Northern Devon Healthcare NHS Trust

Minutes of the Meeting of the Trust Board of Northern Devon Healthcare NHS Trust

Held in the Chichester House Boardroom at North Devon District Hospital on Thursday 2 May 2019

PRESENT

Mr Pete Adey	Chief Operating Officer & Deputy Chief Executive
Mr Darryn Allcorn	Chief Nurse
Mr James Brent	Chairman
Mr Robert Down	Non-Executive Director
Mrs Pauline Geen	Non-Executive Director and Vice Chair
Professor Adrian Harris	Medical Director
Mrs Angela Hibbard	Director of Finance
Mr Tony Neal	Non-Executive Director
Mr Kevin Orford	Non-Executive Director
Ms Suzanne Tracey	Chief Executive

IN ATTENDANCE

Ms Julie Cooper	Interim Director of People
Ms Sarah Delbridge	Communications Officer (for Item 045/19)
Ms Geraldine Garnett-Frizelle	PA to the Chairman
Dr William Gewanter	Junior Doctor (Observer)
Ms Mel Holley	Trust Secretary and Head of Governance, RD&E (Observer)
Mr Iain Roy	Director of Facilities
Ms Nicola Smith	Communications Manager (Observer)

Mr Ray Ashman	Member of the public
Mr Andy Gill	Member of the public
Ms Rosemary Haworth-Booth	Member of the public
Ms Barbara Martin	Member of the public
Ms Sue Matthew	Member of the public
Mr Andy Moran	Member of the public

038/19 Chairman's Remarks

The Chairman welcomed members of the public to the meeting. In addition, he welcomed Mel Holley, Trust Secretary and Head of Governance from the Royal Devon and Exeter NHS Foundation Trust and Dr William Gewalter, Junior Doctor, who were attending as observers, and Mr Kevin Orford who was attending his first meeting of the public Board as a Non-Executive Director.

039/19 Apologies

Apologies were noted for Tim Douglas-Riley and Andy Ibbs

040/19 Register of Interests

No interests were declared. It was noted that Kevin Orford had completed his entry on the Register of Interest. The Board were reminded that if they identified any conflicts during the course of the business of the meeting, they should make this known to the Chairman.

041/19 Minutes of the Meeting held on 7 March 2019

The draft minutes of the meeting held on Thursday 7 March 2019 were considered and the following amendment was requested:

Minute Number 025/19 Audit and Assurance Committee. Paragraph beginning "Angela Hibbard said that as part of the auditor's year end process …..", the second sentence should be amended as follows:

"The auditors are able to have an "Except For Opinion" which means they are assured overall on the annual accounts"

Subject to this amendment the minutes were **APPROVED**.

042/19 Matters Arising

The Board reviewed the Action Grid attached to the minutes and noted updates.

043/19 Chairman's Report May 2019

James Brent provided the following updates:

- Purdah is still in operation until the conclusion of the local council election process. It was noted that the European Elections will now take place in the UK and Purdah will therefore be extended until this has also concluded towards the end of May.
- The two Clinical Commissioning Groups (CCG) in Devon have now formally merged into one organisation, NHS Devon CCG, which became operational on 1 April 2019. The new Devon-wide CCG commissions services for the population across the county including urgent and emergency care, planned hospital care, mental health services, community health services, maternity services, health services for children and young people, infertility services and continuing healthcare for people with ongoing health needs. It has also taken on responsibility for commissioning primary care services in Devon, Plymouth and Torbay.

The Board **NOTED** the updates.

044/19 Chief Executive's Report May 2019

Suzanne Tracey, Chief Executive, presented the following updates on local issues:

- The annual NHS National Staff Survey results were published in March 2019. Overall staff engagement scores at the Trust were amongst the highest in the country and second highest in the South West. There were good results for equality, diversity and inclusion, staff feeling supported by their direct line manager, staff feeling they work in a safe environment and staff reporting incidents and errors. Areas where results had improved since the last survey included staff feeling that care of patients is the Trust's top priority, patient feedback being used to make decisions about service delivery and satisfaction with level of pay. There were some areas where results had deteriorated which reflect some of the workforce challenges faced by the Trust, including staff putting themselves under pressure to come to work when they are unwell and feeling that there are not enough staff in the organisation. The headlines have been discussed with Heads of Departments (HoDs) and it was agreed that the detailed information would be circulated for discussion with teams and the outcomes of this will be brought back to a future HoDs meeting to see what can be learnt from this. In addition, although the

response rate was good compared to other organisations, there is still room to improve and ways of achieving this will be explored through feedback from HoDs.

- The Executive Team, following reflection on the Trust's position at the end of the financial year and the significant improvements that have been made over 2018-19, agreed that this should be celebrated with staff. A thank you campaign will run over the course of May which will include Executive team visits to teams across the whole organisation, video blogs and staff prizes donated by local businesses.
- The Board had previously discussed the alliance of local NHS providers, including the Trust, Torbay and South Devon, Devon Partnership Trust, the RD&E and Livewell Southwest to bid for the contract to run children, young people and families community health services which was successful and the new service went live on 1 April 2019. Time has been spent with staff, those that use the services and other stakeholders to make sure there is a clear vision for the service going forward and opportunities for integrating services further and improving pathways of care and access for local populations will be explored.
- Staff from the Trust recently attended a meeting of the All-Party Parliamentary Group for Diabetes in the House of Commons to talk about the success of the North Devon Integrated Diabetes Service. Following this, NHS England have advised that they would like to use North Devon's work as part of a case study to demonstrate the positive results that have been achieved with support from their diabetes transformation investment.
- The build has started for the new Cancer and Wellbeing Centre, fundraising for which has been supported by the local population. The Centre will be opened by Christmas 2019.
- The Devon STP has been shortlisted in the HSJ Awards in the category of Improving the Value of Diagnostic Services. This relates to a piece of work the whole STP including the CCG which aimed to bring diagnostics performance in line with the NHS constitutional standard and begin to address operational efficiencies. Working together as a system allowed sharing of best practice, resource and ability to plan on a much larger scale with examples of MRI and CT productivity increases and reduction in length of appointments.

The Board **NOTED** the updates.

045/19 Patient Story

The Board watched a video of a patient story relating to the impact of cancellation of elective admission for surgery on a patient and family and wider communication issues relating to this.

James Brent commented that although there was clinical impact for patients of cancelled or delayed appointments, there was also a wider social impact on patients and their families. In addition, he noted that this story highlighted communication issues which correlates with themes from complaints.

Suzanne Tracey said that any cancellation of an operation is considered carefully, including the wider implications for patients and added that there will always be occasions when a cancellation is unavoidable where patients have to be treated on the basis of clinical priority. She agreed that communication was a key message to take from this to ensure that patients are not in the position of arriving for their operation having not been informed that it had been cancelled.

Pete Adey advised that he had been working with teams to look at managing emergencies and being much clearer about making decisions the day before operations and

communicating this to patients. In addition, there is some work being undertaken with admin and clerical teams to support difficult conversations with patients around cancellations.

The Board discussed whether it would be possible to drill down into the data reported to the Board on cancelled operations to look at how many last minute cancellations there are and where there were multiple cancellations for the same patient, and it was agreed that the Governance Committee would be asked to commission a piece of work through the Patient Experience Committee to look at this in more detail and report back to the Board. **TN/DA**

Kevin Orford asked if the Trust was an outlier for cancellations and Pete Adey advised that the Trust was not an outlier.

The Board **NOTED** the patient story and asked for its thanks to be passed on the patient and her husband for sharing it.

046/19 Flu Campaign Update

Darryn Allcorn presented a review of the Trust's flu campaign for 2018/19.

Key points were noted as:

- The peer vaccination programme proved successful with an increase in uptake of 2.8% to 65.6% of frontline clinical staff. However, there is still work to do to improve this further to meet the CQUIN target of 75% or the national average of 70%.
- The national target for 100% of frontline staff to have the vaccination and discussions around the possibility of staff having to opt out of having the vaccination had a negative impact on staff, with staff choosing not have the vaccination.
- Peer vaccinators will be increased for next year, particularly for community teams and smaller teams as numbers of staff vaccinated in these teams this year was variable. This mirrors the national picture.
- Learning from this year will be built into the development of the campaign for 2019/20.

James Brent commented that he had understood that, providing the right strain of flu was known at the start of the season, the vaccination was very effective and Adrian Harris responded that efficacy of the flu vaccination is very much a best guess. The vaccination has moved from a trivalent to a quadrivalent which has improved effectiveness, but it is acknowledged that some years the vaccination is more effective than others.

It was noted that the campaign did talk about the impact of flu not only on an individual's health, but also the wider community including families and patients.

The Board **RECEIVED** the report.

047/19 Audit and Assurance Committee

Robert Down advised of the following key issues from the last meeting:

- The draft audit opinion was received which recorded there was satisfactory assurance that there is a sound system of internal control, but with some caveats:
    - There is not an agreed and regularly reviewed Board Assurance Framework (BAF), although work on developing this is underway.
    - Closure of recommendations from internal audits and Serious Incidents have not been completed or not in a timely way, however a plan has been developed to resolve this

  - Duty of Candour – audit actions relating to compliance with national standards have been implemented and Duty of Candour has been added to the risk register.
  - Clinical waste management – there is a statutory duty for waste to be secured and segregated and this was not being consistently applied. The Audit Committee received a report from Estates advising that guidance and communications have been completed.
  - End of Life processes – new documentation has been implemented, in response to a recent CQC report, which demonstrates that the Trust meets the Five Priorities of Care for End of Life but the audit was unable to find sufficient assurance that the documentation was being consistently applied. A process for ensuring clinicians are aware and using the documentation consistently is underway.
- The external audit progress and plan was reviewed and agreed as satisfactory.
- The Going Concern Opinion was considered. It was agreed that there were no material uncertainties which cast significant doubt on the Trust's ability to continue as a Going Concern. The most significant risk was noted as the shortfall in the Devon System Control Total and the rate at which constituent organisations may be expected to recover it.
- The Terms of Reference were reviewed and it was agreed that membership would be reviewed once the accounts had been closed.

James Brent noted that the Board had previously discussed the need to get compliance with Duty of Candour to 100%.

The Board thanked both Pauline Geen and Robert Down for chairing the Audit Committee over the last months.

The Board **NOTED** the update.

048/19 Integrated Performance Report

Pete Adey presented the Integrated Performance Report for Month 12 and highlighted the following key areas from the performance section of the report:

- There was continued pressure on ED during the reporting period.
- Growth of around 5.7% in ED attendances, which has meant that the trajectory for A&E was missed.
- There was continued improvement in performance particularly for RTT, with reduction in the overall list size.
- Cancer – still significant challenges regarding increased referrals; there is a plan in place for 19/20 to address this.
- Dermatology was struggling for the first six months of 18/19 however a significant amount of work was undertaken to address the issues in the service and the service was able to report 100% performance against the 2 week wait standard for the reporting period.
  Robert Down commented that overall performance was better than the same period last year and asked if Pete could clarify what in particular had influenced this. He was informed that there were a number of actions over the winter which had helped, but this is still work in progress. Examples of what had successfully been put in place included the GP Receiving Unit, the recently implemented Medical Take, GP streaming at the front door through triage. A meeting took place with clinicians to discuss the plan that was in place for winter, what actually happened over that period and how to build on the strengths for next year.

Kevin Orford asked what is driving delays in stroke patients being admitted within the four hour target and Darryn Allcorn responded that there were a combination of factors influencing this, with the main reason relating to capacity and availability of beds. He advised that stroke beds had now been ring-fenced and the threshold for breaking ring-fencing had been raised, both of which had started to have a positive impact on flow. Other factors include waits in the ED, patients' travel time into the ED and diagnostics.

Kevin Orford noted the actions agreed as necessary by the Stroke Operational Group to improve services and asked what the expected impact would be if all were implemented. Adrian Harris commented that a significant issue for the Trust was that there is no stroke physician; there is an associate specialist and periodically locums are recruited to support the service, but the service is vulnerable particularly at weekends. The Trust performs well on time to thrombilysis. Modelling is difficult as numbers are extremely small which means it is hard to make projections but this could be modelled through.

Kevin Orford further noted the actions for cancer and asked if all are implemented would this mean the target would be achieved. Pete Adey responded that these are the right things to do and will help the Trust achieve the target and the trajectory is for this to be achieved during 19/20.

Tony Neal asked if the deep dives into harmful falls and omitted doses would be reported through the Safety and Risk Committee and it was confirmed that they would be presented to the July meeting.

Tony Neal commented that the actions noted for the ED appeared not to have changed and asked if this reflected confidence that everything that should, and could, be done is in place. Pete Adey responded that they will be refreshed with the 19/20 plan and with learning from 18/19.

Suzanne Tracey said that whilst she understood the zero tolerance approach to 12 hour trolley waits, she believed it was essential to work to understand causes and learning what could be done differently.

Pauline Geen noted the 5.8% increase in ED attendances and asked if there was confidence that forward planning was robust. James Brent said that the Trust was being firm with the STP and assumptions would not be modified unless there was evidence to substantiate revision.

James Brent asked for assurance that follow-up diagnostics testing is now improving and Pete Adey confirmed that this was the case.

James Brent commented that the previous format of the IPR contained comparators with other Trusts in the peninsula and asked if this could be put back for future reports, as it contained useful information. **PA**

Suzanne Tracey asked for clarification of the figures for the dementia screening and risk assessment and Darryn Allcorn advised that the national data set for dementia had changed. He agreed that he would provide a more detailed narrative on this in the quality domain.

Darryn Allcorn highlighted the following key areas from the quality section of the report:

- Infection prevention and control position remained positive at year end.

- Safety thermometer – some concerns around pressure damage and catheters particularly in the community. Work is being undertaken around education and access, as well as looking at data capture to ensure this is being done correctly. It was noted that trajectories would be added in for the graphs, including the Safety Thermometer.
- Safer staffing – stabilised at 94% which benchmarked well regionally and nationally. This is triangulated with care hours per patient day which also benchmarks well and against harm and professional judgement.
- In addition to cancelled operations, 10% of appointments have been cancelled and this is being looked at in detail to establish how to make the system more effective and efficient.
- The Trust remained in Opel 3 throughout most of March, but there was a reduction of outliers.
- Validation of medicine errors – the Board was assured that there are low levels of medication errors which are being reported appropriately.
- Re-admission rates – outlier for this metric is paediatrics, linking to neonatal readmission rates. A deep dive was undertaken which identified a link to coding and matching patients in the electronic system. Latest indications are that these figures are now back to where they would be expected to be.

  Suzanne Tracey advised that the Safety and Risk Committee had picked up on issues with the HSMR through the Mortality and Morbidity report. There was assurance that the backlog in clinical coding would be completed by the deadline and the Committee had requested that a piece of work be undertaken with Dr Foster to understand the figures. This will be reported through the Governance Committee and will be picked up through the Integrated Performance Report. The Board discussed the HSMR figures and it was agreed that a year on year comparator of deaths could be included. **PA**

  James Brent asked if the language around the targets could be looked at, as by saying that the Trust was achieving a target of x%, the percentage it did not achieve was acceptable.

Julie Cooper presented the key points from the workforce section of the report:

- Sickness absence has reduced.
- Sickness absence recording – 27.1% of sickness absence had no reason recorded and this is being looked at in further detail.
- There has been a further decline in appraisal rates. There is targeted work by Executives in divisions to address this. Darryn Allcorn commented that some of the issues in the ED relate to appraisals not being signed off electronically and this will be rectified.
- There has been an improvement in training rates, although there are some areas of pressure. Mapping work is being undertaken to look at what training staff groups have to do, as well as at competencies.
- Agency – focus on some of the longest serving locums to see if they can move to substantive posts.
  James Brent asked how the Board would be updated on this and Julie Cooper advised that a plan is being formulated and she would establish a realistic timeframe for this to be presented. **JC**

  Robert Down asked if the 20% sickness absence relating to anxiety and depression was typical of the population as a whole and was informed that rates were high in the NHS generally. There is more support available for staff than in the past, for example counselling, training and support for managers and staff. However, she added that it

was important to understand that the non-work related element of this as that was harder to address.

Pauline Geen noted that adult safeguarding training was below expectation in Nursing and Workforce and asked for assurance on how this was being managed. Darryn Allcorn confirmed that some of this related to a mapping issue, as this related to the old configuration of the team under him. The actual number of people requiring higher level training was 5 and they are being worked with.

James Brent said that it appeared to be working well in reducing staff turnover rates and suggested that the learning from this could be looked at to see if it could be used to improve retention rates.

Angela Hibbard presented the Finance performance for Month 12.

- The report shows the draft year end position.
- Revised trajectory position of a year end deficit of £16.6m was achieved, against the paln of £11.9m, representing a £4.7m variance.
- There was underdelivery of CIP with £6.5m against £8m, however a number of areas have been delivered non-recurrently and £3.3m shortfall will fall into the 19/20 financial year.
- Cash balance held slightly above target due to some of the delays in the capital programme.
- Capital Steering Group is focussed on improved forecasting of capital spend.
- Agency spend remained above the cap set by NHSI based on 16/17 spend.
- The Trust's use of resources score is 4 reflecting the deficit position, above agency cap and the Trust did not meet the plan
- The score for the planned position for 19-20 does improve to 3, but the agency cap will block further improvement.

The Board **RECEIVED** the report.

049/19 Freedom to Speak Up Self-Assessment

Darryn Allcorn presented the Freedom to Speak-Up Self-Assessment which it was noted had already been reviewed by the Governance Committee.

It was noted that:

- Areas noted as amber in the assessment include increasing learning from cases, ensure the process is more streamlined, open and transparent and there is a workplan for the Guardians to work on these areas.
- The Freedom to Speak Up, Raising Concerns Whistleblowing Policy has been reviewed with some amendments to the flow charts requested which will clarify the process for staff.
- There appears to be an expectation in the self-assessment guidance that the Freedom to Speak Up Report will be included in the Trust's Annual Report. Clarification has been requested from NHS Improvement, as it is believed that this should be included in the Trust's Quality Account and not the Annual Report.

  James Brent commented that the self-assessment is a formulaic process and suggested that the Board would benefit from presentation of a more descriptive report on Freedom to Speak Up and Darryn Allcorn agreed and suggested that the workplan would provide more assurance to the Board.

Pauline Geen asked who was the Non-Executive lead for Freedom to Speak Up and was informed that this had been aligned with the Senior Independent Director role, which is currently filled by Tim Douglas-Riley.

Kevin Orford commented that a number of areas noted the need further development and asked how this is being taken forward. Darryn Allcorn advised that there is a workplan for the Guardians which will be reviewed by the Governance Committee and this could be shared with any member of the Board who would find it helpful.

Kevin Orford asked how the Board could be assured that the process is working effectively across the organisation and whether there was information available to illustrate this. Darryn Allcorn responded that that level of analysis had not been undertaken to date but the information is available in the database that the team collates and through analysis any gaps could be identified. He added that proactive recruitment had taken place to recruit Guardians from staff groups where there was poor evidence of speaking up, and there are now seven Guardians representing different staff groups including medics, nursing, midwifery and therapists. Detailed reporting on the workplan would be through the Governance Committee and assurance would be provided through the exception reporting to Board.

Robert Down commented that the self-assessment notes that Executive and Non-Executive Directors are involved. He commented that until last year there was a programme of safety walkrounds on the wards and in the community which Board members participated in, and which often gave staff the opportunity to raise concerns directly with the Board. He asked if there was a plan to restart a similar programme. Suzanne Tracey advised that there was currently a slightly more informal programme being developed through May for members of the Executive to visit teams across the Trust and the Non-Executives could participate in this if they wished. It was agreed that this would be reviewed at the next Board meeting. **JB/ST**

The Board **RECEIVED** the report.

050/19 Guardian of Safe Working Report

Adrian Harris updated the Board on the current position regarding the Guardian of Safe Working.

Key issues highlighted were:

- George Hands, who had previously held the role of Guardian of Safe Working, had now taken on an Associate Medical Director role and as a consequence has had to resign as the Guardian, as it cannot be held by anyone with a management role.
- It has not been possible to recruit a replacement to date, despite being a renumerated post and a number of requests for expressions of interests and personal recommendations.
- This is part of a wider issue for the Trust relating to medical leadership roles that it is proving difficult to fill. The Trust is a small organisation with approximately 80 consultants meaning that the leadership roles have to be shared amongst a relatively small pool of senior medical staff. In addition, a number of the senior staff are long-term locums who generally have little interest in taking on management roles. Finally, there is the issue previously highlighted to the Board regarding consultants incurring higher taxation on pensions if they earn more. There is currently no easy solution and there are a number of crucial gaps.
- There have been fewer exception reports from junior doctors, which may indicate that there is a better junior doctor position in the Trust at the moment and morale is higher.

Will Gewanter asked if the Guardian role has to be filled by a consultant and was informed that it be could be an Associate Specialist but they must be in a substantive post.

James Brent asked what is the plan to address this particular role and the wider issue. Adrian Harris responded that combining with the Guardian at the RD&E had been considered, but unfortunately the same situation currently exists in that the Guardian has taken on a management role and there is a vacancy. Suzanne Tracey asked if the Guardian had to be a senior medic employed by the Trust or could a GP for example take on the role and was advised that this would be outside the guidance, but this may need to be considered and all avenues will be considered.

The Board **RECEIVED** the exception report.

051/19 Governance Committee Update

Tony Neal presented the exception report to brief the Board on key issues from the last Governance Committee meeting which included:

- The Committee approved the quality priorities for next year and the Patient Experience Committee Terms of Reference.
- The Freedom to Speak Up Raising Concerns Whistleblowing Policy was discussed and a number of amendments were requested, with agreement that it would be circulated to the Committee Chair and Chief Executive for final approval and the Freedom to Speak-Up Self-Assessment was reviewed and approved, ahead of its presentation to Board for information.
- Open audit actions were discussed and whether these are currently being linked to the correct sub-committee in the governance structure. This will be reviewed through the Audit Committee.
- Senior medical staff capacity to take on additional statutory roles was discussed, in particular relating to the gap of a named doctor for Safeguarding Adults.
- The Safety and Risk Committee reported on ongoing capacity issues in Ophthalmology; Safety and Risk had requested an updated risk assessment, together with a clear plan of how the underlying issues will be addressed.
- The governance process is progressing, but there is still work to do to embed some of the changes in particular developing skills to write reports to provide assurance. The meeting groups sitting below the main sub-committees will be the next area of focus.

The Board **RECEIVED** the exception report.

052/19 Emerging Issues

The Chairman noted the following issues/themes that had arisen during the business of the meeting:

- The Board would be discussing the Board Assurance Framework (BAF) in the confidential session.
- Budget – agreed as a Trust, but those for the STP are not agreed and this will need to be included on the BAF.
- HMSR – will be looked at through the Safety and Risk Committee and reported to Governance Committee to give the Board assurance.

053/19 Any Other Business

Pauline Geen commented that the information that had been circulated from Sodexo regarding Allergen Management had been very helpful.

James Brent informed the Board that at future meetings, he would wish to run through the Confidential Agenda during the Open session so that members of the public are aware of what will be discussed. The Board agreed.

054/19 Questions from Members of the Public

The Chairman invited members of the public in attendance to ask questions of the Board relating to the business of the meeting – ten minutes was allotted for this.

Question 1 – Raised on behalf of Barbara Martin who had had to leave the meeting. She had raised a question at the March Board regarding antenatal class provision which she was expecting a written response to, but had not received this and asked if there was any update.

Response: Darryn Allcorn. The response had been co-ordinated with the Clinical Commissioning Group (CCG) and the letter had been signed off earlier that week and Ms Martin should now have received the response. Darryn Allcorn advised that he would be happy to follow-up this up with Ms Martin if there were any aspects she wished to discuss in more detail. It was agreed that the letter should be circulated to Board for information. **GGF**

Question 2 – Sue Matthews. The Board had discussed delays in stroke admissions when the Integrated Performance Report was presented and delays in transport were mentioned as a factor. South Western Ambulance Service NHS Foundation Trust (SWASFT) have advised that 63 new ambulances will be commissioned this year and the Board was asked whether the Trust has any influence in how these new ambulances are distributed across the region, as it would appear that North Devon is poorly served.

Response. Adrian Harris advised that the Trust would not be, and nor would there be an expectation that it should be. The Trust's responsibility is to ensure that when ambulances arrive at the hospital handover is as timely as possible. Pete Adey added that the Northern Devon A&E Board have been made aware of the commissioning of new ambulances, but would not be involved in the logistics of how they are distributed as this would sit with SWASFT. Darryn Allcorn added that the Trust is having discussions with the CCG regarding non-emergency transport to ensure that this is available out of hours which would ensure that ambulances are not used for non-emergency patients.

Question 3 – Sue Matthews. Are consultants regularly updated on delays in availability of follow-up appointments for patients, particularly in Ophthalmology as patients are told by a consultant that they need a follow-up appointment for example in two weeks, but the patient is then unable to book an appointment within that timeframe because of the backlog. This can be quite worrying for patients who are not sure of the urgency of being seen and what impact the delay may have on their condition.

Response. Adrian Harris responded that he could not confirm that consultants are regularly updated on availability of follow-up appointment slots for a particular clinic, but he was able to confirm that they are updated, as all stages of the referral to treatment time pathway are reviewed with consultant input. With regard to the second part, Adrian Harris agreed that he would take an action regarding this to ensure that communication with patients is appropriate in terms of realistic expectation of when they need to be seen. **AHa**

Question 3 – Member of Public. How are cancellations of operations reported back to NHS England, including how frequently this is reported?

Response. Pete Adey advised that he attends a monthly meeting of the Devon System Performance Group where Chief Operating Officers from across the county meet with NHS England and NHS Improvement to feedback and discuss challenges across Devon. It was not part of the monthly submission. Suzanne Tracey commented that this might be a question to raise with the Commissioners.

Question 4 – Member of the Public. Does the Board know how many children and young adults have a caring role in the home and how many have needed psychological support. The Government announced last year additional funding for psychological support in hospitals and schools but there has been no evidence of that this funding in North Devon.

Response. James Brent advised, as a point of order, that this question did not relate to the business of the agenda, but acknowledging that it was an issue of concern suggested that it should perhaps be raised with the CCG. In addition, it was noted that the Trust is not commissioned to provide psychological services; this would be Devon Partnership Trust and they have had some increased funding this year, but what this has been allocated for would need to be followed up with them.

Question 5 – Member of the Public. Is the Trust being impacted by private companies being given a command role over the an organisation and rationing of care and funding.

Response. James Brent advised that again this did not relate specifically to an item on the agenda. He further advised that under the strictures of Purdah the Board would be unable to comment on this. However, as a general comment he said that the STPs and Integrated Care Systems are led by the NHS and local authorities, with private sector services commissioned in by local authority bodies.

055/19 Date of the Next Meeting

The next meeting of the Trust Board will take place at 10.00 a.m. on Thursday 4 July 2019 in the Chichester Boardroom, North Devon District Hospital, Barnstaple.

056/19 Exclusion of Press / Public

It was formally **MOVED** by James Brent, and unanimously **RESOLVED** that under the provision of Section 1, sub-section 2, of the Public Bodies (Admission to Meetings) Act 1960, that the public be excluded from the confidential section of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

ACTION LOG AS AT 25 APRIL 2019

No	Minute	Item	Action	Comments	Lead	Outcome
4 December 2018						
2	135/18	Equality & Diversity Annual Report 2017/18	Sexual Orientation – noted that there appeared to be a high proportion of staff declining to disclose their sexual orientation in the report which might suggest lack of confidence in the confidentiality of the report. Consideration to be given on how to better understand and provide reassurance to staff regarding this.	**Dec 18** – this is being examined in more detail and any outcomes and actions identified will be merged into the Equality and Diversity Report for 2018 due to be presented to Board in March 2019. **Feb 19** – Equality & Diversity Report will now be presented to May Trust Board meeting. **Apr 19** – Presentation deferred to July Board as report not completed. **Jun 19** – Presentation deferred to September meeting.	JC	**Ongoing – Due September Board meeting.**
3 January 2019						
7 March 2019						
10	026/19	Neurology Deep Dive	Further Update to Board – Board requested that a further update be scheduled for 9-12 months' time on growth in demand relative to migration of patients to other organisations and whether there were any other specialties where demand has increased but treatment levels have reduced locally.	**Apr 19** – Update scheduled for Board meeting 06.02.20.	PA	**Update added to agenda for 06.02.20**
13	027/19	Integrated Performance Report	Data Validation TrakCare – Board to be updated to provide assurance when work completed on data validation.	**Apr 19** – Action transferred to Angela Hibbard as lead for HART work. It was noted that data validation is an ongoing process and will never complete. **Jun 19** – On the confidential Board Agenda.	AHi	**?Complete**

No	Minute	Item	Action	Comments	Lead	Outcome
14	030/19	Gender Pay Gap Report	Hourly Pay Gap – it was noted that there was a significant difference in the mean & median pay gap for the Trust compared to RD&E and Workforce Governance Committee would look at this in more detail.	**Apr 19** – the WGC's next meeting is scheduled for 16.05.19 and an update will be provided to Board at their July meeting. **Jun 19 –** Update was not provided to WGC on 16.05.19. Re-scheduled for update at next meeting in August and to September Board.	JC	**Ongoing - ~~Update to Board 04.07.19~~ Update to Board 05.09.19**
2 May 2019						
16	045/19	Patient Story	Cancelled Operations – Governance Committee to commission a piece of work through PEC to look at data re cancelled operations in more detail regarding how many are last minute cancellations, how many multiple cancellations there are. GC to report back to Board.	**May 19** – to be raised by the Chair of Governance at the next meeting on 30.05.19 **Jun 19** – Raised at Governance Committee 30.05.19. TN to write to chair of PEC.	TN/DA	**Complete**
17	048/19	Integrated Performance Report	Comparators with other Trusts in the peninsula – to be put back into IPR.	**May 19** – Kate Ogilvie will ensure that IPR for July Board has these changes included.	PA	**Complete**
18	048/19	Integrated Performance Report	Dementia Screening & Risk Assessment – more detailed narrative on this to be included in the Quality section.	**Jun 19** – A review of the dementia metrics has been undertaken and a narrative has been provided and included within the latest IPR presented at Board.	DA	**Complete**
19	048/19	Integrated Performance Report	HSMR – year on year comparator of deaths to be included in the report.	**May 19 –** Kate Ogilvie will ensure that IPR for July Board has these changes included.	PA	**Complete**
20	048/19	Integrated Performance Report	Long Serving Locums – a plan is being formulated focussing on longest serving locums to see if they can move to substantive posts. Timeframe to be established for presentation to Board.	**Jun 19** – Relevant list of locums identified and further work is now underway to look at in more detail. The Board will receive a further update in due course.	JC	**Ongoing**

No	Minute	Item	Action	Comments	Lead	Outcome
21	049/19	Freedom to Speak Up Self-Assessment	Patient Safety Walkrounds – it was agreed that this would be discussed further at the July meeting.	**Jun 19 –** To be discussed at July Board.	JB/ST	**Ongoing**
22	054/19	Questions from Members of the Public	Letter re Antenatal Class Provision – a letter had been sent to Barbara Martin in response to a question raised at a previous meeting regarding antenatal class provision. It was agreed that this would be circulated to Board members for information.	**May 19** – letter emailed to Board.	GGF	**Complete**
23	054/19	Questions from Members of the Public	Follow-up Appointments – AHa to follow-up with consultant body regarding communication with patients about follow-up appointments to ensure there are realistic expectations regarding when they need to be seen, particularly in light of the backlog for example in Ophthalmology.	**Jun 19** – This is being followed up with consultants. Update to September meeting.	AHa	**Ongoing – update 05.09.19**

Chairman's Signature……

Date…04.07.19