THE COUNCIL OF GOVERNORS MEETING
Monday 20th August 2018 at 10.30 in the
Seminar Rooms 3 & 4, RILD, RD&E Hospital

PUBLIC AGENDA

Please note the estimated time of the public meeting - 1 hour 52 mins

<table>
<thead>
<tr>
<th>Item</th>
<th>Title</th>
<th>Presented by</th>
<th>Item for approval, information, noting, action or debate</th>
<th>Est. Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Apologies</td>
<td>Michele Romaine, Vice-Chair</td>
<td>Information</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Declaration of Interests</td>
<td>Melanie Holley, Head of Governance</td>
<td>Noting</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Secretary's Notes</td>
<td>Melanie Holley, Head of Governance</td>
<td>Noting</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Chairman's Remarks</td>
<td>Michele Romaine, Vice-Chair</td>
<td>Information</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Minutes of the last meeting held on 8th June 2018</td>
<td>Michele Romaine, Vice-Chair</td>
<td>Approval</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>Accountability &amp; Engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>Chief Executive’s Public Report</td>
<td>Suzanne Tracey, Chief Executive</td>
<td>Discussion</td>
<td>10</td>
</tr>
<tr>
<td>6.2</td>
<td>Open Question &amp; Answer</td>
<td>Suzanne Tracey, Chief Executive</td>
<td>Discussion</td>
<td>10</td>
</tr>
<tr>
<td>6.3</td>
<td>Elections to CoG</td>
<td>Andrew Barge, Acting Deputy Head of Governance</td>
<td>Information</td>
<td>5</td>
</tr>
<tr>
<td>6.4</td>
<td>Appointment of a Deputy Lead Governor</td>
<td>Peta Foxall, Lead Governor</td>
<td>Information</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>Performance &amp; Assurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>Performance Report</td>
<td>Chris Tidman, Chief Financial Officer</td>
<td>Discussion</td>
<td>30</td>
</tr>
<tr>
<td>7.2</td>
<td>Patient Experience Committee Update</td>
<td>Jane Ashman, Non-Executive Director and Em Wilkinson-Brice, Deputy CEO/ Chief Nurse</td>
<td>Information</td>
<td>15</td>
</tr>
<tr>
<td>8.</td>
<td>CoG Business</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1</td>
<td>CoG Coordinating Committee and Working Groups progress reports</td>
<td>Peta Foxall, Lead Governor Tony Ducker, CoG Effectiveness Faye Doris, Patient Safety &amp; Quality Kay Foster, Member &amp; Public Engagement</td>
<td>Information</td>
<td>15</td>
</tr>
<tr>
<td>8.2</td>
<td>Report to the CoG on the performance of the External Auditors</td>
<td>Michele Romaine, Vice-chair</td>
<td>Information</td>
<td>5</td>
</tr>
<tr>
<td>8.3</td>
<td>Tender Process for External Auditors</td>
<td>Michele Romaine, Vice-chair</td>
<td>Information and Nomination</td>
<td>5</td>
</tr>
<tr>
<td>9.</td>
<td>Stakeholder Engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.1</td>
<td>Any other Business</td>
<td>Michele Romaine, Vice Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The next meeting of the Council of Governors will be held on 26th November 2018 in the Boardroom, Noy Scott House, RD&amp;E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS OF THE ROYAL DEVON & EXETER NHS FOUNDATION TRUST

Held on 8 June 2018 in
Seminar Rooms 1&2, RILD, RD&E Hospital

Present

Public Governors
East Devon, Dorset, Somerset & Rest of England:
Richard Bowes
Kay Foster
Peta Foxall
Douglas Hull
Alan Murdoch
Barbara Sweeney

Exeter & South Devon:
Geoff Barr (from partway through minute 22.18)
Faye Doris
Tony Ducker
Rosemary Shepherd

Mid, N. W. Devon & Cornwall:
James Bradley
Linda Hall
Michael James
Cynthia Thornton

Staff Governors:
Michele Baxendale-Nichols (not present for minute 30.18)
Susie Costelloe
Catherine Geddes
Hazel Hedicker (not present for minute 30.18)

Appointed Governors:
Angela Shore, University of Exeter

Apologies
James Brent, Chairman
Melanie Holley, Head of Governance
Trish Llewellyn, Public Governor (East Devon, Dorset, Somerset & Rest of England)
Suzanne Tracey, Chief Executive
Phil Twiss, Appointed Governor (Devon County Council)
Christopher Wilde, Public Governor (Mid, N.W. Devon & Cornwall)

In Attendance:
Jeff Chinnock, Head of Stakeholder Communications & Engagement
Paul Honey, Head of Facilities Management (item 28.18 only)
Simon Knowles, Non-Executive Director (observing)
Michele Romaine, Vice Chair
Chris Tidman, Chief Financial Officer
Louise Vine, Executive Support Officer
Professor Em Wilkinson-Brice, Deputy Chief Executive/Chief Nurse

<table>
<thead>
<tr>
<th>Item</th>
<th>Minute</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>17.18</td>
<td>APOLOGIES AND QUORUM CHECK</td>
</tr>
</tbody>
</table>

Apologies were listed as noted above. Mr Chinnock said that Mr Barr would be arriving to the meeting late. The meeting was confirmed as quorate.
2. 18.18 DECLARATION OF INTERESTS

There were no new declarations.

3. 19.18 SECRETARY’S NOTES

Mr Chinnock reminded the Governors that Mr Bloxham had resigned from his position as Governor and that Devon County Council had appointed Mr Twiss. Unfortunately Mr Twiss was unable to attend the meeting but Mr Chinnock confirmed that his induction would commence very soon.

Mr Chinnock commented on the trial of the new equipment at the meeting to assist with the acoustics and also provide the ability to record the meetings.

Mr Chinnock said that further to concerns raised by the media recently in relation to cancer waiting times, Dr Liz Toy (Consultant Oncologist / Clinical Director – Cancer Services) had been invited to provide an update to the Governors later that day to assure any fears they may have.

The Council of Governors noted the Secretary’s Notes.

4. 20.18 CHAIRMAN’S REMARKS

Ms Romaine said she was pleased to Chair the CoG on behalf of Mr Brent. She informed the CoG that both NHS Improvement (NHSI) and NHS England (NHSE) had expressed pleasure with the way in which the Trust had handled the Collaboration Agreement with Northern Devon Healthcare Trust to date and that they were impressed with how the sensitivities in achieving it were managed.

Ms Romaine reported that the launch of the Corporate Strategy had been very well received with over 1000 people joining the webinar at one stage. She said that this new and different way of engaging with staff had been very effective.

The Council of Governors noted the Chairman’s remarks.

5. 21.18 MINUTES OF LAST MEETING, MATTERS ARISING & ACTION SUMMARY CHECK

The minutes of the meeting held on 16 March 2018 were agreed as a correct record subject to the following amendments:

Minute 07.18, page 4, first sentence to read: ‘Following the update, Professor Wilkinson-Brice invited questions.’

Minute 09.18, page 6, sixth paragraph to read: ‘Dr Foxall commented on behalf of a member of the public who had been encouraged by their Consultant and GP to seek private treatment for ophthalmology, in spite of the fact that the diagnostics and planned treatment at the Trust had been scheduled and were on time. A part of the persuasion was better quality and safety. Dr Foxall said that another Ophthalmologist had intervened and the patient received excellent and timely treatment under the NHS. Dr Foxall queried whether other patients were being encouraged to go down the private route unnecessarily.’ It was agreed that the action associated with
this minute was not necessary and so would be removed.

Minute 10.18, page 7, second paragraph, all references to ‘Mr Ducker’ to be amended to ‘Dr Ducker’.

Minute 13.18, page 8, second paragraph, second sentence to read: ‘…should be elected ahead of…’

Minute 13.18, page 8, second paragraph, fifth sentence to read: ‘…Deputy Lead Governor would be elected once…’

Minute 14.18, page 9, second paragraph to read: ‘…and Mrs Llewellyn…’

**Action Summary Check**

The actions were all completed as per the action summary with the following additions:

63.17 (2) Nov 2017 Details of the delays in communicating medication changes to GPs to be provided to the Trust for follow-up: The update to this action was incorrect and should read as Mrs Thornton, not Chris Tidman.

66.17 Nov 2017 A working group to be established to review the CoG Election process ahead of the 2018 round of elections. The CoG noted the update and agreed an extension to August 2018. Action on-going

69.17 Nov 2017 Details of how the recycling of mobility equipment is promoted to the public to be provided to the Council of Governors: Mr Chinnock said no further update had been received and so the CoG agreed a further extension to August 2018. Action on-going

70.17 (3) Nov 2017 Mr Hull to provide details of the appointment provided to him at Sidmouth Hospital so that a review of the process in that case could be undertaken. Mr Hull reported that he had been unable to locate the details; the CoG agreed to therefore close this action.

06.18 Mar 2018 Governors wishing to assist with the review of the revised visiting hours to inform Mr Chinnock. Mr Chinnock reported that no interest had been received. It was agreed that this action was complete and closed.

09.18 Mar 2018 Professor Wilkinson-Brice to check the maximum waiting times for cardiology. Professor Wilkinson-Brice confirmed that the details within the Integrated Performance Report (IPR) and the data presented at the March 2018 CoG meeting was correct. She added that she had received a very detailed update from the cardiology department and said that she would be happy to discuss this with any of the Governors outside of the meeting should they require further information. The CoG agreed that this action was complete and closed.

**ACCOUNTABILITY AND ENGAGEMENT**

**6.1 22.18 CHIEF EXECUTIVE’S PUBLIC REPORT**

Professor Wilkinson-Brice reported the following to the Council:

1. Professor Wilkinson-Brice reminded the CoG that over the past year the Board had been refreshing, and not rewriting, the corporate strategy. She said that the Trust had maintained its core vision, the values had stayed the same and the corporate objectives had been reorganised. Professor Wilkinson-Brice said that the starting point for the Board was
the view that the strategy had served the Trust well but that there was a
need to update it and to do more to appeal to and get staff behind it,
which had now been achieved.

Over the last year, Professor Wilkinson-Brice said that staff and other
stakeholders had been invited to contribute to this process. She
reminded the CoG that Governors were also involved in thinking about
what made the Trust a special and distinctive place.

Professor Wilkinson-Brice said that at the heart of the new strategy, was
the move towards a new model of care which was as much about
wellness and wellbeing as it was disease and illness. She said that the
strategy also sought to place the Trust in a leading position in terms of a
system leader. Professor Wilkinson-Brice said that the corporate
strategy also emphasised the things that mattered most to the Trust
including the ability to work together with patients, as teams and with
other organisations, as well as underlining that the Trust is kind and
compassionate in everything it does. This was key along with the huge
desire to keep improving things for the Trust’s patients and communities.

Professor Wilkinson-Brice referred to the rewritten corporate objectives
which focussed on three ‘buzzwords’. These included listening to people
and continually improving what we do, connecting people, communities
and services so that we can work together to improve health and
wellbeing for everyone, and innovate so that we can continue to grow our
world-class specialisms, working with partners and our patients to push
forward the best medical research.

Professor Wilkinson-Brice said that the video which prefaced the webinar
to launch the corporate strategy would be played for the Governors later
that day.

Mr Bradley commented that the strategy document was very clear but
added that the ‘objectives’ should be referred to as ‘aims’. He also said
that there was no matrix for measuring against these aims. Professor
Wilkinson-Brice assured the CoG that the Board would be very clear as
to how success against these were measured and how the Board
conveyed any achievements.

Ms Romaine was pleased to note that any references to ‘workforce’ had
now become ‘people’.

2. Referring to the Collaborative Agreement with Northern Devon
Healthcare Trust (NDHT), Professor Wilkinson-Brice reminded the CoG
that, prompted by the NHSI as the system regulator, the Trust had held
positive discussions for the last two months with NDHT. As a result, she
confirmed that an agreement in principle had been reached on a new
collaboration which aimed to support NDHT to address the challenges it
faced, particularly in continuing to provide acute services. Professor
Wilkinson-Brice said that the Board had challenged itself to ensure it can
provide the assistance required whilst maintaining the quality and
performance at the Trust.

Professor Wilkinson-Brice said that the new agreement set out how the
two organisations would work together even more closely (given that the
Trust already provided support to NDHT in a number of areas and had a
strong relationship) to address the issues it faced. One of the biggest
challenges NDHT faced was that it was one of the most remote hospitals in the country. Professor Wilkinson-Brice said that the aim was to protect clinical services in North Devon, many of which were extremely vulnerable, which included some core services.

Professor Wilkinson-Brice said she believed that people across Devon would understand and applaud two of the key NHS hospitals working together. Professor Wilkinson-Brice stressed that the agreement would be for two years and so this was not a takeover or a merger and nor did it mean that clinical services would move to Exeter. She reiterated Mrs Tracey’s comments in the press coverage that there was no capacity to do this and that the aim of the Trust was for patients to receive care as close to their home as possible. Professor Wilkinson-Brice said an options appraisal would however be undertaken to look at what a sustainable future for the people of North Devon looked like, which was likely to include some form of merger.

Professor Wilkinson-Brice informed the CoG that the draft Collaborative Agreement required the ratification of both Boards. She added that the NDHT Board had ratified this earlier that week with an open discussion in their public Board meeting. Professor Wilkinson-Brice said that the Trust was due to hold an Extraordinary Board meeting the following week and, on the assumption that this was agreed, the new arrangement would commence from 18 June 2018. This would see Mrs Tracey become CEO for both organisations and, as announced at the NDHT Board meeting earlier that week, once the NDHT Chair stepped down; Mr Brent would become Chair for both Trusts from 1 July 2018.

Professor Wilkinson-Brice confirmed that the Trust was currently looking through the implications of providing the management support and what that meant in terms of how the Trust accommodates this requirement. In the first instance, Professor Wilkinson-Brice said that Mrs Tracey would lead an assessment of current operations and functions in NDHT, a diagnostic, to identify the priority areas requiring support.

Mrs Sweeney thanked Professor Wilkinson-Brice for the update and asked how the population of North Devon would be heard given NDHT was not a Foundation Trust and so did not have a CoG. Professor Wilkinson-Brice said that Mrs Tracey had already reached out to the Chair of the Save Our Hospital Services group and a number of MPs. She added that that Trust would gather intelligence as to who fulfilled similar functions of the RD&E Governors and establish networks with these individuals. Ms Romaine said that the Non-Executive Directors (NEDs) were also much more involved in performing this role at NDHT.

Miss Foster expressed concern in relation to the key corporate teams (Communications, Corporate Affairs and the Head of Governance) who were already being stretched and asked for assurance that this arrangement would not leave them overwhelmed. Professor Wilkinson-Brice said that although this would undoubtedly impact on staff, the Executive team had looked at what was required in great detail. She confirmed that they were acutely aware of the pressures on these key areas and assured the CoG that additional resource was being introduced to support them. Ms Romaine said that the NEDs had also repeatedly challenged the Executive team and encouraged them to be
realistic in relation to what additional support to the Trust was required in order to achieve the Collaborative Agreement. Dr Ducker commented that the CoG working groups had lacked expert support over recent months due to the pressures faced by these teams. Ms Romaine agreed to feed this back to Mr Brent.

**ACTION:** Ms Romaine to feedback to Mr Brent in relation to the lack of expert support to the CoG working groups over recent months

Mr Bradley commented that NHSE had recently announced a view to move towards nationalisation. He said that the Collaborative Agreement seemed to focus solely on the management and leadership support required rather than the shortages in staff, and said that the potential movement of staff would only increase the pressure already experienced by Trust staff. Professor Wilkinson-Brice said that the Collaborative Agreement was about two organisations working together to provide support. She added that the broader collaboration of NHSI and NHSE would come through the Sustainability and Transformation Plan (STP) and suggested that there was a suggestion that an announcement would be made nationally in relation to the ten year plan, to coincide with the 70th birthday of the NHS. Referring to the movement of staff, Professor Wilkinson-Brice acknowledged that there would be a move towards clinical networks as part of the STP which would require people and services to be more flexible to work across a broader geographic area. She said it was important to not pre-empt the options appraisal and accepted that greater flexibility would be asked for to support the clinical networks. Professor Wilkinson-Brice said that she did not believe anything had been missed from the Collaborative Agreement.

Professor Shore asked if the Trust was working with the Deanery in relation to the implications on the training of junior doctors and whether there was likely to be any movement of this staff group between Trusts. Professor Wilkinson-Brice said that this had not been considered at this stage because there was not expected to be any specific implication as a consequence of the Collaborative Agreement. She added that, as part of the stocktake, there would be a natural focus on shoring up the resilience of the clinical workforce in NDHT and identifying what this would mean in terms of discussions with the Deanery.

3. **Referring to My Care,** the clinically led transformation programme enabled by an Electronic Patient Record (EPR), Professor Wilkinson-Brice reiterated that the Trust’s new corporate strategy set an ambition to lead the transformation of the health and care system in Devon so that the Trust could continue to provide safe, high quality and seamless services. She added that whilst bringing the Trust up to date, it was also an opportunity to embrace what technology could do for both the Trust and the population it served.

Professor Wilkinson-Brice said that detailed work was underway to commence the programme, which would span 23 months, from September 2018 with a planned go-live date in the Summer of 2020. She said that extensive work in preparing the Trust’s people, patients and public for this new way of healthcare provision would be undertaken including patient engagement, system testing and staff training.

Professor Wilkinson-Brice reminded the CoG that, when this was first
approved by the Board, the Trust did not have the resources or the necessary NHSI approval to begin, and that it had essentially taken this long to go through the process of gaining NHSI approval, as well as securing the loan to get this essential programme underway. She added that the Trust would be spending approximately £43m on this programme but that the business case evidenced that this would pay for itself over a 15 year timeframe.

Miss Foster asked if the system would integrate with those of GP practices. Professor Wilkinson-Brice said that the system would be rolled out throughout the acute and community hospitals, with the ability to interface with other systems where required. She said that Epic had responded very well to the UK market in order to get the interoperability right. Dr Foxall suggested that if the interoperability required testing, the Governor’s records could be used as test pilots.

**Mr Barr joined the meeting.**

Mr Bradley asked if the system would integrate with local authorities. Professor Wilkinson-Brice said there was a possibility that the system could integrate with any other but she reminded the CoG that the Trust did not manage social care.

Mr Bradley enquired as to the term ‘significant transaction’ and asked what the criteria of this was. Mr Tidman said that there were various thresholds above which the approval of NHSI and the Department of Health and Social Care (DHSC) was required. He said there were a number of methods of assessment and reminded the CoG that the Trust was required to reassure both itself and the treasury via the business case system.

Referring to the self-care and self-management elements of the system, Mr Bradley asked what training would be provided to patients so they may familiarise themselves. Professor Wilkinson-Brice said that the engagement phase would include both patients and members of the public alike, as well as staff, at a very early stage. She reminded the CoG that the procurement exercise was completed years ago where the majority of clinicians were in favour of this system.

Mrs Hedicker commented on the enthusiasm amongst staff since the announcement and added that this was the first time Epic had developed a community module which was a great opportunity for the Trust. Mrs Sweeney asked if the Trust would retain links to the support teams based in Chicago given the vanguard community module. Professor Wilkinson-Brice confirmed that Epic were establishing offices within the UK which would provide support and stressed that whilst the Trust would be the first in a healthcare environment to implement this module, the software was not new and similar modules had already been applied in other organisations.

Mrs Hall asked if the system had previously encountered serious failures. Professor Wilkinson-Brice assured the Governors that the programme included contingency planning and that she was not aware of any mass failures. She added that there was more of a risk with the Trust’s current Patient Administration System (PAS) which was very outdated.

Miss Costelloe commented on the previous eNotes project and asked
what lessons had been learnt from this. Professor Wilkinson-Brice said that a post project evaluation had taken place to identify any learning. She added that Epic provided impressive implementation support and that their whole approach was hugely different.

Mr Barr asked if the system could still function effectively if it were compromised. Professor Wilkinson-Brice reiterated that, as with any system, there would be a Business Continuity Plan (BCP) but that there had been no mass system crashes globally that she was aware of. Mr Tidman added that the system used state of the art servers and switches with all the necessary firewalls being built in.

Mr Bradley referred to the significant savings mentioned within the programme and asked what metrics were in place to measure against this. Professor Wilkinson-Brice said that these had been identified within the business case; the anticipated benefits of which had not changed.

The Council of Governors noted the report.

<table>
<thead>
<tr>
<th>6.2</th>
<th>23.18</th>
<th>OPEN QUESTION AND ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>There were no further questions raised.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.3</th>
<th>24.18</th>
<th>REPORT ON THE ELECTIONS TO THE COUNCIL OF GOVERNORS 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mr Chinnock reported that there were a total of 12 vacancies on the CoG as detailed within the report. He highlighted the proposed election timetable and encouraged all Governors to attend the prospective Governor meetings scheduled in early July 2018.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr Chinnock said that the Trust had again chosen to use the Electoral Reform Services (ERS) to provide election services and would move to electronic voting again. He invited questions from the CoG.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr Barr and Mrs Hall both announced that they intended to step down at the Annual Members Meeting (AMM) in September 2018.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Foxall queried the 12 vacancies as noted within the report and asked if this included those Governors who were required to stand for re-election. Mr Chinnock confirmed that it did.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr Bradley commented on the Trust’s website which he said was very out of date with regards to the Governor information. Mr Chinnock confirmed that the process of updating this would commence soon, as in previous years.</td>
</tr>
</tbody>
</table>

The Council of Governors noted the report.

<table>
<thead>
<tr>
<th>6.4</th>
<th>25.18</th>
<th>ANNUAL REPORT, ACCOUNTS AND QUALITY REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mr Chinnock said that the Trust was unable to share the report with the CoG at this stage but that it was due to be submitted to Parliament in the coming weeks. He said it would then be published in advance of the AMM in September 2018. Mr Chinnock thanked the Governors for their assistance and cooperation.</td>
</tr>
</tbody>
</table>

The Council of Governors noted the report.
PERFORMANCE & ASSURANCE

7.1 26.18 PERFORMANCE REPORT

Mr Tidman said he would take the report as read and invited questions from the Board.

Dr Ducker commented that it would be useful to also include the metrics for Consultant turnover and junior doctor vacancies within the report in future. Mr Tidman said that this is monitored and reviewed but acknowledged this was the first time the Trust had experienced issues to this degree before. He added that a deep dive had been requested by the Board into these issues. Professor Wilkinson-Brice said that all junior doctor positions for August 2018 had been filled which was unusual and very welcome.

Miss Foster asked if there was any feedback in relation to the nursing recruitment drive and associated visa issues. Professor Wilkinson-Brice said that the trips to Dubai and the Philippines had both been deemed successful in terms of the appointments made. She said that the process was very long and complex.

Referring to the increase in cardiology referrals, Miss Foster asked if the Trust needed to increase the numbers within certain specialist departments. Professor Wilkinson-Brice referred to the People Strategy which specifically looked at the retirement profiles and the strategies to deploy in an attempt to address these issues.

Dr Foxall noted that the Trust’s performance against the 99% standard for diagnostic tests had deteriorated during March 2018 and asked what had caused this. Mr Tidman said that this was partly due to the increase in demand. He added that a detailed discussion had taken place amongst the Board in relation to the vast impact this had on the Referral To Treatment (RTT) target and cancer waiting times. Ms Romaine said that this was also given a large amount of scrutiny by the NEDs.

Miss Costelloe was pleased to note the vast improvement in the MUST screening tool metrics and asked why the specialist screening tools (including paediatrics, oncology and renal) were not included within these metrics. Professor Wilkinson-Brice said that this was captured within the Ward to Board report, and specifically paediatrics. She said that the Trust had no intention to stop monitoring or encouraging this and that specific tools were used at ward and department level. Professor Wilkinson-Brice agreed to look at how this could be incorporated within the refresh of the Ward to Board report.

ACTION: Professor Wilkinson-Brice to review and identify how the MUST specialist screening tools (specifically for paediatrics, oncology and renal) can be incorporated within the refresh of the Ward to Board report

Mrs Sweeney commented on the number of complaints and concerns acknowledged within three days and queried whether this was a meaningful metric or not. She suggested that the resolution of complaints would be more valuable to report on. Mr Tidman concurred that the Trust should be focussing on the ability to satisfy a complaint. Professor Wilkinson-Brice
said that this had also been raised by the Board and it would be reflected within the IPR going forward. She added that the Trust should be careful of the conclusions drawn from this however. Ms Romaine said it was the constant dialogue that was important to note.

The Council of Governors noted the report.

CoG BUSINESS

8.1 27.18 CoG COORDINATING COMMITTEE AND WORKING GROUPS PROGRESS REPORTS

Dr Foxall presented the report from the CoG Coordinating Committee. She said that the Committee were reviewing the Terms of Reference (ToR) and the purpose, along with how it integrates with other groups. She highlighted the Committee’s thanks to Mr Bradley for his contribution and commitment during his term of office as Chair of the Member and Public Engagement Working Group (MPEG).

Dr Ducker presented the CoG Effectiveness working group report and proposed that the CoG approve the CoG/Board Dispute Escalation Policy, the Governors Roles and Responsibilities Document and the CoG Rules of Procedure. Dr Foxall commented that it was not clear what amendments had been made and suggested that the CoG approve the documents in principle but said that these should be circulated to all Governors with an explanation of the changes made, in advance of the CoG meeting in August 2018.

**ACTION:** Dr Ducker to circulate to all Governors the CoG/Board Dispute Escalation Policy, the Governors Roles and Responsibilities Document and the CoG Rules of Procedure, making any amendments clear

Dr Ducker said the group had a number of other policies that required review soon.

Miss Doris presented the Patient Safety and Quality working group report and highlighted that information received from the Deaf Community identified key themes including a lack of interpreters, and the need for all staff to undertake more deaf awareness training.

Miss Doris said that the group put forward a suggestion to deliver newspapers to wards. Professor Wilkinson-Brice said that a number of ward housekeepers already delivered papers to their patients. For those wards where this did not take place, she said that the volunteers would be a great starting point and that Miss Doris should discuss this further with Lisa Vogwill.

**ACTION:** Miss Doris to discuss the potential for volunteers to deliver newspapers to patients on wards where this was not carried out by Ward Housekeepers

Miss Doris informed the CoG that another suggestion of the group was to present an annual report to the Board of Directors and she asked if the CoG agreed with this proposal and whether they could suggest how this could be taken forward. Dr Foxall said this would be discussed at the next CoG
Coordinating Committee.

Mr Bradley presented the Member and Public Engagement working group report. He highlighted that the revised date of the Annual Members Meeting could potentially exclude sections of the community as it was now scheduled to take place midweek rather than on a Saturday. Mr Chinnock said that an additional ‘Open Day’ was being planned for September 2018 and he confirmed that this would take place on a Saturday.

Mr Bradley also commented that the new Governor materials were outdated. Ms Romaine reiterated that Mr Chinnock and his team would be looking to being the updating of this information over the coming weeks.

The Council of Governors noted the report.

8.2 28.18 FINANCIAL UPDATE / OPERATIONAL PERFORMANCE UPDATE

Financial Update / Operational Performance Update

Mr Tidman highlighted to the CoG that the Trust had effectively achieved a £13m surplus at the end of 2017/18 due to a one off commercial gain which triggered Sustainability and Transformation Fund (STF) bonus payments. He stressed that this was not the underlying position however and that the cash would support the Trust’s capital programme and had helped support the Trust in securing loans for the My Care investment.

Referring to the original financial plan for 2018/19, Mr Tidman said that this included a £1m surplus, assuming the Trust received £8.7m STF funding for achieving a number of targets. Mr Tidman said that a Clinical Negligence Scheme for Trusts (CNST) rebate, and additional STF funding, meant that the Trust had been asked to deliver a £6.2m surplus and so the plan had been revised to reflect this. Mr Tidman emphasised the level of STF risk in that if the Trust did not achieve its financial plan, it would not be entitled to any of the STF funding.

Mr Tidman reported that a key component of the 2018/19 financial plan was the 5% Cost Improvement Plan (CIP) requirement of £23.3m to fund inflation and the cost of growth in a flat cash contract.

Mr Tidman said that the two year Operational Delivery Plan would help deliver financial change and he outlined the workstreams included within the Care Model Implementation. These included the In Hospital and Happy and Healthy at Home programmes, as well as My Care.

Mr Tidman outlined the Capital Expenditure Programme for 2018/19 and 2019/20 which comprised of schemes including My Care, the Emergency Department, the fourth Linear Accelerator (LINAC) and increasing the car parking capacity at the Trust. He added that there was a level of risk around the bigger schemes due to issues regarding access of national capital funding. Mr Tidman invited questions from the CoG.

Mr Bradley noted the total capital investment required for the My Care programme was £52m and commented that the Trust had only secured funding for £43m. Mr Tidman confirmed that this was correct and that the Trust was funding the additional £10m from cash reserves.

Mrs Sweeney was disappointed to note that the Trust’s appeal to NHSI was unsuccessful in relation to the adverse weather. Mr Tidman acknowledged
Mr Barr commented that the Trust appeared to be delaying investments into capital schemes and expressed concern as to the reliability of the equipment concerned. Mr Tidman assured the CoG that this was not the case, but said there were difficulties in securing loans to finance some of these schemes. He added that this related to issues with how capital is reported.

Professor Shore said that the £200k allocated for the Key Worker Housing project did not seem sufficient. Mr Tidman said that this was only the initial investment figure.

Miss Costelloe asked if any additional funding had been allocated to help support with increased workloads until the My Care programme was fully realised. Mr Tidman confirmed that additional time and resource had been incorporated within the plan, but said there would be a lead time before these benefits would be achieved. He added that part of the budget setting process specifically reviewed pressures and growth and assured the CoG that staff would not be put in a position where they could not cope.

Professor Wilkinson-Brice said that whole clinical team reviews were also taking place, not just nursing establishment. She added that efficiencies, including length of stay, would also help drive this.

Travel Infrastructure and Car Parking Update

Mr Tidman said the Trust recognised the issues in relation to onsite car parking and travel arrangements and assured the CoG that the team continued to be as proactive as possible within the current constraints. He said that the onsite car parks continued to run at full capacity, often over. Mr Tidman said that this resulted in patients running late for appointments or even missing them altogether which was clearly very distressing. Additionally, Mr Tidman said that staff continued to find commuting and business travel options challenging.

Outlining the current position at the Trust, Mr Tidman informed the CoG that there were 1345 car parking spaces on site which were split approximately in half between staff permit spaces and visitor pay and display spaces. He noted that, in order to secure a space, some staff were known to be using the pay and display areas at the full rate. Mr Tidman said that there were 350 spaces at the park and ride service which was also at full capacity; he acknowledged that the use of this car park was occasionally abused which added to the challenges faced by staff travelling to work.

Mr Tidman advised that the Trust had a good working partnership with Exeter City Council (ECC) and an onsite car parking feasibility study was underway to look at the potential expansion of onsite parking. The options being reviewed included the construction of a 250-300 space deck which would cost approximately £3m and could be completed within a few months.

Mr Tidman confirmed that the Trust was doing everything possible to maximise the Park and Ride service, and exploring smaller, more tactical options such as Park and Walk facilities with spaces at both the Heavitree Social Centre and the Wonford Methodist Church. He added that negotiations with Devon County Council (DCC) were ongoing, to approve the sole use of the Digby Park and Ride for the Trust. This would provide an additional 150 spaces for staff. Mr Tidman said that the Trust would also then look at options for how the use of this service could be both monitored
and enforced, including automatic number plate recognition. He added that the Trust was also considering the potential for a second deck at the Digby Park and Ride, but this was not the preferred option due to planning constraints and the costs involved. More feasible options included a possible deck at the Matford Park and Ride, and increased usage of the Sowton Park and Ride specifically for Hospital use.

Mr Tidman reported that the Exeter Racecourse had been highlighted as a potential for an additional Park and Ride service. This would provide a further 150 spaces during periods of disruption through development to existing onsite car parking. Mr Tidman said that the cost involved for transporting staff from this site were quite high.

Mr Tidman said that a proposal would be presented to the Board within the coming months; he invited questions from the CoG.

Dr Ducker asked if the Trust had explored options for car sharing. Mr Honey confirmed that this already occurred frequently amongst staff and he confirmed that the Trust actively encouraged this.

Mr Hull highlighted the ‘snake’ car park and suggested that this was currently underutilised due to the lack of clear markings of bays. Mr Tidman acknowledged this and said it would be looked into.

**ACTION: Mr Tidman to look into the potential to clearly mark parking bays within the ‘snake’ car park in order for it to be better utilised**

Mr Bradley commented that the voluntary sector had been omitted from the considered options to date. Mr Tidman noted this and agreed to explore this further.

**ACTION: Mr Tidman to explore the potential for the voluntary sector to improve Trust travel options**

The Council of Governors noted the CoG Coordinating Committee and working groups report.

### STAKEHOLDER ENGAGEMENT

<table>
<thead>
<tr>
<th>9.1</th>
<th>29.18</th>
<th>REPORT FROM THE RECENT PATIENT EXPERIENCE COMMITTEE (PEC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Miss Foster presented the Patient Experience Committee, following the last meeting which was held on 10 May 2018. Miss Foster highlighted that, within the Medical Services Division, the number of complaints and concerns received during Q4 2017/18 had decreased, in addition to the Length of Stay (LoS) which had reduced by six days. She said that other Divisions were looking at how the interventions put in place to achieve this could be rolled out more widely.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Referring to extra gratia payments made by the Trust in 2017-18, Miss Foster was pleased to note that this had reduced significantly from 2016-17 further to considerable efforts throughout the Trust. This was positive in terms of the patient experience in addition to the cost to the Trust.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Miss Foster reported that the age of volunteers had been extended to include people under the age of 18. The necessary risk assessments would be carried out prior to appointment and support would be available to</td>
</tr>
</tbody>
</table>
encourage people of all ages to join this service.

The Council of Governors noted the report.

### INFORMATION

#### 10.1 30.18 GOVERNANCE COMMITTEE UPDATE

Ms Romaine provided an update to the CoG which detailed the work of the Governance Committee (GC) over the last 12 months. She invited questions from the Governors.

Mr Bradley was pleased to note that the GC had looked into issues relating to safeguarding within the Community Division and asked if the Trust also had clear oversight of health and safety issues/metrics within the Community. Ms Romaine said that each Division had a Governance lead, including the Community Division, which looked in detail at the specific issues, including lone working. She added that the challenge had been to accept that the frontline staff had a real understanding already of how to keep themselves safe and the GC had received assurance in relation to how this was then reported back and part of a Governance system which was not previously present.

Dr Foxall referred to the RD&E Charity Sub-Committee and asked if there were felt to be a breach of Governance of this committee, how these concerns would be escalated/reported. Ms Romaine said that this Committee reported directly to the Audit Committee (AC) and so the AC provided the necessary assurance.

Miss Foster enquired whether there were any reasons why the Governors could not become members of, or observe, each of the sub-committees within the Governance structure. Ms Romaine said that a number of these committees were both highly technical and confidential and so it would not be appropriate to attend. However, as Chair of the GC, Ms Romaine said she would welcome a nominated Governor to become an observer of the GC. Mr Chinnock concurred but stressed the distinction between the Governors and the NEDs and that this could only be in an observing role.

Mr James commented on the number of legal claims received by the Trust within maternity services and asked if this encouraged learning in order to reduce this number over time. Ms Romaine said that this would undoubtedly drive further learning but that the Trust did not wait to review these figures before learning was identified and achieved.

The Council of Governors noted the update.

#### 31.18 ANY OTHER BUSINESS

There being no other business, the meeting was closed.

#### 32.18 DATE OF NEXT MEETING

Friday 20 August 2018, Seminar Rooms 1&2, RILD
# MEETING OF THE COUNCIL OF GOVERNORS
**8 June 2018**

## 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**

<table>
<thead>
<tr>
<th>Minute No.</th>
<th>Month raised</th>
<th>Description</th>
<th>By</th>
<th>Target date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>66.17</td>
<td>Nov 2017</td>
<td>A working group to be established to review the CoG Election process ahead of the 2018 round of elections</td>
<td>MH</td>
<td>June 2018</td>
<td>MH wrote to all newly elected Governors on 13/12/17 seeking further feedback on the election process. Feedback will be collated and reviewed to identify themes. ESR will be contacted for their feedback ahead of a working group being convened. <strong>August 2018 Update:</strong> All feedback from new Governors fully reviewed and considered; there were no themes. ESR contacted for feedback – no concerns expressed. Acting Deputy HOG asked to “test run” the process and identify any difficulties – none identified. Due to timing of running the elections the HOG took the decision not to convene a working group, however, feedback will be requested from the newly appointed Governors and if any themes are identified a working group will be convened in advance of the 2019 elections. Action complete</td>
</tr>
<tr>
<td>69.17</td>
<td>Nov 2017</td>
<td>Details of how the recycling of mobility equipment is promoted to the public to be provided to the Council of Governors</td>
<td>MH</td>
<td>March 2018</td>
<td>An update will be provided at the March 2018 meeting. <strong>March 2018 Update:</strong> An email would be circulated to the Governors when Mrs Holley returned from leave. Action on-going  <strong>Update 30.05.18:</strong> Update requested from Ros Wade (Head of Therapies) who is on leave returning 31.5.18. A verbal update will be provided by Jeff Chinnock at the meeting. <strong>8 June 2018 Update:</strong> Mr Chinnock said no further update had been received and so the CoG agreed a further extension to August 2018. <strong>August 2018 Update:</strong> An update was provided to the PEC meeting on 5 July 2018. Miss Foster will provide a verbal update to the CoG. Action on-going</td>
</tr>
<tr>
<td>Minute No.</td>
<td>Month raised</td>
<td>Description</td>
<td>By</td>
<td>Target date</td>
<td>Remarks</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
<td>-------------</td>
<td>----</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>22.18</td>
<td>Jun 2018</td>
<td>Ms Romaine to feedback to Mr Brent in relation to the lack of expert support to the CoG working groups over recent months</td>
<td>MR</td>
<td>August 2018</td>
<td></td>
</tr>
<tr>
<td>26.18</td>
<td>Jun 2018</td>
<td>Professor Wilkinson-Brice to review and identify how the MUST specialist screening tools (specifically for paediatrics, oncology and renal) can be incorporated within the refresh of the Ward to Board report</td>
<td>EWB</td>
<td>August 2018</td>
<td>August 2018 Update: Professor Wilkinson-Brice tasked the Assistant Directors of Nursing with ensuring that the relevant information was included within the refreshed ‘Home to Community to Hospital’ Report (previously the ward to board report). Action complete</td>
</tr>
<tr>
<td>27.18 (1)</td>
<td>Jun 2018</td>
<td>Dr Ducker to circulate to all Governors the CoG/Board Dispute Escalation Policy, the Governors Roles and Responsibilities Document and the CoG Rules of Procedure, making any amendments clear</td>
<td>TD</td>
<td>August 2018</td>
<td>August 2018 Update: Documents circulated by LV on 13 August 2018. Action complete</td>
</tr>
<tr>
<td>27.18 (2)</td>
<td>Jun 2018</td>
<td>Miss Doris to discuss the potential for volunteers to deliver newspapers to patients on wards where this was not carried out by Ward Housekeepers</td>
<td>FD/EWB</td>
<td>August 2018 November 2018</td>
<td>August 2018 Update: The potential for volunteers to deliver newspapers has not yet been discussed at PEC, however the opportunities for the role of ward volunteer are being considered by the Patient Experience team. Action on-going</td>
</tr>
<tr>
<td>28.18 (1)</td>
<td>Jun 2018</td>
<td>Mr Tidman to look into the potential to clearly mark parking bays within the ‘snake’ car park in order for it to be better utilised</td>
<td>CT</td>
<td>August 2018</td>
<td>August 2018 Update: Marking specific bays within the ‘snake’ car park would risk a reduction in parking capacity due to guidance relating to minimum space requirements. The gravel car park will be considered as part of any future redesign of car parking, led by the Travel Infrastructure Group. Action complete</td>
</tr>
<tr>
<td>28.18 (2)</td>
<td>Jun 2018</td>
<td>Mr Tidman to explore the potential for the voluntary sector to improve Trust travel options</td>
<td>CT</td>
<td>August 2018</td>
<td>August 2018 Update: The facilities team have made contact with the Okehampton District Community Transport team and are now promoting the service along with other voluntary services across East and North Devon. The Travel Infrastructure Group will consider further how best to work in partnership with the voluntary sector. Action complete</td>
</tr>
</tbody>
</table>

Signed:
Name: James Brent
Position: Chairman
COUNCIL OF GOVERNORS PAPER

Meeting date: 20 August 2018  
Agenda item: 6.3, Public

Title: ELECTIONS TO COUNCIL OF GOVERNORS 2018

Purpose: To present to the Council of Governors an update on the 2018 elections to the CoG.

Background: Elections to the Council of Governors (CoG) take place each year, with the terms of office for Governors starting and ending at the Trust’s Annual Members’ Meeting each September. A paper to the June 2018 CoG meeting updated the CoG on the number of vacancies and process for this year’s elections. This paper updates on the progress to date, including the number of candidates standing.

As a reminder, this year there are a total of ten vacancies on the Council of Governors; eight public and two staff. They are as follows:

- East Devon, Dorset & Somerset & Rest of England – one vacancy (three year term).
- Exeter & South Devon – four vacancies (two for a one year term, two for three year terms)
- Mid, North, West Devon & Cornwall – three vacancies (one for two year term, two for three year terms)
- Staff – two vacancies (One for a two year term, one for a one year term)

Key Issues:

Update on Prospective Governor meetings

The Trust held meetings on 3rd and 4th July 2018 for members interested in standing as a Governor. 29 members advised they would be attending, with 14 actually attending. The meetings will be reviewed in more detail once the election process is complete but feedback from attendees was positive, with all those who responded to our evaluation survey saying they found the meeting either ‘useful’ or ‘very useful’. Of the ten new candidates standing for election this year (excluding existing Governors), 7 attended a prospective Governor meeting.

Thanks go to Governors James Bradley, Alan Murdoch, Kay Foster, Barbara Sweeney, Trish Llewellyn and Catherine Geddes for supporting the meetings and talking to members about the role and their experiences. Special thanks to Susie Costello who was available at drop-in sessions for those interested in hearing more about the role of Staff Governor.

Nominations for election

The Statement of Nominated Candidates was circulated to CoG on 13th August 2018. In summary a ballot will be held in the East Devon, Dorset & Somerset & Rest of England and in the Staff constituency.

In Exeter & South Devon, only two nominations were received for four places and
therefore both candidates were elected uncontested. The Uncontested Report was also circulated to Governors on 13\textsuperscript{th} August 2018. In East Devon, Dorset, Somerset and Rest of England, six nominations were received for one place and so will proceed to an election. In Mid, North, West Devon and Cornwall only one nomination was received for three vacancies and so was elected, uncontested.

\textbf{Voting}

At the time of writing, ballot packs were being prepared to be sent to members in the above constituencies on 16 August 2018. Members have until 5pm on 6 September 2018 to cast their vote. Results will be declared on 7 September 2018. The Council of Governors will be informed of the results by email that day.

As the Council will be aware, the Trust will be circulating ballot packs to public members by email. If a member does not have an email address registered with The Trust, ballot packs will continue to be sent by post. Members who receive their papers by post will have the option to vote by post or on-line. All staff (except for a small number who do not have an email address) will be sent ballot packs by email. Sending ballots by email is a considerable cost saving to the Trust. The Engagement Team have also been working to promote greater engagement by email and early electronic communications on the election to the members have flagged that ballot packs will be circulated by email.

\textbf{Remaining Vacancies in Exeter & South Devon and Mid, North, West Devon and Cornwall.}

As stated, there are two vacancies remaining in the Exeter & South Devon public constituency and two vacancies in the Mid, North, West Devon and Cornwall constituency. In such circumstances, the Trust Constitution allows for the following options namely to defer the vacancies until the next round of routine elections (Summer 2019) or taking into account the number of governors remaining in post to represent the constituency, call a by-election to fill the seats. Taking into account the number of total Governors remaining in post and the costs of running an election, it is proposed that the vacancies be carried until the routine elections of 2019 (these would be the two vacancies in the Exeter & South Devon constituency and the two vacancies in Mid, North, West Devon and Cornwall).

\textbf{Recommendation:} That the Council of Governors notes the report and approves the proposal to carry the two Exeter & South Devon and Mid, North, West Devon and Cornwall vacancies to the 2019 round of elections.

\textbf{Presented by:} Andrew Barge, Deputy Head of Governance
COUNCIL OF GOVERNORS

Meeting date: 20th August 2018

Agenda item: 7.1, Public

Title: PERFORMANCE REPORT

Purpose: To update Council of Governors (CoG) on the performance of the Trust over the 1st Quarter of 2018/19.

This report seeks to provide a narrative overview of some of the key issues in Q1 and some of the Board discussions relating to performance. In addition, the report aims to provide assurance that performance is being adequately monitored and addressed where necessary.

Key performance issues emerging in Q1 2018/19 will be highlighted during the presentation of this report particularly where this may impact on the Trust’s Licence.

Information in this report is taken from the Board’s Integrated Performance Reports, which are available on the Trust website along with all other public Board papers and minutes: (http://www.rdehospital.nhs.uk/trust/board/boardpapers.html).
Key Issues:

The Trust Board has approved a new format for the Integrated Performance Report. This has been implemented from April 2018, and an update on the new format will be provided to the November meeting of the Council of Governors.

The frequency of reporting for certain metrics has been amended, to allow for greater scrutiny and oversight by Board sub-committees. In addition, the Trust has moved away from the use of Spark Charts to display performance trends; you will notice that the appendices in this report are in a new format.

Overall performance against the Trust’s Licence in Q4 2017/18

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Q1 18/19 result</th>
<th>Annual Plan Forecast for Q1</th>
<th>Forecast Q4 18/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Resources</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Governance Risk Rating</td>
<td>Green</td>
<td>Green</td>
<td></td>
</tr>
</tbody>
</table>

The Use of Resources risk rating is intended to detect early signs of financial risk that could lead to financial failure and so threaten the continuity of services. There are four categories ranging from 1, representing the least risk, to 4, the most serious risk. Year to date the Trust has achieved a UO R rating of 2 which is in line with plan. The Trust is forecasting an overall UOR rating of 1 for the year ending 2018/19.

Patient Experience

Complaints and concerns, compliments and cases referred to the Parliamentary Health Service Ombudsman (PHSO)

A deeper, more comprehensive report on complaints and compliments, including themes, is reported to the Patient Experience Committee (PEC), which has three Governor members. The frequency of reporting to Board has changed so the data from Q1 will be reported in arrears at a future meeting.

Care Quality Assessment Tool (CQAT) and Outpatient Quality Assessment Tool (OQAT)

Details are reported to the PEC and will be reported to CoG via the PEC report where appropriate.

Safe Staffing

On all wards the Ward Matron and Senior Nurses reviewed the acuity and dependency of patients and exercised professional judgement to ensure that safe staffing was prioritised.

Safety
Summary Hospital-level Mortality Indicator (SHMI): SHMI was developed by NHS Digital (formerly known as the Health and Social Care Information Centre). It looks at the ratio of the number of in-hospital deaths and those within 30 days of discharge from hospital compared to the expected number of deaths given the patients clinically coded condition. Each Trust is given a banding of higher than expected, as expected or lower than expected when compared to the national baseline. The chart in Appendix 2 provides details of performance.

**Safety concerns**

There were no safety concerns for the quarter.

**Never Events**

There were no Never Events reported during the quarter.

**Infection Control**

**MSSA**

The objective for this year is to have no more than 24 hospital attributable cases. There were four cases in April 2018, one case in May 2018 and three cases in June 2018, bringing the total in 2018/19 to 8 cases. Each case is subject to an enhanced surveillance investigation. Learning has been identified in relation to documentation of insertion and ongoing care of multiple cannulae. A proportion of the cases noted multiple cannulae insertions as an associated issue leading to bacteraemia. A wide range of actions are planned to raise awareness of the need to increase standards of care related to cannulae.

**Clinical Effectiveness**

The following areas of Red or persistent Amber performance are highlighted to the Council of Governors (please refer to the charts at Appendix 2):

**Time to Surgery for Patients with a Fractured Neck of Femur**

In June 2018, only 52% of medically fit hip fracture patients received surgery within 36 hours, against a target of 90%. The Trust admitted a total of 50 patients in the month, with 24 patients breaching the 36 hr period due to theatre capacity challenges.

18 (75%) of the 24 breached patients were admitted either on a Thursday, Friday or Saturday (i.e. end of the week), which is a recurring pattern reported in recent months. It is recognised that capacity for trauma operating at the weekends is reduced as there are very few elective lists running. Therefore starting 3rd September there will be an additional designated all day #NOF list every Friday. This should reduce the demands on the Trauma list over the weekend freeing up capacity for those cases admitted at the weekend. This change and associated impacts will be subject to on-going review.

14 of the 24 medically fit patients who breached 36 hrs waited longer than 48 hrs for surgery. The longest (admitted on a Friday) waited 75 hours to be treated the following Tuesday. All patients who breach the 36 hour target are subjected to clinical case review.
and there have been no records of any harm caused by these extended waits for surgery.

**Antimicrobial prescribing - compliance with duration and indication on the drug chart, and compliance with guidelines**

In June 2018, Trust wide figures for antimicrobial prescribing compliance were: 87.8% for inclusion of a duration on the drug chart; 95.5% for inclusion of an indication on the drug chart; and 94% for guideline compliance. Actions are on-going to support the appropriate use of antimicrobials across the Trust.

**VTE Risk Assessment**

In June, VTE Risk Assessment on admission achieved 94.9% against a target of 95%. This is the best compliance rate since November 2017 and has been achieved without validation of the data. Changes in the process on AMU and a review of processes in other assessment areas have contributed to this improvement.

**Operational Effectiveness**

The following areas of Red or persistent Amber performance are highlighted to the Council of Governors (please refer to the charts at Appendix 2):

**A&E Maximum Waiting Time of Four Hours from Arrival to Admission, Transfer or Discharge**

Operational pressures eased towards the end of Q1, with only two days each at OPEL 2 and 3. Attendances at the Emergency Department and non-elective admissions remained high. The good weather seen throughout June, whilst a welcome change for many staff and patients, did bring some challenges, with the Met Office declaring a level 2 heatwave on a number of days. The high temperatures resulted in the Trust experiencing an increased demand for areas such as emergency cardiology and stroke care, as well as there being some evidence of increased admissions of elderly patients who struggled to maintain good levels of hydration in the heat.

Fewer escalation beds were used in June than in recent months and flow from the Emergency Department was good, which supported higher performance against the 4-hour A&E target. Performance against the 4-hour target was 94.23% for Q1 against the Provider Sustainability Funding (PSF) target of 92.9% and the national standard of 95%, meaning that the Trust achieved the target and received the associated income of £550K.

**Ambulance Handover Delays**

There were no delays greater than 60 minutes and 17 delays validated as greater than 30 minutes in June 2018, compared to 22 delays greater than 30 minutes and 2 greater than 60 minutes in March 2018. This equates to 99.4% of ambulance handovers being less than 30 minutes in duration. This represents a sustained improvement to ambulance handover times as a result of a range of improvement work completed in partnership between the ED and SWASFT.

**18 weeks Referral to Treatment Incomplete Pathways (RTT)**
During June, the number of incomplete pathways increased by 678 to 32374, with performance of 83.9% against the 92% national target. The Provider Sustainability Funding (PSF) target this year relates to the total number of open incomplete pathways, with June figures slightly above the agreed trajectory of 32,211. In summary, the following issues are significant factors driving RTT performance:

- Increased demand from the local catchment area for some specialties such as Spinal Surgery, Ophthalmology, Urology and Cardiology.
- Increased demand from capacity shortfalls in neighbouring Trusts for some specialities such as Neurology, Ear, Nose and Throat (ENT) and Dermatology.
- The cessation of independent sector activity, which removed capacity for 600 cases per year for Orthopaedics.
- Junior medical and consultant staffing shortfalls in multiple specialties such as Cardiology, ENT, General Surgery and Ophthalmology.
- The increase in diagnostic waiting times which has taken place in Q2 and Q3 has increased waiting times in key specialties such as Orthopaedics and General Surgery.
- A high number of emergency patients for Cardiology services during Q1 resulted in a significant number of same day cancellations of elective patients.

Additional medical, nursing and therapy workforce is being recruited to provide further capacity within key specialities throughout 2018/19. This will create significant additional capacity, however, some of this will not be implemented until Q4 onwards. In the interim, alternative models of care delivery are being explored, recruited to and implemented. The Trust has engaged external support to undertake a review of demand and capacity, as well as to help implement improvement plans for Referral to Treatment waiting times.

**Appointment Slot Issues (ASIs)**

As described in previous reports, the Trust continues to see high levels of appointment slot issues, as a result of increased referrals, and in some specialities, increased demand from other Trusts. Solutions, which include increasing medical staffing capacity in order to manage the additional patients, are being progressed; however, it will be a number of months before sufficient capacity is in place to fully resolve this issue. In the meanwhile, significant additional capacity continues to be provided on an ad hoc basis via locums and existing staff working beyond their contracted hours.

As part of the 2018/19 budget setting process, significant resources have been allocated to increasing capacity across a range of specialities. In several areas the additional capacity will involve the recruitment of additional nursing and medical staff which is expected to take place during quarters 1 and 2 of 2018/19.

**Maximum time of six weeks from referral to key diagnostics**

Overall performance against the diagnostics standard deteriorated further in June, with 705 patients out of 6625 waiting longer than 6 weeks for a diagnostic test, which equates to performance of 88.67%.

The key challenged modalities are Endoscopy, MRI, echocardiography and Neuropysiology, with increased demand for some modalities and workforce shortages in
others. Considerable work continued to be undertaken to improve performance across all diagnostic modalities. There are plans in place for all the remaining challenged modalities that should see improvement in this waiting time standard throughout 2018/19.

**Workforce** (please refer to the charts at Appendix 2)

**Staff Turnover** (metric: 10-12%)
The Trustwide turnover rate increased slightly (<0.1%) but remains stable at just under 10.3%. For consecutive months the rate for registered nurses stayed at 10.2%.

The actions within our overall Turnover Plan and NHSI nursing retention plan remain on track and will continue to be monitored through the Workforce Strategy Group. The Trust has welcomed our first 5 nurses from the Philippines. Two more nurses arrive with us at the end of the month and we are currently organising the visas for several others for August. All are due to take up appointments in the Medical Division.

**Sickness Absence** (metric: <3.5%)

The aggregate Trust sickness absence rate increased during the quarter from 4.19% in March 2018 to 4.41% in June.

The 2,348 sick days lost in June to Anxiety/stress/depression/other mental illnesses accounted for a quarter of the total taken in the month. Of these over 90% were classified as long term. The work reviewing all long-term cases continues, to ensure that the highest levels of support are being provided to staff and managers.
### Finance

<table>
<thead>
<tr>
<th></th>
<th>Q1 2018/19</th>
<th>Forecast 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Planned</td>
</tr>
<tr>
<td>Net Surplus/(Deficit)</td>
<td>-£0.9m</td>
<td>-£1.0m</td>
</tr>
<tr>
<td>Surplus/(Deficit) Prior to Donated Income/Depreciation</td>
<td>-£0.8m</td>
<td>-£1.0m</td>
</tr>
<tr>
<td>EBITDA</td>
<td>£3.6m</td>
<td>£3.5m</td>
</tr>
<tr>
<td>17/18 CIP</td>
<td>£3.2m</td>
<td>£2.9m</td>
</tr>
<tr>
<td>Cash &amp; cash equivalents</td>
<td>£67.3m</td>
<td>£30.3m</td>
</tr>
<tr>
<td>Use of Resources</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

For Q1 2018/19 the Trust has achieved a deficit of £0.9m against a planned deficit of £1.0m, and is forecasting a surplus of £6.3m in line with the plan. EBITDA (including PSF) for Q1 was £3.6m against a plan of £3.5m, and is forecast to be £25.4m against a plan of £25.2m.

As at the end of Q1 the Trust had a cash balance of £67.3m, which is £37m higher than plan. The increase in cash is mainly due to drawing down the loans for the MyCare (EPR) project sooner than planned.

### Provider Sustainability Funding (PSF) 2018/19

<table>
<thead>
<tr>
<th>18/19 PSF Funding</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance Plan</td>
<td>£1.3m</td>
<td>£1.7m</td>
<td>£2.6m</td>
<td>£3.0m</td>
<td>£8.6m</td>
</tr>
<tr>
<td>Forecast</td>
<td>£1.3m</td>
<td>£1.7m</td>
<td>£2.6m</td>
<td>£3.0m</td>
<td>£8.6m</td>
</tr>
<tr>
<td>A&amp;E Plan</td>
<td>£0.5m</td>
<td>£0.7m</td>
<td>£1.1m</td>
<td>£1.3m</td>
<td>£3.6m</td>
</tr>
<tr>
<td>Forecast</td>
<td>£0.5m</td>
<td>£0.7m</td>
<td>£1.1m</td>
<td>£1.3m</td>
<td>£3.6m</td>
</tr>
<tr>
<td>Overall Plan</td>
<td>£1.8m</td>
<td>£2.4m</td>
<td>£3.7m</td>
<td>£4.3m</td>
<td>£12.2m</td>
</tr>
<tr>
<td>Forecast Achievement</td>
<td>£1.8m</td>
<td>£2.4m</td>
<td>£3.7m</td>
<td>£4.3m</td>
<td>£12.2m</td>
</tr>
</tbody>
</table>

The table above sets out the value of PSF available to the Trust within 2018/19. The PSF fund is weighted 70% for meeting the financial control total and 30% in meeting the A&E target.

£1.8m of PSF income was recognised in Q1 and this is in line with the plan. The Trust is forecasting to receive all of the £12.2m PSF income.

### Cost Improvement Programme (CIP)

The Trust has achieved year to date CIP of £3.2m against a plan of £2.9mm and has achieved £9.6m against the current year plan of £23.3m. The Trust is forecasting to
deliver its CIP plan of £23.3m.

The recurrent savings achieved so far for 2018/19 is £5.0m against a recurrent full year plan of £21.0m.

**Capital Expenditure**

<table>
<thead>
<tr>
<th>Capital Expenditure</th>
<th>Q1 2018/19</th>
<th>Forecast 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>5.6m</td>
<td>35.6m</td>
</tr>
<tr>
<td>Actual</td>
<td>1.3m</td>
<td>35.0m</td>
</tr>
<tr>
<td>Variance</td>
<td>4.3m</td>
<td>0.6m</td>
</tr>
</tbody>
</table>

Actual capital expenditure is £4.3m lower than plan and the variance is mostly due to slippage of £2.0m for the MyCare (EPR) scheme, £0.8m for the Private Patients' Unit, £0.5m for the 2018/19 Estates Infrastructure programme and £0.3m on the 4th Linear Accelerator scheme.

Capital expenditure of £35.0m is forecast, compared to £35.6m in the annual plan. The forecast includes a number of new capital developments including £12.3m for the EPR scheme, £0.5m for the reconfiguration of the Emergency Development, £1.7m for the 4th Linear Accelerator and £2.1m for a new Private Patients' Unit. There is still some uncertainty relating to the timing of commencing these schemes and therefore a risk that the programme may not be fully delivered.

**Leadership and Governance**

**NHS Improvement (NHSI)**

On the basis of performance in month 3, four NHS Improvement targets have not been achieved for the month.

- Maximum Waiting Time of Four Hours from Arrival in A&E to Admission, Transfer or Discharge. Performance including local MIUs was 94.8% in June 2018, compared to an agreed trajectory of 93.5% and a national target of 95%.
- Maximum waiting time of 6 weeks from referral to key diagnostic test. At the end of June 88.67% of patients had been waiting less than 6 weeks, compared to a target of 99%.
- 18 Weeks Referral to Treatment target. At the end of June 83.9% of patients awaiting treatment had been waiting less than 18 weeks, compared to a target of 92%.
- Maximum waiting time of 62 days for first treatment following GP urgent referral. 78.2% of patients who received treatment in June were treated within 62 days of a GP urgent referral, compared to a target of 85%.

**Duty of Candour**

For quarter one there were 22 incidents involving patients graded with an actual impact of moderate, major or catastrophic closed between 1 April 2018 and 31 June 2018 and the criteria were met. 20 were graded moderate, with 2 major an no catastrophic.
Community Services Division
Data for the Community Services Division is now reported within the main data set and the position reported within the main fabric of this report represents a full Trust wide position in respect of the key performance metrics. Additional work as part of the integration agenda is on-going, looking at providing some new metrics particularly in relation to community nursing services.
Board focus during Q1 2018/19

This section provides an overview of some of the performance issues that were discussed by the Board during the first quarter of 2018/19.

The Board looked in detail at the Trust’s performance during the quarter both in the discussions around the Integrated Performance Reports but also in relation to other items on the Board’s agenda.

- At its April 2018 meeting, the Board completed its annual review of the Board Register of Interests.

- An update was provided to the April 2018 meeting on the current performance, and the work that the Trust is undertaking in relation to the Model Hospital portal; a national benchmarking database presenting comparative performance information on a range of quality, access, workforce and financial indicators. The portal also contains outputs from the ‘Getting it right first time’ (GIRFT) programme; a peer-assessed programme seeking to improve clinical outcomes and quality indicators at specialty level by improving consistency across provider trusts.

- Also at the April 2018 meeting, the Board were informed that the Trust had submitted its position regarding compliance with the Information Governance (IG) toolkit at the end of March 2018. For 2017/18, the Trust had met the requirements set out by NHS Digital; achieving level three in 9 domains and level two in 36 domains, providing an overall compliance rate of 73% and was graded green.

- A presentation on the revised People Strategy was presented to the May 2018 meeting. The development of the People Strategy was informed by the refreshed Corporate Strategy, the 2 Year Operational Delivery Plan, and the 2017 Staff Survey Results as well as national and regional policy. The overall purpose of the People Strategy is ‘to be recognised as an organisation that inspires and develops the potential of its people, creating a great place to work’. There are six supporting plans.

- In May 2018 the Board received, discussed and approved the Trust’s Annual Report, Quality Report and Annual Accounts.

- Also in May 2018, the Board were updated on the Trust’s progress against the 10 safety actions as part of the NHS Resolution Incentive Scheme. This entitles providers to a reduction in their Clinical Negligence Scheme for Trusts (CNST) maternity contribution as a result of taking steps to improve delivery of best practice in Maternity services.

- In June the Trust Board formally approved the commencement of a Management Support Agreement between North Devon Healthcare NHS Trust (NDHT) and the RD&E. This agreement details the support that the RD&E will provide to explore the clinical sustainability challenge in North Devon over a 2 year period. This agreement is the result of the request of NHS Improvement (NHSLI) and in line with the work of the Sustainability and Transformation Plan (STP), and commenced on 18th June 2018. Professor
Adrian Harris has subsequently agreed to assume the post of Interim Medical Director at NDHT.

- In June 2018, stakeholders from the Devon system were invited to take part in a joint presentation to the Trust Board on Mental Health services for the local population. Devon Partnership Trust, the Police, and Devon County Council representatives attended to discuss the challenges, aims and aspirations for mental health care in Devon.

- Also in June 2018, the Board received and discussed an update on the Trust’s Outpatient Project, following a request from the Governance Committee. The Board noted the key drivers and risks, and were apprised of the actions being taken to improve patient experience of outpatient services.

- During the quarter, the Board received routine reports from the Audit Committee and Governance Committee. It held detailed discussions on key strategic issues at each of its confidential meetings. There were regular discussions on the Devon STP (Sustainability and Transformation Programme) and on the impact of local and national issues.

- There were regular Chief Executive updates to the Board throughout the quarter.
  - A £10m donation has been received from the Dennis and Mireille Gillings Foundation, for the new Neuroimaging Centre which will be built at the University of Exeter Medical School on the RD&E site. This will help accelerate clinical trials for potential dementia treatments over the next five years and is a great example of the close working partnership between the University of Exeter and the RD&E.
  - The Department of Health recently announced a very welcome five year financial settlement for the NHS, with real term funding increases of 3.6% for the next two years, followed by increases of between 3.1% and 3.4% for the remainder of the next five years.
  - The Trust’s My Care programme was officially launched in June 2018 after a number of years securing the capital funding in order to sign a contract with the preferred supplier; Epic.
  - Two members of staff were recognised in the Queen’s Birthday Honours, with Professor Sian Ellard, Consultant Clinical Scientist, being awarded an OBE and Mr Steve Hudson, former Divisional Director of Community Services, being awarded an MBE.
NHS Improvement (NHSI) Dashboard

The following table provides a summary of the service performance indicators that NHSI examines as part of its Single Oversight Framework, which was in place from 1 October 2016. The table focuses on performance against target for Q1 2018/19 (April to June 2018) and the risk inherent against the target for the quarter as declared at the start of the quarter.

Please also note that the Trust is now required to report monthly on the targets below rather than quarterly.

<table>
<thead>
<tr>
<th>NHSI Indicators</th>
<th>Position at end of Q1 2018/19</th>
<th>Position at end of Q4 2017/18</th>
<th>Target for the year 2017/18</th>
<th>Risk for quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E 4hr waiting (includes Eastern Devon Walk in Centres and MIUs)</td>
<td>94.26% (2,571 of 44,821)</td>
<td>91.2% (2,896 of 32,986)</td>
<td>No annual target. Q1 2018/19 target - 92.9%</td>
<td>High</td>
</tr>
<tr>
<td>Referral to Treatment Incomplete Pathways</td>
<td>83.80% (15,526 of 95,581)</td>
<td>84.8% (13,436 of 88,480)</td>
<td>Minimum 92% in 18 weeks</td>
<td>High</td>
</tr>
<tr>
<td>62 day 1&lt;sup&gt;st&lt;/sup&gt; treatment (all cancers) GP urgent referral</td>
<td>78.20% (118 of 541)</td>
<td>81.0% (91.5 of 391)</td>
<td>85%</td>
<td>High</td>
</tr>
<tr>
<td>62 day 1&lt;sup&gt;st&lt;/sup&gt; treatment (all cancers) Consultant Screening Service Referral</td>
<td>88.0% (7.5 of 62.5)</td>
<td>92.7% (4 of 51)</td>
<td>90%</td>
<td>Low</td>
</tr>
<tr>
<td>Maximum time of 6 weeks from point of referral to key diagnostic test</td>
<td>90.18% (1,869 of 19,037)</td>
<td>93.44% (1,217 of 18,562)</td>
<td>99%</td>
<td>High</td>
</tr>
</tbody>
</table>

Although not a mandated NHSI performance metric, Governors had previously requested Cancelled Operations Data and this is below.

<table>
<thead>
<tr>
<th>NHSI Indicators</th>
<th>Position at end of Q4 2017/18</th>
<th>Previous position at end of Q3 2017/18</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancelled Operations*</td>
<td>0.37% (76 of 20,297)</td>
<td>0.90% (164 of 18,408)</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

*Total of same day cancellations for non-clinical reasons as a proportion of all elective admissions. As not a NHSI target no risk rating is assigned.
Appendix 1

Examples of ‘Demonstrating Difference’ taken from the Board of Directors Integrated Performance Reports in Q1 2018/19.

The following are examples of where patient feedback has led to a service development or change. These changes may have been prompted either from an individual patient complaint or concern, a patient story, or from an identified theme within patient feedback.

**Medical Services**

**Taw Ward/Cardiology**

Following a number of complaints, Taw Ward has identified an ongoing issue with Cardiology patients waiting for procedure who no longer require or want the procedure or who have symptom changes. A test of change has been undertaken whereby a band 4 elective co-ordinator contacts all patients following their booking. The co-ordinator discusses the patients’ needs in order to highlight special requirements for the ward and advice about post procedural requirements. The coordinator also ensures the day case environment has the correct skills, safety and specialised equipment required for the elective activity. All patients are greeted on the day of their procedure by the co-ordinator, someone they have already been speaking with and who understands their needs.

The aim of the role is to prevent cancellation on the day of any patient and to improve patient satisfaction. This has been received positively by patients, Consultants and the booking teams.

**Renal**

The Renal dietetic staff identified the lack of a weight management service for renal patients and a questionnaire was compiled which identified a patient’s preference with regards to how a weight management service would be delivered. Following the results of this an eight month nutrition and exercise weight loss service was developed and planned to start on 9th May offering 1:1 diet and exercise advice in a 90 minute appointment. An evaluation will be conducted at the end of the 8 sessions (December 2018).

**Surgical Services**

**Pre-Assessment Unit; Acute Surgery Admin Teams; Specialist Surgery Admin Teams; Knapp Ward;**

Patient feedback was received with regard to problems with pre-assessment appointments. The Preparation for Surgery team reviewed their booking process for pre-assessment to identify if there was a way that patients could be seen on the same day they were listed for Surgery and also, if they could prevent patients attending for surgery without being offered a pre-assessment. This led to two changes in their processes:-

1) The clinics were restructured to create “one-stop” clinics on a number of the lists and where patients are listed for surgery they now have the pre-assessment on the same day. This has been positively received by the patients and is currently in
practice for four specialities with the view of rolling this out across the remaining areas. The main focus is cancer patients and those who have travelled out of area.  

2) Pre-Assessments booking has been centralised within the actual team rather than each speciality leading to maximising the utilisation of their capacity, resulting in more patients being seen together with the introduction of a reminder service. There has been an increase in the number of patients now attending with a pre-assessment and a reduction in cancellations due to unknown co-morbidities;

**Specialist Services**

**Gynaecology**

Gynaecology services have identified an ongoing issue with 25-30 year olds not regularly attending for their smear test. Nationally, there is a shortage of women in this age range attending. The Matron put together a bid for some National Screening Funding and was successful in securing funds for a 3-months trial to pilot an evening drop-in service at the RD&E. The aim was to see if this would improve the number of women attending screening. The team designed the posters and circulated them on social media. The service offers women the chance to attend an evening clinic on Tuesdays between 6-8pm. The first clinic was held on the 12th June with 9 patients dropping in for their smear test.

**Yeo Ward – Radioactive Iodine Room**

Patients often feel very isolated as they have minimal contact with nursing staff during their stay due to the radiation levels. Artwork has been provided for the walls and staff have provided a DAB radio, TV, games, puzzles, DVD’s, books for entertainment and a laptop so patients can keep in touch with family and friends. There are tea and coffee making facilities also provided.

**Community Services**

Barnfield Hill community nursing team have been visiting a housebound patient daily for over a year to support with the management of pressure damage. The patient was very reluctant to engage with advice and education. The patient had fed back that the times the nurses visited disrupted their television viewing and she just wanted them to do the dressings and leave without discussion/education/support. Team ensured a consistent approach to engage the patient with advice and adapted the visiting times to facilitate this.

By changing the times a therapeutic relationship was gained thus compliance with the advice treatment and subsequent healing. Whilst the patient is looking forward and optimistic of being able to self-manage without input from Nurses, she reports looking forward to the support and treatment which the nurses provide as she can see that it is helping her recovery.
Appendix 2

Safety

Clinical Effectiveness

Performance Report
Council of Governors
August 2018
Page 15 of 17
Operational Effectiveness
Cancer - 14, 31 & 62 Day Wait

### Performance & Number of Breaches

<table>
<thead>
<tr>
<th>Performance (%)</th>
<th>Target</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Urgent (%)</td>
<td>93%</td>
<td>95.1%</td>
<td>95.8%</td>
</tr>
<tr>
<td>All Urgent</td>
<td></td>
<td>94.2%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Symptomatic Breast (%)</td>
<td>93%</td>
<td>91.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Symptomatic Breast</td>
<td></td>
<td>94.1%</td>
<td>97.4%</td>
</tr>
<tr>
<td>All Decision To Treat (%)</td>
<td>96%</td>
<td>97.7%</td>
<td>98.5%</td>
</tr>
<tr>
<td>All Decision To Treat</td>
<td></td>
<td>97.7%</td>
<td>98.7%</td>
</tr>
<tr>
<td>Subsequent - Surgery (%)</td>
<td>94%</td>
<td>97.7%</td>
<td>98.7%</td>
</tr>
<tr>
<td>Subsequent - Radiotherapy (%)</td>
<td>94%</td>
<td>97.7%</td>
<td>98.7%</td>
</tr>
<tr>
<td>Subsequent - Anti-Cancer Drug (%)</td>
<td>98%</td>
<td>100.0%</td>
<td>98.9%</td>
</tr>
<tr>
<td>All Screening Service (%)</td>
<td>90%</td>
<td>95.0%</td>
<td>96.6%</td>
</tr>
</tbody>
</table>

### Workforce

#### 12 Monthly Turnover

<table>
<thead>
<tr>
<th>Turnover Rate (%)</th>
<th>Target</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td></td>
<td>8.0%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

#### Acute DTOC - Average Volume vs. Trajectory

- **Volume**
- **Trajectory**

#### Sickness Absence by Top 5 (inc. Other)

- **Other**
- **Colds, Coughs, Flu - Influenza**
- **Musculoskeletal problems**
- **Gastrointestinal problems**
- **Injury, fractures**
- **Maternity/Parental leave**
- **Trust Position**

---

Performance Report
Council of Governors
August 2018
Page 17 of 17
COUNCIL OF GOVERNORS PAPER

Meeting date: 20th August 2018  
Agenda item: 8.1, Public

Title: COG COORDINATING COMMITTEE AND WORKING GROUP PROGRESS REPORT

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

Background: The three working groups are: CoG Effectiveness, Member and Public Engagement and Patient Safety and Quality. Each Group is led by a Governor with membership of each Group open to all Governors. Each Group reports quarterly to the CoG Coordinating Committee, with the Chair of each Group a member of the Committee.

CoG Coordinating Committee (update from Peta Foxall, Lead Governor)

This report provides an update on the discussions and actions from the meeting of the CoG Co-ordinating Committee held on 23rd July 2018.

Introduction: The Committee welcomed Kay Foster in her role as the new chair of MPEG. Rosemary Shepherd attended as observer, as part of her induction. The action notes of the meeting held on 23rd April 2018 were confirmed as accurate.

Key Issues: Discussions focused on working group activities, identifying areas of overlap and opportunities for improvement. Feedback from the last two CoG meetings was received and has informed the planning of future meetings. Other issues explored in depth were: governors’ behaviours, communications with executive directors and the role and election of the deputy lead governor.

Forward View: The following were agreed: (i) that the stand-alone report from PEC for CoG meetings would end. Instead, governor members would report to the PSQ working group and issues for CoG would be incorporated in to the report of that group; (ii) that the rota for governors observing Board meetings in public and the NED assessment forms would become the responsibility of this committee, to reduce the workload of Tony Ducker who had single-handedly carried out that role for three years. Tony will continue to be involved and was thanked for his hard work.

To note: the next meeting of the Committee will be held on 8th October.

Member and Public Engagement working group (update from Kay Foster)

Purpose: To contribute to the Trust's development of its engagement work plan and to facilitate Governors’ understanding of their role and the process in conveying the views of their constituents and their feedback between them and the Trust.

Introduction:
• The last meeting was held on 9th August 2018

Forward view (actions):

1. To consolidate a timely plan for recruitment for Governors for 2019. Target businesses and organisations by Governors/Coms Staff to interface in person - “why become a Governor at the RD&E”

2. Consolidate feedback from all Governors - not just MPEG members - on community conversations they have had/heard. “What are the topics of conversation in the Community”

3. How and who can reach out to Hard to Reach Groups. Example of work that has been successfully done by two Governors in the Deaf Community.

4. A “pilot” initiative to be undertaken imminently by placing membership forms in discharge papers for the Maternity Unit and the Community. Can we attract new members?

The Patient Safety and Quality Working Group and CoG Effectiveness working group have not met since the last CoG meeting.

Recommendation: That the Council of Governors notes the report and approves the CoG/Board Dispute Escalation Policy, the Governors Roles and Responsibilities Document and the CoG Rules of Procedure.

Presented by: Peta Foxall, Lead Governor
Tony Ducker, CoG Effectiveness
Faye Doris, Patient Safety & Quality
Kay Foster, Member & Public Engagement
COUNCIL OF GOVERNORS PAPER

Meeting date: 20th August 2018

Agenda item: 8.2

Title: Report on the performance of the Trust’s external auditor

Purpose:
The paper provides the Council of Governors (CoG) with the Audit Committee’s assessment of the performance of the Trust’s external auditors, in particular to provide assurance that they continue to provide a quality, timely and cost effective service. Also to recommend to the CoG that KPMG should continue to be appointed as the Trust’s external auditor for the 2018/19 financial year.

Background:
The NHS Foundation Trust Code of Governance document, issued by NHS Improvement, includes guidance to the CoG relating to assessing the performance of the external auditors. The following extracts are included in the document:

“C.3.3. The Council of Governors should take the lead in agreeing with the Audit Committee the criteria for appointing, re-appointing and removing external auditors. The Council of Governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the Audit Committee, which provides information to the governors on the external auditor’s performance as well as overseeing the NHS foundation trust’s internal financial reporting and internal auditing.”

“C.3.4. The Audit Committee should make a report to the Council of Governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable the Council of Governors to consider whether or not to re-appoint them. The Audit Committee should also make a recommendation to the Council of Governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.”

“C.3.5. If the Council of Governors does not accept the Audit Committee’s recommendation, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.”

“C.3.6. The NHS Foundation Trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for three to five year period of appointment.”
The Trust undertook a competitive tender exercise in 2014 and KPMG were appointed as the Trust’s new external auditors for the five year period ending 31 October 2019. A separate paper will provide to the CoG at the August 2018 meeting advising of the requirement to re-tender the external audit contract.

**Key Issues:**

The Audit Committee has assessed the performance of the Trust’s external auditors; in particular the following was assessed:

**Timeliness of reporting**

The submission of the Trust’s audited Annual Report and Accounts and NHSI Finance Return is challenging for both the Trust and the external auditor due to the short timeframe from the end of the financial year to the filing deadline of 29th May 2018. The audited documents were submitted to NHS Improvement on the 25th May 2018.

Throughout the year, and in particular during the period when the audit work is mostly undertaken, the Trust was in regular communication with KPMG. Responses from KPMG have been professional, helpful and provided within an appropriate timescale.

KPMG has attended all Audit Committee meetings since appointment and has provided papers in a timely basis. Where matters arose regarding the audit of the accounts, annual report and quality report the Trust was kept regularly informed and without delay.

To continue to enhance the external audit process, KPMG and the Trust’s Finance and Governance departments will hold a post audit de-brief meeting to identify any opportunities to further strengthen the audit process.

**Quality of Work**

The reports that the Trust received from KPMG have been of good quality, pro-active, helpful and constructive with information provided in a concise and professional format.

The quality of KPMG’s audit work is assessed by external organisations and quality reviews are completed internally on a regular basis across their firm. KPMG has undertaken a self-assessment of their performance; Appendix 1 provides an assessment against previously reported key performance indicators (KPIs). The below are extracts included within this appendix:

“Internal quality reviews are completed on a regular basis across the firm. KPMG continue to engage with external regulators.”

“All staff involved in the audit has completed the relevant mandatory training.”

“We confirmed our independence at each stage of the audit. Most recently in the ISA260 report presented to the Audit Committee on 18th May 2018.”

“We utilised relevant tools such as eAudit and IDEA throughout the 2017/18 audit.”

**Audit fees**

The Trust undertook a competitive external audit tender exercise in 2014. By undertaking this tender exercise, the Trust has gained assurance that the external audit fee has been appropriately market tested and therefore provides good value for money.

The audit fee for the audit of the Trust’s and the Charity’s Annual Report and Accounts that was agreed by the Audit Committee was £65,125 (excluding VAT) and this value is in line...
with the audit tender fee. This fee excludes a reduction of £1,500 that was received in 2017/18 relating to an agreed decrease to their 2016/17 fee.

Based upon the benchmarking information available within the NHSI Model Hospital the external audit fee for the Trust (per £100m turnover) is in the lowest quartile; and at £15,300 is almost half the national median of £29,300. This helps provide evidence that the external audit fee is very low in comparison to the average fees that are paid by other NHS organisations.

KPMG has also provided details of the actual/forecast audit days for the 2017/18 audit compared to those included within their written tender. A table of these days is included within section 2 of appendix 1. Although the staffing profile of audit days received is different from the plan, this should not have diluted the quality, effectiveness and efficiency of the audit services received.

**Recommendation:**

The Audit Committee confirms to the CoG that the Trust’s external auditor’s has provided a quality, timely and cost effective service within 2017/18. The Audit Committee recommends to the CoG that KPMG should continue to be appointed as the Trust’s external auditors for the 2018/19 financial year.

**Presented by:**

Peter Dillon, Chair of the Audit Committee and Non-Executive Director.
Appendix 1 - Review of Key Performance Indicators

Royal Devon and Exeter NHS Foundation Trust

July 2018
The proposal for external audit services set out a number of key performance indicators which the performance of external audit is monitored against. The table below sets out the key performance indicator, how we proposed to achieve it and our self assessment for the 2016/17 financial year.

### Section One

**Key Performance Indicators**

<table>
<thead>
<tr>
<th>#</th>
<th>Area</th>
<th>Key performance indicators</th>
<th>How we will measure/achieve them?</th>
<th>Self assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Quality assurance</td>
<td>Demonstration of compliance with mandatory audit and other professional standards, prescribed by the main accountancy bodies and the Independent Regulator. Evidence of delivering independence and at the same time advice and support to the Trust which 'adds value' to the Trust’s activities. Evidence of commitment to training and development of audit staff. Use of the latest techniques in audit work, e.g. statistical sampling, use of Technology</td>
<td>Confirmation in our deliverables and continued engagement in quality reviews both internally and externally. This document sets out some of the additional ways we add value and we continually scan for other ways to deliver value to our clients. We declare our independence at least annually. All our staff undertake training and is monitored and confirmed annually. We use our eAudit tool as we move towards a paperless audit. We also have a number of statistical sampling tools available such as IDEA.</td>
<td>Internal quality reviews are completed on a regular basis across the firm. KPMG continue to engage with external regulators and a summary of the recent FRC findings have been provided to you. All staff involved in the audit have completed the relevant mandatory training. We confirmed our independence at each stage of the audit. Most recently in the ISA260 report presented to the Audit Committee on 18 May 2018. We utilised relevant tools such as eAudit and IDEA throughout the 2017/18 audit.</td>
</tr>
<tr>
<td>2</td>
<td>Achievement of no overruns</td>
<td>The total approved audit-days in the annual Operational Audit Plan.</td>
<td>We will report on the annual number of days used. You will also have evidence through no additional overruns being charged unless appropriate and agreed.</td>
<td>The fee charged for the 2017/18 audit is in line with the fee outlined in our annual plan. There will be no overruns charged. We will perform the audit of the Charity in August 2018, we do not anticipate additional fees being incurred over the fee set out in the proposal and external audit plan.</td>
</tr>
</tbody>
</table>
### Section One

#### Key Performance Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>Area</th>
<th>Key performance indicators</th>
<th>How we will measure/achieve them?</th>
<th>Self assessment</th>
</tr>
</thead>
</table>
| 3  | Attendance and contribution at relevant team meetings | Senior core team members to attend each audit committee meeting.  
95% staff reporting positive engagement from audit team at meetings | We have ensured that the team have suitable availability to complete your audit and exceed the standards you expect. | A member of the core audit team has attended all Audit Committees in the 2017/18 financial year.  
Feedback from David Robertson and Peter Dillon on our attendance and contribution to the meetings has been positive.  
The Trust’s view on our engagement and contribution at these meetings will be measured through the Client Voice Survey.  
We also completed NHS technical training ahead of the final audit visit to several qualified accountants at the Trust. |
| 4  | Timeliness and acceptability of reporting | Clarity of style, avoidance of jargon and concise explanation of the issues are required in all Audit Reports.  
Quality of Audit Reports – the information provided should be relevant, practical and timely.  
Proper consultation/liaison with managers should take place in the preparation and follow-up of all Audit Reports.  
Reports for the Audit Committee meetings shall be available for distribution with agenda papers at least one week before the date of meeting.  
Following the annual audit, the draft Audit Highlights Memorandum, and Quality Report opinion shall (wherever practically possible dependent on NHS Improvement’s timetable) be available by the date of the Audit Committee meeting at which the report will be discussed.  
The Audit Opinions and Certificates shall be available to the Trust for submission to the Independent Regulator on the day of Board approval of the Accounts each year. | Feedback will be obtained from stakeholders including the Audit Committee and Finance Team on our deliverables to ensure they are clear and also that proper consultation has occurred. We will undertake a survey annually and feedback results to the Audit and Assurance Committee.  
Feedback from the Trust Secretary or equivalent as to the availability of our papers.  
Our work will be planned to deliver our Audit Highlights Memorandum to the necessary Audit and Assurance Committee in May and we will take all necessary action to achieve this.  
Our audit opinions will be available as soon as possible after completion of our work and provision of all necessary information. The Trust meeting all necessary submission deadlines will demonstrate achievement of this. | Our Audit Committee papers were provided to the Trust on a timely basis. Despite the tight timetable at the year end we were able to provide reporting in line with the Trust’s timetable. Where discussions were ongoing with the Trust, in this instance relating to the calculation of the four hour wait indicator, we ensured the relevant individuals at the Trust were informed of these delays and appropriate actions were taken.  
Key reports were provided to management for their feedback and response prior to the report being finalised and submitted to the Audit Committee.  
Audit Opinions and Certificates were available to the Trust on the day of the Board meeting and submitted by KPMG to the Independent Regulator in line with the original timetable set out by the Trust.  
We will consider any feedback received from the Client Voice Survey relating to our reporting to you. |
### Key Performance Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>Area</th>
<th>Key performance indicators</th>
<th>How we will measure/achieve them?</th>
<th>Self assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Accessibility and availability of team members</td>
<td>All general enquiries and requests for assistance shall receive a response within two working days. 0% staff turnover within core team and continuity of staffing between all bi-annual audit team visits. 95% of finance staff and senior management reporting positive engagement with audit team throughout year. All staff assigned to the task deemed necessary for the provision of the services have been selected with due regard to their qualification, experience and technical ability. Completion of audit plan on time and to budget.</td>
<td>We will respond to requests within the specified time period. Feedback from management will be sought as to whether this is achieved. Our team has been selected based on their experience within the sector and on similar engagements to ensure they can deliver the required services. Feedback from management as to whether they received positive engagement and regarding the competency of the staff. Audit plan designed considering risk associated with audit and factoring new requirements from regulators. On completion, time and costs to be compared to budget.</td>
<td>There were no changes to the core team of Rob and Jon from the previous year. The onsite team was consistent from interim testing and final testing. Both senior members of the team had worked on the 16/17 audit. Jon and Rob have been on hand to discuss accounting approaches early e.g. valuation methodology. Where new team members were introduced in the year, we ensured they had completed Trust specific training prior to their first day on site and had a thorough understanding of the Trust and its operations. Those team members that were introduced during the financial year, are all part of our public sector audit team and were experienced in delivering NHS Foundation Trust audits. We worked closely with the Trust during the year end audit to ensure that all enquiries were dealt with on a timely basis and reporting deadlines were met.</td>
</tr>
<tr>
<td>6</td>
<td>Notification and Handling of any complaints</td>
<td>100% of complaints reported to Director of Operational Finance and the Chair of the Audit Committee. Action plans relating to complaints agreed with the Director of Operational Finance within 7 days and presented at next available Audit Committee. Update on action plans presented to all Audit Committees.</td>
<td>We are confident that our team will surpass your expectations and that the handling of complaints will not be an issue. However, if an issue does arise, Jon will liaise with the Director of Operational Finance and the Chair of the Audit Committee. Feedback will be obtained to confirm this. Action plans to be developed to resolve issues and agreed with the Director of Operational Finance and presented to the audit committee for agreement and monitoring. Feedback from management and audit committee.</td>
<td>We have not received any formal complaints during our engagement with the Trust to date. We will follow up on any comments from the Client Voice Survey and debrief meeting with relevant Trust staff to ensure appropriate actions are taken where necessary.</td>
</tr>
</tbody>
</table>
## Section two

### Audit days

We have set out below the Auditor’s staffing profile as per the proposal for external audit services. We have included narrative for any significant variances between our proposed and actual number of days below the table.

<table>
<thead>
<tr>
<th></th>
<th>Actual days</th>
<th>Planned days remaining</th>
<th>Per proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Days incurred to date</td>
<td>July Audit Committee</td>
<td>Meeting of Governors</td>
</tr>
<tr>
<td>Engagement Partner</td>
<td>13</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Engagement Director</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Senior Manager</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Manager</td>
<td>31</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assistant Manager</td>
<td>49</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>‘In-Charge’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditor</td>
<td>57</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

---

**Note 1 –** Our proposal included Jon Brown as a director, from 2016/17 onwards Jon is a Partner.

**Note 2 –** Our proposal stated that the audit team would comprise both a senior manager and a manager with the intention being that the audit manager would lead the work on the quality accounts and the senior manager would lead all other aspects of the audit. We have consolidated this role so that the quality accounts, annual report and financial statements all sit with one manager. We discussed this with the Audit Committee in advance of the 2014/15 audit to ensure they were comfortable with our proposed approach, we have continued with this approach in the following audits including 2017/18.

The reduction in days from a senior manager, is partly offset by the increase in the number of days from Jon as your engagement Partner.

**Note 3 –** Our proposal stated that the ‘in-charge’ would be a qualified auditor. Our incharge for 2017/18 was “time qualified”, which means she has worked in audit at KPMG for longer than the time required to be qualified per the training contract. However due to personal circumstances did not take the final exam sitting in July 17, and as such will not be fully qualified until the July 18 sitting.
The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavour to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

© 2018 KPMG LLP, a UK limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. All rights reserved.

KPMG LLP is multi-disciplinary practice authorised and regulated by the Solicitors Regulation Authority. For full details of our professional regulation please refer to ‘Regulatory Information’ at www.kpmg.com/uk

The KPMG name and logo are registered trademarks or trademarks of KPMG International.
Create Graphics: CRT061161A
COUNCIL OF GOVERNORS PAPER

Meeting date: 20th August 2018

Title: Tender process for the appointment of the Trust’s external auditors

Purpose:
The paper advises the Council of Governors (CoG) of the requirement to tender for an external auditor.

To recommend that three Governors are nominated to be members of the external audit project panel, with a minimum of one of these members also being nominated to be a project team member.

Background:
A competitive tender exercise was last conducted in 2014 for the provision of external audit services to the Trust. The outcome of the tender was that the Council of Governors (CoG) appointed KPMG for a period of five years, with the contract ending on the 31st October 2019.

This paper provides the CoG with an outline of the tender process, recently agreed by the Audit Committee, and provides a summary of the Audit Committee’s and CoG’s responsibilities.

Key Issues:
The Trust’s CoG is responsible for the appointment of the Trust’s external auditors.

NHS Improvement (NHSI) has issued Governance over audit, assurance and accountability guidance 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 Audit Committee, to perform such monitoring, reviewing and other functions as are appropriate.

The CoG should take the lead in agreeing with the Audit Committee the criteria for appointing, re-appointing and removing external auditors. The CoG will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the Audit Committee. The Audit Committee 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 Audit Committee 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.

Appendix 1 provides further information relating to the members of the project team and the panel, together with their proposed respective responsibilities.

The Audit Committee recommends that the CoG is represented as a minimum with three Governors on the Project Panel, with a minimum of one of these members also being nominated to be a Project Team member.

**Recommendation:**

The CoG is asked to approve the outline process for the tendering for the external audit service to the Trust and the Charity; and to nominate three Governors to be members of the Project Panel, with a minimum of one of these members also being nominated to be a Project Team member.

**Presented by:**

Peter Dillon, Chair of the Audit Committee and Non-Executive Director.
Appendix 1

Proposed Project Team

Responsibilities of the Project Team:

- Compliance with the appointment requirements included within the Audit Code for Foundation Trusts issued by NHSI.
- 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 and Planning
- Head of Governance
- 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 2019.

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:

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Milestone/task</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-Jul-18</td>
<td>Audit Committee receive the Audit tender plan and agree the process and provisional timetable.</td>
</tr>
<tr>
<td>20-Aug-18</td>
<td>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.</td>
</tr>
<tr>
<td>Sep-18</td>
<td>Project Team’s 1st 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.</td>
</tr>
<tr>
<td>7-Nov-18</td>
<td>Audit Committee provided with a progress update.</td>
</tr>
<tr>
<td>26-Nov-18</td>
<td>CoG provided with an update on progress.</td>
</tr>
<tr>
<td>Jan-19</td>
<td>Contact framework providers to establish interest and to request that they supply information to confirm that they meet the KPR criteria.</td>
</tr>
<tr>
<td>Jan-19</td>
<td>Deadline for receiving expressions of interest and completed KPR criteria.</td>
</tr>
<tr>
<td>Feb-19</td>
<td>Project Team’s 2nd meeting to discuss, check suppliers meet the KPR criteria and shortlist suppliers invited to tender.</td>
</tr>
<tr>
<td>Feb-19</td>
<td>Audit Committee provided with a progress update.</td>
</tr>
<tr>
<td>Mar-19</td>
<td>Invitation to tender document sent to shortlisted suppliers, includes KPR, tender specification and criteria.</td>
</tr>
<tr>
<td>May-19</td>
<td>Tender submission deadline.</td>
</tr>
<tr>
<td>Jun-19</td>
<td>Project Team’s 3rd meeting, required to evaluate, mark and score of written tenders.</td>
</tr>
<tr>
<td>Jul-19</td>
<td>Audit Committee advised on progress.</td>
</tr>
<tr>
<td>Jul-19</td>
<td>Project Panel meeting to evaluate and score written tenders.</td>
</tr>
<tr>
<td>Jul-19</td>
<td>Project Panel meeting to receive supplier presentations. Final scores awarded and a recommendation to be provided to the CoG.</td>
</tr>
<tr>
<td>Sep-19</td>
<td>CoG meeting to approve the recommended supplier.</td>
</tr>
<tr>
<td>Sep-19</td>
<td>Suppliers to be advised of the CoG decision.</td>
</tr>
<tr>
<td>01-Nov-19</td>
<td>New 5 year contract commences.</td>
</tr>
</tbody>
</table>