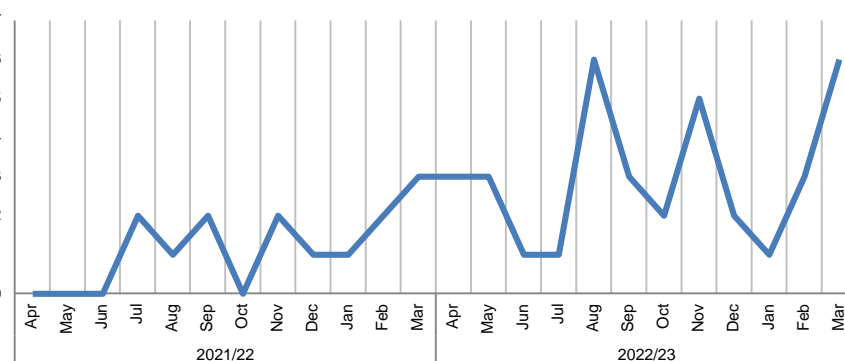
Rate of Grade 1- 4 pressure Sores /1000 bed days



Community pressure damage rate per population and grade

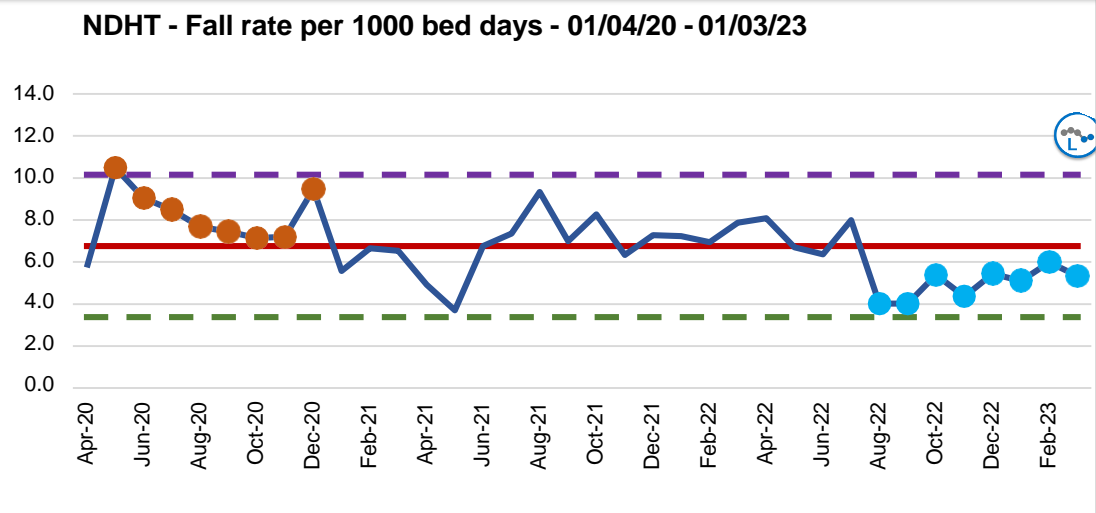


Community Caseload:
Newly Identified Pressure Ulcers - Grade 3 - 4

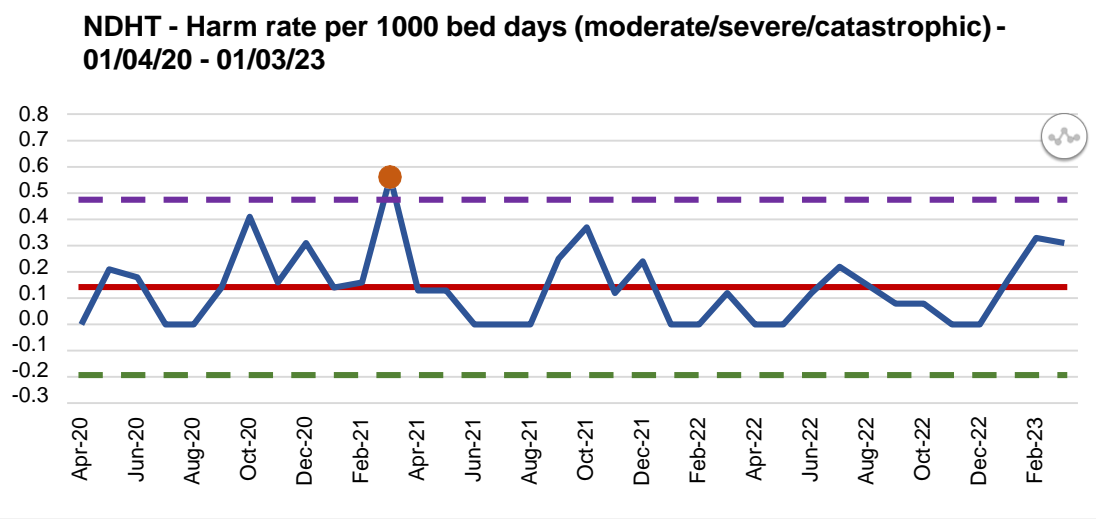


- Pressure ulcers remain within standard variation.
- There have been no patients developing deeper pressure damage (greater than category two) in the acute or community hospital setting.
- Although there has been an increase in the number of newly identified category three pressure ulcers reported on the community caseload the rate remains consistent at 0.1% of caseload. Only one incident has been escalated for investigation, no significant lapses of care were identified in all other incidents.

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

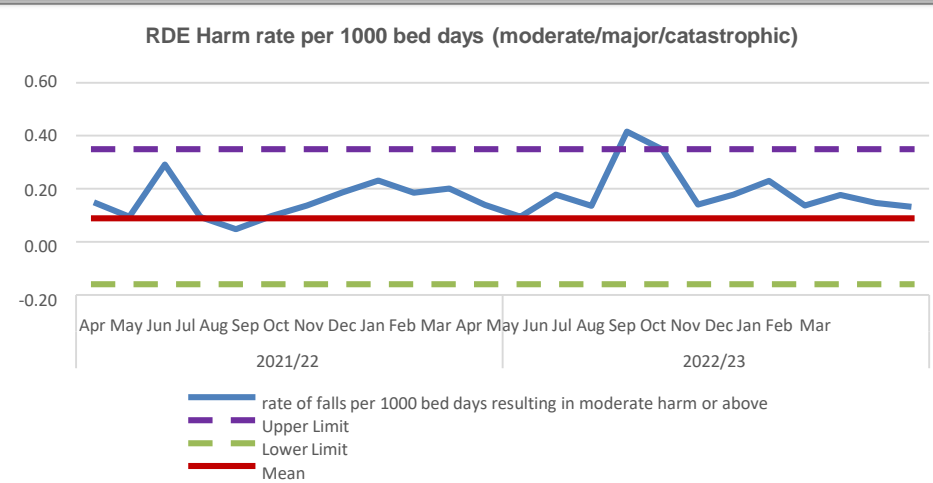


- Falls remain in normal variation.
- In March there were three falls with injuries. They are subject to investigation to identify learning.



Eastern Services Slip, Trips & Falls

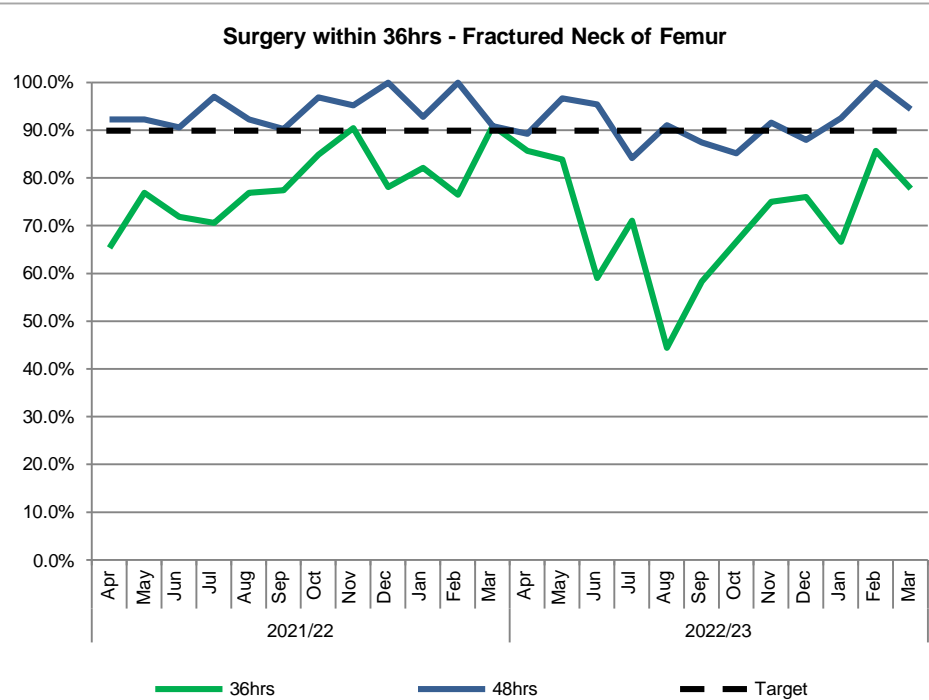
Rate of incidence of slips, trips & falls amongst inpatients and categorisation of patient impact



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Falls	116	112	120	110	129	132	162	160	179	143	152	206	167	141	172	272	230	223	237	238	207	247	265	263
Moderate & Severe Falls	3	2	6	2	1	2	3	4	5	4	4	3	2	4	3	9	8	3	4	5	3	4	3	3

- Figures from June 2022 updated – The reporting from Datix Cloud included non-inpatient falls; this has been corrected.
- Falls remain within normal variation
- The three falls identified all resulted in moderate harm. Falls risk assessments and appropriate falls interventions were in place.
- Two falls were unwitnessed, involving patients self mobilising . The third witnessed fall occurred within a tagged bay, which was appropriately staffed.
- Initial reviews have not indicated any sub-optimal care issues.

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

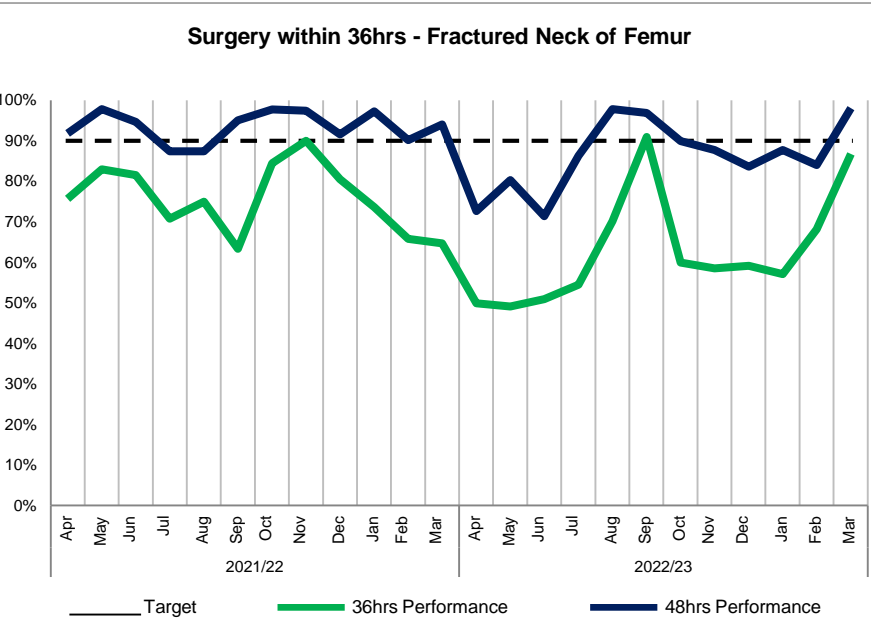


- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.
- In March 2023, 77.8% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 18 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 14 patients received surgery within 36 hours.
- The four 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. One patient waited longer than 48 hours; therefore 94.4% of patients received their surgery within 48 hours.

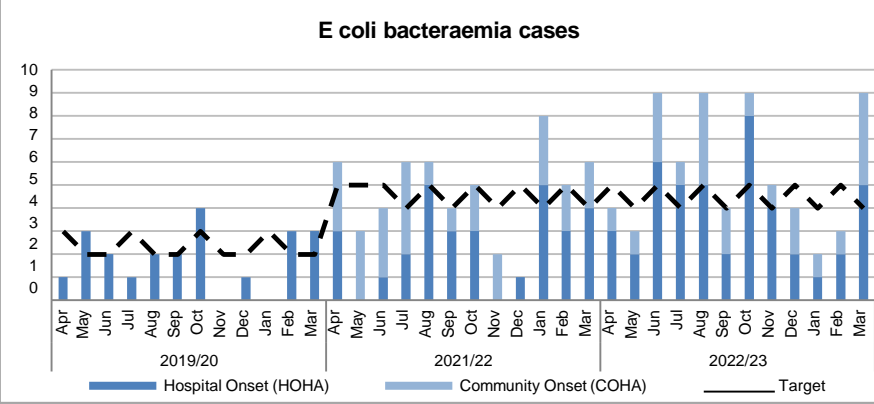
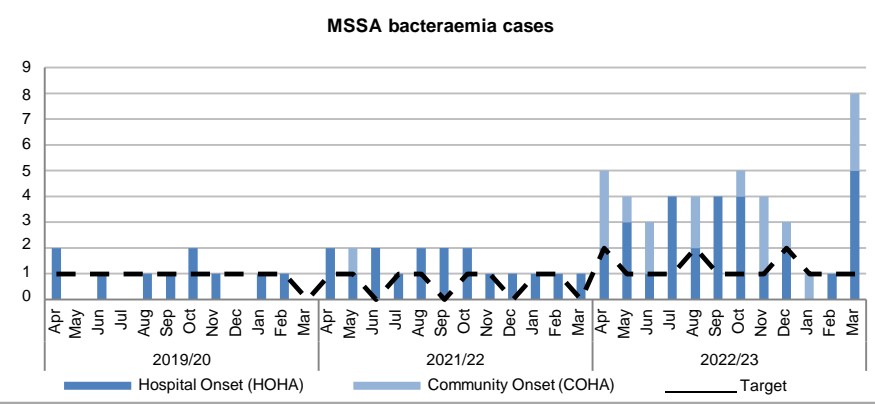
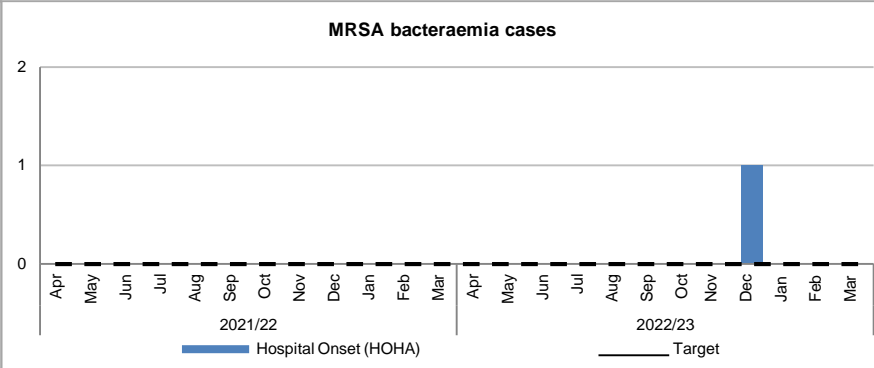
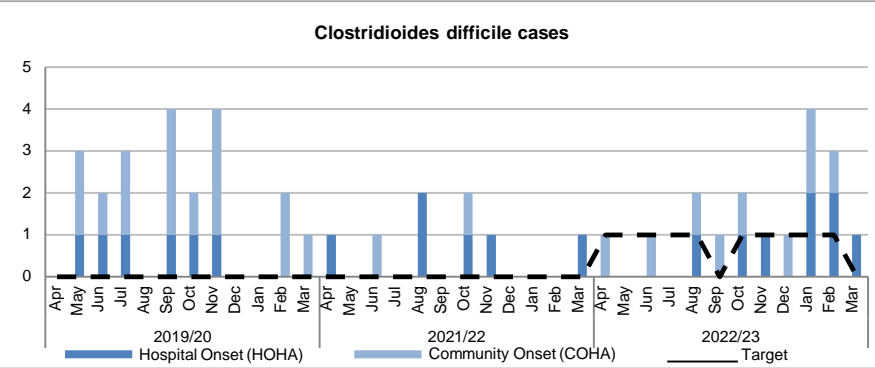
Eastern Services Efficiency of Care

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

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



- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.
- In March 2023, 86.8% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There were a total of 58 patients admitted with a FNOF, 53 of these patients were medically fit for surgery from the outset and 46 patients received surgery within 36 hours.
- Trauma numbers remain high, with 169 Trauma Patients being admitted in March.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 54 Trauma Patients had their surgery during March in PEOC Theatres, which was to the detriment of elective activity.
- 1 medically fit patient had to wait over 48 hours for their surgery, longest wait was 48.85 hours.
- 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 a n extended wait for surgery.
- Work is being actively progressed to increase the volume of Orthopaedic and Spinal activity that can be redistributed to the Nightingale Hospital, to free up theatre capacity on the Wonford site -it is anticipated this could be enacted over the coming months.



Methicillin sensitive *Staphylococcus aureus* (MSSA)
There were 8 cases of Trust attributed MSSA bacteraemias in March 2023. One of the 8 cases was related to a central line, but no lapses in care were identified. There were no common themes.

***Escherichia coli* (E coli)**
There were 9 cases of Trust attributed E coli bacteraemias in March 2023. 2 of the 9 cases were urinary in origin and only one of these patients was catheterised. Unusually 6 of the 9 cases were related to the biliary tract but 4 of the 6 cases had underlying biliary risk factors. There were no common links nor lapses identified.

These healthcare associated infections remain within normal variation for March 2023:

***Clostridioides difficile* (C dif)**
Methicillin resistant *Staphylococcus aureus* (MRSA)
Bacteraemia and C difficile cases are reviewed and discussed at the Infection Prevention and Decontamination Assurance Group.

Eastern Services Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection

Activity & Flow

Operational Performance

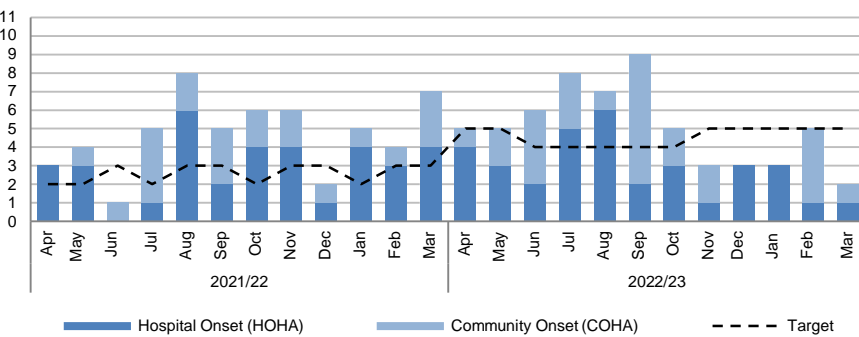
Patient Experience

Quality & Safety

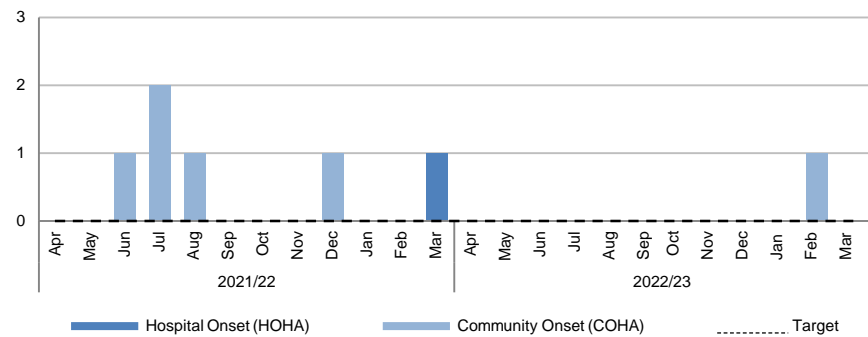
Our People

Finance

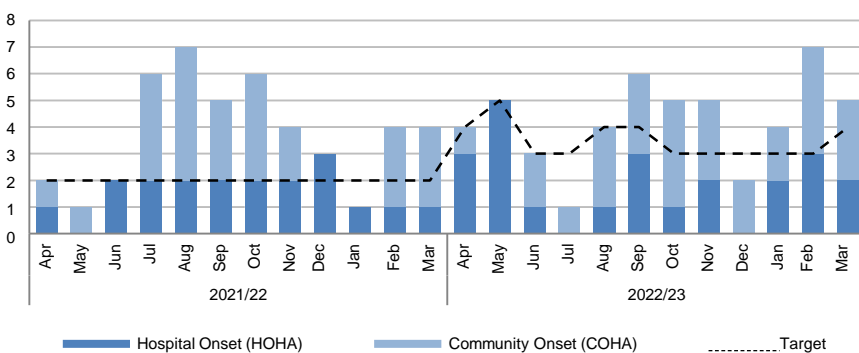
Clostridioides difficile cases



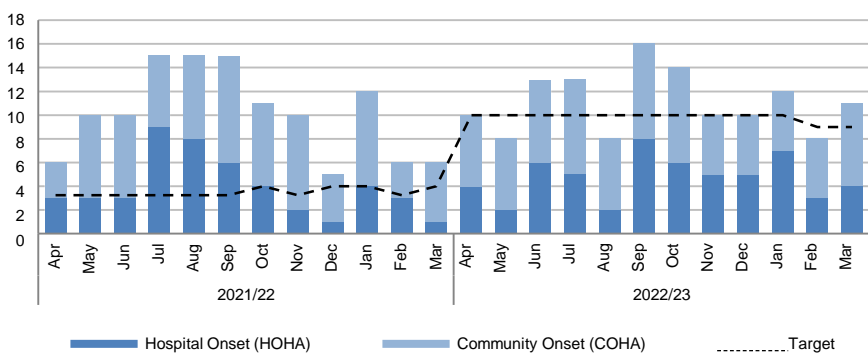
MRSA bacteraemia Cases



MSSA bacteraemia cases



E-coli bacteraemias Cases



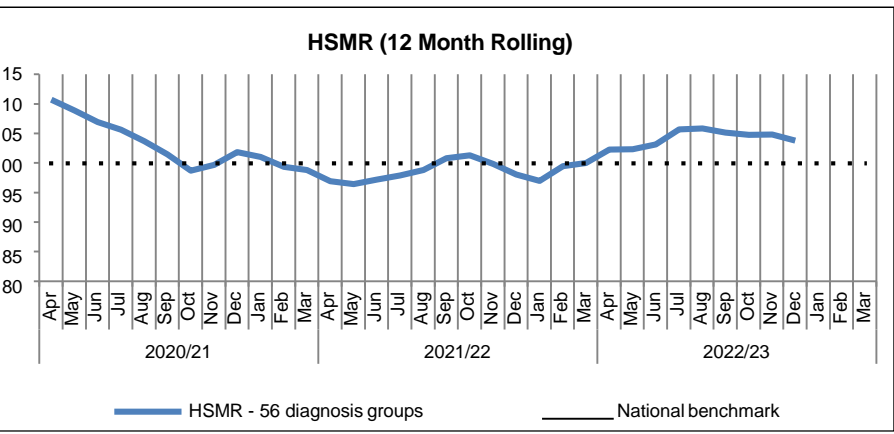
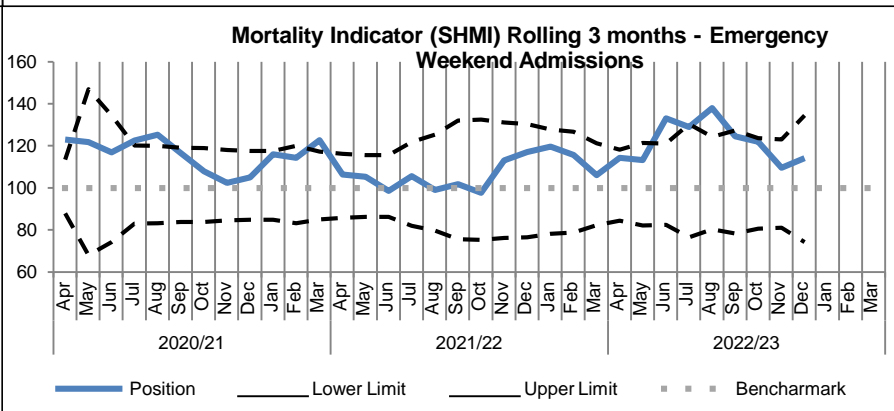
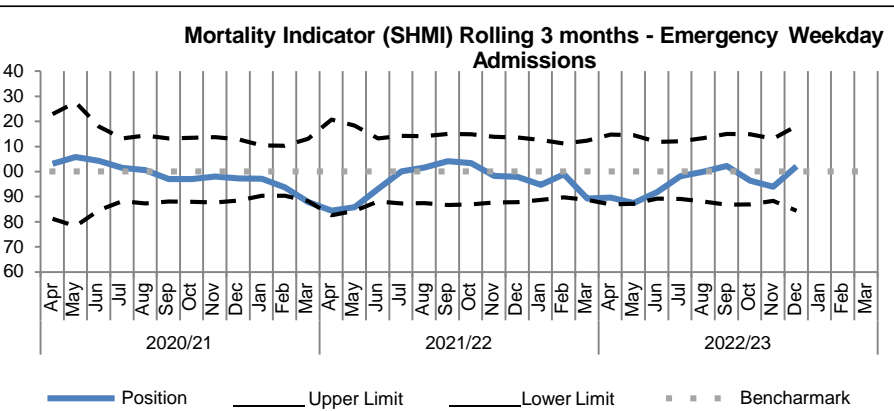
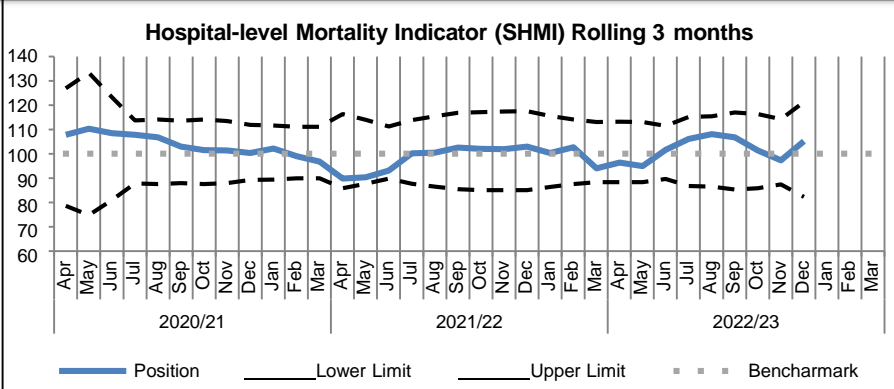
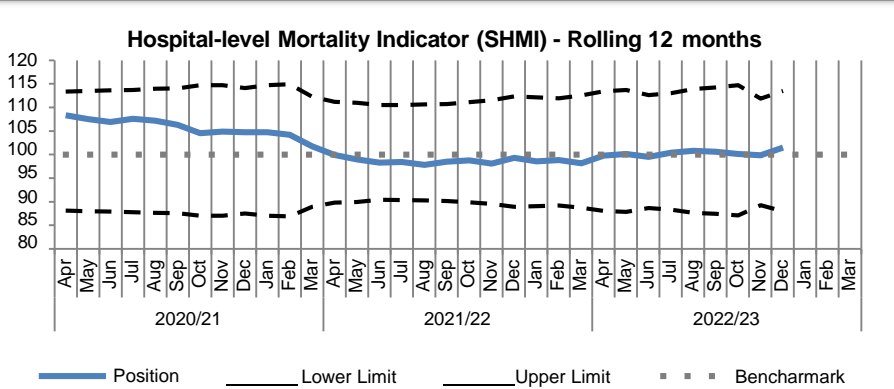
C. difficile – The HOHA case has been investigated and no learning identified. The COHA case involved a 5 hour visit for a blood transfusion in an ambulatory care setting, no previous inpatient stays and no antimicrobial prescribing. Given the brevity of the contact with the Trust a full investigation was not undertaken as there would not have been any Trust learning. Total for 2022/23 is 61 cases against a nationally set threshold of 55.

MSSA bacteraemia – All HOHA cases have been investigated. One case had a source of soft tissue injury exacerbated by immunosuppression with secondary thrombophlebitis. The investigation identified suboptimal documentation of peripheral venous cannula care. The second was a repeat/released case from February for which the source is unknown. The three COHA cases were associated with three different sources. No learning to have prevented bacteraemia was associated with these cases.

Total for 2022-23 is 46. There is no national threshold for MSSA bacteraemias but the internally agreed threshold of 42 has been exceeded..

E.Coli bacteraemia – Of the four HOHA cases two were a urinary tract infection source, and both of these had an urinary catheter. The third case was associated with a gastrointestinal focus whilst the source for the fourth case could not be ascertained. Of the seven COHA cases four were associated with the urinary tract but none had indwelling urinary catheters. were associated with hepatobiliary tract. The remaining three comprised one associated with the hepatobiliary tract, one gastrointestinal tract and the third of an unknown source.

The total number for the year 2022-23 is 133 against a threshold of 118 for Eastern Services.

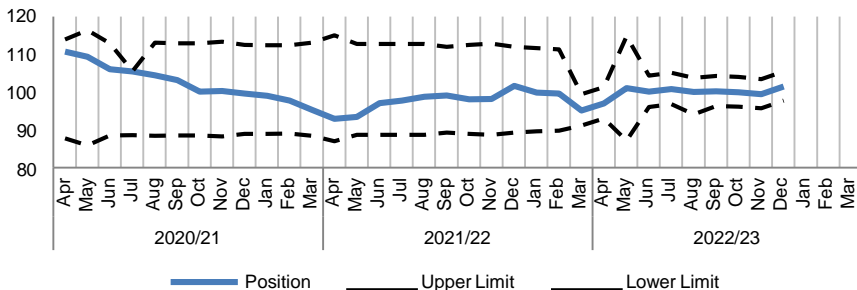


- The overall mortality figures are within national confidence intervals for 12 month and 3 month rolling SHMI and are below all our Peninsula peers. The 12 month HSMR has plateaued and is starting to fall.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas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

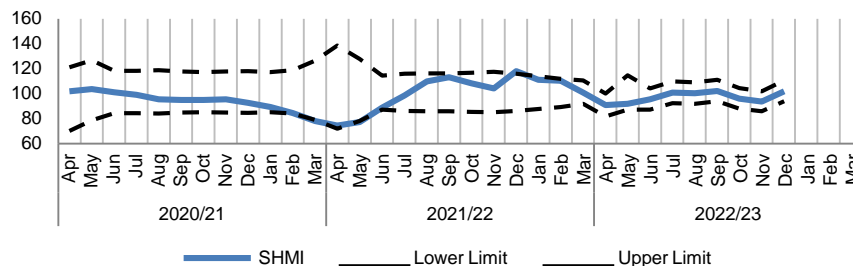
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

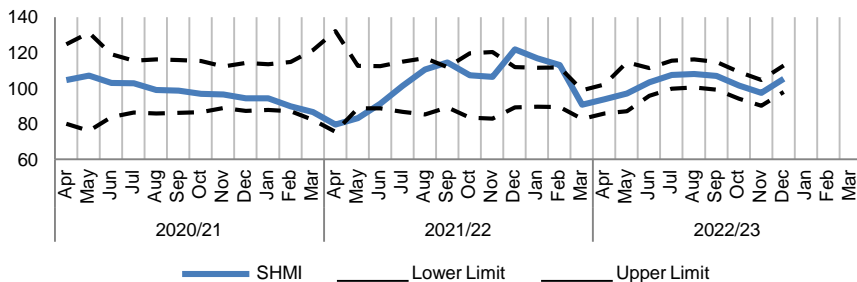
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



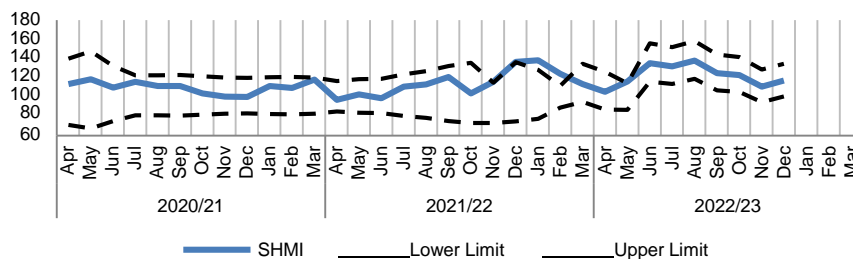
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



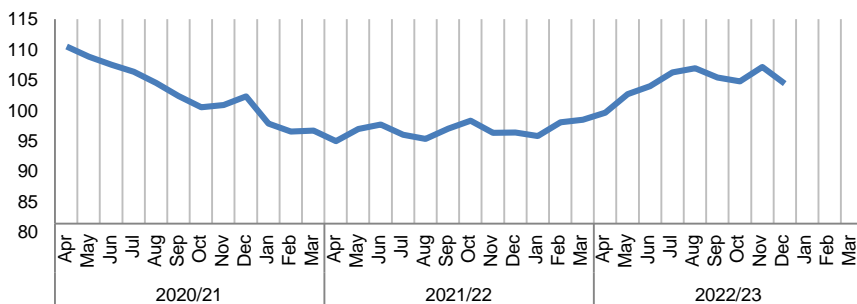
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions



HSMR (12 Month Rolling)

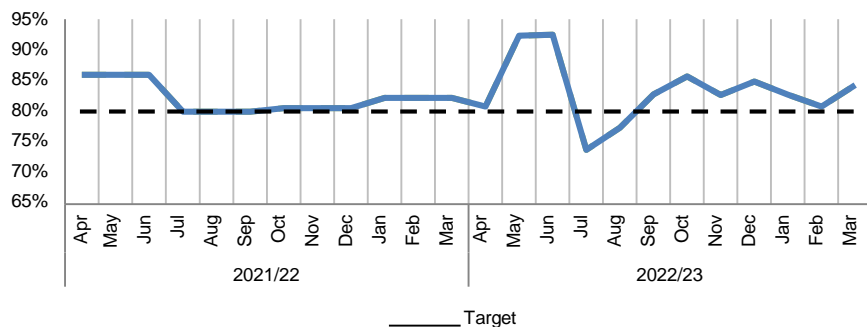


- The SHMI position remains within the expected range for all metrics.
- The HSMR position has stabilised and is starting to fall.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians where appropriate. No new emergent themes are currently being identified through this process.

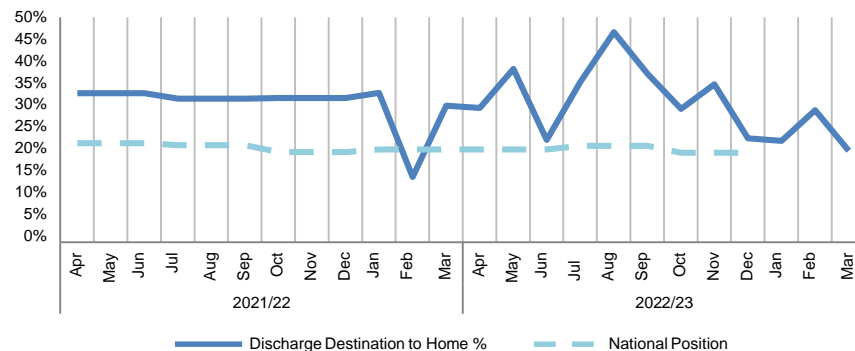
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

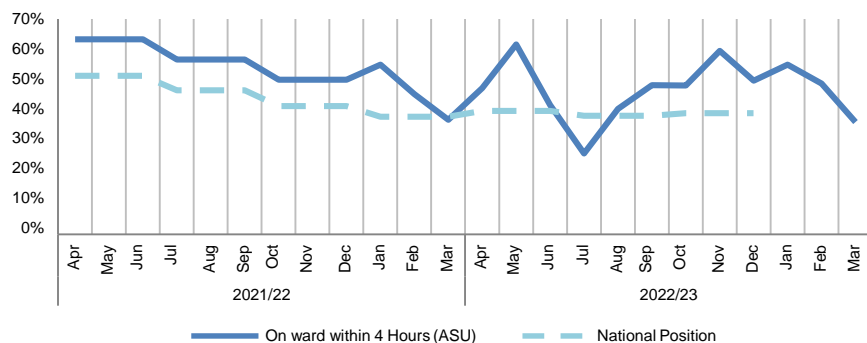
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



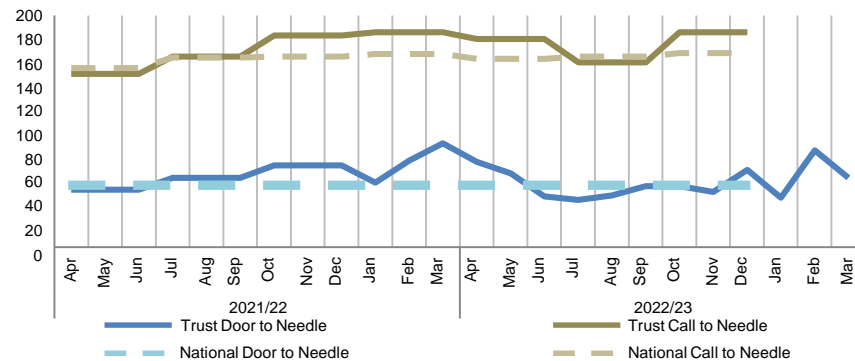
Discharge Destination to Home (%)



On ward within 4 Hours (ASU)



Average Thrombolysis Times (minutes)



- 90% stay -The proportion of patients admitted spending 90% of their stay on the stroke unit has remained stable in March and is above target. This has been due to the continued concerted effort to try and transfer patients more quickly to the ward. In March 84.3% was achieved against the 90% stay indicator but a reduction to 36.5% stroke patients were transferred to the unit within 4 hours, demonstrating the operational pressures experienced within the emergency pathway with bed closures due to Infection Control reasons.
- The proportion of patients for whom their discharge destination is home remains stable.
- Other indicators remain positive and are either above, or in-line with the national position.
- The reduction in the Trust door to needle time seen in March reflects a smaller number of patients experiencing extended delays in Ambulance handovers, which has consequently demonstrated an improved aggregate position.

Activity & Flow

Operational Performance

Patient Experience

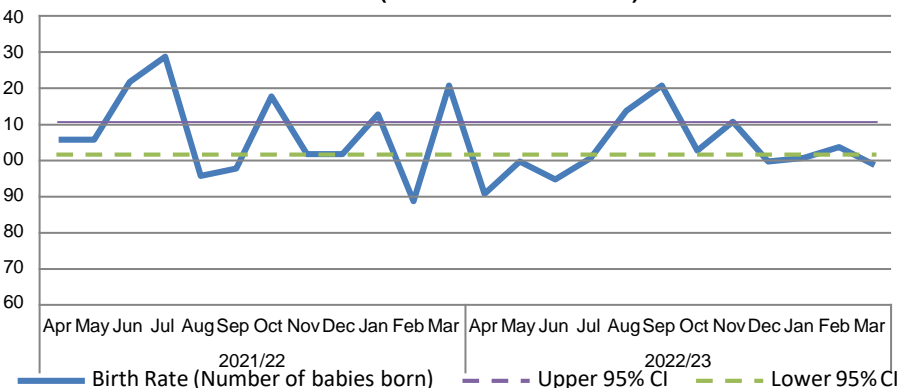
Quality & Safety

Our People

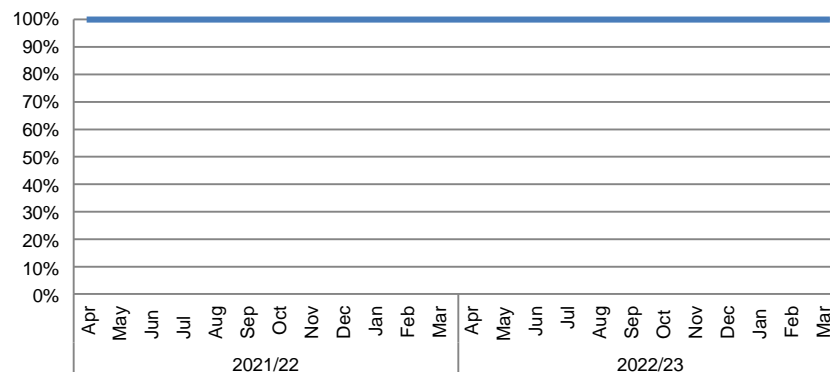
Finance

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

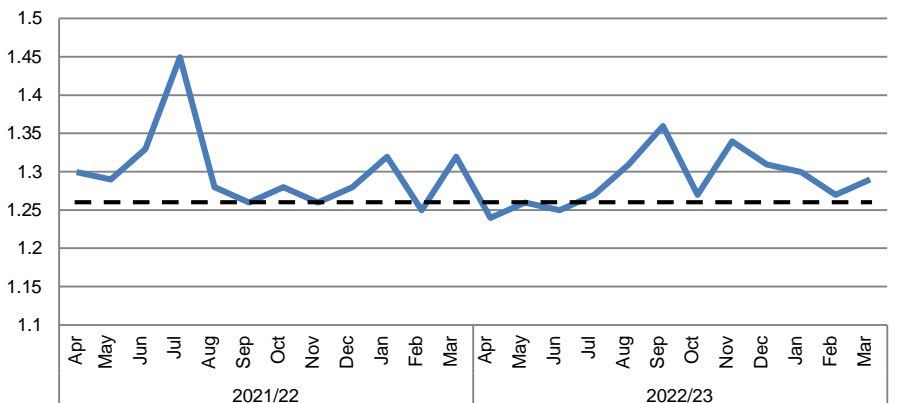
Birth Rate (Number of babies born)



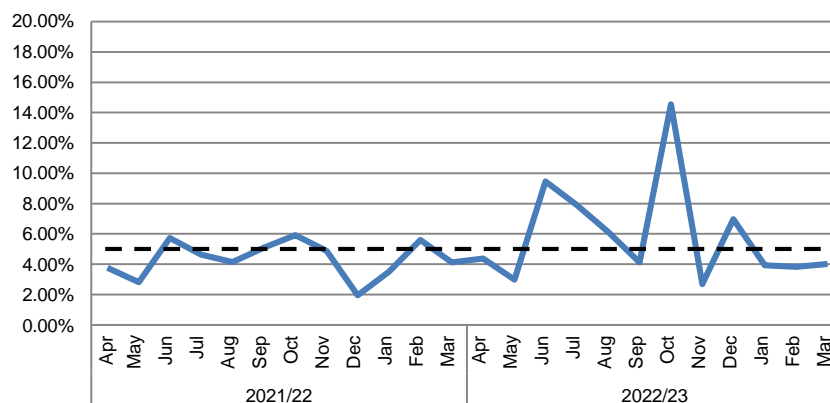
1:1 Care in Labour



Midwife to delivery ratio



Admissions of (term babies) to NNU



- Admission of term babies to NNU now presented as admissions in month and has remained below the National target for January, February and March
- All cases are reviewed via the ATAIN (Avoiding Term Admissions into Neonatal Units) process with no safety concerns identified in month.

Activity & Flow

Operational Performance

Patient Experience

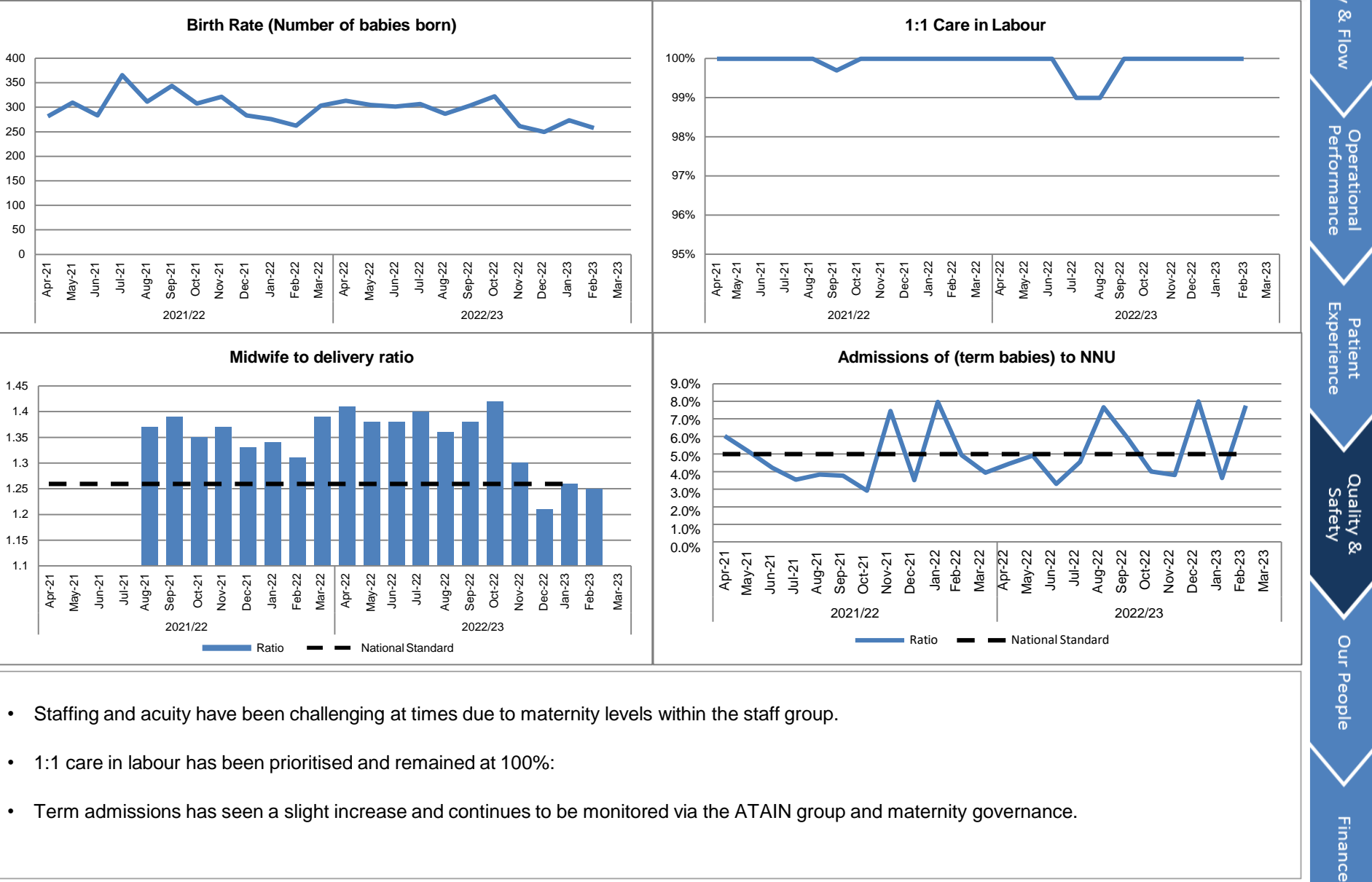
Quality & Safety

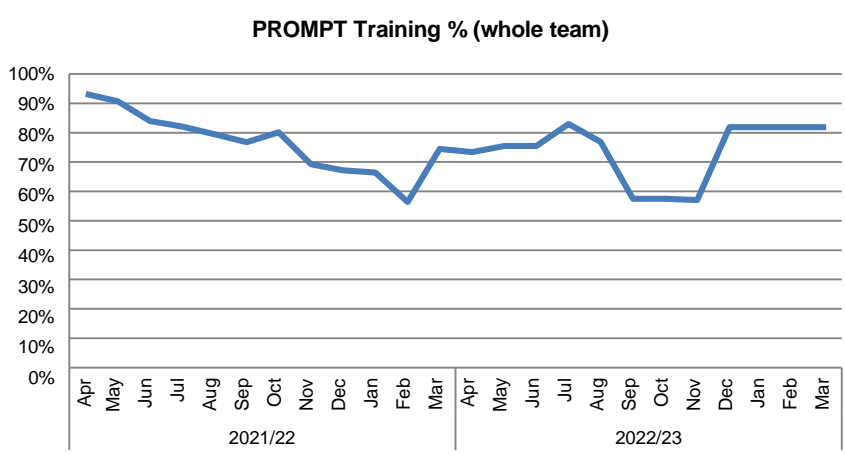
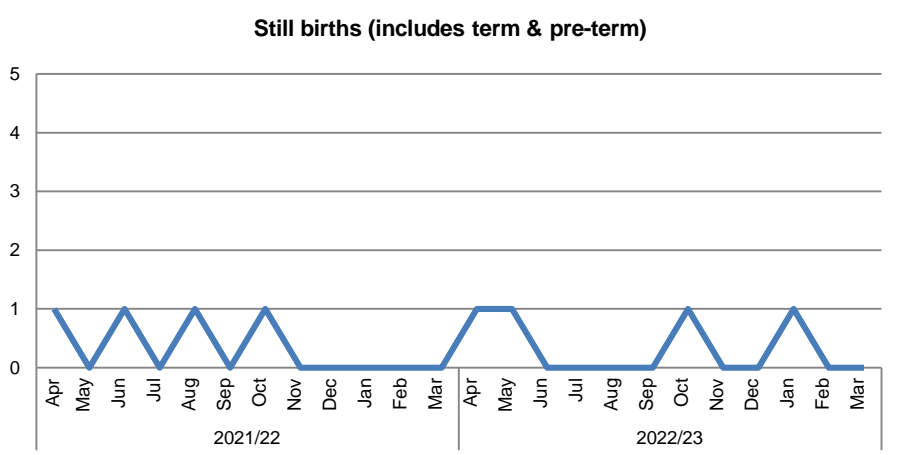
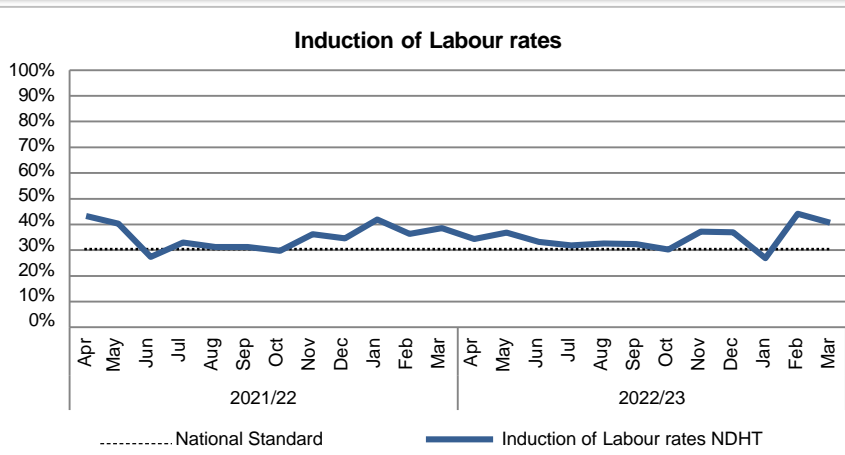
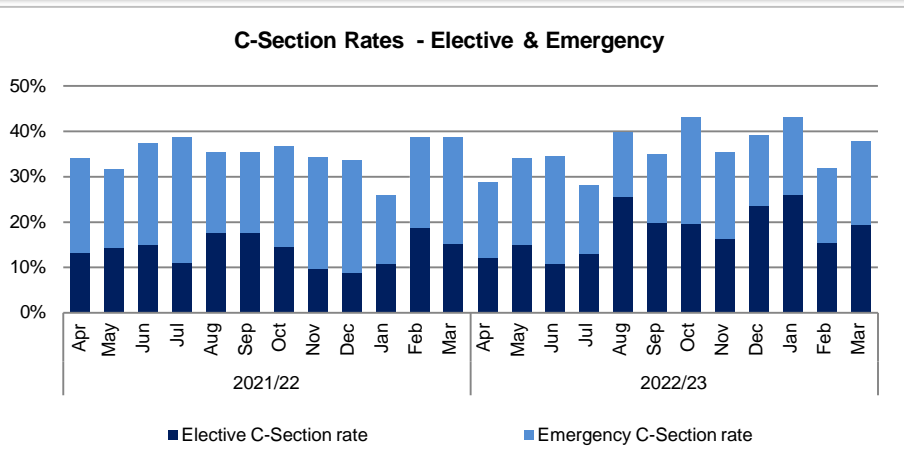
Our People

Finance

Eastern Services Maternity

Metrics relating to the provision of quality maternity care



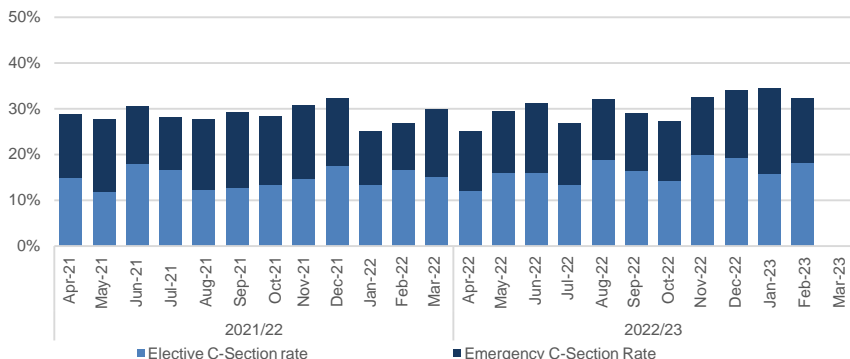


- PROMPT training compliance remains static at 82% against the target of 90%.
- The numbers of staff who are not compliant remains small across the multi-professional team. Further training scheduled to increase compliance.

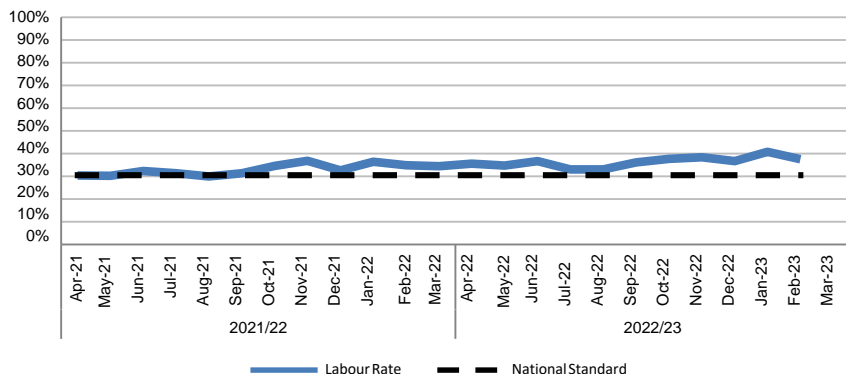
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

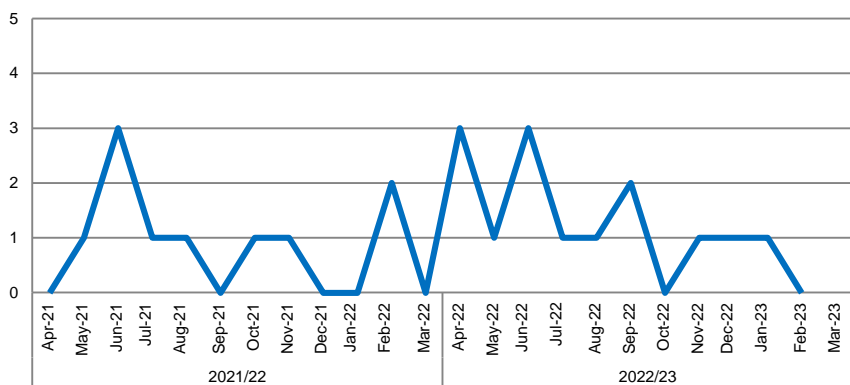
C-Section rates - Elective & Emergency



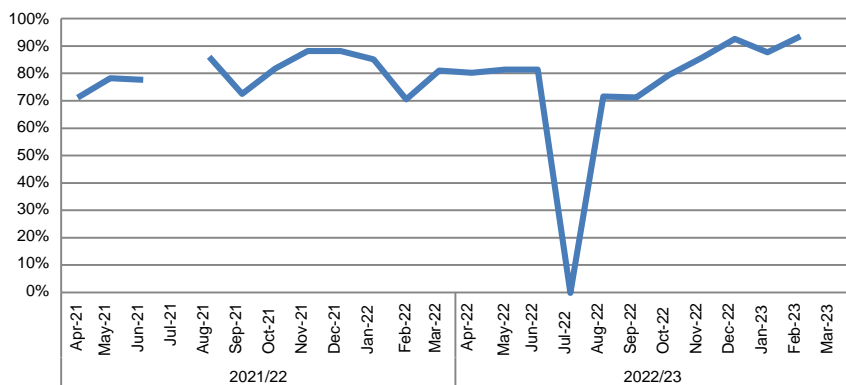
Induction of Labour rates



Still births (includes term & pre-term)



PROMPT Training % (whole team)



- PROMPT training compliance increased - Targeted work continues to improve compliance.

Activity & Flow

Operational Performance

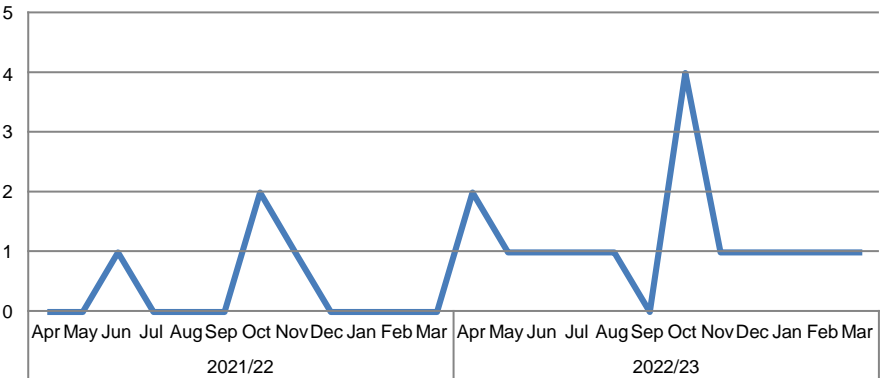
Patient Experience

Quality & Safety

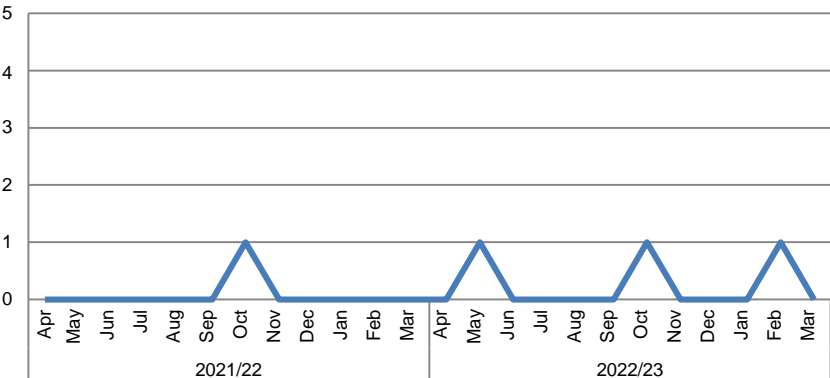
Our People

Finance

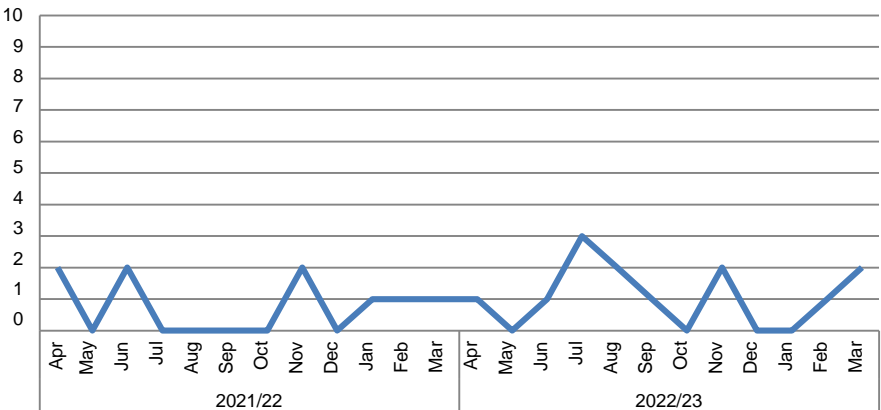
Incidents in current month (moderate and above) (run chart)



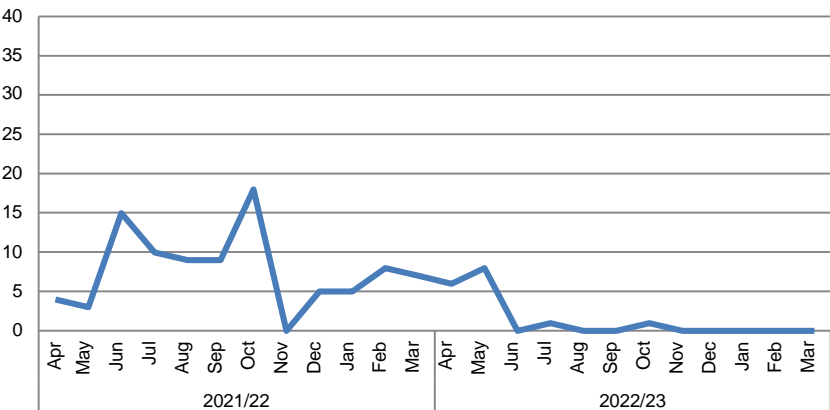
Serious Incidents (run chart)



Complaints Maternity



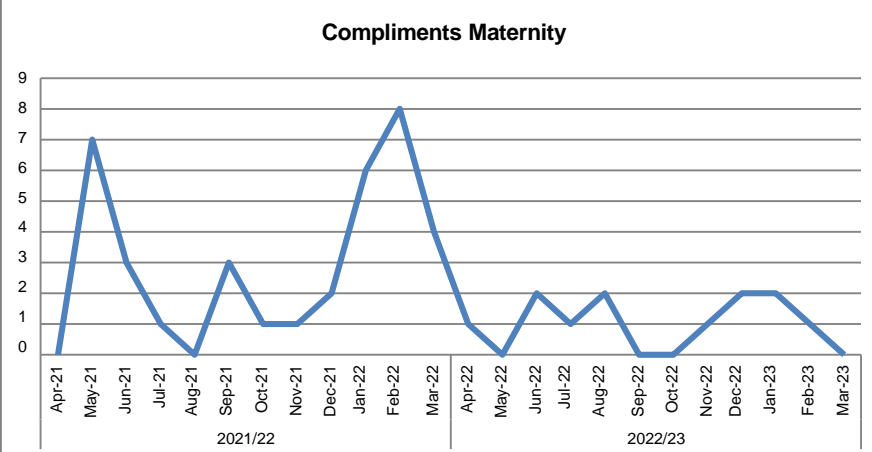
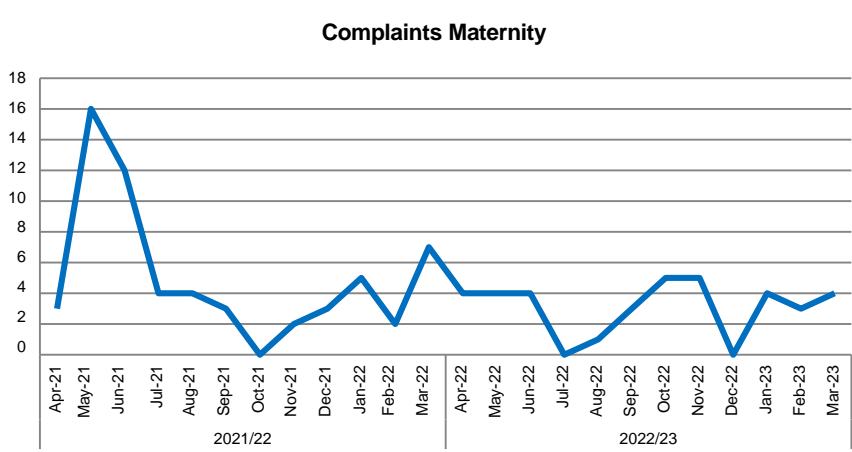
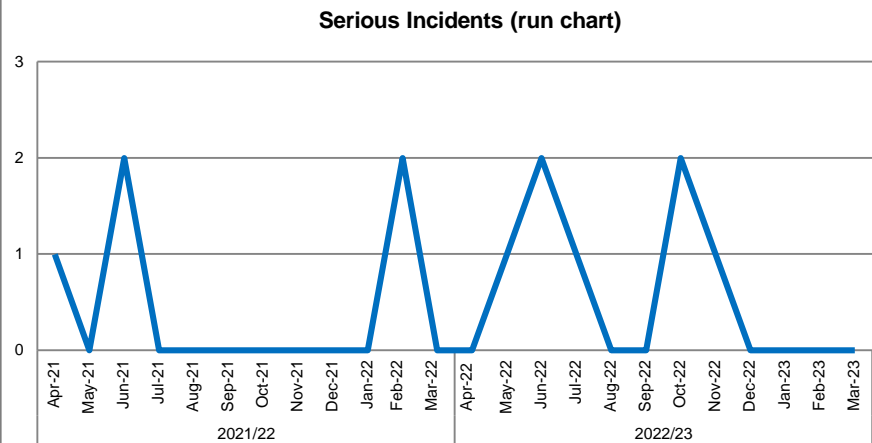
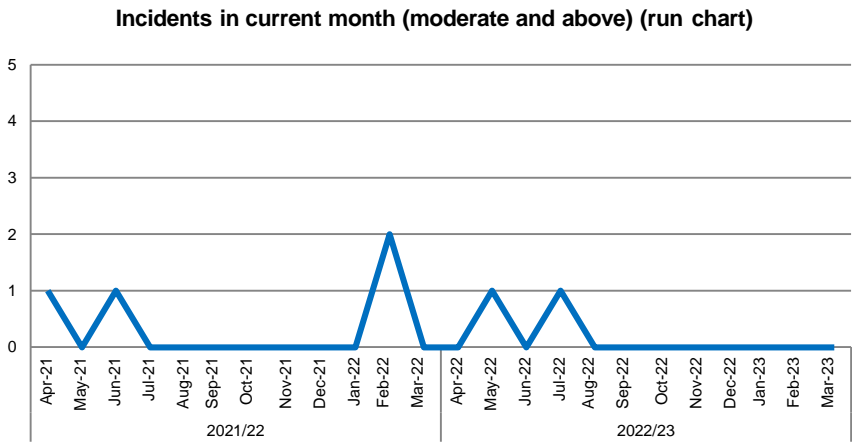
Compliments Maternity



- There was 1 moderate incident in month of a historic case identified via the failsafe audit process. The case did not meet HSIB criteria and is subject to Trust investigation.
- There were no serious incidents reported in month
- There were 2 new complaints in March both relate to communication – both closed successfully by early resolution

Eastern Services Maternity

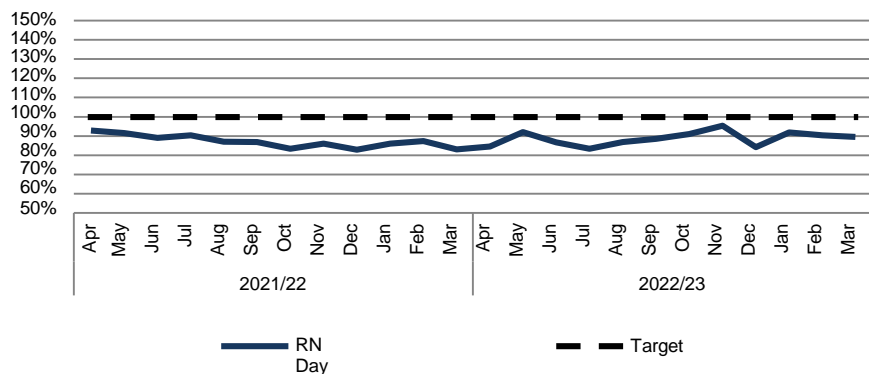
Metrics relating to the provision of quality maternity care



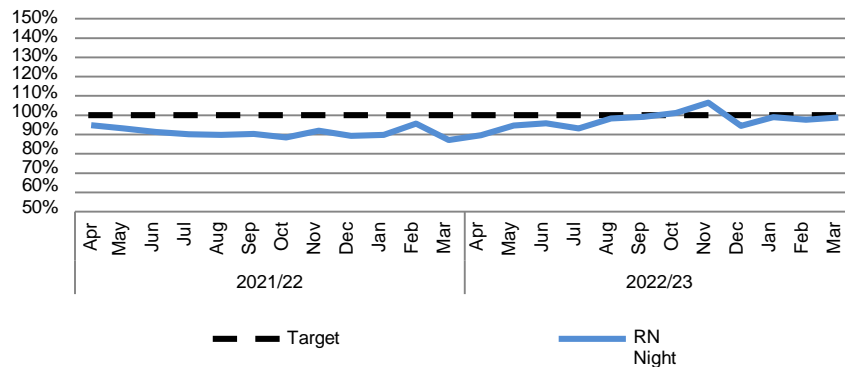
- There were 3 new complaints in February: 1 under 'commercial decisions' relating to an maternity exemption certificate, 1 regarding referral in pregnancy and 1 regarding admission arrangements

Northern Services Safe Clinical Staffing Fill Rates

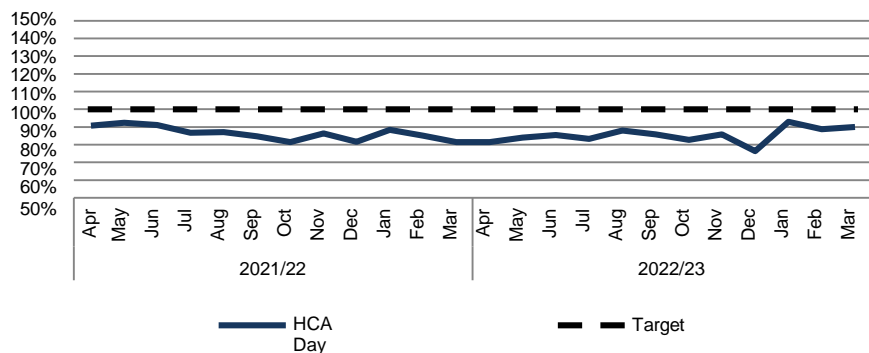
Registered Nurses & Midwives Fill Rate (Day)
Inc. ED & South Molton



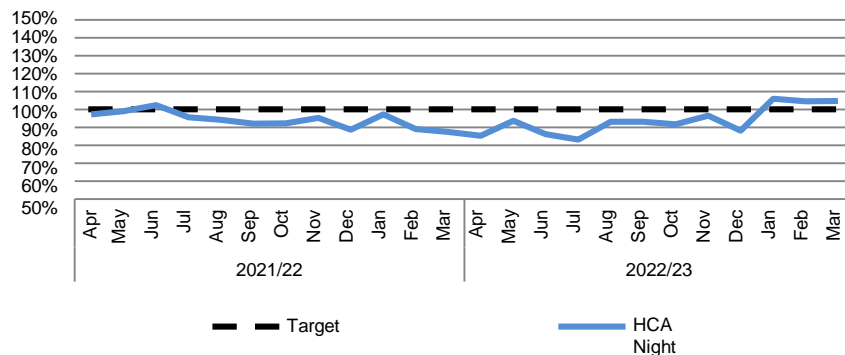
Registered Nurses & Midwives Fill Rate (Night)
Inc. ED & South Molton



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



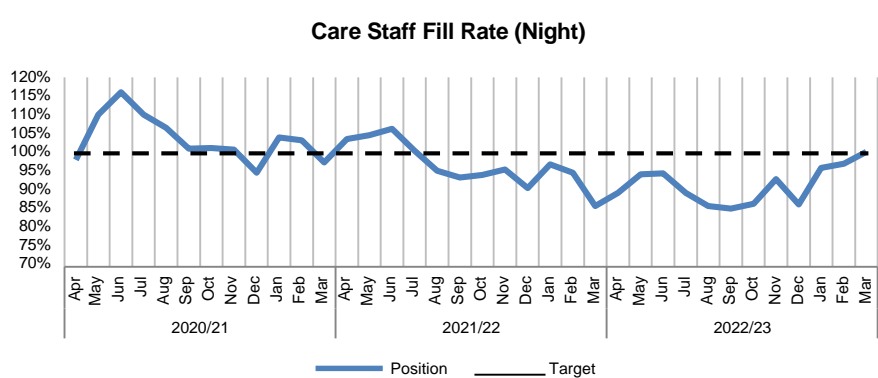
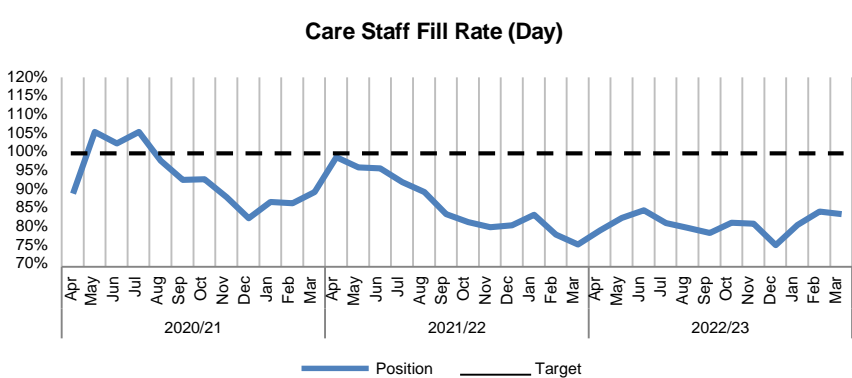
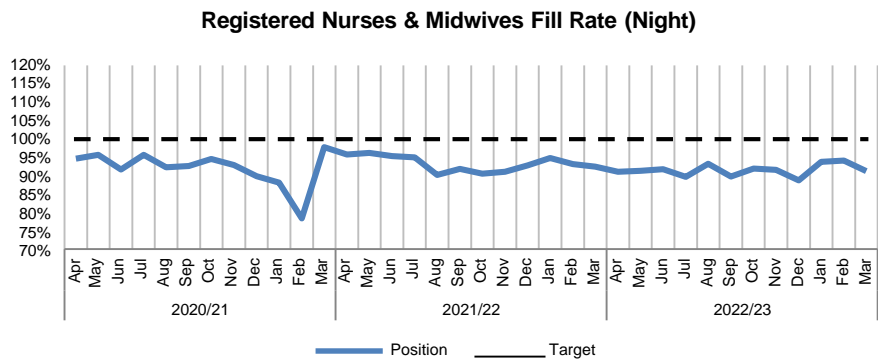
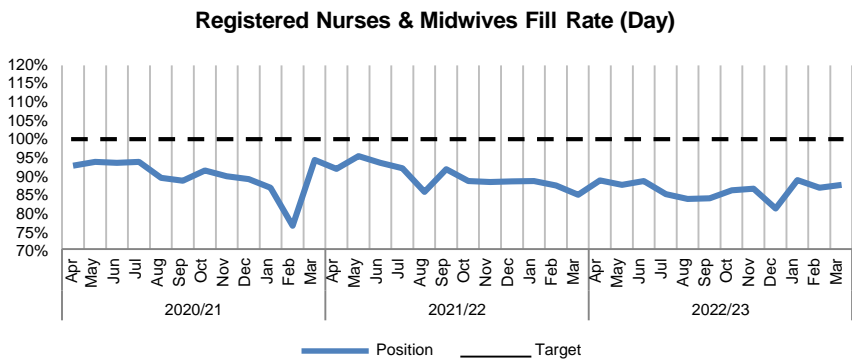
HCA Fill Rate (Night)
Inc. ED & South Molton



- All clinical staffing rates are 90% or above. Daytime fill rates are more challenging due reduced availability of temporary staff.
- There were 2 reported incidents relating to low staffing in March with none scoring moderate or above.
- Staffing risks are assessed and mitigated through a number of established processes and strong professional oversight by members of the Senior Nursing and Midwifery teams on a daily basis.
- There continued to be high inpatient occupancy throughout March 2023 which has increased overall use of temporary staffing.

Eastern Services Safe Clinical Staffing – Fill Rate

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

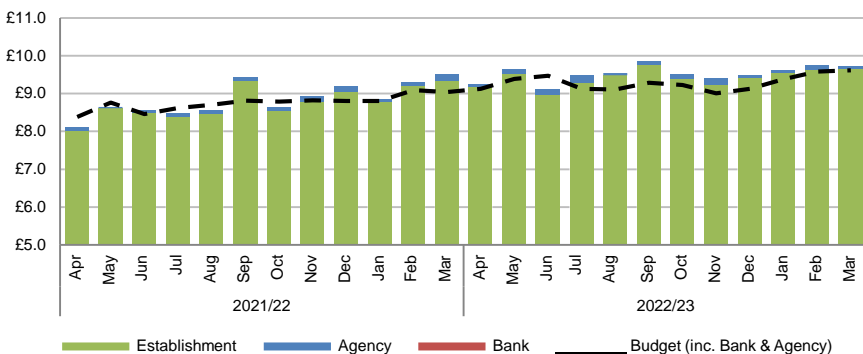


- The overall fill rate for Eastern Services was 90.8%
- There were 4 patient safety incidents reported of staff shortages in March 2023. All incidents resulted in no harm.
- A review of all patient safety incidents which resulted in moderate of greater harm has not identified incidents where staffing levels were a causative or contributory factor to patient harm.

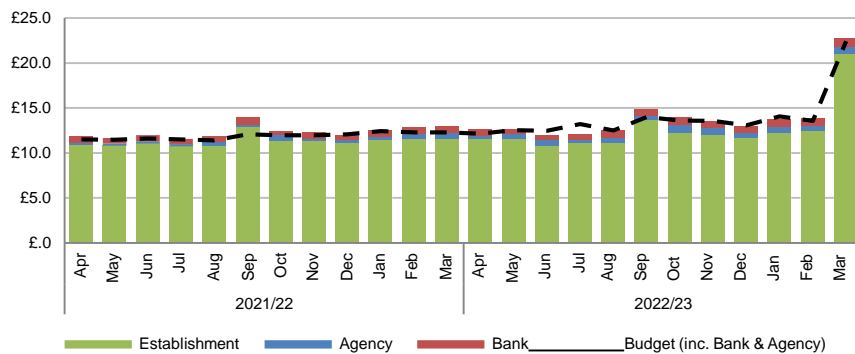
Eastern Services Safe Clinical Staffing

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

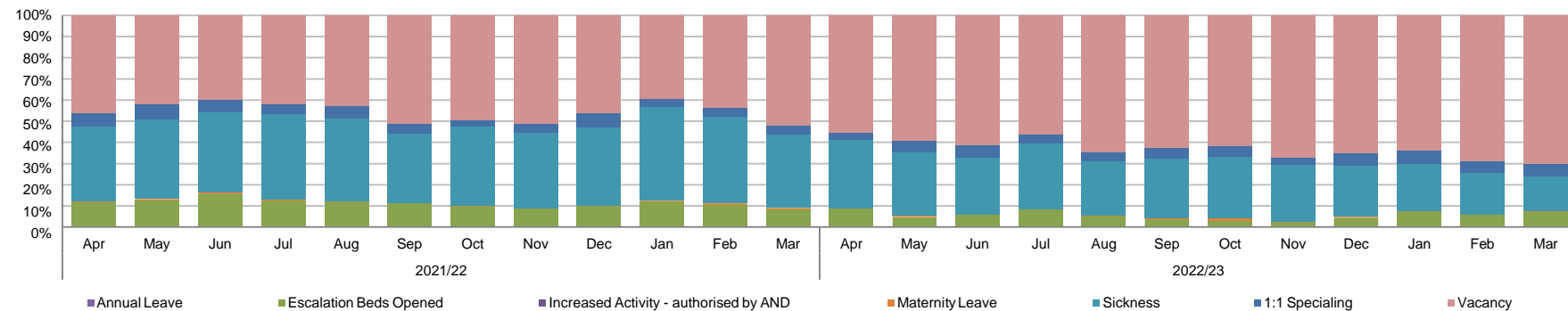
Medical - Staff FTE (£Million)



Nursing - Staff FTE (£Million)

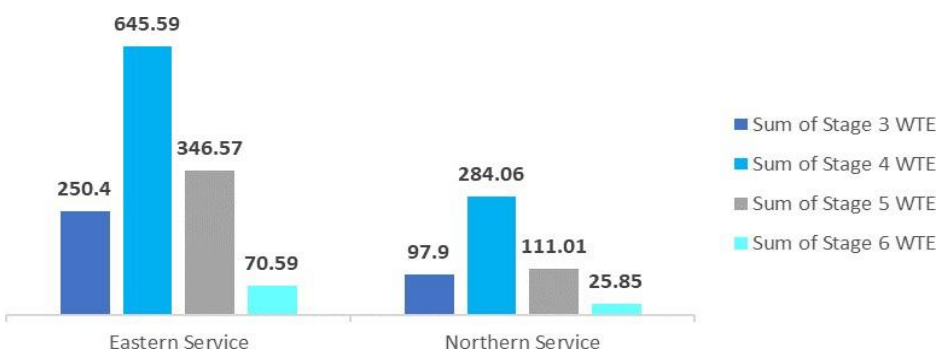


Nursing Reasons for Bank/Agency Usage

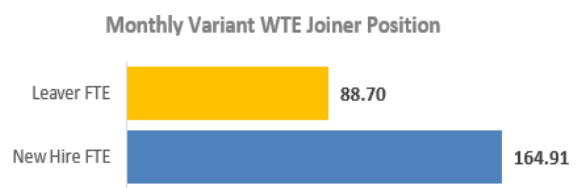
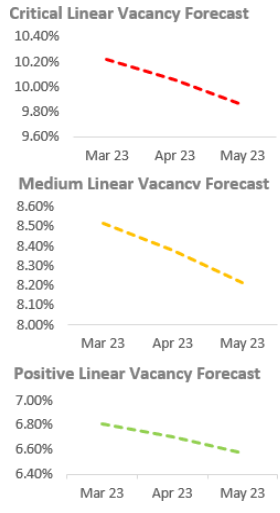
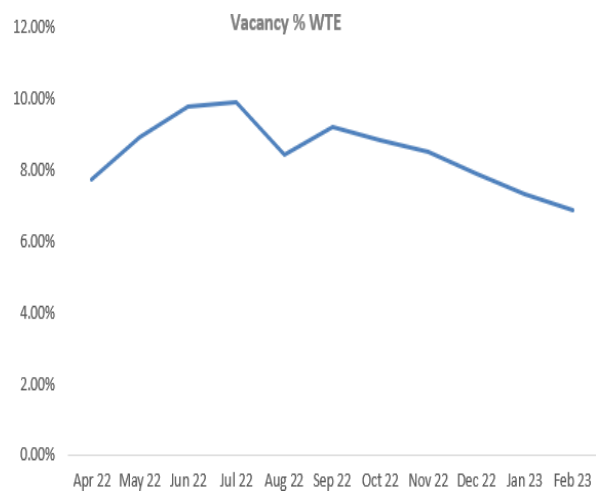


- The increase in nursing spend in March 2023 is advised as being primarily attributable to factoring in the potential back pay award currently being consulted on by the unions, as part of the 2022/23 A4C pay settlement.
- There continued to be high operational escalation throughout March 2023, which impacted upon the use of temporary staffing.
- There was notable demand for patients requiring 1:1 support due to mental health, cognitive impairment of multiple complex support needs.

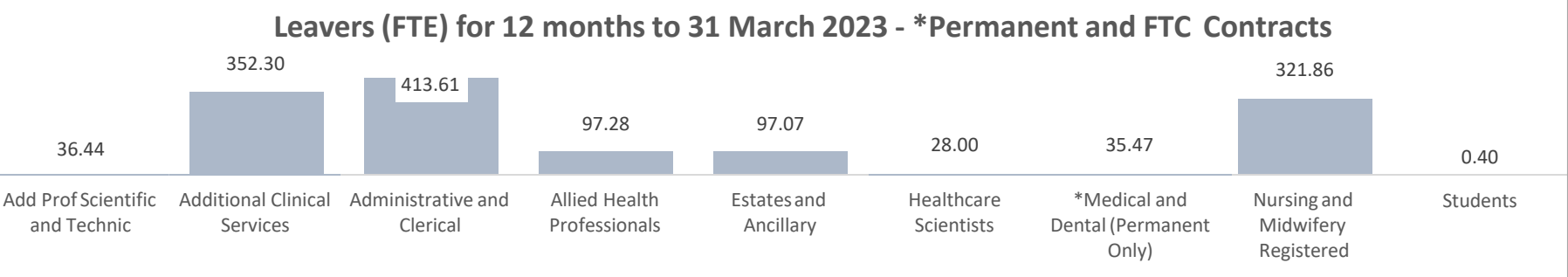
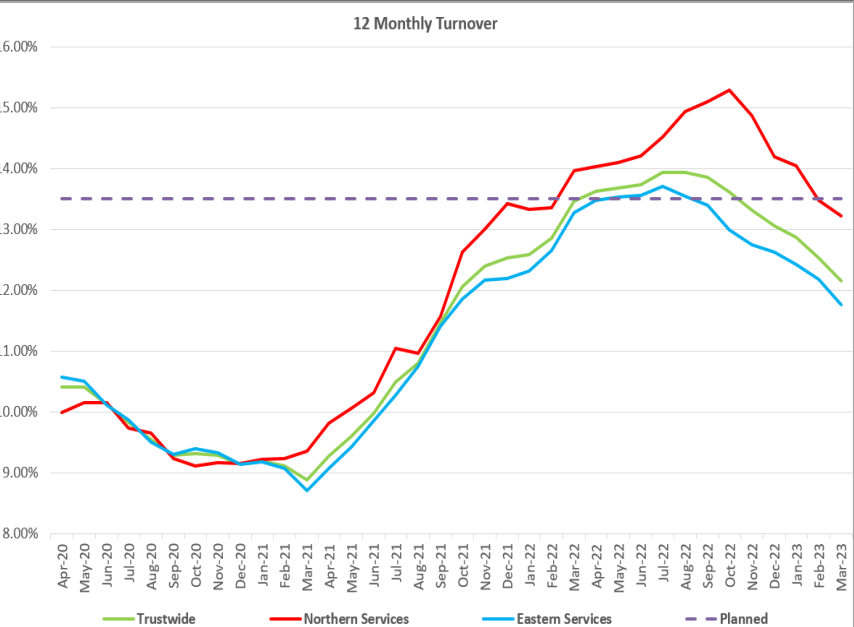
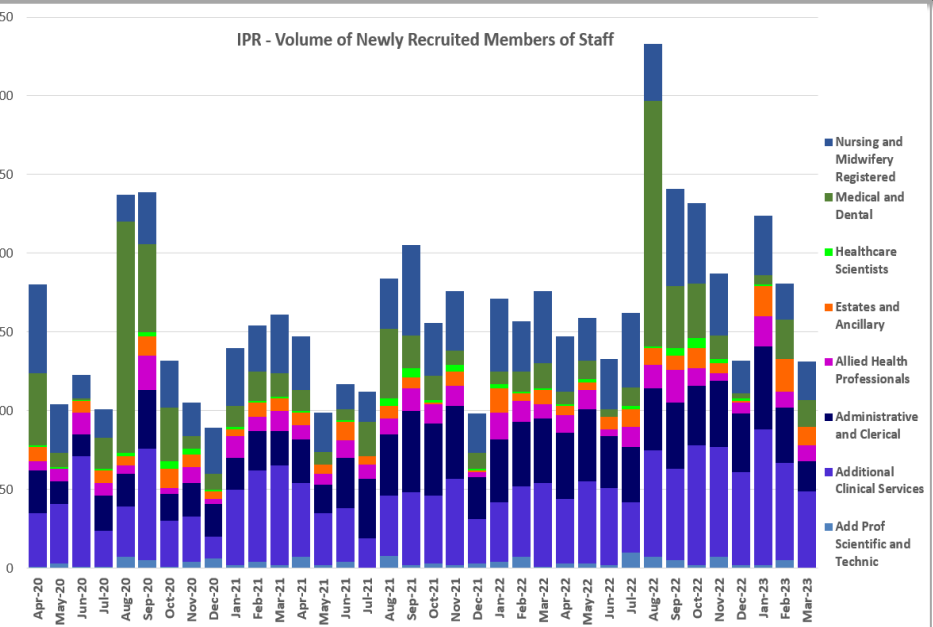
Trust Recruitment Update



- The overall vacancy rate is 6.88% which is almost 2% lower than our medium forecast last month and, encouragingly, within 0.1% of our positive forecast and further evidence to support the Accelerating Vacancies program. North reporting 9.15% down from 9.66%, and the East 5.97% down from 6.36%.
- We have 544 people (457.58) at Stage 5 (Pre-Employment Checks) which is little changed from last month, and continues the significant decrease on the 1000+ figures reported prior to March, which can be attributed to increased productivity achieved by the Recruitment and Onboarding Services.
- We are highlighting in green in the above graphs that we are not seeing the “wave” as high in Stage 3. This positive activity continues onto Stage 5 in reaching a manageable target of 500 or below.
- 119 people (96.44 WTE) are currently scheduled for an upcoming Induction and new start (data through to end of April).
- We are flagging for attention an increasing shortfall developing in the Stage 4 numbers required to fill the volume of current WTE funded vacancies. (Stage 4 is the interview and shortlisting stage.) With the exception of Medical and Dental, our AfC staff groups are showing a significant gap in shortlisted candidates versus the actual WTE required. Career Gateway data shows that there were more applications in March than in previous months which is encouraging. While the job market continues to be challenging, some suggested actions being considered and actioned are: the prompt re-advertising of unfilled or under-subscribed vacancies with a review and refresh of adverts for maximum impact; also consider scope for enhanced marketing activity to further “sell” the Trust as data shows that once applicant reaches Career Gateway we are having high % apply.
- Our average time to hire (Advert Approved to Contract Accepted) is currently at a Trust average of 69.9 calendar days, below the National Average (72 days).
- The Trust has seen 19 international nurses, 4 diagnostic radiographers and 1 midwife arrive in March. April arrivals may tip into May due to visas not yet granted.



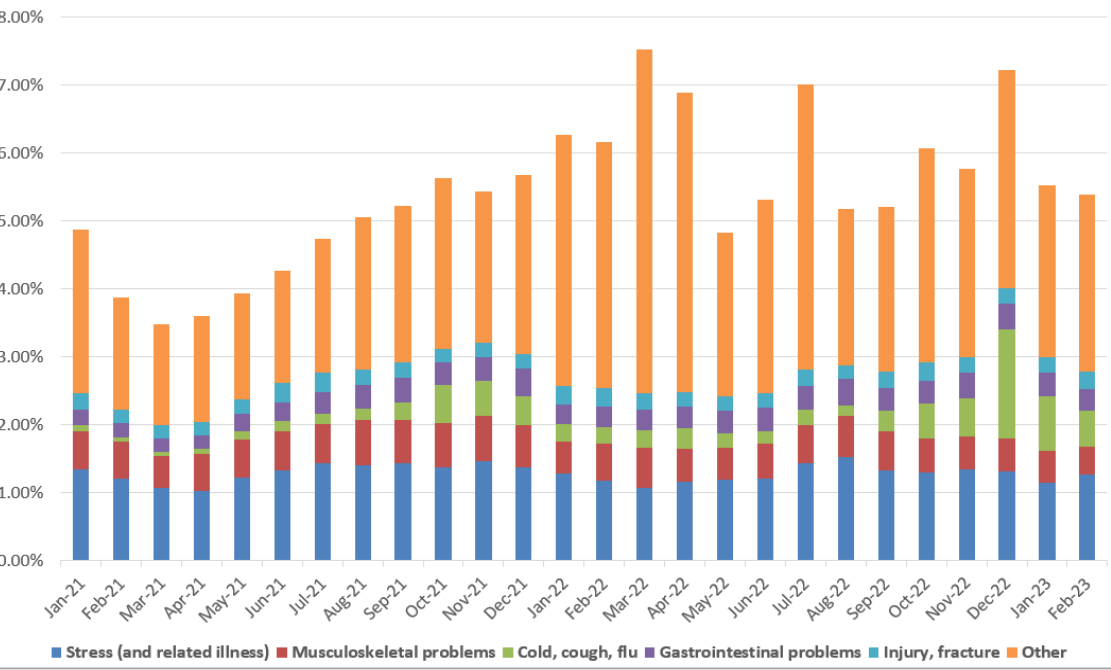
Trust Turnover



- Turnover (data as at end of March 2023)**
- The turnover rate continues to fall, both from a Trustwide and site point of view, with Northern Services now down to 13.2% and the East at 11.8%.
 - For Additional Clinical Services (ACS) a further slight reduction in the rate dipping under 16% for the first time January 2022. The accelerated recruitment to bolster our HCSW workforce is evident when looking at each of the last six months, where ACS on-boarding accounts for over a third of all new hires. Aside from recruitment retention initiatives are in train to support staff considering leaving or needing additional support.
 - The rate for Estates and Ancillary continues to be unstable with no evidence of a definite trend of improvement, however, encouragingly this month a relatively significant fall (>1%) was recorded with the rate down to 13.9% for the first time since the tail end of 2021.
 - Turnover for Registered Nursing and Midwifery continues to fall for both sites to 10.7%, with Northern improving to 12% - another significant reduction from the previous month.

Trust Sickness Absence

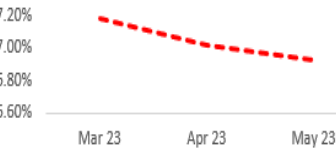
Sickness Absence Rate By Most Common Reasons (plus all Other)



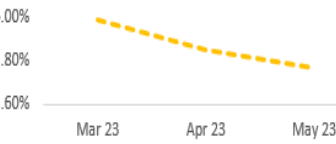
Historic Trend Actuals - Sickness %



Critical Linear Sickness Forecast



Medium Linear Sickness Forecast



Positive Linear Sickness Forecast



Sickness Absence (Data shown for latest available month: February 2023) Trust Position

- The February absence rate decreased slightly (0.1%) to 5.4%. Correspondingly, the Northern and Eastern rates were down by an equal amount to 5.1% and 5.5% respectively.
- The absence rate for February 2023 compares favourably to the same month last year, when the rate stood at 6.2%.
- While there was less time lost to Cold, Cough, Flu in February 2023 compared to the previous two months, it still accounted for 10% of time lost.
- The number of Covid-19 episodes remained significant with 16% of sickness days in February coded to that reason.
- Anxiety/Stress/Depression remains the primary reason for sickness absence in February. In the East this equates to a quarter of all sickness in the month, and a fifth for Northern Services.

Northern Site Position

- There were month-on-month reductions in the sickness rates for Additional Clinical Services (6.6% in February from 7.3%) and Estates and Ancillary (6.2% from 8.4%).
- Registered Nursing and Midwifery also fell slightly to 6%.
- Of the main staff groups, only Allied Health Professionals (AHPs) bucked the trend with an increased rate to 4.2% from 3.6% in January.

Eastern Site Position

- Improvement for the two workforce groups most affected by sickness absence, Additional Clinical Services dropping from 8.8% in January to 7.8%; Estates and Ancillary a more marginal fall to 9.8%.
- A further decrease to for Registered Nursing, down to 5.3% in February 2023 from 5.6%.
- As was seen in the North, AHP's were the only group in the East to record an increase – rising from 3.7% to 4.6%.

Trust Workforce – Covid related absence

Activity & Flow

Operational Performance

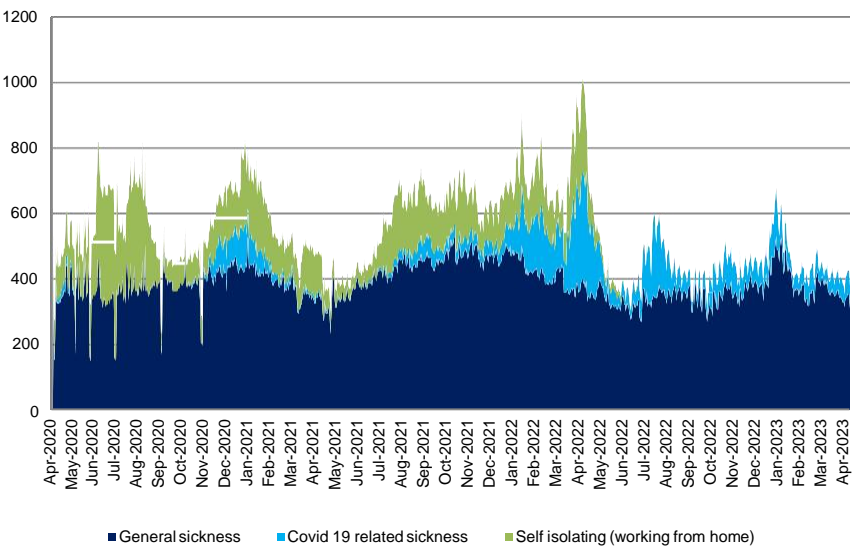
Patient Experience

Quality & Safety

Our People

Finance

Staff Sickness and Self Isolating – Eastern Services

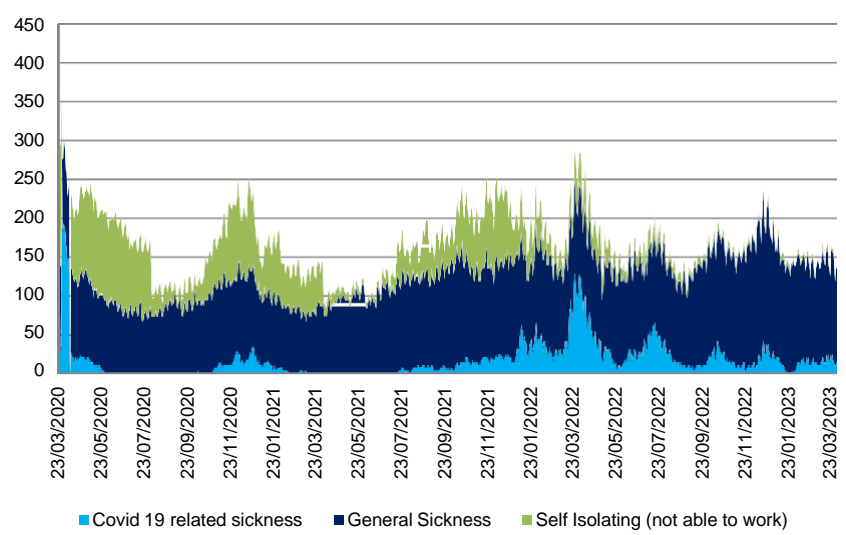


As at 11th April, the total number of staff in Eastern services with Covid related absence stands at 50 (compared to 59 at the corresponding point last month). Data from the North similarly shows a low and stable number of 12 recorded since last month's update (15).

There are currently 13 members of staff with an open sickness episode attributed to Long Covid, of which 10 are located in Eastern Services with 3 based in the Northern site.

The vaccination campaigns for the Covid Autumn Booster and Winter Flu jab have now ended. The closing table showing uptake by Trust staff was included in last month's report.

Staff sickness and Self Isolating – Northern Services



RDUH Finance Overview

Financial Performance - key performance indicators

Consolidated Metrics					
Domain	Measure / Metric	Unit of Measure	Last Month Feb-23	This Month Mar-23	
Income and Expenditure	I&E Surplus / (Deficit) - Total	£'000	-16,518	-16,734	
	I&E Surplus / (Deficit) v budget	£'000	0	1,529	
	Income variance to budget - Total	£'000	220	1,751	See below
	Income variance to budget - Total	%	0.02%	0.17%	
	Income variance to budget - Patient Care	£'000	246	1,731	FOT includes £1.5m additional allocation to ICB block contract and small favourable variances across a number of income categories.
	Income variance to budget - Commercial income	£'000	-26	20	Commercial activities are under-recovered mostly due to car parking, nursery, fertility and catering off-set by increased education and training income.
	Pay variance to budget - Total	£'000	251	-220	Pay budgets are reduced to reflect undelivered savings and productivity against plan and off-set by allocating reserves for developments that have not yet commenced. Adverse movement reflects impact of strike action and potential pay award pressure.
	Pay variance to budget - Total	%	0.05%	-0.03%	
	Agency expenditure (Inc. COVID expenditure) variance to Plan	£'000	-9,082	-10,176	Usage particularly in nursing and medical workforce reflecting vacancies, sickness, Covid impact, strike action and ESRF delivery.
	Non Pay variance to budget	£'000	-474	-5	Non pay continues to reflect increased drugs expenditure YTD and FOT not recoverable above block contract income off set by slippage on investments and non-recurrent underspends.
	Non Pay variance to budget	%	-0.16%	0.00%	
	PDC, Depreciation, Interest Paid / Received variance to budget	£'000	3	3	
	PDC, Depreciation, Interest Paid / Received variance to budget	%	0.01%	0.01%	
	Cost Improvement Programme - Total Current Year achievement	£'000	16,300	17,499	
Capital & Cash	Cost Improvement Programme - Year to date/ Current Year variance to budget	£'000	-14,378	-16,436	See report narrative.
	Cash balance	£'000	49,720	46,033	YTD: Timing of settlement of net working capital, particularly payments to suppliers, capital programme slippage and the impact of late changes to the June plan that was not reflected in the Balance Sheet (£11.4m) FOT: The balance sheet was not updated for the late revenue changes made to the final Annual Plan.
	Cash variance to budget - above / (below)	£'000	15,413	16,477	
	Better Payment Practice v 95% target - volume	%	92%	92%	
	Better Payment Practice v 95% target - value	%	93%	93%	
	Capital Expenditure variance to plan - Total above / (below)	£'000	-13,942	5,146	See report narrative. Actual Capital expenditure of £56.6m fully utilises the CDEL and PDC allocations received in 2022/23.
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-9,173	1,918	Expenditure on donated assets and leases have separate funding streams to off-set.
	Capital Expenditure variance to plan - PDC above / (below)	£'000	-4,769	3,228	Overall variation to plan is as a result of in-year PDC allocation adjustments that off-set.

Key

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

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

RDUH Summary Finance position

SOCI and DBV

Month 12 Summary Finance Position - YTD

- The Board of Directors (BoD) has approved a deficit plan of £18.3m that was forecast to be improved by £1.5m from additional ICB allocations.
- Cumulative deficit of £16.7m achieves plan predominantly by Delivering Best Value slippage being off-set by non-recurrent expenditure underspends.
- The BoD is reminded that month 12 is subject to enhanced year end reporting requirements that impacts the availability of some financial information. Whilst the overall SOCI deficit position, DBV and Capital positions will be reported in the IPR as they will not be expected to change, it was agreed the finalisation of the SOFP and SOCF are impacted and would not be reported as appendices this month.
- The draft accounts are due to be submitted on 27th April 2023, being 1 day after the Board meeting. The Board should note that the full draft accounts, together with analytical review are scheduled to be reported to the Audit Committee meeting of 4th May 2023.

Month 12 2022/23 Summary Income & Expenditure

	Budget £,000	Actual £,000	Variance Fav / (Adv) £,000
Patient Income	904,660	906,391	1,731
Commercial Income	120,371	120,391	20
Total Income	1,025,031	1,026,782	1,751
Pay	(656,684)	(656,904)	(220)
NonPay	(335,331)	(335,336)	(5)
Total Expenditure	(992,015)	(992,240)	(225)
EBITDA	33,016	34,542	1,526
PDC, Depreciation, Interest & gain from absorption	52,423	52,426	3
Net Surplus / (Deficit)	85,439	86,968	1,529
Removal of exceptional items	(103,702)	(103,702)	0
Net Surplus / (Deficit) after exceptional items	(18,263)	(16,734)	1,529

Year to Date		
	Budget £,000	Actual £,000
Patient Income	904,660	906,391
Commercial Income	120,371	120,391
Total Income	1,025,031	1,026,782
Pay	(656,684)	(656,904)
NonPay	(335,331)	(335,336)
Total Expenditure	(992,015)	(992,240)
EBITDA	33,016	34,542
PDC, Depreciation, Interest & gain from absorption	52,423	52,426
Net Surplus / (Deficit)	85,439	86,968
Removal of exceptional items	(103,702)	(103,702)
Net Surplus / (Deficit) after exceptional items	(18,263)	(16,734)

Delivering Best Value (DBV) Programme (To be completed)

- The DBV programme for the year is £33.9m
- £17.5m has been achieved YTD being £16.4m adverse to plan. The shortfall was covered through other NR slippage and under spends as set out above.
- Of the shortfall £14.6m relates to productivity opportunity that has been affected by current pressures in Urgent and Emergency Care impacting the ability to deliver the elective activity plan. **£7.0m has been delivered non recurrently.**

Delivering Best Value Programme £'m	Full Year Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Divisional CIP	5.5	5.4	5.3	-0.1
Mycare benefits	1.9	1.9	0.8	-1.1
Productivity	14.6	14.6	0.0	-14.6
Covid Cost Reduction	6.5	6.6	5.9	-0.7
Further Stretch	5.4	5.4	5.5	0.1
Total	33.9	33.9	17.5	-16.4

Recurrent	20.9	20.9	10.5	-10.4
Non-Recurrent	13.0	13.0	7.0	-6.0
Total	33.9	33.9	17.5	-16.4

Capital & Cash

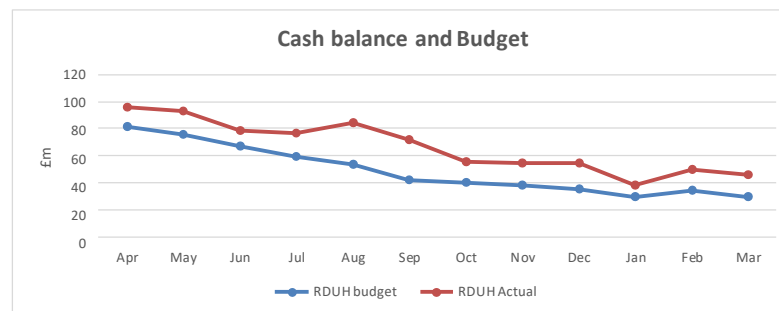
Capital

- The capital programme for the year is £56.6m being £5.1m higher than plan due to increases in PDC schemes, donations and leases.
- £25.1m of the programme has been delivered in-month (£28.1m in prior year).
- Confirmation has been received that the 2021/22 and 2022/23 IFRS16 impact of leases meeting the criteria will be covered by a central allocation.

	Year to Date			Full Year Forecast		
	Plan £'000	Actual £'000	Variance Fav/(Adv)	Plan £'000	Actual £'000	Variance Fav/(Adv)
Capital Funding Sources:						
CDEL	33,306	33,306	0	33,306	33,306	0
Donated	892	1,954	1,062	892	1,954	1,062
Leases	2,303	3,159	856	2,303	3,159	856
PDC	14,953	18,181	3,228	14,953	18,181	3,228
Total Capital Income	51,454	56,600	5,146	51,454	56,600	5,146
Expenditure:						
Developments	14,707	15,839	(1,132)	14,707	15,839	(1,132)
Equipment	14,919	17,642	(2,723)	14,919	17,642	(2,723)
Estates projects	6,050	4,676	1,374	6,050	4,676	1,374
Digital	15,220	18,443	(3,223)	15,220	18,443	(3,223)
Unallocated	558	0	558	558	0	558
Total Capital Expenditure	51,454	56,600	(5,146)	51,454	56,600	(5,146)
Under / (Over) Spend	0	0	0	0	0	0

Cash

- Closing cash as at the end of March is £46.0m and is £16.5m higher than plan due to timing of settlement of net working capital, slippage in the capital programme and the impact of late changes to the June plan that was not reflected in the Balance Sheet (£11.4m).
- Better Payment Practice of paying 92.6% YTD, of Non-NHS invoices paid within 30 days (target 95%) - this remains challenging due to the level of invoicing within pharmacy and the resourcing needed to reconcile and approve within the pharmacy team.



Royal Devon University Healthcare NHS Foundation Trust

Income Statement - Consolidated

Period ending 31/03/2023

Month 12

Year to Date			
Budget	Actual	Actual Variance to Budget Fav / (Adv)	
£'000	£'000	£'000	
Income			
Patient Care Income	906,391	904,660	1,731 1
Operating Income	120,391	120,371	20
Total Income	1,026,782	1,025,031	1,751
Employee Benefits Expenses	(656,904)	(656,684)	(220) 2
Drugs	(108,376)	(105,009)	(3,367) 3
Clinical Supplies	(84,607)	(83,398)	(1,209) 4
Non-Clinical Supplies	(17,010)	(17,840)	830 4
Misc Other Operating Expenses	(103,107)	(107,020)	3,913 4
Services Received	(22,236)	(22,064)	(172) 4
Total Costs	(992,240)	(992,015)	(225)
EBITDA	34,542	33,016	1,526
Profit / (Loss) on asset disposals	3	0	3
Total Depreciation	(48,519)	(48,519)	0
Total Operating Surplus / (Deficit)	(13,974)	(15,503)	1,529
Interest Receivable	1,549	1,549	0
Interest Payable	(2,880)	(2,880)	0
PDC	(10,760)	(10,760)	0
Gain from Transfer by Absorption	113,033	113,033	0
Net Surplus / (Deficit)	86,968	85,439	1,529
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	(103,702)	(103,702)	0
Net Surplus/(Deficit) after donated asset & PSF/MRET Inco	(16,734)	(18,263)	1,529

KEY MOVEMENTS AGAINST BUDGET

Overall achievement against plan

1. £1.5m Additional income from ICB's and small favourable variances across a number of income categories.
2. Pay underspends off-set by slippage on Delivering Best Value and reserves. Overall impact of strike action has
3. Drugs expenditure not recoverable above block contract income.
4. Under spends linked to low er levels of elective activity and classification w ithin non-pay categories.

Royal Devon University Healthcare NHS Foundation Trust

Capital Expenditure - Consolidated

Period ending 31/03/2023

Month 12

Scheme		Source of Funding	Actual expenditure to date			Completion Date
			Plan £'000	Actual £'000	Variance slippage / (higher) £'000	
Schemes >= £500k						
MYCARE (Northern)	N	CDEL/PDC	10,061	10,100	(39)	22/23
ED Reconfiguration	E	CDEL	6,871	5,640	1,231	23/24
Estates Infrastructure 22/23	E	CDEL	4,520	4,036	484	22/23
Diagnostics CDC	E	PDC	905	2,047	(1,142)	22/23
Operating leases renewed in 2022/23	N&E	CDEL	2,303	2,477	(174)	22/23
Backlog Maintenance	N	CDEL	1,840	1,708	132	22/23
Community Diagnostics Centre	E	PDC	4,110	1,977	2,133	24/25
Cardiology Day Case Unit	E	PDC/DON	2,500	1,560	940	24/25
Additional 3rd Party software licenses	E	CDEL	0	863	(863)	22/23
Ophthalmology Hub	N	CDEL/DON	1,249	1,174	75	22/23
Equipment	N	CDEL	1,105	2,136	(1,032)	22/23
NHP - OBC Funding	N	PDC	1,060	1,060	0	22/23
Discharge Lounge	N	PDC	0	2,000	(2,000)	22/23
Surgical Robot	N	PDC	0	1,800	(1,800)	22/23
R14 Genetics NovaSeq 6000	E	PDC	0	872	(872)	22/23
Mortuary	N	CDEL	800	1,288	(488)	22/23
Nightingale Hospital Accelerator Programme	E	CDEL	765	750	16	22/23
MYCARE (Eastern)	E	CDEL	714	1,080	(366)	22/23
Additional Citrix licenses	E	CDEL	0	634	(634)	22/23
Room 9 - Xray Replacement	E	CDEL	0	506	(506)	22/23
Total Schemes >= £500k			38,803	43,707	(4,904)	
Schemes <= £500k	N&E	CDEL	11,861	11,190	671	22/23
Schemes <= £500k	N&E	PDC	690	1,703	(1,013)	22/23
Schemes <= £500k	N&E	DON	100	0	100	22/23
Total Capital Expenditure			51,454	56,600	(5,146)	

Capital expenditure of £56.6m fully utilises the CDEL and PDC allocations received in 2022/23.

Overall variation to plan is as a result of in-year PDC allocation adjustments.

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 June 2022

Agenda item: 8.1, 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. This paper outlines the vacancies and terms of office included in this year's election and the election timetable, as well as details of the communications and engagement plan. A further report will be presented to the August 2023 CoG meeting.

Key Issues:

Posts and terms of office to be included in the 2023 election

There will be 17 posts included in the election. Of these, a number are currently vacant and there are also a number of Governors whose terms of office come to an end at the Annual Members Meeting in September 2023. Below is a summary of the posts to be included by constituency, including details of any current Governors eligible to stand for re-election and also details of the length of terms to be offered.

Constituency	Posts in the election	Governor(s) eligible to stand for re-election	Term(s) of office to be include in the election
Eastern (East Devon, Dorset & Somerset and Rest of England – 5 Governors in total)	3	Kay Foster Heather Penwarden Barbara Sweeney	2 terms of three years 1 term of two years
Northern (Mid Devon, North Devon, Torridge, West Devon, Cornwall and the Isles of Scilly – 9 Governors in total)	3	All posts are currently vacant	2 terms of three years 1 term of one year
Southern (Exeter, Teignbridge, Torbay, South Hams and Plymouth – 8 Governors in total)	6	Janet Bush Hugh Wilkins	2 terms of three years 1 term of two years 3 terms of one year
Staff (7 Governors in total)	5	Simon Leepile	3 terms of three years 2 terms of one year
Total	17		

Under the Trust's Constitution, a Governor may hold office for a maximum of nine years, subject to re-election or re-appointment. All the Governors listed above are eligible to stand for re-election. To note, that Kay Foster reaches 8 years as an elected Governor in September 2023. If she chooses to stand again and is re-elected, she will only be able to serve for one more year, reaching the maximum 9 years in September 2024. All the other Governors noted above

can serve further terms of three years.

The usual term of office for a Governor is three years; however, the Constitution provides for terms of office shorter than three years to ensure that the turnover of Governors at future elections will not be excessive. The Trust has developed a 'look forward' to map out Governor terms of office and to establish the best way forward in terms of achieving balanced elections across the three-year cycle. The terms of office above also take into account the remainder of terms following the mid-term resignations of a number of Governors since the last election (see Appendix A for more details). The Constitution provides for these being included in the next routine election. The length of term of office given to the successful candidates following an election will be decided by the number of votes received (or in the case of an uncontested election by the drawing of lots by the election services company).

Timetable for the 2023 election

With terms of office starting and finishing at the AMM on 27 September 2023, the timetable for this year's election is as follows:

Nominations open – Tuesday 18 July 2023

Deadline for receipt of nominations – Wednesday 2 August 2023

Voting papers sent to members (where a vote is required) – Monday 21 August 2023

Voting closes – Tuesday 12 September 2023

Results declared – Wednesday 13 September 2023

Election Services Company

As in 2022, the Trust has selected CIVICA to supply its services for the election and to act as the Returning Officer. Contact details for CIVICA and details for submitting nominations will be made available in due course. Nomination forms will be available in hard copy but they will also be able to be submit via an online portal. CIVICA will also send out the voting papers electronically and via the post, for those members without email addresses.

Engagement plans

For each election to CoG, communications and engagement is a vital part of the process. Work is underway by the Engagement Team on the communications and engagement plan to promote the role of Governor. This includes holding information webinars, reviewing the publications and a social media campaign. The Engagement Team have written to elected Governors (both public and staff) to ask for assistance in helping with the promotional materials for the elections and asking for feedback from those involved in last year's elections to help improve this year's information and process. The Team will soon be asking for help with attending the information webinars to talk to members about the role of the Governor. The dates for the information webinars are being confirmed at the moment.

In addition, all Governors whose term is due to end in September 2023 have been contacted and provided with information on the timetable. They will be kept up to date as the details for submitting a nomination become available.

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

Presented by: Melanie Holley, Director of Governance

Appendix A

The table below outlines the Governors who have resigned from their post since the last election to CoG was held. All were offered an exit discussion with Shan Morgan, Trust Chair.

Name	Elected date	Term Remaining to be included in the 2023 elections	Exit discussion held?	Reason for leaving
Annie Adcock (public Northern)	September 2020 – three year term	Term ending 2023	Y	Personal
James Bradley (public Northern)	September 2021 – three year term	One year	N	Personal
Lydia Balsdon (Staff)	November 2022 – two year term	One year	Y	Personal
Liz Witt (public Southern)	September 2021 – two year term	Term ending in 2023	N	Personal
Nicky Stapleton (Staff)	November 2022 – one year term	Term ending in 2023	N	Secondment to another Trust
Catherine Bragg (Staff)	November 2022 – two year term	One year	N	New role at another Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 June 2023

Agenda item:

8.2, Public meeting

Title: **REPORT FROM THE COG COORDINATING COMMITTEE**

Purpose: To update the Council of Governors on the work of, and the progress being made, by the CoG Coordinating Committee.

Background: The CoG Coordinating Committee reports to each Council of Governors meeting.

CoG Coordinating Committee Report (written by Barbara Sweeney, Lead Governor and Chair of the Committee)

This report provides an update on the discussions and actions from the meeting of the CoG Coordinating Committee held on 12 April 2023.

The committee's Terms of Reference were approved at the truncated CoG meeting on 8th March 2023. Following approval, there was a call for members from each of the public constituencies and staff and appointed Governors.

The meeting was attended by Dame Shan Morgan, Heather Penwarden, (Deputy Lead Governor), Richard Westlake (South), Kay Foster (East), Jeff Needham (North), Dale Hall (Chair PMEG) and Barbara Sweeney (Lead Governor and chair). Staff and Appointed Governor posts remain vacant. Melanie Holley and Jess Newton were in attendance, with Bernadette Coates taking notes.

The notes from the meeting held on the 11th January 2023 were agreed as accurate and the actions noted as per the tracker.

The following was considered:

1. Matters arising

The updated handbook has been circulated. Recommended that the next review is early in the new calendar year to refresh and have available for the new intake of Governors.

Quality Priorities needed to be agreed urgently and so this year the work had been completed at the CoG meeting on 8/3/23. In future years this would revert to a Task and Finish group. As part of this work, (and previously undertaken by the chair of the now stood down patient safety and quality group), a volunteer was invited to review the Quality Report and summarise the CoGs work on patient safety and quality. Jeff Needham put himself forward, post meeting, and his offer to undertake this work was unanimously approved.

2. NED Evaluations - Task and finish group

There was a wide-ranging discussion on the possible ways to observe and hold the NEDs to account, with helpful contributions on current and as yet untapped opportunities. This would help to formulate the ToRs of the group, which would be presented to Governors at the 27th April Development Day. Work should be completed by the August CoG, after which Dame Shan, as Chair of the Board would undertake NED appraisals. Invitations for membership of the T and F groups would be sent out, and all Governors were welcome to put themselves forward.

3. Organisational Issues

- Meeting agendas for Development Day (27/4/23) and CoG (8/6/23)

Development Day would provide an opportunity for important updates on integration one year on and the operational plans. Also for NEDs to attend; Tony Neal, as the new Senior Independent Director, and another, to be decided (at the time of writing), since the session on PEC, with Carol Burgoyne, has had to be rescheduled for August 2023).

CoG meeting in June would include an update from Devon Partnership Trust. Timely, given the relevance of mental health services in relation to the Quality Priority chosen for this year. Confidential session would include an item on succession planning for the Lead and Deputy Lead Governors from September 2023.

- Feedback from Development Day 8/2/23

General discussion and agreement that it had been a useful day, with positive feedback to NHSP. Governors encouraged to complete post evaluation feedback also.

- Future discussion topics for meeting

Volunteering identified as a future topic, plus items listed from previous Governor feedback.

All Governors should propose topics, not just those on the CCC, and so this can be included at all CoG and Development Days.

With each constituency having a representative on the Committee there is also the opportunity to raise issues and requests for development day topics with the Governor member from your constituency, who can bring to the CCC.

It was agreed that this report to CoG should provide assurance that, with its expanded membership, the CCC was open and transparent and provided a forum for the whole CoG, with an opportunity for decision making to reflect the views of all constituencies.

Date of future meetings:

- Thursday 20 July 2023, 10.00-12.00 via MS Teams
- Wednesday 11 October 2023 10.00-12.00 via MS Teams

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

Presented by: Barbara Sweeney, Lead Governor

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 June 2023

Agenda item:

8.2, Public meeting

Title: REPORT FROM THE PUBLIC AND MEMBER ENGAGEMENT GROUP

Purpose: To update the Council of Governors on the work of, and the progress being made, by the Public and Member Engagement Group (PMEG).

Background: The Public and Member Engagement Working Group reports to each Council of Governors meeting.

Public and Member Engagement Group report (written by Dale Hall, Chair of PMEG)

1. Introduction

This report provides an update on the PMEG business conducted at on-line meetings via Teams on February 13 and April 25, 2023. The next group meeting will be on Tuesday June 19, 2023. Under the new PMEG terms of reference (see below), all governors are eligible to attend PMEG meetings; in practice eight governors attended in February and six attended the April meeting. Both meetings were supported very effectively by members of the Engagement and Communications Team.

2. Appointment of Chair

Heather Penwarden chaired the February meeting. Thereafter, through an uncontested election Dale Hall was appointed as PMEG chair with Heather continuing as vice-chair.

3. Terms of Reference

The Terms of Reference for PMEG were approved by CoG on March 8 2023. In summary, the group exists to:

- Provide assurance that CoG does its duty of representing the interests of Trust members and the wider public
- Ensure the governors have the support and tools needed to be effective
- Contribute to the development and evaluation of the Trust's public and member engagement activities.

Key features are that:

- PMEG will meet at least six times per year
- All governors are eligible to attend meetings
- Meetings are quorate if only three people are present providing two are governors and one of them is either the chair or vice chair
- An assessment of PMEG's performance will be made in March each year by CoG.

4. Member event in North Devon

The Trust intends to hold at least two members' events each year, with one in the north and one in the eastern constituencies. PMEG advised on the programme for the hybrid meeting (online and face-to-face) in Barnstaple Library on May 17 and confirmed that the event had been well-advertised by the Communications and Engagement Team: as well as producing excellent posters and flyers, they sent press releases to the local media.

The meeting ran from 1.30 to 4.30 and was co-chaired by Jess Newton (Head of Communications and Engagement) and Dale Hall (Northern Governor and chair of PMEG).

The following remarks are 'provisional' since the Communications and Engagement Team and PMEG will review the Members Event in detail at its next meeting on June 19; it seems helpful, though, to provide some insights to CoG immediately.

In advance of the meeting, PMEG agreed that (given the difficulties of getting media interest and attracting people to such events) an attendance of less than 25 members/members of the public would be 'disappointing'; 30+ attending would be 'good' while 40+ would be 'excellent'. In practice, the attendance was as follows:

Public members of the Trust:

- Face-to-face 13
- Online 6

Members of the public (not members of the Trust):

Face-to-face 12 (3/12 did not pre-register; 2/12 signed-up as members)
Online 0

Total participants 31

Participants came from all across North Devon – from Linton, Ilfracombe, South Molton and Holsworthy, for example. Seven governors also attended and took an active part.

Two main themes were covered in the presentations: the use of digital information technology (for patient records, online consultations, virtual wards, and outpatients); and the design management of the 'new hospital' facilities (when funding is made available).

The meeting was extremely well organised by the Communications and Engagement Team. Despite some unexpected problems with audibility in the room, the meeting ran well and had a positive atmosphere throughout; the online participants had no problems with audibility and were able to be involved throughout.

In closing the conference, the chair's round-up thoughts were:

- Given the numbers attending online, it is probably desirable and feasible to repeat the hybrid format for future meetings.
- The speakers and their presentations were all excellent.
- Despite the initial scepticism of some participants about the use of digital information technology, opinions following the presentations and questions were positive (providing the patients are appropriate). (For example, participants were reassured to learn that video consultations could be helpful even for some people suffering mental health problems who otherwise might be stressed by leaving home for face-to-face meetings.)
- There was considerable support for the Trust's view that providing 'New Hospital' facilities is about systems of care, not just new buildings.
- No participants questioned the creation of the Royal Devon Trust: its role was 'taken for granted' as the route to improvement.

Footnote: 13 new members have joined in the last month.

5. Reports to PMEG

During its meetings, PMEG has received, noted, and made suggestions on a wide range of reports about the Trust's communications and engagement activities and support for governors, including the following.

New Governor Handbook

PMEG noted that page 14 of the handbook highlights the overall responsibility of governors to: *“Hold the Board of Directors to account in relation to the Trust’s performance in accordance with its licence”* and to *“Hold the NEDs...to account for the performance of the Board of Directors”*.

Member and Stakeholder Newsletter

Following questions at PMEG it has now been confirmed that all governors, supporters and current members and stakeholders with email addresses receive the newsletter.

Patient entertainment system

PMEG has received an outline of the engagement plan and a report of the outcomes is expected in due course.

The Post Project

PMEG learned that the Trust sends out 1.8 million letters to patients per year at a cost of £1.4 million, but surface mail can be slow compared with electronic communications by text or email. In the discussion, there was a suggestion that text messages were more difficult than emails for many people who lack smart phones. The Trust wants to improve patients’ experience by communicating with them in the most effective way that meets their needs. PMEG noted the survey and engagement plan, and that a report will be forthcoming in due course.

Remote monitoring pilot for the Northern heart failure service

The study was outlined to PMEG: up to 30 patients suffering heart failure will receive remote monitoring equipment and their progress and reactions to the initiative.

PMEG sought further information on what will happen to patients at the end of the pilot (will they retain the equipment?) and pointed out that formal research ethics approval was probably required for such a study with such a group.

Membership update report

In November each year CoG receives a standard report of its membership profile. Before the next report, PMEG will consider if the format of the information provided should be revised to make it more concise and highlight key trends more effectively.

Research report: membership issues in other NHS Foundation Trusts

To inform PMEG’s discussions, the Communications and Engagement Team did a study of membership issues in several other comparable trusts. Briefly, the research indicated that all trusts have difficulty in ensuring that their public membership is both engaged and statistically representative of the population.

In the Royal Devon, people aged 22-59 are significantly under-represented as members; those aged 60-74 have an appropriate representation; but those aged 75+ are over-represented by a factor of three times. Moreover, although the Trust has over 22K notional members (13K staff and 9K public), there are questions about the ‘reality’ of many memberships since each join-up lasts for life.

PMEG notes that the Royal Devon’s membership age profile probably matches its hospital inpatients. More importantly, though, PMEG believes that the Trust should not be hoist on the petard of numbers (size of membership) and statistical representativeness of the general population since communication, engagement and consultation are not ‘statistical

social science'. What matters is that the Trust is inclusive in welcoming diverse members and informing, engaging, and consulting with them in genuine, creative, and interesting ways – for example, through worthwhile membership events and other activities. Our real challenge, then, is to make membership meaningful through the quality and inclusiveness of our communications, engagement, and events, rather than by chasing numbers or statistics.

6. Draft Membership Strategy

The key theme of how to make Trust membership more meaningful is addressed in the excellent first draft of the Membership Strategy 2023-25, discussed by PMEG initially on April 25 2023. The chair thanked the Communications and Engagement Team for their work in producing a concise and clear document.

A number of matters were reviewed for further consideration in the second draft, one of the most important being that a (small) number of community groups and third sector organisations that currently participate in the Trust's Involving People Steering Group (IPSG) should be treated as, or invited to become, Trust members – because their involvement would increase the overall diversity of the members. The proposal currently under consideration is whether there could be a membership category for some community groups, as well as individual members of the public.

Some governors also asked the Communications and Engagement Team to consider how governors could have a higher public profile in Trust communications. This will be considered again in the next draft strategy document.

7. Governor Focus Conference

On May 23rd Dale Hall and Jeff Needham attended the NHS Suppliers' London conference which included sessions on national policy; diversity, inclusion, and health inequalities; the role of governors; the governor role in a sustained crisis; and roundtable discussions. A separate report of the conference will be circulated.

8. Recommendations

PMEG recommends that CoG:

- Notes the range and detail of PMEG's reviews
- Notes that PMEG welcomes comments, criticisms or suggestions on any of its activities.
- Notes that all governors may attend PMEG meetings if so inclined.

Recommendation: That the CoG notes the report from the Public and Member Engagement Group.

Presented by: Dale Hall, Chair, Public and Member Engagement Group

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 June 2023

Agenda item:

8.3, Public meeting

Title: **REPORT FROM THE NHS PROVIDERS GOVERNOR FOCUS CONFERENCE**

Purpose: To update the Council of Governors on the recent NHS Providers Governor Focus Conference.

Background: NHS Providers is the membership organisations for the NHS hospital, mental health, community and ambulance services. It holds an annual Governor Focus Conference. This year's Conference was held on 23 May 2023 in London. Royal Devon was allocated two places at the event, and all Governors were provided with the information and asked to express an interest in attending. Dale Hall and Jeff Needham came forward and attended the event.

Key Issues: Along with about 260 other governors from across England, Dale Hall and Jeff Needham recently attended the NHS Providers' "Governor Focus" conference in London. Their conference report follows.

The overall conference theme was how to promote and enhance the governor role in foundation trusts at a time of extreme financial and other challenges, and in the context of diversity and inclusion. The formal speaker programme was rather meagre, and except for the NHS Providers' CEO, they mostly 'under-performed'.

By far the most strikingly frank speaker was Niall Dickson, chair of the East Kent Hospitals University NHS Foundation Trust: he highlighted the importance of governors' challenge and accountability roles on the basis of East Kent's adverse maternity services report and its current 'special measures' status. His honesty about the trust's avoidable deaths was appreciated by the participants; he said that maternity services may have been the 'canary in the mine'. His talk prompted questions about why the trust's NEDs and governors had not been more aware of what was going on.

Without quoting sources or giving any explanation, the diversity and inclusion speakers used some stark statistics ('Black women are four times more likely to die in childbirth') to argue that trusts should take more account of the different needs of ethnic minorities, people in poverty and disadvantaged groups like the homeless. One speaker proposed that when prioritising waiting list cases, managers should take into account not only clinical need but also the ethnic or disadvantaged status of the patients (if they were otherwise of equal clinical need). Governors were enjoined to be particularly aware of ethnic issues in relation to diversity and inclusion.

The main message, that governors are important and should represent their communities and hold trusts to account, came through clearly in the Q&As, round-table discussions and excellent 'showcases' by six trusts from across England. It was apparent that there is considerable variation in the way trusts involve their governors and how active they are encouraged to be.

Rather than stating our personal opinions, the following summary reflects what we heard in the discussions and the speakers' replies to questions:

- Governors should aim to be genuine interfaces between their communities and the trusts – they are at once ambassadors (for the trust) and representatives (of their communities)
- Governors should have relatively frequent contact with (and access to) NEDs and executive directors.
- At some trusts (possibly many?) it is taken for granted that governors should visit hospital departments themselves or alongside NEDs (and where appropriate speak to patients and staff); those governors who did such visits had assumed that all trusts did them.
- On the other hand, a lot of governors feel they are ‘not really part of the trust organisation’; there were complaints of governors not being taken seriously, and of being ‘stage managed’ and/or fed standard information rather than being able to discuss anything deemed controversial (like clinical performance, trust policies and industrial action).
- There was a general consensus that governors should interrogate the meaning and implications of the manifold data they receive about their trust’s performance, and also question its policies when appropriate.
- Some governors complained that they are told only good news about their trust’s performance and policies.
- Some governors stressed the importance of being allowed to observe board committees, and to have a positive role in setting agendas for governor meetings.
- The great majority of governors feel ‘totally in the dark’ about the performance (effectiveness or otherwise) of ICBs, and about their lines of responsibility and accountability; it was regretted that there seems to be no patient or governor involvement with ICBs.
- Some governors have NHS email addresses and ‘contact cards’ to give to members of the public with whom they speak.
- Prior to the redesign or procurement of services, some governors believe they should be involved in consultation with the public and service users for the trust; they would welcome guidance on how to relate to service users.

We brought home some examples of trusts’ publicity materials concerning members and governors for our Communications and Engagement Team.

The photographs below were taken at the event:

“We were there!”



Jeff in listening mode...



And from North Devon...



Recommendation: To note the report.

Presented by: Dale Hall and Jeff Needham, Public Governors - Northern

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 June 2023

Agenda Item: 8.4, Public meeting

Title: COMMITTEE AND WORKING GROUP MEMBERSHIP

Purpose: To update Council of Governors on the current membership of the Council of Governors' (CoG) committees and working groups.

Background:

The CoG has two statutory committees: the Nominations Committee and the Non-Executive Director Remuneration Committee (NEDRC). Each Committee has its own Terms of Reference which outline the membership and terms of office. Elections are held amongst the Constituency areas when vacancies arise. In addition, the CoG has the Public and Member Engagement Group (PMEG) which reports to CoG via the CoG Coordinating Committee. The CoG Coordinating Committee has a Terms of Reference which outlines its membership. Membership of PMEG is voluntary, with the Group electing its own Chair and Vice Chair.

An update on membership of the Committees and working groups was last presented in February 2022. This report was due to be presented to the 8 March 2023 public CoG meeting which was stood down due to the adverse weather.

Key Issues:

A full list of Committee and working group membership is attached as Appendix A, with the following specifically highlighted to the Council due to recent changes in membership. Governors are asked to review the membership information and to highlight any additions or amendments.

Nominations Committee membership

An election to fill a vacancy for a Public Governor – Northern was recently completed. Jeff Needham was elected to the Committee uncontested.

NED Remuneration Committee

There are vacancies on the Committee for a Staff Governor, and Public Governors from the Eastern, Northern and Southern constituencies. An election process was recently commenced. Simon Leepile was elected uncontested as the Staff Governor member. A vote is currently underway for the Northern constituency, with the result due to be declared on 7 June 2023. Vacancies remain for the Eastern and Southern constituencies.

CoG Coordinating Committee

The Committee membership was recently refreshed, following the Terms of Reference being updated and approved. Vacancies remain for the Staff Governor and Appointed Governor positions on the Committee.

Public and Member Working Group

Following an open election process, the Group has recently confirmed its Chair as Dale Hall and Vice Chair as Heather Penwarden. Any Governor may become a

member of the group by self-selection.

Recommendation: It is recommended that the Council of Governors note the information and inform of any amendments required.

Presented by: Melanie Holley, Director of Governance

Appendix A

**COUNCIL OF GOVERNORS
COMMITTEES AND WORKING GROUP MEMBERSHIP**

Lead Governor	Barbara Sweeney (from Sept 2022 to Sept 2023)
Deputy Lead Governor	Heather Penwarden (from Sept 2022 to Sept 2023)
Nominations Committee	Chair of the Trust (Chair of the Committee) Lead Governor – Barbara Sweeney (Chair of the Committee when discussing matters in relation to the Chairman of the Trust) Deputy Lead Governor – Heather Penwarden Gill Greenfield (Southern) Hugh Wilkins (Southern) Kay Foster (Eastern) Rachel Noar (Eastern) Dale Hall (Northern) Jeff Needham (Northern) Simon Leepile (Staff) Angela Shore (Appointed)
Appraisal Working Group <i>(a sub-group of the Nominations Committee)</i>	Chair of the Trust (Chair) Senior Independent Director Nominations Committee
NED Remuneration Committee	Lead Governor – Barbara Sweeney (Chair) Deputy Lead Governor – Heather Penwarden Simon Leepile (Staff) <i>Vacant</i> (Southern) <i>Vacant</i> (Northern) – <i>ballot underway</i> <i>Vacant</i> (Eastern) Ian Hall (Appointed Governor)
COG Co-ordinating Committee	Trust Chair – Shan Morgan Lead Governor – Barbara Sweeney (Chair) Deputy Lead Governor – Heather Penwarden Chair, Public & Member Engagement Working Group – Dale Hall Staff Governor – <i>Vacant</i> Appointed Governor – <i>Vacant</i> 3 Public Governors – Kay Foster (Eastern), Jeff Needham (Northern), Richard Westlake (Southern) Director of Governance – Melanie Holley Head of Comms and Engagement – Jess Newton
Public & Membership Engagement Group	Chair – Dale Hall Vice Chair - Heather Penwarden Any Governor may become a member of the group by self-selection
Observer at the Audit Committee	Barbara Sweeney
Constitution Review Working Group <i>(This is a task & finish group, exact membership to be decided)</i>	Chair of the Trust Chief Executive Mix of ED and NEDs Governors

COUNCIL OF GOVERNORS

Meeting date: 8 June 2023

Agenda item: 8.5, Public meeting

Title: Nominations Committee Update

Purpose: To update the Council of Governors (CoG) on the work of the Nominations Committee.

Key Issues:

The Nominations Committee undertakes the work on the recruitment and appraisals of the Chair and Non-Executive Directors (NEDs) for subsequent appointment and approval by the Council of Governors.

The current membership is:

- Shan Morgan, Chair of the Trust and Committee Chair
- Barbara Sweeney, Lead Governor, Public Governor - Eastern
- Heather Penwarden, Deputy Lead Governor, Public Governor - Eastern
- Gill Greenfield, Public Governor - Southern
- Hugh Wilkins, Public Governor - Southern
- Kay Foster, Public Governor - Eastern
- Rachel Noar, Public Governor - Eastern
- Dale Hall, Public Governor – Northern
- Jeffrey Needham, Public Governor - Northern
- Simon Leepile, Staff Governor
- Ian Hall, Appointed Governor

An election to fill a vacancy for a Public Governor – Northern was recently completed and Jeff Needham was elected uncontested to the Committee.

Since the last report to the CoG, the Committee has met once to review the last round of NED recruitment in order to ensure any lessons learnt are embedded into the recruitment process. As an appointment was not made following the last round, the Committee also considered the next steps. At the time of writing, a further meeting is planned for 7 June 2023. An update from this meeting will be provided in the Confidential CoG meeting on 8 June 2023.

Recommendation: That the Council of Governors note the report.

Presented by: Shan Morgan, Chair, Nominations Committee

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 June 2023

Agenda item: 8.6, Public Meeting

Title: Process for the appointment of the Trust's external auditors

Purpose:

The paper advises the Council of Governors (CoG) that the external audit contract ends on 31 October 2024 and that work will be shortly commencing to consider how we procure further audit services from 1 November 2024.

This paper's primary purpose is to advise the CoG that this process will require their engagement and to seek volunteers to participate in the process, whom will be prepared to report back to the Council, including providing updates and ultimately providing a recommendation to appoint an external auditor.

Background:

NHS England (NHSE) recommends that NHS foundation trusts undertake a market-testing exercise for the appointment of an auditor at least once every five years and that an external audit must be subject to a tender process at least every 10 years.

A competitive tender exercise was last conducted in 2018 for the provision of external audit services to the Trust. The outcome of the tender was that the CoG appointed KPMG for a period of five years, with the contract ending on 31 October 2024.

Options relating to undertaking market-testing or undertaking a full tender exercise are being explored by the Trust's finance function and will be discussed in detail at the July 2023 Audit Committee (AC) meeting.

If a full tender is the preferred option then this will require greater engagement from the CoG. As a minimum it is recommended, based upon the previous tender exercise, that three Governors are nominated to be members of an external audit project panel, and with a minimum of one these members also being nominated to be a project team member.

Key Issues:

The Trust's CoG is responsible for the appointment of the Trust's external auditors.

NHSE has issued guidance to support governance over audit, assurance and accountability for NHS foundation trusts. The guidance includes the following information in relation to the appointment of auditors.

Paragraph 23(2) of Schedule 7 to the National Health Service Act 2006 (NHS Act 2006) provides that it is for the CoG to appoint or remove the auditor at a general meeting of the council. Paragraph 23(6) provides that a foundation trust must establish a committee of non-executive directors as an AC, to perform such monitoring, reviewing and other functions as are appropriate.

The CoG should take the lead in agreeing with the AC the criteria for appointing, re-appointing and removing external auditors. They should ensure they have the skills and knowledge to choose the right external auditor and monitor their performance.

They should be supported in this task by the AC. The AC should make recommendations to the CoG about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.

While the CoG may be supported by the AC in running the process to appoint the external auditor, the CoG must have ultimate oversight of the appointment process.

In appointing and monitoring the auditor, the CoG should ensure that the audit firm and audit engagement leader have an established and demonstrable standing within the healthcare sector and are able to show a high level of experience and expertise.

The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS Foundation Trust. The current best practice is for a three to five year period of appointment.

Similar to the previous audit tender it is recommended that a project team and project panel are formed to oversee the external audit tender and the appointment of external auditors.

The AC plans to discuss this in greater detail at their July meeting. In particular, the options of undertaking market-testing to consider extending the contract or whether to undertake a full tender exercise. The AC will then provide an update and recommendation to the CoG.

The option to undertake market-testing will include an assessment of whether the contract allows an extension to be granted, it will also assess whether the fees currently charged and any future quoted fee provide the Trust with good value for money. This would be mainly assessed by benchmarking fees alongside other NHS external audit fees incurred within South West.

Appendix 1 has been provided to give an indication of the membership of the project team and the panel, together with their proposed respective responsibilities and likely timescales if we are required to undertake a full tender exercise. This is based upon the previous audit tender and will be reviewed and updated as necessary.

The CoG should be mindful that the external audit market for NHS bodies is fairly fragile. With increases in audit risk, work and pressure has culminated in an NHS external audit market with increasing fees and an escalating lack of interest from the audit firms.

We are aware that some audit firms are retracting from providing audit services to NHS bodies. Some foundation trusts have had difficulty in appointing external auditors, with little or no interest being shown in invitations to tenders for external audit services, and some NHS Trusts have reported that only one audit firm has bid for the work and that the fee has risen.

The approach for appointing external auditors will therefore need to be mindful of the market changes and the likely increase in cost.

Recommendation:

The CoG is asked to acknowledge:

- that the current external audit services contract ends on 31 October 2024 and to understand that a new contract will need to be awarded from 1 November 2024.
- the AC will be discussing and exploring the options of undertaking market-testing to consider extending the contract or whether to undertake a full tender exercise.
- the AC will report back their recommendations on managing the process to the CoG.
- The audit contract requires engagement from the CoG and if the preferred option is to undertake a full tender this will require greater engagement from the CoG. As a minimum it is recommended, based upon the previous tender exercise, that three Governors are nominated to be members of an external audit project panel, and with a minimum of one of these members also being nominated to be a project team member.
- The CoG is therefore asked to start to consider which governors should be nominated for supporting the appointment of audit services.

Presented by:

Alastair Matthews, Chair of the Audit Committee and Non-Executive Director.

Appendix 1

Proposal if a full audit tender option is chosen

Proposed Project Team

Responsibilities of the Project Team:

- Compliance with the appointment requirements included within the Audit Code for Foundation Trusts issued by NHSE.
- Compliance with Procurement requirements.
- Following an agreed process and timetable approved by the Audit Committee.
- Select an audit tender framework, produce essential entry criteria and contact providers to establish interest.
- Produce a tender specification document and scoring and assessment criteria.
- Check providers meet essential entry criteria.
- Provisionally marking written submitted tenders in accordance with the agreed scoring and assessment criteria.

Members of the Project Team:

- Non-Executive Director (Chair of the Audit Committee and Chair of the Charity Sub-Committee)
- Governor (Nominated by CoG)
- Director of Operational Finance
- Head of Financial Services
- Financial Accounts Manager
- Procurement Contract Manager

Proposed Project Panel

A presentation panel should be formed to assess the presentations to be delivered by the shortlisted suppliers. As it is the responsibility of the Council of Governors to appoint the external auditors to the Trust, and the Corporate Trustee (the Trust's Board of Directors) to appoint the external auditors to the Charity, it is proposed that the presentation panel comprise of representatives from both the Board of Directors and the Council of Governors. Although other persons may be co-opted onto the presentation panel, the decision to appoint auditors should remain with the Governors and Board, for the Trust and Charity respectively.

Responsibilities of the Project Panel:

- Score the written tenders in accordance with the agreed scoring and assessment criteria.
- Receive presentations from selected suppliers invited to present and score presentations in accordance with agreed criteria.
- Provide a recommendation to the CoG on the appointment of the Trust's external auditors for the five year period commencing 1st November 2024.

Members of the Project Panel:

- Non-Executive Director (Chair of the Audit Committee and Chair of the Charity Sub-Committee)
- Non-Executive Director
- Three Governors (Nominated by CoG)
- Director of Operational Finance

Proposed timetable if a full tender is the chosen option:

The timetable below sets out the key milestones for the tender process. Please note that the dates are provisional and may require amending depending on the availability of the project team and the presentation panel. The project team will finalise the key stages to the process and conclude the timetable.

<u>Date</u>	<u>Milestone/task</u>
Jun-23	Chair of the Audit Committee advises the CoG of the requirement to tender for external auditors. To request that three Governors are nominated to be members of the Project Panel, with a minimum of one of these members also being nominated to be a Project Team member.
July-23	Audit Committee receive the Audit tender plan and agree the process and provisional timetable.
Sep-23	Project Team's 1 st meeting to agree the process and discuss and agree an audit tender framework, approve the key participation requirement (KPR) criteria and agree the scoring and assessment criteria.
Nov-23	Audit Committee provided with a progress update.
Nov-23	CoG provided with an update on progress.
Jan-24	Contact framework providers to establish interest and to request that they supply information to confirm that they meet the KPR criteria.
Jan-24	Deadline for receiving expressions of interest and completed KPR criteria.
Feb-24	Project Team's 2 nd meeting to discuss, check suppliers meet the KPR criteria and shortlist suppliers invited to tender.
Feb-24	Audit Committee provided with a progress update.
Mar-24	Invitation to tender document sent to shortlisted suppliers, includes KPR, tender specification and criteria.
May-24	Tender submission deadline.
Jun-24	Project Team's 3 rd meeting, required to evaluate, mark and score of written tenders.
Jul-24	Audit Committee advised on progress.
Jul-24	Project Panel meeting to evaluate and score written tenders.
Jul-24	Project Panel meeting to receive supplier presentations. Final scores awarded and a recommendation to be provided to the CoG.
Sep-24	CoG meeting to approve the recommended supplier.
Sep-24	Suppliers to be advised of the CoG decision.
01-Nov-24	New 5 year contract commences.

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 June 2023

Agenda item: 8.7, Public meeting

Title: Annual Review of the Council of Governors' Schedule of Reports

Purpose: To present the Council of Governors Schedule of Reports for 2023/24 for the CoG to consider and suggest any amendments.

Background: The schedule of reports is an aid to the drafting of the agendas for the Council of Governors meetings to ensure the CoG undertakes its business as and when it is required. The schedule was due to be presented to the 8 March 2023 meeting which was stood down due to the adverse weather.

Key Issues: The CoG is asked to review the schedule in terms of the subject of any reports and their timings.

Recommendation: That the Council of Governors reviews the schedule, makes any necessary amendments and approves the schedule.

Presented by: Melanie Holley, Director of Governance

Council of Governors REPORTS SCHEDULE for 2023/24 (draft presented to CoG on 08/06/2023)

	Feb/March	June	Aug	Nov	Frequency
Accountability and Engagement					
CEO's public report	✓	✓	✓	✓	Quarterly, public
Open Q&A	✓	✓	✓	✓	Quarterly, public
Selection of Quality Indicator for Quality Report	✓				Annually, as required, public
Annual Review of the Register of Interests				✓	Annually, public
Performance					
Performance Report	✓	✓	✓	✓	Every Quarter presented by Execs, public
CoG business					
Annual Report and Accounts & Quality Report		✓	✓		Annually (public) - update on production (June) and presentation of report (August)
Committee Membership Update	✓				Annually or when required, public
Elections to CoG		✓	✓	✓	In the lead up to elections and formal presentation of results, public
External Assurance Report to the CoG on the Annual Report (confidential)			✓		Annually, confidential
NED and Chair appraisals (confidential) (provide feedback and then receive reports)			✓	✓	Annually, confidential
NED Remuneration Committee update	✓				Annually, and when required (both public and confidential)
Nominations Committee update				✓	Annually, and when required (both public and confidential)
Patient-Led Assessment of the Care Environment (PLACE) update					Paused due to pandemic. Annually, from Governors involved in PLACE, (public)
Report to the CoG on the performance of the External Auditors			✓		Annually, public
Working Group Progress Report	✓	✓	✓	✓	Quarterly, public
Stakeholder Engagement					
Annual Members Meeting agenda			✓		Annually, public
Members Say and Annual Members Meeting report				✓	Annually, or when required, public
Membership report				✓	Annually, public
Information					
Regular NED updates	✓	✓	✓	✓	Quarterly, reports from NEDs on a rotational basis, public
Review of Schedule of Reports	✓				Annually, public