

Agenda item:	10.1, Public	Date: 27 September 2023		
Title:	Integrated Performance Report – spanning both Northern and Eastern services within Royal Devon University Healthcare NHS Foundation Trust			
Prepared by:	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			
Presented by:	Angela Hibbard, Chief Finance Officer			
Responsible Executive:	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			
Summary:	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.			
Actions required:	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.			
Status (*):	Decision	Approval	Discussion	Information X
History:	This is a standing agenda item at each meeting of the Board of Directors.			
Link to strategy/ Assurance framework:	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 – 10
Activity & Flow, and Operational Performance	11 – 43
Patient Experience	44
Quality & Safety	45 – 62
Our People	63 – 70
Finance	71 – 77

Overview – Executive Themes and Actions to Raise at Board

This IPR covers the period of August 2023 which saw **further Industrial Action (IA)** from the BMA for junior doctors between the 11th and 14th of the month followed by consultant action between the 24th and 26th. Of course these periods generated further disruption and delays to service provision during a period when our rosters are always more challenged due to annual leave requirements. At the time of writing we have experienced further periods of industrial action in September and are currently on the fourth day of a period which has included unprecedented overlapping action between junior doctors and consultants. Once again, our **staffing body has continued to show immense respect to colleagues exercising their rights of representation** and we have been able to staff most of our shifts safely throughout this period with rostered staff and volunteers. However, the twin pressures of holiday demand (which always spikes in July and August) and these periods of Industrial Action did undoubtedly have a negative impact on performance during the month and leaves us with a challenge to restore Financial and Operational plan delivery against target as we run up to **instigation of the Winter Plan**. It makes it all the more remarkable therefore that we did clear our 104 week patient waiting position at the end of August (subject to two retrospective reviews from the national team) and that we have been officially removed from all Cancer tiering with effect from 20 September 2023 – these are important achievements en route to organisational recovery despite the prevailing pressures. Clearly the financial pressures within the organisation have increased and are being directly addressed by our **financial recovery programme**; and given our **current focusing on never events**, our collective efforts to triangulate quality and safety; finance; and performance remain critical to our delivery of safe and sustainable services. We continue to be enormously grateful to our staff for helping us to do this in very challenging circumstances.

Recovering for the Future

The Trust wide operational performance dashboard for June shows that whilst we remain close to our trajectories for **elective recovery** we are beginning to feel the impact of over 2000 lost clock stops since industrial action began (detailed on slide 6). For the first time since December last year we saw an in month slowing of our clearance rate alongside IA cancellations, despite our increased activity levels, which has steepened our challenge for delivering our 78ww and 65ww targets by year end. Initial September data has suggested that our activity levels are coming back to the levels required to restore trajectory, but IA cancellations will have a further impact on clock stops which will be quantified in our next IPR. On a positive note, **we declared 0 for 104 ww at the end of August**, with the caveat of two potential retrospective breaches declared for transparency whilst they are under national review (both patients have already been treated in early September which was immensely appreciated by NHSE colleagues). NHSE are now also providing a tier 1 focus on outpatient activity which will be covered in our Board discussions today in terms of both outpatient transformation and assurance activities – positive therefore to see an increase in activity in this cycle.

For **cancer services**, we improved month on month in relation to our 62 day waiting target (7% at the end of August against the national target of 6.4%) and also held within F&OP trajectory (255 patients against a target of 301). Northern Services maintained a nationally compliant position within the overall Trust 62 day waiting position (5.1%) which is also reflected in the wider suite of cancer measures in the IPR. Alongside this we were able to maintain our F&OP trajectory against the Faster Diagnosis Standard where we sit just off national compliance. These improvements have now been formally recognised by Dame Cally Palmer and Professor Peter Johnson (**“the positive impact on patient care and experience is evident”**) and this week **we have been removed from all Cancer tiering** – an immense achievement by our clinical and operational teams and a set of improvements that we must maintain.

Overview – Executive Themes and Actions to Raise at Board

Urgent care performance saw the Trust sitting behind the planned trajectory for both Type 1 and Types 1-3 targets and with a deteriorated position month on month. Whilst August performance is often challenged by demand surge at this time of year and both sites saw a further increase in demand month to month, it is notable that Northern Services saw its seventh consecutive month of demand growth and clearly the site suffered a compound impact on performance in August. Both Northern and Eastern Services also saw an increase in emergency admissions in month, with the 3.6% growth in Northern Services significantly against plan. Despite these pressures Northern Services maintained strong ambulance handover performance. Whilst the Devon UEC Tier 1 focus is driving us to focus on acute system performance and at the time of writing we have seen some of our best acute performance of the entire financial year so far through focusing on discharge lounge optimisation, minors performance and overnight breaching, we continue to also drive out of hospital activities as a priority. No Criteria to Reside is sitting just outside trajectory; Urgent Community Response continues to outperform national target by c. 20%; unallocated hours post social care assessment continue to reduce; and 209 admissions flowed into our 55 Virtual Ward beds in August (moving to 100 beds by year end). These will all be **essential elements of our Winter Plan** that will be brought forward in the October Board cycle.

Outside of the financial and operational plan targets, **Diagnostics performance** continued to improve in Northern Services against the 6 week DMO1 target (with improvement across all modalities) and Eastern's position remained static. The improvement team reported to F&OC in this cycle and laid out the intentions for building a forward trajectory for these services to match those in our other prioritised domains.

The **month 5 financial position** saw the previously reported risks start to materialise with a year to date variance from plan of £3.9m emerging to take the in-year deficit to £19m. Whilst the cost of industrial action has been mitigated up to month 4 the pressure can no longer be managed through other underspends causing the movement, alongside an adverse movement in the drugs spend. The Trust initiated a financial recovery approach following the previous reported position and the impact of this is still being quantified. In particular a detailed review of the drugs spend and pharmacy process is underway to provide assurance on the escalated level of spend. This work, along with a detailed review of the forecast system savings will determine a revised forecast position in month 6. Until such impacts can be assessed the forecast for month 5 is held to plan. Alongside this a detailed cash forecast is being undertaken in line with the NHS England process for deficit support to ensure readiness for any support required.

Collaborating in Partnership

The Board will receive an update on the **community strategy in the October Board cycle** following the strategic paper reviewed in July. Meanwhile, the Executive escalations made to the ICB on discontinuity of UEC funding streams are still in progress to finalise the remaining available funding for Winter schemes, several of which will focus on out of hospital and collaborative activities as laid out above. On a positive note, the stabilised funding for discharge does seem to be reflected in the sustained trend in the number of care hours (not) lost in August. We continue to provide the three postcode ambulance catchment change to support our Trust partners, the Ambulance Service across Devon and the region, our recent discussions with System partners having resulted in our agreement to extend that arrangement until the end of October.

Overview – Executive Themes and Actions to Raise at Board

Excellence and Innovation in Patient Care

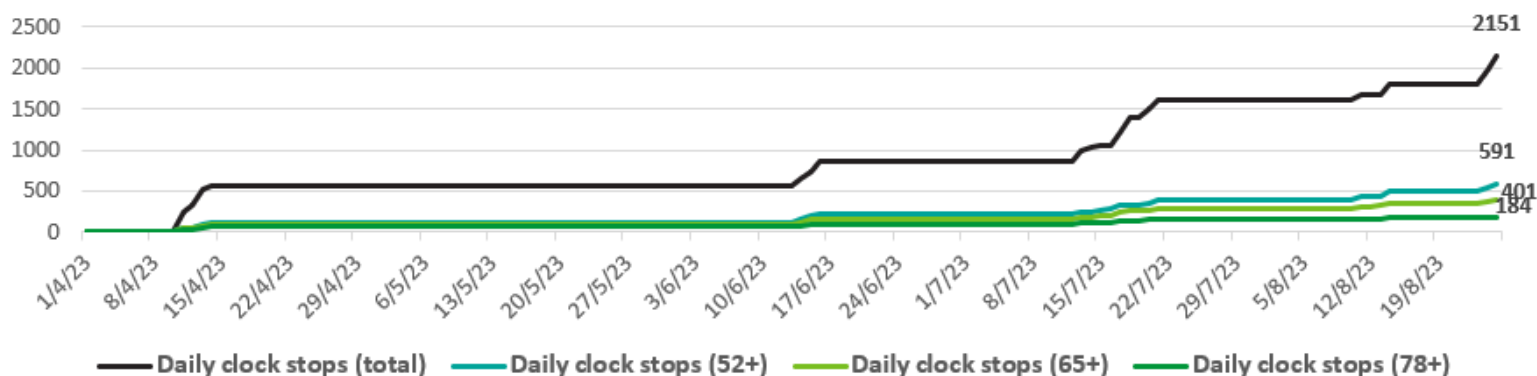
Triangulation of the performance positions with the quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. Eight serious incidents occurred in the Trust across July and August (4 in each), of which 4 were Never Events (3 in July, 1 in August). Of these never events, three were within Eastern Services, one in Northern. Harm for the never events was assessed as no harm for three cases, minor for one. **The CNO and CMO are undertaking a series of review activities to ensure that reflection, learning and training are taken from these events** and the next leadership event for our senior teams across the organisation will be entirely given over to reflection, learning and follow up activities to provide future assurance. The IPR this month includes newly developed Trustwide datasets on pressure ulcers, incidents and falls which will support some of these activities. In month there were incremental improvements in the proportion of complaints closed through early resolution and a decrease in overall complaint numbers. It should be noted that within the overall decrease, we saw an increase in complaints relating to delays and discharge arrangements.

A Great Place to Work

During July 2023 **vacancy rates continued to reduce**, falling to below 5%, with the pipeline also beginning to reflect lower numbers of vacancies out to advert. **Turnover has also continued to decrease**, indicating that we are both recruiting and retaining successfully. Whilst it is positive that staffing levels are in a positive position and ahead of plan in most areas, indicative of good people related work from the last year, it is unfortunate that **agency activity has not yet reduced to plan** at an equivalent rate thereby impacting the financial position. Focus on this is significant across all areas to bring plans back on track. It is expected that with the additional vacancy controls now in place, vacancy levels may begin to rise with the aim of stabilising to the target rate for most staff groups. Work is ongoing to produce a gap analysis against the recently published NHS Long Term Workforce Plan, with the results due to be presented to Board in October 2023. Due to close links between the two, this paper will also include the planned work to establish what acceptable levels of vacancy will look like moving into the future.

Industrial Action Impact

Cumulative estimate of lost clock stops due to Industrial Action - 2023/24 YTD



Cumulatively, 2151 clock stops estimated to be *lost* due to Industrial this financial YTD. Of these:
 591 x 52+ weeks, 401 x 65+ weeks & 184 x 78+ weeks.

Month	All clock stops	52+ clock stops	65+ clock stops	78+ clock stops	Industrial Action
Apr-23	558	112	91	66	Junior Doctors 11-14 th
May-23	0	0	0	0	RCN on 1st May BH
Jun-23	298	104	76	27	Junior Doctors 14-16 th
Jul-23	744	184	127	65	Jr Dr's 13-18 th , Dr's 20-21 st
Aug-23	551	193	108	25	Jr Dr's 11-14 th , Dr's 24-25 th
Total	2151	591	401	184	

Data source: Local BI data on daily clock stops

Balanced Scorecard – Looking to the Future

Successes

- Well led and managed Industrial Action periods
- Recruitment & retention plans continue to show positive results in relation to vacancies
- Extension of provision of a postcode catchment change to support neighbouring Trusts whilst maintaining ambulance handover performance
- Embedding of the Improvement Director to drive performance against financial and operational plan
- Maintenance of elective recovery and quartile 1 level performance from Nightingale SWAOC, CDC and CEE
- Complete exit from cancer tiering
- Removal of two year waiting patients (subject to final patient reviews).

Opportunities

- Delivery of the 2023/4 financial and operational plan
- TIF bid for elective infrastructure to resubmit
- GIRFT bid for cardiology 7 day working in development
- Rapid implementation of the Northern Services Acute Medicine Model
- Driving forward of the integration programme through OSIG and CPIG to achieve phases 1 and 2 implementation
- Development of UEC tier 1 plan / Winter Plan
- Continuation of Elective Recovery tier 1 plan to clear 78 and 65ww patients
- GIRFT further and faster programme
- Primary Care Risk Assessment with the ICS
- Learning from Never Events programme of activity.

Priorities

- Safety of our services with a focus on ED and overall flow
- Staff Health and Wellbeing
- Improvement of approach to Devon UEC and its funding streams
- Delivery of the 2023/4 financial and operational plan and improvement approach
- Delivering Best Value to meet the demands of our financial recovery programme
- Reducing the number of NCTR patients through ICB/Region/National escalation (particularly Northern)
- Completion of our detailed Business Informatics plan and data layer
- Standardisation of job planning and leave planning.

Risk/Threats

- Continued Industrial action (dates now into October following September action)
- Balancing ambulance catchment change and Devon System support with demands of UEC Tier 1 performance
- Delays in sign off of remaining UEC funding for this year
- Potential loss of confidence in reporting due to continued data quality issues (though improving confidence)
- Staffing Resilience in Northern Services – Medical, Nursing, HCA and Ancillary
- Staff Morale with constant pressure and cost of living challenges
- Inability to balance delivery across financial and operational plan
- Primary care fragility
- Challenge of taking and applying learning from Never Events.

Trust Executive Summary

Trust wide

Operational Performance Dashboard

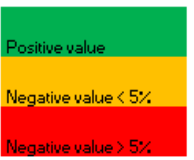
Domain	Measure/Metric	Definition	Last Month Jul-23	This Month Aug-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	2083	2134	51	2078		710
	RTT 78 Weeks waited	Total count	476	470	-6	320		0
	RTT 104 Weeks waited	Total count	1	2	1	0		0
	Cancer - Over 62 day waiters	Total count	271	255	-16	301		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	7.6%	7.0%	-0.6%			6.4%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	72.1%	71.8%	-0.3%	71.6%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	55.0%	50.3%	-4.7%	61.3%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	63.3%	59.2%	-4.2%	68.5%	95%	76.0%
	No criteria to reside	Average daily count	105	102	-3	96		50
	No criteria to reside	NCTR as a % of occupied beds	10.5%	10.0%	-0.5%	9.1%		4.9%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(12,907)	(19,282)		(15,396)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	7,981	17,552		13,036		60,300

Northern Services Executive Summary

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Jul-23	This Month Aug-23	Ys prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	Ys baseline (2019/20)	93.1%	101.7%	8.6%	119.3%	104%
	Outpatient activity (FU)	Ys baseline (2019/20)	112.9%	135.3%	22.3%	106.8%	75%
	Elective inpatient activity	Ys baseline (2019/20)	59.9%	60.3%	0.4%	91.5%	104%
	Elective daycase activity	Ys baseline (2019/20)	93.8%	113.6%	19.8%	117.4%	104%
	RTT 18 week performance	weeks vs total incomplete pathways	50.9%	51.2%	0.3%		92%
	Incomplete pathways	Total count	24415	24407	0.0%	23519	
	RTT 52+ weeks waited	Total count	3063	2856	-6.8%	2665	
	RTT 65+ weeks waited	Total count	1049	1061	1.1%	1105	
	RTT 78+ weeks waited	Total count	229	210	-8.3%	102	
	RTT 104+ weeks waited	Total count	0	0	100.0%	0	
CANCER	2 week referrals	Performance	90.6%	92.7%	2.2%		93%
	28 day faster diagnosis standard	Performance	76.5%	76.0%	-0.4%	59.0%	75%
	Urgent GP referral 62 day	Performance	76.3%	69.5%	-6.8%		85%
	Cancer - Over 62 day waiters	Total count	39	43	10.3%	83	
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	5.1%	5.4%	0.3%		

Domain	Measure/metric	Definition	Last Month Jul-23	This Month Aug-23	Ys prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +LOS	Ys baseline (2019/20)	104.2%	107.7%	3.6%	79.5%	
	A&E attendances	Ys baseline (2019/20)	120.4%	121.1%	0.7%	86.8%	
	4 hour wait performance	Patients seen < 4 hours vs total attendances	64.2%	57.0%	-7.1%	69%	95%
	Ambulance handover delays >30 minutes	Total count	302	352	16.6%		
	Residual no criteria to reside	Average daily count	41	41	0.0%	32	
	Residual no criteria to reside	NCTR as a % of occupied beds	14.5%	14.0%	-0.5%	10.9%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	56.9%	60.0%	3.1%	N/A	99%
	MRI activity	Ys baseline (2019/20)	111.4%	116.6%	5.2%	98.6%	
	CT activity	Ys baseline (2019/20)	137.0%	149.5%	12.5%	143.7%	
	Medical Endoscopy activity	Ys baseline (2019/20)	121.6%	123.9%	2.3%	112.3%	
	Non-obstetric ultrasound activity	Ys baseline (2019/20)	105.7%	98.3%	-7.4%	91.1%	
	Echocardiography activity	Ys baseline (2019/20)	86.3%	106.7%	20.4%	95.9%	



Eastern Services Executive Summary

Eastern Services

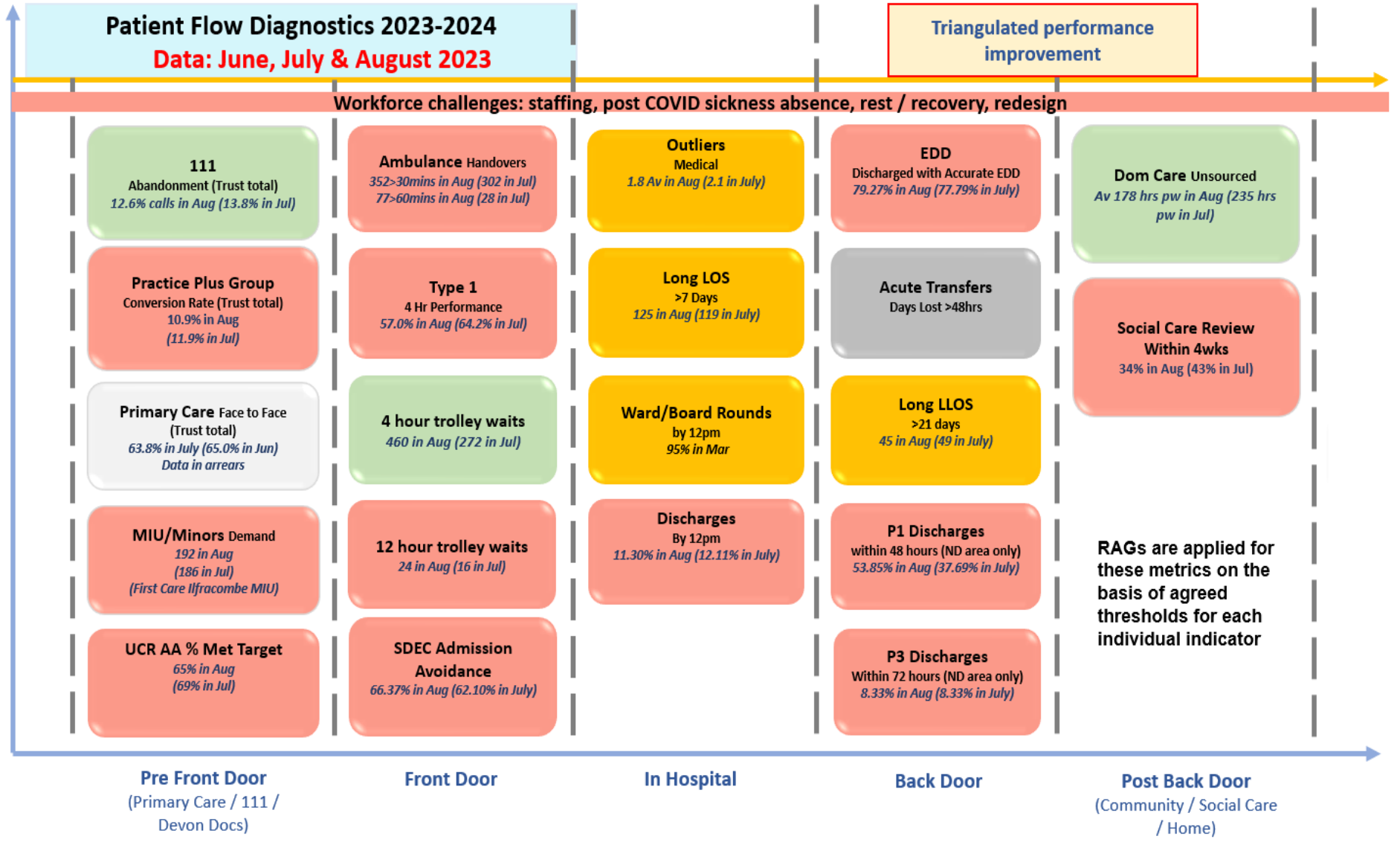
Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Jul-23	This Month Aug-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	88.3%	106.3%	18.0%	140.8%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	117.6%	138.4%	20.9%	136.2%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	59.7%	68.2%	8.5%	96.1%	104%
	Elective Daycase Activity	vs baseline (2019/20)	92.1%	113.4%	21.3%	134.7%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	56.4%	56.1%	-0.3%		92%
	Incomplete Pathways	Total count	54037	54758	1.3%	56917	
	RTT 52 Weeks waited	Total count	3235	3084	-4.7%	2077	
	RTT 65 Weeks waited	Total count	1034	1073	3.8%	973	
	RTT 78 Weeks waited	Total count	247	260	5.3%	219	
RTT 104 Weeks waited	Total count	1	2	100.0%	0		
CANCER	14 Day Urgent	Performance	68.0%	62.6%	-5.4%		93%
	28 day faster diagnosis standard	Performance	70.5%	70.4%	-0.1%	75.2%	75%
	Urgent GP referral 62 day	Performance	61.6%	66.7%	5.1%		85%
	% 62 day waiters against total open pathways	62 day waits as a % of total pathways	7.6%	7.5%	-0.1%		
	Count of open pathways over 62 days	Total count	232	212	-8.6%	218	

Domain	Measure/Metric	Definition	Last Month Jul-23	This Month Aug-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	vs baseline (2019/20)	106.5%	106.9%	0.4%	103.9%	
	A&E attendances	vs 19/20 baseline	86.3%	87.3%	1.2%	79.8%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	48.8%	45.6%	-3.2%	57.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	62.9%	60.3%	-2.7%	68.3%	95%
	Ambulance handover delays >30 mins	Total count	177	558	68.3%		
	Residual : No Criteria to Reside count	Average Daily count	64.0	61.0	-4.9%	64	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	8.9%	8.4%	-0.5%	8.5%	
	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	61.3%	60.6%	-0.7%		99%
DIAGNOSTICS	MRI activity	vs 19/20 baseline	111.7%	111.9%	0.1%	114.4%	
	CT activity	vs 19/20 baseline	124.1%	132.3%	8.1%	123.2%	
	Medical Endoscopy activity	vs 19/20 baseline	82.9%	44.9%	-38.0%	91.8%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	106.5%	103.6%	-2.9%	100.2%	
	Echocardiography activity	vs 19/20 baseline	143.1%	150.7%	7.6%	153.9%	



Northern Services Patient Flow Diagnostic



Eastern Services Executive Summary

Eastern Services

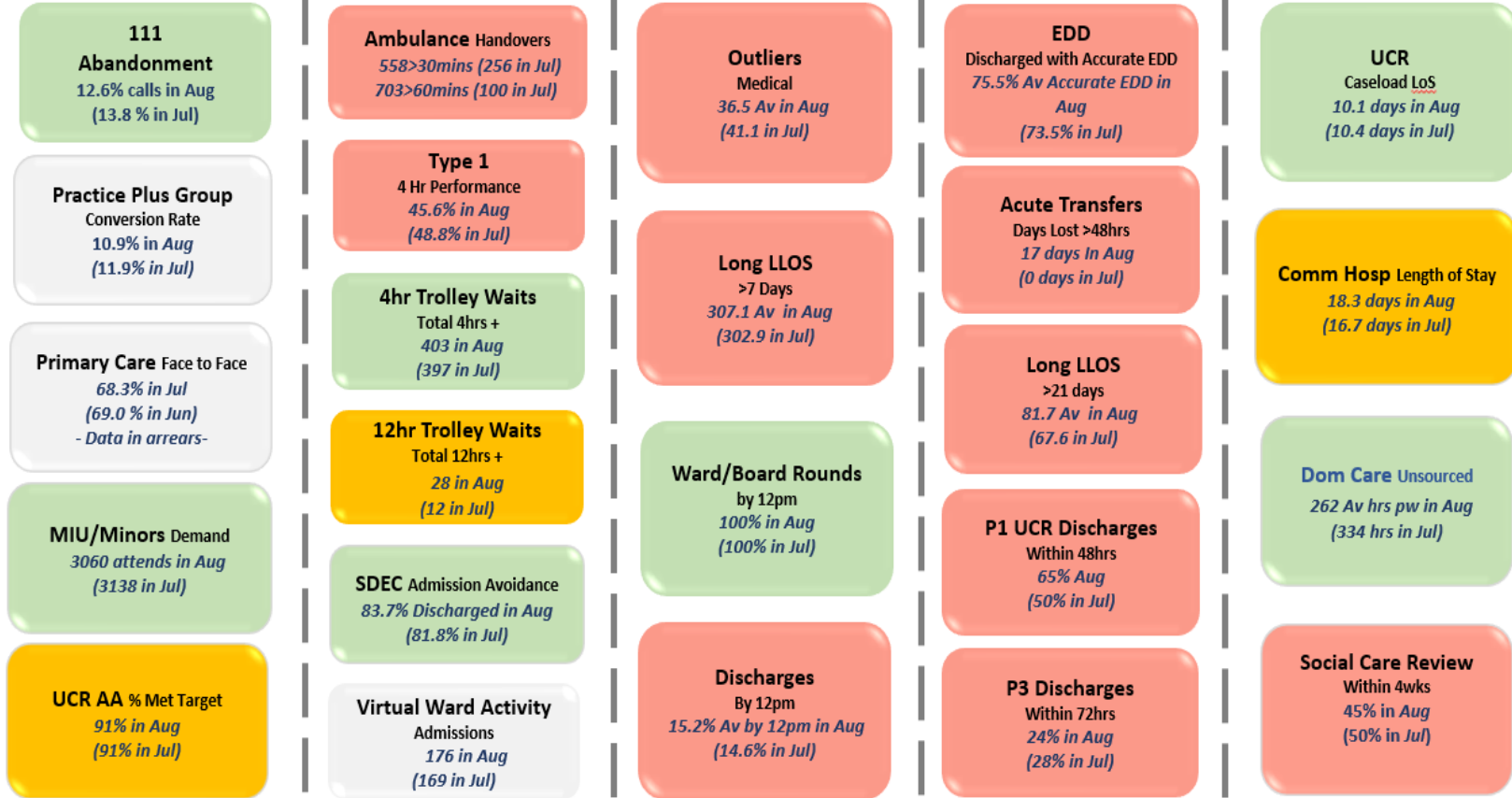
Patient Flow Diagnostic

Patient Flow Diagnostics 2023-2024

Data: August 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

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

Front Door

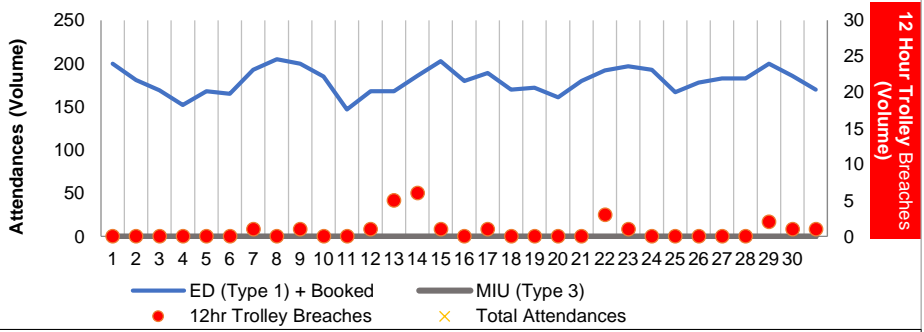
In Hospital

Back Door

Post Back Door
(Community / Social Care / Home)

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

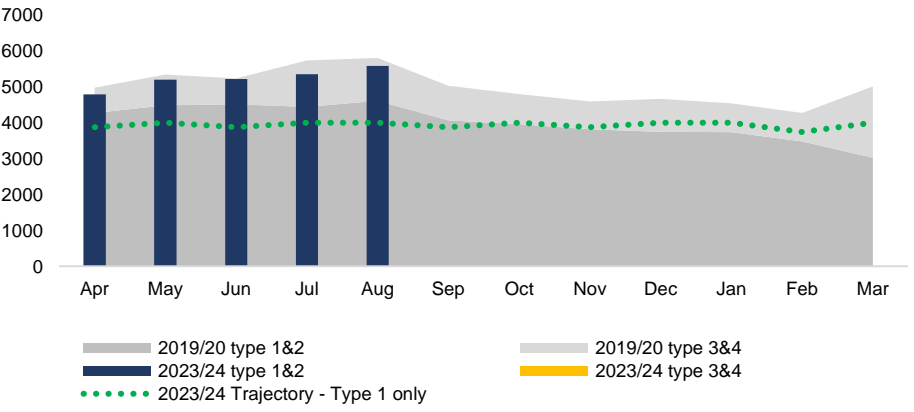
Report Month - Trust Daily Attendance Profile



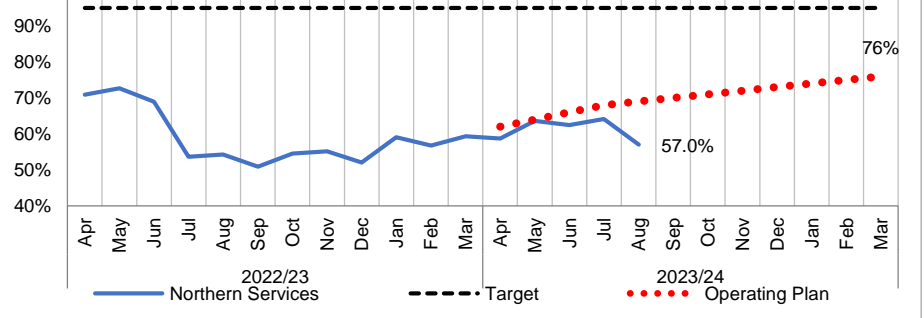
Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	5591	2403	57.0%

- August was an extremely busy month, with a 30% increase in ED attendances compared to August 2022.
- In August the total daily hours lost in ambulance handover delays was 329 hours and 32 mins.
- In August the overall number of ED attendances increased by 237 patients against July. It is notable that both ambulance arrivals and self presentations have increased with a peak number of 205 attendances on the 8th August. The service reported a 7.2% decrease in August against the 4 hour target in July.
- The number of 4-Hour breaches increased from 1920 in July to 2403 in August.
- ED saw an increase in attendances in August with a peak of 205 attendances on the 8th August. This is a significant increase on the previous year when the highest attendances in a day was 167. The average attendances were 180 daily in comparison to 139 daily in 2022/3.

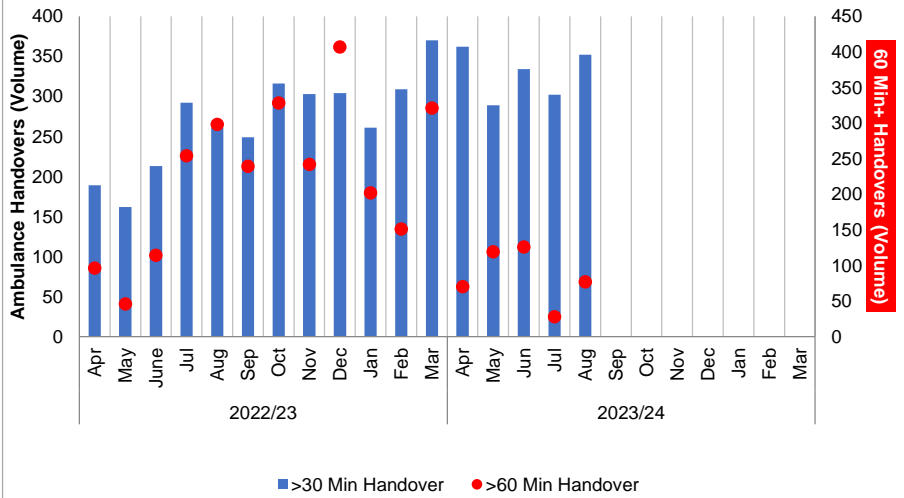
A&E attendances



4 Hour Wait Performance

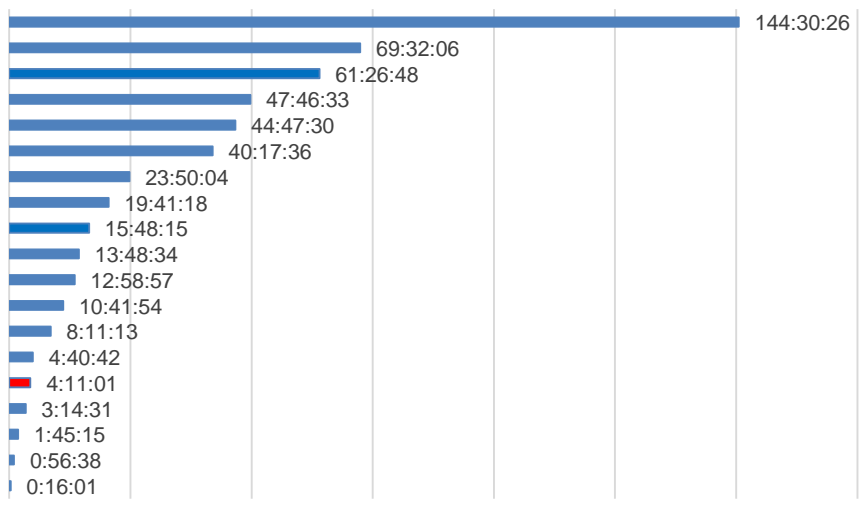


Ambulance Handovers Delayed >30 mins



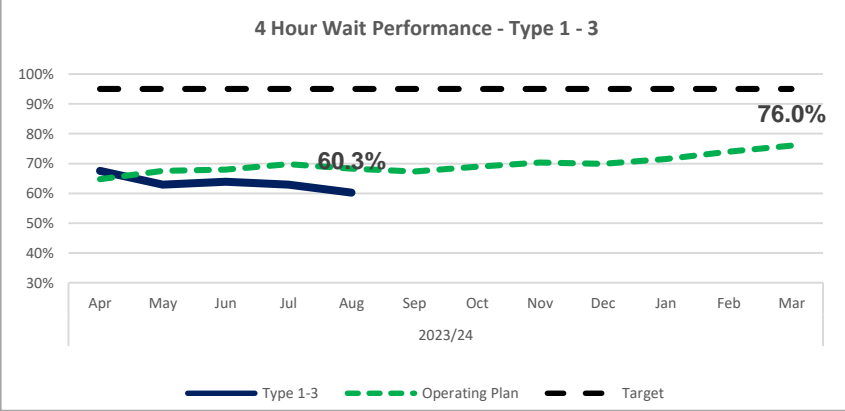
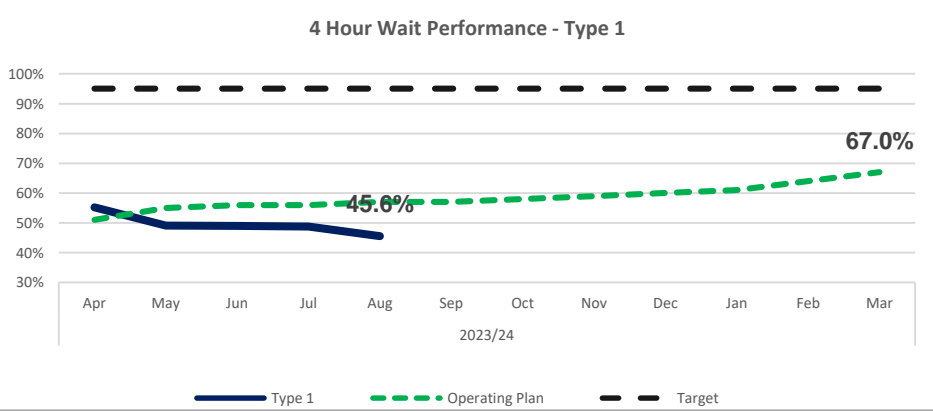
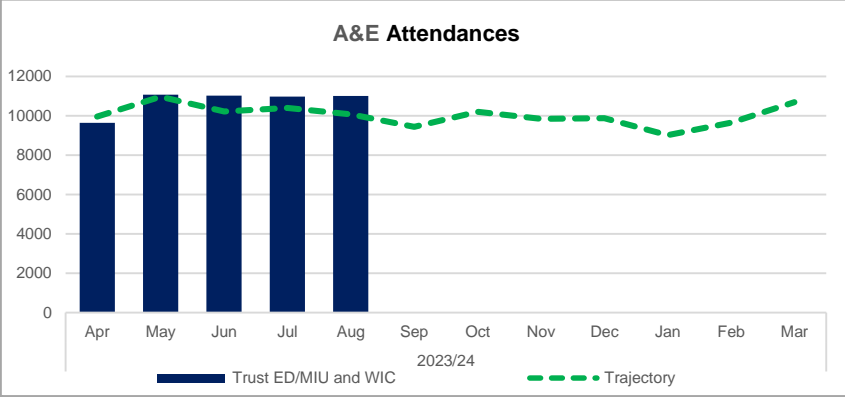
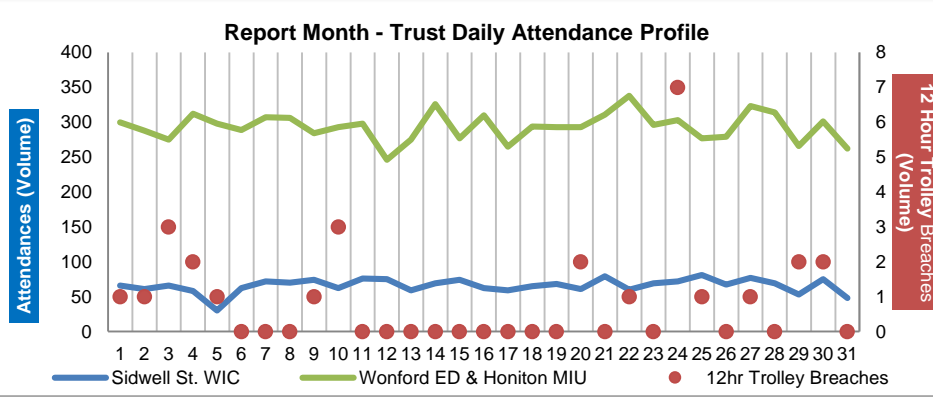
60 min handovers increased by 49 in June, 30 min handovers increased by 50.

Ambulance Handovers - Average Daily Hours Lost by Site SW 30 Day Rolling Average - as at 04/09/2023 **NDDH Highlighted**



Eastern Services Emergency Department

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



Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	7951	4328	45.57%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	11011	4376	60.26%
Total System Performance (including MIUs)	13972	4507	67.74%

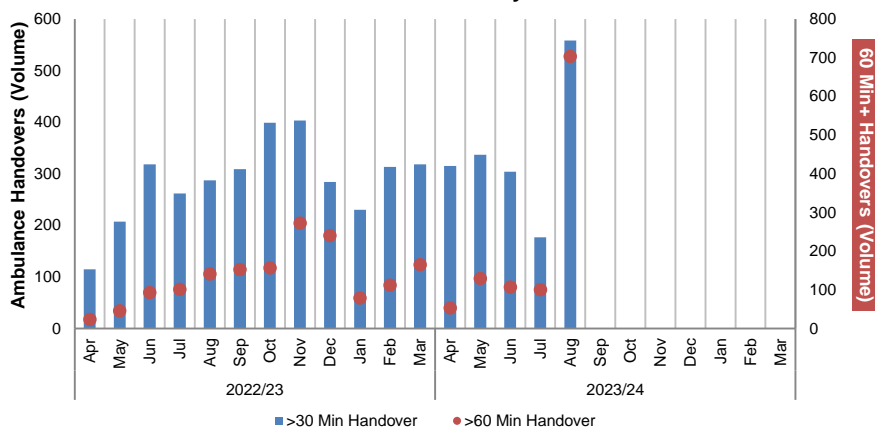
- Overall Performance:**
 - All Type - 4 hour performance decreased from **62.93%** in July to **60.26%** in August (Eastern All Type trajectory for August 68%).
 - ED Type 1 4 hour performance decreased from **48.78%** in July to **45.57%** in August (Eastern Type 1 trajectory for August 57%).
 - Type 1 daily attendance figures were on average 255 per day with a peak attendance of 309 on Monday 21 August representing a high level of demand.



Eastern Services Emergency Department

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

Ambulance Handovers Delayed >30 mins

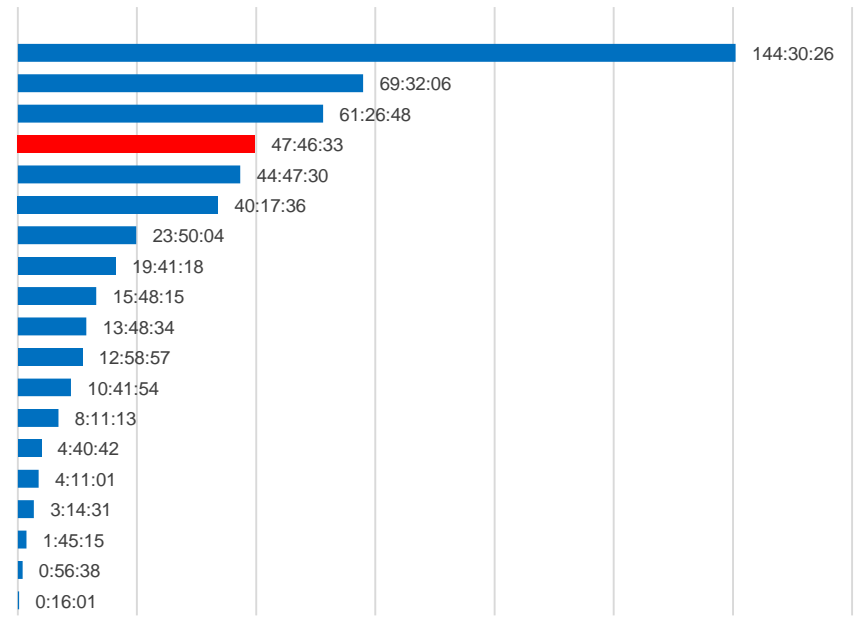


- SDEC activity saw a decrease in August, down 6.1% on July with a week day average of 22 attendances per day. Admissions from SDEC however reduced to 16.3% from 18.2% in July.
- The Virtual Ward saw 209 admissions (176 Eastern & 33 Northern) with a peak number of patients of 63, the daily average was 36. Plan agreed to accelerated bed capacity over the next four months to 100 beds by December 2023.

Actions being taken to improve performance

- UEC Simulation Modelling being undertaken with Deloittes.
- Task and finish group to reduce attendances of specialty expected patients to ED.
- Focus on improvements to initial time to triage (% of patients assessed within 15 mins of arrival for ambulance arrivals and walk ins).
- Implementation of Trust Internal Professional Standards.
- GP Streaming to reduce minors' attendances and improve performance.
- Focus on mental health patient pathways
- Working with the ICB to implement a pilot of ED e-triage.

Ambulance Handovers - Average Daily Hours Lost by Site
SW 30 Day Rolling Average - as at 04/09/23 **RD&E Highlighted**



Focus on ambulance reporting

- Monthly ambulance handover meetings established with SWAST to review processes and improvements.
- Regional Hospital Handover Data Quality Task & Finish Group.
- Devon Ambulance Cell and ICB Eastern locality top 5 system priorities to improve ambulance handover delays; MH pathways, specialty expected patients to ED, GP streaming, ED e-triage and ambulance handover data validation.
- ICB/SWAST implementation of X-CAD hospital ambulance arrivals screens and scoping the possibility of reactivating the dual pin sign off to improve ambulance handover times.



Trust – Provision of System Support for UEC

Activity & Flow

Operational Performance

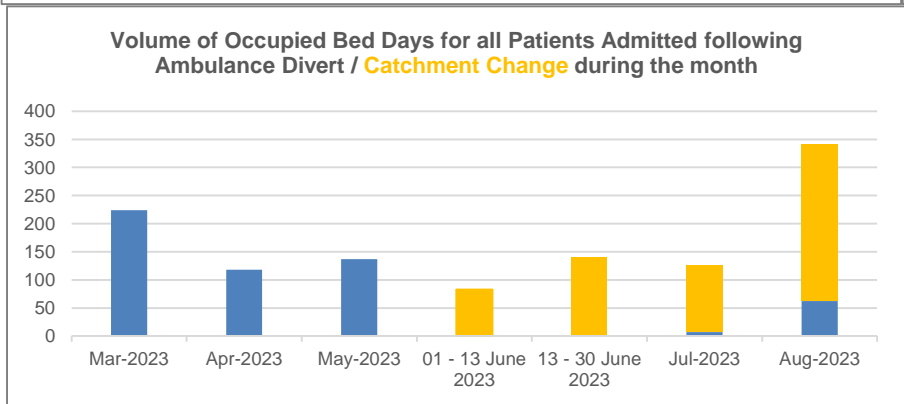
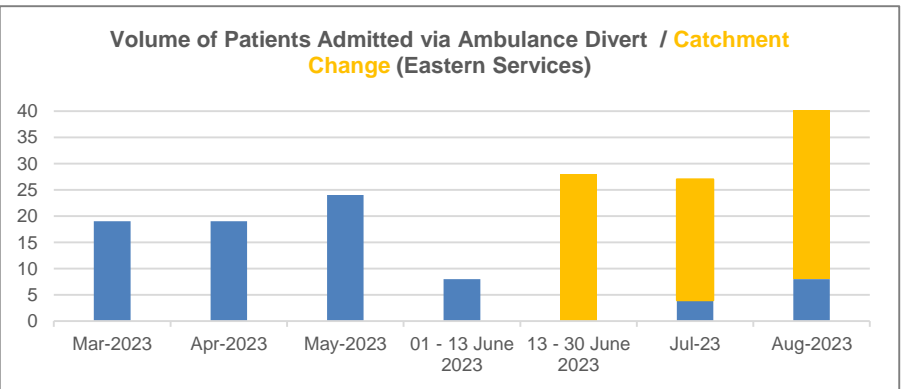
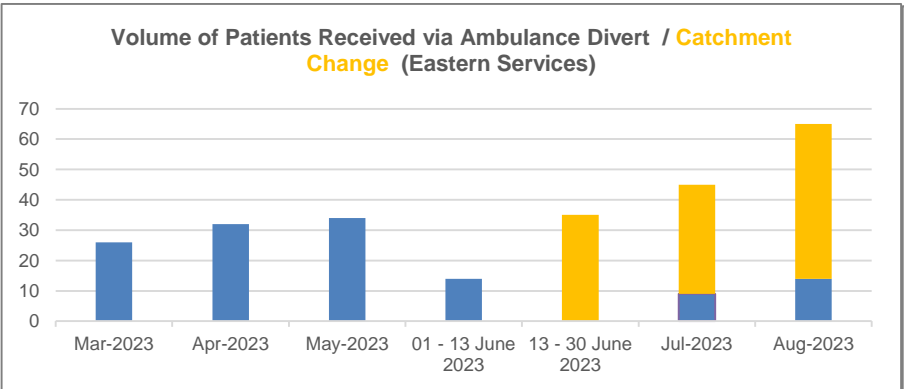
Patient Experience

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



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

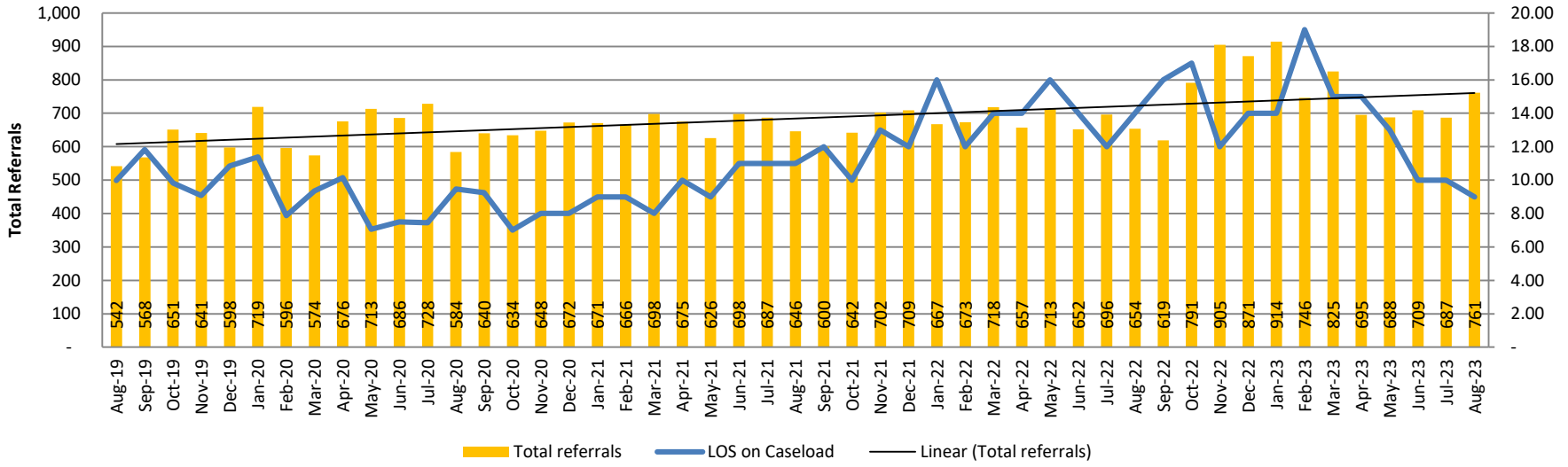
Number of Mutual Aid Requests made by RDUH

	Made	Completed	Declined	Ongoing	Under Consideration
Apr-23	1				1
May-23	0				
Jun-23	0				
Jul-23	0				
Aug-23	0				

Trust Urgent Community Response

Admission avoidance and discharge

UCR Referrals & Length of stay on Caseload



UCR Demand and Performance

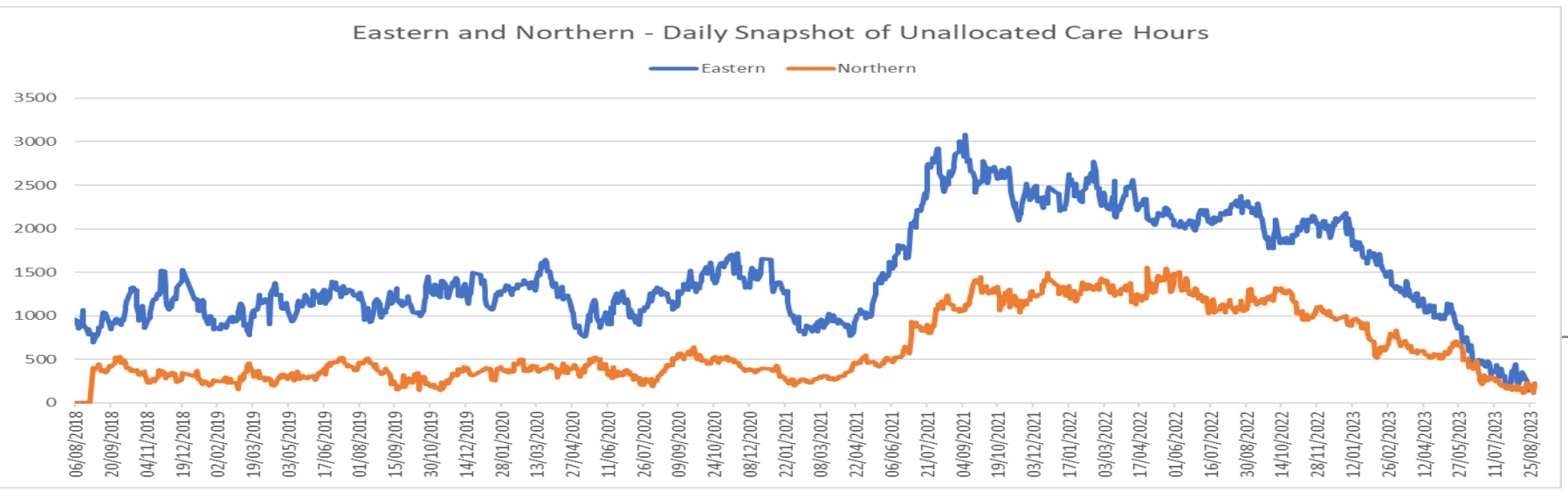
- Demand for UCR (admission avoidance and supporting discharge) slightly increased from July into August, however the length of stay on the caseload continues to improve (to 9 days in August). The improvement of caseload management has been helped by
 - increased senior clinical and operational oversight and support teams on effectiveness caseload management
 - more proactive approach to identifying and pulling patients out form the acute hospital environment to home
 - the improved domiciliary market position has been sustained, this enables the UCR teams to support patients onto long term care in a more timely way.
- For August, there were 366 admission avoidance referrals. We continue to surpass the national target (75%) with 96% of the urgent referrals being responded to within 2 hours.
- Improving the pathway and volume of referrals from SWAST to UCR continues to be a main focus for the Trust. The Associate Director of Therapy in Community spent time in the SWAST regional Emergency Operations Centre (EOC) to discuss practical steps we can take in considering a more integrated coordination hub, to enable UCR to identify patients whom they can support.



Northern and Eastern Community Services Unallocated and Backfill

Unallocated domiciliary care hours, and backfill position

Unallocated Hours - Post Care Act



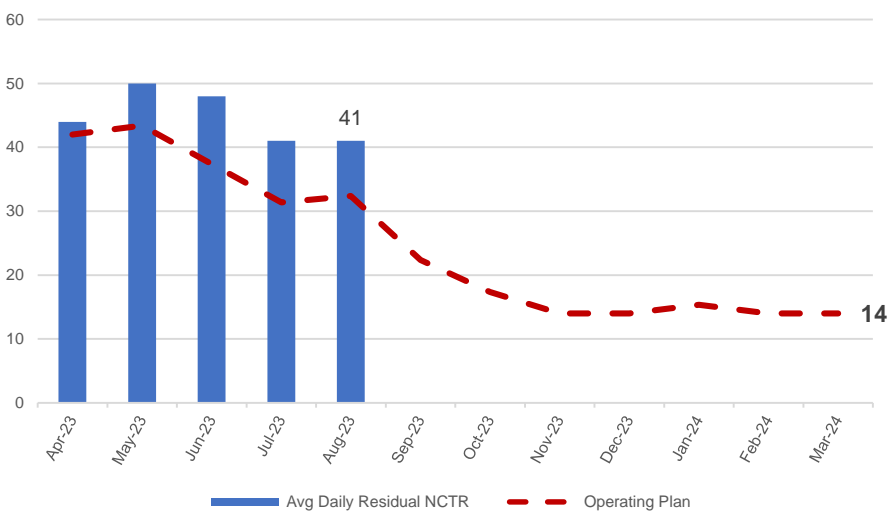
Overall - Unallocated Hours

Unallocated hours are the number of care hours yet to be provided for in the market after the social care assessment (patients awaiting package of care). Total unallocated care continued its downward trend and is a significantly improving position. This is due to continued improvement in the market position across Northern and Eastern due to ongoing work by the DCC market management team to stimulate the market with new care agencies coming online and international recruitment.

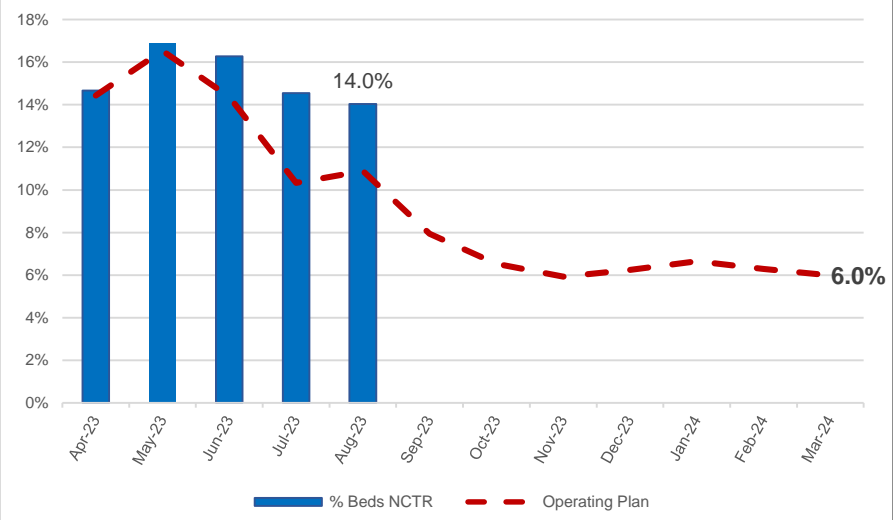
Northern Services No Criteria to Reside

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

Average Daily NCTR vs Plan



% NCTR Occupied beds vs Plan



Pathway 0 - Actions to Improve Performance

- Training planned for new junior doctor cohort in August to continue Criteria Led Discharge continues to be rolled out across the medical wards
- New Frimley workflow will facilitate timely discharge and identify any barriers early in the pathway, with a go live date for Eastern and Northern Services of 26th September
- Monitoring of a new watchlist with live data to undertake immediate actions where barriers are identified
- The new discharge lounge is facilitating timely discharge with an increase in the number of patients being discharged through the new lounge. Improved morning discharges due to discharge lounge being fully operational and now open at weekends
- Implementation of recommendations from recent Peer review underway to improve all pathways with on going acute and community workshops to improve performance before winter

Pathway 1-3 - Actions to Improve Performance

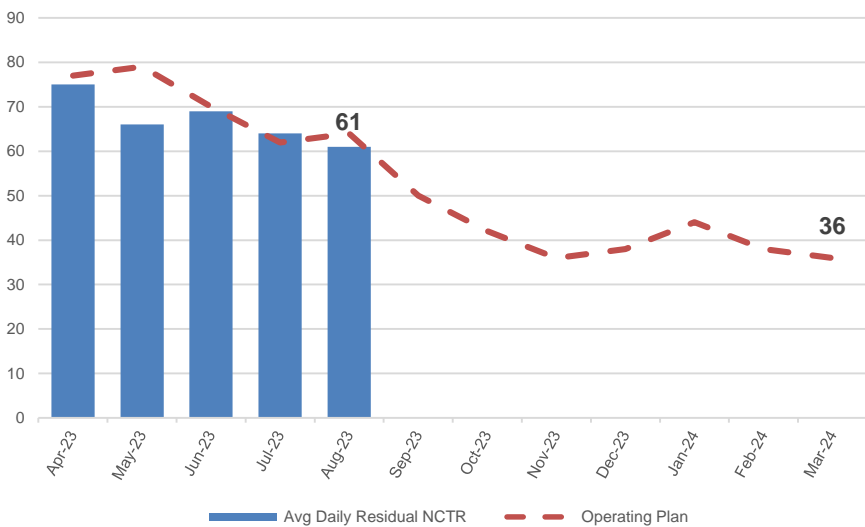
- Urgent Emergency Care funded live-in carer service and 1:1 support schemes are progressing with procurement process to be completed in September, and schemes scheduled to be live in October.
- Improved occupancy (aim 80%) for P2 beds by reviewing extension to short term placements, earlier escalation of delays in completing the care act assessment, increased use of Social Care Reablement to facilitate discharge, identify where admission could have been prevented and ensure standardisation of rehab received.
- Expediting backlog of patients awaiting care act assessment to improve flow with trajectory for improvement set – supported by additional social care role and changing who completes the care act assessments.
- Further development of the new Hospital Discharge team – increased involvement and earlier discussion at Board rounds / with wards, improved case management and development of assistant practitioner roles to review goals for earlier release of care capacity
- Targets set to support NCTR trajectory for number of discharges per week and maximum number of patients waiting per pathway 1-3



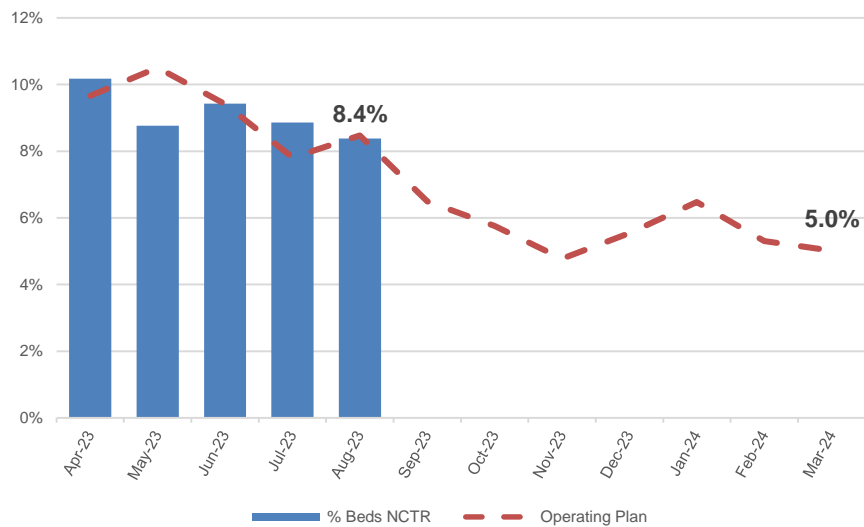
Eastern Services No Criteria to Reside

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

Average Daily NCTR vs Plan



% NCTR Occupied beds vs Plan



Pathway 0 - Actions to Improve Performance

- Criteria Led Discharge utilising the EPR is now in place on a number of wards across Eastern Hospitals. Roll out continues.
- Plan being developed to implement Afternoon Discharge Huddles across all acute and community wards. Pilot wards have seen improvement in morning discharge
- EPR workflow, based on Frimley Park workflow, is being developed, which will facilitate timely discharge and identify any barriers early in the pathway
- Discharge Workshops for ward teams planned for August and September

Pathways 1-3 - Actions to Improve Performance

- Urgent Emergency Care funded live-in carer service and 1:1 support schemes are progressing with procurement process to be completed in September, schemes live in October.
- Targets set to support NCTR trajectory for number of discharges per week and maximum number of patients waiting per pathway 1-3.
- Community in-reach triage on a daily basis with senior clinical and operational leaders, to ensure appropriate risk appetite in place proportionate to system pressures.

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

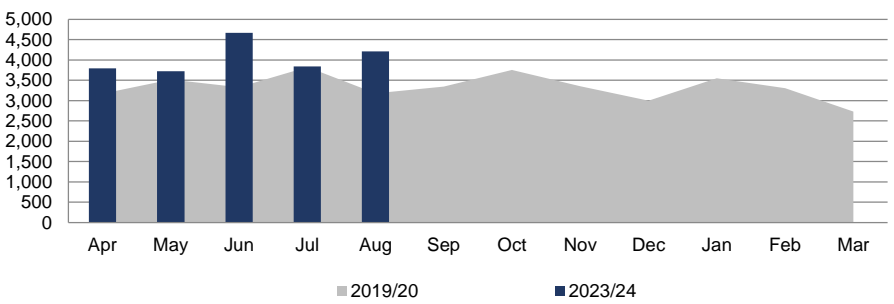
Our People

Finance

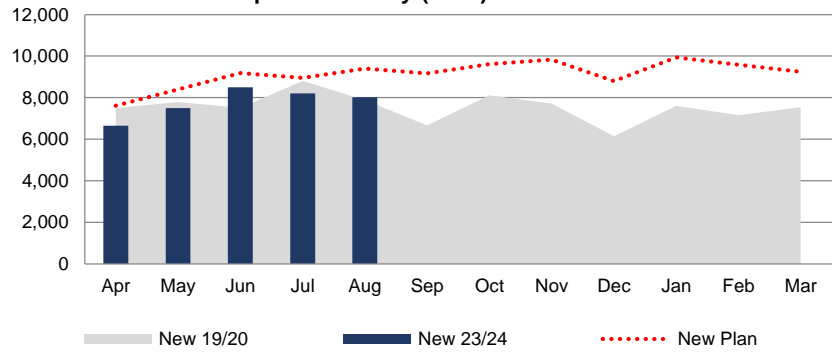
Northern Services Elective Activity- Referrals and Outpatients



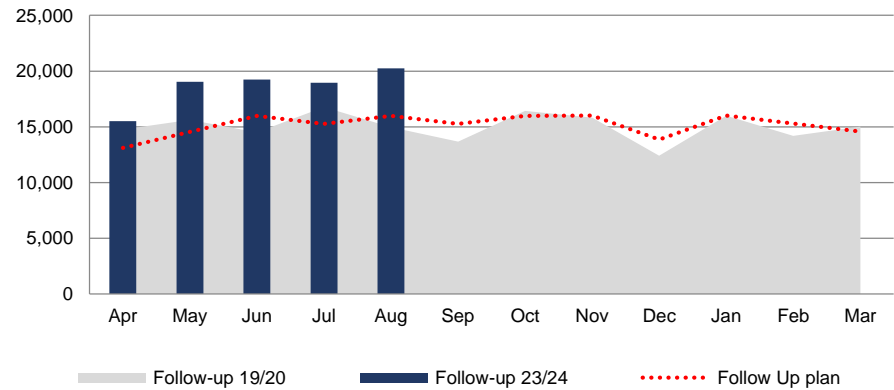
Referrals
Consultant Led. Excl Community



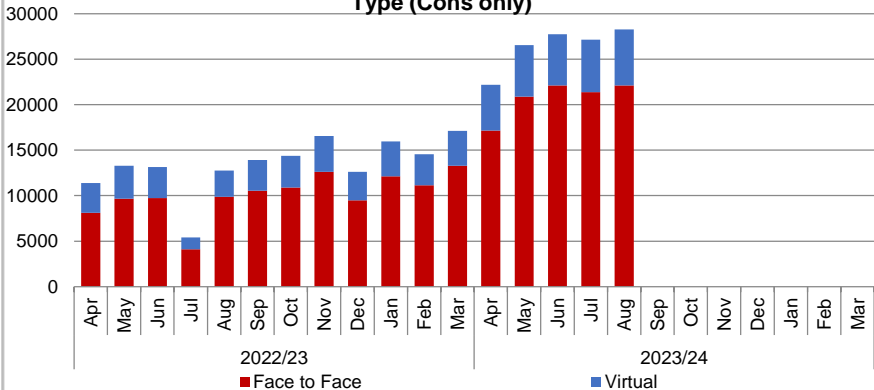
Outpatient Activity (NEW)



Outpatient Activity (FOLLOW-UP)

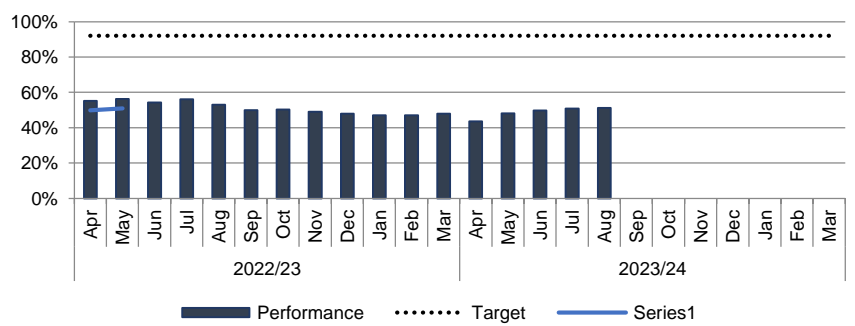


Outpatient Attendances (New and Follow-up) by Appointment Type (Cons only)



- There were a total of 27,151 outpatient appointments held in July and 28,268 in August. Of this 8,199 were new appointments and 18,952 were follow-up appointments in July. In August 8,019 were new appointments and 20,249 were follow-up appointments. Work is underway to reduce follow-up activity.
- 78.7% of appointments were held face to face and 21.3% were virtual appointments in July and 78.2% of appointments were held Face to Face and 21.8% were Virtual in August.
- There was a slight increase in RTT 18 week performance in both July and August.
- **Outpatient follow-up:** activity was above 2019/20 volumes in August. Explanations for the higher volume of activity vs 2019/20 have been provided in previous board reporting, but in summary relates to the differences in activity data capture relating to the implementation of a new electronic patient record since 2019/20.

RTT 18 Week Performance

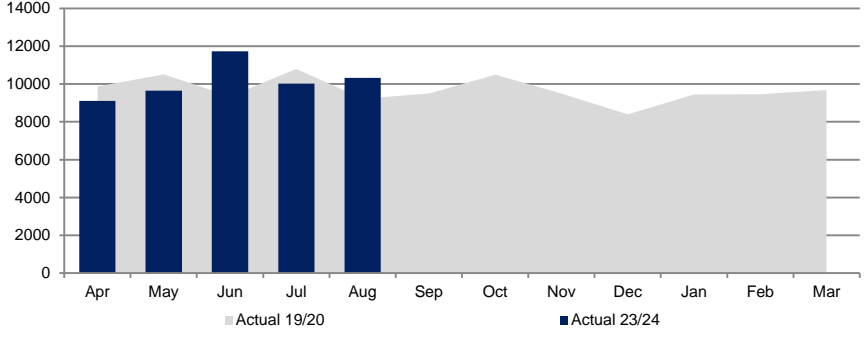


Eastern Services Elective Activity- Referrals and Outpatients

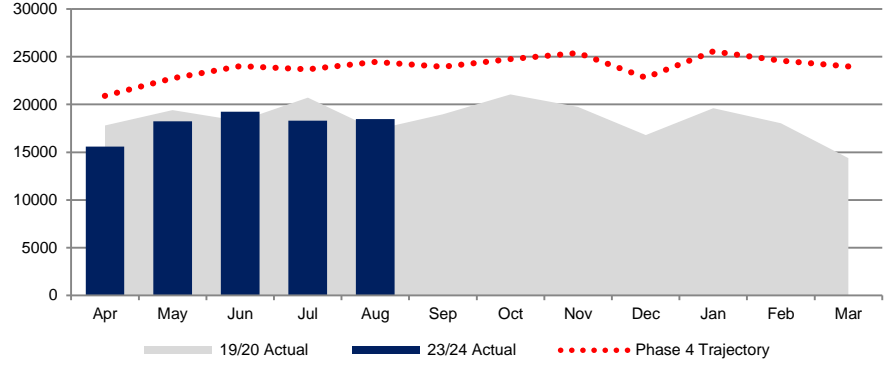


Referrals

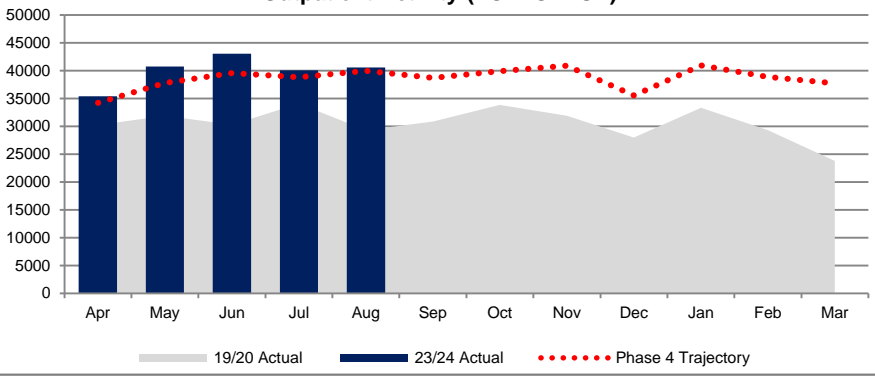
Consultant Led. Excl Community



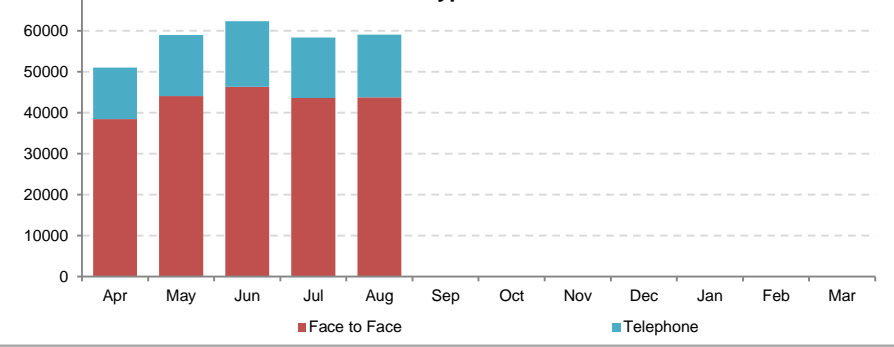
Outpatient Activity (NEW)



Outpatient Activity (FOLLOW-UP)



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

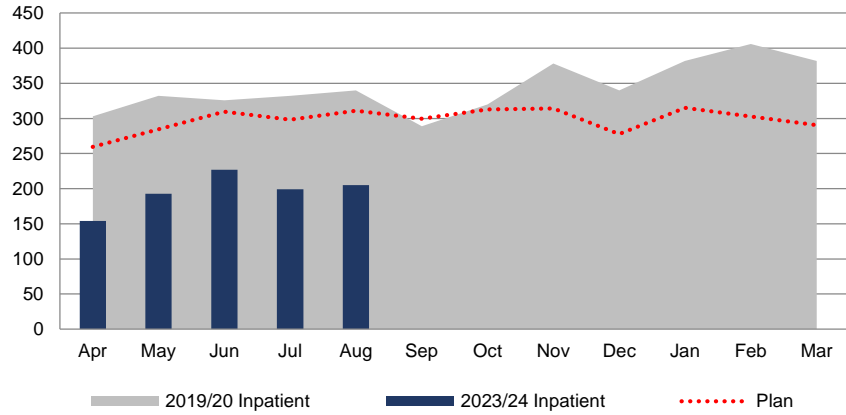


Outpatient new: activity in August was 106% of 2019/20, but below planned levels. Contributing factors to below planned performance include the ongoing impact of industrial action, as well as some funded ERF schemes still not yet running at full capacity. Lower than planned activity is largely concentrated in a number of surgical specialties and so this is currently under review as part of the in-year financial recovery plan and mitigating actions will be developed on completion of a more detailed review.

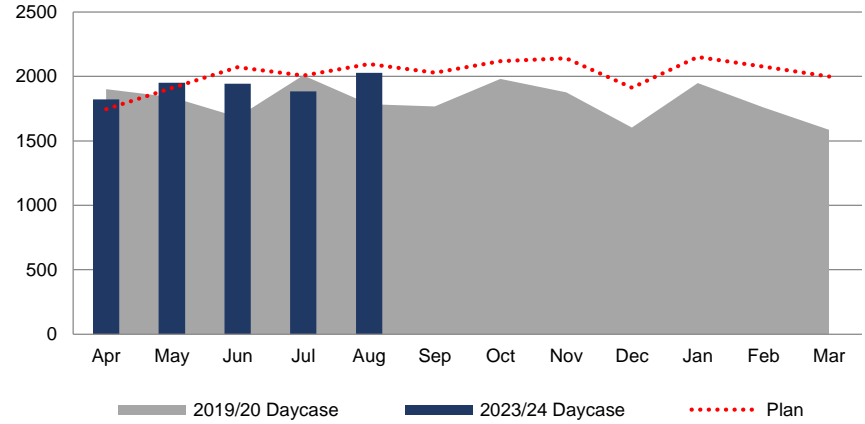
Outpatient follow-up: activity was above 2019/20 volumes and in line with planned volumes for August. Explanations for the higher volume of activity vs 2019/20 have been provided in previous board reporting, but in summary relates to the differences in activity data capture relating to the implementation of a new electronic patient record since 2019/20.

Northern Services Elective Activity- Inpatient and Daycase

Elective Inpatient Activity



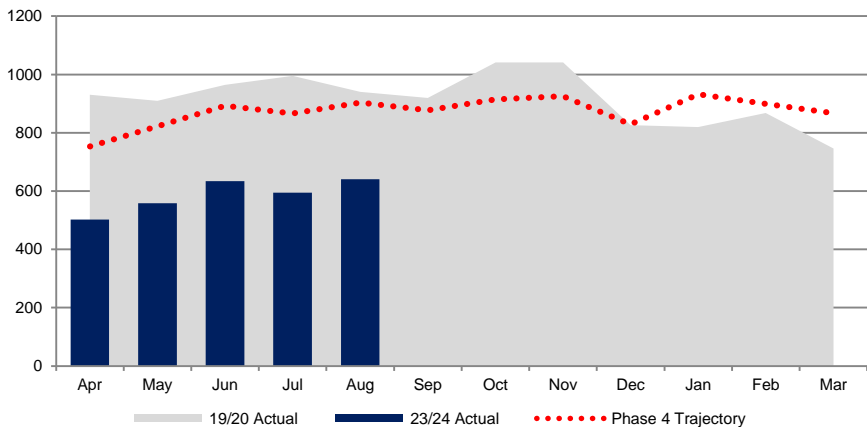
Elective Daycase Activity



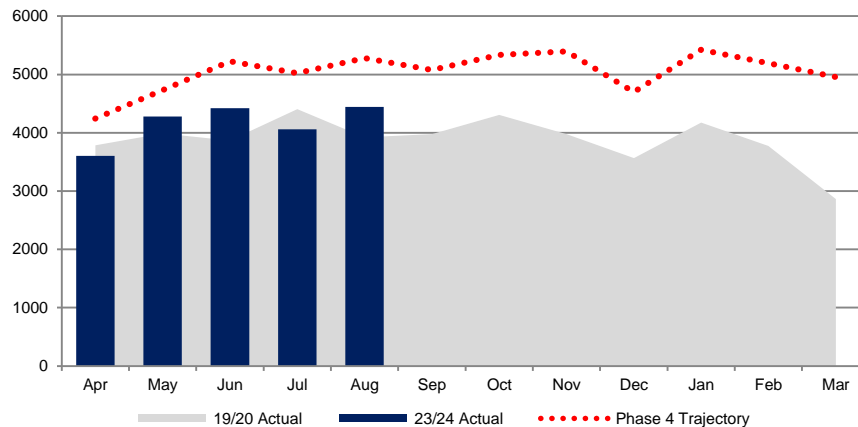
- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient decreased slightly during July by 28 and Daycase activity also decreased slightly during July by 59 and in August Inpatient increased by 6 and Daycase activity increased by 144.
- A period of Industrial Action in both July and August resulted in a small number of cancellations for elective activity.

Eastern Services Elective Activity- Inpatient and Daycase

Elective Inpatient Activity



Daycase Activity



Elective inpatient: activity in August was 68% of 2019/20 volumes, and lower than planned volumes.

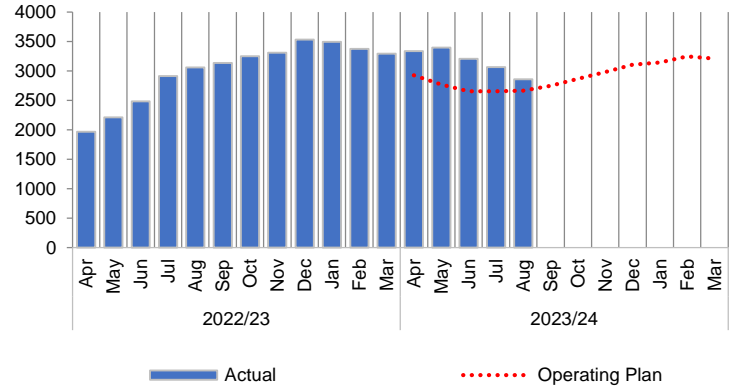
Elective daycase: activity in August was 113% of 2019/20 volumes, but lower than planned volumes.

Activity relative to 2019/20 was higher in August than in July, which is positive, but still lower than planned volumes. Major contributing factors include the ongoing impact of industrial action, and a number of ERF schemes not yet running to full capacity. As referenced in the previous section, as part of the in-year financial recovery plan, work is progress to complete a more detailed review of key areas of under-delivery and identify and then progress mitigating actions.

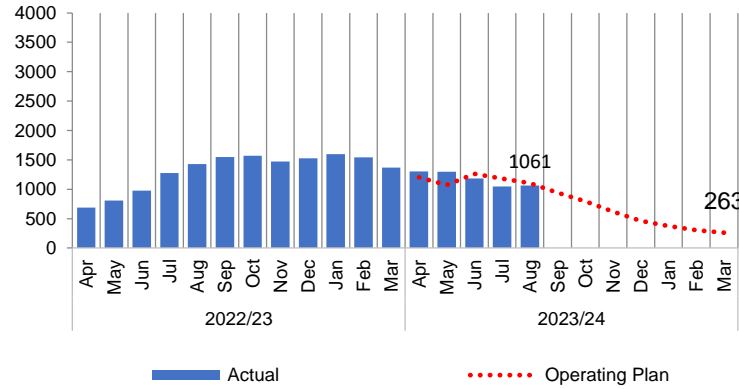


Northern Services Elective Activity- Long Waiting Patients

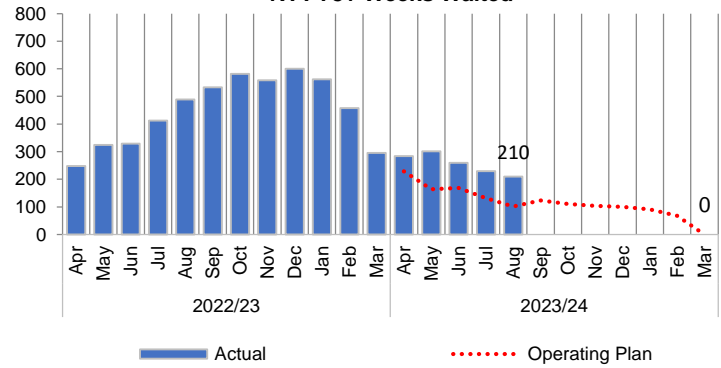
RTT 52+ Weeks Waited



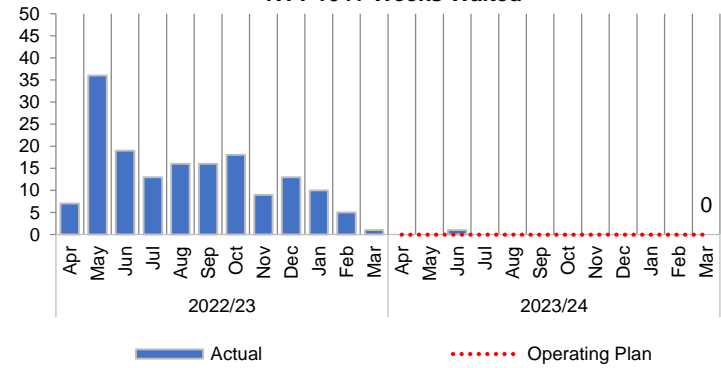
RTT 65+ Weeks Waited



RTT 78+ Weeks Waited



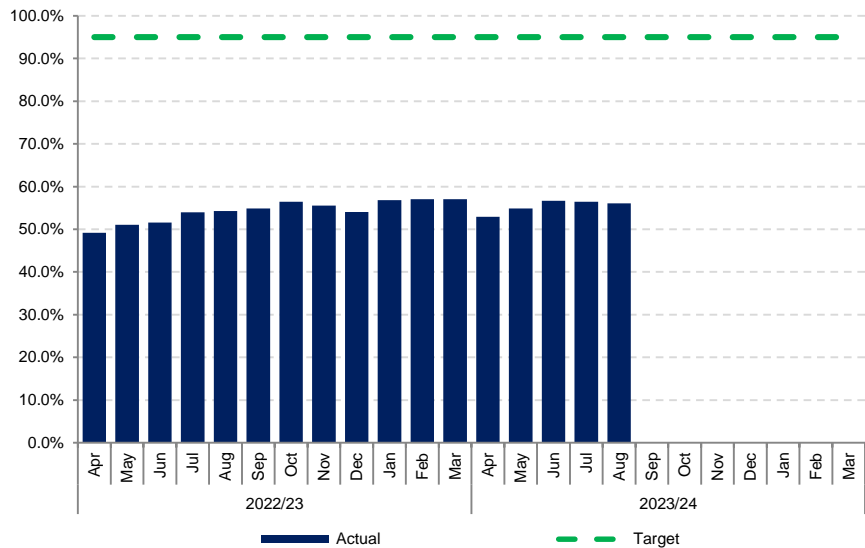
RTT 104+ Weeks Waited



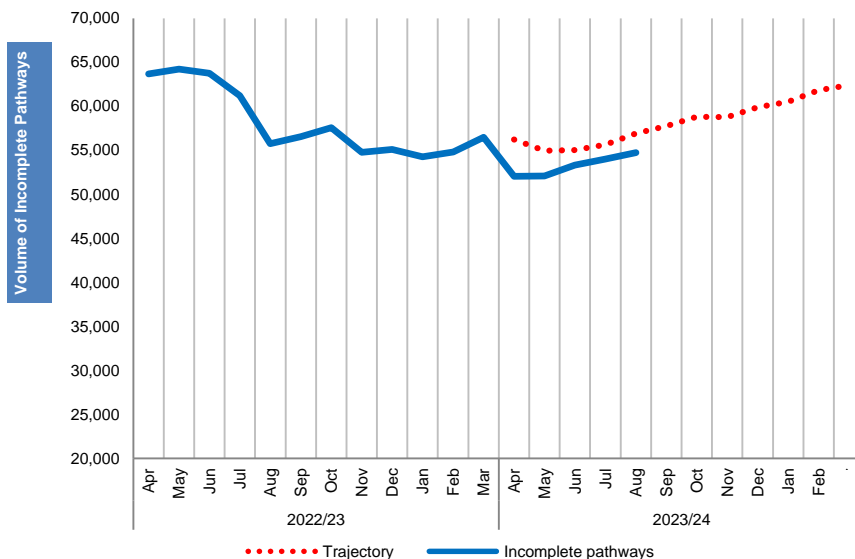
- Regular meetings are being held to ensure that the focus remains on the number of patients waiting both 78 in total and 52 weeks still awaiting first appointment. In addition to focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support 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 August reduced to 210. This is expected to reduce further in September.

Eastern Services Elective Activity- Inpatient and Daycase

RTT 18 Week Performance



Incomplete Pathways



Incomplete pathways continue to deliver ahead of plan, but have increased month on month since April, which highlights that demand is exceeding capacity. Key drivers of capacity include those referenced in previous sections with the ongoing impact of industrial action, and lower than planned ERF.

Long waits: The 52 > week wait position has improved on the July position but 78> and 104> have slightly increased. Underlying activity remains at planned levels but industrial action continues to affect capacity to treat patients. A series of mitigating actions are in place including the continuation of insourcing arrangement for surgery, use of mutual aid where available, and outsourcing of Endoscopy.

Activity & Flow

Operational Performance

Patient Experience

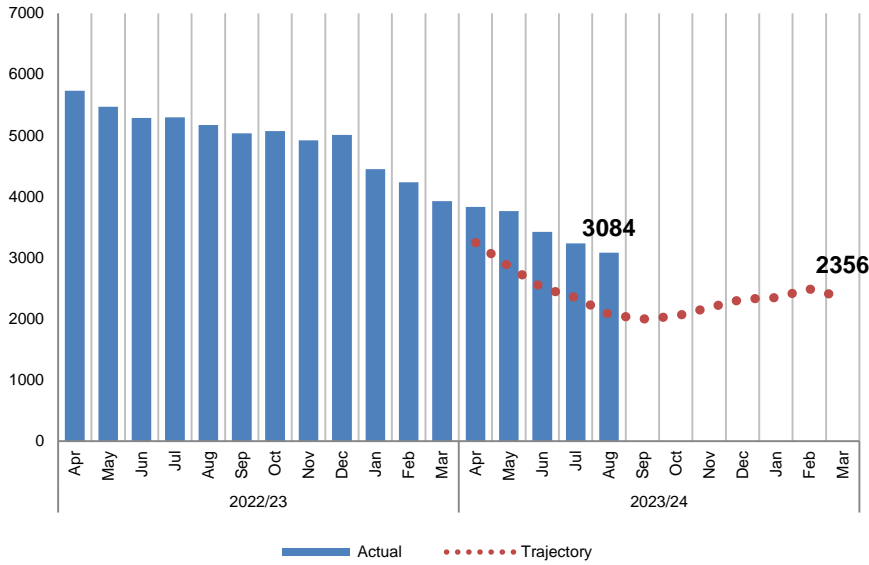
Quality & Safety

Our People

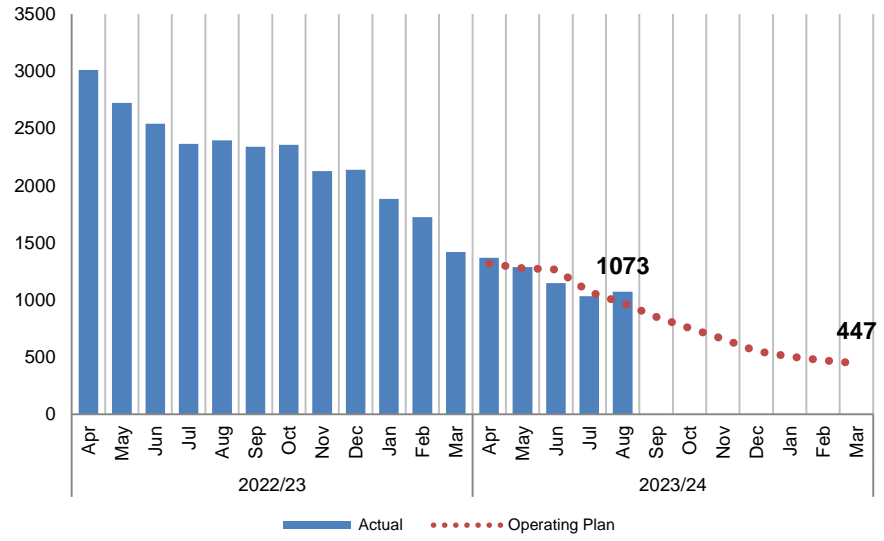
Finance

Eastern Services Elective Activity – Long Waiting Patients

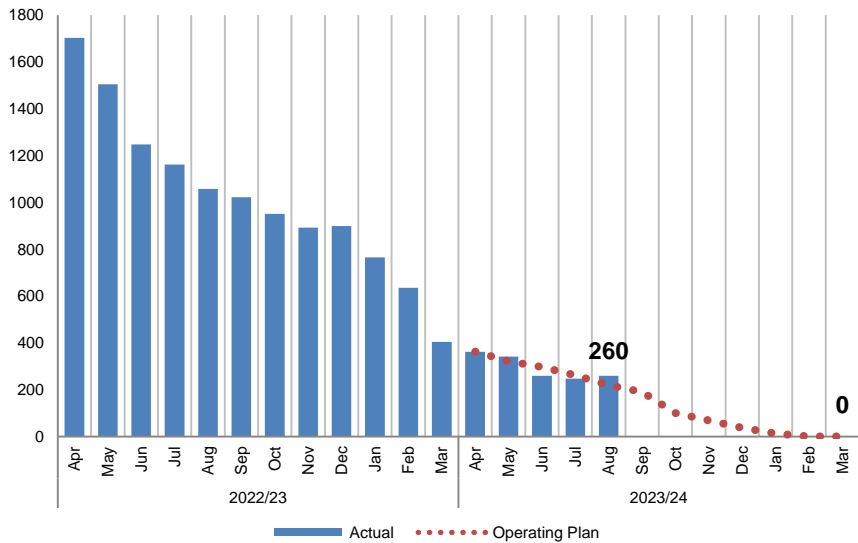
RTT 52+ Weeks Waited



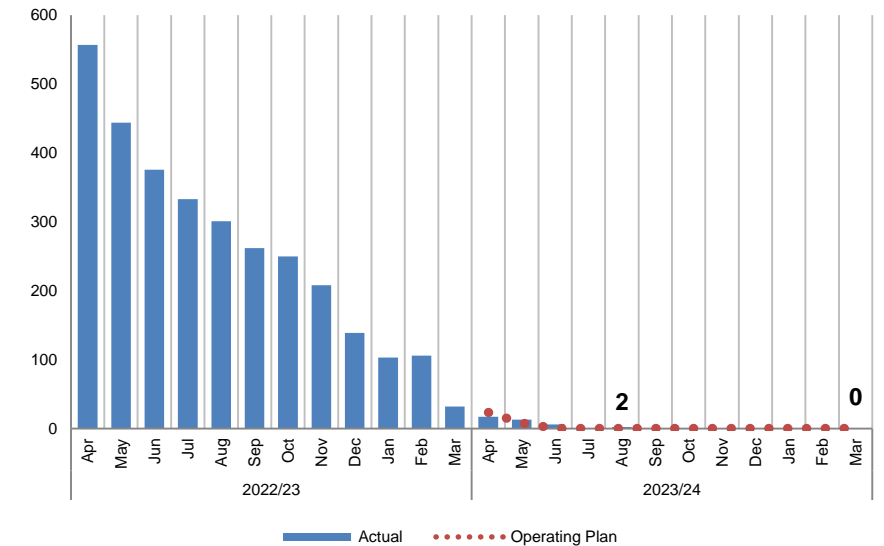
RTT 65 + Weeks Waited



RTT 78 + Weeks Waited

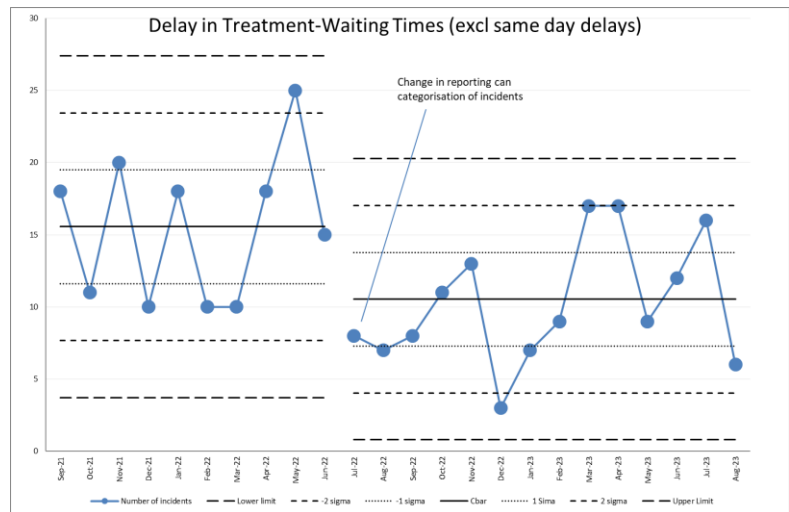


RTT 104+ Weeks Waited



Northern Services - Waiting Well

Across Northern Services 16 incidents were reported for July and 6 in August 2023; these are broken down by the level of harm against stage of pathway below.



July 2023

	None	Minor	Moderate	Major	Catastrophic	Total
New	10	0				10
Follow up delay	4	1				5
Diagnostic request delay	1	0				1
Total	15	1	0	0	0	16

August 2023

	None	Minor	Moderate	Major	Catastrophic	Total
Follow up delay	1	0	2			3
Surgery	2	0	0			2
New	0	1	0			1
Total	3	1	2	0	0	6

August

Moderate Harm: Ophthalmology treatment delay. Patient's reduction in visual acuity may have been reduced by earlier interventions.

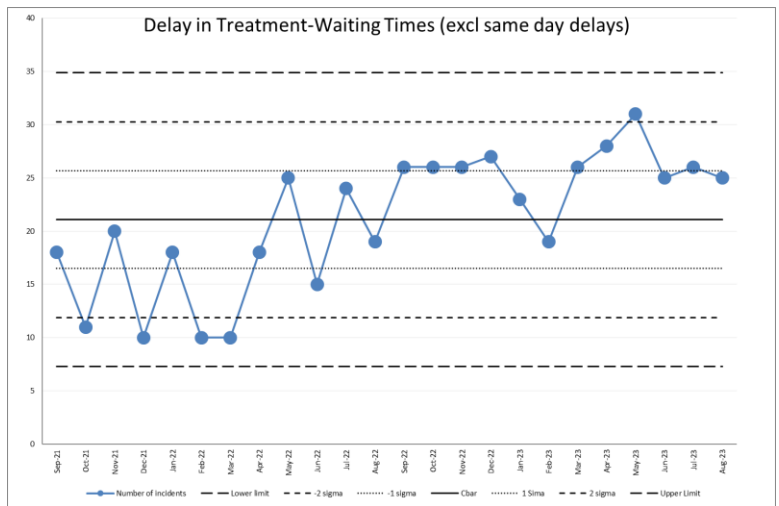
Moderate Harm. Delay to colonoscopy and polypectomy, 72 hour report completed. Awaiting biopsies to confirm impact.

Moderate harm: Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.



Eastern Services - Waiting Well

Across the same time period in Eastern Services 26 incidents were reported for July and 25 in August 2023; these are broken down by the level of harm against stage of pathway below.



July 2023

	None	Minor	Moderate	Major	Catastrophic	Total
New	5	7	0			12
Follow up delay	5	3	1			9
Diagnostic request delay	1	4	0			5
Total	11	14	1	0	0	26

August 2023

	None	Minor	Moderate	Major	Catastrophic	Total
New	6	6	0	0		12
Surgery	5	0	0	0		5
Diagnostic request delay	1	2	0	1		4
Follow up delay	2	1	1	0		4
Total	14	9	1	1	0	25

July

Moderate Harm Delay to an urgent ultrasound. Potential impact on future treatment options.

August

Major Harm. Delay to an MRI to the spine and leading to further delay to clinic. Impacting on treatment options.

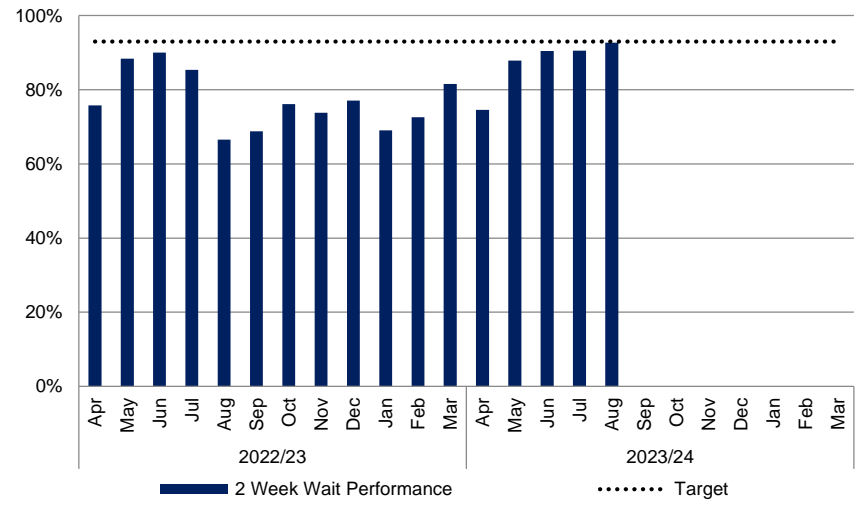
Moderate Harm. Delayed in results being available from cardiac monitoring; This may have impacted on condition.

Moderate harm: Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.

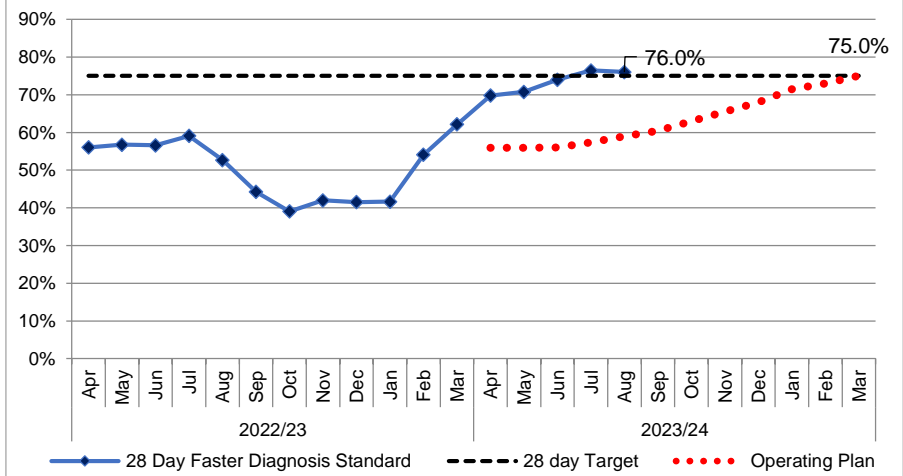
Northern Services Cancer 14 and 28 Day



2 Week Wait Performance



28 Day Faster Diagnosis Standard



2 Week Wait Performance

Performance demonstrates an improving trajectory with July submitted performance at 90.6% and provisional August performance at 92.7%. 2WW performance remains challenged in some tumour sites, the highest volumes of breaches in July are observed in:

- Skin 30 breaches (90.7%) seasonal increase in referrals and workforce pressures have impacted on waiting times for those who are booked directly to clinic appointment.

The next highest volume of breaches (11) is in Lower GI, however performance is above target at 93.5%. The lowest performance area for July was Upper GI at 70.8% which reflects endoscopy capacity for the direct to test pathway.

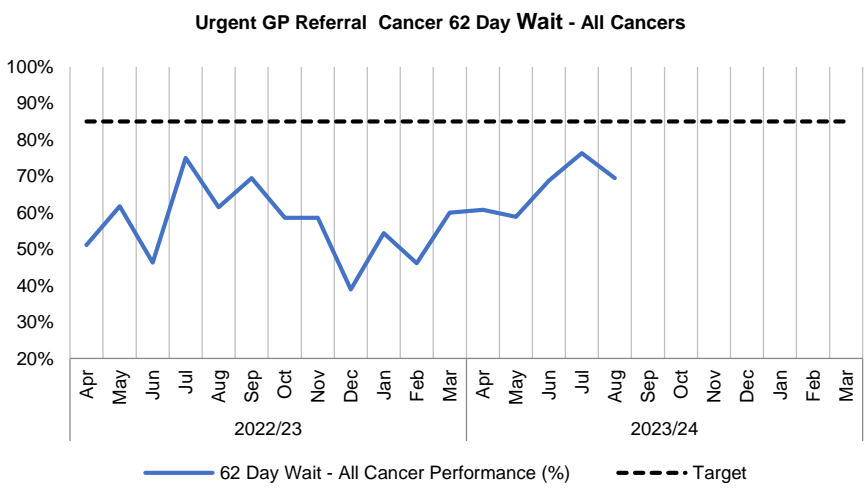
Average waiting times for 1st outpatient appointment have improved to 8.2 days in July across all 2WW tumour sites. All services are working to reduce first out patient waiting times to 7 days.

28 Day Faster Diagnosis Standard

Faster Diagnosis Standard performance is also improving with significant increase in performance over the last 6 months from 42% in January to 76.5% in July. Provisional August performance is 76.0%. This position is above the year end improvement threshold and the submitted improvement trajectory. Action plans to support the delivery of this are being monitored as part of the Trust's Cancer Recovery Action Plan via the Northern Cancer Steering group with specific actions to improve waiting times for first outpatient appointments and diagnostic turn around times. The highest volumes of breaches in June are observed in:

- Lower GI, 95 breaches (51.3%) This reflects service pressures and endoscopy waiting times, significant additional clinical activity including endoscopy insourcing is currently being delivered to maintain delivery. TNE service is now live and will improve waiting times going forward.
- Gynae, 30 breaches (58.33%), service pressures for 2ww outpatient appointment and hysteroscopy impact on 28 day delivery for gynae, additional capacity and staffing plans are in place.
- Urology, 16 breaches (70.91%). Performance has improved significantly over the last few months from 23% in February due to pathway improvements, which are ongoing.

Northern Services Cancer 62 Day – Proportion of patients treated within 62 days following referral by a GP for suspected cancer



- Performance against the 62 day target is improving in line with an improved backlog position, performance for July is 76.3% which is an improved position from 68.8% in June. The majority of pathway delays are within the diagnostic and staging phase, particularly for Urology and Colorectal tumour sites.
 - The largest volume of breaches for July were in Lung (5) reflecting increased referrals and complexity of the pathway.
 - 62 day performance will improve with actions aligned to deliver 28 FDS, 2WW performance and maintaining a PTL backlog below 6.4%.
 - Capacity remains a challenge across some specialties including Oncology where currently there are delays for new patient appointments and treatments.
 - Patients are monitored throughout their 62 day pathway regularly and weekly site specific PTL meetings are in place for all tumour sites.
 - Every service has an up to date Cancer Recovery Action Plan with specific actions against delivery of each of the national CWT indicators where operational standards are not being achieved. These are monitored at the Northern Cancer Steering Group.
- Please note for all 2 week, 28 day, 31 day, and 62 day cancer waiting times indicators, the most recent month's position is unvalidated, and reflects data that are not yet submitted nationally. These data will be refreshed in next month's report.*

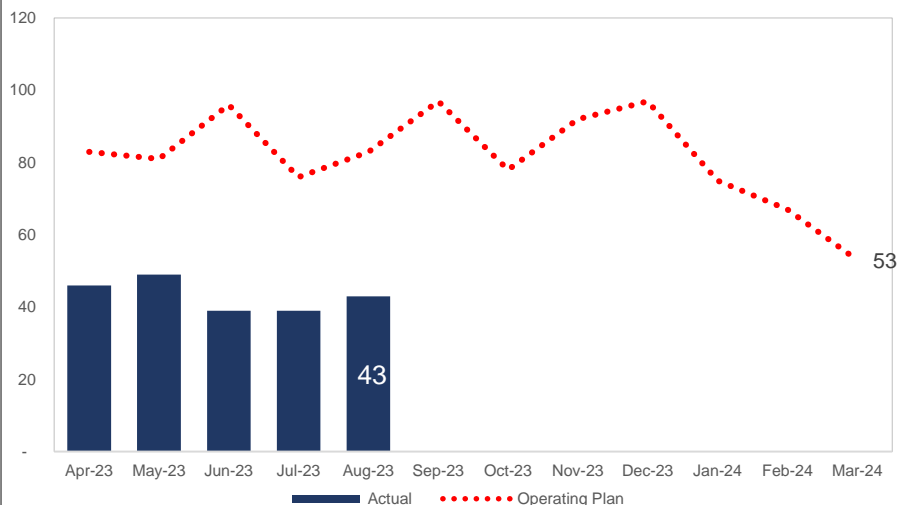
Cancer - 14,31 & 62 Day Wait		2022/23													2023/24				
Performance(%) and Number of Breaches		Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
14 Day	All Urgent (%)	93%	75.75%	88.40%	90.01%	85.38%	66.59%	68.77%	76.15%	73.84%	77.04%	69.09%	72.62%	81.61%	74.61%	87.91%	90.50%	90.58%	92.73%
	All Urgent (N)		154.0	98.0	90.0	76.0	294.0	282	186	214	138	217	190	146	193.0	102.0	84.0	79.0	64.0
	Symptomatic Breast (%)	93%	8.70%	71.74%	80.33%	100.00%	0.00%	100.00%	100.00%	81.33%	75.00%	35.71%	42.86%	58.62%	67.86%	88.89%	90.48%	53.33%	72.22%
Symptomatic Breast (N)	42.0		13.0	12.0	0	1	0	0	2	4	9	12	12	10.0	2.0	2.0	7	5	
31 Day	All Decision To Treat (%)	96%	84.42%	86.67%	75.76%	83.72%	78.72%	90.00%	87.14%	90.00%	78.33%	82.61%	92.86%	89.04%	91.36%	90.54%	97.53%	88.60%	78.95%
	All Decision To Treat (N)		12.0	10.0	16.0	7	10	6	9	6	13	12	4	8	7.0	7.0	2.0	8	16
	Subsequent - Surgery (%)	94%	60.00%	33.30%	33.30%	1.00%	100.00%	100.00%	50.00%	60.00%	76.92%	60.00%	38.46%	68.75%	71.43%	35.71%	82.35%	58.33%	75.00%
	Subsequent - Surgery (N)		4.0	2.0	4.0	0	0	0	3	4	3	6	8	5	4.0	9.0	3.0	5	2
62 Day	Subsequent - Anti-Cancer Drug %	98%	60.00%	33.30%	33.30%	100%	100%	97%	88%	77%	93%	78%	100%	96.15%	89.47%	90.00%	100.00%	84%	93%
	Subsequent - Anti-Cancer Drug (N)		4.0	2.0	4.0	0	0	1	3	13	3	8	0	1	2.0	1.0	0.0	3	1
28 day	All Screening Service (%)	90%	100.00%	66.67%	100.00%	100%	0%	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	33.30%	0.00%	20%	100%
	All Screening Service (N)		0.0	1.0	0.0	0	0	0	0	0	0	0	0	0	0.0	2.0	2.0	2	1
28 day	Consultant upgrade (%)	90%	62.79%	60.00%	75.47%	54.17%	72.22%	55.56%	76.92%	61.54%	72.97%	64.29%	74.00%	69.70%	64.86%	76.47%	82.14%	86.11%	77.05%
	Consultant upgrade (N)		8.0	11.0	6.5	5.5	5	8	6	5	5	5	3.5	5	6.5	4.0	5.0	2.5	7
28 day	28 Ref to diagnosis (%)	N/A	56.04%	56.76%	56.61%	59.11%	52.68%	44.25%	39.08%	42.00%	41.54%	41.66%	54.10%	62.17%	69.81%	70.76%	74.00%	76.46%	76.02%
	28 day Ref to diagnosis (N)		244.0	275.0	256.0	119.0	212.0	344	452	551	380	451	358	317	224.0	262.0	240.0	186.0	176.0



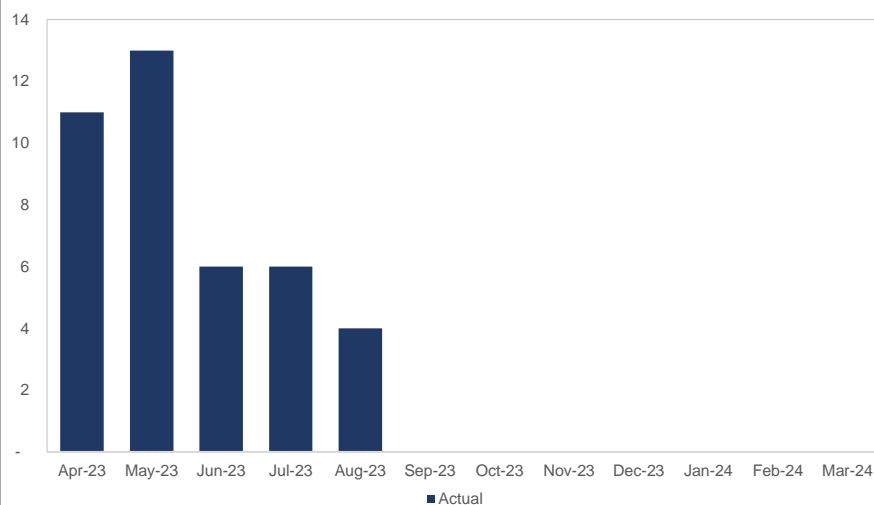
Northern Services Cancer 62 Day Backlog

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

62 day+ open pathways following GP urgent referral



104 day+ open pathways following GP urgent referral



- The number of patients on active cancer pathways waiting more than 62 days has reduced from 395 (29.3%) at the start of September 2022 to 44 (5.7%) at the most recent weekly PTL (11/09/2023) which is significantly better than trajectory and is now under the nationally recommended backlog threshold of 6.4%.
- The tumour sites with the largest number of patients waiting over 62 days are Colorectal (15 – 8.1%); Urology (9 – 11.3%). These volumes have been consistently reducing since January (from 72 Urology and 42 Colorectal), although these have been largely static for the last 8 weeks.
- There are 7 patients (11/09/2023) that remain on a cancer pathway over 104 days, this volume has been reducing slowly and reflects complex pathways, patient initiated and medical delays. Next steps are in place for all these patients and increased oversight arrangements are in place .

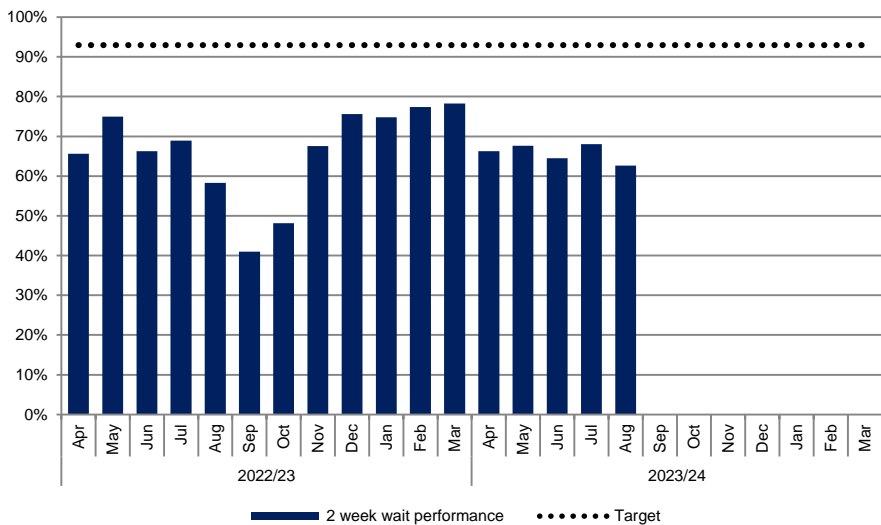
Key actions:

- Weekly PTL meetings in place for all tumour sites with action logs and formal escalation process in place.
- Colorectal - Substantive consultant appointed with start date agreed in February 24
- Endoscopy - insourcing/weekend lists remain in place and further insourcing capacity with additional provider has now commenced, TNE service has commenced which will improve capacity going forward
- Urology - Revised prostate pathway commenced in February and under regular review, further work underway to streamline staging investigations.
- Work to improve Radiology and Pathology waiting times has been initiated.

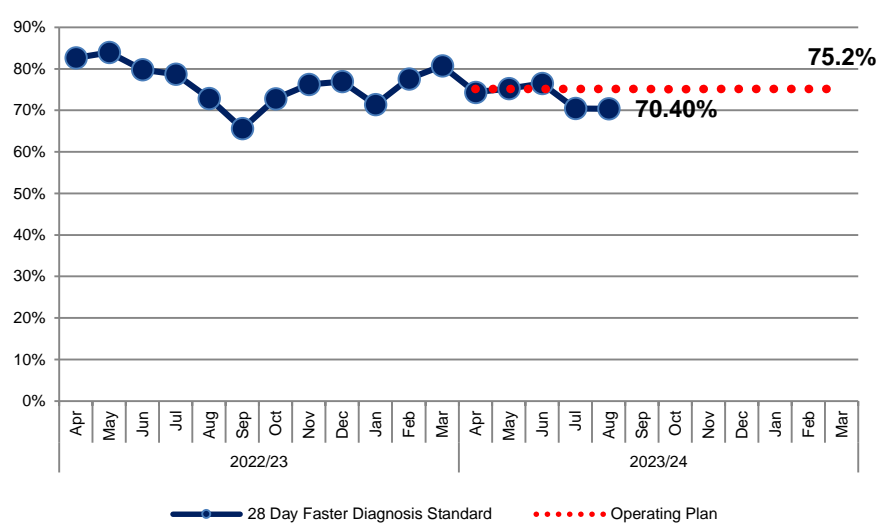


Eastern Services Cancer 14 and 28 Day

2 Week Wait Performance



28 Day Faster Diagnosis Standard



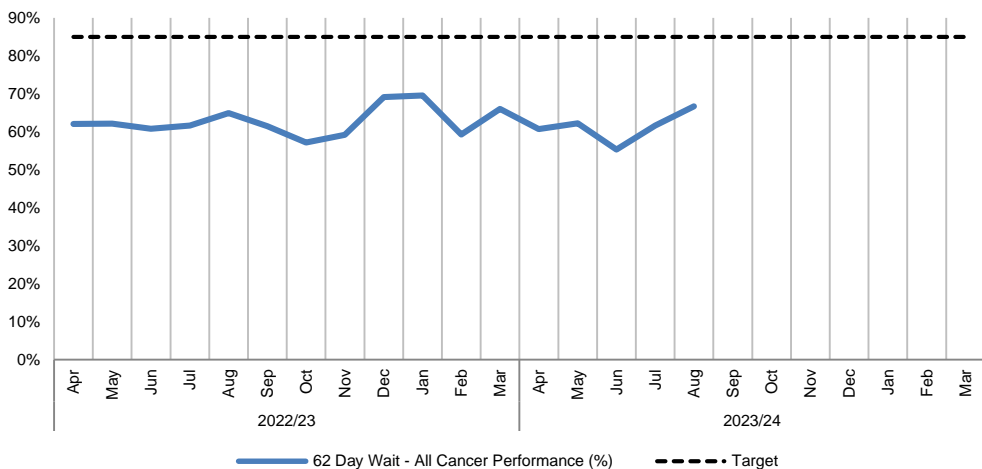
Performance across the East has been declining since April – due to both Bank Holidays and Industrial Action, combined with an increase in 2WW Referrals. Where possible additional clinics have been sought to mitigate these challenges.

- Endoscopy – Interim mobile unit at Tiverton delivered in August – however will not be operational until end October. Planning is underway for a 7 days a week colonoscopy service to be live towards the end of October 2023 and to run for 12 months. The permanent new build solution of 3 endoscopy suites at Tiverton will then take over in August 2024. There is a known risk to the timescales for delivery of the plan in relation to the Tiverton site and the financial deliverability.
- Gynaecology – Significant workforce challenges are expected in the coming months. A prospective new Gynae-Oncology Consultant is being interviewed later in September. Waiting List Initiatives are being undertaken to minimise the impact on performance.
- Urology continue to fail to meet the 28 Day target for Prostate, however a redesign of process and a workforce restructure within the CNS Team are underway to support this pathway. This includes moving triage to the CNS Team and additional TP Biopsy capacity to be included. Successful recruitment of the Band 8a CNS with a start date in October 2023. It is noted that recovery is reliant on Radiology and Histology and quick turnaround times.
- Breast are currently maintaining performance by cross-covering (due to continued Consultant absence) – however are currently in the process of recruiting a locum post to protect the current position as well as the wellbeing of the Team. The Northern team are supporting the service by treating patients on the periphery of the borders (on average 7-10 referrals per week).
- Upper GI Outpatient capacity is improving. Unfortunately OGD capacity remains challenged. Due to advertise 3 Consultant vacancies in October/November 2023. Maternity leave will be covered with a Registrar acting up from October 2023.
- Skin performance has significantly decreased due to an increase in referrals, combined with a lack of capacity (due to Leave/Sickness etc.) currently using WLI and good-will of Consultants. AI is partially implemented in August 2023 on a pilot scheme with 1 clinic successfully up and running.

Eastern Services Cancer 62 Day

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

Urgent GP Referral Cancer 62 Day Wait - All Cancers



- Oncology appointments across most Specialities are struggling for capacity, particularly in Lung i.e. 3 weeks for an OPA pre-Treatment.
- Theatre capacity remains challenged. Additional Saturday lists have been sought for Urology.
- The ERF request for 2 substantive Colorectal Consultants, which would support On Call Rota and provide additional Theatre capacity through cover has been approved and recruitment is in progress.
- Industrial action and Bank Holiday combined with increased patient choice consistent with previous years has seen an increase in breaches within 62 day pathways.

Cancer - 14, 31, 62 & 104 Day Wait

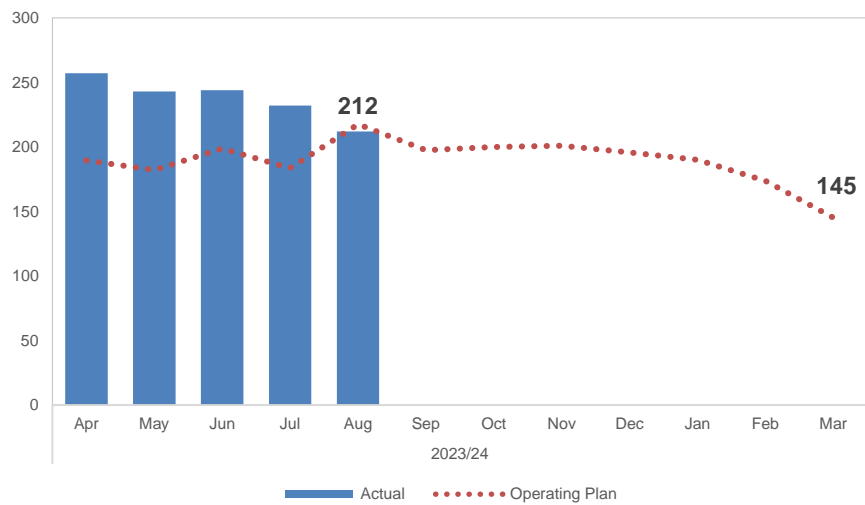
Performance(%) and Number of Breaches		TARGET	2022/23												2023/24				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
14 Day	All Urgent (%)	93%	65.6%	75.0%	66.3%	69.0%	58.3%	41.0%	48.2%	67.6%	75.6%	74.8%	77.4%	78.3%	66.2%	67.7%	64.5%	68.0%	62.6%
	All Urgent		760	605	762	763	1027	1434	1253	818	488	559	470	550	734	758	969	853	927
	Symptomatic Breast (%)	93%	20.9%	35.2%	58.1%	57.4%	62.9%	16.7%	40.5%	72.5%	95.8%	93.9%	100.0%	91.4%	92.1%	91.2%	79.3%	78.8%	53.5%
	Symptomatic Breast		34	46	18	20	13	30	25	14	1	2	0	5	3	3	6	7	20
31 Day	All Decision To Treat (%)	96%	88.5%	86.9%	87.9%	85.4%	89.8%	89.5%	92.2%	87.7%	89.4%	78.5%	86.7%	88.7%	87.3%	85.2%	89.7%	89.2%	81.7%
	All Decision To Treat		31	41	34	37	22	21	18	31	25	72	40	34	35	47	34	37	71
	Subsequent - Surgery (%)	94%	64.2%	67.1%	76.0%	75.3%	71.2%	61.1%	78.3%	88.3%	82.1%	63.9%	73.0%	66.7%	76.2%	68.9%	67.9%	84.5%	66.3%
	Subsequent - Surgery		29	26	25	21	17	28	18	11	14	44	30	34	20	32	35	16	27
	Subsequent - Radiotherapy (%)	94%	100.0%	99.2%	95.9%	98.8%	97.6%	98.6%	99.3%	99.3%	99.1%	100.0%	98.3%	99.3%	97.6%	97.9%	96.8%	97.7%	98.2%
	Subsequent - Radiotherapy		0	1	4	1	2	1	1	1	1	0	2	1	3	3	4	3	2
	Subsequent - Anti-Cancer Drug (%)	98%	100.0%	98.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	98.9%	97.6%	96.8%	100.0%	100.0%	100.0%	100.0%	100.0%
Subsequent - Anti-Cancer Drug	0		1	0	0	2	0	0	0	0	1	3	4	0	0	0	0	0	
62 Day	All Screening Service (%)	90%	12.5%	28.6%	33.3%	0.0%	0.0%	0.0%	0.0%	20.0%	33.3%	0.0%	28.6%	12.5%	0.0%	15.0%	22.2%	37.5%	0.0%
	All Screening Service		3.5	2.5	2	2	4	1	2	4	2	2.5	5	7	3	8.5	7	7.5	14
104 days	Volume of Patients Waiting Longer than 104 Days at Month End		52	53	70	68	58	59	54	84	81	84	81	62	73	74	71	61	53

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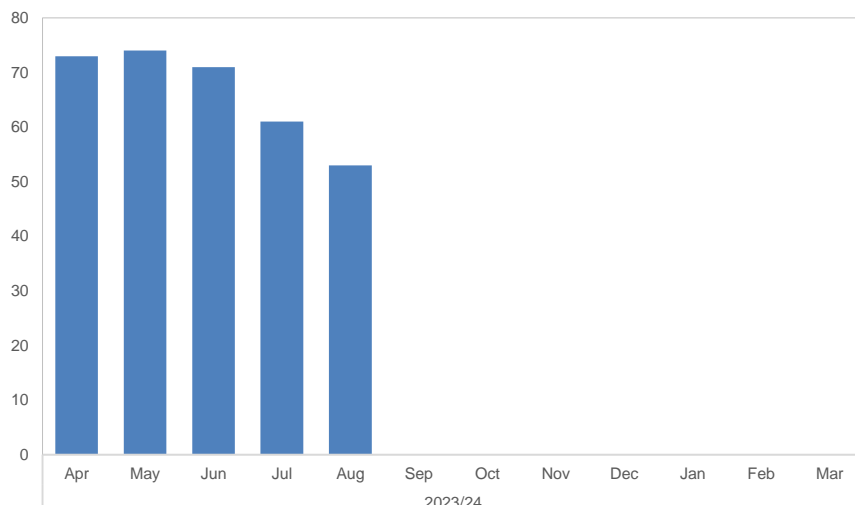
Eastern Services Cancer 62 Day Backlog

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

62 day + open pathways following GP urgent referral



104 day + open pathways following GP urgent referral



Radiology – CT and MRI turnaround times have deteriorated over the last few weeks following industrial action and summer leave. Continued outsourced reporting capacity is being employed to support recovery of turnaround times, and funding has been secured to continue to support additional activity throughout the year. For CT guided biopsy, interventional radiology mitigations include a new consultant for September 2023 with a further advert going live this month
 Histology – Turnaround times, which have been static. Two new recruits will join the department in January. Two dissection practitioners are about to qualify to practice independently and will bring further improvements in turnaround times in early autumn.

Off trajectory;

- Urology – Challenged due to a group of RALP referrals and late tertiary transfers. A third RALP surgeon was signed off at the end of August 23. It was decided not to proceed with the insourcing company – however further requests for mutual aid may be made later in the year when required.
- Colorectal - remains challenged with long waiting patients due to delays in Endoscopy (plans in place) and theatre capacity (plans in place).
- Gynaecology – Significant workforce challenges are expected in the coming months. However, we are now out to advert for a Gynae-Oncology Consultant. WLI's are being undertaken to minimise the impact on performance.
- Skin – higher than expected seasonal increase in 2WW referrals has put significant pressure on the service, combined with annual leave/industrial action and Consultant sickness has led to an imbalance of demand/capacity. WLI are already in action.

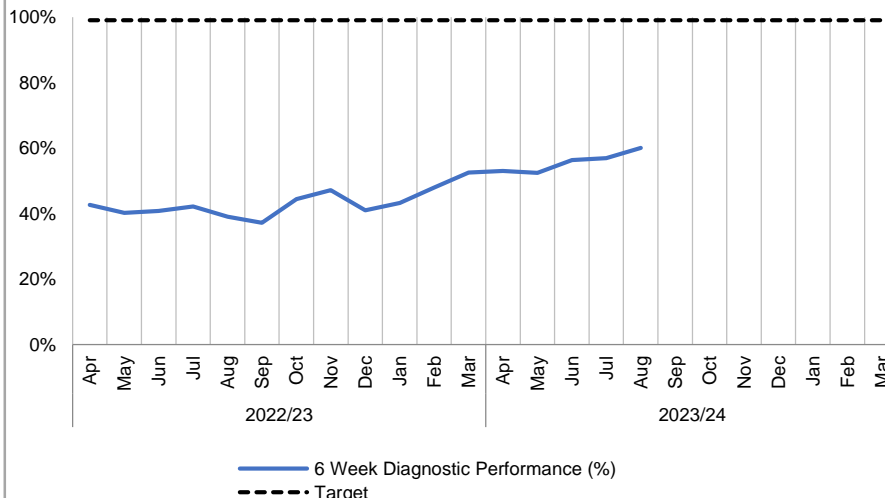
Key Actions;

- **Upper GI** – Substantive Consultant Gastroenterologist post out to advert in October/November (3 WTE Vacancy)
- **Gynaecology** – Substantive Consultant post out to advert
- **Histology/Radiology** – WLIs to continue to support multiple pathways
- **Skin** – WLI to achieve previous 2WW performance

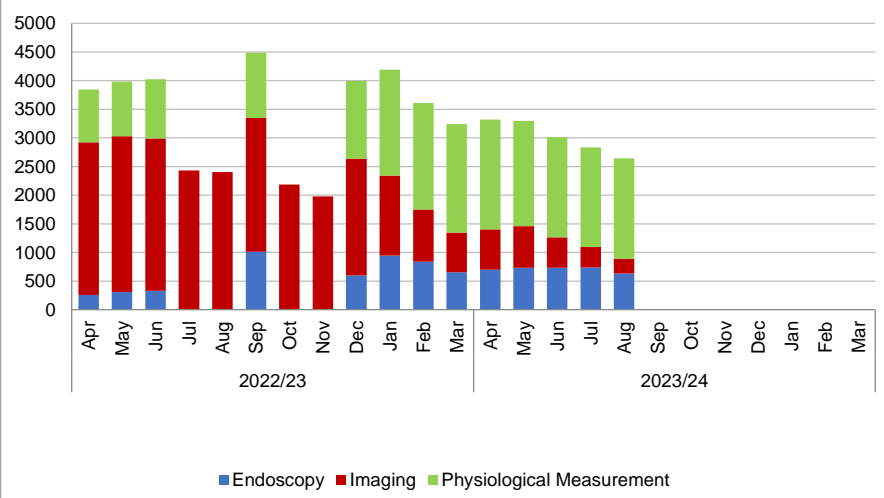
Northern Services Diagnostics - Fifteen key diagnostic tests

Activity & Flow
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Total achievement against the 6 week wait from referral to key diagnostic test

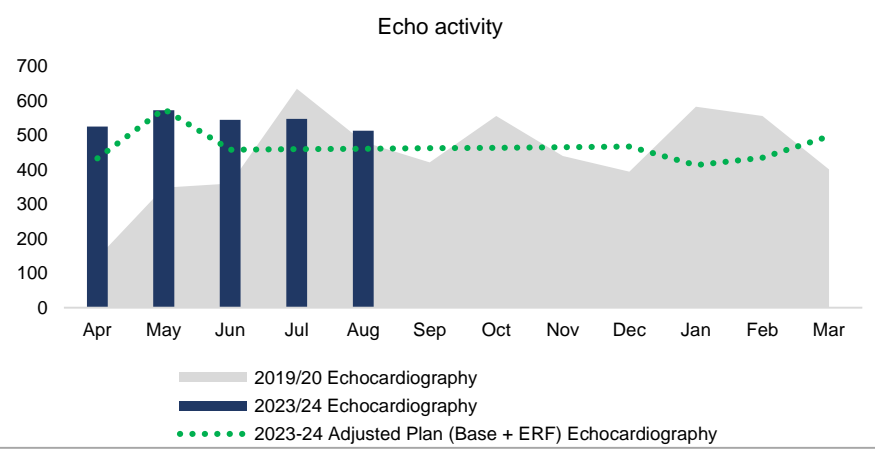
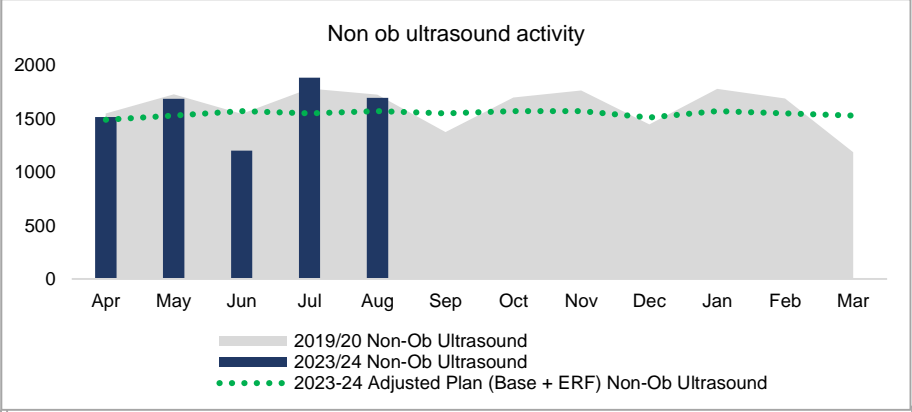
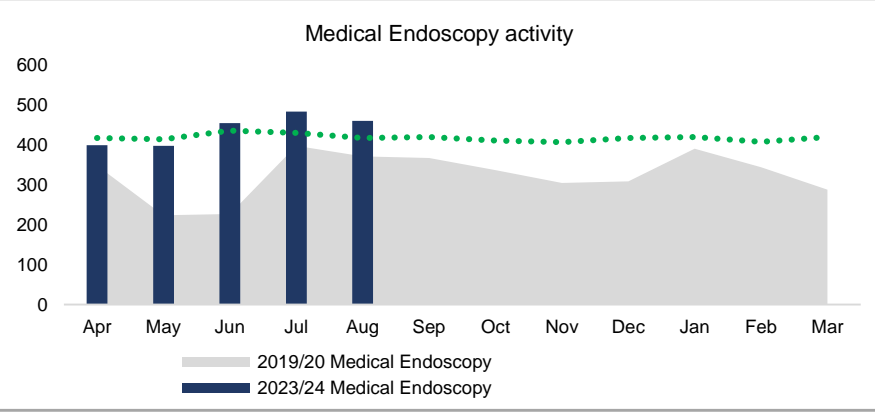
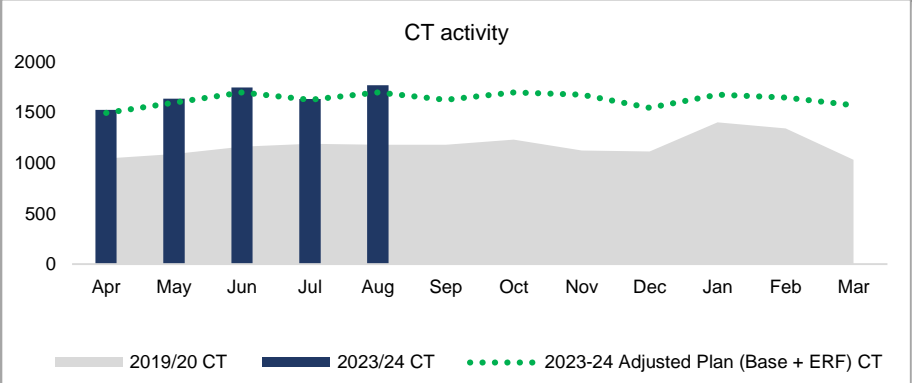
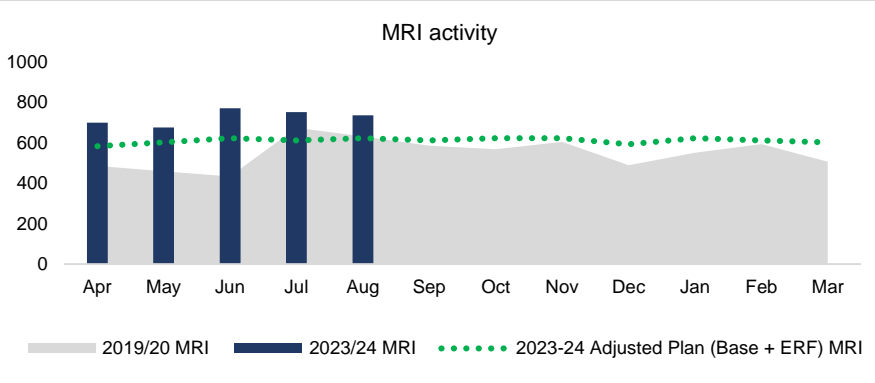


6 Week Diagnostic Breaches by Specialty Group



		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	
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%	
	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%	
	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%	
	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%	
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%	
	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%	
	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%	
	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%	
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%		
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%	
	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%	
	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%	
	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%	
Total		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%	

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



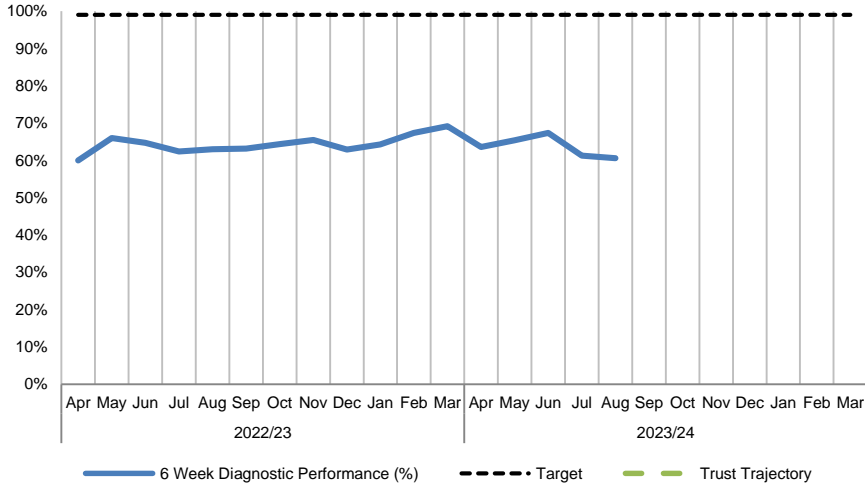
Key issues at modality level:

- **MRI** – MRI activity is above plan and performance is being maintained.
- **CT – Non-Cardiac CT** –We have increased capacity in planning for 23/24 to meet demand and currently at 95% of patients seen within 6 weeks.
- **Cardiac CT** - CT cardiac lists were agreed at RD&E providing an additional 14 scans per session, 3-4 sessions per month. As a result of this increase in capacity the number of patients receiving their Cardiac CT scan had improved significantly from 39.1% at the end of January to 86.5% in May 2023. Due to a decline in Eastern performance Northern capacity for cardiac CT at RD&E has been reduced. We continue to work with our colleagues across site to align resources and monitor performance to ensure equality for our patients but this reduction in capacity will result in a decline in performance for Northern CT cardiac scans. We have moved from 89% at the beginning of July to 73% in mid September.
- **U/S**- We have been able to continue to provide some internal lists over weekends to continue to improve performance. Some capacity at the Eastern CDC has been agreed and we are awaiting a start date. This has been delayed slightly by sickness absence in the Eastern team impacting their U/S services. Outsourcing has been secured for September for Soft tissue scans which will reduce the longer waiters, longer term we have a sonographer who will be training in this area, course commencing in February 2024
- **Endoscopy** -Consultant Gastroenterologist vacancies remains a key constraint; one new consultant is due to start in-post in early October. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases. To further increase capacity an addition of trans-nasal Endoscopy has been identified and this additional capacity was expected to be in place in early August but this was unfortunately delayed until September. This will increase gastroscopy capacity and will indirectly support improvement in colonoscopy and sigmoidoscopy as regular lists will be preserved for these diagnostic procedures.
- **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 will be joining in October when capacity is expected to increase.
- **DXA** – DXA improvement continues in line with although this is still reliant on 2 individual staff members. The contract with Taunton for one list per month continues for 23/24.
- As part of the Trust's Improvement Programme, a diagnostic improvement workstream has been commenced.

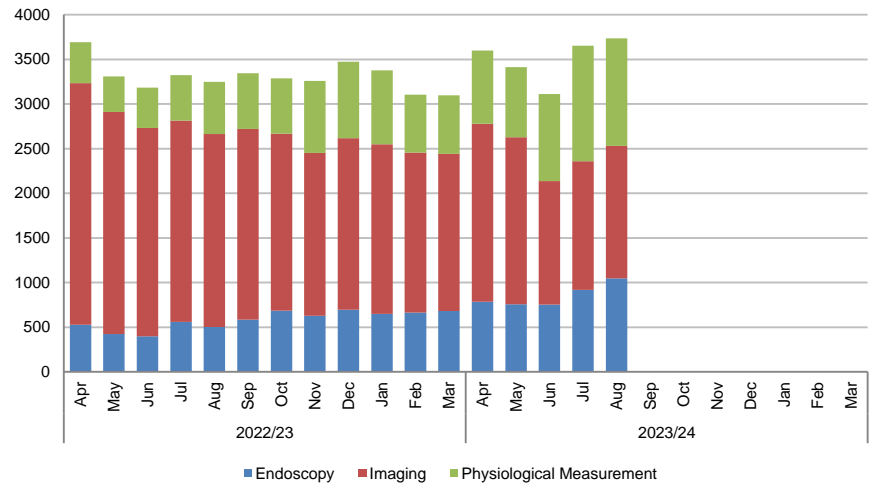
Eastern Services Diagnostics

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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Endoscopy	Colonoscopy	58.3%	51.6%	54.9%	53.9%	53.9%	51.2%	53.0%	50.1%	49.2%	53.1%	41.9%	48.2%
	Cystoscopy	93.2%	87.4%	83.5%	88.1%	47.8%	83.1%	83.2%	75.2%	73.6%	73.5%	76.5%	57.9%
	Flexi Sigmoidoscopy	62.2%	51.3%	49.6%	44.8%	82.1%	41.7%	50.4%	51.1%	54.5%	51.4%	43.4%	42.6%
	Gastroscopy	68.0%	69.8%	78.3%	74.8%	74.7%	73.9%	73.5%	66.3%	70.3%	97.4%	69.8%	66.3%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	85.4%	89.5%	92.3%	86.2%	87.9%	83.3%	84.6%	82.5%	79.5%	77.4%	76.5%	81.5%
	DEXA Scan	99.4%	99.2%	98.4%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.3%
	Magnetic Resonance Imaging	72.9%	73.7%	75.6%	68.5%	70.7%	76.5%	73.4%	66.6%	68.8%	72.8%	69.8%	69.3%
	Non-obstetric Ultrasound	51.2%	54.5%	56.7%	56.8%	56.6%	60.1%	66.4%	59.9%	63.8%	70.9%	70.4%	66.6%
Physiological Measurement	Cardiology - Echocardiography	72.7%	75.2%	65.0%	66.6%	66.9%	72.6%	66.3%	61.7%	66.1%	58.8%	43.2%	44.7%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	61.2%	55.4%	65.4%	43.2%	49.4%	61.2%	75.1%	59.3%	62.1%	67.6%	41.5%	37.5%
	Respiratory physiology - sleep studies	65.8%	61.4%	63.1%	60.6%	57.8%	57.7%	66.4%	65.5%	60.7%	61.4%	53.9%	47.0%
	Urodynamics - pressures & flows	26.9%	25.7%	33.7%	28.8%	38.5%	32.2%	37.8%	36.8%	36.8%	27.3%	29.2%	21.3%
Total		63.2%	64.4%	65.5%	63.0%	64.3%	67.4%	69.2%	63.6%	65.4%	67.4%	61.3%	60.6%

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Eastern Services Diagnostics

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

Activity & Flow

Operational Performance

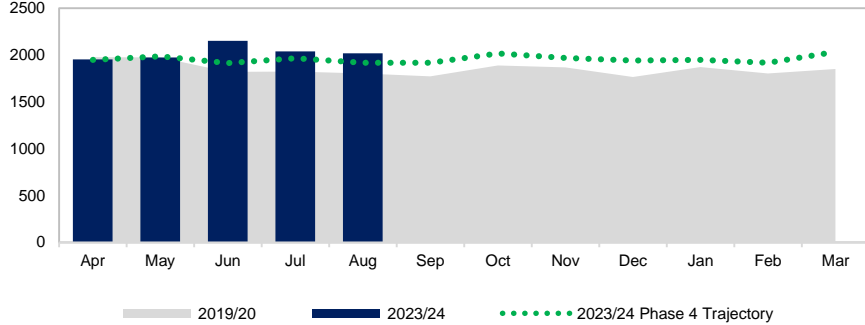
Patient Experience

Quality & Safety

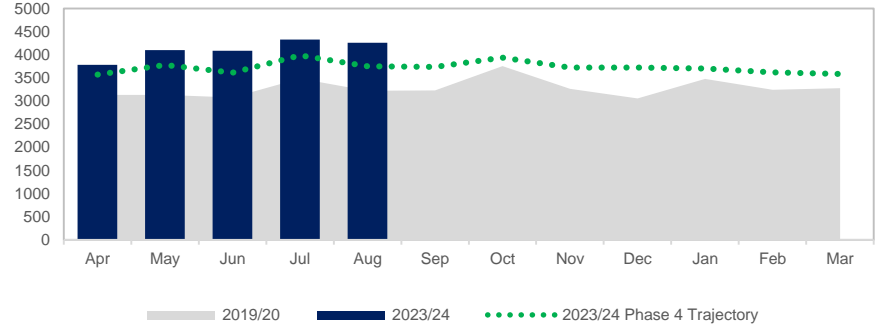
Our People

Finance

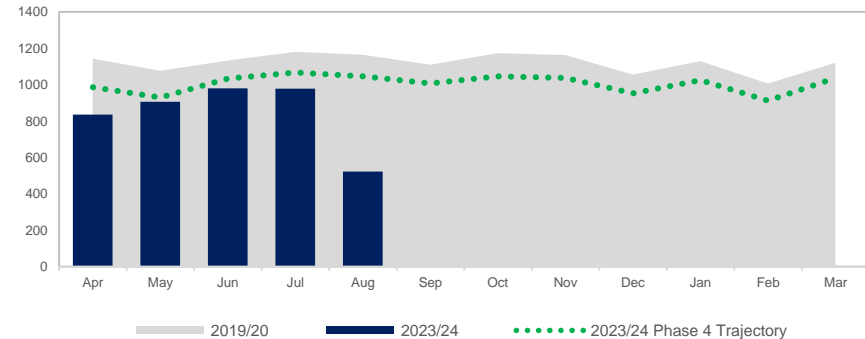
MRI Activity



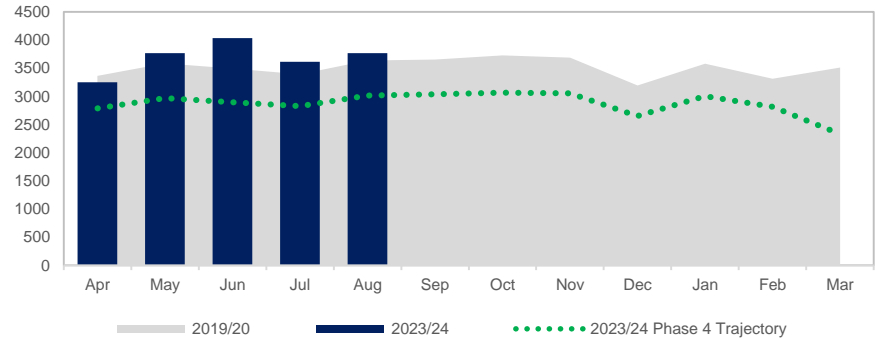
CT Activity



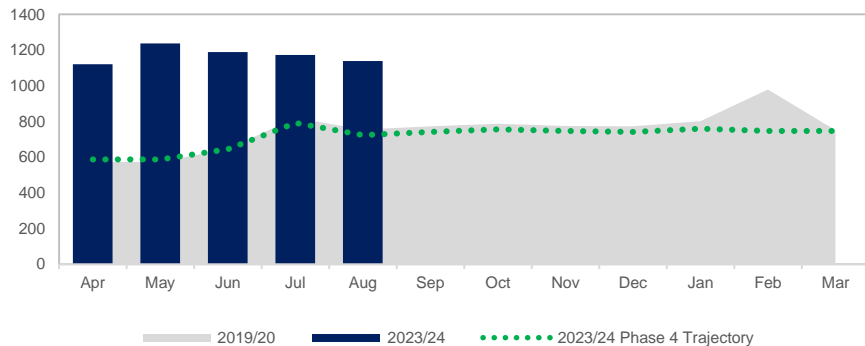
Medical Endoscopy Activity



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 August 60.6% of patients were waiting less than 6 weeks – a deterioration from 61.3% at the end of July, representing 83 further patients.

CT

- There has been a continued increase in the number of breaches across July and August which was impacted by continued industrial action. Whilst September sees a return to normal capacity post summer, the sustained impact of industrial action continues. All patients whose wait is longer than circa 8 weeks require CT cardiac imaging.
- The reporting position has also declined due to impact of summer leave and industrial action. The team are working with outsourcing partners to recover turnaround times for reporting.

MRI

- Non-Cardiac MRI breaches have similarly deteriorated over the summer period, again mainly as a result of industrial action. The longest waiting patients for a non-Cardiac procedure are currently waiting up to 20 weeks.
- MRI Cardiac continues to be challenged. The imaging team is working with Cardiology to explore how to utilise the MGNC scanner more fully to support a new list every Friday, and possible ad hoc additional lists where cardiologists and cardiac nursing teams timetables permit.

Non Obstetric Ultrasound

- US waiting list remains stable despite industrial action

Dexa

- Dexa waits remain within target, with the small number of breaches resulting from patient choice.

Endoscopy

- The endoscopy team continue with super weekends to increase capacity – 9 additional lists were delivered in August with 14 planned for September.
- ERF funding is utilised to fill in week gaps in the rota and along with In-Health staff to use all available space.
- Focus continues to be around prioritising our longest waits and validation of waiting list and maximising the total number of points per list. Working with the clinical lead to bring points back to pre-covid / pre epic numbers on all lists.
- Delay in operationalising the mobile unit at Tiverton (contractual go live date 1 August). Estate team escalating final delay with South West Water.

Echocardiography

- Demand has increased further on a previously high level with performance remaining challenged. Despite ongoing weekend physiologist clinics the number of breaches has increased in the most recent month by nearly 200, to 687.
- Work on the dashboard continues with BI as well as with the productivity team to optimise test requests.
- Recent recruitment to 3 vacant band 6 posts has been successful with this additional capacity started in the New Year. There is continued reliance on the use of locum physiologists to support the demand on the service.
- An echo task and finish group is working on both protocols to better support the service through more efficient triage and workflows in Epic to enable this. Additionally, clinical advice for valve surveillance intervals at the outpatient Epic request is being explored.
- A resource business case is being developed which increases the physiology resource further.

Respiratory Physiology

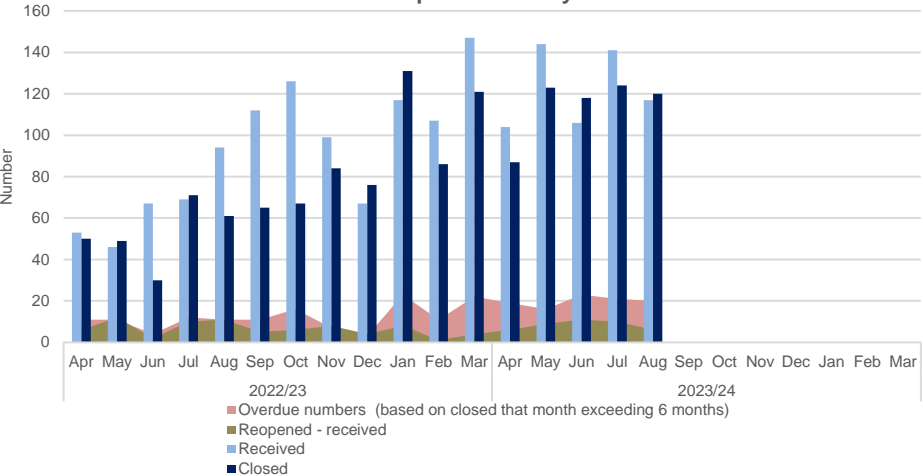
- Replacement sleep study machines (previous broken) have now been delivered, which will enable sleep study lists to fully run
- Equipment assistant recruited to support the setting up of these studies, thus releasing clinical time for reporting. The estimated clearance for the reporting backlog is 10 weeks.

Neurophysiology

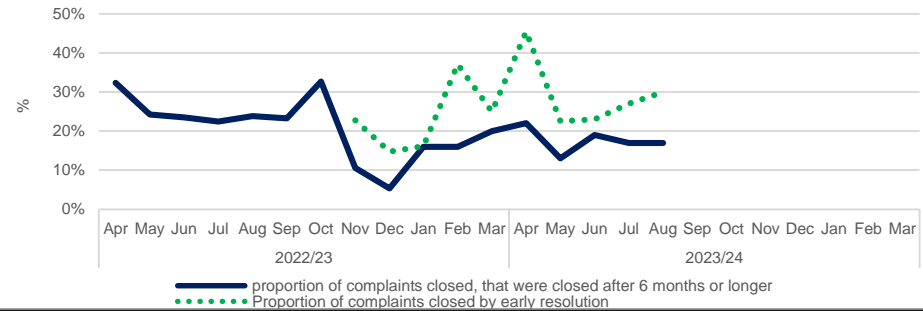
- A number of long waiting PSGs were identified recently. Additional equipment has been purchased to provide a second sleep room at Mardon. Additional lists will run from 18 September, with clearance of these patients expected in 11 weeks.

Trust Patient Experience

Complaints Activity



6 Month (Percentage Overdue) and Early Resolution



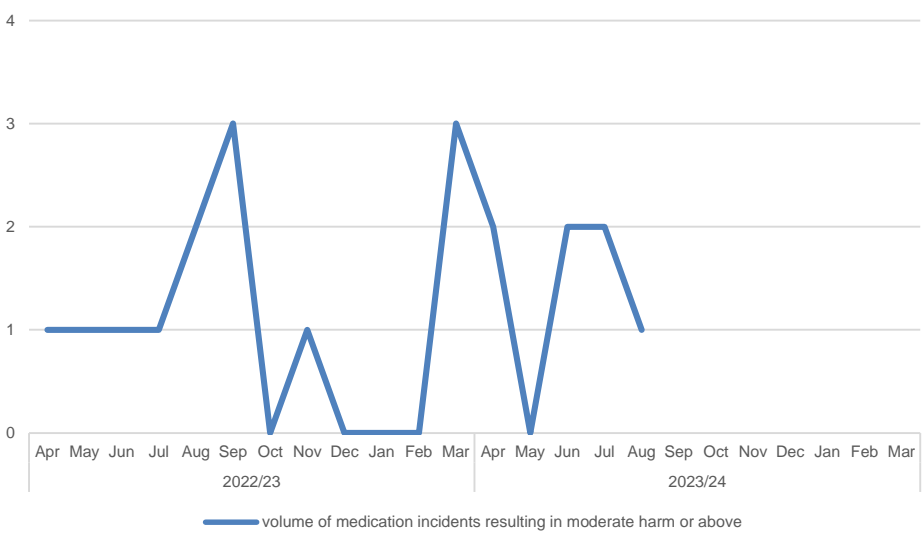
- During August, 36 complaints were closed by early resolution (30% of total closed) which is an incremental improvement compared to July and remains on a continuing upward trajectory. There has been sustained improvement in the volume of complaints being closed during the last two quarters.
- There was a decrease in complaints received in August and a decrease in complaints closed when compared to the previous month. The percentage of complaints closed after 6 months or longer in month remains the same as the previous month at 17%.
- Two new primary investigations were received from the PHSO during August, the primary review will determine whether further investigation is required, and no investigations were closed.
- Overdue complaints are monitored through the divisional PAF meetings, and at bi-weekly complaints huddles between divisions and corporate services.
- Communication remains the main theme throughout complaints along with values and behaviours. On comparing the top 10 themes for Q1 it can be seen that there has been a large increase in the number of complaints around the 'wait for operation/procedure' and 'appointment delay' (Inc. length of wait). These themes are now sitting in the top 7 themes whereas they were much further down the list in Q3/4 22/23. This would suggest the increase in new complaints being received are primarily around these themes. 'Discharge arrangements' has also moved into the top 5 themes where it was sitting just below the top 5 for Q3/4, also reflecting an increase in complaints with this theme.

Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
2	18	2	0

Month	2022/23												2023/24				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
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%
Over 6 months (no of complaints open at end of month)	12	16	4	12	11	13	16	7	3	22	14	23	13	20	18	14	15
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27	33	36
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%

Trust Incidents

Medication Incidents - Moderate harm and above

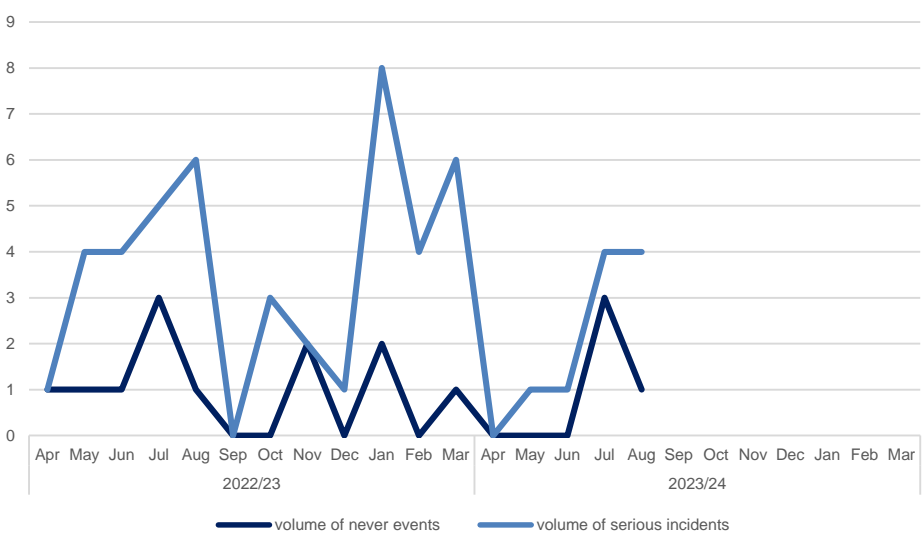


The Trust reported three moderate harm medication incidents through July & August 23. Two medicines administration incidents (incorrect type of insulin) were within Northern services. Both patients required short term escalation in care (increased observation). Investigation / review is underway.

The Third incident was a prescribing error within Eastern Services. Medication was stopped prior to inpatient treatment, and not restarted when they returned home. This led to readmission.

Across July and August, eight incidents were reported as meeting serious incident criteria; 4 of which were never events as outlined below.

Serious Incidents and Never Events



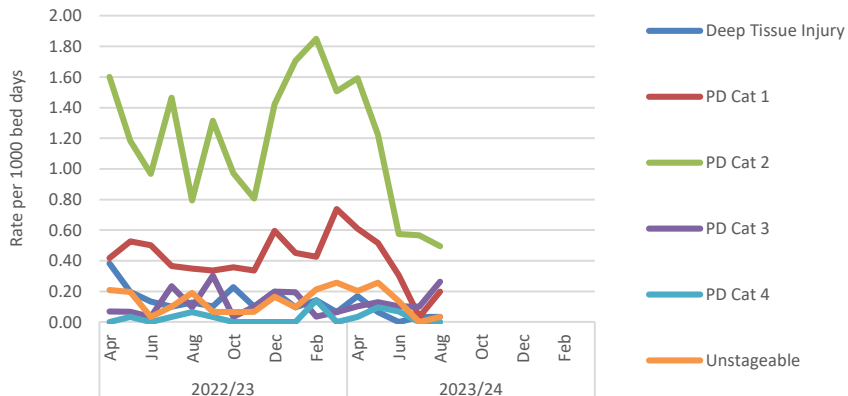
Date	Incident Type	Severity of Harm	Never Event	Site
Jul 23	Wrong route administration	Minor	Y	Eastern
Jul 23	Pathway Error	Moderate	N	Northern
Jul 23	Wrong Site Block	None	Y	Eastern
Jul 23	Wrong Site Block	None	Y	Northern
Aug 23	Treatment Delay	Moderate	N	Northern
Aug 23	Treatment Delay	Moderate	N	Northern
Aug 23	Transfer to NNU - HSIB	Moderate	N	Northern
Aug 23	ABO incompatible Transfusion	None	Y	Eastern

Trust Pressure Ulcers

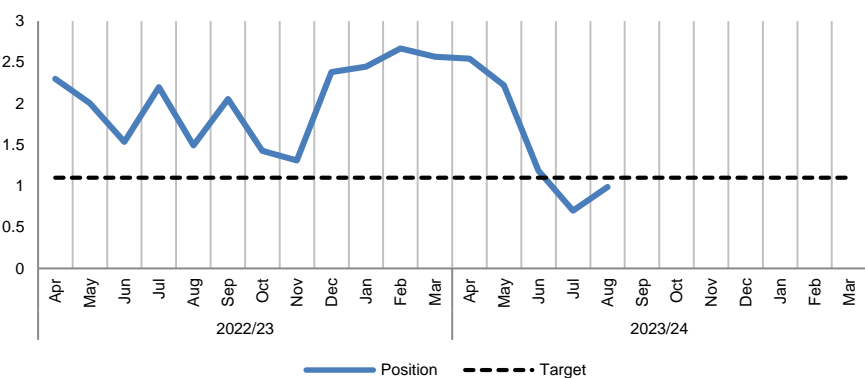
Rate of pressure ulceration experienced whilst in Trust care

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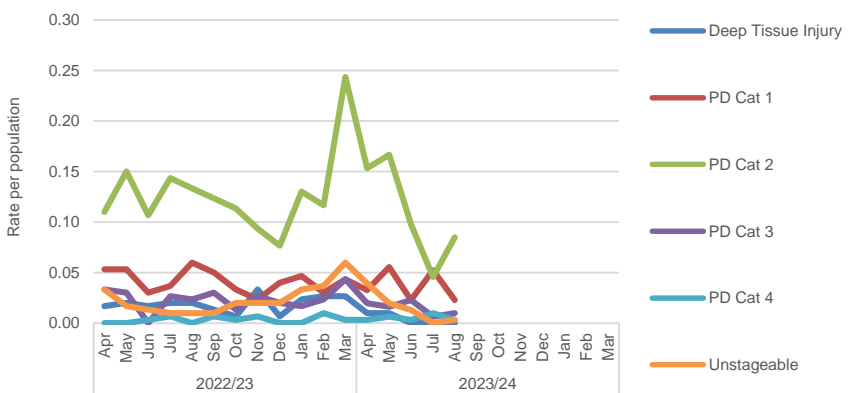
Acute Pressure damage rate per 1000 bed days



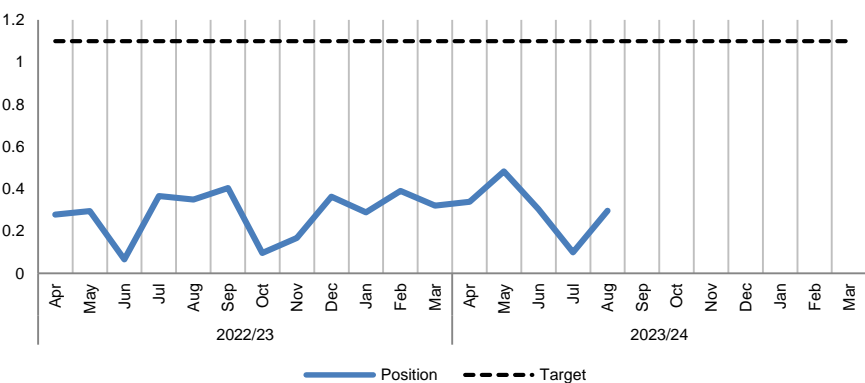
Rate of Grade 1- 4 pressure Sores /1000 bed days



Community pressure damage rate per population and grade



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

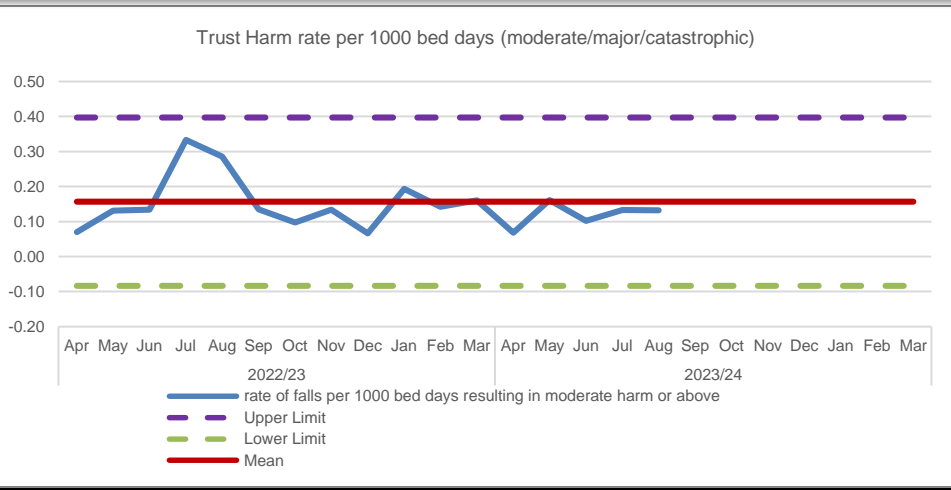


This is the first month that we have presented data across all areas of the Trust in one slide. There has been extensive work in the North to reduce validation and improve prevention of pressure ulcers. Due to changes in the validation process and ongoing pressure ulcer prevention work we have seen sustained low levels in all healthcare acquired pressure incidents. Ongoing work across both sites to drive a joint Pressure Ulcer Prevention strategy has started and work to support staff with robust Pressure Ulcer Prevention documentation has begun with the Epic team.

Common themes identified requiring improvement include skin care at end of life, prevention of damage in the diabetic patient population and chair bound community patients.

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
Falls	232	200	226	234	192	199	226	206	201	215	199	226	189	180	169	190	181
Moderate & Severe Falls	2	4	4	10	9	4	3	4	2	6	4	5	2	5	3	4	4

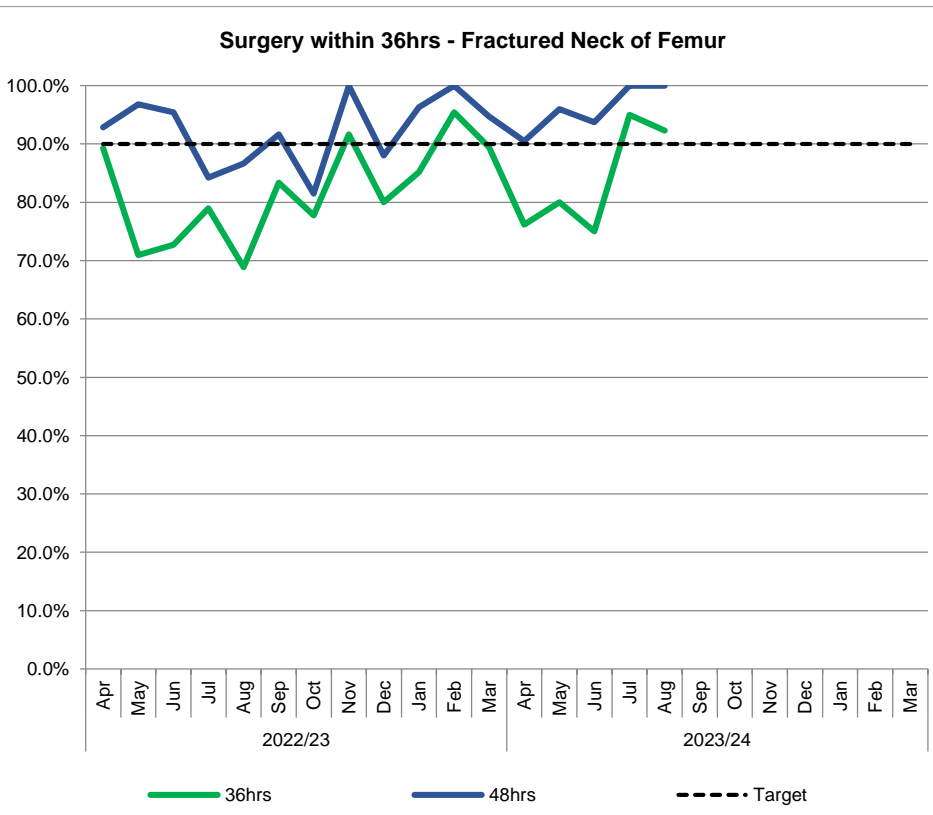
- In July and August 2023 there were eight falls reported as resulting in moderate harm. One of these is due to be downgraded, as it was subsequently discovered that the fall did not lead to moderate harm.
- Four of the falls were observed by staff, whilst the remaining three occurred with patients who were self-mobilising.
- Review of the incident reports has not identified any sub-optimal care issues, and investigations are underway.
- Falls continue within normal variation, and have been at or below the mean point for the previous seven months.

Northern Services Efficiency of Care – Patients risk assessed for VTE



Northern Services	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Aug-23
NDDH	60%	65%	81%	76%	82%	78%	77%	76%	71%	82%

- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.

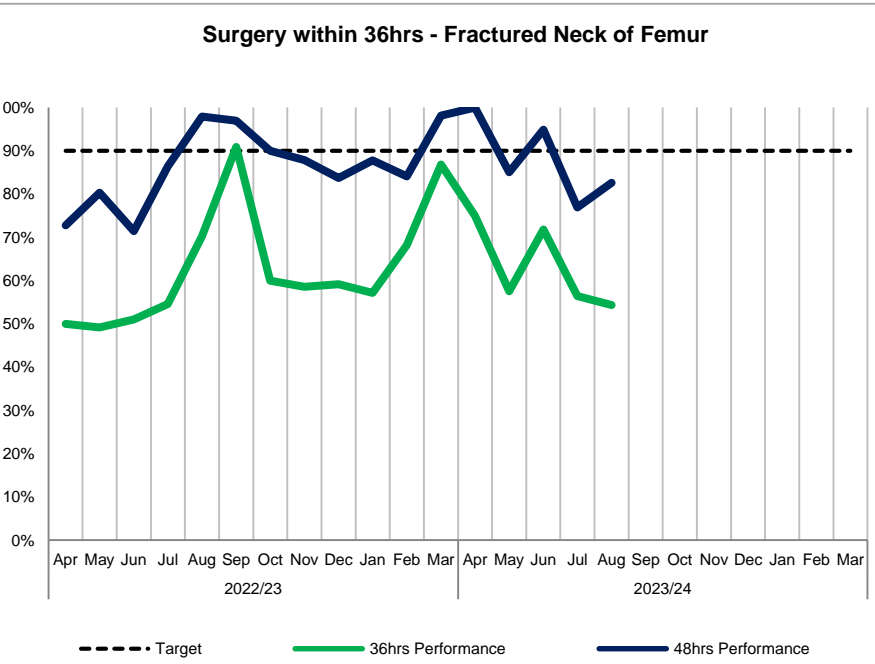


- In August 2023, 92.3% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 26 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these, 24 patients received surgery within 36 hours.
- The 2 patients in total that breached 36 hours were due to lack of theatre time and awaiting space on theatre lists. There is an increasing volume of Trauma admissions being seen impacting on capacity. No patients waited longer than 48 hours; therefore 100% of patients received their surgery within 48 hours.
- As outlined in the July IPR the previous discrepancy in the methodology used to calculate the time to surgery position has been rectified and has been retrospectively applied for all prior months included within the chart, demonstrating a much more positive position than has previously been reported.

Eastern Services Efficiency of Care

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

Eastern Services RDE Wonford	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Aug-23
	75%	73%	72%	81%	88%	87%	82%	79%	87%	83%



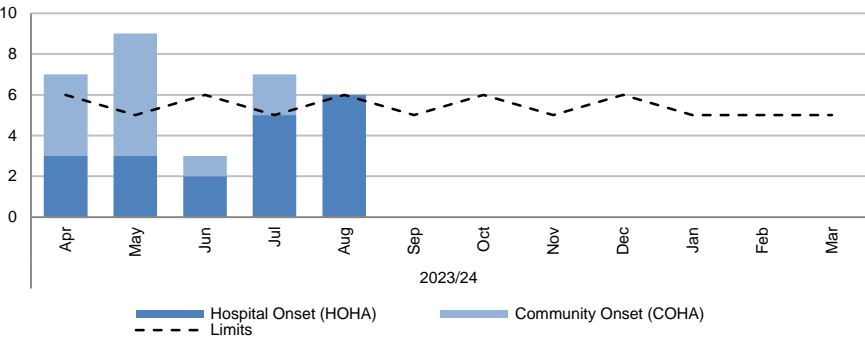
- The snapshot position taken from the Epic system in relation to the proportion of patients risk assessed for VTE on admission, demonstrates a stable position.
- In August 2023, 54% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There were a total of 56 patients admitted with a FNOF, 46 of these patients were medically fit for surgery from the outset and 25 patients received surgery within 36 hours. Eight medically fit patients had to wait longer than 48 hours for surgery, therefore 82.6% of patients received surgery within 48 hours. The main reason for delay was awaiting space on theatre lists.
- There were a total of 166 trauma patients admitted in August, with two days seeing 10 and 11 admissions.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. Seventy three Trauma Patients had their surgery during August in PEOC Theatres, which was to the detriment of elective activity and the high Trauma numbers resulted in a 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 now moved to SWAOC for Foot and Ankle, Soft Tissue Knees and some Spinal activity will move in October 2023 – this is however, additional activity and therefore this has not freed up 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 will continue to be cancelled to enable trauma patients to be treated swiftly.

Trust - Healthcare Associated Infection

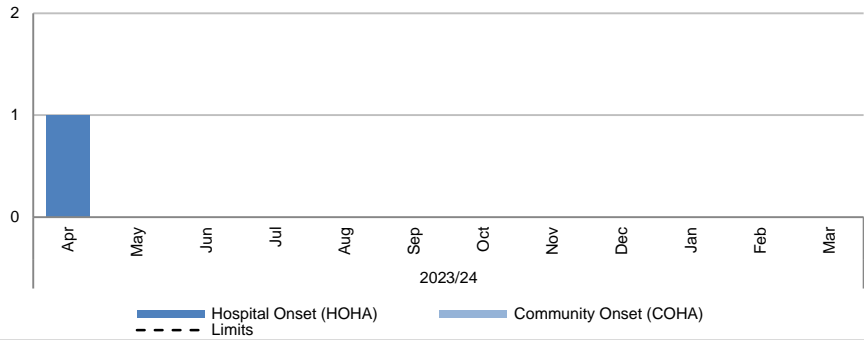
Volume of patients with Trust apportioned laboratory confirmed infection

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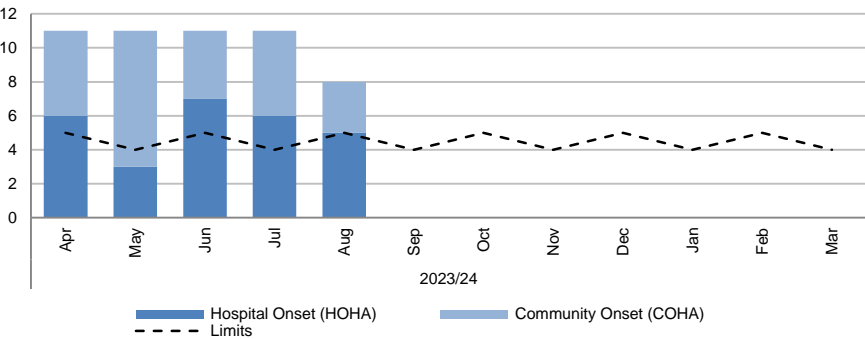
Clostridium Difficile Cases



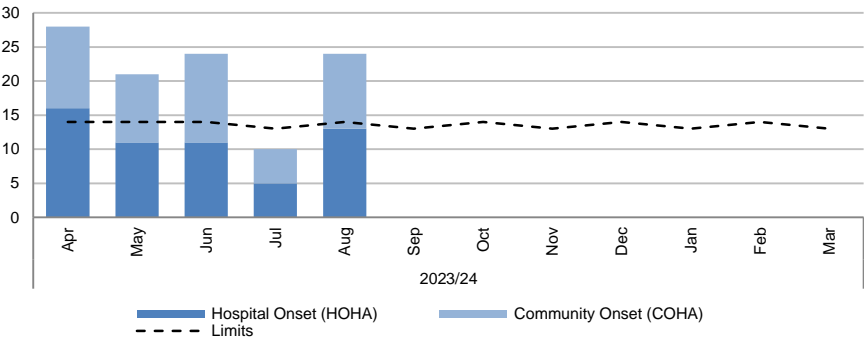
MRSA Cases



MSSA Cases



E-coli Bacteraemias Cases



C.Diff – The one Eastern HOHA case was deemed unavoidable. Two of the Northern cases form part of a cluster involving other C.diff cases. Typing is underway to assess if spread occurred on the ward.

MRSA – Nil

MSSA – Although within normal Trust variation, HCAI incidence remains higher than desired. All healthcare associated cases are investigated in full to establish preventable learning and identify actions. Infection prevention improvement projects specifically targeted at reducing intravascular device associated infection for 2023 – 24 are underway.

E.Coli – August HCAI volume is tempered by lower than average incidence in July, however gram negative bacteraemia incidence remains raised in comparison to regional average. Urinary foci remains the highest causative factor. No learning has been identified from thorough case investigation of Northern cases.

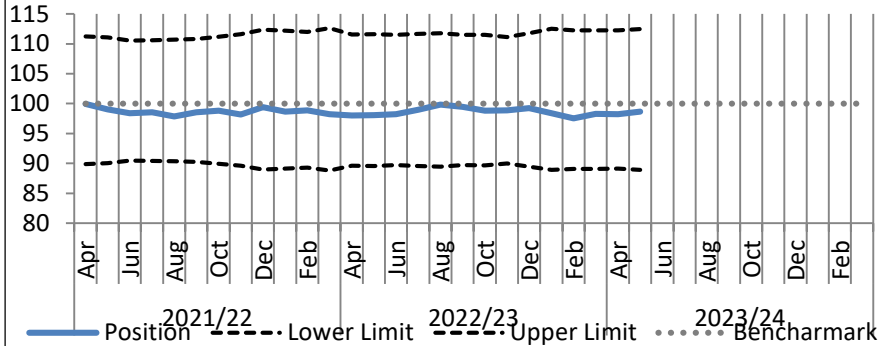
Work to align infection prevention and control with the patient safety incident response framework has begun. Wider systems working to encourage deeper understanding of HCAI incidence negating requirement to produce routine case by case or mandated post infection review will enable valuable resource to be targeted at those infection incidents most amenable to prevention. This proportionate response to healthcare associated infection does not impact current mandatory reporting requirements which still includes continuous identification of trends and infection prevention themes.

2023-24 trajectories have been agreed to include Northern and Eastern site expectations alongside the whole Trust expectations. These trajectories will enable comparison across the patch and accommodate NHS England thresholds where they have been set.

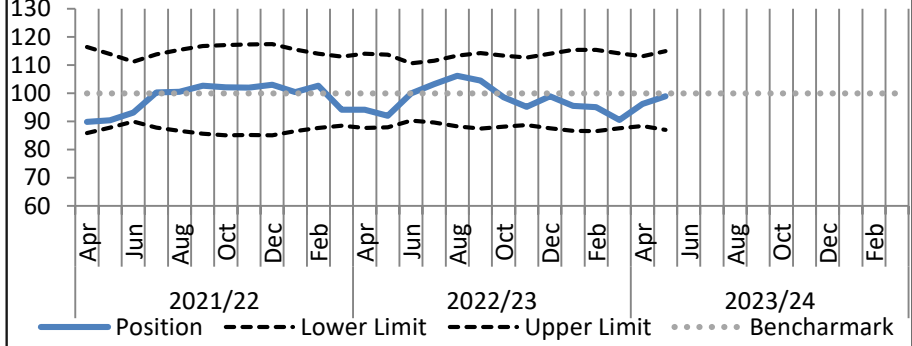
Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*



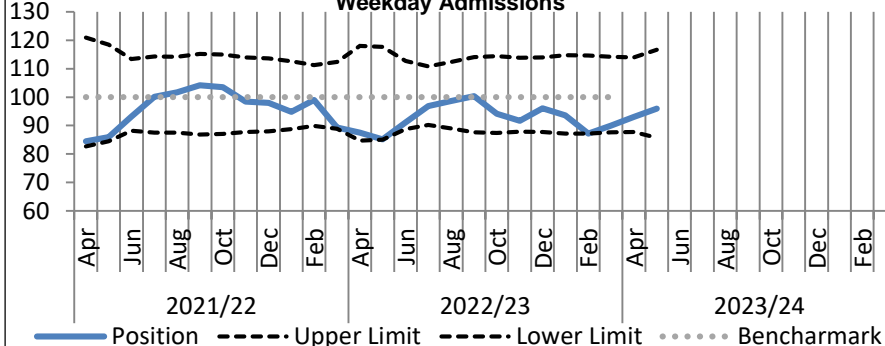
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



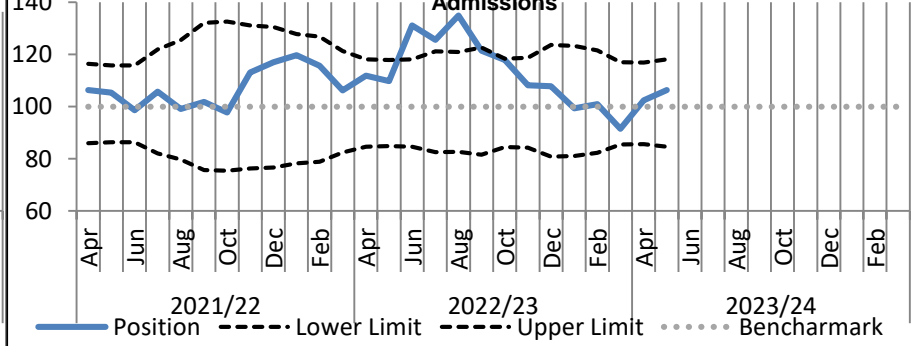
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



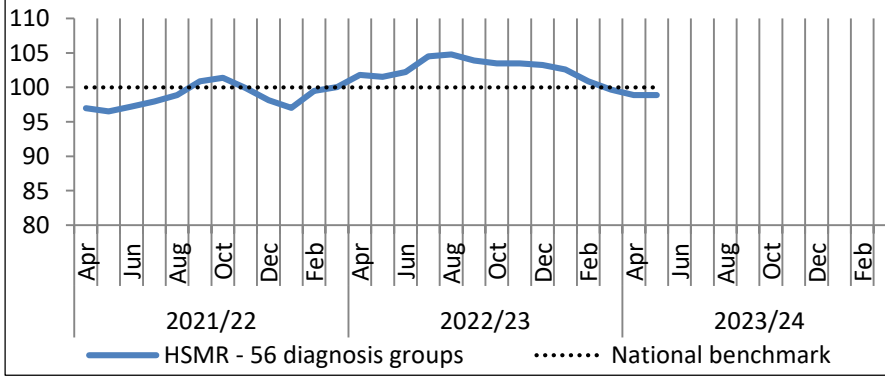
Mortality Indicator (SHMI) Rolling 3 months - Emergency Weekday Admissions



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



HSMR (12 Month Rolling)

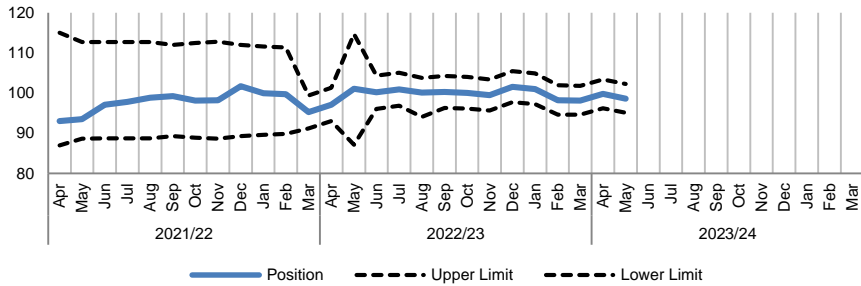


- The overall mortality figures are within national confidence intervals for 12 month and 3 month rolling SHMI and are below all our Peninsula peers. The 12 month HSMR has continued to fall and stabilise.
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas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

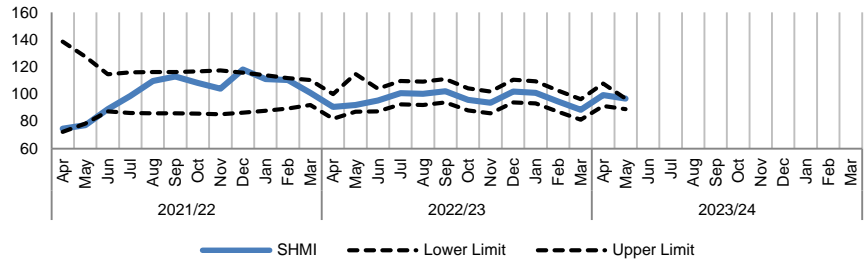
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

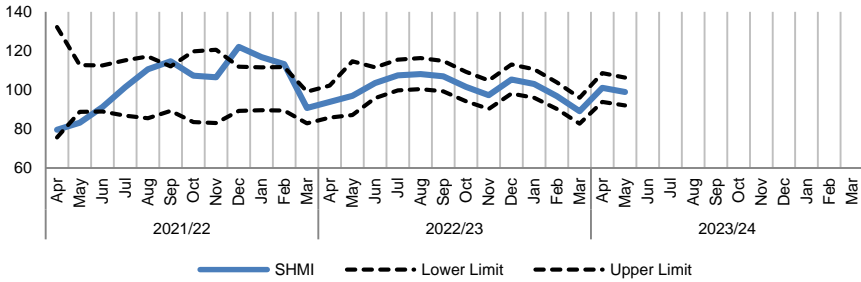
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



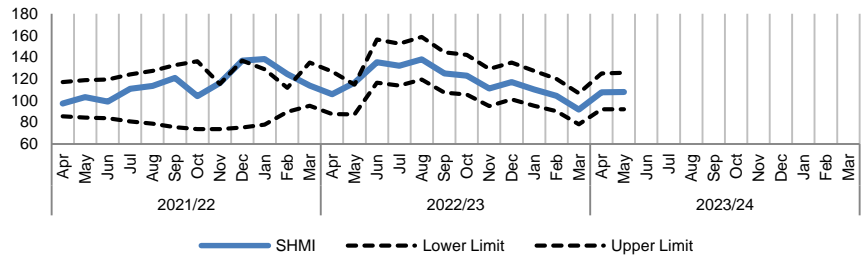
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



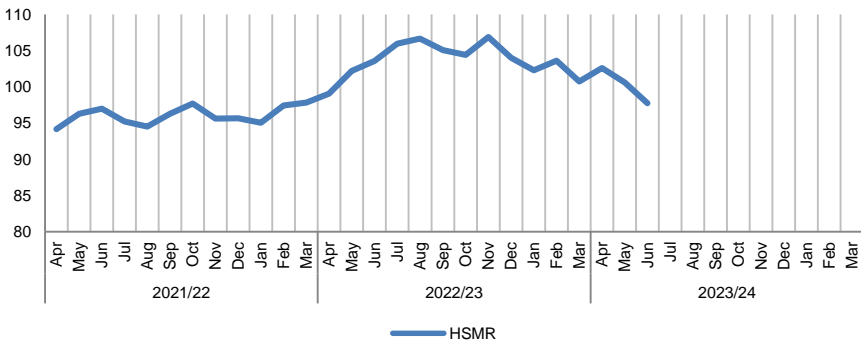
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions



HSMR (12 Month Rolling)

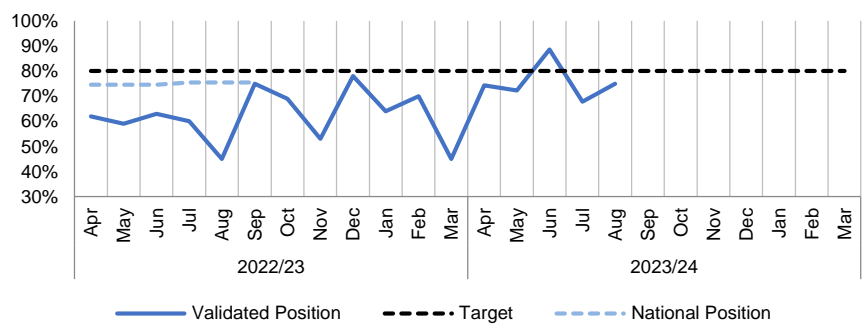


- The SHMI position remains within the expected range for all metrics
- The HSMR position remains stable and reducing on a rolling 12 month basis to June 2023
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process,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

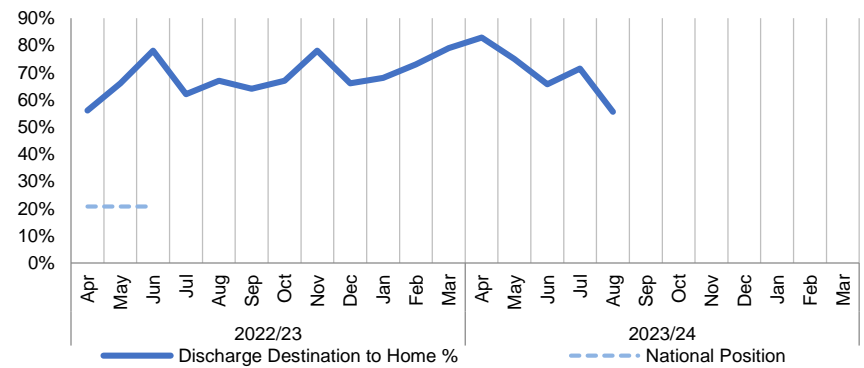
Northern Services Stroke Performance – Quality of care metrics for patients admitted following a stroke



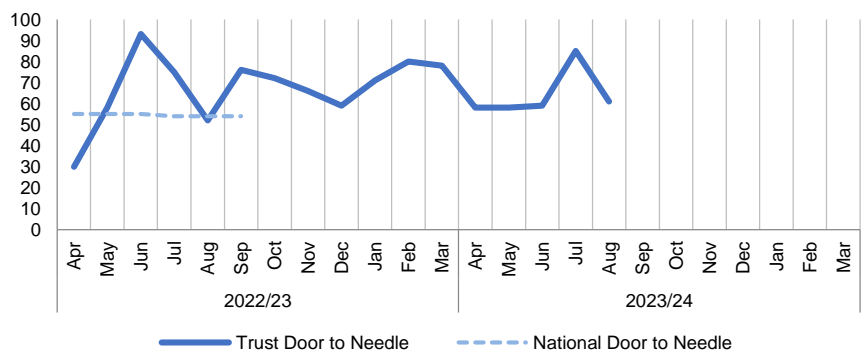
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



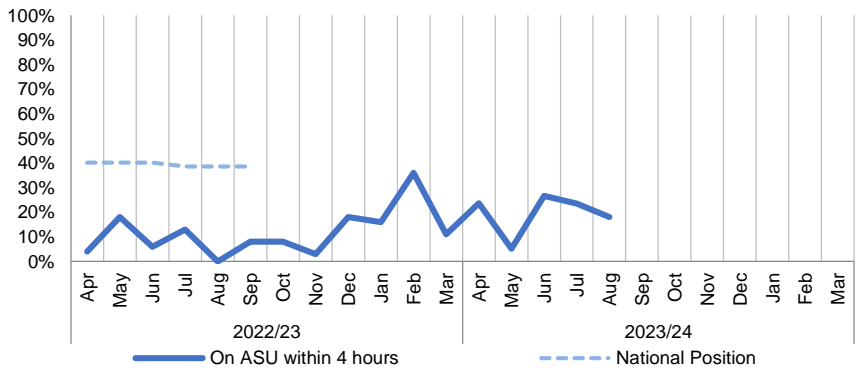
Discharge Destination to Home (%)



Average Thrombolysis Times (minutes)



On Stroke Unit within 4 hours

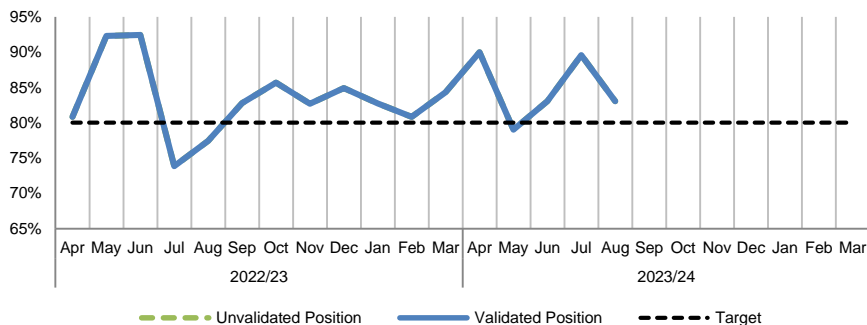


- 90% stay: Performance against this indicator continues to show a more stable position across the last five months, achieving 75% In August. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement 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
- ASU in 4 hours: This target remains challenging due to the high level of occupancy.

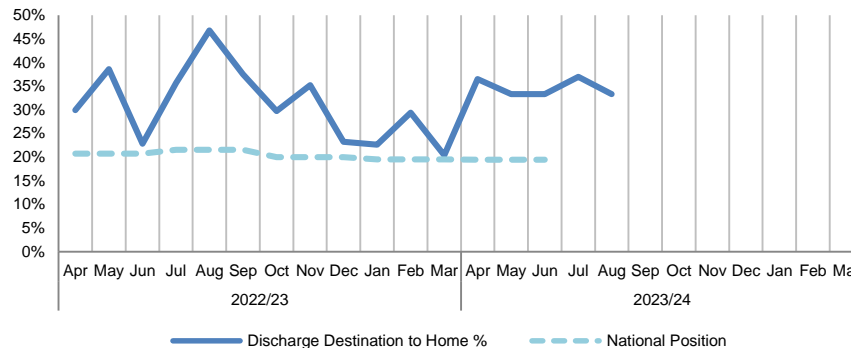
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

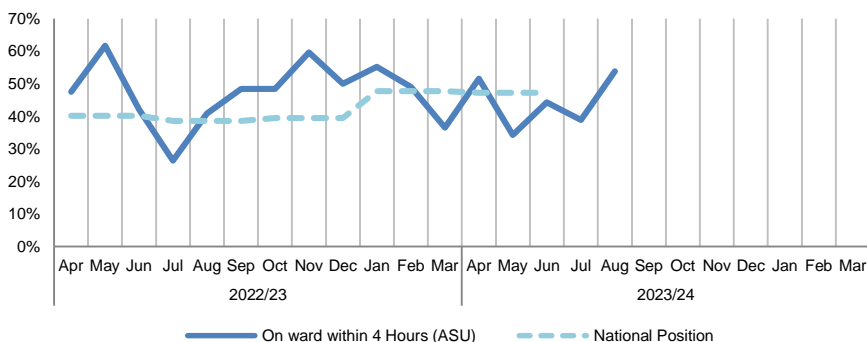
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



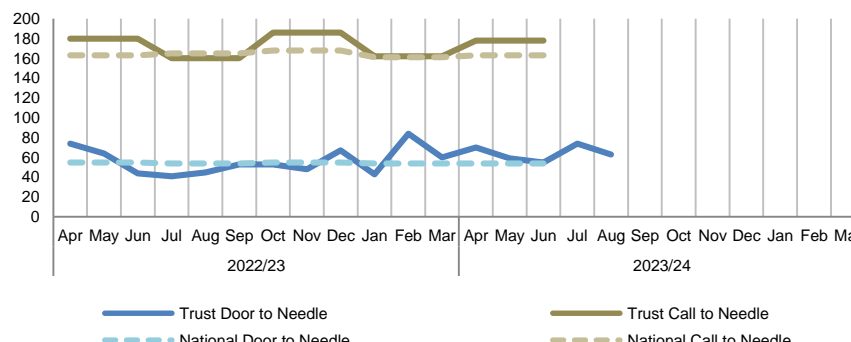
Discharge Destination to Home (%)



On ward within 4 Hours (ASU)



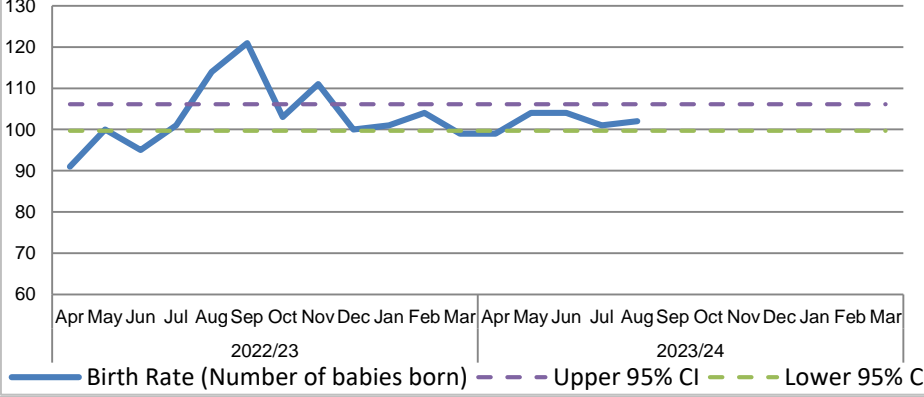
Average Thrombolysis Times (minutes)



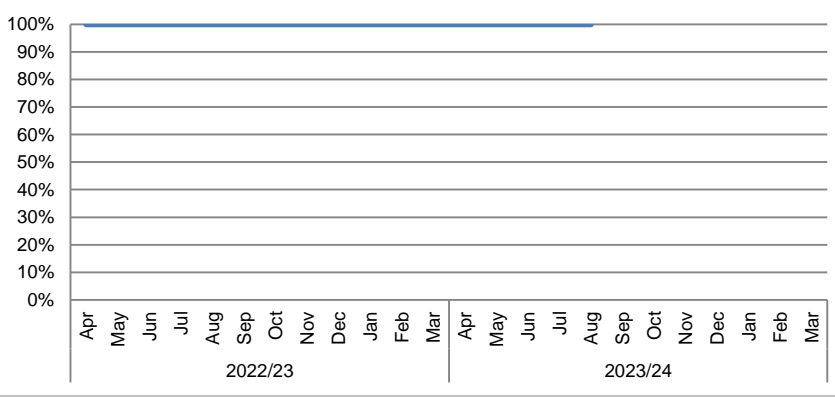
- 90% stay - The proportion of patients admitted spending 90% of their stay on the stroke unit remains above the target position in August at 83.1%
- Also in August 53.9% was achieved against the on ward within 4 hours target indicator, which is an improved position, above the national position.
- The proportion of patients for whom their discharge destination is home remains stable.
- Average Thrombolysis times remain stable and in line with the national position.

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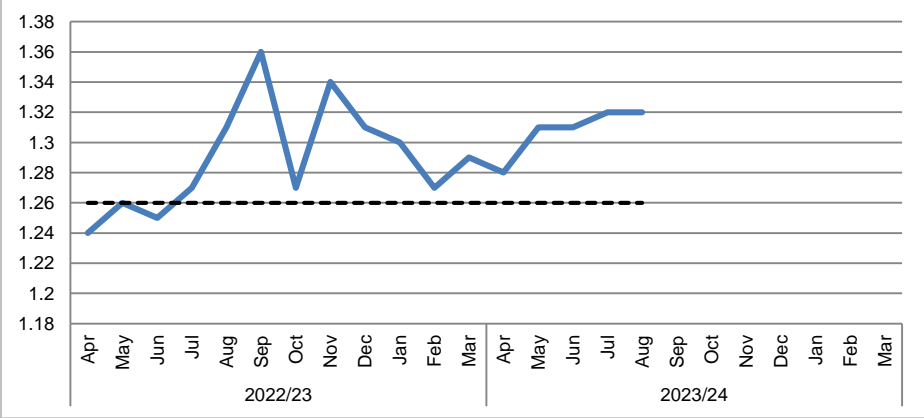
Birth Rate (Number of babies born)



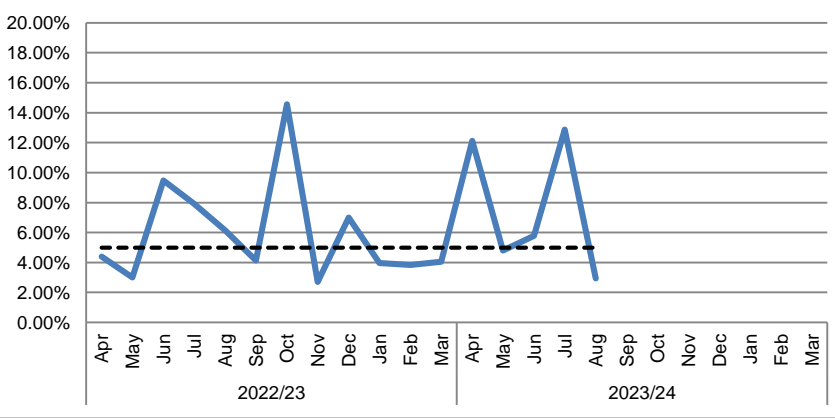
1:1 Care in Labour



Midwife to delivery ratio



Admissions of (term babies) to NNU

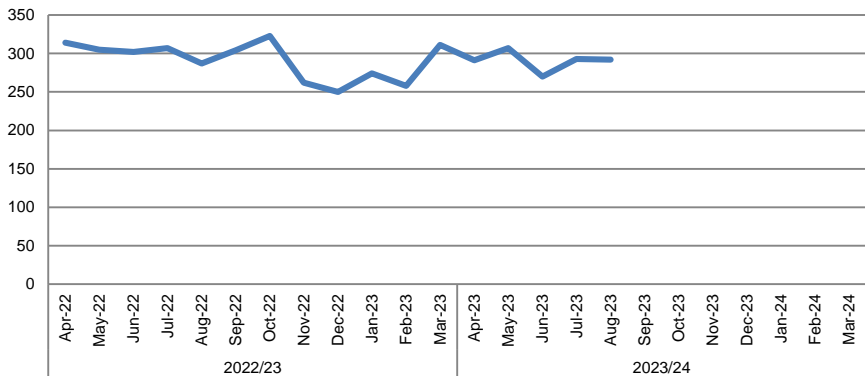


- All term admissions to NNU continue to be reviewed via the ATAIN process

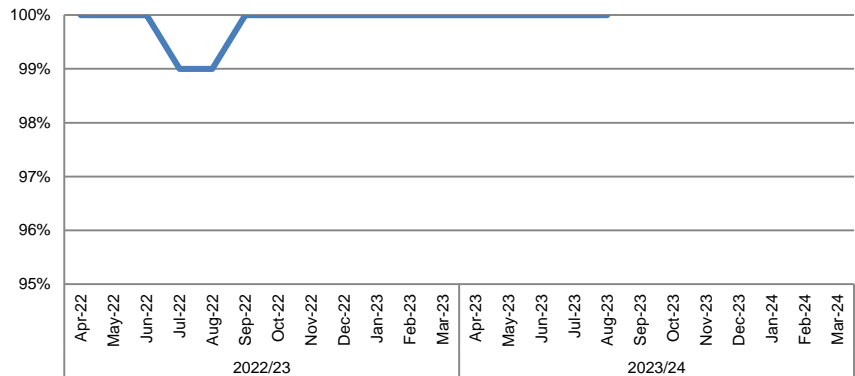
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

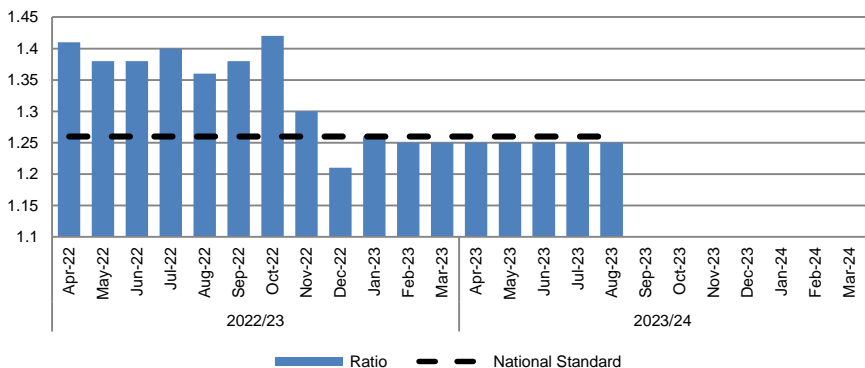
Birth Rate (Number of babies born)



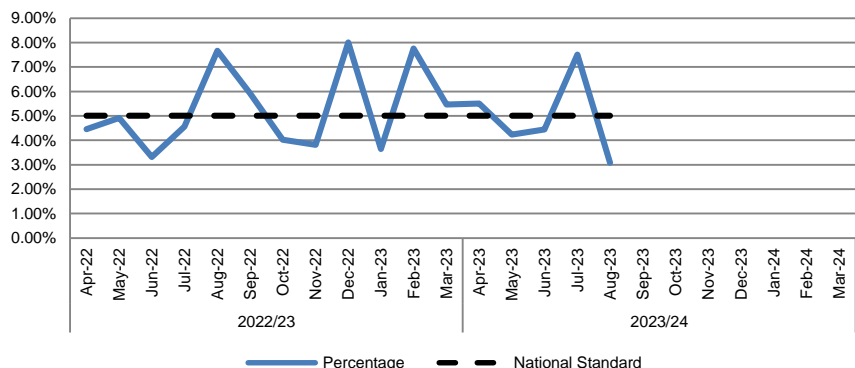
1:1 Care in Labour



Midwife to delivery ratio

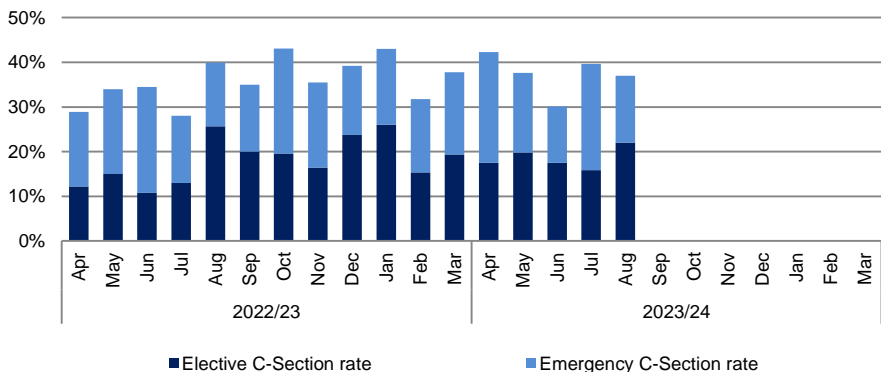


Admissions of (term babies) to NNU

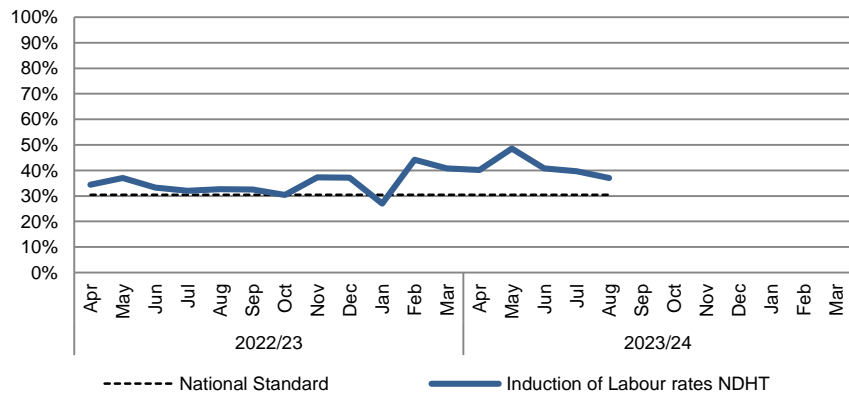


- The step change in the Midwife to Delivery ratio in November 2022 is due to a change in the way midwifery ratio is calculated. Allowance for Annual leave and sickness is now no longer factored

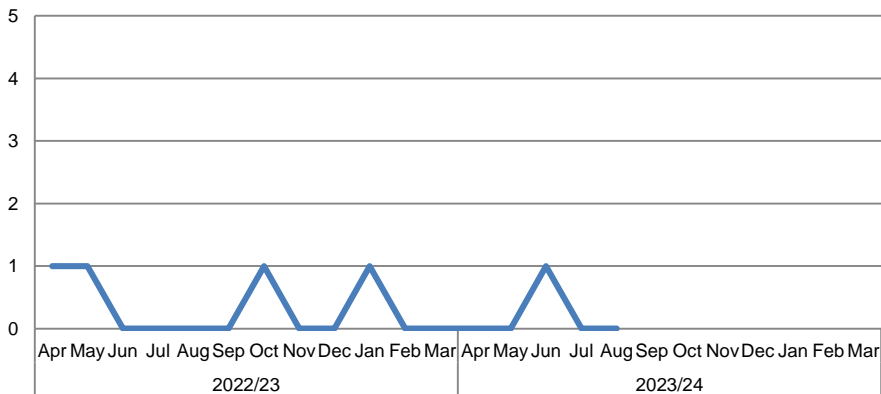
C-Section Rates - Elective & Emergency



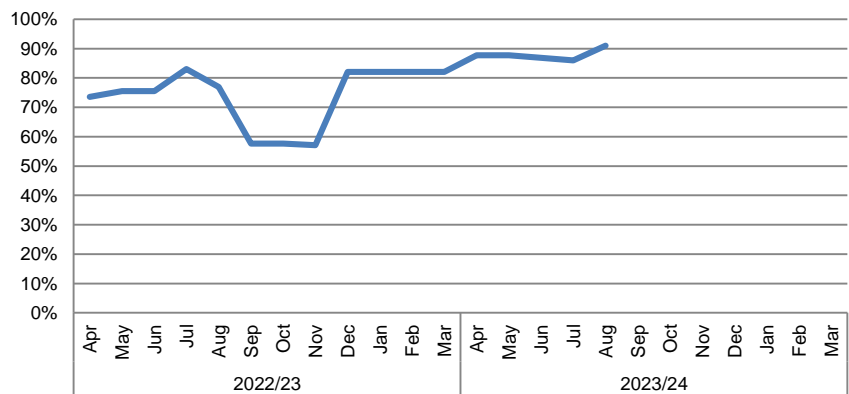
Induction of Labour rates



Still births (includes term & pre-term)



PROMPT Training % (whole team)



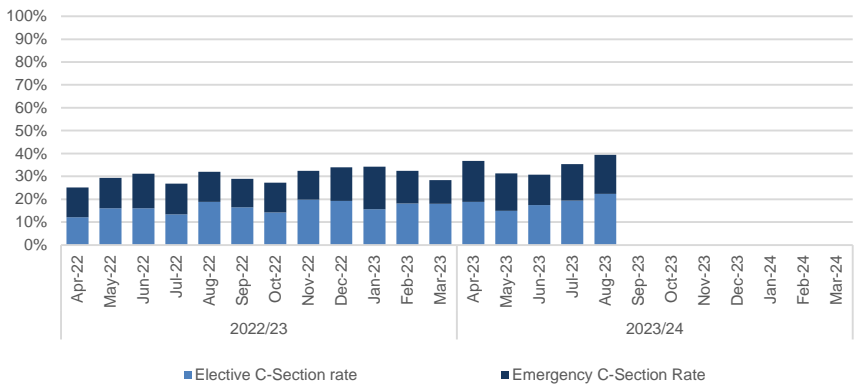
- PROMPT training continues to be prioritised – the service are proud to achieve the 90% target in August and are continuing efforts to maintain compliance at this level.

Eastern Services Maternity

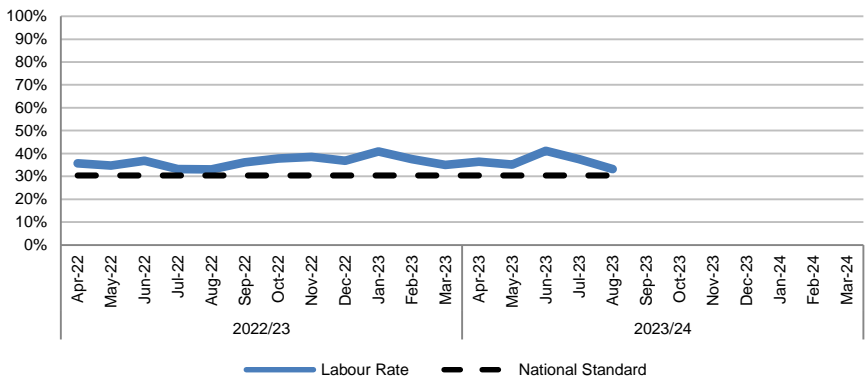
Metrics relating to the provision of quality maternity care

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

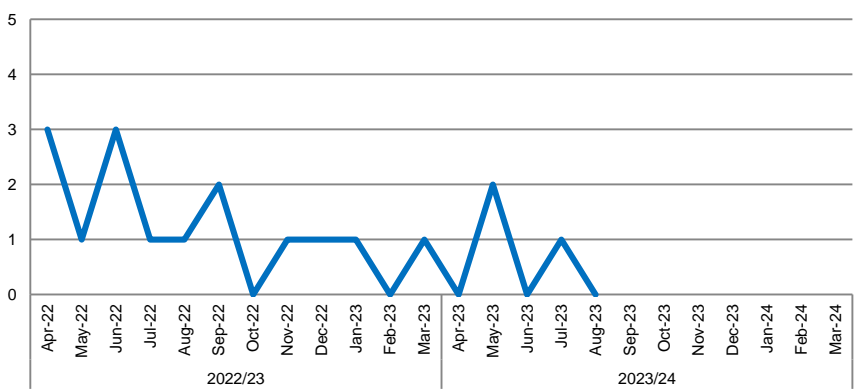
C-Section rates - Elective & Emergency



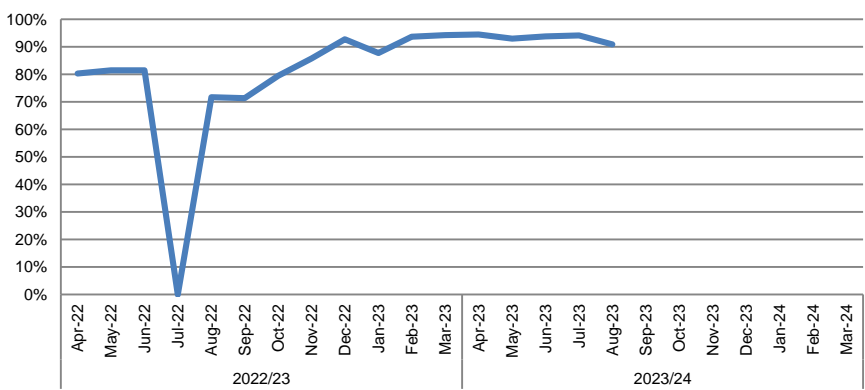
Induction of Labour rates



Still births (includes term & pre-term)



PROMPT Training % (whole team)

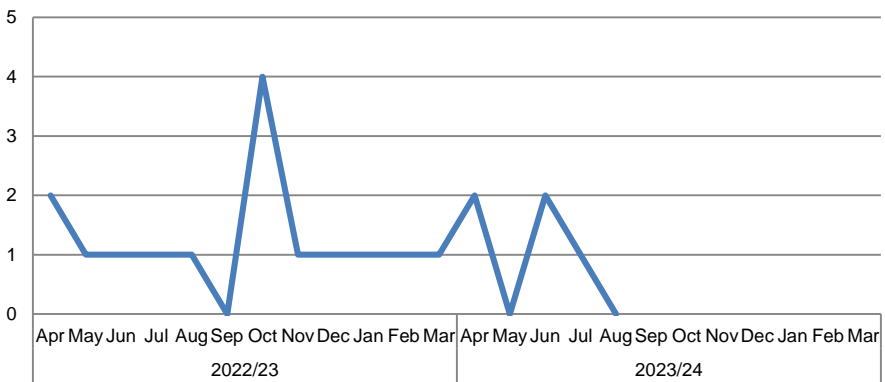


- PROMPT training is prioritised to ensure compliance continues to be maintained at the target of 90%

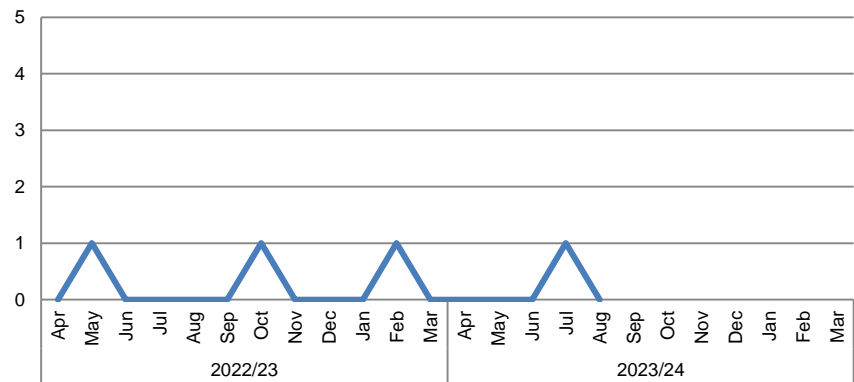
Northern Services Maternity – Metrics relating to the provision of quality maternity care



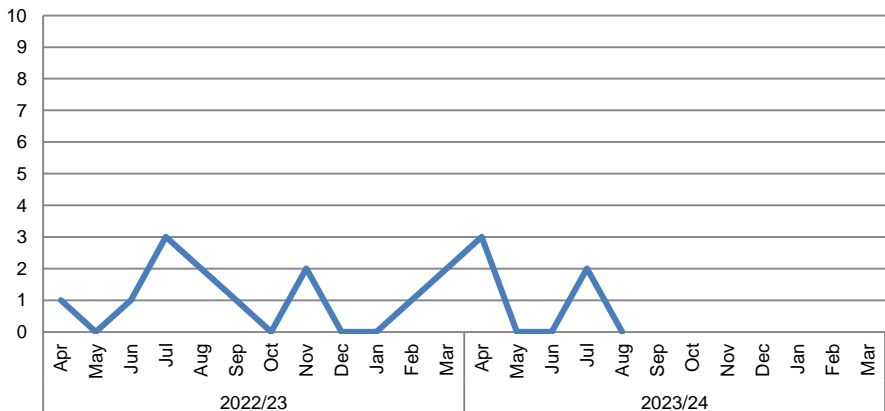
Incidents in current month (moderate and above) (run chart)



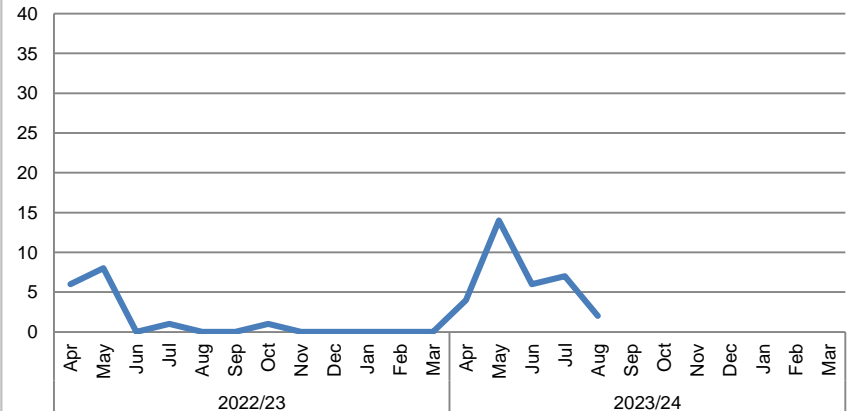
Serious Incidents (run chart)



Complaints Maternity



Compliments Maternity



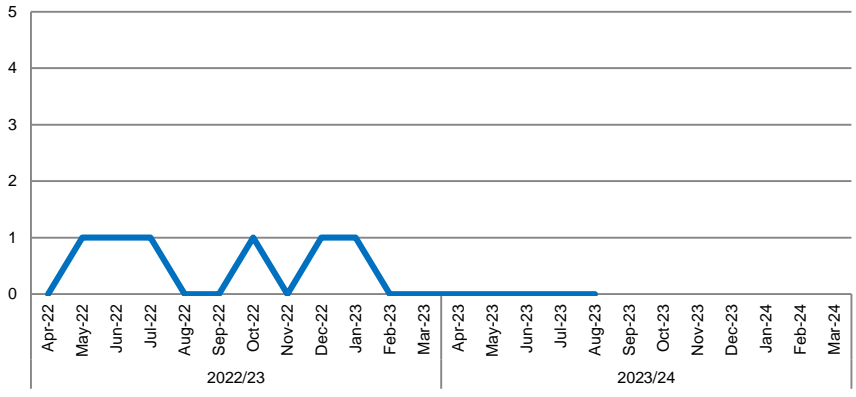
- The service is working closely with service users to encourage feedback

Eastern Services Maternity

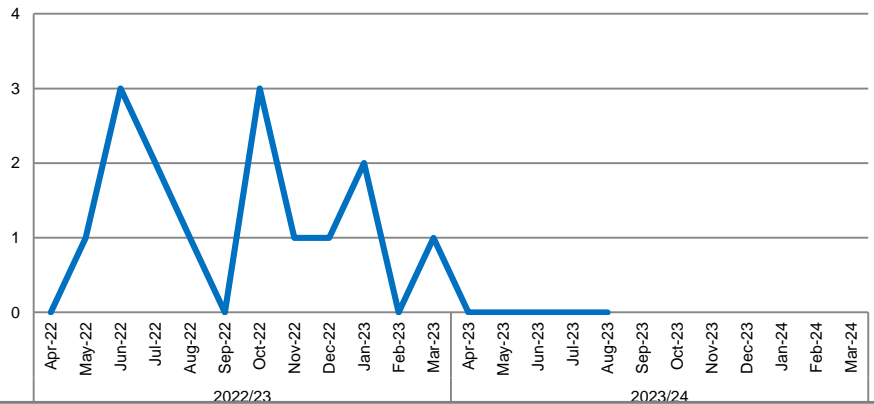
Metrics relating to the provision of quality maternity care



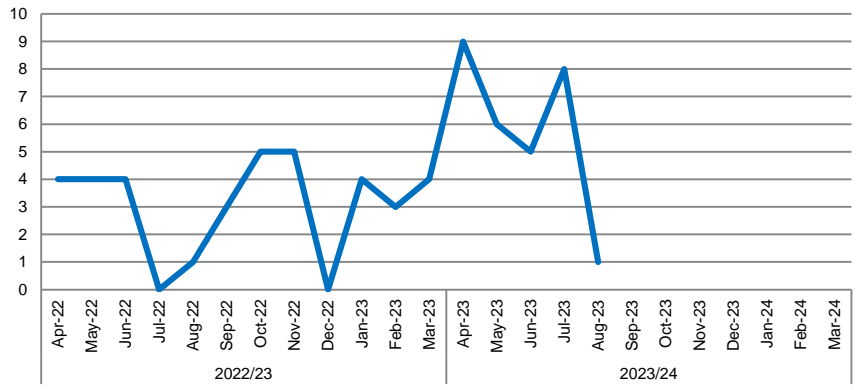
Incidents in current month (moderate and above) (run chart)



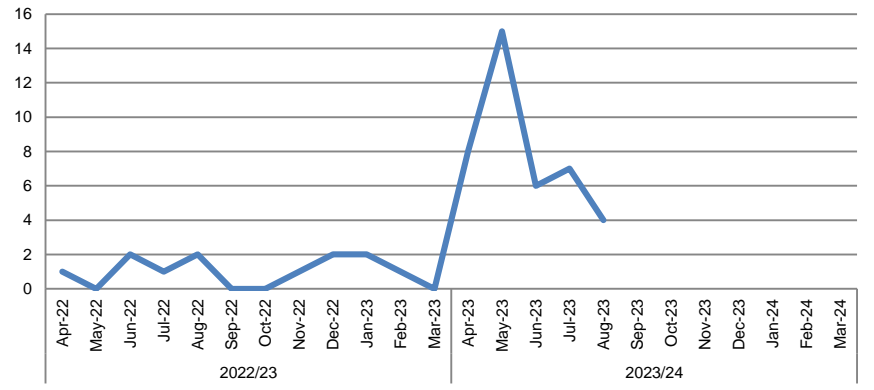
Serious Incidents (run chart)



Complaints Maternity



Compliments Maternity

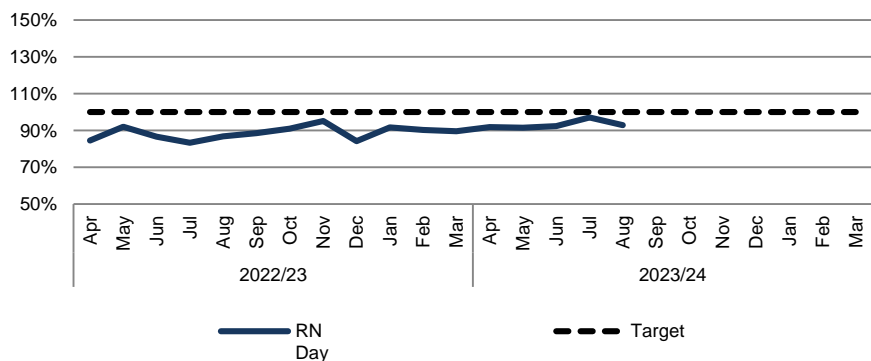


- Maternity services are embarking on implementation of Care Opinion to encourage service user feedback.

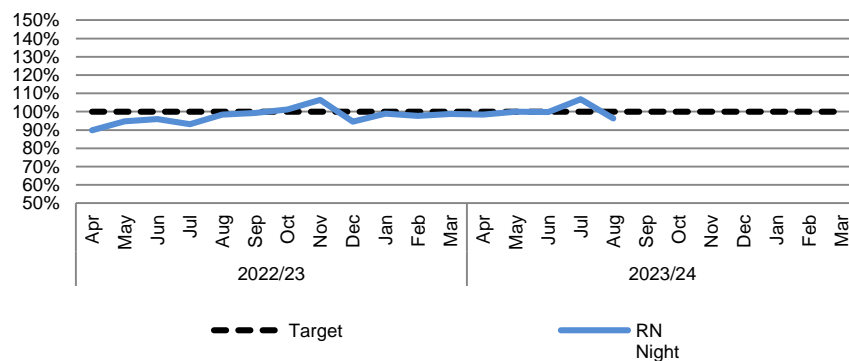
Northern Services Safe Clinical Staffing Fill Rates



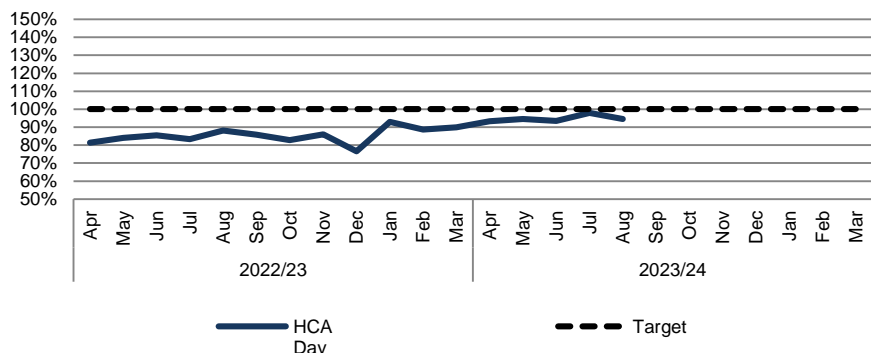
Registered Nurses & Midwives Fill Rate (Day)
Inc. ED & South Molton



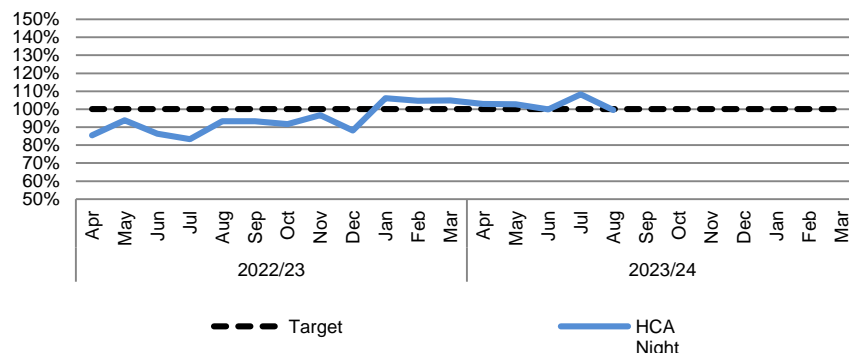
Registered Nurses & Midwives Fill Rate (Night)
Inc. ED & South Molton



Care Staff Fill Rate (Day)
Inc. ED & South Molton



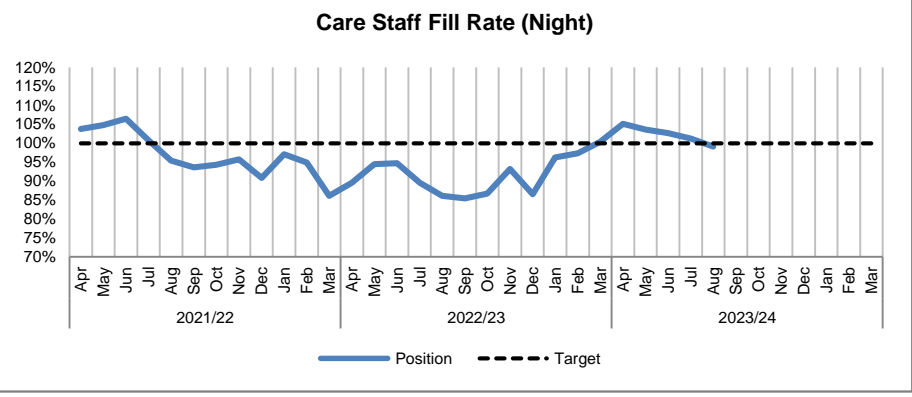
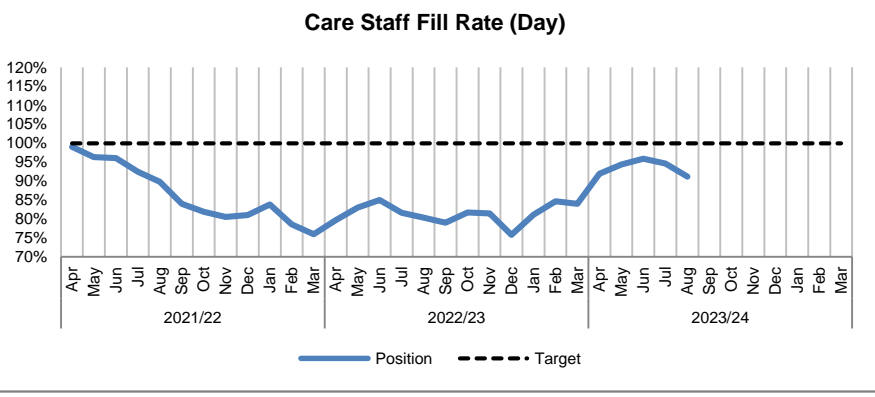
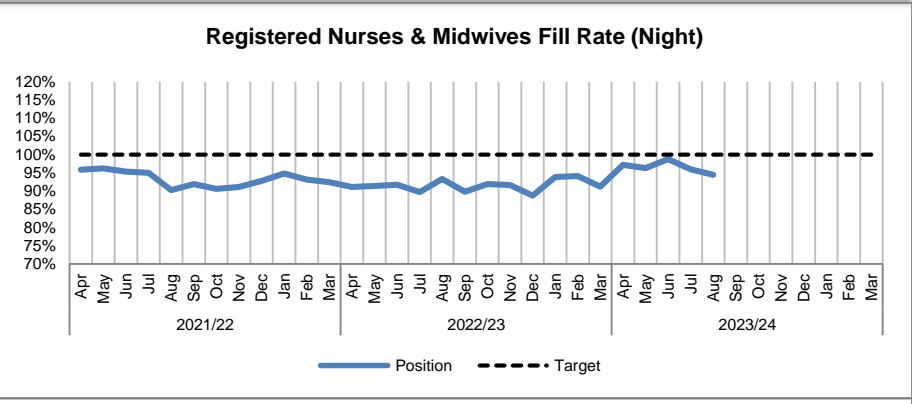
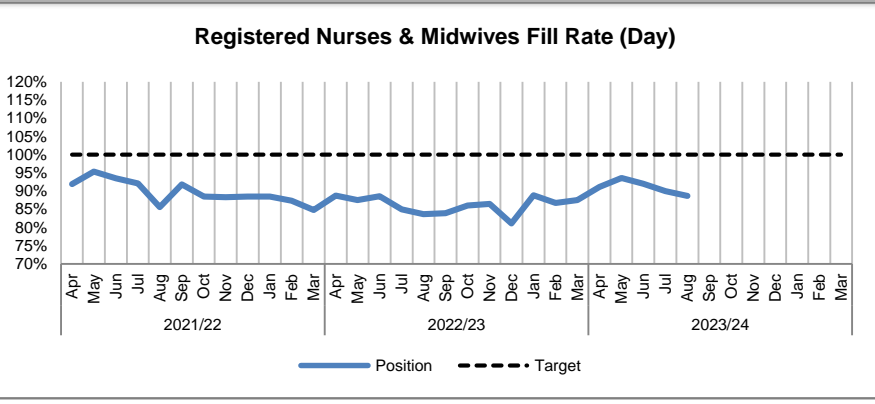
Care Staff Fill Rate (Night)
Inc. ED & South Molton



- The overall fill rate for northern services was 95.5%
- There were 10 patient safety incidents reported due to staff shortages; all no or low harm.
- All patient safety incidents which resulted in moderate or greater harm were reviewed; none of these identified clinical staffing as a causative or contributory factor

Eastern Services Safe Clinical Staffing – Fill Rate

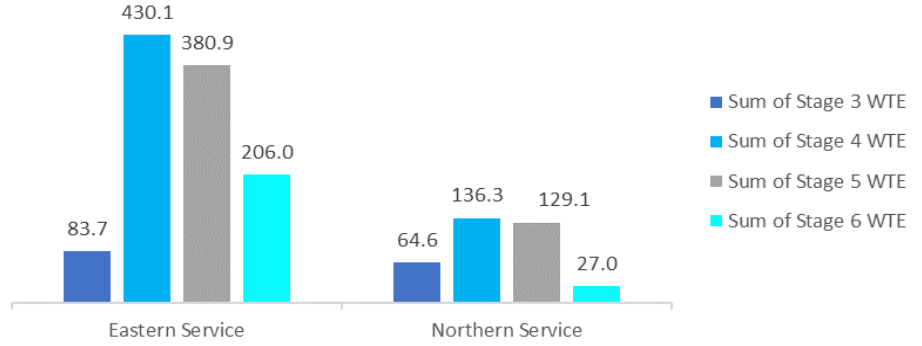
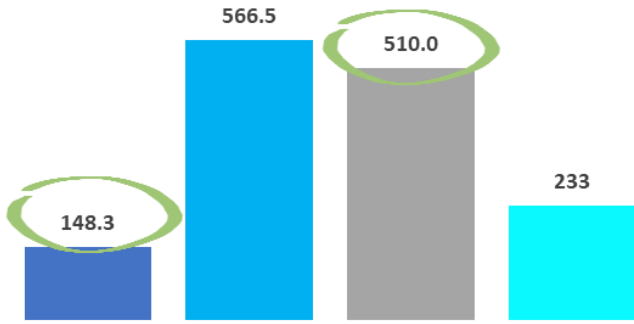
Proportion of rostered nursing and care staff hours worked, against plan



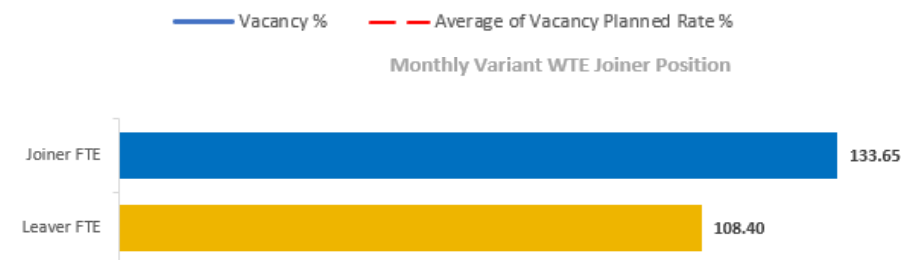
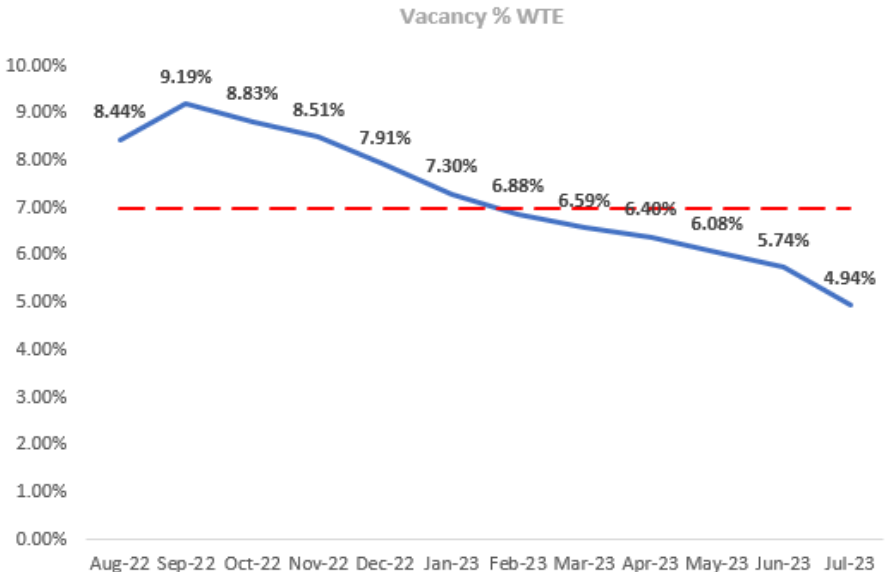
- The overall fill rate for eastern services was 93.3%
- There were 8 patient safety incidents reported due to staff shortages; all no or low harm.
- All patient safety incidents which resulted in Moderate or greater harm were reviewed. None of these identified clinical staffing as a causative or contributory factor



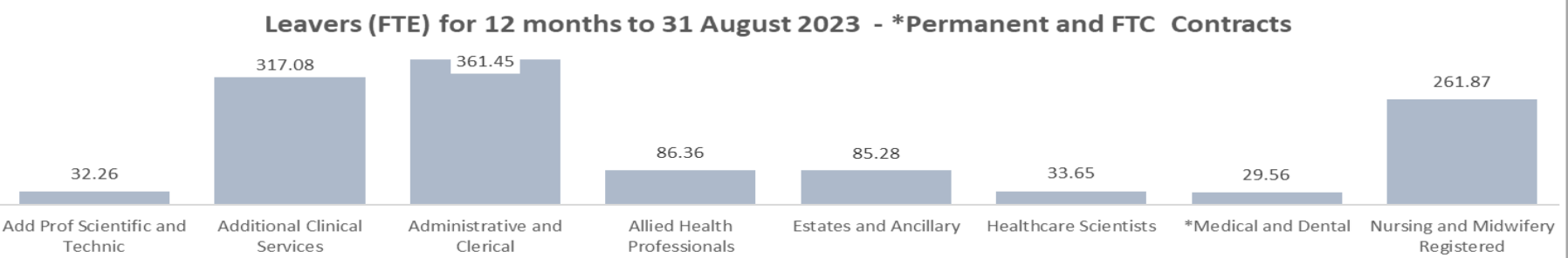
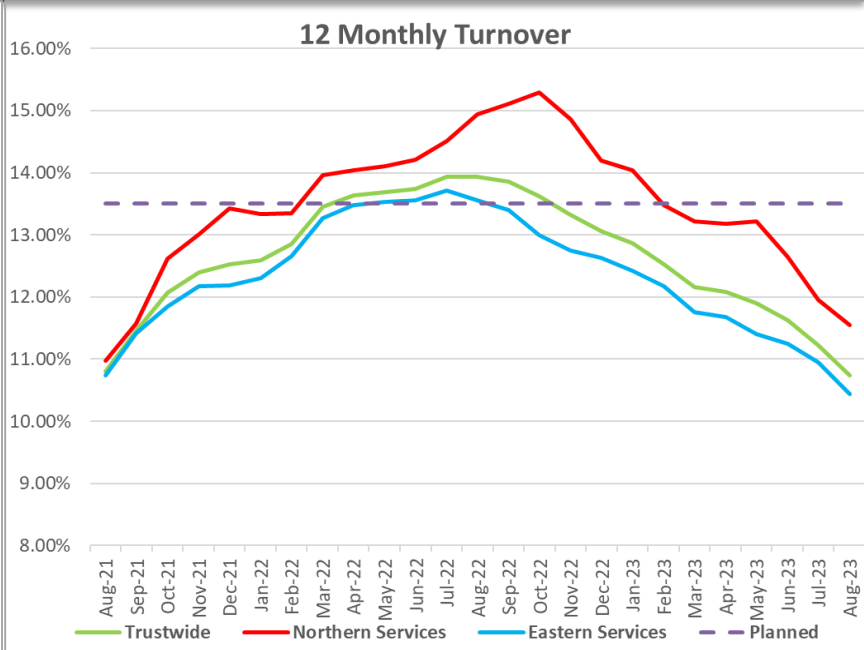
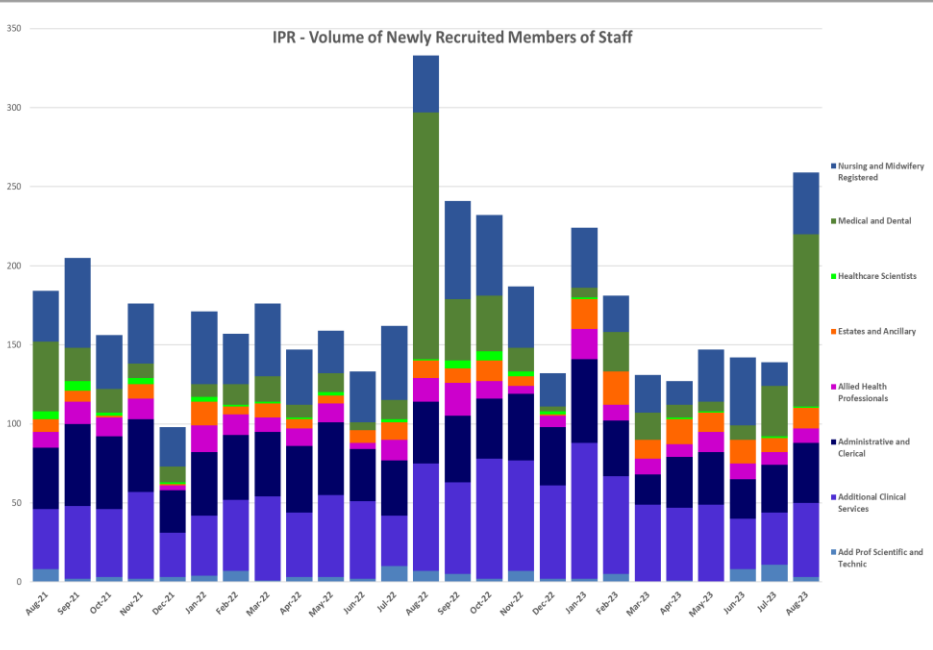
Trust Recruitment Update



- Stage 3 vacancies have seen another decrease from 177 posts out to market in July, to 131 in August. This decrease is also reflected in the WTEs in Stage 3, from 211.47 down to 148.26 in August.
- Stage 5 (Contract and Pre-Employment) continues to lower, from 616 in July to 586. Should this trend be maintained then the manageable administrative threshold of 500 may be achieved.
- Stage 6 (people on induction) remains around 230 which is in line with the previous month.
- The Average time to hire (TTH) period has decreased from July's average, now at 66.3 from the previous 70.6
 - ACS, Healthcare Scientist and Estates and Ancillary have seen a decrease in their average TTH, lowering from between 8 to 13 days.
- The Admin and Clerical and Registered Nursing and Midwifery staff groups continue to attract the most applications, with comparable numbers to July, 1319 and 895 respectively.
- ACS however had a big drop in applications in August to 467 from 1061 in July.
- Estates and Ancillary enters the top 5 staff groups (replacing AHP) 414 applications
- 20 international nurses arrived in August (16 Eastern + 4 Northern nurses delayed from July). 17 further nurses arrived at the beginning of September (14 Eastern and 3 Northern from the August cohort) and an extra 17 are expected to arrive at the end of September/beginning of October. We are still experiencing considerable pressure in terms of accommodation across both East and North despite efforts being applied.
- The vacancy position at a Trustwide level continues to show improvement, further reducing in July (our latest available position).



Trust Turnover



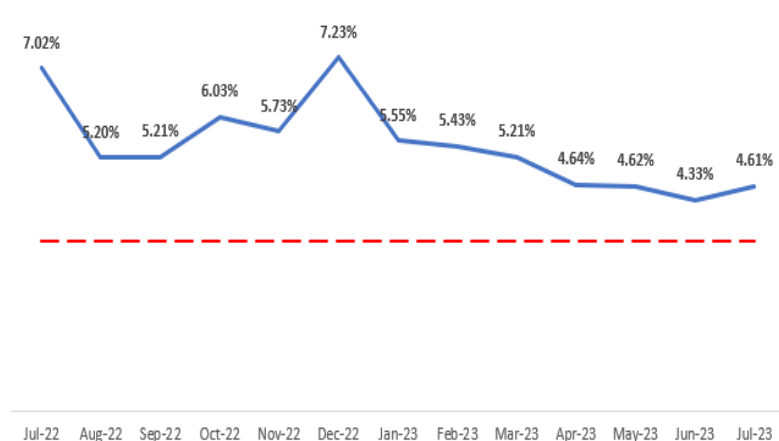
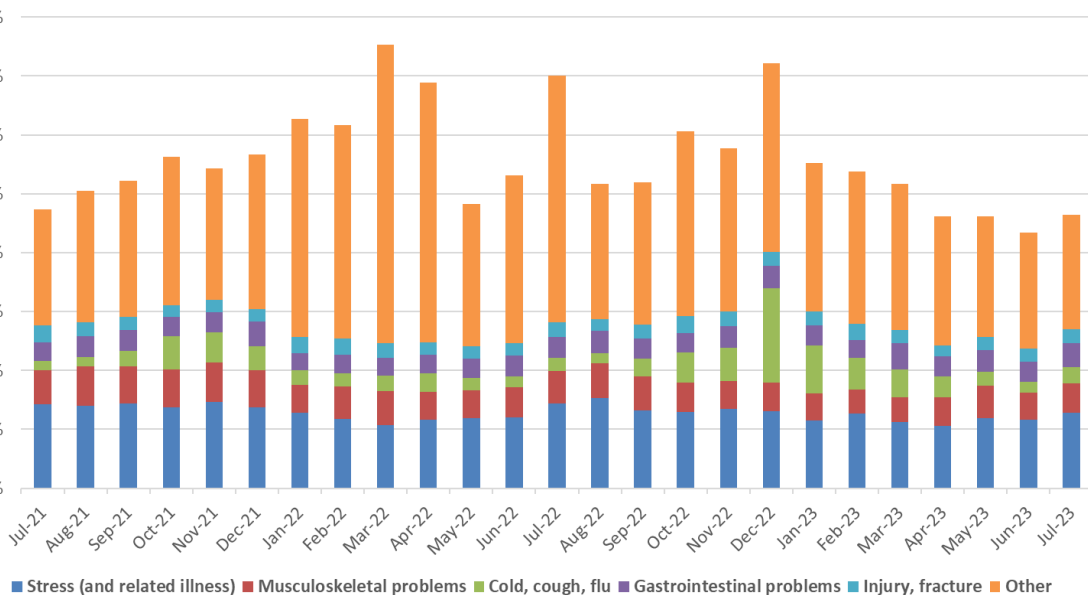
Turnover (data as at end-August 2023)

- Turnover continues to fall Trustwide, now 10.7% at the end of August. The decrease in the Eastern rate also continues, with the rate down to 10.4%. The falling trend is reflected too on the Northern site with a third consecutive month of reducing turnover, the rate now at 11.6%.
- Across the majority of the workforce groups over both sites, the turnover rate has reduced over the month of August, the exceptions being slight increases for Registered Nursing and Midwifery and Estates and Ancillary in the North, and Admin and Clerical in the East.
- The Additional Clinical Services rate in the East remains above the planned for 13.5%.
- August see the launch of the new 'Learning for Leavers' exit survey via a online portal encouraging staff who leave the Trust to provide valuable insight to the reasons for leaving enabling the Trust to have improved understanding and opportunity to address any issues moving forwards.

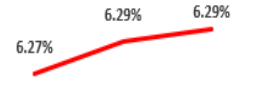


Trust Sickness Absence

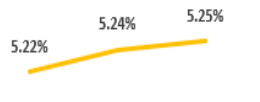
Sickness Absence Rate By Most Common Reasons (plus all Other)



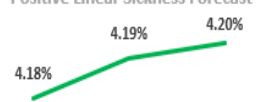
Critical Linear Sickness Forecast



Medium Linear Sickness Forecast



Positive Linear Sickness Forecast



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

- The sickness rate for July saw a slight month on month increase overall of around 0.3% to 4.61%.
- Conversely, the sickness rate for our Northern site decreased to 3.8% - within sight of the planned for 3.5%.
- For Eastern there was an increase of 0.5% to 4.89% compared to the previous month.
- Anxiety/stress/depression/other psychiatric illnesses could be attributed to over a quarter (27.4%) of all sickness absence taken in the month of July.
- In the East it was a slightly higher proportion than the overall figure however, approaching 29%; for Northern it was lower at 23.4%.
- With the increase to the overall rate for July driven by the rise in the East, sickness by staff group broadly mirrored this with the rate for Additional Clinical Services and Estates and Ancillary exceeding 7%; Registered Nursing and Midwifery up to 5%, while Admin and Clerical jumped by almost a whole percentage point to 4.6%.
- This month on month deterioration in the East for July is counter-balanced when considering the improvement over the last four consecutive months where the rate has fallen below 5%, and, when measured against the corresponding month one year ago when the rate was 7%.
- The number of staff contracting Covid has worryingly risen with 85 staff absent (17 in North and 68 in East). Detailed comms from the Infection Control Team has been sent to all staff reminding them of the steps they need to take to look after themselves and protect others.



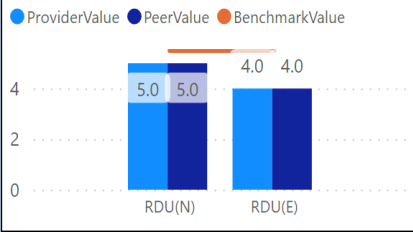
Trust Cultural Dashboard People Pulse

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

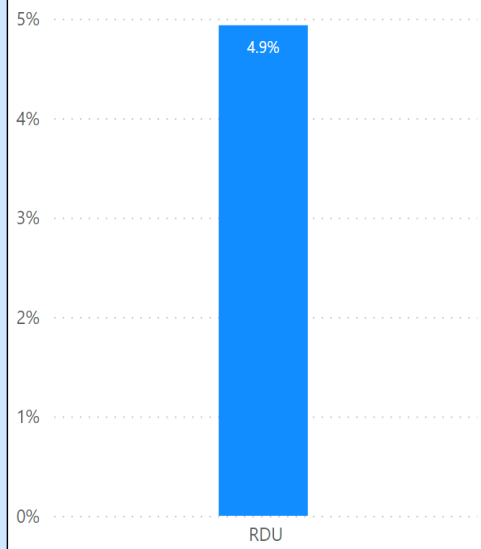
Latest Pulse Survey Questions



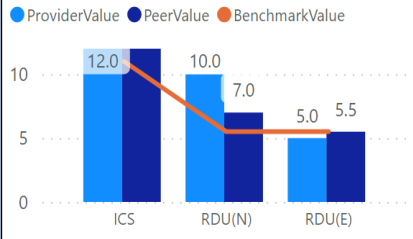
Latest Agency Spend as % of Total (Model Hospital)



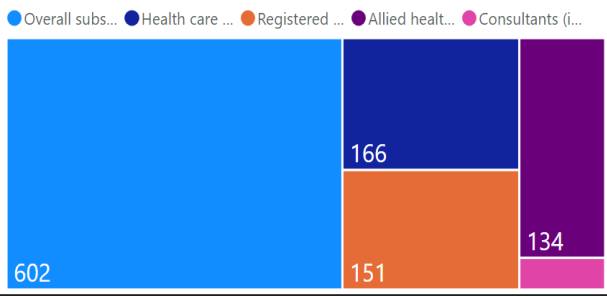
Latest Vacancy Rate by Provider



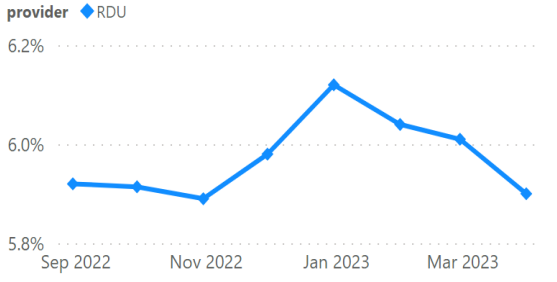
Latest Bank Spend as % of Total (Model Hospital)



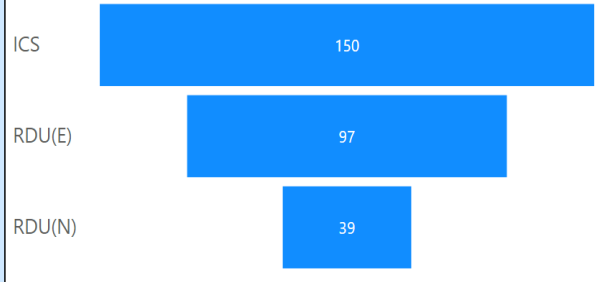
Latest Vacancy numbers by Staff Group



Latest Rolling 12 Month Absence Rate



12 Month Average: Cases Reported to FTSU Guardians (Model Hospital)



Trust Overview of Survey Response Rates

	Q2 2021/22 People Pule	Q3 2021/22 Staff Survey	Q4 2021/22 People Pulse	Q1 2022/23 People Pulse	Q2 2022/23 People Pulse	Q3 2022/23 Staff Survey	Q4 2022/23 People Pulse	Q1 2023/24 April 23 People Pulse	Q2 2023/24 July 23 People Pulse
Date range	5 th - 21 st July 2021	Oct - Nov 2021	19 th Jan - 4 th Feb 2022	13 th - 29 th April 2022	13 th - 29 th July 2022	Oct - Nov 2022	18 th Jan - 3 rd Feb 2023	17 th - 28 th April 2023	
Eastern Response Rate	19.0%	46%	12.5% ↓	10.7% ↓	8.5% ↓	36%	7.5% ↓	10.9% ↑	Not recorded (data issue)
Northern Response Rate	20.1%	51%	13.0% ↓	11.9% ↓	9.7% ↓	39%	7.9% ↓	11.4% ↑	
Overall Response Rate	Not recorded (Pre integration)			10.5%	8.8% ↓	37%	7.6% ↓	10.8% ↑	11.6% ↑

Activity & Flow

Operational
Performance

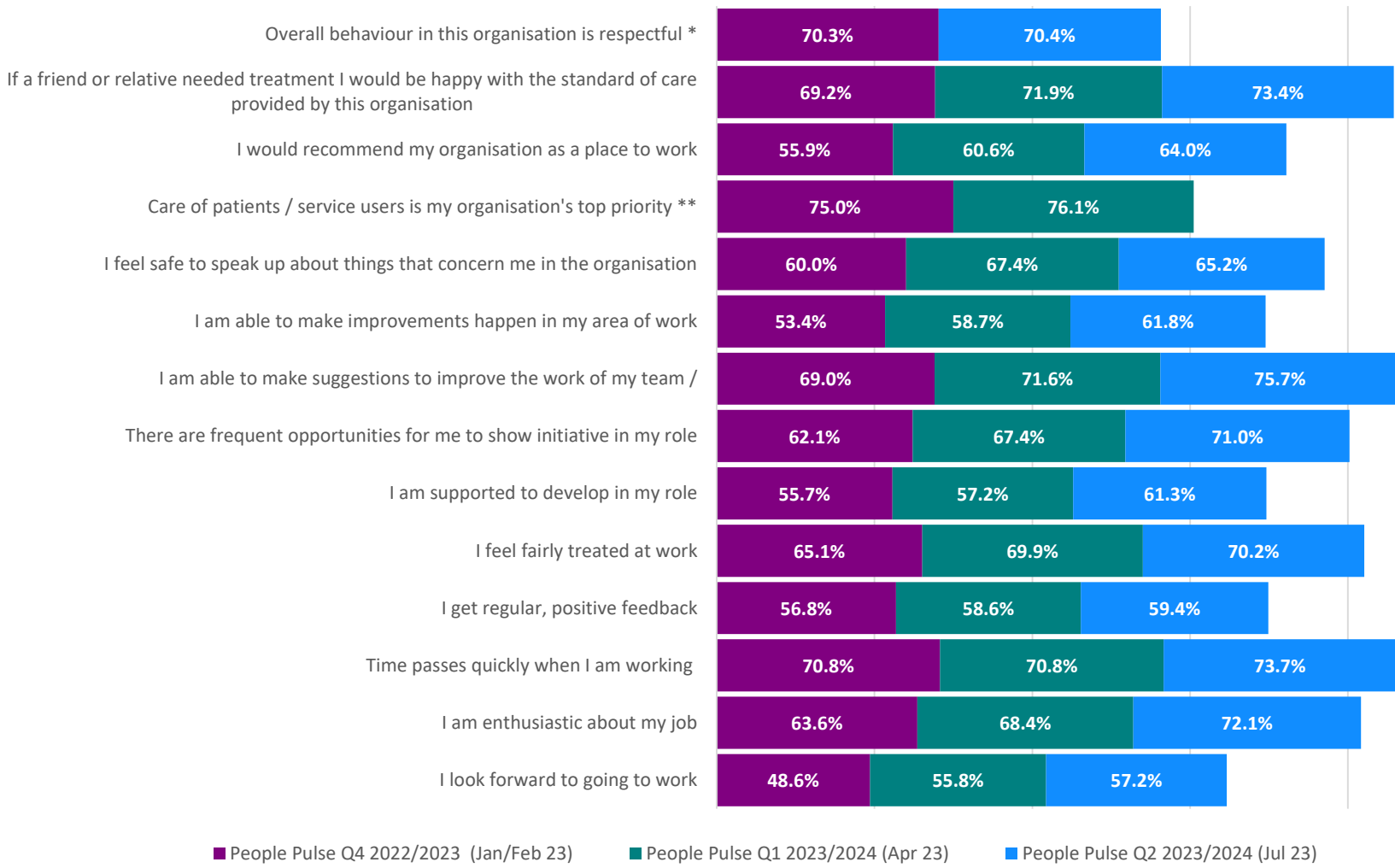
Patient
Experience

Quality &
Safety

Our People

Finance

Trust People Pulse Survey Results



* Question not included in Q1 2023/24 (Apr 23) People Pulse ** Question not included in Q2 2023/24 (Jul 23) People Pulse



People Pulse July 2023

Response rate: 11.6%



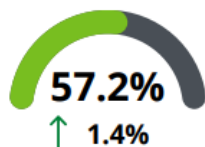
Royal Devon
University Healthcare
NHS Foundation Trust

Below is a snapshot of the People pulse results for July (Q2 2023/2024).

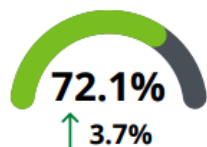
The scores below indicate the positive scores for each question, where responses are either 'Strongly agree' or 'Agree'.

For each of the statements below how often do you feel this way about your job?

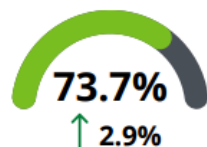
I look forward to going to work



I am enthusiastic about my job

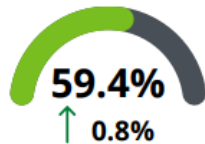


Time passes quickly when I am working

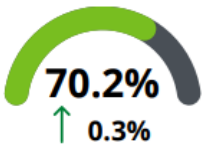


To what extent do you agree or disagree with the following statements about your work?

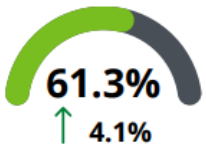
I get regular, positive feedback



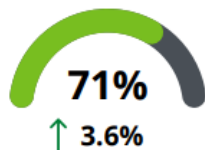
I feel fairly treated at work



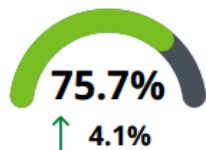
I am supported to develop in my role



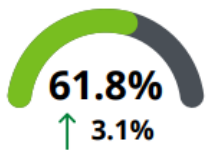
There are frequent opportunities to show initiative in my role.



I am able to make suggestions to improve the work of my team

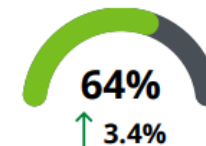


I am able to make improvements happen in my area of work

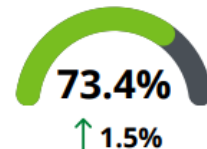


To what extent do these statements reflect your view of your organisation as a whole?

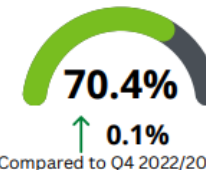
I would recommend organisation as a place to work



Happy with the standard of care provided for friend/ relative

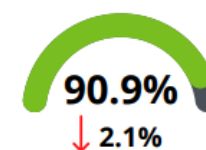


Overall behaviour in this organisation is respectful



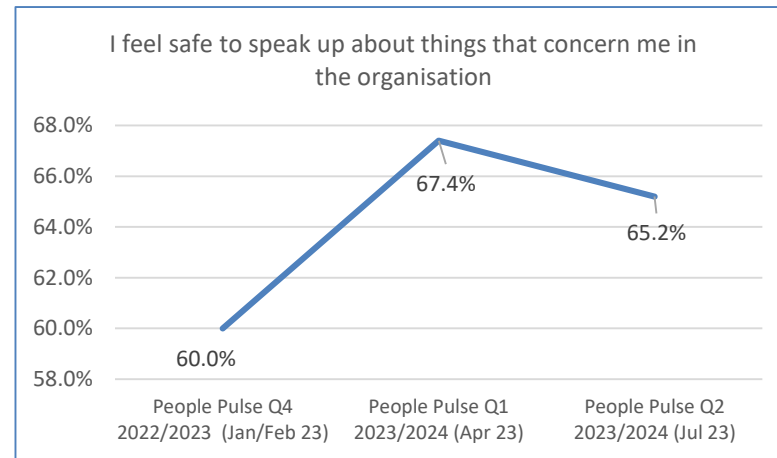
Health and Wellbeing

Does your organisation take positive action on health and well-being? *



Trust People Pulse Survey Analysis

- From the slides above it is positive to see that in the most recent quarter (July 23) there has been an increase in all areas, with the exception of:
- I feel safe to speak up about things that concern me in the organisation (declined by 2.2% since April).
- However the trend analysis shows that this question had seen scores as low as 60% in Jan/Feb 2023 and saw a significant increase in Q1 (Apr 23)-see graph
- Does your Organisation take positive action on Health and wellbeing (declined by 2.1% since April).
- This figure still remains high when compared nationally and regionally (90.9%).



It is important to note that whilst a small increase of 0.8% has been seen in the response rate, that this remains low at 11.6% and this should be considered when reviewing results. A communications plan is being devised along with the National Staff Survey to try to increase response rates within the Trust.

Unfortunately no in-depth analysis (Eastern / Northern separations, nor other demographic breakdowns) are possible for Q2, due to an error in administering the survey. This is covered in more depth in the People Pulse escalation report provided to the People, Workforce Planning and Wellbeing (PWPW) Committee.

Trust Summary Finance Position

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

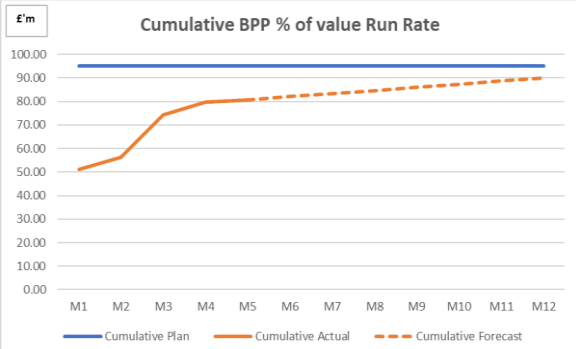
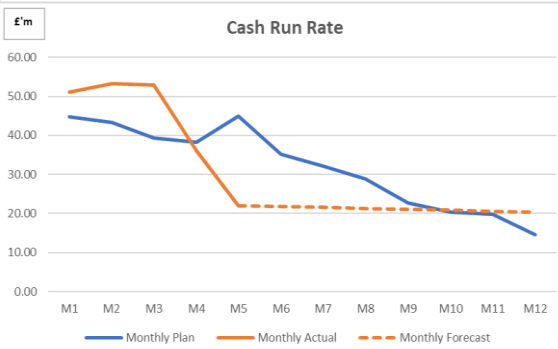
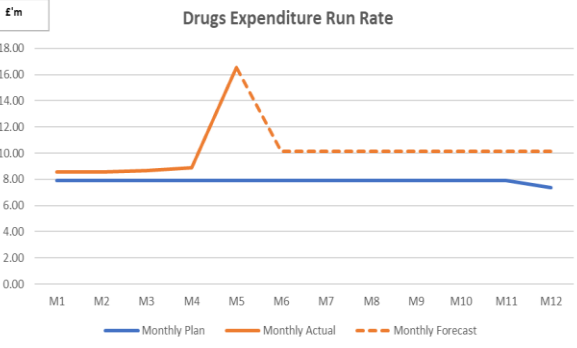
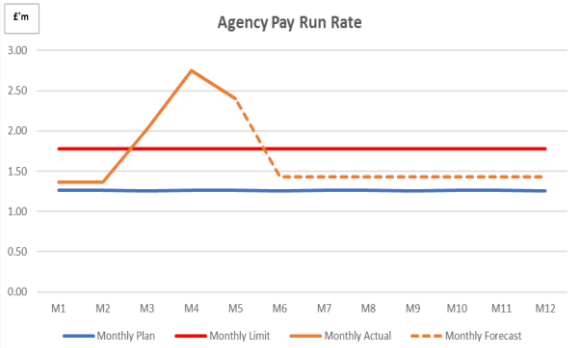
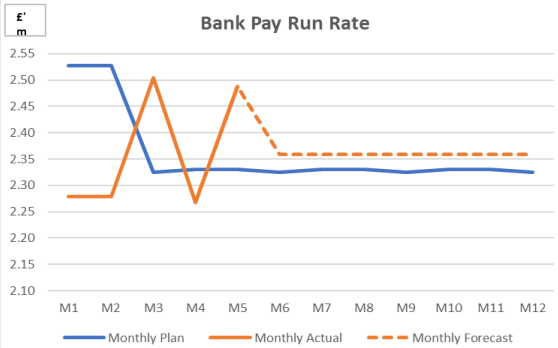
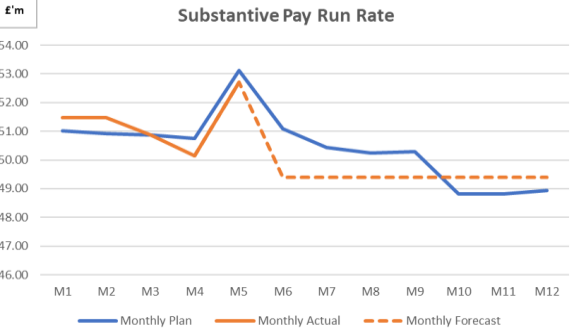
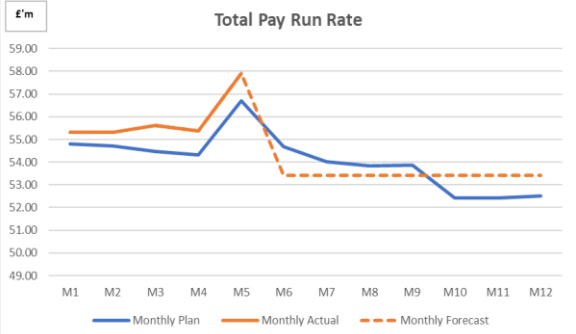
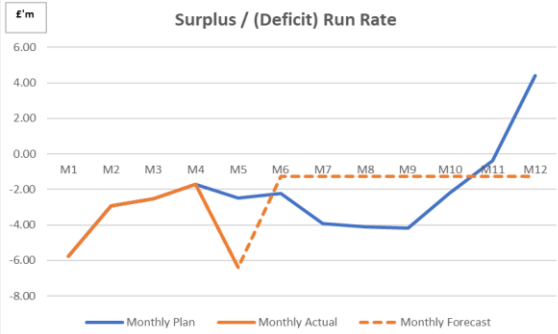
Financial Performance - Key Performance Indicators

Domain	Consolidated Metrics Measure / Metric	Unit of Measure	Prev Month Jun-23	This Month Aug-23	Narrative	Forecast Mar-24	Narrative
Income and Expenditure	I&E Surplus / (Deficit) - Total	£'000	-12,907	-19,282	Below is £3.9m adverse to plan due to the impact of industrial action on pay costs and net increase in costs driven by drugs costs above plan. Urgent work is underway to validate the drugs position to ensure control in place to mitigate. The financial recovery plan implemented in month 4 continues to be strengthened.	-8,035	The current forecast outcome remains as per plan with ongoing review to inform the position for month 6 including quantifying the impact of the financial recovery plan actions.
	I&E Surplus / (Deficit) v budget	£'000	0	-3,665		0	
	Income variance to budget - Total	£'000	-644	6,158	See below	13,309	
	Income variance to budget - Total	%	-0.17%	1.49%		1.37%	
	Income variance to budget - Patient Care	£'000	-1,577	2,390	Included income on CDC and other variable contracts off set by recovery of pass-through drugs. ERF income accrued to plan including additional income above prospect. Further work being undertaken to validate position but time lag on weighted activity validation from NHSE.	7,081	Improvement in the forecast relates to an increase in pass through drugs extrapolated from the year to date position. This is offset with an increase in expenditure but does not account for the full level of drugs overspend.
	Income variance to budget - Operating income	£'000	933	3,768	£1.2m Research and Development, Education and income contributions to staff costs above planned levels, with corresponding increase in expenditure to offset. £2.5m above plan from non patient care services provided including in year NR benefits released through DBV.	6,328	Year to date values expected to continue for the year (adjusted for in month one off benefits), this will be validated as part of the month 6 detailed forecast due diligence.
	Pay variance to budget - Total	£'000	-3,315	-4,508	Overall impact of £4.5m adverse to plan - £2.5m strike action, £1.1m pay impact of DBV slippage and £0.9m pay costs. DBV pay shortfall offset by additional non-recurrent income above plan.	-4,632	Overall impact of £4.6m adverse to plan includes the impact of strike action, any income recovery is not reflected in the forecast position and would be a future benefit if national funding was available.
	Pay variance to budget - Total	%	-1.52%	-1.64%	NHSE returns have been completed to collect cost and activity impacts of strike action. Income recovery is not reflected in the YTD position as linked to revised ERF guidance being worked through with the month 1 & 2 weighted activity validation.	-0.71%	
	Agency expenditure variance to Plan	£'000	-2,454	-3,593	Increased usage to cover vacancies, 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.	-4,744	Agency plan for the year is £15.1m, £19.9m FOT expenditure is £4.2m less than month 12 2022/23. Focus on understanding agency usage and actions to reduce through the financial recovery plan pay performance; reporting through monthly performance meetings.
	Agency expenditure variance to agency limit	£'000	-382	-1,004	Agency limit YTD is £5.9m and showing a negative variance due to increased use above plan.	2,603	Agency limit for the full year is £21.4m
Capital & Cash	Non Pay variance to budget	£'000	3,518	-6,107	Non pay underspends due to activity levels being slightly behind plan partly due to impact of strike action are offset by increases in drugs expenditure that is subject to further analysis and task and finish actions. Drugs spend in part covered by additional income on pass through but not fully and further work needed to understand complex pharmacy stock control processes. Overall non pay costs being implemented as part of the financial recovery plan.	-8,596	Increases in drugs expenditure subject to detailed due diligence as part of the month 6 FOT review, offset by underspend in other non pay
	Non Pay variance to budget	%	2.79%	-3.89%		-2.37%	
	PDC Interest Paid / Received variance to budget	£'000	368	618		1,260	
	PDC Interest Paid / Received variance to budget	%	9.14%	9.68%		19.21%	
	Capital Donations variance to plan - technical reversal	£'000	53	53		-1,481	Neutral adjustment when calculating reported financial position.
	Delivering Best Value Programme - Total Current Year achievement	£'000	7,561	17,552	Strong start to the year in terms of savings programme through slippage on recurrent delivery has been off set by non-recurrent over-delivery.	60,236	
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	-2,921	4,515	YTD adverse variances continue to be largely driven by non-delivery against Epic benefits and shortfall in income data capture. Accelerating delivery is part of the financial recovery plan to de-risk forecast and scope additional ideas.	0	Full year internal requirement of £44.7m with £15.6m required from ICB schemes. £3.1m unidentified is a risk to internal forecast position. Risk of ICB schemes being quantified.
	Cash balance	£'000	36,116	22,810	Net £15.4m reduction in working capital as a result of reducing the backlog of invoices due to the new system implementation, net £3.5m slippage on the receipt of capital PDC compared to plan.	20,346	Cash flow currently being assessed to take into account risk and mitigation scenarios and will be reported via the Finance and Operations Committee.
	Cash variance to budget - above / (below)	£'000	-2,093	-22,909		5,862	
	Better Payment Practice v 95% cumulative target - volume	%	81%	75%	Continued improvement in cumulative value of invoices paid within target, volume reduction reflects catch up of periods of relatively low value.	90%	All endeavours will be targeted to minimise the impact on suppliers. Recovery to 90% cumulatively remains the position with assurance being reported through the Audit Committee.
Better Payment Practice v 95% cumulative target - value	%	80%	81%	In month 83.1% of invoices by value were paid within 30 days and actions to recover performance are positive and continues to include focus on sufficient authoriser capacity, debt bank rates, support to pharmacy and increased finance capacity to address post-implementation vacancies.	90%		
Capital Expenditure variance to plan - Total above / (below)	£'000	-5,741	-7,372	Capital expenditure to MS was £3.7m being £7.4m less than assumed in plan. Whilst the programme is behind plan, there is confidence the slippage will recover - these are currently orders placed for £13.7m. The respective Capital Programme Groups are actively monitoring risks and mitigation to ensure delivery.	5,365	Forecast capital expenditure of £78.5m fully utilises the CDEL and PDC allocations forecast in 2023/24.	
Capital Expenditure variance to plan - CDEL above / (below)	£'000	-1,622	-2,822	Slippage on commencing schemes with expectation to recover.	1,578	£0.1m additional system CDEL allocation and £1.5m diverted income off-sets variance in operating income. Neutral adjustment when calculating reported financial position.	
Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-4,119	-4,550	Slippage on commencing schemes with expectation to recover. £3.8m Endoscopy capacity £1.1m Cardiology Day case Unit £1.8m Community Diagnostics	3,787	£1.4m additional Endoscopy allocation, £2.4m New Hospital Programme allocation.	

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

Trust Finance Overview

Royal Devon University Healthcare NHS Foundation Trust
 Charts
 Period ending 31/08/2023
 Month 5



BPP
 Continued improvement in cumulative value of invoices paid within target. In month 83.1% of invoices by value were paid within 30 days and actions to recover performance are 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. All endeavours will be targeted to minimise the impact on suppliers. Recovery to 90% cumulatively remains the aspiration with assurance being reported through the Audit Committee.

Pay Expenditure
 A task and finish group is established with a work programme of understanding the underlying pay issues, ensuring the effectiveness of current pay controls, recommending additional controls and ensuring accurate workforce reporting.

Drugs Expenditure
 A task and finish group is meeting weekly to prioritise addressing data quality, validation and reporting, data to ensure accurate recovery of pass through drugs with professional support and leadership from the Chief Pharmacist that will inform month 6 forecast outcome.

Royal Devon University Healthcare NHS Foundation Trust

Income Statement

Period ending 31/08/2023

Month 5

	Year to Date				Outturn		
	Plan	Actual	Actual Variance to Budget Fav / (Adv)		Plan	Actual	Actual Variance to Budget Fav / (Adv)
	£'000	£'000	£'000		£'000	£'000	£'000
Income							
Patient Care Income	375,851	378,241	2,390	2	889,239	896,320	7,081
Operating Income	46,967	50,735	3,768	3	113,438	119,666	6,228
Total Income	422,818	428,976	6,158		1,002,677	1,015,986	13,309
Employee Benefits Expenses	(275,016)	(279,524)	(4,508)	4	(648,764)	(653,396)	(4,632)
Services Received	(14,993)	(12,378)	2,615		(35,963)	(25,007)	10,956
Clinical Supplies	(37,585)	(33,691)	3,894		(90,000)	(77,458)	12,542
Non-Clinical Supplies	(7,255)	(6,597)	658		(15,428)	(14,233)	1,195
Drugs	(39,487)	(51,268)	(11,781)	5	(94,212)	(122,161)	(27,949)
Establishment	(6,146)	(7,126)	(980)		(13,141)	(15,902)	(2,761)
Premises	(10,788)	(10,982)	(194)		(25,538)	(26,357)	(819)
Depreciation & Amortisation	(16,894)	(16,856)	38		(42,010)	(42,010)	0
Impairments (reverse below the line)	0	0	0		0	0	0
Clinical Negligence	(13,260)	(13,529)	(269)		(26,520)	(26,520)	0
Research & Development	(4,149)	(5,469)	(1,320)	6	(9,012)	(13,126)	(4,114)
Operating lease expenditure	(777)	(855)	(78)		(1,690)	(2,052)	(362)
Other Operating Expenses	(6,781)	(5,471)	1,310		(14,847)	(12,131)	2,716
Total Costs	(433,131)	(443,746)	(10,615)		(1,017,125)	(1,030,353)	(13,228)
EBITDA	(10,313)	(14,770)	(4,457)		(14,448)	(14,367)	81
Profit / (Loss) on asset disposals	0	0	0		0	0	0
Interest Receivable	917	1,492	575		1,431	2,811	1,380
Interest Payable	(1,137)	(1,194)	(57)		(2,642)	(2,642)	0
PDC	(5,130)	(5,130)	0		(12,308)	(12,308)	0
Net Surplus / (Deficit)	(15,663)	(19,602)	(3,939)		(27,967)	(26,506)	1,461
Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption	267	320	53		(68)	(1,529)	(1,461)
Net Surplus/(Deficit) after donated asset & PSF/MRET Income	(15,396)	(19,282)	(3,886)	1	(28,035)	(28,035)	0

KEY MOVEMENTS AGAINST BUDGET

- Deficit is £3.9m adverse to plan due to the impact of industrial action on pay costs and net increase in costs driven by drugs costs above plan. Urgent work is underway to validate the drugs position to ensure control in place to mitigate. The financial recovery plan implemented in month 4 continues to be strengthened.
- Patient care income impacted by reduced income expectation on CDC off-set by over-recovery of pass-through drugs.
- £1.2m Research and Development, Education and income contributions to staff costs above planned levels, with corresponding increase in expenditure to offset. £2.5m above plan from non patient care services provided.
- Overall impact of £4.5m adverse to plan - £2.5m strike action, £1.1m pay impact of DBV slippage and £0.6m pay costs off-set by additional income above plan.
- Non pay underspends due to activity levels being slightly behind plan partly due to impact of strike action are off-set by increases in drugs expenditure that is subject to further analysis and task and finish actions.
- Overall expenditure on R&D (including pay costs) is in line with income received.

Royal Devon University Healthcare NHS Foundation Trust									
Statement of Financial Position									
Period ending 31/08/2023									
Month 5									
	Year to Date				Outturn			Prior Year	Actual YTD Movement Incr. / (Dec.) £000
	Plan £000	Actual £000	Actual Variance Over / (Under) £000		Plan £000	Actual £000	Actual Variance Over / (Under) £000	Mar-23 £000	
Non-current assets									
Intangible assets	56,157	54,904	(1,253)	1	53,333	52,837	(496)	58,621	(3,717)
Other property, plant and equipment (excludes leases)	427,088	418,048	(9,040)	1	451,271	455,825	4,554	421,298	(3,250)
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	50,593	53,396	2,803	2	61,184	62,142	958	54,580	(1,184)
Other investments / financial assets	5	5	0		5	5	0	5	0
Receivables	2,726	3,484	758	2	2,726	3,303	577	3,303	181
Credit Loss Allowances	0	(228)	(228)	2	0	(228)	(228)	(228)	
Total non-current assets	536,569	529,609	(6,960)		568,519	573,884	5,365	537,579	(7,970)
Current assets									
Inventories	13,550	15,705	2,155	2	13,550	13,550	0	15,624	81
Receivables: due from NHS and DHSC group bodies	17,810	34,933	17,123	2	17,810	17,810	0	39,891	(4,958)
Receivables: due from non-NHS/DHSC group bodies	16,000	23,386	7,386	2	16,000	16,796	796	21,090	2,296
Credit Loss Allowances	0	(1,166)	(1,166)	2	0	(796)	(796)	(796)	(370)
Other assets: including assets held for sale & in disposal groups	0	0	0		0	0	0	0	0
Cash	44,919	22,010	(22,909)		14,494	20,356	5,862	46,033	(24,023)
Total current assets	92,279	94,868	2,589		61,854	67,716	5,862	121,842	(26,974)
Current liabilities									
Trade and other payables: capital	(11,000)	(3,576)	7,424	2	(11,000)	(11,000)	0	(6,615)	3,039
Trade and other payables: non-capital	(79,849)	(90,510)	(10,661)	2	(79,850)	(79,766)	84	(96,708)	6,198
Borrowings	(14,633)	(18,596)	(3,963)	2	(15,000)	(18,634)	(3,634)	(16,676)	(1,920)
Provisions	(200)	(296)	(96)	2	(200)	(295)	(95)	(295)	(1)
Other liabilities: deferred income including contract liabilities	(15,628)	(12,729)	2,899		(10,500)	(10,500)	0	(17,892)	5,163
Total current liabilities	(121,310)	(125,707)	(4,397)		(116,550)	(120,195)	(3,645)	(138,186)	12,479
Total assets less current liabilities	507,538	498,770	(8,768)		513,823	521,405	7,582	521,235	(22,465)
Non-current liabilities									
Borrowings	(100,885)	(99,841)	1,044	1	(102,440)	(99,839)	2,601	(102,694)	2,853
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
Total non-current liabilities	(101,855)	(101,105)	750		(103,410)	(101,115)	2,295	(103,970)	2,865
Total net assets employed	405,683	397,665	(8,018)		410,413	420,290	9,877	417,265	(19,600)
Financed by									
Public dividend capital	365,610	361,604	(4,006)	2	382,645	391,134	8,489	361,604	0
Revaluation reserve	63,956	52,385	(11,571)	2	63,956	52,385	(11,571)	52,385	0
Income and expenditure reserve	(23,883)	(16,324)	7,559	2	(36,188)	(23,229)	12,959	3,277	(19,601)
Total taxpayers' and others' equity	405,683	397,665	(8,018)		410,413	420,290	9,877	417,266	(19,601)

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.
- Trade payables are £6.2m lower than outturn as a consequence of improvements following the implementation of the new finance system. Focus on timely recovery of income to support cash flow.

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust

Cash Flow Statement

Period ending 31/08/2023

Month 5

	Year to Date			Outturn		
	Plan £000	Actual £000	Actual Variance Fav. / (Adv.) £000	Plan £000	Actual £000	Actual Variance Fav. / (Adv.) £000
Cash flows from operating activities						
Operating surplus/(deficit)	(10,313)	(14,770)	(4,457)	(14,448)	(14,367)	81
Non-cash income and expense:						
Depreciation and amortisation	16,894	16,856	(38)	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)	(53)	0	53	(842)	(2,303)	(1,461)
(Increase)/decrease in receivables	0	2,799	2,799	0	26,323	26,323
(Increase)/decrease in inventories	0	(81)	(81)	0	2,074	2,074
Increase/(decrease) in trade and other payables	221	(11,276)	(11,497)	222	(16,942)	(17,164)
Increase/(decrease) in other liabilities	0	(5,163)	(5,163)	0	(7,392)	(7,392)
Increase/(decrease) in provisions	0	(11)	(11)	0	0	0
Net cash generated from / (used in) operations	6,749	(11,646)	(18,395)	26,942	29,403	2,461
Cash flows from investing activities						
Interest received	917	1,492	575	1,431	2,811	1,380
Purchase of intangible assets	(700)	0	700	(3,000)	(3,000)	0
Purchase of property, plant and equipment and investment property	(15,383)	(10,123)	5,260	(54,660)	(55,441)	(781)
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	53	0	(53)	842	2,303	1,461
Net cash generated from/(used in) investing activities	(15,113)	(8,631)	6,482	(55,387)	(53,327)	2,060
Cash flows from financing activities						
Public dividend capital received	8,708	0	(8,708)	25,743	29,530	3,787
Loans from Department of Health and Social Care - repaid	0	0	0	(1,270)	(1,270)	0
Other loans received	0	0	0	0	0	0
Other loans repaid	0	0	0	(5,174)	(5,174)	0
Other capital receipts	(1,394)	(1,394)	0	0	0	0
Capital element of finance lease rental payments	(1,866)	(1,378)	488	(8,828)	(8,828)	0
Interest paid	(919)	(713)	206	(3,978)	(3,234)	744
Interest element of finance lease	0	(261)	(261)	0	(521)	(521)
PDC dividend (paid)/refunded	0	0	0	(12,308)	(12,256)	52
Net cash generated from/(used in) financing activities	4,529	(3,746)	(8,275)	(5,815)	(1,753)	4,062
Increase/(decrease) in cash and cash equivalents	(3,835)	(24,023)	(20,188)	(34,260)	(25,677)	8,583
Cash and cash equivalents at start of period	48,754	46,033	(2,721)	48,754	46,033	(2,721)
Cash and cash equivalents at end of period	44,919	22,010	(22,909)	14,494	20,356	5,862

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 31/08/2023
Month 5

Scheme	Year to Date				Full Year Forecast		
	Plan £'000	Actual £'000	Variance slippage / (higher) £'000	Open Orders £'000	Plan £'000	Actual £'000	Variance slippage / (higher) £'000
Capital Funding:							
Internally funded	7,323	4,532	2,791		31,074	31,191	(117)
PDC	8,708	2,351	6,357		25,743	29,530	(3,787)
Donations/Grants	53	22	31		842	2,303	(1,461)
IFRS 16	0	1,807	(1,807)		15,488	15,488	0
Total Capital Funding	16,084	8,712	7,372		73,147	78,512	(5,365)
Expenditure:							
Equipment	1,933	622	1,311	2,487	15,528	14,954	574
Estates Backlog/EIP	1,778	796	982	3,800	7,371	6,953	418
Estates Developments	1,323	2,339	(1,016)	1,098	10,047	8,936	1,111
Digital	958	446	511	1,404	4,162	7,629	(3,467)
Our Future Hospital	0	361	(361)	0	0	2,397	(2,397)
ED	1,438	1,117	321	1,320	6,165	4,000	2,165
Cardiology Day Case	2,968	1,898	1,070	146	7,432	7,439	(7)
CDC Nightingale	1,833	56	1,777	163	4,400	4,400	0
Endoscopy	3,853	11	3,841	378	11,122	12,984	(1,862)
Diagnostics - Northern Schemes	0	0	0	0	3,797	3,797	0
Digital Capability Programme	0	25	(25)	209	1,123	1,123	0
Other	0	1,040	(1,040)	2,663	0	2,518	(2,518)
Unallocated	0	0	0	0	2,000	1,382	618
Total Capital Expenditure	16,084	8,712	7,372	13,668	73,147	78,512	(5,365)
Under/(Over) Spend	0	0	0	0	0	0	0

Capital expenditure to M05 was £8.7m; £7.4m less than assumed in plan. Whilst the programme is behind plan, there is confidence the slippage will recover based on the value of open orders (£13.7m). The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery.
 Forecast capital expenditure of £78.5m fully utilises the CDEL and PDC allocations forecast in 2023/24.

Activity & Flow

Operational
Performance

Patient
Experience

Quality &
Safety

Our People

Finance

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust
 Delivering Best value
 Period ending 31/08/2023
 Month 5

Delivering Best Value Finance Report Month 5		RAG	Plan £000s	Year to Date Actuals £000s	Variance £000s	Plan £000s	Forecast Delivery £000s	Variance £000s	Narrative
Recurrent DBV									
Clinical Activity	Clinical Productivity - Activity		3,275	3,275	0	13,100	13,100	0	
	Data quality, coding & capture		2,083	1,131	-952	5,000	5,000	0	£117k YTD slippage due to under delivery against planned actions largely due to LATPS not being coded correctly. Remainder of variance is caused by phasing differences between programme plan & identified phasing.
Corporate Services	Corporate Services - Integration		415	61	-354	2,000	1,158	-842	Further YTD benefit expected in month 6 once new finance ledger has embedded - outstanding YTD delivery in relation to people services, digital and strategy to be posted Overall forecast £261k short of full year target but forecast delivery now includes £581k on non recurrent delivery to offset slippage in recurrent plans
Other Income Opportunities	Overseas visitor income		44	83	39	200	200	0	
	Other Trustwide Income		0	0	0	0	200	200	
Estate Review	Leased Estate DBV		0	0	0	200	200	0	Work ongoing to identify potential opportunity, full confidence of estates team to deliver target in year, remit expanded to include all estate usage costs
Workforce	Temporary Workforce		1,937	1,471	-466	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		0	0	0	500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		1,267	140	-1,127	3,101	1,073	-2,028	Detailed review of opportunities presented to DBV Governance process, expected delivery relates to admin benefit and stationary. Eastern admin delivery £239k below expectation, admin delivery includes £232k delivered non recurrently to date
	Epic Optimisation - Digital		1,140	2	-1,138	2,699	395	-2,304	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		208	61	-147	500	461	-39	Detailed review of forecast underway, reduced to initial plan to reflect year to date delivery and known future opportunities
Pharmacy	Medicines		125	375	250	300	991	691	
Transformation	Transformation		0	0	0	400	148	-252	Detailed plans currently suggest in year delivery of £148k
Covid	Covid Costs		1,083	1,083	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		833	833	0	2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	73	73	0	175	175	ENT savings identified in northern surgery division
Total Recurrent DBV			12,409	8,588	-3,822	37,800	29,172	-8,628	
Non recurrent DBV									
Corporate Services	Corporate Services - Integration		2	131	129	0	581	581	
Other Income Opportunities	Other Trustwide Income		0	1,208	1,208	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		0	130	130	0	130	130	Non recurrent NHS Property Services adjustment
Workforce	Non clinical vacancy controls		417	417	0	1,000	1,000	0	
Epic	Epic Optimisation		0	284	284	0	0	0	
Procurement	Procurement		0	39	39	0	39	39	
Pharmacy	Medicines		0	162	162	0	320	320	
Finance Adjustments	NR Balance Sheet		0	6,296	6,296	4,500	6,296	1,796	Detailed review of accruals and deferred income
	Capital charges review		0	0	0	400	400	0	
	Funding arrangements for transfer of care		208	0	-208	500	436	-64	Forecast based on projections of activity delivered to date
Other Divisional DBV	Other Divisional DBV		0	297	297	0	297	297	Trauma product credit eastern surgery
Total Non-Recurrent DBV			627	8,964	8,337	6,900	12,399	5,499	
Unidentified						0	3,129	3,129	
Total DBV			13,036	17,552	4,515	44,700	44,700	0	

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance