

James Brent

Introduction to 2017/18 Annual Members Meeting

Hello and welcome to our 2017/18 Annual Members Meeting. My name is James Brent and I have the pleasure of being the Chairman of the Royal Devon & Exeter NHS Foundation Trust. I am really delighted to see you all here today and I want to thank you for your interest in the RD&E and the work we do. The support and engagement we receive from our members, and indeed, the wider public, is very important to us: as a Foundation Trust, our Board owes its fiduciary duties to our Members and our wider community, not to the Government. The Annual Members Meeting provides an opportunity for members and the public to hear at first-hand how we have done in the previous financial year, what we have achieved and some of the challenges we have faced. It also provides us with the opportunity to update you on recent developments at RD&E. Our Annual Report, which highlights these issues in more detail, has been published on our website and if you have not yet had an opportunity to see it I would encourage you to do so.

Shortly our Chief Executive, Suzanne Tracey, will provide an overview of the year 2017/18. Then, Rob Andrews from our external Auditors KPMG will provide an overview of their audit findings to provide independent assurance to you as members and our new Lead Governor Peta Foxall will summarise the Governors' year. Finally I want to highlight the contributions made by some of our retiring Directors and Governors. Following all of this I will invite questions from the floor that I will ask our speakers to respond to - ably assisted by any of our other Board members sitting here at the front.

These continue to be changing and challenging times for the NHS. There have been significant changes at the top of the NHS, not least a new Secretary of State and both a new Chairman and CEO of our regulator, NHSI, and a new Chairman of NHS England.

On 18th June 2018, the Prime Minister announced a new 5-year funding package for the NHS as part of a 10-year plan to be produced by the NHS over coming weeks; by the fifth year NHS income will have been increased by £20.5 bn a year in real terms. The annual increases start from next year-2018/19-and vary each year but average 3.4% per annum above the cost of inflation over this period. This is lower than the independent think tanks thought was necessary just to stand still, but is a significant increase none-the-less. Before we can look at any improvements to the NHS, we will need to fund the deficits that already exist, fund pay rises and invest heavily to try to recover waiting times so the pressure on us to improve efficiency and productivity continues.

In the context of this national background, the RD&E has also been busy. Earlier this year, the Trust launched its refreshed corporate strategy which sets out our plans for the next 5-10 years. Our aim is for the RD&E to play a leading role in transforming the health and care system in Devon and to work in partnership to connect people, services, communities and voluntary groups to meet the needs of the communities we serve. Our strategy is underpinned by the same vision and values that have served us well for the last decade and builds on our solid reputation for delivering high quality safe care but it also defines a new way of working that improves and streamlines what we already do while at the same time radically rethinking how

health and care will be delivered in the future. This involves helping people keep well and supported by their communities, enabling them to play a greater part in looking after their own health and wellbeing, as well as embracing the possibilities of new technologies to transform the way health care is delivered and how people access it.

A really positive note for the year was our staff survey. In my view retaining, motivating and recruitment of staff is even more important to us than the finances. Our staff are not only important to us because of the wonderful people that they are but because motivated staff are critical to delivering safe, compassionate and high quality services to our patients and communities. I am delighted that over the last 6 years we have moved from being in the lowest 20% of organisations in terms of staff engagement to one of the top 20% of performers nationally. This is a real credit to our leaders at all levels throughout the RD&E.

We have continued to provide very safe and compassionate care, with good outcomes, to a growing number of patients despite the challenging context. This care is not solely in the acute hospital but across our community hospitals and community nursing.

In line with the national picture, our performance against targets for access to our services has declined, however. At the end of the financial year, we achieved 92.5% performance (including our Minor Injury Units) against the 95% 4-hour target for A&E waiting times; a very creditable performance in the circumstances. Similarly, in cancer care at the end of March we were achieving 7 of the 9 national cancer waiting

time targets and the Board was assured that our patients in this category received good access to timely treatment. Access to non-cancer elective care remains a significant challenge with 83% of these patients being treated within 18 weeks, compared with the target of 92%. Our diagnostic waits have also been disappointing (at the end of March 93% of patients receiving their diagnostic tests within 6 weeks, relative to a target of 99%). This is an important target and your Board is very focused on recovering the position as quickly as possible.

On the face of it our financial performance was very strong. We ended the year with a surplus of £13.0m and cash in the bank of £23.5m. While we achieved our underlying targets, the particularly rosy numbers reflected one-off exceptional items, however, and the additional money for the NHS I mentioned earlier does not start flowing until 2019/20. The financial challenge for 2018/19 will be even greater. As I have mentioned even with the additional cash we have a lot of catching up to do and I remain very concerned about underfunding of social care which has a very significant impact on the effectiveness of the NHS.

NHS organisations in Devon have been working closely together to confront the significant challenges we all face in delivering clinically and financially sustainable care for the people of Devon. We have developed our approach to providing clinical services in a more collaborative way, including supporting one another by providing mutual clinical support, which has proved invaluable in addressing short-term service challenges due to medical staffing problems. A requirement for support for our most remote acute hospital, North Devon District Hospital, was identified in March. As a result, NDHT and the RD&E are now working together to address the challenges

NDHT faces to provide acute services and to ensure that the health needs of the population of northern Devon continue to be met. With the support of NHS Improvement, the two organisations have agreed that the RD&E will provide leadership and management support to NDHT for the next two years; Suzanne Tracey has become the Accountable Officer and Chief Executive for both organisations and I have been appointed as Chairman of both, although there will continue to be two separate Boards and separate statutory obligations. The agreement also sets out that an options appraisal will be undertaken during this period to look at the longer-term solutions to the challenges faced by NDHT.

Despite the challenges, your Board remains very positive. We will continue to provide high quality safe care to our patients, strengthen our partnership working, and take the steps necessary to develop a new way of working to put in place the best sustainable health and care services to our communities across the county and beyond.

Finally, I would take this opportunity to thank our wonderful staff, our volunteers, my Governor and Board colleagues and colleagues across the health and care system for their incredible endeavours over the last year and to you for your continued support for the RD&E through your membership.

RECOGNITION OF OUR RETIRED DIRECTORS & GOVERNORS

This is an opportune moment to both recognise the contributions of governors who have or are about to depart as well as welcome new Governors who have joined us during the year or who start their terms of office today.

Governors leaving us include:

Rachel McInnes, Cllr Ray Bloxham, and Linda Hall

In addition Geoff Barr and Michael James completed their terms and decided not to stand again.

Can I thank each and every one of them for their great contributions to the work of our Council of Governors over recent years. Our Governors play a vital role in linking the Trust and the Board with the communities and people we serve.

Three Governors have been re-elected for further terms: Richard Bowes, James Bradley, and Catherine Geddes. We have a newly appointed stakeholder governor – Phil Twiss from Devon County Council and finally we have two new Governors starting their terms of office today elected for the Exeter and South Devon constituency – Abdul Latif and John Murphy and a new Staff Governor, Dominic Hazell

Board members

Chris Tidman (Chief Financial Officer) and Non-Executive Directors Simon Knowles and Steve Kirby joined the Trust in October/the Autumn of 2017

Michele Romaine left after 6 years in August 2018 in order to take up the post of Chair at another Trust.