

<b>Agenda item:</b>				Date: 31 January 2024
<b>Title:</b>	Integrated Performance Report – spanning both Northern and Eastern services within Royal Devon University Healthcare NHS Foundation Trust			
<b>Prepared by:</b>	Hannah Foster, Chief People Officer Adrian Harris, Chief Medical Officer Angela Hibbard, Chief Finance Officer Carolyn Mills, Chief Nursing Officer John Palmer, Chief Operating Officer Chris Tidman, Deputy Chief Executive			
<b>Presented by:</b>	Chris Tidman, Deputy Chief Executive			
<b>Responsible Executive:</b>	Hannah Foster, Chief People Officer Adrian Harris, Chief Medical Officer Angela Hibbard, Chief Finance Officer Carolyn Mills, Chief Nursing Officer John Palmer, Chief Operating Officer Chris Tidman, Deputy Chief Executive			
<b>Summary:</b>	To advise the Board of the Trust’s performance against key performance standards and targets; and progress on the implementation of the Trust Strategy and key supporting projects.			
<b>Actions required:</b>	The Board is asked to receive the Performance Report and note the current risks and the proposed action plans to mitigate the risks against performance delivery.			
<b>Status (*):</b>	Decision	Approval	Discussion	Information
				X
<b>History:</b>	This is a standing agenda item at each meeting of the Board of Directors.			
<b>Link to strategy/ Assurance framework:</b>	This paper details the Trust’s performance in respect of key performance standards and targets. Achievement of these performance standards and targets is a key objective within the Trust’s Strategy.			

Monitoring Information		Please specify CQC standard numbers and tick ✓ other boxes as appropriate	
Care Quality Commission Standards	Outcomes		
NHS Improvement / England	✓	Finance	✓
Service Development Strategy		Performance Management	✓
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			
Other (please specify)			

## Contents

Section	
Overview	3 - 11
Activity & Flow, and Operational Performance	12 – 48
Patient Experience	49 – 50
Quality & Safety	51 – 68
Our People	69 – 73
Finance	74 – 83

# Overview – Executive Themes and Actions to Raise at Board

This IPR covers the performance period of **December 2023** which always sees a slight dip in performance profile given the shorter number of days of full activity in the month. This period also saw further Industrial Action between the 20<sup>th</sup> and 23<sup>rd</sup> December 2023 (which then was followed up by further action between the 3<sup>rd</sup> and 9<sup>th</sup> January 2024). The last IPR explained the intensive preparations that were put in hand in the run up to Christmas to accommodate a quite unprecedented period of challenge. We are glad to say that these intensive preparations paid off for our patients because we maintained strong patient flow throughout the period and were able to restart elective activities without losing a huge degree of efficiency after both periods of strike action – and we achieved this on both acute and all of our community sites. We saw some of our highest Winter demand levels ever during the twenty days of Christmas and New Year including:

- Ambulance handovers exceeded 80 every day in Eastern and 50 in Northern. In Eastern, this was more than 100 on five days
- We saw the highest ever volume of referrals to AMU Eastern on 29 December: 159 referrals by midnight (volume also exceeded 100 on 7 other days)
- The number of patients waiting over 12 hours in our EDs increased by 292% in first week of the New Year
- Our Eastern medical take exceeded 70 on 10 days (and was greater than 80 on three days)
- Average total admissions exceeded 100 on all days in Eastern
- Average of 95 patients in Eastern & 42 in Northern Services Medically Fit P1-P3 patients & new referrals exceeded 25 in Eastern on 10 days
- We saw an average of 15 closed and empty beds per day and Tiverton Community Hospital closed as a result of infections in our Eastern services
- We saw an average of 23 COVID inpatients per day in Eastern and 10 in Northern and increasing numbers of Norovirus patients in Eastern services.

Despite these challenges we:

- Averaged almost 150 discharges per day across sites, with exceptionally high volumes on:
  - 18 Dec in Northern (49 patients)
  - 21 Dec in Eastern (152 patients) 22 Dec (145 in Eastern, 74 in Northern) 23 Dec (49 in Northern)
  - 29 December (59 in Northern)
  - 4 Jan (138 in Eastern and 52 in Northern), 5 Jan (148 in Eastern)
- In Eastern, the supported hospital discharge team achieved 25 P1-P3 discharges plus 10 transfers to Eastern Community Hospitals on 23 December
- Northern services discharged more than 20 patients by midday on five days
- Eastern Services had more than 20 discharges identified by the 8:40 bed meeting on 8 days (and more than 30 on 3 days) thanks to the golden patient initiative
- There were 504 total discharges through the lounge in eastern and 344 in Northern
- There was increased utilisation of Virtual Ward (AHAH) across sites.

We can be rightly proud of these achievements and the efforts made by our teams on all sites, and it is important to note that we were also able to support our colleagues in the system throughout a Devon wide System Critical Incident during the second period of Industrial Action. The good performance over this period has allowed us to start the year in a better position than we might have expected given the impact of Industrial Action. Although we have now delayed over 4000 episodes of care, we did not lose our direction of travel on long waits during the period and our overall waiting list continued to reduce against the prevailing trend in the NHS. Therefore we have started the New Year with a fresh commitment to meeting our remaining elective and UEC targets and have framed a ten week challenge for elective recovery; and an 80% capital challenge for UEC which are explained below. Alongside these major operational challenges, we have consolidated our financial improvements from month 8 into month 9 which we must maintain through the end of this year and into next. Hence our NOF scorecard reflects a generally positive position with UEC, elective recovery showing progress despite the challenges of sustained reduction in NCTR and quarter on quarter financial improvement.

# Overview – Executive Themes and Actions to Raise at Board

## Recovering for the Future

The month 9 financial position demonstrates the continued good progress against the financial recovery plan with a further reduction in the overall variance against plan. The in-month run rate has continued to improve with a deficit of £2.6m compared to the £9.6m monthly deficit at the point of entering financial recovery. This takes the year to date deficit to £36.7m. This represents a £6.7m variance against our original plan (last month £8.5m). Whilst this continues to move in the right direction we have agreed a yearend target with NHS England of £40m (excluding any impact of industrial action) which means we need to achieve an average deficit of £1.1m per month for the next 3 months to achieve this. We have proven we can affect the change we need to turn the finances around and now need to keep the momentum for the last push to yearend to deliver what we said we could deliver and put us in the best possible position as we move into 2024/25 planning. We are thankful for everyone's efforts in getting us to this point and know that some of the controls are not easy due to the extra processes they require. We also know that the challenge in 2024/25 continues to be great and so these controls will continue beyond this initial period. We are looking to streamline as much as possible to ensure we can deliver against the regulator ask, be assured that we have the right controls in place but have a system that is manageable for us to work with into the longer term.

**Urgent care performance** this month saw the Trust sitting behind the planned trajectories for both Type 1 and Types 1-3 targets but with an improvement month on month to 55.4% and 64.3% respectively and therefore a gradual lift back towards our F&OP trajectory. At site level Northern Services saw a slight decline in performance and Eastern a creditable improvement reflecting the embedding of a number of Winter initiatives – both positions broadly reflect the increased demand pressures in Northern Services and decrease in Eastern during the month and the overall significantly higher than planned demand that both sites are seeing. We continue to maintain a forensic drive on flow improvement through **UEC tier 1** by focusing on daily discharge by 12pm, discharge lounge optimisation, minors performance and overnight breaching and we are maintaining a strong focus on out of hospital activity. The performance into the New Year month to date, shows encouraging signs of further improvement (all types c. 70% currently) despite some significant increases in Winter infections and therefore **we are in negotiations with NHSE teams about whether we could drive towards the NHSE 80% threshold for accessing UEC capital in pursuit of Urgent Treatment Centres and enhanced SDEC and AMUs on both sites.**

Whilst the two periods of Industrial Action over Christmas and New Year have had a significant impact on our activity levels, it is comforting to know that we have bounced back to normal **elective activity** levels in early January and have just about managed to restore a positive trajectory in our early January figures across all long waiting patient cohorts. As matters stand, we have successfully **reduced up to this point in the financial year: our 78 week waiting patients by 74%, 65 weeks by 53%; and 52 weeks by 44%.** Given the need to drive as much performance improvement during the final part of the year beyond the current forecast, we have announced a **ten week challenge that is targeting 0 78 week and 999 65 week targets** by the end of the financial year. This has had an excellent response from the local and national teams. Meanwhile we continue with the GIRFT further, faster programme and in particular we will be bringing forward a case for cardiology investment to the ICB with GIRFT support in the next two weeks to support the establishment of the Cardiac Day Case Unit in March.

For **cancer services**, we saw small improvements in month in relation to our 62 day waiting trajectory (260 vs 290) and against the Faster Diagnosis Standard where we currently sit above the target for national compliance. We remain very focused on our three most **fragile services: dermatology, oncology and urology** and continue to work closely with the regional team on these risks with our intentions currently shaping to consolidate our urology services on a hot / cold basis in February. We are pleased to say that our **performance improvement and transparent understanding of our risks were welcomed by the regional team during their recent visit** and we have received a positive follow up letter for inclusion in our Cancer Services Deep Dive Part 2 in 2024.

# Overview – Executive Themes and Actions to Raise at Board

Outside of the financial and operational plan targets, **Diagnostics performance** has decreased slightly against the 6 week DMO1 target overall again this month, with **consolidated the performance across the Trust just below 60%**. However, the improvement function has strongly prioritised the development of a trajectory and an underpinning work programme to drive performance from 60% to 85% by Q2 next financial year.

## Collaborating in Partnership

Our **NCTR position continues to be exposed on both sites**, albeit with a small improvement of position month on month for Northern and a significant worsening for Eastern with the key issues remaining that we sit a combined c. 100 beds outside plan. Following the recent escalations we have made relating to our projected bed gap and consistent and transparent discussions with the ICB, we saw a release of c. £800k additional funding into our Winter Plan closing our bed gap to c. 30 beds. We have now commissioned additional activity (particularly in P1 pathways), but the underlying issue of us securing sustained P1-3 resourcing is yet to be resolved and will be a major focus for us in Winter debriefing and in the system financial and operational planning cycle for 2024/5.

## Excellence and Innovation in Patient Care

Triangulation of the performance positions with the safety and quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. Given the very focused financial recovery and implementation of cost control measures we are putting in place, then it is essential that **strong quality and safety measures** are in place to ensure that our approach is intelligent and proportionate. For this reason, the CMO and CNO are occupying significant leadership roles in the financial recovery and have put safety checks and balances into all of the major financial recovery workstreams; and Quality Impact Assessments are being regularly presented to Trust Delivery Group. **Two serious incidents** occurred in the Trust in October and investigation processes have initiated. There has been a continued **decrease in the volume of complaints** received across November and December (183). Positively, 215 complaints were closed during the period and 32% of these were closed through early resolution. We continued to see relatively low levels of healthcare acquired infection and pressure damage in December. In terms of mortality metrics, HSMR and SHMI are maintaining a positive trend of reduction. We are maintaining a strong focus on maternity and neonatal services and we continue to work closely with the **CQC on their maternity review**; have made detailed submission to the **Thirlwall neonatal review**; and have established a new **Maternity PAF** in the January PAF cycle.

## A Great Place to Work

Whilst vacancy and turnover levels remain low, teams across the Trust are experiencing considerable sustained operational pressures, that are being further compounded by ongoing industrial action. The full impact of industrial action for December and January will be articulated in the next IPR. When reviewing the operational plan there has been a reduction in agency and bank usage since the previous financial year, however, it is unfortunate that the reductions in agency spend have not been sufficient to meet the year-to-date plan, with agency utilisation remaining over plan but moving in the right direction. **Much work is being undertaken to improve this position, including a review of all high-cost agency spend with a view to looking at exit strategies and further controls around on non-clinical agency spend.** The NMAHP group are leading on a new SOP to further improve grip and control on agency use and through the NHSP partnership we are already seeing as mentioned above a slight reduction in agency usage. Whilst in the current financial climate, control of our vacancies is the right thing to do, the processes required to manage vacancy control effectively are creating pressures on operational teams, both in terms of capacity to engage with the process and increasing vacancies in teams. **Due to the ongoing financial deficit, moving into 2024/25 there will be a requirement to maintain levels of control to manage vacancy and pay controls. However looking at ways to streamline the process will be important.** The impact is reflected in the latest vacancy levels, which have increased for the first time in over 12-months. Occupational health teams are experiencing sustained increases in levels of demand that exceed capacity, meaning that there are times where our staff are waiting longer than we would expect, with this issue also having an impact on external contracts.

# Data Quality

The Board will be aware of the ongoing work to improve the data quality of activity reporting post EPR implementations. A number of improvements to capture activity correctly have now been transacted, and have also been backdated to April 2023 where possible.

These revisions have been submitted to NHS England and will be reflected in national performance data from this point forwards. The January 2024 IPR is the first month when the backdated activity changes have been implemented, and so additional narrative has been included in the relevant sections to explain any changes. The key areas affected are Outpatient and Daycase activity; there is no impact on operational performance measures such as RTT.

This work programme will continue to focus on improving the accuracy of data presentation and so further changes are likely over the remaining months of 2023/24 and into 2024/25, but any material changes will be highlighted.

# Balanced Scorecard – Looking to the Future

## Successes

- Well led and managed Christmas, New Year and Industrial Action periods including system support
- Recruitment & retention plans have improved staffing levels
- Maintenance of elective recovery and quartile 1 level performance from Nightingale SWAOC, CDC and CEE – including 74% 78 weeks, 53% 65 weeks, 44% 52 weeks reductions this year
- Agreement of orthopaedic services support for neighbouring Trusts at system level through Nightingale
- Additional in year investment into the Winter Plan to support short term improvement in P1-3 and NCTR
- Positive genomics visit from Amanda Pritchard
- Successful transition between interim and permanent Chief Executive.
- Stabilisation of the financial position and agreement of cash support

## Opportunities

- Delivery of the 2023/4 financial and operational plan
- Development of the 2024/5 financial and operational plan
- TIF bid for hybrid vascular theatre business case
- GIRFT supported bid for cardiology 7 day working in development in collaboration with TSDT
- Continued implementation of the Northern Services Acute Medicine Model
- Completion of OSIG phase 1 consultation and movement to final structure and selection process
- Delivery of Winter Plan and development of Community Services Development Plan
- Continuation of Elective Recovery tier 1 plan to clear 78 and 65ww patients + GIRFT further, faster + ten week challenge
- Maternity CQC review, Thirlwall neonatal review learning and Maternity PAF establishment.
- Service collaboration on Cardiology, Urology, Pathology

## Priorities

- End of year delivery of the 2023/4 financial and operational plan and focus on NOF exit criteria
- Ten week challenge for elective recovery
- UEC 80% capital challenge
- Preparation for 24/25 operational plan
- Staff Health and Wellbeing
- Reducing the number of NCTR patients through ICB/Region/National escalation (particularly Northern)
- Standardisation of job planning and leave planning
- Completion of our detailed Business Informatics plan and data layer
- Completion of OSIG phase 1 consultation.

## Risk/Threats

- Financial challenge and controls fatigue
- Continued Industrial action
- Balancing Devon System support with demands of UEC and Elective Recovery Tier 1 performance
- Fair distribution of UEC recurrent funding in 2024/5
- Potential loss of confidence in reporting due to continued data quality issues (though improving confidence)
- Staffing Resilience in Northern Services
- Staff Morale with constant pressure and cost of living challenges
- Inability to balance delivery across financial and operational plan
- Primary care and Social Care fragility during Winter period
- Challenge of taking and applying learning from Never Events.

## Financial & Operational Exit Criteria Measures

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

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



# Trust Executive Summary

Trust wide

## Operational Performance Dashboard

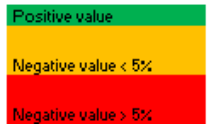
Domain	Measure/Metric	Definition	Last Month Nov-23	This Month Dec-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	1719	1712	-7	1014		710
	RTT 78 Weeks waited	Total count	342	383	41	137		0
	RTT 104 Weeks waited	Total count	0	0	0	0		0
	Cancer - Over 62 day waiters	Total count	290	260	-30	293		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	8.7%	9.4%	0.7%			6.4%
	Cancer - 28 day faster diagnosis standard	% patients receiving diagnosis in 28-days	71.0%	77.5%	6.4%	73.4%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	54.8%	55.4%	0.6%	64.7%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	63.7%	64.3%	0.7%	70.8%	95%	76.0%
	No criteria to reside	Average daily count	129	161	32	52		50
	No criteria to reside	NCTR as a % of occupied beds	12.5%	16.0%	3.5%	5.7%		5.3%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(34,158)	(36722)		(29,861)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	27,727	31,091		29,543		60,300

# Northern Services Executive Summary

## Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	This Month Nov-23	This Month Dec-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	Vs baseline (2019/20)	118.6%	113.3%	-5.3%	143.3%	104%
	Outpatient activity (FU)	Vs baseline (2019/20)	141.7%	146.5%	4.8%	111.7%	75%
	Outpatient procedures	Vs baseline (2022/23)	269.7%	276.0%	6.4%	271.5%	
	Elective inpatient activity	Vs baseline (2019/20)	58.2%	58.8%	0.6%	81.7%	104%
	Elective daycase activity	Vs baseline (2019/20)	98.5%	119.9%	21.4%	119.3%	104%
	RTT 18 week performance	Patients seen <18 weeks vs total incomplete pathways	52.8%	50.4%	-2.5%		92%
	Incomplete pathways	Total count	22445	22425	-0.1%	22792	
	RTT 52+ weeks waited	Total count	2101	1947	-7.3%	3107	
	RTT 65+ weeks waited	Total count	792	755	-4.7%	461	
	RTT 78+ weeks waited	Total count	128	153	19.5%	100	
RTT 104+ weeks waited	Total count	0	0	100.0%	0		
CANCER	Cancer - 28 day faster diagnosis standard	Performance	77.06%	80.42%	3.4%	68.0%	75%
	31 day general treatment standard	Performance	97.08%	84.07%	-13.0%		96%
	62 day general standard	Performance	84.27%	76.32%	-8.0%		85%
	Cancer over 62 day waiters	Total count	32	35	9.4%	97	
	Cancer - % 62 day waiters against total open pathways	days against open pathway	4.6%	5.5%	0.9%		

Domain	Measure/metric	Definition	This Month Nov-23	This Month Dec-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +LOS	Vs baseline (2019/20)	95.8%	97.9%	2.1%	82.3%	
	A&E attendances	Vs baseline (2019/20)	123.5%	129.4%	5.9%	106.8%	
	4 hour wait performance Type 1 only	Patients seen <4 hours vs total attendances	63.9%	58.4%	-5.5%	73%	95%
	4 hour wait performance Type 1 - 3	Patients seen <4 hours vs total attendances	64.5%	59.1%	-5.4%	73%	95%
	Ambulance handover delays >30 minutes	Total count	255	327	28.2%		
	Residual no criteria to reside	Average daily count	51	43	-15.7%	14	
	Residual no criteria to reside	NCTR as a % of occupied beds	18.1%	15.8%	-2.3%	6.2%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	61.7%	57.8%	-3.9%	N/A	99%
	MRI activity	Vs baseline (2019/20)	130.1%	150.7%	20.6%	121.1%	
	CT activity	Vs baseline (2019/20)	153.9%	149.9%	-4.0%	138.9%	
	Medical Endoscopy activity	Vs baseline (2019/20)	170.2%	150.2%	-20.0%	135.1%	
	Non-obstetric ultrasound activity	Vs baseline (2019/20)	106.6%	104.4%	-2.2%	104.4%	
Echocardiography activity	Vs baseline (2019/20)	126.2%	124.6%	-1.6%	118.3%		



# Eastern Services Executive Summary

## Eastern Services

## Operational Performance Dashboard

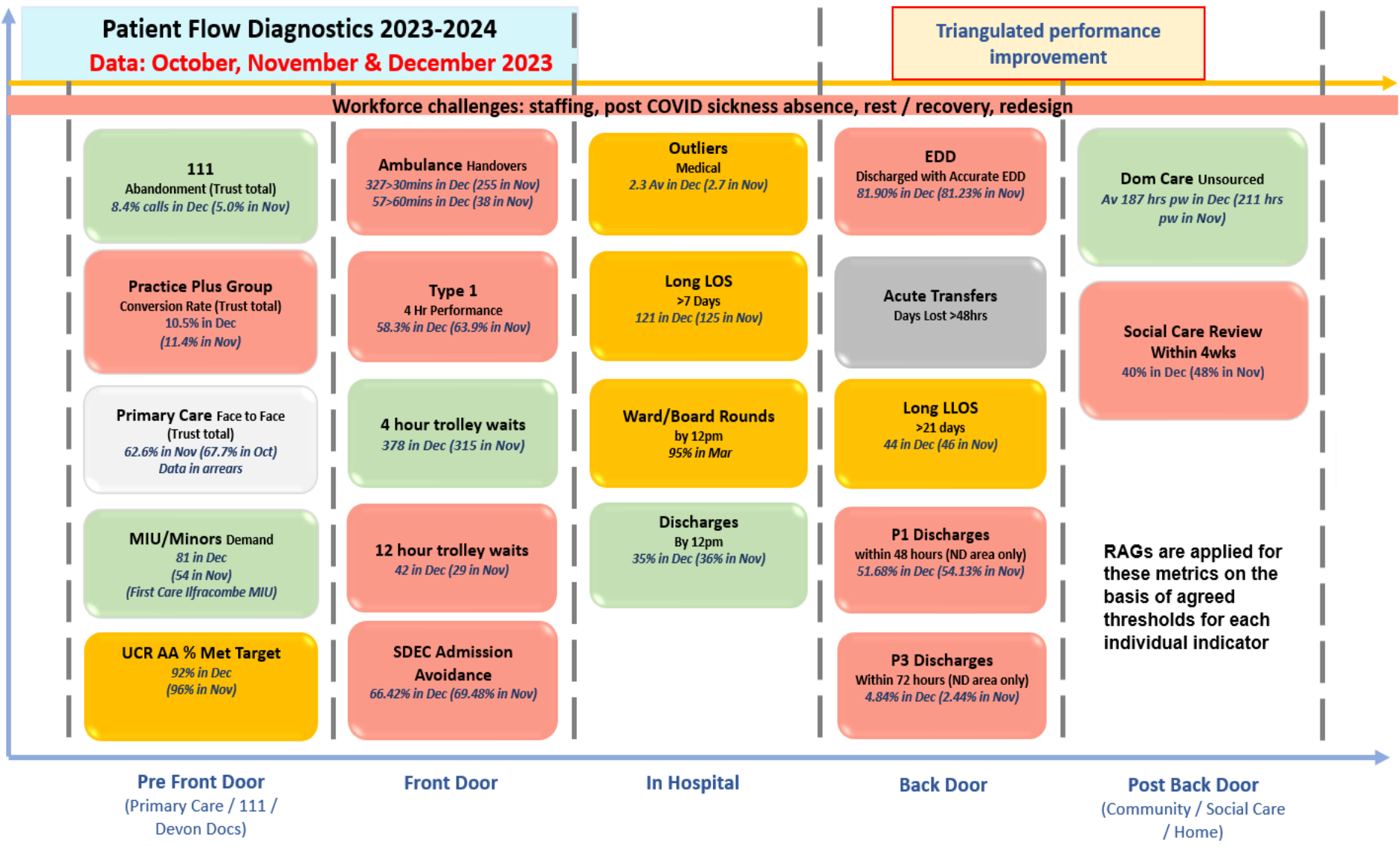
Domain	Measure/Metric	Definition	Last Month Nov-23	This Month Dec-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	108.2%	99.2%	-9.0%	101.4%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	144.9%	140.0%	-4.9%	134.4%	75%
	Outpatient Procedures	vs baseline (2019/20)	133.9%	123.4%	-10.5%	97.1%	
	Elective Inpatient Activity	vs baseline (2019/20)	62.9%	74.7%	11.8%	91.2%	104%
	Elective Daycase Activity	vs baseline (2019/20)	137.2%	128.7%	-8.6%	125.6%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	54.5%	53.7%	-0.8%		92%
	Incomplete Pathways	Total count	53484	53642	0.3%	59914	
	RTT 52 Weeks waited	Total count	2819	2810	-0.3%	2322	
	RTT 65 Weeks waited	Total count	927	957	3.2%	553	
	RTT 78 Weeks waited	Total count	214	230	7.5%	37	
	RTT 104 Weeks waited	Total count	0	0	#DIV/0!	0	
	CANCER	Cancer – 28 day faster diagnosis standard	Performance	69.1%	76.6%	7.5%	75.1%
31 day general treatment standard		Performance	84.5%	84.0%	-0.5%		96%
62 day general standard		Performance	66.7%	64.9%	-1.8%		85%
Cancer - % 62 day waiters against total open pathways		62 day waits as a % of total pathways	9.8%	10.6%	0.8%		
Cancer over 62 day waiters		Total count	258	225	-12.8%	196	

Domain	Measure/Metric	Definition	Last Month Nov-23	This Month Dec-23	vs Prior month	Planned	National target	
URGENT CARE	Non-elective Inpatient activity +1 LOS	vs baseline (2019/20)	111.6%	104.6%	-7.0%	96.5%		
	A&E attendances	vs 19/20 baseline	93.8%	92.2%	-1.6%	86.9%		
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	49.3%	53.5%	4.3%	60.0%	95%	
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	63.6%	66.8%	3.2%	69.9%	95%	
	Ambulance handover delays >30 mins	Total count	586	783	25.2%			
	Residual : No Criteria to Reside count	Average Daily count	78.0	118.0	33.9%	38		
	Residual : No Criteria to Reside proportion	As a % of occupied beds	10.4%	16.1%	5.7%	5.5%		
	DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	61.1%	60.1%	-1.0%		99%
		MRI activity	vs 19/20 baseline	111.7%	112.1%	0.3%	109.9%	
CT activity		vs 19/20 baseline	127.5%	116.2%	-11.3%	121.8%		
Medical Endoscopy activity		vs 19/20 baseline	57.6%	92.8%	35.2%	90.3%		
Non-obstetric ultrasound activity		vs 19/20 baseline	100.5%	95.0%	-5.5%	83.0%		
Echocardiography activity	vs 19/20 baseline	151.9%	127.7%	-24.3%	95.8%			



## Northern Services

## Patient Flow Diagnostic



# Eastern Services Executive Summary

## Eastern Services

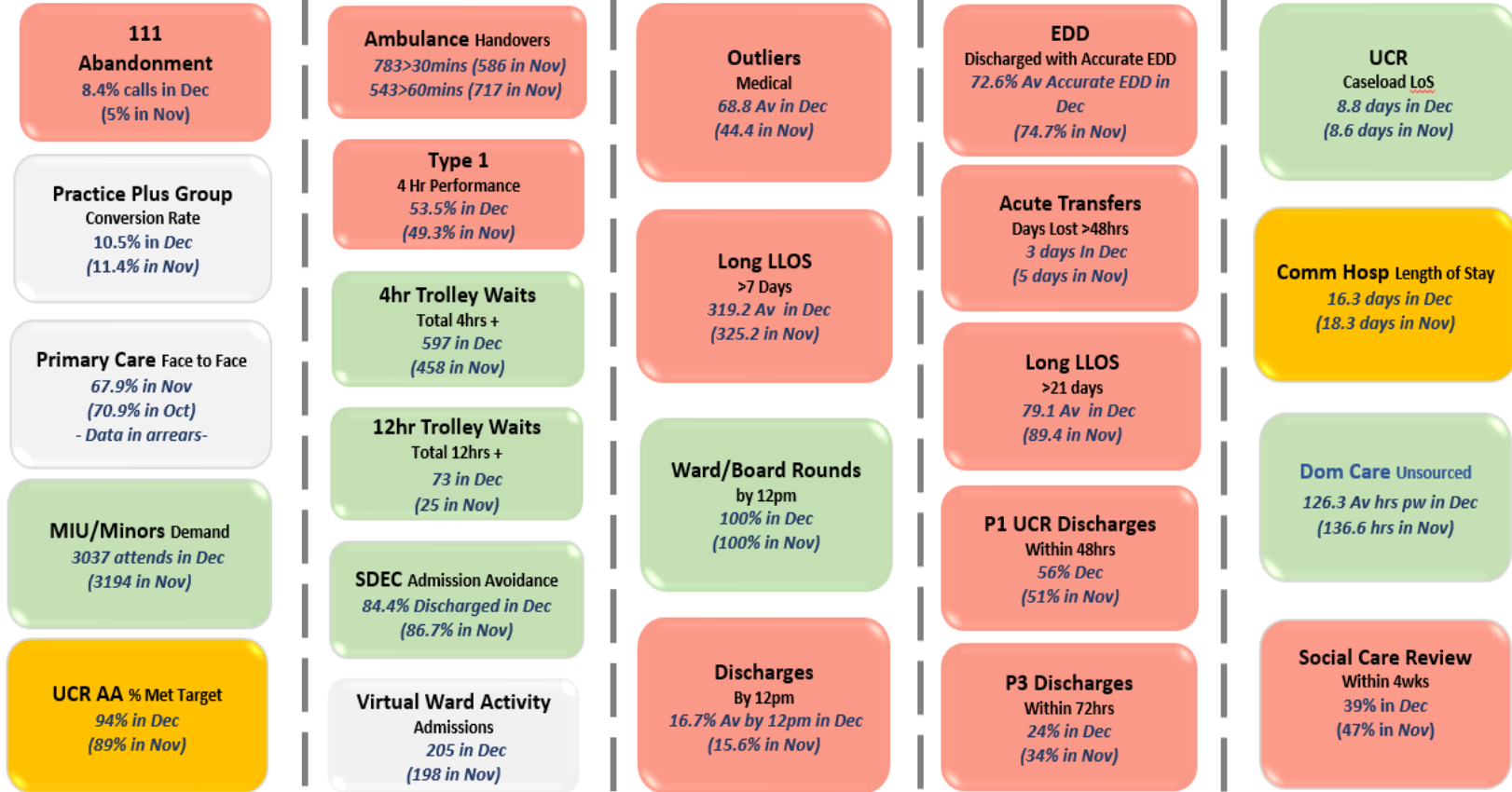
## Patient Flow Diagnostic

### Patient Flow Diagnostics 2023-2024

Data: December 2023

Triangulated performance improvement

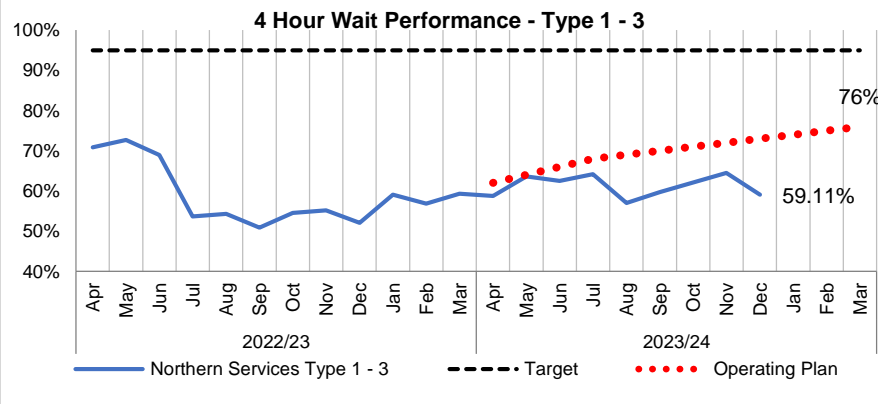
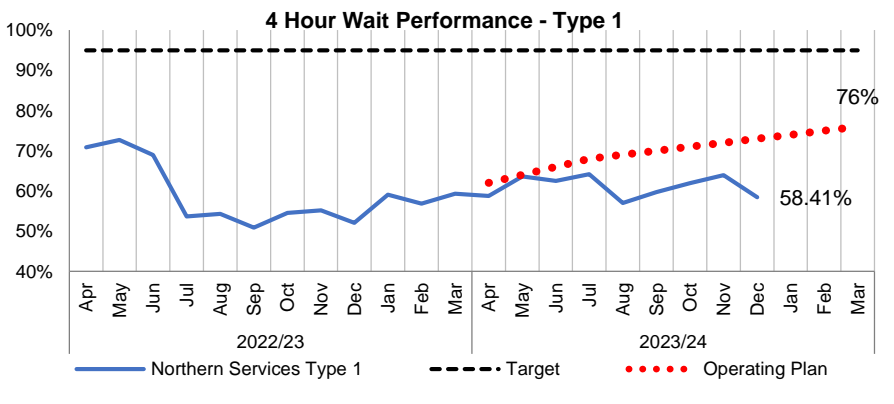
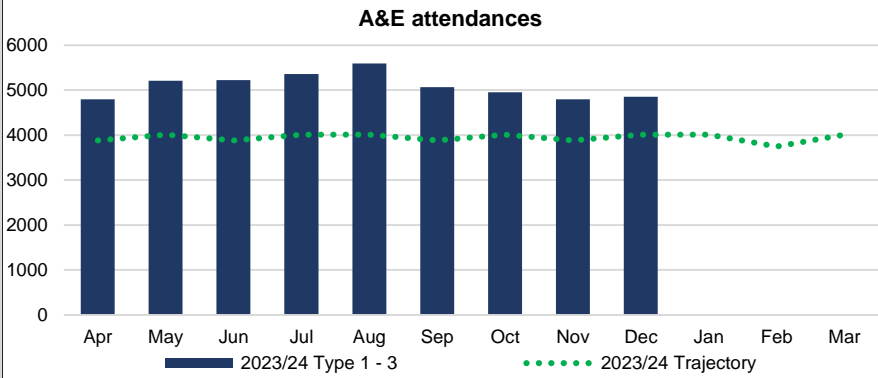
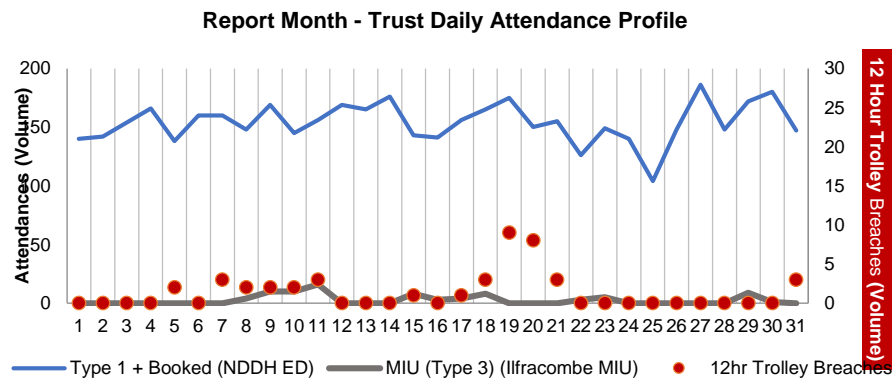
Workforce challenges: staffing, post COVID sickness absence, rest / recovery, redesign



Key:

RAGs are applied for these metrics on the basis of agreed thresholds for each individual indicator

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



Type of Activity	Denominator	Patients > 4 Hours	% Performance
Type 1 (NDDH ED)	4773	1985	58.41%
Type 1 - 3 (including Ilfracombe MIU)	4854	1985	59.11%

**Overall Performance:**

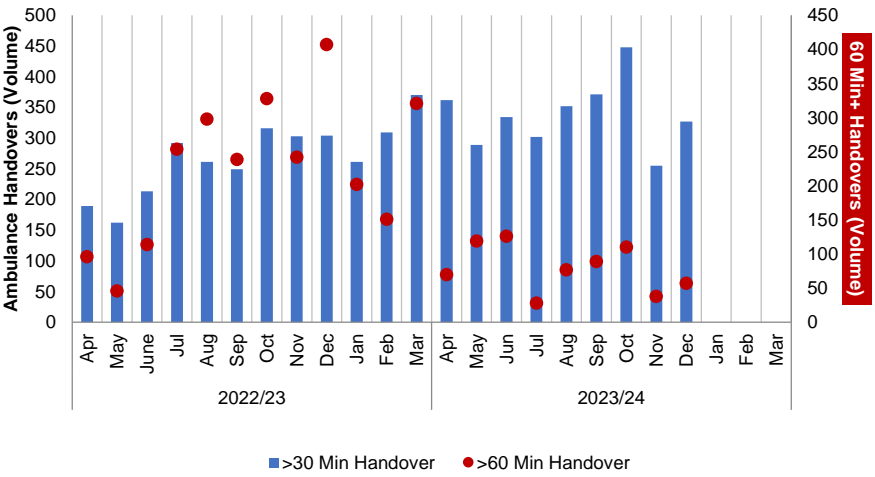
- There was an increase of 57 attendances in December compared to November. ED saw a decrease in attendances in December with a peak of 200 attendances on the 27<sup>th</sup> December.
- In December the total daily hours lost in ambulance handover delays was 276 hours and 35 mins.
- The number of 4-Hour breaches increased from 1619 in November to 1985 in December.

**Perfect Week**

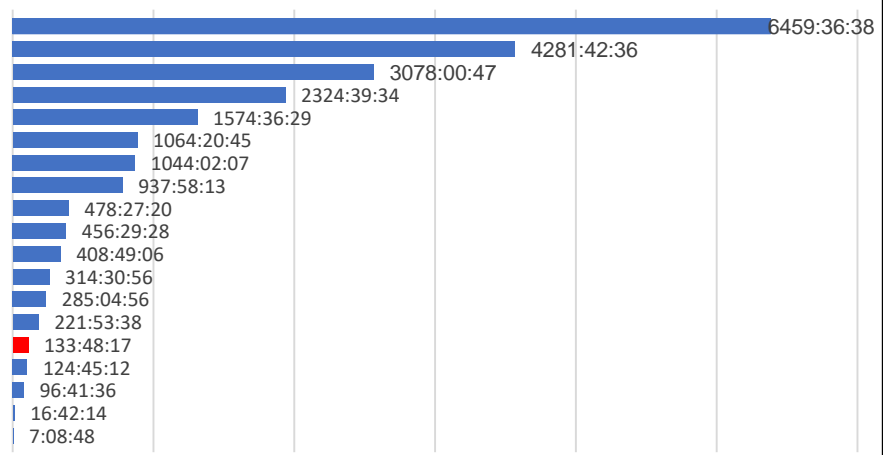
24-hour Board coordinators and alternative ambulance 'book-in' pathway were trialed with overwhelmingly positive feedback. Unfortunately there is currently no funding source to continue this.



**Ambulance Handovers Delayed >30 mins**



**Ambulance Handovers - Average Daily Hours Lost by Site  
SW 30 Day Rolling Average - as at 15/01/2024 NDDH Highlighted**



60 min handovers decreased by 72 in November and increased by 19 in December, 30 min handovers decreased by 193 in November and increased by 72 in December.

**X-CAD Implementation**

Continue to see reduction in handover delays and time lost since X-CAD was introduced in November 2023.

# Eastern Services Emergency Department

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

Activity & Flow

Operational Performance

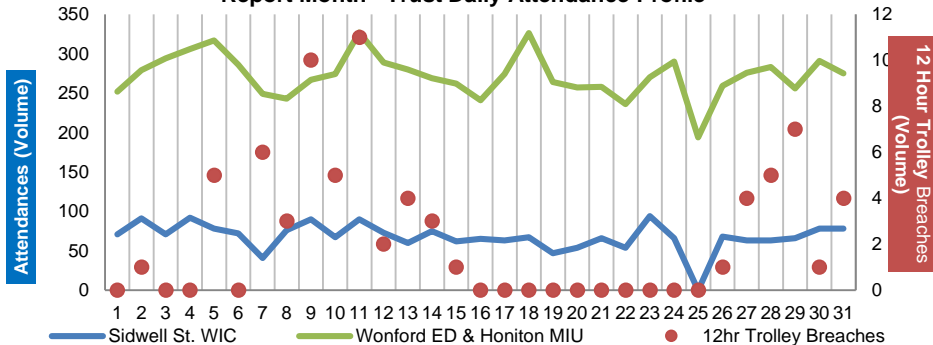
Patient Experience

Quality & Safety

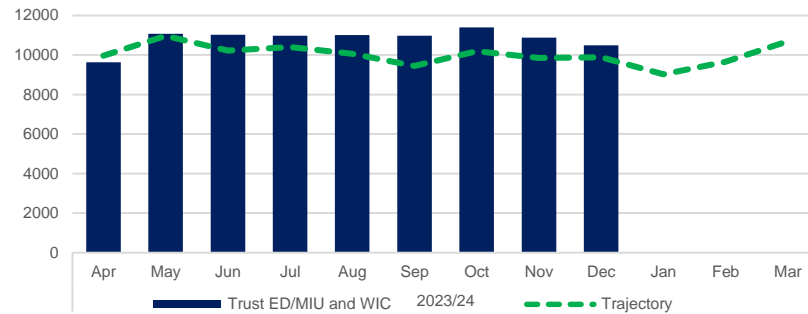
Our People

Finance

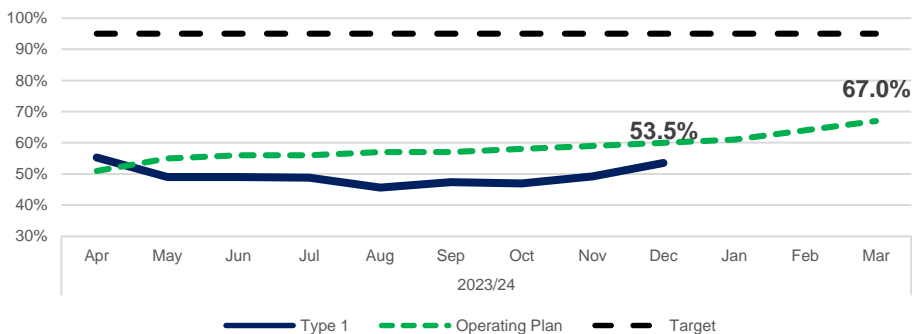
### Report Month - Trust Daily Attendance Profile



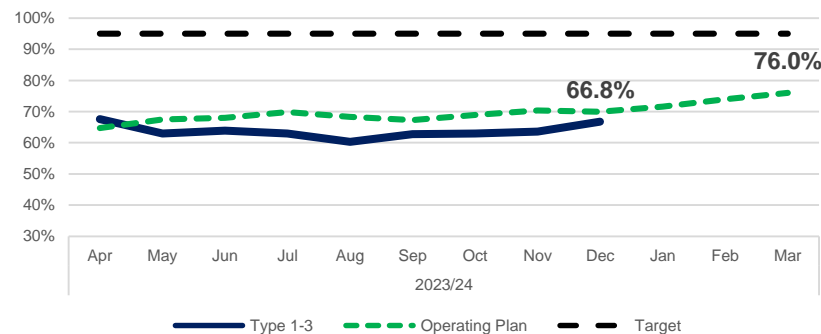
### A&E Attendances



### 4 Hour Wait Performance – Type 1



### 4 Hour Wait Performance – Type 1 – 3



## Overall Performance:

- All Type - 4 hour performance increased from 63.6% in November to 66.8% in December 2023 (Eastern All Type trajectory for December 69.9%).
- ED Type 1 - 4 hour performance increased from 49.3% in November to 53.5% in December 2023 (Eastern Type 1 trajectory for December 60%).
- Type 1 daily attendance figures were on average 240 per day, representing continued high demand.

Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	7445	3459	53.54%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	10482	3483	66.77%
Total System Performance (including MIUs)	12615	3531	72.01%



# Eastern Services Emergency Department

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

Activity & Flow

Operational Performance

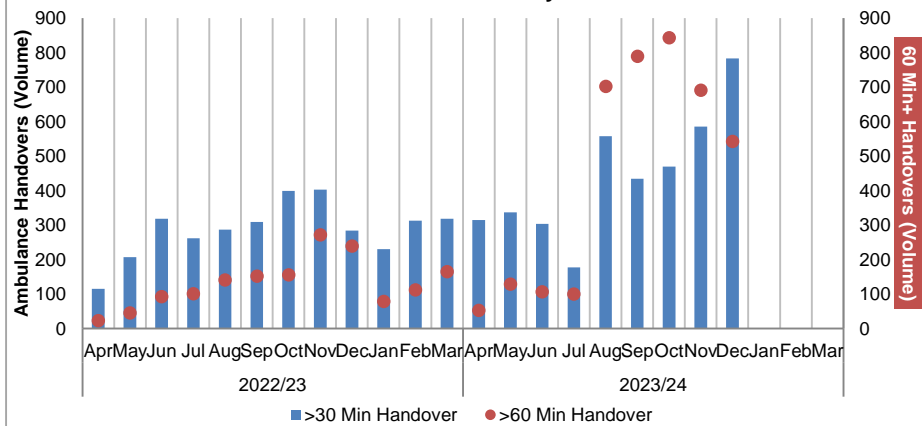
Patient Experience

Quality & Safety

Our People

Finance

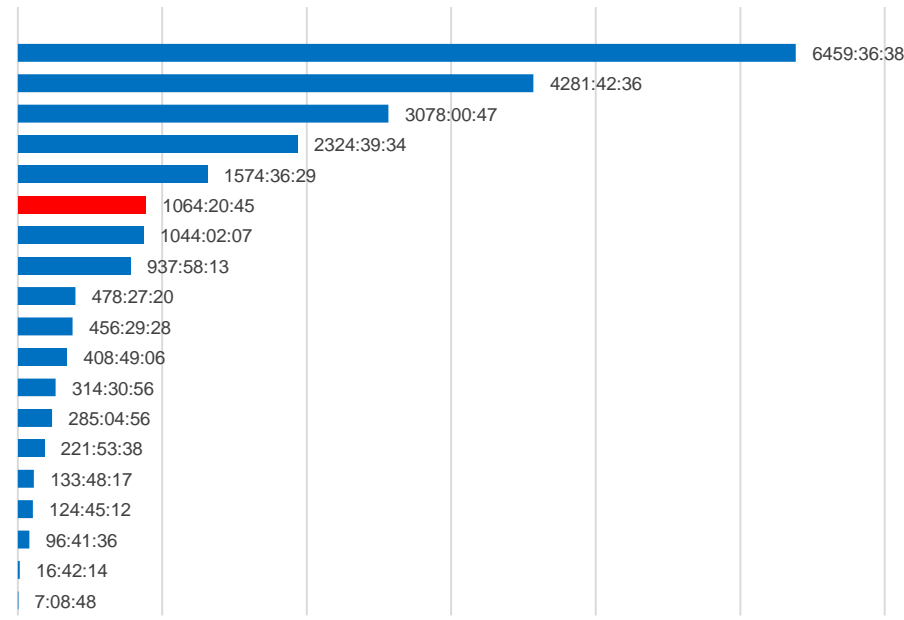
### Ambulance Handovers Delayed >30 mins



### Actions being taken to improve performance

- A task and finish group has been established to review and manage attendances of specialty expected patients.
- There is increased focus on improving time to triage (proportion of patients assessed within 15 mins of arrival for ambulance arrivals and walk ins), including a focus on increasing the number of triage trained nurses in the establishment and the potential to introduce E-Triage.
- GP Streaming was launched on 22/11/23, providing additional capacity for patients with primary care presentations during evenings and weekends. Near 100% shift fill rate has been achieved until 31/03/24, including the doubling of shifts at the weekends. In Eastern, GP streaming has been extended until 14/04/24 with good rota fill at present.
- There is dedicated focus on mental health patient pathways with increasing attention on CAMHS.
- The Minors Working Group continues to oversee actions to improve minors performance, including new model of working within the completed minors footprint.
- The ED Safety Huddles have continued, and aim to include an evening review with On-Call Teams.
- Completion of Phase 1 of ED rebuild.

### Ambulance Handovers - Average Daily Hours Lost by Site SW 30 Day Rolling Average - as at 15/01/2023 **RD&E Highlighted**



### Focus on ambulance reporting

- Monthly ambulance handover meetings have been established with SWAST to review processes and improvements.
- There is a Devon Ambulance Cell and ICB focus on improving ambulance handover delays.
- The XCAD hospital ambulance arrivals system was implemented on 23/11/23, which includes reactivating the dual pin sign off to improve ambulance handover times. There is a planned roll out of XCAD to the rest of the Trust in 2024.
- Ambulance arrivals have been relocated back to the new ambulance entrance (from current temporary entrance) as key element of Phase 1 of the ED rebuild.
- A programme of improvement work is being planned with SWAST to commence in February.

### Providing safe alternatives to admission

- SDEC activity increased by 9.2% to 641 (compared to 587 in December) and the discharge rate remained within target at 15.6%. The daily average seen in SDEC improved to 34 per day (27 in November).
- The virtual ward saw 248 admissions (205 in Eastern and 43 in Northern), a slight reduction from the previous month (212 in Eastern and 43 in Northern). The peak number of patients on one day was 58 and the daily average remained similar at 44 (46 in November).
- Virtual ward bed capacity is now at 100 beds. Efforts are on-going work to increase occupancy to the target 80% level.

# Trust – Provision of System Support for UEC

Activity & Flow

Operational Performance

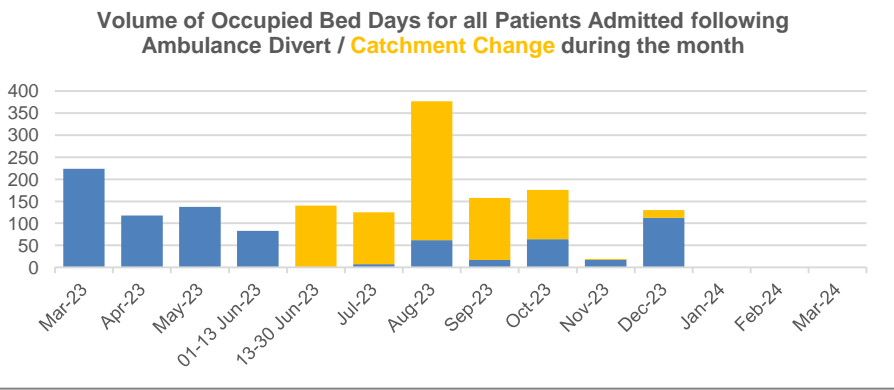
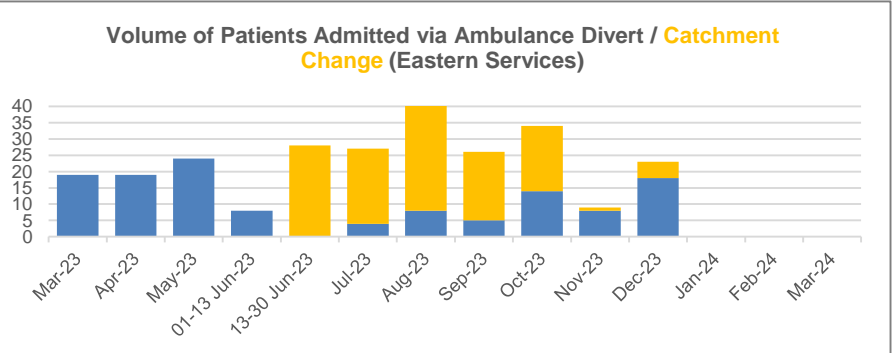
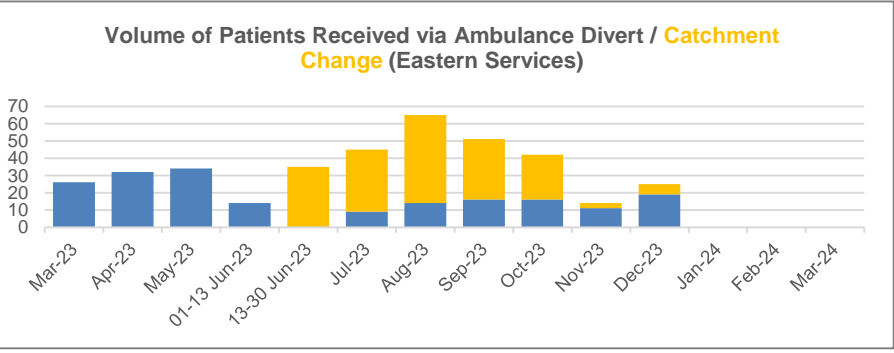
Patient Experience

Quality & Safety

Our People

Finance

	Number of Requested Diverts	Number of Diverts Agreed	Number of Diverts Declined	Number of Diverts Requested by UHP	Number of Diverts Requested by T&SD	Number of Diverts Requested by Others
January 2023	18	10	8	7	10	1
February 2023	4	2	2	2	1	1
March 2023	27	21	6	21	2	4
April 2023	19	18	1	14	4	1
May 2023	29	20	9	18	11	0
June 2023	7	2	5	4	2	1
July 2023	0	0	0	0	0	0
August 2023	11	8	3	4	4	3
September 2023	8	5	3	2	0	6
October 2023	19	8	11	14	2	3
November 2023	14	8	6	12	1	1
December 2023	9	8	1	6	1	2



# Trust – Provision of System Support for Planned Care

Activity & Flow  
Operational Performance  
Patient Experience  
Quality & Safety  
Our People  
Finance

## Number of Mutual Aid Requests received by RDUH

	Received	Completed	Declined	Ongoing	Under Consideration
Apr-23	2		2		
May-23	3		2	1	
Jun-23	2	1		1	
Jul-23	1		1		
Aug-23	3		2		1
Sep-23	2			1	1
Oct-23	3			1	2
Nov-23	0				
Dec-23	3		3		

## Number of Mutual Aid Requests made by RDUH

	Made	Completed	Declined	Ongoing	Under Consideration
Apr-23	1				1
May-23	0				
Jun-23	0				
Jul-23	0				
Aug-23	0				
Sep-23	0				
Oct-23	0				
Nov-23	0				
Dec-23	0				

## Community Division Priorities

### 1. Reduce NCTR

- Increasing admission avoidance activity and maintaining 2hr response performance
- Reducing Pathway 1,2 & 3 discharge delays
- Improving % of patient facing time (productivity)
- Fully utilising all UEC funded schemes (Live in Carer model and the 1:1 support for people in care homes)

### 2. Improve End of Life experience

- Early identification of those in the last 12 months of life, flagged on Epic
- Upskilling community teams to provide holistic support to people and their carers/families
- 100% compliance of advanced care planning conversations
- Reducing unnecessary hospital admissions in the last 90 days of life

### 3. Reduce falls related hospital admissions and manage Frailty

- Identifying care homes who have the greatest need of support, education and training
- Reducing falls related hospital admissions (and hospital length of stay if they are admitted)

### 4. Reduce Community Waiting Lists

- Improving data quality/validation
- Confirming targets and setting improvement trajectories
- Supporting teams around different ways of working, ensuring full utilisation of skills, expertise and capacity

The Community Division has four key priorities which align with the Devon system, Deloitte findings and the Urgent Emergency Care action plan. These priorities also enable us to balance the focus on both supporting people to stay well at home and avoid unnecessary hospital admissions, and support people to return home from hospital as soon as possible.

# Trust – Community Services – Improving End of Life Care



### Successes for the Month:

- Following the successful roll out of training in the autumn, there has been an improvement in completing (and evidencing) that advanced care planning conversations are being offered and completed for people who have been identified as being in their last 12 months of life.
- There is reporting evidence that community teams are supporting more people to die in their preferred place of death.
- There has been an increase in the completion of the 5 priorities of care which has had a positive and direct impact on those dying in their preferred place of death. Compliance in Eastern has improved to 50% (from 42% in November) and North has improved to 34% (from 19<sup>th</sup> in November). The teams continue to focus on alignment of the completion of the Advanced Care Plan with the priorities of care.
- The Advanced Planning and Nurse Led Treatment Escalation Plan discussions is a positive development of the community nursing service as teams continue to care for people with complex needs in the community environment.

### Actions for next month

1. 5 priorities of Care – to review results at local cluster governance and performance meetings.
2. Clinical review of the Patient Safety handover process to support process for identification of patients in their last year of life and associated completion of relevant documentation.
3. Complete an audit of patients who have died with three or more hospital admissions in last 90 days to improve pathways.

Workstream	Metric	Baseline	Region	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
End of Life	ACP conversation offered last 12 months of life	TBA	Planned	N/A	N/A	TBA	TBA	40%
		Actuals	Eastern	N/A	N/A	N/A	N/A	N/A
			Northern	N/A	N/A	N/A	N/A	N/A
End of Life	Identified EOL/LYOL died in their preferred place	30%	Planned	30%	30%	36%	42%	48%
		Actuals	Eastern	37%	50% ▲100%	29% ▼30%	33% ▲21%	35% ▲12%
			Northern	14%	38% ▲700%	14% ▼63%	7% ▼33%	33% ▲250%
End of Life	Patients with 3+ admissions aged 75+ years in last 90 days of life	11%	Planned	11%	11%	10%	9%	8%
		Actuals	Eastern	10%	6% ▲50%	9% ▼50%	3% ▲67%	19% ▼500%
			Northern	13%	0% ▲100%	5% ▼100%	6% ▲0%	30% ▼500%
End of Life	LOS of patients aged 75+ years admitted within last 90 days of life	17 Days	Planned	17	17	15	14	12
		Actuals	Eastern	13	12 8%	19 ▼58%	13 32%	14 ▼8%
			Northern	20	13 35%	22 ▼69%	19 14%	24 ▼26%

# Trust – Community Services – Reducing Falls Related Hospital Admissions and Managing Frailty

## Deliverables of the project:

- To support the delivery of UEC actions and Deloitte’s insights:
- Reduction in number of admissions from care homes, due to a fall
- Reduction in length of stay of frail patients aged 75+.

## Successes for this month:

### Falls Prevention and Management Training for Care Homes

- Continuation of Falls training delivery to Care Homes. So far, **1005** care workers have received training.
- Care Homes have been offered additional Specialist Practitioner support to review in house falls policies and procedures. 3 care homes have engaged with this offer in last month.
- Expanded training to voluntary services and service users (as per UEC action plan); in last month, 20 volunteers and 5 services users have completed training (from 2 companies; AgeUK and Age Concern).
- A review of ICB data regarding 999 calls and conveyances from Care Homes has identified 7 high intensity users. All 7 care homes have been contacted and offered bespoke training support which will be completed in January and February 2024.

Care Homes contacted	113 / 164 total
Care Homes Booked	91
Care Homes completed training	79 (137 sessions)
Care workers attended	1005
Total number of residents impacts	Approx. 2386

### Post Falls Assessment and Management Plan

- A new post falls assessment clinical decision tool has been developed to support staff to undertake an appropriate assessment and implement an evidence based management plan. This has been shared with the Frailty lead for the ICB with a view to roll out across the Devon system.

### Proactive Case Management and Discharge Planning for Inpatients

- Successful development of a digital report, accessible by community clinicians, which can identify patients who have been admitted to an acute hospital who have an open referral with a community team. Instructions regarding how to utilise this report, and what actions to take to optimise opportunities for early discharge planning, have been shared widely with Community teams.

## Actions for next month:

- Draft the Dementia and Delirium Admission Avoidance pathway with key stakeholders
- Develop a reporting mechanism to review the effectiveness of proactive case management/ discharge planning for known community patients
- Deliver bespoke falls prevention training to high intensity care home users

# Trust – Community Services – Reducing Community Waiting Lists

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

	Podiatry	Rehab N&E	Weight manag't	MSK	Continenence (Adults only)	Tissue viability	Community nurses	UCR	Neuro rehab	New born hearing	Home oxygen	SLT	Dietetics
September	2561	3943	1308	3893	8	8	499	44	15	106	7	408	216
October	2341	2690	1169	4075	8	8	581	60	10	148	7	405	256
November	2354	2596	1110	4466	8	8	479	61	22	86	7	374	214
December	2333	2744	1367	4501	8	8	488	72	11	151	7	368	164
% change since Sept 2023	-8.90%	-30.41%	4.51%	15.62%	0.00%	0.00%	-2.20%	63.64%	-26.67%	42.45%	0.00%	-9.80%	-24.07%
% change in month	-0.89%	5.70%	23.15%	0.78%	0.00%	0.00%	1.88%	18.03%	-50.00%	75.58%	0.00%	-1.60%	-23.36%

## Update on progress:

- Work continues on waiting list validation. There has so far been a 28.5% reduction from 6334 to 4526 patients in 'episodes with no future visit / order booked' since mid September for community services. There remains a continued focus on long waiting patients and those with no order or appointment booked on Epic.
- This ongoing validation exercise has highlighted a training need around episode management that continues to be supported by Information officers (IO's) and service leads.
- There are improvement trajectories in production for services, to continue to focus the teams on opportunities for the greatest impact.
- Due to the 15.62% increase in musculoskeletal (MSK) patients waiting in the 4 months from September to December, the team are going to undertake a demand and capacity exercise to sit alongside the trajectory.

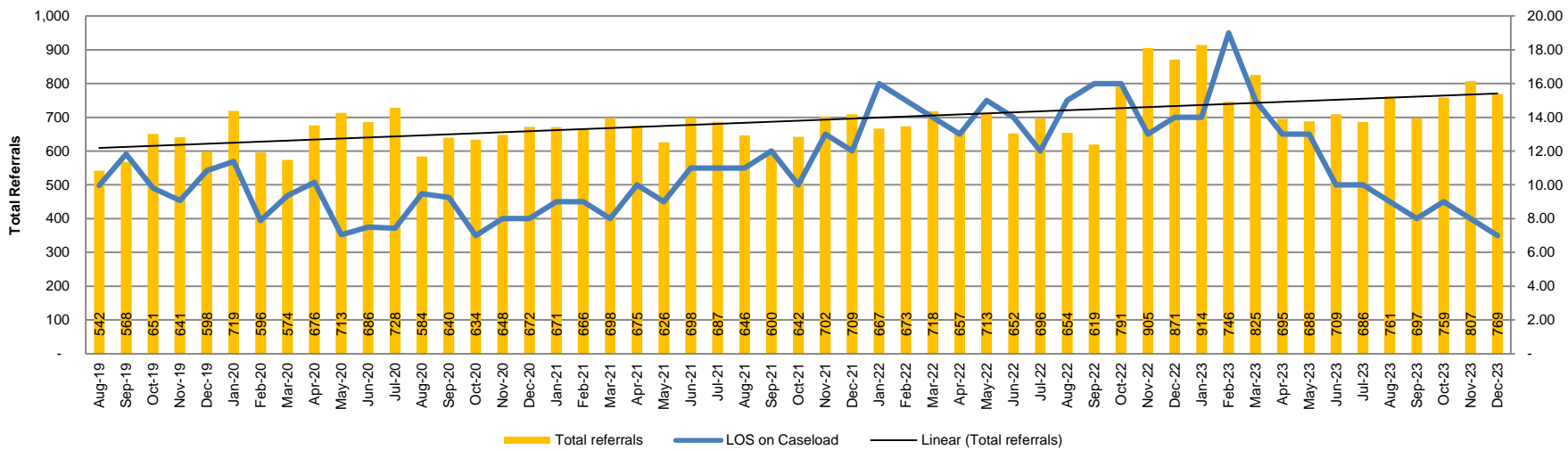
## Additional items to note;

- The urgent community response number will continue to fluctuate month on month but the numbers are not a concern as the vast majority of patients are seen within 48 hours.
- There will always be a waiting list for newborn hearing as they are added to the waiting list either at birth or on reaching 34 weeks gestational age.

# Trust – Community Services - Urgent Community Response

Admission avoidance and discharge

**UCR Referrals & Length of stay on Caseload**



## Urgent Community Response (UCR) Demand and Performance

- Demand for UCR (admission avoidance and supporting discharge) slightly decreased from November to December.
- For December, there were 405 community admission avoidance referrals. We continue to surpass the national target (75%) with 90% of the urgent referrals being responded to within 2 hours.
- Included in the admission avoidance activity were 33 SWAST referrals. This represents a 2.3 x increase compared with December 2022 (Dec 2022 = 14 referrals) and constitutes 85% of the UCR ICB KPI for monthly SWAST referrals (n=39).
- Length of stay on the caseload continues to improve. This improvement trajectory is multifactorial:
  - Establishment of 7 day 'length of stay' meetings. These are facilitated by the Community Service Managers and Senior Community clinician offering check and challenge regarding discharge actions, as well as providing a timely escalation point for factors causing delays.
  - An improved market capacity for domiciliary care which enables UCR teams to discharge patients onto long term care providers in a more timely way.
- Successful implementation of 3 new Community Admission Avoidance pathways in December 2023. This includes:
  - Pilot Devon Care Co-ordination Hub sending direct referrals to UCR
  - Self referrals
  - Pendant alarm referrals

## Future developments for UCR

- The implementation of a Royal Devon Care Co-ordination Spoke, which will offer an additional admission avoidance referral route into UCR.
- The Royal Devon model for the Spoke will encompass Community to Virtual Ward pathways thus offering greater potential for UCR and Virtual Ward integration.

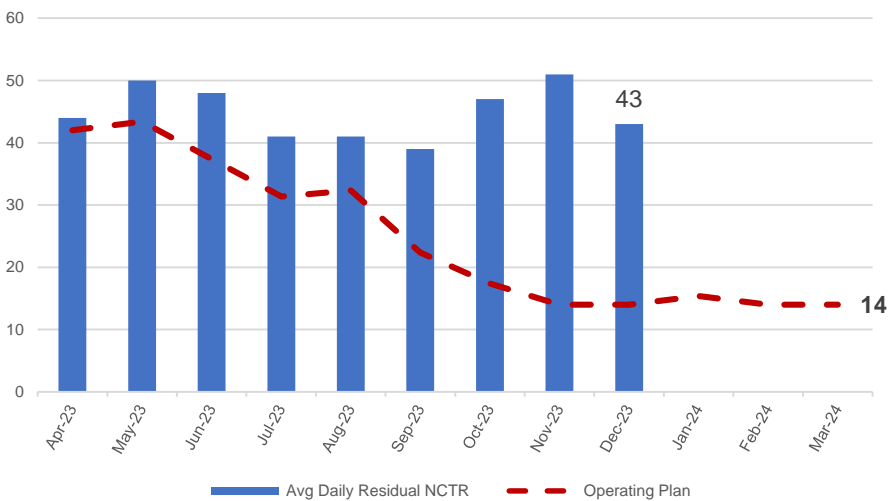




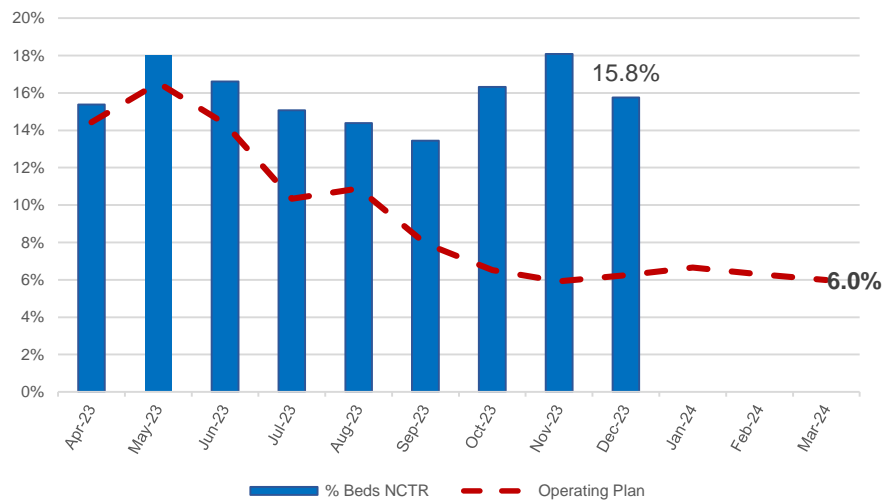
# Northern Services Reduce No Criteria to Reside

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

Average Daily NCTR vs Plan



% NCTR Occupied beds vs Plan



## Pathway 0

- Daily multidisciplinary review of Pathway 0 to ensure earlier allocation to Pathways 1-3

## Pathway 1

- Daily monitoring to maximise use of live in care pathways to 95% of available capacity, across north and east localities.
- Additional agency care capacity enabling more patients to return home in a timely way.
- Senior clinical review of large care packages before discharge to prevent over prescription of care
- Twice weekly review by Community Services Manager of all patients estimated date of discharge from services at home and length of stay > 10 days to identify delays and senior actions needed to enable earlier discharge from short term services

## Pathway 2

- Daily multi-disciplinary review of all patients to ensure that all those who could be supported home are enabled to do so with a strength based approach to prevent avoidable admissions to care homes
- Daily senior review and weekly audits against best practice pathways to understand delays and reduce time to transfer

## Pathway 3

- Evaluation of hospital discharge team impact in attending board rounds to ensure the focus is on wards with the highest delays

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

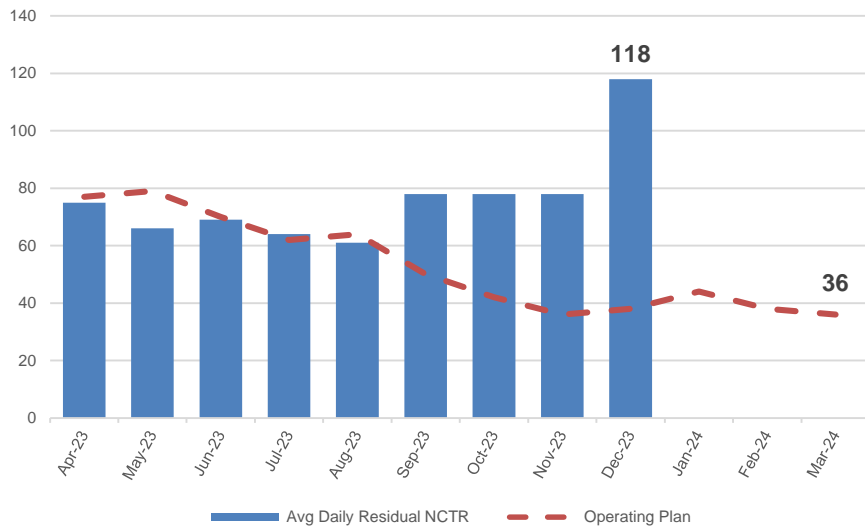
Our People

Finance

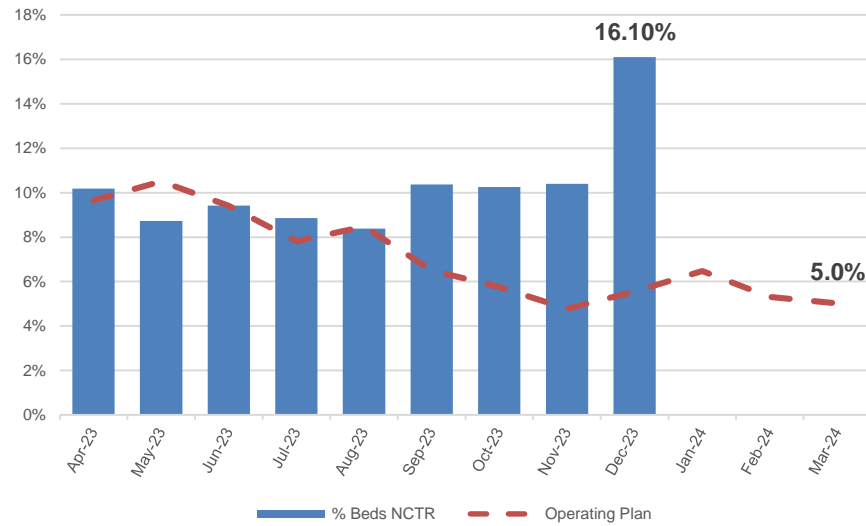
# Eastern Services Reduce No Criteria to Reside

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

Average Daily NCTR vs Plan



% NCTR Occupied beds vs Plan



On 4<sup>th</sup> of December 2023, the reporting was brought into line with national requirements, ensuring that the NCTR position includes Pathway 0 delays. This accounts for the significant increase in NCTR number for Eastern as seen in the graphs above.

## Actions to Improve Performance

### Pathway 0

- There is increased focus on auditing of Pathway 0 patients, ensuring only patients who are 'medically optimised' are on the No Criteria To Reside Reporting. The aim of this is to ensure an efficient discharge planning process.

### Pathway 1

- Daily monitoring to maximise use of live in care pathways to 95% of available capacity, across north and east localities.
- Additional agency care capacity has been used to bolster teams, enabling more patients to return home in a timely way.

### Pathway 2

- Daily multi-disciplinary team review of all patients is taking place to ensure that all those who could be supported home are enabled to do so.
- Daily review of time to transfer from hospital to care home is taking place so that delays are understood and action is taken at a senior level to address any blockages.

### Pathway 3

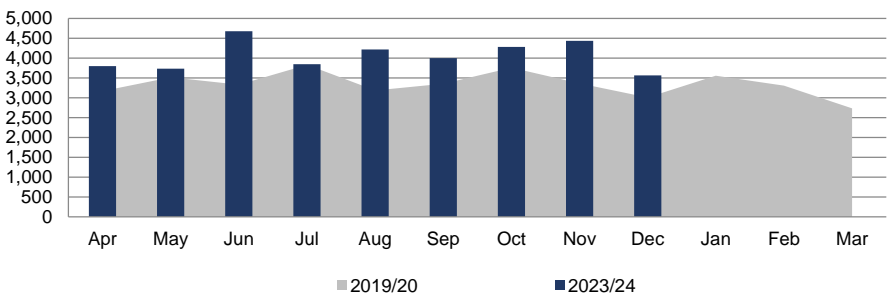
- An evaluation of the hospital discharge team impact in attending board rounds is taking place to ensure there is targeted focus on those wards with the highest delays



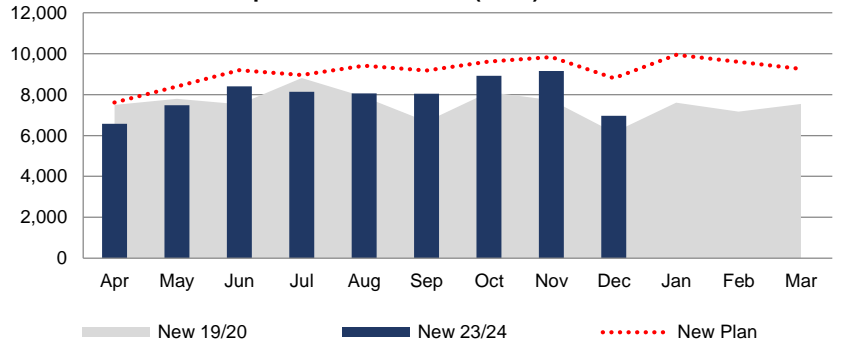
# Northern Services Elective Activity- Referrals and Outpatients



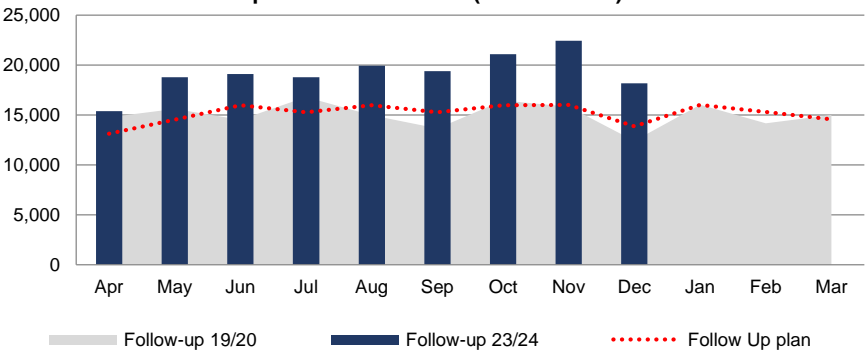
**Referrals**  
Consultant Led. Excl Community



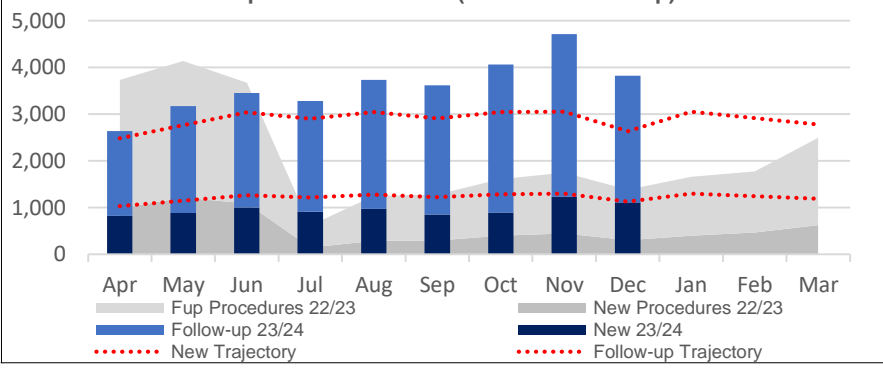
**Outpatient Attendances (NEW)**



**Outpatient Attendances (FOLLOW-UP)**

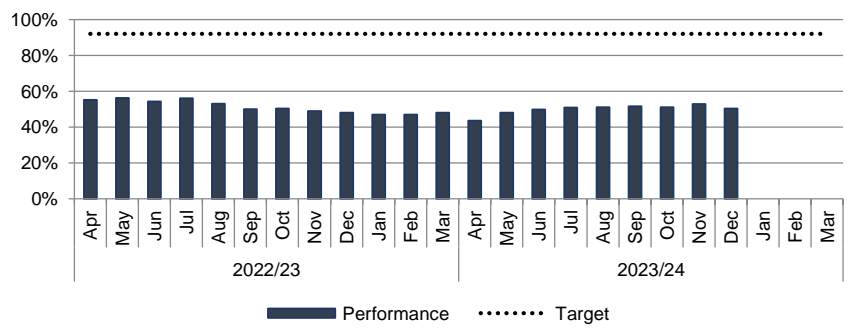


**Outpatient Procedures (New and Follow-up)**



- There were a total of 31,588 Outpatients appointments in November. Of this 9,156 were New appointments and 22,432 were Follow-up appointments. In December there were a total of 25,136 appointments in December. Of this 6,958 were New appointments and 18,178 were follow ups.
- 75.11% of appointments were held Face to Face and 24.89% were Virtual appointments in November and 74.11% of appointments were held Face to Face and 25.89% were Virtual appointments in December.
- There was a slight decline in RTT 18 week performance in December compared to October and November.
- **Outpatient follow-up:** activity was above 2019/20 volumes and in line with planned volumes for September. Explanations for the higher volume of activity vs 2019/20 relates to the differences in activity data capture relating to the implementation of a new electronic patient record since 2019/20. However, it has also be established that some new OP activity is being reported inaccurately as follow up and not all procedures have been captured within reporting. The income workstream within Financial Recovery Works are currently in progress with correcting this.

**RTT 18 Week Performance**

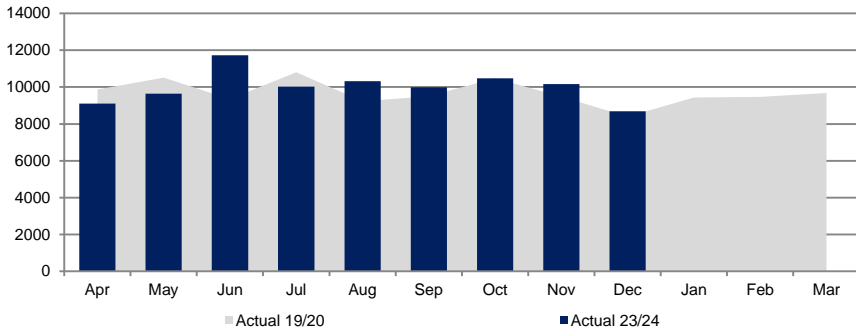


# Eastern Services Elective Activity- Referrals and Outpatients

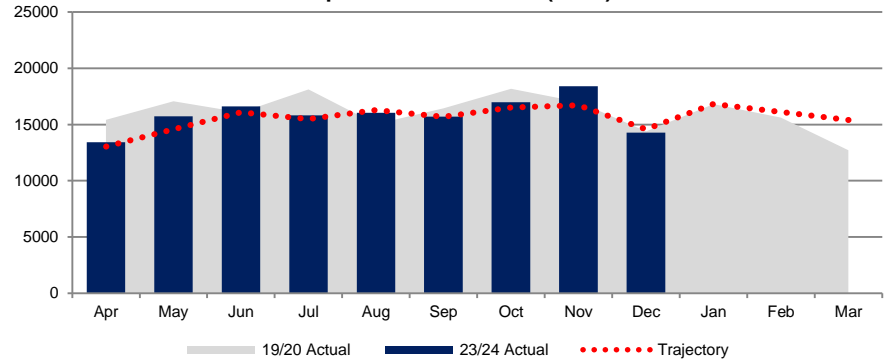


## Referrals

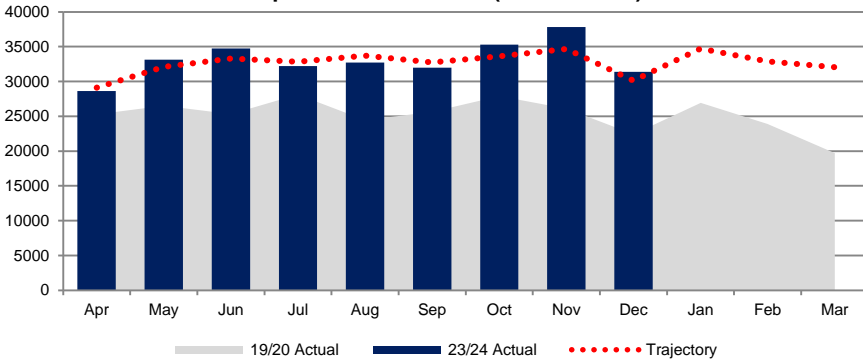
Consultant Led. Excl Community



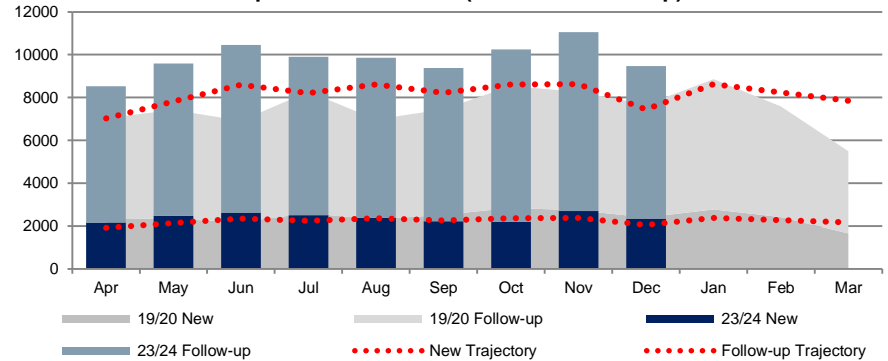
## Outpatient Attendances (NEW)



## Outpatient Attendances (FOLLOW-UP)



## Outpatient Procedures (New and Follow-up)



**The ongoing work undertaken through Being Paid Fairly data capture programme has resulted in some changes to activity, which have been backdated to April 2023. The changes have been made to ensure activity is categorised correctly at point of delivery e.g. Outpatient attendance, Outpatient procedure, Daycase etc.**

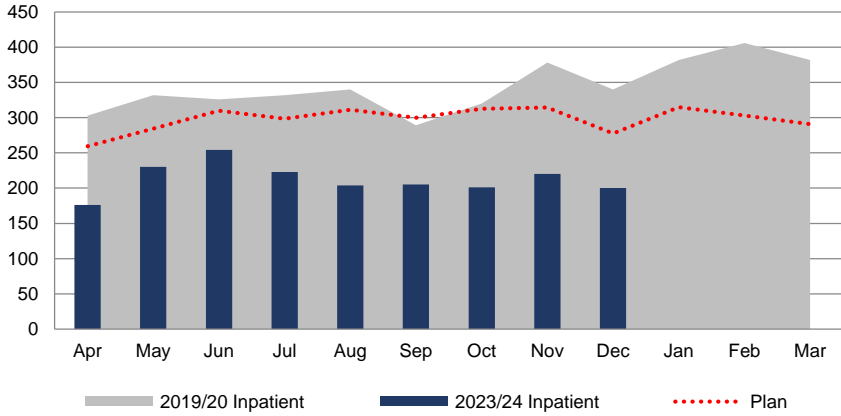
**Outpatient attendance (new):** December activity was 99% of 2019/20, which was slightly behind plan and lower than November activity. The primary driver behind the reduction on the prior month was the significant impact of industrial action at the end of December, which resulted in the standing down of elective activity.

**Outpatient attendance (follow up):** December activity was 140% of 2019/20, which was ahead of plan but lower than November activity, for the same reasons outlined above. A data quality review of the follow-up attendance activity has been completed, with a plan to reflect this next month, which is expected to reduce the follow up activity presented above.

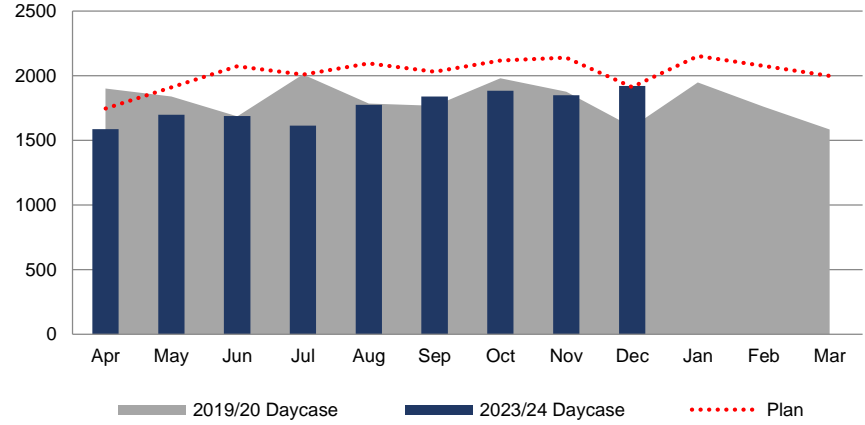
**Outpatient procedures:** December activity was 123% of 2019/20, which is significantly ahead of plan but lower than November activity, due to industrial action in December. The high volume of outpatient procedure activity reflects a genuine increase, but is also the result of the ongoing work to ensure procedures are correctly recorded and reported.

# Northern Services Elective Activity- Inpatient and Daycase

**Elective Inpatient Activity**



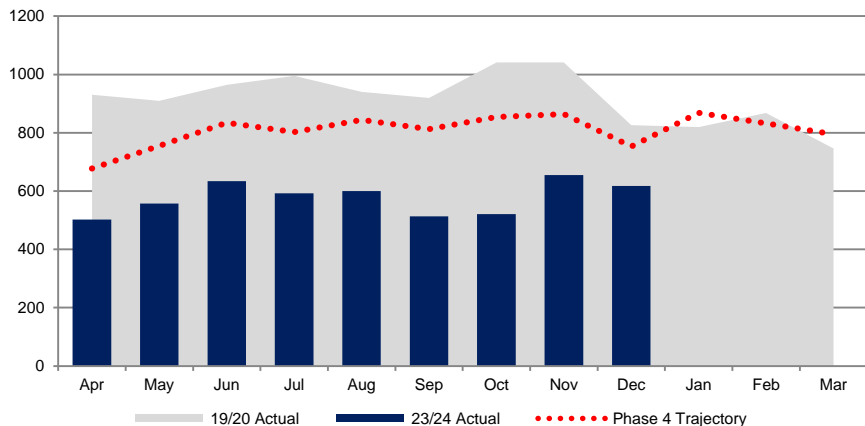
**Elective Daycase Activity**



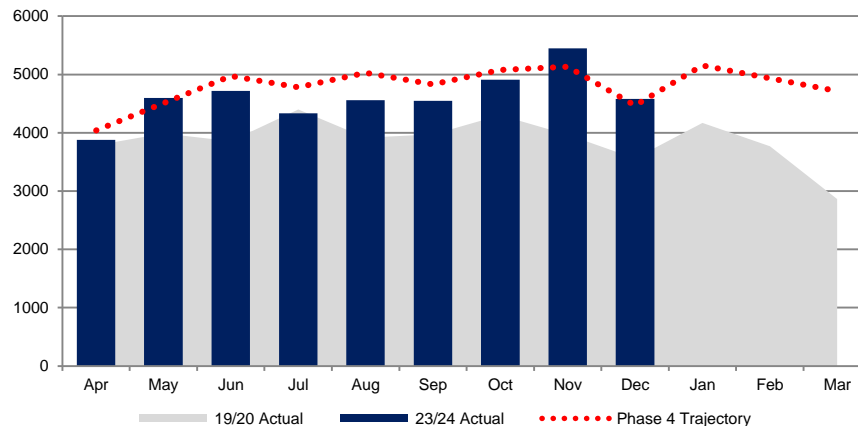
- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient increased during November by 19 and Daycase activity decreased during November by 34. During December Elective Inpatient decreased by 20 and Daycase activity increased by 73. Inpatient and Daycase activity was not affected by the Junior Dr strikes that were held in December.

# Eastern Services Elective Activity- Inpatient and Daycase

### Elective Inpatient Activity



### Daycase Activity



**The ongoing work undertaken through Being Paid Fairly data capture programme has resulted in some changes to activity, which have been backdated to April 2023. The changes have been made to ensure activity is categorised correctly at point of delivery e.g. Outpatient attendance, Outpatient procedure, Daycase etc.**

#### Elective inpatient activity:

December activity was 75% of 2019/20, which was behind plan but ahead of November activity.

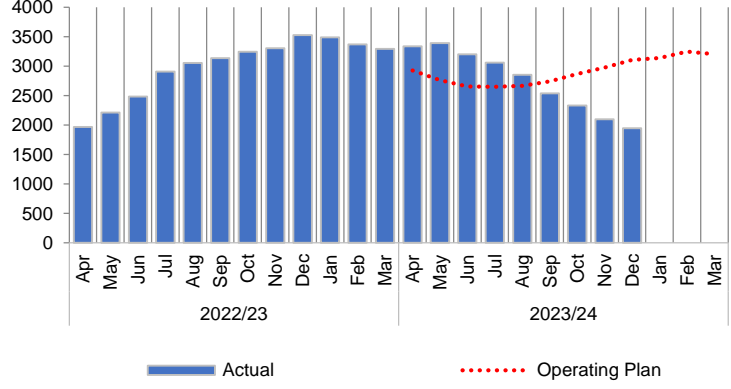
#### Elective Daycase activity:

December activity was 129% of 2019/20, which was ahead of plan but behind November activity.

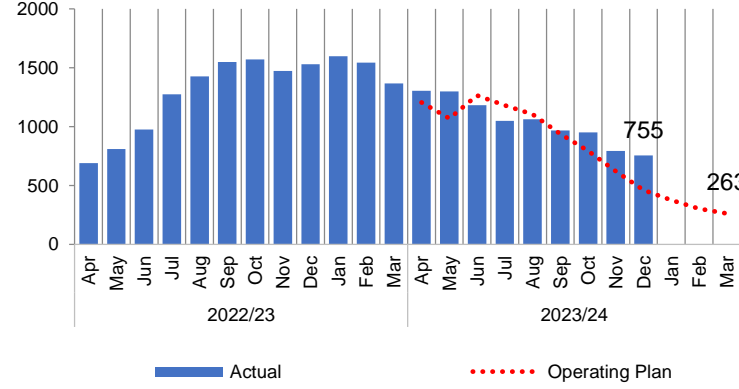
The data capture improvements related to daycase activity shows a much improved position, with activity well in excess of 2019/20 volumes and now in line with planned activity. Industrial action in December has resulted in lost elective activity, and this is also expected to impact January activity.

# Northern Services Elective Activity- Long Waiting Patients

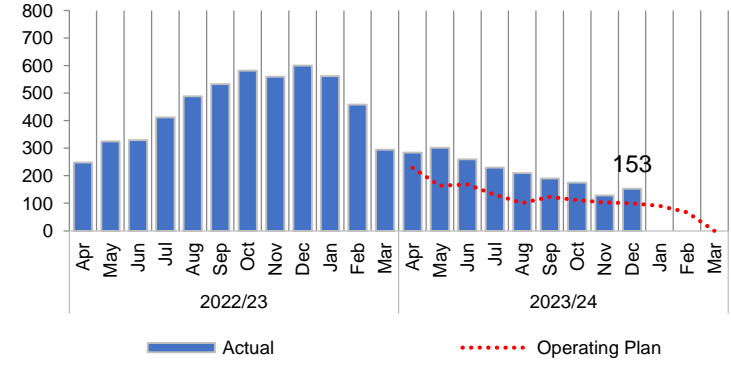
**RTT 52+ Weeks Waited**



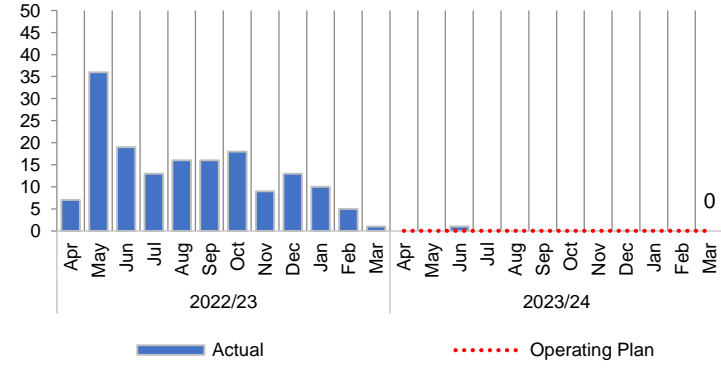
**RTT 65+ Weeks Waited**



**RTT 78+ Weeks Waited**



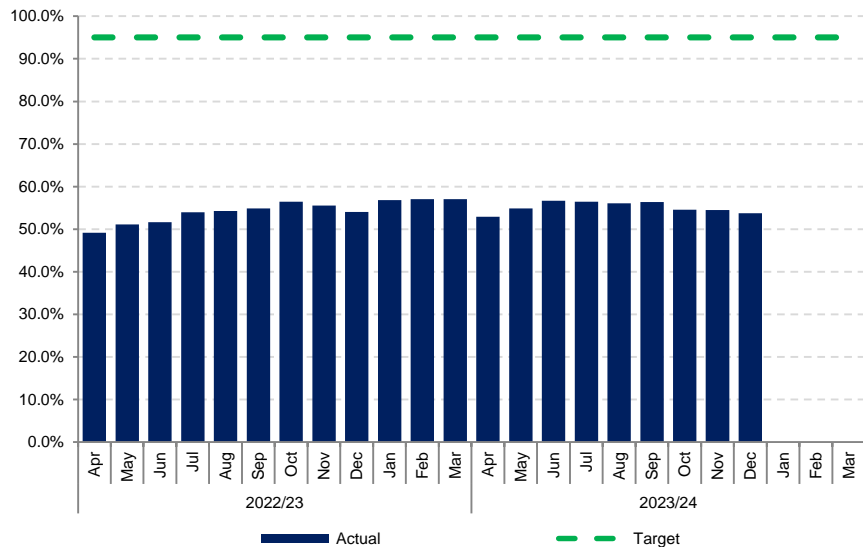
**RTT 104+ Weeks Waited**



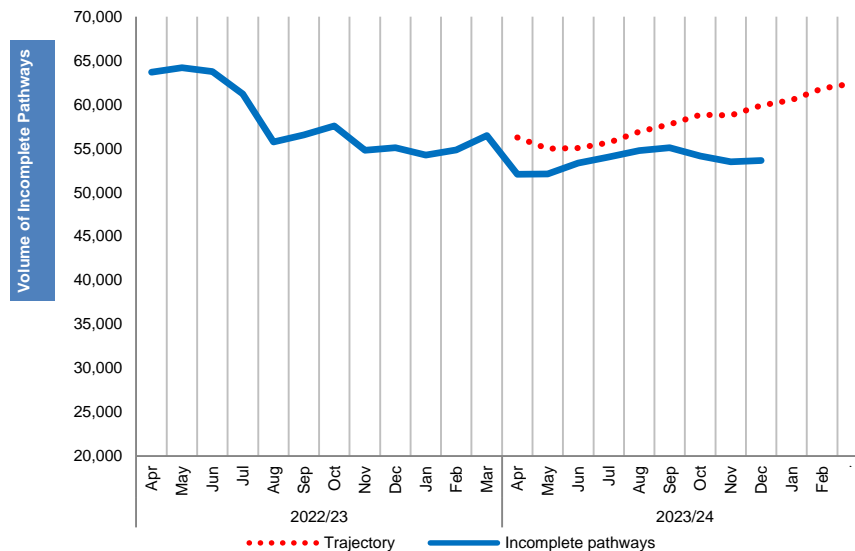
- Regular meetings are being held to ensure that the focus remains on the number of patients waiting 78, 52 and 43 weeks for a first appointment. In addition to focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support longer term and sustainable reductions in waiting times.
- We continue to remain on track to achieve the target of 0 patients waiting 104 weeks.
- Having had a similar number of patients waiting over 78 weeks since March, the impact of these efforts is beginning to be seen as the number of patients waiting over 78 weeks at the end of December reduced to 153, albeit this was a higher number than in November. This was due to a combination of industrial action causing multiple clinic cancellations and the Christmas leave period.
- A 10 week challenge has commenced in January with the aim on minimizing the number of patients waiting 78+ weeks by March end.

# Eastern Services Elective Activity- Inpatient and Daycase

### RTT 18 Week Performance



### Incomplete Pathways



## RTT:

The volume of incomplete pathways remains relatively stable, but is still illustrating an overall increase compared to the April 2023 position. Despite improvements in activity levels, overall demand and capacity remains sensitive. However, the position is ahead of planned position, despite ongoing industrial action.

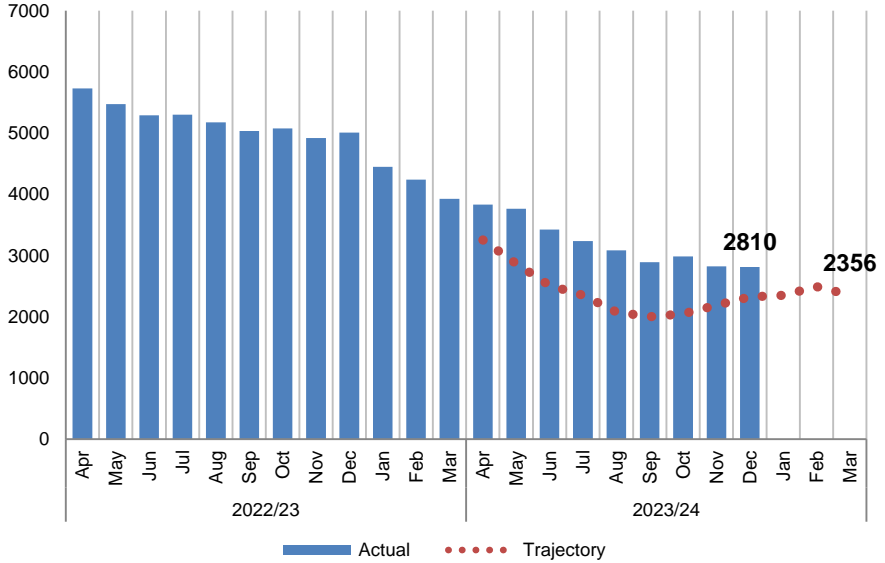
## RTT long waits:

All long wait categories are above planned levels. As reported previously, the key driver is ongoing industrial action, which has resulted in lower volumes of elective activity. Ongoing efforts continue to try to improve the position.

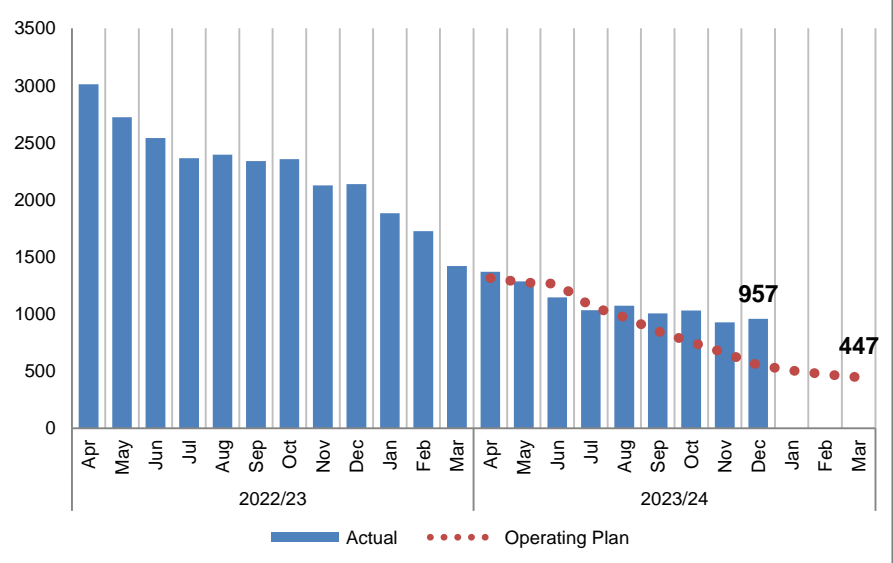


# Eastern Services Elective Activity – Long Waiting Patients

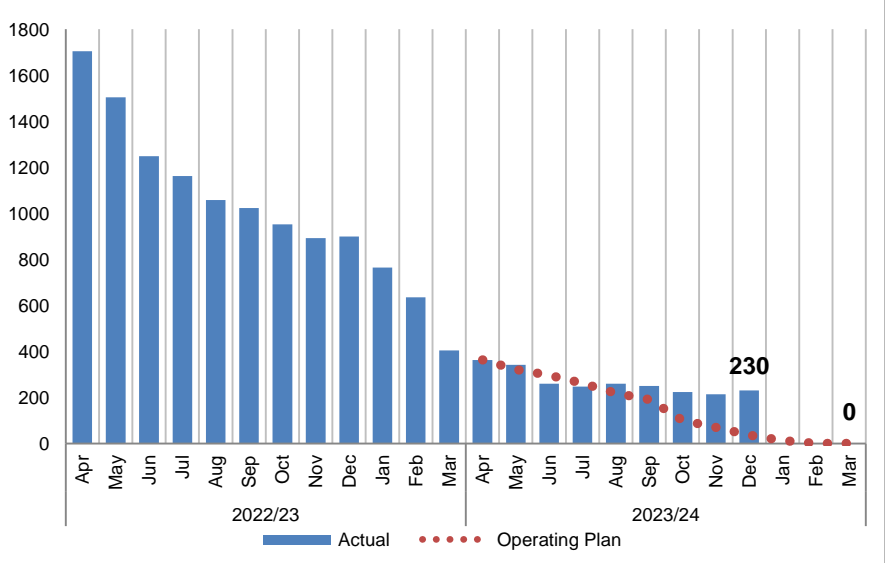
### RTT 52+ Weeks Waited



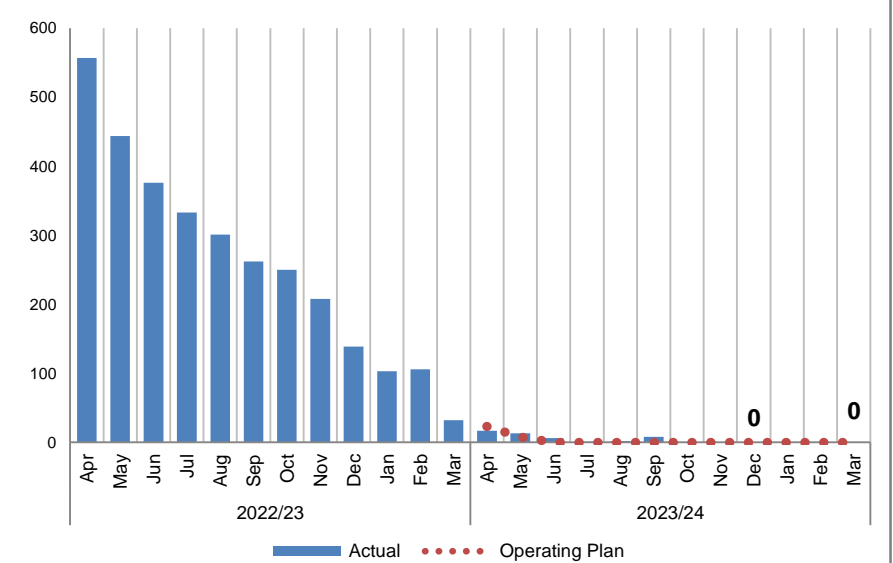
### RTT 65 + Weeks Waited



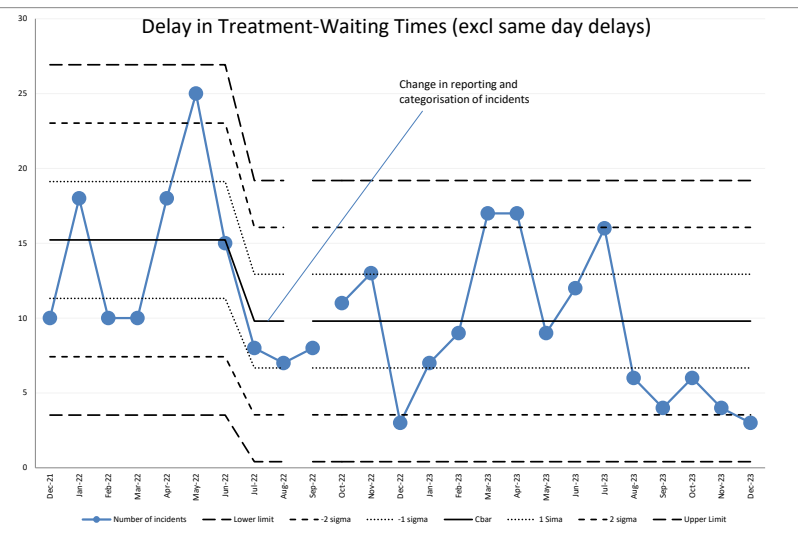
### RTT 78 + Weeks Waited



### RTT 104+ Weeks Waited



Three incidents were reported for December 2023, these are broken down by the level of harm against stage of pathway below.



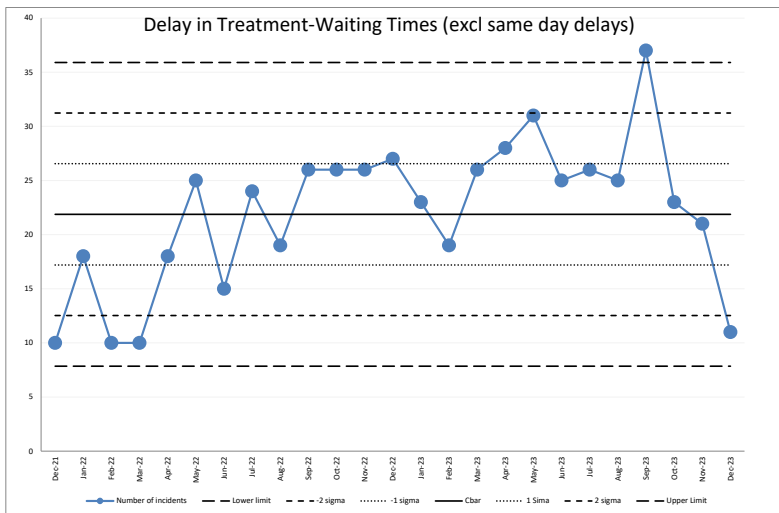
## December 2023

	None	Minor	Moderate	Major	Catastrophic	Total
New			1			1
Diagnostic request delay						0
Follow up delay		1	1			2
Surgery						0
Total	0	1	2	0	0	3

- Both moderate harm incidents related to Ophthalmology services.
- One incident was a delayed new referral, and the service are completing an after action review to identify the nature of the delay, and any learning. It has not yet been confirmed if the harm was due to an error in the referral, or an error in the Trust's processing of the referral.
- The second incident was a delay to follow up; ophthalmology are undertaking a review of these incidents and undertaking a number of concise learning reviews. There is a Trust wide ophthalmology risk identified on the corporate risk register, and progress against the actions is monitored by the Safety and Risk Committee, which provides Executive oversight

# Eastern Services Waiting Well

Eastern services reported 11 incidents for December 2023, these are broken down by the level of harm against stage of pathway below.



## December 2023

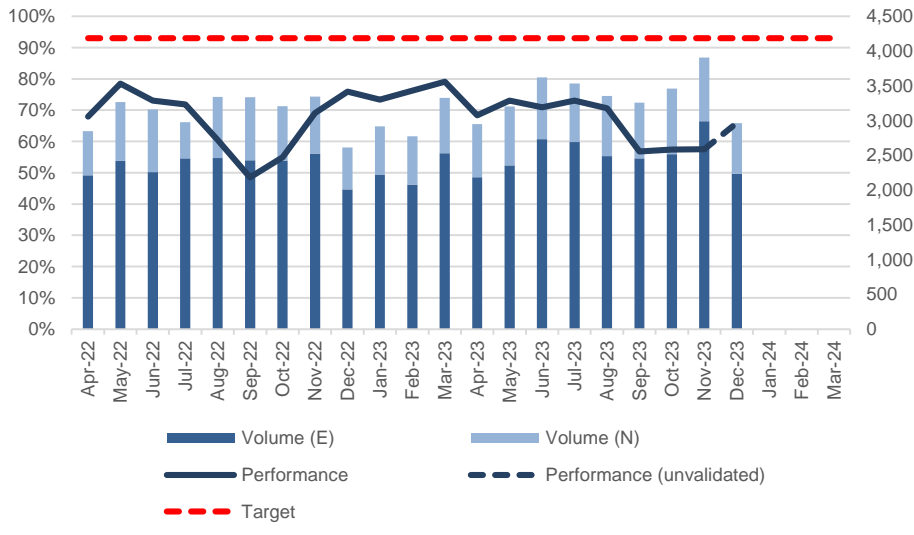
	None	Minor	Moderate	Major	Catastrophic	Total
New	2					2
Follow up delay	1	3	2			6
Surgery						
Diagnostic request delay	1	2				3
<b>Total</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>11</b>

- Both of the moderate harm incidents identified relate to delays in Ophthalmology follow up.
- In both cases the patients now require additional treatment, although it is unclear if this is a result of a delay or is a result of natural progression of the underlying disease.
- The Division is currently reviewing these cases. There is a Trust wide ophthalmology risk identified on the corporate risk register, and progress against the actions is monitored by the Safety and Risk Committee, which provides Executive oversight

# Trust – Cancer – First Appointment

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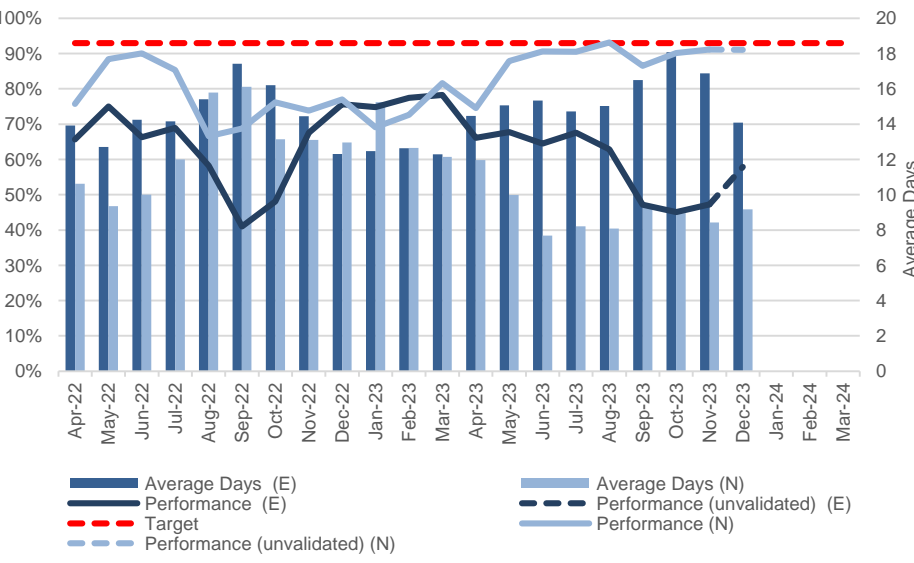
### 2ww Performance



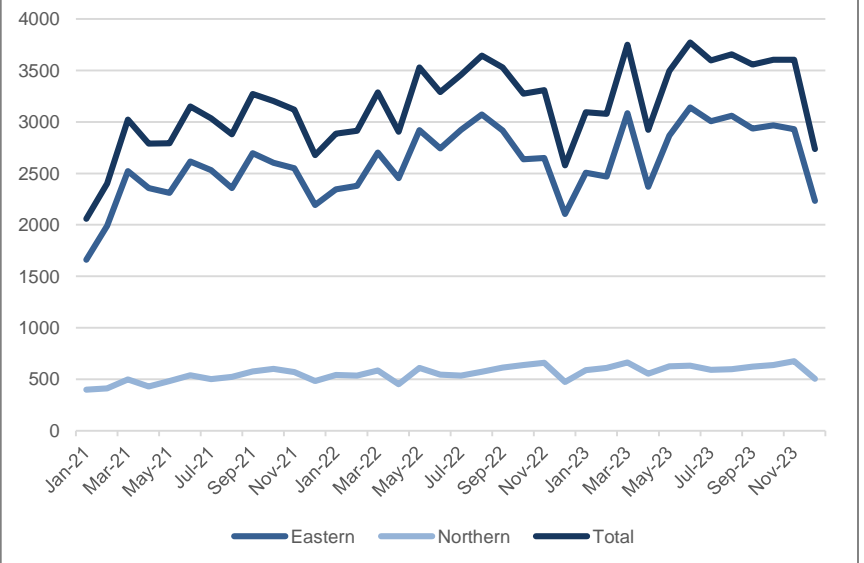
### 2ww Performance by tumour site December 2023

Combined Referral Site	Eastern		Northern		Trust
	Pts seen	Perf.	Pts seen	Perf.	Perf.
EXHIBITED (NON-CANCER) BREAST SYMPTOMS – CANCER NOT INITIALLY SUSPECTED	24	87.5%	10	90.0%	88.2%
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	25	88.0%	2	50.0%	85.2%
SUSPECTED BREAST CANCER	258	90.3%	123	98.4%	92.9%
SUSPECTED CANCER – REFERRAL TO SERIOUS NON-SPECIFIC SYMPTOM CLINIC	11	90.9%	14	85.7%	88.0%
SUSPECTED CHILDRENS CANCER	6	66.7%			66.7%
SUSPECTED GYNAECOLOGICAL CANCERS	154	56.5%	73	91.8%	67.8%
SUSPECTED HAEMATOLOGICAL MALIGNANCIES EXCLUDING ACUTE LEUKEMIA	9	100.0%	1	100.0%	100.0%
SUSPECTED HEAD AND NECK CANCERS	228	84.2%	26	92.3%	85.0%
SUSPECTED LOWER GASTROINTESTINAL CANCERS	336	74.7%	132	97.7%	81.2%
SUSPECTED LUNG CANCER	48	89.6%	13	92.3%	90.2%
SUSPECTED SARCOMAS	129	29.5%	2	50.0%	29.8%
SUSPECTED SKIN CANCERS	726	24.5%	222	97.3%	41.6%
SUSPECTED TESTICULAR CANCER	6	50.0%	2	100.0%	62.5%
SUSPECTED UPPER GASTROINTESTINAL CANCERS	126	86.5%	25	84.0%	86.1%
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	155	61.9%	77	53.2%	59.1%
<b>Total</b>	<b>2241</b>	<b>57.8%</b>	<b>723</b>	<b>91.0%</b>	<b>65.9%</b>

### 2ww Performance & Average days to first Activity- Eastern/Northern



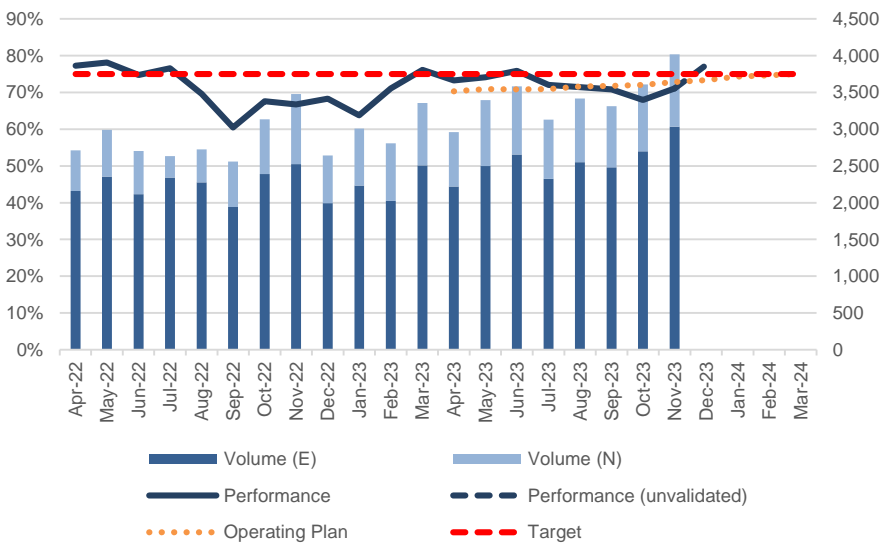
### 2ww Referrals by Month



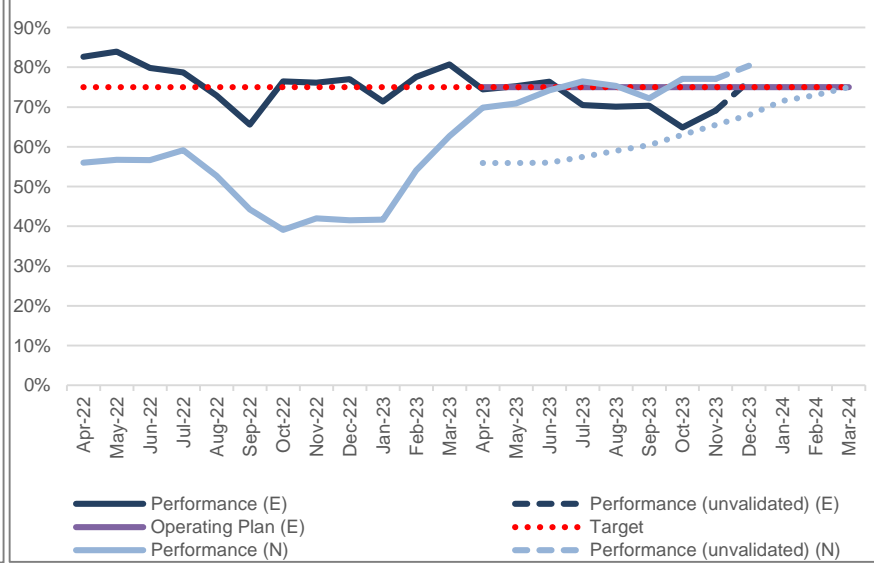
# Trust – Cancer – 28 Day Faster Diagnosis Standard

Activity & Flow  
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Quality & Safety  
Our People  
Finance

### 28 Day FDS Performance



### 28 Day FDS Performance - Eastern/Northern



### Eastern FDS Performance by Tumour Site - December 2023

Combined Referral Site	BREACH	PASS	BREACH	PASS
EXHIBITED (NON-CANCER) BREAST SYMPTOMS - CANCER NOT INITIALLY SUSPECTED	2	26	7.14%	92.86%
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	1	18	5.26%	94.74%
SUSPECTED BREAST CANCER	23	258	8.19%	91.81%
SUSPECTED CANCER - REFERRAL TO SERIOUS NON-SPECIFIC SYMPTOM CLINIC	4	12	25.00%	75.00%
SUSPECTED CHILDRENS CANCER		6	0.00%	100.00%
SUSPECTED GYNAECOLOGICAL CANCERS	71	84	45.81%	54.19%
SUSPECTED HAEMATOLOGICAL MALIGNANCIES EXCLUDING ACUTE LEUKEMIA	9	2	81.82%	18.18%
SUSPECTED HEAD AND NECK CANCERS	33	210	13.58%	86.42%
SUSPECTED LOWER GASTROINTESTINAL CANCERS	142	236	37.57%	62.43%
SUSPECTED LUNG CANCER	9	29	23.68%	76.32%
SUSPECTED SARCOMAS	50	66	43.10%	56.90%
SUSPECTED SKIN CANCERS	109	602	15.33%	84.67%
SUSPECTED TESTICULAR CANCER	1	8	11.11%	88.89%
SUSPECTED UPPER GASTROINTESTINAL CANCERS	23	87	20.91%	79.09%
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	56	98	36.36%	63.64%
(blank)	1	2	33.33%	66.67%
<b>Total</b>	<b>534</b>	<b>1744</b>	<b>23.44%</b>	<b>76.56%</b>

### Northern FDS Performance by Tumour Site - December 2023

Combined Referral Site	BREACH	PASS	BREACH	PASS
EXHIBITED (NON-CANCER) BREAST SYMPTOMS - CANCER NOT INITIALLY SUSPECTED	1	8	11.11%	88.89%
OTHER SUSPECTED CANCER (NOT LISTED)	1		100.00%	0.00%
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	1	1	50.00%	50.00%
SUSPECTED BREAST CANCER	1	117	0.85%	99.15%
SUSPECTED CANCER - REFERRAL TO SERIOUS NON-SPECIFIC SYMPTOM CLINIC		1	0.00%	100.00%
SUSPECTED GYNAECOLOGICAL CANCERS	27	44	38.03%	61.97%
SUSPECTED HAEMATOLOGICAL MALIGNANCIES EXCLUDING ACUTE LEUKEMIA	1	2	33.33%	66.67%
SUSPECTED HEAD AND NECK CANCERS	3	19	13.64%	86.36%
SUSPECTED LOWER GASTROINTESTINAL CANCERS	51	103	33.12%	66.88%
SUSPECTED LUNG CANCER	3	8	27.27%	72.73%
SUSPECTED SKIN CANCERS	17	202	7.76%	92.24%
SUSPECTED TESTICULAR CANCER		1	0.00%	100.00%
SUSPECTED UPPER GASTROINTESTINAL CANCERS	4	25	13.79%	86.21%
SUSPECTED UROLOGICAL CANCERS (EXCLUDING TESTICULAR)	29	41	41.43%	58.57%
(blank)	2	7	22.22%	77.78%
<b>Total</b>	<b>141</b>	<b>579</b>	<b>19.58%</b>	<b>80.42%</b>

# Trust – Cancer – 28 Day Faster Diagnosis Standard

## Trust:

- Referral volumes for suspected cancer continue to grow year on year, the Trust observed a 12% increase in referrals between 2021 and 2022 and a further 6% increase 2022-2023.
- The 2 week wait target is no longer reported nationally, but is however a helpful internal measure of the timeliness of first pathway activity. Performance remains challenged in some services with Trust performance for November 2023 at 57.5% in 2 week wait, provisional performance for December 2023 demonstrates an improving position at 65.9%.
- Submitted Faster Diagnosis Standard for November 2023 was reported below the 75% standard at 71.04%, however provisional data for December 2023 shows an improvement to 77.4%.

## Eastern:

- **Urology** performance is linked to turnaround times for Histology tests and in Radiology for MpMRI, as well as waiting times for TP Biopsy. Current waits for TP biopsy are 7-10 days and 10-14 days for MpMRI. Regional On Call Pressures in the Urology service have led to a reduction in additional activity. A review is under way of the 'referral to TP results pathway' to identify potential solutions (currently the pathway is 50 days on average).
- **Gynaecology** performance is challenged due to a national increase in 2 week wait referrals combined with long-term staff sickness, Consultant and nurse Hysteroscopist. Additional activity, funded by the Cancer Alliance is in place to clear the backlog of patients waiting. An additional Gynaecology Oncology Consultant is due to start in March 2024. The team are reviewing the potential for a one stop service at the Nightingale and are seeking support for outsourcing hysteroscopy to reduce the backlog created by an increase in demand and sickness in the team.
- **Lower GI** performance has improved with the increase in endoscopy capacity provided in Tiverton. The consultant workforce has increased, with permanent recruitment to two ERF funded posts due in January 2024. This will provide the additional capacity needed to implement a new on call rota in April 2024, which will release specialist cancer consultants for consistent access to theatre.
- **Sarcoma** performance is impacted by a complex diagnostic pathway. Delays to ultra sound are under review. Work is underway to introduce a one stop pathway at the Nightingale, with a potential to go live in July 2024.
- **Histology and Radiology** services are utilising outsourcing to improve test result turn around times, which is being supported by funds from the Cancer Alliance. The average wait for MRI is currently two weeks due to capacity constraints (particularly impacting prostate patients).
- **Dermatology** referrals have stabilised following exceptional seasonal highs in the summer, however there is a backlog of patients waiting for treatment. IA has impacted both 2 week wait and 28 Day due to clinic cancellations. The team are exploring the potential for a 'See & Treat' service at the Nightingale.

## Northern:

- 2 week wait performance for December 2023 of 91% with average waiting time to first appointment of 9.2 days
- Faster Diagnosis Standard(FDS) performance is improving and unvalidated performance for December 2023 is 80.4%. Lower GI, Urology and Gynaecology represent the highest volume of FDS breaches for December.
- The main challenge which impacts all service areas are diagnostic turnaround times for radiology, pathology and endoscopy, these impact both FDS performance and staging phases of pathways. Additionally, hysteroscopy capacity and staffing pressures in Lower GI and Urology have impacted on achievement of the FDS target.
- Cancer Alliance funding has been secured for additional WLI activity to improve Radiology and Pathology turnaround times and improvement projects are ongoing within both services.
- Cancer Alliance funding has been secured for additional hysteroscopy capacity, which combined with improved pathology turn around times should improve FDS performance.
- Finalisation of the UAN discussions and urology on call arrangements will enable future planning for the urology service in the North.
- Endoscopy capacity at Tiverton has been increased, approval is awaited for a planned extension to the NDDH endoscopy unit to create one additional procedural room by March 2024.

# Trust – Cancer – 31 Day Treatment Standard

Activity & Flow

Operational Performance

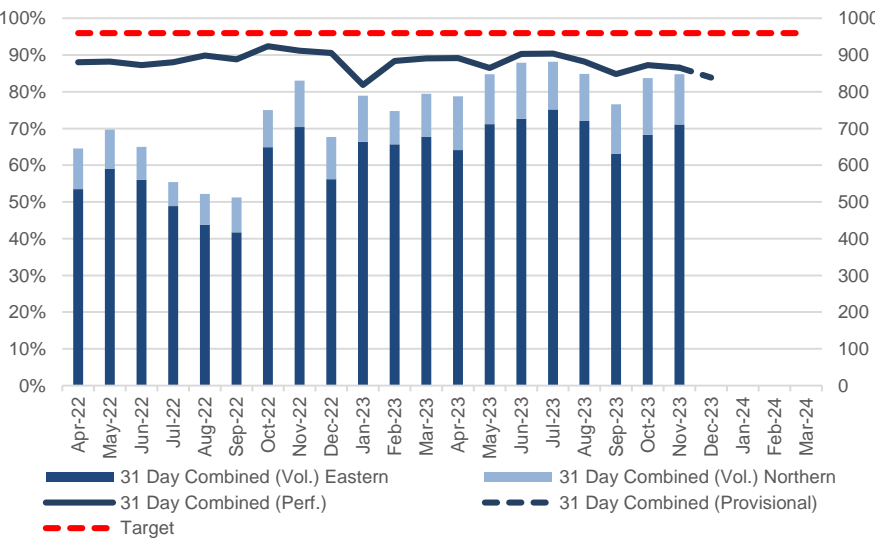
Patient Experience

Quality & Safety

Our People

Finance

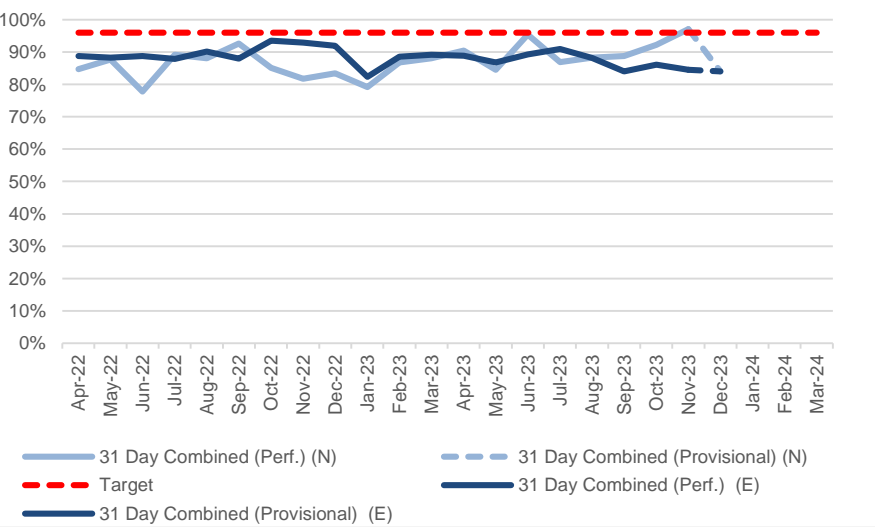
31 Day Combined Performance



31 Day Performance by tumour site November 2023:

Managing Tumour Group	Eastern		Northern		Trust
	Pts. Treated	Perf.	Pts. Treated	Perf.	Perf.
Breast	165	95.2%	30	96.7%	95.4%
Gynaecology	33	93.9%	9	100.0%	95.3%
Haematology	36	100.0%	12	100.0%	100.0%
Head & Neck	28	96.4%	1	100.0%	96.6%
Lower Gastrointestinal	58	96.6%	12	100.0%	97.1%
Lung	26	96.2%	9	88.9%	94.3%
Other	2	100.0%	1	100.0%	100.0%
Sarcoma	9	66.7%			66.7%
Skin	173	64.2%	39	94.9%	69.8%
Thyroid/Endocrine	3	66.7%			66.7%
Upper Gastrointestinal	35	100.0%	13	100.0%	100.0%
Urology	180	83.3%	15	93.3%	84.1%
<b>Total</b>		<b>84.5%</b>		<b>97.1%</b>	<b>86.6%</b>

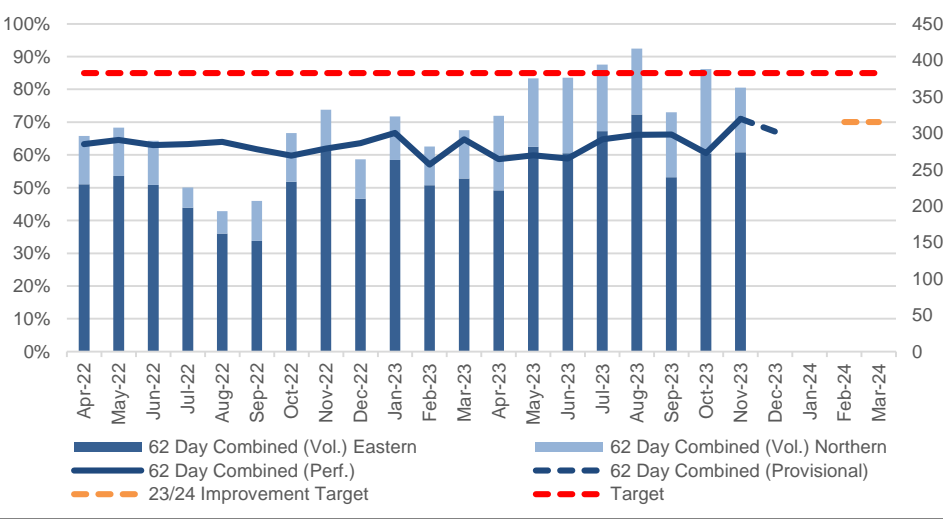
31 Day Combined Performance - Eastern/Northern



# Trust – Cancer – 62 Day Treatment Standard

Activity & Flow  
Operational Performance  
Patient Experience  
Quality & Safety  
Our People  
Finance

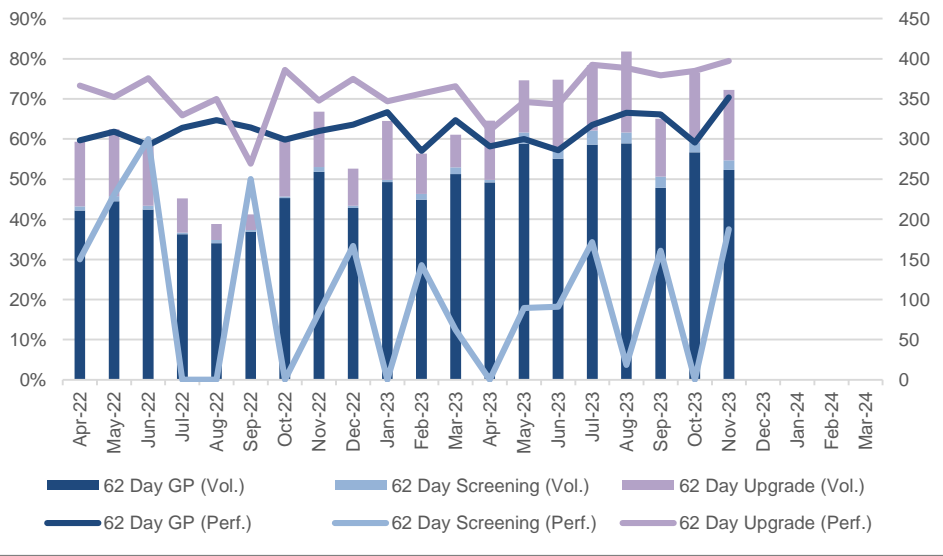
### 62 Day Combined Performance



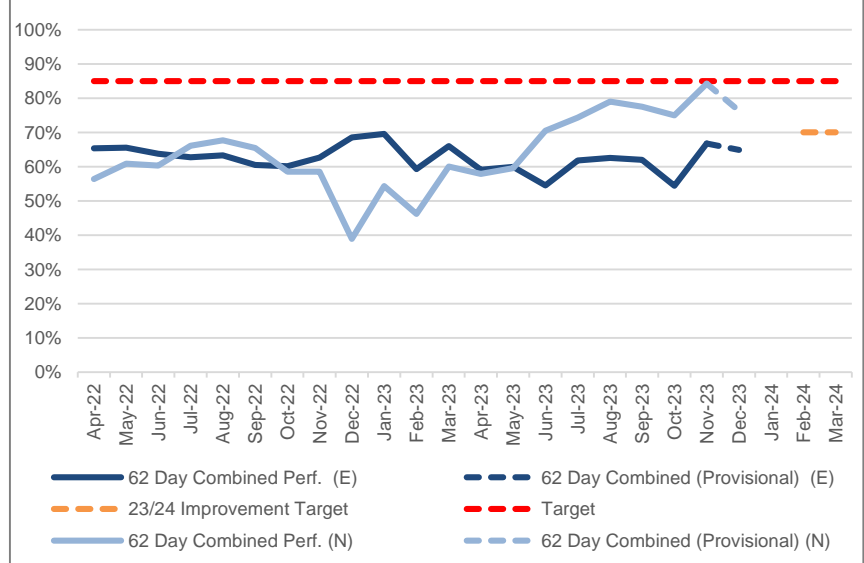
### 62 Day Tumour site breakdown November 2023

	Eastern		Northern		Trust
Managing Tumour Group (Local)	Pts. Treated	Perf.	Pts. Treated	Perf.	Perf.
Brain/Central Nervous System	0.5	100.0%			100.0%
Breast	40.5	71.6%	13.5	77.8%	73.1%
Gynaecology	6	50.0%	6	100.0%	75.0%
Haematology	9	100.0%	3	100.0%	100.0%
Head & Neck	13	53.8%			53.8%
Lower Gastrointestinal	30	26.7%	5.5	63.6%	32.4%
Lung	13	76.9%	8	87.5%	81.0%
Other	1	0.0%	1	100.0%	50.0%
Sarcoma	3	0.0%			0.0%
Skin	74.5	77.9%	27	96.3%	82.8%
Thyroid/Endocrine	0.5	0.0%			0.0%
Upper Gastrointestinal	20	75.0%	13	76.9%	75.8%
Urology	76	59.2%	10	70.0%	60.5%
<b>Total</b>		<b>66.7%</b>		<b>84.3%</b>	<b>71.0%</b>

### 62 Day Performance and Volumes by Pathway Type



### 62 Day Combined Performance - Eastern/Northern





**Trust:**

- Combined 31 Day performance for November 2023 was reported at 84.5%, below the 96% national standard, unvalidated performance for December 2023 shows a slight deterioration to 83.9%, however this will be subject to further validation.
- Combined 62 Day performance for November 2023 was reported at 71.5%, with an unvalidated December position of 67.1%.
- Oncology capacity for consultant appointments and radiotherapy delivery are one of the most significant risks that is impacting both sites and contributing to 31 day and 62 day breaches.
- The Trust is undertaking a deep dive into cancer pathway delivery, following on from a similar exercise carried out in January 2023. This will highlight key areas of success and areas requiring improvement, as well as identifying investment need in staffing and the estate. This will inform the Cancer Clinical Strategy. There is a plan to present this work to the Board in March 2024.

**Eastern:**

- Theatre capacity remains a significant challenge. Lower GI and Urology waiting times for surgery are currently at 6-8 weeks. Additional theatre agency staff have been funded by Cancer Alliance to support staffing pressures in theatres.
- There are delays in Oncology outpatients (pre-treatment) for Lung and Head & Neck, due to consultant vacancies. Patients are being booked according to clinical priority.
- There are significant challenges within Radiotherapy due to staffing vacancies, (this is a national issue) combined with an increase in demand. This has seen waits increase for initial outpatient appointment to 5-6 weeks. Staff are working overtime to support delivery of the service.
- The service has re-advertised for Consultant Oncologists (3 WTE vacancies), interviews to take place on the 16th January 2024.
- Performance in Breast is recovering. There is a Locum Consultant in place to support sickness absence in the team. A review of the Breast Screening pathway is underway to explore opportunities to improve performance in this pathway.
- There are plans to introduce additional capacity for SLNB procedures at Heavitree Hospital at the end of January 2024, which will improve performance for skin cancer patients requiring this procedure from Plastic Surgery.

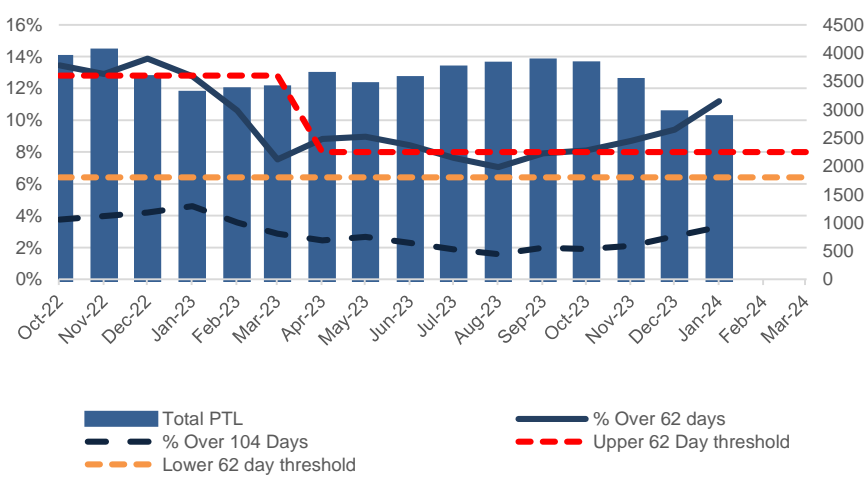
**Northern:**

- Diagnostic turnaround times for staging investigations impact on achievement of 62 days for some tumour sites and specifically diagnostic heavy pathways where CT, Bone Scan and PET-CT are commonly required prior to treatment planning.
- Additional funding for out sourced dermatology lists has been supported by the Cancer Alliance, this will support delivery of the 31 day target where capacity for complex procedures has been limited.

# Trust – Cancer – 62 Day Cancer Backlog

Activity & Flow  
Operational Performance  
Patient Experience  
Quality & Safety  
Our People  
Finance

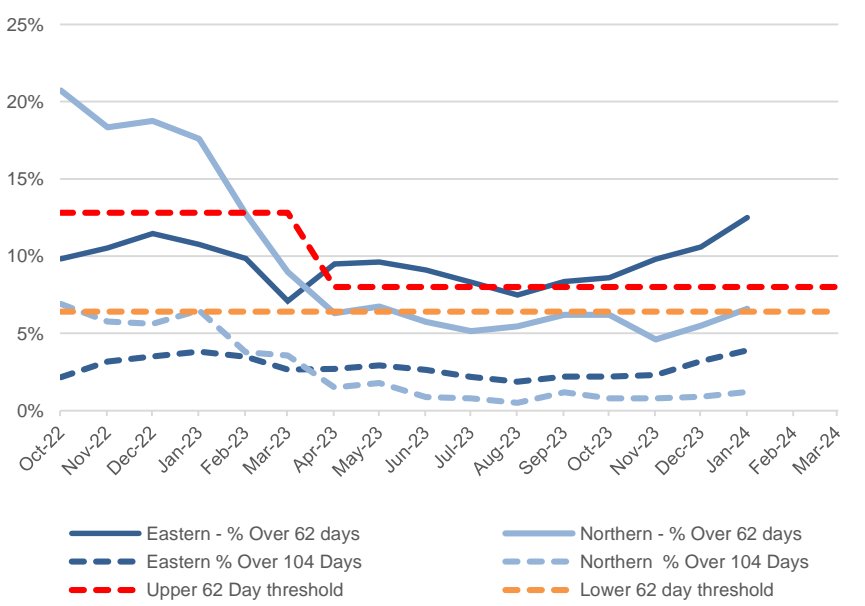
### 62 Day Backlog Performance



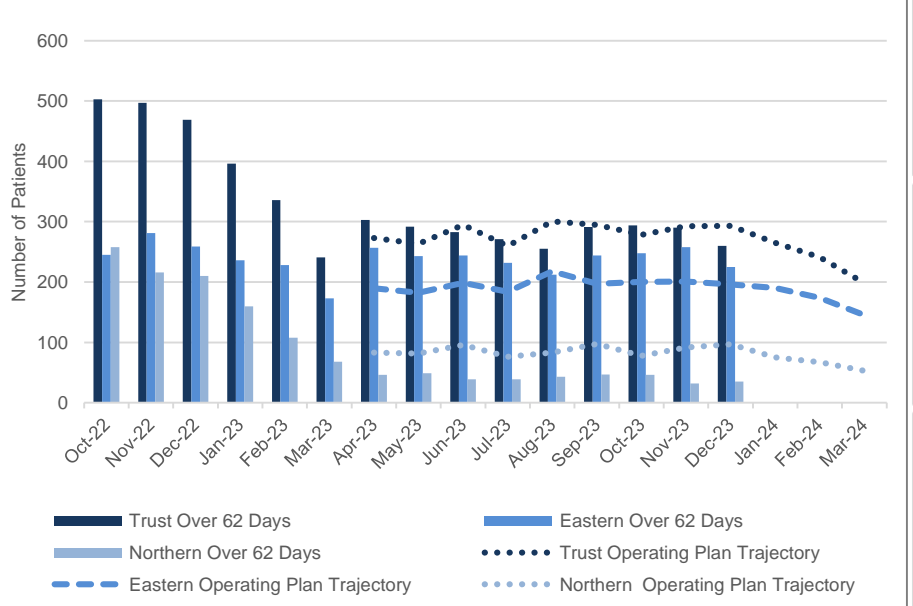
### NB. January backlog position as at 08/01/2024

08/01/2024	Total					ES				NS					
	Total PTL	>62 Days	>104 Days	% >62 Days	% > 104 Days	Total PTL	>62 Days	>104 Days	% >62 Days	% > 104 Days	Total PTL	>62 Days	>104 Days	% >62 Days	% > 104 Days
Brain	19	0	0	0.0%	0.0%	16	0	0	0.0%	0.0%	3	0	0	0.0%	0.0%
Breast	283	10	2	3.5%	0.7%	221	9	2	4.1%	0.9%	62	1	0	1.6%	0.0%
Children's	1	0	0	0.0%	0.0%	1	0	0	0.0%	0.0%	0	0	0	0.0%	0.0%
Gynaecology	266	23	5	8.6%	1.9%	186	16	5	8.6%	2.7%	80	7	0	8.8%	0.0%
Haematology	17	4	0	23.5%	0.0%	10	2	0	20.0%	0.0%	7	2	0	28.6%	0.0%
Head and Neck	188	13	2	6.9%	1.1%	169	13	2	7.7%	1.2%	19	0	0	0.0%	0.0%
Colorectal	456	41	14	9.0%	3.1%	309	29	11	9.4%	3.6%	147	12	3	8.2%	2.0%
Lung	69	4	2	5.8%	2.9%	49	3	1	6.1%	2.0%	20	1	1	5.0%	5.0%
Sarcoma	138	27	6	19.6%	4.3%	138	27	6	19.6%	4.3%	0	0	0	0.0%	0.0%
Skin	<b>628</b>	<b>76</b>	<b>16</b>	<b>12.1%</b>	<b>2.5%</b>	<b>518</b>	<b>74</b>	<b>16</b>	<b>14.3%</b>	<b>3.1%</b>	<b>110</b>	<b>2</b>	<b>0</b>	<b>1.8%</b>	<b>0.0%</b>
Upper GI	184	18	6	9.8%	3.3%	168	18	6	10.7%	3.6%	16	0	0	0.0%	0.0%
Urology	386	77	33	19.9%	8.5%	271	65	30	24.0%	11.1%	115	12	3	10.4%	2.6%
Other	37	7	2	18.9%	5.4%	15	4	2	26.7%	13.3%	22	3	0	13.6%	0.0%
Non site specific Symptoms	4	0	0	0.0%	0.0%	3	0	0	0.0%	0.0%	1	0	0	0.0%	0.0%
<b>Total</b>	<b>2676</b>	<b>300</b>	<b>88</b>	<b>11.2%</b>	<b>3.3%</b>	<b>2074</b>	<b>260</b>	<b>81</b>	<b>12.5%</b>	<b>3.9%</b>	<b>602</b>	<b>40</b>	<b>7</b>	<b>6.6%</b>	<b>1.2%</b>

### 62 Day Backlog Performance Eastern/Northern Position



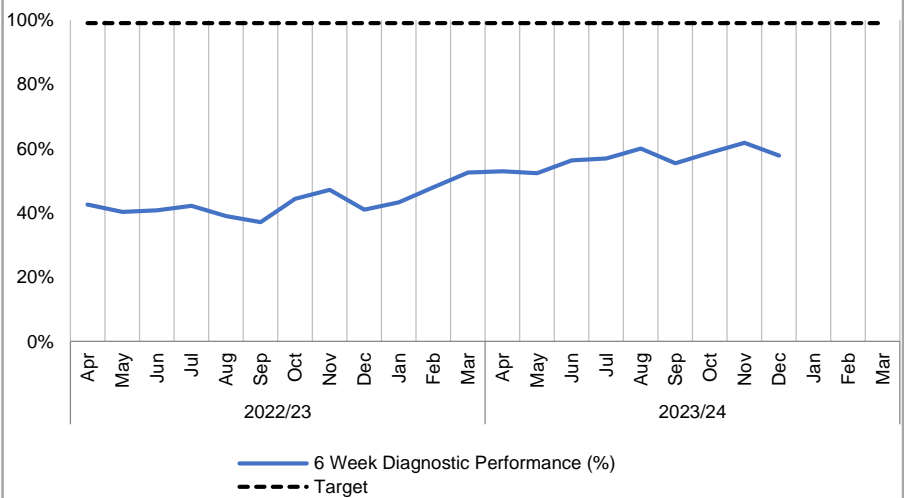
### Volume of Patients over 62 days (Backlog) against Trajectory



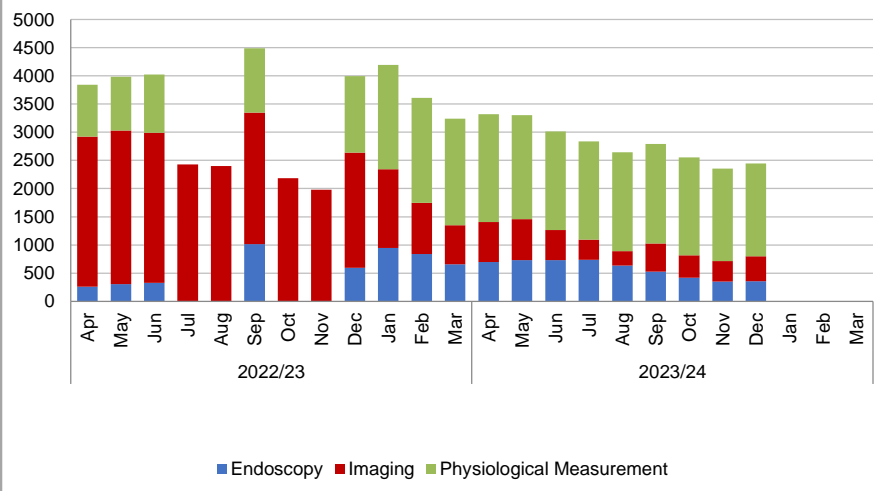
# Northern Services Diagnostics - Fifteen key diagnostic tests



**Total achievement against the 6 week wait from referral to key diagnostic test**

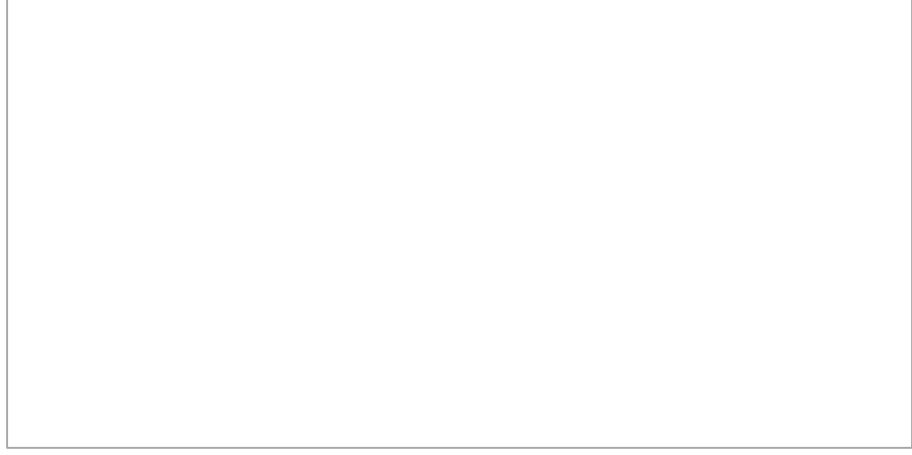
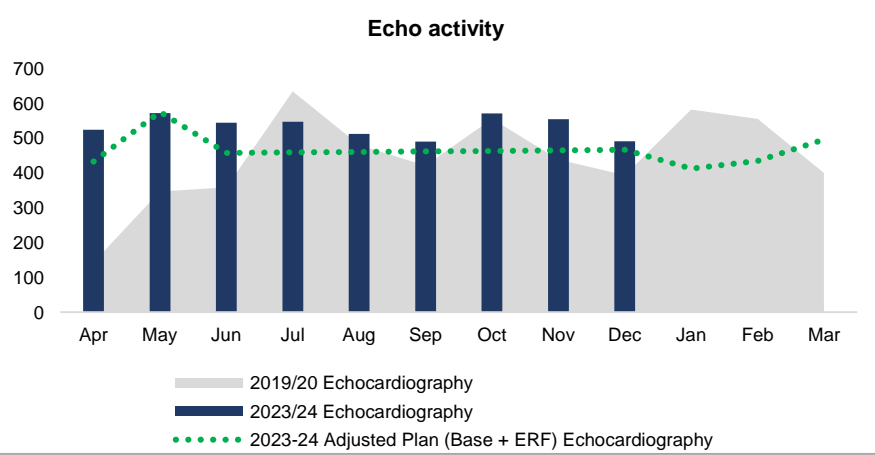
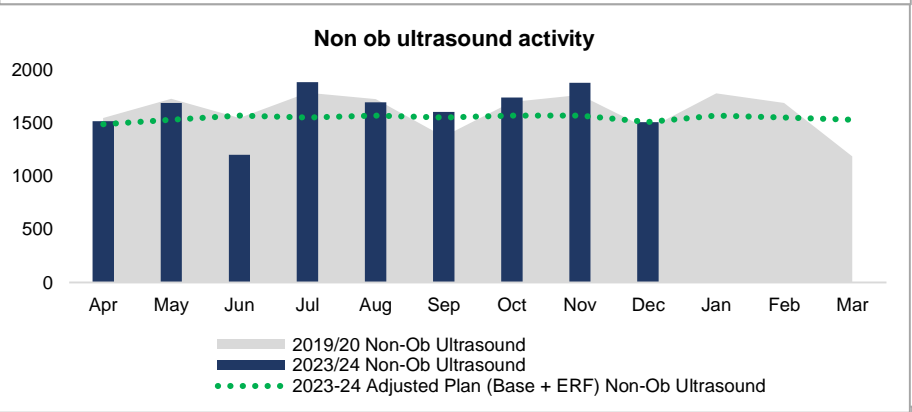
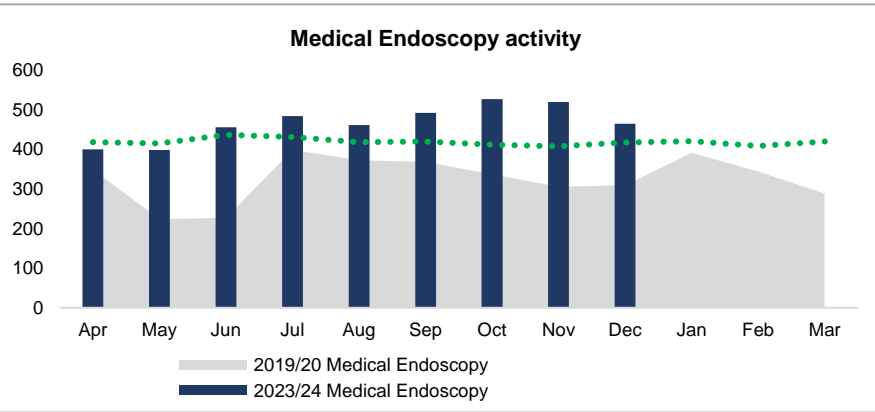
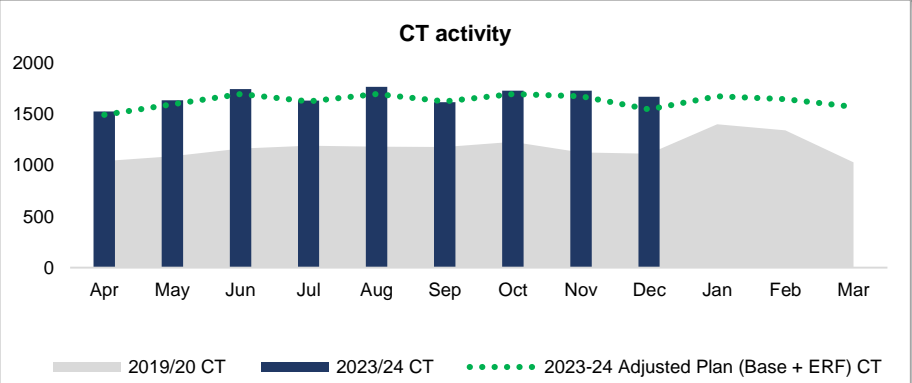
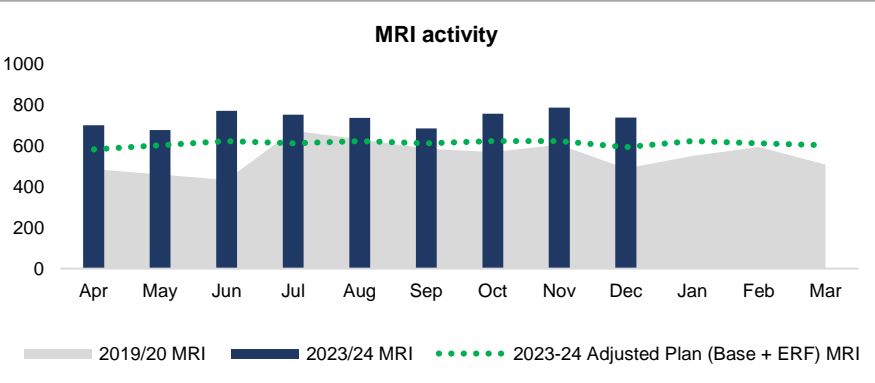


**6 Week Diagnostic Breaches by Specialty Group**



		Achievement against the 6 week wait from referral to key diagnostic test																				
Area	Diagnostics by Specialty	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Imaging	Magnetic Resonance Imaging	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%	96.9%	97.6%	98.4%	97.7%	98.5%	98.9%	99.2%	99.4%	99.1%	99.0%	99.5%	99.7%
	Computed Tomography	55.6%	55.2%	64.7%	65.2%	56.1%	66.8%	81.9%	76.3%	75.2%	78.4%	87.6%	95.3%	95.6%	94.3%	95.9%	93.2%	90.9%	83.1%	85.8%	85.3%	80.3%
	Non-obstetric ultrasound	35.2%	32.9%	30.9%	33.1%	35.2%	35.2%	35.8%	40.9%	36.2%	54.9%	86.1%	88.1%	85.9%	80.6%	85.7%	92.0%	96.1%	76.7%	79.3%	80.7%	73.5%
	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DEXA Scan	11.6%	10.7%	10.5%	11.5%	14.6%	13.8%	14.5%	17.9%	14.3%	15.7%	19.8%	27.8%	29.2%	27.9%	37.0%	49.5%	60.3%	49.8%	64.7%	74.4%	62.3%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%	-	-	-	-	-	-	100.0%	100.0%	99.1%	97.3%	94.8%	97.7%	93.5%	94.7%	98.6%	99.7%	99.1%	99.2%
	Cardiology - echocardiography	31.4%	26.6%	28.3%	-	-	-	-	-	27.9%	18.6%	23.0%	23.4%	25.2%	24.4%	28.2%	27.4%	27.8%	22.5%	25.1%	25.5%	24.9%
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	96.3%	96.8%	92.5%	-	-	88.5%	-	-	97.9%	93.8%	99.1%	96.3%	91.2%	97.2%	98.9%	93.2%	96.8%	72.2%	77.6%	76.8%	93.9%
	Respiratory physiology - sleep studies	22.5%	34.3%	30.8%	-	-	17.4%	-	-	64.8%	52.3%	42.5%	26.4%	28.6%	41.7%	42.9%	39.1%	31.0%	32.8%	35.2%	35.5%	31.1%
	Urodynamics - pressures & flows	20.4%	25.4%	23.3%	-	-	1.4%	-	-	39.4%	30.8%	46.2%	35.7%	27.9%	51.5%	37.5%	53.8%	47.7%	24.2%	20.0%	21.3%	5.5%
Endoscopy	Colonoscopy	62.3%	48.6%	43.8%	-	-	27.6%	-	-	30.6%	32.7%	34.2%	39.5%	37.7%	36.8%	34.6%	27.9%	32.4%	34.1%	38.3%	50.5%	50.0%
	Flexi sigmoidoscopy	64.8%	71.8%	70.3%	-	-	28.5%	-	-	42.9%	30.9%	29.7%	40.1%	42.8%	39.0%	44.9%	34.7%	44.3%	42.5%	67.9%	80.3%	57.3%
	Cystoscopy	67.0%	75.6%	73.3%	-	-	59.8%	-	-	74.4%	42.6%	48.4%	83.3%	81.3%	88.9%	91.8%	80.2%	86.7%	85.0%	74.2%	61.4%	56.0%
	Gastroscopy	70.9%	61.9%	60.8%	-	-	53.1%	-	-	44.9%	39.1%	41.3%	48.2%	41.9%	37.6%	40.9%	40.7%	45.7%	41.5%	53.2%	59.7%	61.5%
<b>Total</b>		42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%	43.2%	48.0%	52.5%	53.0%	52.4%	56.3%	56.9%	59.8%	55.5%	58.7%	61.7%	57.8%

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

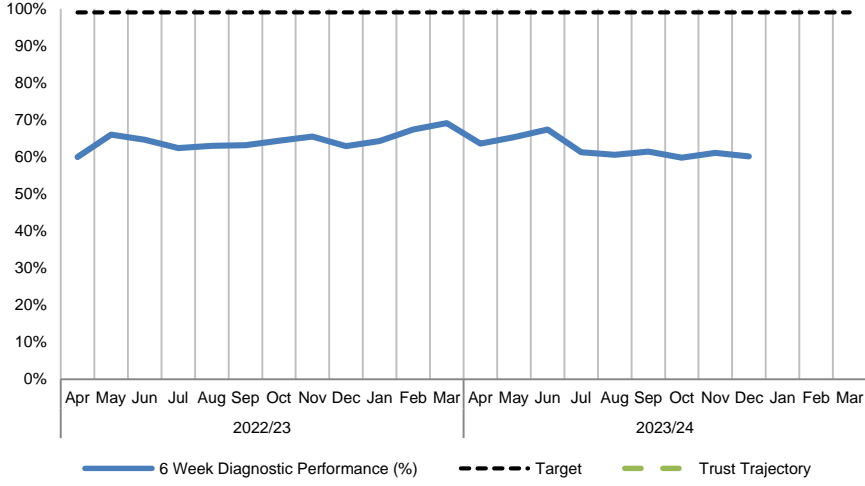


- In December performance against the 6 week diagnostic standard decreased by 3.7% as the total waiting list decreased but the number of patients waiting over 6 weeks increased.
- **MRI** – MRI activity is above plan and performance is being maintained. A change to prostate scanning will impact on capacity and therefore performance, increased costs and additional time that is required for scanning will be incorporated into 24/25 planning
- **CT – Non-Cardiac CT** –We have increased capacity in planning for 23/24 to meet demand and currently remain at 96% of patients seen within 6 weeks.
- **Cardiac CT** - We continue to work with our colleagues across site to align resources and monitor performance. East have seen an improvement in there cardiac CT performance and therefore more lists are planned for North in Feb than previous months. We are now at 58% within 6 weeks on the latest PTL. Extra cardiac CT lists on the mobile CT van have taken place with more scheduled however staffing these extra lists is very challenging.
- **U/S**- We have been able to continue to provide some internal lists over weekends.. Outsourcing was sourced and will continue to March 2024 for Soft tissue scans which will reduce the longer waiters(soft tissue scans), longer term we have a sonographer who will be training in this area, course commencing in February 2024. Outsourced soft tissue and general scans is 60 scans per month so still small numbers.
- **Endoscopy** -Consultant Gastroenterologist vacancies remains a key constraint, one new consultant started in-post in early October A transnasal endoscopy service has been insourced since September (one day per week). TNE insourcing has now ceased but this service will now be provided internally.
- **Echocardiogram** – Despite increasing the capacity the Inpatient demand for ECG continues to outstrip capacity. Funding has been secured from NHS England which will be used to recruit an additional Echo-cardiographer to carry out Inpatient Echo's.
- **Sleep studies** – Additional capacity has been identified across clinics, nurses will carry out additional lists and a new member of staff joined in November. Capacity is expected to increase by 8 slots per week from January.
- **DXA** – DXA improvement continues in line with although as this is still reliant on 2 individual staff members and sickness in December impacted performance. The contract with Taunton for one list per month continues for 23/24.
- **Barium Enema** is now on DM01 and was 100%, this has dropped to 77% for January but as this is very small numbers this drop is due to only 2 patients breaching.
- **Electrophysiology** activity and performance is to be added to DM01 diagnostic performance.
- As part of the Trust's Improvement Programme, a diagnostic improvement workstream has been commenced and efforts are being made to equalise waits across sites.

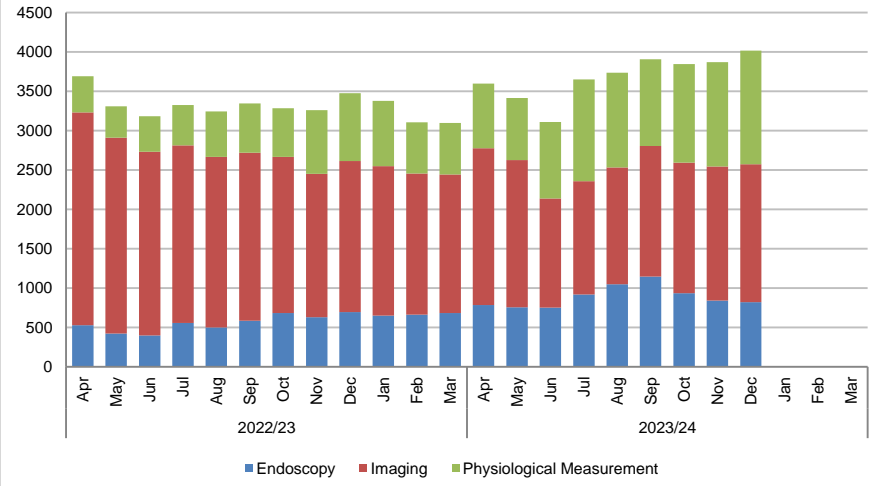
# Eastern Services Diagnostics

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

### 6 Week Wait Referral to Key Diagnostic Test



### 6 Week Diagnostic Breaches by Specialty Group



Area	Diagnostics By Specialty	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Endoscopy	Colonoscopy	53.9%	51.2%	53.0%	50.1%	49.2%	53.1%	41.9%	48.2%	38.1%	51.8%	58.3%	52.8%
	Cystoscopy	47.8%	83.1%	83.2%	75.2%	73.6%	73.5%	76.5%	57.9%	59.4%	55.4%	44.3%	47.3%
	Flexi Sigmoidoscopy	82.1%	41.7%	50.4%	51.1%	54.5%	51.4%	43.4%	42.6%	33.7%	43.4%	35.4%	34.5%
	Gastroscopy	74.7%	73.9%	73.5%	66.3%	70.3%	97.4%	69.8%	66.3%	57.9%	58.0%	63.2%	65.8%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	100.0%	100.0%
	Computed Tomography	87.9%	83.3%	84.6%	82.5%	79.5%	77.4%	76.5%	81.5%	99.8%	99.0%	99.3%	99.3%
	DEXA Scan	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	99.1%
	Magnetic Resonance Imaging	70.7%	76.5%	73.4%	66.6%	68.8%	72.8%	69.8%	69.3%	72.0%	65.9%	69.0%	66.5%
	Non-obstetric Ultrasound	56.6%	60.1%	66.4%	59.9%	63.8%	70.9%	70.4%	66.6%	70.2%	69.1%	71.0%	68.4%
Physiological Measurement	Cardiology - Echocardiography	66.9%	72.6%	66.3%	61.7%	66.1%	58.8%	43.2%	44.7%	48.0%	46.4%	44.7%	40.5%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	49.4%	61.2%	75.1%	59.3%	62.1%	67.6%	41.5%	37.5%	78.5%	39.8%	60.7%	75.8%
	Respiratory physiology - sleep studies	57.8%	57.7%	66.4%	65.5%	60.7%	61.4%	53.9%	47.0%	44.4%	45.5%	44.2%	35.5%
	Urodynamics - pressures & flows	38.5%	32.2%	37.8%	36.8%	36.8%	27.3%	29.2%	21.3%	20.0%	24.1%	16.1%	6.5%
<b>Total</b>		64.3%	67.4%	69.2%	63.6%	65.4%	67.4%	61.3%	60.6%	61.4%	59.8%	61.1%	60.1%

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Patient Experience  
Quality & Safety  
Our People  
Finance

# Eastern Services Diagnostics

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

Activity & Flow

Operational Performance

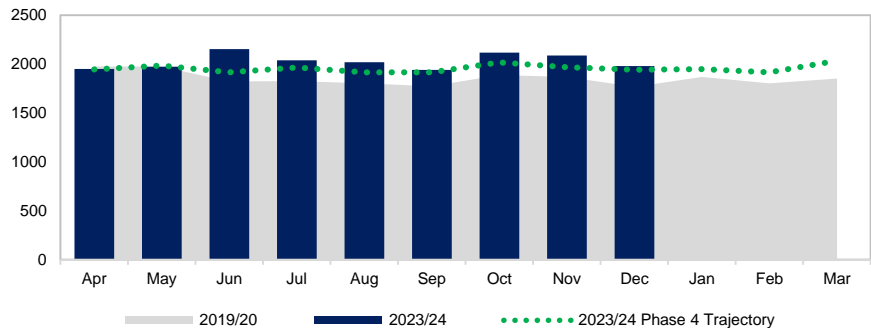
Patient Experience

Quality & Safety

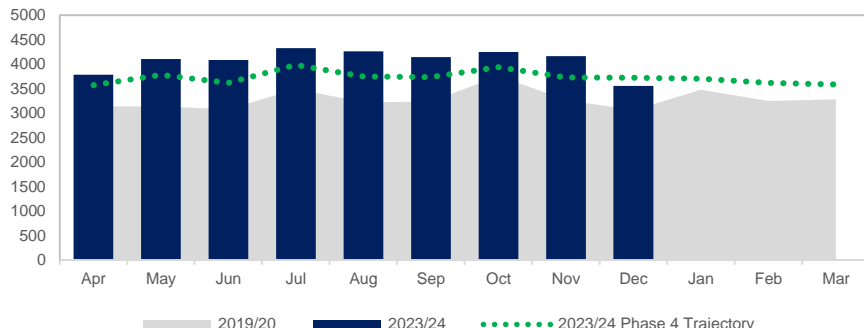
Our People

Finance

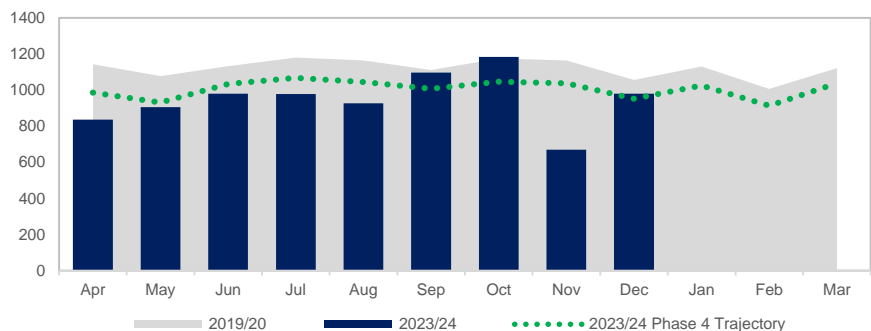
### MRI Activity



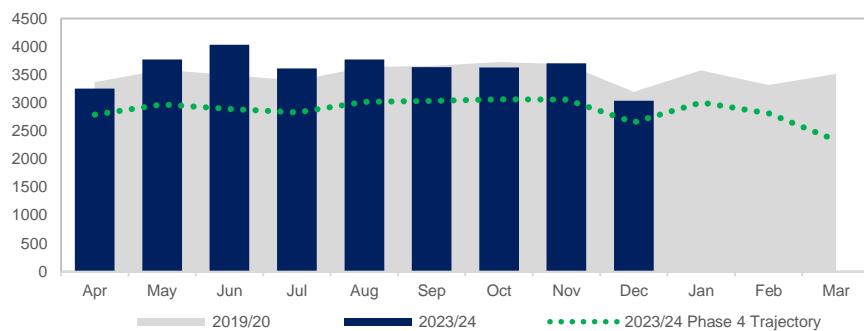
### CT Activity



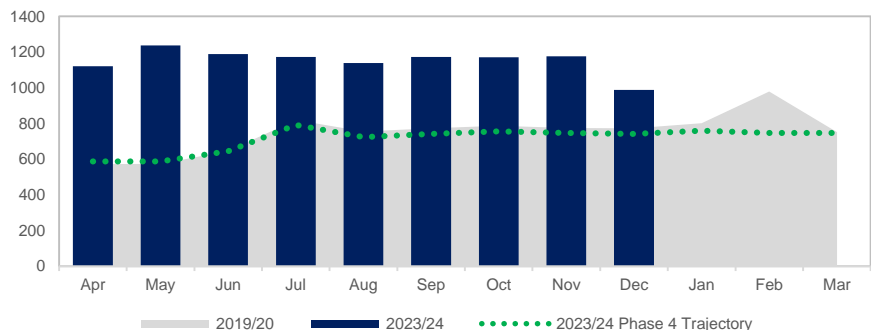
### Medical Endoscopy Activity



### Non-Obstetric Ultrasound Activity



### Echocardiography Activity



# Eastern Services Diagnostics

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

At the end of December 2023, 61.1% of patients were waiting less than 6 weeks, representing 146 more patients than at the end of November 2023.

## CT

- Over the month of December, waiting times for CT patients reduced, predominantly due to; a reduction in activity during Industrial Action, a reduction in the CDC mobile scanner usage from bank holiday downtime, and staff absence over the Christmas period. The department is currently working through a data quality issue which if resolvable, will have a positive impact on the waiting trajectory by approximately 100 patients.
- Although breaches reached an impressive position of single figures throughout December, as a result of the lost activity in December, current breaches have increased slightly in line with previous levels.

## MRI

- MR also sees a deteriorating position over the past month. This is due to a power failure on the Medneo mobile MR which required Estates to perform a repair, along with reduced activity on the same scanner from bank holiday downtime. Again, Industrial Action also impacted the level of activity completed at the CDC. The data quality issue described above also applies to MR, with a similar level of impact.
- Increasing IP numbers are continuing to contribute to increasing MR OP waiting lists, with the team using this capacity to maintain flow through the hospital.
- A comprehensive demand and capacity model has been produced which will allow the team to focus their improvement action plans by calculating how much additional capacity is required to clear the backlog and maintain waits within the 6 week target.

## Non Obstetric Ultrasound

- Ultrasound waits have improved over the past month, largely due to the identification of approximately 50 Ultrasound groin patients who were moved from the MSK list to general Ultrasound and booked with the Sonographers.
- To help improve the waiting list position further, two Sonographers have been booked into a 'lumps and bumps' training course which, as a result, should see additional patients being seen who are currently on the MSK list.

## Dexa

- Dexa bookings are being managed within 6 weeks with just one current breach.

## Endoscopy

- The endoscopy team continue with super weekends to increase capacity. A total of 22 additional lists were delivered in December with 23 planned for January 2024. In addition, ERF funding is being utilised to fill in week gaps in the rota and along with In-Health using all available space to ensure maximum activity is achieved.
- There is continued focus around prioritising our longest waits and planned overdue patients.
- Efforts continue to maximise the total number of points per list, and the department has implemented both postal and partial booking in an attempt to book out to 6 weeks. An endoscopy PTL is in the process of being set up jointly with northern teams and continued efforts will concentrate on validation of the longest waiters. The waiting list admin team is seeing slightly more stability, and this is reflective of the total number of bookings taking place per day.

## Echocardiography

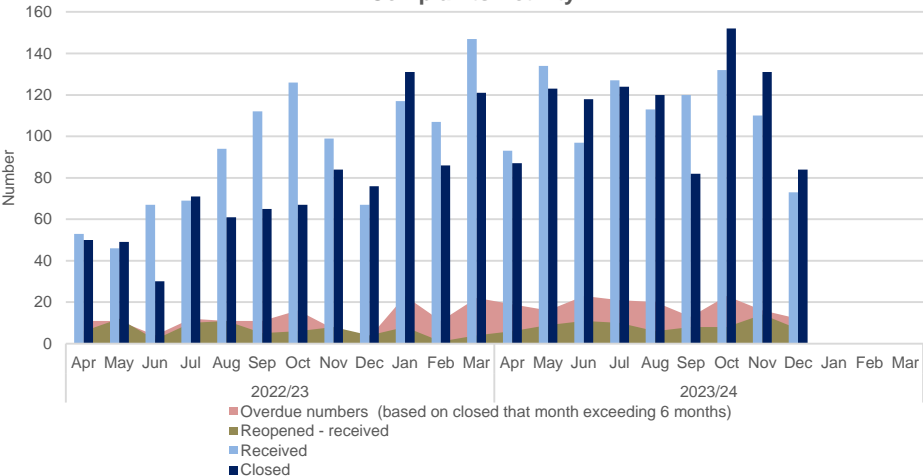
- Cardiology is exploring the use of the Buttercup model at the Nightingale for patients on the Inherited Cardiac Condition pathway. This model is a one-stop shop for the patients to have their various tests which are required at each follow-up appointment along with their F2F consultation and will be used for those patients that are triaged as lower acuity in this pathway. Cardiology are also providing weekend lists using the research scanner on site for stress MRIs and this will provide an additional 20 slots for patients both at Exeter and as part of the joint working with Torbay for their longest waiters. 3 recent super Saturdays for validation of the PTL have seen 469 pathways closed and just over 2,500 pathways being reviewed and patients continue to be offered the option to have their procedures completed at the Nuffield, the Cleveland in London or at Torbay and there will also be the option to offer transfer to Regent's park in Plymouth in the next few weeks.



# Trust Patient Experience

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### Complaints Activity



In total 183 complaints were received during November and December 2023. This is a decrease from the October figure.

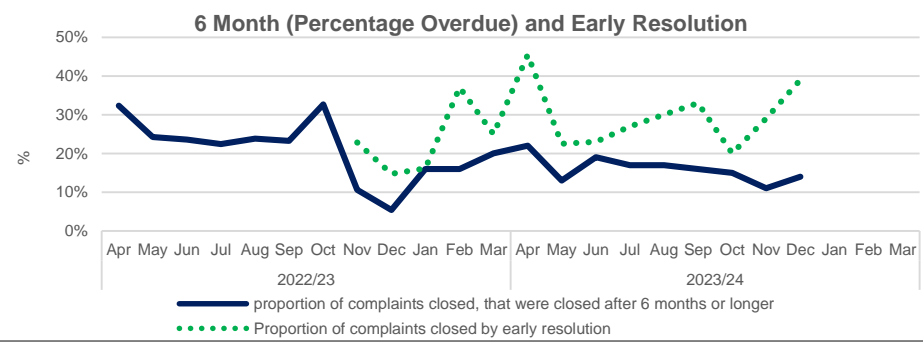
Communication remains our top theme, the wider patient experience team continue to work on a trust-wide communications policy. The main complaint themes remain  
1) Communication, 2) values and behaviours (staff attitudes)  
3) appointments, 4) admission and discharges, and 5) patient care.

38% more complaints were closed in Q3 23/24 when compared to Q3 22/23. A change was implemented to the sign off process of complaints in October 2023 in order to streamline the current process and this may explain the improved performance.

215 complaints closed during this period 70 (32%) were closed by early resolution (within 14 working days). In total 28 (13%) exceeded 6 months at point of closure.

Reopened complaints can be seen as a measure of the quality of responses we send to complainants, 29 complaints were reopened in Q3, 24 in Q2 and 21 in Q1 (2023/24). This increase will be carefully monitored by the patient experience team as they work towards improvement work to improve the quality of responses.

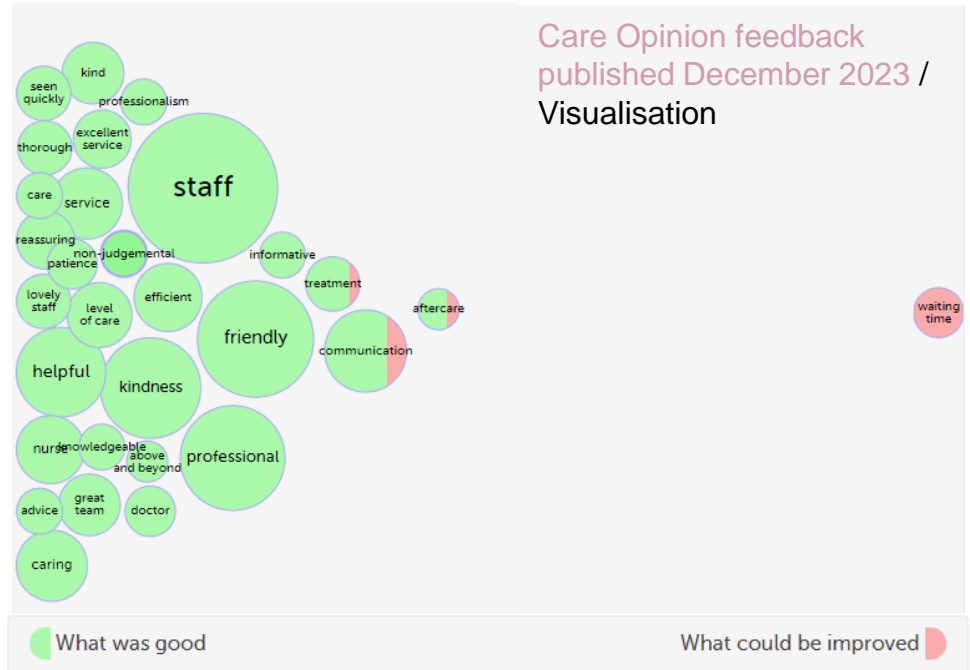
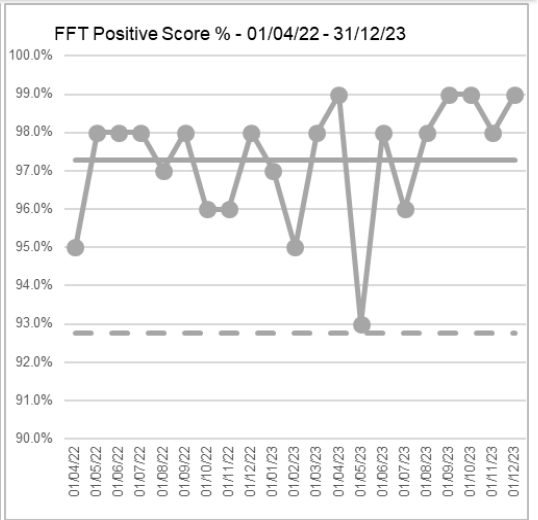
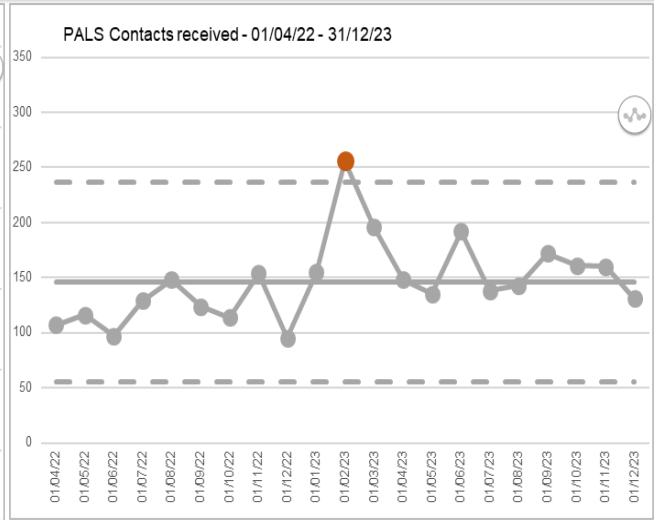
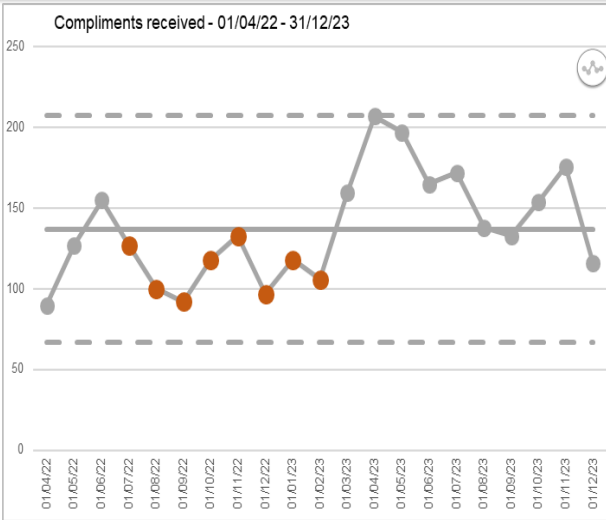
2 PHSO cases were closed during November and December. 1 was closed after a detailed investigation with no further action required. 1 was closed after primary investigation with no further action.



Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
2	12	4	2

Month	2022/23												2023/24											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Complaint received and acknowledged within 3 days	88.89%	84.79%	67.27%	93.50%	96.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%	98.00%	92.00%	91.00%	95.00%	91.00%	97.00%	90.00%			
Number of open complaints at month end												356	360	386	350	367	364	406	390	346	339			
Over 6 months (no of complaints open at end of month)	12		4	12	11	13	16	7	3	22	14	23	13	20	18	14	15	22	19	22	27			
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27	33	36	27	31	37	33			
Over 6 months (%)	32.35%	24.24%	23.53%	22.45%	23.81%	23.26%	32.65%	10.61%	5.36%	16.00%	16.00%	20.00%	22.00%	13.00%	19.00%	17.00%	17.00%	16.00%	15.00%	11.00%	14.00%			

# Trust Patient Experience



There were 2736 friends and family test responses received in total across the Trust during November and December, resulting in a 98.9% positive position.

There was a decline of compliments recorded during December, this may be due to the holiday season. Work is being completed to improve and align the compliment reporting process, due for completion by April 2024.

Care Opinion is a tool that generates real time feedback from service users. During November and December, 254 stories were told across the Trust, of these 27 (10.6%) had a critical element, 7 were not rated (as received via NHS choices), 220 (86.6%) were positive stories. The level 3 (advanced subscription) training has commenced for Eastern Services, which will connect staff with service users in real time.

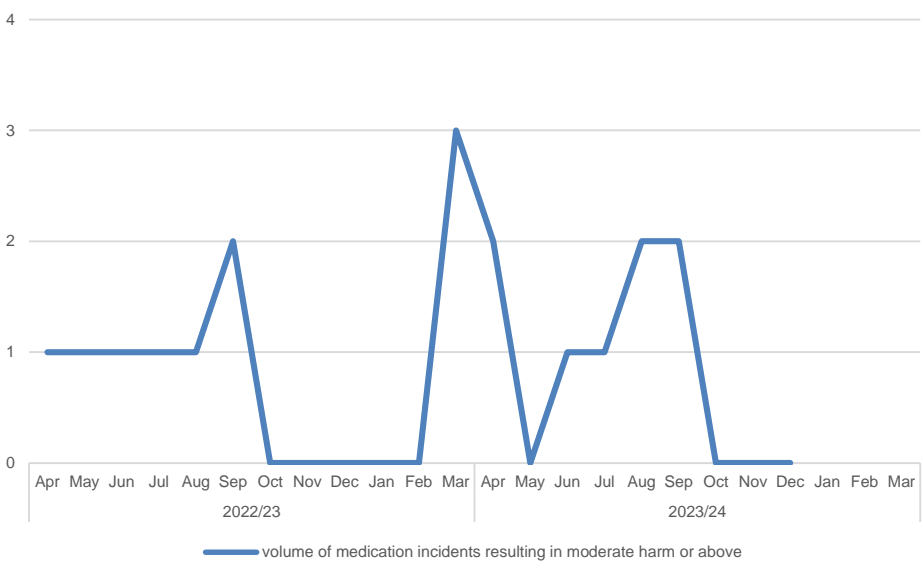
Analysing the main themes from December within the Care Opinion visualisation feedback remains consistent with themes reported in previous months, and within wider patient experience metrics. Communication remains the main theme followed by waiting times.

The patient experience team are leading a Trustwide project with an aim to improve communication with service users with key project outcomes expected by February 2024. In addition, the communications team have recently completed work to improve the public understanding of waiting times.

Interactive link: <https://careopinion.org.uk/visualisations/92763e62-dc68-471a-8903-689f76c0bb0b>

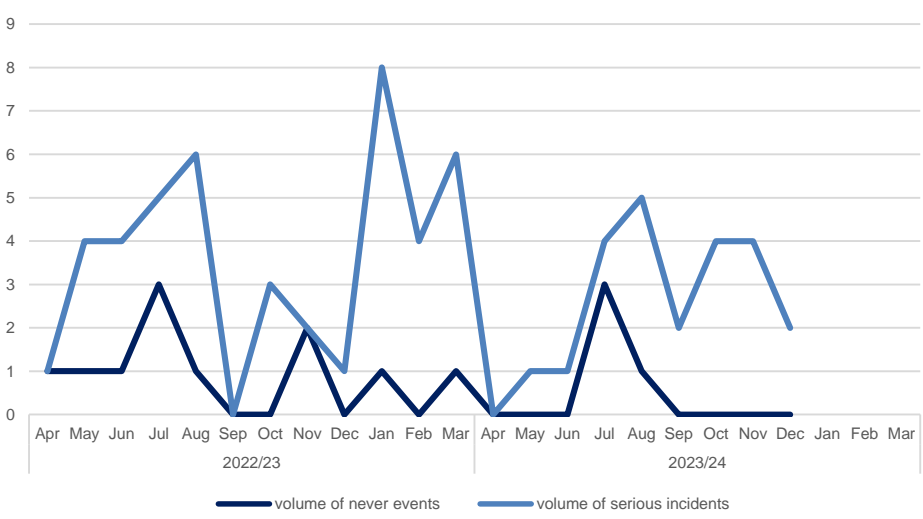
# Trust Incidents

Medication Incidents - Moderate harm and above



- There were two serious incidents reported in December 2023, both occurring in Eastern services. These are the final incidents which will be reported by Royal Devon under the NHS Serious Incident Framework (2015) .
- The Trust transferred to the Patient Safety Incident Response Framework (2022) from 01 December 2023. The revised approach places emphasis on proportionate responses to patient safety events and compassionate engagement of those affected by events. Work is commencing on development of revised patient safety metrics for the IPR.

Serious Incidents and Never Events

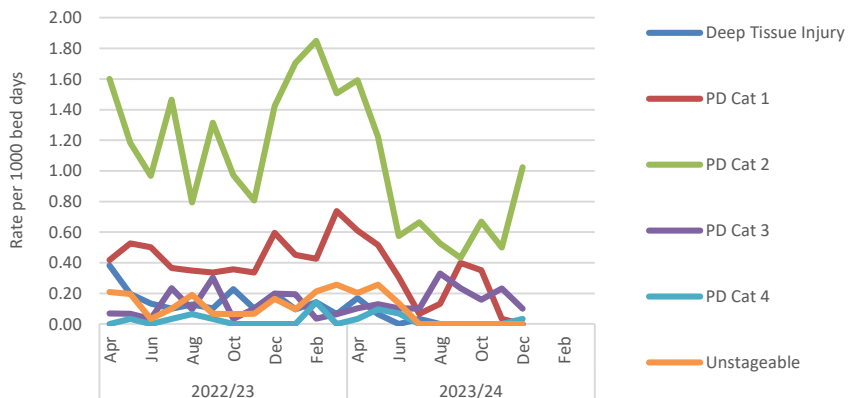


# Trust Pressure Ulcers

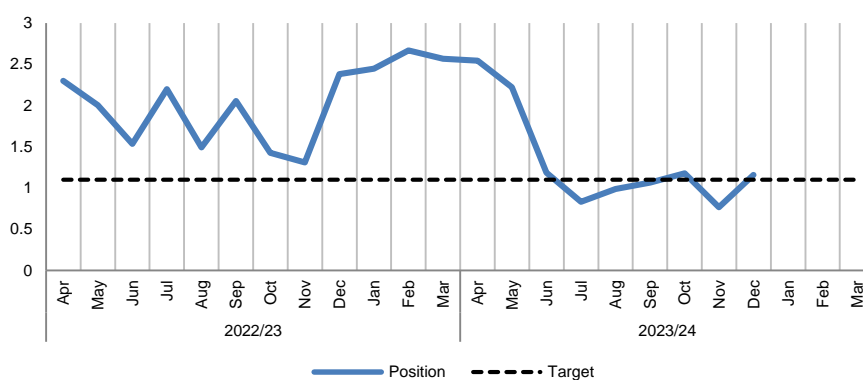
Rate of pressure ulceration experienced whilst in Trust care

Activity & Flow  
Operational Performance  
Patient Experience  
Quality & Safety  
Our People  
Finance

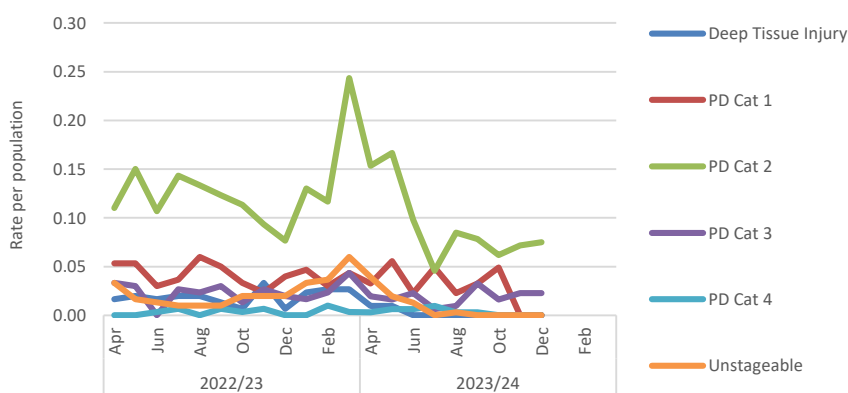
Acute Pressure damage rate per 1000 bed days



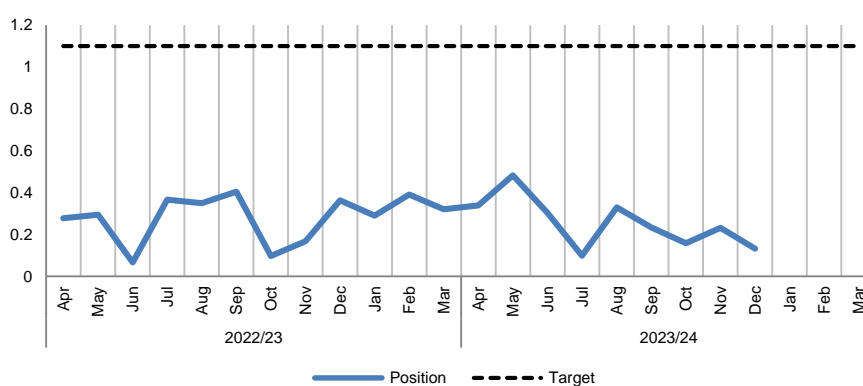
Rate of Grade 1- 4 pressure Sores /1000 bed days



Community pressure damage rate per population and grade



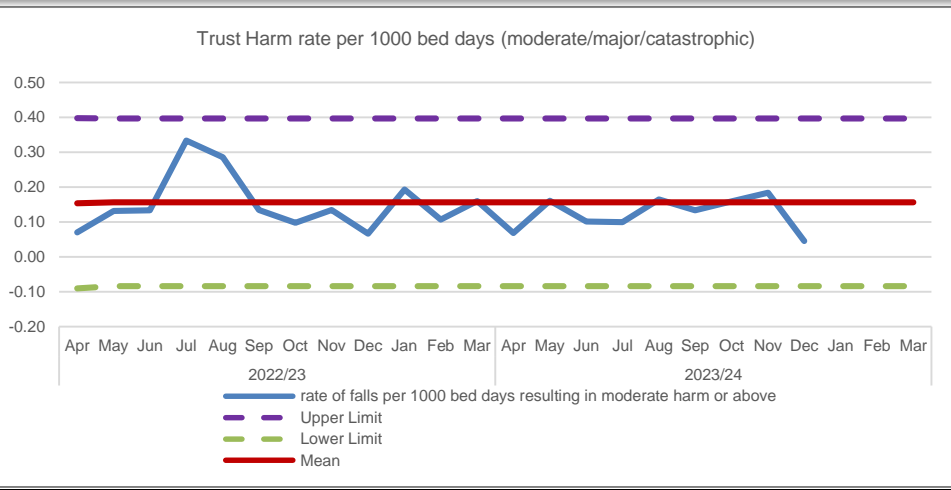
Rate of Grade 3- 4 pressure Sores /1000 bed days



- In line with national guidance we are no longer validating category 1 damage. There has been an improvement in declared incidents in the Eastern services, with only one category 3 in the community. We have also added one category 3 for November 2023 to the data, both will have an after action review organised with the team and governance to disseminate learning. Improvement work continues with focussed support to Kenn Ward this month.
- Within Northern services, several areas have reported zero/low pressure ulcer figures for December. There has been an acute trust acquired category 4 pressure ulcer which has been escalated. There has been an increase in category 2 pressure damage incidents in the acute which we are monitoring and responding to. In the community 50% of all reported damage for December was found on the feet, we will be focusing our efforts on pressure ulcer prevention in this area. The Tissue Viability service continues to operate at reduced capacity.

# Trust Slip, Trips & Falls

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



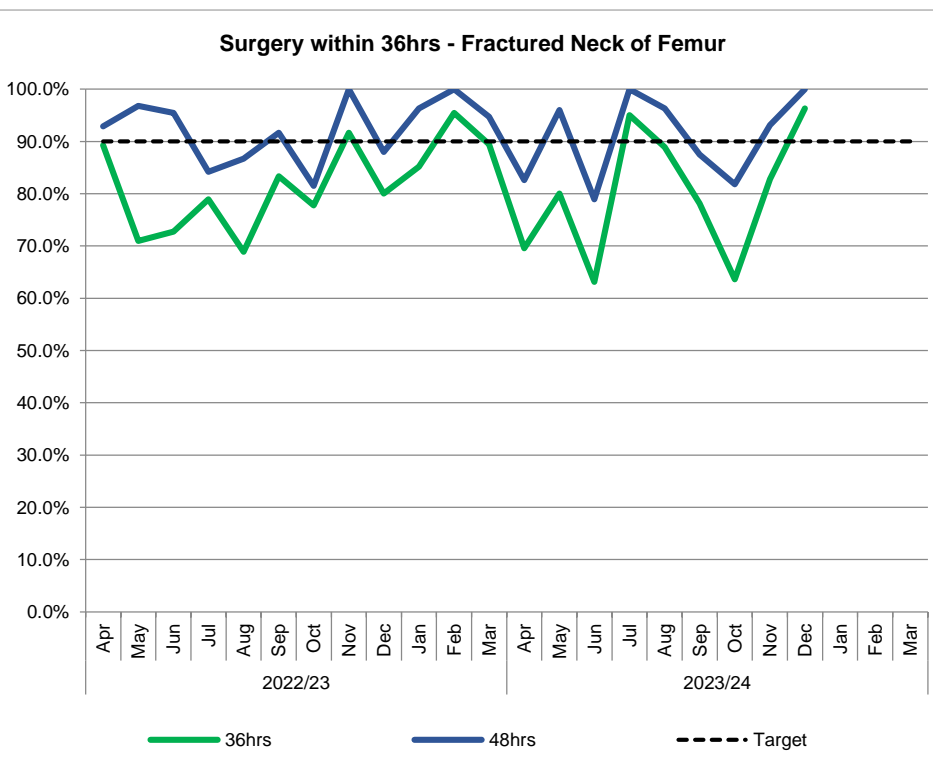
Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Falls	232	200	226	236	194	203	228	206	204	220	204	227	186	185	167	195	190	195	154	164	200
Moderate & Severe Falls	2	4	4	10	9	4	3	4	2	6	3	5	2	5	3	3	5	4	5	4	1

- Falls remain within normal variation. There was one moderate harm fall in November 2023. A patient fell whilst trying to get out of bed. Initial review suggests no suboptimal care issues, and an after action review has been arranged to identify any learning from the incident

# Northern Services Efficiency of Care – Patients risk assessed for VTE

Area	Total	Complete	Incomplete	% Complete
Total RDUH (inc Community)	1237	1084	153	88%
NDDH	254	226	28	89%
RD&E	707	587	120	83%

- The clinical validation work to agree the low risk cohorts for exclusion from the VTE requirement has been completed and agreed. The amendments to the reporting processes within Epic has also been completed, therefore the data reported in this month for the IPR uses a different and more refined methodology subsequent to the implementation of the Epic system.
- This shows an overall compliance position of 88% for RDUH including community sites and a position of 89% for NDDH Acute site and 83% for RD&E Acute site as a snapshot position as of midday 24th January 2024.
- Work to refine the reporting of outputs has now been commenced for future IPR reports and trend analysis will be provided going forward with the new methodology now in place.



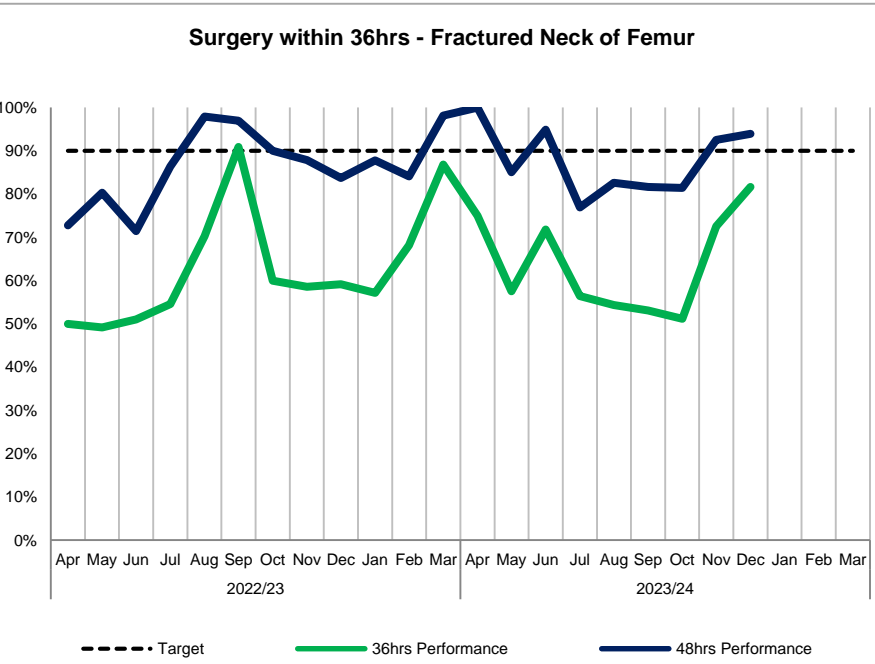
- In December 2023, 96.3% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 27 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 26 patients received surgery within 36 hours.
- The one patient that breached 36 hours were due to lack of theatre time and awaiting space on theatre lists.
- Therefore 100% of patients received their surgery within 48 hours.

# Eastern Services Efficiency of Care

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

Area	Total	Complete	Incomplete	% Complete
Total RDUH (inc Community)	1237	1084	153	88%
NDDH	254	226	28	89%
RD&E	707	587	120	83%

- The clinical validation work to agree the low risk cohorts for exclusion from the VTE requirement has been completed and agreed. The amendments to the reporting processes within Epic has also been completed, therefore the data reported in this month for the IPR uses a different and more refined methodology subsequent to the implementation of the Epic system.
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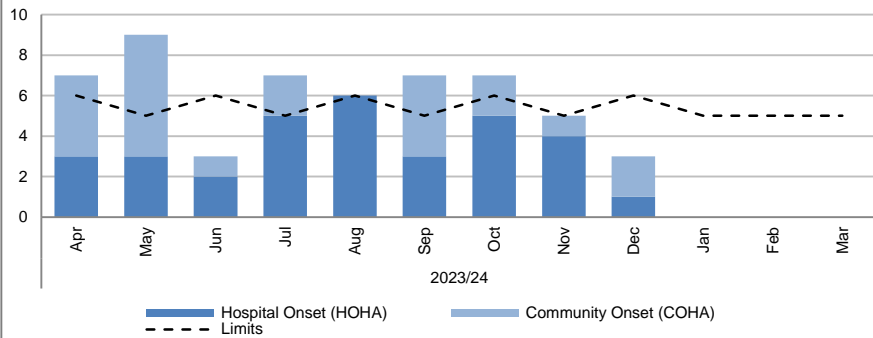


- In December 2023, 82% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There was a total of 57 patients admitted with a FNOF, 49 of these patients were medically fit for surgery from the outset and 40 patients received surgery within 36 hours. Nine medically fit patients had to wait longer than 48 hours for surgery, the reason for delay was awaiting space on theatre lists.
- There was a total of 155 trauma patients admitted in December, with two days seeing 18 and 16 trauma patients being admitted, which is extremely high.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 41 Trauma Patients had their surgery during December in PEOC Theatres, which was to the detriment of elective activity. The high trauma numbers in December resulted in a significant number of elective cancellations.
- The Hip Fracture Lead has reviewed all cases during the month and is confident that the quality of the clinical care remains high and the patients who breached 36 hours, did not come to any clinical harm due to an extended wait for surgery.
- Additional elective work has previously moved to SWAOC for Foot and Ankle, Soft Tissue Knees and Spinal – this is additional work and therefore has not freed up any additional specific trauma space within PEOC. Within PEOC Theatres there are lists designated to accommodate trauma patients, however, due to the peaks of trauma admissions and the inability to predict demand, elective patients do continue to get cancelled.

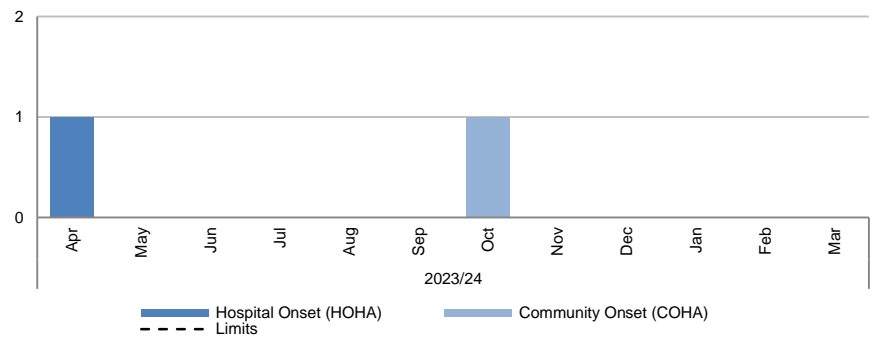
# Trust - Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection

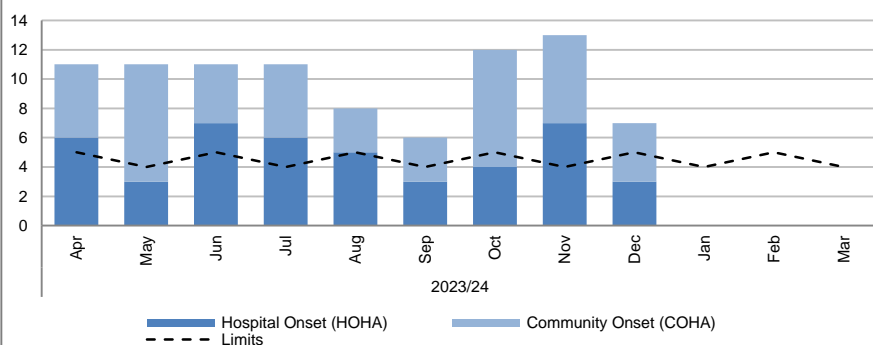
### Clostridioides difficile Cases



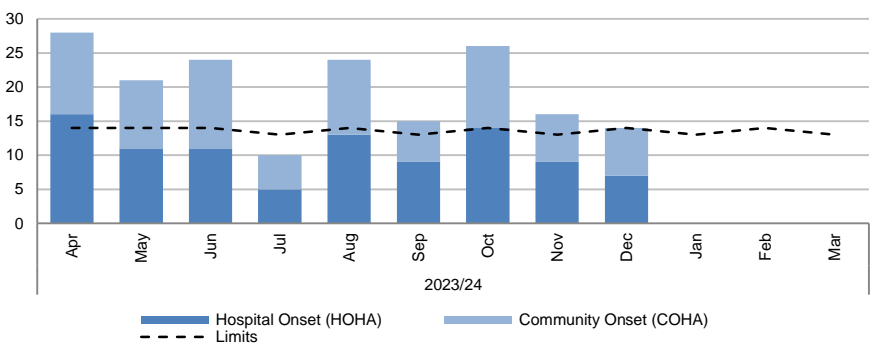
### MRSA Bacteraemia Cases



### MSSA Bacteraemia Cases



### E.coli Bacteraemia Cases



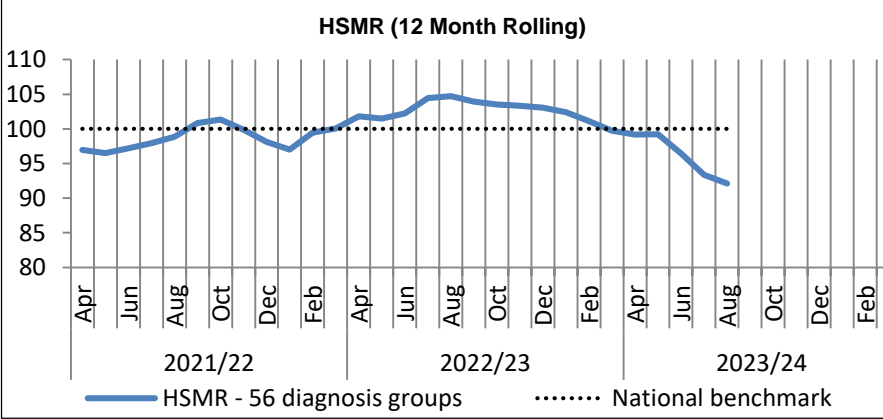
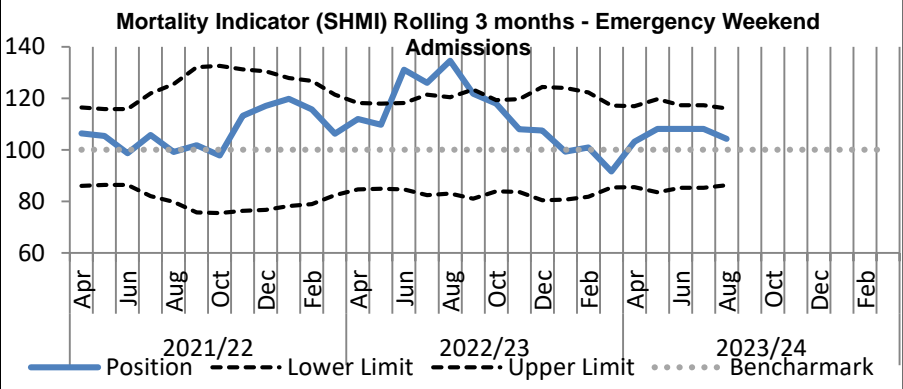
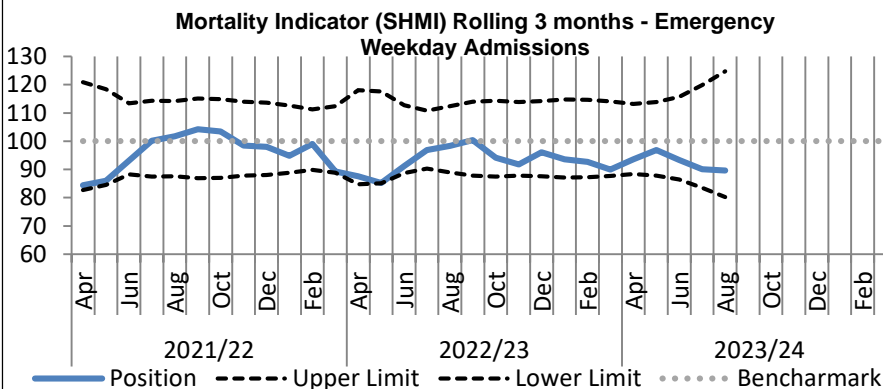
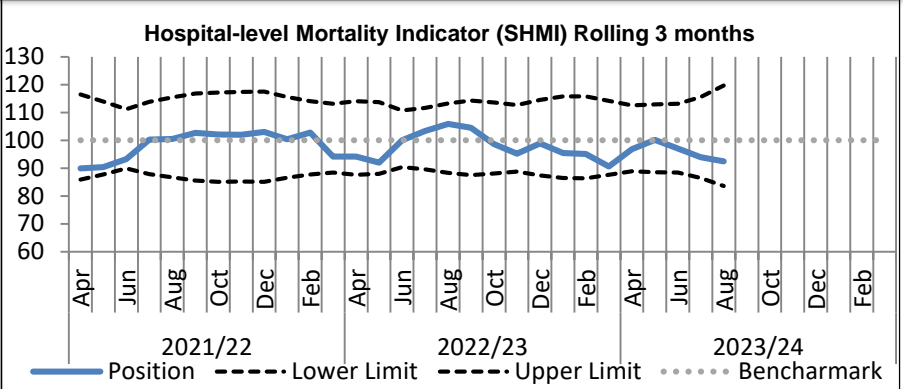
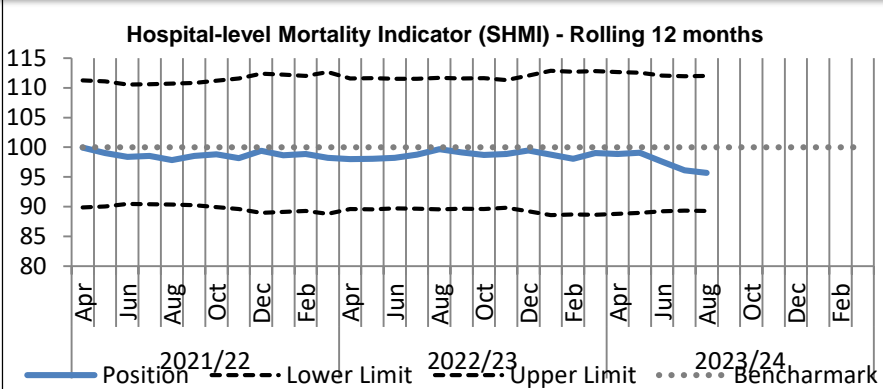
**C.diff** – The last two months have seen C diff incidence return to a level in keeping with intended trajectory. Whilst there acceptance that the Trust will be above NHS Standard Contract threshold for 2023/24, assurance is sought in the knowledge that the Trust has lower rates of healthcare associated C.diff than both national and regional averages.

**MRSA** – Nil Nov or Dec

**MSSA and E.coli** – Although some improvement latterly, high rates persist for both total cases and those healthcare associated. Infection prevention focus remains targeted at avoidable indwelling device associated infection with increased input to education, awareness, and quality improvement work alongside real time feedback. This focus is mirrored regionally within the NHS England Southwest MSSA bacteraemia improvement group. A Trust wide gram negative bacteraemia (GNB) improvement plan commenced in 2023 with measurable actions being monitored through the Infection Prevention & Decontamination Assurance Group. With support from NHS England Southwest, the Trust is looking to create and lead a similar NHS England SW regional GNB improvement group in order to share learning and actionable regional rate reduction initiatives.



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

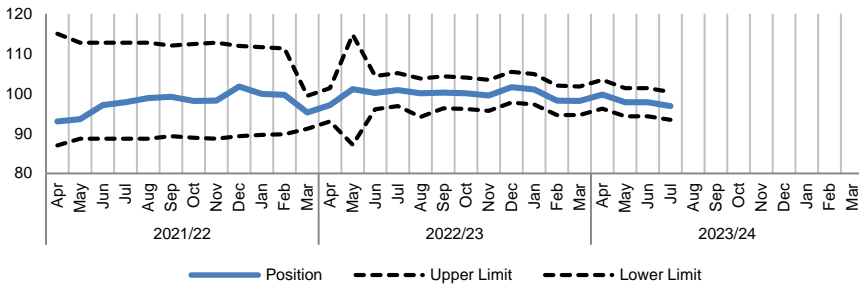


- The SHMI position remains within the expected range for all metrics
- The HSMR position remains stable and reducing on a rolling 12 month basis to August 2023
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process,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

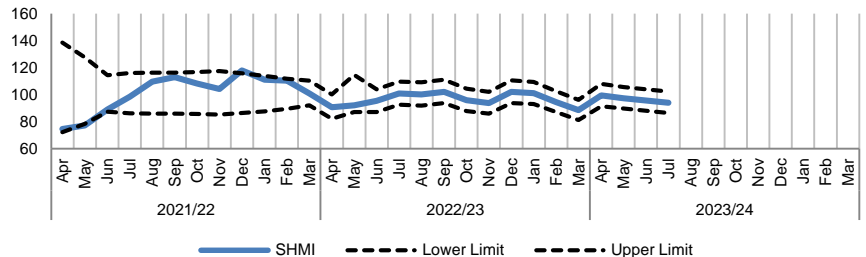
# Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

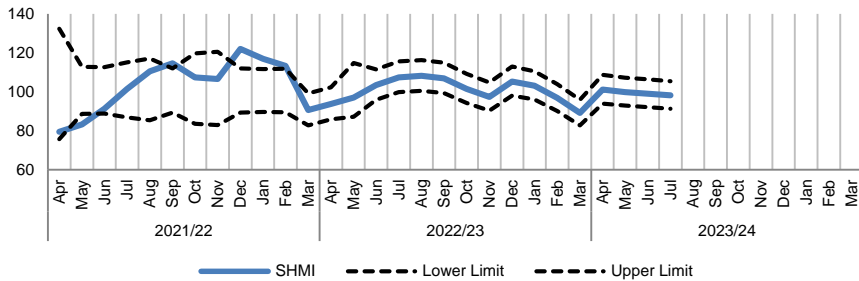
### Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



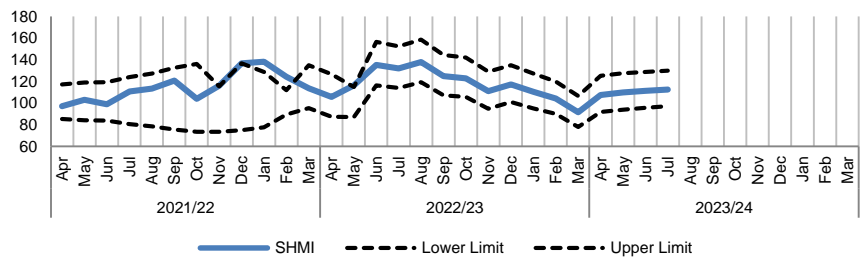
### Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



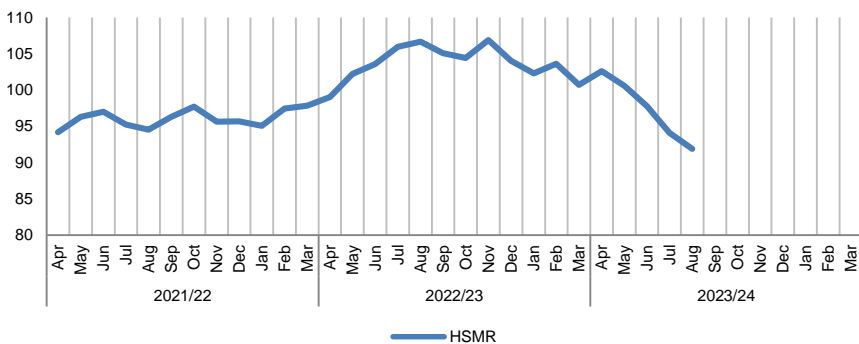
### Hospital-level Mortality Indicator (SHMI) Rolling 3 months



### Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions



### HSMR (12 Month Rolling)

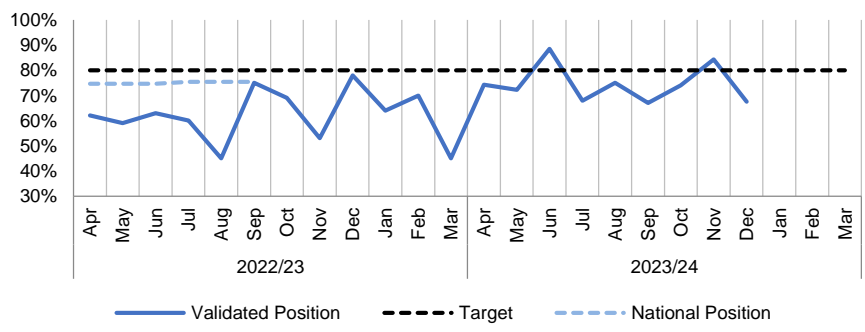


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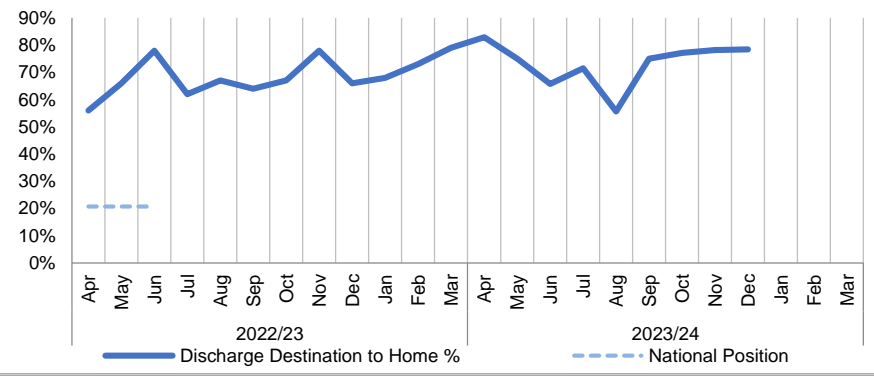
# Northern Services Stroke Performance – Quality of care metrics for patients admitted following a stroke



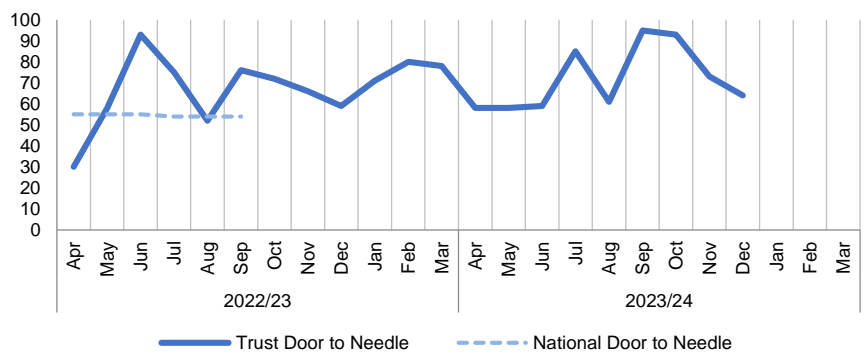
**Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit**



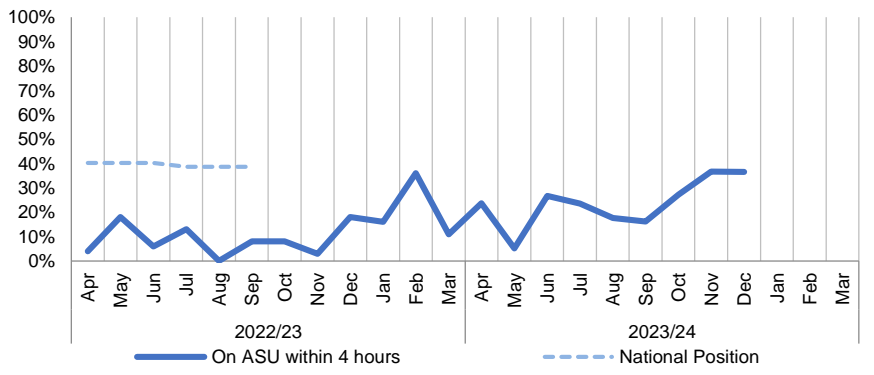
**Discharge Destination to Home (%)**



**Average Thrombolysis Times (minutes)**



**On Stroke Unit within 4 hours**

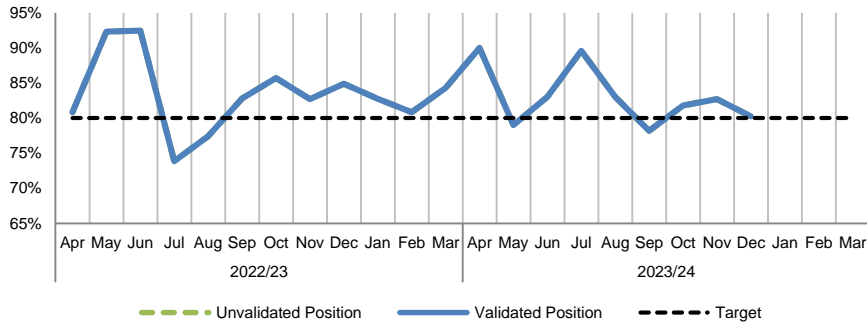


- 90% stay: Performance against this indicator continues to show a more stable position albeit with a dip in performance in December representative of operational challenge. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group continue to focus on reviewing the ringfencing processes with the site management team.
- Discharge destination: This metric is relatively stable and is above the national average.
- Thrombolysis times: Thrombolysis time is broadly stable over time. Overall the number of eligible stroke patients for thrombolysis is low. In a recent letter received from NHS England South West, it confirms that the RDUH is the highest performing Trust in the South West Peninsula and is above the national position from April to June 2023.
- ASU in 4 hours: This target remains challenging due to the high level of occupancy but demonstrates a continual improved position since September 2023.

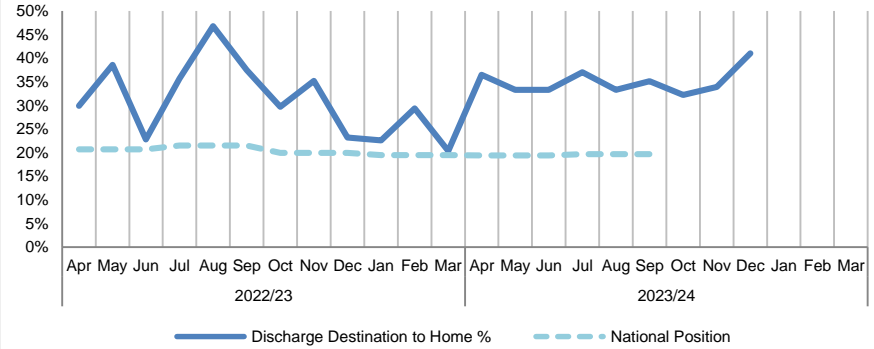
# Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

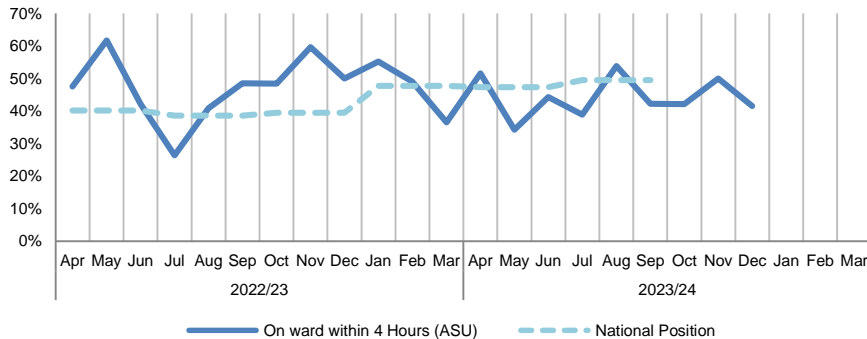
### Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



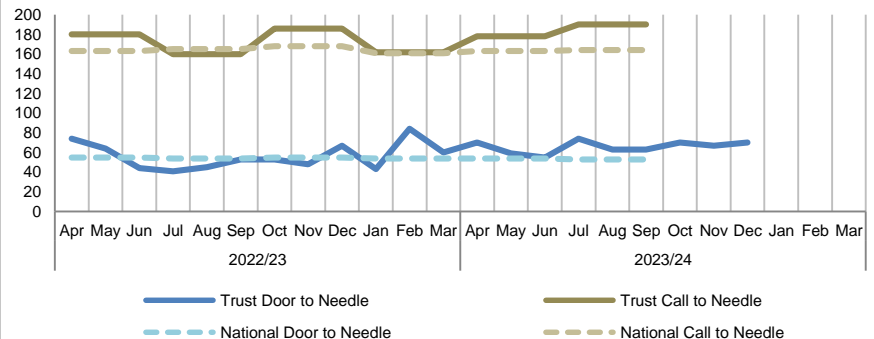
### Discharge Destination to Home (%)



### On ward within 4 Hours (ASU)



### Average Thrombolysis Times (minutes)



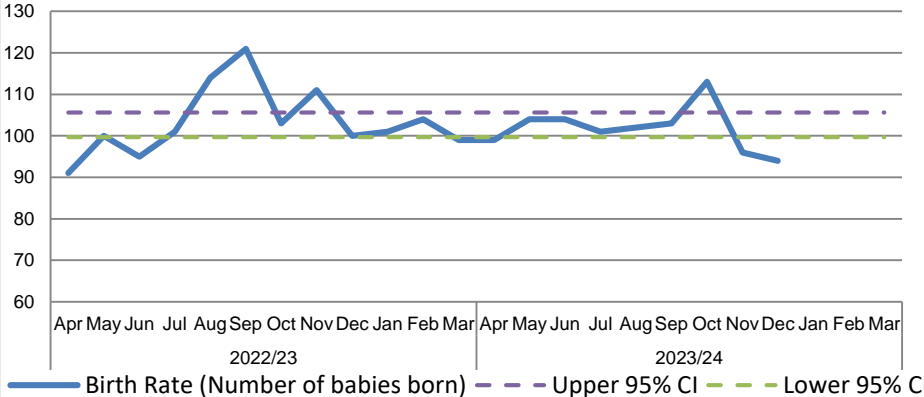
- 90% stay - The proportion of patients admitted spending 90% of their stay on the stroke unit has remained above the target position in November and December.
- On ward within 4 hours target indicator has remained relatively stable in November and December but slightly below the previously reported national position, this in part is due to the period of operational pressures experienced, and the impact of the industrial action for both Consultants and Junior Doctors for an extended period of time in those months.
- The proportion of patients for whom their discharge destination is home remains stable, with an increase seen in December.
- Average Thrombolysis times remain stable and in line with the national position. In a recent letter received from NHS England South West, it confirms that the RDUH is the highest performing Trust in the South West Peninsula and is above the national position from April to June 2023.



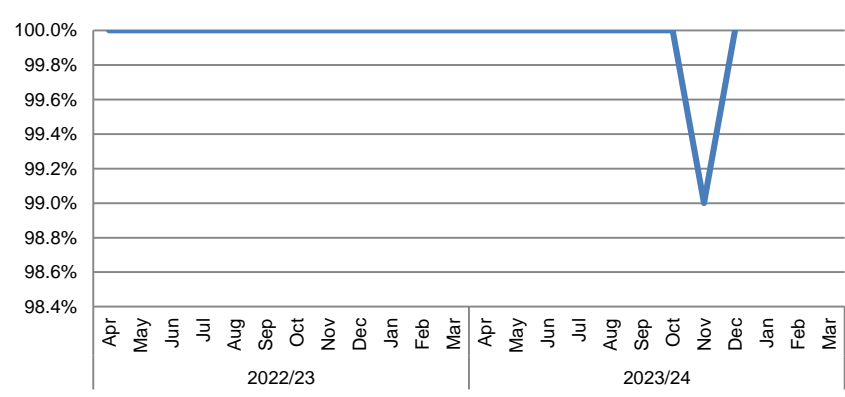
# Northern Services Maternity – Metrics relating to the provision of quality maternity care



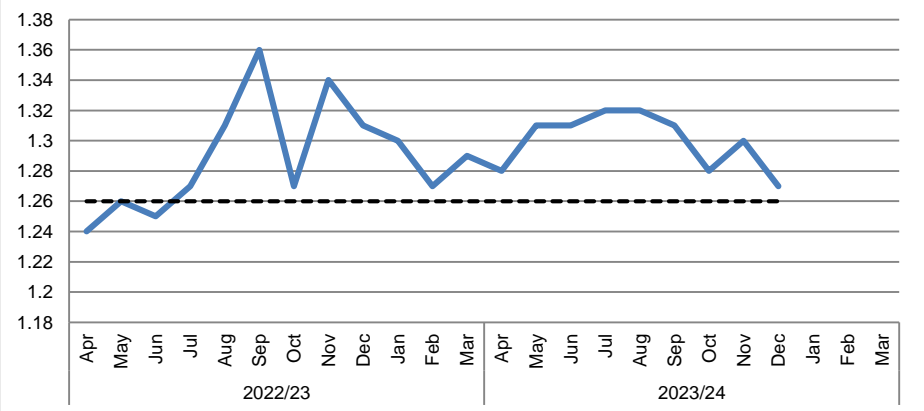
**Birth Rate (Number of babies born)**



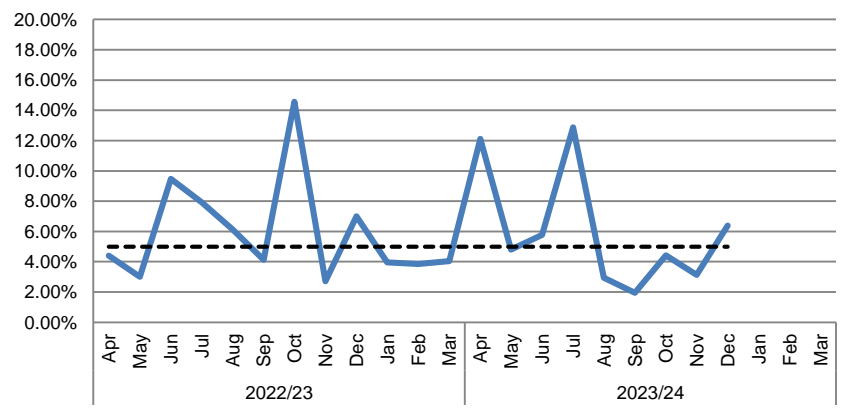
**1:1 Care in Labour**



**Midwife to delivery ratio**



**Admissions of (term babies) to NNU**

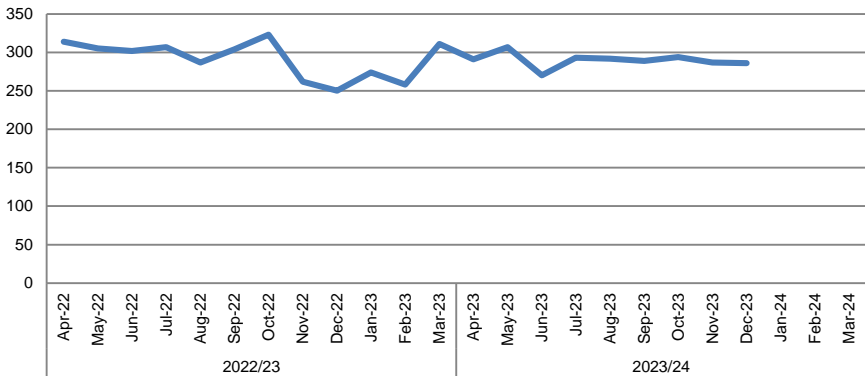


- Admissions of term babies to NNU; Transitional care review underway. Service working with paediatric and estates teams to develop an options appraisal for development of new TC dedicated provision.
- All Admissions continue to be reviewed by the ATAIN process.

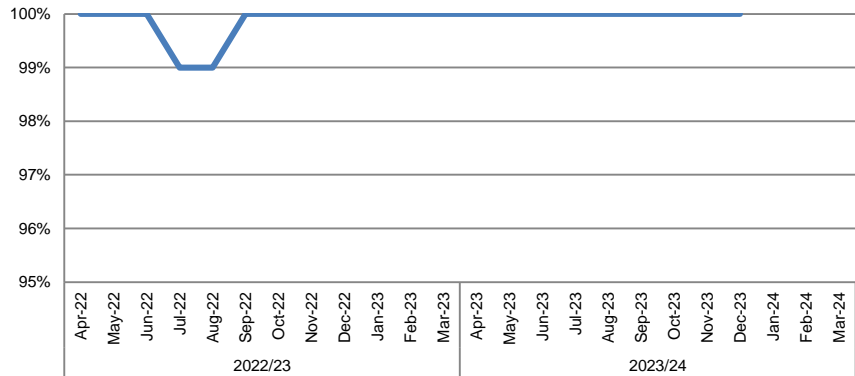
# Eastern Services Maternity

Metrics relating to the provision of quality maternity care

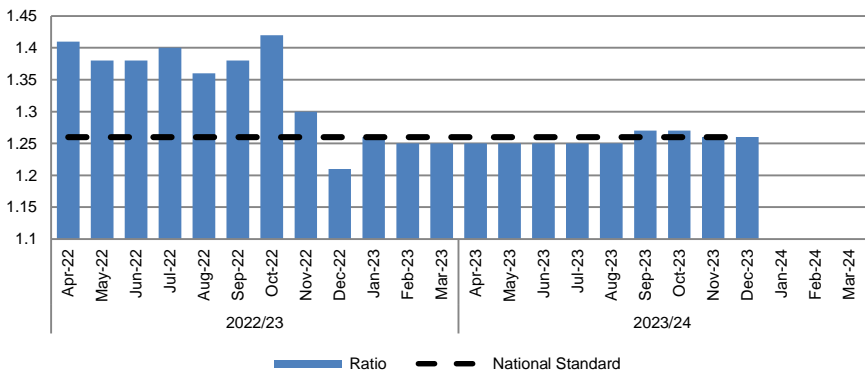
### Birth Rate (Number of babies born)



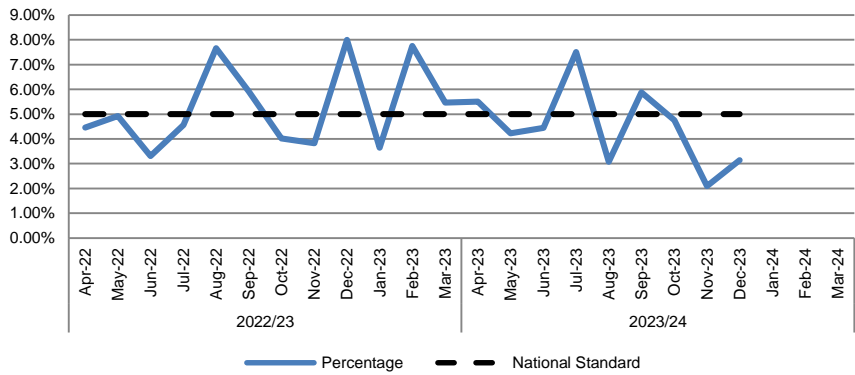
### 1:1 Care in Labour



### Midwife to delivery ratio



### Admissions of (term babies) to NNU

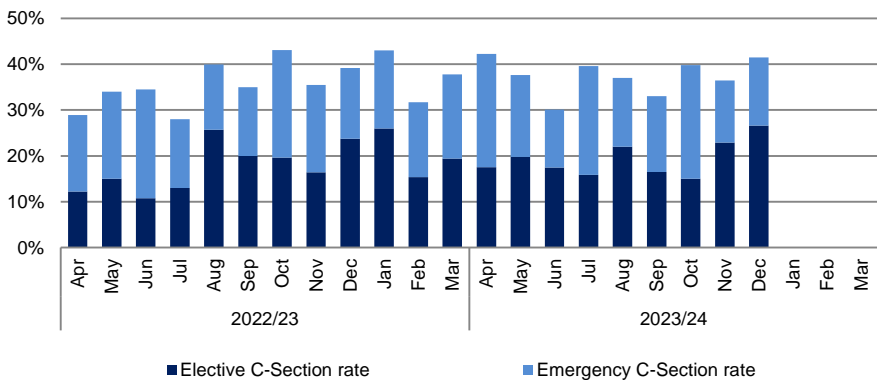


- The step change in the Midwife to Delivery ratio in November 2022 is due to a change in the way midwifery ratio is calculated. Allowance for Annual leave and sickness is now no longer factored

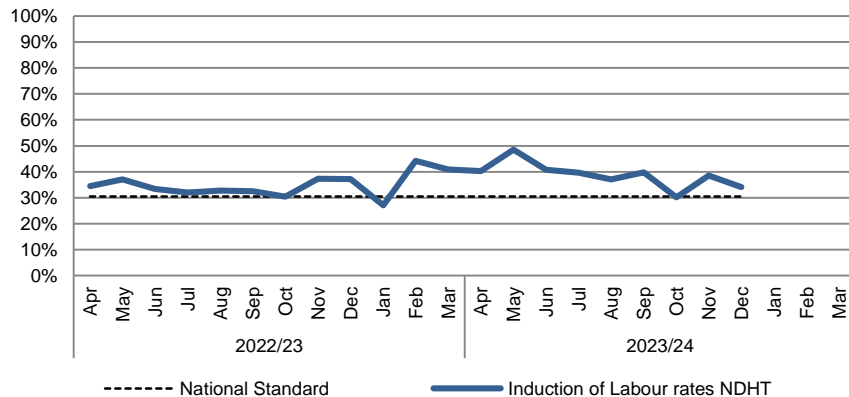
# Northern Services Maternity – Metrics relating to the provision of quality maternity care



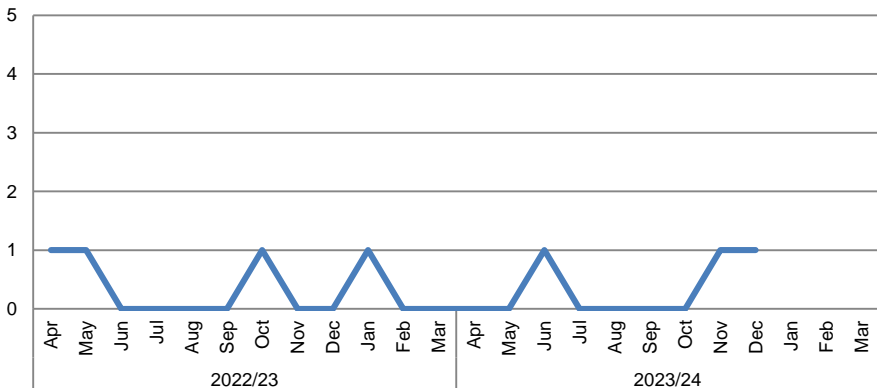
**C-Section Rates - Elective & Emergency**



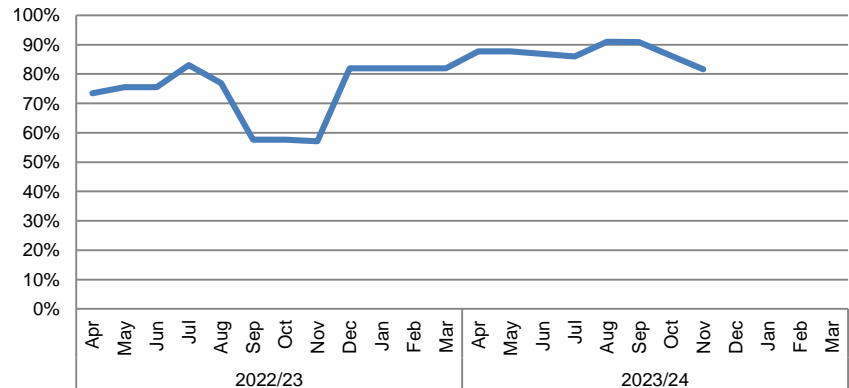
**Induction of Labour rates**



**Still births (includes term & pre-term)**



**PROMPT Training % (whole team)**

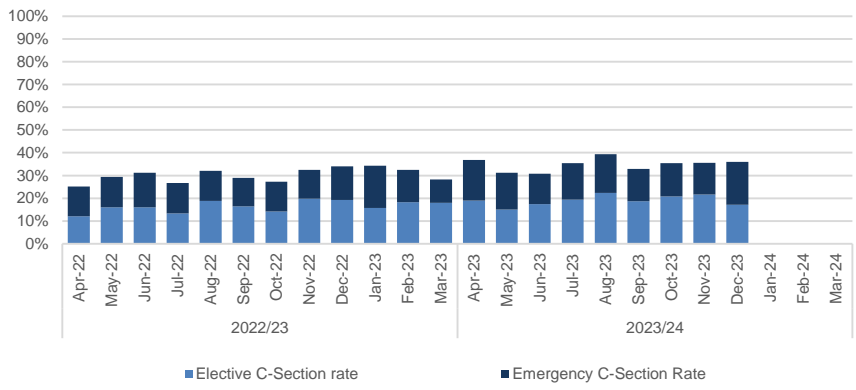


- Induction of labour and combined caesarean section rates remain in line with a national rise
- Compliance with CNST prompt training achieved

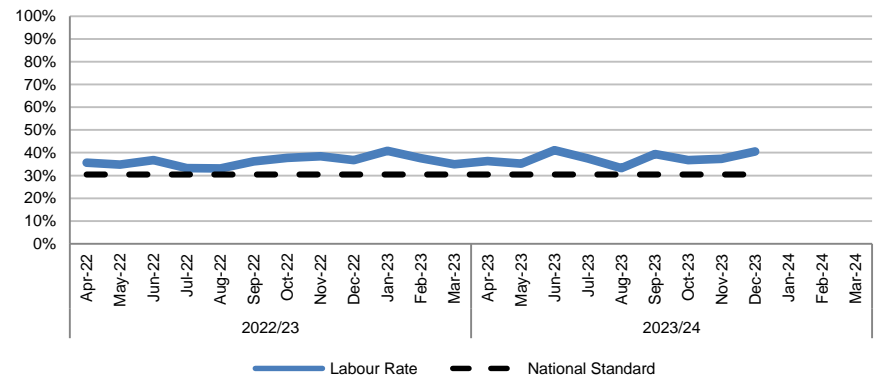
# Eastern Services Maternity

Metrics relating to the provision of quality maternity care

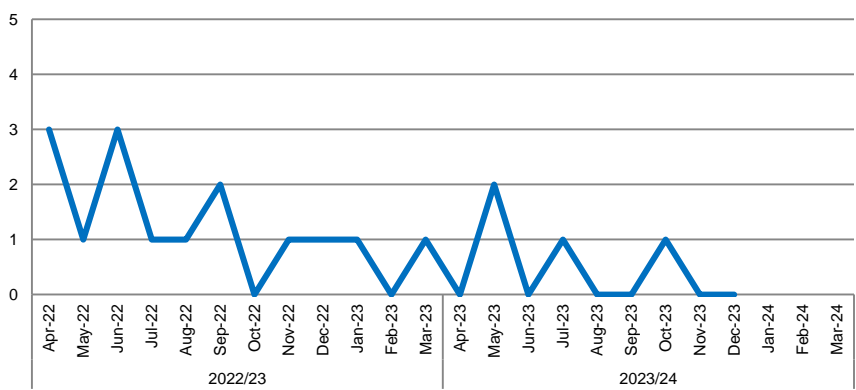
### C-Section rates - Elective & Emergency



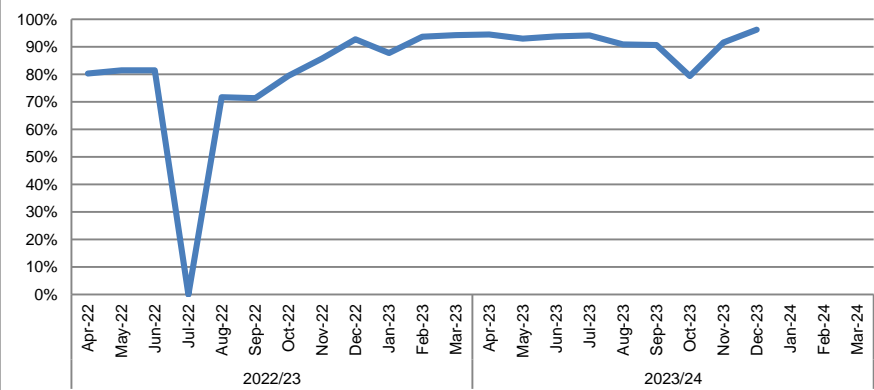
### Induction of Labour rates



### Still births (includes term & pre-term)



### PROMPT Training % (whole team)



- Induction of labour and combined caesarean section rates remain in line with a national rise
- Compliance with CNST PROMPT training achieved

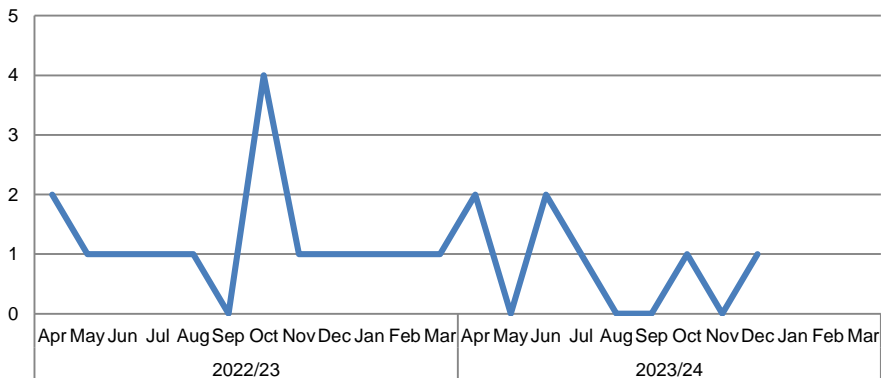
Activity & Flow  
Operational Performance  
Patient Experience  
Quality & Safety  
Our People  
Finance



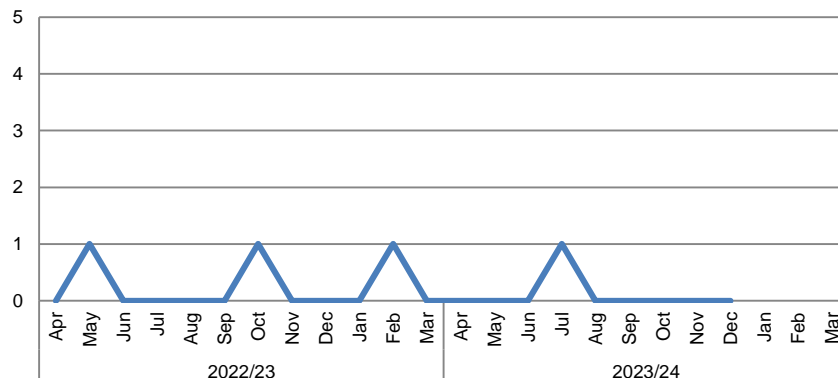
# Northern Services Maternity – Metrics relating to the provision of quality maternity care



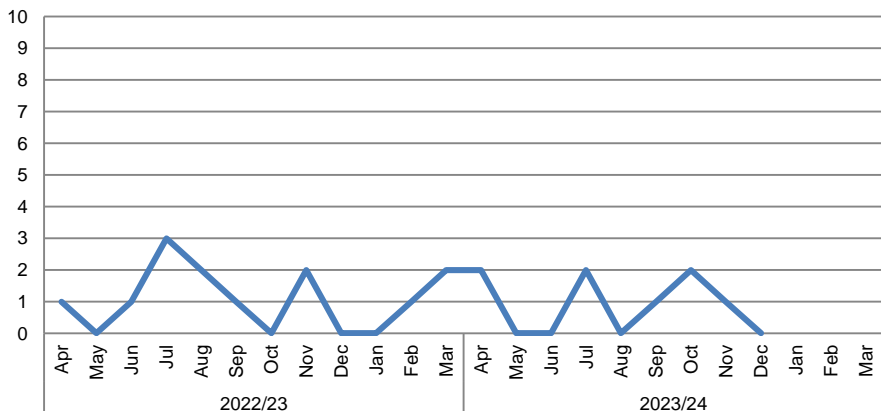
**Incidents in current month (moderate and above) (run chart)**



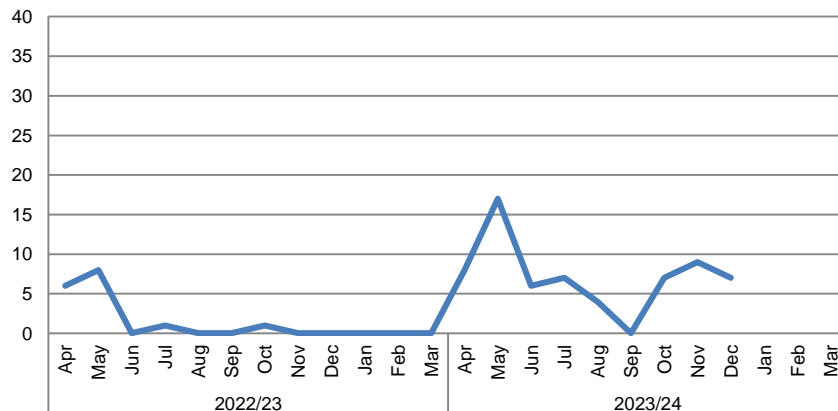
**Serious Incidents (run chart)**



**Complaints Maternity**



**Compliments Maternity**



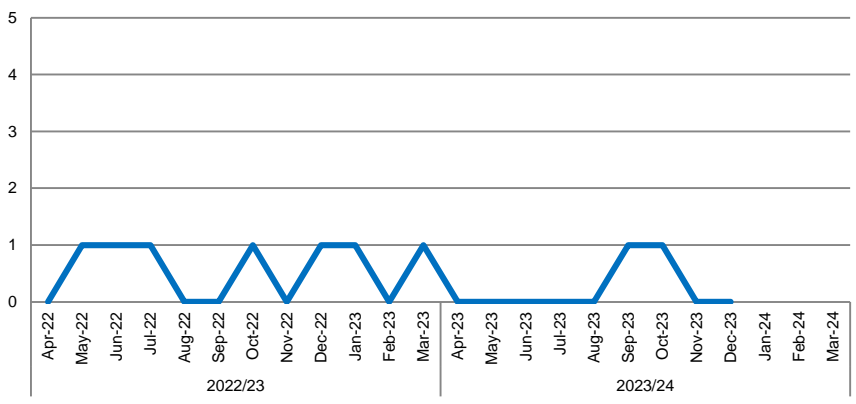
- There was one Moderate incident in month which has been referred to HSIB for investigation.
- The maternity team actively engage with the Maternity Voices Partnership (MVP) to review and contribute to the development of maternity services and ensure the voice of women and their families. The maternity team work with the MVP to provide a report at each Patient Experience Committee.

# Eastern Services Maternity

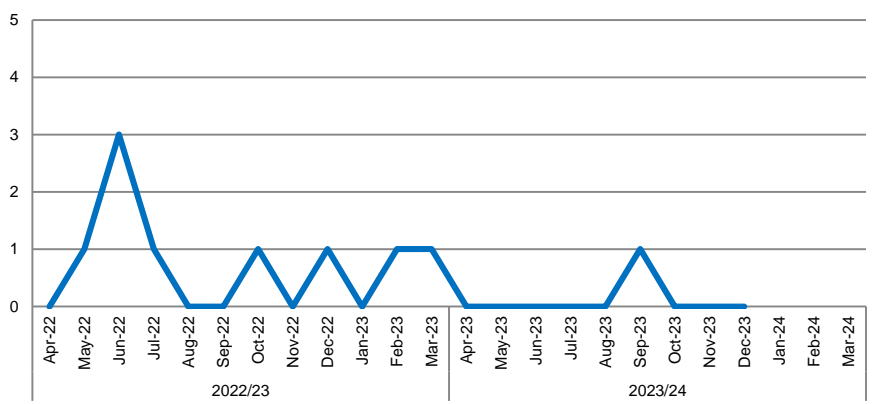
Metrics relating to the provision of quality maternity care



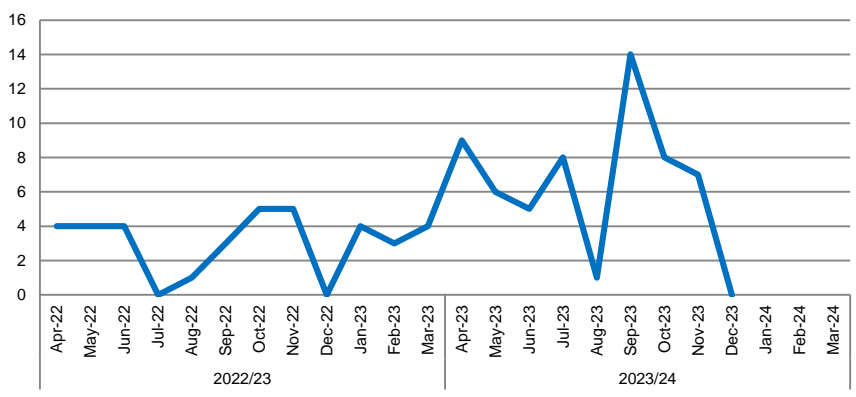
**Incidents in current month (moderate and above) (run chart)**



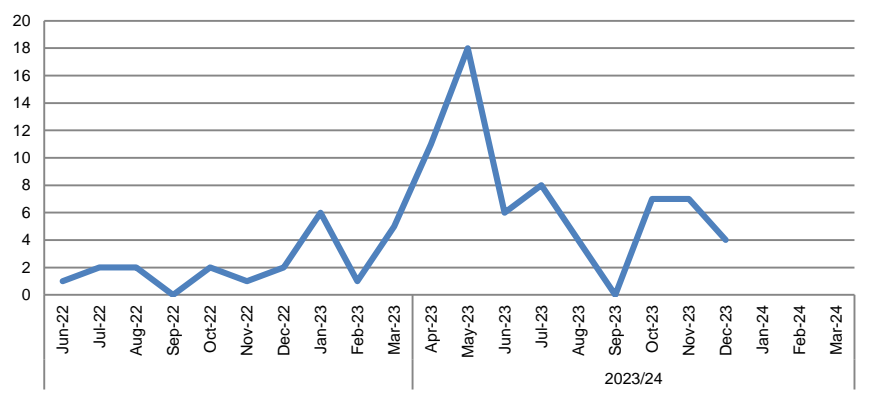
**Serious Incidents (run chart)**



**Complaints Maternity**



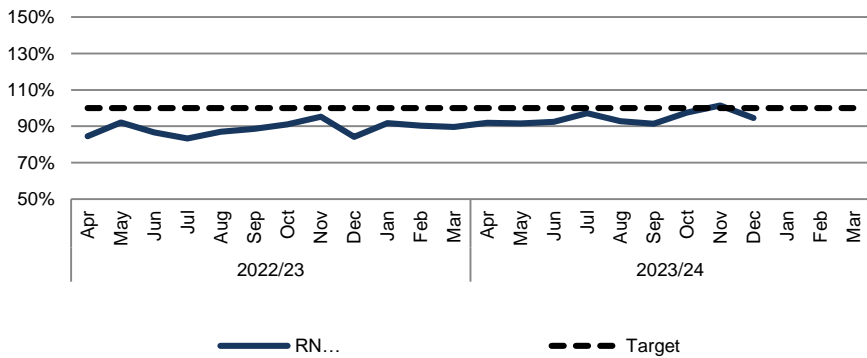
**Compliments Maternity**



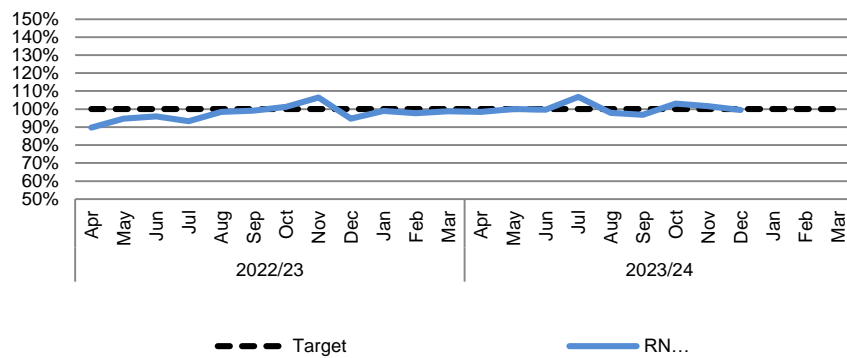
# Northern Services Safe Clinical Staffing Fill Rates



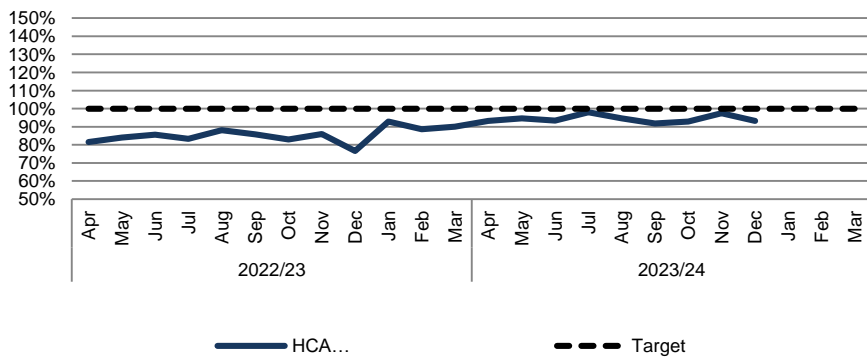
**Registered Nurses & Midwives Fill Rate (Day)**  
Inc. ED & South Molton



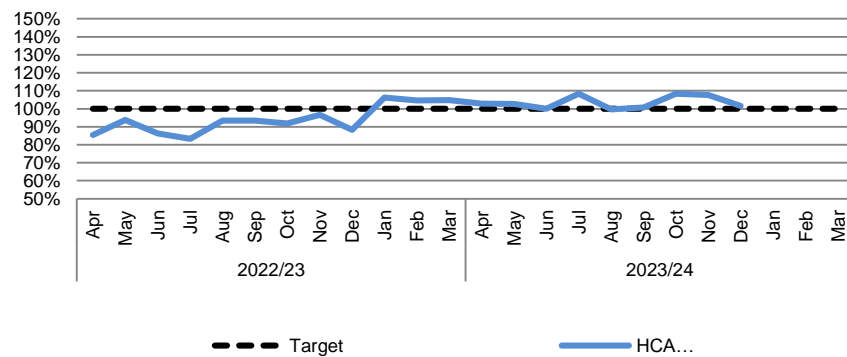
**Registered Nurses & Midwives Fill Rate (Night)**  
Inc. ED & South Molton



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



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

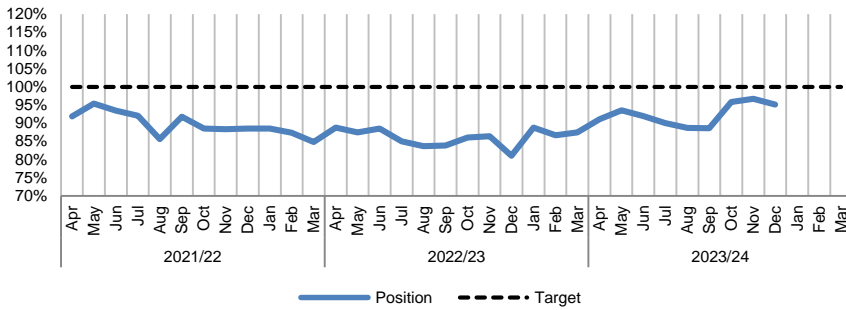


- Northern services had an overall clinical fill rate of 101.6%
- There were three patient safety incidents reported related to staff shortages, all were no harm incidents.
- There were nine patient safety incidents which resulted in moderate or greater harm in December 2023. A review of these incident reports has been completed and none of them identified staffing levels as either a causal or contributory factor

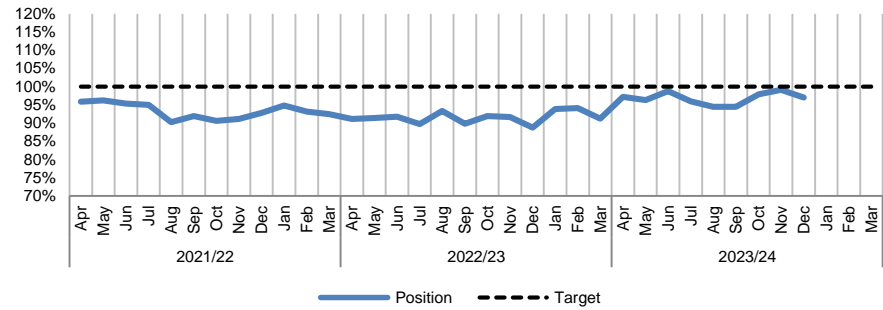
# Eastern Services Safe Clinical Staffing – Fill Rate

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

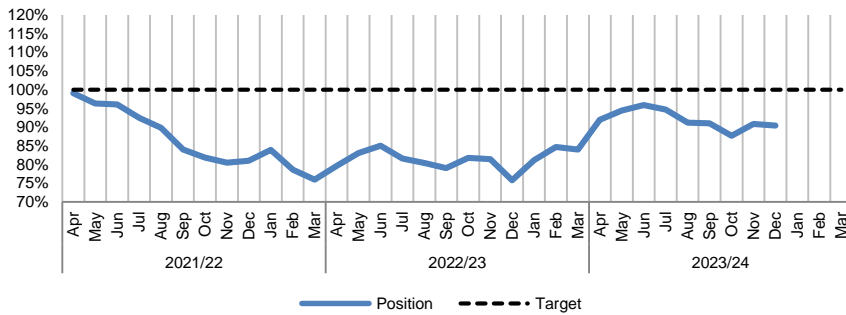
### Registered Nurses & Midwives Fill Rate (Day)



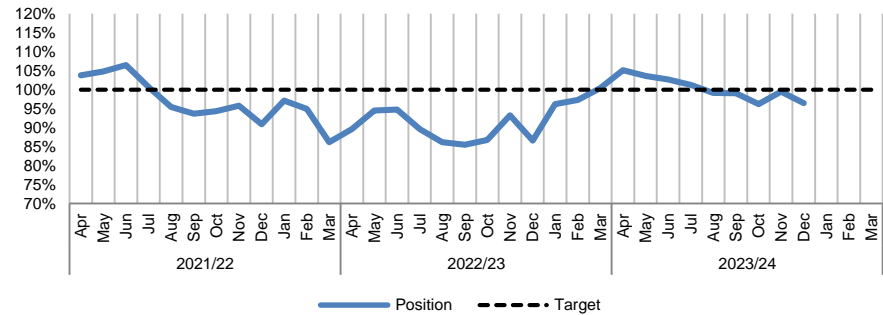
### Registered Nurses & Midwives Fill Rate (Night)



### Care Staff Fill Rate (Day)



### Care Staff Fill Rate (Night)



- Eastern services had an overall clinical fill rate of 97.46%
- There were six patient safety incidents reported related to staff shortages, five were no harm incidents and one incident was low harm
- There were ten patient safety incidents which resulted in moderate or greater harm in December 2023. A review of these incident reports has been completed and one of them identified staffing levels as either a contributory factor, as an admission to ICU was delayed pending a discharge as staffing was not available to open an additional bed. This incident will be subject to a round table review to identify any learning.

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

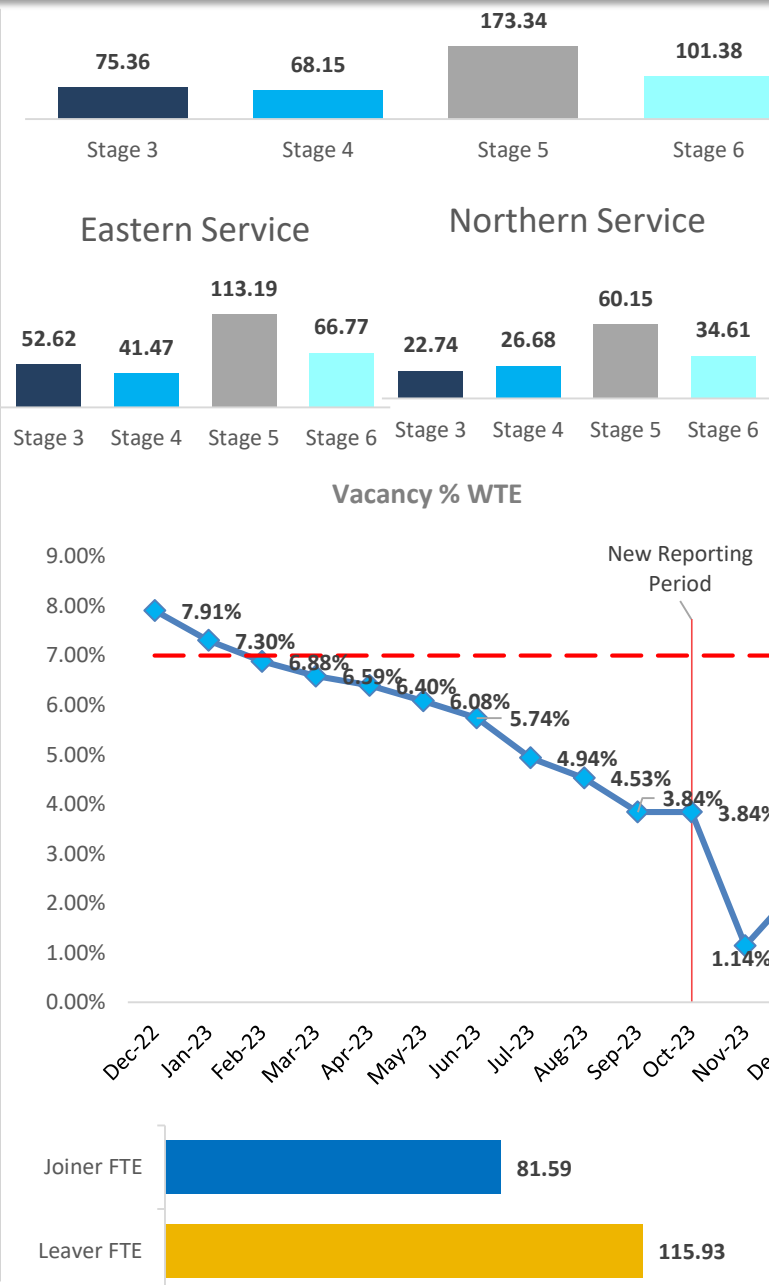
# Trust Recruitment Update

## Vacancy Data – Dec 23

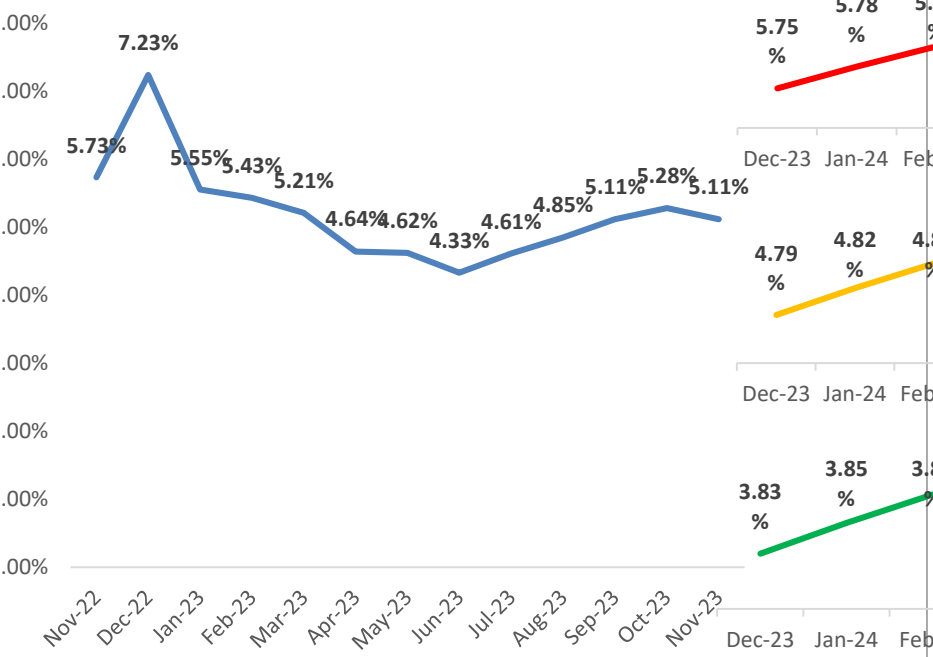
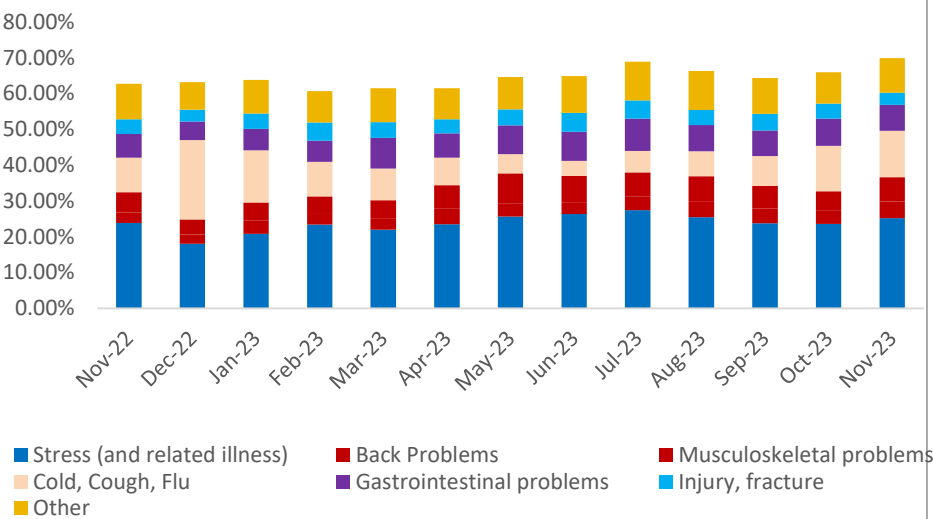
- Vacancy Data is being reported on using the new establishment control method that has been in place for the last few months. However, this vacancy figure will not match the vacancy figures reported to NHSE. This is due to the parameter differences between the dashboard and the NHSE parameters. NHSE Differences include:
  - Not including non-primary assignments
  - Not including individuals on maternity leave
  - Including funding that is not against positions in ESR
  - Dashboard vacancies include all actual FTEs in post as at the end of reporting month
- GP Trainee Vacancies now removed (Budgeted FTEs now match actuals to remove large over establishment for area).
- Due changes in reporting criteria from last month, vacancy rates between November and December are not comparable. However, we can see that the vacancy rate is still substantially reduced from the December 2022.
  - In eastern services, the December 2023 vacancy rate was 2.08% from 5.21% in April 2023.
  - In northern services, the December 2023 vacancy rate was 3.59% from 9.34% in April 2023.

## Recruitment

- Stage 3 vacancies (vacancies out to market) saw a small increase from 60.20 FTE to 75.32 FTE. Although there is an increase, this remains lower than usual due to the recruitment freeze currently in place.
- Stage 4 (shortlisting and interviews) has a substantial decrease from previous month, from 218.30 FTE to 68.15 FTEs.
- Stage 5 (contract and pre-employment stage) has also seen an FTE decrease from 220.93 in November 2023 to 173.34 in December 2023.
- Stage 6 (people on induction) remain very similar to the November figure of 115.
- Overall, the decrease in candidate numbers in the pipeline between November 2023 and December 2023 is to be expected and can be attributed to the vacancy freeze that is currently in place.
- Average time to hire (TTH) in days increased from 69.8 days in November 2023 rising to 77.3 days in December 2023.
- Staff groups Additional Clinical Services and Nursing and Midwifery have seen the greatest increases in average TTH days, increasing by 18 and 14 days respectively. TTH for Admin and Clerical and Healthcare Scientists roles also saw an average increase of six-days.
- Additional Professional Scientific and Technical and Estates and Facilities saw the only TTH reduction, decreasing by nine-days and three-days respectively.
- The top five staff groups in terms of applicants during remain the same for November and December 2023, with Admin and Clerical and Nursing and Midwifery staff groups seeing the most applicants.
- The total number of applications, new visitors and new candidates all significantly decrease in the December 2023, this is being attributed to the recruitment freeze in place during the month.



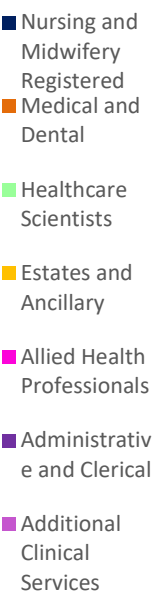
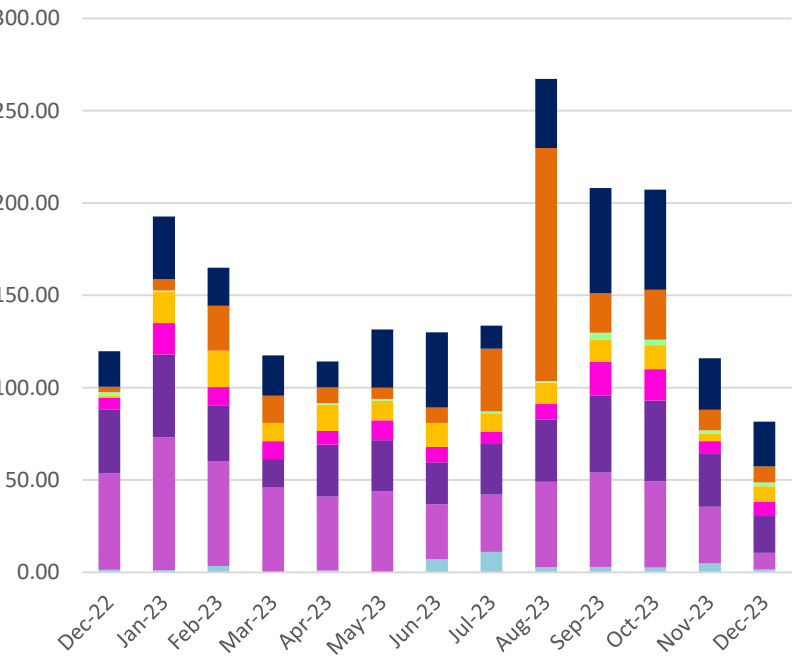
# Trust Sickness Absence



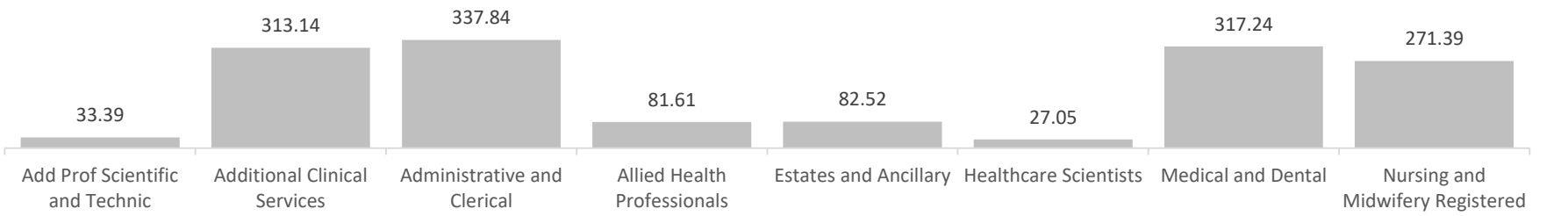
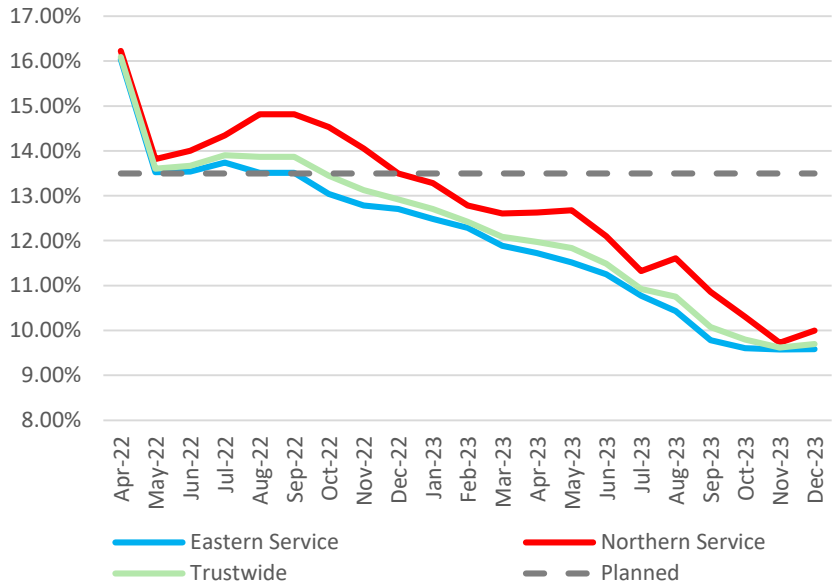
## Sickness Absence (Data shown for latest complete month: Nov-23)

- The sickness rates in November 2023 have decreased in both northern and eastern services:
  - Eastern decreasing from 5.54% to 5.36%
  - Northern Service from 5.58% to 4.46%
- This small decrease in sickness follows four months of increases, with October and November showing the expected seasonal increase in colds, cough and flu, with overall sickness absence remaining lower than this time last year (November 2022).
- Despite and overall decrease in sickness percentage in November 2023, there are several staff groups where sickness levels have increased in the month:
  - Additional Professional Scientific and Technical has increased for the fifth consecutive month now of 0.90% rising to 6.56% in November.
  - Allied Health Professionals increased to 4.47% from 3.83%
  - Estates and Ancillary increased to 8.03% from 7.30%.
- Additional Clinical Services remain has the highest sickness rate overall, however, saw a decrease of 0.16% in November 2023, the first decrease in sickness percentage in this group since June 2023. This took the group to 7.90%.
- The critical sickness forecast of 5.75% in December, represents the likely worst-case scenario and is still 1.5% lower than the sickness percentage in December 2022.
- In line with the slight decrease in sickness percentage, sickness cost has also fallen below £2,000,000 to £1,861,389.
- The top sickness reasons remain the same as in October 2023 with 'anxiety, stress, depression and other psychiatric illnesses' being the largest contributing factor accounting for a quarter of the sickness total. This is reflected in each locality:
  - Eastern services just over 25%
  - Northern services just under 24%
- The other large reason is Cold, Cough and Flu which remains around 12%, a higher figure for this reason is to be expected during the winter periods of the year. Infectious Diseases sees a large decrease in November from October's 10.18% Trustwide figures to below 5%.
- The number of Trustwide total staff on 28+ Days Sickness still off at the end of November 2023 has an increase of 10 from 193 individuals at the end of October to 203.
- The total individuals on half and nil pay is smaller, with the number of people on half pa having reduced from 16 to 14 and those on nil pay has reduced from 28 to 25 in November 2023. However, the amount of people approaching these thresholds has seen an increase in November 2023 to 39 (from 28) approaching half pay and 70 (from 67) approaching nil pay.
- These increases are in various staff groups across the Trust with the highest still being Nursing and Midwifery at 105 and 55 Additional Clinical Staff.
- There are currently 677 sickness episodes with "S99 Unknown causes / Not specified" recorded as a sickness reason in November 2023, which is a decrease from the October 2023 figure of 752.
- Vaccination update across the Trust:
  - Flu - 49.6%
  - Covid - 39.8%

# Trust Turnover



## 12 Monthly Turnover

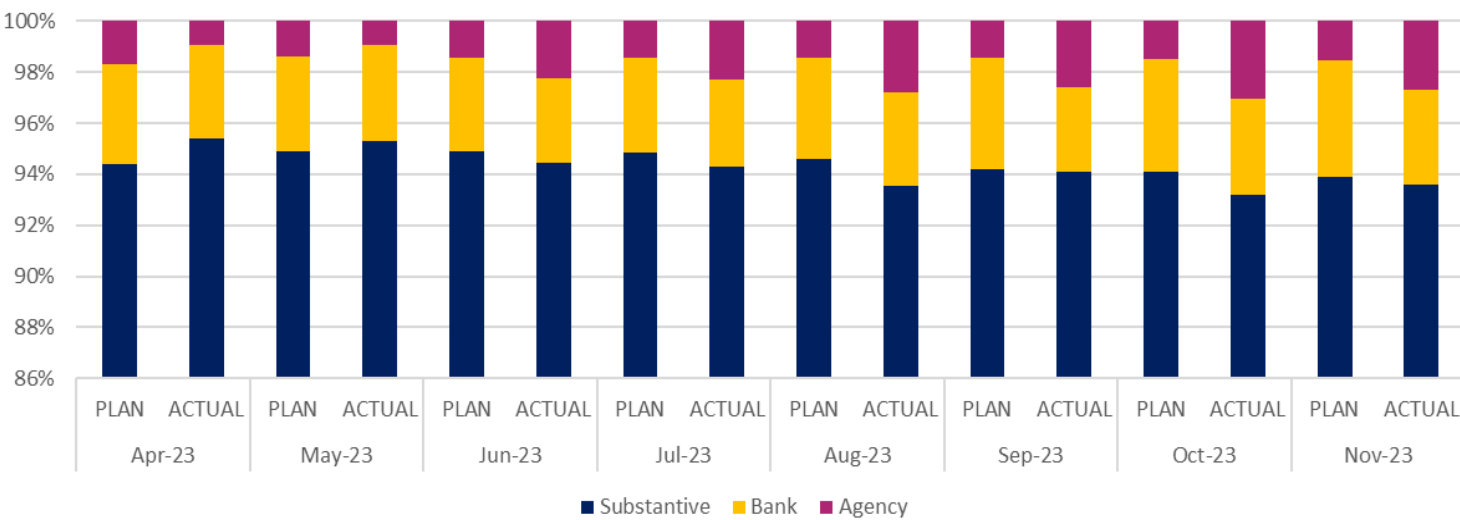


### Turnover (data as at end-Dec-2023)

- Turnover has remained relatively stable across the Trust, with a negligible increase from 9.62% in November to 9.70% in December 2023.
- This is the first increase in Turnover since August 2022 following a sustained decrease.
- This is reflective of an increase in leaver FTEs in the month of December 2023, against a smaller number of new hires. In the previous 12 months, apart from March 2023, new hires exceeded the number of leavers resulting in reduced turnover. A reverse of this trend should be expected, given that levels of recruitment are being significantly impacted by the current vacancy freeze.
  - Eastern Services turnover increase goes from 9.58% to 9.59% in December 2023.
  - Northern services turnover increase is a slightly higher rise from 9.73% to 10%.
- Although a small increase has been observed, turnover across the Trust remains well below the 13.5% planned rate.

# Trust Operational Plan 2023/24

Operational Plan 23/24



**YTD Substantive WTE: +4.72% over plan**

**YoY Substantive WTE Change: +3.84%**

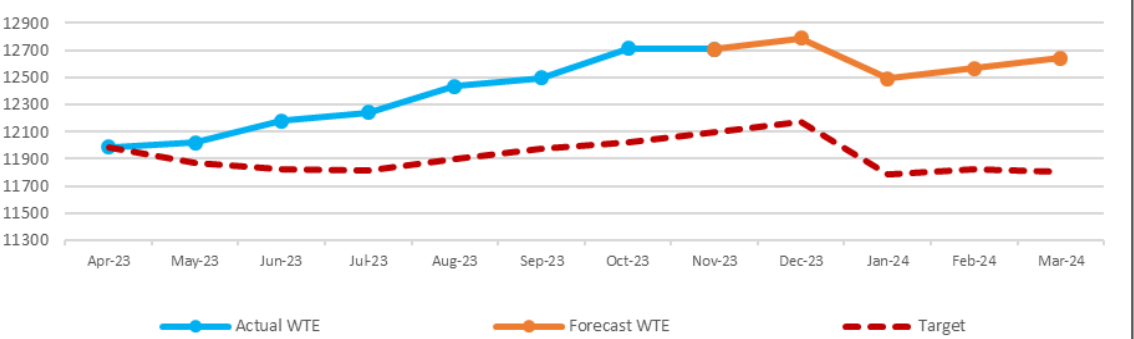
**YTD Bank Utilisation: 8.10% under plan**

**YoY Bank Utilisation: 13.74% reduction**

**YTD Agency Utilisation: 53.12% over plan**

**YoY Agency Utilisation: 1.32% reduction**

All Trust - 23/24 WTE Change



**Notes**

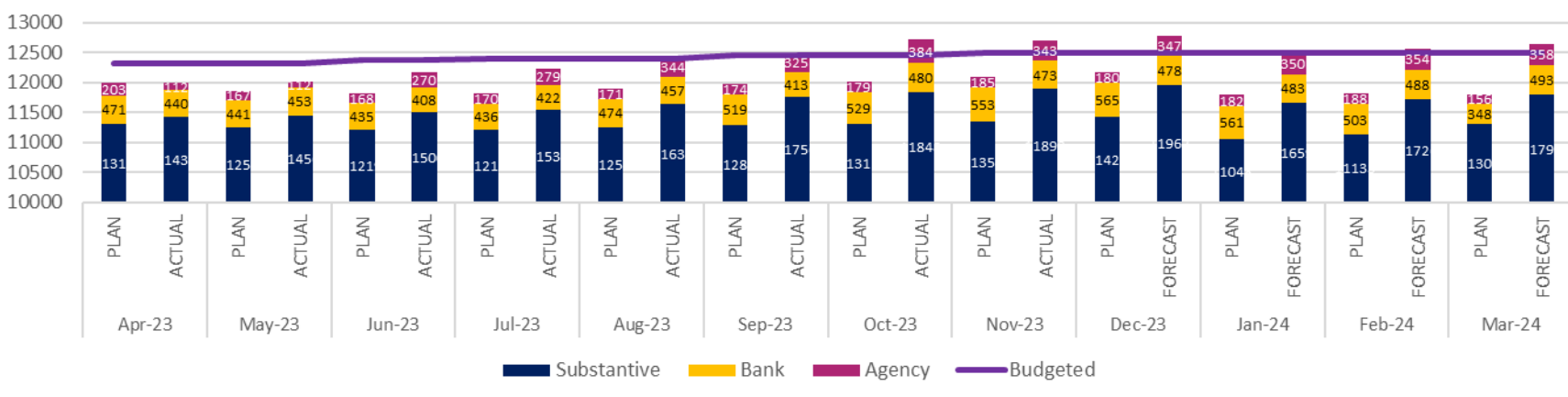
**'Target'** – total WTE plan by month as per 23/24 operational plan (i.e. substantive, bank & agency combined).

**'Actual'** – total WTE utilised by month (substantive, bank & agency combined).

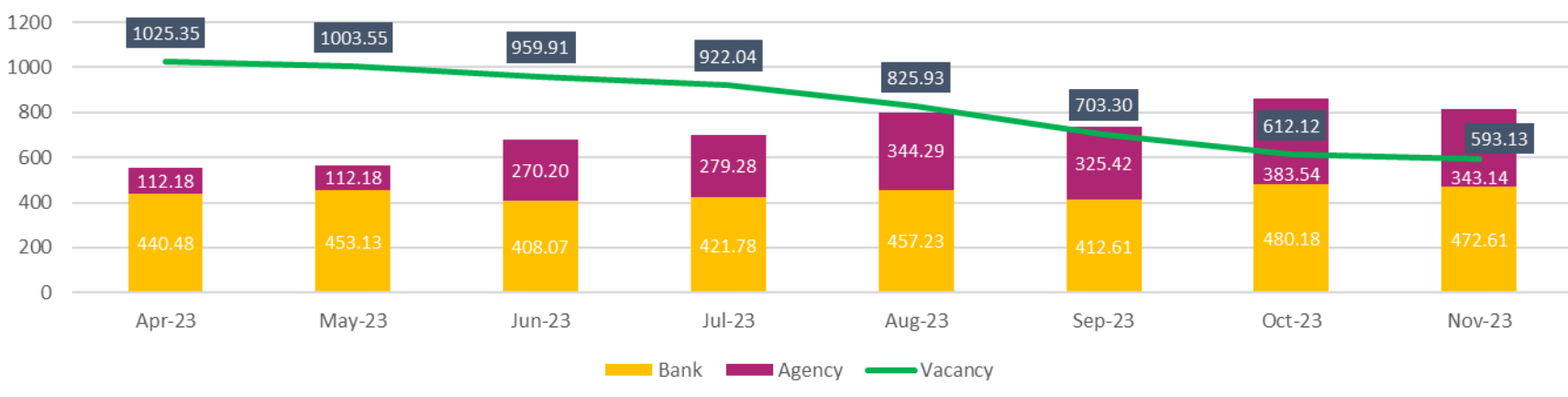
**'Forecast'** – total WTE forecast to be utilised for the remainder of 23/24, assuming wte growth experienced year to date is sustained and DBV schemes are realised in full and on time.



### Workforce Utilisation by Type 23/24



### Temporary Workforce Utilisation Relative to Vacancy



# Trust Summary Finance Position

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Nov-23	This Month Dec-23	Narrative	Forecast Mar-24
Income and Expenditure	I&E Surplus / (Deficit) - Total	£'000	-34,158	-36,722	<b>Year to Date Financial Overview</b> At the end of month 9 the Trust is reporting a year to date deficit of £36.7m being £6.9m adverse to plan. This improved in-month position includes £0.5m adverse impact of Industrial Action in December and are off-set by additional income received to leave a net adverse variance.	-41,074
	I&E Surplus / (Deficit) v budget	£'000	-8,484	-6,861		-13,039
	Income variance to budget - Total	£'000	18,238	22,503	The drivers of the adverse variance to plan can be summarised as follows: (£5.1m) see below (£2.8m) additional outsourcing and theatre ERF above plan (£1.1m) specialising of complex patients (£1.1m) unfunded pay award (£2.6m) supernumery costs of International Recruitment £1.5m over achievement of Delivering Best Value programme.	37,389
	Income variance to budget - Total	%	2.70%	2.97%		3.72%
	Income variance to budget - Patient Care	£'000	9,310	13,449	Adverse non-pay variance includes an overspend on drugs from the movement in drugs growth from the point the expenditure plan, high cost drugs recoverable through Specialist Commissioning variable contract income and high cost drugs not recoverable under the ICB block contract.	21,744
	Income variance to budget - Operating income	£'000	8,928	9,054		15,645
	Pay variance to budget - Total	£'000	-14,209	-16,904	<b>Financial Recovery Plan (FRP) Actions</b> A call to action was launched during month 7 on financial recovery to ensure other cost drivers can be managed to reduce the overall rate of spend for the remainder of the year without compromising patient safety or operational recovery.	-27,993
	Pay variance to budget - Total	%	-3.24%	-3.43%		-4.30%
	Non Pay variance to budget	£'000	-13,519	-13,786	A Financial Recovery Board has been established and chaired by the CEO. Workstreams are embedded covering opportunities across income, pay (including enhanced vacancy control), non-pay and drugs. Vacancy controls have been enhanced post-month end. The FRP has delivered £11.3m of benefit in month against a trajectory of £14.0m; there is confidence that slippage will recover over months 10 and 11 - see FRP section below.	-21,945
	Non Pay variance to budget	%	-5.34%	-4.85%		-5.96%
	PDC, Interest Paid / Received variance to budget	£'000	537	697	<b>Forecasting Outturn</b> Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have approved a revised deficit of £40.0m for month 9 reporting. At the time of these reviews Industrial Action was assumed to be over, though strikes in December and January are estimated to adversely impact the FOT by £1.1m as reflected above.	1,251
	PDC, Interest Paid / Received variance to budget	%	6.13%	7.02%		9.25%
	Capital Donations variance to plan - technical reversal	£'000	469	629	Neutral adjustment when calculating reported financial position.	-1,741
	Agency expenditure variance to Plan	£'000	-4,384	-4,464	Increased usage to cover vacancies, sickness, strike support and specialising of highly complex patients awaiting discharge - further work being undertaken to ensure compliance with agency controls and identify high users of agency, including non clinical areas.	-6,020
	Agency expenditure variance to agency limit	£'000	-239	63		Year to date agency usage is now within the cap and forecast to remain within the cap by yearend.
	Delivering Best Value Programme - Total Current Year achievement	£'000	27,727	31,091	<b>DBV</b>  Strong start to the year in terms of savings programme though slippage on recurrent delivery has been off set by non-recurrent over-delivery. YTD adverse variances continue to be largely driven by non-delivery against digital programme and shortfall in income data capture. Accelerating delivery is part of the financial recovery plan to de-risk forecast and scope additional ideas	45,332
Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	2,548	1,548	-14,968		
Financial Recovery Action Plan - Total Current Year achievement	£'000	4,603	11,262	DBV schemes variance to plan: £5.9m Income favourable (£4.7m) Pay adverse £0.3m Non pay favourable  FOT - £1.3m under delivery against internal programme, £13.6m under delivery against system schemes.	32,348	
Financial Recovery Plan Actions - Year to date/ Current Year variance to budget	£'000	-1,953	-2,725		-5,430	
				FRP was implemented during month 8 and has delivered £11.2m of savings against the recovery plan profile. Slippage on income recovery expected in month 8 is now projected to recover over the remainder of the year.  The Forecast under delivery of £5.4m against the Financial Recovery Plan has been off-set by a corresponding increase in the £40m NHSE agreed forecast deficit.		

Activity & Flow

Operational Performance

Patient Experience

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Our People

Finance

# Trust Finance Overview

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Nov-23	This Month Dec-23	Narrative	Forecast Mar-24
Capital & Cash	Cash balance	£'000	2,389	4,790	(£18.6m) adverse impact of year to date financial position and movements in working capital; £12.6m favourable from slippage in the capital programme and net interest received; (£9.3m) adverse slippage on the receipt of capital PDC compared to plan; (£2.7m) adverse opening cash position lower than plan.	2,285
	Cash variance to budget - above / (below)	£'000	-26,467	-17,922	Cash balance is now at minimum levels and a successful application has been made to NHSE for £16.0m support in quarter 4. The PDC element of the capital programme will be funded by future cash receipts that have not yet been drawdown.	-12,209
	Better Payment Practice v 95% cumulative target - volume	%	75%	73%	Continued improvement in cumulative value of invoices paid within target; Month 9 in-month impacted by deficit on available cash flow and timing of application for Revenue cash support.	85%
	Better Payment Practice v 95% cumulative target - value	%	82%	81%	Actions to recover performance remain positive and continues to include focus on sufficient authoriser capacity; daily bank runs, support to pharmacy and increased finance capacity to address post-implementation vacancies.	85%
	Capital Expenditure variance to plan - Total above / (below)	£'000	-23,762	-25,483	All endeavours will be targeted to minimise the impact on suppliers and cash flow forecasts have taken into account maintaining BPP performance over Q4. Recovery is likely to be <b>82% cumulatively</b> by year end against the 85% aspiration.  Capital expenditure to M09 was £25.5m; £25.5m less than assumed in plan. Of the variance, £11.8m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £13.7m behind plan but £19.4m of open orders give confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.  Forecast capital expenditure of £70.5m fully utilises the CDEL and PDC allocations forecast in 2023/24 and continues to reflect the lease forecast reduction by £5.2m.	-2,675
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-2,532	-3,476	YTD - Slippage on commencing schemes with expectation to recover supported by the value of orders placed.  FOT - Donated income is a neutral adjustment when calculating reported financial position.	1,858
Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-21,230	-22,008	Slippage on commencing schemes with expectation to recover supported by the value of orders placed. The PDC element of the capital programme will be funded by future cash receipts that have not yet been drawdown.  YTD £11.8m lease profiling (IFRS16) £8.6m Endoscopy capacity £0.9m Cardiology Day case Unit £3.0m Community Diagnostics  FOT Net adjustment in PDC and leasing fully utilises the 2323/24 allocations.	-4,533	

## Key

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

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

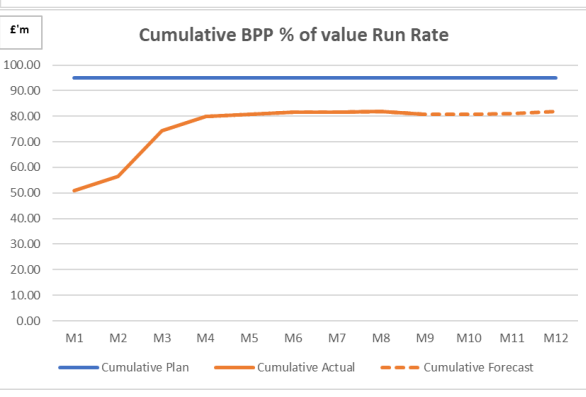
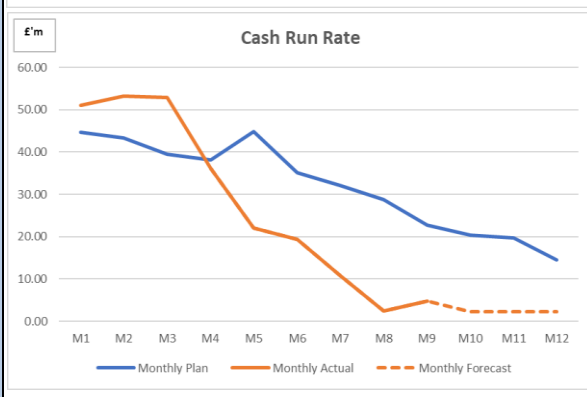
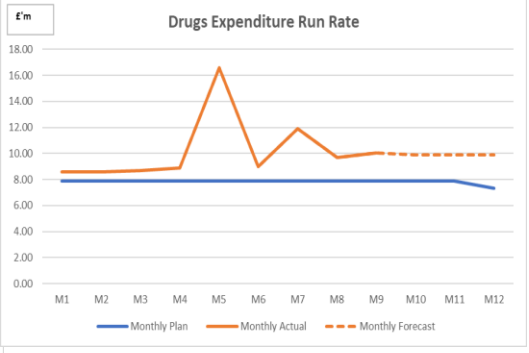
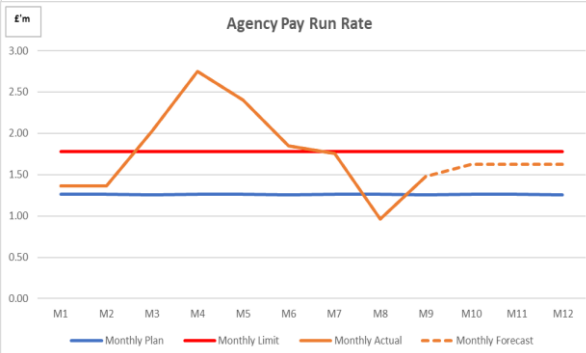
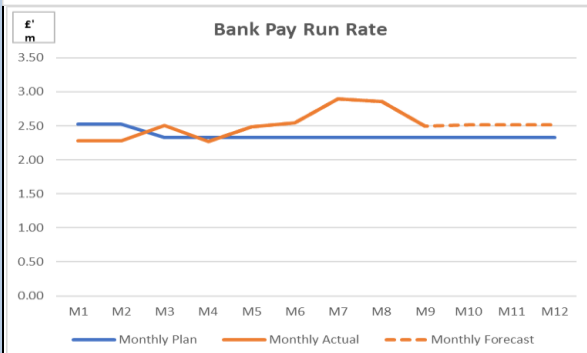
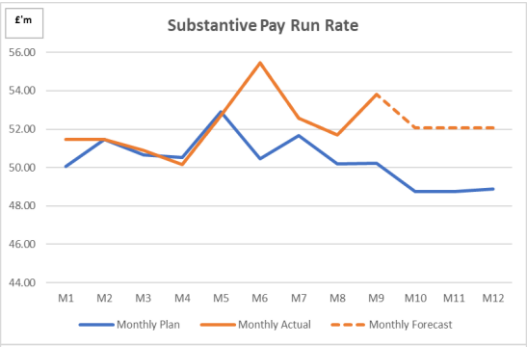
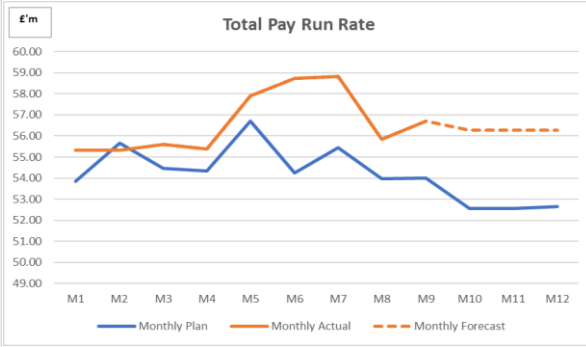
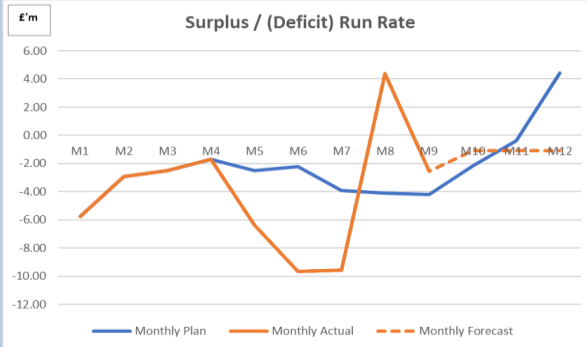
Our People

Finance

# Trust Financial Tables

## Royal Devon University Healthcare NHS Foundation Trust

Charts  
Period ending 31/12/2023  
Month 9



**Income and Expenditure**  
Call to action focusing on exec level work streams to target run rate improvement across all domains to bring the run rate back towards planned levels.

Run rate charts for months 10-12 reflect the run rates required to deliver the revised £40m FOT deficit.

**BPP**  
Continued improvement in cumulative value of invoices paid within target; Month 9 in-month impacted by deficit on available cash flow and timing of application for Revenue cash support. Actions to recover performance continues to include focus on sufficient authoriser capacity; daily bank runs, support to pharmacy and increased finance capacity to address post-implementation vacancies. All endeavours will be targeted to minimise the impact on suppliers and cash flow forecasts have taken into account maintaining BPP performance over Q4. Recovery is likely to be **82%**

# Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust			Year to Date			Outturn		
Income Statement			Plan	Actual	Actual Variance to Budget	Plan	Actual	Actual Variance to Budget
Period ending 31/12/2023			£'000	£'000	Fav / (Adv) £'000	£'000	£'000	Fav / (Adv) £'000
Month 9								
<b>Income</b>								
Patient Care Income	672,210	685,659	13,449	890,984	912,728	21,744		
Operating Income	85,074	94,128	9,054	113,438	129,083	15,645		
<b>Total Income</b>	<b>757,284</b>	<b>779,787</b>	<b>22,503</b>	<b>1,004,422</b>	<b>1,041,811</b>	<b>37,389</b>		
Employee Benefits Expenses	(492,725)	(509,629)	(16,904)	(650,509)	(678,502)	(27,993)		
Services Received	(26,976)	(20,589)	6,387	(35,963)	(23,952)	12,011		
Clinical Supplies	(67,647)	(63,442)	4,205	(90,000)	(82,589)	7,411		
Non-Clinical Supplies	(12,563)	(12,524)	39	(15,428)	(16,267)	(839)		
Drugs	(71,079)	(91,921)	(20,842)	(94,212)	(121,561)	(27,349)		
Establishment	(10,921)	(13,019)	(2,098)	(13,141)	(16,859)	(3,718)		
Premises	(19,389)	(20,263)	(874)	(25,538)	(27,017)	(1,479)		
Depreciation & Amortisation	(31,144)	(31,045)	99	(42,010)	(42,010)	0		
Impairments (reverse below the line)	0	0	0	0	0	0		
Clinical Negligence	(23,868)	(19,432)	4,436	(26,520)	(26,520)	0		
Research & Development	(7,391)	(12,629)	(5,238)	(9,012)	(16,837)	(7,825)		
Operating lease expenditure	(1,384)	(1,359)	25	(1,690)	(1,812)	(122)		
Other Operating Expenses	(12,082)	(12,007)	75	(14,847)	(14,882)	(35)		
<b>Total Costs</b>	<b>(777,169)</b>	<b>(807,859)</b>	<b>(30,690)</b>	<b>(1,018,870)</b>	<b>(1,068,808)</b>	<b>(49,938)</b>		
<b>EBITDA</b>	<b>(19,885)</b>	<b>(28,072)</b>	<b>(8,187)</b>	<b>(14,448)</b>	<b>(26,997)</b>	<b>(12,549)</b>		
Profit / (Loss) on asset disposals	0	0	0	0	0	0		
Interest Receivable	1,320	2,233	913	1,431	2,901	1,470		
Interest Payable	(2,012)	(2,258)	(246)	(2,642)	(2,861)	(219)		
PDC	(9,234)	(9,204)	30	(12,308)	(12,308)	0		
<b>Net Surplus / (Deficit)</b>	<b>(29,811)</b>	<b>(37,301)</b>	<b>(7,490)</b>	<b>(27,967)</b>	<b>(39,265)</b>	<b>(11,298)</b>		
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	(50)	579	629	(68)	(1,809)	(1,741)		
<b>Net Surplus/(Deficit) after donated asset &amp; PSF/MRET Income</b>	<b>(29,861)</b>	<b>(36,722)</b>	<b>(6,861)</b>	<b>(28,035)</b>	<b>(41,074)</b>	<b>(13,039)</b>		

## KEY MOVEMENTS AGAINST BUDGET

### Year to Date Financial Overview

At the end of month 9 the Trust is reporting a year to date deficit of £36.7m being £6.9m adverse to plan. This improved in-month position includes £0.5m adverse impact of Industrial Action in December and are off-set by additional income received to leave a net adverse variance.

The drivers of the adverse variance to plan can be summarised as follows:

- (£5.1m) see below
- (£2.8m) additional outsourcing and theatre ERF above plan
- (£1.1m) specialising of complex patients
- (£1.1m) unfunded pay award
- (£2.6m) supernumery costs of International Recruitment
- £1.5m over achievement of Delivering Best Value programme.

Adverse non-pay variance includes an overspend on drugs from the movement in drugs growth from the point the expenditure plan, high cost drugs recoverable through Specialist Commissioning variable contract income and high cost drugs not recoverable under the ICB block contract.

### Forecasting Outturn

Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have approved a revised deficit of £40.0m for month 9 reporting. At the time of these reviews Industrial Action was assumed to be over, though strikes in December and January are estimated to adversely impact the FOT by £1.1m as reflected above.

# Trust Financial Tables

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

Royal Devon University Healthcare NHS Foundation Trust Statement of Financial Position			Year to Date			Outturn			Prior Year	
			Plan	Actual	Actual Variance Over / (Under)	Plan	Actual	Actual Variance Over / (Under)	Mar-23	Actual YTD Movement Incr. / (Dec.)
Period ending	31/12/2023									
Month	9									
	£000	£000	£000		£000	£000	£000	£000	£000	
<b>Non-current assets</b>										
Intangible assets	54,329	52,865	(1,464)	1	53,333	52,879	(454)	58,621	(5,756)	
Other property, plant and equipment (excludes leases)	436,804	423,448	(13,356)	1	451,271	453,177	1,906	421,298	2,150	
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	63,327	52,614	(10,713)	2	61,184	56,934	(4,250)	54,580	(1,966)	
Other investments / financial assets	5	5	0		5	5	0	5	0	
Receivables	2,726	2,343	(383)	2	2,726	2,343	(383)	3,303	(960)	
Credit Loss Allowances	0	(327)	(327)	2	0	(301)	(301)	(228)		
<b>Total non-current assets</b>	<b>557,191</b>	<b>530,948</b>	<b>(26,243)</b>		<b>568,519</b>	<b>565,037</b>	<b>(3,482)</b>	<b>537,579</b>	<b>(6,532)</b>	
<b>Current assets</b>										
Inventories	13,550	16,001	2,451	2	13,550	13,550	0	15,624	377	
Receivables: due from NHS and DHSC group bodies	17,810	40,365	22,555	2	17,810	36,810	19,000	39,891	474	
Receivables: due from non-NHS/DHSC group bodies	16,000	30,477	14,477	2	16,000	21,528	5,528	21,090	9,387	
Credit Loss Allowances	0	(823)	(823)	2	0	(827)	(827)	(796)	(27)	
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0	0	0	
Cash	22,712	4,790	(17,922)		14,494	2,285	(12,209)	46,033	(41,243)	
<b>Total current assets</b>	<b>70,072</b>	<b>90,810</b>	<b>20,738</b>		<b>61,854</b>	<b>73,346</b>	<b>11,492</b>	<b>121,842</b>	<b>(31,032)</b>	
<b>Current liabilities</b>										
Trade and other payables: capital	(11,000)	(4,966)	6,034	2	(11,000)	(11,000)	0	(6,615)	1,649	
Trade and other payables: non-capital	(79,849)	(101,064)	(21,215)	2	(79,850)	(81,888)	(2,038)	(96,708)	(4,356)	
Borrowings	(14,673)	(19,948)	(5,275)	2	(15,000)	(18,609)	(3,609)	(16,676)	(3,272)	
Provisions	(200)	(283)	(83)	2	(200)	(295)	(95)	(295)	12	
Other liabilities: deferred income including contract liabilities	(13,577)	(15,416)	(1,839)		(10,500)	(10,500)	0	(17,892)	2,476	
<b>Total current liabilities</b>	<b>(119,299)</b>	<b>(141,677)</b>	<b>(22,378)</b>		<b>(116,550)</b>	<b>(122,292)</b>	<b>(5,742)</b>	<b>(138,186)</b>	<b>(3,491)</b>	
<b>Total assets less current liabilities</b>	<b>507,964</b>	<b>480,081</b>	<b>(27,883)</b>		<b>513,823</b>	<b>516,091</b>	<b>2,268</b>	<b>521,235</b>	<b>(41,055)</b>	
<b>Non-current liabilities</b>										
Borrowings	(107,974)	(93,823)	14,151	1	(102,440)	(94,432)	8,008	(102,694)	8,871	
Provisions	(970)	(1,264)	(294)	2	(970)	(1,276)	(306)	(1,276)	12	
Other liabilities: deferred income including contract liabilities	0	0	0		0	0	0	0	0	
Other liabilities: other	0	0	0		0	0	0	0	0	
<b>Total non-current liabilities</b>	<b>(108,944)</b>	<b>(95,087)</b>	<b>13,857</b>		<b>(103,410)</b>	<b>(95,708)</b>	<b>7,702</b>	<b>(103,970)</b>	<b>8,883</b>	
<b>Total net assets employed</b>	<b>399,020</b>	<b>384,994</b>	<b>(14,026)</b>		<b>410,413</b>	<b>420,383</b>	<b>9,970</b>	<b>417,265</b>	<b>(32,172)</b>	
<b>Financed by</b>										
Public dividend capital	373,095	366,633	(6,462)	2	382,645	403,962	21,317	361,604	5,029	
Revaluation reserve	63,956	50,702	(13,254)	2	63,956	50,702	(13,254)	52,385	(1,683)	
Income and expenditure reserve	(38,031)	(32,341)	5,690	2	(36,188)	(34,281)	1,907	3,277	(35,618)	
<b>Total taxpayers' and others' equity</b>	<b>399,020</b>	<b>384,994</b>	<b>(14,026)</b>		<b>410,413</b>	<b>420,383</b>	<b>9,970</b>	<b>417,266</b>	<b>(32,272)</b>	

## KEY MOVEMENTS

- Slippage on capital programme forecast to recover by year end
- The plan was based on a forecast outturn balance sheet at month 7 2022/23 that was significantly different at year end as shown; the YTD balance sheet being more reflective of outturn than plan.
- Borrowings reflects the forecast reduction in leases together with changes in classification between current and non-current.
- The PDC increase includes capital PDC (£21.3m) and Revenue PDC support (£16.0m) to be received in quarter 4.

# Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Cash Flow Statement	Year to Date			Outturn		
	Plan	Actual	Actual Variance Fav. / (Adv.)	Plan	Actual	Actual Variance Fav. / (Adv.)
	£000	£000	£000	£000	£000	£000
Period ending 31/12/2023						
Month 9						
<b>Cash flows from operating activities</b>						
<b>Operating surplus/(deficit)</b>	(19,885)	(28,072)	(8,187)	(14,448)	(26,997)	(12,549)
Non-cash income and expense:						
Depreciation and amortisation	31,144	31,045	(99)	42,010	42,010	0
Impairments and reversals	0	0	0	0	0	0
Income recognised in respect of capital donations (cash and non-cash)	(629)	0	629	(842)	(2,583)	(1,741)
(Increase)/decrease in receivables	0	(9,118)	(9,118)	0	3,655	3,655
(Increase)/decrease in inventories	0	(377)	(377)	0	2,074	2,074
Increase/(decrease) in trade and other payables	218	1,306	1,088	222	(14,820)	(15,042)
Increase/(decrease) in other liabilities	0	(2,476)	(2,476)	0	(7,392)	(7,392)
Increase/(decrease) in provisions	0	(24)	(24)	0	0	0
<b>Net cash generated from / (used in) operations</b>	<b>10,848</b>	<b>(7,716)</b>	<b>(18,564)</b>	<b>26,942</b>	<b>(4,053)</b>	<b>(30,995)</b>
<b>Cash flows from investing activities</b>						
Interest received	1,320	2,233	913	1,431	2,901	1,470
Purchase of intangible assets	(1,800)	(963)	837	(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(33,665)	(22,441)	11,224	(54,660)	(52,812)	1,848
Proceeds from sales of property, plant and equipment and investment property	0	0	0	0	0	0
Receipt of cash donations to purchase capital assets	629	291	(338)	842	2,583	1,741
<b>Net cash generated from/(used in) investing activities</b>	<b>(33,516)</b>	<b>(20,880)</b>	<b>12,636</b>	<b>(55,387)</b>	<b>(50,328)</b>	<b>5,059</b>
<b>Cash flows from financing activities</b>						
Public dividend capital received	16,193	5,029	(11,164)	25,743	42,358	16,615
Loans from Department of Health and Social Care - repaid	(635)	(635)	0	(1,270)	(1,270)	0
Other loans received	0	0	0	0	0	0
Other loans repaid	(3,768)	(3,769)	(1)	(5,174)	(5,174)	0
Other capital receipts	0	0	0	0	0	0
Capital element of finance lease rental payments	(6,090)	(4,005)	2,085	(8,828)	(8,828)	0
Interest paid	(2,920)	(2,686)	234	(3,978)	(3,567)	411
Interest element of finance lease	0	(480)	(480)	0	(630)	(630)
PDC dividend (paid)/refunded	(6,154)	(6,102)	52	(12,308)	(12,256)	52
<b>Net cash generated from/(used in) financing activities</b>	<b>(3,374)</b>	<b>(12,648)</b>	<b>(9,274)</b>	<b>(5,815)</b>	<b>10,633</b>	<b>16,448</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>(26,042)</b>	<b>(41,244)</b>	<b>(15,202)</b>	<b>(34,260)</b>	<b>(43,748)</b>	<b>(9,488)</b>
<b>Cash and cash equivalents at start of period</b>	<b>48,754</b>	<b>46,033</b>	<b>(2,721)</b>	<b>48,754</b>	<b>46,033</b>	<b>(2,721)</b>
<b>Cash and cash equivalents at end of period</b>	<b>22,712</b>	<b>4,789</b>	<b>(17,923)</b>	<b>14,494</b>	<b>2,285</b>	<b>(12,209)</b>

## KEY MOVEMENTS

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

Activity & Flow

Operational  
Performance

Patient  
Experience

Quality &  
Safety

Our People

Finance

# Trust Financial Tables

**Royal Devon University Healthcare NHS Foundation Trust**  
**Capital Expenditure**  
**Period ending 31/12/2023**  
**Month 9**

Scheme
<b>Capital Funding:</b>
Internally funded
PDC
Donations/Grants
IFRS 16
<b>Total Capital Funding</b>
<b>Expenditure:</b>
Equipment
Estates Backlog/EIP
Estates Developments
Digital
Our Future Hospital
ED
Cardiology Day Case
CDC Nightingale
Endoscopy
Diagnostics - Northern Schemes
Digital Capability Programme
Other
Unallocated
<b>Total Capital Expenditure</b>
<b>Under/(Over) Spend</b>

Year to Date			
Plan £'000	Actual £'000	Variance slippage / (higher) £'000	Open Orders £'000
18,647	14,338	4,309	
16,193	5,955	10,238	
629	1,462	(833)	
15,488	3,718	11,770	
<b>50,956</b>	<b>25,473</b>	<b>25,483</b>	
12,119	4,075	8,044	4,054
4,390	3,170	1,220	3,104
7,928	4,465	3,463	866
2,497	3,754	(1,257)	1,401
0	687	(687)	134
3,699	2,402	1,296	1,057
5,652	4,766	886	3,838
3,300	227	3,073	1,795
8,811	174	8,637	519
0	0	0	0
562	102	459	214
0	1,650	(1,650)	2,452
2,000	0	2,000	0
<b>50,956</b>	<b>25,473</b>	<b>25,484</b>	<b>19,434</b>
<b>0</b>	<b>0</b>	<b>(0)</b>	

Full Year Forecast		
Plan £'000	Actual £'000	Variance slippage / (higher) £'000
31,074	31,191	(117)
25,743	26,398	(655)
842	2,583	(1,741)
15,488	10,300	5,188
<b>73,147</b>	<b>70,472</b>	<b>2,675</b>
15,528	11,186	4,342
7,371	6,779	592
10,047	7,271	2,776
4,162	8,244	(4,082)
0	2,941	(2,941)
6,165	4,000	2,165
7,432	7,439	(7)
4,400	4,416	(16)
11,122	13,014	(1,892)
3,797	0	3,797
1,123	1,590	(467)
0	2,513	(2,513)
2,000	1,079	921
<b>73,147</b>	<b>70,472</b>	<b>2,675</b>
<b>0</b>	<b>0</b>	<b>0</b>

Capital expenditure to M09 was £25.5m; £25.5m less than assumed in plan. Of the variance, £11.8m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £13.7m behind plan but £19.4m of open orders give confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.

Forecast capital expenditure of £70.5m fully utilises the CDEL and PDC allocations forecast in 2023/24 and continues to reflect the lease forecast reduction by £5.2m.

Our Future Hospital PDC allocation was excluded at plan stage due to the timing of approved MoU's on NHSE planning schedules.

Northern Diagnostics PDC notified at planning stage has been returned as the scheme was not able to progress.

Activity & Flow

Operational  
Performance

Patient  
Experience

Quality &  
Safety

Our People

Finance



# Trust Financial Tables

Activity & Flow  
Operational Performance  
Patient Experience  
Quality & Safety  
Our People  
Finance

**Royal Devon University Healthcare NHS Foundation Trust**  
**Delivering Best value**  
**Period ending 31/12/2023**  
**Month 9**

Delivering Best Value Finance Report Month 9		RAG	Plan £000s	Year to Date Actuals £000s	Variance £000s	Plan £000s	Forecast Delivery £000s	Variance £000s	Narrative
<b>Internal Recurrent DBV</b>									
Clinical Activity	Clinical Productivity - Activity		8,384	8,384	0	13,100	13,100	0	
	Data quality, coding & capture		3,750	2,438	-1,312	5,000	6,032	1,032	Slippage due to phasing differences between programme plan & identified phasing.
Corporate Services	Corporate Services - Integration		1,248	614	-634	2,000	1,272	-728	
Other Income Opportunities	Overseas visitor income		133	150	17	200	200	0	
	Other Trustwide Income		0	0	0	0	0	0	
Estate Review	Leased Estate DBV		0	367	367	200	523	323	
Workforce	Temporary Workforce		3,802	1,471	-2,331	5,200	1,471	-3,729	Agency spend currently above plan, any future agency spend reduction will be cost avoidance not DBV
	Supporting colleagues return to work		250	0	-250	500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		3,720	756	-2,964	3,101	1,029	-2,072	Detailed review of opportunities presented to DBV Governance process, expected delivery relates to admin benefit and stationary. Eastern admin delivery £239k below expectation.
	Epic Optimisation - Digital		612	89	-523	2,699	391	-2,308	Expected delivery relates to legacy systems, work ongoing to enable savings to be transacted by month 6. £396k adverse variance to expected delivery due to eastern healthcare records MOC on pause as requested by CT
Procurement	Procurement		375	86	-289	500	252	-248	Detailed review of forecast undertaken by Head of Procurement
Pharmacy	Medicines		225	988	763	300	1,567	1,267	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	0	0	400	125	-275	
Covid	Covid Costs		1,950	1,950	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		1,500	1,500	0	2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	267	267	0	331	331	
<b>Total Recurrent DBV</b>			<b>25,949</b>	<b>19,060</b>	<b>-6,889</b>	<b>37,800</b>	<b>30,893</b>	<b>-6,907</b>	
<b>Internal Non recurrent DBV</b>									
Corporate Services	Corporate Services - Integration		2	377	375	0	605	605	
Other Income Opportunities	Other Trustwide Income		0	2,197	2,197	0	2,900	2,900	Capital charges income
Estate Review	Profit on disposal		0	0	0	500	0	-500	Update to DBV Board reflected no delivery expected
Estate Review	Leased Estate DBV		67	889	822	0	889	889	Non recurrent NHS Property Services & rates adjustment
Workforce	Non clinical vacancy controls		750	750	0	1,000	1,000	0	
Epic	Epic Optimisation		0	43	43	0	45	45	
Procurement	Procurement		0	90	90	0	97	97	
Pharmacy	Medicines		0	361	361	0	382	382	
Transformation	Transformation		0	0	0	0	450	450	Over delivery to be recognised against system strategic programme
	NR Balance Sheet		0	6,993	6,993	4,500	6,993	2,493	NR slippage against transformation budget & Genomics analyser in year benefit
Finance Adjustments	Capital charges review		0	0	0	400	400	0	Detailed review of accruals and deferred income
	Funding arrangements for transfer of care		375	0	-375	500	0	-500	Forecast based on projections of activity delivered to date
Other Divisional DBV	Other Divisional DBV		0	331	331	0	349	349	Various divisional delivery
<b>Total Non-Recurrent DBV</b>			<b>1,194</b>	<b>12,031</b>	<b>10,837</b>	<b>6,900</b>	<b>14,110</b>	<b>7,210</b>	
<b>System Double Count</b>									
<b>Total Internal DBV</b>			<b>27,143</b>	<b>29,967</b>	<b>2,824</b>	<b>44,700</b>	<b>43,354</b>	<b>-1,346</b>	

- Year to date position showing plan £30.0m and achievement of £27.1m (£2.8m favourable). M8 £3.3m favourable variance.
- Full year position showing a shortfall of £1.3m against the plan, the change in position is due to a change in the way the system strategic is being reflected within the forecast (see next table).

# Trust Financial Tables

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

Royal Devon University Healthcare NHS Foundation Trust  
 System Savings  
 Period ending 31/12/2023  
 Month 9

Delivering Best Value Finance Report Month 9		RAG	Plan £000s	Year to Date Actuals £000s	Variance £000s	Plan £000s	Forecast Delivery £000s	Variance £000s	Narrative
<b>System Strategic DBV</b>									
Clinical Support	High Cost Drugs & Devices/Pharmacy		0	1,124	1,124	1,700	1,649	-51	
Clinical Support	Imaging		0	0	0	850	0	-850	
Clinical Support	Pathology		0	0	0	850	0	-850	
Corporate Services	Corporate Services		568	0	-568	1,100	75	-1,025	
Estates	Estates		0	0	0	800	225	-575	
People Services	Workforce		425	0	-425	1,600	0	-1,600	
New Models of Care	New Models of Care		0	0	0	4,000	0	-4,000	
Procurement	Procurement		1,487	0	-1,487	3,000	0	-3,000	
Digital	Digital		0	0	0	1,700	29	-1,671	
Technical	Technical		0	0	0	0	0	0	
	Adjustment to plan		-80	0	80	0	0	0	
<b>Total System DBV</b>			<b>2,400</b>	<b>1,124</b>	<b>-1,276</b>	<b>15,600</b>	<b>1,978</b>	<b>-13,622</b>	
<b>RDUH Assessment of System Delivery</b>									
<b>Total DBV Delivery</b>			<b>29,543</b>	<b>31,091</b>	<b>1,548</b>	<b>60,300</b>	<b>45,332</b>	<b>-14,968</b>	

- £2.0m of forecast strategic DBV being reported by ICB & verified through route to cash meetings, RDUH led DBV reduced by £1.1m to reflect pharmacy double count.
- Overall DBV programme showing over delivery of £1.5m year to date and forecasting a £15.0m under delivery at year end.

# Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust  
 Financial Recovery Plan Savings  
 Period ending 31/12/2023  
 Month 9

Financial Recovery Plan Report Month 9		Recovery Plan £'000	Actual £'000	Variance	Recovery Plan £'000	Actual £'000	Variance	Narrative
ERF and Data Capture	Income Workstream	5,924	2,620	-3,304	9,349	9,349	-0	Slippage on income recovery improved in month 9 and projected to recover over the remainder of the year.
System Support	Income Workstream	0	0	0	4,420	0	-4,420	Reflected in updated FOT
Additional pay award funding	Income Workstream	1,121	1,121	0	1,495	1,495	0	
Early Supported Discharge	Income Workstream	225	0	-225	300	300	0	
Specialising Out of Area	Income Workstream	375	298	-78	500	501	0	
Additional income from facilities	Income Workstream	0	0	0	600	600	0	
Pay controls	Pay Workstream	1,684	1,684	0	5,052	5,053	0	
Non Pay controls	Non Pay Workstream	3,950	4,680	730	9,842	9,842	0	
Drugs	Drugs Workstream	500	730	230	1,500	1,500	0	
Other	Other	208	130	-78	4,720	3,709	-1,011	Reflected in updated FOT
<b>Total</b>		<b>13,988</b>	<b>11,262</b>	<b>-2,725</b>	<b>37,778</b>	<b>32,348</b>	<b>-5,430</b>	